

# **Breastfeeding Alliance Strategy**

## **2022 – 2025**

*Coming together to ensure breastfeeding is valued and supported*

## Introduction

The Breastfeeding Alliance is an informal group of organisations and interested individuals who have come together to help to create a society that welcomes breastfeeding. This strategy sets out our vision, purpose, values and goals for 2022 to 2025 and its intention is to support and guide us in our next stage of development.

## Context

The Breastfeeding Alliance is currently an informal alliance made up of many UK-wide voluntary sector members, including specialist breastfeeding charities and lactation consultants; advocacy and campaigning groups; smaller breastfeeding groups with roots in lived experience; several healthcare professional-led groups and two large national charities with a focus on pregnancy and early parenthood information and good health, with long-standing expertise and commitment to breastfeeding.

Breastfeeding organisations had been working informally together for many years and in 2018, began to formalise some aspects of their work through an emerging alliance. This work included developing a draft Terms of Reference and a draft set of aims and principles. The emergent alliance secured funding to commission both co-ordination and external facilitation to take this work to the next stage; to explore and construct a shared vision for such an alliance.

The work of the Breastfeeding Alliance is important and timely. The UK has some of the lowest breastfeeding rates in the world, leading to wide-ranging impacts on health and social inequalities, as well as economic and environmental consequences<sup>1</sup>. Families in the UK face numerous barriers that impede their breastfeeding journey: lack of reliable information and support, lack of awareness of where and how to get help, insufficient funding of front-line breastfeeding support services, inappropriate marketing of milk substitutes and a bottle-feeding culture all contribute to the low rates of breastfeeding across the UK <sup>2</sup>. These barriers have only been amplified during the COVID-19 pandemic, particularly for those already facing inequalities in health. Research from Swansea University and Imperial College London has found that during lockdown mothers from Black, Asian and minority ethnic backgrounds were significantly less likely to feel that they had enough practical support with breastfeeding than other mothers<sup>3</sup>.

This strategy will enable us to take the next steps as an Alliance. The conversations and activities that led us to this point are a strong basis for our future work together: we have developed our ways of being and working as an Alliance when we discussed, debated, listened, reflected, prioritised and gained clarity together. We will continue to learn and adjust as we go and look forward to working together further as we build our future road map and bring our vision to life.

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<sup>1</sup> Information Centre for Health and Social Care 2011. Infant Feeding Survey 2010: early results. [www.ic.nhs.uk/pubs/infantfeeding10](http://www.ic.nhs.uk/pubs/infantfeeding10).

<sup>2</sup> Renfrew et al. 2012. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF UK BFI. [http://www.unicef.org.uk/Documents/Baby\\_Friendly/](http://www.unicef.org.uk/Documents/Baby_Friendly/)

<sup>3</sup> Brown & Shenker. 2020. Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support. *Matern Child Nutr.*;e13088. <https://doi.org/10.1111/mcn.13088>

## Methodology

We commissioned consultants from Bayes Business School's Centre for Charity Effectiveness to work with us to shape a vision, purpose, scope and priorities. They did so using a 'double diamond' approach to strategy development along with co-production approaches and techniques. The work we did together is set out in this document and further details about the methodology are provided in **Appendix 1**.

## Our strategy in summary

Our Vision, Purpose and Values have been designed to inspire us for the foreseeable future and together set out a powerful but realistic future ambition. Our Goals and Foundations set out what we will achieve over the next three years to achieve this ambition. A one-page summary of our strategy can be found in **Appendix 2**, described as a strategy map.

### Our Vision

Breastfeeding is valued and supported, and everyone can access the information and support they need to feed their babies

### Our Purpose

The Breastfeeding Alliance brings together those with an interest in breastfeeding to speak with one voice. We work together to influence UK policy and practice to create an environment where everyone is supported throughout their breastfeeding journey.

