

# How could businesses with anchor positioning contribute to community wellbeing? A study of supermarket community support actions in the UK

## Abstract

Challenging economic and social conditions undermine **community wellbeing** across the UK. Using desk research and case studies, we examined how one business sector, UK supermarkets, support local communities through community-oriented support actions (COSAs) as part of Corporate Social Responsibility commitments. A theory of change was developed drawing on community wellbeing theory and community asset-based practices, providing a framework for data collection and development of detailed hypotheses for particular COSAs and resources invested. Findings present the results of analysis according to context-mechanism-outcome configurations representing scenarios for the mobilisation of: community colleague's time; donations of money/goods; and store space. Contextual enablers and barriers are also identified, with a view to supporting practice within and across business sectors as well as possible collaborations with state and voluntary sectors to enhance the contribution of COSAs to local communities in the future. Five areas of more 'transformative' actions which would require more concerted and collaborative efforts were identified: collaboration in the wider system; mobilising physical store assets; actions on household food security, economic interventions and empowering the local community, alongside possible system levers for doing so.

## Keywords

Place-based, asset-based, supermarket, community, Corporate Social Responsibility, wellbeing

## Introduction and rationale

The impact of the Coronavirus pandemic, fall-out from the war in Ukraine, energy cost hikes and myriad pressures on UK cost of living means increasing numbers are falling into extremely challenging economic circumstances (IMF 2022). Moreover, the pandemic has had a disproportionate effect on 'disadvantaged' areas of the country leading to greater polarisation between communities (ONS 2021, The Health Foundation 2022, Badalov et al, 2022).

Community wellbeing can be seen as "the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential" (Wiseman and Brasher 2008). This can be expanded in relation to three wellbeing domains, broadly categorised as factors relating to: place and environment; relationships and participation; and people and economy (CISL, 2022).

Government, health services and the third sector are responsible for the majority of support delivered to communities at risk of poor wellbeing, yet society is also shaped through the operation of the market, and the balance between these interacting spheres is always in flux (Leach 2016). The rise of business support for community, highlighted in Corporate Social Responsibility (CSR) actions, is an example of an emerging interest in the interplay between state-society-markets in supporting community wellbeing and resilience. Understanding the role of businesses in this is an under-researched field of enquiry.

The motivation of businesses can be seen on a continuum, from profit and self-interested actions to a more purpose-driven outlook (The Business Transformation Framework, CISL 2023). Individual businesses, as well as the sectors that they belong to, respond to the changing economic context and investor demands they face, in part through their CSR programmes (Amato 2007). Supermarkets represent a sector where CSR activity, influenced by boards and customers, has established strategies and programmes from which lessons can be learned.

Supermarkets are businesses that exist in almost every community and are seen by residents as both local and everyday organisations. Their very ubiquity means that they are familiar places, visited by a wide cross section of the community, places where people meet and interact. The importance of local community has therefore been identified as a priority for many in their CSR activity (Lee et al., 2021). A recent report by The Food Ethics Council (2021) acknowledges supermarket investment in building local community capacity, especially around support for employment or other non-food projects. Nevertheless, supermarket influence is also a contested one seen both in how they impact on local economies (Hawkes 2008, Morgan 2015, Zwart 2021) and in activities like price setting and targeted marketing of products whose consumption is associated with poor health outcomes – commonly referred to as the commercial determinants of health (Knai et al., 2018; Petticrew et al., 2017) .

Supermarkets have also long been accused of eroding diversity in food retailing in the UK, part of the emergence of what New Economics Foundation called "clone-town Britain" (NEF 2005). Movements, like Transition Towns, have been set up to address this by demonstrating the value of the local pound and how it circulates within the local economy up to three times longer when spent on local independent businesses than spend in national chains such as supermarkets (NEF and Countryside Agency 2002). An examination by the Competition and Markets Authority (July 2023) of the supermarket's role in the cost of living, highlighted the complexities of engaging with these powerful retailers at local level given their increased revenues and the globalisation of food production and supply. For disadvantaged local populations, the impact of supermarkets has been implicated both in the creation *and* the mitigation of 'obesogenic environments' (Howard Wilsher et al, 2016; Macintyre, 2007; Macdonald et al, 2011; Chaix et al, 2012).

Nevertheless, the supermarket sector may believe that they can harness their activities to benefit local areas, and certainly want to be seen to be doing so. Indeed, the Chairperson of The Co-operative Group issued a 'call to action' when he said that, "commerce and community wellbeing must develop in harmony", highlighting the role of business to 'building back' in a context of austerity and growing inequalities (Financial Times, 2020). Underpinning a popular approach to strengthening health and wellbeing and countering stigma around certain localities is the concept of community 'assets' (NICE 2017). The mobilisation – and potential to mobilise – relational assets (contributing to social capital); organisational assets; and physical assets (contributing to capacity building and social infrastructure), within a given locality is deemed fundamental to delivering community improvement. Business may offer various opportunities to strengthen local systems of support to communities. The communities that supermarkets serve, the community programmes that they support, and the assets mobilised in so doing, have potential to contribute alongside other local institutions, to place-based solutions.

Whilst capturing the types of actions and assets mobilised is valuable, there is a growing call for transformational change to meet global challenges of inequality and lack of sustainability. This means that we could also consider the potential to draw on and mobilise supermarkets 'anchor positioning'<sup>1</sup> within local economies, to impact more substantially on the range of influences on community wellbeing, not only on social capital, inclusion, and supporting third sector organisations, but also in their capacity as major employers, influence on access to food, goods and other services.

---

<sup>1</sup> Anchor institutions, typically hospitals, local authorities and universities, have long been recognised as having a role in addressing the wider determinants of health as an enduring presence in a locality, embedded in the local economy influencing employment, procurement, the environment and local partnerships. This idea has also been applied to businesses whose local (economic) ties might also encompass a broader social purpose of investing in local community development (Cohen et al 2021) and could be similarly mobilised to address drivers of wellbeing.

There is thus a pressing need to better understand both the contribution to wellbeing derived from localised investments by supermarkets in community support actions, and their interactions at a more strategic level locally.

## Study aims and methodology

The scope of the study includes all those actions undertaken by supermarkets under the guise of ‘community programmes’, typically a subset of their Corporate Social Responsibility (CSR) activity (reflecting corporate values), now tracked by larger corporations through their Environment, Sustainability and Governance (ESG) reporting.<sup>2</sup> Separate papers describe the existing literature and evidence base on impact of food retailer community actions on wellbeing (Lee et al., 2021), as well as offering a typology of UK supermarket interventions for community wellbeing drawn from information publicly available in their CSR reports (Lee and Hammant, 2022).

The study seeks to generate theory about action in this field by focusing on three research questions:

1/ How can we understand the contribution to wellbeing derived from localised investments in community support actions; 2/ what is their interaction with other services locally; and 3/ is there potential to enhance their activities in favour of local communities in the future?

Answering these questions will: support food retailers in understanding how they might make a difference to local areas through current community support actions; highlight the value of current interventions as seen by beneficiaries and local stakeholders; and identify barriers and opportunities (as seen by beneficiaries and local stakeholders) to enhance outcomes or to intervene differently.

This paper follows the development of a theoretical framework to represent actions by food retailers intended to provide support to local communities. Data collection focuses on identifying the types of resources used and understanding the possible ways that supermarket socially focused activities might support communities around a store. These ‘community-oriented support actions’

---

<sup>2</sup> CSR (Corporate Social Responsibility) reflects a business’s corporate values, focusing on efforts to deliver benefits to society and the environment. It is an expression of a self-regulatory business model or management philosophy. CSR is critiqued for lack of clarity around what is reported and acting as a marketing tool, enhancing brand with minimal effort. ESG (Environmental, Social and Governance) measures are a set of criteria reported for external evaluation of a company (primarily by investors). ESG reporting became mandatory for large companies in 2022 in the UK, although a unified framework outlining required metrics has yet to be decided. Critics again suggest a danger of ‘greenwashing’, with ESG targets potentially distorting decision making. Moving the focus from CSR to ESG has the potential to focus on the short-term making community wellbeing projects less attractive to tackle.

(COSAs) by retailers are initiatives which specifically relate to the *local* community (rather than local activity which supports a national programme or charity) and works at a broader scale than the individual. The most likely contributions to aspects of community wellbeing are drawn out and considered in relation to current 'fit' within the local systems of support to communities, including barriers and enablers in the operating context.

The study is informed by critical realism, and realist evaluation (Bhaskar 1975; Pawson & Tilley 1997), which is well-suited to uncovering 'hidden' causality such as how initiatives generate outcomes in complex systems, and how 'mechanisms of change' in turn are influenced by context (including social and political relationships, economic drivers and physical environment). COSAs do not operate in a vacuum, rather they are just one strand of many 'community actions' often involving multiple stakeholders, and the response to them is equally influenced by contextual factors, including belief, culture and values. (Wong et al 2016; Westhorp 2014) Similarly, replication or 'scaling' from one area to another does not necessarily result in the same outcomes. To support transferability of learning, the theory of change underpinning our initial hypotheses was developed and detailed into component theories with analysis of data gathered in different localities, across 3 overlapping phases.

The study was approved by the University of Cambridge School of Technology Research Ethics Committee and carried out in accordance with standard University ethics in research procedures.

