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MOTHERHOOD STATEMENTS

A DISCURSIVE INSTITUTIONALIST ANALYSIS OF THE IMPLEMENTATION OF BREASTFEEDING POLICY IN VICTORIA

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I suppose hospitals don't have a lot of policies. They have a lot of guidelines. Policies, in my understanding, are often motherhood statements, they'll be "we will be good, we will be nice, we promise to", those sort of things, and then the... devil in the detail actually sits in procedures and guidelines...

Interview with Participant 2, 22 March 2016

ABSTRACT

This thesis investigates the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions. It does this by analysing the case study of the implementation of breastfeeding policy in the state of Victoria, using a discursive institutionalist framework specifically adapted for understanding policy implementation.

Data about the case study was gathered through review of a corpus of breastfeeding policy documents and through semi-structured interviews with 19 key implementers of breastfeeding policy. The interview data was processed using a mixed deductive-inductive coding approach based on grounded theory. The data was analysed through the lens of Schmidt's (2008, 2011) discursive institutionalism, incorporating concepts from implementation theory.

Several significant findings resulted from the data analysis. Firstly, it was found that in policymaking contexts with a few formalised policy institutions, discourse produces new institutions which mould how actors implement policy. The two types of new institution which have emerged in the Victorian breastfeeding sector are breastfeeding policy – an intertextual construct produced through the interrelationships of the mass of texts used by implementers – and the role descriptions of the non-public service actors involved in implementing breastfeeding policy. The findings showed these roles could be formalised, as in job descriptions of healthcare professionals, or informal, as in norms about being a good mother.

Secondly, it was found that informal institutions are discursively arranged into relationships with each other, where one group defined by an institution is allowed to act in prescribed ways towards another group defined by an institution. The relationships between these groups are therefore power relations, and emerge out of attempts to solve the 'problem' of women failing to establish or maintain breastfeeding – a problem which is constituted by a conflict between individuals' experiences and discursive ideals. As actors attempt to solve this problem, ideational structures proliferate in the form of narratives which explain the problem and proffer solutions to it. However, sometimes these narratives conflict with each other, producing additional discursive problems which must then be solved in turn. The most common solution to these problems involved prescribing courses of actions two institutionally defined groups may take with respect to each other.

Further, it was found that, in addition to Schmidt's (2008, 2011) identification of 'communicative' and 'coordinative' discourses, a 'public' discourse could be identified, where actors in the public sphere (who may be media figures or members of the public) speak to political actors about public policy, its purpose, and its effectiveness.

This thesis is the first study to apply discursive institutionalism specifically to a problem of policy implementation. It therefore represents a new extension of critical policy theory into implementation studies. As detailed above, it generates a number of new findings about how policy implementation happens in institutional voids, which may also be applicable to other policymaking contexts. This thesis has also generated insights about how policy implementation happens that can form the basis of future theory-building of policy implementation as a discursive process.

DECLARATION

I declare that:

1) This thesis comprises only my own original work towards the Doctor of Philosophy, except where indicated in the Preface;

2) Due acknowledgement has been made in the text to all other material used; and

3) The thesis is fewer than the maximum word limit in length, exclusive of preface, tables, maps, bibliographies and appendices.

Signed: ___Elizabeth Chloe Duncan___

Date: _____23/3/2020_____

PREFACE AND ACKNOWLEDGMENTS

This thesis emerged out of my experiences both as a policy analyst in the Victorian government and of using breastfeeding services after the birth of my first child. It is a primarily theoretical piece that incorporates empirical analysis. It will be of greatest interest to theorists of policymaking, but should also be of interest to policy practitioners – especially in the breastfeeding sector – and to critical political and social researchers generally.

Firstly, I thank the participants in my research. The generosity they showed me in giving me their time and the stories of their experiences were a wonderful gift to a researcher. The participants are all people who have achieved a huge amount in developing policies and programs that support breastfeeding in Victoria and Australia more widely. Their passion, intelligence, savvy and creativity constantly shone through during the interviews, and I hope this research has done justice to the amazingly rich data they gave me.

I gratefully acknowledge the funding I received from the Australian Government in the form of an Australian Postgraduate Award. I am also very grateful for the financial support I received from the School of Social and Political Sciences at the University of Melbourne, both in the form of a RHD Studentship award and as school funding for interview transcription.

I also thank the Victorian Department of Education and Training for permission to interview staff working in the Maternal and Child Health Service.

With deep and sincere gratitude, I thank my supervisors, Professor Helen Sullivan of the Australian National University, Professor Janine O'Flynn of the Australian and New Zealand School of Government and the University of Melbourne, and Dr. Kalissa Alexeyeff and Dr. Scott Brenton of the University of Melbourne. Helen provided me with incredible intellectual guidance throughout the course of my research: always asking the sharpest questions; always knowing when to give me free rein, and when to rein me in; and always pushing me to take that one step further with my thinking. Janine somehow managed to give me profound critiques of my research while making it seem like we were having a casual, friendly conversation, a technique which not only helped me write a much better thesis than I would otherwise, but also still puzzles me as to how she pulls it off. Kalissa always seemed to be able to pinpoint exactly the things that I was most worried about (and which I was most trying disguise) in my work, which forced me to confront the biggest tangles in my thinking. I also thank her for pointing out that a phrase used by one participant would make a great title for my thesis.

I also express my gratitude to Professor Fiona Haines, my panel chair, for her enormous support and sheer kindness over the course of my research. Not only did Fiona help keep my thesis on track over the years, but she also gave me several ideas that were central to shaping the structure of my thesis. Thanks also to my manager Professor Helen Dickinson at the University of New South Wales, for her amazingly generous support and encouragement during the final stages of my doctorate.

More personally, I thank my husband Tim, whose support to me over the years of my research is almost beyond description. I cannot count the number of times he took time off work so he could look after the kids when I had to do an interview; or when he got up in the night to care for them so I could write a draft the next day; or when he came home from work and proofread my thesis late into the night; or when he talked me through problems with my research, giving me great advice despite having no topic knowledge of my subject. It seems impossible to thank someone adequately for something when they have helped you with everything.

Although she did not live to see my thesis examined, I thank my grandmother Joy, who was enormously proud of me for studying towards my doctorate.

With much love, I thank my parents-in-law, Coleen and Bill, who helped so many times with the children, and had us to stay for holidays, and gave us generous gifts to help tide us over once my grants ran out. I also thank my dear friends Marian and Rhys for patiently listening to me whine about my thesis for nearly five years.

Last of all, I thank my children, John and Greta – although thanks might not be quite the right word. Having small children is not really helpful to completing a PhD; a PhD should be done about how the incompatibility of doing a PhD and raising children is inscribed in social norms, if it hasn't been done already. But my research was inspired by becoming a mother, and by trying to understand the best way to care for these small people. I thank my children for being themselves; for introducing me to breastfeeding; and for introducing me to the new world of breastfeeding policy.

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GLOSSARY

ABA	Australian Breastfeeding Association
ACM	Australian College of Midwives
AHMC	Australian Health Ministers Conference
AHMAC	Australian Health Ministers Advisory Council
AIHW	Australian Institute of Health and Welfare
BFHI	Baby Friendly Hospital Initiative
DEECD	Department of Education and Early Childhood Development (Victoria)
DET	Department of Education and Training (Victoria)
DH	Department of Health (Victoria)
DHS	Department of Human Services (Victoria)
DHHS	Department of Health and Human Services (Victoria)
DOH	Department of Health (Australia)
DOHA	Department of Health and Ageing (Australia)
IBCLC	International board-certified lactation consultant
ILCA	International Lactation Consultants Association
LC	Lactation consultant
LCANZ	Lactation Consultants of Australia and New Zealand
MAV	Municipal Association of Victoria
MCHS	Maternal and Child Health Service
NHMRC	National Health and Medical Research Council
RACGP	Royal Australian College of General Practitioners
RCH	Royal Children's Hospital (Melbourne)
RWH	Royal Women's Hospital (Melbourne)
WABA	World Alliance for Breastfeeding Action

Chapter 1: Introduction

1.1 Empirical context and research question

Breastfeeding has been called a "vital part of providing every child with the healthiest start to life" (UNICEF, n.d.-a). In Australia, 90% of new mothers initiate exclusive breastfeeding with their children; however, for a number of reasons, by five months of age only 15.4% of infants are still exclusively breastfeeding (DOH, 2017b). In the nineteenth century commercial infant formulas were introduced in the United States to feed infants whose mothers could not breastfeed; over the decades since then, global fashions in infant feeding have fluctuated in favour of either breastfeeding or formula feeding (Minchin, 1985). By the 1970s the role of breastfeeding in preventing infant deaths from dysentery and other waterborne illnesses, particularly in developing countries, was clearly established (WHO, 1981a). Further, by the early 1980s medical research was beginning to establish the longer term health, social and psychological benefits of breastfeeding to both children and mothers (Minchin, 1985; WHO/UNICEF, 1989) – benefits which ultimately could be translated into public economic benefits (Smith, 2004).

Over the same period, breastfeeding increasingly became the subject of public debates, connecting to discourses about the nature of motherhood, how children should be raised, and the importance of medical and scientific evidence in determining how to feed infants (Earle, 2003; Earle & Letherby, 2003; Minchin, 1985) – indicating how societal discourses on the appropriate conduct of women and mothers can interconnect with other factors in the development of health policies. Australian news and social media now regularly present stories which highlight the unsettled role of breastfeeding in contemporary women's lives – many of which focus on situations in which women have been criticised or abused for breastfeeding in public (see for example Connelly, 2012; King, 2013; Kwek, 2011; Magann, 2013; Romensky, 2016).

As the individual and public benefits of breastfeeding were established, and as breastfeeding became a topic of ongoing public interest, public policies to promote and support increased rates of breastfeeding were developed around the world (see especially WHO/UNICEF, 1989). The first United Nations policy statement to encourage greater rates of breastfeeding that was binding on state parties was the *Innocenti Declaration: On the Protection, Promotion and Support of Breastfeeding* of 1990, which declared that:

> all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving

appropriate and adequate complementary foods, for up to two years of age or beyond.

(WHO/UNICEF, 1990)

The Declaration further outlines a range of strategies member-states should take to support women in exclusively breastfeeding for at least six months, and that international organisations can follow to help nation-states support breastfeeding (ibid.). In the years since, the World Health Organization and UNICEF have issued a number of revised position statements, strategies and action plans to elaborate on their original principles and to guide member-states with implementation (Innocenti+15, 2005; UNICEF, n.d.-b, n.d.-c, 2005, 2006; WHO, 2003, 2007, 2017c; WHO/UNICEF, 1989, 2003, 2007, 2009, 2017; WHO et al, 2009). This canon of UN policy statements has influenced the development of national, sub-national and non-governmental breastfeeding policies around the world, including in Australia (see for example ABA, 2013b; AHMC, 2009; NHMRC, 2012/2015); further, the UN monitors nation-states' implementation of breastfeeding policies (WHO, 2017e; WHO/UNICEF, 1999, 2017). This canon of documents also has the general support of the international community, as demonstrated by the international response to recent attempts by the United States to weaken measures in support of breastfeeding (see Johnson & Erickson, 2018).

In accordance with its UN obligations to support and promote increased rates of exclusive breastfeeding, the Australian Commonwealth Government released its *National Breastfeeding Strategy* in 2009 (AHMC, 2009); this strategy is currently in the process of being renewed (AHMAC, 2017a, 2017b). The extant strategy announces the Australian Government's support for increasing rates of exclusive breastfeeding to six months, and outlines the responsibilities of the various Australian governments in facilitating this increase (AHMC, 2009). In short, the role of the Commonwealth Government is to provide "national leadership and coordination" to State and municipal governments (AHMC, 2009, p. 40)[1], whose task it is to develop programs that improve support for breastfeeding. Some State governments have issued strategic statements in support of increasing breastfeeding rates, whether as standalone policies or as part of more broad-ranging health promotion plans (see for example Department of Health (Northern Territory), 2015; Department of Health (Western Australia), 2011; NSW Kids and Families, 2011); others, such as the State of Victoria, have not – at least, not in the form of an official state breastfeeding strategy or plan.

[1] The Strategy also states that the Commonwealth Government has a key role in gathering data about breastfeeding, and monitoring and evaluating breastfeeding programs nationwide. How this plays out in practice will be discussed in Chapter 2.

Despite this canon of policy documents, there is relatively little specific institutional architecture for implementing them in the sense of formalised government-authorised norms and processes. Institutions are defined here as the "rules of the game" (Lowndes & Roberts, 2010, p. 9) that shape social life, and comprise the "formal and informal rules that guide and constrain political behaviour", including policymaking (Lowndes, 2005, p. 292). Most of the institutions governing breastfeeding policy processes are general, high-level ones such as the federalised Westminster institutions of government in Australia (Dowding & Martin, 2017) and the associated apparatus of the Victorian state and municipal governments. There are very few political or bureaucratic institutions specifically dedicated to developing and implementing breastfeeding policy, in the sense of resources and staff within government departments, or even officially delegated processes outside government or across government and other sectors. There are some data collection processes where local governments collect data about breastfeeding and report on to state governments such as Victoria, which report on it to the commonwealth government, which reports on it to UNICEF (DET, 2017e; DHS, 2016; DHHS, 2017a, 2017b; AHMC, 2009; Australian Health Ministers' Advisory Council, 2017a). There are mechanisms through which local governments can deliver breastfeeding services to populaces, mainly the Maternal and Child Health Service (DET, 2017a, 2017c). There is also the Baby Friendly Hospital Initiative, a program run by the Australian College of Midwives through which hospitals can become certified as 'baby-friendly' (ACM, 2017b, 2017c, 2017d)[2].

Other than this, there are few traditional, dedicated, formal policy institutions aimed at driving the implementation of breastfeeding policy in Victoria. This is in contrast to a comparable policy area such as public health, which comes under the oversight of a Chief Health Officer, is guided by a strategic plan outlining the responsibilities of actors in the sector, and has a dedicated departmental staff (DHHS, 2019). Further, the data collection processes and Maternal and Child Health Service are not exclusively focused on breastfeeding, and actually very little of the work involved in these programs is devoted to implementing breastfeeding policy. While the Baby Friendly Hospital Initiative is, by contrast, primarily focused on ensuring hospitals conduct best practice in supporting mothers to breastfeed, it is an opt-in process. What institutional architecture is involved in implementing breastfeeding policy in Victoria is therefore limited, and overwhelmingly informal.

Despite this limited formal institutional encouragement to induce implementation, there is a remarkable consistency among the 140 breastfeeding policy documents analysed in this research (see Appendix 1), and among the dozen or so Victorian programs which aim to support breastfeeding mothers. All policies applied in Victoria repeat the goal of supporting exclusive

[2] These institutions will be discussed in more detail in Chapter 4.

breastfeeding to six months (see especially AHMC, 2009; DEECD, 2014; NHMRC, 2012/2015), and all breastfeeding services state reaching this goal is the aim of their work (see for example ACM, 2007; ABA, 2013b; AMA, 2017; Royal Women's Hospital/UNICEF, 2016).

This research investigates what, in the absence of conventional formal institutional policy drivers, might be driving this consistency in policy goals across Victorian breastfeeding programs. This empirical policy problem is an important theoretical problem because most classical implementation literature assumes that implementation – all tasks aimed at "carry[ing] out: accomplish[ing], fulfill[ing]…produc[ing or] complet[ing]" policy goals (Pressman & Wildavsky, 1984, p vi) – occurs within highly formally institutionalised policymaking settings (see for example Pressman & Wildavsky, 1984; Lipsky, 2010; Sabatier, 1986; Goggin et al, 1990). This thesis therefore aims to make a significant contribution to the policy studies literature in expanding the theory of implementation to understand implementation in settings where there are few formal policy institutions.

An additional noteworthy feature of the Victorian breastfeeding domain which complicates how the implementation of breastfeeding policy can be understood is the very mass of breastfeeding policy documents mentioned above. Individuals and organisations working in the breastfeeding policy domain draw on multiple texts during their work – conventional policy texts, research documents, legislation, quantitative databases, professional guidelines, workplace checklists – that shape the development of breastfeeding services and programs in complex ways. As will be described in more detail in Chapter 4, actors working in the Victorian breastfeeding sector consider *all* these types of document to constitute 'breastfeeding policy'. The multitude of policy texts used in the sector makes it unclear *what* exactly is being implemented – which document, whose decision. The consistent policy goals being implemented across Victorian breastfeeding programs are therefore ideas spread across a network of texts, such as the principle that all women should exclusively breastfeed their children to six months of age.

Given this emphasis on ideas and texts, this thesis will adopt a discursive approach to understanding how breastfeeding policy is being implemented in the absence of a strongly institutionalised policymaking architecture. Discourse comprises both the "substantive content of ideas… [and] also the interactive processes by which ideas are conveyed", which prominently includes texts (Schmidt, 2008, p. 305). Specifically, this thesis uses discursive institutionalism (Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018), a theoretical approach within the wider body of theory known as new institutionalism, that frames policymaking as a discursive process involving both institutions and discourse. Using a discursive institutionalist approach can therefore help in understanding whether ideas are shaping implementation in the case study, or whether informal institutions are, or both. Introducing this discursive focus to understanding

policy implementation is also a significant contribution to the policy studies literature, as relatively few studies of implementation have used a discursive approach, and this is a first specifically to apply discursive institutionalism to understanding implementation.

This thesis therefore aims to answer the following research question:

What is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria?

This question will act as the central guide of this research in selecting a theoretical framework and methodological approach. The main research question joins together several components of theoretical concern – implementation, institutions, discourse – and at different points the thesis will concentrate on each component individually. Overall, however, the aim of this thesis is to integrate these three theoretical concerns, and the thesis as a whole. The following section of this chapter will outline how the thesis will proceed to answer this research question.

1.2 Answering the research question

The remainder of this introduction outlines how the thesis answers the research question set out above. Chapter 2, "Implementation, Institutions, and Ideas", examines several bodies of literature within the theory of policymaking to arrive at a theoretical approach to be used in analysing the case study. There are several theoretical literatures within policy studies and political science that are relevant to helping answer the research question: implementation studies; the various versions of new institutionalist theory in policy studies (for example Crouch, 2005; DiMaggio & Powell, 1991; Goodin, 1996; Jessop, 2001; Jones et al, 2003; North, 1990; Peters, 2015); and critical social theory derived from discourse analysis.

Chapter 2 will examine where each of these theoretical literatures is helpful in answering the research question, and where each is not, in order to develop a framework which can be used in analysing the case study. By doing so, Chapter 2 will also align this research with theoretically and epistemologically connected scholarship, therefore locating this thesis within policy theory scholarship.

Firstly, Chapter 2 will discuss where classical implementation studies theory can be used to answer the research question. It will be argued that some of the assumptions underlying classical implementation theory fit poorly with the predominant empirical characteristics of the

case study, and it is therefore difficult to reconcile using it as a theoretical approach for analysing the case study. However, several key concepts can be taken from implementation theory that can be used in helping to understand implementation in the case study. These include a definition of implementation; definitions of the other stages or tasks involved in policymaking; the concept of a "policy problem" (Sabatier, 1986); and the concept of a "policy subsystem" (Sabatier, 1988).

Following from the discussion of classical implementation studies, the chapter assesses the suitability of using new institutionalist theory to analyse policy implementation in the Victorian breastfeeding policy subsystem. As the research question yokes together theoretical interest in implementation, institutions, and discourse, it is argued that discursive institutionalism (Schmidt, 2008, 2011) provides the strongest institutionalist account of understanding the role of ideas in policy implementation. Among new institutionalisms, discursive institutionalism presents a clearly conceptualised, cogent model of policymaking where institutions, agency and discourse are posited to produce policy. With its strong conceptualisation of agency and model of how agency interfaces with institutions and discourse, discursive institutionalism sets out a solid account of how meaning is produced during political processes. Chapter 2 concludes by outlining the discursive institutionalist model of discourse and developing a discursive institutionalist implementation framework for analysing policy implementation in the case study.

Chapter 3, "Empirical Data Generation", explains the methodological approach of this thesis. It sets out the ontological and epistemological positions from which this research is framed; the methods for data generation and processing; and the preliminary stages of data analysis. It first explains that the research is framed using an interpretivist ontology where meanings and beliefs co-constitute each other, and where meanings and beliefs guide action (Hay, 2011b). This ontology is adopted as the research question targets the role of discourse in policy implementation, and the conceptual terminology of discourse acts a framework for understanding the social role of ideas, meanings and beliefs,

Following from this, its epistemological position is that all knowledge claims are socially constructed and (inter)subjective, and that understanding the meanings and beliefs that underlie actions is the key to explaining political (including policy) phenomena (ibid.). From these positions Chapter 3 formulates several aims of data generation and analysis for this thesis as a piece of qualitative, small-N, case study research (largely following Yin, 2018 and Stake, 1995). Chapter 3 identifies that a case study analysis may perform one or several research tasks at once, and argues that the thesis performs four tasks: empirical (or a-theoretical) description, interpretive description, theory confirmation, and theory-building (modified from Seha & Müller-Rommell, 2016). These four tasks are therefore set as the overarching data analysis activities for the remainder of the thesis.

Chapter 3 then describes how and why this thesis uses a combination of documentary analysis and semi-structured interviews to gather data about the Victorian breastfeeding policy subsystem. Its foundation is the principles of discourse analytical research, which necessitate the use of data generation methods that afford analysis of how ideas and language are used and constructed . Chapter 3 describes how, given the distinctive characteristics of the two data sets (documents and interviews), they were processed quite differently. Data generated through interviews was systematically processed and coded, whereas data generated through documentary analysis was undertaken via a literature review process, noting recurring themes but not systematically coding them.

Data processing for this thesis involved several stages, as it needed to address the different research aims of the thesis and align with this thesis's approach to meeting its research aims. Data processing therefore combined deductive or *a priori* coding of the data, using categories derived from the discursive institutionalist model of policymaking, with inductive or emergent data coding, using categories that emerge during the practice of data coding (Fereday & Muir-Cochrane, 2006; Glaser & Strauss, 2009; Lichtman, 2013; Saldaña, 2015). Further, data processing occurred in two phases, with the first involving the confirmation or construction of respectively deductive and inductive analytical categories which aimed to build an empirical picture of the Victorian breastfeeding policy subsystem.

Having outlined the approach taken to data generation and processing, Chapter 3 finally turns to a description of how the data was processed to produce a set of categories to be used in analysing the case study in terms of a discursive institutionalist framework. This final list of conceptual categories is then used as the basis of conducting a theoretical analysis of the case study. The final parts of Chapter 3 also describe data generated about participants' key characteristics.

The next chapter of this thesis, "Actors, Documents and Processes", comprises an empirical description of the case study. This empirical case study description establishes a clear empirical picture of how breastfeeding policy is being implemented in Victoria, and is also used as an anchor for the theoretical analysis that follows in the two succeeding chapters.

The first of these tasks involves developing a thick description (Geertz, 1973) of the Victorian breastfeeding policy "subsystem" (using a term adapted from Sabatier & Weible, 2007): the actors, processes and structures devoted to resolving policy problems arising from the substantive policy subject of breastfeeding. An important empirical element of the case study description is its precise identification of what actually constitutes the policy that people are implementing in the Victorian breastfeeding sector. On the basis of the empirical evidence it is

argued in Chapter 4 that, rather than being a statement by an authoritative decision-maker embedded in a single document, 'breastfeeding policy' is instead an ideational construct produced across multiple texts. However, the case study exhibits a number of empirical characteristics which distinguish it from the policy contexts described in canonical implementation studies (for example, Pressman & Wildavsky, 1984; Lipsky, 2010; or Sabatier, 1986). These distinguishing characteristics include: a relative lack of formal institutionalisation in the Victorian breastfeeding policy subsystem, which is conceptualised as representing an 'institutional void' (Hajer, 2003); the implementation of ideas rather than specific statements or documents; the complex structuring of the subsystem beyond traditional governmental hierarchies; and the multiplicity of tasks and roles involved in policy implementation in the Victorian breastfeeding policy subsystem. The discussion at the end of Chapter 4 describes how a discursive institutionalist approach and the concept of discourse will be used to understand these characteristics as an example of policymaking contexts characterised by few formal policy institutions.

With the case study fully described, the next two chapters of the thesis turn to analysing the case study from the perspective of a discursive institutionalist theoretical framework, and presenting the thesis findings. Chapter 5 applies the central concept of the discursive institutionalist model of policymaking, the institutional-agential dialectic, to the case study; and Chapter 6 examines the operation of discourse and discourses as total systems of meaning to the case study. Together these two chapters aim to explain the role discourse plays in policy implementation in a policy subsystem characterised by few formal policy institutions.

Chapter 5, "Thinking and Speaking Institutions", presents the study's findings about how agency operates in the case study. The chapter shows that participants do describe both their own and others' agency as discursive – specifically, in terms of thinking, speaking, or writing. This research also found that the exercising of agency by the implementers of breastfeeding policy is seen to be done in an objectified way called *self-cognisant*. 'Self-cognisance' refers to actors' awareness of themselves exercising agency. It conceptualises actors' awareness of themselves as exercising agency while under the influence of multiple institutions simultaneously (that is, occupying more than one role at once). It also involves actors' awareness of how these roles fit together within organisations, and to their awareness of how these organisations fit together in the Victorian breastfeeding policy subsystem.

Chapter 5 then presents findings about exactly *which* phenomena comprise institutions. A discursive institutionalist framing of the analysis, which highlights the role of ideas and texts in institutionalisation, allows for an understanding of unconventional social forms as policy institutions, well beyond the scope of other variants of new institutionalism. While it is likely that other types of institution operate in the case study, this study found that the two which have the

greatest effect on the implementation of breastfeeding policy are policies and professional roles. Both policies-as-institutions and roles-as-institutions are constituted by clusters of ideas produced by the intertextual positioning of networks of breastfeeding policy documents in relationship to each other. Texts are found to play a linchpin role in the construction of these institutions. Crucially, texts 'fix' the meaning of institutions in space and time, and construct their political legitimacy as 'policy documents' whose content should be borne in mind when designing breastfeeding services and programs. To analyse this key finding, Chapter 5 specifically extends discursive institutionalist theory by integrating it with Kristeva's theory of intertextuality (Kristeva & Roudiez, 1980; see also Alfaro, 1996; Eagleton, 2014; Gillis et al, 2004).

Chapter 5 then explores findings related to the operation of the institutional-agential dialectic in the case study. Returning to Schmidt's (2008, 2011) bifurcation of agency into background ideational abilities and foreground discursive abilities, it is argued that these two modalities of agency are each shown to play a role in the implementation of breastfeeding policy. Additionally, the exercising of each of these modalities is underpinned by a 'discursive rule' producing regular configurations of discourse. The first discursive rule, underpinning the exercising of foreground discursive abilities, is called 'multiplicity of roles'. The second discursive rule, 'if-then sequencing', underpins the exercising of background ideational abilities, and occurs where agency maintains institutions.

Finally, Chapter 5 returns to the concept of the 'institutional void' (Hajer, 2003). It notes that far from being void of institutions as the relative lack of formal policy infrastructure might suggest, the Victorian breastfeeding policy subsystem is full of institutions that shape implementation processes. However, using the concept of the institutional void was a necessary heuristic to use in discovering what the main institutions operating in the subsystem were, as they are not what are conventionally considered as 'policy institutions'. Instead, they include the mass of policy texts that constitute 'breastfeeding policy', and the professional roles out of which implementers act. This chapter provides a preliminary answer to the thesis's research question in that it argues that, in policymaking contexts characterised by few formal institutions, discourse produces *new institutions* that constrain and enable action. These new institutions shape policy implementation in practice.

Chapter 6, "A Multi-layered System of Meaning", describes how multiple layers of discourse are produced out of processes of trying to resolve contextual problems – context being an element of Schmidt's (2008, 2011) concept of discourse that includes things other than ideas and texts involved in processes of conveying ideas. The first of these layers represents the two different types of discourse identified by Schmidt (ibid.), coordinative and communicative

discourses. Analysis of the case study showed that there was a group of 'policy actors' speaking coordinative discourse and a group of 'political actors' speaking communicative discourse.

However, analysis of the data also extends the discursive institutionalist argument as to how discourse manifests empirically. The most important extension of this element of discursive institutionalism is in showing that at least one other type of empirical discourse in addition to communicative and coordinative discourses is operating in the case study. These discourses involved actors in the "public sphere" – members of the public and the media – speaking both to political actors and other public actors, about the necessity and appropriateness of policies, and about what the public feels and thinks of policies. This type of discourse was therefore named "public discourse".

This analysis argues that these discourses are constituted by the relationship between two groups of actors. The first of these is the group that speaks the discourse, called the *power group*; the second is the group which is the object of discourse, called the *target group*. The speaking of discourse by the power group operates in order to influence the target group – specifically, in that policy actors in the case study 'translated' their coordinative discourse into a discourse more readily understood by political actors, in order to influence them.

A second key finding from the data analysis was that there is a second layer of discourse, constituted by *sub-discourses*. These sub-discourses were identified through analysis of themes that emerged through inductive data coding. These themes, such as 'motherhood' and 'childhood', were clusters of ideas which framed how participants spoke about delivering breastfeeding policies and programs. This research found that each 'theme' represented a set of ideas devoted to understanding and describing how to solve a practical problem arising from the work of implementing breastfeeding policy. The central problem was always how to get mothers to establish or maintain breastfeeding. As each theme represented a different way to solve this problem, the ideas constituting the themes frequently come into discursive conflict. This finding about how ideas operate in the case study represents a significant development of the discursive institutionalist conceptualisation of discourse (cf. Bacchi & Rönnblom, 2004; Freindenwall & Krook, 2011; Gains & Lowndes, 2014; Kenny & Lowndes, 2011; Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018).

In its final section Chapter 6 moves to discussing how participants discursively describe non-linguistic factors such as physical movement, physical interaction, and feeling. When describing these non-linguistic events, participants used a range of subtle and sophisticated linguistic strategies to transmute them into ideational-textual events. It is argued that these

linguistic strategies represent the ideational and textual processes through which actors reconcile the empirical problem of mothers failing to establish or maintain breastfeeding into discourse.

Chapter 6 therefore provides the final part of the answer to the thesis's research question. Chapter 6 shows how the new institutions produced by discourse in policymaking contexts characterised by few formal policy institutions are arranged so that they describe power relationships which prescribe the actions two groups of actors may perform with respect to each other. These relationships therefore not only prescribe who may perform actions to implement policies, but who is the *object* of policy implementation – that is, who the activities which constitute policy implementation may be performed on or against. Groups may be arranged into relationships with multiple other groups, producing multiple layers of discursive meaning-making. These multiple layers of meaning-making produce the complexly interrelated hierarchies and networks of actors which constitute the 'Victorian breastfeeding policy subsystem'. Finally, this chapter shows how these institutions and layers of discourse emerge out of experiential 'problems', which are defined within discourse, and which are solved by reshaping discourse. In answer to the question – what is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions – this thesis therefore argues that discourse constructs the problems which policy implementation must fix; that it constitutes the solution to those problems; and that it produces the proliferation of actors and processes devoted to solving those problems. In the context of the case study, discourse constructs exclusive breastfeeding to six months as appropriate conduct for women-as-mothers; discourse constructs a failure to breastfeed as a problem; and discourse then creates the possibilities through which policy actors can solve this problem.

Finally, Chapter 7 acts as a conclusion to this thesis. Initially it clarifies how this thesis has re-imagined the discursive institutionalist conceptualisations of institutions and discourse, and indicating what the re-shaping of these concepts might imply for further theory-building. Additionally, it describes the limitations of the thesis and its implications for policy practice. Further, Chapter 7 sets out the contribution that this thesis's research findings make to the field of policy studies and also political science. Taking a broad overview, it identifies this thesis's primary contribution to the field as being the extension of implementation studies through its integration with discourse institutionalist theory, but notes that the thesis also makes theoretical and empirical contributions to the field. The final section of Chapter 7 indicates some potential key areas for research leading out of this thesis.

Chapter 2: Implementation, Institutions, and Ideas

Developing a discursive institutionalist implementation framework

2.1 Introduction

This chapter identifies three bodies of theoretical literature which would traditionally give some insight into the issues raised by the research question: implementation studies, new institutionalism, and discursive institutionalism. Overall the literature review aims to develop an understanding of how current policy theory can contribute to an understanding of the role of discourse in policy implementation in policy environments characterised by few formalised institutions. This chapter will examine where the existing literatures help in understanding this thesis's empirical and theoretical problems, and where they are less helpful. Finally, this chapter will develop a modified version of discursive institutionalism enhanced with key concepts from the implementation literature to use in analysing the case study.

Given that the policy problem has been framed as one of implementation, this chapter will begin by assessing how implementation theory can be used to understand how the implementation of Victorian breastfeeding policy is happening. The overall model of classical implementation theory (Pressman & Wildavsky, 1984; Lipsky, 2010; Goggin et al, 1990) is even in its most complex form predicated on the principle that policymaking occurs within vertical hierarchies largely located within government. It therefore has limited power in explaining policy implementation in the more decentralised policymaking contexts with few formal, dedicated institutional mechanisms that are common in contemporary Australia. However, several concepts developed within classical implementation studies can be detached from the overall model of policymaking/implementation, and used to define core elements of the policy environment and policy processes through which breastfeeding policy is being implemented.

Section 2.3 shifts the focus of the literature review to the layer of the research question regarding institutions. It discusses new institutionalism, a wide-ranging body of theory that crosses various disciplines and incorporates many diverse sub-schools of theory (for an overview see Lowndes & Roberts 2010; for example see DiMaggio & Powell, 1991; Goodin, 1996; Jones et al, 2003; Peters, 2005; Pierson, 2000[3]) This section examines the suitability of new institutionalism for understanding what factors produce consistency among implementation approaches in the Victorian breastfeeding sector. New institutionalism is a body of political theory

[3] See further Crouch, 2005; Blyth, 2002; Brandl, 1988; Crouch & Farrell, 2004; Jessop, 2001; Lowndes, 2005; Lowndes & Wilson, 2003; Mackay & Meier, 2003; Pollack, 1996; Sikkink, 1991; Dryzek, 1996; Goldstein & Keohane, 1993; and others cited below in this chapter.

which sets out a model of policymaking and other political processes that is flexible enough to describe institutional configurations of many types – whether they are traditionally conceived vertical government hierarchies, or, as in the case study, networks of actors spread across government and non-governmental sectors. It focuses on institutions as rules rather than as organizations, and as dynamic rather than static (Lowndes, 2018, p. 66).

Additionally, many new institutionalists theorise that ideas play a role in policymaking, meaning it could be used to explain the role of ideas in the implementation of breastfeeding policy in Victoria. However, the concept of the ideational is relatively under-theorised in the mainstream or widely accepted new institutionalist literature, and even most ideationally focused versions of new institutionalism do not focus on understanding the role of texts or discourse. As noted in the introduction, the textual characteristics of policy documents appear to play a central role in the Victorian breastfeeding policy sector. Section 2.4 therefore shifts the discussion to discursive institutionalism (Bacchi & Rönnblom, 2014; Jeffares, 2007; Kenny & Lowndes, 2011; Kulawik, 2009), focusing on the discursive institutionalism of Schmidt (2008, 2011; Carstensen & Schmidt, 2016, 2018). Section 2.4 argues that discursive institutionalism includes the best conceptual vocabulary for analysing the empirical and theoretical issues raised by the research question. This chapter concludes by developing a discursive institutionalist implementation framework which can be used to analyse the role of discourse and institutions in policy implementation.

2.2 The potential and limits of implementation theory

This research investigates a policy problem that is specifically one of *implementation*. This section will therefore review theories of implementation developed within implementation studies (deLeon & deLeon, 2002; Nilsen et al, 2013; Winter, 2014a, 2014b). It will first very briefly outline the history of implementation studies, and then assess how well each iteration of implementation theory helps understand the role of discourse in policy implementation in policy sectors characterised by few formal institutions. It will then be argued that classical implementation studies theories of implementation assume a highly formally institutionalised policymaking environment, and hence have limited value in exploring the issues posed by the research question. However, implementation theory does present several conceptual tools which can help frame the scope of this research and define what is occurring empirically in the case study. These include the concepts of a "policy problem", of a "policy subsystem", the definition of what constitutes "implementation", and terminology for describing the tasks involved in the policymaking process.

Implementation studies has its origins in the work of Lasswell (1936, 1970), who broached the idea of a science of policy administration, and itemised 'implementation' as a necessary step within policymaking. By the 1970s policy scholarship was strongly focused on understanding policymaking as a technical process, and had – as typified by the work of Lasswell (1970) – itemised the various stages of policymaking (see further Jann & Wegrich, 2007). Scholars then developed research into each of these stages (see for example Haveman, 1987; KIngdon, 1984; Rochefort & Cobb, 1993). Some scholars focused on trying to perfect execution of the stage in question, while others focused on re-envisaging the policymaking process as a whole in terms of its relationship to each specific stage. With respect to studying implementation, top-down implementation theory, with its focus on understanding how implementers had unsuccessfully applied the intentions of decision-makers, is an example of the first sort of scholarship (Pressman & Wildavsky, 1984); bottom-up implementation theory, which re-imagines implementers as the true decision-makers in the policy process, is an example of the latter. Similar sorts of research was conducted into other stages of policymaking, such as policy formation (Sidney, 2007), agenda-setting (Birkland, 2007); Cobb et al, 1976; Kingdon, 1984), and evaluation (Haveman, 1987). Policy design theory represented frustration with these disparate strands of scholarship, and an attempt to returning to theorising policy development as a holistic process (see Linder & Peters, 1987).

From the 1970s to the early 1990s, implementation theory was the most popular of these various schools of policy scholarship (deLeon & deLeon, 2002). Although implementation studies is frequently described as a 'sub-discipline' of policy studies, during this time it effectively represented the mainstream of policy scholarship, and it is only in subsequent reckonings of the influence of implementation theory on the field that it has been relegated to this less central role (see deLeon & deLeon, 2002; Nilsen et al, 2013; Pülzl & Treib, 2007). During the course of its popularity implementation theory was developed in several directions, and has subsequently been divided into three generations of thought by historians of implementation, first-, second-, and third-generation implementation theory (Goggin et al, 1990; deLeon & deLeon, 2002; Nilsen et al, 2013; Pzl & Treib, 2007; Winter, 2014a, 2014b).

The 'first generation' of implementation studies scholarship emerged in the 1970s in the work of the Harvard group (Hargrove, 1976; Pressman& Wildavsky, 1976), which was "typically explorative and inductive case studies with a theory-generating aim" (Winter, 2014b, p. 238). This research largely arose in response to the Great Society policy reforms and welfare programs in the United States in the 1960s and early 1970s: as these major policy programs were implemented and evaluated, it was discovered that they often did not result in measurable social changes (Winter, 2014a). The first generation of implementation research therefore focused on

the failures of policy implementation – the gap between a government's policies and their realisation in programs, procedures, or other plans of action (deLeon & deLeon, 2002; Pulzl & Treib, 2007; Winter, 2014a; Nilsen et al, 2013).

The 'second generation' of implementation studies is generally agreed to have emerged in the early 1980s, directly out of writers' developing the work of first generation implementation studies scholars (deLeon & deLeon, 2002; Winter, 2014a). Second generation scholarship comprises two different approaches to the problem of policy: the top-down approach, and the bottom-up approach (ibid.). The top-down approach extends the thinking of first generation scholars by explicitly assuming that all policy implementation occurs within a top-down, command-and-control type of governmental hierarchy (deLeon & deLeon, 2002) where policy implementation can be improved through improving control over the policymaking process so that implementation outcomes are in line with the original intentions of policymakers (Winter, 2014b). Where first generation researchers had – sometimes inadvertently – emphasised the failure of policy implementation in their work, scholars of the top-down school (described in Winter, 2014b and deLeon & deLeon, 2002) took a longer-term perspective than first generation scholars, and noted that implementation outcomes tended to be more successful over the longer term.

While top-down implementation scholars had a more optimistic perspective of the possibilities of policy implementation, other researchers noted that the model of policymaking used by these scholars did not reflect the empirical experience of policy implementation (see for example Hjern & Hull, 1982; Lipsky, 2010). Top-down implementation scholarship had assumed a hierarchical chain of command, but bottom-up researchers argued that this assumption did not always hold in reality (deLeon & deLeon, 2002; Winter, 2014a, 2014b; Nilsen et al, 2013). Instead, this second tranche of researchers "emphasized the influence that front-line staff or field workers have on the delivery of policies", and focused on "the discretionary decisions that each field worker – or 'street-level bureaucrat'... – makes in relation to individual citizens when delivering policies to them" (Winter, 2014b, p. 239). Where top-down research had emphasised that implementation was most successful where there was the least distortion between the intention of policymakers and the actions of implementers (Nilsen et al, 2013), bottom-up scholarship states that these 'distortions' actually comprise the implementation process, with Lipsky going so far as to write that "street-level bureaucrats are the real *policy makers*" (Lipsky, 2010, p. 239; emphasis in original).

Even as the second generation of implementation was bifurcating in the mid-1980s, however, a 'third generation' of implementation studies was emerging in the work of Goggin and

colleagues (1990) and Sabatier (1986)[4]. Theoretically speaking, the 'third generation' of implementation studies research comprises a much more unified group than the second (see for example Matland, 1995; Schneider & Ingram, 1990). Third generation research acknowledges that policy implementation involves work by both the authoritative policymakers at the top of the chain of command, and the street-level bureaucrats at the bottom (deLeon & deLeon, 200w), and works to reconcile the two approaches through the development of synthesising theoretical frameworks (Nilsen et al, 2013). Matland (1995; cited in Winter, 2014a, p. 241) argues that the value of utilising a top-down or bottom-up approach "depends on the degree of ambiguity in goals and means of a policy and the degree of conflict" within the policymaking process, and hence contends that a top-down lens should be used to analyse implementation in policy systems where conflict is high, and a bottom-up lens in systems where ambiguity is high. Theoretical approaches within third-generation scholarship may therefore be a synthesis of the two second-generation approaches, or represent a system for alternating between them.

The 'three generations' of implementation theory do the conceptual work of defining different tasks within the policymaking process, such as decision-making and implementation (see for example Pressman & Wildavsky, 1984). Each generation of implementation theory sets these tasks in a set order, and typically allocates them to specific figures in the policymaking process, where designated decision-makers make decisions, and designated implementers implement those decisions (see for example Pressman & Wildavsky, 1984, or Lipsky, 2010). Where the various theories of implementation differ is in how much importance they ascribe to each of these different figures (Pülzl & Treib, 2007).

Top-down implementation research operated under a set of theoretical assumptions adopted from Weberian models of public administration, in particular that policymaking and implementation occur in a hierarchical chain of command where policies (or "mandates") are issued by a legitimate authority or "prime mover" (deLeon & deLeon, 2002, p. 476). A further assumption is made in this body of research that policies are both issued and implemented in good faith (deLeon & deLeon, 2002; Winter, 2014b). Following from this set of assumptions, the primary causes of failed implementation are asserted to be miscommunications somewhere within the policymaking process, or a lack of resources to support adequate implementation (ibid.).

[4] DeLeon and deLeon (2002) and Nilsen and colleagues (2013) both locate the emergence of the third generation during the 1990s; however, given that Sabatier explicitly refers to his work as a synthesis of the top-down and bottom-up approaches, and especially given that Goggin and colleagues (1990) actually refer to their work as a 'third generation' of implementation research, I will locate the emergence of the hybrid approach in the mid-to-late 1980s.

As well as assuming that policy tasks are undertaken within a vertical policymaking structure, first- and second-generation theories of implementation also assume that these tasks occur in an inevitable, linear process: decision-making first, implementation second. All iterations of implementation theory undertake the conceptual work of defining different tasks within the policymaking process such as decision-making and implementation (see for example Pressman & Wildavsky, 1984).

Each of the three 'generations' of implementation theory also sets these tasks in a set order, typically allocating them to specific figures in the policymaking process (see for example Pressman & Wildavasky, 1984, or Lipsky, 2010); where the various theories of implementation differ is in how much importance they ascribe to each of these different figures (Pülzl & Treib, 2007). The top-down and bottom-up assume that these tasks occur in an inevitable, linear process: decision-making first, implementation second. First- and second-generation implementation theory therefore define the tasks in the policymaking process, and set up models of policymaking in which these occur in a specific order (Elmore, 1980; Lipsky, 2010). This coupling of policy tasks with a specific order of *stages* in which they must occur is known as 'stagism' (Jenkins-Smith & Sabatier, 2008).

The third-generation or hybrid approach, however, uncoupled the assumption that if there were specific tasks involved in policymaking, then they must occur in a specified order (Pülzl & Treib, 2007). Instead, third-generation scholars moved away from a stagist position to one where the interrelationships of policymaking tasks is much more fluid (see for example Ripley & Franklin, 1986; Sabatier, 1986). However, while this means that the hybrid approach abandoned the model of policymaking as occurring in *stages*, this does not mean that the approach completely abandoned the top-downers' and bottom-uppers' vocabulary for describing the various- elements of the policymaking process (see Sabatier, 1986). Instead, hybrid approaches are built around a model of policymaking where implementation occurs within a highly structured, formalised environment.

As the focus of scholarship shifted from conceptualising successful implementation as the repetitive enactment of a policy mandate (or statement, or directive), the focus of implementation studies as a field shifted from studying case studies of the success or failure of implementing specific policy decisions to studying how a set of initiatives addressed a broad-ranging public problem, such as youth unemployment (Winter, 2014b). Ultimately bottom-up scholarship challenged the wisdom of implementation studies: where first generation and top-down scholars had argued that the key to successful implementation was to control the policymaking process so that all actors along the chain of the command re-enacted the intention of the original policy decision, bottom-up scholars argued that successful policymaking could only occur where policy

decisions were made with explicit reference to how they might be implemented (Nilsen et al, 2013). Where first-generation and top-down theorists ascribe most importance to decision-makers, bottom-up theorists reverse this relationship and call implementers the "true policy-makers"; and third-generation theorists ascribe equal importance to decision-makers and implementers.

Histories of implementation studies differ somewhat in how they divide and define the three generations of implementation research (compare for instance Winter, 2014b and Goggin et al, 1990). In practice the theoretical stances of the three 'generations' blur into each other: the top-down approaches of the second generation are a continuation of the assumptions of the first, whereas different writers demarcate the second and third generations in different places; and different writers locate the turn to positivism in the second- or third-generation (compare Winter, 2014b and Pülzl & Treib, 2007). Further, many scholars have worked across the generations of implementation research: for example Paul Sabatier, undertook research in both bottom-up and hybrid implementation research, then moved into policy design theory, then developed Advocacy Coalition Framework (ACF) theory out of earlier work in different schools of theory (Sabatier, 1986, 1988; Sabatier & Jenkins-Smith, 1999).

Additionally, implementation research was being undertaken which did not fall neatly into any of these three generations. Perhaps most prominent among this research was interpretive implementation theory, which emerged in the late 1980s (see Yanow, 1987). Interpretive implementation theory incorporates the principles of social constructionism into analysis of policymaking, sometimes with a focus on implementation (Yanow, 1987, 1999, 2006), and developed following the first wave of interest in interpretivist methods among policy scholars in the late 1970s and early 1980s (Yanow, 1999).

At least in its early years, the leading figure within interpretive implementation theory was Dvora Yanow: her work on implementation comprised part of her larger project of importing social constructivist theory into theory of policy analysis (Yanow, 1987, 1993, 1996, 1997, 1999, 2003, 2006). Interpretive implementation theory argues that assumptions underlying positivist implementation theory – that is, the three generations of policy theory – led to a narrow analytical approach that failed to account for much of what happened during implementation (Yanow, 1987, 1999). To counter the perceived inadequacies of positivist implementation literature, both interpretive implementation theory and interpretivist policy theory more broadly hold that:

> ...we live in a social world characterized by the possibilities of multiple interpretations. In this world there are no "brute data" whose meaning is beyond

> dispute…As living requires sensemaking, and sensemaking entails interpretation, so too does policy analysis…
>
> (Yanow, 1999, p. 5)

Yanow's interpretive implementation theory therefore posits a world where policymaking is one sort of interpretive activity in a social world constructed out of interpretation. In such a world, individual policymakers cannot act on the basis of 'objective' knowledge, instead developing policy out of their "own values, beliefs, and feelings" (Yanow, 1999, p. 6). The theory offers a new perspective on the problem of the gap between the original intent of the policy decision-makers and the actions of the implementers, arguing that framing this gap as a 'problem' rests on the assumption that "policy words can and should have univocal, unambiguous meanings that can and should be channelled to and directly apperceived by implementers and policy-relevant publics" (ibid.). In interpretative implementation theory, the gap is not a problem, but an inevitable outcome of all social activity being interpretive: implementers cannot ever recover an original intent behind policy, being instead only able to act from within their own horizon of meanings. Consequently, the theory focuses on divergences between policy and implementation in order to understand the array of meanings contributing to the development and implementation of a policy (Yanow, 1993, 1999).

The remainder of this section will describe where these theories of implementation are and are not useful in exploring the issues raised by the research question. In terms of this thesis answering the research question, implementation theory provides a number of conceptual terms essential to analysing the role played by discourse during policy implementation in contexts characterised by low formal institutionalisation.

Firstly, it provides a focus for the research overall in terms of defining the research question as investigating a "policy problem". Secondly, it provides a definition of the term "implementation" itself, which is one of the key conceptual components of the research question - and which therefore delimits the conceptual and empirical scope of data collection and analysis. It provides a vocabulary for describing the different tasks or stages involved in policymaking processes, which will be essential when this thesis turns to data analysis. Finally, as will be discussed further in Chapter 4, the concept of a "policy subsystem" will be taken from theory derived from implementation theory to define the scope of what is to be studied empirically.

As the vocabulary of policymaking tasks first used by the first and second generations of implementation scholars can clarify how actors are involved in policymaking at different times it will be used in this thesis, but in the non-stagist manner developed by third-generation scholars. The language of implementation theory can help identify what sort of things individuals involved

in policymaking are actually *doing*. Policymaking does require the performance of several different types of task: the construction of policy statements (agenda-setting, decision-making), the conversion of statements into actions (implementation), the testing of whether the conversion into actions has been successful (evaluation, monitoring), and so on.

In particular, it should be specified that implementation theory gives this research a solid definition of what constitutes implementation. The first, seminal definition of implementation as an element of policymaking was formulated by Pressman and Wildavsky (1984, pp xx, vi), who held that implementation is "that part of a public program following the initial setting of goals, securing of agreement, and committing of funds", and involves the "carry[ing] out: accomplish[ing], fulfill[ing]... produc[ing or] complet[ing]" of policy goals. Even within first-generation theory, however, implementation scholars were acknowledging the array of different conceptualisations of what could constitute implementation (Hargrove, 1976). As the second- and third generations of implementation emerged, the question of what actually constitutes implementation became increasingly complicated. Or, as deLeon and Overman put it:

> Implementation turned out to be far more complex and difficult than the implementation analysis proponents had suggested, even to those claiming to represent the "third generation" [of implementation research, or the hybrid approach to implementation].
>
> (deLeon & Overman, 1997, p. 485)

Implementation is defined in a variety of ways, but what these definitions have in common is that they always define implementation in distinction to other phases of the policymaking process. Most usually, both in implementation studies and in policy studies more widely, implementation is defined by contrast to policy decision-making, (see in a wide range of examples, including deLeon & deLeon, 2002; Goggin et al, 1990; Hargrove, 1976; John, 1999; Linder & Peters, 1987; Robertson, 1984; Wolf, 1979), which in turn is known by a variety of names including goal setting, or issuing policy statements, or policy program design. A critical distinction is therefore made between the making a policy statement about what should be done and putting that statement into action, where implementation comprises the latter.

Other phases of policymaking, such as evaluation or utilisation, may also be contrasted with implementation (see deLeon & Overman, 1997), but the key distinction is between the making of a policy decision and carrying it out. Of course this merely shifts the definitional problem to deciding where decision-making ends and implementing begins, and scholars make various calls as to where the division lies: to re-use the scholarly examples above, Pressman and Wildavsky (1984) consider the dividing line to fall after agreement to and funding for a policy has

been sought, whereas Hargrove (1976, p. 9) considers that implementation can include a "complex political process", or effectively seeking agreement to a policy statement from implementers. Wherever the division is made, however, in implementation scholarship a distinction is always made between making a policy decision and the execution of that decision.

The actions taken by actors in the Victorian breastfeeding policy subsystem generally fit the category of actions aiming to "accomplish, fulfill…produce [or] complete" policy goals. The collection of data about breastfeeding rates; the advice about breastfeeding given by workers at maternity services and the Maternal and Child Health Service; the embedding of the BFHI at maternity hospitals; and all the other elements of the Victorian breastfeeding policy subsystem described in Chapter 4, are aimed at putting into action the belief that exclusive breastfeeding until six months is the best nutritional option for all infants. In this way, the actors in the Victorian breastfeeding policy subsystem are all involved in implementation activities, according to the various definitions set out in the implementation studies literature.

There are two additional aspects of how breastfeeding policy is implemented which problematise the use of classical implementation theory in answering the research question. Firstly, while all generations of implementation theory assume policy is a single decision issued by an authoritative decision-maker (deLeon & deLeon, 2002), a multitude of different statements and documents comprise 'breastfeeding policy'. Secondly, very often what comprises the putting into action of Victorian breastfeeding policy is the creation of *further* policy statements, which reiterate the set of ideas which comprise that policy. When this happens, the act of issuing the new policy statement constitutes both policy decision-making and implementation simultaneously. This complicates the division between policy development and implementation. Both these aspects of Victorian breastfeeding policy implementation processes will be discussed more in Chapter 4.

This thesis will also use two more concepts derived from third-generation theory in structuring its entire approach to investigating the case study. These are 'policy problem' and 'policy subsystem'. The concept of the "policy problem" was introduced in Chapter 1. It is taken from Sabatier's (1988) paper arguing for a hybrid theory of implementation, and defines the scope of this research and justifies its methodology. The concept of the 'policy subsystem' will be used in Chapter 4 as a means of clearly defining this thesis's empirical object of analysis. That is, it is used to rigorously define what this thesis means by the 'Victorian breastfeeding sector'. The "policy subsystem" – is strictly speaking drawn from Sabatier's work on ACF theory (Sabatier, 1988), rather than from implementation theory. However, following from the argument of Hill and Hupe (2002), ACF theory can be considered to be an extension of hybrid theories of implementation, integrating their insights with those from network analysis theory, a school of

thought which was becoming increasingly popular in political science and organisational sociology in the early 1980s.

Overall, implementation theory can therefore provide much of analytical value to this research. Third-generation implementation theory and its extensions in particular provide a conceptual vocabulary for describing policymaking functions, including a cogent definition of implementation; the concept of the 'policy problem'; and the concept of the 'policy subsystem'. However, applying even third-generation theory wholesale to the case study is difficult as it is still dependent on a formally organised policy hierarchy, even if it complicates that hierarchy by noting processes go both up and down the bureaucratic chain of command (Goggin et al, 1990; O'Toole, 1997; Ripley & Franklin, 1986; Sabatier, 1986). Its applicability to the case study, where there are few formal policy institutions, is therefore limited. This research will consequently look to other theory for an account of institutions that can more directly help in framing the analysis of the case study.

A second key area where third-generation theory is limited in addressing the issues raised by this thesis's research question is in understanding the role of discourse or other ideational concepts in implementation. Sabatier and colleagues (Sabatier, 1986, 1988; Sabatier & Jenkins-Smith, 1999) acknowledge the role of ideas, but approach ideas indirectly through their theoretical model: they focus on groups of actors as the key unit of analysis, largely organising these groups of actors according to their beliefs, or the ideas to which they adhere. This lack of a focus on the ideational is also characteristic of other third-generation implementation theory (see for example Goggin et al, 1990).

Third-generation theory may not provide an account of the ideational adequate to the conceptual needs of this thesis; however, such an account is set out in interpretive implementation theory. Interpretive policy analysis and implementation theory are concerned with meaning-making or what the interpretive theorist Yanow calls "sensemaking" (1999, 2006): with people's engagement with values and beliefs. It involves examining the role played by "symbolic artifacts" such as "symbolic objects, language and acts" and how actors interpret them in policy implementation (Yanow, 1993: 43, 42). It is therefore a theory that is primarily concerned with policymaking and implementation as ideational enterprises. In this way, interpretive implementation theory looks very much like it could be an appropriate theoretical approach to take in framing the analysis in this research.

Where interpretive implementation theory is not helpful in understanding the issues raised by the research question is in its lack of a focus on understanding structure, and a concomitant lack of vocabulary for describing institutions. Institutions are included within

interpretive implementation theory, but they are subsumed within the ideational, within concepts such as communities of meaning (Yanow, 1996, 2006, 2007). Yanow argues that the meanings which constitute policy implementation are shared (Yanow, 2003), but the focus of her work is on better conceptualising the symbolic artifacts involved in meaning-making, rather than on social or political structures. Instead, where Yanow writes of structure she refers to "category structures", which embody the "tacit knowledge shared within and among interpretive communities", or of "narrative structures", which are the "structure[s] of stories" (2006, pp. 56, 59, 60). The former are intersubjective meanings and their continuities over time; the latter represent how sets of ideas or meanings are structured together. Where conceptualisations of structure appear in interpretive policy theory, therefore, they are structures of meaning, or ways of structuring meaning.

Interpretive implementation theory does not set out a sufficient theoretical vocabulary for describing *any* social or political structure, as doing so is not the point of interpretive implementation theory. This research will therefore seek a different approach for understanding the issues raised by the research question in terms of adopting a framework for analysing the case study. However, like the other tranches of implementation theory discussed above, interpretive implementation theory includes concepts which will be integrated in the theoretical approach developed in this thesis. This thesis will share with interpretive implementation theory the stance that policy implementation is an interpretive enterprise involving process of meaning-making, and that policymaking processes are interpretive spaces.

More recently, policy scholars have returned to problems of implementation in response to new challenges posed by the changing policy landscape. Many of these scholars are strongly influenced by interpretive approaches to research, including critical and feminist approaches (see for example Carey et al, 2017; Dickinson, 2017). As of yet a consensus or consistent approach has not emerged from this literature regarding how implementation happens. This research will contribute to the continuing development of this emerging literature on implementation.

To summarise, implementation theory provides this thesis with several key concepts which can help scope, define and analyse what is happening in the case study. However, to explore fully what is happening in terms of implementing breastfeeding policy in Victoria, this thesis needs theoretical tools which can handle detailed analysis of the institutional and the ideational. Accordingly, the next section of this chapter turns to discussing a body of theory which includes both the institutional and the ideational in its model of policymaking: new institutionalism.

2.3 New institutionalism: The interplay of institutions, agency, and ideas

New institutionalism comprises a body of research within political science and cognate disciplines that seeks to explain political, social and economic processes by focusing on the functioning of institutions (for overview texts, see Lowndes, 2018; Lowndes & Roberts, 2007; Hall & Taylor, 1996; March & Olsen, 1989; Peters, 2009). As a body of scholarship, new institutionalism spans several disciplines – most prominently, economics, organizational theory, management theory, and political science, including sub-disciplines such as policy studies (Lowndes & Roberts, 2010). Just within new institutionalist political theory, there is a wide array of different theoretical emphases ranging from rational choice-inflected perspectives, to historical approaches, to sociological approaches including interpretive, constructivist and discursive perspectives (as described in Hall & Taylor, 1996; Peters et al, 2005). Political new institutionalist theory has been used to understand how policy processes such as policy development and implementation happen (Lowdnes, 2018).

Unlike implementation studies theory, new institutionalism does not focus on a particular phase of the policymaking process such as implementation; instead, it applies to the policymaking process as an entirety, without treating any policy task in any theoretically specialised way. While new institutionalist scholarship traverses many disciplines, this thesis focuses on reviewing new institutionalist literature in political science and policy studies, as this research investigates a problem of policy implementation. This study will therefore sometimes refer to 'new institutionalist policy theory' in discussing the relevant literature. However, this term is a construct, referring to new institutionalist theory that can be applied to processes of policymaking. It is not a term that is used in the literature itself, and is used here to refer to research that may written by policy scholars, but may also be written by political scientists or even economists or organisational scholars. The crucial distinction is that it is new institutionalist theory about policy processes, rather than theory that has emerged from a specific disciplinary standpoint.

New institutionalism has diverged into multiple schools of thought incorporating concepts from different disciplines and theories (Steinmo, 2008; Lowndes & Roberts, 2010; Lowndes, 2018; Peters et al, 2005). Individual scholars have enumerated the different strands of new institutionalism differently, with various reckonings of the varieties ranging from three to nine (Lowndes, 2018). However, the three main categories into which all varieties of new institutionalism are considered to fall are sociological institutionalism, historical institutionalism, and rational choice institutionalism (Peters et al, 2005; Hall & Taylor, 1996). However, within these categories there is still huge divergence between different schools of thought, ranging from "empirical institutionalists", who focus on classifying types of institutions and how they function

within government (as described in Peters, 1996); to far less traditional forms of institutionalism such as feminist institutionalism, which integrates new institutionalism with feminist theory (Mackay, 2011; Mackay & Meier, 2003; Krook & Mackay, 2011). These varieties of thought diverge and cross-fertilise each other, so that yet further divisions within the literature can be identified.

Due to the complexity of the field, this section will survey the new institutionalist literature broadly, identifying the main concepts used across all these different schools of thought. The varieties of new institutionalism all utilise a number of key concepts, with each using them in distinct ways: the formality versus informality of institutions; institutions' stability versus their dynamism; their determinism versus their contingency; the relationship of institutions to power; the "messiness" or internal differentiation of institutions; and the priority given to structure versus agency (Lowndes & Roberts, 2010). In the course of this high-level review some of the nuances distinguishing the different varieties of new institutionalism and how they use these concepts will not be discussed, as the review will focus on identifying which version of new institutionalism is best suited to analysing the issues raised by the research question.

The defining feature of new institutionalist theory, at least in political science, is its tenet that "the organization of political life makes a difference" (March & Olsen, 1984, p. 747), and a consequent focus on institutions as a shaper of political life (Peters, 2005). The overall focus of new institutionalist theory is on understanding how institutional change happens, and how institutional change then generates political change, including the production of policies – or, conversely, on why institutions stay the same (Peters et al, 2005; Steinmo, 2008; Lowndes & Roberts, 2010; Hall & Taylor, 1996; Lowndes, 2018).

Secondly, while there is great variance among how the different schools frame it, the main debates within new institutionalism involve examining the relationship between institutions and two other concepts – agency and ideas – and how these three concepts interact to produce political and social phenomena such as government policies (Skelcher et al, 2013; Lowndes, 2005). Across the various new institutionalisms, scholars argue that the dialectical, mutually constitutive interactions of institutions and agency produce institutional change and through it policy (Skelcher et al, 2013). Several politically focused new institutionalist theorists argue that this interaction is mediated by ideas, although what this means is not always clear (Blyth, 2002; Goldstein & Keohane, 1993; Hay, 2002).

The following three subsections will briefly survey these three core concepts constituting the new institutionalist model of policymaking. The discussions of the concepts of both institutions and agency will focus on commonalities between all versions of new institutionalism. Following that, a fourth subsection will assess what insights mainstream new institutionalist

theory can bring to understanding how implementation happens in a policymaking environment characterised by few formal policy institutions, and where it is not as helpful in understanding these sorts of implementation processes.

2.3.1 Institutions in new institutionalism

Most simply, institutions can be understood as "rules" (Steinmo, 2008, p. 123). Institutions are what shape the terrain in which individuals and organisations act, and hence constitute the formal "rules of the game" (Lowndes & Roberts, 2010). However, one of the central ways in which new institutionalism differs from older forms of institutionally focused social science is in that new institutionalism includes both formal and *informal* forms of organisation (Steinmo, 2008; Peters et al, 2005). Older institutionalist research focused on understanding the role of formal institutions on politics and policymaking – especially the role of formal government bureaucracies (Peters, 2009). In new institutionalist research, by contrast, institutions include "formal and informal rules that guide and constrain political behaviour", including policymaking (Lowndes, 2005, p. 292).

As new institutionalist theory has developed, the term institution has come to refer "generally to forms of social organization", and can refer to "social phenomena at many different levels" (Lowndes & Roberts, 2010, p. 3). Political institutions can be understood broadly to include many types of social organizations involved with the operation of power, and are therefore not limited to governmental structures (ibid.). Further, the term 'institution' is not used identically by all new institutionalist scholars. Some new institutionalist political scholars use the term institution to refer to a specific level or type of social structure, ranging from groups or organisations (see Jones et al, 2003; Peters, 2005), to complex, abstract macro-structures (Jones et al, 2003; Grafstein, 1988; Blyth, 2002), to patterns of behaviour shaped by norms (Lanzara, 1998; Crouch & Farrell, 2004). However, such narrow definitions are very much exceptions within the field, and it has been claimed that using a definition of institutions and formal and informal rules and norms is constitutive of new institutionalist positions (Lowndes & Wilson, 2003). This research has accordingly used the latter definition in its analysis.

The central problem that new institutionalist research aims to address is explaining how institutions emerge and/or change – or, conversely, how they stay the same (Hall & Taylor, 1996; March & Olsen, 1989; Peters 2005; Peters et al, 2005). In politically focused new institutionalism, political change is understood by situating it within institutional change (Lowndes, 2005). Understanding political or policy change is therefore a matter of examining the institutional changes that preceded it (Pierson, 2000).

In earlier iterations of new institutionalism, institutions were understood to be "norms of cooperative behaviour", or "rules of the road" that emerged in the course of solving a political

problem, and which persisted because everyone involved found them useful (North, 1990,p. 41). Over the decades, this early account of the relationship between political and institutional change has continued to underpin new institutionalist theory, although it has been elaborated or refined by several theorists. For example, Skelcher and colleagues (2013) reframe North's original model so that new institutions emerge in times of "governance transition", when a political problem leads to a change in political arrangements (2013). Jones and colleagues (2003), by contrast, argue that change happens in response to major "punctuations" or external shocks that challenge political systems. One of the major debates in new institutionalist theory is whether the emergence or change of institutions at these times of policy/political occurs through intentional design or by accident, (Pierson, 2000; Goodin, 1996; John & Margetts, 2003). However, some new institutionalist scholars have argued that this is not a black-and-white binary, arguing instead that institutions emerge "in part… [because] of deliberate design, in part [as] the unintended consequence of human action and social interaction" (Lanzara, 1998, p. 1).

Different new institutionalisms do, however, vary significantly in their models of how institutions emerge and change at times of political problem-solving. Rational choice institutionalists de-emphasise the role of institutions in shaping individuals' agency, and instead emphasise the intentionality of actors in selecting problem-solving strategies within specific contexts (Shepsle, 2006). By contrast, historical institutionalists emphasise that political problem-solving is path-dependent, being massively constrained by institutional forms produced through historical circumstances (Steinmo, 2008; Sanders, 2006). Sociological institutionalists prioritise the importance of actors' meaning-making in explanations of institutional change, and situate both the construction and resolution of political 'problems' within this dynamic (Hall & Taylor, 1996). Subsequent sections of this chapter will focus on describing these versions of new institutionalism which focus on meaning-making and ideational processes (especially Hay, 2006, 2016a, 2016b; Schmidt, 2008, 2011).

Perhaps the largest area of debate among new institutionalist scholars as to how institutional change leads to political (including policy) change is whether institutional change occurs constantly, or in sudden bursts of activity (Peters et al, 2005). These two stances are respectively typified by scholars of path dependence such as Thelen (1999) or Pierson (2000); and by Jones and colleagues (2003), who describe the political institutional landscape as one characterised by long periods of equilibrium disrupted by "policy punctuations". Many contemporary new institutionalist scholars combine the two viewpoints: the institutional landscape exhibits both constant low-level change in the form of institutional 'variation (Lowndes, 2005), or 'consolidation' or 'bricolage' (Lanzara, 1998; Skelcher et al, 2013), but also abrupt, major

change at times of major policy change such as 'focal points' (Lanzara, 1998) or 'governance transitions' (Skelcher et al, 2013).

This debate has emerged because one of the most important characteristics of institutions is that they are relatively stable over time (Peters, 2005; Lowndes, 2007). Some scholars of new institutionalism go so far as to define institutions in terms of stability or durability. Mahoney and Thelen (2009, p. 4), for instance, claim that the "idea of persistence of some kind is virtually built into the very definition of an institution", and that "nearly all definitions of institutions treat them as relatively enduring features of political and social life… that structure behaviour". While the stability of institutions is noted across new institutionalist scholarship, it is particularly emphasised in historical institutionalism (Mahoney & Thelen, 2009, Steinmo, 2008; Thelen, 1999; Peters et al, 2005; Sanders, 2009). One of the consequences of this stability is that once institutions are in place they are hard to change (Pierson, 2000). Accounting for the balance between stability and change is one of the key issues of conceptualisation in new institutionalism (Peters et al, 2005) – and a difficult one to solve, with one scholar claiming that "it is often said that new institutionalism is at its weakest when trying to explain the genesis and transformation of institutions" (Lowndes, 2018, p. 74). Understanding how new institutionalist models of policymaking work will, however, require a more in-depth discussion of the concept of agency, which will be undertaken in the following subsection of this chapter.

2.3.2 Agency in new institutionalism

While new institutionalism focuses on the role of institutions in social life, the concept of agency is equally crucial to new institutionalist theory. Institutions, on their own, cannot *do* anything (Lowndes, 2005; Goodin, 1996; Lanzara, 1998; Crouch & Farrell, 2004). They exist and function only in relation to agents; and the influence they have on social life is only through agents[5].

Hay defines agency as "the ability or capacity of an actor to act consciously and, in so doing to attempt to realise his or her intentions" (2002, p. 94). As described above, however, often in new institutionalism agents act with purpose but without conscious design (Goodin, 1996; Lanzara, 1998); and often actions do not realise an agent's intent. Lowndes and Roberts identify actors as displaying two central capabilities:

[5] Scholars depart from this view only where they use the term institution to mean both 'norms' or 'rules' *and* 'organisations' (Jones et al, 2003; Weaver, 2010); however, this view is very much a minority within new institutionalism.

> First, they must possess the capacity to act in their own right, aided or hindered by the institutional configurations which impinge upon them. Second, they must be able, in some way, to impose their will on their environment and on other actors.
>
> (Lowndes & Roberts, 2010, pp. 78-79)

It is these two capacities – for autonomous action, and the imposition of will on the environment – that together comprise agency. New institutionalist scholars are generally consistent in considering only agents as capable of effecting changes in social life. To put it another way, the capacity to manipulate social life can be seen as how agency is conceptualised in new institutionalist theory.

In new institutionalist models of policymaking, the relationship between institutions and agents is posited as dialectical (Hay, 2002; Skelcher et al, 2013). As agents are the only entities able to effect social change, it is agents that create institutions. However, at the same time, agents and agency are *created by institutions*: institutions provide agents with their interest and motivations and a framework for their cognitions (John, 1999; Skelcher et al, 2013; Lowndes, 2005); and institutions both place limits on agency and create opportunities for agency to occur (Lowndes, 2005). Agents create institutions, but to a great extent institutions constitute agents, with this mutually constitutive relationship occurring in both directions simultaneously, and constantly (see Skelcher et al, 2013; Lowndes, 2005).