**Our values state what matters in how we go about our work and will have behaviours attached. They are:**

1. **Brave and ambitious** - small but mighty, focused on achieving change that supports all families
2. **Inclusive** – working together, hearing all voices, welcoming new voices
3. **Respectful and compassionate**; non-judgemental in this space and in our work.
4. **Action orientated**, willing to compromise and prioritise, seek out what we agree on and practice give and take in order to effect change

**Our principles** will sit alongside our strategy map and are a way of describing our **practice**. They are:

1. **Family-centred approach**
2. **Evidence-based**
3. **Upholding and promoting the WHO Code**
4. **Collaboration and co-production**

Sitting beneath our vision and purpose, we have three key goals that focus on delivering change and four foundations which focus on building and underpinning the Breastfeeding Alliance, enabling us to deliver on our Goals.

**Goal 1: To come together to build our shared agenda and the foundations we need to influence and effect change**

**Goal 2: To support evidence-based breastfeeding policy and practice by working with alliance members to amplify and develop the evidence base and share best practice**

**Goal 3: To achieve changes in breastfeeding policy and practice through effective influencing and campaigning**

In order to achieve these three goals, we need to establish ourselves as a formal Breastfeeding Alliance and this will involve us building firm foundations, namely:

**Foundation 1: Good governance**

**Foundation 2: Sustainable funding**

**Foundation 3: Commitment to DEI**

**Foundation 4: People**

## Our Goals

### Goal 1: Come together to build our shared agenda and the foundations we need to influence and effect change

The Breastfeeding Alliance has co-produced its strategic direction for the future with members and stakeholders. It was clear from research and workshops that there was appetite for the establishment of a formal alliance and a belief that it was an important step to achieving better breastfeeding policy and practice. The next steps are for the Breastfeeding Alliance to come together, to build the structures and ways of working that will best support the achievement of this strategy. The Breastfeeding Alliance recognised that coming together in a more formal way is a significant piece of work in and of itself which is why this has been set as the first goal. (An options appraisal of possible structures for the Alliance has been shared by the CCE consultants).

#### Priority 1 Establish a membership structure and grow membership

Whilst the Breastfeeding Alliance currently talks about ‘members’ and membership, it does not yet have a formal membership structure. However, it was clear throughout this strategy process that the current members’ meetings were the decision-making body for this strategy and form a potential starting point for the next stage. With that in mind:

We will:

- Establish a membership structure that welcomes individuals and organisations.
- Build relationships with a wide range of organisations, not just those working in the maternity and breastfeeding space, but including environmental groups, cancer charities and those with an interest in public health including childhood obesity and encourage them to join as members and to support our work in other ways

#### Priority 2 Establish a governance structure and processes and transition plan

Effective governance is a key Foundation for the Breastfeeding Alliance and making the shift from being an informal alliance to a more formal structure will be significant and take time and effort.

Conversations have taken place with other organisations working on breastfeeding in the UK to avoid duplication. The Baby Feeding Law Group and Baby Milk Action will continue to lead on protection of breastfeeding through legislation and regulation of breastmilk substitutes while the Breastfeeding Alliance will focus on other policy areas as well as supporting the work of Baby Feeding Law Group and Baby Milk Action. UNICEF’s Baby Friendly Initiative focuses on support for healthcare professionals in line with its global commitments. We are committed to supporting the work of others in this space.

We will:

- Decide on the most appropriate governance structure and put in place the necessary processes.
- Develop a transition plan to support this work, including agreeing who will take this work forwards e.g. by establishing a working group and an interim decision-making group.

### **Priority 3 Agree our four nations approach**

Health is a devolved issue in the UK with differing policy on breastfeeding across the four nations.

We will:

- Take a first step by talking to other breastfeeding groups in the devolved nations to understand if there is already joint policy work being undertaken, if similar alliances exist and if there is a need or appetite for a UK-wide alliance.
- Work with members and stakeholders and decide which nations we will work in and how we will engage in other areas. This decision will inform our approach to membership outreach and governance.