### ***Phase 1***

#### *Development of the theory of change*

Our initial theory of change representing the contribution of supermarket COSAs towards improving the wellbeing of local communities was adapted from headings and components in one produced by the What Works Wellbeing Centre (South et al 2017) and incorporates the three main 'domains' of community wellbeing as reflecting community conditions, or context, in relation to: place and environment; relationships and participation; and people and economy. It includes community action by supermarkets as inputs, resources mobilised as potential mechanisms of change, and

envisages the possible medium- and longer-term outcomes (Lee and Hammant, 2022). (Figure 1)

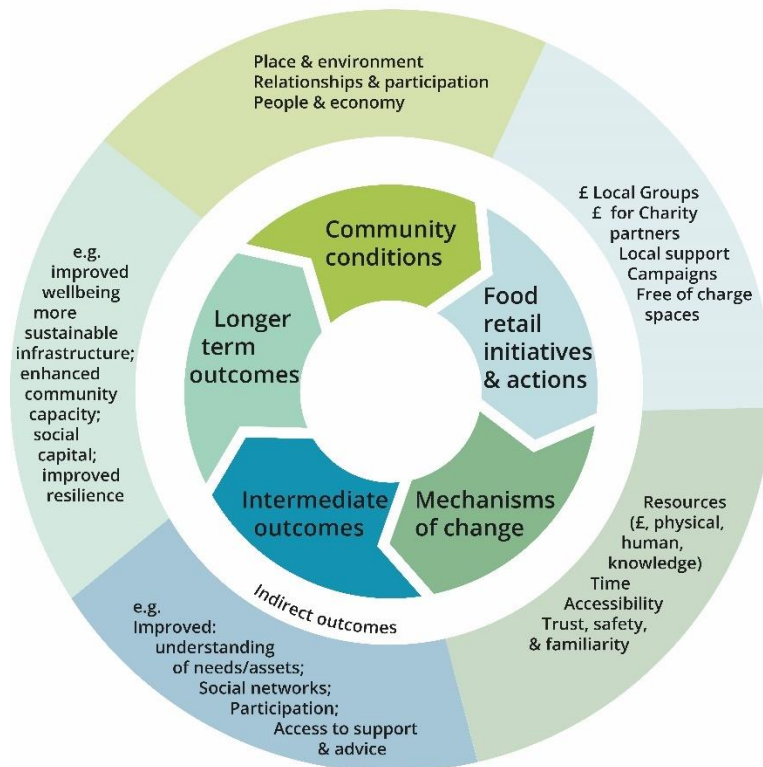


Figure 1: Initial theory of change for COSAs

## Phase 2.

*Theory refinement and detailing component theories: Interviews with community colleagues (2021)*

Figure 1 provides the theoretical framework for the study and allowed us to detail initial programme theories (IPTs) for particular ‘components’ of support by supermarkets detailing context, mechanism, and outcome (CMO) configurations based on data collected that could be subsequently tested in the field.

A typology of COSAs, linked to the retail initiatives and actions, was derived from documentary review and analysis of supermarket literature (Lee et al., 2021) where we identified a wide range of initiatives and then broke down into themes. Inclusion in the typology required that the initiative had to be focused on the local area around a store without involving a third party such as a national charity redistributor. This typology formed prompts for discussion with supermarket Community Colleagues about their activities. These conversations also covered their understanding and perceptions of the context for their community and the difference made by their actions across

different types of initiatives. We define Community Colleagues (CCs) as supermarket employees who have dedicated hours (ranging from 4 to 22 hours per week) to support and link with their local community in a variety of ways<sup>3</sup>. The typology identified six locally-focused areas of action: *colleague time* (e.g. CC networking and delivering food-related education sessions for schools); *donations of goods* (e.g. refreshments for community groups, raffle prizes, emergency supplies); *awareness raising* for local good causes (e.g. charity bag packing); *financial support for local groups* (e.g. customers voting with a token in-store or on-line to choose one of three local charities or groups to receive a contribution of money, or small grants through a business's charitable foundation programme); *supporting foodbanks and surplus food redistribution* (including both front and back of store operations); and offering community groups the opportunity to *use store space*.

Twenty semi-structured interviews were held with CCs working in-stores, with cohorts from two major UK supermarkets (defined as self-service stores offering food and household items), split between 'big box' (large stores serving a wide catchment) and 'convenience store' (small, local shops with restricted choice) models. As far as possible for each location there were discussions with colleagues from both large stores and convenience stores in the area, thus providing two perspectives on the same locality.

### **Phase 3.**

#### *Further refinement and development of component theories: Case studies (2021-2022)*

A case study approach was used as particularly suited to in-depth investigation (Flyvbjerg 2006), and the informing of theoretical propositions (Yin, 2003). The selection criteria applied sought to provide a range of contextual differences including: the type of settlement within the urban/rural context; the local authority regime and strength of community assets; the type and variety of the food retail offer; and health and social disadvantage, including where wards were categorised as 'left behind' (OSCI, 2019) or in the lowest decile of the IMD ranking (ONS, 2019).

<i>Case study</i>	<i>Area</i>	<i>Location</i>	<i>Retail Context</i>	<i>Level of Deprivation</i>
<i>1</i>	<i>North (England)</i>	<i>Suburban locality (population of c6,000 in a</i>	<i>The case study focused on a big box supermarket in an out-of-town location</i>	<i>Situated within wards in the lowest decile of multiple deprivation.</i>

<sup>3</sup> Those community colleagues who had significant dedicated hours for the role also frequently worked in the supermarket in other capacities. Indeed, they had often been encouraged by a store manager to apply for the position given their interest and grounding (including long service) in their local area. One supermarket operated a different system where the role was a standalone one and CC rarely also worked in-store, with recruitment selection criteria including local knowledge and active engagement in local networks.

		<i>metropolitan district of c800,000).</i>	<i>adjacent to a retail warehouse park.</i>	
2	<i>Northwest (England)</i>	<i>Large urban centre (population of c209,000 - unitary authority).</i>	<i>The case study focused on a store in the town centre within a secondary covered shopping centre.</i>	<i>Situated within wards in the lowest decile of multiple deprivation.</i>
3	<i>East (England)</i>	<i>Market town (population of c34,000- shire county 3-tier local authority).</i>	<i>The case study was town centre based where supermarkets surrounded the retail core/edge of town.</i>	<i>Several 'left behind' wards in the town.</i>
4	<i>South (Scotland)</i>	<i>Town at the edge of a major conurbation (population of c17,000 – unitary authority).</i>	<i>The case study focused on the supermarket, which along with a small parade of shops, forms the retail offer.</i>	<i>Several 'left behind' wards in the town.</i>

*Table 1: Case study location summary information*

Eight focus group discussions (n=59) were held with representatives of groups receiving support from both big box and convenience stores (Beneficiaries -both past and present) and employees of key local organisations acting in professional linking/connection roles in their communities (Connectors), including from the food retailers. Each case study engaged staff from both the big-box and convenience supermarket, and where possible, CCs from other local supermarkets. Discussions explored the community context, both its strengths and challenges, their awareness and experience of the different COSAs, and the perceived or expected difference made to community wellbeing. Follow up telephone interviews (n=18) were held with strategic stakeholders and managerial operational staff (e.g. Local government Public Health Officers and managers); Voluntary and Community Sector (VCS) infrastructure organisations, Social Prescribers<sup>4</sup>; third sector service delivery organisations; and general store managers (including those with responsibility for community across a region). Informal conversations on these initiatives, covering general awareness and preferred priorities, were also conducted with members of the public in the foyer of a big box store in two locations. Finally, additional stakeholders and recipient organisations of supermarket support who were unable to attend focus groups, completed an on-line survey on supermarket community activities and their impact (n=21).

---

<sup>4</sup> Social prescribing is a primary healthcare approach which seeks to improve an individual's health and wellbeing by connecting them to community-based support. Social Prescribers or 'Link workers' dedicate time to help them find local activities, groups, and services to meet their social, emotional and practical needs. <https://www.england.nhs.uk/personalisedcare/social-prescribing/#:~:text=What%20is%20social%20prescribing%3F,affect%20their%20health%20and%20wellbeing.>