While all new institutionalist scholars believe that agents "do the work" that creates institutions (Lowndes, 2005, p. 293), exactly how each scholar conceptualises this 'work' depends – as might be expected – on his or her disciplinary and theoretical influences. Despite their differences, however, almost all new institutionalist policy scholars share a nearly identical underlying model of agency. Agency is consistently defined in terms of the *types of action that people may perform in political/social/economic life* (see Hay, 2002). For example, within the evolutionist new institutionalist paradigm (John, 1999, 2003) someone may be advocating for a change to a particular policy: but that action really represents the act of combining ideas with one's own interests and advancing them. Agency is therefore the *ability to perform those actions* – and only people or conglomerations of people may possess this ability (Lowndes & Roberts, 2010; Goodin, 1996; Lowndes, 2005).

Institutions are considered to affect how agents exercise agency in three different broad, high-level ways: through influencing them, through constraining them, and through enabling them. These different modalities of affecting agency are described in the work of institutionalists of varying background and theoretical alignment (see variously Lowndes, 2005; Jones et et al, 2003; Hay, 2002; Fischer, 2003a; DiMaggio & Powell, 1991; Blyth, 2002). 'Constraining' agents

means preventing or deterring them from taking certain courses of actions. By contrast, 'enabling' agents means providing opportunities or encouragement for them. What exactly these terms are considered to mean plays out very differently in the context of the various new institutionalisms, and some variants of new institutionalism may emphasise one of them more than the others. For example, with respect to institutions constraining action, different institutionalist scholars may take a "soft" or "hard" line on how much they consider institutional inertia to weigh on actors (Lowndes, 2005). Historical institutionalists are more likely to emphasise this aspect of the interaction of institutions and agency (Steinmo, 2008; for a specific example, see the work of the scholars of path dependency in policymaking, Crouch and Farrell, 2004). 'Influencing' agents means causing them to think a certain way, which predisposes them to take certain courses of action. Influencing therefore explicitly refers to the effect of the ideational on agency.

This discussion has therefore reached the point where understanding new institutionalist models of policymaking require a discussion of ideas. The following subsection of this chapter will accordingly expand on how ideas are conceptualised in new institutionalist policy theory and the role they are argued to take in the policymaking process.

2.3.3 Ideas in new institutionalism

In new institutionalist scholarship ideas are considered to mediate the dialectic between structure and agency that constitutes the social realm. New institutionalist scholars who incorporate the concept of the ideas in the policymaking process tend to use the term intuitively, using either implicit or unexamined definitions of the term (see critique in Hay, 2002). Further, these intuitive uses of the term idea often differ markedly from each other in practice. Some scholars use the term to mean 'systems of ideology' (Weaver, 2010); some use it to mean something like 'cognitive resources' (John, 1999; Jones et al, 2003); some even use it to mean policies (as described in Blyth, 2002). As with conceptualisations of agency, different meanings ascribed to the term ideas depending on different scholars' theoretical biases.

However, three explicit, worked-out definitions of the term 'idea' in new institutionalist literature are put forward by Blyth (2002), Hay (2011a, 2011b, 2016a), and Goldstein and Keohane (1993). Blyth's (2002) definition is the most clearly stated definition of 'ideas' in the new institutionalist literature[6]. He defines ideas as "cognitive mechanisms" that enable "actors to act in the world in… [a] meaningful sense" (2002, p. 32). For Blyth, therefore, 'ideas' are elements of actors' thinking that allow them to interact meaningfully with the world (2002; see also Abdelal et

[6] In strict disciplinary terms, Blyth (2002, 2011) is an economic historian, but much of his work addresses political and policy theory.

al, 2010). Several subsequent new institutionalist scholars explicitly follow Blyth's definition in their work (see for example Skelcher et al, 2013).

However, while Blyth's definition is among the most detailed in new institutionalist theory, it does not provide much analytical clarity, even in terms of what he maintains ideas do. It is difficult to determine what Blyth sees as the distinction between ideas and institutions. Some clarity is provided by the arguments that ideas act as "institutional blueprints", and that they can produce "institutional stability" (Blyth, 2002, pp. 40, 41), but not enough to allow for a thorough analysis of empirical data. For instance, Blyth (2002, p. 39) argues that ideas act as "weapons" because actors use them to contest and replace existing institutions. This seems intuitively plausible – and, as Chapters 5 and 6 will show, bears some relation to what is happening in Victoria – but it does not explain how ideas have such force that an actor influenced by one can compel other actors to abandon or change courses of action (as do institutions). Further, this conceptualisation does not set out a clearly defined model so much as a metaphor about how ideas work empirically; while this metaphor provides some insight into policymaking, it does not provide a concept that can be meaningfully operationalised in the data analysis.

Where Blyth uses a conventional new institutionalist framework and enriches the concept of the idea within it, Hay (especially 2001, 2006, 2016a) reframes new institutionalism in terms of an ideational theory. Hay is the leading political scholar in what he has called 'constructivist institutionalism' (Hay, 2011). However, other political and policy scholars have adopted his general approach, whether consistently or occasionally (including Fischer, 2003a). Other scholars do not use his approach, but have been influenced by his work and have adopted a new institutionalist approach with a somewhat constructivist flavour (Skelcher et al, 2013 or Lowndes, 2005, 2018).

Policy scholars began developing research that can be characterised as constructivist institutionalist in nature in the late 1990s and early 2000s, at around the same that that the tenets of social constructionist theory (Berger & Luckmann, 1966) were being applied to a number of other problems in political science and related disciplines (see for example Wendt, 1992, 1995; and more generally Hay, 2016b). Constructivist new institutionalism specifically represents the use of social constructionism to resolve the problem of how weakly the ideational is conceptualised in new institutionalism (Hay, 2002).

Following principles of social constructivist theory, constructivist institutionalists hold that all social reality is constructed by this process of interpretation: that social life is a collage of symbols, myths, stories and other mental constructs (as described in Abdelal et al, 2010). Constructivist policy theorists in general see policymaking as a process of meaning-creation, and

policies as "the concrete symbols representing more abstract policy and organizational meanings" (Yanow, 2003, p. 14[7]). Constructivist institutionalist researchers therefore consider policymaking to be part of the general system of social life, in which all action involves interpretations of institutions and other agents' beliefs and expectations (Fischer, 2003b; Hay, 2006, 2016b).

The constructivist institutionalist account of the role of ideas in policymaking is broadly similar to accounts presented by other new institutionalisms: that ideas mediate the relationship between agents and institutions (Hay, 2016a). Where the constructivist institutionalist account differs from the others is in the primacy it gives to the ideational. The constructivist institutionalist version of the 'new institutionalist trinity' looks more like a dialectic between structure and agency occurring within and/or through a matrix of ideas. That is, in constructivist institutionalism all social processes occur as part of a general human enterprise of meaning-making, and *within* this enormous social enterprise institutions and agency interact to produce new symbols and concepts such as policies (Hay, 2006). Within constructivist institutionalism the key problems of new institutionalist research – how institutions and policies emerge and change – are explained by reference to this model of how social processes happen: institutions and policies both change as a result of agents altering their meaning through interpretive acts.

Goldstein and Keohane (1993) present new institutionalist theory's other highly theorised definition of the 'idea'. They specify three types of ideas, each of which has different effects on actors' behaviour and help facilitate self-interest in different ways: worldviews, principled beliefs, and causal beliefs. Worldviews are "conceptions of possibility" that "are embedded in the symbolism of a culture and deeply affect modes of thought and discourse", and are also "entwined with people's conceptions of their identities" (Goldstein & Keohane, 1993, p. 8). Principled beliefs are a 'smaller', more specific type of idea: "normative ideas that specify criteria for distinguishing right from wrong and just from unjust" (Goldstein & Keohane, 1993, p. 9). Their purpose is to assign value to actions, things and events, and they are "often justified in terms of larger world views" (ibid.). The last type of idea, causal beliefs, comprises "beliefs about cause-effect relationships which derive authority from the shared consensus of recognized elites" (Goldstein & Keohane, 1993, p. 10).

However, their definition is less of definition proper than a typology. Again, like Blyth's use of the term, Goldstein and Keohane's conceptualisation of ideas is difficult to operationalize in the context of this research.

[7] The constructionist policy scholar Yanow is not an institutionalist scholar; this quote is included here to include general principles of social constructionist theory as applied in policy theory.

2.3.4 New institutionalism and understanding the case study

New institutionalisms conceptualise policymaking as a process constituted by the interactions of institutions and agency, usually mediated by ideas. Unlike classical theories of implementation, they do not assume policy and political institutions are configured in a particular way, or that tasks involved in policymaking need to happen in a particular order. Instead, the model of policymaking contained in new institutionalism is non-stagist and non-hierarchical, or flexible as to the shape of the policymaking process and the order in which policymaking tasks occur. As Lowndes and Roberts put it:

> Institutionalist theory provides a good set of conceptual tools for analysing contemporary governance precisely because it does not equate institutions with organizations, nor assume that politics is determined by formal structures and frameworks alone.
>
> (Lowndes & Roberts, 2010, p. 3)

New institutionalist theory can therefore easily be used to understand a situation such as the Victorian breastfeeding sector, where a few scattered institutions are implicated in policy implementation, but do not appear sufficient on their own to explain the amount or consistency of implementation activities that is happening. Analysing this empirical situation requires a theoretical framework that conceptualises institutions and can explain their effects but must also include other explanatory factors to account for implementation activities that cannot convincingly be attributed to them.

One of these explanatory factors is ideas. However, there is divergence among different strands of new institutionalist theory regarding how they treat the concept of ideas, with most treating the concept in an intuitive, thinly theorised manner. Further, even two variants of new institutionalist theory that focus more squarely on the ideational (Blyth, 2002; Goldstein & Keohane, 1993), provide only metaphorical or typological accounts of the concept of the idea.

Of the three ideationally focused new institutionalisms, constructivist institutionalism offers the most potential in providing insight into how Victorian breastfeeding policy is being implemented. However, constructivist institutionalism does not provide a good fit with the analytical needs of this thesis in that in shifting the focus to the ideational it includes a relatively weak account of the institutional (Bell, 2011). In constructivist institutionalism, it is not clear exactly what institutions are, how ideas and institutions can be distinguished from each other, or how these two concepts might interact. As Bell puts it, constructivist institutionalism "run[s] the risk of taking institutions… out" of new institutionalist theory (Bell, 2011, p. 884). Constructivist

institutionalist scholars are working to develop its theoretical vocabulary about institutions. For instance, Hay has worked to clarify the nature of institutions in constructivist institutionalist theory by applying the philosopher Searle's distinction between regulative and constitutive rules to the conceptualisation of institutions (see Hay 2016a). Even Hay's work, however, is still aimed at resolving major ontological issues in combining constructivism with new institutionalism and establishing the legitimacy of his approach within the discipline (2011, 2016a, 2016b), with little space devoted to theoretically extending constructivist institutionalism. The next section of this chapter will examine how well a final ideationally focused variant of new institutionalism, discursive institutionalism, can address the theoretical issues raised by the research question.

2.4 Discursive institutionalism: Institutions, agency, and discourse

Beginning in the 1960s, the social sciences – including political science and its sub-disciplines such as policy studies – were influenced by critical social theory, a body of thought characterised by a critical stance towards power structures, scepticism about socially accepted truth statements, and by a general move towards more qualitative methodologies (Lincoln et al, 2011. This approach – sometimes called the "argumentative turn" – did not start becoming popular in political science until the late 1970s (Finlayson & Valentine, 2002), and not in policy studies until the 1980s (Jennings, 1983; see for example Drysek, 1982 or Yanow, 1987). Indeed, even until recently interpretive approaches, including critical ones, comprise the minority in policy studies (Fischer et al, 2015a).

Various threads of critical social theory have been integrated with new institutionalism within political science and policy studies. Constructivist institutionalism (primarily Hay, 2006, 2011b, 2016a; but see also Newman, 2019) represents the merging of new institutionalism with constructivist theory, while feminist institutionalism (Freidenwall & Krook, 2011; Krook & Mackay, 2011; Grace, 2011; Kulawik, 2009; Mackay et al, 2010) combines new institutionalism with feminist theory. However, this section will discuss how new institutionalism has been combined with discourse theory to produce discursive institutionalism (primarily Schmidt, 2007, 2008, 2011; Carstensen & Schmidt, 2016, 2018), a form of new institutionalism focused on discourse rather than on ideas.

From the early 2000s, political and policy scholars imported concepts from discourse analysis to help solve longstanding intellectual problems such as theorising political, policy, and ideational change (Schmidt, 2008, 2011; Fischer, 2003b; Hay & Rosamund, 2002; Howarth & Torfing, 2004; Townshend, 2003; Woodside-Jiron, 2004). Over the next few years, political and

policy scholars began considering how discourse analysis might be combined with new institutionalism to explore problems in their field (Lynggaard, 2007; Schmidt, 2007, 2008).

Discourse analysis represents one of the most significant traditions of thoughts in the argumentative turn, and is perhaps the most persistent attempt to recast social theory in the terms of linguistic theory (Morgenson & Phillips, 2003). There are several different schools of discourse analysis in the social sciences but all are united in describing how knowledge and meaning are constructed socially, and how these forms of knowledge interact with social practices and subjectivity (Morgenson & Phillips, 2003; Fairclough, 2001, 2012). However, there is an enormous variation in use of the term 'discourse' in social science, to the point where scholars are frequently writing about very different things when they refer to discourse – sometimes writing from a linguistic standpoint, sometimes from a hermeneutical standpoint, sometimes from a more sociological standpoint (as described in Morgenson & Phillips, 2003; Howarth & Griggs, 2015) – and describing it all is beyond the scope of this thesis. Accordingly, this subsection will focus on describing how discourse analysis has influenced political science and policy studies, particularly new institutionalism in policy studies.

All traditions of social scientific discourse analysis have developed from the work of Foucault (1977, 1994, 2002), and the Foucauldian variant is the type of discourse analysis with the strongest influence on political science and policy studies (as described in Lövbrand and Stripple, 2015). Other schools of discourse analysis which have had a major influence on the social sciences, such as critical discourse theory (Fairclough, 1992, 2012; Wodak & Meyer, 2009; Van Dijk, 2015) and the discourse theory of the Essex School (see Laclau & Mouffe, 2001) have had a limited influence on policy studies. The exceptions are the Essex School discourse scholar Howarth in political science (see essays in Howarth et al, 2000) and Jeffares (2007) in policy studies, who is also influenced by the Essex School. As discourse analysis in the traditional Foucauldian sense has had the most influence on new institutionalist policy scholars, this discussion will focus on that strand of discourse analytical thought.

The Foucauldian conception of discourse is very much a linguistic one, defining discourse in terms of systems of signs and statements encountered in either spoken or written language (see especially Foucault, 2002). As Foucault's thought evolved it came very much to focus on understanding discourse as the interplay between power and knowledge (1994, 2002). Power is conceptualised as the determining concept in social life, while discourse is instrumental in constructing and legitimating possibilities of power; and power, in turn, produces the possibilities of knowledge and knowing (ibid.). The constant emphasis on the role of power in the operations of discourse, and the intimate relationship between knowledge and power, is the defining characteristic of Foucauldian discourse analysis compared to other varieties of discourse theory.

Political scientists have used Foucault's work to help understand political problems since the 1990s (see Hajer, 1995), with Carver's (2002) use of Foucauldian discourse analysis proving very influential on subsequent political and policy scholarship (see for example Hajer, 2003). Discursive institutionalists who explicitly attempt to merge a specific model of discourse analysis with new institutionalism tend to use the Foucauldian model in their work (see Freidenwall & Krook, 2011; Krook & Mackay, 2011b; Schmidt, 2007, 2008, 2011; Carstensen & Schmidt, 2016, 2018). The policy scholars who work within a Foucauldian discursive institutionalist framework use it to solve particular problems with new institutionalism that benefit from a Foucauldian stance. These problems include understanding the role of ideas and knowledge in policymaking (Schmidt, 2007, 2008, 2011), or the role of power in policymaking, especially gendered power (Freidenwall & Krook, 2011; Krook & Mackay, 2011b). As an institutionalist, Schmidt is not strictly a post-structuralist or Foucauldian scholar; however, her discursive institutionalism incorporates the discourse analysis of Foucault, as opposed to critical discourse analysis (Fairclough, 1992, 2001; Wodak & Fairclough, 1997; van Dijk, 2015), Essex School discourse analysis (Laclau & Mouffe, 2001), or psychological discourse theory (as described in Morgenson & Phillips, 2002).

This thesis considers that the version of discursive institutionalism developed by the political scientist Vivian Schmidt (2008, 2011; Carstensen & Schmidt, 2016, 2018) is the most evolved in terms of developing a model that integrates the concept of discourse analysis with a new institutionalist model of policymaking. The remainder of this chapter will therefore describe Schmidt's version of discursive institutionalism.

Schmidt's work developed – like that of many scholars described previously in this chapter – as an attempt to better describe the ideational in new institutionalist research (Schmidt, 2008). While Schmidt is a political scientist, her work applies to both politics generally and policymaking specifically, with her initial 2008 formulation of a discursive institutionalist framework (ibid.) being particularly strongly focused on policymaking. Her research replaces the concept of 'ideas' with that of 'discourse'; however, discourse and ideas are distinct concepts and should not be seen as exactly equivalent. The key difference between them is that discursive analysis explicitly pays attention to the "interactive processes" that convey ideas (Schmidt, 2008, 2011). That is, in addition to the purely ideational, discourse includes the para-linguistic and social factors that make the conveyance of ideas possible. The replacement of the concept of ideas with that of discourse is in practice not straightforward, however – largely because there is a substantial amount of overlap between the concepts of institutions and agency, on the one hand, and discourse on the other.

To provide the greatest possible conceptual clarity in describing Schmidt's model of discursive institutionalism, this subsection will describe its core constitutive concepts one by one,

beginning with the concept of discourse. As understood by Schmidt and colleagues (2007, 2008, 2011; Carsentsen & Schmidt, 2016, 2018) and those influenced by their work (Freidenwall & Krook, 2011; Krook & Mackay, 2011), discourse is, stated most broadly, a "medium for conveying ideas" (Freidenwall & Krook, 2011, p. 48). More specifically, it:

> encompasses not only the substantive content of ideas but also the interactive processes by which ideas are conveyed. Discourse is not just ideas or "text" (what is said) but also context (where, when, how, and why it was said). The term refers not only to structure (what is said, or where and how) but also to agency (who said what to whom).
>
> (Schmidt, 2008, p. 305)

Schmidt's definition includes a number of facets important to the research being undertaken here. Firstly, discourse simultaneously comprises both the ideational and the means of communicating ideas, rather than constituting only the ideational as in some versions of discourse theory.

Secondly, discourse also simultaneously comprises both text and context – that is, both the denotative signs or utterances which convey ideas (texts), and the para-linguistic context within which a sign or utterance is uttered, and which effectively conveys part of the meaning of ideas[8] (Gee & Hanford, 2012). As noted in Chapter 1, a key characteristic of the case study is the lack of clarity about what actually constitutes the 'policy' actors are implementing. 'Breastfeeding policy' is not a single statement issued by an authoritative decision-maker, but a cluster of ideas spread out over a network of interlinked documents. Discursive institutionalism – unlike the ideationally focused new institutionalisms discussed earlier – has a conceptual vocabulary which is able to describe the role of texts or documents in social processes

Thirdly, discourse includes both structure, which Schmidt (2008) also calls the institutional, and agency. Accordingly it can be seen that discourse is a very complex concept, comprising multiple layers of dualisms constituted by pairs of complementary concepts.

In addition to those already listed, Schmidt (2008, 2011) introduces a last key dualism with regards to discourse, although this dualism involves not what constitutes discourse but the empirical "form" discourse might take. Schmidt identifies two complementary forms of discourse: "coordinative" discourses, which occurs in the "policy sphere" where "policy actors engage one another… about policy construction"; and "communicative" discourses, which occur in the "political

[8] Roughly equivalent to the linguistic concept of pragmatics.

sphere", where "political actors engage the public… about the necessity and appropriateness of such policies" (2008, p. 310).

The second key concept in the discursive institutionalist model of policymaking is the institution. This differs slightly from the classical new institutionalist definition of institutions (as in for example Lowndes & Roberts, 2010). Like discourse, institutions have a dualistic nature, being:

> simultaneously constraining structures and enabling constructs internal to "sentient" (thinking and speaking) agents whose "background ideational abilities" explain how they create and maintain institutions at the same time that their "foreground discursive abilities" enable them to communicate critically about those institutions, to change (or maintain) them…
>
> (Schmidt, 2011, p. 48)

Whether institutions are internal or external to agents is important in being a faultline along which discourse and institutions can be separated from each other conceptually. Schmidt's wording is somewhat unclear in both her 2011 and 2008 articles as to whether the structures and constructs are both internal to agents. If institutions are internal to agents, it unclear how they can be distinguished from ideas, or how they can exhibit some of their other characteristic features, such as durability. Further, as Bell (2011, p. 889) remarks, if institutions are solely internal to agents, then they are "reduced to" mere "arenas which 'frame the discourse'", stripped of substantive conceptual meaning.

However, while Schmidt does assert that institutions are internal to agents, her discussion states at several points that institutions are shared among agents, (see, 2011, p. 56 and following), which could be taken to mean that they are external in some sense, or at some times. This is confirmed by her statement that "[n]orms are dynamic, intersubjective constructs rather than static structures" (Schmidt, 2008, p. 303): the use of the term intersubjective indicating that norms, structures and constructs are both internal to agents and agreed to among them. In this sense, like the concept of discourse, the concept of the institution is also based on a duality in discursive institutionalism. While Schmidt does state that institutions are internal to agents, she offers a different view during more detailed description of her model of political action. This thesis will take institutions as being intersubjective rather than fully internal, as otherwise 'institutions' is a conceptually null term (cf. Bell, 2011).

The third key concept of discursive institutionalism is agency. Schmidt (2007, 2008, 2011) nowhere clearly defines what agency is or what agents are. Nor is guidance to be found in the discursive institutionalists influenced by Schmidt's work (Friedenwall & Krook, 2011; Krook &

Mackay, 2011). This may be caused by the influence of critical theory, which "stripped agency of the 'baggage' of the autonomous enlightened individual" (Canning, 1999, p. 51), thereby de-emphasising agency as an explanatory factor in social theory. Foucauldian discourse analysis, specifically, replaces the concept of agency with the concept of subjectivity (Foucault, 1977, 1992, 2002). However, the way Schmidt describes how agency operates suggests that she has a specific conception of agency in mind.

Schmidt makes repeated reference to a cluster of ideas in regard to agency. Firstly, agency is about "action" (Schmidt, 2008, p. 314), which in a discursive context means "thinking and speaking" (Schmidt, 2011, p. 48). Agency is therefore about "who said what to whom", and agents "think, speak and act" (Schmidt, 2998, pp. 305, 314). Agents are also repeatedly described as "sentient" (Schmidt, 2008, p. 313; 2011, p. 48), and agency as "human" (Schmidt, 2011, pp. 51, 55, 59). Agency is therefore the ability to act, specifically to think and speak, and is associated with human sentience.

This is not anything like a purist Foucauldian reformulation of the agent as the subject position. Instead, it looks much more like the conventional new institutionalist understanding of agency, as described in section 2.3.2: the ability people or person-like entities have to perform actions. What is distinctive about Schmidt's implied definition of agency is that 'acting' is so closely interlinked with 'thinking and speaking'. However, in a discursive context, where discourse is defined as the ideational and the textual, acting *means* the ability to think and speak, or to manipulate the ideational and the textual. In discursive institutionalism, therefore, an agent is by inference an entity that can effect changes to discourse.

While what discursive institutionalist theory holds to be agency must be inferred from passing comments, there is one aspect of agency that is discussed in depth in Schmidt's work: its bifurcation into "background ideational abilities" and "foreground discursive abilities" (2008, 2011). This duality of agency is central to the discursive institutionalist model of how policymaking happens, so it is worth discussing it at some length. Schmidt develops the concept of background ideational abilities out of the work of the philosopher Searle and the anthropologist Bourdieu – scholars who are not discourse analysts but whose work also comprises part of the post-positivist wave. Schmidt begins by describing background ideational abilities as:

> what Searle (1995) defines as the "background abilities" that encompass human capacities, dispositions, and know-how related to how the world works and how to cope with it or for what Bourdieu describes as the "habitus" in which humans beings act "following the intuitions of a 'logic of practice'" (1990, 11). These

> background ideational abilities underpin agents' ability to make sense in a given meaning context, that is, to "get it right" in terms of the ideational rules or "rationality" of a given discursive institutional setting.
>
> (Schmidt, 2011, p. 55)

To follow terminology from Bourdieu, 1977), this means that background ideational abilities represent the operation of the 'taken-for-granted' aspects of social life that determine actors' behaviour without their being aware of it. Schmidt further clarifies:

> agents create and maintain institutions by using what I call their background ideational abilities. These underpin agents' ability to make sense of and in a given meaning context, that is, in terms of the ideational rules or "rationality" of that setting…
>
> Such background abilities are internal to agents, enabling them to speak and act without the conscious or unconscious following of external rules…
>
> (Schmidt, 2008, pp. 314, 315)

Here it can be seen that the operation of background ideational abilities is closely linked to the institutional: it is specifically institutions that guide agents in their unconscious use of their background ideational abilities – or, perhaps more accurately, the exercising of background ideational abilities comprises the internalisation of institutions – and the operation of background ideational abilities "creates and maintains" institutions. These quotations from Schmidt demonstrate that institutions in discursive institutionalism are still *formal and informal rules and norms*, but in the case of background ideational abilities at least, they are 'unwritten rules' that affect agents in a largely unconscious manner.

The second set of types of actions that comprise agency in discursive institutionalism are "foreground discursive abilities". Through foreground discursive abilities:

> agents may change (or maintain) their institutions. These discursive abilities represent the logic of communication which enables agents to think, speak, and act outside their institutions even as they are inside them, to deliberate about institutional rules even as they use them, and to persuade one another to change those institutions or to maintain them…
>
> They enable people to reason, debate and change the structures they use…

> [They] are essential to explaining institutional change because they refer to people's ability to think outside the institutions in which they continue to act, to critique, communicate, and deliberate about such institutions and to persuade one another to take action to change them, whether by building "discursive coalitions" for reform against entrenched interests in the coordinative policy sphere or by informing, orienting, and deliberating with the public in the communicative political sphere.
>
> (Schmidt, 2008, pp. 314, 316; 2011, p. 56)

These quotations indicate that foreground discursive abilities are the obverse of background ideational abilities. Where the latter represent the parts of agency that are unconscious and constituted by institutions internalised within the individual agent, the former represents the parts of agency that can operate independently of institutional determination, even going so far as to include the ability to critique and alter institutions in a self-conscious manner. Referring back to the earlier discussion on institutions in discursive institutionalism, the bifurcation of agency reinforces the point that despite her statement otherwise Schmidt's theory relies on the notion that institutions are intersubjectively constructed rather than wholly internal to agents.

Schmidt (2008) proposes the concept of foreground discursive abilities to correct a tendency among earlier forms of new institutionalism to privilege the concept of institutions over the concept of agency. Earlier versions of institutions, Schmidt (2008, 2011) argues, particularly historical institutionalism, lead to the construction of a model of policymaking in which agency is always determined by institutions. The end effect of this is to create versions of new institutionalism where agency – ostensibly one of the key explanatory concepts of the theory – is actually theoretically null (ibid.).

As mentioned above, the three central concepts in the discursive institutionalist model of policymaking are extremely interdependent, often being mutually constitutive, or each being definable only in terms of its co-functioning with one or both of the other concepts. This is especially the case in terms of the central process in the discursive institutionalist model of policymaking: the institutional-agential dialectic. The discursive institutionalist account of this dialectic differs significantly from the traditional new institutionalist account (as in for example Lowndes, 2005; Lowndes & Roberts, 2010; Peters, 2005; Pettit, 1996; Pierson, 2000). The discursive institutionalist account follows the broad contours of new institutionalism more generally in that it holds that institutions construct and delimit agency, while agency constructs and determines institutions (ibid.). In light of the discussion in this subsection, however, it can be

seen that the discursive institutionalist account differs from the mainstream one in two main ways: in its account of agency as being bifurcated into two essentially different but complementary types of action; and its account of institutions as being partially internal to agency, which is in itself linked to the bifurcation of agency. The basic relationships between concepts in Schmidt's discursive institutionalist model of policymaking are set out diagrammatically in Figure 2.1.

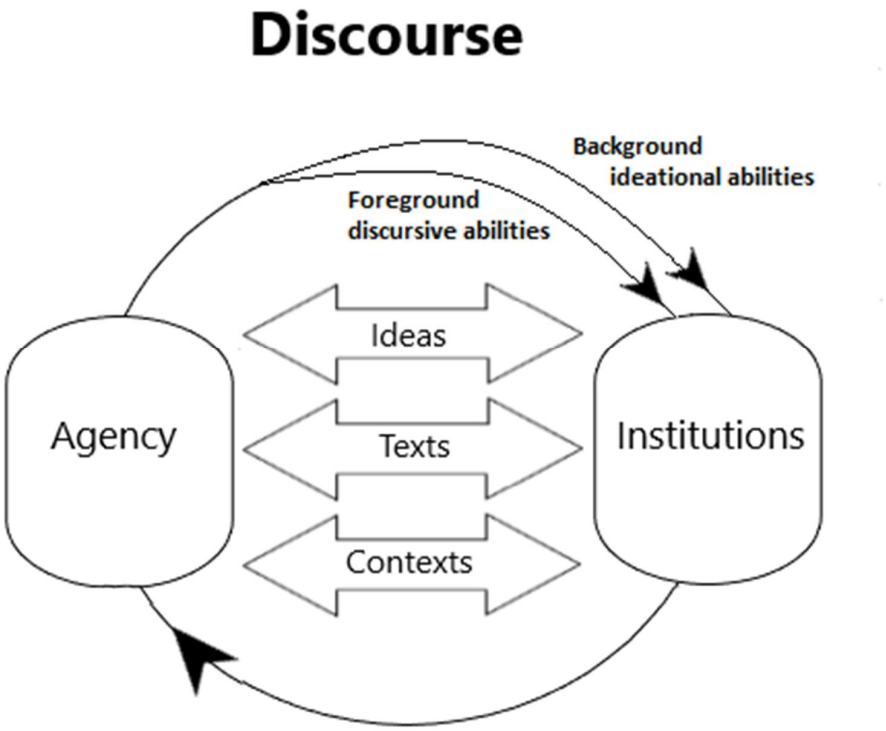


Figure 2.1: Schmidt's discursive institutionalist model of policymaking

The key to understanding the institutional-agential dialectic in discursive institutionalism is therefore the mutually constitutive relationship between institutions, background ideational abilities and foreground discursive abilities. Firstly, to reiterate Schmidt, institutions are *created* and *maintained* by background ideational abilities, but *communicated about critically*, *changed* or *maintained* by foreground discursive abilities, with the changing or maintaining of institutions viewed as actions in opposition to each other (2008, 2011). In this formulation, the distinction between the two types of agency actually refers to the different types of relationship agency can have with institutions: it can either construct them, or (re)arrange them. While discursive institutionalism explicitly formulates agency as constituting institutions, this discussion shows that institutions are equally constitutive of agency, in the sense that agency and its different aspects

are actually defined in terms of how they constitute institutions. In this way, the discursive institutionalist conceptualisation of these two concepts moves closer to a more traditional new institutionalist model (as described in Lowndes & Roberts, 2010; Lowndes, 2018).

In earlier forms of new institutionalism, the institutional-agential dialectic is mediated by ideas; in discursive institutionalism, it is mediated by discourse. As discussed above, however, Schmidt (2008, 2011) conceives discourse as including both institutions and agency. Specifically, Schmidt writes that structure represents "what is said, or where and how", and agency the "who said what to whom" (2008, p. 305).

There are some complications to Schmidt's model, however. This is made apparent in the description of agency as speaking and thinking – that is, as acting within discourse. How this works can be argued with reference to the two aspects of agency: background ideational abilities and foreground discursive abilities. Nowhere in her work does Schmidt explicitly define the distinction between 'ideational' and 'discursive' in these two terms; however, it can be assumed that some distinction is implied by the repeated use of the two terms.

On this basis of this assumption, background ideational abilities can be taken to refer specifically to the ability to manipulate the *ideational* – that is, the element of discourse that is opposed to the textual. In a more purist linguistic sense, this refers to the signified, rather than the signifier or sign (Gee & Handford, 2012), although this thesis adopts more sociological understandings of discourse and does not use those terms. To merge this argument with the description of the institutions-agency dialectic above, this means that institutions are created and maintained through the ability to manipulate the ideational.

By contrast, the term 'discursive' in foreground discursive abilities can be argued to mean that these abilities represent the capacity to manipulate *all* aspects of discourse – ideas, texts and contexts. It is therefore through the ability to manipulate ideas, texts and contexts that institutions are critiqued, changed, and maintained (in the sense of not being changed). Following from the assumed use of the term 'ideational' described above, this means that texts and contexts are *not* involved in the creation or maintenance (in the sense of reinforcement or accumulation) of institutions performed through background ideational abilities. At this point the argument I am making builds on inferences from how Schmidt (2008, 2011) presents her model of policymaking; however, all inferences are based on propositions drawn from Schmidt's work, fit together logically, and do not counter the spirit of her work.

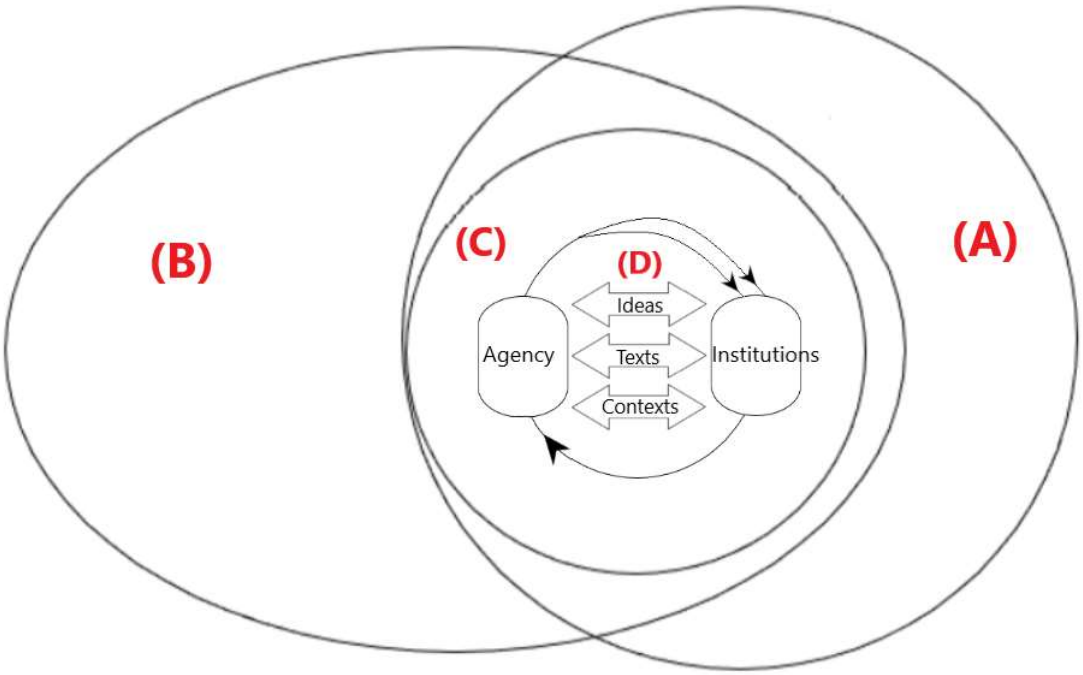
The final element of discourse described by Schmidt is its typification into, on the one hand, coordinative discourse, and, on the other, communicative discourse (Schmidt, 2008, 2011). These two specific types of discourse both operate according to the model described above, but

represent the occurrence of different *contextual* conditions. Where the context involves simple polities, or simple formal institutional arrangements, discourses are more communicative in nature; whereas in compound polities, where formal institutions are more complex, discourses are more coordinative in nature (ibid.).

Overall, then, Schmidt's discursive institutionalism (Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018) – like other forms of new institutionalism – represents a model of the policymaking process that does not dictate that the policymaking process occurs within governmental hierarchies, or that policymaking tasks occur in a specific order. It can be applied to policy implementation as readily as policy development, and sets out a detailed account of the institutional, the ideational/discursive, and how these two concepts interact during policymaking. Like some other versions of new institutionalism, it has a conceptual vocabulary for describing ideas, but unlike the ideationally focused new institutionalisms of Blyth, Hay, or Goldstein and Keohane, with its discursive focus it can be used to understand the role of both ideas and texts – that is, discourse – in implementation. Discursive institutionalism is therefore a theoretical framework which can be used to frame analysis of the case study in a way that generates an answer to this thesis's research question. However, as discursive institutionalism is a theory generally applicable to political phenomena, and this research specifically examines a case study of policy implementation, this research will supplement discursive institutionalism with several key concepts taken from implementation studies so that it can both empirically describe and theorise the case study more precisely.

This chapter has reviewed several theoretical literatures within policy studies to identify a theoretical approach which can satisfactorily be used to answer the research question. Section 2.2 discussed implementation theory; section 2.3 discussed new institutionalist theory generally and broadly; and section 2.4 discussed discursive institutionalism. This thesis will analyse data collected about the implementation of breastfeeding using a discursive institutionalist framework supplemented by concepts adopted from implementation theory. By combining elements of these theoretical approaches, this thesis develops an innovative framework for understanding policy implementation.

Figure 2.2 shows how the concepts abstracted from implementation theory and the discursive institutionalist model of policymaking are used together in this research. Three of the implementation concepts – the "policy problem", the "policy subsystem", and implementation as a "stage" of policymaking – are used to frame and scope the research. Within these multiple frames, the fourth concept – the definition of implementation as all the activities undertaken to effect breastfeeding policy goals – is used to specify all the data which will be analysed as discourse, or ideas, texts, and contexts.



A = Definition of policy/implementation problem (i.e. research question/scope of research)
B = Definition of policy subsystem (i.e. Victorian breastfeeding policy subsystem)
C = Definition of implementation as a policy stage (i.e. scope of the case study)
D = Definition of implementation (i.e. the tasks performed to effect policy goals, which occur discursively)

Figure 2.2: Combined discursive institutionalist conceptual framework for implementation

This thesis has now developed an innovative theoretical approach to analysing policy implementation from a discursive institutionalist position. Chapter 3 will describe how data was generated and processed for this study in a way that aligns with the new analytical approach. Chapter 4 will set out the general findings of data generation in the form of a thick description of the implementation of breastfeeding policy in Victoria. Using the discursive institutionalist implementation framework developed in this chapter, Chapters 5 and 6 will then undertake a theoretical analysis of the data findings. Chapter 5 will analyse the implementation of breastfeeding policy in Victoria in terms of the central institutional-agential dialectic, while Chapter 6 will discuss the production of discourse as a system of meaning-making.

Chapter 3: Empirical data generation

Methodology and data processing

3.1 Introduction

This chapter sets out the methodology for collecting and processing data about the case study of implementing breastfeeding policy in Victoria, and the preliminary results of data processing. Two major considerations were made in designing the data generation and analysis methods for this thesis: how to answer the research question; and how to ensure the data generated for the research is aligned with the discursive institutionalist implementation approach developed to use in the analysis of the case study.

To reiterate, the thesis's research question asks *what is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria*? Chapter 2 then argued that Schmidt's discursive institutionalism (Schmidt, 2008, 2011) was the theoretical approach that had the conceptual apparatus best suited to answering this question. This chapter will describe the methodological considerations and choices made in undertaking research to explore the issues raised by the research question.

The chapter begins by outlining the thesis's ontological and epistemological positions, from which follow many aspects of the research design. The explanation of the methodology proper will start by describing how case study methodology is used in this research. The chapter will then describe the two complementary methods of collecting data – documentary analysis and semi-structured interviews – that are used to gather somewhat different information about the case study. The description of how the interviews were conducted includes a discussion of the ethical considerations underpinning data generation. The next section of this chapter then turns to describing the techniques used to collect data and to code and sort the data according to discourse analytical principles. In its final sections this chapter will describe the preliminary results of data generation and processing.

3.2 Ontological and epistemological considerations

This research aims to answer a question about the role of discourse in policy implementation, and uses a theoretical approach combining discourse analysis and new institutionalism. It therefore adopts an interpretivist ontology based on social constructivist premises. The most general

ontological assertion underpinning this research is therefore that the human world is meaningful and intersubjectively oriented (Hay, 2011b). Specific assumptions about the nature of the (social) world which underlie this research include that "meaning and beliefs guide action"; that "beliefs and practices are co-constitutive"; that "social and political realities are encountered through our interpretations of them"; that agency is historically and institutionally situated; and that actors are embedded within "intersubjective traditions" which they can draw on in interpreting the world and performing actions (Hay, 2011b, p. 169).

From within this broadly social constructivist viewpoint, this thesis adopts a specifically discursive ontology. Most contemporary discourse analytical research in the social sciences is undertaken from within a social constructionist paradigm (Coates, 2012). Discourse analytical ontologies therefore follow the interpretivist claim that the human world is constituted by meaning-making, but claim that this meaning-making is primarily conducted through language or language-analogues such as sign systems (Fairclough, 2001). Additionally, the organising of language into discourses is intimately interrelated with the operations of power, in ways which are theorised differently in different schools of discourse analysis[9]. Ontologically, this means that power "is responsible *both* for creating our social world *and* for the particular ways in which the world is formed and can be talked about, ruling out alternative ways of being and talking" (Morgenson & Phillips, 2002, p. 14; emphasis in original). This does not mean that all discursive approaches agree as to how far language, discourse and power constitute reality, however. Scholars such as Laclau and Mouffe (2001), for example, hold that discourse entirely constitutes social reality, whereas Fairclough (1991, 1992) argues that some of the human world is discursive and some is not. This thesis follows the critical discourse analytical position that the social world is "semiotic-material", being "simultaneously semiotic and material in character" (Fairclough, 2012, p. 10; citing Jessop, 2004). This distinction will be particularly important in Chapter 6.

However, while this thesis's ontology is primarily drawn from discourse analytical and interpretivist perspectives, it uses discursive institutionalism as its theoretical framework. It therefore uses a blended theoretical approach, rather than a purely discourse analytical one. In terms of ontology, this thesis is primarily influenced by institutionalist research in its commitment to being both theoretical and empirical. Lowndes and Roberts (2010) describe this dual commitment to theory and empirics as being central to the ontology of institutionalist research, with some variants of new institutionalism leaning more theoretical, and others more empirical. This thesis lies towards the theoretical end of the theoretical-empirical spectrum, but is still empirically informed.

[9] The relationship between discourse and power in Schmidt's discursive institutionalism will be addressed in Chapters 5 and 6.

Following from this discursive (and somewhat institutionalist) ontology, this thesis employs an interpretivist and specifically discursive epistemology. As the human world is – as described in interpretivist ontologies – meaningful and intersubjective, all knowledge of the world is knowledge of these meanings. Further, just as all agency and meaning-making is historically situated, all knowledge is "perspectival… and provisional" (Hay, 2011b, p. 169). This research is no different, with the findings of this thesis presented as "interpretations of interpretations" (ibid.) that are necessarily informed by my own perspective as a researcher living in Australia, with a professional background in policy analysis, and personal experience of using breastfeeding services in Victoria.

However, a discursive epistemology does not require that research stops only at straightforward description of different interpretations or discourses. Instead, understanding them involves:

> explanatory critique… that… does not simply describe existing realities but seeks to explain them, for instance by showing them to be effects of structures or mechanisms or forces that the analyst postulates and whose reality s/he seeks to test out
>
> (Fairclough, 2012, p. 9)

The "understanding" of socially constructed meanings necessitated by an interpretivist epistemology therefore involves identifying the discursive structures of which any empirical discourse is an instantiation. As in discourse analysis "language users act as both discursive products and [as] producers in the reproduction and transformation of discourses" (Morgenson & Phillips, 2002, p. 17), there is room for slippage in discourse analytical 'understanding', where discourse is presented both as the object under study and as the explanation for the object under study. This problem derives directly from the model of reality assumed in discourse analytical theories, and is therefore to some extent unavoidable. All methods of analysis have drawbacks, and this is one of the drawbacks of discursive approaches. It is recognised in this thesis that this is a common limitation of research influenced by discourse analysis, and efforts will be made in Chapters 5 and 6 to note where these levels of analysis overlap. As this research does not make strong claims to causality, however, the potential slippage between levels of analysis is not considered to invalidate this thesis's research findings.

As with other interpretivist epistemologies, researcher effects potentially pose a problem within discursive research. Researchers can never be situated outside the discourses that they are investigating (Jager, 2001). In particular, researchers may share the same assumptions and worldviews expressed by research participants (Hay, 2011b). How researcher effects may have

affected this research will be discussed in Chapter 7. This research aims to reduce undue distortions arising from researcher effects through reflexive awareness of the cultural, social and historical influences on myself as a researcher, and the knowledge I may share many of the same assumptions as the research participants (Tracy, 2010; Hay, 2011b).

The methods of data generation and processing chosen for use in this thesis flow directly from these ontological and epistemological positions, and from consideration of how best to generate data that will feed into a discursive institutionalist analysis. Hay (2011b, p. 172) argues that the "explanation" produced by interpretivist research includes three elements: it is "case or instance-specific"; it involves explanation as understanding, in the sense that general explanation can only be achieved through understanding webs of meaning; and must account for actors' meaning in context.

These three requirements for research posed by an interpretivist epistemology support using a case study approach in this research. Firstly, by their nature case studies focus attention on situations that are "case or instance-specific" (ibid.). Secondly, the density and focus of case studies mean that they can be used to explore complex webs of meaning (Yin, 2018) – which is particularly important for discursively oriented research such as this thesis. Thirdly, case studies are – as will be discussed further below – ideal for studying social phenomena in context (ibid.). Alternative approaches to research design – such as a national survey or ethnographic fieldwork – would not be so effective in meeting these conditions in the context of this research. A national survey would not be anywhere near as effective in exploring complex webs of meaning or for understanding the implementation of breastfeeding policy in context, as in qualitative research large-scale surveys are more suited to gathering data "to estimate the likelihood of events occurring in similar cases outside the sample" (Seale, 1999, p. 108). While such an approach could potentially be used to supplement this research, it would not directly go to understanding the issues raised by the research question. Ethnographic fieldwork, on the other hand, would allow for detailed study of meaning, but as a multitude of dispersed organisations and sites are involved in implementing breastfeeding policy in Victoria, it would not be able to produce a full picture of the context in which breastfeeding policy is implemented unless fieldwork was undertaken at multiple sites, which would be undesirably time intensive (Bloor & Wood, 2006) without providing a clear benefit over undertaking interviews. The following subsection of this chapter will therefore turn to discussing why and how this thesis will use a case study approach in answering the research question.

3.3 Using a case study approach: Implications for data generation

The research design for this thesis begins with the selection of a case study approach to research, and the selection of the "case" of implementing breastfeeding policy in the Australian state of Victoria. Strictly speaking, case studies do not represent "a methodological choice, but rather a choice of what is to be studied" (Stake, 1995, p. 443). Stake's comments here reflect a distinction between methodology as a tool for framing data, and methodology as a tool for generating data. Case studies are not themselves a data-gathering tool, but a broader methodological approach that incorporates multiple data generation and collection methods (Berg & Lune, 2012).

The case study approach therefore allows for multiple methods of inquiry, which may be qualitative or quantitative. Schrank (2006a, 2006b) has argued that case studies are particularly well suited to combining different data generation and analysis approaches at once in order to build a detailed picture of the case. This research, which studies the ideational in policymaking, is specifically qualitative rather than quantitative in focus. Even so, a number of techniques could potentially be used to generate data for this thesis. As Denzin and Lincoln argue, "qualitative researchers deploy a wide range of interconnected interpretive practices, hoping always to get a better understanding of the subject matter at hand … each practice makes the world visible in a different way" (Denzin & Lincoln, 2003, p.5). That is, qualitative research may use any of a number of interpretive data generation techniques, which interpretive researchers may use to produce a research "bricolage", a "pieced together set of representations that are fitted to the specifics of a complex situation" (ibid.). Specific data generation methods include surveys, interviews, focus groups, ethnography, and documentary analysis, among others (Yin, 2018; Denzin & Lincoln, 2003). This section will set out the features of the case study that lead to the formulation of the research question; then discuss some implications of analysing the empirical material for this research as a case; and finally outline the methods that were consequently chosen for generating data about the case.

As per the definition of implementation arrived at in Chapter 2, the implementation of breastfeeding policy represents the carrying out, accomplishing, fulfilling, producing, or completing of breastfeeding policy goals. (cf. Pressman & Wildavsky, 1984). The object of the case study is therefore all the activities in the Victorian breastfeeding policy sector which represent the carrying out, accomplishing, fulfilling, producing, or completing of the goals of breastfeeding policy. The aim of data analysis is to understand the role played by discourse among all these activities.

The case study of the implementation of breastfeeding policy in Victoria represents a clear example where much activity is being undertaken to effect policy goals, but these are largely occurring outside government structures or other institutionalised processes. It therefore comprises a set of circumstances where policy implementation is occurring despite a lack of formal institutionalisation in the sector. There is also a prominent and sometimes controversial public discourse about breastfeeding and the delivery of breastfeeding services (see media debates in Kwek, 2011; King, 2013; Marshall, 2012; Walsh, 2017). Altogether, then, the case of the implementation of Victorian breastfeeding policy is one which can provide empirical material to explore all three theoretical elements combined in the research question.

It is expected that other potential cases of implementation in different policy sectors might also have empirical features which would meet the requirements implied by the research question. This particular case study was selected because it several opportunities to explore the phenomena of interest. Firstly, as a researcher I was resident in Melbourne, the capital of Victoria, and had used breastfeeding services there prior to undertaking research. I was therefore generally acquainted with the organisations involved in delivering breastfeeding services, and with many of the processes which constituted breastfeeding implementation. Additionally, I had worked as a policy analyst in the Victorian government and was therefore also aware of the structure of its departments, and of its relationships to the Australian and municipal governments and the public sector. Overall, I had a good general knowledge of breastfeeding services prior to undertaking research. Additionally, I was resident in Victoria during the research and spoke English as a first language, which facilitated access to participants.

As a methodology, case studies have a long history both within the social sciences (Blatter & Haverland, 2012; Schrank, 2006a, 2006b), and specifically within political science (Seha & Müller-Rommell, 2016). In particular, much of qualitative social scientific research has taken the form of case studies (Schrank, 2006a). Sekhon (2004) identifies the political scientific work of Skocpol (1979) as developing the template for the use of case studies in social science, especially in comparative studies, while Seha and Müller-Romell (2016) describe how the use of classic case studies made several huge contributions to the development of political scientific theory. They represent the most common form of small-N study in the social sciences, with the terms often used interchangeably (Schrank, 2006a; Sekhon, 204). What constitutes in the first instance a 'case', and consequently a case study, however, varies quite widely even between seminal methodological texts (compare for instance Yin, 2018 and Merriam, 1988). One of the most widely used definitions is that of Yin, where a case represents:

> a contemporary phenomenon within its real life context, especially when the boundaries between a phenomenon and context are not clear and the researcher has little control over the phenomenon and context…
>
> (Yin, 2018, p. 13)

This research emerged out of a process of my experience of using breastfeeding services; of defining what sort of policy problem this experience represented; of defining what constituted breastfeeding policy; of defining the scope of the Victorian breastfeeding policy subsystem, which has been difficult to define precisely because the boundaries between the phenomenon "and [its] context are not clear" (ibid.). What is breastfeeding policy? What, specifically, is Victorian breastfeeding policy? What constitutes the implementation of breastfeeding policy? Chapter 2 argued that it was *impossible* to understand the implementation of breastfeeding policy within the terms of this research without understanding its context.

Yin argues that "the distinctive need for case studies arises out of the desire to understand complex social phenomena … the case study allows an investigation to retain the holistic and meaningful characteristics of real-life events – such as … organizational and managerial processes" (2018, p. 13). Using a case study approach to understanding the implementation of breastfeeding policy therefore not only acknowledges that that the nature of a case is such that it is difficult to extricate a phenomenon under study from its context, but also that studying phenomena as a case allows for the meaningfulness of phenomena to be explored. This focus on meaningfulness in the case study approach makes it a good fit with the discursive institutionalist implementation framework developed in Chapter 3.

Following from this definition of a case, Yin (2018) argues that case studies constitute an empirically focused form of research which focuses on exploring "how" and "why" questions about phenomena in contexts where the interrelationships between them are complex and it is difficult for researchers to separate them out conceptually. As a method of social research, case studies focus on understanding social processes and dynamics in a particular contextual setting, historical period or social unit (ibid.). The case study method is therefore appropriate to use in examining the issues raised by the research question.

While case study research has contributed enormously to the development of political science and policy studies, the use of case studies has also been repeatedly subject to criticism both from within political science and from social science methodologists (Blatter & Haverland, 2012; George & Bennett, 2004; Schrank, 2006b; Sekhon, 2004). These criticisms centre on the departures of case study methodology, particularly interpretive case study methodology, from the canons of positivist social science methodology, principally on questions of

representativeness and reliability (George & Bennett, 2004). One common criticism is that case study research usually includes participants chosen by the researcher, rather than randomly, and that the sample may therefore not be representative of the population under investigation (Schrank, 2006a).

These criticisms of case study research have been formulated, however, from within a non-interpretivist, largely positivist paradigm that addresses research questions quite different from those being addressed within this study (George & Bennett, 2004; Schrank, 2006a, 20006b; Seha & Müller-Rommell, 2016; Sekhon, 2004) . Case studies may be used in the service of either positivist or interpretive research, and the criticisms of the use of case studies in positivist research are not applicable to this research. The larger questions being addressed in this thesis – those about meaning, ideas and discourse – are non-positivistic questions being explored from an explicitly interpretivist, social constructionist viewpoint. Accordingly, this thesis will discuss the value of case study methodology from the perspective of undertaking interpretive, specifically discursive research.

Case study research can illuminate several aspects of data that are of particular value in interpretive research. The most crucial of these is that a case study provides a means for generating valuable information about the richness of human interaction (Bailey, 1992). Specifically, Berg and Lune have argued that the case study is a superior technique "for researching relationships, behaviours, attitudes, motivations, and stressors in [an] organizational setting" (2012, p 212). The case study method is also an ideal methodology to apply to cases which exhibit "complex causal relations" where it is difficult to untangle "nonlinear interactions" between cause and effect (see George & Bennett, 2004, p.22; see also Seha & Müller-Rommell, 2016). As this research is discursively focused, the richness of human interactions needs to be made clear for them to be fully understood. Factors such as organisational setting, relationships, attitudes and motivations are critical elements of analysis; and the influence of institutions, agency and ideas on each other is complex and non-linear. In these ways case study research is a powerful method for addressing the issues raised by this thesis's research question.

Further, many of the criticisms of case study research are derived from the classic trinity of positivist values – mostly on the grounds of reliability and representativeness[10]. Many scholars of interpretivist methodologies have, however, queried the applicability of this trinity to qualitative research methods. Janesick, for example, argues that:

[10] The third value of the 'positivist trinity' is validity, but few criticisms of case study research derive from consideration of this value.

> it is time to question the trinity … and in fact to replace that language with language that more accurately captures the complexity and texture of qualitative research…
>
> (Janesick, 2011, p.70)

Out of such arguments, Janesick (2011) and other scholars (especially Walsham, 2006, building on Golden-Biddle & Locke, 1997) have developed a new 'trinity' of research values focused on the needs of qualitative scholarship: authenticity, plausibility and criticality. Authenticity constitutes how well researchers have 'been there', by "conveying the vitality of life in the field" (Walsham, 2006, p. 326). Plausibility constitutes the quality of the connection of the research text to the personal and professional experience of its readers (ibid.). Finally, criticality constitutes "the way in which the text probes readers to consider their taken-for-granted ideas and beliefs" (ibid.).

Other researchers have proposed additional or alternative values to be used in guiding the conduct of qualitative research. Janesick, for instance, argues that the key to undertaking good qualitative research is to use techniques and procedures that are "simultaneously open-ended and rigorous and that do justice to the complexity of the social setting under study" (Janesick, 2011; citing Flick, 1998). By contrast, the methodologists of critical discourse theory Meyer and Wodak (Meyer, 2001; Wodak & Meyer, 2001) developed the concepts of 'completeness' and 'accessibility' in response to questions about the applicability of canonical positivist conceptualisations of quality to qualitative research. Like 'plausibility', 'accessibility' is a measure of how well the research connects to its audience – although accessibility is specifically a measure of how easy the research is to access by those it is meant to 'liberate' (Meyer, 2001; Wodak & Meyer, 2001). Completeness refers to a researcher's intuitive sense of how well data generation reflects the issues at play in the case, and will be discussed further shortly.

Interpretivist researchers have therefore developed concepts to ensure it is rigorous, and which reflect better the value of interpretive research than do the classic positivist trinity. Taken together, these concepts suggest a way thinking of about research validity which is more aligned with interpretivist ontological positions and research methods. Some of these values are clearly conceptually interrelated; the relation between plausibility and accessibility has been discussed, but the concepts of 'authenticity' (Walsham, 2006) and 'completeness' (Meyer, 2001) are as well, and both these latter values relate to Janesick's (2011) requirement that qualitative research reflect the complexity of the case. Both the authenticity/completeness and plausibility/accessibility criteria will be used to guide the conduct of this research.

In addition to these general value concepts for guiding qualitative research, Seha and Müller-Rommell (2016) have developed a typology of case studies, each representing a type of

research project with different aims and claims to knowledge production. However, Seha and Müller-Rommell (2016) acknowledge that in practice case studies will usually perform a combination of the above functions. While acknowledging the substance of Seha and Müller-Rommell's points about what functions case study research can perform, as a discursively oriented piece of research this thesis will not adopt their language about hypotheses and their generation or confirmation. Instead, the research tasks performed by this thesis will be discussed in terms of description, interpretation, theory-building, and theory disconfirmation. Rather than being framed as a hypothetico-deductive process of hypothesis testing, the theory-building conducted in this thesis is inductively derived from data analysis, with some logical extrapolation from inductively derived concepts. This research will therefore be framed by the generation of explanatory critique and propositions (Fairclough, 2012) rather than the testing of hypotheses.

Two main selection criteria were used in choosing data generation methodologies for this research. The first of these was to understand the aims of data generation in terms of answering the research question. The second was that they needed to be aligned with Schmidt's (2008, 2011) discursive institutionalist approach. The second selection criterion was further based on two considerations: how previous discursive institutionalist studies had generated data; and how well research methods aligned with the epistemological approach of this thesis.

In order to answer this thesis's research question, data generation needed to perform several distinct tasks. The first of these was to amass a collection of information that would enable this thesis to put together a picture of what the implementation of breastfeeding policy in Victoria looks like. That is, data generation firstly had a descriptive purpose (cf. Seha & Müller-Rommell, 2016). The second was to develop a sufficiently detailed picture of the 'Victorian breastfeeding policy implementation system' to develop an account of the role discourse plays in implementing Victorian breastfeeding policy – meaning that data generation aimed at providing evidence both for interpretation and theory-building. Finally, data generation for this thesis also had the aim of exploring how well the model of policymaking in discursive institutionalism explains empirical policymaking, and providing insight into how the model might be extended where it does not do so. In other words, data generation aims, where appropriate, to support theory building. Any research methods used needed to be able, in combination, to perform all these distinct research tasks.

In terms of following the precedent of methodologies used in previous discursive institutionalist research, Schmidt's research does not set out a methodology for detailed empirical data collection. Accordingly, this thesis instead will assess the methodologies used in related research in search of an approach to be used as a precedent for this thesis. As Lowndes and Roberts (2010) group together discursive and constructivist institutionalisms in terms of their

ontological positions, this thesis will examine the methodological approaches used in both discursive institutionalist and constructivist institutionalist research.

There is an enormous methodological commonality across scholars who have chosen a constructivist/discursive approach to new institutionalism. Almost all start data generation with selection of a case study (see for example essays in Krook & Mackay, 2011b; see also Jeffares, 2007; Kenny & Lowndes, 2011; among many others). Further, most use a combination of interviews and documentary analysis to gather/construct data, although some use only documentary analysis (see Beyeler & Annesley, 2011; Chappell, 2011; Freidenwall & Krook, 2011; Gains & Lowndes, 2014; Grace, 2011; Haskova & Saxonberg, 2011; Jeffares, 2007; Kenny & Lowndes, 2011; Schmidt, 2007, 2008; Waylen, 2011).

Following these precedents suggests the use of a combination of documentary analysis and semi-structured interviews to collect data. In determining whether to adopt this approach, epistemological and theoretical considerations were also taken into account. These two forms of data generation both involve the explicit collection – or creation – of 'texts', in the discourse analytical sense (Lövbrand & Stripple, 2015; Morgenson & Phillips, 2002). The importance of texts is central to discursively oriented approaches (Fairclough, 1992), including discursive institutionalism (Schmidt, 2008, 2011; see discussion in Chapter 2). In terms of epistemology, discursive approaches hold that what is knowable about the world is discourse, with texts being the key instantiation of discourse, and the most direct way discourse can be apprehended (Fairclough, 1992). In terms of theoretical analysis, texts comprise one of the key concepts of Schmidt's discursive institutionalism, and an analysis of discourse in the Victorian breastfeeding policy subsystem must take breastfeeding texts into account. These two methods of data collection therefore clearly align with the epistemological and theoretical positions of this research.

These two tranches of data – a literature review of key documents and semi-structured interviews – represent different aspects of discourse about breastfeeding, and accordingly serve somewhat different, although complementary, purposes in the data analysis. Documents about breastfeeding policy represent discourse that is codified, agreed-to, and legitimated. The accounts of people involved in the breastfeeding policy 'system' gathered during interviewing, on the other hand, represent the elements of discourse that are more fluid and unofficial. By collecting the two types of data it is hoped that the data will show what discourse/ideas look like in stages of greater and lesser authoritativeness – that is, it will help in exploring the relationship between discourse, ideas, power, and institutions in the context of policy implementation.

The two tranches of data are considered to play complementary roles in supporting the different research tasks undertaken in this thesis. Firstly, when it came to developing the empirical description of the case of the Victorian breastfeeding subsystem, an analysis of the corpus of breastfeeding policy documents in itself constituted a large part of the description of the subsystem, as will be described at greater length in Chapter 4. By contrast, the interviews with key individuals in the subsystem was more important in describing the individual actors, processes and structures comprising the subsystem. Where appropriate, text from the documentary evidence and points made by participants were used to support or confirm each other, in a form of data triangulation, contributing to the sense of 'completeness' of the data (Meyer, 2001) and to its sense of 'authenticity' (Walsham, 2011). Together, then, these two tranches of data were used to create an intuitively complete description of the case study on which interpretation and theory-building were based.

The work of interpretation involves describing the case study through the lens of a specific theory (Seha & Müller-Rommell, 2016), which in the context of this research means describing the case using Schmidt's model of discursive institutionalism, where policy implementation happens discursively and involves the interaction of institutions, agency and ideas (Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018). Data gathered through the document review provides very detailed information about the Victorian breastfeeding policy sector that can be interpreted in such a way that the ideas, institutions and actors operating in the sector can be identified. By contrast, data generated during the interviews more clearly shows participants' interpretations of ideas, of what constitutes institutions, and how actors work. That is, the interview data can be used to identify the way actors engage discursively with ideas and institutions, and can therefore be used to develop interpretations of policy implementation as a dialectical process, as it is theorised to be in discursive institutionalism (ibid.).

The theory-building undertaken in this thesis involves inductively drawing explanatory propositions out of the discursive institutionalist interpretation of the case study. It is equivalent to Fairclough's "explanatory critique", which "does not simply describe existing realities but seeks to explain them… by showing them to be effects of structures or mechanisms or forces that the analyst postulates and whose reality s/he seeks to test out" (2012, p. 9). The two different tranches of data will be used to support theory-building in somewhat different ways. As the interview data will be fully coded (see below), it will form the basis of theory-building in Chapters 5 and 6. As the data generated during the document review will not be coded, during theory-building it will instead be used for flagging key ideas and providing additional support for arguments developed on the basis of the interview data.

Having established the purpose of using each type of data in the thesis, this discussion will now turn to describing the different ways each tranche of data was collected and analysed.

3.4 Reviewing breastfeeding documents

Analysing documentary data gathered about the case study presented some significant methodological challenges. As will be described in Chapter 4, 'breastfeeding policy' is not represented in a single document, but across a wide array of interconnected texts. These texts as a group constituted the corpus of breastfeeding documents reviewed in the course of this research. The corpus of breastfeeding policy documents included a range of different types of text. Firstly, it included official policy statements from several different government organisations, including the Victorian government, Victorian municipal governments, the Australian federal government, and from United Nations agencies. However, as it became clear that what constituted 'breastfeeding policy' was not limited to these categories of document (see further Chapter 4), the data set was expanded to include research papers, a number of different professional guidelines, submissions to select committees (see House of Representatives (Australia) Standing Committee on Health and Ageing, 2007, and associated submissions), and more tangentially news reports and social media statements. These sorts of documents were sometimes issued by government bodies, but more often were issued by NGOs, health or community services, academic researchers, media organisations, or even private individuals.

The primary analytical difficulty presented by the corpus of breastfeeding documents was that it was very difficult to draw boundaries around the data set in a way that did not interfere with understanding the discourse around breastfeeding policy. Drawing a boundary around a data set of documents is always artificial to some extent, with documents relevant to a given piece of research inevitably left out of the data set no matter how carefully it is defined. However, there were also two important and interconnected considerations which made it difficult to disce the breastfeeding document corpus in a way that did not interfere with understanding the role of discourse in the implementation of breastfeeding policy. The first of these was that it was important to analyse the breastfeeding documents as a corpus because it is *as a corpus* that they play a role in policy implementation. Secondly – or, more specifically – it is the way that ideas occur *iteratively* across a large number of documents which appears to give them their force.

Breastfeeding policy is not constituted by a single document, but is produced intertextually across an interconnected group of texts[11]. It is this interconnected group of texts

[11] This point will be shown empirically in Chapter 4.

which constitutes the 'breastfeeding document corpus' used in the data generation phase of research. Defining the breastfeeding document corpus in terms of its boundaries could not be done without 'cutting through' one of these intertextual links. The critical discourse theorist Norman Fairclough (1992) argues that, when undertaking discourse analytical research, it is important not only to analyse the content of a text, but its intertextual relationships with other texts, as the meaning of a text cannot be understood in isolation from others. Any research undertaken from a discursive perspective should therefore take the intertextuality of the texts within a documentary data set into consideration. However, the empirical features of the case study make it particularly important to understand the intertextual linkages between documents, as it is through these links that breastfeeding policy is constituted discursively.

Accordingly, this research adopted an approach where no potential limits would be placed on the documents to be incorporated in the analysis, other than that they needed to be explicitly connected to Victorian breastfeeding policy in some way as identified within a Victorian breastfeeding-related document, by one of the participants in research, or within a document identified through one of the two previous methods. This means that the data set could potentially include documents of any provenance or content – and the data set does include documents that are not Victorian or even Australian in origin (see for example WABA, 2012), or which do not explicitly reference breastfeeding (see for example WHO, 2009). Instead of defining the data set in terms of boundedness, as documentary data sets usually are, it was instead defined in terms of *inter-connectedness*. Specifically, when it came to defining the corpus of breastfeeding documents, a notion of centrality was adopted: the definition of the corpus began with several 'central' documents – the Victorian Breastfeeding Guidelines (DEECD, 2014), the NHMRC Guidelines (NHMRC, 2012/2015), and the National Strategy (AHMC, 2009). As will be described in Chapter 4, these documents were used by almost all research participants in their work implementing breastfeeding programs.

From there, in a snowball-style approach, other documents were cumulatively added to the corpus based on their connectedness to those documents, moving from the documents that were most densely interlinked with other documents (which were also those most commonly used by participants in their work), to those that were only sparsely interconnected with others. This means that there was no final cutting-off point for where documents ceased to be part of the data set. The analysis of these documents that had been undertaken here instead relied on ending the data set where it gave me as a researcher an intuitive sense of "completeness", analogous to the sense used by Meyer (2001) in determining when theoretical description of a case study is sufficiently complete. A list of documents reviewed for this thesis as part of the 'breastfeeding policy corpus' can be found at Appendix 1.

Because the corpus of documents was ultimately a diffuse entity defined by interconnectedness, systematically coding these documents did not appear to be a viable course of action. To code these documents systematically would either mean including an enormous amount of only tangentially relevant information in the research, or else making a huge number of ad hoc decisions, more or less on a per-document basis, about which data from within a document should be included in the study.

To avoid these potential problems, and to foreground the importance of themes occurring iteratively across the data set, rather than being coded formally, documents were read, with significant themes and quotations noted. Interconnections between documents, in particular, were highlighted, both as a means of building the data set, and as discursive items in their own right. This review used a process known as "patterning", which involves "detect[ing] similarities within and regularities among the data" (Saldaña, 2014).

The documents processed in this way were first used to develop the description of the Victorian breastfeeding policy subsystem set out in Chapter 4. Otherwise, however, key passages and themes from the documents have been used to supplement the themes identified during the analysis of the interview data. For example, key quotations from documents such as the Ten Steps (BFHI, 2017), the principles of the Innocenti Declaration (WHO/UNICEF, 1990), or the directives of the Victorian Breastfeeding Guidelines (DEECD, 2014) will be used to clarify, support or counter points made by participants in this research. The process through which documents were analysed and fed into the development of research outputs is schematised in Figure 3.1.

