



## **Supermarkets and community well-being:**

Developing a framework to  
guide investment,  
implementation, and impact  
of community actions



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## Introduction

The status of supermarkets as a lynchpin in communities was highlighted by the emergency response to the global COVID-19 pandemic. Can we look towards supermarkets as ‘anchor organisations’ which are becoming more strategic contributors to the wellbeing of their surrounding communities? With a focus on both ‘places’ and ‘systems’, we reflect on the opportunities and challenges faced by these businesses within the context of enduring austerity in public services.

This working paper introduces a framework for understanding and valuing ‘community-oriented’ actions undertaken by food retailers in terms of their potential contribution to wellbeing and reducing inequalities.

## Inequalities, health, wellbeing, and resilience

Between 2010-2020, improving trends in life expectancy dramatically slowed in England and those living in deprived communities were spending a greater proportion of their lives in poor health. Health inequities result from what are termed the ‘social determinants of health’—the unequal social, material and political conditions in which people are born, live, work and age (WHO, 2008). These differential opportunities affect both access to resources and the ability to effect change, with unequal access to play, recreation, education, decent employment, housing, and support services influencing health and wellbeing throughout life (Dahlgren and Whitehead, 1991; Popay et al., 2008).

Economic performance and the measurement of Gross Domestic Product (GDP), with its focus on the value of goods produced and services provided, are increasingly criticised for masking inequalities within populations. Poor health and existing inequalities observed during the COVID-19 pandemic (Gray and Barford, 2018; Marmot, 2021) were exacerbated in the UK by over a decade of austerity cuts to public services. Poorer areas and groups such as black and minority ethnic communities, care home residents and people with disabilities were disproportionately affected by the pandemic as a result of factors including poor housing situations, higher prevalence of hypertension and diabetes, more unstable work conditions, less coverage by the furlough scheme, and fewer opportunities to work from home (Suleman et al, 2021; Patel et al., 2020).

It is against this backdrop that community wellbeing—defined in this paper 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”—is gaining traction as a more appropriate way of assessing national progress than GDP (Wiseman and Brasher, 2008). Related to this is the concept of *community resilience*, which this paper associates with the presence of social relationships and mobilisation of local resources to prepare for, cope with and mitigate negative influences on health, including poverty, natural disasters, isolation and other challenging circumstances (Ziglio and Ziglio, 2021; Sherried et al., 2010; WHO, 2012). Thus, we are concerned with the goal of living and ‘being well together’ (Atkinson et al., 2017) within a locality and in a collective sense, rather than other philosophical or psychological conceptualisations of individual wellbeing.

Alongside structural drivers such as education and employment, the ‘community conditions’ emphasised as highly influential (Whitehead et al., 1991; Charles et al., 2018; Bagnall et al., 2017; Foot and Hopkins, 2010), are reflected in several attempts to assess and measure community wellbeing within the UK using core datasets and survey data. For example, the *Community Need Index* (OCSI/Local Trust, 2019) was developed to reflect the social and cultural (as well as some economic) dimensions of exclusion. Their three domains are: *places to meet* (civic assets); *connectivity* (access to services, infrastructure, job

market); and *active and engaged* community. They found a strong alignment between deprivation and levels of ‘community need’. Similarly, the *Community Wellbeing Index* is structured according to *Place, People, Relationships*, again highlighting environmental and social dimensions alongside aspects of local economy, and the extent to which people have a voice in or control over their lives (Hill-Dixon et al., 2018).

Mirroring interest in the influence of community-level drivers and mediators of health outcomes, there has been increasing emphasis in recent UK policy on place-based strategies and community-centred approaches. Such approaches seek to understand and identify the role of local resources or ‘assets’, and their ‘mobilisation’ in favour of improving population wellbeing (Foot and Hopkins, 2010; South, 2015; NICE, 2016; SCIE, 2017). This also links to more recent understandings of social sustainability (Boyer, 2016) as *place-centred* and *process-oriented* strategies. These assets can be direct actions and formal services; infrastructure around organisations, such as partnerships and networks of support between people in a community; the built environment and community spaces; community knowledge and insights; and human resources like staff and volunteers (Charles et al., 2018; Bagnall et al., 2017; Foot and Hopkins, 2010). The impact of these aspects—specifically on health, wellbeing and inequalities—has consequently become a focus of both study and theory development on ‘asset-based’ approaches (OCSI, 2019; Cassetti et al., 2019). Key to asset-based approaches is using the skills, capacities and the local environment to develop solutions to local challenges, with wellbeing determined by the balance between resources available to communities and the challenges or exposures they face. (Dodge et al., 2012).