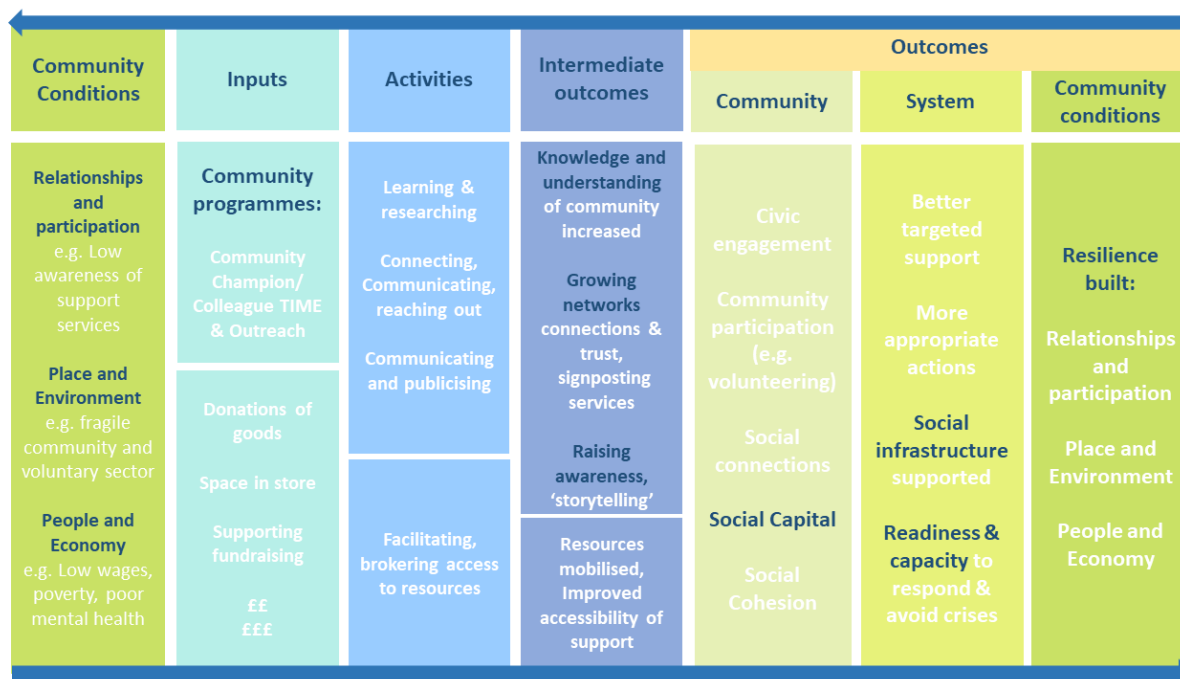
## Analysis

In keeping with a realist approach to thematic analysis, (Wiltshire and Ronkainen, 2021) interviews were transcribed, coded in Nvivo 12, and analysed, identifying key features described about the community, aspects of context, actions and inputs, candidate mechanisms, and outcomes. This enabled us to organise our data and pull out and explore themes pertaining to experiences as well as identifying related concepts to support theory development. Case studies collected additional data, enabling the exploration of the same from different perspectives, uncovering additional themes particularly aiming to identify reasoning between context, mechanism and outcome that might support transferable learning and the identification of particularly influential aspects of context that might act as enablers or barriers to, e.g. mobilising a resource, or generating an expected response.

In addition to our own analysis, we engaged our stakeholders in theory building via validation sessions (Griffiths et al 2022). CCs interviewed in Phase 2 were invited to attend two virtual validation workshops to discuss and refine three visuals representing component theories or 'pathways to change' developed from the initial analysis of interview and case study data.

## Findings

Thematic analysis of interview and case study data, according to the process described above, enabled us to refine our overall broad theory of change for COSAs (fig 2) and generate initial programme theories (IPTs) for each of the main types of community-oriented actions and types of investments (inputs including actions) made by supermarkets. Below we detail theories related to mobilisation of time, resources and space.



**Fig 2: A Theory of Change: COSAs and community wellbeing**

*IPT1: The Community Colleague pathway for the resource that is time (i.e. excluding money and space resources)*

Store CCs were clearly a significant investment both symbolically and in human resource terms, and so one IPT that was important to understand was how they use their time, and in what ways can we see that might make a difference to community wellbeing.

Common themes in community conditions and community support practices were identifiable from the examples shared in interviews, which we configure below as an 'if, then, because' statement which represents a hypothesised pathway towards making a difference:

In a context of an area with disconnected community groups and low awareness of support available, *if* a CC facilitates those groups coming together *then* groups develop a better understanding and awareness of each other's work, and the resources available from the retailer to support them, *and* networks of mutual support are created, *because* a space to connect has been created.

Key practices included convening regular meetings of local community and statutory support groups, with intermediate outcomes highlighted to us including the building of contacts and support networks within a community. This can be linked to the concept of social capital (Putnam, 1993, 2000). Key mechanisms of change we drew out from interviews included *engaging* and *connecting* (both internally with colleagues and externally with community and community groups). The

corresponding responses in the community, from participant descriptions, we grouped thematically as raised *awareness*, the building of *trust* and relationships, and knowledge and understanding. We hypothesise that the time that CC devotes to introducing local groups to others strengthens local community social capital.

As well as connecting external groups, networking activities also created publicity for local groups and causes in store, on social media, and promotion to store colleagues, all of which was seen as influential in generating support and donations from the public to local charities. Local groups who benefited from CC time reported on how CCs ‘get behind projects’ to make a difference. This might include storytelling i.e. providing the opportunity to raise the profile of a particular topic resulting in engagement with causes amongst the local community. Figure 3 illustrates a possible context-mechanism-outcome (CMO) configuration associated with the contribution of CC time to wellbeing.

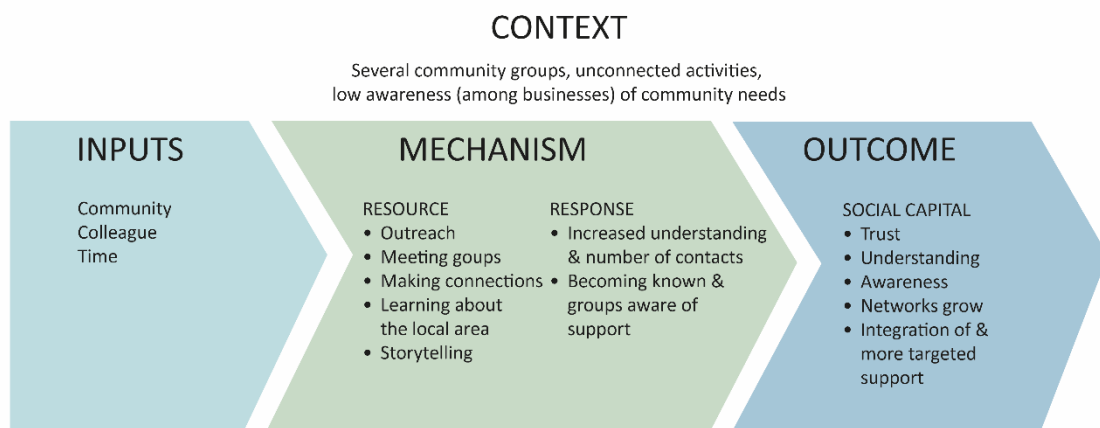


Figure 3. CMO: Community Colleague Time.

*IPT2. Resources mobilised supporting community wellbeing (excluding time).*

We refer to the other key inputs collectively as the ‘resources’ that stores are able to mobilise (in addition to the resource that is time), and these are usually facilitated by the CC as ‘gatekeeper’ as mentioned above. Support in emergencies was often cited by CCs as an aspect where they knew local people would feel able to approach them, both because of prior support and their status as the ‘community champion’. Below is an example statement for emergency grants and donations for crisis situations such as floods or fires, or more recently, the Covid-19 pandemic:

*If* emergency support and donations quickly reach those in need *because* there is an identified member of staff for community groups to approach for help *and* help has been provided in the past, *then* crises can be mitigated for some community members.

The difference made to ‘inclusion’ was also cited as a key aspect relating to donations of goods without which certain fairly modest social activities would be unaffordable to people on very low incomes. Examples given included supporting kit costs for youth sports clubs, offsetting costs to run social groups via donations of refreshments, or redistributing surplus food to local groups who can provide shared meals and social activities.

In the context of constrained resources, a store CC facilitating donations to local third sector groups can therefore be seen to help them to keep supporting vulnerable people locally. We hypothesise that this securing of goods and supplies can both contribute to preventing a crisis situation developing for some local people and potentially to increasing the capacity of the local group through store publicity on the awarding of a donation or funding.

Modest ‘local cause’ moneys represented impactful sums for some small local groups, but larger grants were also being accessed through supermarket charitable foundations. Local community groups, indicated that the securing of funding is even more difficult post-pandemic than it was before. Financial support is essential to the continuation of activities to help local (vulnerable) people and prevention of crisis. Hence, we hypothesise that being selected as a ‘local cause’ or being awarded grant funding from a supermarket charitable foundation, aided by CC support, can be seen to indirectly support the overall capacity of the community itself to support residents (Fig 4).

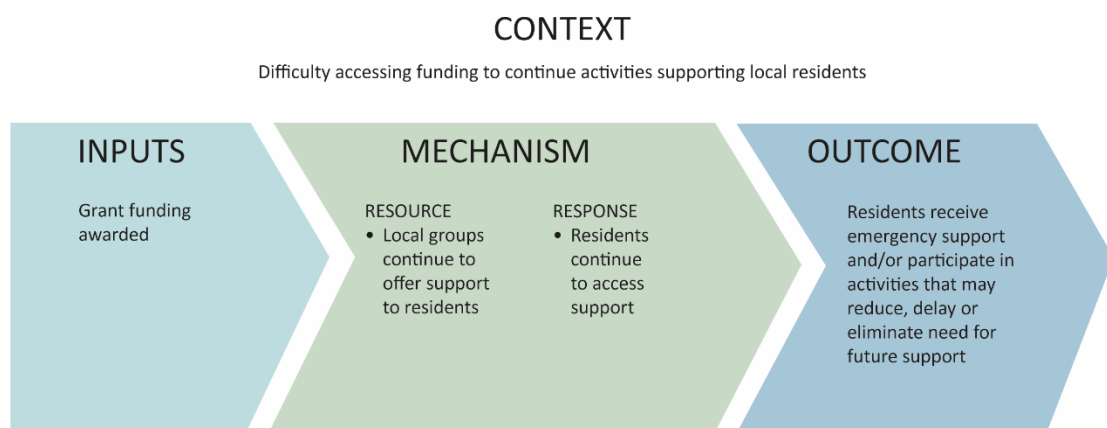


Figure 4. Example CMO: funding for local groups (relating to resources excluding time)

The CMO highlights that the *community capacity* (both ‘prevention’ services as well as emergency support) is an outcome that we hypothesise could be associated with the mobilisation of store resources, both from contributions to making connections and activation of donations and funding for local groups supporting local people. (Wendel et al 2009) Intermediate outcomes were described to us as enabling groups to run activities (from ‘low-cost provision of refreshments to a substantial

grant supporting project costs) stimulating engagement with and participation in community activities. Key mechanisms we identified in the data as being important enablers include the provision and communication of information, donations supporting informal meeting 'environments' (food and drink), and the agility, accessibility and reliability of funding.