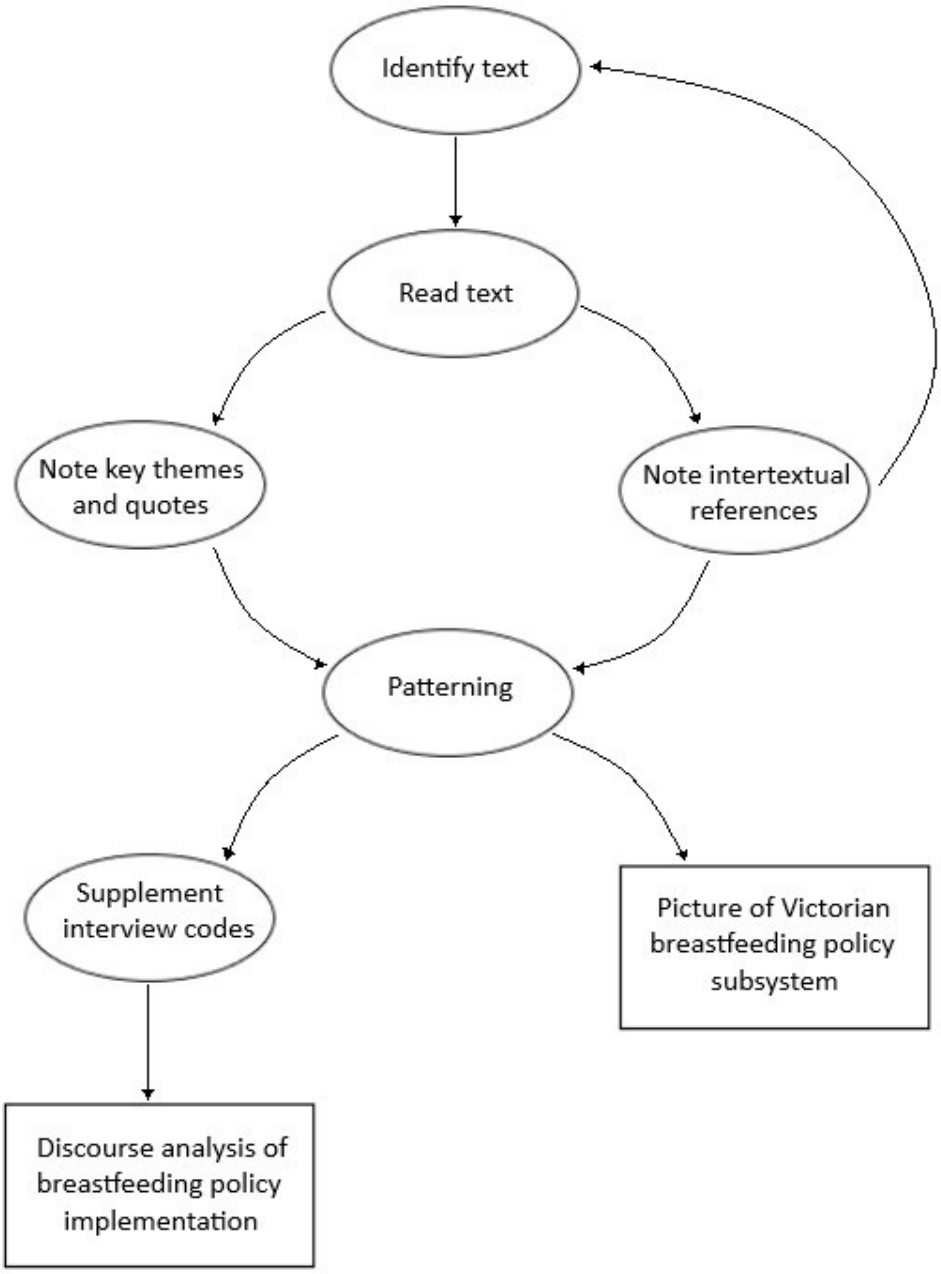


Figure 3.1: Process used to analyse documentary data set

3.5 Interviews

Two major sets of methodological tasks arose out of conducting interviews for this research: conducting the interviews themselves, and then coding and sorting the data gathered through

conducting the interviews. This subsection will describe the methodology used to collect interview data and the reasoning behind how this methodology was chosen, and will conclude by describing the process used for coding and sorting the data collected through the interview process, and why that approach to data sorting was used in this research.

3.5.1 Conducting the interviews

Discourse analysis posits that the linguistic and the textual are key aspects of how social phenomena operate (Carver, 2002; Fairclough, 2001; Meyer, 2001; Morgenson & Phillips, 2002). It therefore follows from the fundamental ontological position of discourse analysis theory, including discursive institutionalism, that language and textuality are key elements of analysis, and must be highlighted in research and the gathering of data (Gee & Handford, 2012; Meyer, 2011). As Ercan and Marsh put it in their survey of research methods in political science:

> The starting point of any type of discourse analysis is the acknowledgement that language matters; so, the way we talk, interpret and discuss issues have important consequences. It thus directs our attention to the importance of texts and talk, such as official documents, parliamentary transcripts and interviews…
>
> (2012, p. 317)

The authors go on to identify documentary analysis, interviews, focus groups and "more ethnographic" forms of data generation as the main means by which it is possible to gather data that allows researchers to "tease out the meanings that those involved attach to their experiences, allowing the researcher 'to get out there and see what actors are thinking and doing'" (Ercan & Marsh, 2016, p. 314; citing Rhodes, 2011). By focusing on texts and language, therefore, these qualitative methods of data generation allow researchers to access the meanings actors ascribe to social behaviours – that is, the ideational content of discourse.

Interviews constitute a linguistically constructed text, and are the data generation method recommended for use where participants are seen as "meaning-makers", and where research seeks to "understand the meaning of respondents' experiences and life worlds" (Warren, 2001, p. 83). In-depth interviewing is preferred over techniques such as surveys and focus groups where research hopes to construct participants' "sel[ves], lived experience, values and decisions, occupational ideology, cultural knowledge, or perspective[s]" (Johnson, 2001, p. 104), as the latter techniques cannot access this sort of information. Given the importance of accessing this data, in-depth interviewing is a preferred form of data generation.

The use of semi-structured interviews, in particular, is chosen because this research aims to access participants' understandings about the ideas at play in the Victorian breastfeeding policy

subsystem, without prejudging what these might be prior to data generation. Semi-structured interviews are best used where the researcher has "a clear idea of what questions or issues they want to raise", but also wants to "allow… the interview to shape the order in which questions are asked, and the issues which are covered" (Ercan & Marsh, 2016, p, 314). By their nature, semi-structured interviews have a structure "set by the researcher's interests" but that also allows "room for the respondent's more spontaneous descriptions and narratives" (Given, 2008, p. 470). Semi-structured interviews therefore allow a balance to be struck between the researcher directing data generation towards analytical categories of theoretical importance to the research, while also allowing participants to construct narratives on their own terms, making their own connections between ideas and concepts (Ercan & Marsh, 2016). They also provide participants with the opportunity to make connections between ideas, institutions, and actors, and provide their own explanations for how and why events had occurred.

Nineteen participants were engaged in interviews for this study. Participants were of three general types: health professionals involved in delivering breastfeeding support services; staff and members of non-governmental organisations involved in either advocacy to promote breastfeeding, and/or to deliver breastfeeding education to health professionals; and government officers involved in running or funding breastfeeding support services. Officers were engaged from the Victorian, municipal, and Australian commonwealth governments. Most participants (N=16) were located in Victoria, but a small number (N=3) were associated with national organisations and located in Canberra. Participants were interviewed between March and September 2016.

Several strategies may be used in qualitative research to recruit participants, such as "a priori research design, theoretical sampling, or "snowball" or convenience design, or particular respondents may be sought out to act as key informants" (Warren, 2001, p. 87). Which of these is chosen should follow from the theoretical questions the research is addressing and the overall research design (Warren, 2001). Warren writes that theoretical sampling is generally chosen where a researcher can identify participants "who seem likely to epitomize the analytic criteria in which he or she is interested" (Warren, 2001, p. 87). The approach used in this research was to interview key participants who epitomise the analytical criteria it is investigating, namely discourse within the Victorian breastfeeding policy subsystem; knowledge of breastfeeding-related discourses and institutions, thereby combining two of these strategies. Key informants were selected using purposive sampling, with participants approached for participation on the basis of how well they epitomised the analytical criteria under investigation in the research.

Key participants were identified in two ways. Firstly, I identified the major breastfeeding support services and organisations in Victoria, or nationally where relevant. Once organisations

were identified, I located potential individual participants through internet and social media searches, and contacted these individuals personally. Where information about potential individual participants was not publicly available, I contacted the central administration units of the organisation, asking to be put in touch with potential participants. In some cases, social media searches for participants' details would lead me to other organisations or individuals who might be useful to interview.

A second avenue for identifying potential participants was locating important breastfeeding-related documents such as the *Victorian Breastfeeding Guidelines* (DEECD, 2014) and scanning these for authorship information. Once identified as potential participants, authors were contacted through the methods described above. It should be stressed that participant selection was not in any way randomised, instead being centred on selection of key informants within the Victorian and Australian breastfeeding sectors.

Participant numbers were supplemented by the use of a 'snowballing' strategy to identify new participants. Snowballing is a recruitment method where "one respondent is located who fulfills [sic] the theoretical criteria, then that person helps to locate others through her or his social networks", and is used commonly in qualitative research involving interviews (Warren, 2001, p. 87). During interviews – usually at the beginning or end – I would ask each participant whether they knew of anyone working in the field who would be useful to speak to about my research. This method helped identify several further important informants.

This research did not make any a priori qualifications about sample size; that is, about how many participants would be engaged in the research. This is because – as argued above – the research adopts a case study approach and an interpretive methodology; the conclusions of the research are not intended to be generalisable, instead being intended for exploratory theory-building, among the other aims outlined previously. Sampling concerns such as representativeness are therefore not applicable to this research, as "qualitative research does not estimate sample size so as to determine the statistical significance of its findings", instead collecting "data from enough points so as to make meaningful conclusions about the phenomenon of interest" (Bloor & Wood, 2006: 156).

Instead, the number of participants in this research was determined in line with two cognate concepts derived from literature concerning methodology in qualitative social research. The first of these concepts is that of "theoretical saturation" – a term which has developed from the work of the grounded theorists Glaser and Strauss (2009), and which represents the current standard in qualitative social research (Beitin, 2012). This term is meant to indicate a point in data generation where further collecting merely results in finding "more of the same type of data and a

saturation point is reached" (Grinyer & Thomas, 2012, p. 229). Despite the widespread use of this concept in qualitative research, however, its meaning is largely left ambiguous (Johnson & Rowlands, 2012).

The second concept from the literature of methodologies in qualitative research applied in determining the size of the group of participants in this research is that of 'completeness', already discussed in section 3.3. Similar to the concept of 'theoretical saturation', 'completeness' is meant to refer to the point in gathering data where no new empirical findings can be found (Meyer, 2001). Both these concepts describe an intuitive sense on the part of researchers that the empirical and/or theoretical picture under investigation is fully represented, and as such are hard to measure (ibid.).

It is accepted here that when undertaking qualitative research it is often a judgment call on the part of researchers as to when a sample is adequate to represent the problem. In undertaking the present research, I continued identifying and interviewing new participants until I felt that I had developed a clear grasp of both the empirical situation regarding the Victorian breastfeeding policy subsystem, and had obtained enough data regarding the theoretical concepts under analysis. The one exception to this is noted below in the discussion on participant characteristics.

Potential informants were contacted by email – either directly, as described above, or through their organisation of employment. In many cases, it took several attempts to contact a participant to get a response; this was particularly the case for government employees. At least three attempts were made to contact each potential participant before desisting contact or trying an alternative contact at an organisation. Where potential participants agreed to be interviewed, an interview was organised at a time and place of the interviewee's convenience.

When it came to conducting the actual interviews, semi-structured interviews were used in conversation with participants. Semi-structured interviews are those where the interview identifies large topic areas or general questions that will be raised with participants, instead of a list of pre-set interview questions (Given, 2008). In practice, interviews were guided by questions from me, aiming to direct participants towards speaking about the theoretical concepts under investigation without leading them towards narratives pre-conceived by the researcher. It is expected that at points the attempt to retain this balance failed, and where possible I have pointed this out in analysis. Prior to interview participants were provided with a schedule of expected interview questions, which concentrated on aspects of participants' professional roles and duties, what they had done to promote implementation of breastfeeding policies, their ideas

about why breastfeeding is important, and so on. This schedule of questions is attached at Appendix 2.

In practice I used this schedule as a springboard for questions; most of the questions I asked participants actually arose in the context of the interview, asking them to explain more detail about points they had raised. All these questions were improvised, within a general ethos of explicating the working of discourse, agency and institutions. Additional questions not arising from the content of the interview or from the sample interview questions were formulated on the basis of previous research into participants' work in the breastfeeding field. Interviews generally ranged between 45 minutes and an hour and a half long, with a couple going for almost two hours.

As an interpretive research project influenced by the principles of discourse analysis, this research was conducted with a strong regard to the ethical implications of research design and especially data generation. Canella and Lincoln (2011, p. 82) describe how, when it comes to considerations of ethics in research, "critical social science reconceptualizes everything, from the embeddedness of ethics (and what that means) to the role of ethics in constructing research questions, methodologies, and strategies for transformation". In particular, research undertaken from within critical approaches refuses to reinforce existing power structures, and instead identifies with the interests of those who are oppressed and marginalised by them (Cannella & Lincoln, 2011).

The research design of this thesis sits somewhat uneasily with this moral imperative. On the one hand, it resituates the power inherent in policymaking and implementation from its traditional institutional location (government) to the broader public sector. In this sense, it can be seen to refuse to reinforce *some* existing power structures. However, all participants interviewed during the research were senior personnel in their organisations, and/or had had prestigious careers in breastfeeding policy or services. Similarly, the texts analysed during data generation were "legitimate" texts – texts that were considered by high-status individuals working in breastfeeding policy or services to comprise "official" breastfeeding policy. The data for this thesis has been generated through interaction with the viewpoints of individuals associated with new, emerging loci of power in the policymaking landscape.

Despite this, the research does represent a dislocation from, and in many ways a critique of, the standpoint of traditional institutions of political power. Further, while this thesis does not come from the vantage point of those oppressed or marginalised by the power structures in the breastfeeding policy sector – for example, those who use the services, or those who are so marginalised they cannot use the services – the analysis does not exclude an analysis of how the

power structures affect them. Chapter 6 identifies how institutions emerge and change discursively out of a process of breastfeeding 'experts' managing the problems of designated patients – the users of breastfeeding services. Additionally, Chapter 7 discusses how conducting research into the implementation of breastfeeding policy that investigates the viewpoints and experiences of the users of breastfeeding services represents a promising area of future research.

Given the positioning of this research within interpretive and discursive approaches, particular care was taken to understand and ameliorate the power imbalance inherent in the researcher-participant relationship. This research was conducted so that it meets the requirements set out in the University of Melbourne's *Code of Ethics* (University of Melbourne, 2016), aligning with research principles which foreground the ethical treatment of research participants. These include minimising harm to participants, including psychological and reputational harm; respecting participants' autonomy; and respecting participants' privacy (University of Melbourne, 2016; see also Leavy & Traianou, 2014). However, simply following a code of ethics is a basic form of ethical compliance, and critical research requires a deeper ethical commitment (Christians, 2005).

Accordingly, prior to interview participants were forwarded information about the project's ethical commitments; this is in line with the University of Melbourne's research policy (University of Melbourne, 2016). Participants were provided with information about potential privacy risks associated with participation, and required to sign release forms; these documents are provided at Appendices 3 and 4, respectively.

This research project took a number of actions to preserve participants' anonymity and reduce identifiability to the greatest extent possible, therefore protecting their privacy to the greatest extent possible (cf. Leavy & Traianou, 2014). Interviews were recorded on the researcher's phone, and once transferred to the researcher's desktop were deleted from the phone. Participants were referred to at the beginning of each interview by number, and identifying details were avoided by the researcher during questioning. Once the file was saved to the desktop, it was referred to only by this number. Transcripts were also saved under this number, and any analysis of transcripts only referred to these numbers rather than identifying details about participants. A separate, password protected file was kept including a key to the numbering of participants, as recommended by the university research policy and ethics approval materials (University of Melbourne, 2016). Any hard-copy documents referring to identifying details – specifically the release forms – were stored in a locked cabinet.

The main ways in which participants might be harmed by participating in this research were identified as being psychological harm from discussing potentially sensitive topics, and

reputational harm from publicising views critical of employers and funders (following Mark, 2006). At the beginning of the interview each participants was therefore advised that they might find topics discussed distressing, and that the interview could end with no repercussions if they became uncomfortable. Participants were also explicitly advised at the beginning of interviews that they could refuse to answer any question, or to answer in a de-identified way. If I guessed that topics might be either psychologically or reputationally sensitive, I would preface questions on those topics with advice that the participant might not want to answer them. Participants were also allowed at any point to stop the interview, or to stop the recording to speak off the record. These strategies were adopted to project participants' safety and confidentiality (Mark, 2006).

As well as reducing potential harms to participants, these interviews practices were designed to give participants full autonomy over the disclosure of information and over how they presented themselves. The materials forwarded to participants also advised them they could withdraw from the project at any time – again, a measure designed to maximise their autonomy within the research process. Finally, following completion of the first draft of the thesis participants were provided with a summary of results and an interview transcript; they were advised that they could ask any questions about the research or request changes to the transcript.

3.5.2 Processing the interviews

Having amassed the interview data, the research project then turned to the first task of data analysis, namely coding it. Data coding in qualitative research may take the form of *a priori* or deductive coding, where analytical categories are determined prior to data analysis out of a theoretical framework; inductive or emergent coding, where analytical categories are not presupposed and instead emerge out of the (supposedly) a-theoretical engagement of the researcher with the data; or mixed coding, which blends the other two approaches (Saldaña, 2015; see also Fereday & Muir-Cochrane, 2006; Glaser & Strauss, 2009; Lichtman, 2013). Given all the arguments that have been made previously in this thesis, a mixed approach to coding was adopted. On the one hand, this research has explicitly spent a large amount of effort arriving at a theoretical approach that can be used to explicate the case study of implementing Victorian breastfeeding policy – indicating that a deductive coding approach should be used.

However, as argued above, the theoretical framework developed also aims to access participants' beliefs about breastfeeding, particularly the language and ideas (that is, discourse) that influences their work in implementing breastfeeding policy. If a deductive approach to coding were used, where analytical categories were determined before processing the data, then there would be scope to access participants' beliefs and meanings about their lives. This research has therefore used a mixed approach to coding, where key analytical concepts from discursive

institutionalism – particularly those related to discourse, institutions and agency – have were using as themes while coding, but with conceptual room being left for new codes to emerge as I processed the data (cf. Saldaña, 2015).

Further conceptual space was left open for the themes derived from discursive institutionalism *not* to be apparent in the data: that is, during coding the data was not forced to fit the categories derived from new institutionalism. As it turned out, however – and as described in the final section of this chapter – all the *a priori* data codes were confirmed by the data during processing. Through combining deductive with inductive forms of data coding, it was hoped both that the concepts of discursive institutionalism would either be confirmed or infirmed, and that the way participants thought about these concepts would also be able to emerge through data processing without being presupposed or predetermined by the research plan.

When it came to the task of coding the data, data was coded in two separate processes: one to sort data about the Victorian breastfeeding policy subsystem; and another to sort data according to theoretically derived categories. There was some overlap between these two systems of categorising data, but this was not considered to represent a problem for data analysis.

In terms of processing data about the Victorian breastfeeding policy subsystem, the interview transcripts were read through and chunks of data (usually one to three sentences) coded against one or more categories. The categories were (1) Federal Government, (2) State Government, (3) Local Government, (4) Non-Governmental Organisation (NGO), (5) Hospital, (6) Health Service, (7) Research Organisation, (8) United Nations, and (9) Baby Friendly Hospital Initiative (BFHI). Of these categories, all were *a priori* except for (6) and (9), with the importance of these two categories only emerging during data processing. Processing of data about the Victorian breastfeeding policy subsystem therefore focused on the organisations or macro-actors within the subsystem, which is of a piece with conceptualising the policymaking landscape as a 'policy subsystem', which in Sabatier's conception is about the actors who seek to influence policymaking related to a subject domain (Sabatier & Weible, 2007; see also Chapter 2). It can be seen that the importance of BFHI as an analytical category in its own right only emerged during data processing, reflecting the expansion that this thesis has made to term 'policy subsystem'[12]. Participants' comments were coded against these categories to determine how people working within the policy subsystem described how it worked, in terms of the structures and processes that constitute it.

12 The importance of data collection as an analytical framing device in its own right only emerged during the additional analysis that resulted in the empirical picture of the policy subsystem, set out in Chapter 2.

All chunks of data were coded against at least one of these categories, and could be coded against as many categories as were relevant. Additionally, it was noted which participant made each comment, using the numbering system for participants described previously.

Once all 20 interview transcripts[13] had been coded, the coded data was collated into the organisational categories described above, into a spreadsheet with a separate page dedicated to each category. The data was then analysed again and synthesised into the empirical description of the Victorian breastfeeding policy subsystem in Chapter 4.

The second set of data processing activities involved coding data against the conceptual categories derived from discursive institutionalist theory, and developing codes out of the process of engaging with the data. While overall this stage of data coding took a mixed approach (Saldaña, 2015), the development of codes out of the data proceeded on lines derived from the methodological principles of grounded theory (Glaser & Strauss, 2009). Grounded theory is an inductive process for sorting data, appropriate for use with both qualitative and quantitative data (ibid.).

In its ideal form grounded theory works by starting with a collection of verbal data, usually obtained through interviews. The data is analysed in the form of small chunks of text, usually as lines of interview transcripts, and each chunk of text is assigned to a theme called a "code". "Codes" are identified during analysis as the chunks of text are sorted, rather than being devised prior to data generation, and accumulate throughout the process of analysis. As themes accumulate, they are grouped into overarching themes called "concepts", which are then grouped into even broader themes called "categories". Theory is then developed out of linkages conceived between the categories (Glaser & Strauss, 2009).

The second stage of data processing therefore began inductively, according to a classic grounded theory approach. Small chunks of texts from the interview transcripts were coded according to the main meaning they suggested; although it should be noted that in a purist grounded theory approach these small chunks would only be about a phrase long (Glaser & Strauss, 2009), whereas I analysed chunks of text about one to three sentences long, as in the first stage of data coding. As the data was sorted, the list of codes proliferated. Once all the data was sorted, the list of codes was sorted according to conceptual similarities among codes, generating concepts and categories. However, as opposed to classic grounded theory, theory formulation did not proceed at this point. Instead, at this point a list of codes was generated out of the discursive institutionalist approach adopted in this thesis. These codes are listed in section 3.7 below.

[13] One participant was interviewed twice.

In the final phase of data sorting and coding, these two lists of themes with assigned data were integrated. The two lists of concepts were scanned for similarities, with codes or concepts being merged where appropriate. This process resulted in the development of a single set of categories, as set out in section 3.7 below. The data was then recoded according to this list of categories. The approach to data coding used in this thesis can therefore be seen to reflect a mixed deductive and inductive approach.

At the end of data coding, therefore, the project had obtained two sets of data: one involving the organisations, structures and processes that constitute the Victorian breastfeeding policy subsystem; and the other describing what is happening in the case study using a set of categories both derived from existing theory and constructed inductively from the data. The first set of data will be used to construct the empirical description of the case study in Chapter 4, while the set of conceptual codes underlies the theoretical analysis in Chapters 5 and 6. The remaining two subsections of this chapter will describe the preliminary results of data generation: firstly, the characteristics of participants in the study; and secondly, describing the conceptual categories that emerged from data coding.

3.6 Participant characteristics

This subsection briefly sets out the general characteristics of participants in this research project, in order to give an idea of where the data informing the project comes from, and what effects it might have on results. It focuses on participants' professional characteristics, as these were most relevant to the research.

Nineteen participants in total were interviewed for the project. As described in the section above on participant recruitment, all were engaged through purposive and snowball recruiting on the basis of their professional work in developing or implementing breastfeeding policy, participating in the operations of breastfeeding services, or research into running breastfeeding services. However, in terms of itemising participants' roles and professional affiliations, this study immediately ran into complications.

While participants had originally been contacted on the basis of, say, their role in one organisation or their participation in a particular project, what was immediately striking on speaking with participants was that almost all participants had *multiple* roles, often across multiple organisations. For instance, I originally contacted five participants on the basis of their roles as researchers into breastfeeding questions at different universities. However, of these only two worked *only* as researchers; the other three had split roles, also working as midwives, nurses,

doctors, lactation consultants, policymakers, or some combination of these other roles[14]. Further, while two researchers worked only as researchers at the time of interview, both had previously worked in other roles in the 'breastfeeding policy system', with one having worked as a nurse and midwife, and the other having an extensive history of volunteering with the Australian Breastfeeding Association; and each had switched between these roles and academia frequently throughout their career, or previously held different roles simultaneously.

Noticeably, the exception to this multiplicity of roles were participants in pure policy roles. This was true across both governmental and non-governmental organisations. Participants occupying 'official' policy roles from both the Australian and Victorian governments and from peak bodies did not shift between split roles at all[15]. By contrast, government workers in operational roles shifted between roles and responsibilities, although less so than participants whose primary roles were operational ones in non-governmental organisations. However, even although the policy professionals interviewed in this project did not have split roles, all had previously worked in other breastfeeding-related roles – as lactation consultants, midwives, or nurses, and all discussed how this previous experience influenced their current policy work[16]. To aid the reader in following which participants worked from which roles during the data analysis, a schedule of interviews is attached at Appendix 5, including details of participants' roles.

Because it was typical of the case study for participants to occupy a multiplicity of roles, enumerating which sorts of professionals and which organisations were involved in this research was quite a complex task. However, in terms of the organisations within which participants were *primarily* employed, the breakdown was as follows: six in hospitals or other health services; four in NGOs or peak bodies; three in universities; two in the Australian Government; two in local governments; one in the Victorian Government; and one working freelance. In terms of the roles which participants primarily occupied, the breakdown was as follows: six in policy roles; five researchers; three nurses (including directors of nursing); one educator/counsellor; one lactation consultant; one obstetrician; and one midwife.

However, as noted above this breakdown is quite misleading, as – for example – while only two participants had the primary role of midwife, an additional nine out of the nineteen participants were either working as a midwife in a secondary role, had worked as a midwife in the past, and/or were qualified midwives. Similarly, only one participant identified her primary role as being a nurse, but an additional 13 participants also worked as nurses, were qualified nurses, and/or had worked primarily as a nurse in the past. The complicated structures and divisions

[14] Data from participant interviews; references not supplied to help preserve participants' anonymity.
[15] Data from participant interviews; references not supplied to help preserve participants' anonymity.
[16] Data from participant interviews; references not supplied to help preserve participants' anonymity.

within participants' professional roles – and the occasional difficulty in teasing out exactly what was each participant's 'primary' role – is demonstrated in the following quote from one interview:

> [M]y background is I'm a nurse and I'm a midwife. So I'm employed as a midwife. My current role is as a research co-ordinator. So co-ordinating research projects for maternity services and in the midwifery realm. I actually have a dual role, I actually do do some clinical practice as well, so I do see women in pregnancy clinics on occasion. I also do some consultation within different committees within the hospital with regards to midwifery practice.
>
> (Participant 3, interview, 29 March 2016)

Adding to the complexity, this participant was also explicitly involved in breastfeeding policy development; her policy work was the reason I had initially contacted her about participating in the research.

Table 3.1 provides some indication of the complexity of roles played by participants in the Victorian breastfeeding policy subsystem. Here, 'primary role' refers to the primary role or nature of their work as identified by the participant, being the first role each identified when asked to identify their role during the interviews. This role may or may not be their primary formal area of expertise, or the reason why I had contacted them for interview. 'Secondary role' refers to any other roles participants identified during interview – whether as job-sharing, a formally contracted sub-role, or a major component of the primary role as specified in the job description. Both primary and secondary roles can include unpaid/non-professional work such as involvement in the Australian Breastfeeding Association (ABA), so long as this work is done on a formal basis. Several participants mentioned 'mother' as a role occupied in their work, with one identifying it as her primary role. It is possible that some work, especially management or volunteering work, was not mentioned during interviews. It is therefore likely that the table understates the extent of multiplicity of roles among participants.

Table 3.1: Multiplicity of roles among Victorian breastfeeding policy workers

Role	Primary role (N)	Secondary role (N)	Total
Midwife	2	10	12
Researcher	1	6	7

Policy writer/analyst[17]	3	8	11
Nurse	3	9	12
Paediatrician	1		1
Lactation Consultant	1	10	11
General Practitioner		1	1
Baby Friendly Hospital Initiative – counsellor or board member[18]		5	5
ABA – counsellor, board member, or trainer/assessor[19]	2	3	5
Management/ Administration/CEO	4	2	6
Allied health clinician		1	1
Mother	1	5	6
Tertiary educator	1	2	3
Journal editor		1	1
TOTAL	19	63	82

To summarise, overall it can be seen that the 19 participants in this study occupied 82 substantive roles when undertaking their work within the Victorian breastfeeding policy subsystem. This is a mean of 4.3 roles per participant. The most frequently occurring primary roles were managerial/administrative/leadership, midwives, nurses, and policy analysts, with the slight weighting towards managerial staff reflecting the seniority of participants. The most frequently occurring roles overall were midwives, nurses, lactation consultants, and policy analysts.

In terms of gaps among key actors in the breastfeeding policy subsystem, it can be seen that no specialist obstetricians were interviewed in the course of this research. Obstetricians play a key role in the breastfeeding subsystem, representing the primary medical specialisation

[17] All participants were considered to have some sort of role in policy development or implementation, which is why they were involved in the study. For the purposes of this table, a policy role is one where a participant *explicitly* identified themselves as a policy analyst or writer.
[18] A role in BFHI refers to having a role working *for* BFHI, in a paid or unpaid capacity; it does not include participants who worked for another organisation to meet a BFHI assessment.
[19] Includes only participants who worked *for* ABA; it does not include participants who were involved with ABA in their capacity as parents using ABA services.

involved in treating pregnancy and birth. The failure to include any obstetricians among project participants is acknowledged as a gap in the participants interviewed. Several obstetricians were identified as potential participants in the project, usually through snowballing; however, none replied to invitations to interview. After several months of failed contact, and after consultation with my supervisor, I determined to close interviewing without speaking to an obstetrician. When it comes to analysing the data, the lack of data provided by an obstetric source is likely to affect particularly the discussions of medical discourse, of discourses of scientific evidence, and distinctions between roles in the breastfeeding policy subsystem.

While each participant was not specifically asked how long they had been working in roles related to breastfeeding, all had worked for a significant period of time in the area. All were in relatively senior roles, with several working as executive officers or as heads of department. In a related point, all were highly intelligent and articulate, and remarkably self-aware about how they conducted their work. This is explored further in Chapter 5.

Sixteen of the participants were based in Victoria, with the other three being based in Canberra, ACT; all three of the Canberra participants were in primary policy roles. Fifteen of the Victorian participants were based in the wider metropolitan Melbourne area, with one participant being based in a regional city. Additional participants were sought outside Melbourne but unfortunately contact was not successful. This bias towards the Melbourne metropolitan area may mean that the study does not sufficiently reflect differences in policy implementation in rural and regional areas, although it is reiterated that this study is not meant to be representative.

Participants' personal demographic features were not considered relevant for the purposes of this study. The only aspect of participants' personal lives that formed part of discussion during the interviews was where their interest in breastfeeding came from and what motivated them in their work. These questions were asked, firstly, to gain information generally about what ideas/discourses influenced participants, and, secondly, to gain information about the intersection of agency and ideas. In some interviews participants also spoke about their personal experiences with parenthood, breastfeeding and formula feeding, although questions were only asked about this aspect of participants' lives if they emerged during discussion. Also, many participants discussed their views about breastfeeding and related topics such as motherhood, and sometimes these discussions touched on personal matters; but in such cases the personal was not a focus of questioning. As discussed further below, the border between the 'personal' and the 'professional' was found to be porous in the case of most participants – although, as will also be discussed, participants were very clear to make the distinction between these two areas of their lives.

Having described the broad contours of participants' professional characteristics, this chapter will now turn to a description of the 'Victorian breastfeeding policy system', drawn out of both documentary analysis and participant interviews.

3.7 Data coding and key themes

This section will identify the key themes that emerged from the second stage of data processing. The second stage of data processing comprised two elements: matching data against concepts derived deductively from discursive institutionalism; and deriving other theoretical concepts inductively as they emerged through my engagement with the data. These two sets of concepts were then combined into a single set of categories, which will form the basis of a full theoretical analysis of the data in subsequent chapters.

The following table summarises these theoretically derived categories by which data was coded. These concepts were constructed out of a consideration of the main concepts of discursive institutionalist theory (see especially Schmidt, 2007, 2008, 2011). The table includes details about each category's theoretical provenance, and its meaning as applied to the data. Quotations from participant interviews illustrating each theme can be found in Appendix 6.

Table 3.2: Deductively derived conceptual categories

Concept	Theoretical origin	Meaning
Discourse	Schmidt, 2007, 2008, 2011; see also Gains & Lowndes, 2014	Includes participants' comments related to the discursive institutionalist concept of discourse – about ideas, texts, language, para-linguistic elements of discourse, interconnections between ideas, and the non-materiality of ideas.
Agency	Schmidt, 2007, 2008, 2011; see also Jeffares, 2007	Includes participants' comments related to the discursive institutionalist concept of agency – about the ability of individuals to effect action in social life, particularly concerning 'background ideational abilities' and 'foreground discursive abilities'; about the dialectical relationship between agency and institutions; and about the

		manifestation of agency during moments of dislocation.
Institutions	Lowndes & Roberts, 2010; Lowndes, 2005, 2018; Lowndes & Wilson, 2003; see also Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018	Includes participants' comments related to the new institutionalist concept of institutions – about both formal and informal rules and norms, about the institutional context of discourse, about the stability of institutions, and about the dialectical relationship between institutions and agency.
Power	Carstensen & Schmidt, 2016, 2018; Schmidt, 2008, 2011; derived from Foucault, 1994, 2002	Includes participants' comments related to the operating of power and processes of legitimation during policymaking and implementation.
Gender	Carey et al, 2017; Carey & Dickinson, 2015	Includes participants' comments related to gender, gendered power relations, and the gendering of institutions and ideas.

These are notably broad, high-level concepts that can potentially be matched up against a wide range of data. For purposes of analysis, these broad categories do not provide a sufficient level of specification to allow this thesis to apply discursive institutionalist theory to the case study in a nuanced and rigorous way. However, it is a simple matter of providing this more nuanced level of detail by combining the broad, deductively derived concepts with concepts arrived at inductively.

One of these deductively derived concepts did not emerge from Schmidt's thinking – the concept of gender. This concept was instead drawn into analysis as the act of breastfeeding and how it is constructed within policy and policy implementation constitute a number of markedly gendered processes. The understanding of this concept is taken from feminist work in theory, public administration particularly recent feminist theory of implementation (Carey et al, 2017; Carey & Dickinson, 2015), which argues that political and policy meanings are produced through power relations that are both contested and gendered. As this work on gender in policy implementation shares the post-structuralist roots of discursive institutionalism, it fits well with Schmidt's framework.

The following table summarises the concepts that emerged inductively during data coding. This table names and describes the concept. As with Table 3.2, quotations from interviews illustrating each theme are listed at Appendix 6.

Table 3.3: Inductively derived conceptual categories

Concept	Meaning
Distinction between roles	Includes both individuals distinguishing between roles and the distinctions thus made. Related to notions of medical specialisations. Includes distinctions between professional and peer services, and distinctions between professional and personal roles.
Multiplicity of roles	Includes descriptions about how participants occupy and shift between a multiplicity of roles, both professional and personal. Includes descriptions of how participants manage the task of occupying multiple roles, and therefore includes discussions of codes of ethics and professional codes of conduct. Predicated on but not reducible to 'distinction between roles'.
Proactive agency	Includes ideas about how action needs or needed to be taken proactively by individuals to implement breastfeeding policy, outside institutional compulsions.
Self-cognisance	Includes ideas about how individuals are very aware of themselves as actors when going about their work, including conceptualisations of themselves as people occupying distinct roles. Contiguous with concepts 'multiplicity of roles' and 'distinction between roles'.
Scientific evidence	Includes notions about what constitutes scientific evidence and how scientific evidence can be produced. Includes notions about how the scientific nature of evidence provides legitimacy and power to ideas. Includes respect and valuing of scientific evidence as a motivating force in participants' work in the breastfeeding field.
Medicalism	Related to 'scientific evidence' but considered sufficiently significant in its own right that a distinction remain between them. Analogous to 'scientific evidence', includes notions about what constitutes medical knowledge, how it is produced, who may practice medicine, what practices constitute medical practice, and the relationship between medicine and legitimacy and power. Includes definitions of medical

	specialisations, and at that point is connected to 'distinction between roles'.
Economicism	Includes ideas about the importance of doing work because it is economically valuable, as well as ideas related to valuing economics as a field of knowledge-production, how economic knowledge is produced, and the artefacts of knowledge produced through an economic method.
Womanhood and motherhood	Includes ideas about ideals of womanhood; ideas about ideals of motherhood; and individual women's departure from either or both of these. Includes discussion of women's rights and feminism, including as a motivating force for participants' work in the breastfeeding area.
Childhood	Includes ideas about childhood, ideals of how children should be cared for, and ideas about children's rights, including as a motivating force for participants' work in the area of breastfeeding.
Patient-centring	Includes a cluster of ideas around the importance of respecting and caring for patients, including: using a patient-centred ethos of care in delivering health services; concepts involved in a philosophy of harm minimisation; undertaking emotional labour to help patients; and concepts related to a respect and care for humanity. Includes any of these as a motivating force for participants' work in the breastfeeding area. There was often overlap in coding data chunks between this concept and the concepts of either 'womanhood and motherhood' or 'childhood'.
Text and language	Includes a range of notions where participants referred explicitly to linguistic and textual influences on their work. Includes the importance of referring to specific documents when undertaking tasks; specifications about which documents are used; references to intertextuality between documents, such as between research and guidelines; and discussions about vocabulary and language use. Also includes where participants discussed meta-discursive issues such as how they made decisions involving different sets of ideas or systems of legitimating actions; ideas about how complementary sets of ideas fit together; and ideas about how competing sets of ideas come into conflict. However, discussions about *specific* sets of ideas are categorised under their own concepts.
Individual vs organisation	Includes ideas about the opposition between individual workers and the organisations they work for, including: oppositions between individual and organisational values; and the necessity of individuals working

	beyond organisational interests at times.
Breastfeeding vs formula-feeding	Includes ideas about the relationship between breastfeeding and formula-feeding, including: the scientific evidence for breastfeeding over formula-feeding; the relationship between breastfeeding vs formula-feeding and ideals of motherhood; positioning formula-feeding as in opposition to breastfeeding; the economic value of encouraging breastfeeding rather than formula-feeding; the interference of formula companies in increasing breastfeeding rates; the right of children to be breast-fed rather than formula-fed; and the opposition of formula-feeding to practices that support breastfeeding.
Policy and politics	Includes ideas about how policymaking and other political processes work. Includes understandings about how bureaucracy works. Minor overlap with the theme of 'institutions'.
Practice/lived experience	Includes ideas and narratives about life as a lived experience. This theme included some diverse concepts around the effects of emotions on action and how feelings affect ideas; around the experience of being alive; and also around how actions or practices can reify ideas into lived experience.

Some of these coalesce readily into larger categories – for instance, 'scientific evidence', 'medicalism', 'womanhood and motherhood', 'childhood' and 'economicism' could potentially all be grouped together as 'discourses about or intersecting ideas about breastfeeding'. These categories can then be grouped together conceptually with the theme 'text and language' under the category of *discourse*, taken from the list of deductively derived conceptual categories. Nesting these themes under the category of 'discourse' in effect allows this research to operationalise discursive institutionalist theory by aligning empirically derived concepts with theoretically derived ones.

The following table provides a summary of how the two lists have been integrated into a final list of categories, noting how each is constructed by concepts from the first and second lists above.

Table 3.4: Final list of analytical concepts derived from data coding and processing

Concept	Includes deductively constructed concepts	Includes inductively constructed concepts
Discourse	Discourse	Text and language

		Scientific evidence Medicalism Womanhood and motherhood Childhood Patient-centring Economicism Breastfeeding vs formula-feeding
Agency	Agency	Distinction between roles Multiplicity of roles Proactive agency Self-cognisance Individuals vs organisations
Institutions	Institutions	Individuals vs organisations Institutions Distinction between roles
Substantive ideas		Scientific evidence Medicalism Womanhood and motherhood Childhood Patient-centring Economicism Breastfeeding vs formula-feeding
Gender	Gender	Womanhood and motherhood
Power	Power	Policy and politics
Lived experience		Practice/experience

A number of issues result from the merging of these two lists. The most striking aspect of the integrated list is that it largely corresponds to the list of deductively derived concepts, with only two categories or themes ('substantive ideas' and 'lived experience') not appearing in that list. This is a consequence of arguments made in previous paragraphs, where it was considered that the concepts derived inductively during data coding could be used both to provide detail about and to operationalise the deductively constructed concepts. Accordingly, although the finalised analytical categories look very similar to the deductively derived concepts, they differ in that they also include substantive meanings adopted from the inductively derived concepts.

Secondly, the finalised list of analytical categories exhibits some overlap between categories. The clearest examples of this are the theme 'individual vs organisation', which is

categorised under both 'agency' and 'institutions', and the list of themes that appear under 'substantive ideas' which are also categorised under 'discourse'. In the case of the first example – and most other instances where more minor overlap occurs – this overlap in the list of categories I have constructed reflects the conceptual overlap between these same categories as they appear in discursive institutionalism (Schmidt, 2008, 2011; see also discussion in previous chapter). In discursive institutionalist theory, the concepts of agency, discourse and institutions all bleed into each other, in a reflection of the dialectical, mutually constitutive relationships between them (as discussed in Chapter 3). Subsequent chapters will highlight and tease apart this conceptual overlap during analysis, in an attempt to clarify exactly how these concepts operate empirically.

The second example – of the list of 'substantive ideas' – represents a somewhat different issue. The overlap in this case reflects the two categories of 'discourse' and 'substantive ideas' being in effect conceptual double counting: in discursive institutionalism, ideas are one of the two main components of discourse (Schmidt, 2008, 2011). The category of 'substantive ideas' is therefore tacitly included within the category of 'discourse'. What the category of 'substantive ideas' is intended to do is highlight large territories within the field of discourse where different associations between ideas and/or different logical sequences apply.

Finally, it is worth noting that none of the categories in any of the lists directly refer to policy implementation. Given that this thesis's research question asks about policy implementation, this may appear to be a significant gap in linking the data analysis to the research question. However, while the finalised categories listed above do not explicitly refer to implementation, all of them were constructed with a consideration of implementation in mind. The definition of implementation chosen in Chapter 2 was the activities "carry[ing] out: accomplish[ing], fulfill[ing]…produc[ing or] complet[ing]" policy goals (Pressman & Wildavsky, 1984, p. vi). It is therefore considered that *all* the actitivies captured in the codes above constitute part of the implementation of breastfeeding policy insofar as they are directed at carrying out, accomplishing, fulfilling, producing, or completing the goals of breastfeeding policy. All the inductively derived themes, which were generated out of participants' descriptions of their work, were therefore developed out of descriptions of policy implementation. For example, the theme "breastfeeding vs. formula-feeding" does not explicitly refer to implementation in its description. However, these ideas about breastfeeding and formula-feeding all emerged and are debated because of the need to effect the goals of breastfeeding policy, especially the requirements of the *International Marketing Code of Breast-milk Substitutes* (WHO, 1981).

Additionally, some of the inductive themes were built out of lower-level codes that explicitly referred to implementation. The "politics and policy" theme, which includes participants' comments about political and policy processes, includes participants' commentary on policy implementation processes. The theme "text and language" include the earlier code "reification",

which was used to label when participants spoke about the actions they undertook to operationalise specific policy texts. It also included the precursor category "decision-making trees", which was used to label when participants spoke about how they parsed ideas to determine the right course of action. The themes "womanhood and motherhood", "childhood", "patient-centring", and "scientific evidence" all included participants' discussions of when these sorts of ideas motivated them in performing implementation tasks, which were categorised separately from other aspects of these themes during the early stages of analysis. In all these cases, implementation was not coded as a separate code because everything participants spoke about could have been labelled as implementation, which would have made the code functionally meaningless in analysis.

This chapter has explained the epistemological bases for gathering and processing data; described the methodologies used for data generation and coding; and presented the preliminary results of data processing in terms of discussing participants' characteristics and constructing conceptual categories for theoretical analysis. Processing the data into these conceptual categories effectively represented the first step in analysing the case study in terms of a discursive institutionalist approach. The following two chapters will continue this work of analysis, examining, respectively, how the institutional-agential dialectic plays out in the case study, and how the role of discourse as a system of meaning-making in the implementation of Victorian breastfeeding policy.

Chapter 4: Actors, Documents, and Processes

A case description of the Victorian breastfeeding policy subsystem

4.1 Introduction

This chapter sets out an empirical description of the case study of the implementation of breastfeeding policy in Victoria, so that both its broad empirical elements and the specific elements of it that are of theoretical interest are clearly described. Specifically, it aims to highlight two aspects of the case study. Firstly, it shows the sorts of institutions that shape the implementation of breastfeeding policy in Victoria, including how hierarchies and networks are involved in policymaking, and what processes exist to enable the implementation of breastfeeding policy. Secondly, it shows important aspects of how discourse functions in the Victorian breastfeeding sector, concentrating on the role of texts in policy implementation. The final section of this chapter clarifies how far the case study exhibits relatively little formal institutionalisation.

The case study description takes the form of a thick description (as in Geertz, 1973) of a policy subsystem. Thick description is a type of account of a case study which describes not only actors' behaviours, but also the context in which actors perform those behaviours (ibid.) Describing the context of actors' behaviours is considered important as without an understanding of their social and cultural context the meaning they ascribe to their actions cannot be understood, either (ibid.).

This 'thick descriptive' approach differs from that usually used in policy studies to describe policy subsystems; instead, policy subsystems are typically described very 'thinly', marking out only their key characteristics in terms of actors' organisational affiliations, as far as is relevant for the immediate needs of theory generation (see for example Howlett & Ramesh, 2005; Orr, 2006; Sabatier, 1988).

This thesis takes a different approach to describing the policy subsystem because it explicitly aims to understand how meaning, specifically ideas, influences the implementation of Victorian breastfeeding policy, drawing on the interview data to construct a detailed account of these meanings. This thesis uses a discursive institutionalist framework for analysing the case study, which holds that *contexts* are one of the three layers of experience in which discourse

operates (Schmidt, 2008, 2011). This reinforces Geertz's (1973) contention that meaning-making can only be understood in reference to the contexts in which it occurs. In thick description, "culture is not a power, something to which social events, behaviours, institutions or processes can be causally attributed; it is a context, something within which they can be intelligibly – that is, thickly – described" (Geertz, 1973, p. 14). In this thesis, the thick description of the policy subsystem is used as a *culture analogue*: a context within which the meaning of actors' behaviours, the events they participate in, and the institutions and processes with which they engage, becomes intelligible. The description of the case study in this chapter therefore contextualises the data analysis that will be undertaken in Chapters 5 and 6, providing a framework within which the meanings participants ascribe to their actions when implementing breastfeeding policies can be understood. It draws very heavily on the interview data, and to improve the flow of reading interview citations will be located in footnotes where references to multiple interviews are made at once.

The remainder of this introduction will be devoted to clarifying what is meant by the term "policy subsystem", as a definition of this term will largely determine the scope of the case study of the implementation of breastfeeding policy in Victoria, and consequently the scope of both this case study description and the boundaries of this thesis's theoretical interests. This thesis adopts the term "policy subsystem" from scholars of advocacy coalition framework (ACF) theory, in the sense of being a system of policymaking activity organised around a *substantive* issue – in this case, breastfeeding (see Jenkins-Smith & Sabatier, 2008; Sabatier, 1988, 1998; Sabatier & Jenkins-Smith, 1999; Sabatier & Weible, 2007).

Under ACF theory, a policy subsystem is an outcome of the complexity of modern policymaking requiring the specialisation of policymakers in specific substantive topic areas, or "domains" (Sabatier & Weible, 2007). Policy subsystems comprise the "participants who regularly seek to influence policy" in a policy domain, including both the "semi-autonomous" individuals and "agencies, interest groups, and research institutions" that have sought to influence policy in that domain over a significant length of time, and "is characterized by both a functional/substantive dimension.... and a territorial one" (ibid., p. 192).

This thesis will expand the ACF definitions to include both the various documents which the participants in the breastfeeding subsystem refer to in making policy decisions, and which are explicitly about breastfeeding; and also the structures and processes through which the actors use those documents in their work in an institutionalised way. The documents comprising part of the breastfeeding policy subsystem include not only breastfeeding policy documents, but also professional guidelines, research documents, and other documents as will be described below. This is not how ACF scholars would standardly use of the term "policy subsystem", but it will be

used in this thesis given its focus on policy implementation. The main point being that it is impossible to understand the implementation of breastfeeding policy without outlining what policy is to be implemented. This then deepens and extends the concept of 'policy subsystem'. However, as will be discussed below, exactly what constitutes the 'policy to be implemented' is much more complex than it appears at first glance.

Additionally, as the following part of this section will also explore, these documents are profoundly interwoven with the work of the actors within the policy subsystem, this work comprising a number of more or less formalised processes for dealing with the subject of breastfeeding policy. This section will therefore also include a description of the structures and processes – the institutionalised ways of working – through which the actors of the breastfeeding policy subsystem deal with the breastfeeding policy domain.

Further, the ACF definition of "policy subsystem" specifies that a subsystem encompasses a defined territorial area (Sabatier, 1988; Sabatier & Weible, 2007). While this thesis does not in principle depart from this aspect of the definition, it needs to be clarified that in cases of policymaking and policy implementation involving multiple levels of government, what actually constitutes this "territorial area" may be unclear. In the case of the Victorian breastfeeding policy subsystem, most of the subsystem aligns with the borders of the State of Victoria as a geographical territory: most of the actors comprising the subsystem work within Victoria for Victorian-based organisations. However, in a few cases actors employed outside Victoria as a territorial entity also "regularly seek to influence" Victoria breastfeeding policy or its information: specifically Federal politicians, public servants employed by the Australian Commonwealth Government, and nationally based NGOs[20]. These individuals and organisations are included within the Victorian breastfeeding policy subsystem for the purposes of this thesis given their participation in the Victorian breastfeeding policy *domain* (see Sabatier, 1988, 1998). In effect, then, the composition of the Victorian breastfeeding policy subsystem is defined by actors' interest *in and influence on policymaking and implementation in the territorial area of Victoria*, rather than by their location within that territory.

Having clarified these points, this chapter will now provide the detailed case of the Victorian breastfeeding policy subsystem. In turn, the chapter will describe the actors whose work focuses on changing breastfeeding policies; the documents that guide their work; and the processes, institutions and programs in Victoria through which support for and promotion of breastfeeding is currently being achieved. Once this case study description has been set out, the

[20] Participant 10, interview, 27 June and 5 July 2006; Participant 16, interview, 20 July 2016.

final section of this chapter will identify what sorts of institutions there are in the case study, clarifying how the case study is characterised by few formal policy institutions.

4.2 Actors in the breastfeeding policy subsystem

The Victorian breastfeeding policy subsystem encompasses actors both across several levels of government and from outside government. The Victorian breastfeeding policy subsystem is situated within a federal system of policymaking and implementation. Australia operates under a system of federated government, with the Australian Commonwealth Government being formed by the federation of six states and additional territories (Australian Government, n.d.). One of these states is Victoria, the second largest state in terms of population but small in size, which has its own Parliament and Government. Operating under and alongside the Victorian State Government is a system of 79 municipal governments, each of which has its own executive and administrative arms (KnowYourCouncil, 1996-2015).

Within the Federal Government, responsibility for breastfeeding policy ultimately sits with the Minister for Health (AHMC, 2009; AHMAC, 2017b; Office of the Hon. Tanya Plibersek MP, 2012). The work of reporting to the Minister on breastfeeding issues, managing stakeholders in the breastfeeding subsystem, and developing and implementing Commonwealth breastfeeding strategies lies with public servants within the Australian Department of Health (Participant 16, interview, 20 July 2016; DOH, 2017b). One participant in this research summarised the relationships within the Commonwealth Government vis-a-vis breastfeeding as follows:

> The Breastfeeding Strategy is the main policy component of the work that we do. That policy work sits under an Australian Health Ministers' advisory council principal committee. The committee is called The Standing Committee on Child and Youth Health. SCY is the term we've used. We look after the Secretary for SCY… Its parent body is the Community Care and Population Health Principal Committee. Australian Health Ministers' Council has a number of principal committees of which the Community Care and Population Health Principal Committee is one of them, and these principal committees report up to the AHMAC Committee, who then report to The Commonwealth Health Council[21].

Reporting lines within the Federal Government are therefore complex, involving a number of nested organisations. An executive officer at director-level leading a team of policy analysts

[21] Communication during interview. I have avoided referencing the interview in question to avoid identifying the participant.

reports to the SCY; and this policy team is currently developing an enduring breastfeeding strategy, the consultation process for which was due to close in 2018 (DOH, 2017b; AHMAC, 2017a)[22]. This enduring breastfeeding strategy is to replace the recently lapsed *National Breastfeeding Strategy 2010-2015* (AHMC, 2009).

Via the endorsement of the former *National Strategy* and its implementation plan, government leadership on breastfeeding policy issues was vested in the Australian Commonwealth Government, with responsibility for operationalisation given over to what is now the Australian Department of Health (Triangle Breastfeeding Alliance, 2017). The strategy:

> provides a framework for priorities and action for Australian governments at all levels to address the protection, promotion, monitoring and support of breastfeeding in the community… Responsibilities are shared between various levels of government, non-government organisations and the private health sector.
>
> (AHMC, 2009, p.33)

The strategy therefore clearly states that much of the work of encouraging and promoting breastfeeding is and will continue to be done by State and municipal governments, with the Australian Government's leadership mainly comprising a coordinating role. While the Australian Government "has a significant role in monitoring, research and evaluation" (DOH, 2012), relatively little of the funding and running of breastfeeding programs is undertaken by the Australian Government (DOH, 2010; Triangle Breastfeeding Alliance, 2017)[23], although the general funding it gives to hospitals and other health services may be allocated to breastfeeding services according to organisational priorities[24]. If the Commonwealth Government has a high-level direction-setting role with respect to the breastfeeding policy domain, the various state and territories have more of a role in directly governing the implementation of breastfeeding programs. In Victoria, responsibility for breastfeeding issues is split between the Department for Health and Human Services (DHHS) and the Department for Education and Training (DET), formerly the Department of Education and Early Development or DEECD (DET, 2017c; DEECD, 2011, 2015; DHS, 2016). This split in responsibilities is longstanding, and produces much dissatisfaction among Victorian

[22] Information also gathered from communication during interview, not specified due to identifying information.
[23] It is unlikely that this approach will change with the issuing of the new Strategy (Participant 16, 2016).
[24] Participant 2, interview, 22 March 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016, Participant 16, interview, 20 July 2016.

workers in the breastfeeding subsystem outside government, who attribute a fair portion of the lack of action on breastfeeding issues to this organisational division[25].

The basic split between the responsibilities of the two departments is as follows. DHHS collates data on breastfeeding rates collected by health services and municipal councils in its annual reports and feeds this data into the collection systems managed by the Commonwealth (Participant 17, interview, 16 August 2016; DH, 2010; DHS, 2016). DHHS also has some influence on breastfeeding services through its role in funding health organisations; however, it does not so much exert strategic influence on organisations through funding – through, for example, requiring support for breastfeeding throughout an organisation as a requirement for funding – as influence the operational details of breastfeeding programs through stipulations in project funding plans (Participant 2, interview, 22 Match 2016; Participant 6, interview, 4 May 2016). This means that the impetus to develop breastfeeding programs almost always comes from within organisations outside government, and the influence of government is largely in shaping programs being led by organisations in the wider public sector.

DET, on the other hand, is more directly influential in the development and administration of breastfeeding programs. The two most crucial mechanisms through which DEECD influences breastfeeding programs are the *Victorian Breastfeeding Guidelines* (DEECD, 2014) and the Maternal and Child Health Service (DET, 2017a, 2017c; DEECD, 2011, 2015). The *Victorian Breastfeeding Guidelines* represent "a source of evidence-based breastfeeding information for health professionals to use when working with women and their families during the continuum of breastfeeding" (DEECD, 2014, p.7), but have come to be used as a de facto strategic policy statement for non-governmental organisations to use in developing breastfeeding programs[26]. Exactly how the *Victorian Breastfeeding Guidelines* are used by the implementers of breastfeeding programs will be explored more fully in section 2.3. However, these guidelines are generally considered among non-governmental practitioners in the Victorian breastfeeding subsystem to represent the policy statement/document about breastfeeding that is most influential on their work[27].

The Maternal and Child Health Service (MCHS) "is a universal primary care service for Victorian families with children from birth to school age" that "provides a comprehensive and

[25] Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 6, interview, 4 May 2016; Participant 9, interview, 27 May 2016; Participant 14, interview, 16 and 30 June 2016.
[26] Participant 2, interview, 22 March 2016; Participant 6, interview, 4 May 2016; Participant 7, interview, 5 May 2016; Participant 19, interview, 15 September 2016.
[27] Participant 1, interview, 2016; Participant 2, interview, 22 Match 2016; Participant 3, interview, 29 March 2016; Participant 5, interview, 21 April 2016; Participant 6, interview, 4 May 2016; Participant 9, interview, 27 May 2016; Participant 11, interview, 31 May 2016; Participant 13, interview, 10 June 2016; Participant 18, interview, 19 August 2016.

focused approach for the promotion, prevention, early detection, and intervention of the physical, emotional or social factors affecting young children and their families in contemporary communities" (DET, 2017a). In practice, this means that the MCHS provides a series of appointments for all Victorian children from birth to school age where the child's development is assessed by a specially trained Maternal and Child Health Nurse and discussed in consultation with the child's guardian; additionally, the Nurse will give the guardian advice on how to guide the child's development[28]. In addition to the series of face-to-face appointments, the MCHS runs a state-wide Maternal and Child Health phone line, which people can ring at any time for advice on parenting issues (DET, 2017b).

Among the issues nurses will address at appointments and on the phone line is breastfeeding – how feeding the child is going, and how the child's parents might support breastfeeding (DET, 2017b). The MCHS supports exclusive breastfeeding to six months as the preferred form of infant feeding, but will work with parents to support safe forms of alternative feeding[29]. Perhaps needless to say, the MCHS is an extremely important program in influencing breastfeeding rates and behaviours in mothers and children across Victoria[30].

The MCHS actually operates out of sites owned by municipal councils across Victoria, and is staffed by employees of local governments rather than of the State Government (DET, 2017a, 2017c), as will be discussed further shortly. However, the service is set up through a memorandum of understanding between the Municipal Association of Victoria (MAV) – a peak body for Victorian municipal bodies – and the Victorian State Government, and the MOU "guides the partnership between state and local government for the planning, funding and provision of maternal and child health services" (MAV, n.d.-c).

Overall direction for the service is therefore set by the Victorian Government. When it comes to infant nutrition, the overall direction of the service is to support exclusive breastfeeding in the first six months after birth over other forms of feeding, as supported by the *Victorian Breastfeeding Guidelines* and the complex of other documents referred to breastfeeding practitioners described in the section below[31]. However, as alluded to above, when it comes to providing guidance to parents – that is, to operationalising those documents fully – implementers have a fair amount of discretion.

[28] Participant 8, interview, 16 May 2016; Participant 9, interview, 27 May 2016; Participant 17, interview, 16 August 2016; Participant 19, interview, 15 September 2016.
[29] Participant 9, interview, 27 May 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.
[30] Participant 2, interview, 22 March 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 17, interview, 16 August 2016; Participant 19, interview, 15 September 2016.
[31] Participant 8, interview, 16 May 2016; Participant 9, interview, 27 May 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

A final key process through which DET influences implementers of breastfeeding programs – although not so influential as the two outlined above – is through data generation processes. Although the Victorian Government's health statistics are handled by DHHS, and DHHS reports on breastfeeding statistics to the Federal Government (Participant 16, interview, 20 July 2016; see also DHS, 2016). DET collects data on breastfeeding rates from councils as part of its annual reporting process as a department, monitoring breastfeeding rates at discharge from hospital, two weeks, three months and six months (Participant 17, interview, 16 August 2016). This data is collected at the MCHS face-to-face appointments with parents[32], and is used by DET to develop services targeted at children and parents (Participant 17, interview, 16 August 2016).

Local government councils are key players in the implementation of breastfeeding services in Victoria. More or less all breastfeeding services delivered by Victorian local governments – or, at least, those discussed by participants in this research – are delivered through municipalities' Maternal and Child Health teams[33]. Each local council actually employs a separate staff of maternal and child health nurses, usually a team of specially qualified nurses reporting to a Nursing Coordinator, who reports to higher management, although larger MCHS teams may have sub-managers reporting to the Coordinator[34]. The split of responsibilities between state and local governments can be summarised as follows:

> the state government usually sets the policy direction, funds half the service or half the universal service and … then a local government employee run[s] the program. So, they facilitate the program and employ the nurses and it's all done in – all the buildings are local government buildings…
>
> (Participant 8, personal communication, 16 May 2016)

Additionally, local governments are required to undertake an annual update of their maternal and child health service improvement plans, through which councils can update directives on breastfeeding if necessary (Participant 8, interview, 16 May 2016). The MCHS therefore represents the main mechanism through which Victorian local authorities deal with the State Government on breastfeeding issues, as well as the main mechanism through which breastfeeding policies are operationalised via interactions with the public.

[32] Participant 9, interview, 27 May 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016.
[33] Participant 9, interview, 27 May 2016; Participant 17, interview, 16 August 2016; Participant 19, interview, 15 September 2016.
[34] Participant 8, interview, 16 May 2016; Participant 9, interview, 27 May 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

The other, much less influential mechanism by which councils implement or help implement programs that support breastfeeding is through funding. Funding for the MCHS itself officially mostly comes through DET: DET is meant to fund 50% of the universal MCHS, and 100% of the enhanced MCHS, which provides at-home visits for vulnerable families (Participant 8, interview, 16 May 2016; see also DHS, 2007). Teams are funded on a per-child basis derived from the number of children in each municipality using the service (ibid.). However, in practice how the MCH Services are funded is more complicated than the official formula, and sometimes local councils provide funding for additional appointments (Participant 8, interview, 16 May 2016). Again, this sort of additional support from councils varies according to the resources levels of and priority accorded to breastfeeding by each (Participant 8, interview, 16 May 2016; Participant 19, interview, 15 September 2016).

The Victorian and municipal governments are the most important governmental players in the Victorian breastfeeding subsystem. However, most of the work of implementing breastfeeding policy is actually done by actors outside government. One of the most significant non-governmental organisations involved in implementation is the Municipal Association of Victoria (MAV). As a peak body for local government bodies, MAV has a role in coordinating state-local government activity across a range of policy domains, of which breastfeeding is only one (MAV, n.d.-a, n.d.-b). The MAV has a written memorandum of understanding with the Victorian Government to coordinate policymaking and implementation efforts on breastfeeding between state and local governments (MAV, n.d.-c). MAV has a team of policy specialists, including one who specialises in maternal and child issues, who report to a generalist policy manager[35].

Both the manager and each specialist maintains close formal and informal links with Victorian Government policymakers in areas relevant to their expertise; as part of these relationships, the Victorian Government transmits information about policy issues requiring local government input to MAV, who will then organise consultations to gather local government input[36]. The MAV policy specialists coordinate a series of workshops with local governments to consult with them on relevant policy issues, and then report back on the consultation to the Victorian Government (Participant 8, interview, 16 May 2016; Participant 17, interview, 16 August 2016). In terms of breastfeeding policy, the MAV maternal and child health specialist organises local government input largely on generalist health issues (Participant 8, interview, 16 May 2016).

[35] Participant 8, interview, 16 May 2016; Participant 17, interview, 16 August 2016; MAV, n.d.-b, n.d.-c.
[36] Participant 8, interview, 16 May 2016; Participant 17, interview, 16 August 2016; Participant 19, interview, 15 September 2016.

Most crucially, the consultation on the *Victorian Breastfeeding Guidelines* was organised by a team of breastfeeding health specialists on breastfeeding[37].

Other non-governmental organisations, these having Australia-wide jurisdiction, also comprise part of the Victorian breastfeeding subsystem. The most of significant of these, which will be briefly described here, are the Australian Breastfeeding Association (ABA), the Australian College of Midwives (ACM), and the Lactation Consultants of Australia and New Zealand (LCANZ).

The ABA began in 1964 as Nursing Mothers, a peer-based organisation where mothers could provide each other with information about breastfeeding and moral support (Participant 9, interview, 27 May 2016; Minchin, 1985). In the years since, having changed names to the Australian Breastfeeding Association, it has become an extremely successful non-governmental organisation, balancing its older peer-support and public education roles with a number of professional functions including advocacy, research, running the peer-reviewed journal *Breastfeeding Review*, training for health and community professionals, organising volunteering opportunities, and running a shop selling products to support breastfeeding (ABA, 2017, n.d.-a, n.d.-b, n.d.-f, n.d.-g, n.d.-h, n.d.-i). A strong distinction is made within the ABA between people who are employed by the organisation in a professional capacity, and those who are acting in peer-to-peer functions; a clear distinction is also made between ABA personal membership and ABA professional membership; and the organisation has an internal code of ethics which helps define the differences between these personal and professional roles[38].

However, in practice individuals will frequently be associated with the ABA in both personal and professional capacities, whether sequentially or simultaneously, and consequently undertake a number of actions to distinguish their actions in each type of role from the other[39]. Most participants in this research had been involved with ABA in one capacity or another over time – often while also occupying a professional role elsewhere in the breastfeeding policy subsystem – and for many their interest in breastfeeding originated in their experiences with the ABA[40].

[37] Participant 2, interview, 22 Match 2016; Participant 5, interview, 21 April 2016, Participant 8, interview, 16 May 2016.
[38] Participant 1, interview, 21 March 2016; Participant 13, interview, 10 June 2016; ABA, n.d.-d, n.d.-e.
[39] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 6, interview, 2016; 4 May Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 13, interview, 10 June 2016; Participant 18, interview, 19 August 2016.
[40] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 2016; Participant 4, interview, 11 April 2016; Participant 5, interview, 21 April 2016; Participant 6, interview, 4 May 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 11, interview, 31 May 2016; Participant 13, interview, 10 June 2016; Participant 14, interview, 16 and 30 June 2016; Participant 15, interview, 20 June 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

The ABA receives recurrent funding from the Commonwealth Government "to support the infrastructure required to allow volunteers to provide breastfeeding information and support services to more than 80,000 mothers each year", which in practice means that the money is primarily allotted to running its volunteer helpline (DOH, 2017b). This funding is in place until June 2019 (ibid.). The ABA supplements its government funding with sponsorships from corporate partners (ABA, n.d.-c), which allows it to undertake functions well beyond its education and peer support roles.

The ABA affects the implementation of breastfeeding programs in Victoria through its various functions sketched out above. Some of these functions involve contributing to the development of breastfeeding policy documents. ABA representatives have taken a prominent part in consultations to develop significant documents about breastfeeding, including the *Victorian Breastfeeding Guidelines*, the National Health and Medical Research Council's *Infant Feeding Guidelines*, and the recent consultations for the renewal of the *National Breastfeeding Strategy*[41].

Through its role in publishing the *Breastfeeding Review,* the ABA makes an important contribution to the evidence base on breastfeeding issues, a contribution that is supplemented by its maintenance of a library of breastfeeding research and documents, and work done by volunteers under auspices of the ABA to develop literature reviews for policy consultations (Participant 1, interview, 21 March 2016; Participant 13, interview, 10 June 2016). Additionally, as part of the organisation's advocacy role executive staff of the ABA will maintain relationships with policymakers in federal and state governments in order to identify opportunities to contribute to policymaking on breastfeeding issues (ibid.).

The ABA also contributes directly to the implementation of breastfeeding programs through its educational functions, specifically its peer-to-peer support helpline and workshops, and its training of professionals. These functions work hand-in-hand with its research-focused functions: the ABA creates and collates knowledge about breastfeeding which it then disseminates either as advice to parents or as educational materials for health and community professionals[42]. However, through its educational functions the ABA more directly participates in

[41] See DOH, 2017a; DEECD, 2014; also interviews with Participant 1, interview, 21 March 2016; Participant 5, interview, 21 April 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 13, interview, 10 June 2016; Participant 14, interview, 30 June 2016.
[42] Participant 1, interview, 21 March 2016; Participant 9, interview, 27 May 2016; see also ABA, n.d.-g, n.d.-h.

the implementation of breastfeeding policies: it affects the views of breastfeeding women and of professionals undertaking breastfeeding-related tasks[43].

A number of other national organisations affect the implementation of breastfeeding programs in Victoria. The two most important are the Lactation Consultants of Australia and New Zealand (LCANZ) (LCANZ, n.d.) and the Australian College of Midwives (ACM) (ACM, 2017a). Both organisations are peak bodies – representing, respectively, lactation consultants and midwives. Both accordingly undertake functions which variously affect the implementation of breastfeeding programs in Victoria, in much the same way as the ABA: education for health professionals; research; and advocacy to government policymakers[44]. The primary difference lies in the ACM running the Baby-Friendly Hospital Initiative (BFHI) accreditation process for hospitals, a primary mechanism by which the principles of UNICEF breastfeeding policy are operationalised in Victorian organisations (ACM, 2007, 2017b). However, the BFHI process is sufficiently important that it will be discussed separately, in section 4.4.

Other non-governmental organisations which play a role in the Victorian breastfeeding policy subsystem, include the Australian Medical Association (AMA, 2016), which has released a position statement on infant feeding (AMA, 2017); and the Royal Australian College of General Practitioners, which has issued a few statements on breastfeeding targeted at educating general practitioners about the issue, and has also run webinar training opportunities for general practitioners on breastfeeding (RACGP, 2011, 2016, n.d.-a, n.d.-b).

Health and community organisations delivering breastfeeding services represent the final piece of the breastfeeding policy subsystem puzzle: they are the organisations through which most policy and research about breastfeeding are operationalised in practice. The type of organisation that has the most prominent role in operationalising ideas about breastfeeding in Victoria is the maternity hospital. These hospitals can be either public (see RWH, n.d.-e or Mercy Health, 2017c) or private (see for example St Vincent's Private Hospital, 2017 or the Epworth, 2012). Some hospitals run on a joint model of public-private care – for instance Frances Perry House is a privately run maternity service housed at the Royal Women's Hospital (Frances Perry House, n.d.).

Maternity hospitals generally provide education about breastfeeding to pregnant patients in the form of classes or clinics in the lead-up to birth, and on the ward while new mothers are becoming acquainted with their newborns (see for example RWH, n.d.-a; Mercy Health, 2017a). Additionally, specialist maternity hospitals will almost always offer a post-natal service providing

[43] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 9, interview, 27 May 2016; Participant 13, interview, 10 June 2016, Participant 18, interview, 19 August 2016.
[44] ACM, 2017a; LCANZ, n.d.; Participant 6, interview, 4 May 2016; Participant 12, interview, 9 June 2016.

mothers with advice on breastfeeding issues (Mercy Health, 2017a; RHW, n.d.-c). These services are performed by a mix of midwives and lactation consultants, with the exact composition of the workforce varying across organisations[45].

Some maternity hospitals also implement additional programs to support and increase breastfeeding. For instance, the Royal Women's Hospital – which services inner Melbourne and takes referrals for complex pregnancies from across Victoria, and is the pre-eminent maternity hospital in Victoria if not Australia – also runs a large research program into issues related to breastfeeding (RWH, n.d.-d). Out of this research the Royal Women's has developed a range of fact sheets about breastfeeding for parents and guidelines on specific breastfeeding issues for health professionals, most of which are publicly available on their website (RWH, n.d.-b). The current *Victorian Breastfeeding Guidelines* are based on a breastfeeding guideline previously published by the Royal Women's, and staff from the Royal Women's were lead authors in writing the Victorian guidelines (DEECD, 2014).

Another example of a hospital providing an exceptional breastfeeding service is the public hospital Mercy Health in suburban Melbourne, which runs a breast milk bank that supplies breast milk to sick and premature infants (Mercy Health, 2017b). Additionally, a number of hospitals across Victoria participate in the BFHI accreditation process, as will be discussed in section 4.4.