The Organisation for Economic Co-operation and Development (OECD) demonstrates the closeness of the concept of community wellbeing to understandings of sustainability, integrating into their *Community Wellbeing Framework* a consideration of the *continued availability* of social, human, natural and economic capital (akin to ‘assets’ or resources). In this sense, sustainability is the process of achieving community wellbeing and becoming more resilient, emphasising prevention and management of risk and balancing positive social, economic and environmental outcomes—the so-called ‘triple bottom line’ (Hammer and Pivo, 2017). We therefore identify a high level of agreement about the diverse structural drivers of exclusion and inequality as well as what community conditions are important for securing wellbeing outcomes, resilience and social sustainability.

## Business and social responsibility

Research and assessment of the impact on community-centred and asset-based approaches has almost entirely focused on the statutory and third sectors. However, we argue that the application of an asset-based lens is a useful way to view the potential of business more strategically as contributors to the wellbeing of their catchment communities. Many medium and large corporations have—and report on—well-established Corporate Social Responsibility (CSR) strategies, “whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis” (Commission of the European Communities, 2001). Many core business operations, goods and services have the potential to affect dimensions of human wellbeing by both direct and indirect means. Reflecting on CSR in the broadest sense, examples of direct impact on community wellbeing could arise from employment and employment conditions, including [Living Wages](#) and wellbeing at work, education and training schemes. Other aspects of CSR contribute to social issues and the development of society, including impacting community conditions and ‘social infrastructure’ (Kelsey and Kenny, 2021). For example, indirect impacts might be associated with philanthropic, financial and support in kind to local community groups and ‘good causes’; participating in social inclusion programmes; and increasing access and awareness to other support services, eg by designating the responsibility to staff to make community links or making commercial spaces available for the use of local groups.

The impact of what have been called harmful commodity industries (HCIs) (such as alcohol, fast food and gambling) and the impact of ‘obesogenic environments’ (a proliferation of fast-food and cheap alcohol outlets, and a lack of green space and health-promoting infrastructure) is much critiqued for exacerbating health inequalities in poorer areas (Knai et al., 2018; Petticrew et al., 2017). There is consequently considerable scepticism that public-private partnerships, particularly within HCIs, are effectively ‘buying’ community support to limit damage to company reputation (Knai et al., 2018; Petticrew et al., 2018). The ‘commercial determinants of health’ are therefore becoming recognised as a significant and growing area for public health research.

The original conception of stakeholder theory, one of Brummer’s four theoretical models of CSR, (Brummer, 1991) has been newly broadened to position local community members as legitimate stakeholders (Hiswals, 2020). Recent scholarship also suggests that business CSR strategies should be *expressly and actively mobilised* in future, with businesses acting as *agents* of change to positively address the wider determinants of health, thereby increasing attention to public health and external stakeholders (Cordoba, 2008; Macassa, 2017). This could suggest that industry-standard definitions of CSR should be reframed to reflect this more active ambition. For example:

*“The responsibility of an organization for the impacts of its decisions and activities on society and the environment, through transparent and ethical behaviour that: contributes to sustainable development, including health and the welfare of society; takes into account the expectations of stakeholders; is in compliance with applicable law and consistent with international norms of behaviour; and is integrated throughout the organization and practised in its relationships.”*

(International Organisation for Standardisation (ISO), 2010)

Until now, the business case for increasing attention to community health and wellbeing has tended to focus on the opportunity to create ‘shared value’ outcomes (Sarijaarvi, 2019; Shifferes, 2014). We may now, post-COVID-19, be seeing another shift, with the recently launched UK *Business Framework for Health* also actively promoting the responsibility of business to create a healthier nation (uncoupled from corporate benefit). This framework includes actions impacting on population health by indirect stakeholders as one of the three pillars of business action on health, and highlights the role of businesses with ‘anchor positioning’ (Business for Health/CBI, 2021).