### **Priority 4 Agree communication principles and vocabulary**

Inclusion was raised by members and stakeholders at every workshop. It was recognised that an important step in building an inclusive alliance was through developing clear communication principles and agreed vocabulary. Examples raised, of areas to consider included the timing of meetings, ensuring meetings are accessible to those with disabilities, considering appropriate vocabulary around gender and to meet our value of being respectful and compassionate when talking about breastfeeding.

We will:

- Draw on the expertise of members and others to develop communication principles and refine our vocabulary.

### **Priority 5 Agree a consensus/position statement setting out what the Alliance stands for**

The Breastfeeding Alliance needs to work together to agree and communicate its position on key issues. This will inform decisions about future campaigning and support fundraising and membership growth.

We will:

- Work with members to produce an evidence-based consensus/position statement for the Alliance

## **Goal 2: Support evidence-based breastfeeding policy and practice by working with alliance members to amplify and develop the evidence base and share best practice**

There was a strong consensus that the Alliance should work with members and others to amplify the existing evidence base around breastfeeding and that we also have an important role in commissioning and carrying out research to fill any gaps. We also want to work to share best practice and recognise this as a key means of achieving our vision.

### **Priority 1 – Infant Feeding Competencies framework (underway)**

See above under Goal 2. The Infant Feeding Competencies framework is a key element of building the evidence base around breastfeeding support.

### **Priority 2 - Amplify existing research and commission new research to fill gaps**

Examples of gaps identified in the review included cultural safety, effective support for marginalised groups and the economic case for breastfeeding. We will ensure that lived experience informs our work and priorities.

We will:

- Invite universities, academics and researchers working in this field to join others as members of the Breastfeeding Alliance
- Map existing and upcoming research, including opportunities to influence planned research and identify gaps
- Identify which gaps in evidence base the Breastfeeding Alliance would like to fill
- Seek funding or partnerships to fill gaps in the research and evidence base, exploring cultural safety, support for marginalised groups and building the economic case for breastfeeding.

### **Priority 3 - Build a hub for knowledge exchange; sharing insights and expertise to support members in their campaigning and influencing work**

We aspire to become a hub for members and others to share knowledge and insight as a means of supporting both the Breastfeeding Alliance's and others' work in order to influence policy and improve practice in breastfeeding.

We will:

- scope with members what would make a useful and effective hub for them
- talk to other organisations who act as hubs and share resources and identify learnings from that – including Maternal Mental Health Alliance and Parent and Infant Foundation
- include resource for the development of a hub in future funding bids including resource to enable us to provide expert comment to the media.

### **Priority 4 - Influence and support Infant Feeding Survey**

We will:

- play an active part in the Infant Feeding Survey stakeholder group



- push for the survey to happen every 5 years on a permanent basis and to ensure that the survey obtains relevant and valuable data including capturing the experiences of people from marginalised and disadvantaged groups and those least likely to breastfeed.

### **Goal 3: Achieve changes in breastfeeding policy and practice through effective influencing and campaigning**

There was strong consensus that a key role for the Breastfeeding Alliance was around voice – using our collective voice to influence policy and practice through campaigns. This work will build on the work carried out by the informal alliance to date, and that which is currently underway. We will work in collaboration with and alongside the related activities of other members.

Having effective and engaging campaigns designed to influence policy-makers will also support us in achieving Goal 1, by bringing in new people to join the Breastfeeding Alliance.

#### **Priority 1 – Ensure endorsement from key agencies for Infant Feeding Competencies framework and for the associated best practice guide**

Work is already underway to establish an Infant Feeding Competencies framework which will set out the skills and knowledge to provide skilled and effective breastfeeding support in different settings including maternity, community, neonatal and paediatric settings.

We will:

- Complete our work on the Infant Feeding Competencies framework and seek endorsement from the Department of Health and Social Care, NHS England and NHS Improvement and Health Education England.
- Develop a good practice guide with key agencies and with the endorsement of NHSE and HEE. Future campaign work could be built on monitoring the implementation of the Infant Feeding Competencies framework.