Other types of health and community organisations and individual professionals involved in the delivery of breastfeeding programs include paediatric hospitals, private midwives, private lactation consultants, private obstetricians, doulas, and general practitioners. Paediatric hospitals provide parents with advice about breastfeeding, and may provide professionals with guidance documents about breastfeeding (see for example RCH, 2013). However, while some paediatric hospitals do lay a strong emphasis on supporting breastfeeding within their organisations (see for example RCH, n.d.), their influence on breastfeeding rates is not as widespread as that of maternity hospitals – largely because their focus of care is on children rather than mothers or the mother-child dyad, and because breastfeeding is relevant to the nutritional needs of only infants and toddlers, not the older children in their care (Participant 4, interview, 11 April 2016).

Individual professionals are also sometimes hired or consulted by parents on breastfeeding issues, usually in a private capacity[46]. Sometimes parents will be referred to a

[4545] Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 11, interview, 31 May 2016; Participant 18, interview, 19 August 2016.

[46] Participant 1, interview, 21 March 2016; Participant 9, interview, 27 May 2016; Participant 11, interview, 31 May 2016; Participant 15, interview, 20 June 2016; Participant 18, interview, 19 August 2016.

private midwife or lactation consultant from a health service such as a maternity hospital, but more often parents proactively consult private professionals (Participant 1, interview, 21 March 2016; Participant 15, interview, 20 June 2016). The techniques and advice health professionals transmit to parents depend very much on which profession they belong to. Usually, however, the paths of action each types of professional take in treating or advising parents about breastfeeding is (more or less) governed by guidelines relevant to each profession[47]. Some examples of these are the RACGP advice sheets for general practitioners on how to address breastfeeding problems with patients (for example RACGP, 2011), or the Royal Women's Hospital's online resources, which are largely aimed at midwives and lactation consultants (RHW, n.d.-b).

Individuals often work in several of these professions across their career, sometimes in two or more roles simultaneously. Additionally, individuals may simultaneously work in the same role for different organisations, and/or freelance: for example, it is quite common for midwives to be employed by a hospital but also work privately as a midwife for specific clients (Participant 9, interview, 27 May 2016; Participant 18, interview, 19 August 2016).

Beyond health organisations and professionals, the Victorian breastfeeding policy subsystem also includes a number of researchers. Some of these researchers are affiliated with university research centres with a focus on women's or mothers' issues, such as the Judith Lumley Centre at La Trobe University (La Trobe University, 2017); others are teaching or research staff at universities in both Victoria and Australia more widely, but not affiliated with a specific research centre; others are affiliated with hospitals or NGOs. Others – such as the very prominent breastfeeding researcher Maureen Minchin (see Minchin, 1985) – are independent researchers. These researchers work in a number of disciplines, and undertake research into breastfeeding issues ranging from the history of breastfeeding in Australia, to impediments to breastfeeding in specific demographic groups, to the economics of promoting breastfeeding; they may also have teaching responsibilities, usually on midwifery courses[48]. Additionally, some researchers have developed courses on breastfeeding for professionals such as obstetricians and pharmacists, which are delivered outside of formal teaching structures, for example through occasional seminars[49].

Figure 4.1 shows schematically the links between the various actors in the Victorian breastfeeding policy subsystem. While the diagram attempts to show as many interrelationships

[47] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 5, interview, 21 April 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 13, interview, 10 June 2016.
[48] See Minchin, 1985; and interviews with Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 6, interview, 4 May 2016; Participant 9, interview, 27 May 2016; Participant 13, interview, 10 June 2016; Participant 14, interview, 16 and 30 June 2016.
[49] Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 14, interview, 16 and 30 June 2016.

between actors as possible, the reality is that the operations of the subsystem are so complex that it was impossible to show all diagramatically.

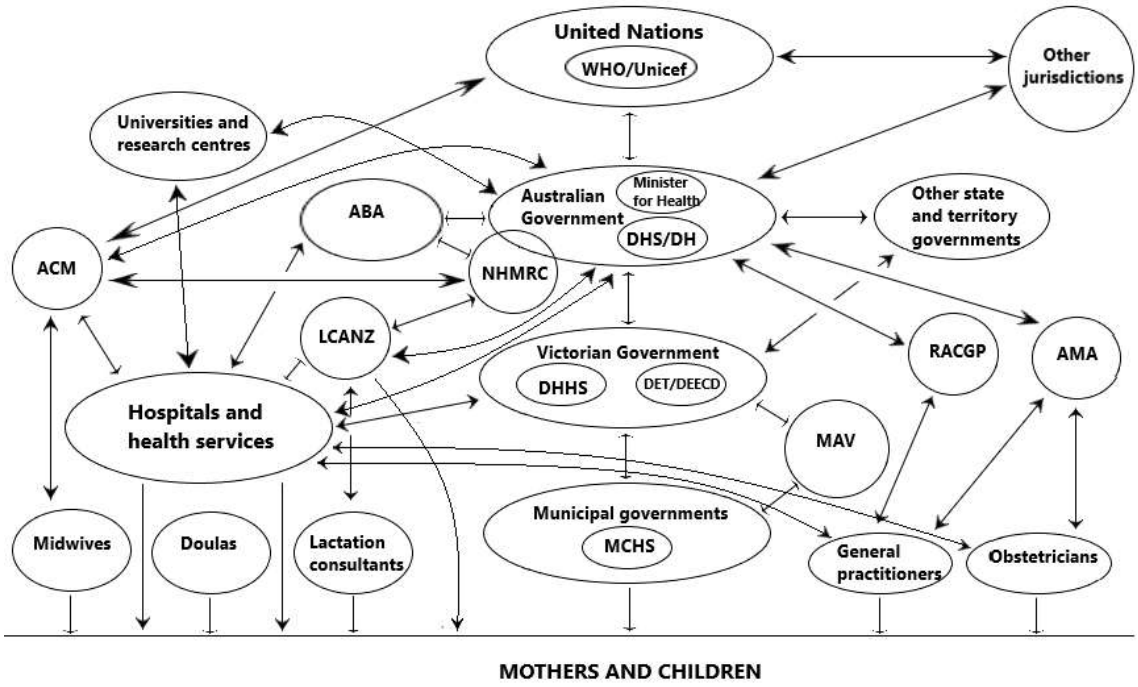


Figure 4.1: Actors in the Victorian breastfeeding policy subsystem

This chapter will now turn to describing a second crucial element of the Victorian breastfeeding policy subsystem: the vast array of documents that are involved in the implementation of breastfeeding programs.

4.3 Breastfeeding policy documents

In 2009 the Australian Commonwealth Government issued the *National Breastfeeding Strategy* (AHMC, 2009), which expired in 2015; it is currently developing an enduring breastfeeding strategy (AHMAC, 2017a, 2017b)[50]. Victoria has never issued a strategic policy statement concerning breastfeeding policy. It has issued the *Victorian Breastfeeding Guidelines* (hereafter the *Victorian Guidelines*), which comprise a "readily accessible, concise guide for health professionals who work with pregnant and breastfeeding women" (DEECD, 2014, p. 1). In the absence of an 'official' Victorian Government statement about promoting breastfeeding,

[50] While the content of the new strategy is not publicly available, it is likely that it will reiterate the content of the expired strategy in terms of outlining the split of responsibilities between governments with regards to developing and implementing breastfeeding programs (communication during interview; de-identified to protect participant confidentiality).

practitioners in the field report that the *Victorian Guidelines* have come to represent a de facto breastfeeding strategy (Participant 2, interview, 22 March 2016).

Of the 79 municipal authorities in Victoria, none have produced a standalone strategic statement about breastfeeding. Instead, municipal documentary statements in support of breastfeeding take generally the form of information for parents on local government websites, usually focused on describing the services each council provides for supporting breastfeeding (see for example City of Monash, 2015-2017;Moreland City Council, n.d.; Wyndham City Council, n.d. City of Greater Shepparton, n.d.[51]). Additionally, local governments may provide strategic policy support for promoting breastfeeding in general council strategic plans, or in strategic documents related to health promotion or maternal and child health[52].

Direct governmental statements compelling governmental and public sector organisations to take action in support of breastfeeding are accordingly rare and diffuse in their ambit. However, although there is no official policy statement guiding the development of breastfeeding programs, the various services running them use a consistent body or *network of documents* in guiding development of their programs. While a wide range of documents was referenced by the implementers of breastfeeding policy interviewed for this research, there were a number of core documents that most or all cited as being influential on their work.

First among these was the *Victorian Guidelines*, which organisations used more or less as a template for developing their in-house breastfeeding policies[53]. The *Victorian Guidelines* were therefore used by participants (and other services they were reporting about) both as a resource out of which new breastfeeding policies could be developed, and as a policy to guide the actions of their organisation directly (Participant 19, interview, 15 September 2016).

Second among these guidelines are the National Health and Medical Research Council's *Infant Feeding Guidelines: Information for health workers* (NHMRC, 2012/2015), hereafter the *NHMRC Guidelines*. The latest version of the *NHMRC Guidelines* was released in 2012, after an extensive literature review (NHMRC, 2012b) and national public consultation (NHMRC, 2012a). They were re-released after "minor amendments" in 2015 to "reflect the current evidence as well as provide further clarification and context" (NHMRC, 2017).

[51] These councils chosen as deliberately disparate examples to illustrate the point, representing examples of urban and regional municipal authorities.
[52] Participant 2, interview, 22 March 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.
[53] Participant 2, interview, 22 March 2016; supported by Participant 3, interview, 29 March 2016; Participant 6, interview, 4 May 2016; Participant 19, interview, 15 September 2016.

Participants in this research frequently cited the *NHMRC Guidelines* as a document they referred to in the course of doing their work to support breastfeeding and developing breastfeeding programs[54]. The *Victorian Guidelines* and the *NHMRC Guidelines* provide much of the same advice, and none of the project participants stated whether, as practitioners, they would be obliged to use one rather than the other, or would cite one over the other should the two provide conflicting advice[55]. The two sets of guidelines therefore have more of a *reinforcing* or *cumulative* effect in implementers' work, where two sets of guidelines saying the same thing seem to provide a greater sense of legitimacy when underpinning individuals' actions than either set of guidelines would alone.

The other recurring documentary influence on the implementers of breastfeeding programs in Victoria is the corpus of documents on breastfeeding published by the United Nations, particularly those associated with the Baby-Friendly Hospital Initiative (see 20th World Breastfeeding Week, 2012; Innocenti+15, 2005; RWH/UNICEF, 2016; UNICEF, 2006, 2012, n.d.-b, n.d.-c; WHO, 2007; WHO/UNICEF, 1989, 1990, 1999, 2003, 2007, 2009; WHO et al, 2009). These range from the original *Innocenti Declaration* (WHO/UNICEF, 1990)– the first UN policy statement on breastfeeding binding on state parties – to its revisions (Innocenti+15, 2005); to plans for its implementation (WHO/UNICEF, 2009; WHO et al, 2009); to analyses of its implementation (WABA, 2012; WHO/UNICEF, 1999); and more. When questioned, many participants in this project identified these texts as influencing their work, *even if they were not directly referred to*. The *Innocenti Declaration* and related documents were considered to "inform everything, they sit at the back…inform[ing] everything that's come" (Participant 19, interview, 15 September 2016).

Again, when used by breastfeeding professionals, the documents of the Innocenti Corpus were used in combination with other documents such as the two sets of guidelines and the *National Strategy* (Participant 10, interview, 27 June and 5 July 2016; Participant 19, interview, 15 September 2016). The content of all these documents – the information about breastfeeding they contain and the advice they draw from that information for the benefit of breastfeeding professionals and policymakers – is very similar. This is deliberate, with the *Victorian* and *NHMRC Guidelines* being developed in tandem (Participant 5, interview, 21 April 2016; Participant 10, interview, 27 June and 5 July 2016); and the *NHMRC Guidelines* being written so that they

[54] Participant 1, interview, 21 March 2016; Participant 5, interview, 21 April 2016; Participant 6, interview, 4 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 11, interview, 31 May 2016; Participant 13, interview, 10 June 2016.

[55] Obviously, the two sets of guidelines differ in that one has national jurisdiction whereas the other only has Victorian jurisdiction; however, this distinction is not relevant in the context of being used by a health professional or policymaker within Victoria.

"reference[d]… and ensure[d] alignment" with the Innocenti Corpus (Participant 10, interview, 27 June and 5 July 2016).

In addition to the breastfeeding policy and guidelines documents listed so far, participants reported the use of a range of other documents by Victorian breastfeeding professionals, although these documents were used less consistently among participants. The types of document usually cited were research documents into the benefits of breastfeeding[56]; policy documents not specifically related to breastfeeding, such as government health promotion policies[57]; legislation, usually in the health domain[58]; quantitative data about breastfeeding, particularly those collected under the national breastfeeding indicators[59]; and internal organisational policies about supporting breastfeeding in specific workplaces[60].

The composition of this body of documents used by participants was open-ended: that is, there was not a set list of documents that participants worked from. Lists of the kinds of documents that could comprise part of it quickly dissolve into very vague descriptions, up to and including "the anecdotal stuff" (Participant 16, interview, 20 July 2016). Instead, the definition of what documents can legitimately be used in developing breastfeeding programs is best approached by which types of documents *would not* be: primarily, media reporting about breastfeeding issues, mummy blogs, and statements from infant formula manufacturers[61].

Participants explicitly referenced this broad body of documents as the 'policy' guiding their work. For instance, one participant in this research commented on the development of the NHMRC Guidelines that an "important fact is that the guidelines were revised based on a *body of evidence*, as opposed to single studies" so that "the final product could be trusted and used with confidence" (Participant 10, interview, 27 June and 5 July, 2016; emphasis added). Whereas another participant, when questioned about whether she explicitly went looking for documentary evidence to support her work, stated that she was "constantly looking for that thing that will

[56] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 7, interview, 5 May 2016; Participant 10, 27 June and 5 July 2016; Participant 14, 16 June.
[57] Participant 8, interview, 16 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 1 September 2016.
[58] Participant 7, interview, 5 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 16, interview, 20 July 2016.
[59] Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 8, interview, 16 May 2016; Participant 16, interview, 20 July 2016).
[60] Participant 2, interview, 22 March 2016; Participant 4, interview, 11 April 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 11, interview, 31 May 2016; Participant 14, interview, 30 June 2016; Participant 19, interview, 15 September 2016.
[61] Participant 1, interview, 21 March 2016; Participant 9, interview, 27 May 2016; Participant 11, 2016; interview, 31 May 2016; Participant 13, interview, 10 June 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

support what I'm trying to do. Absolutely" (Participant 9, interview, 27 May 2016). People implementing breastfeeding programs in Victoria therefore explicitly draw on a wide complex of documents, which is used omnivorously in developing policies and programs.

However, while the actors involved in implementing breastfeeding programs can be said to be "implementing" these documents, the quotes from participants above indicate this is not a straightforward, strictly linear or one-way process. The complexity of what actually constitutes implementation in this context is down to two interconnected factors. The first of these is that the implementers of breastfeeding programs are not merely implementing a specific policy document or decision: they are not even implementing a *document* per se. Instead, the implementers of breastfeeding programs are implementing a *set of ideas* that is contained within the complex of breastfeeding documents described above.

Secondly, the transmission of ideas does not go in a single direction from policy documents to policy programs. Instead, programs tend to emerge out of non-documentary origins, and *refer back to* the breastfeeding documentary complex, as implementers go searching for support or *ex post* justification. The following paragraphs will briefly address these issues before this chapter goes on to describe other important aspects of the breastfeeding policy subsystem.

To address the first of these issues, while participants did draw on this body of documents when developing and implementing breastfeeding policies and programs, their inspiration for creating those policies and programs did not necessarily arise out of the documents themselves[62]. The motivation for putting in place breastfeeding policies and programs emerged not out of any specific document or combination of documents, but out of *a knowledge of the ideas contained within the network of breastfeeding documents*. More specifically, participants in this research identified that their motivations for implementing breastfeeding programs arose out of a complex interaction of self-ideation, ideas about breastfeeding, the requirements of professional roles, and the act of positioning oneself and one's role within shared ideas about breastfeeding.

While an implementer of breastfeeding programs might cite the principles of the *Innocenti Declaration* as support in building a proposal to her management for putting in place a breastfeeding clinic, she would not be putting that clinic in place to *implement the Declaration*

[62] As described by Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 4, interview, 11 April 2016; Participant 6, interview, 4 May 2016, Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 11, interview, 31 May 2016; Participant 13, interview, 10 June 2016; Participant 14, interview, 30 June 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

(example from interview with Participant 19, interview, 15 September 2016). Further, the *Innocenti Declaration* might not even be her primary source for those ideas – instead the practices of the breastfeeding clinic might be developed with reference to the *Victorian Guidelines*, drawing on evidence and policy advice from a range of supplementary research and policy documents (ibid.). However, given that the ideas set out in the *Victorian Guidelines* and other research and policy documents all repeat and reinforce those set out in the Innocenti Corpus, it would be fair to say – as, in this example, the participant did – that the Innocenti Corpus "[sat] at the back" of their work (ibid.). Because of this, it is more accurate to argue that the ideas reified within the body of breastfeeding documents, rather than institutionalised compulsions around the documents themselves, motivated the implementation of breastfeeding policy.

On top of this, however, the process of how policy documents were interwoven with the development of program development in an 'implementation process' demonstrated additional complexity. Firstly, the interweaving of documents and program implementation takes a further step into intricacy when the program being implemented is the development of a new policy document, whether an organisational strategic statement on breastfeeding, or an internal guideline on professional practice[63]. In these cases, where the practices performed by implementers in their professional roles revolve around the production of documents, the inter-referencing between documents becomes constantly reiterative; in some cases, the content of one or more documents within the breastfeeding policy corpus is literally transposed into a new one.

Yet further complexity in the interactions between documents, and between documents and practice, was suggested by the use of organisational practice guidelines. This category of documents functioned somewhat differently from other documents in the processes of implementing breastfeeding policy. Whereas other documents were used to modify the general trajectory of behaviour, organisations' in-house professional guidelines were used very explicitly to direct professional behaviour once a particular course of action was indicated[64]. For instance, the Royal Women's Hospital issued internal policies related to a number of breastfeeding-related issues such as mastitis or children's tongue ties and provides clear decision-making paths for staff when confronted with specific medical issues[65].

[63] Examples described by Participant 2, interview, 22 March 2016; Participant 6, interview, 4 May 2016; Participant 9. interview, 27 May 2016; Participant 13, interview, 10 June 2016.
[64] Participant 6, interview, 4 May 2016; Participant 11, interview, 31 May 2016; Participant 15, interview, 20 June 2016; Participant 19, interview, 15 September 2016.
[65] This information was provided by a few different participants but they have not been referenced here to avoid identification.

This survey of the corpus of 'breastfeeding policy documents' shows just how difficult it is to say exactly what comprises breastfeeding policy in Victoria, and the complexity of what it means to say that breastfeeding policy is 'implemented' by individuals and organisations. It is difficult to delimit what documents can be included within the category of breastfeeding policy documents; it is difficult to determine in any empirical example which if any of these documents is being implemented; it is difficult to detect all the different ways in which documents are involved in implementation; and, perhaps most of all, it is difficult to generalise about how implementation happens given the layers of complexity in the empirical situation. However, what is equally clear from this review is that the complex of breastfeeding policy documents is intricately interwoven with the development and execution of programs to support breastfeeding.

4.4 Breastfeeding policy processes

This final part of the sketch of the Victorian breastfeeding policy subsystem will outline two institutionalised processes key to the functioning of the subsystem: data collection processes, and the BFHI accreditation processes. These processes are both quality control processes, aimed at monitoring breastfeeding rates and standardising breastfeeding services, respectively.

To begin, this section will address the processes for collecting data about breastfeeding in Victoria, which are linked to data collection processes in both Australia and the United Nations. UNICEF's Ten Steps framework for implementing the *Innocenti Declaration* asserts that state parties to the Declaration must report to it on breastfeeding rates and efforts made to improve breastfeeding rates within their jurisdictions (BFHI, 2017). The requirements for data generation not only set out the nature of the data to be collected, but also how state parties should go about collecting it:

> All governments should develop national breastfeeding policies and set appropriate national targets… They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.
>
> (UNICEF, 2005)

Representatives of the Australian Government report regularly to UNICEF, and employ a complex systems of institutions and organisations within and outside government to do so (Participant 16, interview, 20 July 2016). Under the authority of the expired *National Strategy*, the

Australian Government developed a national set of indicators for breastfeeding via workshops held by the Australian Institute of Health and Welfare, an Australian Government agency that produces health and welfare statistics (AIHW, 2011, 2017). While the indicators were developed to gather data under the terms of the *National Strategy*, the indicators were explicitly framed with reference to indicators developed by the World Health Organisation in 2008 (AIHW, 2011).

The current data generation system obtains data on breastfeeding from several sources – which is one of the reasons creating a standardised system of data generation is so important[66]. As mentioned above, the AIHW gathers some of this data through the Australian National Infant Feeding Survey (AIHW, 2011).

In Victoria, additional data on breastfeeding rates is collected through breastfeeding services, specifically at organisations that provide birthing services such as maternity hospitals, and through the MCHS[67]. For each birth in Victoria, these data are submitted amongst a range of other indicators to DHHS[68]. A parallel data generation process is run through DET. Data is collected by MCH Services in all municipalities across the state using standardised documents containing standardised data terms (see DET, 2017e). The data is published yearly by DET in the MCHS annual reports, which are available online (DET, 2017d, 2017e).

The Victorian Government collates these two data streams and reports on them to the Federal Government through the Australian Health Ministers' Council structures described earlier in this chapter (Participant 16, interview, 20 July 2016). The Australian Government then collates the data from all states and territories, and reports on it to UNICEF through standardised reporting processes (ibid.). The United Nations then publicly reports back on the performance of state parties through institutionalised processes such as UNICEF's Innocenti Report Card process (Office of Research – Innocenti, n.d.), and the WHO-UNICEF Global Breastfeeding Scorecard process (WHO/UNICEF, 2017). Targeted recommendations for member-states to improve their performance related to rates of breastfeeding are transmitted back to the Australian Government (Participant 16, interview, 20 July 2016).

This makes clear that the processes of data collection in the Victorian breastfeeding policy subsystem is not actually contained *within* that subsystem. Instead, it intersects with a range of

[66] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 5, interview, 21 April 2016; Participant 13, interview, 10 June 2016; Participant 14, interview, 16 and 30 June 2016.
[67] health.vic, 2017; see also interviews with Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 15, interview, 20 June 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 1 September 2016.
[68] DHHS, 2017b; see also interviews with Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 7, interview, 5 May 2016.

other policy subsystems: the Australian breastfeeding policy subsystem, the breastfeeding policy subsystems of the other Australian states and territories, the United Nations breastfeeding policy subsystem, and indirectly those of other countries. Further, responsibility for effecting implementation is diffused among those actors. While there are certainly points of authority where one organisational actor can demand action from another actor – such as UNICEF being able to censure nation-states for not doing enough to realise the Ten Steps, or DET being able to demand data from local governments' MCH Services – in reality the repercussions of failing to accord with these processes are not at all severe[69].

The final section of this empirical description of the Victorian breastfeeding policy subsystem will describe the second major process with which it intersects: the Baby-Friendly Hospital Initiative (BFHI) (see BFHI, 2017; RWH, 2006; WHO/UNICEF, 2009; WHO et al, 2009). The BFHI was established by WHO and UNICEF in 1991 following the release of the *Innocenti Declaration* (WHO, 2017a). It comprises a multi-pronged initiative aimed at supporting or pressuring state parties to the Declaration to implement the Declaration, focusing on changing practices and policies within health organisations to align with the principles of the Declaration (WHO, 2017a; WHO/UNICEF, 2009; WHO et al, 2009).

Since the program's inception, WHO and UNICEF have released an enormous number of documents aimed at helping state parties make their hospitals "baby friendly", including tools for monitoring and assessing implementation of the BFHI; fact sheets about breastfeeding and how to support it; reports on what state parties have done to implement the BFHI; and so on (see list of documents at WHO, 2017d, and also WHO 2017e). One of the most prominent of the United Nations documents on breastfeeding is the *Ten Steps to Successful Breastfeeding*, a statement laying out a framework for how "Every facility providing maternity services and care for newborn infants" should support breastfeeding (UNICEF, n.d.-b).

Additionally, the *Ten Steps* and implementation of the BFHI are closely linked to the WHO's *International Code of Marketing of Breast-milk Substitutes* (the WHO Code) (WHO, 1981b; for more information see ACM, 2017f). The Who Code aims to protect the act of breastfeeding and encourage the appropriate use of milk substitutes through a range of measures directing how to control the marketing, labelling and quality of infant formulas, focusing on how information should be directed at different audiences such as mothers, health organisations, formula companies, and so on (WHO, 1981b). Several of the planks of the BFHI's *Ten Steps* link closely to the WHO Code: most obviously Step Six ("Give newborn infants no food or drink other

[69] Participant 10, interview, 27 June and 5 July 2016; Participant 16, interview, 20 July 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

than breast milk, unless medically indicated"), but also Steps One, Two, Three, and Nine (UNICEF, n.d.-c)_.

While the *Ten Steps* have been enormously influential on actors in the Victorian breastfeeding policy subsystem, this has not been through the direct involvement of UNICEF in the BFHI. As an early part of implementing the BFHI, UNICEF developed training processes for staff at maternity facilities; UNICEF itself originally trained personnel to help roll out BFHI and the *Ten Steps* at maternity facilities in member states, but shifted to training individuals from different nations who were then commissioned to train new personnel in their home countries[70]. The UNICEF-trained personnel specifically trained other individuals to conduct assessment of maternity facilities within the *Ten Steps* framework set out by the UN (ibid.). UNICEF has completely moved out of the governance of running the BFHI in Australia, and since the 1990s the process has been managed by the ACM (ACM, 2007; 2017b).

The ACM coordinates the BFHI in Australia, having a specific policy manager assigned to the role who reports to a generalist midwifery policy manager[71]. The BFHI has an advisory committee comprising representatives from across the Australian breastfeeding policy subsystem, including a representative from UNICEF[72]. ACM supplies generalist information about the BFHI on its website, as well as information about a specialist BFHI process for paediatric hospitals, the WHO Code, and a number of multimedia resources on BFHI (ACM, 2017b, 2017c, 2017d, 2017e, 2017f, 2017g). The information on its website provides a clear guide to the BFHI process for maternity facilities, dividing the process into steps including applying for assessment, the assessment itself, and the assessment outcome; and also provides links to information packages for specific types of facility (ACM, 2017d).

Once organisations have decided they wish to undertake BFHI assessment, they apply directly to the ACM's BFHI manager (ACM, 2017d). Once the application is approved, a team BFHI assessors will spend two days at the organisation assessing the organisation against the BFHI criteria; after that the team will send its recommendations to the BFHI Manager, who will advise the organisation whether or not they meet the criteria (ibid.). If the criteria are met, organisations are provided with certification that they are Baby Friendly, which they may use in marketing materials (ibid.). If the criteria are not met, an organisation will be provided with a list of criteria where they failed, with recommendations as to how to meet these criteria and a time frame for implementing the recommendations (ibid.). The organisation will then be provided with the

[70] Participant 2, interview, 22 March 2016; Participant 5, interview, 21 April 2016; Participant 11, interview, 31 May 2016.
[71] Information supplied during interview; reference to specific interview not noted to protect participant confidentiality.
[72] Information supplied during interview.

opportunity for a partial reassessment on the failed criteria (ibid.); participants reported that it was very unlikely that an organisation would fail the partial reassessment[73].

The costs of BFHI accreditation vary according to the size of the organisation being assessed (Participant 11, 2016); however, one participant, who worked at a large maternity hospital and had previously worked as a BFHI assessor, estimated that it would cost "about $10,000" for an organisation of that size to be assessed (Participant 7, interview, 5 May 2016). Several participants who had advocated strongly for BFHI accreditation within their organisation noted that senior management had expressed reluctance to undergo accreditation in case the organisation did not meet criteria and the money was completely lost[74].

The ACM receives no external governmental funding specifically to run the BFHI accreditation program, instead funding it through members' dues and the fees paid by organisations seeking accreditation (Participant 11, interview, 31 May 2016). Additionally, when queried about whether the costs of BFHI accreditation were reasonable, participants stated that they thought the fees charged were fair[75], with one participant noting that assessors were only paid a few hundred dollars for each day's work. While assessors are paid by ACM to undertake accreditation, they are not employees of ACM, and have traditionally become involved in the process due to a personal interest in encouraging breastfeeding[76].

It is entirely up to maternity facilities and other organisations whether or not they opt in to the UN-mandated system of standardising the quality of breastfeeding services – and the numbers of organisations opting in is flat-lining[77]. Where hospitals do seek BFHI accreditation, it is usually due to the lobbying of a few staff members. In general, however, outside of specific staff members there is not a huge motivation among health organisations to undertake BFHI, meaning that services for supporting breastfeeding are generally not standardised across Victoria.

This description of these two major processes constitutes the final element of this thesis's description of the Victorian breastfeeding policy subsystem. Overall, it can be seen that the subsystem comprises a series of overlapping networks of individuals and many types of organisation, where individual actors usually occupy multiple roles – both professional and

[73] Participant 2, interview, 22 March 2016; Participant 7, interview, 5 May 2016; Participant 11, interview, 31 March 2016; Participant 15, interview, 20 June 2016.
[74] Participant 4, interview, 11 April 2016; Participant 5, interview, 21 April 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 15, interview, 20 June 2016.
[75] Participant 2, interview, 22 March 2016; Participant 7, interview, 5 May 2016; Participant 15, interview, 20 June 2016.
[76] Participant 2, interview, 22 March 2016; Participant 7, interview, 5 May 2016; Participant 9. interview, 27 May 2016; Participant 11, interview, 31 May 2016.
[77] Participant 7, interview, 5 May 2016; Participant 11, interview, 31 May 2016; Participant 12, interview, 9 June 2016.

personal – making the interrelationships between individuals and organisations extremely complex. Further, these networks intersect with a notional vertical structure comprising the various levels of government, within which only a relatively small amount of the work of implementing policy actually gets done. Both the vertical structure of the levels of government and the horizontally intersecting networks are further entangled in a number of processes, most notably the BFHI and data collection processes.

The following and final section of this chapter will now draw together several empirical aspects of the case study to clarify what is meant by the claim that there is a 'lack' of formal institutions in the Victorian breastfeeding subsystem.

4.5 What constitutes 'few formal policy institutions'?

The research question for this thesis asks, *what is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria*? Chapter 4 has set out an empirical description of the case study of the Victorian breastfeeding policy sector, defining its scope in terms of Sabatier's concept of the 'policy subsystem', and describing in detail the actors, processes, and documents which together comprise that subsystem. The discursive institutionalist analysis of the case study set out in Chapters 5 and 6, which aims to answer this question in full, will be based on this chapter's description of the case study.

Before undertaking that analysis, however, this final section of Chapter 4 will clarify in exactly what sense the Victorian breastfeeding policy subsystem exhibits 'few formal policy institutions'. This discussion will proceed by using Hajer's concept of "institutional voids" (2003) as a heuristic lens for clarifying what it means to say a policymaking environment lacks institutions.

Preceding sections of this chapter have demonstrated that the breastfeeding policy subsystem in Victoria is not a formally coordinated system where the various elements of policy machinery work together seamlessly. However, this does not mean that there is are *absolutely no* institutions in the case study. This chapter has determined that there are several political and policy structures in the Victorian breastfeeding policy subsystem. Specifically, there was what could be called a classical, public administration-style vertical hierarchy of levels of government (as in Lasswell, 1970) comprising local, state, national, and international governments. However, previous sections of this chapter showed that this vertical governmental hierarchy intersects with various networks of actors comprising health workers, staff at NGOs, academics, and other parties interested in breastfeeding policy. What this means is that much of the work of

implementing breastfeeding policy occurs outside the direct control of formal institutions, at least as institutions are more usually conceptualised in political science (see for example discussion in Peters, 2005).

The analysis shows that there are a few key formal, dedicated policy institutions in the Victorian breastfeeding policy subsystem: the data collection and BFHI processes, and the MCHS. However, these institutions do not have the power to pressure or sanction should individuals or organisations not fulfil the requirements of their roles. The result of this is that the subsystem is characterised by a sort of inertia, where in most cases programs are developed or changed or pushed through because of the advocacy of highly motivated individuals.

The scholar of transnational politics Maarten Hajer has identified the sort of political or policymaking environment characterised by a lack of institutions as the *institutional void* (Hajer, 2003). The institutional void typifies the sort of policymaking to be found in transnational contexts, where policymaking occurs in:

> …polycentric networks of governance in which power is dispersed… action takes place in an 'institutional void': there are *no clear rules and norms according to which politics is to be conducted and policy measures are to be agreed upon. To be more precise, there are no generally accepted rules and norms according to which policy making and politics is to be conducted*.
>
> (Hajer, 2003, p. 176; emphasis added)

Hajer elaborates further about what institutional voids look like:

> The idea of policy making in an institutional void proceeds from the premise of a discrepancy between the existing institutional order and the actual practice of policy making. This discrepancy can be illuminated with a distinction between *classical-modernist* political institutions on the one hand and *new political spaces* on the other. Classical-modernist institutions are here defined as codified arrangements that provide the official setting of policy making and politics…: representative democracy, a differentiation between politics and bureaucracy, the commitment to ministerial responsibility and the idea that policy making should be based on expert knowledge. New political spaces, then, refer to the ensemble of mostly unstable practices that emerge in the struggle to address problems that the established institutions are – for a variety of reasons – unable to resolve in a manner that is perceived to be both legitimate and effective. Here we may think of the activity of consumer organizations, the role of NGOs in

> agenda setting and in monitoring the implementation of treaties and also the surprising role of non-political actors like designers in creating the preconditions for a good deliberation.
>
> (2003, p. 176; emphasis in original)

Hajer's (2003) explanation aptly characterises the Victorian breastfeeding policy subsystem. The most common institutions in the case of the Victorian subsystem are precisely the type that this second longer quote indicates are still present in institutional voids: large macro-political structures such as representative democracy. The other types of policy institution apparent in the Victorian subsystem are either *emergent institutions* – the sorts of "unstable practices" undertaken by para-governmental actors such as NGOs – which are also included within Hajer's definition of the institutional void; or else the sorts of semi-empty or *empty institutions* described above, where norms exist but they may or may not be followed by actors, and there are no particularly forceful compulsions driving actors to follow them. The Victorian breastfeeding policy subsystem, then, represents an empirical case where policy institutions are either macro-political and social structures carrying over from the Australian polity, or else mostly institutions that only weakly influence behaviour.

However, what is more important is that Hajer's concept can be used in this research as a heuristic tool. Characterising the case study as an institutional void allows this research to ask: if formal policy institutions are not compelling policy implementation, then what is? Are there institutions operating in the case study that differ from how institutions are conventionally conceived in the policy literature? Or is a different element of social behaviour more important in driving policy implementation in the case study? This thesis's research question has posed an answer to the first and third of these questions by framing this research as an investigation into the role of discourse in policy implementation in 'institutional voids'. Further, using a discursive framework, Chapter 5 will explore the second question, showing that institutions not traditionally seen as 'political' or as 'policy' institutions (and perhaps not always seen as institutions at all) are functioning as institutions in the case study.

This chapter has accordingly set up a thick description of the case study; pinpointed exactly what the research question is asking when it asks about 'few formal policy institutions'; and clarified what that phrase means in the context of the case study. The following two chapters will now present the findings of a discursive institutionalist analysis of the implementation of breastfeeding policy in Victoria, with the aim of showing how discourse produces policy implementation in an empirical context characterised by a lack of formal policy institutions.

Chapter 5: Thinking and Speaking Institutions

The institutional-agential dialectic in policy implementation

5.1 Introduction

This chapter and the following one present the findings of the data analysis. The previous chapter showed that the Victorian breastfeeding policy subsystem is a case of a policymaking environment with a paucity of formalised institutions. The theoretical analysis in this chapter uses Schmidt's discursive institutionalism to explore the role played by discourse in policy implementation in a context where there are few formalised institutions. The theoretical analysis is broken into two chapters. This chapter focuses on understanding how the institutional-agential dialectic, which is at the centre of Schmidt's model of policymaking, produces policy implementation in the Victorian breastfeeding subsystem. Chapter 6 then focuses on understanding how the institutionalised relationships between groups of actors produce intertwined meanings and power relations that discursively constitute the breastfeeding policy subsystem, and shape how breastfeeding policy is implemented.

As described in Chapter 2, the discursive institutionalist model of policymaking has at its core the dialectic of agency and institutions, which produces both policy decisions and policy implementation (for a description of the model in full, see Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018). Discursive institutionalism holds that this dialectic is mediated by discourse, which is conceptualised as being constituted by three tiers, ideas, texts and contexts (ibid.). In section 5.2 the theoretical analysis begins by examining how agency operates in the case study. That section finds that participants describe their actions in terms of speaking and thinking, even where the actions they perform might not be considered as such; and it is argued that this demonstrates that participants understand their agency as being exercised discursively. Section 5.3 then argues that this discursive exercising of agency is dependent on agential *self-cognisance*, or with an awareness of oneself as an actor acting.

Having described how participants understand their agency, in section 5.4 the chapter turns to describing what institutions look like in the Victorian breastfeeding policy subsystem , returning to an idea discussed in Chapter 4: that what represents institutions in the case study are 'policies' constituted by networks of ideas embedded across networks of texts. Using discursive institutionalism, this chapter investigates the role played by these text-networks in effecting the implementation of breastfeeding policy, which primarily occurs through the institutions

necessitating a cascade of specified actions. This chapter also argues that in the Victorian breastfeeding policy subsystem professional roles constitute institutions; that like the policy-institutions these role-institutions are ideational clusters reified across text-networks; and that role-institutions also necessitate cascades of actions.

Section 5.5 begins to put the two arms of the institutional-agential dialectic together by discussing how the discursive institutionalist bifurcation of agency in background ideational abilities and foreground discursive abilities manifests in the case study. Following from this analysis, section 5.6 describes how foreground discursive abilities actually work through a mechanism of *multiplicity of roles*, where agents who can access the possibilities of agency constituting different institutions within a specific context can creatively recombine those possibilities. Section 5.7 makes this chapter's final point about how the institutional-agential dialectic functions by describing that the cascade of actions necessitated by institutions takes the form of a *sequencing of agency*, and it is this arrangement of the possibilities of agency into sequences that comprise the influence of institutions on agency.

Having discussed agency, institutions, and their mutually constitutive relationship, this chapter concludes by returning to the research question: *what role does discourse play in policy implementation in institutional voids*? Section 5.8 returns to Hajer's (2003) concept of the institutional void to answer by saying that the case study is filled with multiple institutions, but that they are not necessarily traditional political/policy institutions, and their new role as institutions is produced discursively.

5.2 Agency is exercised discursively

One of the core precepts of discursive institutionalism is that agency – or the capacity to act – is conceptualised primarily as the ability to think and speak (Schmidt, 2008, 2011). Speaking, following the Foucauldian origins of discursive institutionalism, is conceptualised in the wider sense of making *statements*, and thus includes writing, or the making of written statements (ibid.; see also Fairclough, 1992; Foucault, 1994; Meyer, 2001; Wodak & Fairclough, 1997). Other theorists have extended discursive statements to include meaningful images, symbols, moving images, and so on (see Morgenson & Phillips, 2002), although Schmidt does not explicitly use the term in this sense.

As described in Chapter 3, the discursive institutionalist concept of agency was carried over to data processing as a deductively derived category. In the development of the final list of analytical categories, the category of 'agency' was matched up against a number of themes which

emerged inductively during data processing, including notions about the distinctions between actors' roles; the multiplicity of actors' roles; the proactive nature of agency; the self-cognisance of actors *as* actors when acting; and the distinction made by participants between acting as an individual and acting for an organisation. On the face of it these themes do not particularly suggest that agency was of a discursive nature – that is, thinking or speaking – when exercised by participants. A closer look at the data indicates, however, that the exercising of agency by participants is both frequently discursive in nature and also acknowledged as such in a self-aware manner.

A quotation from an interview with a participant, coded during data processing under the category of 'distinction between roles', makes this clear:

> I call them my props[78], but when I wear them they remind me that I'm *speaking* with a specific *voice*. So if I'm *speaking* as an A[ustralian] B[reastfeeding] A[ssociation] counsellor I'm not giving medical advice. I'm *talking* to someone as a mother, or as a community member, or as a father. If I'm wearing my I[nternational] B[oard] C[ertified] L[actation] C[onsultant] badge I'm *speaking* to them as a health professional. If I'm wearing my B[aby] F[riendly] H[ospital] I[nitiative] badge – which I do have here – or lanyard – I'm *speaking* to them as a baby-friendly health educator and assessor, and I'm going to *talk* to them about where they're meeting the 10 Steps, where they're not meeting the 10 Steps, and what they can do to improve their ability.
>
> (Participant 1, interview, 21 March 2016; emphases added)

Here the participant is describing her work in three different roles – as an Australian Breastfeeding Association (ABA) counsellor, a lactation consultant, and a Baby Friendly Hospital Initiative (BFHI) assessor. In describing her work, the participant actually uses the stereotypically Foucauldian term "speaking" (Foucault, 1977), collapsing all her actions in her work into that term. Much of her work would involve speaking to others, especially in her role as a counsellor – but her work would also involve non-textual (or contextual) actions: for example, lactation consultants need to physically help their clients, and BFHI assessors undertake such physical tasks as visiting hospitals. This participant, therefore, explicitly framed her agency as someone involved in the Victorian breastfeeding policy subsystem in explicitly discursive, specifically textual terms.

Other participants also tended to describe taking action *generally* in terms of thinking and speaking. One participant, working as an ABA counsellor, midwife, nurse, and lactation consultant,

[78] By 'props' this participant meant different cards representing her various professional roles, which she brought to the interview; see further discussion below.

characterised her work as "speaking to" or "having conversations with" other actors in her field (Participant 9, interview, 27 May 2016). Other participants in policy-focused roles emphasised the writing in their work as much as the talking: during interviews they tended to delineate tasks in their roles in terms of developing and producing documents, with quite complex political processes often being reduced to being described in terms of their documentary outputs[79]. However, participants more in 'hands-on' or 'coalface' roles such as nursing and lactation consultancy frequently also described their work in discursively oriented terms. For instance, one participant – a paediatrician, lactation consultant, researcher, and BFHI assessor – related that:

> We also have involvement in that the midwives will *ask* us to come and *speak* with women who will be resting on the antenatal ward, because they have some reason that their pregnancy is likely to end prematurely. So there's various reasons that we would go and *talk* with them. We are invited to *talk* with them, invariably we are *asked* by the midwives if we'll go and *talk* to the patients and then we have to chase our obstetric colleagues to *say* well actually we'd just like to know what the obstetric plan is for this child or for this mother shall I say, for this woman so we can make sure we're following them. And have some synchrony with what the obstetric people are *saying* yeah.
>
> (Participant 7, interview, 5 May 2016; emphases added)

Here a multitude of interactions among different health professionals and their patients are almost exclusively described in terms of speaking to each other. This is most striking in the interactions between midwives, paediatricians and obstetricians and their patients. These interactions, even more than those between professional colleagues, would involve a number of actions which specifically deal with the patients' embodied, non-textual experiences: visiting patients on the ward; giving them medications; measuring their vital signs and other indicators of bodily state; handling their babies; helping them position their babies during feeding; and so on. Even agency directed towards affecting the state of the human body, therefore, is described in textual – that is discursive – terms.

Again, not all the work described by participants across all the interviews was framed as 'speaking' or 'writing' or 'thinking'. Of course, the discursive institutionalist conceptualisation of agency includes the contextual as well as the ideational and the textual, so these actions, although described in non-ideational and non-textual terms, might also be considered to be part of discourse (Schmidt, 2008, p. 305). However, what was noticeable among participants was the

[79] Participant 10, interview, 27 June and 5 July 2016; Participant 12, interview, 9 June 2016; Participant 16, interview, 20 July 2016.

preponderance of using ideational and textual terms to describe actions – that these words tended to be used to describe agency more than others. Further – and perhaps most tellingly – participants used ideational and textual terms to describe activities that did not or only partially actually constituted thinking, speaking or writing, thereby framing all their agency within those terms.

In the Victorian breastfeeding policy subsystem, therefore, it can be seen that the exercising of agency is understood by the actors in the subsystem as being *discursive in nature*, and primarily, at least in participants' conscious thought, *ideational and textual*. Additionally, the ways in which participants spoke about actions in ideational and textual terms in preference to contextual terms suggests that there is some sort of prioritising of the ideational and the textual over the contextual within discourse, or at least that the former two tiers of discourse operate in distinction to the latter. How participants described their work in contextual terms during interviews, and the nature of the distinction between the ideational and textual on the one hand, and the contextual on the other, will be discussed further in Chapter 6.

5.3 Self-cognisance

One of the thematic categories which emerged during coding was 'self-cognisance'. This theme refers to comments made by participants about their awareness of themselves *as actors* when going about their work, which could manifest in a variety of ways. The most obvious example of this theme constituted participants talking about the roles they occupied and how they defined them. The various and overlapping professional roles occupied by participants were a major theme in the data, structuring how participants thought about their work, how they thought about the policymaking landscape, and how they thought about themselves.

A clear example of this was provided in the quote from Participant 1 (interview, 21 March 2016) in section 5.2 talking about her 'props': where the participant brought along three lanyards representing her roles as, respectively, an ABA peer counsellor, an ICBLC-trained lactation consultant, and as a BFHI assessor, and would take put on and take off her lanyards when speaking from the perspective of each role. This example was particularly stark, given that the participant had reified each of her roles in a portable object which acted more or less as a costume, or as the synecdoche of a costume.

More usually, participants simply spoke of being aware of the roles from within which they acted, as in the following example, of a midwife and nurse describing where her inspiration came from to make changes to breastfeeding services at the hospital where she was employed:

> Sitting there as a mum, with a baby spewing on my shoulder and a toddler crawling up my leg… as a midwife I found it very interesting to sit there, listening to women talk about their experiences in hospital and their perceived experiences of what the midwife said and what the doctor said. So I was taking a lot of that, and then when I went back to work after maternity leave, I was taking a lot of those comments back to work, and saying, "This is not right. We have to change the way we do this, because the mothers don't like it." Or, "That's not helpful." Or "They're misunderstanding what we're saying when we say this."…So that's why I say the whole Nursing Mums [ABA] aspect of my life has really enhanced my professional life, tremendously. I've got to give it a lot of credit – credit where credit's due – it didn't come from medical professional backgrounds; it came from Nursing Mums.
>
> (Participant 9, interview, 27 May 2016)

Here the participant describes herself, firstly, as being a new mother yet considering her experience from the perspective of a midwife; and then secondly acting as a midwife yet considering experience from the perspective of a mother. The participant shows a very high level of self-objectification or awareness of herself as an actor playing different roles. This participant is not only self-cognisant of herself as an actor/agent, but also as an actor simultaneously occupying alternative subject positions or roles; and is self-cognisant to the extent that she can juggle the perspectives of these multiple roles at once. That is, while acting as a mother and being aware of herself acting as such, she is also aware of herself as a midwife, even if strictly speaking she is not at the moment working in that role. Further, she is also aware of the perspective of the other women in her Nursing Mothers' group speaking from their perspectives as mothers, and discussing their perspectives of their doctors' and midwives' perspectives. The participant is sufficiently adept at juggling these different perspectives that while acting as a mother she can absorb the experiences of another woman speaking as a mother and apply them theoretically to problems she previously encountered working as a midwife. This shows the participant demonstrating extremely high competence at exercising agency self-cognisantly, involving as it does multiple levels of awareness and the awareness of multiple characters.

Another notable aspect of this quotation is the participant's use of reported dialogue to portray the process of making changes to workplace processes to develop better breastfeeding services. The participant depicting her activities in terms of dialogues or short plays represents another form of self-cognisance: she was so aware of herself as an objectified self (or selves), as playing out roles, that she portrayed herself quite explicitly *as an actor*. And following from the point made in the previous paragraph, the participant's projecting herself as an actor following a script interacting with other actors indicates an extremely sophisticated level of competence both

in occupying different subject positions, and in her post-hoc use of linguistic – that is, discursive – strategies in describing her actions. This participant was not the only one to describe her experiences of implementing breastfeeding policy in terms of plays or mini-dialogues, and this point will be returned to later in this chapter.

A necessary corollary of participants in both of these examples being able to distinguish so clearly between acting from within different roles is that they are also self-cognisant that *there are multiple roles they can occupy*. This points to discussion of a final aspect of the self-cognisance of participants exercising agency in the case study: that, as well as being aware of multiple roles, and of themselves as acting from within those multiple roles, participants are aware of the way these roles are organised into a total system or policymaking environment. Participants were aware of their roles as just a few within a system of interrelated roles, most professional, but also involving semi-professionalised and non-professional roles such as ABA volunteers, mothers, and patients. The following quotation shows the way in which one participant located her various roles within a complex professional environment:

> Here at the [University Research] Centre I'm a principal research fellow … My funding actually comes from NH&MRC[80]. I have a career development fellowship … So that's kind of what I do here but at the same time I kind of jump around from one thing to another because I'm a GP. So I work one day in a general practice; a medical one at [a commercial] building, where I see women with breastfeeding problems. So mothers and babies are referred to me from around Victoria with… medical problems that they need to see a doctor for. So that's Tuesday… On a Friday afternoon I work at the [Public] Hospital. So I've a position there as medical officer for the breastfeeding service …
>
> I have other roles, I guess, with the [NGO], I'm involved in policy … So …when we revised it a few years ago it got so long that they said, "You need to have a background paper and then the policy." So the background paper hadn't been revised for a few years so I've been trying to revise the background paper and the policy needs to be revised… So the [Professional Organisation] is an organisation for doctors. So I'm chairing the abstract committee for that, so judging abstracts for a conference… So they write policy, well, it's not policy, it's, like, protocol, like, clinical protocols. So I'm the …editor of the [Independent Academic] Journal. So I started that 10 years ago or so. That kind of has other policy implications too. But

[80] National Health and Medical Research Council; see also Chapter 2.

> as I said, I don't think of myself as a policy person. I'm more practical but, yeah, I sometimes struggle with policy, like, what is policy? [81]

This quotation clearly demonstrates the variety of both individual and organisational actors involved in the Victorian breastfeeding policy subsystem, and the complexity of their interactions. It also shows what a clear grasp the participant needs to have of the complexities of the subsystem: the distinctions between the different types of organisations; the different roles both within and outside them; the different funding streams attached to roles and the responsibilities each entails; the types of work attached to different roles; and the different clients she will see in different roles. In describing this complex system, the participant uses the structuring narrative device of days of the week, linking how she spends each day to who pays her for her work on each day. Several participants used hours paid as a device to describe how their work was split up into various roles[82]. This very much reinforces that participants see themselves as occupying specified roles, which in this case can be defined by the terms of employment contracts – that is, by texts.

The self-awareness of actors as occupying certain roles, and of their concomitant awareness of the place these roles occupied within the policymaking subsystem, appears related to another theme that arose during inductive analysis and which was eventually merged into the 'agency' category – "individual versus organisation". The meaning of this category is fairly straightforward, referring to comments made by participants that took care to distinguish their actions as an individual from their organisational context. These comments usually concerned situations where individuals were acting proactively to implement breastfeeding policies and programs, in the face of organisational apathy, inertia, reluctance, or hostility – although the code was also applied to comments referring to situations where individuals persuaded organisations to support new initiatives[83]. The following quotes give an indication of how aware participants were about the disjuncture that could exist between individuals' goals and behaviours and those of the organisations for which they worked:

> If you went to any hospital, they would have the belief that they have got the patient at the centre of it… It's whether they really live it out. You're just not allowed to write policies or procedures that don't really have the best interests of

[81] Extract redacted and not referenced to prevent identification of participant.
[82] Participant 4, interview, 11 April 2016; Participant 5, interview, 21 April 2016; Participant 6, interview, 4 May 2016; Participant 7, interview, 5 May 2016; Participant 13, interview, 10 June 2016; Participant 15, interview, 20 June 2016.
[83] Referred to by Participant 2, interview, 22 March 2016; Participant 6, interview, 4 May 2016; Participant 8, interview, 16 May 2016; Participant 11, interview, 31 May 2016; Participant 12, interview, 9 June 2016; Participant 13, interview, 10 June 2016; Participant 15, interview, 20 June 2016; Participant 16, interview, 20 July 2016; Participant 19, interview, 15 September 2016.

> the patient in there but it's how you deliver it. [Hospitals] would all say, if you went to Wangaratta, Warrnambool or Bairnsdale and said, "Would your policies have the patient at the centre?" and they'd say, "Well, of course we do, we're in health." It's actually how individuals do that. You know that you need to be respectful to people, you know that you should always introduce yourself, you know that you should always ask permission, you know that. However, individuals within health sometimes comply with that better than others.
>
> (Participant 2, interview, 22 March 2016)

> In the past our administration has been supportive of us achieving baby friendly hospital status and so we have achieved that twice. However currently it's not a focus of our administration, because they believe that we're doing a good enough job and that cost of actually pursuing accreditation, which those of us who work within lactation or have some relationship with lactation, know that any time you actually go for an accreditation, it boosts everybody's level, staff level of skills and understanding and everything like that. So currently it's not seen as a priority to pay for the cost of becoming accredited.
>
> (Participant 7, interview, 5 May 2016)

> Yes, so we would often meet with the unit manager, or the program director, the clinical director if we were having particular challenges in making changes. You really can't succeed with any change, it doesn't really matter what it is unless you've got support from the head of the unit.
>
> (Participant 15, interview, 20 June 2016)

As can be seen from the last quote in particular, the situation is usually more nuanced than a simple opposition between individual and organisation: instead, like the Victorian breastfeeding policy subsystem more widely, specific organisations encompass individuals working in a number of different roles involving different tasks and responsibilities, and they may all have different attitudes and behaviours towards implementing breastfeeding policies. Like the subsystem more widely, each organisation represents a discursive 'ecosystem' where different agents act out of different institutions (subject positions, sets of institutionalised ideas), which are often constituted of mutually complementary ideas, but which fairly frequently represent competing or conflicting ideational positions.

To summarise this section and the one preceding it, a discursive institutionalist analysis of the case study reveals two key facets of how agency works in the implementation of

breastfeeding policy in Victoria. Firstly, it shows that agency is discursive, involving the manipulation of ideas, texts and contexts, confirming Schmidt's conceptualisation of agency in discursive institutionalism (Schmidt, 2008, p. 314; 2011, p. 48). However, the analysis also showed that there is something different about how ideas and texts operate compared to how contexts operate; this will be discussed further in Chapter 6.

Secondly, the analysis has found that this discursive operation of agency necessitates an objectification of the self as an actor. This objectification of the self as an actor has as its corollary an objectification of alternative possibilities of agency – whether exercised by the same actor or others – and of the system within which these alternatives of agency are understood to co-exist. Altogether, these facets of the objectification of agency are conceptualised here as self-cognisance. This concept is new and represents an extension of Schmidt's discursive institutionalism (Schmidt, 2008, 2011),

Having described the key features of how agency operates in the case study, this chapter will now turn to describing what a discursive institutionalist analysis of the case study reveals about the operation of institutions.

5.4 Institutions as networks of intertextually produced meaning

Following new institutionalism, discursive institutionalism holds that institutions are social structures which, whether formalised or not, constrain or enable the possibilities of agency (Schmidt, 2008, p. 314; 2011, p. 48; see also Lowndes & Roberts, 2010). Sections 5.2 and 5.3 indicate that the institutions most prominently shaping the possibilities in the Victorian breastfeeding policy subsystem are policy documents and professional roles. This section will show how these institutions are constituted by texts, which function by 'fixing' the meanings or ideational component of institutions.

In Chapter 4, it was argued that what constituted 'policies' in the Victorian breastfeeding subsystem were not policy decrees issued by an authoritative decision-maker, but clusters of ideas embedded across networks of documents. The documents in question were the texts constituting the 'breastfeeding policy document corpus' described in Chapter 4. The breastfeeding policy document corpus is an open-ended category based around a core of key policy documents, and which includes a range of documents not necessarily usually considered to be policy documents, such as research documents. As noted in Chapters 3 and 4, the designation of these documents as relevant policy documents was largely predicated on the opinions of powerful actors in the breastfeeding policy subsystem.

Throughout the interviews, participants described very clearly how the texts within the document corpus both constrained and enabled their actions – that is, how they functioned as institutions. The following participant, for example, discusses how UNICEF's *Ten Steps to Successful Breastfeeding* document (UNICEF, n.d.-b) affects her work as a midwife and that of her colleagues:

> So we do have a checklist that we go through and it's basically the ten steps, the BFHI. …so we talk about what happens within the first hour, about skin-to-skin contact. We talk about the benefits for mother and benefits for baby for breastfeeding. We talk about skin to skin contact and the early first feeds. We talk about what to expect in the first few days, so changes to breasts, the frequency of feeding. …Babies feed really frequently in the first 48 hours or so and trying to normalise that because a lot of mothers think if the baby's feeding frequently I don't have enough milk, already got in their head, I don't have enough milk, do I need to give my baby something extra? So trying to get them used to the idea that yes, babies do feed really frequently and that's normal and that's really good because baby's doing exactly what it should be doing: stimulating her supply. We talk about baby's only got a very small stomach so it doesn't take much to fill the baby's stomach, but then it empties frequently, it needs to be filled frequently. Talk about things that can interfere with breastfeeding, so introducing formula or getting dummies or teats, how that interferes with breastfeeding with their supply. We talk about the baby should be by the mother's cot so they're demand feeding, so they're not taken off to nursery. So even some women still have an expectation that the baby will be taken away during the night and kept in a nursery with them, so we talk about baby being by their bedside the whole time so they can learn to see baby's cues. We talk about cues for feeding.
>
> (Participant 3, interview, 29 March 2016)

Here, a long cascade of actions flows from the participant and her colleagues exercising agency in alignment with a single document, the *Ten Steps*. In the first instance, these actions are those broadly stated in the *Ten Steps*: talking about the benefits of breastfeeding; establishing breastfeeding within the first half hour of birth; avoiding artificial teats and dummies; avoiding other food sources; encouraging breastfeeding on demand; and so on (see UNICEF, n.d.-b). To perform *those* actions, however, a number of *secondary* actions must also be performed: talking about changes to breasts while milk comes in; keeping the baby at the mother's bedside; and so on. While not specified in the *Ten Steps* (ibid.), these secondary actions need to be taken to give material effect to the actions actually specified in it. These secondary actions are instead specified

in the "checklist" the participant mentions at the beginning of the quotation. The organisation this participant works for therefore created a document to specify how the *Ten Steps* were to be operationalised by staff, explicitly outlining the steps staff need to take to implement the Ten Steps. These documents, working in tandem, constrain actors from taking some actions, while encouraging them to take others – thereby operating as institutions.

In a second example, a Maternal and Child Health manager explains how the functioning of the Maternal and Child Health Service is governed and divided into tranches of work in line with a number of documents which connect with the breastfeeding policy document corpus:

> There is a *key ages and stage* at eight weeks and then at four weeks, but we're asking what they do at three months. Again, we are not asking at the time we are seeing them. We are asking them to report back on what they did… sometimes they can't remember whether the baby was five weeks, or six weeks, or eight weeks… Then *the stats are 12 months old*, so *when we report our data* up to the state government, it's the—the breastfeeding stats are taken from the previous year. Trying to make a difference eighteen months before you actually work out what that difference was in the reportable data that they put up. … We *fill out a report every twelve months*, so at the end of the financial year, all our data goes up. We're, at the moment, trying to pull it out the back end of the software program, but mostly it's an annual that is done on the 30th of June, and *then that's reported on their website*. You can go in and find that data if you are really good at searching their website. It is always a challenge.
>
> (Participant 18, interview, 19 August 2016; emphases added)

In this extract, the participant's mentions of documents are italicised. These documents include forms local governments use to collect data from parents using the MCHS, reports on this data compiled by local governments and sent to the Victorian government, and the Victorian Government's published reports on this data (see for example DET, 2017a, 2017b). The use of these documents in encouraging breastfeeding rates among users of the MCHS is supported by the use of the *My Health and Development Record* (described in BetterHealth Channel, 1999/2015), a booklet which parents take to the regular MCHS appointments, and which includes checklists of what parents should be doing with their children, actions which align with the data gathered by the MCH nurses at these appointments.

Parents are guided in how to treat their children, including how to breastfeed, by the information provided by the *My Health and Development Record* (BetterHealth Channel, 1999/2015); at appointments the MCH nurse will go through the checklist with the parent, asking

them whether they are performing all the tasks in the checklist, and giving advice on how to execute those tasks better. Following these discussions, MCH nurses will use information obtained from parents to compile the reports on child development (including breastfeeding rates) that they forward to the state government (DET, 2017a, 2017b). The data generation process described in Chapter 2 is therefore embedded within a range of actions aimed at reifying increased rates of breastfeeding among mothers, which are structured by reference to documents among the breastfeeding policy document corpus.

However, the overarching theme of the extract above is the participant complaining that the documents which structure, punctuate and shape the work of MCH nurses do not align well with the work they actually have to do. Central to her complaint is data collection documents requesting parents to supply information about their child's development at ages that do not coincide with the ages for which children have scheduled appointments. Parents are therefore required to cast their minds back to what they and their children were doing at the relevant age – leading, the participant states, to potentially inaccurate data being collected (Participant 18, interview, 19 August 2016). This network of documents both encourage parents, MCH nurses, and ultimately also local and State government bureaucrats to perform some actions, while discouraging others. It therefore acts as an institution (or group or constellation of institutions) – and, further, it does so even where the dictates of these documents are misaligned with actors' experienced reality. Where these documents-as-institutions contradict the practicalities of agents' material existence, the documents-as-institutions trump lived experience.

The second type of institutions shown to be shaping the exercising of agency in sections 5.2 and 5.3 are the professional roles from within which participants worked. March and Olsen (1989) identified that professional roles could act as institutions in policy processes. However, their discussion referred to the institutionalised roles in government bureaucracies (ibid.), rather than the roles of professionals outside government – let alone volunteer roles, or normative roles such as the role of 'being a mother'. This research identifies that where there are few formal institutions related to and driving policy implementation, these non-governmental, non-'policy' roles move into the institutional void and act as policy institutions.

Like policies-as-institutions, roles-as-institutions are constituted by texts – in the case of the latter, by such documents as workplace awards and codes of ethics. For example, the role of 'lactation consultant' is co-constructed by a number of ICBLC code of practice documents available at the International Lactation Consultant Association website (ILCA, 2018). The International Lactation Consultant Association has not issued a single code of practice, but a number of inter-related documents which together constitute a code of practice: including standards of practice, which outline the "tasks and skills the IBCLC should be able to perform"; a

code of professional conduct, which "informs both IBCLCs and the public of the minimum standards of acceptable conduct"; and a scope of practice, which "encompasses the activities for which IBCLCs are educated and in which they are authorized [sic] to engage" (ILCA, 2018). Volunteer roles may be textually formalised in the same way – for example, the ABA Code of Ethics (ABA, 2013b) sets out what ABA peer counsellors may and may not do. These examples show how both professional roles (certified lactation consultant) and formalised volunteer roles (ABA peer counsellor) are constructed as institutions by codes of ethics: it is through adhering to these codes of ethics that actors acting 'out of' roles delimit what they can and cannot do.

The empirical situation is more complex than this, however, as is indicated by other elements of participants' roles being set out by documents such as workplace awards, job descriptions, and employment contracts. These were mentioned far less often by participants during interviews than professional codes of ethics. Only one participant mentioned workplace awards, in the following extract from a discussion about how each council funds their maternal health service:

> So, there is no maternal and child health nursing award… there's a local government modern award which tries to …equate I suppose the maternal and child health salary to equal of a 4B… in the nursing public sector award. So, but you know, it doesn't always work that way. Local governments, I suppose because they're all under E[nterprise] B[argaining A[greement]s, they negotiate. So, there's actually $10 difference per hour in the lowest council and the highest paid council.
>
> (Participant 8, interview, 19 August 2016)

Interestingly, this single discussion of workplace awards reveals that there is *no* workplace award specifically for MCH nurses, with the participant assuming ("I suppose") that the conditions of the role are matched up to yet other documents. And while codes of ethics were mentioned more frequently, they were only explicitly mentioned by five out of the nineteen participants[84]. These professional roles are therefore textually constructed, but on closer examination it can be seen that these roles *do not exist in any single text*.

'Codes of ethics' such as the ICBLC code of practice documents (ILCA, 2018) and the ABA Code of Ethics (ABA, 2013a) certainly define some of the roles from within which participants exercised agency – but they do not define the entirety of any role. What hours any participant worked, or how much they were paid, or their precise work title, or their relationships with other employees in the organisations such as their managers and reports – for instance – would not be

[84] Participant 1, interview, 21 March 2016; Participant 6, interview, 4 May 2016; Participant 8, interview, 16 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 13, interview, 10 June 2016.

set out in a code of ethics document but in a personal employment contract, usually with reference to an external workplace award or enterprise bargaining agreement (as in the quote above from interview with Participant 8, interview, 16 May 2016). While these documents were barely mentioned by participants, their *contents* were constantly discussed. For example, it will be recalled from the discussion in section 5.3 that participants tended to describe the divisions between their various roles in terms of the hours paid for each job they did.

This information – which could only be defined in an individual's personal employment contract – therefore underlies so much of the way that participants understood the process of doing the work of implementing breastfeeding policy. Accordingly it can be seen that professional and semi-professional roles are constructed from different pieces of information spread across several different documents. This discussion therefore brings the argument to yet another point where the meaning of institutions is constructed across a network of interconnected documents. Unlike policies-as-institutions, however, the ideational content or meaning of roles-as-institutions is not constructed through repetition of information across a number of documents, but through interlocking pieces of information which when pieced together construct a 'role', in a mosaic-like rather than a cumulative arrangement. This represents a clear example of what Lowndes (2005) calls "bricolage" – a concept that will be discussed further below[85].

The relationship between how ideas and texts work together in institutions needs to be clarified, however. The examples above show that texts are a key component in the construction of institutions: participants repeatedly refer back to texts (whether policy documents or codes of ethics) to explain why they perform some actions but not others. However, the 'meaning' of these texts is constituted by the ideational tier of discourse. While participants internalised these roles, the roles were *fixed* through their institutionalisation in texts such as the ABA Code of Ethics or the ILCA standards documents (ABA, 2013a; ILCA, 2018). These roles therefore had an existence external to individual participants, and could be referred to by participants in the course of occupying the role.

When texts 'fix' the meaning of institutions, their meaning (or ideational content) is accessible to or replicable by different actors at different points in time. If the possibilities of agency are hypothetically endless[86], what institutions therefore do is delimit the possibilities of agency in terms of hampering the course of some possibilities while driving or guiding actors towards other possibilities by causing agents to constantly *loop back* to the set of actions detailed

[85] The concept of bricolage as deployed by Lowndes (2005) and other new institutionalists applies to the work of policymakers. As used by Denzin and Lincoln (2003; see Chapter 4), the concept describes a process undertaken by interpretatively focused researchers. The two different uses of this term describe processes that are analogous but contextually distinct.
[86] Hypothetically, in the sense of an institution-free universe.

in the text. What the texts in institutions therefore do is induce actors to constantly reproduce a limited set of actions[87]. It is the meaning or ideational content of texts – the ideas in discourse – that shape agency, but it is the fixing of these meanings in texts that begin to turn them into institutions.

Both the construction of institutions via the fixing of ideas within texts and the effects of those institutions on the exercising of agency occur through a process of *intertextuality*. Intertextuality is a concept drawn from post-structuralist theory (here primarily following Kristeva & Roudiez, 1980) which posits that the meaning of a text does not emerge through an actor's individual interpretation of the text, but through the actor's and the text's position within a field of texts where those texts provide semiotic cues or codes that guide the actor in ascribing meaning to the original text. While the theory of intertextuality is not referenced by Schmidt in her construction of discursive institutionalism (Schmidt, 2008, 2011, throughout), intertextuality theory – like the Foucauldian discourse theory Schmidt draws on (Foucault, 1977, 1994, 2002; see also Chapter 2) – was developed from the linguistic turn's application of semiotic theory to social phenomena (Alfaro, 1996). As a concept intertextuality therefore has the same theoretical roots as discursive institutionalism, and its use is compatible with clarifying limited aspects of discursive institutionalism without making major changes to that theory.

In the examples given in this section, ideas are produced through the position of an agent relative to an institution (cf. Kristeva & Roudiez, 1980). This intertextual production of meaning during the implementation of breastfeeding policy will be discussed further in section 5.7. Additionally, this discussion makes it possible to pinpoint exactly *where* and *how* institutions are situated within discourse. As noted in Chapter 2, Schmidt states that institutions may constitute either ideas, texts, or contexts (Schmidt, 2008, p. 314). The examples of both policies-as-institutions and professional/semi-professional roles-as-institutions shows that there is no either/or when it comes to determining where institutions are located in discourse: instead, any particular institution is *located at all three levels of discourse simultaneously*. For instance, the institution of the role of a midwife exists as an idea that is constructed from the content of the sorts of documents described in the preceding paragraphs; and although discursive institutionalism does not have the theoretical equipment for saying as much, this institution-as-idea can be assumed to have some sort of existence in the minds of agents, and it is this existence within the mind that allows the exercising of agency through background ideational abilities to change and maintain the institution of the role of the midwife.

[87] It is this fixative function of the texts within institutions that gives institutions the appearance of enduring over time, as described in structuration theory (Giddens, 1984).

However, the institution of the role of the midwife *also* has an existence as a text – or, as described above, as the conglomeration of a number of texts that together describe the necessities, possibilities and impossibilities of action that together constitute the role of the midwife. Just as the institution at the level of the idea is manipulated by agency in the form of background ideational abilities, the institution at the level of the text is manipulated by agency in the form of foreground discursive abilities.

Additionally, the institution of the role of the midwife also has an existence as a context, as the "where, when, how, and why" of a text (in the broad sense) being said (Schmidt, 2008, p. 305). That is to say, the *ideas* that constitute the institution of the role of the midwife, as set out in the *texts* that also constitute it, also prescribe "where, when, how, and why" the actions (agency) that follow from *both* the creating/maintaining of the institution via background abilities *and* the critiquing/changing/maintaining of the institution via foreground discursive abilities. In empirical terms, it means that the ideas and texts that constitute part of the institution of the role of the midwife determine where actors act as midwifes (the locations designated as midwifery settings by the organisations that employ them, such as hospitals), when they do so (during the paid hours of their role), how they do so (the many actions they perform in the course of their roles), and why they do so (this may include a number of reasons, ranging from being paid to matters of philosophical principle). At any time, the institution of the role of the midwife exists at all of these layers of experience, although there is an implied sequence in how the institution *affects agency*, from text to ideas to context.

This model of how institutions exist at each layer of discourse applies as much to policies-as-institutions as it does to roles-as-institutions. Additionally, this discussion will be explored further in Chapter 6, which more fully explicates the interactions between 'different discourses' and the layers within them – particularly between the ideational and the textual on the one hand, and the contextual on the other.

