Sheffield Hallam University

Empowering people and communities? The power of stories in asset-based approaches to health inequalities

ARMOUR, Simon, YARWOOD, Gemma, MCLAUGHLIN, Hugh and ROBINSON, Julia

Available from Sheffield Hallam University Research Archive (SHURA) at:

https://shura.shu.ac.uk/36850/

This document is the Published Version [VoR]

Citation:

ARMOUR, Simon, YARWOOD, Gemma, MCLAUGHLIN, Hugh and ROBINSON, Julia (2026). Empowering people and communities? The power of stories in asset-based approaches to health inequalities. SSM - Qualitative Research in Health, 9: 100720. [Article]

Copyright and re-use policy

See http://shura.shu.ac.uk/information.html

Sheffield Hallam University Research Archive
http://shura.shu.ac.uk

SSM - Qualitative Research in Health 9 (2026) 100720

Contents lists available at ScienceDirect

SSM - Qualitative Research in Health

journal homepage: www.journals.elsevier.com/ssm-qualitative-research-in-health

Empowering people and communities? The power of stories in asset-based approaches to health inequalities

Simon J. Armour[a,*], Gemma Yarwood[b], Hugh McLaughlin[c], Julia Robinson[d]

[a] School of Health and Social Care, Health, College of Wellbeing and Life Sciences, Sheffield Hallam University, Robert Winston Building, Broomhall Road, Sheffield, S10 2BP, United Kingdom
[b] School of Sociology and Criminology, Faculty of Arts and Humanities, Manchester Metropolitan University, Ormond Building, Manchester, M15 6BX, United Kingdom
[c] Department of Social Care and Social Work, Faculty of Health and Education, Manchester Metropolitan University, Brooks, 53 Bonsall St, Hulme, Manchester, M15 6GX, United Kingdom
[d] School of Psychology, Faculty of Health and Education, Manchester Metropolitan University, Brooks, 53 Bonsall St, Hulme, Manchester, M15 6GX, United Kingdom

A B S T R A C T

In response to the global impacts of the Covid-19 pandemic, many national governments have implemented 'fiscal consolidation' measures, invoking long-standing neoliberal discourses which advocate reduction in public services and state welfare support. Meanwhile, assets-based approaches to health, including voluntary welfare provision, have gained traction internationally, proposed as a means to reduce health inequalities by 'empowering' people and communities. Presenting evidence from an ethnographic psycho-social study of volunteer experiences within two voluntary organisations, working within disadvantaged communities in northern England, this paper interrogates the notion of community empowerment, examining how power dynamics emerge in everyday practices and discourses. We identify two different narratives within these settings: *redemption stories* and *collective victimhood*. While these may offer some psychological refuge from dominant discourses which blame and shame people experiencing poverty, they also serve to reinforce perceptions of individual responsibility, failure, and powerlessness.

We conclude that assets-based approaches can only fulfil their potential if they are resourced and delivered in ways that are sensitive and responsive to the reproduction of power relations within the organisational setting and in the wider contexts of people's lives. This requires critical attention to the underlying values and paradigms underpinning such interventions.

1. Introduction

Since the 2008 international financial crisis, reductions in state welfare provision have been implemented throughout the world and the fiscal impacts of the Covid-19 pandemic have amplified this drive (Ortiz & Cummins, 2022). The adoption of such policies is underpinned by longstanding neoliberal discourses which undermine the value of public services and state welfare support, advocating voluntary welfare provision as morally and practically preferable (Friedli, 2013). In this context, assets-based approaches to health inequalities (Morgan & Ziglio, 2007) have gained considerable traction internationally, proposed as means to reduce health inequalities and defined as:

> 'interventions that focus on identifying and mobilising community assets to support health and wellbeing, and on strengthening people's capacity to make the best use of these resources with an aim to increase control over their health and that of their community (Cassetti et al., 2020:15).

Critics argue that such approaches have been used by governments to justify austerity measures which reduce welfare and services available to disadvantaged communities. They also divert attention from the underlying structural drivers of inequalities, while locating responsibility for change with those with least power (Friedli, 2013). Tchida and Stout (2024) contend that even where practitioners seek to empower communities through advocacy, organising or emancipatory educational approaches, the purpose remains as 'fixing' the community, rather than addressing the systemic causes of disadvantage. These power relations, they argue, mean that interventions of privileged professionals are inevitably disempowering, and that community development support should instead focus on enabling collective self-empowerment, including self-help, solidarity and agency. As such professionals should turn their attention to challenging the systemic processes of oppression.