#### **Priority 2 - Identify key forums and consultations and decide where the Alliance can have the greatest impact**

It will be important to prioritise limited resource in order to have the greatest impact. There are a number of key groups and forums where the added voice of a Breastfeeding Alliance could help us to achieve this goal. One example could be the Maternity Transformation Programme Stakeholder Council, where Better Breastfeeding and Best Beginnings already sit as stakeholders. Alliance members already have good links with the All-Party Parliamentary Group on Infant Feeding.

We will:

- Map the key forums and upcoming consultations and decide where to focus resource
- Build relationships across key forums.

### **Priority 3 – Identify campaign priorities and launch a campaign**

Both the workshops and the survey explored priority areas for further campaigning and policy work and a number of areas were identified as possible first influencing campaigns for the Breastfeeding Alliance. These included: rights to breastfeed (workplace, education, in public); workforce (elevate and support; training for healthcare professionals); access to skilled support; breaking down barriers and reducing inequalities in outcomes. Future campaigns were suggested as: promoting the economic case for breastfeeding (after completion of research – see Goal 3); promoting good practice guide based on Infant Feeding Competencies framework and then mapping use and implementation.

We will:

- Map what other work is taking place on these issues; the policy environment, evidence and data available and the support for each of these possible campaign areas. We can then use this data to decide on the campaign issue we wish to focus on.
- Develop a campaign plan with members for this campaign.

## Our Foundations

Foundations are the building blocks that enable organisations to bring their strategies to life. They are the things we will need to pay attention to in order to achieve our goals and ambitions. They are not goals in themselves, but without them, we can't achieve our aims.

Our Foundations have been developed with members and stakeholders and reflect our current position as an emerging organisation with no on-going funding or paid staff.

### Foundation 1: Effective Governance

The Centre for Charity Effectiveness defines governance as an umbrella term for the systems, processes and behaviours that enable trustees to hold the organisation in trust, steer its work and optimise the benefit to its current and future beneficiaries. These processes – of steering work and optimising benefit and having effective accountability and scrutiny mechanisms are important for all organisations, whether or not they are registered as charities and have trustees.

We will:

- Explore governance models and agree the most appropriate structure that will support the Alliance in realising our ambitions
- Be explicit around our governance structures and processes, including terms of reference and our approach to conflict of interest
- Ensure effective governance oversight of our strategy as it evolves, creating our annual operational plans and building in checkpoints and reviews
- Establish underpinning systems and processes as required

### Foundation 2: A Commitment to DEI

A commitment to diversity, equity and inclusion was a cornerstone of this strategy work, recognising that understanding the needs of all mothers, those parents who do not identify as mothers, partners, caregivers and families, including those from disadvantaged and marginalised groups, is central to achieving the Breastfeeding Alliance's vision.

We will:

- Agree what inclusion looks like in practice for the Breastfeeding Alliance, across all aspects of diversity and develop an inclusion code of conduct
- Ensure our activities are accessible and that we build principles and practices of diversity, equity and inclusion into all aspects our work

### Foundation 3: Funding

To date the Breastfeeding Alliance has been run primarily on a voluntary basis although some funding was obtained to support the work on this strategy review. The Breastfeeding Alliance aspires to securing further funding in order to achieve its ambitions.

We will:

- Invest time and effort in income generation to ensure our resources match our ambitions
- Shape a solid but realistic fundraising proposition and strategy with a timeline
- Identify funders and submit bids within agreed timescales
- Develop contingency plans and establish what our priorities should be if we are not successful in obtaining funding.

## **Foundation 4: People**

The Alliance recognises the contributions of many people and organisations, many of whom have given their time for free to help to build the Alliance. Supporting individuals and organisations to contribute to the Alliance will be vital for our future success.

We will:

- Map our capacity and capability needs and bring in specific skills and expertise through volunteer and paid roles
- Seek funding for our first paid staff roles
- Support the involvement of volunteers and actively encourage members and other stakeholders to contribute resources to our work
- Establish clear policies and seek funding to cover the out-of-pocket costs of volunteers and to offer appropriate payment policies for those contributing their expertise to the Alliance's work.