## Supermarkets: A ‘unique’ position?

Like many major businesses, the main food retailers have CSR strategies, part of which may include actions intended to support the local communities around a store. We are interested to assess the extent to which these community-oriented activities align with those of public service and not-for-profit sectors. While ad hoc philanthropic donations are still a feature of support, supermarkets are increasingly seen as an integral part of the community in which they operate, and there is consequently more pressure to create shared value by aligning business goals and competencies with the development priorities of local stakeholders (Shifferes, 2014; Dyllick and Hockerts, 2002). As far back as 2012, the UK coalition government’s retail strategy stated that the sector:

*“Plays a vital role in delivering public policy (and providing social value) in areas such as public health, employment and skills, environmental sustainability and community cohesion” (BIS, 2012).*

Supermarkets can be seen to have ‘anchor positioning’; they are present in thousands of localities and have established years of trust in certain aspects of the brand relationship. They also have many daily

opportunities to interact face-to-face with the public and are reliant on local people both as customers and as workforce.

*“As well as sites of consumption they are sites of social interaction and employment, potentially key anchoring institutions in the social and economic activity that animates a place” (Schifferes, 2014).*

Deeper knowledge of the local social and economic conditions around a store can inform how to create social value as well as secure market position. Effective community actions must address the complexity of needs and wants of local populations who are simultaneously consumers, citizens, and importantly employees. To gain a solid understanding—and a strong foothold—with their customer base, hyper-local insights, including on the key drivers for wellbeing, could be impactful.

Community engagement already underpins CSR action in several areas, including donations, employee voluntarism, projects, and partnerships (Deigh et al., 2016; McLennan, 2019), with philanthropy still considered an essential function. Our recent documentary review produced a typology of the different spheres of UK supermarket activities with an outward facing ‘social’ purpose (Lee and Hammant, 2022). Examples included surplus food distribution, support to local causes, national charity partnerships, and funding local organisations. The latter included both distribution of very small donations of goods and relatively modest awards through customer voting schemes or similar but also more substantial grants to local groups and causes, often through the company’s independent charitable foundations.

Support to local causes occurs via a range of activities, with many big stores employing ‘Community Champions’ (or equivalent). This typically involves performing gatekeeper/connector roles: offering space in stores for local groups to meet; volunteering with local groups; facilitating access to their charity arm’s grant funding; store-based fundraising; and small donations of food or supplies. Other aspects of their role can include signposting, informal referral to support, awareness-raising of charitable groups and causes, and participating in local events. All these types of actions, when undertaken by the third sector, are typically acknowledged as influential in ‘unlocking’ social capital (see, for example, Putnam, 1993; Schneider, 2005, Envoy, 2018). Indeed, in the public health sector, Community ‘Health’ Champion roles are part of England’s Public Health ‘family of community-centred approaches’ for health and wellbeing (South, 2015) and recommended in health guidance (NICE, 2016). Other features recognised as important for community-facing work include being resident in an area, adding value through knowledge, skills and connections, and a commitment to help others. A recent review of Community Champions in health improvement found evidence in disadvantaged communities of impact through strengthened social connections and facilitated links to services. The Champion role in bringing people together and facilitating emergency responses was highlighted as central to the post-Covid recovery of communities (PHE, 2021). This is not to say that commercial Community Champions are performing the same role as statutory or voluntary sector counterparts; rather, that it is possible to see similarities in type of action and broad function between these positions.