*IPT3. Mobilising the potential of stores as 'everyday' SPACES to support community wellbeing.*

Another resource we identify separately is 'space in store'. Essentially a 'physical' asset, such as dedicated community rooms where available, are typically offered for use by community groups free of charge. There were several instances described to us of store café's being used by friendship groups, or older people's lunch clubs. One CC told us they had set up informal sessions where people could come to chat and receive signposting to local support, in response to poor mental health and loneliness in the wider population. Thus:

*If people who are feeling lonely or isolated can be with others socially without making a special effort because there is a 'friendship group' in their local supermarket café, then they may feel more connected to others and happier.*

We hypothesise that offering such activities in store contributes to an area's social infrastructure (Kelsey, 2021, Bagnall et al 2023). Other space use examples include elected members 'surgeries' held in meeting rooms, and the use of foyer space by local services, e.g. police forces distributing crime prevention information, or – in one innovative example - multi-agency outreach information stands aiming to improve awareness, accessibility and take up of prevention support (e.g. domestic violence, debt advice) amongst at-risk groups. There is also, as already noted, the opportunity for local groups to raise awareness of their activities and fundraise in store.

Key mechanisms we identified in interview data (fig 5) include the 'everydayness' and *absence of stigma* attached to supermarket spaces, high footfall, and the relative *affordability* and *accessibility* of the space. For example, the aforementioned friendship groups were described as a vital 'open to all' (i.e. non-referral dependent) resource for local social prescribing link workers)

## CONTEXT

New groups forming but lack of affordable meeting space

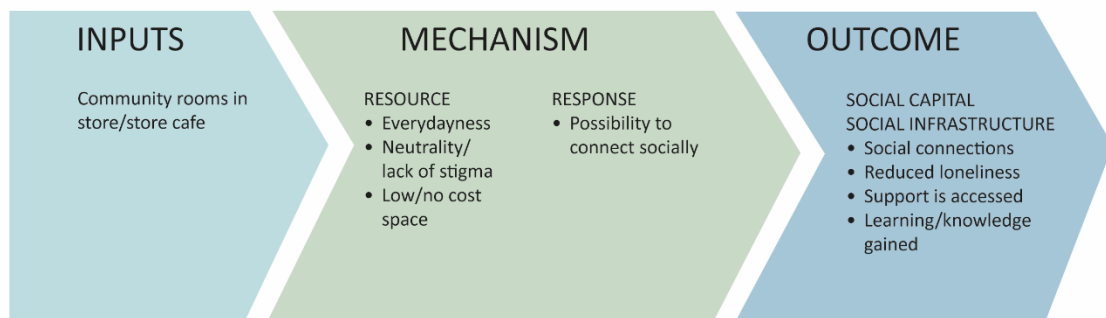


Figure 5. Example CMO: Dedicated space in store

### *Knowledge and experience of COSAs, and reflections on their value*

The previous section presents 'positive case hypotheses' for COSAs, building on realist analysis identifying candidate context, mechanism and outcome components and configurations from themes in the data. Next, we draw out facilitators, barriers and challenges, to heighten understanding of context - in what circumstances and 'for whom' - to our IPTs of 'what works well and why?'

*Accessibility* relates to, having or creating the right environment for the public to be able to engage and access activities and support to their wellbeing. Positive aspects highlighted by participants were associated with supermarkets being places of high footfall, spaces where it is 'safe' to be, with minimum effort or additional costs associated. Thematically we link this to ideas of stigma (or lack of it) and experiences of the supermarket as a neutral space. Where it works less well, we were told, is where the 'usual' environment is difficult to access by sub-groups of people, such as older adults and newly arrived migrants and refugees. Physical and psychological barriers can be presented, e.g. by out of town positioning, an overwhelming choice of products, the 'big box' environment, language on packaging, lack of seating and rest points, and an increasing dominance of self-checkouts.

Transport, particularly affordable transport, is another key aspect to accessibility affecting many groups described in the case study localities, and particularly low-income families living in relative 'food deserts' (Smith and Thompson, 2022), with cheaper supermarket prices inaccessible to them.

Stakeholder perceptions of COSAs varied markedly dependent on how much interaction they had with store CCs. An illustration of the extremity of difference is the case of a semi-rural locality with high turnover of CC at all three supermarkets in the town compared to another where the store was the main food retail outlet and the CC was established and held in high regard, reportedly turning

around some negative opinions of the store held by members of the community. Awareness amongst members of the public of what supermarkets can offer by means of support was low, reflected in requests for things that already featured in existing community actions, such as donations of goods, as well as support for local events. Whilst support offered was valued by local groups benefiting from supermarket support, “we’d rather have it than not have it” (community group member) there were also factors which got in the way of ‘it’ working as perhaps intended. Findings therefore highlight several things that appear to enable or hinder a positive response to the support available through supermarket COSAs, with a bearing on longer term outcomes for communities.

The fishbone diagram below (Figure 6) traces one example relating to CC time and illustrates positive and negative drivers observed in the data from both store and community viewpoints. A supplementary table contains additional ‘rival’ programme theories and unintended consequences.

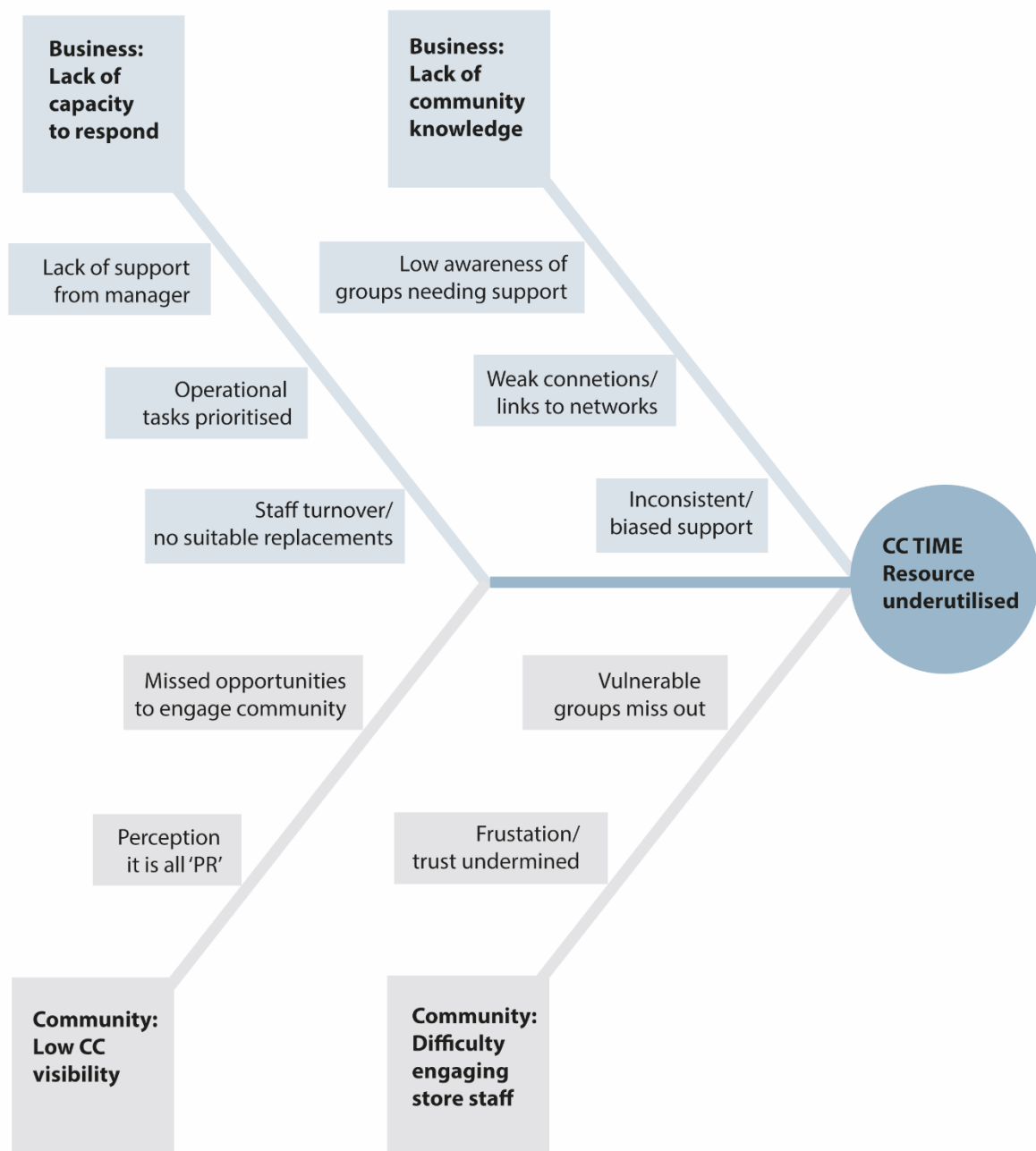


Figure 6. Possible causal relations from store and community impacting on use of the CC time resource.