## Making it happen

The wide engagement with the strategy process has shown that a Breastfeeding Alliance has a valuable role to play, and there is a clear desire to see such an Alliance extend its reach, ambition and impact.

The Alliance can only make this plan a reality with the support of those that shaped it and other interested parties and stakeholders. So how can you help?

There are five main ways:

1. Champion – we need to get the word out and are inviting people to find out more about us, to join us and champion our work.
2. Donate – time and expertise
3. Fundraise – support our fundraising bids and applications
4. Volunteer – join as a member and contribute to discussions about our future as we take forward this strategy

This is your Breastfeeding Alliance; you can influence our work and activities and we will only succeed through the efforts our members and others. In short, we invite you to join us to make the Breastfeeding Alliance a success.

## Next steps – a transition plan

It is suggested that we develop a short transition plan to help us get to the next stage, one that helps us to begin our thinking about a possible business model, builds our governance structure and allows us to continue with the work that is already underway.

We appreciate that there is much work to be done to bring this strategy to life and set out here, some of the key activities to focus on to get started:

- **Leadership, decision-making and governance**
  - Re-affirm the role of full members' meetings as the decision-making body for the Alliance for the transition period. If not, to decide who is the decision-making body for the transition phase and beyond.
  - Establish a small (time limited) working group of members willing to take on some of the work to enable the Alliance to transition to the next phase – drawing on the experience and expertise of members and member organisations on issues such as fundraising and governance.
  - Decide which is the most appropriate governance structure and identify individuals to take on the work to set this up
- **Funding**
  - Identify people with fundraising expertise from member bodies (or more broadly) who could help the Breastfeeding Alliance to establish a fundraising plan it can follow. This will include identifying trusts and foundations to target, developing a case for support and writing bids.
- **Impact**
  - Having a demonstrable impact, with identifiable achievements will bring momentum and will attract members, funding and other support. The Breastfeeding Alliance will continue to focus on our policy and influencing work.
- **Membership**
  - Continue to network, welcome new members and hold engaging membership meetings as a key element of the transition. Focus on building a diverse and inclusive membership.
  - Launch the Breastfeeding Alliance – through an event or social media campaign or similar – to raise profile and bring more people to the Breastfeeding Alliance.

## A note on language

The wide-reaching co-production process we used for this piece of work showed a marked consistency of responses on the key strategic issues, most significantly on the value of establishing a formal Alliance and on its primary role to being to influence policy and practice and maintaining an inclusive approach.

However, some different views emerged around issues of language and emphasis. With strategy processes such as these, it isn't always possible to incorporate everybody's views. We have listened carefully to all views expressed and developed a strategy map that holds true to the spirit of discussions held and that we believe meets the Breastfeeding Alliance's wishes for an accessible and engaging strategy.