## Towards a theoretical framework for supermarket actions in support of community wellbeing

In our wider study, we combine theory of change (De Silva et al., 2014) and systems thinking to build understanding of a complex programme of community actions, implementations and likely pathways to impact. The theoretical framework we propose draws on the asset-based theories for health and community wellbeing described above. We apply these through ‘whole-systems’ thinking which takes account of the wider determinants of inequality and the interplay between different stakeholders in an

area. This approach (Meadows 2008; Egan et al., 2019; Hawe et al., 2009) highlights the importance of the interaction between the actions of organisations and their wider operating context. Services or interventions do not exist in a vacuum, and will influence and be influenced by beliefs, relationships and the resources of people, places, and other organisations in a given locality, as well as wider structural drivers (South and Phillips, 2014). Given that most of the drivers of poor health lie outside the usual focus of healthcare, many sectors and stakeholders—ranging “from national governments to businesses, local authorities, community groups and voluntary sector organisations” (Marmot, 2020)—are implicated in efforts to improve health and wellbeing.

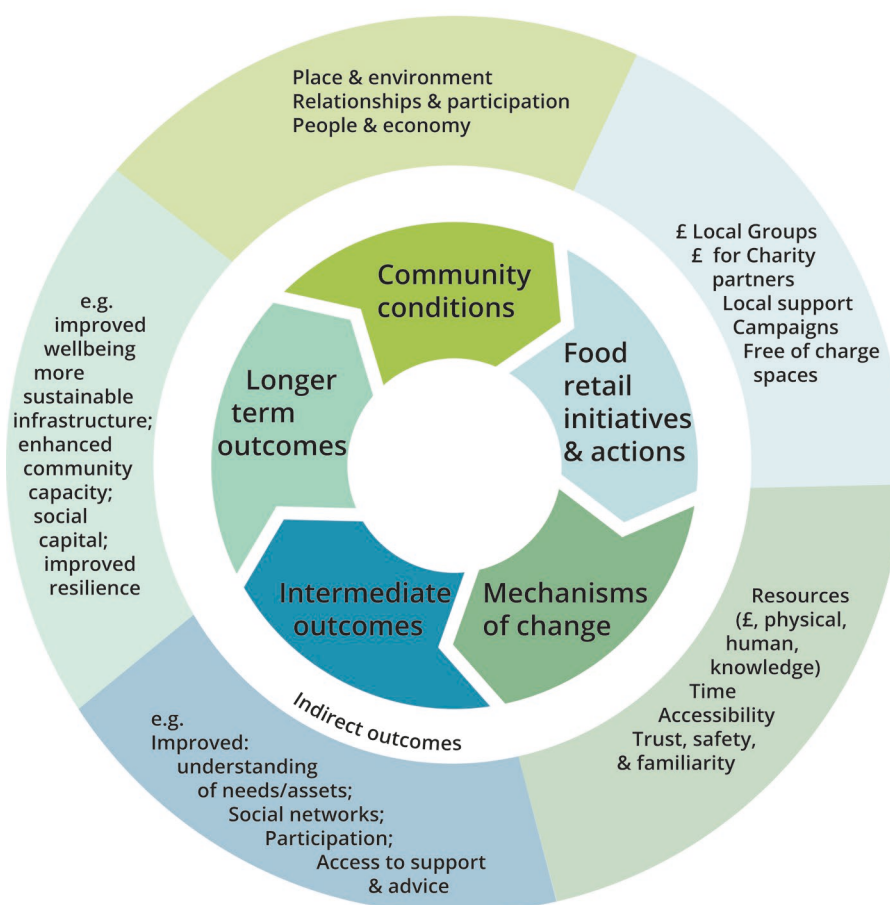
One aspect of systems thinking that has implications for asset-based approaches relates to the distribution and transformation of resources (eg people, places and events) (Hawe et al., 2009; Trickett et al., 1985). The introduction of an ‘intervention’, action or activity into a local system (a locality) can have a transformative effect, for example, creating new roles, altering links and networks, and redistributing resources across the network. The importance of *relationships* rather than simple transactions is thought to be key in terms of producing *value* from interactions (McLennan, 2019). A business-focused systematic review of best practices, carried out on behalf of the Research Network for Business Sustainability, describes the main approaches to community engagement as either transactional, transitional, or transformational (Bowen et al., 2008). From a relatively limited evidence base on what works, their findings gel both with research on asset-based approaches (eg Ward, 2021) and realist evaluation (Pawson and Tilley, 1997). To achieve best outcomes for both community and organisation, the influence of both the operating *context* and the *process* of achieving outcomes from corporate actions must be addressed. Hence, there is a rationale for combining understanding of corporate actions in support of communities with whole systems thinking (Cordoba, 2008).