This reflects aspects of the operating context for COSAs. On the store side, *buy-in* – or lack of it – at a senior store level and frontline community staff – is crucial to consistency of offer, awareness of community needs and capacity to respond. On the community/statutory side, a lack of *awareness*, understanding or trust in the support available can lead to missed opportunities to access resources and support. Our analysis of case study data suggests that whether resources available are experienced as being accessible is dependent on a presence or absence of both good *relationships*



and supportive *infrastructure*. Relatedly, we see that difficulty contacting a CC in order to access support that is known to exist leads to frustration and undermines the trust and relationships that could strengthen understanding of community need and shared vision.

Further unintended consequences include lost opportunities or negative community outcomes due, for example, to: poorly located information boards or competition between charities for publicity space in store; complexities of the grant application process and payment delays; burdens to local charities involved with surplus food collection and disposal of unfit or inappropriate food.

*The wider context and responsiveness of COSAs to community conditions*

A diverse range of challenges in their local communities were identified by CCs across the country, with clear themes in common. (Box 1)

**Challenges in local communities according to Community Colleagues**

Poverty (inc. child, food)

Homelessness

(Lack of) Community Social Events/out of school/extra-curricular activities

Social isolation

Poor mental health

Crime

*Box 1: Challenges in local communities according to store Community Colleagues*

The issues highlighted by stakeholders as challenging to wellbeing locally were consistent with the CC perspective, yet also reflecting specific professional concerns and priorities for action, such as: inequality; jobs/quality jobs; improved social connections and friendships; reduced obesity (especially children); quality spaces in which to run services; and overall sustainability of the third sector.

Consistent with the concept of ‘social infrastructure’, the community and faith groups, colleagues, networks and community events were seen as strengths to rely and build on. However, the capacity of the third sector was found to be a significant ongoing challenge (due to short-term funding, sustainability of the voluntary workforce and lack of integration between supporting organisations). The ‘people and relationships’ domain of community wellbeing was consistently deemed to be

strong, highlighting residents' sense of community and resilience often in the face of adversity. Nonetheless, respondents reflected that their professional roles and experience were atypical, being already engaged with residents who are active and community-oriented. Conversely, they acknowledged that low aspirations and apathy towards engaging locally were also potential drags on community wellbeing.

Other challenges included poor accessibility of the locality/neighbourhood, substandard housing, poor visibility of services and an and obesogenic environment. The lack of accessible, affordable, and well-maintained and safe spaces promoting inclusion and mixing between groups was highlighted. In one site, there were local concerns about a lack of youth leisure opportunities, and breakdown of social connections and community cohesion. Digital exclusion was described as a 'massive issue' disproportionately affecting the elderly and poorest members of society, and adding to pressure on other support networks (e.g. informal carers, high cost formal care services).

Low skills, poor training opportunities, and poor social mobility were cited as priorities for action. One area particularly highlighted the issue of statutory services increasingly having to prioritise a small number of 'most deprived' neighbourhoods due to funding cuts, potentially undermining initiatives in others. Elsewhere, features of the local economy were highlighted, such as low wages and zero-hour contracts in manufacturing, low rateable values of property leading to limited local government income to fund services and third sector infrastructure compared to similarly sized towns elsewhere. Poverty (in all guises) was a reality for many in these localities, impacting food security and ability to meet other basic needs (such as hygiene and warmth). The associated increased risk of health issues played out in practice with poor mental health, drugs, alcohol, obesity, loneliness and social isolation highlighted as prevalent.

The above reflections considered alongside our IPTs indicate that COSAs have potential to make a difference in at least 3 areas highlighted as key challenges: VCS capacity; safe spaces; and social connections, which mainly align with the people and relationships and place and environment domains of community wellbeing. However, they also suggest further limitations on the likely contribution of COSAs to community wellbeing due to a lack of attention to both the root causes of wellbeing inequality; and to *local context and priorities* for action, which tend to be associated with the people and economy domain. Our discussions and interviews with local system stakeholders covered areas of intervention that could be developed or further developed.

## Discussion

Our findings indicate that supermarket COSAs are already valued by many in their communities, yet at the same time it was clear that they at best act on mediators of wellbeing and were not currently

set up in a way that was responsive to *local* wellbeing priorities, except in times of local emergency or national crisis. There were frustrations among local organisations associated with accessing support available, or the way support is offered, which if addressed could better meet local community need.

In seeking to improve the contribution of COSAs to community wellbeing, particularly in deprived areas around a store, we have put forward component theories and related CMO configurations. These identify key enablers and barriers and resonate with existing literature on community-based interventions for wellbeing found in the statutory and voluntary, community and social enterprise sectors. For example, a study of 'Community Businesses' (What Works Wellbeing, 2020) found that the key mechanisms for positively influencing community wellbeing were: engagement and outreach in the community leading to a better understanding of community needs; strengthening community infrastructure by facilitating links between groups and joint working; and providing a trusted focal point for people to meet and make use of local spaces. This reflects our findings and theories on CC time and use of store space.

Mechanisms influencing the success of working with other organisations and collaborating, identified by our findings above, are likely to involve a strong element of *trust* derived from good *relationships* as well as clarity of expectations. This paper does not argue that Commercial CCs are performing the *same* role as Community Champions in the statutory or voluntary sector. However, similarities in type of action, some functions, and likely mechanisms at play are discernible on the ground (CISL, 2022). The third sector 'community champion' role and actions are acknowledged as contributing to 'unlocking' social capital (Putnam, 1993; Schneider, 2005, Envoy, 2018). Community 'Health' Champion roles, for example, are notably integral to the 'family of community-centred approaches' for health and wellbeing (South, 2015; Public Health England, 2021) and to community health guidance (NICE, 2016). There is therefore potential for lessons to be learned and transferred into supermarket CC's engagement with broader community networks.

The emphasis on the influence of context, making explicit hidden enablers and barriers, as well as identifying different types of 'resource' that supermarkets may mobilise for the benefit of communities speaks to the debates put for and against asset-based approaches to addressing health and wellbeing inequalities in the UK (LGA: A Glass half-full 10 years on). Morgan and Ziglio (2007), for example, have been highly influential on UK public health and community development policy in recent years, highlighting the importance of community resources in creating health rather than focusing on 'problems', services to 'fix' people and avoidance of disease. This had led to the popularisation in local government of an approach that encourages organisations and policymakers

to flip their thinking towards identifying strengths and refocusing on more empowering and participatory ways to utilise the assets available within a community. Operationalising such shifts is however complex, as illustrated by ongoing debates and reflection on the experience of places having embarked on transformational practice (Naylor and Wellings 2019).

### *Opportunity areas for action*

As English local authorities grapple with supporting communities against a backdrop of cuts to service budgets and the cost-of-living crisis. A focus on delivering economic, environmental and social value, backed by inclusive growth in the wider economy, are becoming essential criteria for local action. Consequently, businesses that engage with this agenda, whether motivated by ESG obligations, public pressure or social purpose captured in their CSR agenda, may be of interest to local system stakeholders for community wellbeing, particularly in more deprived areas where resilience might be more fragile. Significant effort will be required, however, to better integrate the support available through supermarkets and their assets with wider existing support, particularly given scepticism around the motivations of big business towards local communities. The insights gained here suggest that there may be a number of cross-sectoral areas of 'opportunity' for action (contributing to community wellbeing), with potential policy and/or practice 'levers' available. Table 2 summarises five of them.