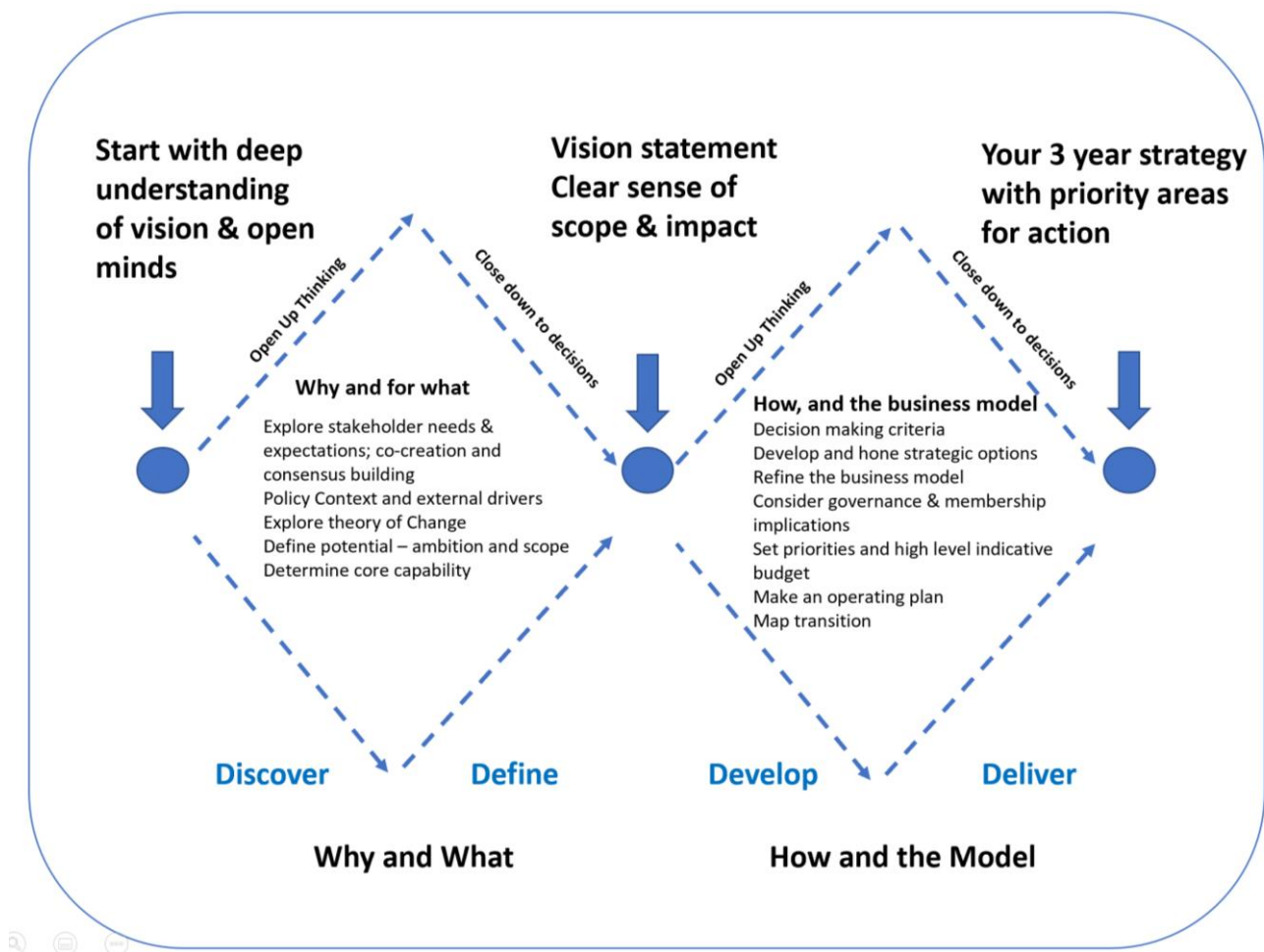
For example, there was a view expressed by some that the vision statement should qualify the term 'support' and make clear that skilled support is required and not just advice from a well-meaning friend or neighbour. This is an important point. We have taken the view that this is a qualification that would need to inform approaches to campaigning and research but that including too many qualifiers is not compatible with the need for an accessible and snappy vision statement.

There were also different views expressed in relation to accessible language around gender identity. These are important issues for us as a Breastfeeding Alliance that is committed to diversity, equity and inclusion. We took the view at this stage that the term 'everyone' in the purpose statement is sufficiently broad to include both mothers and parents who do not identify as mothers, as well as the other people including caregivers who may need support, while also allowing for a simple and accessible statement of vision and purpose. We have developed a statement, which is explicit about the Alliance's commitment to inclusivity, which can be added to our purpose statement - We work with and speak up for all mothers, parents who do not identify as mothers, parents, caregivers and families, and particularly those experiencing marginalisation and disadvantage, so that everyone gets the support they need to breastfeed. We would expect these issues to be dealt with in more detail in future documents, starting with a stated priority under Goal 1 to agree our vocabulary around gender and other issues from here onwards. This work on language will also explore the balance between our commitment to living our value of being respectful and compassionate while leading effective evidence-based campaigns.