At this point, however, it can be said that a discursive institutionalist analysis of the case study supports three separate goals of this research. Firstly, it provides a theoretical framework for understanding the conception of what constitutes 'breastfeeding policy' as described in Chapter 4, allowing for a more cogent description of the case study. Secondly, it confirms the discursive institutionalist contention that institutions are discursive in nature, given that they are constituted by ideas and texts (Schmidt, 2008, p. 315). Finally, it allows for further theory-building of discursive institutionalism by clarifying the different roles ideas and texts play in effecting the functioning of an institution.

So far, it has been shown that agency functions discursively in the case study, in a way that de-emphasises the contextual aspects of discourse. It has also been shown that the most important institutions in the Victorian breastfeeding policy subsystem comprise breastfeeding policies and professional roles – both of which manifest as meaning or ideas produced across networks of texts. This chapter will now move to analysing how a discursive institutionalist formulation of the relationship between agency and institutions – that is, the institutional-agential dialectic – can help in understanding how policy is implemented in the Victorian breastfeeding policy subsystem.

5.5 Exercising background ideational abilities versus exercising foreground discursive abilities

One of the points where the discursive institutionalist model of policymaking most starkly differs from those in earlier versions of new institutionalism is that discursive institutionalism considers agency to be exercised through two modalities: background ideational abilities, and foreground discursive abilities. The relationship between agency and institutions bifurcates along with the conceptualisation of agency: institutions are created and maintained through the exercising of background ideational abilities, and critiqued, changed, and maintained through the exercising of foreground discursive abilities (Schmidt, 2008, p. 305; 2011, p. 48). This understanding of both agency and the institutional-agential dialectic being bifurcated will be used to explore policy implementation in the case study. Although the discursive institutionalist distinction between background ideational abilities and foreground discursive abilities was outlined at the end of Chapter 2, it is worth reiterating some of its key features here.

Another key point where discursive institutionalism differs from its predecessor theories is that discursive institutionalism specifies that institutions are *internal* to agents (Schmidt, 2008, p. 305; 2011, p. 48) – although, as argued in Chapter 2, on analysis it can be seen that sometimes in Schmidt's work institutions can be seen to be internal to agents, sometimes external, and sometimes both. This question of the internality versus the externality of institutions to agency is relevant to the distinction between background ideational abilities and foreground discursive abilities. The argument has been made here that it can be extrapolated from Schmidt's work that institutions are internalised during the exercising of background ideational abilities, and either externalised or (more usually) both internalised and externalised during the exercising of foreground discursive abilities.

When it comes to substantive differences between the two modalities of agency, the distinctive feature of background ideational abilities is that they are taken-for-granted (cf. Bourdieu, 1977), with actors not even being aware of them while being affected by them

(Schmidt, 2008, p. 315; 2011, p. 58). Background ideational abilities are context-dependent, and "underpin agents' ability to make sense of and in a given meaning context, that is, in terms of the ideational rules or 'rationality' of that setting" (Schmidt, 2008, p. 314). By contrast, Schmidt argues that, while internal to agents, foreground discursive abilities can be used to critique and modify institutions by "enabl[ing] agents to think, speak, and act outside their institutions even as they are inside them" (ibid.). Schmidt argues that foreground discursive abilities can do this by virtue of a Searlean 'logic of communication' (following Searle, 1995; in Schmidt, 2008, p. 315) – although section 5.6 will argue that a different mechanism underlies the functioning of foreground discursive abilities.

Having set out the key elements of the discursive institutionalist bifurcated institutional-agential dialectic, how the dialectic operates in the case study can now be examined. This analysis will begin with a discussion of foreground discursive abilities, simply because it is much easier to identify their being exercised. In the case study, situations where the exercising of foreground discursive abilities can be identified are those where actors in the Victorian breastfeeding policy subsystem were implementing policy *proactively.*

As described in Chapter 3, one of the themes arrived at inductively while coding and sorting the data was that of 'proactive agency'. This theme was then absorbed into the overarching analytical category of 'agency' during coding as the conceptual themes for analysis were finalised. This theme included participants' descriptions of how in the course of implementing breastfeeding policies action usually needed to be taken *proactively* – that is, out of the individual's own motivations, not due to any requirement or pressure from external sources such as job requirements, organisational policies, strategic goals set out in policies, and so on. All but three participants in the project made statements that were coded against this theme[88], so it can be considered an extensively occurring feature of how agency operated in the case study.

Participants who discussed the necessity of acting proactively to develop and implement breastfeeding programs repeatedly framed their proactive agency using the same sorts of ideational and textual word choices described in section 5.2. For instance, one participant, discussing her manager's proactive agency, described her work as involving:

> …making sure that she's *speaking* to the right person and that we *know* what's happening. So, she's quite *proactive* in her approach I suppose. Rather than waiting for them to come to us and *say*, 'You know, we need to think about that.' She'll be like, 'Okay, what are we doing about this?'

[88] The exceptions were Participant 3, interview, 29 March 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 17, interview, 16 August 2016.

(Participant 9, interview, 27 May 2016; emphases added)

Here the manager is presented as exercising proactive agency through thinking and speaking. Additionally, it is notable in the chunks of data coded against the proactive agency theme that participants often presented empirical examples of proactive agency in the form of the mini-dialogues also described in section 5.2. Most often these are in the form of a remembered dialogue between the interviewee and an interlocutor. However, the interactions presented in these stories can also be more complex, as demonstrated in the following quotation:

> I did an audit of mothers and *asked* them post-natally, what sort of education they got at their antenatal visits, and it was dismal… Certainly, we *had [a] sense*, working on the wards with women that they would be having problems, and you would *ask*, and they'd *say* 'well no one had told me about this'. I *thought*, really? I would have *thought* that's a really important thing to *talk* about! So that's what, that was the *impetus to do something*. So I *developed a draft tool*, got people to look at it, *comment*, *feedback*, *modified* it, and introduced it.

(Participant 14, interview, 16 June 2016; emphases added)

Here, the participant presents a scenario where she and her colleagues have acted together by *thinking* about a problem ("we had a sense"); then address it by interacting discursively with patients (*asking* them about it). However, the participant presents her response not as her reply to her patient but as her *thoughts* to herself (which, to make things complicated, are thoughts about her own thoughts and her patients' speech). Her next action is to *write* a policy tool for use with patients, which they then *comment* on, and which she then *re-writes*. In this example, the dialogue is presented as a play involving multiple characters and different types of discursive action. Again, these are very similar linguistic strategies as those described in section 5.2.

There is an implication in Schmidt's model of policymaking that the exercising of foreground discursive abilities involves an agent critiquing an institution and *then* either changing or maintaining it. This makes sense intuitively; however, the case study shows that empirically the exercising of foreground discursive abilities is often more complex. In the following extract from an interview the participant describes her role in the development of a new lactation consultant position at her hospital to support breastfeeding mothers:

> Because I was working as registered nurse on the unit but because of my midwifery background and my passion for lactation I would, in my role as a registered nurse, I would also help the mothers who were breastfeeding. So I'd

> always say at the beginning of a shift, could you allocate me any of the babies that are feeding so I can then try and help those mums at the same time. Otherwise, I would be called away from my children who I was nursing and go and help the mothers in the same shift. Which was really difficult because I had to finish my shift and do my proper work on my shift but I was feeling that I wasn't able to finish my shift properly and give my proper nursing care to the patients that I had. Because I also felt that the babies there that were having lactation issues just needed some support with latching or fine tuning the latch or supporting their supply. So I would also do that. So if it was my own patient I was able to manage that nicely still being able to do their jobs and normal nursing care as well. Whereas, if it wasn't my patient, if it was someone who would just say can you come and have a look at this mum feeding, I would have to be taken away from my patient load and no one would come and do my patient load…
>
> So, with that we generated a one day a week lactation consultant role so I did that one day a week and the rest of the week I worked as a Clinical Nurse Specialist on the unit and then over years we were able to become… five days a week. We have a lactation consultant from Monday to Friday.
>
> (Participant 4, interview, 11 April 2016)

Here, it is clear that the participant was performing the actions dictated by her role as a paediatric nurse, but that she was able to critique how she was performing her role, and see that the actions it prescribed were not sufficient to meet the needs of her organisation. As a result she was able to develop a case for a part-time lactation consultant role at her hospital, which was later expanded to a full-time role. Further on the interview, this participant discussed how the lactation consultant role on her ward was job-shared by herself and two other women, both of whom also had other medical roles at the hospital, one a registered nurse, the other a Care Manager on another ward (Participant 4, interview, 11 April 2016).

However, the participant was not here *creating* a new institution as such (which would imply the use of background ideational abilities): instead, it involves importing a pre-existing institution/role into the context of the organisation. Ultimately, she did not *permanently change* the institution of her role, but *maintained* it by assigning the duties that did not fit within her role to the new position. The critique of her role arose from the material circumstances of her workplace – specifically, the needs of her patients – being misaligned with the institution (role) which was influencing how she exercised agency. *For a short period* she describes expanding (or changing) her role to undertake new tasks outside its institutional limits; but the eventual solution

to her problem is to import an additional role into the organisation, thereby restoring her former role to its original limits while supplementing it with her new role. Instead of creating a new role combining the functions of a paediatric nurse and a lactation consultant, the participant instead formally occupies *two roles*.

The vignette therefore illustrates organisational change, but not institutional change. It also shows how the effects of the exercising of foreground discursive abilities on institutions are neither necessarily linear nor easily predictable. In the quote above, for example, it can be seen that at the core of exercising foreground discursive abilities is the linear progression from critiquing an institution to somehow *managing* or *solving* the critique by changing or maintaining the institution. However, the example also shows that this core sequence is not necessarily all that can happen empirically: instead, the critiquing, changing and maintaining of institutions co-occurred and recurred in a complex sequence of interactions.

This section has shown that the exercising of discursive foreground abilities does contribute to the implementation of programs and practices that implement breastfeeding policies. This section will now turn to examining of background ideational abilities are exercised in the case study.

To identify instances of background ideational abilities in the case study, it would be necessary to observe behaviours where institutions are created or maintained, but not critiqued or changed (following Schmidt, 2008, p. 314; 2011, p. 48). However, when it came to data analysis it was found that there were extremely few instances of background ideational abilities in action. Firstly, there were no examples of participants simply 'creating' institutions, as if from scratch. At this point the conceptualisation of background ideational abilities itself might be questioned, at least from a practical analytical viewpoint: is it actually possible for an institution to be *created*? Is it not more likely that all 'new' institutions develop out of critiques or changes to existing institutions? What would a newly created institution even look like, and how would a researcher be able to tell it is an institution? Whatever the case, this research found no empirical data that clearly supported the discursive institutionalist theory of background ideational abilities' role in *creating* institutions – although an absence of evidence is not the same thing as disconfirming a theory (Seha & Müller-Rommell, 2016).

Maintaining institutions represents the other modality through which background ideational abilities are theorised to affect institutions and thereby function within discourse (extrapolated from Schmidt, 2008, p. 314; 2011, p. 48). However, it should be noted that the maintenance of institutions may be effected either through the exercise of background ideational abilities or foreground discursive abilities (ibid.). The following quotation from a participant

interview represents an extremely clear example of institutional maintenance occurring through the exercise of foreground discursive abilities. Here the participant describes an imagined scenario where an imaginary colleague continues to follow standard (or even outdated) norms of practice, in a professional situation where norms could conceivably be changed:

> Women were getting through their whole antenatal care, and the best they've been asked is 'how are you going to feed your baby'? … A huge gap - and really good midwives would talk about breastfeeding quite well and others was [sic] "okay, you're breastfeeding? Good. That's good".
>
> (Participant 14, interview, 16 June 2016)

Here, the same sort of dramatic dialogue as described above is used to depict a *missed* opportunity to exercise proactive agency. From this it can be inferred that participants intuited that this sort of situation and the type where proactive agency *was* exercised were the *same sort of situation*. In support of this inference, it is notable that the same sort of dialogic format was used to present this situation as was so common among depictions of proactive agency. If these inferences are correct, then it is confirmed that foreground discursive abilities are exercised to maintain institutions as well as critique and change them.

Having clarified that examples of maintaining institutions may constitute the exercising of either agential modality, this analysis will seek examples of maintaining institutions specifically through the exercising of background ideational abilities. However, it is more difficult to find examples where it is clear that institutions are maintained through background ideational abilities. This is probably due to two factors. Firstly, this research was investigating the implementation of breastfeeding programs, so data generation accordingly focused on scenarios where actors in the Victorian breastfeeding policy subsystem had developed new programs to implement ideas about improving breastfeeding rates and length of breastfeeding. Generally, then, participants spoke less about situations where institutions were instead maintained, whether this was effected via background ideational abilities or foreground discursive abilities. Secondly, background ideational abilities are derived from concepts such as habitus (Bourdieu, 1977; see Schmidt, 2008, p. 315), which involve all that is unexamined and taken-for-granted about day-to-day life. Because of the nature of this sort of concept, therefore, it is unlikely to be something that is noticed by participants when speaking about their experiences.

However, it was sometimes possible to discern the operation of background ideational abilities in how participants spoke about their agency during interviews. Typically, this occurred when participants spoke about how they performed actions out of a professional one, but also sometimes a volunteering or personal 'role'. The following quotation from one participant

suggests several things about how background ideational abilities operate, and is worth quoting at length:

> …because of ABA Code of Ethics and policy I *can't give out* medical information. So ante-natal expressing *steps over that bound*. As an ABA counsellor, I would *have to tell* the mother to speak with her health professional…
>
> *As a lactation consultant* – international board-certified lactation consultant – I would have to take the mother's full medical history, make sure that she's healthy, make sure that her foetus is healthy, and then talk to her about possible implications – because it may cause some foetal distress, it may cause early contractions… and *in conjunction with her obstetrician – not on my own* – because, again, that's stepping over the IBCLC Code of Practice. So I work under a few code of practices. I would say, let's start at 36 to 37 weeks, which is a late pre-term and early term baby, and I'd help the mother and show her how to express, and I'd give her some syringes to collect the breastmilk and put them in the freezer to store until her baby was born. *But as an ABA counsellor I can't do that*. So because… questions come up about all sorts of things, and because they also ask at breastfeeding education classes, "do you know a lactation consultant?" – *I don't want to be there – because the counsellors who run that can then give them three names and it might be my name – that I'm not compromised*.
>
> (Participant 1, interview, 21 March 2016; emphases added)

There are several notable contrasts between the way the participant here presents her agency and how agency was presented in the quotations cited earlier in this section. Firstly, there is a lack of *textual and ideational actions* relative to the earlier quotes. A far higher proportion of the actions described here are contextual in type, involving manipulations of the physical or interpersonal aspects of the situation; the verbs used include "take", "make sure", "look at", "stepping", "work", "help, "show", "express [breastmilk]", "give", "collect", "put", "store", "can't do", "come up", and so on. Verbs related to ideational and textual activities occur only a few times: "tell", "talk", "say", "ask".

Additionally, the only clear bit of reported speech presented in this quotation is that attributed to clients: "do you know a lactation consultant". At one point in the excerpt the participant *does* say, "I would say, let's start at 36 to 37 weeks". However, in the interview recording this statement is spoken quite differently from the reported speech of her client. During the interview, this participant, like several others, would usually present these 'dialogues' almost as a dramatic presentation, adopting a more animated tone when reporting imagined

conversations, as if she were reciting lines from the vantage points of various characters. The clients' 'line' – "do you know a lactation consultant" – was spoken in this typical dramatised manner. By contrast, the participant did *not* say "let's start at 36 to 37 weeks" in this sort of tone of voice, instead running these words seamlessly into the remainder of the monologue describing her actions. Therefore, while she does report some of her own speech in this extract, it is very much de-emphasised as *speech*, especially in comparison to the hypothetical clients' reported speech[89].

Just from the way participants speak about them, therefore, the scenarios in this extract seem somewhat different from those where participants exercised foreground discursive abilities – both the examples which involved multiplicity of roles, and those which did not. A first notable difference lies in the ways participants describe the exercising of agency in terms of word choice and narrative technique. In these latter examples, the ideational and textual aspects of exercising agency are much more de-emphasised, and the contextual comes to the fore.

A second key difference between the way the participant in this example presented her experience and the way participants above presented theirs is that this participant bundled all her actions together in alignment with professional and semi-professional roles she had identified. The phrases emphasised in the extract above identify where the participant has stated she (or someone else) has done something or not done something *specifically out of a role or subject position they are occupying*. An ABA counsellor cannot give medical advice and instead must refer patients to a lactation consultant should they need medical services. A lactation consultant can conduct medical services such as helping mothers to express breastmilk and accessing/recording medical history; but cannot conduct medical actions that are likely to affect the foetus except in the presence of an obstetrician.

Clearly, here these roles are acting as *rules and norms that constrain and enable behaviour* – that is, they are acting according to the textbook new institutionalist definition of an institution (following Lowndes & Roberts, 2010), as adopted into Schmidt's discursive institutionalist model of policymaking. Additionally, the extract above demonstrates that the participant sometimes had a tricky time clarifying the boundaries of the responsibilities of her specific roles – specifically, when she as an ABA Counsellor was asked to perform a medical task, and avoiding a conflict of interest when her ABA colleagues recommended lactation consultants to clients. However, the ILCA conduct documents and the ABA Code of Ethics – which, as described in section 5.4, constitute the textual core of these roles-as-institutions – both outline

[89] This is probably why, when transcribing the interview, I did not actually punctuate the participant's reported speech with quotation marks, instead intuitively transcribing it as if it were exposition.

how to avoid such conflicts, even if only by providing a clear outline of each role's behaviour in generalised situations (ABA, 2013a; ILCA, 2018).

It is also clear from the extract above that these institutionalised subject positions are unquestioned by the participant. She is very clear that she will follow the rules determining the scope of the institutionalised subject positions from within which she exercises agency. When confronted with a situation with a client, the definitions of these roles, set out in the relevant ethical documents, tell her what to do. The definitions of these roles therefore constitute part of the *taken-for-granted* ideational landscape of her work. Effectively, the documents outlining the scope, responsibilities and boundaries of her roles *do her thinking for her*. The participant is therefore exercising agency that maintains institutions, and which is taken-for-granted. This example of exercising of agency therefore represents an instance of background ideational abilities in action in the case study.

However, the various *actions* presented in the excerpt, whether ideational, textual or contextual, do not *in themselves* represent examples of the exercising of background ideational abilities. Instead, the actions described in the excerpt *flow from* the exercising of background ideational abilities. The exercising of background ideational abilities is, true to the concept, unspoken and left implicit in the monologue, and *comprises the participant thinking of herself as occupying a role*. That is, the exercising of background ideational abilities represents the equivalent of the participant thinking "I am an ABA Counsellor and therefore X", or "I am an ICBLC and therefore X", or "I am both an ABA Counsellor and an IBCLC and therefore X". The closest these thoughts come to being actually verbalised during the interview is the participant saying "as an ABA counsellor" and "as a lactation consultant". That is, they are expressed adverbially rather than verbally. It is the notion that once an individual is acting from within a role that she *must* do or not do certain actions that represents the unspoken, the taken-for-granted, of background ideational abilities.

What can also be seen from this example is that exercising agency as background ideational abilities – that is, the maintenance (or creation) of institutions through thinking – appears *to imply a sequence of events*. The actual exercising of background ideational abilities comprises an agent thinking (or feeling, etc) a set of institutionalised ideas – here, the definition of a (semi-)professional role – *and then* undertaking a set of actions which may include both discursive and non-discursive actions. That is, the set of ideas that define a role include ideas about how someone should or must act if they accept those ideas. The cluster of ideas which constitutes a role-as-institution appear to fall into two parts: the statement of what a role 'is'; and the statement of what a role 'does'. However, as constitutive elements of an institution these two

parts are not separate, with the latter instead flowing inevitably from the former, and the former indefinable except with reference to the latter.

The internal structure of the ideas constituting a role-as-institution, and concomitantly the process of exercising background ideational abilities, are both therefore *implicative*, constituting an *if-then* process. This is implicit in the phrases used by the participant in the extract above that denote the operation of background ideational abilities: *if* the participant is acting "as a lactation consultant", *then* she must perform certain actions, but not others. This implicative internal structure of background ideational abilities is particularly clear in the example of definitions of roles as institutions, but I would argue that in general this is how the exercising of background ideational abilities operates. Further, I would argue that it is this implicative internal structure of the process of exercising background ideational abilities that effects the creation and maintenance of institutions: the implicative internal structure of background ideational abilities dictates that if an actor aligns her thoughts with an institution, then she must undertake actions that reify that institution.

This sort of thinking about professional, semi-professional and non-professional roles was extremely common among participants. All participants made comments that were coded against the theme "distinction between roles" (distinguishing between the actions enabled or constrained by occupying different roles), and all but one made comments that were coded against the theme "multiplicity of roles" (discussing their occupation of two or more roles at once). As the discussion of the extract above has been extensive, this section will only compile one more example of background ideational abilities in action. The following quote represents a dialogue between a participant and myself during an interview:

> Interviewer: Do you find there's a shift in your thinking whether you are acting as an LC or as a midwife or as a nurse?
>
> Interviewee: Not really. Because they're very similar and it depends because I will go and introduce myself to the mother as a lactation consultant they will mainly address their lactation issues; anything that is going wrong with their breast or their baby's mouth or anything structurally or the connection of the mother and the baby. Whereas mid it's more, well "my scar has broken down" or "I've got offensive discharge", or "my uterus is really clamping". So it's kind of - it's the labour, the whole labour and the post birth, whereas, lactation's mainly anything that's going on with the breast and the baby and the feeding.

Interviewer: So looking at it from a patient focus your patient when you're a midwife is the mother but when you're a lactation consultant your patient is almost the dyad[90]...

Interviewee: It is absolutely the dyad absolutely. Because... if I am going to assess the mum and baby unit to feed, I will always like to look inside the baby's mouth. And that is just something I've always done but that's because as a LC we're trained to look in and see whether there is anything structural that is going to interfere with the latch or why is the pain there? Is it a high arch palate is there a tongue-tie, is there something? Whereas, a midwife doesn't necessarily, unless she's really, you know, finds the whole oral, you know, issue important she won't necessarily look into a baby's mouth. Because... it's not a huge amount of lactation that you do when you do your mid because all the focus is on the delivery, pretty much.

(Participant 4, interview, 11 April 2016)

What is particularly interesting about this exchange is that I had specifically asked the participant to clarify whether she approached each of her roles from within a different mindset, and she replied that she did not. However, the participant's ensuing comments then describe how she approaches her roles of lactation consultant and midwife *differently* – how she performs different tasks for each, how each focuses on a different medical situation (breastfeeding versus labour), and, perhaps most tellingly, how the conception of the patient differs between each role[91]. All these differences indicate that there is a shift in the participant's thinking when performing each role – but that the participant is not aware of it, or does not think of it as 'thinking', to the extent that she cannot identify the change when directly asked about it. What is significant about this is that this indicates the sort of thinking that goes on when a breastfeeding worker shifts between roles is not thought about as 'thought', or conscious decision-making – that it is instead almost automatic, or, in other words, taken-for-granted (cf. Bourdieu, 1977). This excerpt therefore provides strong confirmation to the argument that these incidents represent clear examples of the exercising of background ideational abilities.

The findings of this analysis therefore confirm Schmidt's conceptualisation of the exercising agency as bifurcated into background ideational abilities and foreground discursive abilities (see 2008, pp. 314-5; 2011, p. 48). The exercising of foreground discursive abilities can be seen to critique and change or maintain institutions in a number of contexts. Because of their

[90] The mother-child dyad is a conceptual construct where a mother and child are treated as a single entity. See further discussion in section 6.3.
[91] Also, it is notable that her patients approach her differently – that is, expect different things from her and ask for help on different issues – depending on each role she occupies.

nature it is more difficult to identify the exercising of background ideational abilities without designing a study specifically to look for them. On analysis, however, background ideational abilities can be seen particularly to maintain institutions by sequencing the possibilities of agency in a way that remained unquestioned by participants. This point about the sequencing of agency will be returned to in section 5.7.

Before moving to the next section of this chapter, it is important to note the interrelationship between institutions and the exercising of the two discursive institutionalist modalities of agency. This is that it was entirely possible that in different circumstances any specific role could interact with background ideational abilities, while in others it could interact with foreground discursive abilities. A single individual might even exercise the two modalities in interaction with the same institution. For example, in the excerpt illustrating the complexity of the ordering of agency in foreground discursive abilities, Participant 3 (interview, 29 March 2016) describes exercising her foreground discursive abilities by critiquing her role as a paediatric nurse. However, in the extract where she and I engaged in dialogue just above, she describes acting from her perspective 'as a paediatric nurse' – that is, exercising her background ideational abilities in interaction with that role (ibid.).

The findings therefore demonstrate that there may not be a static relationship where some institutions are always ticking over in the back of individuals' minds, interacting with the exercising of background ideational abilities, whereas others are always up for critique through the exercising of foreground discursive abilities. Instead, in some circumstances an individual might exercise her agency *upon* an institution, critiquing and problematising it, whereas in others she might exercise her agency *through* an institution quite unconsciously. This distinction makes the difference between background ideational abilities and foreground discursive abilities clear: it might be said that background ideational abilities act *through* institutions, while foreground discursive abilities are exercised *on* institutions. Or, in more technical language: institutions are internalised and conflated with subjectivity during the exercising of background ideational abilities, and externalised and objectified through the exercising of foreground discursive abilities. The next section of this chapter will discuss the circumstances which might determine how agency is exercised in respect of any specific institution.

5.6 Multiplicity of roles

Schmidt (2008, p. 315; 2011, p. 55) develops the concept of foreground discursive abilities out of Searle's conceptualisation of a 'logic of communication' (Searle, 1995), which proposes that agency in any linguistic system or "meaning context" proceeds out of the shared understandings

or implicit rules common to the actors within that system. It is this logic of communication, Schmidt argues, that allows actors to "think, speak and act outside their institutions even as they are inside them" (2008, p. 314), which is what allows them to critique and change (or maintain) them. To quote Schmidt in full:

> Foreground discursive abilities are essential to explaining institutional change because they refer to people's ability to think outside the institutions in which they continue to act, to critique, communicate, and deliberate about such institutions and to persuade one another to take action to change them.
>
> (Schmidt, 2011, p. 69)

Schmidt starts to define what comprises a logic of communication in discursive institutionalism by contrast to the governing logics of action theorised in other forms of new institutionalism, such as the interest-based logic of calculation theorised by rationalist institutionalism, or the history-based logic of path dependence theorised by historical institutionalism. In contrast to these models of social action, discursive institutionalism argues that specific logics of communication will arise in specific meaning contexts, and that, in a given meaning context, the logic of communication is constituted by "particular set of ideational rules and discursive regularities" (Schmidt, 2008, p. 314).

The aim of this section is therefore to identify what sort of ideational rules and discursive regularities might underlie the exercising of foreground discursive abilities in the case study. Given that policy change is – in line with all new institutionalist accounts including discursive institutionalism – predicated on institutional change, understanding how the exercising of foreground discursive abilities leads to institutional change is critical to understanding how policy implementation happens.

A striking empirical characteristic of almost all of the examples of foreground discursive abilities excerpted above is that they occurred in a context of *multiplicity of roles*. That is, these examples were all described by participants as occurring where the actor exercising foreground discursive abilities occupied multiple roles – usually, but not always, professional roles. As described in Chapter 3, it was generally characteristic of the case study that participants worked from within multiple roles to do their work of implementing breastfeeding policy; so much so that 'multiplicity of roles' was one of the primary codes derived inductively during data processing, with this code ultimately contributing to the construction of the final analytical category of 'agency'.

An example of this multiplicity of roles can be found by returning to the quote excerpted above in section 5.5 at pp 150-151 from the interview with Participant 4 (2016). There the

participant was posed with a problem: the actions she needed to take to fulfil her patients' needs were actions outside her role as a paediatric nurse. However, she did not become aware of these problems just randomly; instead, she became aware of them because of her "midwifery background" – that is, because of a role she *formerly* held. While going about her role – while maintaining the institution of 'paediatric nurse' by exercising her background ideational abilities – she was *also aware* of the institution of the role of 'midwife'. She was consequently aware, while performing the actions of a paediatric nurse, of the actions that a midwife would perform: and it is this awareness of a different set of courses of action, of different possible approaches to meeting patients' needs, of identifying different issues as being patients' needs, that allowed the participant to envision a different approach to her work *and therefore critique the institution of the role of paediatric nurse*.

Further, to develop the eventual solution to her problem, the participant reached outside her role *to define herself in terms of another role*, that of being a lactation consultant. The participant was not trained as a lactation consultant at the time her new role was established; instead, her "passion for lactation" came from her experience training as a midwife, when a lactation consultant mentored her (Participant 4, interview, 11 April 2016). Accordingly, while the participant did not at that point personally occupy the role of lactation consultant, it was a role she was very well acquainted with through prior experience, and one which she held in high regard. The participant's critique of her role emerged from her experience with another role; the short period in which she changed her role, expanding it to include some midwifely duties, emerged from her experience with another role; and her eventual solution to maintain her role emerged from her more indirect experience with another role.

Participants also referred to *non-professional* roles in the same sort of clearly delineated, externalised, objectified way as they did their professional roles. This was especially the case in regards to conceptualising being a *mother* as a 'role', in the sense that being a mother represented a coherent subject position from within which individuals would think similar thoughts and perform similar non-ideational actions. For example, in the following quote one participant discusses why so many mothers develop negative feelings when they cannot breastfeed their children:

> I think it just comes down to the basic essence of mothering. It's about our children; it's about doing the best we can for our children; it's about being seen to be doing the best we can for our children, and wanting other people to acknowledge that we're doing the best we can for our children, and that we are doing a good job for our children. And so if we believe we are not meeting pre-determined expectations, then we feel like we're failing.

(Participant 9, interview, 27 May 2016)

Here the participant discusses how the deep emotional bonds involved in motherhood underlie many women's distress at failing to breastfeed – but also links both these bonds and the distress to social systems of achievement and prestige, and the failure to meet "pre-determined expectations". This indicates a conceptualisation of motherhood (or a perception of how mothers conceive of their motherhood) in that not only are there are specific requirements ("expectations"), but that these need to be fulfilled by taking appropriate actions. That is to say, filling the 'role' of mother means that a person must feel and do certain things, and will sanction themselves emotionally if they do not do those things. Motherhood therefore represents a norm which enables some behaviours while constraining others – in short, an institution (Lowndes & Roberts, 2010).

However, it was clear from interviews that participants did not only put their patients into the role of 'mother', but also themselves. Further, where participants described themselves as occupying the role of 'mother', this role was usually explicitly contrasted with their occupation of a professional role. For example:

> So from there, I qualified, went to work as a midwife; our first son was born about 18 months after that, and as a midwife, you tend to think you know it all; once you have a baby, you discover very quickly that you don't know it all. It's not something that you do in an eight-hour shift and then hand over to somebody else; it's 24/7 and you're on your own, and it can be very distressing. I found myself with an upset baby, crying – I think around about that three-week mark, and so I found a phone number and rang the Nursing Mothers [ABA], and from there, I went along to one of the meetings there, who warmly welcomed me in… and I found that there were other mothers there that were experiencing exactly the same things, and were very supportive and understanding, from the point of view of being a mother, not necessarily just about breastfeeding.

(Participant 1, interview, 21 March 2016)

In this excerpt, the participant sees her experience of motherhood as a "24/7" role where different women "experience the same things". Further she explicitly contrasts her experience as a mother to that of a midwife, who do 'work' in the same area but where *the expertise of the mother trumps that of the midwife*. Being a midwife, it is implied, is easy compared to being a mother, and midwives can potentially learn a great deal from mothers' experience. In this – that they deal with equivalent tasks, and have potentially transferrable skills – being a midwife and

being a mother are implicitly positioned as equivalent roles. This is echoed in the comments made by another participant, already quoted above:

> Sitting there as a mum, with a baby spewing on my shoulder and a toddler crawling up my leg… as a midwife I found it very interesting to sit there, listening to women talk about their experiences in hospital and their perceived experiences of what the midwife said and what the doctor said… and then when I went back to work after maternity leave, I was taking a lot of those comments back to work, and saying, "This is not right. We have to change the way we do this, because the mothers don't like it."…
>
> (Participant 9, interview, 27 May 2016)

In this extract, the participant describes importing her experience as a mother – and as a mother-to-mother peer counsellor working for the ABA in its earlier incarnation as the Nursing Mothers Association – into her role as a midwife. Here, she appears to equivalise the expertises of mothers/counsellors, midwives, and doctors, indicating that they are all concerned with addressing the same sort of issues, albeit from different positions – and that the expertise of the mother/counsellor is superior to that of the midwives and doctors.

Whether professional or non-professional roles are involved, however, what participants are doing in all these extracts is critiquing, changing and maintaining institutions – that is, exercising foreground discursive abilities. What the extract clearly shows is that the exercising of foreground discursive abilities, and concomitantly institutional change, is made possible by this ability to shift between a *multiplicity of roles*. That is, the participant can only critique the role she is acting out of because she is aware of the possibilities of agency suggested by another role of which she is aware.

Each of the roles that the participant acts out of or is aware of is, as argued in section 5.4, an institution. It can therefore be seen that the operation of foreground discursive abilities derives from this simultaneous awareness of, occupation of, and/or influence of *multiple* institutions. The ability to critique, change or maintain institutions is therefore predicated on agency being exercised within a policymaking context where multiple institutions present multiple alternative possibilities of agency. Going back to the new institutionalist roots of discursive institutionalism, where policy change is predicated on institutional change, it can be argued that it is precisely this multiplicity of roles exhibited by the participants in the case study that makes the implementation of breastfeeding policy possible.

In terms of the 'logic of communication' of the case study, it can be seen that it is entirely unremarkable – or taken-for-granted – for actors even at a senior level to work from within multiple roles at once. It can be inferred that at some level it is 'okay' or appropriate or legitimate for actors to be able to improvise in their roles, drawing in techniques associated with other roles. This multiplicity of roles identified in the analysis in this chapter can therefore be identified as a type of *discursive regularity* or *ideational rule* in the way the institutional-agential dialectic operates in the Victorian breastfeeding policy subsystem. The discursive possibility for actors to work from multiple institutional positions at once produces an agential creativity, a capacity for agency to combine and recombine the components of institutions, that makes it relatively easy for institutional change to occur. And it is this ease of reconstituting institutions that, in a policymaking environment characterised by few formal institutional policy drivers in the traditional sense, underlies the ability of actors to proactively undertake policy implementation.

This mechanism of a multiplicity of roles therefore goes a long way to explaining how foreground discursive abilities operate in the case study, and hence how the implementation of breastfeeding policy is happening in Victoria. However, it is not the only ideational rule or discursive regularity shaping policy implementation in the case study. Section 5.7 will discuss the second most prominent discursive regularity or ideational rule shaping the implementation of Victorian breastfeeding policy: the action of institutions to sequence agency.

5.7 Institutions and the sequencing of agency

5.7.1 Discursive regularities

Before discussing institutions and the sequencing of agency, this section will briefly clarify how the terms 'ideational rule' and 'discursive regularity' are being used here. Schmidt describes ideational rules as comprising the "'rationality' of a given discursive institutional setting" (Schmidt, 2011, p. 55) – a fairly vague definition, but one which does give some intuitive sense of what the term might mean. By contrast, Schmidt does not provide any further definition of what comprise 'discursive regularities' (see Schmidt, 2008, 2011; Carstensen & Schmidt, 2016, 2018, throughout); it is accordingly unclear what these regularities might comprise, or how they might differ from ideational rules. For me, the most intuitive understanding of what comprises a discursive regularity is an institution. It is possible that Schmidt means something analogous to 'ideational rule', but encompassing ideas, texts and contexts, but this cannot be known with certainty. Given its vagueness, this discussion will not use the term 'discursive regularity'. However, while I would be satisfied with taking the term 'ideational rule' to mean something like 'a[n implicit] rule about how ideas are put together in a specific discursive setting', there is one

major difficulty with applying such a concept to the case study. In the example of multiplicity of roles as a discursive regularity/ideational rule, it could be seen that while this rule involved a rationality governing about how ideas are put together, this communicative logic *also* governed how institutions and agency function, with consequences for both texts and concepts. That is to say, the 'ideational rule' of multiplicity of roles involved *all* aspects of discourse, not only the ideational.

This problem presents a simple and powerful solution: to reconfigure the term 'ideational rule' as 'discursive rule'. This term has more or less the same meaning as Schmidt's 'ideational rule' (2008, p. 314; 2011, p. 55), but explicitly states that these rules involve and affect all elements of discourse. The logic of multiplicity of roles is therefore a discursive rule in the case study; the remainder of this section will discuss how the sequencing of agency by institutions also comprises a discursive rule.

5.7.2 The functionality of texts

The discussion of multiplicity of roles focused on the effects of that discursive rule on the functioning of roles-as-institutions. This discussion of the sequencing of agency will instead focus on how this discursive rule applies to the functioning of policies-as-institutions. Discussion will begin by noting that this thesis has so far not really distinguished between the different types of document within the breastfeeding policy document corpus, other than to say that some – the Victorian Breastfeeding Guidelines (DEECD, 2014), the NHMRC Guidelines (NHMRC, 2012/2015), and the *National Breastfeeding Strategy* (AHMC, 2009) – were central to the corpus, whereas others were more peripheral. Inclusion within the corpus was ultimately determined by inter-linkages with the central documents, and their importance as gauged by participants.

However, this thesis has also continually noted that many different types of documents are included in the corpus, including policy documents, research documents, professional guidelines, and workplace checklists and children's health records, among many others. As noted in Chapter 4, these texts have all been defined as policies on the basis of information given by participants – powerful actors within the Victorian breastfeeding policy subsystem. Going along with this definition, up until this point the empirical differences between documents have been treated as theoretically null.

The argument has now developed to the point where the empirical differences between these documents can be acknowledged, as it is an understanding of how institutions work in the case study – as described in section 5.4 – that allows for these empirical differences to be given

meaning. An indication of what these differences mean is illustrated by the following quotation from a participant who worked as a researcher, midwife, lactation consultant, and policy drafter:

> I suppose hospitals don't have a lot of policies. They have a lot of guidelines. *Policies, in my understanding, are often motherhood statements*, they'll be "we will be good, we will be nice, we promise to, those sort of things," and then the *actual devil in the detail actually sits in procedures and guidelines*, so the policy being you promise to be good and then all of these relate up to that so when you're doing a more directive guideline it must be under the guise of we promise to agree to the International Code of Marketing of Breast Milk substitutes.
>
> (Participant 2, interview, 22 March 2016; emphases added)

This participant identifies two major effects produced by policies-as-institutions: the setting out of values; and the setting out of actions which will reify those values. This duality of function reflects the classic bifurcation within organisational theory of policy into strategic policy versus operational policy, where a strategic policy will set out an organisation's values, while an operational policy will set out how staff are meant to operationalise the organisation's values. The participant's comments reflect this conventional understanding of the relationship between strategic and operational policies, particularly where she states that procedures and guidelines "relate up to" what she refers to as policies.

Additionally, it is worth pointing out that the participant is explicitly aware of the *functionality* of policy documents. That is to say, she is explicitly aware of policies as things that are meant to *achieve certain outcomes* – or, more precisely, as entities that can make people do things – and she is aware of this to the extent that she can distinguish between the subtleties of how different policies compel individuals to do different things. Although she did not herself put it in such terms, this means that she was aware of the 'institutionality' of documents: the way that they can encourage or induce actors into performing some behaviours, while discouraging them from others.

This participant was involved in developing several of the documents near the core of the 'breastfeeding policy document corpus', both as an author and as a stakeholder – but none of her roles officially incorporated a policy focus, and she had never received formal training in policy analysis (Participant 2, interview, 22 March 2016). Nevertheless, she exhibited a clear and sophisticated knowledge of how policy worked as an institution, and how its institutionality could be manipulated to obtain specific outcomes for herself, her organisation, her patients, and the community of professionals interested in improving breastfeeding rates (ibid.). This highly defined

awareness of the institutionality of policy documents was shared by most other participants[92], whether or not they officially performed policy-related duties, and mirrored participants' self-awareness of the institutionality of professional roles[93].

5.7.3 Textual functionality and different categories of document

A further aspect of the quotation above is that it implies that the different *functions* of policy documents are split among different *categories* of policy document. To use the example provided by the participant above, this means that statements about values are put in 'policies', whereas statements about how to actualise values are put in 'guidelines' (or 'procedures') (Participant 2, interview, 22 March 2016). This was a view shared across participants, who in general displayed a shared understanding about how different types of (policy) document were meant to function. High-level strategic documents were generally believed to provide a general framework of values and beliefs that *justified behaviour*; or, as one participant put it:

> So that strategy [the *Australian Breastfeeding Association Strategic Plan*[94]] does provide an overarching framework for the sort of things that were important for ABA. I don't know how directly it influences it but it can be seen as a conceptual framework for what we do.
>
> (Participant 12, interview, 9 June 2016)

The influence of strategic/values-based texts on behaviour is therefore conceived as indirect, achieved via the mechanism of providing an ideational framework for action. By contrast, guidelines, protocols and procedures represent textual plans for what actions to take in specific situations; some organisations, such as Maternal and Child Health Services, might have relatively broad-ranging protocols addressing breastfeeding as a whole, covering all potential clinical issues related to breastfeeding (Participant 19, interview, 15 September 2016), while organisations such as maternity hospitals with higher numbers of staff dedicated to supporting breastfeeding and greater specialisation among those staff will often produce protocols around quite specific

[92] Especially Participant 1, interview, 21 March 2016; Participant 3, interview, 29 March 2016; Participant 5, interview, 21 April 2016; Participant 7, interview, 5 May 2016; Participant 8, interview, 16 May 2016; Participant 9, interview, 27 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 14, interview, 16 and 30 June2016; Participant 15, interview, 20 June 2016; Participant 16, interview, 20 July 2016; Participant 19, interview, 15 September 2016.

[93] It must be noted that while this awareness of the institutionality of policy documents was widely shared among participants, this may not reflect the mindset of all workers in the Victorian breastfeeding policy subsystem. This research targeted actors within the subsystem who had achieved success in implementing breastfeeding policy, and hence participants might be expected to be more politically and professionally savvy than their peers. However, while it is unknown whether this level of environmental awareness is representative of all workers in the subsystem, it appears that it is necessary for actors to be successful in implementing breastfeeding policies.

[94] ABA, 2013b.

problems and issues related to breastfeeding, including how to manage mastitis, how to deal with formula use on the ward, and so on[95].

However, in practice the way different types of policy documents function is much more complex than this, for three key reasons. Firstly, despite participants' reiteration of the classical strategy/guideline binary, further discussion showed that in practice a multitude of types of documents acted as institutions in constraining or enabling participants' work – policies and guidelines, but also research papers, professional codes of ethics, workplace checklists, consultation papers, NGO position statements, organisational annual reports, and many others. Secondly, the different jurisdictional or organisational provenance of different texts may mean they function quite differently with respect to different actors: for example, while both the Innocenti Declaration (WHO/UNICEF, 1990) and the National Strategy (AHMC, 2009) constitute high-level strategic policy statements, a staff member of a Victorian health organisation such as a MCH Service would be affected differently by each of these documents when undertaking her work.

Thirdly – and most importantly – the theoretical split of policy documents into texts that either purely state values or purely enact values is not actually borne out by participants' descriptions of how they do their work. In practice, there are very few if any documents that *only* state values or *only* enact values. Instead, all texts in the breastfeeding policy document corpus institutionalise *both* ideas about what values justify behaviour, and about how behaviour should enact values. Where they differ – aside from the organisational or jurisdictional provenance of each – is in the *degree* to which each focuses on value-stating versus value-enacting. This chapter will discuss one or two examples from each end of the value-stating/value-enacting continuum – that is, of documents which are either primarily value-stating or value-enacting – to show that no document purely performs either function. This analysis will use research papers as an example of a primarily value-stating type of text.

5.7.4 Research-type documents and value-setting functions

Research papers – articles and reports presenting analyses of data, usually framed in terms of using a scientific methodology – are not conventionally included within the category of policy documents, although participants' comments make it clear that they play a clear role within the breastfeeding policy document corpus. For instance, one participant explained that in a process of updating the NHMRC guidelines:

[95] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 5, interview, 21 April 2016; Participant 7, interview, 5 May 2016.

> The review used a complex combination of systematic and narrative reviews (of more than 2,700 studies), international reports, government policy reports (eg the US Surgeon General, the American Academy of Paediatrics), as well as the previous versions of the dietary and infant feeding guidelines...
>
> Reports such as these were considered by the expert committee in revising the guidelines. As mentioned earlier, the revision was informed by the body of quality evidence as well as key government and international reports. The expert committee would take into consideration the Australian context (eg similarities in service delivery, burden of disease, demographics of infant feeding etc) when deciding whether or not to utilise these reports.
>
> (Participant 10, interview, 27 June and 5 July 2016)

Here, research papers (and a few other documents) formed the basis of revisions to the content of the NHMRC Guidelines, one of the 'core documents' of the breastfeeding policy document corpus. By the definition of 'policy document' used in this thesis, then, research papers do constitute policy documents. However, while participants clearly saw the links between research documents and policy documents, and many relied heavily on research documents when developing and implementing policies, they drew a clear distinction *in kind* between policy and research. Participants used language indicating that research "underpinned" or "sat behind" policy, or that policy was "evidence-based"[96]: that research evidence was drawn on as a resource for developing the guides to action that typify policy documents, and which effect their value-enacting function.

This model of the relationship between policy and research also seemed to underlie participants' implicit understandings of the difference between policy and research. Research underpins or provides a justificatory foundation for policy – but, equally, policy *gives effect to* the findings of research. One participant working from administrative and policy-focused roles discussed this using the metaphor of 'translation':

> Yep, the policy could be this, but in fact it's not actually translating, so how do you translate the policy as it is and the evidence, to different clinical outcomes or clinical practice? That's a huge challenge for medicine, because the challenge about medicine is not a lot of medicine's evidence based... When you start to go, "Well, actually we're going to start looking at the evidence to actually what's the best

[96] Quotes from Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 7, interview, 5 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 15, interview, 20 June 2016; Participant 19, interview, 15 September 2016.

> outcome," that's when we start to see a change of practice, because the evidence shows that that isn't the best way of doing things... The big push now, is what is the evidence driving the policy, and much more focused on that, and intellectually, much more giving credence to it.
>
> (Participant 16, interview, 20 July 2016)

In this quote we see that the participant views the relationship between research, policy and action as follows: research findings are translated into policy; and policy is translated into action[97]. Research here is called "evidence", and is seen to show what is and what is not "the best way of doing things". This is very clearly the setting of values: of describing some things as good/best and others as bad/less good. The translation of what is *known* to be the "best way of doing things" into actors actually *doing* the "best way of doing things", however, is mediated by policy. The implication is that research documents do not set out a guide or plan of action – that is, that they purely perform value-setting functions, not value-enacting ones.

5.7.5 Research-type documents and value-enacting functions

Contrary to what might be expected, however, the findings of the data analysis show that research documents *do* actually perform value-enacting functions. This will be demonstrated via a discussion of the NHMRC Guidelines (NHMRC, 2012/2015) and a review of the literature upon which the 2012 version of the Guidelines was based (NHMRC, 2012b).

In terms of their content, the NHMRC Guidelines constitute a summary of the benefits of exclusive breastfeeding to six months and extended mixed feeding; a discussion of potential obstacles to mothers breastfeeding; a discussion of how best to use formula and solid food when feeding young children; and a discussion of the WHO *International Marketing Code of Breast-milk Substitutes* (NHMRC, 2012/2015; see also WHO, 1981b). All these discussions comprise highly compressed summaries of all the literature referred to by the participant in the quotation above (Participant 10, interview, 27 June and 5 July 2016; NHMRC, 2012b). And as discussed by the participant, the legitimacy of the Guidelines is dependent upon the legitimacy of the research papers reviewed during the course of the revision: on both the very large size of the body of literature surveyed, and the quality of the individual documents constituting that body of literature. What it means for a document to constitute high quality research will be discussed further below, in the section on the discourse of scientific evidence.

[97] Strictly speaking, the translation of policy in action is implementation.

As a document, the NHRMC Guidelines more or less function equally as value setting and value enacting. This is embedded very much in the format of the document, where the Guidelines begin with a "Summary of advice" for health workers, but then breaks down into individual topic sections, with each subsection setting out a summary of values about a sub-topic, and then "advice for health workers" about the same sub-topic, with roughly equal space given to each. The following extract demonstrates this formatting:

> ### Support for breastfeeding in the workplace
>
> Workplace interventions can be beneficial in prolonging breastfeeding. A breastfeeding mothers' room that is centrally located and suitably equipped, where mothers can express breast milk in privacy and safely store it is an important element of an effective workplace intervention. Flexible working hours and breastfeeding breaks further support mothers to continue to breastfeed. Health workers can have a positive influence in encouraging supportive workplaces, although providing this support may be more difficult in some workplaces than others (see Section 6.3).
>
> ### Advice for health workers
>
> • Encourage the mother to use expressed breast milk when away from the infant and breastfeed when mother and infant are together.
>
> • Encourage support in the community and workplace for flexible work schedules, suitable environments for breastfeeding, expressing breast milk, storage of expressed breast milk and child care. Promote the use of paid parental leave schemes and lactation break entitlements.
>
> (NHMRC, 2012/2015, p. 21)

The split between stated values and the guide to enacting them is here very much reified in the formatting of the section. However, on closer analysis there is less distinction between value-setting and value-enacting than the rigid divisions in the formatting would imply. For instance, the value-setting section of the extract above states that "A breastfeeding mothers' room that is centrally located and suitably equipped, where mothers can express breast milk in privacy and safely store it is an important element of an effective workplace intervention" (ibid.). This is expressed as a value statement about supporting breastfeeding in the workplace ("an important element"), but it also states that this is how to make an "effective" workplace intervention – that it, it is an implicit guide as to *how* to undertake a workplace intervention. This

point about how value-setting statements and value-enacting ones are often conflated will be returned to slightly further below.

Here, however, it is worth noting that all these statements – both the values about breastfeeding and guide to enacting them – are derived from the research literature into breastfeeding. When revising the Guidelines, the NHMRC contracted academic staff to conduct a rigorous review into a range of literatures (as described by Participant 10, interview, 27 June and 5 July 2016; see above), which has been summarised and published in a publicly available document (NHMRC, 2012b). This document breaks down the research into literature related to specific topic areas, which are mainly presented in tables summarising the quality of the evidence with regard to the topic, the overall literature findings, and details about the research design and findings of specific papers (ibid.).[98]

The summary that the research into the relationship between breastfeeding and the return to work is presented in a way that is *agentially inert* – that is, without explicit consequence for actors. For example, the overall finding of the summary is:

> An association between maternal employment and breastfeeding outcome was not consistently found across all studies with approximately one third finding no association. However, in those studies reporting an association the majority reported a negative association between intention to work or return to paid employment and both breastfeeding initiation and duration.
>
> NHMRC, 2012b, p. 278

While it is easy enough to imagine how policy recommendations might be developed out of this summary, the summary itself does not recommend a course of action. By contrast, other research papers included in the review *do* recommend courses of action. Continuing with the same example, sections later in the review summary related to workplace interventions record these recommendations from the research:

> The lack of evidence resulting from this review emphasises the need for further research into breastfeeding education and support in the workplace post delivery…
>
> Randomised controlled trials are required to establish the benefits of various types of workplace interventions to support, encourage and promote breastfeeding among working mothers…

[98] An example relevant to the above quote from the Guidelines, summarising the literature on "Return to work and breastfeeding", can be found at NHMRC, 2012b, pp. 277-289.

NHMRC, 2012b, pp. 439, 440

Research documents therefore can and do set out recommended courses of action, which potentially could effect value-enacting functions. However it is notable that these recommendations are couched in passive language, with the specifics of agency – who will be taking such actions – effectively erased. The difference between language used to make recommendations in the research ("randomised controlled trials are required") compared to that used to make recommendations in the NHMRC Guidelines ("health workers… encourage the mother to use expressed breast milk") is clear: in the Guidelines recommended tasks are ascribed to specific individuals and verbs are active, explicitly linking responsibility for a specific action with a specific type of actor; whereas in the research verbs are passive, obscuring which actor(s) might be exercising agency, and at any rate no specific actor who might perform the task is identified.

The discussion of this example shows that research documents do perform value-enacting functions as well as value-setting ones. The crucial difference appears to be in that research documents present a truncated or incomplete version of value-enacting, where certain actions are identified as the best ways of enacting the values set out in the research, but no responsibility is ascribed to any specific to perform the tasks of enacting those values. Why value-enacting functions in research documents might be truncated in this way will be discussed further below, in the section on applying the discursive institutionalist conceptualisation of discourse to the data.

Equally, in practice no texts functions in a 'purely' value-enacting manner. Appendix 7 shows that even a stereotypically value-enacting type of text – a workplace checklist for implementing the BFHI (ACM, 2016c) – still produces some value-setting effects. The example of the Australian College of Midwives' *Self-Appraisal Tool* (ACM, 2016c) shows that even a document strongly focused on guiding actors on how to enact values rather than setting out what values are does still set out values – although it may do so briefly and covertly. In combination with the discussion of the example of the *NHMRC Guidelines*, it is clear that documents from either end of the value-setting/value-enacting continuum actually perform both these tasks. The documents of the breastfeeding policy corpus therefore *do* perform the institutionalising functions that participants in this research ascribed to them – compelling agents to adopt and enact specific values - but they do not do so exactly in the way participants describe.

5.7.6 How documents function as institutions: intertextual text-chains

To understand how documents function as institutions, this analysis will return to Kristeva's conceptualisation of intertextuality (Kristeva & Roudiez, 1980), introduced in section 5.4. In Kristeva's conceptualisation of intertextuality, the referential links between documents may either

be overt or covert: one document may explicitly cite another, or refer to concepts or wording used in another without explicitly citing it (ibid.). What is notable about the examples discussed above is that the inter-linkages between documents are about as explicit as can be: not only are other documents cited or referred to, but readers are explicitly directed to read other documents and import their meanings into the present text. An obvious example of the latter happening is when the ACM *Self-Appraisal Tool* directs readers to "appraise its current practices in relation to the BFHI standards in the [BFHI] handbook" (ACM, 2016c), referring to ACM (2016b). By contrast, the intertextuality can be more oblique, as when the checklist in the *Self-Appraisal Tool* is structured in terms of the ten steps drawn from the *Ten Steps* documents (ACM, 2016c), drawing on the *Baby Friendly Hospital Initiative* (2017; also UNICEF, n.d.-b) – although, while the referencing of this document is obliquely done, it is very obvious that it is being referenced.

To continue with the example of the *Self-Appraisal Tool*, it is clear that this document is nested within a sequence of texts that produce an interlocking series of effects. These effects are produced intertextually – that is, they are produced through a process of interrelationships between texts and the actors interpreting them (Kristeva & Roudiez, 1980). Nominally, the interrelationships between these texts appear to be organised into a linear sequence. This sequence of texts does not really have a beginning: there is always some document that comes before another, giving it meaning and legitimacy. However, purely for the sake of analysis, it will be stated here that the *Self-Appraisal Tool* (ACM, 2016c) sits within a sequence of texts that originates with the a now archived WHO/UNICEF document called *Protecting, Promoting and Supporting Breastfeeding: the Special Role of Maternity Services* (WHO/UNICEF, 1989)[99].

Although this document has been superseded and no longer officially comprises part of the United Nations canon of texts, its importance lies in it being the first document in which the "Ten Steps to Successful Breastfeeding" were set out (see WHO/UNICEF, 1989, p.iv). The Innocenti Declaration was declared a year later, explicitly stating that member states should ensure that maternity facilities are implementing the Ten Steps (WHO/UNICEF, 1990). Beginning in 1991, a year after the release of the Declaration, UNICEF and WHO launched the Baby Friendly Hospital Initiative (as described in WHO/UNICEF, 2009).

This launch included the development of a large paraphernalia of texts, which were revised in 2004-2005, with the current version resulting from a second revision in 2009 (WHO/UNICEF, 2009). This extensive set of texts is gathered within a single document called the

[99] To be clear, *empirically* this document reiterates and aims to enact values set out in a number of previous documents, such as the *International Marketing Code of Breast-milk Substitutes* (WHO, 1981b) and United Nations research into patterns of breastfeeding around the world (WHO, 1981a). I repeat that this part of the discussion treats this document as the beginning of the sequence artefactually so as to make analysis simpler.

Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care (ibid.) – although this document is broken down into 'sections' which are posted to the WHO BFHI website as separate files – and comprises a short history of the BFHI; a setting out of the values underpinning and constituting the BFHI; a survey of BFHI implementation processes around the world; materials for supporting education and activist activities; materials for training clinical and non-clinical breastfeeding professionals; and self-appraisal and monitoring tools (see WHO, 2017a). This document (or documents) therefore both sets out and aims to enact values about promoting and supporting breastfeeding, focusing on hospitals and similar healthcare settings. These values are then reiterated and operationalised in the Australian College of Midwives's series of BFHI texts (available at ACM, 2017b 2017c), including among many others its *BFHI Strategic Plan 2012-2017* (ACM, 2012), its *BFHI Information for Maternity Facilities* (ACM, n.d.), its *BFHI Handbook for Maternity Facilities* (ACM, 2016b), and of course its *BFHI Self-Appraisal Tool for Maternity Facilities* (ACM, 2016c).

Throughout all these texts, there is a clear linear chain of apparent causality or *quasi-causality* where one text sets out values, and the next in the chain enacts them: from the Innocenti Declaration, to the *BFHI Initiative*, to the ACM *BFHI Strategic Plan*, to its *Self-Appraisal Tool*, to its *BFHI Handbook*. For purposes of analysis I will end the sequence there, although of course the chain of texts continues, including such highly specialised implementation tools as the ACM's *BFHI Data Collection for Initial Assessment* tool (ACM, 2016a) and its *BFHI Skin-to-Skin Audit Tool* (ACM, 2016d).

This potted survey of the text-chain within which the ACM *Self-Appraisal Tool* is nested clearly shows elements of sequential quasi-causality, where texts succeed each other in setting out and enacting values. In the idealised version of this presented by participants, there is a simple binary split within the corpus of documents they use in their work, into 'policy' documents setting out values and 'operational' documents enacting those values[100]. However, the textual genealogy of the *Self-Appraisal Tool* shows that what appears at first to be a dualism between conceptualising values and enacting values is in practice a multi-layered system of texts which differ as to the *specificity* and *materiality* of their commands. That is – as argued above – *all texts* both set and enact values to some extent, but some influence agency in a way that is overall more abstract, whereas others influence agency in a way that is more materially specific.

Further, the distinctions between these different levels of specificity and materiality only make sense in relation to each other. For example, the *Self-Appraisal Tool* is more materially specific in the sorts of actions it encourages or discourages than the *BFHI Information for*

[100] Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 5, interview, 21 April 2016; Participant 7, interview, 5 May 2016; Participant 16, interview, 20 July 2016.

Maternity Facilities document (ACM, n.d.), but more abstract than the *BFHI Handbook for Maternity Facilities* (ACM, 2016b). As a general pattern, the way intertextuality operates within these text-chains is in increasing or decreasing levels of abstraction, where these documents act as institutions in their effects on agency in *increasingly or decreasingly abstract ways*.

However, the generalisation that documents at the 'beginnings' of sequences are always more abstract, while those at the 'end' are always more materially specific, is not borne out empirically. Firstly, it can be shown that the proportion of content in a text devoted to value-setting or –enacting is not necessarily related to its place in the text-chain. Instead, the apparent material specificity of a document is intertextually produced: that is, an actor interprets a text as being primarily value-setting or –enacting simply because of its relationship to other documents in the text-chain. Secondly, it can be seen that texts are simply not intertextually organised into chains – or, to be precise, they are not *only* intertextually organised into chains. Instead, texts are read or interpreted by actors as being organised into linear chains, but the linearity of these chain is complicated in a number of ways: through linkages with other text-chains; through linkages to other standalone texts; to reversals of the interpretive direction within a chain; or there may be clustering of texts within a chain, rather than a more linear relationship. Empirical demonstrations of these two types of complication to the linearity of text-chains are set out in Appendix 8.

To a great extent, therefore, both the material specificity of a text (that is, how much its content is considered to be value-setting or –enacting) and the organisation of texts into chains is an artefact produced by how actors *consider these documents to work*. In terms of an intertextual analysis, this means that much of the meaning produced by agents interpreting texts within a field of documents involves meaning about how those texts are interrelated. It was argued in section 5.4 that in the case study one of the most important types of institution is the policies constituted from the bundling together of ideas, texts and contexts. The arrangement of texts into text-chains – or the belief that texts are arranged into text-chains – therefore represents the construction of the textual component of the institution of 'breastfeeding policy'.

5.7.7 How documents function as institutions: If-then sequencing

These textual institutions are quite explicitly understood by participants to involve a number of ideas, divided into two types: about what is the right thing to do; and about what are the right ways to perform the right thing to do. That is, these ideas can broadly be divided into ideas about value setting and value enacting. Section 5.4 noted that institutions had an *implicative* or if-then structure, where if an actor is exercising agency from within a role then she must or must not perform specific actions. The discussion above shows that meaning, within breastfeeding policy

text-chains, is also constructed according to this implicative structure. For example, *if* a state party signs the Innocenti Declaration (WHO/UNICEF, 199), *then* that state party should implement it by rolling out the Baby-Friendly Hospital Initiative (WHO, 2017a, 2017e): the Innocenti Declaration declares the values that the state upholds, and the BFHI represents one of the ways in which the state will go about implementing those values. The internal structuring of meaning within roles-as-institutions and policies-as-institutions is therefore analogous.

Where this implicative structuring of meaning differs between the two types of institution is in their relative levels of objectification or externalisation. While the implicative structure of roles-as-institutions needed to be inferred from analysis of the data, with policies-as-institutions it is externalised and reified within the way the texts comprising policies-as-institutions are arranged together. The if-then, value-setting-then-enacting internal structure of institutions is, with policies-as-institutions, written into the texts constituting those institutions themselves – that is, by the division of policy texts into 'strategic' and 'operational' documents. It is somewhat beyond the scope of this thesis to argue why policies-as-documents objectify this implicative internal ideational structure of institutions in the arrangement of their constitutive texts, whereas roles-as-institutions do not, and data was not gathered specifically to investigate this point. However, it could be postulated that the strategic-versus-operational binary already exists as an institution in policymaking – being as it is a longstanding tradition in both policy theory and policy practice – and so this institution has filtered down to the Victorian breastfeeding policy subsystem, despite the differences between the subsystem and a classical policymaking environment.

The implicative internal structure of institutions in the case study means that ideas within institutions are *sequenced*: the internal structure produces an inexorable logic whereby ideas are arranged into an order. In terms of a role-as-institution, this might mean that the ideas followed the sequence *I am a lactation consultant→ I must take a mother's full medical history*. In terms of a policy-as-institution, ideas might follow the sequence *My job is to implement the BFHI for my organisation → I should use the BFHI workplace checklist*. These sequences may become more complex, as the following constructed example shows:

Breastfeeding is the best form of nutrition for an infant →
All mothers should exclusively breastfeed to six months →
My organisation should do more to encourage breastfeeding among mothers →
The organisation I work for should adopt the BFHI →
My job is to implement the BFHI for my organisation →
I should use the BFHI workplace checklist →
I should use the BFHI skin-to-skin audit tool →

Following birth immediate skin-to-skin contact between mothers and infants should be initiated →[101]

I should encourage this woman to initiate skin-to-skin contact →[102]

And so on.

There are two noticeable themes running throughout these ideas: firstly, that more or less all of these ideas are based around values ("best", "should", "must"); and secondly, that all these ideas are based around actions, or things to do. Combining these two themes indicates that the ideational clusters which partially constitute institutions comprise a number of ideas about how agency should be exercised – that is, about what actors *should do*. Further, these ideas construct a *sequence* in which actors should do these things – and, as shown in the quotations earlier in this chapter, participants did (or claimed to) perform actions according to these sequences. Ultimately, therefore, institutions *sequence* the exercising of agency. The construction of policies-as-institutions reproduces this sequencing at the textual level.

What all this shows is that an implicative logic emerges out of the internal structure of institutions, which goes on to shape the configuration of ideas and texts, and the exercising of agency. This implicative logic or sequencing is therefore a *discursive rule* governing the configurations of discourse within the specific discursive setting of the Victorian breastfeeding policy subsystem.

Where, as described in section 5.6, the discursive rule of 'multiplicity of roles' facilitates the operation of foreground discursive abilities in the case study, the discursive rule of *if-then sequencing* facilitates the exercising of background ideational abilities, as argued in section 5.4. Where the logic of multiplicity of roles allows for complex, creative recombining of agential possibilities, the logic of if-then sequencing works by compelling agency into a specified course of action. The whole point of an if-then sequence is that its logic is unquestioned – taken-for-granted – and that actors *inevitably* perform certain actions as a consequence of accepting a certain policy or occupying a certain role. It is mostly through the exercising of background ideational abilities that practices in the Victorian breastfeeding policy subsystem are *maintained*:

[101] Checking whether all mothers have initiated skin-to-skin contact is a requirement of the BFHI Skin-to-Skin audit tool (see ACM, 2016d). Of course it can be seen here that this ideational sequence is not as linear as presented here, as "following birth…" is a new idea introduced into this sequence. As always, the construction of meaning is always more complicated than it seems at first glance.

[102] An additional complication is introduced by *multiple* institutions being implicated in the construction of this ideational sequence. That is, the BFHI texts-as-institution is the institution around which I have constructed this sequence – but while constructing it I (unconsciously) relied on the operation of professional-roles-as-institutions, by introducing the idea that an actor needed to implement the BFHI because of her job.

an actor exercising background ideational abilities thinks through or as an institution, and repeats the if-then logic structuring the ideational component of that institution *in actions*.

This chapter has so far described the characteristics of agency in the case study, the construction of institutions in the case study, and analysed the discursive rules underlying the functioning of the institutional-agential dialectic, both through the exercising of background ideational abilities and foreground discursive abilities. Altogether, the findings provide a strong analytical account of the mechanics of how policy implementation happens in the Victorian breastfeeding policy subsystem, according to Schmidt's discursive institutionalist model of policymaking. Having set out the mechanics of a discursive institutionalist account of the implementation of breastfeeding policy, Chapter 6 will analyse how these mechanics operate in discursive terms.

Before that, however, this chapter will return to the research question guiding this thesis: *What is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria?* This chapter has shown, however, that the Victorian breastfeeding policy subsystem is teeming with institutions, and that those institutions are critical to policy change. The final section of this chapter will therefore return to the concept of the 'institutional void', first broached in Chapter 4, and ask again what it means to characterise the case study as exhibiting 'few formal policy institutions'.

5.8 Is the case study an institutional void?

The analysis of the case study data in this section has found that, rather than constituting an institutional void (Hajer, 2003), the Victorian breastfeeding policy subsystem is actually replete with institutions. This chapter has identified the two most prominent and influential groups of institutions in the case study, roles-as-institutions and policies-as-institutions. It should be noted, however, that this analysis cannot claim these are the only institutions operating in the Victorian breastfeeding subsystem; they merely may be the most prominent ones. Instead, it is more likely that institutions are everywhere in the case study – that the institutional void is full of institutions contributing to the work of policy implementation, but these institutions are simply not what are traditionally considered to be policy institutions. This chapter therefore answers the research question – *what is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions?* – with the assertion that in policymaking contexts characterised by a lack of formal policy institutions, discourse *produces new institutions to shape policy implementation*.

What this analysis of a policy 'institutional void' therefore indicates is that what comprises a political institution needs to be reconceptualised in the context of non-traditional policymaking environments. In the case study, the most significant institutions in terms of compelling policy implementation are policies and professional roles – but in other empirical contexts institutions might manifest quite differently. Given the importance of institutions in shaping the possibilities of agency, it is considered extremely unlikely that a policy subsystem could exist at all without some sort of institutional presence. However, in contexts such as the Victorian breastfeeding policy subsystem, characterised by the dispersion of implementation across both governmental and non-governmental sectors, social forms that are not traditionally considered to be governmental may come to act as institutions – and it is through discourse that these institutions are constructed as significant for policy implementation,

Chapter 5 has produced an answer to the research question with which this thesis began. However, this chapter has only analysed the data generated about the case study through the lens of one part of Schmidt's model of policymaking. The answer to the research question which emerged from this chapter can therefore only be considered a partial answer. Chapter 6 will develop a fuller answer to the research question by analysing the case study using Schmidt's entire discursive institutionalist model of policymaking.

Chapter 6: A Multi-Layered System of Meaning

How discourse creates structures during policy implementation

6.1 Introduction

Chapter 5 undertook the first phase of data analysis by applying the central element of the discursive institutionalist model of policymaking – the institutional-agential dialectic – to the case study. This chapter continues the work of data analysis by applying the discursive institutionalist model of policymaking in its totality to the data. The aim is to provide a fuller answer to the research question: *what is the role of discourse in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria?* The previous chapter used the institutional-agential dialectic to understand how actors in the Victorian breastfeeding subsystem deploy agency; what sort of new institutions are emerging in the sector; what new institutions are emerging in the case study; and how these forms of agency and institutions interact to produce policy implementation. This chapter will interrogate the role of those institutions in the construction of larger discursive structures. The analysis in this chapter will therefore focus on analysing how the implementation of breastfeeding policy occurs as a discursive 'system'.

The analysis in Chapter 5 stuck fairly close to Schmidt's discursive institutionalist model of policymaking, extending it in only a few places. This chapter will move much further from Schmidt's model. It will begin by remaining faithful to Schmidt's model in applying her concepts of 'coordinative' and 'communicative' discourses to the case study (Schmidt, 2008, p. 310; 2011, pp. 56-7; Carstensen & Schmidt, 2016, p. 325; 2018, p. 613). Section 6.2 will describe how these discourses manifest in the Victorian breastfeeding policy subsystem, but will also suggest that there are other types of discourse structured along the same lines as those suggested by Schmidt, including a 'public discourse'.

During data analysis, it was found that the way breastfeeding policy implementers talk about breastfeeding tends to cluster around several ideational themes. Section 6.3 analyses these themes, finding that they constitute several complicated and interrelated narratives about how policy implementers should fix the problem of mothers failing to maintain or establish breastfeeding. Section 6.4 concludes the data analysis by discussing how discourse, which is about ideas and how they are conveyed, assimilates the central problem of mothers failing to maintain or establish breastfeeding, which is lived through bodily experience. The chapter ends by

identifying the various linguistic strategies implementers used to transmute their emotional and bodily experiences into discursive material.

6.2 Coordinative, communicative, and public discourses

In her discursive institutionalist model of policymaking, Schmidt uses the term discourse to refer to systems of meaning in two somewhat different senses. The first of these is the sense that was defined at the end of Chapter 2 and discussed again in Chapter 5: discourse as a complex concept encompassing institutions, agency, ideas, constituting a system of meaning which produces policymaking and implementation. The second sense in which Schmidt uses the term is to refer to specific ways in which discursive systems of meaning can be configured (Schmidt, 2008, p. 310; Carstensen & Schmidt, 2016, p. 325). This second sense moves more towards the empirical than the first, but it is still an abstract concept – although it does describe the way discourse works with more specificity than the first sense. Schmidt (ibid.) identifies two different types of 'discourse' in the second sense: coordinative and communicative discourses.