Specific opportunity areas & rationale	Actions (in addition to existing supports)	Resources mobilised	Points of leverage in operating context
<p><b>1. Supporting a place-based &amp; asset-based approach to health/wellbeing:</b></p> <p><b>1 a) Connecting &amp; communicating with local stakeholders</b></p> <ul style="list-style-type: none"> <li>Stakeholder awareness of opportunities and support available</li> <li>Community needs more clearly understood &amp; support more effectively targeted.</li> </ul>	<ul style="list-style-type: none"> <li>Set up/engage with collaborative fora at neighbourhood &amp; strategic level</li> <li>Clarify opportunities and expectations for each organisation involved.</li> <li>Publicise &amp; share information on local groups/activity.</li> </ul>	<ul style="list-style-type: none"> <li>Regular meeting time and space in store</li> <li>Time – contribute to &amp; update local directories of support.</li> <li>Outreach – co-locate/second community colleagues in community settings; buddy’ store colleagues &amp; VCS community ‘builders/connectors’.</li> <li>Funding - co-located/joint posts with CVS</li> </ul>	<ul style="list-style-type: none"> <li>Directories &amp; lists of local support (e.g. products of statutory &amp; third sector ‘asset mapping’).</li> <li>Local Joint Strategic Needs Assessments (JSNAs) or Integrate Care Strategies (community resilience/wellbeing chapters)</li> <li>Identifying system connector, ‘anchor colleagues’ &amp; key networks.</li> </ul>
<p><b>1 b) Mobilising store &amp; organisational resources &amp; assets</b></p> <ul style="list-style-type: none"> <li>Stores are ‘everyday’, convenient, natural ‘bumping’ spaces with potential to play a more substantial role in promoting positive health &amp; wellbeing, address loneliness, &amp; opportunities for health prevention interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Retain some human contact at checkouts– slow checkouts.</li> <li>Facilitate outreach by support services in stores.</li> <li>Provide quiet spaces for shopping/assistance from colleagues for those with disabilities.</li> <li>Support community transport</li> </ul>	<ul style="list-style-type: none"> <li>Enhance and extend community space in store, e.g. <ul style="list-style-type: none"> <li>health promoting links with pharmacy;</li> <li>healthy lifestyle actions;</li> <li>inclusive spaces/gathering points, hubs for conversation;</li> <li>Co-location/in-reach by support services - welfare/financial advice &amp; social prescribers/patient ambassadors.</li> </ul> </li> <li>Funding - Continue for community groups &amp; organisations &amp; investigate longer-term funding.</li> </ul>	<ul style="list-style-type: none"> <li>Anchor positioning</li> <li>Neutrality/lack of stigma as ‘non-statutory’ setting.</li> </ul>
<p><b>2. Collaborating/ supporting local health campaigns</b></p> <ul style="list-style-type: none"> <li>Intensify impact of public health campaigns/promotions (e.g. consume more fruit &amp; vegetables/increase physical activity by aligning with business imperatives).</li> </ul>	<ul style="list-style-type: none"> <li>Support local as well as national campaigns (e.g. package healthy choices with local campaign branding.</li> <li>De-promote High Fat Sugar &amp; Salt products (HFSS) and alcohol promotions, including not displaying in high footfall areas.</li> <li>Integrate local health messaging and link with public health officers on workplace health objectives.</li> <li>Educate store workforce in public health messaging and campaign.</li> </ul>	<ul style="list-style-type: none"> <li>Store staff time</li> <li>Senior management time</li> <li>Local government staff time</li> <li>Corporate messaging</li> </ul>	<ul style="list-style-type: none"> <li>Build on cultural change achieved through examples of successful joint-working -e.g., pragmatic data sharing for shielded patients during Covid-19 pandemic.</li> <li>Identify and highlight shared value of staff health and healthier customers.</li> <li>Opportunities around HFSS rationale.</li> </ul>
<p><b>3. Engaging with local food resilience strategies</b></p> <ul style="list-style-type: none"> <li>Supply of food is supermarket core business. Embedding prevention-focused actions the access to nutritional food function to reduce local food insecurity and build resilience.</li> </ul>	<ul style="list-style-type: none"> <li>Sell healthy foods at low price points.</li> <li>Collaborate with local food strategy partners.</li> </ul>	<ul style="list-style-type: none"> <li>Delivery vans - redistribution of surplus to local charities</li> <li>Store spaces - support &amp; information on healthy eating &amp; low-cost cooking, shopping on a budget)</li> <li>Staff time - networking with LA health promotion practitioners.</li> <li>Discount prices:</li> </ul>	<ul style="list-style-type: none"> <li>Partnerships built during Covid-19 pandemic (e.g. Community food hubs).</li> <li>Local food resilience/anti-poverty partnerships).</li> </ul>

		<ul style="list-style-type: none"> <li>- Promote 'Healthy Starts' vouchers (NHS initiative for low-income children)</li> <li>• Vouchers to locals in need</li> </ul>	
<b>4. Delivering Economic interventions</b> <ul style="list-style-type: none"> <li>• Job creation, skills training, &amp; living wages.</li> <li>• 'Good' jobs for local residents improves incomes, benefits mental health wellbeing &amp; increases local spending power.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage with local skills strategy (training, tasters, job fairs).</li> <li>• Develop suitable career pathways for local people, with training on the job.</li> <li>• Ensure recruitment processes accessible to local community.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff time and store spaces or outreach: <ul style="list-style-type: none"> <li>- Employability skills training (e.g. digital buddies, IT skills) in store spaces.</li> <li>- Information and communication, media</li> <li>- Showcase range of jobs</li> <li>- Offer training/support to small groups/local businesses on in-house specialisms (marketing/ personnel/ health &amp; safety).</li> </ul> </li> <li>• Donate clothing for interviews/furniture to start ups/local groups.</li> </ul>	<ul style="list-style-type: none"> <li>• LA strategies highlighting wellbeing economy, triple bottom line.</li> <li>• Local focus on living wages, wellbeing at work</li> <li>• Benchmarks/frameworks targeting business participation in health.</li> </ul>
<b>5. Inclusion &amp; empowering citizen voice</b> <ul style="list-style-type: none"> <li>• Supporting community engagement in everyday spaces improves social capital and offers opportunities to enhance community voice.</li> <li>• Customer survey data helps to support the business case to act on customer priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Use customer surveys to identify wellbeing priorities &amp; concerns of local communities &amp; identify links to business choices.</li> <li>• Involve local citizens in grant decision-making panels.</li> <li>• Share anonymised data with local partners to enhance action on wellbeing.</li> <li>• Explore opportunities to help local partners reach seldom heard voices</li> <li>• Review inclusiveness &amp; impact of token voting regarding alignment to objective indicators of community need</li> </ul>	<ul style="list-style-type: none"> <li>• Store spaces (foyers, cafes, information boards)</li> <li>• Space and time (host 'get to know your community' events, inviting groups in and provide refreshments).</li> <li>• Mobilise community programmes to respond to research insights &amp; reliable evidence of local need.</li> </ul>	<ul style="list-style-type: none"> <li>• Access and utilise robust and reliable open access data on local health, public health &amp; strategic priorities to better target store resources.</li> </ul>

*Table 2: Opportunity areas for more transformative actions on community wellbeing*

Suggested actions include collaborating and supporting action on public health and mobilising store assets to that end. There are two strands of opportunity here: first for the human asset of CCs to link in to wider 'place-based' support to residents via grass roots statutory/ VCE staff with a 'community' remit; and second, to innovate around use of physical and organisational assets (space in store, company expertise), funding and goods resources, and their distribution in response to local need. For example, actions could focus on: provision of local information (e.g. information boards with physical activity information or mental health phone lines); promoting health behaviours (through sales and promotion of certain food and drink products); formal support services (e.g. on-site pharmacy; screening and vaccination hubs; in-reach by external health and welfare services); informal supports (e.g. via informal bumping spaces where people might chat, or friendly check-out staff); and places to gather (e.g. designated meeting spaces such as cafes and community rooms).

Whilst acknowledging the aforementioned debates around the position of supermarkets within the local food system, more strategic engagement with statutory and third sector partners via place-based prevention-focused action may benefit local communities. Policy shifts towards devolved planning and delivery of services, such as seen in UK Integrated Care Systems where health services, local authorities and VCS work together to reduce social inequalities and improve health outcomes (Charles, 2022), potentially provide a supportive operating context for locality-tailored developments, with infrastructure for collaborative working being in place (albeit perhaps more developed in some areas than others). Related to this would be opportunities to tackle poverty through engagement in partnerships and/or involvement in measures focusing on drivers of local food insecurity (as opposed to solely redistribution of food surplus).

Support in creating good quality jobs, enhancement of local skills and training and supported recruitment is clearly of high value in terms of structural drivers of health, wellbeing and inequality, and one being called for by local partners who recognised supermarkets as significant employers locally. A final one would be helping to elevate citizen voice and influence on decision-making - given that most consumers visit grocery stores between one and three times a week (Statista October 2023), stores have enormous potential as 'everyday' spaces to advertise and share information, as well as tell stories and showcase actions taken to improve the neighbourhood.

Our findings pointed to a gap in information, and lack of awareness and consistency of delivery of COSAs which is a current barrier to collaborative action on local strategic priorities, also identified elsewhere in studies of place-based partnership (DfE/Kantar 2021, NHS 2023). Identifying the best-placed link or network for collaboration is however not straightforward on either side. Many of the barriers experienced point to the importance of 'soft' infrastructure (virtual or physical networks or

partnership fora, see e.g. (Mayor of London 2020, NHS 2023), in this case for raising awareness of support available or opportunities for new interventions, in the form of a space to discuss collaboration and identification of support of value to local communities. Pragmatically, for community support staff working in neighbourhood teams, it is important to know where links should be made with supermarkets, with whom, and what support is available from stores. Additionally, local partners need to know what decisions are in the hands of the Community Colleagues. For example, whether they control the content of the store's community notice board, use of café space, allocation of areas for stands to promote local good causes and micro donations of goods or access to token voting funding? A possible lever for collaboration may still exist to build on good relationships and trust established in many places during the pandemic, specifically the successful grass roots joint action around community food hubs.