## Acknowledgements

We would like to thank the large number of individuals and organisations who invested their time and ideas to pull together our strategic plan. In particular Best Beginnings for providing excellent project support, the project working group and other members who gave of their time so freely, the various external stakeholders who agreed to be interviewed and join our workshops and Louise Oliver for her support and guidance with the thinking around DEI. Finally, to the Oak Foundation without whom we would have been unable to resource the work.

## Appendix 1 - methodology



The process began by bringing Alliance members and stakeholders together to ‘open up thinking’, in a safe and respectful space, exploring the external operating environment, key external trends and drivers and the difference the Alliance seeks to make.

Workshops were then held to refine thinking, closing down that first diamond with clarity about vision, purpose and scope. A further round of workshops then explored how to bring this vision and purpose to life, by defining key priorities and activities for 2022-25. As was agreed, this phase of the strategy work ends at the point where the Breastfeeding Alliance is ready to shape and define specific plans, able to move forward with clarity and focus.

### Key activities:

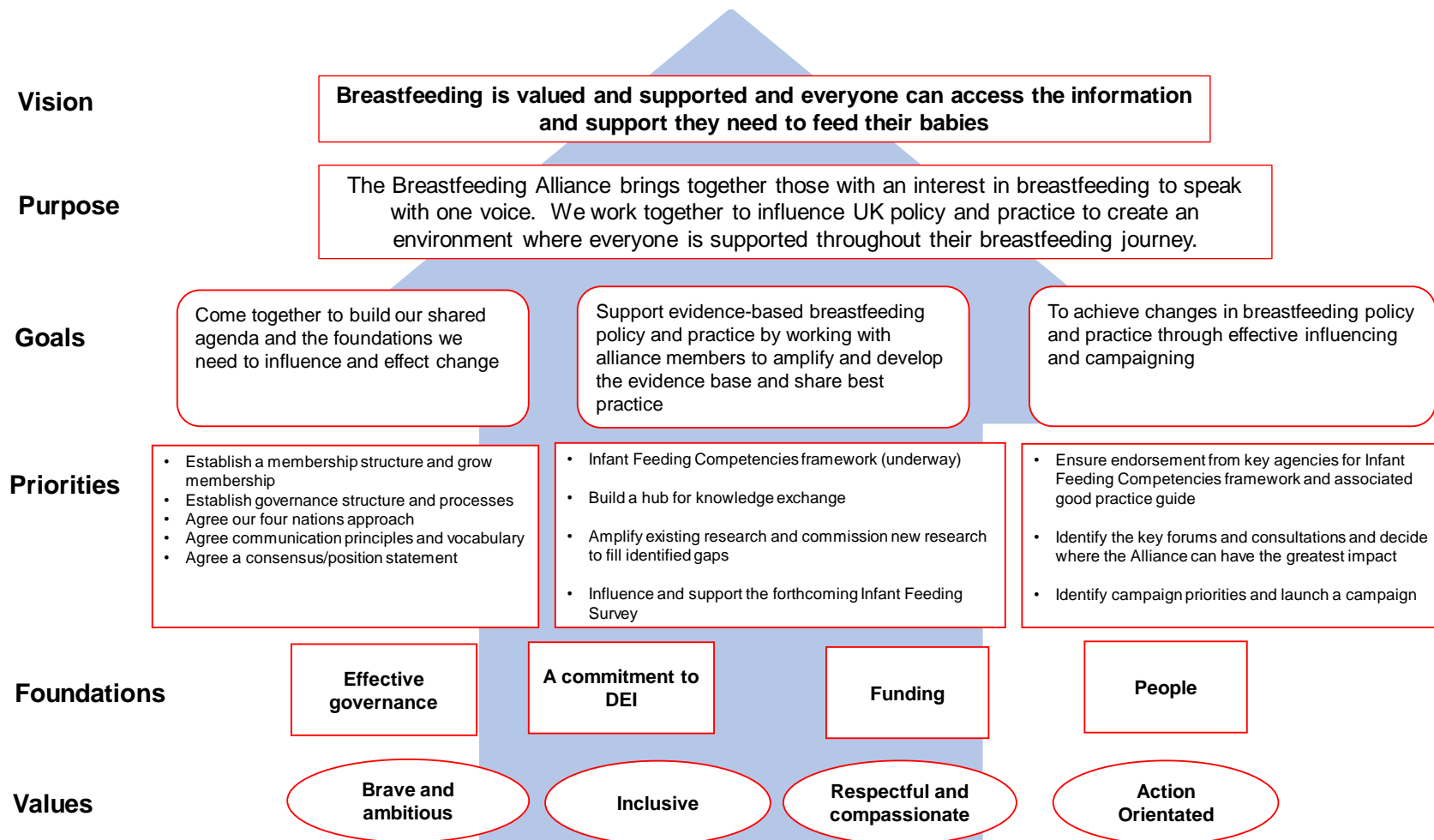
- Established a Project Working Group to hold an overview of the process and to support the strategy work; we held regular meetings of this group. All members were invited to contribute, with updates shared at members’ meetings throughout the process
- Two ‘Diamond 1’ workshops in November 2021 and March 2022 to open up thinking about vision, purpose and values, which 45 people attended
- Six interviews with key stakeholders exploring questions about the external environment, opportunities and challenges for the Alliance
- Survey exploring questions around vision, purpose, priorities and values; 50+ responses