Coordinative discourse is discourse about "policy construction" shared among professional policy actors, usually but not always in the public sphere (Schmidt, 2011, p. 56; see also Schmidt, 2008, p. 310). It involves making statements about the "creation, elaboration, and justification of policy and programmatic ideas" (Schmidt, 2008, p. 310). Using this concept as a lens to understand policy implementation in the case study reveals that coordinative discourse represents much of the activity described in the data. This is not surprising, given that all participants had been selected for interview because of their involvement in implementing breastfeeding policies, and that several were in policy-focused professional roles.

Participants were frequently very self-aware or self-cognisant about speaking through coordinative discourses, paying attention to the different linguistic and textual strategies that could be used to effect specific policy outcomes, and noting the social interactions among policymakers that constitute the "policy sphere" (Schmidt, 2008, p. 310). This is illustrated by the following quotation from one participant, a professional policy manager:

> Certainly the NHMRC set the gold standards for evidence, and for setting guidelines, so yes. They are certainly the principal holder of that sort of level of doing the evidence, but the challenge is, for people at like NHMRC, there's a whole range of guidelines that often come in and out of, in terms of order, they come in and out of date, when they should be reviewed. It's actually quite a complex process if I bring all the evidence together on an ongoing basis, and it's also very

> expensive. The issue is, how are we going to streamline the fact that we're going to get the evidence? We know that for general practitioners say, they don't have time to actually read a 40 or 50 page document around guidelines for breastfeeding. They will want something very simple, very explainable to their patients, as will community health nurses. As will midwives that work in the community and work in the hospitals.
>
> (Participant 16, interview, 20 July 2016)

Here the participant clearly identifies a specific organisation within the Victorian breastfeeding policy subsystem (the NHMRC), and talks in quite a lot of detail about that organisation's role. It should be pointed out that Participant 16 did not and to my knowledge had never worked for the NHMRC; yet despite this he could identify the complexities of the NHMRC's function in the subsystem (the multiplicity of guidelines relevant to their work and their continual updating); the knock-on effects of these on the organisation's work (the expense of reacting to these updates); and the key issues considered by the NHMRC in resolving these complexities. The participant also describes a further complexity: the different 'languages' the NHMRC will need to use in crafting their guidelines so that different types of health professionals can use them, including the potential for 'translating' them for use with a public audience.

The sorts of language used are highlighted in the following quote, from a participant in a education- and research-focused role who is here describing her role in past processes for developing and implementing breastfeeding policy:

> They just changed the language so that it was more politically correct I suppose or acceptable, more palatable. [Question about how it was changed]... Vaguer. So – and the six months, exclusive to six months, is a very good example. So, if you say exclusive breastfeeding to around six months but not before four months, that's really ambiguous. It's really unclear and some people will say that that means it's okay to start solids at four months and two days and the problem is that a lot of health professionals, your maternal child health nurses for example, sit on that and say well, your baby's obviously hungry, it's four months old now, it can have a bit of solids. ... So we need clear guidelines, not ambiguous ones because those health professionals out there that don't pay a great deal of attention to their professional development – and there's a lot of them – they just go by those – what they think it's saying. So if it says around six months, full stop, then that's what they'll follow, but if you put that ambiguity in by saying not before four then they're going to recommend between four and six months.

(Participant 14, interview, 30 June 2016)

This provides an example of how the 'language' used in a discourse comprises elements of language use such as both word choice and sentence construction, and the sorts of ideas that need to be talked about. The participant describes how the need to make a policy viable, or to achieve consensus on the finalised form of a policy, means that it needs to be made "vaguer" and more "politically correct". Ironically, this need to make the language less precise counters the finalised policy's usefulness with its target audience of health professionals, who need to be given guidance about how to react to specific empirical medical situations with specific interventions.

This 'vagueness' and 'political correctness' of language relates to wording choices in policy texts – in this example, the participant compares the vagueness of the phrase "around six months but not before four months" versus the phrase "around six months, full stop". However, these word choices directly rise out of ideational controversies within discourses about breastfeeding. In this case, the ideational controversy refers to the belief of some medical professionals that exclusive breastfeeding should only be recommended to four months, on the basis that data describing the link between breastfeeding and development of allergies, eczema, and asthma in children is unclear (Australian Institute of Family Studies, 2018), with some data even indicating that longer periods of exclusive breastfeeding may even be associated with higher rates of developing eczema and allergies (Uppsala University, 2017). This position is in conflict with UNICEF and WHO advice, which recommends exclusive breastfeeding to six months (for example, UNICEF, 2005; WHO/UNICEF, 1990), as reflected in most official Australian policy documents (see especially NHMRC, 2012/2015; DEECD, 2014) – although at least one Australian medical association has issued policy advice based on the "around six months but at least four months" position (see AMA, 2017).

These ideational conflicts in turn arise from the different interests of different actors in the Victorian breastfeeding policy subsystem. All participants who mentioned this conflict were very much in support of advice remaining at recommending six months' exclusive breastfeeding[103]. One participant stated that the NHMRC Guidelines still support the six months recommendation as:

> at the time of writing the I[nfant] F[eeding] G[uideline]s, the body of evidence was not considered significant enough to change the recommendation that has existed since 2003, that solids should be introduced 'around six months'. Evidence

[103] Participant 9, interview, 27 May 2016; Participant 10, interview, 27 June and 5 July 2016; Participant 14, interview, 30 June 2016; Participant 16, interview, 20 July 2016.

> provided during the 2011 public consultation by the allergy sector had many limitations and lacked long-term follow-up.
>
> (Participant 10, interview, 27 June and 5 July 2016)

With regard to this conflict between these guidelines and the policy statement issued by the Australian Medical Association (AMA, 2017), it can be recalled that the NHMRC Guidelines are very much designed for use by medical professionals whose roles focus on caring for infants, children or new mothers. The AMA, on the other hand, represents not only some of these professionals, but also medical generalists and medical specialists with quite different specialisms. Accordingly, their policy will need to balance the needs of differing sectors, and will not prioritise breastfeeding so much as policy statements aimed at medical professionals with a specific interest in encouraging breastfeeding. The ideational content of a text here therefore is very much dependent on where it is believed to be situated in a field of different texts and actors, a point made by Kristeva & Roudiez in their work (1980).

This discussion illustrates that participants were very much aware of a coordinative discourse shared among actors in the Victorian breastfeeding policy subsystem. They were aware of the subsystem itself, including the multitude of roles within it and the interrelationships between them; and the need to 'speak' in a specialised way to these actors to achieve policy outcomes. They were also aware of how these discourses could be manipulated at the linguistic and ideational levels, with these two levels being interlinked; and the relationships of the linguistic to both the textual (developing and using policy documents), and the contextual (the different positions, aims and challenges faced by different actors and organisations in the subsystem).

Further, analysis of the data showed that participants were very aware that this language use was specialised to the Victorian breastfeeding policy subsystem. An illustrative example from an interview with a researcher describes some of her colleagues' difficulties in trying to advocate for supporting breastfeeding beyond the sector:

> even in the [Education and Training] department... [DEET[104] Policy Analyst] says if she goes to talk to people about breastfeeding, you know, they kind of giggle about nipples and breast and make comments and Treasury doesn't even want to talk about breasts.
>
> (Participant 5, interview, 5 May 2016)

[104] Department of Employment, Education and Training, an earlier iteration of DET.

At a very basic level, therefore, it can be difficult to discuss policy issues pertaining to the Victorian breastfeeding policy subsystem outside the subsystem. While actors within the subsystem are completely desensitised to the use of terms such as 'breast' and 'nipples', beyond the subsystem even policymakers in a professional setting seem unable to detach themselves from the sexual connotations of the terms. The problem here is not, as might be expected, actors in different policy areas being unable to communicate because of specialised medical or technical jargon, but the use of very common terms in ways that are rare outside the subsystem.

The above examples confirm the existence of coordinative discourse in the Victorian breastfeeding policy subsystem. Given the focus of the research, more or less *all* the comments made by participants during the interviews relate to coordinative discourses in the case study: the content of the interviews revolved around how breastfeeding policy development and implementation was undertaken, by whom, and what issues were involved. However, the comments above show that participants not only can talk about the coordinative discourse in their field, but can talk *about* it: participants are aware that they need to speak and write in certain ways to execute policy tasks; that there are certain ways of thinking about breastfeeding necessary to developing and implementing breastfeeding policy; and that these specialisations in language and thought are reflected in the texts and contexts specific to breastfeeding policy subsystem. As with the exercising of agency and engagement with institutions, there is a level of *self-cognisance* about the use of coordinative discourse among actors in the Victorian breastfeeding policy subsystem.

It was expected that participants would be familiar with the coordinative discourses in the Victorian breastfeeding policy subsystem as they were all individuals who had undertaken policy development or implementation in the sector. This discussion will now turn to explaining how data analysis also pointed to the existence of communicative discourses in the case study – which would not necessarily be expected, as no participant occupied a political role[105].

Schmidt presents coordinative and communicative discourses as a binary where the two types of discourse complement each other (Schmidt, 2008, p. 310; 2011, pp. 56-7; Carstensen & Schmidt, 2016, p. 325; 2018, p. 613). Communicative discourses are deployed in the "political sphere" when "political actors engage the public… about the necessity and appropriateness of such policies" (Schmidt, 2008, p. 310). They can therefore be described as discourses which political actors use to persuade the object of their policies – that is, the public – to agree with them.

[105] The participants employed by federal, state and local governments were all employed in non-political roles.

However, while participants spoke much less often about what could be considered to be communicative discourses, they did often enough to confirm that these types of discourses were also operating in the Victorian breastfeeding policy subsystem. Most frequently, their comments took the form of participants *distinguishing* between coordinative and communicative discourses. The following comments from an interview with an academic researcher who had previously worked in an advocacy role with the Australian Breastfeeding Association (ABA), describing her work trying to develop support for breastfeeding policies at the federal government level, illustrate this point:

> I think it's very helpful to be able to move between that higher level and the stories because some politicians cannot move beyond stories. The only way they work is stories and most of them work mainly through stories. But when you're talking to the bureaucrats and to the ministers by and large the ministers, most of them, have a grasp of the higher level. You've got to be able to move. You've got to be able to talk to them at either end. I think one of the things that ABA does very effectively is to talk about the stories and when they can translate that to a more global level as they could with the dollar signs you can communicate at the higher level of government. The bureaucrats understand those structural issues. Some of them.
>
> .
>
> (Participant 13, interview, 10 June 2016)

This participant distinguishes between the "stories" that "most" politicians use to understand policy issues, and the "higher level" of understanding held by "bureaucrats" and most ministers. She presents the "stories" as being a simpler level of understanding, whereas the "higher level" involves a knowledge of "dollar signs" and "structural issues" – the former referring to her previous comments about economic modelling of the benefits of breastfeeding, the latter to research on the structural determinants of health. Additionally, these two "levels" of knowledge are analogous to languages, with skilled actors being able to "translate" between them. As two languages, one primarily used by politicians, the other by bureaucrats and politicians involved in policy decisions, these two levels of knowledge are conceptually parallel to the binary of coordinative and communicative discourses.

As this example illustrates, in practice discourses are not as binary as Schmidt's conceptualisations. This participant speaks about her equivalent of communicative discourse as a language that ABA advocates (members of the "policy sphere") use when speaking *to* politicians. Schmidt, of course, conceptualised communicative policy discourses as the discourse politicians use to persuade *the public* about policy's rationale and benefits (Carstensen & Schmidt, 2016, p.

325). This discrepancy can be reconciled following discussion of comments made by a second participant, who worked in the bureaucracy of the Australian Government, leading the development of the refresh of the *National Breastfeeding Strategy* (as described in DOH, 2017a; AHMAC, 2017a, 2017b; Council of Australian Governments Health Council, 2016), and whose manager reported to the Standing Committee on Child and Youth Health. During the interview this participant described a central challenge of undertaking their work:

> How do governments, political parties, departments, do policy? I think there's a *discourse* between political parties' policy development, government departments' policy development, governments implementing policy, because there often is a …how does it work from there, to there, to there? Often political parties will make statements, but what does that mean for governments?[106]

(emphasis added)

When developing policy, this participant always had in mind the problem of how to develop policy that can accurately *translate* the "statements" of politicians and political parties into a form that can be used by bureaucratic staff in implementing programs. The participant here actually uses the term "discourse" to describe this problem of needing to translate political policy statements into bureaucratic policy statements. This participant's comments illustrate how she undertook the process of making that translation:

> We're just making sure that we support the community's understanding of that, so saying early years are vital to that stuff. Early breastfeeding is vital to ensure that we reduce that notion of the burden of disease that may well come in time, as people get older, and lifestyle issues, so we're just understanding all that and linking that up…[107]

When talking about performing their job, this participant provides an example of the languages involved in the translation as including technical knowledge of population health. This demonstrates a broader pattern in how participants' language use, echoing the comments made by Participant 13 regarding the "higher levels" of policy understanding (coordinative discourse) as including knowledge of structural determinants of health. The other language involved in the translation is the "community's understanding" of these population health issues – that is, a 'translation' of a technical understanding of population health issues that is readily

[106] Participant de-identified to protect participant anonymity.
[107] Participant de-identified to protect participant anonymity.

comprehensible by the public. The work this bureaucrat does for the Standing Committee, then, involves developing a translation of technically focused, bureaucratic, "coordinative" discourse into a form that the Committee can then *communicate to the public*. Again, this echoes Participant 13's discussion of translating technical knowledge into "stories" that politicians can use in their work – their work of course being representing the public. Following this argument is can be inferred that the "stories" Participant 13 speaks of are *communicative discourses*.

This discussion provides an insight about the relationship between coordinative and communicative discourses that goes beyond Schmidt's conceptualisation of them. In Schmidt's discursive institutionalism, the two types of discourse represent a clear binary, performed in different "spheres" for different purposes (Schmidt, 2008, p. 310; Carstensen & Schmidt, 2018, p. 613). As described by participants, in this case study, some actors in the "policy sphere" engage in *both* coordinative and communicative discourses. They speak coordinative discourses with fellow actors in the policy sphere, but speak – and craft the ideational content of – communicative discourses when talking to actors in the political sphere. These communicative discourses are then reiterated or restated by purely political actors when speaking to the public. It is possible to reconceptualise this middle communication between actors in the "policy sphere" and the "political sphere" as a third discourse, involving a third sphere – but it is more empirically accurate to argue that actors in the "policy sphere" shift roles or functions to engage in the "political sphere", shaping their speech to cater to the needs of political actors.

Findings from the data analysis therefore confirm the operation in the case study of Schmidt's conceptualisations of "coordinative discourses" and "communicative discourses" (Schmidt, 2008, p. 310; 2011, pp. 56-7; Carstensen & Schmidt, 2016, p. 325; 2018, p. 613). However, Schmidt divides all discourse in policymaking into these two types – it is not clear that the case study bears this out. Indeed, a third type of discourse is discussed by participants: what could be called 'media discourse', 'public discourse', or perhaps 'community discourse'. The distinguishing characteristic of this sort of discourse is that it involves actors in the "public sphere" – those who are not professional policymakers or politicians, but who speak publicly – speaking about breastfeeding policy. Participants identified both speakers in the media and members of the general public on social media engaging in this sort of discourse[108]. Like communicative discourses, these discourses regard the "necessity and appropriateness" of policies (Schmidt, 2008, p. 310) – but they also concern the feelings and rights of the public in regards to policy.

[108] Participant 6, interview, 4 May 2016; Participant 9, interview, 27 May 2016; Participant 14, interview, 16 June 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016; Participant 19, interview, 15 September 2016.

Given this focus on the feelings and rights of the public, the following discussion will call these discourses "public discourses", and will include media discussion of breastfeeding policies within their scope – but will not in theory close off the possibility that there may be a separate type of discourse called something like "media discourse", involving actors in a "media sphere", which has somewhat different purposes and topics. Comments by participants were not sufficiently detailed to bear out this distinction, however, so here media and public comments will be considered as part of a single discourse. This conflation of media and public discussion is demonstrated in the following quotation, from an interview with the Executive Officer of an NGO:

> [Media comment on breastfeeding] is generally sensationalism. Some of it is based on personal experience rather than any evidence… It's not balanced. We recognise that …some women who have had unpleasant or what they would call unsuccessful breastfeeding experiences, it colours their view and instead of saying I had a really tough time but you should give it a go and this is where you go to, to make sure you get the maximum help, I didn't get the help I needed, for example, but instead of saying I didn't get the help I needed, all these people are pushing breastfeeding down everyone's throat sort of reaction.
>
> (Participant 6, interview, 4 May 2016)

Here the discussion of negative views of breastfeeding segues seamlessly from discussion of media commentary to discussion of individual women's feelings. What is also very noticeable about this participant's comments is her hostility towards public discourse. Several participants disparaged the quality of information about breastfeeding that was available in the media and social media[109]. Both the seamless conflation of media and public discourse, and the hostility towards or disparagement of public discourse can also be seen in the following quote, from a Maternal and Child Health Services manager, discussing where some mothers' negative attitudes towards breastfeeding came from:

> No, I just think it's the media, it's the social media, it's advertising, it's young women's attitude too sometimes. "It should be easy. I deserve to have a great time through this." I think previous generations have done things for the greater good and there is a lot about me time and, "I need to have me time. This is too hard and I need to be thinking of me in this." I think it's a different shift in how we view ourselves as mothers.

[109] Participant 1, interview, 21 March 2016; Participant 6, interview, 4 May 2016; Participant 8, interview, 16 May 2016; Participant 9, interview, 27 May 2016; Participant 14, interview, 16 June 2016; Participant 17, interview, 16 August 2016; Participant 18, interview, 19 August 2016.

(Participant 18, interview, 19 August 2016)

Here the link between the media and the public goes through social media and advertising - these being media texts with which most members of the public engage on a frequent and regular basis. Her belief is therefore that media stories (particularly advertising) shape the attitudes of women in the public – which the participant characterises as being selfish and somewhat narcissistic. The implicit narrative here is that the media influences public views about breastfeeding, and those attitudes are not desirable. This participant further elaborated that members of the public looking for information about breastfeeding "are indiscriminate now, whereas, before they used to, I think, hold information from different people at different levels" (Participant 18, interview, 19 August 2016). It can be inferred from this participant's comments, at least, that the dislike of public discourse about breastfeeding among participants derives from their representing a competing form of expertise about breastfeeding, which mothers might turn to in preference to the advice given by breastfeeding professionals.

This argument is reinforced by participants comments' about the relationship between public discourse and the political sphere. One participant, for example, stated that "if you look at the reactions to stories in the press, for example, about breastfeeding, it's highly polarising, very emotive and I think politicians are very loath to be too directive" (Participant 14, interview, 30 June 2016). This participant meant that because public reaction to negative stories about breastfeeding policy was so heated, politicians became reluctant to support further implementation of policies to support and promote breastfeeding.

Public discourse is therefore discourse spoken by actors in the "public sphere" – but may involve communications from actors in the public sphere *to* political actors. This is in contrast with communicative discourse, part of which involves communications from political actors to the public (Schmidt, 2008, 2011). Through their influence on politicians, these public discourses therefore again represent a form of expertise or knowledge in competition with the expert advice that actors provide to political actors – that is constructed during the operation of coordinative discourse, and which becomes part of communicative discourse when actors switch between the policymaking and political spheres. It can therefore be seen that the hostility of actors in the policymaking sphere to public discourse is that public discourse represents a discourse in competition with the coordinative discourse about breastfeeding – and one which, given that it involves media, the public and politicians – effectively leaves professional policymakers out of the loop, discursively and professionally speaking.

Participants were not consistently asked about media narratives about breastfeeding during the interviews, as it was not seen prior to interview as a key line of questioning; however, it

was mentioned by several participants, and where the topic arose I did question participants about it. Overall, though, not enough data was gathered about public discourse for any additional comments to be made about it – or for a conclusive definition of "public discourses" to be set out. However, the data does support the existence of a discourse that includes both media speech and speech by members of the public, and which influences policymaking through being communicated to political actors. Somewhat tentatively, therefore, this defines "public discourse" as discourse about a policy and its effects on the public; it is spoken by actors in the public sphere, and may be communicated to political actors. Exactly how public discourses affect policymaking is not clear from the data gathered during the course of this thesis, but is a topic worth investigating in further research. Additionally, it should be noted that this thesis does not argue that coordinative, communicative, and public discourses are the only types of discourse operating during the development and implementation of breastfeeding policy; instead, it leaves open the question of whether further types of discourse have a role in policymaking.

What distinguishes all these types of discourse from each other is that they are constituted by statements made by distinct interest groups – bureaucratic policymakers, politicians, and the public/media. Further, all these statements are made to a specific audience in order to advance the interests of the specific group that makes statements within that discourse: policymakers speak to politicians in order to get ministerial approval for their policies; politicians speak to the public to get a democratic mandate for their decisions; and the public (and media) speak to the politicians to have their interests reflected in democratic processes. By making these statements – by manipulating discourse – these groups can gain relative power over other groups; but it important to note that power is always a product of discourse, as argued by Foucault (1977, 1992, 2002).

This is made clear by policymakers working so hard to *persuade* politicians to their point of view by 'translating' the ideational content of their discourse into terms that were reconcilable to a communicative discourse. What this did, effectively, was to replace the ideational content of the communicative discourse *with the ideational content of the coordinative discourse*. The power of policymakers over politicians, therefore, was effected by colonising communicative discourse with coordinative discourse, so that any actions subsequently made by politicians were in line with the coordinative discourse.

These findings fit with Schmidt's understanding of how power works in a discursive institutionalist model of policymaking:

> For discursive institutionalists, power is not solely defined by (objective) position, since ideas and values infuse the exercise of power, influence (subjective)

> perceptions of position, and often give power to actors even when they might lack the power of position—as in the case of social movements or entrepreneurial actors who set the agenda for reform in policy or political spheres. Power itself, moreover, derives not only from position, meaning actors' ability to wield power, but also from purpose, since actors' ideas and discourse about how to wield power might reinforce or undermine the power they derive from their position, depending on the responses of their audience to their stated purposes.
>
> (Schmidt, 2011, pp. 60-61)

Schmidt specifically contrasts this conceptualisation of power to that found in previous versions of new institutionalism, where power is seen to emanate purely from position, and that, further, "agents' strategic interests derive primarily from their power and position" (Schmidt, 2011, p. 60). However, while Schmidt repudiates that stance and explicitly attributes agential power to agents' manipulation of discourse, the manipulation of different types of discourse is clearly also associated with position – for example, political actors speak communicative discourse. It is therefore crucial to note Schmidt's statement that "power is not solely defined by (objective) position" (ibid.), which implies that discourse and position interact to produce power.

In the findings presented in Chapter 5, however, it was shown that positions (in that case, professional roles) are both discursively produced and are spaces from which discourse can be manipulated. Accordingly, it can further be argued that power and position are not binary terms, and hence do not straightforwardly interact. Instead, positions can be seen as points or spaces *within discourse* from which it is especially easy to exercise agency, meaning that the exercising of agency from these positions is more readily legitimised, and/or that the possibilities of agency which can be exercised from those positions are relatively wide-ranging or influential.

Given that Schmidt repudiates the term 'interest group', and given that the argument above instead links position to the production of power through discourse, this thesis will from here on refer to these groups as power groups. Some intuitive support for this name lies in most of the illustrative quotes above being coded under the analytical category "Power" during data processing (see Chapter 3). The findings demonstrate that bureaucratic staff, politicians, and the public and media can all be considered to be power groups: groups of agents who, although often not formally or officially aligned, manipulate discourse in analogous ways, producing equivalent discursive regularities.

The discursive institutionalist account of power is developed further in Schmidt's work with Carstensen (2016). Carstensen and Schmidt define ideational power as "the capacity of actors (whether individual or collective) to influence other actors' normative and cognitive beliefs

through the use of ideational elements" (2016, p. 321). They go on to identify three types of ideational power: "power through ideas", which involves actors gaining power by persuading other actors to adopt their views; "power over ideas", which comprises actors' ability to control and dominate meanings; and "power in ideas", which comprises "the authority certain ideas enjoy in structuring thought at the expense of other ideas" (Carstensen & Schmidt, 2016, pp 323, 326, 329). While these types of ideational power interact with institutional power, they are conceptually distinct from it.

The findings of the analysis showed that different power groups can manipulate discourse in competition with each other (as in coordinative discourse versus public discourse), or with the aim of influencing each other (as in either coordinative or public discourse aiming to influence communicative discourse, or communicative discourse aiming to influence public discourse). Further, they can do so by persuading other actors to adopt their ideas, or by dominating and controlling the meaning of ideas – that is, by 'powering through ideas' or by 'powering over ideas' (Carstensen & Schmidt, 2016). The analysis above suggests that the less powerful group in a discursively structured relationship tends to employ power through ideas, whereas the more powerful tends to employ power over ideas. That is, actors tend to try to persuade those more powerful than them, and dominate the ideas of those less powerful than them.

Accordingly, this section has moved beyond Schmidt's contention that there are types of discourse, including coordinative and communicative discourses (Schmidt, 2008, 2011) in two key ways. Firstly, it argues that there are additional types of discourse; while 'public discourse' was identified as operating in the case study, but this thesis leaves open the question of whether other types of discourse exist. Secondly, this section has conceptualised the groups associated with specific types of discourse as 'power groups', and indicated how these different groups might interact. The following section of this chapter will discuss a different category of types of discourse that emerged during data analysis, and the different power groups associated with them.

6.3 Ideational narratives and the resolution/production of discursive problems

As described in Chapter 3, during data coding a number of themes emerged such as 'scientific evidence', 'medicalism', 'womanhood and motherhood', 'childhood', 'patient-centring', 'economicism', and 'breastfeeding vs formula-feeding'. During the grounded theory-derived (Glaser & Strauss, 2009) process of iterative coding, these themes were re-coded together under the category of 'substantive ideas', which was in turn re-coded under the final analytical category of 'discourse'. These themes were grouped together because they all represent clusters of ideas

around specific topics; they also, explicitly or implicitly represent ideational sites of controversy or conflict, where what is seen to be right is contested. This is most obvious in the theme 'breastfeeding vs formula-feeding', but even a theme with the innocuous title of 'childhood' actually concerns discourse arguing over the right way to define children and childhood, the right way to treat children, and what constitute the rights of children.

This section will explore what these themes mean in terms of the operation of discourse in the Victorian breastfeeding policy subsystem. The discussion analyses the role participants' thoughts about 'womanhood and motherhood' played in implementing breastfeeding policy. As coded, the theme 'womanhood and motherhood' worked with ideas about ideals of womanhood; ideas about ideals of motherhood; and individual women's departure from either or both of these. It also took in participants' comments about women's rights and feminism, including when participants mentioned these as a motivating force for their work in the breastfeeding area. It therefore constituted a collection of ideas about the *right way to be a woman*, and particularly *the right way to be a mother*.

However, participants rarely spoke about what the right way to be either a woman or a mother was; instead, most of the discussion of this theme took the form of discussing people *failing* to meet ideals of womanhood or motherhood. The topic almost always came up in the context of asking participants about obstacles to breastfeeding, or things that made continuing exclusive breastfeeding difficult. Several participants identified failure to meet ideals of motherhood as one of the greatest obstacles to women continuing to breastfeed to the recommended time, as is illustrated in the quote from an interview with a MCHS manager:

> This woman was devastated that [she couldn't exclusively breastfeed]... because it was actually framing the way that she looked at the child and in the end, I had to reframe and say, "This is not your fault. It's society. We haven't given you enough support for you to be successful at this." Because it was actually interfering with her relationship with her baby... I actually gave her permission to wean, because every time the baby came near her, she would just freeze, like that, you could see, she didn't want to be in that space.
>
> (Participant 18, interview, 19 August 2016)

When asked how these sorts of situations could emerge, participants were united in attributing it to *guilt* over not meeting the ideal of exclusively breastfeeding to six months, as in the following two quotations from participants who had both worked closely with nursing mothers while acting as ABA peer counsellors:

> Because we have that ideal, "I'm going to be the best mother"... I think that's one of the things that happens when our baby is born, that little guilt gets born too...
>
> (Participant 1, interview, 21 March 2016)

> We feel that we have the responsibility to produce a perfect person. But they don't exist. And yet we accept failings and shortcomings in everybody else, but we don't accept that in ourselves, and we don't accept that in our children, for a long time.
>
> (Participant 9, interview, 27 May 2016)

These participants saw the guilt of failing to meet expectations of an idealised, fully exclusively breastfeeding mother as being rooted in beliefs that it was somehow failing their children – that not exclusively breastfeeding for the recommended amount of time would be against the child's interests. This point will be returned to shortly. However, some participants saw women's emotional difficulties in failing to exclusively breastfeed as emerging out of a more generalised failure to meet expectations, as in this quote from a researcher who had previously worked as a midwife and nurse:

> I think [women] have an idealised view of what being a mother and having a baby will be like and sometimes it's a totally different world. I think what you see on social media is beautiful mothers and their beautiful babies and everyone's happy and you don't necessarily see the realities of having a baby 24 hours a day that needs you 24 hours a day...
>
> I think there's some societal pressures. I think some women – most women having their first babies have very little experience of other mothers and other babies. Usually that's a whole new area for them and a lot of women are used to being in control in the workplace and then they have this baby that they can't control and it's not what they expected...
>
> So, yeah, I think ...if they aren't able to breastfeed, women feel that guilt or I've failed or they're very disappointed and, yeah because they have an ideal way of this is how it's going to be and it just hasn't turned out that way...
>
> (Participant 3, interview, 29 March 2016)

It is notable here that the participant attributes the source of these false expectations not only to women's comparing the experience of motherhood to situations in paid employment, but to unreliable images of motherhood depicted in social media. It should be clarified that the overarching narrative of this portion of the interview with Participant 3 (interview, 29 March

2016) ultimately attributed women being mentally unprepared for motherhood to the anomic, individualistic structure of society causing women to be socially isolated and to grow up encountering few real-life examples of mothering. Instead, women piece together their views of motherhood from comparing it to fundamentally dissimilar situations like the workplace, or unrealistic depictions of motherhood in public discourse.

These and other comments from participants[110] together sketched out an implicit (and sometimes explicit) narrative: where an ideal of motherhood exists in which women flawlessly exclusively breastfeed to six months; where women aim to meet this ideal; where, when women fail to meet the ideal, they are thrown into emotional chaos; and where that emotional chaos causes them to stop or reduce breastfeeding. However, as the long quotation from Participant 3 (interview, 29 March 2016) in particular showed, there are multiple variants of this narrative involving sub-themes that differ from participant to participant. Considering the quote from the interview with Participant 3, it can be seen that she had developed an extensive, well-thought-out theory around the basic narrative, integrating themes involving social isolation, women's role in the workplace, and social media.

Further, this narrative of women failing to meet the ideal of exclusive breastfeeding was linked to a number of other narratives and idea-clusters about women's place in society. For instance, some participants linked the narrative of women failing to breastfeed exclusively because of pressures resulting from the idealisation of motherhood to the historical sexism of the medical profession. One participant, for example, linked the failure of the medical profession to help women continue breastfeeding to a generalised male failure to deal with women's emotions:

> Yeah – this is speculation, but it's historically the male domination of the medical field, as well, and being confronted with the tearful, emotional woman that's blubbering in front of her, and sitting in his room, crying about her difficulties with the baby, and "It'll be alright. You'll get through it. It'll blow over." And her breastfeeding may suffer, if not fail…
>
> (Participant 9, interview, 27 May 2016)

An example from a second participant demonstrated a complex narrative about how the sexism of the medical profession had led to a generalised failure of the medical establishment to train healthcare staff in how to help women breastfeed – and had led the medical profession to focus on the development of formula, rather than on improving breastfeeding rates. In this

[110] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 3, interview, 29 March 2016; Participant 4, interview, 11 April 2016; Participant 5, interview, 21 April 2016; Participant 9, interview, 27 May 2016; Participant 18, interview, 19 August 2016.

context, the development of lactation consultancy as a profession was depicted as coming out of the "empowerment of women":

> And it struck me that certainly in my medical course we might have had an hour's lecture about breast milk …As an undergraduate, what we learnt was the physiology of how breast milk happens. We didn't actually learn anything about how to help people breastfeed, women breastfeed. And I really don't remember learning much about the amazing properties that breast milk had. Now whether that reflects the generation of my education, all of my colleagues would have been the same, I qualified in 1981 as a doctor. And it certainly wasn't an emphasis in our paediatric education either. We had no lectures as paediatric trainees on breastfeeding… But I think it was really the empowerment of women, so there's probably a little bit of feminism in there as well and realising that there is something you can do if a mother's supply is faltering and she is interested in improving it yeah… Now I know we've been clever if you like as medical professionals and with laboratory researchers that have worked with us and the people in the infant formula industry and we have managed to humanise cows' milk. Feminist theory would say that it goes back to the days when paediatricians were men and they couldn't do much about helping to breastfeed. But they did know how to make recipes for alternative milk to feed babies.
>
> (Participant 7, interview, 5 May 2016)

A third participant, taking a different tack, developed a narrative connecting women's difficulties with establishing and feeding breastfeeding, ideals of motherhood and womanhood, the place of women in the workforce, and the role of men in parenting:

> There is still a lot of criticism, but [mothers] are out of the workforce, or whatever. After five years, they are trying to get back in the workforce, it's quite a complicated space. … Because people go, "What have you been doing at home?" Looking after her kid, "What have you been using with your brain?" It's all that sort of stuff … And just the whole parenting dilemma and the dads who stay at home, what do they look like if they are trying to get back in the workforce when they need to?
>
> (Participant 18, interview, 19 August 2016)

Sometimes participants could link these same ideas up in very different ways, even while broadly following the same narrative arc. For instance, Participant 14 (interview, 30 June 2016)

linked failure to establish or continue breastfeeding with women's empowerment in a different causal relationship: where, instead of being the solution to obstacles to breastfeeding constructed by the patriarchal medical profession, women's empowerment is itself an obstacle to breastfeeding:

> For some reason [whether to encourage women to breastfeed] gets lumped into it's a woman's choice. So therefore she has the right to choose, but to me it's… no different to the anti-vaxxers saying I'm not going to vaccinate my children because I don't believe in vaccinations.
>
> (Participant 14, interview, 30 June 2016)

The cluster of ideas categorised as 'motherhood and womanhood' is interlinked to a multitude of other ideas, and that these links may be configured in quite different or even contradictory ways. Equally, however, there were several commonalities about how participants spoke about motherhood and womanhood.

The most important of these was the depiction of *failing to establish or continue breastfeeding* as the *central problem* of all these configurations. All the narratives spoken of by participants were constructed around explaining how to solve this central difficulty, with different ideas being brought in to explain it, and with different causal connections being posited between different ideas by different participants. Sometimes this central problem manifested at the micro level – very much as a hands-on problem of how to help an individual woman to breastfeed. Equally often, however, this central problem manifested at the macro level, as a problem of how to increase rates of exclusive breastfeeding to six months.

The central role of failing to establish or continue breastfeeding in narratives of motherhood and womanhood in the case study was very much a product of the focus of this research. Data generation for this project focused on asking participants how they do their job, as part of understanding how they implemented breastfeeding in the course of their work. And of course all their jobs were – whether as a lactation consultant assisting a woman on the ward, or a policy analyst in Canberra writing a strategy – focused on helping women to establish or continue breastfeeding. The central problem of these narratives was therefore also the *central problem of their work*. Health professionals more frequently presented the central problem as a micro-level problem, and policy analysts more frequently presented it as a macro-level problem, but all participants presented the problem in both ways, with the micro being seen to flow into the macro, and vice versa. This point was discussed by all participants, demonstrating that was common to the experience of all implementers.

Despite this problem being the central focus of their work, participants spoke about it in a way that was in a sense ideationally 'hidden' or nested within other ideas. That is, when speaking about their work, participants focused on ideas about womanhood, or motherhood – or the other themes identified during inductive processing – rather than directly discussing the central problem of a failure to breastfeed. During data processing, several code words were used to sort data into the category of 'womanhood and motherhood', including terms such as 'ideals of motherhood', 'women's rights', 'care for mothers', before these were combined into a single category. There was no code relating to failure to breastfeed. It is only on analysis that the central structuring role of this problem in the narratives which are ostensibly about motherhood and womanhood can be seen.

All the themes that were gathered together under the code 'substantive ideas' similarly revolve around this central problem or how to solve a failure to establish or maintain breastfeeding, at a micro or macro level. Additionally, all the themes connect up together at one point or another; for example, the theme of motherhood was shown in the excerpts above to interconnect with several other themes. There is no space in this thesis to demonstrate this with regards to every single theme, but it can be fairly well indicated by looking at the intersection of the theme of 'womanhood and motherhood' with another theme, that of 'childhood'.

The theme of 'childhood' as a category comprises a cluster of ideas revolving around *the right way to treat children*. These include ideas about how to care for children; about why children should be cared for; and about how caring for children was a motivator for participants in their work. More rarely, these ideas included comments using the formal language of children's rights (as in UN General Assembly, 1989). These ideas were strongly represented among the sample, with all but one participant making comments which were coded against this theme (all except Participant 16).

The importance of caring for children, and the role of breastfeeding in providing that care, is demonstrated in the following quote:

> But normally we would say... obviously the most important thing is the baby is putting on weight and... it looks like the baby's not gaining enough weight so we need to give some formula as well. But I always say, you know, "If there's some breastmilk there's value in that. Even small amounts have antibodies and it's good for, you know, the baby's immunity." And, as I said, even if there's a small amount of milk there if something happens, well, then the baby, you know, can go to the breast and get some nutrition. Yeah, I just kind of explaining, well, that's - that's why we need formula and it's like any other part of the body that some women,

> yeah, won't have enough glands or tissue or something will happen, or some babies just can't breastfeed for one reason or another.
>
> (Participant 5, interview, 21 April 2016)

Here the participant – a researcher, doctor and policy analyst – describes the needs of an infant, prioritising the overall need for an infant to be well nourished, but stating that breastfeeding has particular value in nourishing children. A second participant, a policy analyst, put it even more emphatically:

> I suppose our number one principle is the best interest of the child. So, everything is framed around what the best interest of the child is. So, that's our number one thing and then yes, absolutely, the charter of human rights, like all of those big policy things come into it. But our number one guiding principle is always, what's in the best interest of the child.
>
> (Participant 8, interview, 16 May 2016)

This participant's description of what comprises the needs of a child is much less detailed or concrete than the other participant's. However, what is notable about her comments is that she explicitly links the idea of the 'best interests of the child' to the corpus of UN human rights documents (although not, noticeably, to the Innocenti Declaration (WHO/UNICEF, 1990). While this language about children having a right to breastfeed was referenced by a few participants[111], more usually what is 'best' for the child is defined in terms of their physical and occasionally psychological development. A number of health benefits are attributed to breastfeeding over formula, both to children immediately in their infancy and across the lifespan, including reduced rates of weight and obesity, higher intelligence quotients, and reduced rates of type 2 diabetes (House of Representatives (Australia) Standing Committee on Health and Ageing, 2007; Horta & Victoria, 2013).

Children are not able to advocate for their own rights with respect to the "right to breastfeeding" (as it was called by Participant 9, interview, 27 May 2016), and so the responsibility to ensure their best interests are met falls to others. Who exactly this might be is demonstrated in the following quotes:

> Women connect with babies and breastfeeding. That's what they're passionate about. Well not everybody's passionate about breastfeeding but most mothers are passionate about babies, especially their own. So it sort of taps into that

[111] Participant 1, interview, 21 March 2016; Participant 2, interview, 22 March 2016; Participant 8, interview, 16 May 2016; Participant 9, interview, 27 May 2016.

> commitment that women have once the hormones take over after you've had a baby. You never feel safe again do you and you care about all the other babies in the world.
>
> (Participant 13, interview, 10 June 2016)

> ...that's just mothers. We're just trying to do the best we can for our babies. We always are.
>
> (Participant 9, interview, 27 May 2016)

> I'll make a gross generalisation here and say that all mothers want to do the best for their baby. They do. The majority of mothers know that their breastmilk is the best for their baby.
>
> (Participant 14, interview, 30 June 2016)

> Yes that's right and holistic care of babies means that our staff do need to know about lactation.
>
> (Participant 7, interview, 5 May 2016)

> The [Infant Feeding Guidelines] promote the benefits of healthy eating to support optimum growth and development of children and are a general guide to appropriate practice, to be followed subject to the health worker's judgement in each individual case.
>
> (Participant 10, interview, 27 June and 5 July 2016)

The findings therefore show that responsibility for ensuring that the interests of children are met falls to two groups: women, specifically mothers; and health professionals. Participants predicted unfortunate outcomes should these groups fail to do their job, as in the following quote:

> ...What more important thing could they be doing than raising the next generation? ... it's a long term thing. Governments have got a three-year life at the best. Hospitals probably see it as a two day thing. Like, if we get them across the line here then it becomes somebody else's issue, even though the potential impact of what we're doing here will impact on this child's health for the future, potential gut damage, which will, I don't know, become a severe asthmatic, eczema, they're in medical care for the next 16 years.

> …I read the other day that only 2% of the government spending is on preventative health. The other 98% is on reparative, you know, or coping with the fallout.
>
> (Participant 11, interview, 31 May 2016)

According to this participant, a failure to care for children properly by ensuring they are breastfed leads to a future of damaged health, impaired gut functioning, asthma, eczema, and long-term medical care. The participant had framed these comments in the context of speaking to her patients about maintaining their breastfeeding, so she sees them as responsible for ensuring children's health – but here she also mentions hospitals and governments as playing a role in looking out for children's best interests. She also implies a way of solving this problem of a potential public health crisis: more funding for preventative health.

The theme of 'childhood' therefore establishes and reinforces a narrative about needing to encourage breastfeeding because it is in the best interests of a child. The narrative that is implicitly set up is that it is important that children are properly supported, nourished and cared for; that breastfeeding is an intrinsic part of how best to care for a child; that it is the job of mothers and the professionals (and sometimes governments) supporting them to ensure that children receive the best possible care; that it is the job of mothers and the professionals supporting them to ensure children breastfeed; and that, if children are not breastfed there will be dire health consequences for children and society at large. This narrative is somewhat more complicated than that structuring the theme of 'womanhood and motherhood': it involves more statements, and more actors are involved. Like the narrative of the 'womanhood and motherhood' theme, it is centred on the problem of how to fix a failure to establish or maintain breastfeeding. And like the other theme, its logical consequence is to suggest ways of solving the central problem of children not being breastfed.

As argued above, the themes of 'womanhood and motherhood' and 'childhood' are ideationally interconnected in participants' comments. An idea of how these themes intersect is indicated in the following quote, from a midwife/nurse and former ABA peer counsellor:

> Well, you just know that… the children have that right to breastfeed, but women have rights as well – and that's part of the dilemma as well – what about women's personal rights, and what do I do? And try and… I will do what I think's best, but is it what's best for you as a mother, or is it what's best for your baby?
>
> (Participant 9, interview, 27 May 2016)

Here the participant frames the intersection between the two themes as a conflict between and consequent need to balance the rights of the child and the rights of the mother. This

same conflict is described by a second participant, one of whose roles was working as a midwife, in the context of describing some of her thought processes in deciding whether to support a patient in continuing to breastfeed or to wean:

> The rights of the mother to choose to breastfeed or not is but one aspect of it and certainly, I suppose, from having worked in the world of midwifery and neonatal, I actually think about it from the rights of the child to have breast milk. If the child could tell you what they wanted, they would say they want breast milk. Certainly that's the way that Sweden has put through some of their policies is the international rights of the child…They took it from an international rights of the child approach, that the child is entitled to be cared for by their parent.
>
> (Participant 2, interview, 22 March 2016)

How this manifests in practice is that a midwife will attend to a patient who is experiencing difficulty breastfeeding, or breastfeeding exclusively; she will need to make an assessment as to whether to support the mother in trying to continue to breastfeed, or to wean. Two considerations that the midwife will need to balance are the 'rights' of the child (to the better health and social outcomes resulting from exclusive/continued breastfeeding) and the 'rights' of the mother (to avoid possible mental health complications from the stress of breastfeeding; to avoid social pressure; to avoid being subject to further medical interventions such as medications to improve milk supply). What seems like an abstract discussion about the rights and interests of different groups functions in practice as a conflict over the different ways a worker in the breastfeeding subsystem can perform the everyday tasks in her job.

Where this problem arises, in practice, is during the decision-making process a worker goes through in trying to address a patient's *failure to establish or maintain breastfeeding*. Much as each theme is concerned with trying to solve the problem of how to establish or maintain breastfeeding, the intersections between these themes are *also* centred on this problem. The intersections between themes therefore represent ideational nodes where different sets of ideas about how to solve the problem come into conflict.

All the themes uncovered in the research are ideational structures – irregular formations including narratives, casual linkages, and ideational clusters – built from the same central problem of how to prevent patients from failing to establish or continue breastfeeding. Each 'theme' which was sub-coded within the category 'substantive ideas' represents a set of ideational structures *which explain how the central problem* can be solved. As shown above in the example of the theme of womanhood and motherhood, these explanations can draw in empirical and theoretical material from all sorts of areas of thought (in the example above, these includes ideas about social

isolation, the patriarchy, and sexism in the medical profession). However, where these ideational structures attempt to draw in ideas which constitute *alternative explanations* of the central problem, then the two competing explanations push up against each other ideationally, causing a new problem: how to reconcile to the two explanations.

Sometimes, as in the quote above from Participant 2, this is done through comparing the importance or *value* of the ideas underpinning each explanation. In the example above, the participant would consider the specifics of each specific empirical situation in which the 'rights' of the mother and child conflicted, and weigh different solutions, considering the likely risks and benefits of each in *that* specific empirical situation. Such a resolution to the problem of competing ideational explanations therefore represents one which is empirically contingent, and which involves a fair deal of discursive labour on the part of the actor resolving the problem. It is therefore very resource-heavy in terms of the burden on an actor's time and psychological resources. Additionally, if these decisions are made on a case-by-case basis, there is no consistency between the way the problem is handled by different actors or different organisations, potentially leading to unfair outcomes for some patients.

The data analysis shows, however, that here are other solutions to the issue of competing ideational explanations of the central problem which do not require case-by-case analysis of the problem. Instead, these solutions are *inscribed within discourse*. One of these solutions is described by Participant 2, in the context of a discussion about how she approaches the work problem noted previously:

> I think it doesn't mean that there are no-one's rights over the other and there's always a play between the dyad of what is right for the dyad. *We are here just to help facilitate what is right for the dyad*...
>
> (Participant 2, interview, 22 March 2016; emphasis added)

Here it can be seen that the participant has found a resolution to her problem by collapsing the conflict between the interests of the mother and those of the child into a concern for "what is right for the dyad". The "mother-baby dyad" is a notional entity comprising a mother-baby couplet as a "mutually dependent dyad" (Vestal, 1982). The term emerged from theory of nursing (ibid.), and has become a standard term used in midwifery, lactation consultancy, and nursing (see for example Amir et al, 2010; Kearvall & Grant, 2010; McLachlan, 2016; Tawia, 2016). The term is typically used in the professional theoretical literature to develop practices of "care around the mother-infant dyad, with roles and responsibilities that incorporate mother-infant and mother-[breastfeeding professional] relationships in support of the mother-infant attachment

process" (Kearvall & Grant, 2010, p. 75)[112]. Participant 2, as a midwife and lactation consultant, is therefore following standard practice in using the concept of the dyad to resolve her work problems.

Here the participant has resolved her problem of the conflicting interests of mother and baby by *merging* the mother and the baby into a single concept – the dyad. As in the dyad the mother and baby are effectively joined together as a single entity, there can be no conflict between the 'rights of the mother' and the 'rights of the child' because they no longer have rights and interests separate from each other. The concept of the dyad does not only describe the relationship of the baby and the mother, however. As in the quote from Kearvall and Grant (2010), the concept also dictates a relationship between mother and medical professionals, and sets out a goal for all these relationships – "mother-infant attachment". This point will be returned to later in this section.

The use of the concept of the dyad to resolve the conflict between these narratives represents resolution of an ideational conflict through construction of a new symbolic term or ideational complex, which subsumes the ideas previously in conflict. There are, however, other ways of resolving the issue of having competing solutions to the central problem. One of these means of discursive resolution is suggested in the following quotation:

> I think we are growing in our beliefs about children being able to tell us what they want even if they can't speak. We have infant mental health clinicians so we have psychologists who focus on infant mental health… We've had infants that have been depressed because of their lack of human interaction and their illness and all those sort of things so we've had to think about strategies to improve mental health for infants which is really not where people have been before. People have thought babies are just blank objects. The reality is they're not and whatever we do to them and in and around them impacts them both physically and mentally and I think we are growing in our knowledge of that and we now think we are thinking better about it.
>
> (Participant 2, interview, 22 March 2016)

One of the other 'substantive ideas' themes identified during data coding was the theme 'scientific evidence'. This theme relates to ideas about the value of scientific knowledge, about how it should be produced, and how it gives special legitimacy to ideas. Here, the participant describes how new scientific knowledge is being developed to support the case of the rights of

[112] Kearvell and Grant are specifically writing about the dyad in the context of neonatal nursing.

the child compared to those of the rights of the mother. In effect, this participant is importing ideas from a *third* theme – specifically, the idea from the theme of 'scientific evidence' that scientific knowledge has a special legitimacy – to resolve the conflict between the two original themes in favour of the theme of 'childhood'. In this case, the third ideational structure is used more or less as an arbitrator between the two original ones.

But the most frequently occurring method of resolving this conflict was by associating one theme with a specific professional role or work program. This can be seen in the following quotes, where a participant who worked both as a certified lactation consultant and an ABA peer counsellor described the decision-making process in her different roles:

> ...we do look at WHO, the Innocenti Declaration – so, the rights of the baby... It informs my work [as a lactation consultant] probably more than the work of ABA. ABA I would say is much more about supporting the mother and her decisions.
>
> (Participant 1, interview, 21 March 2016)

Here, one of her roles – as a ABA counsellor – required her to resolve workplace decisions in favour of the rights of the mother. However, her role as a lactation consultant required her to balance the interests of both mother and child.

By contrast, a participant who worked as a paediatrician but was also trained as a lactation consultant stated:

> I guess as a paediatrician I'm always motivated about what's best for my babies.
>
> (Participant 7, interview, 5 May 2016)

This participant had previously in the interview ascribed much of her motivation for implementing breastfeeding policies, and for personally training as a lactation consultant, to her feminist principles and her passionate support of women and mothers. However, when it came down to it, "as a paediatrician" the rights and interests of children would always come first.

The quotations are illustrative of the interests of particular patient groups – mothers or children – are seen to be of special interest to specific professional groups. These relationships are institutionalised as elements of those professional roles: paediatrics is institutionalised as a medical specialism focused on the treatment of children; obstetrics is analogously focused on the treatment of pregnant women; midwifery is focused on the treatment of women before, during and after childbirth; lactation consultancy is focused on the dyad during breastfeeding. Similarly, distinctions between different specialisms are institutionalised within the nursing profession, with

maternity (focusing on mothers) and neonatal (focusing on infants) being the two most relevant to this study.

Sometimes the focus on the needs and interests of specific group was aligned with specific work streams rather than professional roles. This was particularly the case in government work, as described by the following participant, a policy analyst at an NGO:

> No, so it's very clear that in universal services that the child is... the client and in the enhanced it's the mother that's the client. So, it's quite well defined. So, in saying that though, you know, you can't care for a child without caring for the mother, it just doesn't work. They're not independent of – particularly a baby, it's not independent of its family. So, but yes, the child is our client, which is I suppose why we focus on the best interest of the child, what the child education and developmental outcomes we're trying to achieve are. You know, that's very much our focus because the child is our client.
>
> (Participant 8, interview, 16 May 2016)

Here the participant references terms – "universal services" and "enhanced services" – which are fixed as institutions in documents that are referenced both in the Victorian maternal and child health sector (DET, 2018; DHS, 2003) and across a range of health sectors nationally (AHMAC, 2011). A component of these institutions is that they identify a specific group as a *patient group*: children in the case of universal services, and mothers in the case of enhanced services. While this comment by Participant 8 differs from those cited immediately above in that Participant 8 divides the focus of activity on patient groups by work stream, whereas the other participants did so by professional role, they are in *discursive* terms equivalent in that both involve a relationship between a patient group and a work group being institutionalised. Figure 6.1 displays a abstracted account of the cycle through which problems are resolved by actors in the Victorian breastfeeding subsystem.

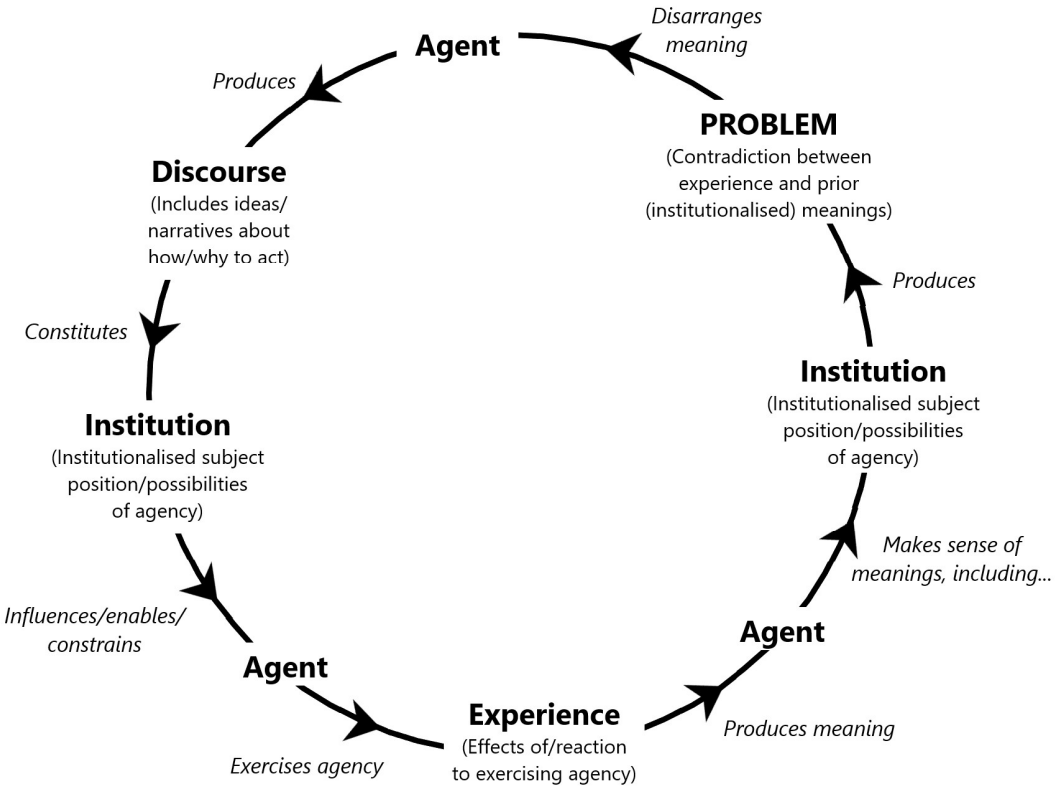


Figure 6.1: How actors solve discursive problems within the institutional-agential dialectic

It is likely that there are other discursive strategies for resolving conflicts between these ideational themes, but this thesis does not aim to set out an exhaustive list of them. Instead, this section will analyse more deeply what the resolutions to these conflicts mean in discursive terms, and indicate the role played by the resolution of these problems in policy implementation.

Two of the strategies for resolving ideational conflict, the creation of a new concept, and the institutionalisation of the relationship between a work group and a patient group, differ from the other, the importation of ideas from a third ideational theme. The former two result in a *durable* and *standardising* solution of the problem. Participant 2 described the situation where an actor had to resolve the problem of helping a patient maintain breastfeeding, being influenced by different sets of ideas about which patient's rights should come first, and being *without* a discursive framework for resolving that conflict. In that situation, workplace decisions had to be made in a burdensome, resource-heavy, ad hoc manner. However, while importing ideas from the 'scientific evidence' theme might give her a *rationale* for choosing the child's interests over the mother's, this strategy was in itself employed in an ad hoc manner.

By contrast, the other two discursive solutions result in standardised responses to the conflict which are applicable over time in a range of different contexts. The creation of the

concept of the dyad, and the determination of which patient's interests trump the other's on the basis of work stream or professional role, both created new ideational structures: respectively, the rights of the dyad, the relationship within it, the relationships it has to other actors, and its raison d'être; and the purpose and function of different professions and work groups, and their relationships to specified clients. Recalling that the various versions of the narrative of 'motherhood' excerpted above drew in ideas from a range of other topics, it is likely that the process of recombining ideas while resolving problems happens *constantly*, as part of the more general process of actors making sense of their world (cf. Hay, 2006; Yanow, 2009). However, only sometimes are these re-combinations of ideas *fixed* into new ideational structures, as in the case of the new-concept solution and of the assigned-work-group solution.

Central to the way these two solutions function is that both *institutionalise the relationship between a power group and a patient group*. It is central to the definition of the dyad (Kearvall & Grant, 2010), to the definition of different specialised medical roles, and to the definition of universal versus enhanced services (see AHMAC, 2011 versus DHS, 2007). Going back to the findings of the previous chapter, it will be recalled that roles-as-institutions and policies-as-institutions both create possibilities of agency by enabling some actions while delimiting others. What the discussion in this section shows is that the same institutions *refine* these possibilities of agency by stating who may perform these actions, and on whom they may be performed. The agents who may perform these actions are here called a power groups because they manipulate discourse in analogous ways. Specifically, actors within these groups act out of the same institutionalised subject positions and *act upon* the same patient group[113].

As described in section 6.2 power groups may be defined in terms of their manipulation of different types of discourse – communicative, coordinative, public, or possibly others. Those different types of discourse also produced discursive regularities in relationships between actors: for example, within coordinative discourse, policymakers aim to influence political actors, and compete with public and media actors. Remembering that the participants in this study were all more or less policy actors, and therefore speakers of coordinative discourse, the argument in this section shows that *within coordinative discourse* there are a number of 'sub-discourses' which until this point have been called 'themes' or 'ideational structures'. Much as the types of discourse identified by Schmidt (2008, p. 310; 2011, p. 56-7) define who may make statements (that is, the power group), about what, and to whom, so too do the sub-discourses in this chapter.

[113] This is similar to the argument in constructionist policy design theory (see especially Schneider & Ingram, 1993) that policymakers must construct "target populations" as the objects of policy as part of the policymaking process. However, I would stress that the construction of these groups is *mutually constitutive*, where the power group is constructed via its relationship with the patient group, and vice versa.

The key difference between Schmidt's types of discourse (ibid.) and sub-discourses is the nature of the relationships between the power group and its target group. In discourses, the power group aims to *influence* the target group: for instance, policy actors manipulate discourse in order to influence the decisions of political actors. In sub-discourses, the power groups aims to *manage* the target group: the target group, or patient group, presents the power group with an empirical problem, which the power group resolves through the manipulation of discourse. The difference between a discourse and a sub-discourse is therefore the *power differential* between the power group and the target group: within the discourse, the power group is equally powerful or even less powerful than the target group, whereas within the sub-discourse the power group is more powerful than the target group. Figure 6.2 shows in an abstracted form how these groups are discursively constructed in relation to each other.

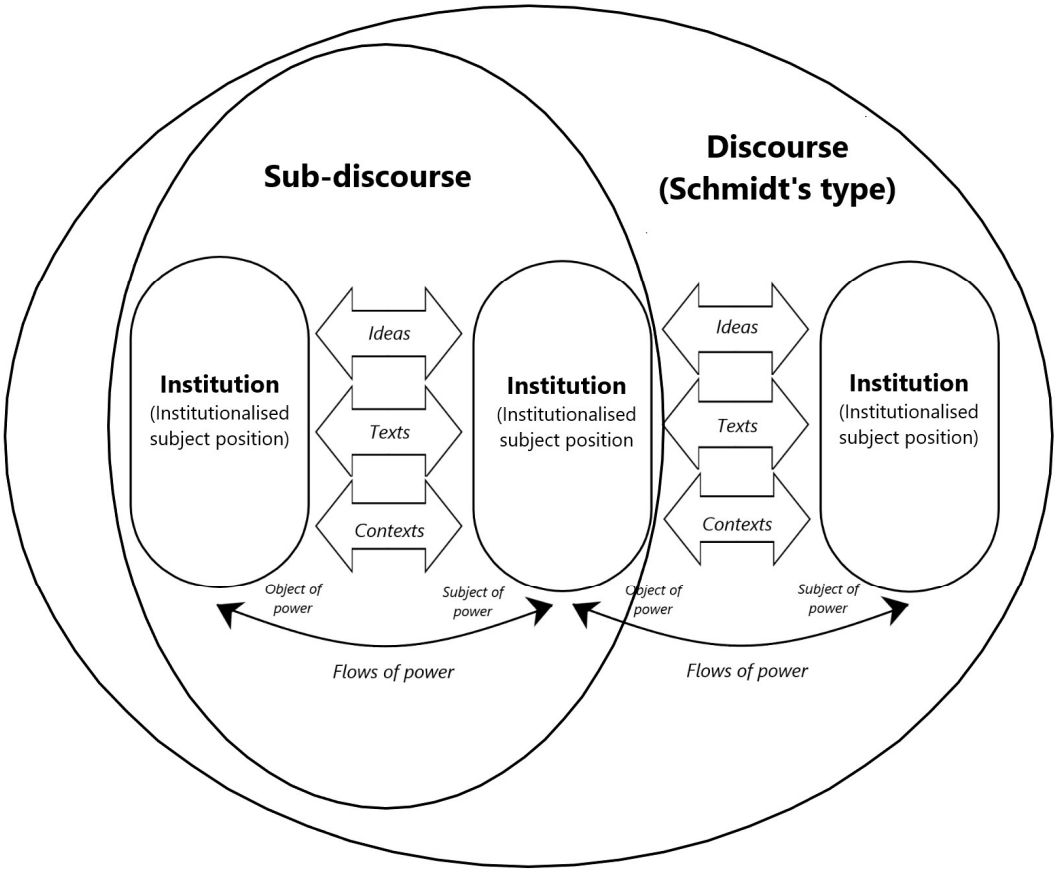


Figure 6.2: The relationship between sub-discourses and types of discourse

In practice, this means that power groups manipulate discourse somewhat differently with respect to each target group. Section 6.2 described how policy actors aimed to influence

political actors by 'translating' their ideas into political terms. The power group manipulates a discourse in order to ideationally colonise the target group.

During the manipulation of sub-discourses, however, a focus of the ideational content of discourse, both unfixed and as fixed in institutions, was on *what can be done to the patient group*. The identification of the patient group was central to the construction of sub-discourses, and solving the problem posed by the patient group structured the narratives which comprise the central ideational structure of sub-discourses. In discursive terms, 'doing things' to the patient group involves manipulating not only making statements, but also a number of physical, material and interpersonal (that is, non-linguistic) actions. Rather than being *what* is said, these sorts of actions are included within the "where, when, how, and why [something] was said" – that is, they are contextual (Schmidt, 2008, p. 305). Manipulating context is therefore central to the speaking of sub-discourses.

Speaking a coordinative discourse involves a policy actor trying to influence a political actor – of equal or higher power – through explicitly ideational means. That is, it involves exercising "power through ideas" (Carstensen & Schmidt, 2016, p. 323) However, the policy actors speaking coordinative discourses are actual defined *as policy actors* as a category by their work resolving the empirical problems posed by their various patient groups. It is through managing a target group of less power, through explicitly contextual means[114], that a policy actor *makes policy*. Most obviously, it is through manipulating contexts that policy is implemented – that policy is used to make changes to the condition of the world. In the terminology developed by Carstensen and Schmidt (2016, p. 326), it is through exercising "power over ideas" – in this case, specifically *policy* ideas – that actors become *policy* actors.

How, then, does this manipulation of contexts appear empirically in terms of actual policy implementation? One example is given by the following quote:

> …we produce a leaflet… which is balanced information about breastfeeding and infant formula and we have a reference list that people can access to validate, because if you put all the references into the brochure that would be the brochure again.
>
> So it's dot points. What breastfeeding does for the mother, what it does for the baby, what infant formula does, what infant formula is and so forth and also contacts, contact resource list and so we've developed that.

[114] To clarify, while discourses are manipulated through the explicit manipulation of ideas, and sub-discourses are manipulated through the explicit manipulation of contexts, both types of manipulation involve all three levels of discourse at once; it is just that the emphasis is somewhat different, at least as described by participants.

(Participant 6, interview, 4 May 2016)

Here the participant, an executive at an NGO, a lactation consultant and a midwife, describes how her organisation has issued a leaflet, aimed at giving breastfeeding mothers information about how to resolve problems with continuing breastfeeding. The problem this leaflet is addressing is how to help mothers choose breastfeeding over formula feeding – that is, how to maintain breastfeeding. The organisation this participant worked for did not directly work with mothers; however, it did have a mandate to provide public information about breastfeeding, among some other functions (ibid.). The content of this leaflet engages with mothers' choices about whether to breastfeed or formula feed, defining these choices in terms of the *interest of the mother* and the *interest of the baby*.

This leaflet therefore represents an instance where the aims of 'Victorian breastfeeding policy' (encouraging exclusive breastfeeding to six months, and mixed feeding to at least two years) is effected through the possibilities of action available to the organisation (releasing public information about breastfeeding), and is done so by referencing the interests of mothers and babies. The implementation of breastfeeding policy is therefore effected through the relationship between this organisation and its target client group – that is, through the relationship between the organisation as a power group and its patient group.

Implementation of breastfeeding policy through the discursive relationship between power group and patient group is also illustrated in the following quotation:

> Yes that's right and *holistic care of babies* means that our staff do need to know about lactation. So I have another little plan in my head that I'd love to develop a *lactation for neonatal nurses* course just to inform them…so *not intending for them to be lactation consultants*. And not intending for them to do the whole positioning and attachment stuff, which is *traditionally a midwifery thing*, but just to help them understand the importance of saying well you're very tired, sleep through the night. That doesn't help somebody's supply. Because we know that going to sleep and waking up in the middle of the night which you do if you've got a baby at home, because they wake you and say I want to eat. But *our mothers don't have that trigger when they're not here with their babies*, because their babies are not at their bedside unfortunately.

(Participant 7, interview, 5 May 2016; emphases added)

This participant was a paediatrician who, as cited above, described her work as a paediatrician as always being "motivated… [by] what's best for… babies" (ibid.). Here this

participant describes her vision for re-training neonatal nurses so they can better support lactation in mothers of infants on her hospital's neonatal ward. To clarify, this participant believes that, because of the situation on the neonatal ward where mothers do not sleep over with babies, mothers cannot respond to the feeding triggers that occur when mothers and babies sleep near each other. Consequently, mothers of babies in the neonatal ward do not feed their babies through the night – which may damage the mother's breastmilk supply. The participant therefore believes that neonatal nurses "do need to know about lactation" (ibid.) – that is, the participant would like to *modify the role* of neonatal nurse so that its possibilities of agency include more actions related to lactation. However, the participant is careful to distinguish this modified neonatal nursing role from the roles of both lactation consultants and midwifes.

Whereas Participant 6 worked for an organisation that had an institutionalised mandate to disseminate information about breastfeeding, Participant 7's role did not include a formal training component – although she was engaged in an semi-formalised network of neonatologists who exchanged knowledge about different aspects of their work and described it as mutual "training" (ibid.). Participant 7's desire to reshape the role of neonatal nursing was therefore outside the scope of her role – and inspired by her own training as a lactation consultant. In the example above Participant 7 can therefore be seen to be exercising proactive agency, thereby switching between the possibilities of the two roles she inhabits, to change the possibilities of agency associated with a third a role-as-institution. In terms of implementing the goals of Victorian breastfeeding policy, it can therefore be seen that the power group-patient group relationship may underpin programs implemented either as a part of a specific role or organisational mandate (as with Participant 6), or programs created proactively, out of a specific need identified by an individual (as with Participant 7).

The creative, proactive exercising of agency demonstrated by Participant 7 can be seen to be explicitly inspired and justified by the needs of the patient group. She specifically states that "holistic care of babies means" that she has needed to begin thinking of ways of re-training her nurses; the implicit justification is that her desired changes will improves services of care to the infants on the ward. However, it can also be seen that what re-training the nurses will do is subtly *shift the identity of the patient group*.

The problem, according to Participant 7, is caused by the babies' mothers not being with the babies; that is, the basis of the problem is the *absence of the mothers*. What re-training the neonatal nurses in lactation will do is effectively *bring consideration of the mothers into how they do their work*. This is why Participant 7 needs to clarify that the change does not mean that neonatal nurses will become lactation consultants or midwives: because by bringing consideration of the mother into the work of neonatal nurses it shifts the identity of their patient group closer to

mother-infant dyads or even mothers, and these are the patient groups of, respectively, lactation consultants and midwives.

The exercising of foreground abilities in a way that is well outside her prescribed role as a paediatrician, and which will majorly change the characteristics of another role-as-institution, is therefore discursively made possible by its situating within the power group-patient group relationship. Further, changing an institution through the exercising of foreground discursive abilities means that the nature of the power group-patient group relationship inscribed in that institution will change. The dynamic of the power group-patient group can therefore be argued to *override* the possibilities of agency inscribed in institutions, in terms of the actions that are constrained and enabled by the institution.

Or, to put it in different terms, an institution describes a relationship: defining a power group (subject), and a patient group (object), and the possibilities of agency between them. Within this structure, it is possible to maintain the power group-patient group dynamic while changing the possibilities of agency between them; however, if the nature of the power group-patient dynamic changes – by, for example, shifting the identity of the patient group – then the possibilities of agency will change as well. On the other hand, changing the possibilities of agency within an institution does not necessarily change the power group-patient group dynamic. It is therefore argued that the most important element of an institution, which defines the limits of its possibilities of agency, is its central power dynamic.

This section has used Schmidt's discursive institutionalism to analyse the case study, but at this point it has extrapolated an argument that sits quite a long way from Schmidt's. It has analysed the themes that during data processing were gathered under the analytical category of 'substantive ideas', and argued that these represent ideational 'structures' built up around resolving important problems participants faced in implementing breastfeeding policy. They represent sets of concepts linked together by narratives, logical inferences, and other sorts of ideational connection; and together these interlinked concepts represent explanations of how to solve the central problem of participants' work – their patients failing to establish or continue breastfeeding.

Different themes represent clusterings of different sets of ideas, each setting out competing explanations of how to solve the central problem. When these competing explanations are contrasted they produce a series of problems secondary to the central problem: how to reconcile the competing explanations of how to solve the central problem. Participants could use different discursive methods for durably solving these secondary problems, including developing

new concepts to reconnect ideas in ways that created new themes, or by associating one solution with the interests of a patient group.

Patient groups are discursively linked to specific power groups; the discursive regularities produced by these relationships, including interrelationships of ideas, institutions and contexts, were called 'sub-discourses'. Sub-discourses relate to Schmidt's types of discourses in that the relationship of a power group in a sub-discourse to a patient group is what defines the power group in such a way that determines their relationship to other power groups (or target groups) in a discourse. It was shown that it is this through these relationships between power groups and patient groups, and the possibilities of action institutionalised between them, that the implementation of Victorian breastfeeding policy is achieved empirically.