However, asset-based approaches encompass a variety of forms of social solidarity and mutual support, which are proposed as means of resisting and challenging the impacts of existing socio-economic

* Corresponding author.
E-mail addresses: s.armour@shu.ac.uk (S.J. Armour), g.yarwood@mmu.ac.uk (G. Yarwood), h.mclaughlin@mmu.ac.uk (H. McLaughlin), j.robinson@mmu.ac.uk (J. Robinson).

https://doi.org/10.1016/j.ssmqr.2026.100720
Received 19 September 2025; Received in revised form 3 February 2026; Accepted 5 February 2026
Available online 7 February 2026
2667-3215/© 2026 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

structural inequalities and promoting social justice (South, 2015). Community-based responses to poverty such as foodbanks and other voluntary sector action may also have value in providing spaces of encounter, in which people living in different social, cultural and economic circumstances may build relationships and understanding, which challenge the dominant discourses on the causes of inequalities (Armour & Barton, 2019; Cloke et al., 2017). These conflicting positions present a dilemma for those who work to address health inequalities through community and voluntary action, while also recognising and defending the value of state intervention and support for disadvantaged communities.

1.1. Understanding health inequalities

Health inequalities have been defined as:

> '… the systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position.' (McCartney et al., 2019, p. 28).

This definition encompasses multiple dimensions which are intersectional and diverse in their effects. Scambler (2012) identified three types of explanatory theories for the causes of the inequalities in health: behavioural, or lifestyle' explanations; material conditions, such as housing, living and working conditions; and psychosocial factors, including status, stress, social integration and identity. Some epidemiologists centre the role of status anxiety, in their analysis of mediators of the correlation between socio-economic inequalities and ill-health (Wilkinson & Pickett, 2019). However, we recognise the complexity of this issue and consider the various manifestations of health inequalities as emergent products of complex social systems. These involve diverse individual and organisational agents, whose actions are shaped by, and in turn affect their social, economic and cultural contexts (Durie & Wyatt, 2013; Eckersley, 2015; South et al., 2020). This means recognising that income, wealth and health inequalities are both mechanisms and outcomes of intersectional inequalities, emerging through complex dynamic interactions.

Power relations and differentials are integral to systemic understandings of intersectional inequalities, as mechanisms affecting both material living conditions and psychosocial domains, while health-detrimental behaviours may be used as coping strategies in response to such experiences (Baum & Fisher, 2014). As such power relations are widely identified as 'fundamental causes' in international literature on the determinants of health inequalities (McCartney et al., 2021; Popay et al. 2020; Reynolds, 2021). In the contexts of community interventions for health promotion, Popay et al. (2020) distinguish two dimensions of power, drawing on Sen's capabilities concept (Sen, 1999) and Gaventa's (2006) analysis of power; *emancipatory power,* relating to capabilities for collective control, and *limiting power*, which restricts such collective control. Whitehead and colleagues (2016) consider causal pathways through which power relations operate within the living environment at micro, meso and macro levels, which interact to produce intersectional health inequalities. At the micro level, this draws on concepts such as Antonovsky's (1993) Sense of Coherence, autonomy, and actual and perceived control over one's destiny. Within 'asset-based' organisational settings, formal and informal power relations may not only determine whose voices are heard and who can access the support provided but also shape how volunteers feel about themselves and their situations (Armour et al., 2025). At the meso level, Whitehead and colleagues (2016) describe collective agency to bring about tangible changes in social and political environments and collective efficacy, a community's sense of its capacity to bring about change. These interact with macro-level contexts, cultural, social and political processes, with implications for disadvantaged communities' status and access to resources for health and wellbeing. Current public governance practices and the marketisation of welfare support have increased the power of funding bodies to determine not only which voluntary and community organisations and projects attract funding, but crucially, how success is defined and measured. The effect of these processes is to constrain the autonomy of voluntary and community organisations (Harris, 2017; Milbourne & Cushman, 2015).

In the UK, government and popular media have justified austerity policies and welfare reductions through discourses which denigrate people living in poverty as dysfunctional, antisocial, lazy and 'dependent' (Jones, 2012; Tyler, 2013). This social positioning and derogatory constructions of working-class and racialised groups effectively withholds recognition of their value as individuals, undermining their sense of self. Bourdieu and Accardo's (1999) conception of social suffering has been used to describe experiences of shame, humiliation and social isolation that are associated with poverty, leading to loss of agency and detrimental impacts on self-identity (Frost & Hoggett, 2008; Mills et al. 2014). Symbolic violence (Bourdieu & Wacquant, 1992), in which such discourses are internalised by their objects, as well as deference to those perceived as higher status, is often conveyed though non-verbal forms of communication, including body language, looks, and silences, as well as tone of voice (Bourdieu, 1992). Bourdieu (1992) describes how our social position becomes embedded in our identity through *habitus*, the unconscious sense of how to behave, our tastes and ways of presenting ourselves in the world. To interrogate these processes more deeply, we draw on a psycho-socially informed Bourdieusian understanding of power, including the concepts of *habitus* (Reay, 2015), *social suffering* (Frost & Hoggett, 2008), and relational understandings of *social and cultural capital* (Veenstra & Burnett, 2014). Reay (2015) brings a psycho-social understanding to account for emotional dimensions of habitus through, "a richer understanding of how the exterior – wider social structures – is experienced and mediated by the interior, the psyche." (Reay, 2015, p. 9).