Reflecting on these opportunities for action, it is likely nonetheless that social ambitions would need to be better integrated into the wider business actions of supermarkets. The case for supermarkets to invest in wellbeing actions is supported to some degree by the expectation on them to attend to concerns of internal and external stakeholders. Furthermore, visible grass roots initiatives may influence micro-behaviours and customer loyalty, boosting their bottom line. However, as we have seen, the case for encouraging such developments is not uncontested, and there is a way to go to address the perception that they hold a problematic position within food systems and the wider determinants of health.

In terms of *integrating* social purpose, levers to engage could include frameworks for demonstrating businesses impact on health, wellbeing, environmental, and social value. Concerted action is underway to raise corporate attention to stakeholders' health with the Business Framework for Health (CBI/Business for Health, 2021), as well as in 'benchmarking' and monitoring the impact of businesses who mobilise their 'anchor positioning' in favour of supporting local economic growth, health and wellbeing. (Newby and Denison, undated) Any future engagement in such frameworks guiding and/or supporting assessment of action and contribution to community health and wellbeing will need to take account of both benefits and harms of supermarket action. Aspects more likely to address issues of agency and power imbalances include the extent to which they support: firstly, engagement in place-based networks; secondly, the development and articulation of shared ambitions for local communities; and thirdly truly collaborative actions to achieve them. An appropriate platform for dialogue will nevertheless be needed to enable open cross-sectoral discussion regarding expectations and consistency across COSAs, at the same time as perhaps



addressing key concerns over, e.g. product promotion decisions perceived as contradictory to health and wellness communications.

While possible levers may exist for engaging in collaborative work to this end, progress does not necessarily follow either on 'quick wins' or in longer-term wellbeing goals. It is not yet clear whether ambition or value is perceived by all in cross-sectoral collaboration, even where mobilising community assets is a key local strategy to effecting change. Statutory partners may be reluctant to embrace the potential of innovative grass roots action involving or led by supermarket staff if it remains ad hoc and personality-driven, compounded where clarity is lacking on operational demands and control over use of store assets for community benefit. There will be a need to openly address the balance between additional or longer-term investments on all sides alongside the real current challenges in any move towards more transformational actions, e.g. staff shortages v local skills gaps and an extremely competitive environment (Quinn, 2023).

## Limitations

The source of CC data predominantly came from 2 organisations - one big box and one convenience store - within the four case study locations. Focusing on specific supermarket chains potentially skews the experience presented towards particular communities and customers as the UK contains market high-end, mid-range and discount low-cost supermarkets targeting different demographics with regional variations in coverage and dominance (Pechey et al, 2016; Lim et al, 2018).

Nevertheless, the case study communities were selected to represent areas of high deprivation as intended by the study. Stakeholder data covered experience of *any* supermarket, and coverage of experience in wider geographies was obtained in the telephone interviews. It was outside the scope and capacity of the study to collect objective evidence of impact of individual initiatives. However, the typology of initiatives was derived from a whole sector review which identifies the COSAs and on which theoretical propositions are detailed, supporting applicability and possibility to test across geographies and organisations.

## Conclusion and recommendations

COSAs have potential to contribute to community wellbeing via the investment of staff (CC) time; financial support and donations of goods; and mobilisation of store spaces. These can be seen to contribute to the building of social capital, social infrastructure and community capacity in local communities. Important mechanisms in some or all of these pathways include: relationships and trust; storytelling and communicating; awareness and understanding; consistency and coherence;

accessibility and lack of stigma; and affordability. Important features of context include buy-in (or lack of) from store senior management, and awareness (or lack of) amongst stakeholders and the wider community of the support available. Both can trigger alternative responses to COSAs, such as a lack of consistency in the support offered or difficulties identifying CCs and accessing expected support.

Whilst value is identified in COSAs, it is also clear that to elevate local value – particularly in the current cost-of-living crisis – there is an argument for supermarkets to 'turbocharge' community programmes. Key challenges highlighted across local communities included: lack of support to third sector infrastructure; lack of opportunities for young people; skills and training gaps; digital exclusion; low visibility and awareness of local services; few safe and affordable spaces to meet; and lack of community cohesion. The proposed areas of more transformative action, and examples above, could offer a framework for cross-sectoral discussion and enhancement of local store management objectives.

Alongside academic and practice reflections on place-based action on inequalities, our findings suggest that both the current 'offer', and the potential for more transformative actions in future would be supported by concerted efforts to connect food retailers at a local government/strategic level for 'place', as well as at the grass roots. There is some work to be done to facilitate the ability for business to navigate the system, their acceptability as collaborators on health and wellbeing to statutory and VCSE partners, as well as establishing the degree of willingness to engage by different food retailers in such networks.

Mobilising community assets could be framed as a collaborative goal which delivers shared value. For wider sectoral applicability within the commercial space, research could usefully explore some of these possible levers and suggested opportunity areas leading to more transformative action. Future research needs to explore beyond the supermarkets' 'community teams' and explore the potential for goal congruence between stakeholder and corporate imperatives.

### Declarations of interest:

The authors have no conflict of interest to declare.

### Tables and figures

Fig 1: Theory of Change

Fig 2: Refined middle range programme theory for COSAs

Figs 3-5: Candidate CMOs for COSAs

Fig 6: Possible causal relations from store and community impacting on the utilisation of the CC time resource.

Table 1: Case study location summary information

Table 2: Opportunity areas for more transformative actions on community wellbeing

Box 1: Challenges in local communities according to store Community Colleagues

## References

Amato L, Amato C. (2007) The effects of firm size and industry on corporate giving. *J Bus Ethics* 2007;72:229–41.

Lee C, Bassam ERW and Kuhn I et al. (2021). Community-oriented support actions by food retailers and community wellbeing: A systematic scoping review. *Public Health* 2021, 201: 115 <https://authors.elsevier.com/sd/article/S0033350621003917>

Lee C, and Hammant C. (2022) Corporate social and community-oriented support by UK food retailers: a documentary review and typology of actions towards community wellbeing. *Perspectives in Public Health*. 143(4):211-219. doi:10.1177/17579139221095326

CISL (2022). Supermarkets and communities: Developing a framework to guide investment, implementation, and impact of community actions. Cambridge: University of Cambridge Institute for Sustainability Leadership.

Badalov, E., Blackler, L., Scharf, A.E. et al., 2022. COVID-19 double jeopardy: the overwhelming impact of the social determinants of health. *Int J Equity Health* **21**, 76 2022. <https://doi.org/10.1186/s12939-022-01629-0>

Bhaskar, R., 1975 *A Realist Theory of Science*, Leeds Books

Bagnall A.M., Southby, K., Jones, R., Pennington, A., South, J., Corcoran, R. (2023) Systematic review of community infrastructure (place and space) to boost social relations and community wellbeing: Five year refresh. London: What Works Centre for Wellbeing.

CBI and Business for Health, 2021. *Business Framework for Health: Supporting businesses and employers in their role to enhance and level up the health of the nation*. Business for Health. [Business+Framework+For+Health+Report+\(final\)+20+October+2021+v2.pdf \(squarespace.com\)](https://www.businessforhealth.org.uk/wp-content/uploads/2021/10/Business-Framework-for-Health-Report-(final)-20-October-2021-v2.pdf) (accessed 20.2.23)

Chaix B, Bean K, Daniel M, Zenk SN, Kestens Y, Charreire H, et al. (2012) Associations of Supermarket Characteristics with Weight Status and Body Fat: A Multilevel Analysis of Individuals within Supermarkets (RECORD Study). *PLoS ONE* 7(4): e32908. <https://doi.org/10.1371/journal.pone.0032908> (accessed 12.01.24)

Charles, A (2022) Integrated care systems explained: making sense of systems, places and neighbourhoods - comment piece Integrated care systems explained. Comment piece August 2022 for The King's Fund (kingsfund.org.uk)

Cohen, C., Qureshi, N., and Liu, H. 2021 Conceptualizing and Defining Anchor Businesses to Facilitate Investments in Community Health and Well-Being. *Population Health Management*. Oct 2021.543-545.<http://doi.org/10.1089/pop.2021.0005>

Competition and Markets Authority. 2023 Competition, choice and rising prices in groceries. ONS London Report June 2023

Department for Education and Kantar Public 2021 Multi-agency reform: Key behavioural drivers and barriers Summary report

[https://assets.publishing.service.gov.uk/media/61b9c9d6e90e070441bcf9b8/MultiAgencyReform\\_Kantar\\_Report.pdf](https://assets.publishing.service.gov.uk/media/61b9c9d6e90e070441bcf9b8/MultiAgencyReform_Kantar_Report.pdf) (accessed 30th October 2023)

Envoy Partnership (2018). Community Champions: Social Return on Investment evaluation. October 2017 to May 2018. <https://www.centrollondonccg.nhs.uk/media/92475/Community-Champions-SROI-2018.pdf>, Accessed 04.01.22

Flyvbjerg, B (2006) Five misunderstandings about Case Study Research. *Qualitative Inquiry* 12(2) 219-245.

Financial Times, 2020. Co-op raises staff pay after lockdown lifts sales. 17.9.20

Griffiths, S., Weston, L., Morgan-Trimmer, S., Wheat, H., Gude, A., Manger, L., Oh, T. M., Clarkson, P., Quinn, C., Sheaff, R., Clark, M., Sherriff, I., & Byng, R. (2022). Engaging Stakeholders in Realist Programme Theory Building: Insights from the Prospective Phase of a Primary Care Dementia Support Study. *International Journal of Qualitative Methods*, 21.