It follows that a strategic approach to introducing actions or interventions, with attention to the context and pre-existing resources, processes, causal pathways and feedback loops impacting social objectives, is necessary to improving the effectiveness of any support (eg to wellbeing and addressing wider determinants of inequalities) (Hawe et al., 2009). Where ‘pathways’ to change are complex, such as is the case with community wellbeing, it is particularly important to identify and articulate the underlying ‘intervention logic’ or theory of change. To situate the actions of supermarkets in terms of where they might make a difference to community wellbeing, we began by adapting a theory of change developed by leading academics in this field and published by the What Works Wellbeing Centre (South et al., 2016). Our model (Figure 1) focuses specifically on supermarket initiatives, integrating concepts linked to improvements in community wellbeing such as social capital and community resilience (McCrea et al., 2015).

Figure 1 simplifies what in a whole system diagram would include a complex map of interactions, positive and negative feedback loops, and direct and indirect causality, yet still highlights the importance of community conditions, incorporating various forms of ‘assets’ in the pathway to change. Building on the strong consensus in domains (if not precise categorisation) illustrated earlier, this framework categorises conditions for community wellbeing as: *Place and environment*, including physical structures, facilities and access to services for wellbeing such as leisure, culture and environment; *Relationships and participation*, including organisational partnerships, formal and informal support networks, and civic engagement; and *People and economy*, where socio-economic factors influence inclusion and exclusion, eg local skills, training and employment opportunities, as well as income levels and health profiles.



*Figure 1: Community Wellbeing Actions by Supermarkets: A Theory of Change*



## Operationalising the framework

The question we are posing is to what extent do (or could) supermarkets, or similarly locally anchored businesses, intervene in ways that could improve these community conditions (either directly or indirectly), potentially building longer term resilience to future stressors (eg cuts in public services, public health emergencies and extreme increases in the cost of living)? This representation helps us to explore which supermarket actions could be seen to address different aspects of community conditions (Place and Environment; Relationships and Participation; People and Economy). We operationalise this by detailing out pathways to intermediate and longer-term outcomes through inputs and hypothesised mechanisms of change, (in turn altering the baseline community conditions).

The framework is not static in its application either to research or to implementation of actions/interventions. Rather, it is developed and adapted over time as evidence contributes to a better understanding of the broad range of actions and resources—from facilities and the physical environment to resources to support infrastructure for wellbeing, as well as the more relational aspects, skills and knowledge—and their anticipated and actual impacts. Primary data and information sources allow us to build detail into the overall theory of change by exploring particular pathways that might contribute to wellbeing. For example, explicitly mapping out a pathway for ‘supporting local community and voluntary sector (CVS) capacity’ provides a means to define and assess growth in capacity over time, identifying



intermediate outcomes, such as raising awareness of available assets, convening new networks, or enabling or improving the position of people and organisations within a system’s network. We can hypothesise how individuals with a key role in communities—such as Community Champions—might make a difference to settings over time, eg by facilitating events to connect previously unconnected parts of a network by bridging different groups and roles (Hawe et al., 2009), and highlighting funding opportunities. This hypothesising of the pathways to explore causality can be further detailed in ‘context-mechanism-outcome’ configurations (Figure 2) drawn from the overriding Theory of Change (Pawson and Tilley, 1997).

Figure 2. Example CMO Configuration: Supermarket Action Building CVS Capacity



These C-M-O configurations can also be depicted using ‘If, ... then..., because’ propositions (Jagosh, 2019) that relate the context to the specific activities designed to bring about change. Thus, “if supermarket staff have time to find out about and network with community organisations, then the voluntary sector infrastructure can be better supported, because community champions will understand local needs better, and voluntary and community groups will be more aware of what support is available”. We can then test and refine these hypotheses to build a more complete picture of what is happening on the ground (Pawson and Tilley, 1997; Blamey and Mackenzie, 2007).