During this section it was noted that policy implementation – using policy to make changes to the condition of the world – is effected through changes to the contextual. The following and final section of this chapter will explore what might constitute the contextual in the Victorian breastfeeding policy subsystem, and how the ideational and textual are manipulated during the exercising of agency to manage and control the contextual.

6.4 Solving contextual problems

Schmidt's definition of the contextual as a component or layer of discourse is fairly vague: the "where, when, how and why [a statement] was said" (Schmidt, 2008, p. 305). While vague, this description implies that Schmidt literally means the context of statements by the concept of contexts: the time and place a statement was made, the motivation for making that statement, and the way in which the statement was made.

What, however, does the "how" mean – the 'way in which a statement is made'? It could be taken to mean, again quite literally, that Schmidt means something like 'the way in which a statement was thought, spoken or written'; that is, the feeling colouring a thought, the tone of voice in which a statement was spoken, or the style in which a text was written. While contexts no doubt include these modalities of speech, this section will argue that what it means to make a statement (in the broad discourse analytical sense) in a particular way includes much more than that.

Analysis of the data has so far accounted for all of the analytical categories arrived at through data coding and integrated them into analysis – except for one. This is category of 'lived experience', which, as described in Chapter 3, encompasses ideas and narratives about life as a lived experience, including concepts around the effects of emotions on action and how feelings

affect ideas; around the experience of being alive; and around how actions or practices can reify ideas into lived experience. Although some of the analysis in this chapter and that preceding it touched on these issues, they were not approached directly, or as the main focus of analysis. This section will argue that these aspects of 'lived experience' that emerged during data coding constitute part of the contexts of discourse.

Specifically, returning to the argument of section 5.2 in Chapter 5, it will be recalled that while in most situations participants predominantly described their agency in ideational or textual terms, agents still used other sorts of terms – related to the physical, emotional, material or interpersonal – to describe some actions. While these latter actions were marked as 'contextual' at that point of the thesis, no argument was made to demonstrate this apart from stating that was the only place they fit within Schmidt's model of discourse. Instead, the different ways agents spoke about actions was taken to show that, within the discourse spoken by participants, 'contextual' actions were treated quite differently from ideational and textual ones, in a way that appeared to de-prioritise the contextual.

Before taking up this second argument again, this section will discuss argue as to how well these actions can be conceptualised as 'contextual'. Schmidt herself (2008, 2011, throughout; see also Carstensen & Schmidt, 2016, 2018) provides little further guidance about what constitutes context, apart from mentioning that different types of discourse tend to be associated with contexts with different characteristics. Coordinative discourses tend to be associated with more complex polities comprising complex institutional arrangements, whereas communicative discourses tend to be associated with simpler polities with simpler institutional arrangements (ibid.). However, this does not take the argument much further, mainly because this research simply does not support Schmidt's argument at this point: instead, this research has found that the Victorian breastfeeding policy subsystem, ostensibly a 'simple polity' is characterised by the operation of a complex and powerful coordinative discourse. Further, this research actually questions whether there is such a thing as a 'simple polity' (or 'institutional void'), or whether such apparent 'simple polities' are instead constituted by institutions of a kind not expected by policy research.

Given that Schmidt's discursive institutionalism does not provide guidance as to whether these sorts of 'lived experience' actions can be described as contextual, this section will briefly discuss whether other discourse analytical research supports this terminology. 'Context' is a term used quite frequently in post-Foucauldian sociological discourse studies (see especially Laclau & Mouffe, 2001; Van Dijk, 2003; Wodak & Fairclough, 1997; Wodak & Meyer, 2001, 2009). However, although the term context is important to these theorists – especially Laclau and Mouffe (2001), who stress that the operation of discourse is always context-bound – the term is

generally used in an intuitive rather than a precisely defined way, to refer to specificities of space-time and macro-cultural events.

Other post-Foucauldian discourse theorists may refer to a similar sort of concept as the context using different terms; for example, Van Dijk uses the term "communicative situation" in a way roughly equivalent to Schmidt's "context" – and which Van Dijk actually "define[s] as context" (2015, p. 470) – and equally situates these communicative situations within discourse. Van Dijk goes the furthest of all these scholars in specifying what comprises a context, writing that "contexts are not 'objective' or 'deterministic' constraints of society or culture at all, but subjective participant interpretations, constructions or definitions of such aspects of the social environment" (Van Dijk, 2009, p. 163).

However, do either Van Dijk's definition of context, or the usages of the other scholars mentioned, include the sort of bodily, physical, material, emotional, ephemeral phenomena described by participants that were coded together under the category 'lived experience'? There is a long tradition in discourse theory of discussing the body and its relationship to discourse; however, the focus in this literature is very much on describing how discourse is used to control and reshape the body (see for example Laclau & Mouffe, 2001; and also discussion in Morgenson & Phillips, 2002). Without doubt discourse can be seen to control the bodily in the case study: for example, through the construction of patient groups, whose physicality is the object of actions by the power group.

Equally, however, it can be seen that the bodily and emotional is de-prioritised or pushed to the side during the operation of discourse, as occurred during participants' interviews and as was described in Chapter 5. It could be argued that this marginalisation is part of the control of the bodily by discourse – but even if this argument is accepted, what does it mean in terms of Schmidt's model of discourse? It brings the argument that these actions are contextual no closer to a conclusion. It is important to resolve this question as sections 6.2 and 6.3 showed that the contextual played a special role in the operation of both sub-discourses and discourses: that the possibilities of agency inscribed in institutions involve the manipulation of the contextual elements of the relationship between the power group and the patient group, which constitute a sub-discourse; and the operation of different discourses is dependent on the discursive definition of different power groups, which is also derived from the power group-patient group relationship. Understanding the operating of discourse in its totality is therefore dependent on understanding how the contextual operates within discourse.

An important insight from the data analysis is that data processing showed that participants frequently spoke about the bodily, the emotional and the material, but that these

parts of experience were spoken about in a way that marginalised them relative to the ideational and textual. Further, emotionality and bodiliness do not fit well into either the ideational or textual category, Emotionality, as described by participants, does not quite fit with the ideational – namely in that emotions, compared to ideas, are *contentless*: they do not contain ideational content, and cannot be connected up into ideational structures in the way ideas can. Similarly, including events to do with bodiliness or emotionality within the category of texts would distort the concept of text to the point where anything can be said to be a text, at which case the concept is rendered theoretically useless (cf. Finlayson & Valentine, 2002).

At this point, it will therefore be assumed that emotionality and bodiliness are included within the category of the contextual. As described above, however, there is no theoretical equipment in Schmidt's discursive institutionalism particularly well suited to dealing with concepts such as bodiliness and emotionality. The question of how well these concepts fit within the category of the contextual will be returned to in the final chapter of this thesis. At this point, however, it will be accepted that these types of action or experience are contextual; and this section will discuss the special role that the contextual plays in the operation of discourse during policy implementation. What exactly is meant by the term 'contextual actions' is demonstrated in the following quotation from an interview:

> Well it is, *it's the most magnificent thing* on the planet *seeing a baby be born* and it *can be the most horrific thing* because they *don't always end well*, births. So *it takes you to either end of your emotional capacity* and you have to – it's not black and white so if *you come in and you've got an infected wound I can see that your wound is infected*. But if *you come in in labour I have to be able to see what's going on*. *I can see* that *you're in transition* but *I have to be prepared to see it* so *I have to be calm* and *I have to be ready to sit down and watch what's going on rather than taking control*. For *you to labour well have to give you space to populate the room you're labouring in* and *to be comfortable* with this *enormous process that your body is doing* and ***remind*** *you that you can do it*, and *pick you up when you fall over*.
>
> (Participant 19, interview, 15 September 2016)

Here this participant describes helping a woman give birth while acting as a nurse. In contrast to the descriptions of work in the breastfeeding subsystem excerpted in Chapter 5, this quotation uses a cascade of verbs (italicised) related to sensory experience, physical movement, and physical interaction – that is, contextual actions. By comparison, only one ideational/textual verb is used throughout this sequence (bolded). Whereas in the quotations in Chapter 5

contextual actions were described using ideational and textual verbs to describe contextual actions, here actions that probably include textual actions such as talking are instead described using contextual verbs, particularly "seeing".

This multitude of contextual actions is interleaved with a range of intensely described emotional states: "most magnificent", "most horrific", "either end of your emotional capacity". Part of the work of the midwife is here presented as creating a more sedate and even emotional state in the mother, one that is "calm" and "comfortable". This section uses the term 'contextual actions' to include not only sensory, physical and interactive actions, but also these acts of feeling emotions, and of managing emotions.

The quotation above illustrates that this work of performing contextual actions comprises the nitty-gritty of the work of implementing breastfeeding policy. All the policies, guidelines and checklists described in Chapters 4 and 5 ultimately come down to this: how health workers interact with mothers and infants using maternity and child health services. Equally, all the professional job descriptions and ethics documents are directed at shaping and managing how health professionals behave during this work. At the centre of the work of the implementers of breastfeeding policy is therefore the management and control of a number of extraordinary physical acts: on the part of mothers, giving birth and breastfeeding; on the part of infants, beginning to live.

Participants were aware that these physical and emotional acts lay at the core of their work, as is illustrated in the following comments:

> My experiences as a student midwife – standing in that doorway, looking in that room. All had sore nipples – one by one, their nipples got sorer and sorer, and they were bleeding. They're sore and they're bleeding because of the sucking. So you can't use a pump, so they'd hand express, and then the hand expressing would be so traumatic, there'd be blood in the milk. So you'd have to throw the blood and the milk out, you know… and the babies would suck down 80mls of formula, and then they'd sleep for five hours, and the woman is engorged, and then you're dealing with engorgement. Then it's just, "What am I doing wrong?" – thinking it was me, as a student. Not knowing – this was 86 – not knowing that this was the time just when BFHI, the first LC exam, was being sat in America. BFHI was just being brought to Australia. I didn't know that at the time… I was thinking, "What am I doing wrong?" – thinking it was personal – but it wasn't. It was systemic. It was the hospital practices of the day that were contributing to what was happening in that room. I know that now; I didn't know it then.

(Participant 9, interview, 27 May 2016)

This participant describes her experiences as a student midwife, and clearly shows the sheer physicality of the tasks she had to engage in when trying to support mothers in establishing or maintaining breastfeeding. She also notes how an overlay of *bad policy* can contribute to poor *physical* outcomes on the ward. However, these intensely physical, embodied experiences are also overlain by and intermingled with multiple frames of the ideational and textual: thinking, speaking, remembering, citing texts. The experience of bodiliness is at once rendered starkly physical and discrete from the ideational-textual, yet *also* as being conflated with multiple perspectives and thought processes.

Some participants placed greater emphasis on the emotional elements of their work rather than the bodily ones:

> I used to say, "You've got to put a T in front of the LC." Tender loving care, TLC. Because it really is about kindness and compassion and listening to [mothers] and validating them. They're working their butts off. They're doing their best and it doesn't help to have some other person saying, "Yeah, but if you did this a bit more." I don't know. I suppose I don't like being criticised so I would take it as a criticism if somebody said that. "I'm doing my bloody best. What more do you want?" I don't know. Yeah, just kindness. I don't think it needs to be blind kindness. It's got to be also with some pragmatism. I'm very pragmatic by nature. I'm a pragmatist.

(Participant 11, interview, 31 May 2016)

This participant, describing her work as a midwife with mothers during and around birth, emphasises the importance of empathy and a sort of critical or self-aware kindness in managing mothers' emotional states, and hence succeeding in her work. Again, the emotionality involved in these actions is described as something distinct and in and of itself – but at the same time as something filtered through multiple thought processes and imaginary dialogues.

The following participant described the importance of emotional management of mothers in her work as an ABA counsellor:

> Most of it is reassurance. Ninety-five to 98 percent is reassurance. You do get the calls, "I have a lump, what can I do?", and if – or, "my baby's biting, what can I do?", "I need to rest my breasts because I've got cracks, what can I do?" – but most of it's reassurance: "it sounds like things are going well, here are some suggestions to improving your attachment, to help heal", or whatever.

(Participant 1, interview, 21 March 2016)

The importance of managing the emotional was acknowledged even in work far removed from the realities of new mothers' lives, as in this quote from a policy analyst:

> Because if you have a relationship with the people it's easier to get on the phone and go, 'Oh, I've just seen this, do you know about it?' or, 'What are you thinking about this?' or, 'Did you see that the Department of Health and Human Services put out that recommendation… to Maternal and Child Health?' You know what I mean? So, if you're having those conversations all the time it's much easier than if you don't have that relationship, you know what I mean? And then people are worried about why you're ringing them and what's your agenda and you know, that kind of stuff?

(Participant 8, interview, 16 May 2016)

Here this participant emphasises the importance of managing emotions in getting work done, even in the supposedly rational, evidence-based field of policymaking. Again, this participant – as with those quoted just above - used ideational/textual verbs and mini-dialogues to describe even their contextual actions; to use mainly contextual verbs, as in the quote from Participant 19 above, was actually very rare in the data set. This point will be returned to shortly.

Participants knew the importance of managing the contextual to their work, and they described how *mismanaging* the contextual could cause a mother to fail to maintain or establish breastfeeding:

> "She came in, she grabbed my boob and shoved it in the baby's mouth, and he was screaming and crying… and you could see he didn't want it, but yet she just grabbed me and shoved, and held him on there…" – the whole perception of how the midwives were doing it. And, "I'd buzz the buzzer, and they'd put him on formula, and then when I went home, I had no idea what they did." They hadn't learnt how to do it for themselves. The midwife had a tendency to come in and do it for her. It's that whole nurse come in, "I'll fix it, I'll do it for you."…
>
> Yeah – this is speculation, but it's historically the male-domination of the medical field, as well, and being confronted with the tearful, emotional woman that's blubbering in front of her, and sitting in his room, crying about her difficulties with the baby, and "It'll be alright. You'll get through it. It'll blow over." And her breastfeeding may suffer, if not fail…

(Participant 9, interview, 27 May 2016)

Participants therefore considered that health professionals' mismanagement of mothers' physicality or their emotionality could contribute to women abandoning breastfeeding.

All the policies and guidelines around encouraging breastfeeding, and all the professional roles in the breastfeeding section – that is, the primary institutions in the case study – are aimed at managing the contextual actions of the implementers of breastfeeding policy. By managing the contextual actions of implementers, these institutions transitively manage the contextual actions (including feeling states) of patients. It is this contextual management of both sets of actors – power groups and patient groups – that constitutes the work of implementing breastfeeding policy.

Section 6.3 described how solving the contextual problem of women failing to establish or maintain breastfeeding was the problem around which various sub-discourses within the Victorian breastfeeding policy subsystem were constructed. These sub-discourses defined the power group of 'policy actors' in the subsystem, around which a coordinative discourse of breastfeeding policy was constructed, in distinction to other power groups such as political actors and public actors. Analysis of the case study shows these multiple discourses or layers of discourse nested within each other – and at their centre lies the contextual problem of whether or not women breastfeed.

Previous sections of this chapter argued how discourses and sub-discourses were constructed around this central contextual problem, and the discursive solutions produced to solve it. The remainder of this section will describe the ideational and particularly textual strategies participants used *during interviews* to manage the contextual. How participants described this central problem during interviews is considered to be indicative of how they ideationally and textually manage the contextual in a greater range of situations.

The analysis in Chapter 5 identified several points in participants' comments where contextual actions were referred to. It was shown that these types of actions were de-prioritised relative to ideational and textual actions in several ways: that they appeared much less frequently; and that they were always described as co-occurring with ideational and textual actions, never alone[115]. Apart from the quotation from the interview with Participant 19 above, this de-prioritising of the contextual was shown in multiple quotations in both this chapter and the one

[115] See extracts above from interviews with Participant 1, interview, 21 March 2016; Participant 7, interview, 5 May 2016; Participant 9, interview, 27 May 2016; Participant 14, interview, 16 June 2016, and accompanying discussion.

preceding it, as well as in the following interview extract, from a midwife and researcher discussing the role of centring the patient in health care:

> I think if you're in health and you're not actually thinking about the person you're looking after, what are you doing in health?... I think we are doing better in health with actually thinking about the patient experience. We are *thinking* that *it's important* to save lives, *it's important* to reduce morbidities, sequelae in terms of what is happening in terms of if we do an intervention to someone, yes, *that might make this better but does it also cause this* and all those sort of things. *We also have to think about* not only the actual act of health but it's actually also how we deliver health as well, so respect for partnerships, here is the evidence-based information, my job here is to help you interpret that, those sort of things.
>
> (Participant 2, interview, 22 March 2016; emphases added)

What is striking here is how the participant describes all the non-discursive actions in her job – "looking after" patients, "delivering" health care, undertaking "interventions", and so on – not just using ideational/textual verbs, but also as if they are *part of a process of thinking*. The participant depicts the process of doing her job, including the contextual activities, *as if it were an internal monologue*. For instance, she presents the process of undertaking non-discursive tasks as nested within a process of thinking through a series of values, of weighing different imagined outcomes: "We are thinking that it's important to save lives, it's important to reduce morbidities, sequelae in terms of what is happening in terms of if we do an intervention to someone, yes, that might make this better but does it also cause this and all those sort of things" (Participant 2, interview, 22 March 2016).

The participant here depicts all her actions as arising from and situated within a stream of consciousness, where she begins with thinking a series of values ("it's important to save lives, it's important to reduce morbidities"), then undertaking an action ("an intervention"), then applying values to the outcomes of the action ("that might make this better but does it also cause this"). The effect of this is that the contextual actions seem to be carried along within the flow of *thinking* – to be more or less part of it. Certainly, it seems from the way the participant frames the way she does her work that there is an inevitable causal flow between the ideational-textual and the contextual, with the overall impression being that in practice the two are inseparable.

What is also striking about this extract is how the participant describes her contextual actions in very vague, abstract terms ("an intervention", "looking after" patients, "the actual act of health", "delivering" health care) (Participant 2, interview, 22 March 2016). By contrast, she describes the ideational-textual actions in a great deal of detail: "We also have to think about not

only the actual act of health but it's actually also how we deliver health as well, so respect for partnerships, here is the evidence-based information, my job here is to help you interpret that, those sort of things" (ibid.). Here the participant poses a series of quite specific values ("respect for partnerships", "here is the evidence-based information") which she depicts herself as juggling and reconciling in order to do her job. The effect of this is that in her account the process of thinking comes across as vivid and alive, whereas the contextual actions are by contrast quite vague and shadowy. Overall, this gives an impression that the ideational-textual actions are more important and even more 'real' than the contextual ones.

Even where contextual actions are not depicted as subsumed within a stream of consciousness, they are nevertheless positioned against ideational-textual actions in ways that prioritise the latter. The following extract, from an interview with a researcher describing the process for gaining accreditation for severing tongue ties in infants, is one relatively denuded of words related to ideational-textual actions:

> I remember [a doctor] telling me that she worked with another GP who released tongue ties, she went in, she watched a release.... she watched an assessment and a release, then she did one under supervision, then she just went on and did them. So that was the process of accreditation, supposedly. So for medicos, it's a see one, do one, off you go. For midwife lactation consultants, you had to observe five, you had to do ten under supervision, ten or fifteen, and then you could start doing them autonomously, and you had to be reaccredited every year, you had to have done a certain amount every year to keep that accreditation.
>
> (Participant 14, interview, 16 June 2016)

This quotation describes a whole chain of contextual actions – "worked", "went in", "watched", "watched", "did", "went on and did", and so on – uninterrupted by descriptions of 'thinking' or 'saying', as in other quotes. However, it can also be seen that the depiction of all these contextual actions is *doubly framed within discourse*. That is, the participant first frames the scenario as her "remembering" it, then as her colleague "telling" her about it[116]. The extract may therefore depict many contextual actions performed without being accompanied by ideational-textual ones – but all these non-discursive actions are actions that have been 'spoken' about, and that speech has subsequently been 'thought' about. This quotation therefore presents a second linguistic strategy through which a participant *contained the contextual within the ideational-textual*. Participant 2 contained the contextual within the ideational-textual by de-prioritising it

[116] The remembering comes first and the telling second as sequenced during the interview. In logical terms and in terms of original chronology, the telling comes first and the remembering second.

and subsuming it within a flow of ideational consideration and decision-making; Participant 14 did so by nesting the contextual within layers of ideational and textual frames.

The contextual actions described by these participants are not ideational or textual, but participants use specific *linguistic strategies* that make them appear as if they are. A third quotation, from the same participant quoted above, here describing her experience as a midwife in the delivery room, shows how sophisticated these strategies can be:

> I *remember* one woman, my God, I **worked** with this obstetrician for the very first time and he **was** a very hands on obstetrician and this woman **was** coming up to – I**'d been with** her for quite a long time and **kept her off** the bed but when the obstetrician **walked** in she **had** to **get back on** the bed in a semi-lithotomy position and he **wanted** one foot on his hip and one foot on my hip. We **were** both up on the bed and he just – whenever she got **to push** he**'d just go crazy**. He **would just go**... like, I just *want* **to slap** him. *Shut up*. I**'m looking** at the other midwife *going* my God, who is this man. He**'s** a crazy man and the woman **did** it. She **did** as she *was told* and then once this baby **came out** it *was* wonderful doctor, he**'s** so good. I *thought* you**'ve got to be** kidding me. *This **is** not how you **give birth** to a baby*. I just *wanted* **to slap** him. I really *wanted* **to slap** him or **punch** his lights out. The midwife who **came** in, she *said*, "God [Researcher], I *thought* you **were going to punch** him." I *said*, "I *wanted* to." She *said*, "Oh, you *'ll get used* to him." It's like, it**'s going against** all of my midwifery nature *to listen* to that.
>
> (Participant 14, interview, 30 June 2016; emphases added)

In this quotation, ideational-textual actions are italicised, while contextual actions are bolded. First off, the whole extract is framed as an act of thought – the participant "remembers" the episode – repeating the linguistic strategy this participant used in the extract quoted above. Then ideational-textual and contextual actions follow each other thick and fast, being described using a number of different linguistic strategies that have the effect of erasing the distinction between them. The first of these is the stream-of-consciousness strategy also used by Participant 2 in the quote above. However, while Participant 14 uses a stream-of-consciousness approach, she expresses it somewhat differently from Participant 2. Whereas Participant 2's stream of consciousness involved situating contextual actions within flows of thought identifying, weighing up and deciding between a series of important values, Participant 14's situated contextual actions within a flow of feelings and opinions in which values are implicit rather than explicitly stated. In both cases, some of the ideational-textual actions constitute reactions to contextual actions: Participant 2 describes weighing up whether contextual actions meet her values, whereas

Participant 14 describes her more purely emotional reactions to contextual actions. While the two examples of contextual actions situated within streams of consciousness present somewhat differently, on examination it can be seen that they are structured in the same way. The same basic sort of strategy for reconciling the contextual to the ideational-textual may therefore look slightly different in when it is used during specific empirical events.

This quotation demonstrates a number of other linguistic strategies the participant uses that blur the difference between the contextual and the ideational-textual, and even between the ideational and the textual, both of which will be listed here. In terms of blurring the distinction between the textual-ideational and the contextual, Participant 14 switches seamlessly between dialogue and exposition throughout her action as if there were no substantive difference between them. By contrast with the excerpt from Participant 2, who expresses contextual actions in much vaguer terms than ideational-textual ones, here Participant 14 uses contextual verbs to express ideational-textual actions ("it *was* wonderful doctor" = 'saying, wonderful doctor'; "going my God, who is this man" = 'thinking, my God, who is this man'). She also uses verb complexes where the ideational-textual and contextual are conflated into a single action (for example, "I just *want to slap* him".) Here she expresses feelings or thoughts in terms of actions or somatic reactions. Similarly, at one point the participant expressed a feeling in terms of an action ("I wanted to… punch his lights out"), and then the same verb was repeated in the reported speech of another actor ("she said "I thought… you were going to punch him"") – creating the impression that the feeling is an intersubjectively observable 'fact', or that the contextual and the ideational or textual are equivalent levels of reality.

Participant 14 also uses a mix of linguistic techniques that blur the difference between the ideational and the textual. She uses internal speech to express her feelings ("shut up"; "This is not how you give birth to a baby"), therefore expressing the ideational in terms of the textual. These examples of reported speech are both instances where she is responding to contextual actions. Additionally, in the extract both the dialogue and exposition are presented using multiple levels of reported speech and reported thoughts ("she said 'I thought you…'"), where subsections of the episode or pieces of dialogue are framed as thought nested within speech (or vice versa) – much as the non-discursive is frequently shown nested within the discursive.

This list of linguistic strategies used to blur distinctions between the contextual and the ideational-textual, and between the ideational and the textual, is not meant to be exhaustive of the quote above – and is especially unlikely to exhaust all the strategies used to do this by all participants across the interviews. Instead, this discussion is intended to show the complexity and diversity of ways in which how participants talk about their agency erases the distinction between the different layers of discourse – especially between the contextual and other layers of

discourse. Further, what participants do again and again in the way they talk about agency is position contextual actions *within* the ideational and/or textual: they nest the contextual within thinking and/or speaking; they embed the contextual within flows of thoughts and feelings; they blur distinctions between the contextual and the ideational-textual and situate these actions within nested frames of discourse or streams of consciousness.

This is not to say that in any way when participants actually went about performing the contextual tasks associated with their work that they *experienced* performing these tasks as if they were thinking or speaking. The account of the birth in the extract from the interview with Participant 14, above, provides a very vivid picture of exactly how physical her experiences were – despite her blurring the distinctions between what is felt and said and done when recalling the episode. What the extracts instead show is that in the process of thinking and speaking about their actions (remembering the episodes and recalling them at interview), participants thought and spoke about contextual actions *as if* they were thinking and speaking.

Overall, then, these linguistic strategies can be seen to be *bringing contextual actions within the textual or ideational*. Once contextual actions are brought within the ideational-textual, they acquire an ambivalent status where they can be apprehended – both by the participants speaking about them and from the viewpoint of theoretical analysis – as either ideational-textual or contextual or both, with how they are apprehended shifting from moment to moment.

This section has defined the contextual for the purposes of this thesis, and demonstrated how, in the ways they talked about the contextual, participants showed the processes of thinking and speaking by which contextual actions are converted into ideational and textual ones. Section 6.3 described the process through which sub-discourses are constructed around contextual problems, which the sub-discourses ostensibly solve; and it is the processes of thinking and speaking – the linguistic strategies – described in this section that represent the construction of sub-discourses *actually happening*. Of course it is through the construction of power groups as part of the construction of sub-discourses that the higher or outer level types of discourse described by Schmidt (2008, p. 310; 2011, pp. 56-7) are also produced. The linguistic strategies analysed in this section therefore underlie the operation of discourse at all levels.

Overall, Chapter 6 addresses the issues raised by the research question through identifying the role played by discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, in several ways. Starting from the conclusion in Chapter 5 that in such contexts discourse produces new institutions which mould policy implementation, Chapter 6 argues that discourse also structures these institutions into power relations, where different institutionalised subject positions are permitted to perform specified

acts towards or against other institutionalised subject positions. Discourse also plays a role in explaining how and why actors acting out of these institutionalised subject positions may do what they do, particularly in constructing problems and how to fix them. It is therefore discourse that constructs the initial problem that requires implementers to take action to fix it; discourse that defines how implementers may act and interact with each other; and discourse that arranges these relationships into the semi-organised structures which constitutes the Victorian breastfeeding subsystem.

This chapter has analysed the role played by discourse in the Victorian breastfeeding policy subsystem, using Schmidt's discursive institutionalist model of policymaking, focusing on how discourses as a totality operate. The following, concluding chapter of this thesis will summarise and discuss this thesis's findings and contributions to the literature, while indicating future directions for research.

Chapter 7: Discussion, conclusions and future directions

7.1 Introduction

This final chapter acts as a conclusion to this thesis, and discusses implications of the research findings for further theory-building; outlines this thesis's contributions to the field of policy studies; describes the limitations of the thesis and its transferability to other cases; briefly discusses the policy implications of this thesis's findings; and indicates some directions for future research. The discussion in this chapter will begin by returning to the research question that guided development of the thesis:

> *What is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria*?

The analysis undertaken in the previous two chapters points to several conclusions that can be made in response the research question. Firstly, from a discursive institutionalist standpoint, the multitude of activities that give effect to the goals of breastfeeding policy *are discourse*. The various acts of producing and operationalising the network of policy texts that constitute breastfeeding policy constitute flows of discourse. The answer the first part of the question – what is the role of discourse in policy implementation – is therefore that policy implementation is produced through the operations of discourse; and that, equally, breastfeeding discourse(s) are shaped by the implementation of breastfeeding policy.

In terms of the role of discourse in policy implementation in policymaking contexts specifically characterised by a paucity of formal institutions, the data analysis showed that where there are few formal (or traditional governmental) institutions, discourse will produce *new* institutions to shape agency. The analysis found that the operations of discourse that constitute the implementation of breastfeeding policy produced institutions in two ways. Firstly, discourse produced an institution out of the texts that constitute a central part of discourse itself – where breastfeeding policy itself functioned as an institution. Secondly, discourse produced institutions out of the subject positions from which agency could be exercised – the professional or quasi-professional roles which functioned as institutions.

Overall, then, the answer the data analysis gives to the research question is that, in policymaking contexts characterised by few formal policy institutions, what discourse does during policy implementation is *produce new institutions* which govern the exercising of agency. A key finding therefore is that policy institutions emerge out of processes that are, broadly speaking,

ideational. As these processes include ideas from both within and outside government, and involve actors, texts, and contexts that are both governmental and non-governmental, the new institutions that emerge through these discursive processes are *composite*. This means that, despite their influence in the implementation of public policy, they are pieced together from material originating in both the governmental and non-governmental sectors.

This final chapter of the thesis will pull together the various strands of analysis developed in Chapters 5 and 6 and use them to indicate further avenues for discursive institutionalist theory-building, and then situate both the thesis's findings and that theory-building within the field of policy studies. Section 7.2 will summarise the account of discourse as an overall system of meaning-making, and draws together key points from Chapters 5 and 6. arguing as to how they could be built into new version of discursive institutionalist theory. Section 7.3 will discuss the contributions of this thesis to the field of policy studies. Both the empirical and theoretical contributions of the thesis will be addressed, but the main focus of the discussion will be on the theoretical contributions of this thesis, which is the more significant.

Section 7.4 will describe the limitations of the thesis and link these to a future agenda leading from this research. It will include a discussion of the transferability of the thesis's findings to cases of other policy subsystems. Section 7.5 will briefly discuss the implications of this thesis's findings for policymaking. Finally, section 7.6 will discuss potential directions for new research to address the remaining gaps in the theoretical model of this thesis, and to build on this thesis's findings.

7.2 Re-imagining the key concepts of discursive institutionalism

7.2.1 Re-imagining discourse as a system of meaning-making

As noted above, Schmidt herself uses the term discourse in two different ways – abstractly, to theorise how discourse functions as a system of processes for conveying ideas, and somewhat more concretely, to describe specific types of discourse (Schmidt, 2008; 2011). Both these meanings were found to be useful concepts in analysing elements of the case study. However, neither use of the concept was able to explain fully how discourse operated in the case, and this sub-section of this chapter will be devoted to re-imagining each use of the concept following the findings of the data analysis.

Firstly, the use of the term discourse to mean an overarching system of meaning-making will be discussed. As a system of meaning-making, discourse encompasses the ideational, the textual, and the contextual (Schmidt, 2008; 2011). The analysis in Chapter 5 and 6 found that,

broadly speaking, this multi-layered model of discourse was very useful in illuminating how policy implementation was occurring in the case study. In particular, it helped illuminate the process of policy implementation by separating out the ways the institutional-agential dialectic operates at different levels of action. Figure 7.1 presents how the data analysis found these different layers of discourse to be inter-related.

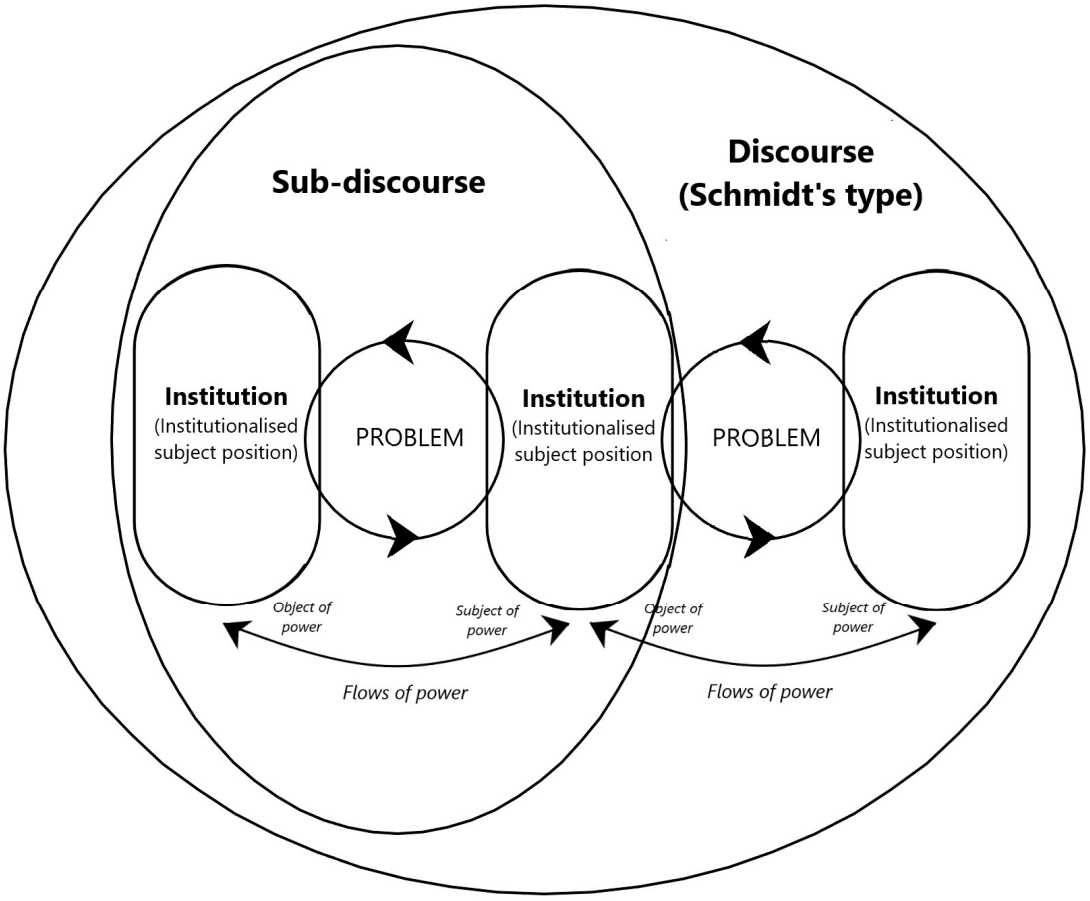


Figure 7.1: Conceptual interrelationships between discourses, sub-discourses, institutions and problems

Overall, the analysis found that the discursive processes that produce the implementation of breastfeeding policy represent concentric layers of systems of meaning-making nested within each other. At least as demonstrated in the case study, Schmidt's different types of discourse are the outermost layers of discourse, the micro-processes of linguistic strategies are the innermost, with sub-discourses sandwiched between. Each of these layers of meaning are produced by the relationships between the new institutions that were produced to shape agency in a policymaking context with a paucity of formal institutions. Finally, at the centre of all these shifting layers of

discourse sat the empirical contextual problem, needing to be resolved. These concentric layers of discursive processes nestled within each other like Babushka dolls – not a perfect analogy, but one fitting for a study of breastfeeding policy.

During data coding, however, I identified the theme of "lived experience", which included comments about emotionality, physicality, materiality and the interpersonal. These comments occurred frequently in the data, being made by over half of research participants. The analysis in Chapter 6 found that these elements of "lived experience" were considered by participants to be central to their work implementing breastfeeding policy: facets of lived experience represented the central 'problem' which the discourse constituting the policy implementation process operated to resolve. Further, it was found that participants used a wide range of linguistic strategies to reconcile this sort of lived experience into the ideational and the textual.

The sorts of experiences included within this theme did not really fit with either the ideational or the textual, and could only be awkwardly massaged into inclusion within the contextual. The analysis in Chapter 6 proceeded on the basis that the items coded under "lived experience" constituted part of the contextual – mostly because that was the concept with which they had the 'least bad' fit. The analysis therefore found that the discourse that constitutes policy implementation constantly operates to draw the contextual into the textual and ideational.

At this point, however, I will instead argue that the sorts of experiences that were coded as lived experience are *not* part of the contextual. They do not match up with any element of the contextual as defined by Schmidt (2008; 2011), and nor with the contextual as defined in more detailed by discourse analysis theorists such as Van Dijk (2009, 2015). However, if all the items coded as "lived experience" are not part of the contextual – and they are certainly not part of the ideational or textual – then the question arises of where they fit within the concept of discourse. Abandoning the argument that "lived experience" constitutes part of the contextual therefore requires redefining Schmidt's conceptualisation of discourse as a system of meaning-making to account for the relationship between "lived experience" and discourse.

Alternatively, it is possible to argue that they exist outside of discourse, within some other conceptual category. However, there are two main problems with such a statement. Firstly, discourse is a systematic way of thinking about meaning-making – and the emotional, physical and interpersonal experiences described by participants are without doubt meaningful to participants. Secondly, the analysis in Chapter 6 clearly showed that lived experience (there called the contextual) is constantly being merged into the ideational-textual. The analysis found that lived experiences had a duality where they could be seen as ideational-textual or contextual

depending on how they were described within discourse. That is to say, *at least from some perspectives*, lived experience can be seen as ideational-textual, and therefore discursive.

Following from this argument, it must be the case that the items coded as lived experience are part of discourse, but are not part of any of the three layers described by Schmidt. What this means is that there is a layer or layers of discourse *in addition to* those described in discursive institutionalism. I argue that the items coded under 'lived experience' constitute this additional layer or layers of discourse.

During data analysis, emotional, physical and interpersonal experiences were coded together as 'lived experience' – but there is no reason to think that this assumption made during coding needs to be sustained beyond the initial data analysis. Instead, I argue that the emotional, physical, and interpersonal constitute *separate* layers of discourse. These findings point to the existence of *other* layers of experience that constitute layers of discourse. That the emotional, physical and interpersonal alone became apparent as layers of discourse may simply be an artefact of the scope of this research.

This re-imagining of discourse as a multi-layered system of meaning-making incorporating such aspects of experience as the emotional, physical and interpersonal in addition to the ideational, textual and contextual, departs quite significantly from Schmidt's conceptualisation of discourse as an "interactive process for conveying ideas" (2008, p. 303). Most importantly, it de-emphasises – or appears to de-emphasise – the centrality of ideas to meaning-making, instead designating the ideational as one *dimension* of meaning-making among others. From this point the discussion will refer to the levels or layers of discourse as conceptualised by Schmidt (that is, the ideational, textual, and contextual) as 'dimensions' of experience, and will use the term 'layers' of discourse to refer to the different levels of discourse such as discourses and sub-discourses. In this it departs not only from discursive institutionalism, but also from discourse analysis, which has always analytically foregrounded ideas and particularly texts (see especially Foucault, 1977; 1994; 2002; but also Laclau & Mouffe, 2001 or Fairclough, 1992).

However, while re-imagining discourse as including other dimensions of experience/meaning might at first glance appear to de-centralise ideas, this is not actually the case. Chapter 6 described how the dimensions of experience there included within the contextual were constantly *drawn into* the ideational-textual: that the way participants spoke about these aspects of experience – that is, made them meaningful – both constantly blurred the boundaries between them, and transmuted the contextual into the ideational-textual. This suggests that the ideational and the textual together have a special, central role to play in the production of meaning. This discussion has redefined discourse as a system of meaning-making that spans

across multiple dimensions of experience, possibly many beyond those identified by Schmidt (2008; 2011) or in this research. Ideas and texts represent two of these dimensions of experience. However, they also together appear to act as the *central engine* of meaning-making, into which meaning derived from other dimensions of experience is drawn, and out of which new meanings are produced that re-combine meanings collected from all the other dimensions of experience.

The metaphor of these dimensions of experience occurring in "layers" gives the impression that discourse as meaning-making is somehow coordinated or at least orderly. This impression has been accentuated by calling discourse a 'system' of meaning-making. However, the findings of this research show this is not the case. Instead, the discursive project of meaning-making is piecemeal, here-and-there. This is demonstrated by how the analysis in Chapter 6 showed that different 'sub-discourses' about breastfeeding emerged as parallel attempts to resolve the problem of mothers failing to establish or continue breastfeeding. Conflicts between these attempted resolutions in turn produced secondary discursive problems.

Instead, the term 'system' as used in this chapter indicates that discourse is a systematic way of *looking at* meaning-making. As the findings of this study demonstrate, the lived experience of meaning-making itself is not in any way systematic – it is chaotic, constantly being disrupted and subject to discontinuities. Discourse as a *system* represents a conceptual framework for analysing or systematising how meaning-making occurs, but meaning-making is not reducible to it.

This multi-dimensional model of meaning-making reflects key ideas from the discourse analyst Fairclough's (2001) definition of "semiosis". Semiosis is an "irreducible part of material social processes" and "includes all forms of meaning making – visual images, body language, as well as language" (Fairclough, 2001, p. 121). Much as this thesis has arrived at a point where it describes discourse as a system for analysing meaning-making, Fairclough's critical discourse analysis (CDA) represents a theory and methodology for analysing the "dialectical relationships between semiosis (including language) and other elements of social practices" (ibid., p. 123). There is promise in applying CDA to the case study, or in adapting Schmidt's discursive institutionalism (Schmidt 2008. 2011), as will be touched on again in section 7.4.

While this analysis has concluded that meaning-making is a disorderly multitude of processes, the analysis in Chapters 5 and 6 *did* identify phenomena of orderliness which occur within the general disorderliness of meaning-making: institutions and ideational rules. These will be discussed in subsection 7.2.3, which re-imagines institutions in light of the research findings. The following subsection of this chapter, however, will continue describing how the findings of this thesis lead to a re-imagining of the discursive institutionalist conceptualisation of discourse.

7.2.2 Re-imagining specific types of discourse

A second way in which the re-imagined definition of discourse as a system of meaning-making differs from Schmidt's discursive institutionalist conceptualisation of discourse – and also from classical discourse analytical definitions of discourse – is in its relationship to the concept of power. Power is a fundamental concept within discourse analysis, most obviously so within Foucauldian discourse analysis (Foucault, 1977; 1994; 2002); as is power-knowledge. Schmidt's discursive institutionalism follows the Foucauldian position in holding that power is produced by the operations of discourse (Schmidt, 2008; 2011). This position has been refined in Schmidt's later work with Carstensen (Carstensen & Schmidt, 2016), where the operations of power have been reconceived as being produced ideationally through the interaction of agents with ideas.

However, the formulation of discourse sketched above – where discourse is a framework for analysing a disorderly system of meaning-making encompassing several dimensions of experience, with the ideational and textual at its core – does not *appear* to foreground power conceptually. Where the core concept of Foucauldian discourse analysis and its derivatives is power, the core concept of discourse that emerged from this study's findings is *meaning*. However, even though this thesis argues for a shift in emphasis within the discursive framework from power to meaning, this does not entail that there is no place for power in this thesis's conceptual re-imagining of discourse.

Where the importance of power to discourse as a system of meaning-making is most obvious is in the conceptualisation of discourse as *specific* systems of meaning-making. The specific systems of meaning-making that were discussed during data analysis included both Schmidt's (2008) coordinative and communicative discourses, to which was added public discourse; and the 'sub-discourses' of womanhood/motherhood, childhood, and so on, which were discussed in Chapter 6.

As the findings of the data analysis showed, these discourses and sub-discourses are produced by the relationship between groups – with both the groups and the relationships between them also being constituted by discourse. In each case, a discourse or sub-discourse was spoken by a power group; discourses were spoken by power groups to target groups, while sub-discourses were spoken by power groups to patient groups. The analysis demonstrated that relationships between groups that speak and groups that are spoken to are organised around *power differentials*. Discourses are spoken by power groups to target groups that are equally or more powerful than them, whereas sub-discourses are spoken by power groups to patient groups that are less powerful than them. Power groups influence target groups by translating the narratives and ideational sequences within the discourses they speak into terms comprehensible

within the discourse spoken by the target group. By contrast, power groups manage patient groups by manipulating the terms of the discourse they speak to define what they can do to the patient group. In each case, the modality of discourse *constructs the power relationship* between the two groups. This fits neatly with Carstensen and Schmidt's (2016) argument that power is produced by the interaction of agency with ideas.

The findings of this research showed that Schmidt's conceptualisation of discourse as specific systems of meaning could be re-imagined in multiple ways. Firstly, it was found that Schmidt's two types of discourse were not the only types of discourse operating in the case study; instead, it was possible to also identify a 'public' discourse. Secondly, it was argued that there is no reason to think that these three types of discourse are the only types of discourse that exist in policy contexts. Thirdly, it was found that sub-discourses were in an important way partially constitutive of discourses: that a power group will be simultaneously constituted by their relationship with a patient group at the level of sub-discourse and by their relationship with a target group at the level of discourse, and that it is their power to 'speak to' (that is, act upon) the patient group that legitimises their authority in their relationship with the target group.

Accordingly, the *power* of the power group – its ability to deploy and manipulate discourse with legitimacy – actually derives from its mutual construction with the patient group within sub-discourse. This appears to be equivalent to the third form of ideational power identified by Carstensen and Schmidt, "power in ideas", where power is produced through the authority of some ideas to structure thought at the expense of other ideas (2016, p. 239). However, this argument mainly refers to the construction of policy actors who speak coordinative discourse; it is not really correct to say that the political actors who speak communicative discourse, or the public/media actors who speak public discourse, derive their power from a group of *patients* upon whom they act. Further research would be required to explicate exactly what constitutes the group in relation to which these actors derive their power – but it is argued that both groups must derive their power to speak discourse from their sub-discursively constructed ability to exercise power over another group. Additionally, it has been found in this study that there are likely to be other types of specific discourse operating in practice; and I argue that this same sort of *general* phenomenon of power groups being constructed sub-discursively through their relationship to a group over whom they exercise power would persist across all types of specific discourse.

Sub-discourse therefore represents a level of discourse at which power is discursively produced through the construction of a relationship in which one group speaks in such a way that it commands or manages another. I will reiterate here that 'speaking' in a discursive context is synonymous with exercising agency – and therefore includes acting not only textually (verbally),

but also ideationally, contextually, emotionally, physically, and via all other dimensions of discourse. The sub-discursive relationship that defines the power group and patient group with respect to each other is therefore constituted by rules and norms, which may be formal or informal, about how the power group may exercise agency via these various facets of discourse with regards to the patient group.

As these relationships are constituted by rules and norms they are therefore constituted *institutionally*. As power is produced sub-discursively, and as sub-discourses are constituted institutionally, power ultimately is therefore produced via the effect of institutions on agency. The interrelationship between sub-discourse and institutions will be returned to in section 7.2.3.

In the previous subsection, discourse was re-imagined as a system of meaning-making. At first glance this would seem to lead what is understood by the term discourse to be closer to meaning-making in the social constructionist sense (Berger & Luckmann, 1966), and accordingly shift discursive institutionalism closer to constructivist institutionalism. The discussion in this subsection, however, has shifted this thesis's re-imagining of discursive institutionalism back closer to discourse analysis, by re-locating power at the centre of the theory.

What the arguments in this subsection indicate is that the production of power is integral to the experience of meaning-making. Discourse may be a system of meaning-making, but meaning is made through inter-group relationships which are fundamentally also power relationships. Specific types of discourse and sub-discourse represent the modulation of agency both to produce and reproduce power relations among groups of individuals. This means that the organisation of power relations are an intrinsic part of how meaning is produced in discourse. Meaning is produced through the discursive organisation of groups into a hierarchy, where one group may manage, direct or control another – or where, in a different discursive context, the same group may speak to another yet group as an equal. The shifts in status of groups vís-a-vìs other groups in different layers of meaning-making is part of what produces discursive meaning.

This subsection will conclude by noting two important points to supplement the discussion above. Firstly, there may be many more instances of both specific types of discourse and of sub-discourses in the case study of the Victorian breastfeeding policy subsystem. Further, it is likely that yet other discourses and sub-discourses will manifest empirically in different policy subsystems. It is likely that coordinative, communicative and probably also public discourses would be at work in any Australian public policymaking environment: the roles of public sector employees, the special role of democratically elected politicians, and the importance of the public voice in policymaking, all emerge from foundational institutions in the Australian political system. The theoretical findings of this thesis therefore represent a tool that could be used to understand

policy implementation in a range of sectors, although empirically based research would need to be conducted in other policy subsystem to confirm the existence and configuration of discourses within them,

While this research identified several sub-discourses, themes, or ideational clusters that influenced participants' work in the Victorian breastfeeding policy subsystem, it is possible that this is an incomplete list of sub-discourses operating in the subsystem. It may be the case that if I interviewed participants using somewhat different research questions, different themes would have come to light. Further, it is even more likely that sub-discourses will differ across different policy subsystems than discourses will. It is unlikely, for example, that womanhood/motherhood would be a pervasive ideational theme running through the discourse constituting the implementation of, say, water policy. Having said that, focused research into the (Victorian) water policy subsystem would need to be undertaken to confirm that argument. When it comes to determining which discourses and sub-discourses shape policy implementation in any given subsystem, empirical investigation is necessary.

Chapter 6 argued that sub-discourses emerge from discursive activity which works to resolve specific 'problems'. In the case of the Victorian breastfeeding policy subsystem, the primary problem is mothers' failure to establish or maintain breastfeeding. The discursive problem of mothers being unable to breastfeed represents *the* policy problem underlying the Victorian breastfeeding policy subsystem: all the activity comprising the subsystem is focused on resolving it, or resolving secondary problems emerging from attempts to resolve it. While Sabatier (1988) defined a policy subsystem as a network of actors focused around a substantive policy issue, this thesis has therefore arrived at a point which redefines a policy subsystem as the processes and activities[117] organised around solving a policy *problem*.

As sub-discourses emerge out of narratives about how to solve these problems, they are more closely discursively tied to specific subsystems than are discourses – and hence are more likely to vary between different subsystems. What this suggests is that specific discourses obtain over a wider area than sub-discourses: that discourses are shared across additional, and perhaps many, different policy subsystems. That this is likely the case is borne out by consideration of how specific discourses operate in Schmidt's terms. The core of a discourse, according to Schmidt (2008; 2011), is that it defines two sets of actors and is spoken to one by the other. In the case of coordinative discourse, for example, policy actors speak the discourse to political actors. This relationship between policy actors and political actors has a close overlap with the relationship between the legislative and executive arms of government: policy actors are those who must

[117] Including actors – or, more specifically, the possibilities of agency within that subsystem as defined by the institutions within it.

execute the decisions made by political actors. The relationship between the executive and legislative arms of government is one of the foundational institutions of the Australian political system. Specific discourses therefore operate across multiple policy subsystems because they *involve institutions that set out the conditions for all those policy subsystems being able to exist*. The Australian political system therefore can be seen to be in discursive terms a conglomeration of multiple policy subsystems (and probably also other institutional units; see discussion below) allied together due to their common structuring by foundational institutions. How institutions and discursive units are mutually constitutive is discussed further in the following subsection.

The second important point which needs to be clarified before moving to the next section is that the term 'power group' is a contextual one. What constitutes the 'power group' within a discourse or sub-discourse at any point depends on the specific scope of analysis at that moment. When analysing the sub-discourse of womanhood/motherhood, for example, it was identified that the power group of midwives speak this discourse to the *patient group* of mothers. However, in the communicative discourse spoken within the Victorian breastfeeding policy subsystem, mothers would constitute part of the *target group* to which politicians convey messages about breastfeeding policy. Conversely, in the subsystem's public discourse, mothers comprise a crucial part of the *power group* of the public that speaks to the target group of politicians. Figure 7.2 shows these different inter-relationships between groups of actors, using examples drawn from the discussion in chapter 6:

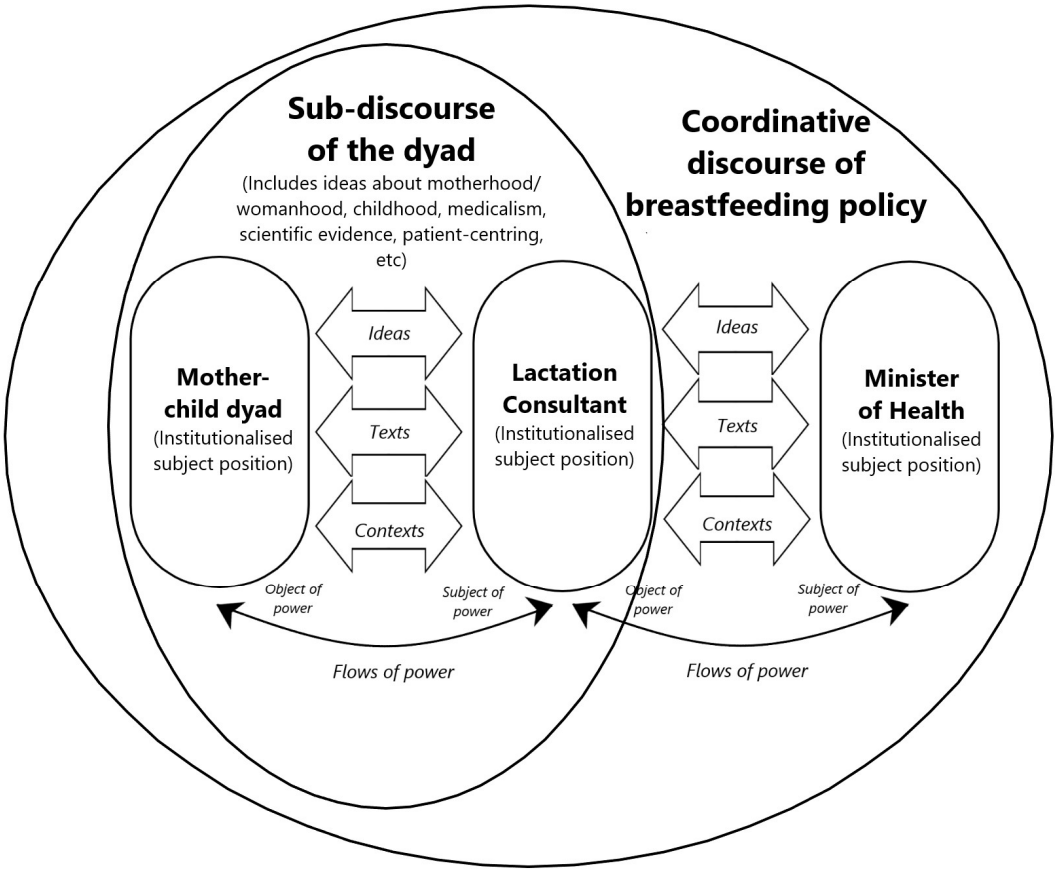


Figure 7.2: Discursive relationships between institutionalised subject positions: the Minister of Health, lactation consultants, and the mother-child dyad

The relationship between these multiple roles groups occupy at different layers of discourse and the production of meaning will, again, be returned to in subsection 7.2.4. Before then, this chapter will discuss the implications of how institutions have been re-imagined during the course of this research.

7.2.3 Re-imagining institutions

One of the most important findings to come out of the study was that the Victorian breastfeeding policy subsystem is *not* an institutional void – but that the sorts of institutions which appear to shape agency most profoundly in the subsystem are not what are conventionally defined as political/policy institutions. Instead, the institutions which were found in this research to have the greatest influence on participants' work implementing breastfeeding policy were the professional roles in the subsystem, and the 'breastfeeding policy' dispersed among a multitude of policy documents.

The Victorian breastfeeding policy subsystem represents a typical contemporary Australian policymaking environment in that much of the work of government, especially program work and policy implementation, is undertaken by actors outside government (Dickinson, 2016; Considine & Lewis, 2003). These policymaking environments have shifted from being structured by what would conventionally be seen as policy or governmental institutions – "act[ing] impartially… clear lines of accountability and supervision… rules, procedures, and confined discretion" (Considine & Lewis, 2003, p. 131) – to environments characterised by loose, irregularly shaped alliances between government actors and those in the public, not-for-profit, and corporate sectors. The Victorian breastfeeding policy subsystem clearly fits within this pattern, although it probably involves less government intervention than most sectors. .

Many public policy scholars have developed frameworks for analysing these sorts of policy environments. One of these frameworks – the Advocacy Coalition Framework (Sabatier, 1988; 1998; Jenkins-Smith & Sabatier, 2008) – has already been discussed at some length earlier in this thesis, and one of the key concepts for this thesis's framework, that of a policy subsystem, was taken from ACF theory. Other frameworks for theorising these sorts of policy environments include New Public Management theory (Hood, 1995; Gruening, 2001), and New Public Governance theory (Osborne, 2006; Wiesel & Modell, 2014), among others.

While all these theories provide insight into how these sorts of policy environments function, all come to the analysis specifically from the perspective of understanding how *governments* work with non-government actors to produce and implement policy, and how governmental institutions have *changed* to accommodate the greater involvement of non-government actors. This thesis took a somewhat different point of departure: instead of asking how government institutions had changed to accommodate the involvement of non-government actors, it analysed the case study from the lens of there being hardly *any* institutions inducing policy implementation – that is, that it was an institutional void. Chapter 5 concluded that using the concept of the institutional void as a theoretical lens was empirically inapt, as institutions are profoundly involved in the implementation of breastfeeding policy. At the same time, however, using the institutional void as an analytical lens has been productive analytically, allowing this research to develop new findings about institutions in policymaking that complement the work done by scholars using frameworks such as the advocacy coalition framework and new public governance theory.

What using the 'institutional void' as an analytical lens has allowed this research to do that has not been done in previous research is identify and describe the *non-governmental* institutions that drive policy implementation in empirical contexts where policy tasks are shared. Previous research has focused on how governmental institutions have changed following the

sharing of what were once governmental policy functions; this research has instead generated an analysis of how non-governmental institutions affect implementation.

It may be the case that non-governmental institutions have always played a role in policy development and implementation. However, the analysis in Chapters 5 and 6 argued that non-governmental institutions are the institutions *most prominently* influencing policy implementation in the Victorian breastfeeding policy subsystem. While, as described in Chapter 4, both traditional democratic political institutions and governmental institutions still play a role in shaping breastfeeding policy implementation, the institutions that most clearly shaped the possibilities of agency available to the implementers of breastfeeding policy were those arising from outside government. Breastfeeding policy – the ideas about breastfeeding existing across the network of policy documents – is partially created by government actors (and institutions), but it is equally or mostly created by actors and institutions outside government.

Crucially, the legitimacy of breastfeeding policy is not produced by its being issued by government. Instead, the legitimacy of breastfeeding policy is produced by the functioning of discourse, beginning with the patterning of discourse at the ideational level. In the case of breastfeeding policy-as-institution, this patterning comprises the accumulation of repeated ideas across texts; in the case of roles-as-institutions, this patterning comprises the piecing together of a mosaic of interlocking ideas between texts, as described in Chapter 5.

What this means is that in these sorts of policymaking environments the rules and norms that guide government are not the rules and norms guiding the development and implementation of public policy. Given that the work of government is being undertaken by actors outside government, this is not altogether surprising. As argued in Chapter 5, most of the work done by the implementers of breastfeeding policy involved the shaping and re-shaping of institutions. The actors doing most of this re-creating of policy institutions are those outside government – midwives, nurses, lactation consultants, doctors, researchers, and staff at NGOs. This means that the institutions driving and shaping the implementation of breastfeeding policy are those *created and re-created by non-government actors*. The work being done by participants to implement breastfeeding policy is not only shaped by these non-governmental institutions, but for the most part actually comprises constantly re-creating them.

Accordingly, I argue here that as demonstrated by the case study, the work of implementing public policy has shifted away from being *about government*. Implementing breastfeeding policy is not governed by traditional norms of governmentality; it is not about implementing decisions about breastfeeding made primarily by governments; and the changes to breastfeeding services are not, for the most part, effected by government staff, instead shifting

out to the public sector more broadly. While it is likely that the specific empirical institutions shaping implementation will vary from policy subsystem to policy subsystem, it follows logically from the arguments above that, where non-government actors are implementing policy, whatever these institutions are they will be non-governmental in kind. All this has enormous implications for the interests of democratic politics. How, it might be asked, does this sort of constant re-shaping of non-governmental processes represent the implementation of public policy? What value is there to the public in these processes? And perhaps most importantly, what accountability is there within these processes to the public?

The new findings about how institutions fit within discourse went in two directions: firstly, how institutions are constituted within discourse, and, secondly, how institutions help constitute other layers of discourse. In terms of how institutions are constituted, Chapter 6 found that institutions emerge out of the organising of ideas into narratives to solve contextual problems. Following from the arguments earlier in this chapter, it can be said that the problems these ideational narratives emerge to solve are not necessarily contextual. The shift in this argument arises from the re-locating of emotional and other aspects of experience from the contextual to separate dimensions of meaning-making, but is confirmed by the finding from Chapter 6 that 'secondary' discursive problems were produced by conflicts between narratives, these being experienced ideationally. Accordingly, it is argued here that ideational narratives can emerge from problems of meaning-making located in *any* dimension of meaning, even if the analysis in this research only focused on those arising from the ideational, emotional, and physical dimensions.

As described in Chapter 6, ideational narratives emerge through the rearrangement of ideas into sequences that explain how to solve discursive problems. Ideas are arranged into narratives that (often implicitly) posit an ideal state of affairs; describe a lapse from this ideal state of affairs; and assert how this lapse should be remedied. Essentially these narratives set out ideational templates for action, where values or ideals are stated and then courses of action are outlined for either meeting those ideals or fixing failures to meet them. Institutions are the social structures which both include these narratives or ideational templates and prescribe the possibilities of agency for realising them.

Institutions can exist along any or all dimensions of meaning-making at once; and one of the central discursive effects produced by institutions is the yoking together of the possibilities of action across multiple dimensions of experience – most importantly linking up the ideational-textual with other domains of experience. Another way of stating this point is to say that institutions are the location within discourse where the ideational defines the possibilities of agency at multiple dimensions of experience, and part of the way this happens is through the linking together of the possibilities of agency at multiple dimensions of experience into a single

structure. That is, by aligning together specific possibilities of agency at multiple dimensions of experience institutions *produce meaning about the world*. Meaning-making at the institutional level is therefore a product of the constraining and enabling of agency.

However, the analysis in Chapter 6 demonstrated that single institutions alone do not resolve discursive disruptions – instead, multiple institutions are discursively arranged together to solve them. As was argued in that chapter, these institutions are arranged together via the construction of a relationship between groups within discourse where each group is mutually defined in terms of what one is (and is not) able to do to the other. The informal and formal rules and norms that constitute institutions are rules about *who may do what* – the 'what' here including speaking, writing, thinking, feeling, moving, touching, and all other dimensions of experience, all bound together in a meaningful way. The arrangement of institutions together into structures that mutually constitute two groups in a power relationship in turn represents rules about who may do what *to whom*.

These structures could therefore be said to be *meta-institutions*, which arrange institutions in relation to each other. In the data analysis these meta-institutions were called sub-discourses, and as Chapter 6 argued these sub-discourses are structures which represent solutions to narratives about the discursive 'problem' of mothers failing to establish or maintain breastfeeding. Sub-discourses were discussed more fully in subsection 7.2.2; the purpose of the discussion of sub-discourses in this section was to argue how the analysis in this thesis extends Schmidt's discursive institutionalism (2008, 2011) by showing how institutions are constitutive of specific types of discourse.

The analysis of institutions in this thesis therefore produces an important finding: that non-governmental institutions appear to be the most important driver of the implementation of Victorian breastfeeding policy. Further, the analysis specifies exactly what constitute those institutions in empirical terms. This subsection has described how institutions can be re-imagined as part of discourse as a system of meaning-making. The following and final subsection of this chapter will amalgamate the concepts of discourse and institutions as they have been re-imagined through the arguments of this thesis, and discuss what this revised theoretical framework could mean for policy implementation.

7.2.4 Gaps and dissonances: Opportunities for theory-building

This thesis has sought to understand the implementation of Victorian breastfeeding policy as occurring within an institutional void through the theoretical framework of Schmidt's discursive institutionalism (2008, 2011). In doing so, it has both shifted the emphasis of discursive institutionalism from being a framework for describing power-knowledge to one describing

power-meaning, and reconfigured the discursive institutionalist model of policymaking to account for the thesis's analysis. However, even within this reconfigured model of discursive institutionalism some theoretical gaps and logical contradictions remain; these will be the subject of discussion in this subsection.

This chapter has characterised discourse as a series of concentric layers of meaning-making built to resolve a central discursive problem, or disruption to the consistency of meaning. Institutions construct how agents may act to solve the problem; this includes all dimensions of meaning, so institutions define who may act and in which circumstances, these being elements of the contextual. Sub-discourses or meta-institutions then act to arrange institutions so that different groups of actors are positioned in relationships where they may act in specified ways towards each other. Discourses *also* arrange institutions so that the agency of different groups is organised relative to each other, but they are predicated on the prior arrangement of groups via sub-discourses. For instance, in the Victorian breastfeeding policy subsystem the expertise of policy actors in speaking to political actors is based on their sub-discursive arrangement as actors who have power over patient groups. Like sub-discourses, then, discourses are also meta-institutional in that they are structures of meaning *about* institutions. Figure 7.3 uses an empirical example from Chapter 6 to show how a specific discursive disruption produces multiple layers of discourse through the interaction of agency and discourse.

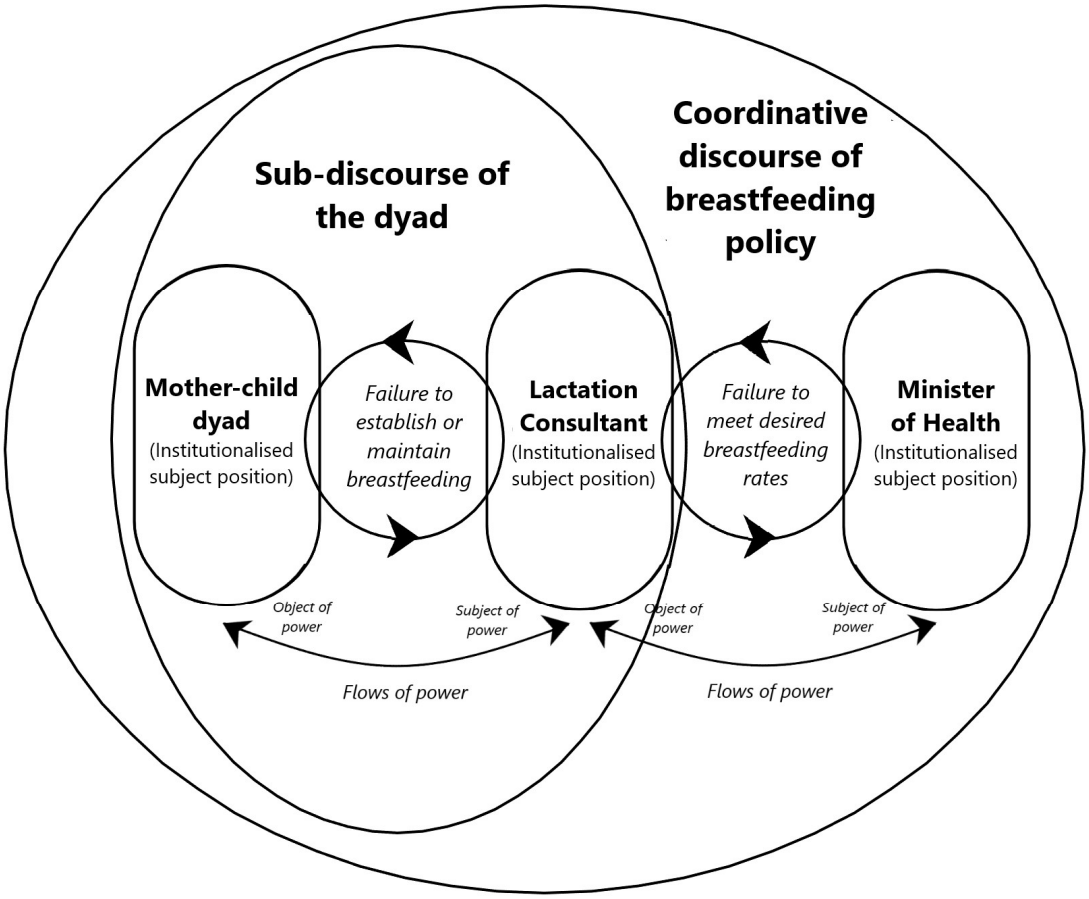


Figure 7.3: Discourse as a system of meaning-making in the Victorian breastfeeding subsystem

The existence and inter-functioning of these processes of meaning-making were clearly demonstrated by the analysis of the data. However, the description above of how these layers of meaning-making inter-relate suggests that there must be *additional* layers of meaning-making that did not emerge during data analysis. For a start, while the data analysis makes clear that institutions operate to resolve the discursive disruption of mothers failing to breastfeed, it does not make clear *how* institutions come to do so. The discursive disruption of mothers failing to breastfeed is constructed as a problem within various narratives about ideals of womanhood and motherhood, of how children should be cared for, about the importance of scientific evidence in supporting breastfeeding, and so on – but it is not clear how these narratives induce the construction of institutions. It may be that these narratives also guide the processes of meaning that constitute the interface between the discursive disruptions and the institutions which emerge to resolve them. At any rate, however, *some* layer or process of meaning-making lies 'in-between'

the discursive disruption and institutions; but the analysis in this thesis did not identify what it is or how it works.

Further, while these layers of discourse have been identified in the data analysis, there may be other layers of meta-institutional meaning-making operating in the case study. For instance, there may be layers of discourse specifically governing the relationship between international or transnational organisations and national or sub-national entities. However, given that the decision was made to focus this research at the local level, the exact details of discursive meaning-making at the international level has not been explored. There is no reason to rule out that there may be yet other layers of discursive meaning-making, as well. Figure 7.4 shows a schematic example of where another layer of discourse might operate within the Victorian breastfeeding subsystem.