<https://doi.org/10.1177/16094069221077521>

Hawkes, C. 2008. Dietary Implications of Supermarket Development: A Global Perspective. *Development Policy Review*, 26(6): 657–692. DOI: <https://doi.org/10.1111/j.1467-7679.2008.00428.x>

Howard Wilsher, S., Harrison, F., Yamoah, F. et al. The relationship between unhealthy food sales, socio-economic deprivation and childhood weight status: results of a cross-sectional study in England. *Int J Behav Nutr Phys Act* **13**, 21 (2016). <https://doi-org.ezp.lib.cam.ac.uk/10.1186/s12966-016-0345-2> (Accessed 12.01.24)

International Monetary Fund, 2022. World Economic Outlook: countering the cost of living. Washington DC: IMF, October 2022, ISBN 979-8-40022-121-7

Kelsey, T., 2021 Levelling up after Covid: the value of social infrastructure. Cambridge, Bennett Institute for Public Policy 5<sup>th</sup> March 2021 <https://www.bennettinstitute.cam.ac.uk/blog/levelling-after-covid-value-social-infrastructure/> (accessed 20.2.23)

Knai C, Petticrew M, Mays N et al. (2018) Systems thinking as a framework for analyzing commercial determinants of health. *Milbank Q* 2018;96(3):472–98.

Leach, M., 2016. IDS Bulletin 'States, Markets and Society – New Relationships for a New Development Era'. Institute of Development studies, 47, 2A, November 2016 DOI: 10.19088/1968-2016.175

Lim, Y., Giacomini, J., & Nickpour, F. (2018). Beyond Accessible Aisles? Psychosocial Inclusivity of Shopping Experience: an ethnographic investigation. 10.21606/dma.2018.462. Putnam, Robert. 2000. *Bowling Alone*. New York: Simon and Schuster Paperbacks.

Local Government Association (LGA) 2020 [A glass half-full: 10 years on review | Local Government Association](#) (accessed 20.10.23)

Macdonald, L., Ellaway, A., Ball, K. et al. Is proximity to a food retail store associated with diet and BMI in Glasgow, Scotland?. *BMC Public Health* **11**, 464 (2011). <https://doi-org.ezp.lib.cam.ac.uk/10.1186/1471-2458-11-464> (Accessed 12.01.24)

Macintyre, S. Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity?. *Int J Behav Nutr Phys Act* **4**, 32 (2007). <https://doi-org.ezp.lib.cam.ac.uk/10.1186/1479-5868-4-32> (Accessed 12.01.24)

Mayor of London (2020) Connecting Social Infrastructure. How London's Social Spaces and Networks help up live well together Report for Greater London Authority [Good Growth by Design: Connective Social Infrastructure: How London's Social Spaces and Networks Help Us Live Well Together](#) (accessed 20.10.23)

Morgan, K. (2015). Nourishing the city: The rise of the urban food question in the Global North. *Urban Studies*, 52(8), 1379-1394. <https://doi.org/10.1177/0042098014534902>

Morgan, A., & Ziglio, E. (2007). Revitalising the evidence base for public health: an assets model. *Promotion & education, Suppl 2*, 17–22. <https://doi.org/10.1177/10253823070140020701x>

National Institute for Health and Care Excellence. (2016) Community engagement: improving health and wellbeing and reducing health inequalities.

Naylor, C., and Wellings, D. (2019) A citizen-led approach to health and care. Lessons from the Wigan Deal. Report for The Kings Fund, London

New Economics Foundation and The Countryside Agency (2002) The Money Trail. Measuring your impact on the local economy using LM3. London

New Economics Foundation (2005) Clone Town Britain. The survey results on the bland state of the nation. London

Newby L and Denison N (Undated). BUSINESS ANCHORS PROGRESSION FRAMEWORK A practical tool to assess your position and prioritise action [Great Jobs Agenda Anchor Network Report Appendix 1 061221.pdf \(leeds.gov.uk\)](#) Accessed 03.03.23.

NICE, 2017. Community engagement: improving health and wellbeing. Quality Standard. London, NICE, March 2017

NHS England 2023 A framework for addressing practical barriers to integration of VCSE organisations in integrated care systems <https://www.england.nhs.uk/long-read/a-framework-for-addressing-practical-barriers-to-integration-of-vcse-organisations-in-integrated-care-systems/> (accessed 30.10.23)

Office for National Statistics, 2021. Leaving no one behind – a review of who has been most affected by the coronavirus pandemic in the UK: December 2021 Evidence on the impacts of coronavirus (COVID-19) on society, economy and the environment in the UK, and how this links to the global Sustainable Development Goals. London: ONS, December 2021

Office for National Statistics., 2019. The English Indices of Multiple Deprivation. London ONS, GOV.UK [Online].

Oxford Consultants for Social Inclusion (OCSI). 2019 “Left behind? Understanding communities on the edge. Report for Local Trust August 2019

Pawson R, Tilley N., 1997. Realistic evaluation. London: Sage publications

Pechey, R., & Monsivais, P. (2016). Socioeconomic inequalities in the healthiness of food choices: Exploring the contributions of food expenditures. *Preventive medicine*, 88, 203–209.  
<https://doi.org/10.1016/j.ypmed.2016.04.012>

Petticrew M, Maani Hessari N, Knai C et al. (2018) How alcohol industry organisations mislead the public about alcohol and cancer. *Drug Alcohol Rev* 2018;37:293–303.

Public Health England (2021) Community champions: a rapid scoping review of community champion approaches for the pandemic response and recovery. GOV-9247

Putnam, Robert D. 1993. “The Prosperous Community.” *The American Prospect* 4(13):35–42.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Touchstone Books/Simon & Schuster. <https://doi.org/10.1145/358916.361990>. Accessed 09/03/23

Quinn, Ian. 2023. “What more supermarkets could do to help shoppers in touch times”. *The Grocer*, 26 February.

Schneider, J. A. (2005). *Social Capital, Community, and Economic Development*. White Paper for The Foundation for Community Empowerment.

South, J. (2015). *A guide to community-centred approaches for health and wellbeing*. London.

Smith D, Thompson C (2022) *Food Deserts and Food Insecurity in the UK: Exploring Social Inequality*. London, Routledge [Food Deserts and Food Insecurity in the UK: Exploring Social Inequality \(routledge.com\)](https://www.routledge.com) Accessed 09/03/23

South, J and Abdallah, S and Bagnall, A and Curtis, S and Newton, R and Pennington, A and Corcoran, R (2017) *Building community wellbeing: a theory of change*. London. What Works Wellbeing.

Statista (2023) Frequency of in-store grocery shopping among consumers in the UK 2020 [United Kingdom: grocery shopping frequency 2020 | Statista](https://www.statista.com) Accessed 28.10.23

The Food Ethics Council (2021) *Food, charity and the boardroom*. The work of food companies on issues of food and poverty, how these have changed over the COVID-19 crisis and where that work could go next? Business Forum Report. [Food-charity-and-the-boardroom Business-Forum-report FINAL.pdf \(foodethicscouncil.org\)](https://www.foodethicscouncil.org) Accessed 12.01.24

The Health Foundation, 2022. *The continuing impact of COVID-19 on health and inequalities*. A year on from our COVID-19 impact inquiry. London, The Health Foundation, August 2022  
<https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery> accessed 22.2.23

University of Cambridge Institute for Sustainability Leadership (CISL). (2023). *CISL’s Business Transformation Framework: Preliminary Diagnostic*. Cambridge, UK: Cambridge Institute for Sustainability Leadership.

Wendel, M., Burdine, J., Mcleroy, K., Alaniz, A., Norton, B. Felix, M.R.J.. (2009). *Community capacity: Theory and application*. *Emerging Theories in Health Promotion Practice and Research*. 277-302.

What Works Wellbeing (2020) Community Business, How do community businesses affect community wellbeing? Briefing paper [community-business-wellbeing-May2020.pdf](#) ([whatworkswellbeing.org](#)) Accessed 28.10.23

Wiseman, J. and Brasher, K., 2008. Community wellbeing in an unwell world: trends, challenges, and possibilities. *Journal of public health policy*, 29(3), 353–366.

Wiltshire, G., Ronkainen, N., 2021 A realist approach to thematic analysis: making sense of qualitative data through experiential, inferential and dispositional themes, *Journal of Critical Realism*, 20:2, 159-180, DOI: [10.1080/14767430.2021.1894909](#) Accessed 28.03.23

Wong, G., Westhorp, G., Manzano, A., Greenhalgh, J., Jagosh, J., and Greenhalgh, T., 2016. RAMESES II reporting standards for realist evaluations. *BMC Medicine*, 14 (1).

Westhorp, G, 2014. Realist impact evaluation an introduction London Methods Lab 9138.pdf ([odi.org](#))

Yin, R.K. (2003) *Case Study Research Design and Methods*. 3<sup>rd</sup> ed Thousand Oakes: Sage Publications

Zwart, T., Wertheim-Heck, S. 2021 Retailing local food through supermarkets: Cases from Belgium and the Netherlands, *Journal of Cleaner Production*, 300, 2021, <https://doi.org/10.1016/j.jclepro.2021.126948>.