## Discussion and concluding points

The application of a theoretical framework, within a whole systems perspective, helps us to identify where there is potential for businesses’ community-focused actions to feed more strategically into local health and wellbeing (systems). For example, where might high volume, modest grants and donations to local groups fit in mediating community conditions for wellbeing, such as the voluntary sector capacity, in a given locality? Businesses could refer to this framework in their ESG monitoring and consultations with external stakeholders for their materiality studies. At a community level, the framework could be used by area-based cross sectoral fora - eg of business, local authority, planning, health and community organisations, Town Partnerships - guiding discussion and influencing action planning alongside corporates in pursuit of social sustainability and the triple bottom line.

Globally, supermarkets have demonstrated ad hoc yet agile responses to local and emergencies, such as fire and floods, and were also initially a feature of emergency support during the COVID-19 pandemic. As has been observed in the statutory sector, in some ways the pandemic may have catalysed place-focused action on health and wellbeing, breaking down previously insurmountable barriers to collaboration and information sharing, and mobilising various assets and resources. (Lee and Hammant, 2020; Lee 2020b)

This emergency context may have created the conditions for new or expanded actions by retailers in communities. Could these be developed into more preventive, resilience-focused actions, and become more embedded into the wider local system supporting communities' wellbeing?

We believe there is value in exploring if and how 'social-oriented' CSR actions by supermarkets are - and could be seen by local governments, health partners and community and voluntary sector leaders - as being part of the same community support system. At the same time, the framework can help guide business decisions and concrete action over where to focus efforts to best support their local communities. In so doing, a secondary question of whether and how both these scenarios might be facilitated can be additionally explored. Under the current economic conditions of uncertainty and financial hardship for many, combined with the legacy of UK austerity in public service funding, we believe it is vital to understand how the community assets infrastructure for wellbeing might best be developed with support from business, particularly in localities where it may currently be weak.

Equally, it will be important for business to demonstrate the value of their actions in this area, both to external and internal stakeholders. The framework suggested here can be used to support the tracking of investment and resources through to outputs, outcomes and impacts towards the global Sustainable Development Goals (United Nations 2015) - eg SDG 3 Good Health and Wellbeing, SDG 17, partnerships for the goals - and aligns with a number of the National 'TOMS' – the current standard UK framework for reporting social value (137: Equipment or resources donated to VCSEs, 194 donations to local community projects, 191 supporting health and wellbeing). (Social Value Portal, 2021)

Ad hoc and localised innovations could become more mainstream by more widespread adoption of a framework that helps to pinpoint the resource contribution of businesses and their partners, as well as the infrastructure and relationships required to impact communities. Example actions include businesses offering physical space in store (or in car parks)—using private space for public good—as all-important meeting spaces for local people and groups to connect, to acting as information hubs, providing human resource and infrastructural support to local volunteering or hosting in-reach days boosting access to community support services such as debt advice, welfare rights, mental health and social prescribing. Supermarkets and similarly 'anchored' local businesses rely on local residents both as customers and as employees, yet with power and control a key driver of wellbeing, more could be made of opportunities to involve and empower customers as citizens, augmenting seldom heard voices and enabling greater civic participation. Findings in the health sector suggest that important enabling factors to the work of Community Champions, for example, include developing a supportive local infrastructure for long term community engagement and the development of knowledge as well as skills. It is likely that similar aspects are equally important enablers for the business sector. (PHE, 2021p3) Contributing to 'grass roots' insights from local populations could also be an area of focus, building cross-sectoral staff linkages to foster a solid understanding of what is strong in 'catchment' communities, what is challenging in terms of influencers on health, and paving the way for collaborative action.

We argue that there is a strong rationale for looking at supermarkets as contributors to community assets and have presented a framework for identifying potential pathways to wellbeing outcomes, guiding investments, and evidencing value in a complex system. We have provided indications of where opportunities may lie to build on actions, test theory, and monitor change, some of which may call for greater collaboration and broader systems thinking.

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