- Two 'Diamond 2' workshops in March to agree vision, purpose, values and principles and to open up thinking around priorities and foundations (or the things you need to do to bring the strategy to life) – 22 attendees
- Ensuring that the voices of disadvantaged and marginalised groups were heard as part of this strategy process was central to the design. The Project Working Group benefitted from the expertise of Louise Oliver, a DEI (diversity, equity and inclusion) specialist, as it designed and delivered on the process. Best Beginnings were able to share information about the survey and workshops to their networks of groups working with a diverse range of communities. Payment was offered for time to attend workshops and complete the survey. DEI drop-in sessions were also led by Louise Oliver with CCE in attendance, to look in more depth at how to ensure the strategy met its commitment to DEI.
- Thematic analysis of the survey, interviews and workshops showed marked consistency of responses on the key strategic issues for the alliance, in particular around the need for a formal alliance to be formed, on the need to speak with one voice, to influence policy and to be strongly committed to DEI in all of its work.

The process of coming together, considering the world we want to see and the difference we want to make, leading to our goals, priorities and values has been as important as the outputs in this document. It has given us the time and space to develop our ways of working as an emerging alliance and is an important foundation for our future work, in and of itself.

## Appendix 2 – Strategy Map



## Appendix 3 Decision-Making Criteria

Decision-making criteria are a useful tool, helping to guide organisations in their thinking and acting as a screen to help assess if a proposed course of action is the right one to take.

This set of criteria were developed and refined with the Project Working Group and were used by attendees of the 'Diamond 2' workshops to help prioritise possible courses of action.

We will use these to help us prioritise our work in the future as new opportunities arise.

### **Proposed decision-making criteria for the Breastfeeding Alliance:**

1. The activity contributes to delivering the Breastfeeding Alliance strategy and goals and fits with our purpose
2. We are clear about how this activity intersects with the needs and views of disadvantaged and marginalised groups and how it will help us bring more people to the Breastfeeding Alliance's work
3. Members (and potential members) will love it
4. It sounds doable internally (we have the capacity, capability, time)
5. It is fundable and financially viable
6. It is achievable i.e., we are asking for things in the realm of the possible
7. Risk is understood – including due diligence with respect to conflict of interest, ethics and the WHO Code and subsequent resolutions
8. There is an evidence base to support the proposed activity (or we can build one)
9. It meets our intended commitment to environmental sustainability