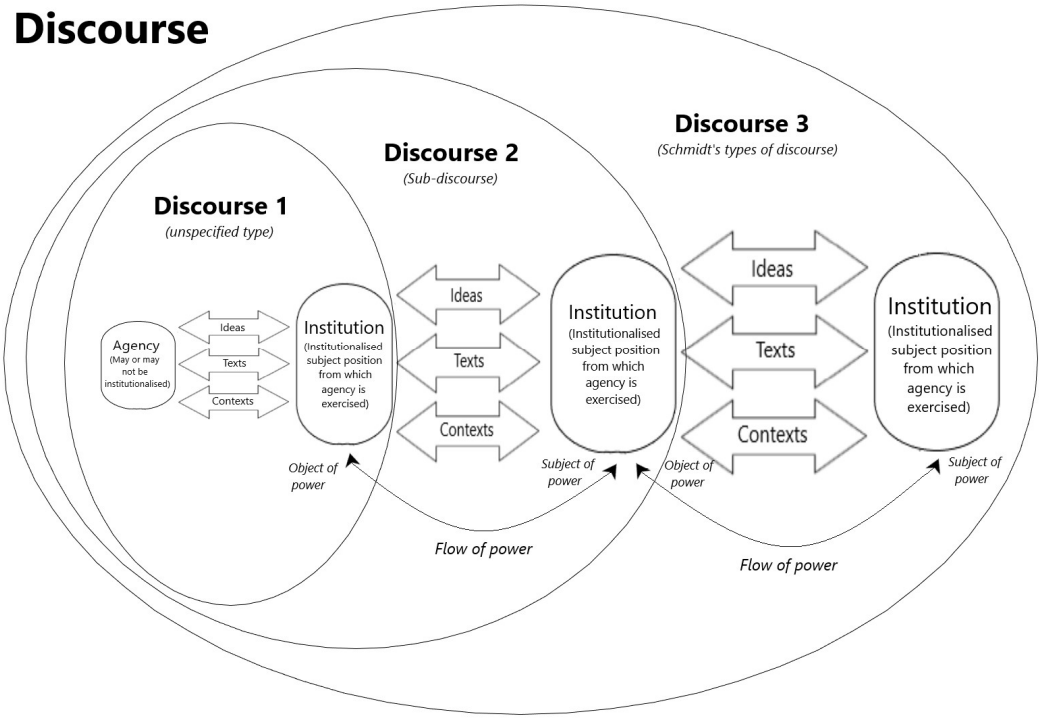


Figure 7.4: Potential additional layer of discourse (unspecified type)

In terms of applying the extended version of discursive institutionalism developed in this thesis to other policy subsystems, no assumptions can be made at the outset as to how many layers of meaning-making exist in the system. Instead, as a general point of theory, I would argue that there is *no set number* of meta-institutional layers of meaning-making in a policy subsystem. Any discursive institutionalist analysis of a policy subsystem along the lines of that developed in

this thesis can only determine the nature and number of the layers of meaning-making in any empirically specific policy subsystem *following* data analysis.

So far this discussion has focused on enumerating how systems of meaning-making are likely to be even more complex, multi-dimensional, and multi-layered than demonstrated by the analysis of the case study. In addition to this added complexity, there are a couple of terms that have been adopted to describe phenomena of meaning-making that have been used in an intuitive way, but which deserve further explication so that what they mean theoretically is clear. These terms are discursive problems or disruptions, and the narratives about breastfeeding that govern the arrangement of institutions.

A key finding of this study was that the flux of discursive activity centres on the resolution of discursive 'problems', and identified that these problems were of two types – primary or contextual problems, and secondary or textual-ideational problems. Following from this, the discussion above argued that these problems can emerge during meaning-making derived from any dimension of experience. This, however, raises the questions of what represents a discursive *problem*, and the reasons why discursive activity is organised to resolve them.

The problems identified in Chapter 6 were of two types: problems arising when mothers failed to establish or maintain breastfeeding; and problems arising from contradictory discursive attempts to resolve the former problem. What is common to these two types of problem is that they involve some sort of *discursive contradiction*: the former contradicts the narrativised ideal of mothers exclusively breastfeeding to six months, and non-exclusively for up to two years; the latter represents contradictions between these narratives. Both these situations therefore involve contradictions within processes of meaning-making.

Meaning-making comprises all the processes of making sense of experience. What happens when there are contradictions within processes of meaning-making is that *things stop making sense*. Meaning-making is accordingly disrupted. Discursive processes focus on resolving these disruptions precisely because they are disruptions – because when meaning-making is disrupted, it stops, or is deranged or derailed. For processes of meaning-making to continue, some sort of resolution of the contradiction must occur so that things can make sense again. It is therefore argued that discursive problems represent discursive *disruptions*. This concept of a discursive disruption does not appear at all within Schmidt's discursive institutionalism (2008, 2011), and represents a major theoretical development of her work.

Any further theory-building would also need to account fully for these problems being not only the *source* of discursive activity, but being also *produced* by discourse. That is, it would need to be made explicit that women failing to breastfeed becomes a discursive problem because it

conflicts with an ideal of behaviour constructed within discourse. A careful historical analysis would be able to show how the problem of mothers failing to breastfeeding was constructed through a historical process of different narratives, sub-discourses and discourses intermingling with each other through the institutional-agential dialectic. However, while worthwhile, such an analysis is beyond the scope of this research; and although much of this ground is covered in the work of Minchin (1985), if from the perspective of breastfeeding advocacy rather than policy theory.

A second element of meaning-making identified during data analysis but not referenced in Schmidt's discursive institutionalism (2008, 2011) is what has been referred to as 'narratives'. As argued in Chapter 6, these narratives represent clusters of ideas that produce meaning by explaining how the world works. For the most part, it is these narratives that are affected during the discursive disruptions described above.

At multiple points during the discussion in this chapter and the two preceding it, the centrality of narratives to meaning-making has been noted. Crucially, it was argued in section 7.2.3 that narratives both contribute to the construction of institutions, and guide the arrangement of institutions into meta-institutional structures (sub-discourses and specific discourses). These narratives therefore represent processes of meaning-making that cut across processes of meaning-making at both the institutional and meta-institutional levels – but it is not clear how they do so. They appear to be processes that are involved in both institutional and meta-institutional processes of meaning-making, but which follow a logic of meaning-making separate from them.

Both the concept of the narrative and that of the discursive disruption emerged from inductive coding of the case study data. They are innovative theoretical concepts that do not have equivalents in the discursive institutionalist model of policymaking (Schmidt, 2008, 2011), and represent a strong new contribution to policy and political theory. As will be discussed below, further theorising these concepts and their place within discourse represent possible areas of future research. The final part of this section will discuss the implications of this re-imagining of the concept of discourse for the study of policymaking.

7.2.5 Policymaking, meaning-making, and power

As discussed above, applying Schmidt's discursive institutionalism to the case study has generated insights about policymaking that have not been produced using other theoretical frameworks. One of the most important of these insights was that, in policymaking contexts where implementation is driven by non-governmental actors, the institutions most profoundly shaping policymaking are also non-governmental. However, the discussion in this chapter has

also generated a number of insights relating to how processes of meaning-making involve flows of power, and how distinct layers and elements of discourse interact. This final part of this section will make some general comments about what this model of discourse as meaning-making reveals about policymaking.

This subsection will therefore address the question of what constitutes policy. To answer that question, I will begin by asking another: what are the activities that the participants in this research saw as comprising policy implementation (and development, seeing as the two cannot be cleanly divided)? The answer to the second question is that, for participants, policy implementation and development included a vast range of activities – writing policy, but also writing guidelines, checklists, research, and an array of other types of documents; arguing for new job positions to be created in organisations; negotiating for funding; teaching other professionals; interacting with mothers and babies; communicating information to colleagues; setting up and running a range of different programs; and all the other tasks described in Chapters 4, 5 and 6.

The commonality between all these diverse tasks is that they aim to set out a framework for action – encouraging breastfeeding rates – and then to enact it. This, as described in Chapter 5, is precisely what is done by *institutions*. Additionally – and as also argued in Chapter 5 – it was identified in this research that one of the primary two institutions in the case study is the institution of *breastfeeding policy*. This theoretical finding is transferrable to studies of other policy subsystems because *policies always act as institutions*, and the policymaking process represents the realisation of the institution of policy in lived time. Within the policymaking process, policy development represents the process of setting values, while policy implementation represents the process of implementing values. Policy is therefore *in itself* institutional. This means that the policymaking process (including both development and implementation) is a process through which *new institutions are brought into being*. This conclusion reinforces a basic premise of new institutionalist policy theory (see Chapter 2), despite coming at the issue from an unconventional, *discursive* institutionalist angle.

Using a discursive institutionalist framework has, however, produced a conclusion that differs somewhat from that reached via more traditional institutionalist viewpoints. According to discursive institutionalist theory, new institutions are created through the exercising of background ideational abilities, which is largely unconscious or taken-for-granted. Policymaking, by contrast, is the *conscious* construction of new institutions. Of course, when implementing (and developing) policy, the participants in this research did not think they were "constructing institutions" – but they *did* very consciously acknowledge they were setting out values and performing actions which would make them reality. This mirrors the argument made in new institutionalist policy theory that within a policymaking context agency operates purposively but

not necessarily with a conscious design (see Lanzara, 1998; Goodin, 1996; see also discussion in Chapter 3, section 3.3.2). Policymaking therefore represents a type of social process outside the framework of discursive institutionalism: the self-conscious construction of new institutions.

As policy implementation and development involve the construction of new institutions, they accordingly represent the self-conscious manipulation of meaning. This argument sheds new light on the finding of Chapter 5 that *self-cognisance* was such a central feature of agency among policy implementers in the Victorian breastfeeding policy subsystem. Agency is exercised in a self-cognisant way precisely because the whole enterprise of policy implementation constitutes the self-aware manipulation of meaning-making.

Further, while the making and implementing of policy comprise the exercising of agency to alter meanings in a self-cognisant fashion, they also comprise self-cognisant attempts to *alter agency*. The participants in this research were very clear that the desired end point of all their implementation activities was to *change what people did*. Exactly whose agency they were trying to alter depended on the institutionalised subject position from which an implementer was working at any given: for instance, when working as a midwife an implementer might aim to change how a mother held her baby when breastfeeding, or correct a baby's latch on the breast; but when working as a researcher drafting policy the same implementer would aim to change the behaviour of hospital administration or politicians. Participants in this research were always very aware of which groups they were targeting by performing specific actions.

The work participants did to implement policy was therefore conducted *within* the inter-group relationships constructed by sub-discourses and specific discourses. Policy implementation is therefore both constituted within and a product of discursive processes of meaning-making. As argued above, however, sub-discourses and specific discourses are *meta-institutional* layers of discourse: they are discursive units which produce meaning by arranging institutions in relation to each other. Following from the arguments immediately above, policy implementation can therefore be described as a product of both the creation of new institutions, and the arrangement of institutions (new, existing, and altered) in relation to each other. When performing tasks aimed at policy implementation, therefore, the implementers of breastfeeding policy are manipulating multiple layers of discourse at once.

To summarise, the discursive institutionalist lens used in this thesis has helped develop an understanding of policy implementation as the self-cognisant exercising of agency to manipulate multiple layers of discourse at once. Combining this with the central point of discussion in subsection 7.2.3, policy implementation in the Victorian breastfeeding policy subsystem can be

seen to be based around the self-cognisant creation, re-creation and arrangement of *non-governmental* institutions to produce public policy outcomes.

Throughout the discussion in this section, numerous findings that were new to the policy studies literature were identified. Equally, however, the discussion identified numerous complications and lacunae in both Schmidt's discursive institutionalism (2008, 2011) and this thesis's re-working of it. The two following sections of this chapter will, respectively, build on this discussion of the thesis's findings by identifying the contributions this thesis makes to policy studies as a field; and identify possible opportunities for further research arising out of this thesis.

7.3 Contribution to the field of policy studies

This thesis's contributions to the field of policy studies are both theoretical and empirical. In terms of theory, this thesis contributes to the policy studies literature in several directions.

In the broadest sense, it represents an extension of the movement of the 'argumentative turn' in policy studies. As an academic field, political science tilts towards the positivist, with the majority of scholars using positivist frameworks and methodologies in their work (see further Finlayson & Valentine, 2002; Hay, 2002).. This is especially the case in the sub-discipline of policy studies, which is very much characterised by positivist research (Fischer, 2015; Fischer et al, 2015a; Howarth & Griggs, 2015; Lövbrand & Stripple, 2015). Throughout its history policy studies has leaned positivistic, and only relatively recently have important trends in interpretivist social scientific research that became popular in other areas of the social sciences last century become somewhat popular in policy studies (see for example essays in Fischer et al, 2015b). One clear example of the positivistic bias in policy studies is Schmidt's (2008) explicit statement that she will avoid too much technical discourse analytical vocabulary in her work on discursive institutionalism, to avoid aversion from a policy studies audience.

An important argument made in this thesis is that interpretivist research is important: it provides insight into aspects of life that positivistic social science cannot, and that it is useful for exploring problems that positivist theories and methodologies cannot investigate. Primary among these sorts of problems are questions about how the ideational or non-material operates in human life. Positivistic methodologies often tend towards the materialistic in their explanations of social phenomena, and therefore fail to address the ideational adequately, or sometimes do not even consider it analytically (Hay, 2002). This study therefore represents part of a larger movement to diffuse important interpretivist social scientific approaches through policy studies, beginning with scholars such as Yanow (1987, 1996), Hay (Hay, 2001; Hay & Rosamund, 2002),

and Schneider and Ingram (1990, 1993), in order to explore aspects of life largely ignored by positivistic scholars – specifically, in this research, the ideational.

This thesis contributes to policy studies scholarship on the ideational primarily through the confirmation and extension of discursive institutionalist theory. As has been canvassed extensively throughout this thesis, more recent versions of new institutionalism rely on the ideational as one of the three key concepts in their model of policymaking (see for example Lowndes, 2005; Lowndes & Wilson, 2003; Mackay & Meier, 2003; Miller, 2011; Peters, 2005; Pollack, 1996; Skelcher et al, 2013). However, despite their reliance on the ideational, many new institutionalists use a somewhat under-theorised version of it in their analyses (see arguments in Abdelal et al, 2010; Blyth, 2002; Hay, 2002). Schmidt's theory of discursive institutionalism, on the other hand, sets out a very thoroughly worked-out model of how agency, discourse and institutions work together to produce policy, which was extremely useful theoretically in shedding light on how policy implementation occurred in the case study.

However, as the findings presented in Chapters 5 and 6 and the discussion in this chapter showed, there were still areas of the case study which could not be explained by strict application of Schmidt's model, indicating that – like most theoretical models – it is not comprehensive. This study's findings and the discussion in this chapter have extended Schmidt's model with new concepts. It began doing so by re-conceptualising discourse as a framework for thinking systematically about meaning-making, rather than as a means for conveying ideas. In this thesis, discourse is not so focused on the ideational: processes of meaning-making draw on several dimensions of experience, one of which is the ideational.

However, while these processes of meaning-making draw on multiple facets of experience, I have argued that ideas and texts constitute a central engine of sense-making within discourse. These processes of meaning-making occur through multiple layers, including institutions, which prescribe courses of action, and meta-institutions such as sub-discourses and specific types of discourse, which organise institutions into structures that define a power relationship between two groups. It was argued that other layers of meaning-making exist – such as narratives – but these could not be clearly understood within the framework of this research. At least in the context of policy implementation, all these layers of meaning-making build up around the need to make sense of discursive disruptions, whether these arise from conflicts between the ideational and non-ideational aspects of experience, or from conflicts between different ideational structures.

This model of discourse and how institutions fit within it is new to policy theory. It sets out a discursive institutionalist framework which – although, as discussed above, incomplete – is

sufficiently conceptually detailed to apply to any policy subsystem and be used to describe how ideas and meaning-making produce policy implementation. While this model emerged from analysing a case study that appeared to be an institutional void, and is a model particularly well suited to analysing those sorts of policymaking contexts, it could be applied to any sort of policymaking situation. The benefits of using this model are that it allows an analysis to state with a high degree of empirical specificity what institutions and ideas are shaping policy implementation, which groups of actors are involved in implementation, and how actors are using ideas and institutions to achieve policy goals.

Finally, a key theoretical contribution of this thesis to the discipline of policy studies is its contribution to implementation studies. From the mid-1990s, with the development of policy design theory (deLeon, 1988; Ingraham, 1987; Linder & Peters, 1987), implementation studies as a discrete sub-discipline of policy studies largely disappeared. Implementation research is instead conducted within general research on policymaking (see Chapter 3), or outside policy studies altogether in the form of empirical studies into the effectiveness of specific real-world policies[118]. However, in recent years there has been some movement to restore the focus on implementation studies within policy scholarships. McKenzie and Althaus (2018) have recently argued that implementation studies has "withered" as a field of scholarship due to being stuck in the top-down versus bottom-up paradigm, and over-emphasis on whether instances of policy implementation have failed or succeeded, both arguments being based on the work of Pressman and Wildavsky (1984). This, they argue, has led to a failure to understand the outcomes of policy implementation in practice – but could be remedied by a paradigm shift in implementation studies based on interdisciplinary work (McKenzie & Althaus, 2018).

Several Australian scholars are currently undertaking new work to revitalise implementation theory. One example of this is the work of Dickinson (2017), who narrativises the history of implementation studies quite differently from earlier scholars such as deLeon and deLeon (2002). In Dickinson's schema, the entire three generations of earlier scholars are collapsed into a single "first wave" of policy implementation scholarship; new public management represents a second wave, new public governance a third, and feminist perspectives a fourth and final wave (2017). Work undertaken by Dickinson and colleagues (Dickinson, 2017; Carey et al, 2017) concentrates on understanding how qualitative approaches, specifically those derived from post-structuralist thought, can be used to illuminate the process of policy implementation.

This thesis fits within this emerging movement to re-shape implementation theory by incorporating into it the insights of critical theory. While several policy scholars have incorporated

[118] Examples from the breastfeeding field include Abrahams & Labbok, 2009; Amir et al, 2010; Barnes, 2003; Braun et al, 2003; Cattaneo et al, 2005; Jackson, 2005; Kirk et al, 2012.

principles of discourse analysis into policy theory (especially Schmidt, 2008; 2011; but see also Jeffares, 2007; Freidenwall & Krook, 2011; Hajer & Laws, 2006), this thesis represents the first application of a discourse-inflected approach specifically to a problem of policy *implementation*. Consequently, this thesis has developed a number of new findings about what sorts of institutions can drive policy implementation, how agents undertake policy implementation, and – at the most fundamental level – what actually constitutes policy implementation. The scope of analysis in this thesis has therefore completely moved beyond the failure-success paradigm, and instead focuses on re-defining what constitutes policy implementation and analysing how and why it happens.

In terms of empirical findings, this thesis represents the first survey of the Victorian breastfeeding policy subsystem, or the structures and processes through which breastfeeding policy has been developed and implemented in Victoria. As part of constructing a picture of the Victorian breastfeeding policy subsystem, this thesis has also developed a picture of the Australian breastfeeding policy subsystem, particularly its intersections with the Victorian one. While scattered information is available about the processes for developing and implementing breastfeeding policy in both Victoria and Australia (AIHW, 2017; NMHRC Clinical Trials Centre, 2011; AHMAC, 2017b; DOH, 2012, 2017; Johns & Javanparast, 2012; Minchin, 1985; Office of the Hon. Tanya Plibersek MP, 2012), this has not been gathered into a single document before. The most thorough previous Australian work on social processes to do with breastfeeding is Minchin's (1985) seminal work of pro-breastfeeding activism, although her work focuses on public health advocacy rather than the public policy mechanisms of breastfeeding policy implementation. This study has therefore produced the first comprehensive empirical picture of the Victorian breastfeeding subsystem. Given that the Commonwealth Government is shortly to release a new, enduring breastfeeding strategy (DOH, 2017a), and the Victorian Government is due to renew its breastfeeding guidelines (Participant 2, interview, 22 March 2016), the construction of this picture of the Victorian breastfeeding policy domain is very timely.

This thesis has therefore made a number of significant theoretical and empirical contributions to the policy studies literature. However, as noted above, several gaps remain in the model of policymaking presented in this thesis. The following and final section of this thesis will briefly indicating potential areas for future research these gaps represent, as well as opportunities for further research arising from the findings of this project more generally.

7.4 Limitations and applications of the thesis findings

While this thesis establishes several findings which make a contribution to the policy studies literature, it also has some limitations inherent in its methods that potentially reduce its transferability to other examples of policymaking. This section will describe both the limitations and transferability of the thesis's findings.

Potential limitations on this thesis's findings largely derive from the interpretive, case study methodological approach used in this research. While the benefits of using an interpretive approach were canvassed in Chapter 2, and the benefits of using a case study approach in Chapter 3, this approach also has some features which can potentially limit the sort of knowledge that can be produced during research.

In terms of the limits inherent in using an interpretive approach generally, these largely arise from this approach being about interpretations. This is a strength in dealing with empirical phenomena involving the ideational and discursive. However, interpretive approaches can be a doubled-edged sword in that they produce 'interpretations of interpretations' (Hay, 2011b). This means that whatever conclusions are drawn from interpretive research are potentially only one interpretation among many possible interpretations. As described in Chapter 3, the validity of the interpretations produced in this thesis have been bolstered through methodological techniques such as completeness of data collection and triangulation of data sources. It is accepted that there may be alternative interpretations of how implementation occurs in the Victorian breastfeeding subsystem – and this does not matter, so long as the interpretation produced in this thesis is valid and supported by evidence.

Where the interpretation of how implementation occurs discursively in the Victorian breastfeeding subsystem may be most at risk of invalidation is through the influence of researcher effects (Hay, 2011b). I have personally used breastfeeding services in Victoria, and had a somewhat difficult experience of breastfeeding. It is possible that this has affected my interpretation of the data, especially my interpretation of the need to make mothers establish/maintain breastfeeding as a "problem". However, I note that mothers failing to establish or maintain breastfeeding is presented as something that needs to be fixed in breastfeeding policy documents (see especially ACM 2016a, 2016b, 2016c, 2016d), so I hope that this interpretation has been validated through triangulation of data sources. Whatever the case, it should be borne in mind that my interpretation of the data and the theory built from has been affected by my personal standpoint as a researcher, and that this can never entirely be eradicated, and is not necessarily negative (Hay, 2011b).

In terms of the limitations of the case study approach used in this thesis, these have largely been raised in Chapter 3. The limitations of the case study approach are usually framed in terms of case studies not producing data that is amenable to analysis from within a positivist analytical paradigm (George & Bennett, 2004; Schrank, 2006a, 2006b, Seha & Müller-Rommell, 2016). This research, however, is not conducted from within a positivist theoretical framework, and does not aim to produce the same sort of outputs as does positivist research. Explicitly, this research does not make claims about causality, neither in the interpretation(s) it produces, nor regarding the theory it builds. Any claims to causality would need to be supported by additional research.

Given these limits on the knowledge claims made by this thesis, there are also limitations on the transferability of its findings. Findings generated through case study research are expected to be transferrable, rather than strictly generalisable: rather than contributing to the development of general laws, insights and interpretations developed with regards to one case can be transferred to understanding of another (Yin, 2018). Further, not all the findings of a piece of case study research will necessarily be equally transferrable (ibid.).

It is expected that some of the theoretical findings of this thesis will be more transferrable than others. The new concepts generated through the data analysis which are direct extensions of Schmidt's theory should be transferrable to a wide number of policymaking situations without qualification. Schmidt's theory is meant to be applicable to both politics and policymaking – including both policy development and implementation – across a range of settings, and there is no reason to think the findings of this thesis which directly extend it would apply any less generally. This level of transferrability applies specifically to this thesis's findings about how discourse operates as a system of meaning-making, including the specification of the various layers of discursive activity and how they fit together.

The transferability of this some of this thesis's other findings is expected to be more limited. This is particularly so when it comes to the findings that emerge from the Victorian breastfeeding policy subsystem used as an example of a policy sector exhibiting few formal policy institutions. The Victorian breastfeeding policy subsystem is an example of a policy sector which has developed largely within the post-NPM landscape of Australian politics (for the emergence of the sector the 1970s and afterwards, see Minchin, 1985). Accordingly, there was never a strong Weberian-style Australian or Victorian bureaucracy put in place to deal with breastfeeding services, and the political context in which the subsystem has developed has been more favourable to the development of networks involving a range of non-governmental actors.

The findings of this thesis about the sorts of new institution which have emerged in the Victorian breastfeeding subsystem are therefore likely to be most readily transferrable to similar sorts of policymaking contexts: new sectors which have emerged in the post-NPM landscape, or sectors where government bureaucracies have been strongly eroded or hollowed out by reforms. There are many such policy subsystems in both Victoria and across Australia. The research findings are less likely to be relevant to policy subsystems where government bureaucracies still play a heavy role in policy implementation, or in jurisdictions where NPM-style reforms have had less purchase (see McMullin and Skelcher, 2018 for an account of how hybridity can differ across jurisdictions). In general, then, the findings presented in Chapter 6 should be more widely transferrable than those in Chapter 5.

Finally, while this is a study of policy implementation, it can be expected that its findings could be transferrable to other stages of the policymaking process. As described in Chapter 2, to some extent the 'stages' of policymaking are artefactual concepts; and Chapter 4 demonstrated that policy development and implementation can be undertaken by the same actors, and can occur simultaneously. There is accordingly less distinction between what is conceived as policymaking, and what as policy implementation, than classical implementation theory would suggest. While conceptualising this research as a problem of implementation has been helpful heuristically, therefore, its findings might still be transferrable to other aspects of policymaking.

So far this conclusion has discussed some of the implications of the data analysis and engaged in an extension of Schmidt's discursive institutionalism; described the contributions these findings make to the field; and describe the limitations and generalisability of the research. The next section of this chapter will turn to a discussion of the implications of the research findings for policymakers.

7.5 Policy implications of the research findings

The implications of the findings of this thesis for policymakers should be understood in the context of the sorts of policymaking environments of which the Victorian breastfeeding policy subsystem is a example. In the Victorian breastfeeding policy subsystem, public policy implementation and to some extent other public policy tasks are undertaken by individuals and organisations outside government agencies. The shift in Australia and elsewhere to more decentralised forms of government and the implications of this shift for policymaking and implementation have been extensively canvassed (for examples include Alford, 2009; Considine & Lewis, 2003; Dickinson, 2016). This section will specifically describe the implications of this

thesis's central findings for policymakers in Australian jurisdictions, although those implications may also be applicable in other areas.

One of the central empirical findings of this thesis was that, in the complexly networked, hyperconnected policymaking environment of the Victorian breastfeeding subsystem, what constitutes 'policy' is not a policy decision issued by an authoritative decision-maker, but an intertextual construct produced across many texts, not all of which will be government texts or even 'policy' texts in a traditional sense. Policy implementers will therefore need to conceptualise 'policy' broadly, taking into account a range of sources of information when deciding what measures to implement. Further, when developing and implementing policy, they can expect to need to produce a range of policy statements that will be applicable in different contexts and used by different groups. How policymakers 'do' policy could change significantly in light of this finding.

A second important finding of this thesis was that, in these complex environments characterised by minimal government involvement and few formal policy institutions, new composite institutions are emerging which shape implementers' behaviour. The emergence of these new institutions has significant implications for policymakers. They raise serious questions about how 'public' public policy actually is – how far it represents a democratic mandate, how far democratically elected governments control it, and how much it is developed with a consideration of producing public value. These questions imply further questions for operationalising policy, such as who has oversight of policy processes and how accountability for policy implementation is managed.

Finally, this thesis made multiple findings about how policy implementation is discursively produced. In particular, it argued that policy implementation occurs through the discursive production of institutions which create 'expert' subject positions from which a range of professionals can undertake the work which constitutes policy implementation. These subject positions are constructed through the relationship of experts with patient groups. The expertise of policy implementers – which gives their actions as policy implementers legitimacy – is therefore built on an implicitly oppositional relationship between professionals and service users. Breastfeeding policy and the acts which implement it therefore do not necessarily represent the interests of the patients and users of breastfeeding services. This is reflected in the hostility breastfeeding policy experts showed to the 'public discourse', which represented the statements made between the wider, non-expert community and political power brokers.

Again, this finding has serious implications for the democratic underpinnings of the implementation of breastfeeding policy. If the expertise of policy implementers is produced by a

power imbalance between them and their patients, how far can the work they do truly represent public value? How could policy implementation processes be managed so that the interests of patients and service users are better incorporated in implementation activities?

Outlining the opportunities for further theory-building, this thesis's contributions to the literature, the limitations and generalisability of the thesis findings, and the implications of this research for policymakers, has all helped to identify the limits of and gaps in this research. Accordingly, the following and final section of this chapter will set out the directions for future research leading from this thesis.

7.6 Future directions for research

There are three main directions in which further research could lead from the findings of this thesis. These include research to explore the remaining 'gaps' in the discursive institutionalist model identified earlier in this chapter; additional empirical projects to confirm or extend the model developed in this thesis; and research incorporating insights from different strands of policy theory aimed at clarifying the model overall.

The discussion earlier in this chapter identified three primary gaps in the discursive institutionalist model presented in this thesis. These were clarifying the nature of 'narratives' about the failure to breastfeed; defining the nature of discursive disruptions; and identifying additional layers of meaning-making within discourse and clarifying how the different layers co-function to produce meaning. Research to clarify the nature of breastfeeding narratives could explore how well social scientific narrative theory (as described in Czarniawska-Joerges, 2004) could be integrated with a discursive institutionalist model of policymaking to define these phenomena of meaning-making. Defining what constitutes a 'discursive disruption', on the other hand, may require gathering additional data about the case study, or applying the model to a different case study. Identifying additional layers of discourse and how they work together is more likely to require integrating theoretical equipment from other approaches into discursive institutionalism.

Empirical research following from this thesis could either take the form of extending the scope of the case study, or applying the model of discursive institutionalism developed in this thesis to new case studies. This research project was originally conceived as being in two parts, studying both the role played by policy implementers in implementation, and the effects of implementation of the users of breastfeeding services, namely babies and new parents. As studying the role of policy implementers was in itself a large project, generating a significant body

of data and theoretical findings, the latter element of the project was put aside, and this thesis only gathered data about policy implementers.

The original project design was set up to highlight the transmission of ideas – of the ideational content of discourse – and their reification during policy implementation via breastfeeding services. The aim of this was to show how discourse and the ideas contained within it, especially gender relations and power relations, are inscribed in the populace during the process of policy implementation. This is in many ways the logical extension of discursively focused research, which always aims to examine the construction and maintenance of power structures (Wodak & Fairclough, 1997; Wodak & Meyer, 2009). This remains a worthwhile object of research, and the logical next step in understanding the role of discourse in implementing breastfeeding policy.

There are additional theoretical frameworks that have insights that might be of value in supplementing the framework in this thesis, One direction such research could follow was identified earlier in this chapter: integrating discursive institutionalism with the critical discourse analysis of Fairclough (Fairclough, 1992; 2004; 2012; Wodak & Fairclough, 1997). As described above, Fairclough's critical discourse analysis centres around the analysis of semiosis, which is a very similar concept to the concept of 'meaning-making' as used in this thesis. There is also some overlap between the concept of 'institutions' as used in this thesis, and Fairclough's concept of social 'practices'. According to Fairclough, each practice is:

> … on the one hand a relatively permanent way of acting socially which is defined by its position within a structured network of practices, and a domain of social action and interaction which both reproduces structures and has the potential to transform them.
>
> (Fairclough, 2001, p. 121)

Institutions, as argued in this thesis, are also relatively permanent or durable; are also domains of social action and interaction; and also both reproduce structures and have the potential to transform them. Additionally, Fairclough (2001) envisions institutions as being constituted by elements from multiple dimensions of social life – much as this thesis envisions institutions as being constituted. However, there is some conflict between how the two are conceptualised. In the quote above, Fairclough notes that practices reproduce structures. In discursive institutionalism, institutions *are* structures (Schmidt, 2008, 2011). Like other critical discourse analysts, Fairclough rarely uses the term 'institution', and when he does so uses it in the sense of 'organisation' (see Fairclough, 2001 and other essays in Wodak & Meyer, 2001). Further, while both this thesis's expanded discursive institutionalist conceptualisation of institutions and

Fairclough's concepts of practices are constituted by different dimensions of experience, these dimensions differ between the two accounts, with Fairclough's all being social, and this thesis's drawing from non-social elements of experience. The concepts of 'institutions' and 'practices' do not, accordingly, by any means closely align. The integration of critical discourse analysis with discursive institutionalism is therefore not necessarily straightforward, and would require some significant theoretical thinking though.

A second body of theory that could be integrated with discursive institutionalism to develop further insights about policy implementation, particularly in the case study of breastfeeding policy, is feminist theory. Feminist theory has always been important, but is gaining renewed attention both in recent Australian research and more widely across the discipline (see for example Bacchi & Rönnblom, 2014; Beegan & Moran, 2017; Carey et al, 2017; Lovenduski, 2015; Vickers, 2015). Future research could very profitably focus on the role of gender in breastfeeding policy, specifically in the implementation of these policies.

This thesis has developed answers to the question, *what is the role of discourse in policy implementation in policymaking contexts characterised by few formal policy institutions, as demonstrated by a case study of implementing breastfeeding policies in Victoria*? In the course of doing so, it has developed an empirical thick description of the case study; interpreted the implementation of breastfeeding policy in Victoria through the lens of Schmidt's discursive institutionalism; and built additional theory that extends Schmidt's framework. This approach has shown how the incorporation of theory from the argumentative turn has the capacity to shift implementation theory beyond the fail/succeed binary paradigm of earlier implementation scholarship. It has also generated a number of novel and important insights about how policy implementation happens. Further research such as that outlined above has the potential to produce additional new understandings of the policy implementation process.

The findings of this research challenge current thinking about what policy is and how it is implemented. They extend the policy community's understandings about what sort of institutions are centrally involved in policy implementation, and indicate new ways of conceptualising the role of discourse in implementation processes. Overall, the findings provide a strong foundation for a new wave of implementation studies.

APPENDIX 1

List of documents comprising the Victorian breastfeeding policy document corpus

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APPENDIX 2

Information and interview questions sent to participants

Research project: Implementing United Nations breastfeeding policy

INTERVIEW QUESTIONS FOR PARTICIPANTS

Project team: Chloe Duncan (PhD student, student researcher), Prof. Helen Sullivan of the School of Government, and Dr. Scott Brenton of the School of Social and Political Sciences.

Project background

This research project is looking at the roll out of pro-breastfeeding policies in Victoria, specificially the implementation of the United Nations Innocenti Declaration on breastfeeding within Melbourne-based breastfeeding support services. The study will focus on how health professionals implement breastfeeding policies within their organisation, how these services are developed at a policy level, and the role played by breastfeeding activist organisations in advocacy and education on breastfeeding issues.

The study's ultimate aim is to understand how people's ideas influence the implementation of pro-breastfeeding policies. In particular, the study will be focusing on how ideas about medical evidence and motherhood have influenced the roll out of breastfeeding policies.

Your role in the project

You have been invited to participate in the project as a health professional in a breastfeeding support or advocacy service. Should you agree to take part, you will be interviewed at a time and place of your convenience by the student researcher. It is anticipated that the interview will take between 30 and 60 minutes.

The interview will include some pre-prepared questions, but will also involve discussion of topics that emerge during the interview. Topics of discussion will include: your role in implementing pro-pro-breastfeeding policies; what implementing pro-breastfeeding policies has involved in your work; what things have made implementing pro-breastfeeding policies easier or more difficult; and your views about breastfeeding and why/not it should be supported by official policy.

Expected interview questions

It is anticipated that you will be asked some or all of the following questions during your interview:

- What is your professional role? What organisation do you work in?
- What if any policies does your organisation have in place to support breastfeeding among new parents?
- What programs does your organisation run to support breastfeeding among new parents?
- What specifically do you do in your role to support breastfeeding among new parents?
- What role have you played in developing pro-breastfeeding policies in your organisation?
- What role have you played in implementing pro-breastfeeding policies in your organisation?
- Can you give me an example of a time you have worked to support new parents to start/continue breastfeeding?
- What things have made your work supporting breastfeeding easier? What has made it more difficult?
- Do you personally believe in supporting breastfeeding among new parents? Why?
- What if any influence do you think your views have had on your role implementing breastfeeding policies?

After the interview

Once the report on this research has been lodged with University of Melbourne, you will be sent a summary of findings. You are also welcome to contact the student researcher should you desire more information about the research results.

APPENDIX 3

Plain language statement for participants including information about privacy

Project: Implementing United Nations breastfeeding policy in Victoria

Student researcher

Chloe Duncan

PhD student, School of Social and Political Sciences, University of Melbourne

Email: [redacted]

Phone: [redacted]

Principal Researcher

Professor Helen Sullivan

School of Government, University of Melbourne

Email: [redacted]

Phone: [redacted]

Additional student supervision

Dr. Scott Brenton

School of Social and Political Sciences, University of Melbourne

Email: [redacted]

Phone: [redacted]

Project Background

This research project is looking at the roll out of pro-breastfeeding policies in Victoria. Specifically, it looks at the implementation of the United Nations Innocenti Declaration on breastfeeding within Melbourne-based breastfeeding support services.

The study's ultimate aim is to understand how people's ideas influence the implementation of pro-breastfeeding policies, and how policy implementation then influences people's ideas about breastfeeding. In particular, the study will be focusing on how ideas about medical evidence and motherhood have influenced the roll out of breastfeeding policies. Health and policy professionals from a range of Victorian breastfeeding support services and staff from breastfeeding advocacy organisations will be invited to participate in the project.

Your role in the project

We would like to invite you to take part in this study as a professional involved in delivering services that contribute to the implementation of breastfeeding policies. Should you agree to take part, you will be asked to participate in an interview with the student researcher, at a time convenient to you. During the interview you would be asked about your professional role, what you do in your role to support women/parents who breastfeed, and your beliefs about breastfeeding and its importance. With your permission, the interview would be audio-recorded so that we can ensure that we make an accurate record of what you say. We estimate that the interview will take 45-60 minutes.

How we will protect your privacy

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, within the limits of the law. Your name and contact details will be kept in a separate, password-protected computer file from any interview tapes and transcripts. Only the project researchers will able to link to your responses to your personal information, and only for purposes such as sending you a copy of the study findings. In the final report, you will be referred to by a pseudonym. We will remove most references to personal information that might allow someone to guess your identity. However, as we will be referring to your professional role, and as the number of people we seek to interview is very small, it is possible that someone may still be able to identify you. To help protect your privacy, we will advise you at the interview's outset of the minor potential risks from participating. You will also have the opportunity to state whether any comments are off-the-record during the interview, and to check the transcript for factual errors or simple clarifications.

Additionally, your involvement in this project is entirely voluntary and you may withdraw at any time; this includes the withdrawal of any unprocessed data you have supplied to the project team.

The data will be stored securely by the student researcher for five years from the date of initial publication, before being destroyed.

Results of the research

Once the thesis arising from this research has been completed, a summary of findings will be sent to project participants. Should participants want further information about the study findings, they are welcome to contact the research team. It is possible that the results of this research will be presented in academic publications such as journal articles and conference papers.

Further information on the study

Should you require any further information, or have any concerns, please do not hesitate to contact the researchers on the numbers given above.

If you would prefer information to be provided to you in a language other than English, please advise the project researchers.

This study has received clearance from the Human Research Ethics Committee at the University of Melbourne. Should you have any concerns about the conduct of the project, you are welcome to contact the Director, Office for Research Ethics and Integrity, on phone: 03 8344 2047.

APPENDIX 4

Consent form for participants

SCHOOL OF GOVERNMENT

Consent form for persons participating in the research project

Implementing United Nations breastfeeding policy

Name of participant:

Name of investigator(s): Chloe Duncan, Prof. Helen Sullivan, Dr. Scott Brenton

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

2. I understand that after I sign and return this consent form it will be retained by the researcher.

3. I understand that my participation will involve an *interview* and I agree that the researcher may use the results as described in the plain language statement.

4. I acknowledge that:

   (a) the possible effects of participating in the *interview* have been explained to my satisfaction;

   (b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;

   (c) the project is for the purpose of research;

   (d) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements;

   (e) I understand that the study has a small sample size and that this may have implications for protecting my identity;

   (f) I have been informed that with my consent the *interviewwill be audio-taped and I understand that audio-tapes* will be stored securely and will be destroyed after five years;

   (g) my name will be referred to by a pseudonym in any publications arising from the research;

   (h) I have been informed that a copy of the research findings will be forwarded to me, should I agree to this.

I consent to this ***interview*** being audio-taped □yes□no
(please tick)

I wish to receive a copy of the summary project report on research findings □yes□no
(please tick)

Participant signature: Date:

APPENDIX 5

Schedule of interview references

Participant	Interview date(s)	Interviewer	Method	Participant roles (referred to in interview; past, present, or training)
1	21 March 2016	Chloe Duncan	In person	ABA counsellor, trainer and assessor for the ABA, researcher, lactation consultant, BFHI assessor, mother
2	22 March 2016	Chloe Duncan	In person	Midwife, nurse, researcher, lactation consultant, BFHI assessor, policy writer
3	29 March 2016	Chloe Duncan	In person	Nurse, midwife, researcher
4	11 April 2016	Chloe Duncan	In person	Lactation consultant, nurse, midwife
5	21 April 2016	Chloe Duncan	In person	Researcher, general practitioner, policy writer, tertiary educator, journal editor
6	4 May 2016	Chloe Duncan	In person	CEO, policy writer, lactation consultant, nurse, midwife
7	5 May 2016	Chloe Duncan	In person	Paediatrician (neonatologist), administrator, lactation consultant, researcher, BFHI assessor
8	16 May 2016	Chloe Duncan	In person	Policy analyst, nurse, midwife, lactation consultant
9	27 May 2016	Chloe Duncan	In person	ABA counsellor, midwife, mother, lactation consultant, nurse
10	27 June 2016 and 5 July 2016	Chloe Duncan	Email	Policy analyst, allied health clinician (paediatrics)
11	31 May 2016	Chloe Duncan	In person	Midwife, mother, nurse, lactation consultant
12	9 June 2016	Chloe Duncan	In person	Policy analyst, midwife, tertiary educator
13	10 June 2016	Chloe Duncan	In person	Mother, policy analyst, researcher, ABA board member, ABA counsellor
14	16 and 30 June 2016	Chloe Duncan	In person	Tertiary educator, researcher, midwife
15	20 June 2016	Chloe Duncan	In person	Administrator, nurse, midwife, lactation consultant, policy writer, BFHI assessor
16	20 July 2016	Chloe Duncan	In person	Administrator, policy analyst, nurse, midwife
17	16 August 2016	Chloe Duncan	In person	Nurse, policy analyst
18	19 August 2016	Chloe Duncan	In person	Nurse, midwife, lactation consultant, administrator, mother, BFHI committee member
19	15 Sept 2016	Chloe Duncan	In person	Administrator, nurse, lactation consultant, mother, policy writer

APPENDIX 6

Quotations from interviews to illustrate data coding categories

Quotations for Table 3.2 – deductively derived themes

Concept	Quotes from interviews
Discourse	I think it's very helpful to be able to move between that higher level and the stories because some politicians cannot move beyond stories. The only way they work is stories and most of them work mainly through stories. But when you're talking to the bureaucrats and to the ministers by and large the ministers, most of them, have a grasp of the higher level. You've got to be able to move. You've got to be able to talk to them at either end. I think one of the things that ABA does very effectively is to talk about the stories and when they can translate that to a more global level as they could with the dollar signs you can communicate at the higher level of government." (Participant 13, interview, 10 June 2016)
Agency	""Yes, I think you need to get a few… staff members onboard actually that are going to be – they're often referred to as champions… You need to garner a bit of support from a few people…both some other management staff, but also some clinicians on the ground that are going to be able to actually help you drive that change. Lots of communication, lots of communication about the reasons why you're either needing to or wanting to." (Participant 15, interview, 20 June 2016) "And it's hard when you come back to a ward that you've always worked in and that you realise there's that little missing link. Not enough pumps for the mothers and mums always complaining they can't get hold of a pump and you've only got one pump for twelve mothers, like it was crazy. So then we were fundraising to try and get more equipment"(Participant 4, interview, 11 April 2016)
Institutions	"nurses were getting more confident and were starting to question. In days gone by, you never questioned what the doctor said. But you were also… the patient's advocate. It was your responsibility to stand up for the patient. If you felt the patient wasn't receiving the proper care, it was your responsibility to

	stand up for them, and speak up for them. It was your responsibility [to identify] the appropriate dose or medication – "Oh Doctor Joe Blow, do you think you might like to try this instead?" Again, that whole tactfulness in trying to make an alternative suggestion that Joe Blow might [say] "Well, actually, yes, we'll give it a try – that's a very good idea." And even now, it's still the authority of the doctor over the nurse. Nurses can't practise without him overriding. They're supposed to be supervised by a medical professional. But in reality it's not quite like that at all."(Participant 9, interview, 27 May 2016)
Power	"So, the strategy came to the end of its time, and the AHMAC Committee, the Community Care and Population Health Principal Committee had indicated how effective was this strategy? Do we actually know whether it was actually effective? This other challenge for us was to look at it and go, well, we have some measures in place. Things like breastfeeding rates in Australia, but they're very fragmented. The idea was to, in giving a report back to the principal committee they was saying, "Well, we really now need to turn this into an enduring strategy." They charged us with that work. They indicated to the standing committee in child and youth health that they would like that work to be undertaken. We put to them a proposal to undertake that work, and we're in that process."[119]
Gender	"I think it just comes down to the basic essence of mothering. It's about our children; it's about doing the best we can for our children; it's about being seen to be doing the best we can for our children, and wanting other people to acknowledge that we're doing the best we can for our children, and that we are doing a good job for our children. And so if we believe we are not meeting pre-determined expectations, then we feel like we're failing. …There are many, many, many factors that need to fall into place [for a woman to breastfeed successfully – social, physical, …background levels of education, background sense of achievement in the past; social circumstances that a woman was in…" (Participant 9, interview, 27 May 2016)

Quotations for Table 3.3 – inductively derived themes

Concept	Quotes from interviews
Distinction between roles	"I call them my props, but when I wear them they remind me that I'm speaking with a specific voice. So if I'm speaking as an ABA counsellor I'm not giving

[119] Quote not referenced to protect participant anonymity.

	medical advice. I'm talking to someone as a mother, or as a community member, or as a father. If I'm wearing my IBCLC badge I'm speaking to them as a health professional. If I'm wearing my BFHI badge – which I do have here – or lanyard – I'm speaking to them as a baby-friendly health educator and assessor, and I'm going to talk to them about where they're meeting the 10 Steps, where they're not meeting the 10 Steps, and what they can do to improve their ability." (Participant 1, interview, 21 March 2016)
Multiplicity of roles	"So with that, sitting there as a mum, with a baby spewing on my shoulder and a toddler crawling up my leg… as a midwife I found it very interesting to sit there, listening to women talk about their experiences in hospital and their perceived experiences of what the midwife said and what the doctor said. So I was taking a lot of that, and then when I went back to work after maternity leave, I was taking a lot of those comments back to work… it didn't come from medical professional backgrounds; it came from Nursing Mums [ABA]." (Participant 9, interview, 27 May 2016) "And I suppose my background… is I'm a maternal and child health nurse. I've got a Bachelor of Nursing, a Graduate Diploma in Midwifery and a Masters in Child and Family Health. I'm also a lactation consultant, a nurse immuniser… in the last probably 5, 6, 7 years I've managed the program and done senior management in local government as well."[120]
Proactive agency	"It's been a long, drawn out process. It's just… every opportunity to bring it in, I'd stick my hand up. "What about this? What about this? What about this" – just constantly. And then my current manager herself, again, had that personal interest – that personal interest from her past experience …could appreciate what it was trying to do… It's that personal investment that takes people that extra yard, to make it happen… I kept telling her and telling her …[and] then… she's at the department of heads [sic] meetings, pushing it forward. Putting the flag up." (Participant 9, interview, 27 May 2016)
Self-cognisance	"you do have to be strategic. Do I consciously think I was being strategic, perhaps not, but I probably went about it in a methodical sort of way, but over a period of time I guess I learnt how you might go about things." (Participant 15, interview, 20 June 2016)
Scientific evidence	"I think the science around the health benefits was pretty clear to me. I think I have quite a logical, scientific brain so for me it was a no-brainer." (Participant 2, interview, 22 March 2016)

[120] Quote not referenced to protect participant anonymity.

	"So what is said has to be well-founded, and that means it has to be some sort of evidence – medical, scientific evidence, and not just somebody's personal belief. A belief is just a popular idea; it's not founded in science and evidence to show why it actually works – or conversely, why it hasn't worked" (Participant 9, interview, 27 May 2016)
Medicalism	"I'm talking about the hospital system here by the way, midwives are still very much - I'm talking about the power balance - midwives are still very much under the medical hierarchy and because of that, they are very constrained in what they can or cannot do, you know. I'm not saying that that's necessarily a bad thing, because of course we can't just have unbridled practice, but there's also a huge amount of experience and expertise in some of these hospitals of probably the older midwife, and that's not recognised at all…I couldn't tell you the last time a doctor has come to me in my role as an LC to ask my opinion about something to do with lactation, or in some way the management of a breastfeeding issue. I couldn't tell you the last time. Now, I've got 47 years of mid, a lot of that in difficult environments. I've got 25 years in LC and I'm holding the position that says LC. I think that's considered oh, it's just you know, a little old lady that's doing a little bit of, you know, boob work. They don't get it. They have no conception of the depth of knowledge and experience that I would have in my mid practice and in my LC practice. They're not interested." (Participant 11, interview, 31 May 2016) "I've worked with many labouring women and the obstetrician literally walks in at the last minute and catches the baby and it's all thank you doctor, thank you doctor. It's like, what am I, chopped liver? I mean, I've been in with you for eight hours mopping your brow, mopping up your vomit. Come on. Quite bizarre." (Participant 14, interview, 16 June 2016)
Economicism	"Governments are interested in the economics. So that's why it's really important that we have health economists on our teams so we can actually say we'll save some health dollars doing this. …If we had more babies being breastfeed to six months will that change the demand on health dollars by less hospital admissions, less GP visits? …So, yeah, how can we save some money?" (Participant 3, interview, 29 March 2016)
Womanhood and motherhood	"When my nursing friends did this lactation consultancy, it just seemed to be incredibly empowering of women and helpful for women. And it struck me that certainly in my medical course we might have had an hour's lecture about breast milk. …We didn't actually learn anything about how to help people

	breast feed, women breast feed. …But I think it was really the empowerment of women, so there's probably a little bit of feminism in there as well and realising that there is something you can do if a mother's supply is faltering and she is interested in improving it yeah." (Participant 7, interview, 5 May, 2016) "that's just mothers. We're just trying to do the best we can for our babies. We always are. And when they're babies, we read everything; you know, we read everything while we're pregnant – we read everything and we're going to do it… we're going to be ready to go, and we're going to do it right. …It's that basic way that we mothers blame ourselves for something that's not quite perfect." (Participant 9, interview, 27 May 2016)
Childhood	"normally we would say, yeah, that, you know, obviously the most important thing is the baby is putting on weight and, you know, it looks like the baby's not gaining enough weight so we need to give some formula as well. But I always say, you know, "If there's some breastmilk there's value in that. Even small amounts have antibodies and it's good for, you know, the baby's immunity."" (Participant 5, interview, 5 May 2016) "I think we do have to listen to the unspoken voice of the child which is this is what I would like." (Participant 2, interview, 22 March 2016)
Patient-centring	"I actually did the lactation consultant where you went into people's home and did that for a while, before they made me the coordinator. That was the one job that I didn't want to give up, because you could actually did make a difference to people. Yeah, it's really powerful. When it works it works really, really, well… It's using that knowledge to tailor make it for the individual person. That's powerful." (Participant 18, interview, 19 August 2016) "Look, I reckon if you went to any hospital, they would have the belief that they have got the patient at the centre of it. …it's whether they really live it out. You're just not allowed to write policies or procedures that don't really have the best interests of the patient in there but it's how you deliver it." (Participant 2, interview, 22 March 2016)
Text and language	"When we were communicating with mothers and families we would use what we call mother friendly language, so we wouldn't use our big our medical terms, we'd put it in lay terms. You have to swing between the two okay you're writing, if you're writing documentations for families, then you've got to write that in mother friendly language, and then switch when you're writing policy procedures, but you're actually writing that in health professional level language, so it was quite difficult." (Participant 15, interview, 20 June 2016)

	"Since the last set of guidelines were published in 2003, developments in infant feeding required revision, references needed updating and the guidelines required modernising with respect to the current Australian context." (Participant 10, interview, 27 June and 5 July 2016)
Individual vs organisation	"Unless you have top down really support, I mean we had support from management, upper management, the director of nursing at the time to do this, but essentially, we were doing it within our work place. …We would often meet with the senior people within an area, so make sure that they understood everything that needed to be done." (Participant 15, interview, 20 June, 2016) "In the past our administration has been supportive of us achieving baby friendly hospital status and so we have achieved that twice. However currently it's not a focus of our administration, because they believe that we're doing a good enough job and that cost of actually pursuing accreditation…So currently it's not seen as a priority to pay for the cost of becoming accredited." (Participant 7, interview, 5 May 2016)
Breastfeeding vs formula-feeding	"So if you are going to mixed feed – part breastfeed and part formula feed – then let's look at doing it in a manner that's going to reduce the risks and keep your milk supply, and keep your baby wanting to go to the breast". Because it's certainly a different mechanism for that. And let's look at what's going to be good for you, the mother, and not just hammering home without working with the mother – so that's the mother-to-mother support. I can't tell a mother, "oh no, you can't formula feed"; I can say, "let's – let's explore", and I'll talk to her about what she can do if she's going to wean, to reduce the risks of mastitis or blocked ducts, and to reduce the risks of possible bacterial contamination or bacterial infection when she moves to formula" (Participant 1, interview, 21 March 2016) "But that's just a whole nother thing – a whole marketing influence that undermined women's success. And that brings you up to the International Code of Marketing for Breastmilk Substitutes – and that's the basis of that… the countermeasures we need to put in place against those marketing strategies that these companies have – that are trying to get to women. Because we're vulnerable. Because we want the best for our baby. The best pram, the best pump, the best whatever. We're very vulnerable and susceptible to buying all that crap – when we don't really need to" (Participant 9, interview, 27 May 2016)
Policy and	"How do governments, political parties, departments, do policy? I think there's

politics	a discourse between political parties policy development, government departments policy development, governments implementing policy, because there often is a very – which is the stuff you're looking at – how does it work from there, to there, to there. Often political parties will make statements, but what does that mean for governments. Often governments will have policy work that they've been thinking about for quite some period of time, and if there's a government in place that's interested, they'll kind of thing, we'll do that. That's a great idea." (Participant 16, interview, 20 July 2016)
Practice/lived experience	"Yeah – this is speculation, but it's historically the male-domination of the medical field, as well, and being confronted with the tearful, emotional woman that's blubbering in front of her, and sitting in his room, crying about her difficulties with the baby, and "It'll be alright. You'll get through it. It'll blow over." And her breastfeeding may suffer, if not fail – but yeah, it blows over, she'll get through it – but a lot of women carry a lot of deep grief about their breastfeeding; for some women it's extremely important, and they carry it with them a long time. I've been doing this long enough to see the grandmothers – the grandmothers of the baby – that it's reopened old wounds when they're seeing their daughters going through something similar, and constantly saying, "Oh my god, there's so much more about this now. We didn't have this. We didn't have lactation consultants. We didn't have this sort of follow-up service when she was a baby."" (Participant 9, interview, 27 May 2016)

APPENDIX 7

Demonstration that a primarily value-enacting text is also value-setting

This appendix will discuss an example of a seemingly purely value-enacting type of document that actually also sets values. Participants' comments quoted in Chapter 5 give some guidance as to what these sorts of documents might be. Participants considered that policies enacted the values set out in research documents. Additionally, some participants mentioned that policy documents setting out values and also dictating broadly framed actions for enacting them were more specifically enacted through the application of workplace checklists (see quotation from Participant 3 (interview, 29 March 2016) in Chapter 5; and see also BetterHealth Channel, 1999/2015). While no participant explicitly said that workplace checklists did not set out values, from their comments it was clear that these types of documents were considered the most value-enacting of value-enacting documents, as it were (Participant 14, interview, 16 June 2016; Participant 15, interview, 20 June 2016).

This appendix will therefore choose a workplace checklist as an example of a purely value-enacting document from the breastfeeding policy document corpus: specifically, the Australian College of Midwives's *Self-Appraisal Tool for Maternity Facilities* (ACM, 2016c). The purpose of this document is "for use by maternity facilities, to evaluate how their current practices measure up to the *Ten Steps to Successful Breastfeeding* and readiness for assessment for Baby Friendly Health Initiative (BFHI) accreditation" (ACM, 2016c, p. 2). For the most part it comprises a checklist of tasks for users to confirm whether structures and processes in their organisation would meet the requirements of a BFHI assessment, although it does contain some brief preliminary materials about why and how to use the checklist (ibid.). However, the demarcation between these two types of content is not completely clear, as half of the preliminary materials actually comprise a checklist about what organisations should do "before seeking assessment for BFHI accreditation or reaccreditation" (ACM, 2016c, p. 3).

Overall, then, the *Self-Appraisal Tool* is very much focused on delineating specific tasks and presenting them in a format that focuses on emphasises the necessity of doing them (that is, a list with check boxes). Even in its preliminary materials, therefore, it is overtly a document focused on guiding actors on how to enact values by performing specific tasks. Further, these tasks are specifically related back to the various documents that make up the *Ten Steps* group of documents (especially UNICEF, n.d.-b, but also the resources and webpages at BFHI, 2017), as demonstrated by this following quotation from the checklist:

1.1	Does the facility have written 'Policies for BFHI'?	☐ Yes	☐ No
1.2	Does the breastfeeding policy adequately address and enable implementation of each of the *Ten Steps to Successful Breastfeeding*: **Step 1** Have a written breastfeeding policy that is routinely communicated to all health care staff?	☐ Yes	☐ No
	Step 2 Train all health care staff in the skills necessary to implement this policy?	☐ Yes	☐ No
	Step 3 Inform all pregnant women about the benefits and management of breastfeeding?	☐ Yes	☐ No
	Step 4 Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed?	☐ Yes	☐ No
	Step 5 Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants?	☐ Yes	☐ No
	Step 6 Give newborn infants no food or drink other than breastmilk, unless medically indicated?	☐ Yes	☐ No
	Step 7 Practise rooming-in - allow mothers and infants to remain together 24 hours a day?	☐ Yes	☐ No
	Step 8 Encourage breastfeeding on demand?	☐ Yes	☐ No
	Step 9 Give no artificial teats or dummies to breastfeeding infants?	☐ Yes	☐ No
	Step 10 Foster the establishment of breastfeeding support and refer mothers on discharge from the facility?	☐ Yes	☐ No

(ACM, 2016c, p. 5)

To give an idea of the length and detail of the *Self-Appraisal Tool*, the document includes checklist items devoted to tasks implementing each of the ten steps, and the excerpt above shows the item points 1 and 2 out of 14 item points for Step 1 of the ten steps. These items take up

twenty-six of the 30 pages of the *Self-Appraisal Tool*, with two of the remaining four pages being cover and title pages, and one of the two pages of preliminary materials being in the form of a shorter checklist (ACM, 2016c). Further intricacy is added to each checklist item in that in using the *Self-Appraisal Tool* organisations are meant to apply them in light of the "detailed standards for each step as described in the BFHI Handbook for Maternity Facilities", an extensive supplementary document containing more detail about options and basic standards for fulfilling each item, as well as some general comments providing reasoning for implementing the Ten Steps (ACM, 2016c, p. 2; referencing ACM, 2016b). The focus of the document is therefore very much on enacting the values set out in the *Ten Steps* (UNICEF, n.d.-b) through compelling individuals to take a series of minutely itemised tasks.

However, despite both the *Self-Appraisal Tool's* overwhelming focus on specific tasks, and it being aimed at implementing the values set out in another document, it does itself set out values which are aimed at shaping the agency of those using it. For example, the preliminary materials state that:

> If a facility finds that many of its answers to this self-appraisal are "Yes", this is an indication of good progress towards implementation of the BFHI standards.
>
> (ACM, 2016c, p. 2)

Wherever the words "good", "bad", "best", "better", "worse" or "worst" appear, it is clear that someone is speaking about values. In this quotation, it is seen as *good* where an organisation can meet the requirements set out in the *Self-Appraisal Tool's* checklists. The value set out here, therefore, is simply that it is a good thing for an organisation to be able to meet the requirements of the checklist – a value which is in its context almost tautological in its implications for the actions of those using the document. Implicit also in this statement is the notion that it is "good" to implement the BFHI standards: a further tautological reinforcement of the document's content. Admittedly, these values are covertly stated, but it is worth pointing out that the *Self-Appraisal Tool* effectively states that "this document says it is good to meet the requirements of this document".

A second, more overtly stated example of a value set out in the *Self Appraisal Tool* is where the preliminary materials state:

> The aim [of developing an action plan to better meet the checklist's requirements] would be to eliminate practices that hinder the initiation of exclusive breastfeeding and to expand those that enhance it.
>
> (ACM, 2016c, p. 2)

Here, it is clearly stated that the rationale for meeting the checklist's requirements are not merely that the checklist says it is a good thing to do so, but that doing so will support initiation of exclusive breastfeeding. The implied value here is that it is good to support exclusive breastfeeding, and bad to obstruct it. Both this and the example above show that the values in this documents are often expressed in ways that are not straightforward and/or explicit; that a single statement will often express or imply more than one value at once, denoting some sort of connection between these values; and that these different values may often be expressed with varying levels of explicitness. These qualifications and contradictions obscure the way the text functions to set values; but nevertheless the text still sets values.

APPENDIX 8

Complications to the linearity of text-chains

1) Value-setting or value-enacting content of texts not related to position in text-chain

In the text-chain described in Chapter 5 that begins with the Innocenti Declaration, the text *Protecting, Promoting and Supporting Breastfeeding* (WHO.UNICEF, 1989) comes 'before' the Innocenti Declaration (WHO/UNICEF, 1990). However, the former text contains many more materially specific commands to readers than the latter, which only includes very broad (that is, materially *non*-specific) directions about how to implement principles aimed at supporting and increasing breastfeeding.

These texts are, however, aimed at different readerships or communities of practice: the *Protecting, Promoting and Supporting Breastfeeding* document sets out values and advice for health professionals to better support breastfeeding mothers; whereas the Innocenti Declaration tells Nation-state parties how to implement support for breastfeeding. It may be that this shift in intended audience allows for a less abstract document to 'precede' a more abstract one in a sequence – possibly because if guides as to how to enact values are not targeted at a type of actor, then to that type of actor they do not read as value-enacting directives. Whatever the reason, it needs to be noted that the principle that documents shift from relatively-more-value-setting to relatively-more-value-enacting within a sequence is a generalisation and does not always obtain in practice.

2) Complexity/non-linearity of relationships between texts within text-chains

Using the example of the intertextual relationships of the *Self-Appraisal Tool* (ACM, 2016c).lit can be seen the tail-end of the text-chain used as the primary example in Chapter 5 does not strictly follow a linear arc where each succeeding document is more value-enacting than the one previously. Instead, the texts at the tail-end of this text-chain, which comprise the 'BFHI Information Pack for Maternity Facilities' (ACM, 2018), are positioned together in a sort of mutually reinforcing cluster. Together these texts are designed for organisations to use in "prepar[ing]… maternity facilit[ies] for BFHI assessment" (ibid.), and includes many texts – the *Self-Appraisal Tool*, as well as the *BFHI Handbook* (ACM, 2016b), the data collection tool (ACM, 2016a), the skin-to-skin audit tool (ACM, 2016d), and even the revised Innocenti Declaration (UNICEF, 2005).

These texts are explicitly advised to be used together, as a 'package': that is, there is no necessary linear order in which one is meant to be used, and then another, and so on. The tail end of this text-chain therefore disperses in a multitude of possible intertextual relationships, where each may be interpreted in light of the meanings already set out by any of the others. These texts-as-institutions may therefore potentially be interpreted differently depending on the order in which documents are used, effectively shifting their positions in intertextual fields of meaning (as in Kristeva & Roudiez, 1980).

Additionally, the Innocenti Declaration – a high-level policy document largely (although not exclusively) devoted to value-setting statements – is designated on the ACM website (ACM, 2018) as a resource to be used in helping to interpret documents such as the *Self-Appraisal Tool* (ACM, 2016c), and therefore roughly equivalent in purpose to the ACM's *BFHI Handbook* (ACM, 2016b). The Innocenti Declaration of course also made an appearance at an earlier point in the sequence, between the *Protecting, Promoting and Supporting Breastfeeding* document (WHO/UNICEF, 1989) and the Baby Friendly Hospital Initiative (WHO/UNICEF, 2009). This shows that texts can make multiple appearances within a single text-chain, meaning that sequences are not fully uni-directional. That is, the intertextual relationships one text can have with others – or how each text is interpreted in relationship to the others – changes depending on where it is positioned in the text-chain. However, a text can have these various relationships to other text *all at the same time*: the Innocenti Declaration can be at once a primarily value-setting text that sits near the beginning of the sequence, and one to be used alongside others during the enactment of values.

In addition to these non-sequential intertextual relationships *within* the text-chain, the texts in the chain also have intertextual relationships with documents *outside* the chain. This is perhaps clearest in the case of the WHO/UNICEF document, the *Baby Friendly Hospital Initiative* (WHO/UNICEF, 2009). As described above, this document or tranche of documents includes a large volume of material both setting out values that state why it is good for maternity facilities to encourage breastfeeding, and setting paths showing how maternity facilities might implement these values. The ACM BFHI texts are all 'further along' the of text-chain from this text, and the content of all of them is to a fairly large extent based on it.

However, the ACM BFHI documents are not the only texts which are derived from the *Baby Friendly Hospital Initiative* document. Within the World Health Organization and UNICEF, a number of texts have been produced to provide state parties to the Innocenti Declaration with further guidance on how to implement the Baby Friendly Hospital Initiative (for example, WHO, 2017c), to set out indicators for measuring state parties' implementation of the BFHI (including WHO, 2010); and which assess the extent to which have state parties have actually implemented

the BFHI (for example, WHO, 2017e; WHO/UNICEF, 2017). These texts in themselves form a (mostly) linear sequence *parallel to* that constituted by the ACM BFHI text-chain. It can therefore be seen that two different text-chains issue from the *Baby Friendly Hospital Initiative* text (WHO/UNICEF, 2009), one chain having the imprimatur of United Nations agencies and being translatable to all national contexts, the other having the imprimatur of the ACM and being applicable only in the Australian context.

Both these text-chains have content that is dependent on the *Baby Friendly Hospital Initiative* document (ibid.) and the documents 'behind' it in the sequence, such as the Innocenti Declaration. The relationship between the United Nations text-chains and the ACM BFHI text-chain is less clear, however. None of the United Nations texts are referenced in either the ACM's 'BFHI Information Pack for Maternity Facilities' (ACM, 2018) or its list of 'BFHI Resources' (ACM, 2017c) – but it is not very plausible that the United Nations texts on how to implement the BFHI are irrelevant to implementing the BFHI in Australia[121]. The ACM texts have a transitive intertextual relationship with the United Nations documents via the *Baby Friendly Hospital Initiative* document (WHO/UNICEF, 2009), but whether they also have a direct interpretive relationship with each other is not known.

3) Complex inter-relationships with other text-chains among United Nations texts

Further, there are other text-chains within the United Nations that aim to improve global breastfeeding rates. One of these is the text-chain issuing from the Innocenti Declaration (WHO/UNICEF, 1990) via the *Global Strategy for Infant and Young Child Feeding* (WHO/UNICEF, 2003), which includes guides to implementation and assessments of how well state parties have implemented the Strategy (20th World Breastfeeding Week, 2012; WHO/UNICEF, 2007, 2017). These texts differ from those in the BFHI sequence in that their ambit is wider, including all infant and young child feeding, not only breastfeeding, and is directed at all government initiatives, not only those in maternity facilities. There are multiple inter-linkages and cross-references between these two text-chains, with the *Global Breastfeeding Scorecard* (WHO/UNICEF, 2017) in particular likely to be used to assess state parties' compliance with both the *Global Strategy for Infant and Young Child Feeding* (WHO/UNICEF, 2003) and the *Baby Friendly Hospital Initiative* (WHO/UNICEF, 2009) – that is, to measure the implementation of the directives set out in both text-chains. The *Global Scorecard* could therefore represent a node where these two text-chains

[121] Some of the United Nations documents are relatively recent, published in mid-late 2017, and it may be a matter of the ACM updating their materials.

briefly become one before separating again, or represent yet another sequence peeling off from the *Baby Friendly Hospital Initiative* document.

There are multiple other parallel text-chains related to implementing measures to increase breastfeeding rates within the United Nations, as well as hundreds of documents put out by state parties or NGOs to the Innocenti Declaration to enact implementation of the UN breastfeeding documents in other jurisdictions, equivalent to the ACM sequence of BFHI documents. These vast bodies of texts and the complicated relationships between and among them are worthy of a research study in their own right; however, there is no space in this thesis to describe them. While this section will end the description of the interlinkages between the ACM BFHI text-chain from the *Protecting, Promoting and Supporting Breastfeeding* document (WHO/UNICEF, 1989) to the ACM BFHI documents (including ACM, 2012, 2016a, 2016b, 2016c, 2016d) to documents produced by UN agencies, it is necessary to note that this text-chain is positioned within a network of interconnections with other documents and sequences of documents, with these connections being multi-nodal and multidirectional.

4) Complex inter-relationships with other texts and text-chains in the Victorian breastfeeding policy document corpus

This appendix will also briefly touch on the relationship between the *Promoting, Protecting and Supporting*-ACM BFHI document sequence and other documents in the 'Victorian breastfeeding policy document corpus' described in Chapter 2. As well as leading into the document sequences described above, the *Baby Friendly Hospital Initiative* document (WHO/UNICEF, 2009) is also cited in the *Australian National Breastfeeding Strategy 2010-2015* (AHMC, 2009), and its efficacy endorsed therein. The *National Breastfeeding Strategy* also cites and endorses the *Ten Steps to Successful Breastfeeding* (UNICEF, n.d.-b), although in its introduction the *Strategy* highlights over all UN documents the influence of the Ottawa Charter for Health Promotion 1986, the UN's first major declaration on health promotion (as described in WHO, 2018).

It could be considered that the *Strategy* represents yet another text-chain leading from the *Promoting Breastfeeding-Innocenti-BFHI- Ten Steps* documents, or it could be considered the first part of a completely new sequence (*Ottawa Charter-BFHI-Ten Steps-Strategy*). A sequence from the *National Strategy* can be traced through the *NHMRC Guidelines* (NHMRC, 2012/2015) and the *Victorian Guidelines* (DEECD, 2014); however, as shown in Chapter 2, the relationship between the two sets of Guidelines is not straightforwardly linear, and the *Victorian Guidelines*

are not simply 'more materially specific' and aimed at enacting values set out in the *NHMRC Guidelines*.

Instead, the two sets of Guidelines were developed in relation to each other: the *Victorian Guidelines* were somewhat more influenced by the content of the *NHMRC Guidelines* than vice versa, but the influence is bidirectional (Participant 2, interview, 22 March 2016; Participant 5, interview, 21 April 2016; Participant 10, interview, 27 June and 5 July 2016; see also Chapter 2). The intertextual lineage of the two documents is also somewhat different: the *Victorian Guidelines* are very strongly influenced by the *BFHI* document and the documents in the UN BFHI sequence described above (DEECD, 2014, especially sections 1.1, 2.1), whereas the *NHMRC Guidelines* were actually first developed as "Australia's response to supporting the WHO *International code of marketing of breast-milk substitutes*" (NHMRC, 2012/2015, p. 7), and while the *BFHI* document is still cited, its influence in somewhat de-emphasised in comparison to the *Victorian Guidelines*.

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