A psycho-social understanding may elucidate how feelings of shame, humiliation, anger, despair and resentment may not be recognised as legitimate, even by the person experiencing them, leading to repression and consequent emergence in processes of projection, enactment or embodiment, as well as feelings of isolation and loneliness (Frost, 2015; Frost & Hoggett, 2008). People's capacity to resist these processes is dependent on personal, social, cultural and political resources which may be accessible to them individually or collectively (Lamont, 2009; Peacock et al., 2014b). This includes how people employ psychological defence mechanisms (Hollway & Jefferson, 2012) as well as collective destigmatisation strategies (Lamont, 2009), shaping their understandings of their place in society, collective identities and sense of belonging, as well as perceptions of control. These power dynamics emerge in relational, emotional and cognitive dimensions (Armour et al., 2025; Peacock et al., 2014b; Lamont, 2009).

In this context, narratives of collective victimhood may provide a symbolic resource not only to secure acknowledgement of suffering, but also to increase group cohesiveness, emerging as a defence mechanism in response to structural (as well as physical) acts of violence (Noor et al., 2017; Galtung, 1969). For people experiencing loss of control over their lives, such framing may offer a way of deflecting blame and claiming moral superiority over those seen as responsible (McNeill et al., 2017), enabling people to reclaim some sense of competence and respect (Noor et al., 2012). The concept of *ressentiment* Hoggett et al. (2013) has been used to describe an ill-defined shared sense of loss and unfairness seen in some disadvantaged (predominantly white) communities in the UK. This may emerge in narratives attaching blame to others within their vicinity, seen as receiving preferential treatment, especially groups who are commonly stigmatised in popular discourses, such as single mothers, disabled people and racialised 'others'.

1.1.1. Research aims

This paper is based on an ethnographic psycho-social study of volunteer experiences within two organisations, one faith-based and one secular, working to address poverty within disadvantaged communities

in a city in the North of England. This purpose of this paper is to consider the power implications of recurrent themes that we observed in the narratives of actors within these organisational settings. We draw on theory and empirical data to explore and consider how power relations emerge in the day-to-day practices and discourses of these voluntary organisations, and the implications for asset-based approaches. We consider their differing dynamic relationships with the communities they serve and identify how dominant discourses interact with the belief systems of the organisations, and the implications for asset-based approaches to health inequalities. We aim to identify and understand processes and effects with potentially more generalisable implications, through in-depth investigation, analysis, and interpretation of these cases (Billig, 2020; Simons, 2015).

We use the term *narrative* to describe the individual and shared stories which participants present to position themselves and make sense of their worlds, while *discourse* is used to refer to the wider cultural framings of social phenomena (Riessman, 2008). Individual narratives are understood as a means of constructing and defending our identities, drawing on and responding to discursive contexts including stereotypes, imagery and popular explanatory accounts, in which people are positioned according to their class, ethnicity, gender and other aspects of identity (Lieblich et al., 1998).

2. Methods

The fieldwork was undertaken over a period from 2017 to 2020, in two voluntary organisational settings, in inner-city neighbourhoods facing high levels of disadvantage within the same large city in northern England. Both organisations aim to address poverty and related issues, such as unemployment, food poverty, and health and wellbeing, and all volunteers interviewed had lived experience of poverty and/or related adversity. The Centre offers hot meals, low-cost second-hand clothes, social spaces, advice and advocacy, access to IT equipment and support with job-seeking, crafts activities, and English language lessons. It is based in a church hall and run by a Christian faith-based charity, with six paid staff and around ten volunteers, providing a holistic and flexible approach to supporting people 'in need'. The Pantry offers low-cost groceries, second-hand clothes, and a social space, with free refreshments and access to health and wellbeing advice. It is supported by a social enterprise commissioned by the Local Authority,[1] with one community development worker on site, supported by the Chief Executive Officer (CEO) of the organisation, and around ten volunteers. Both organisations rely on volunteers in the delivery of services and present volunteer opportunities as means to promote personal growth and improve 'employability'.

The methodology and methods are discussed in further detail in the companion paper, which focuses on individual experiences of volunteering in these settings (Armour et al., 2025). The study adopted an ethnographic approach (Skeggs, 2001; Campbell & Lassiter, 2014) involving 'immersion' of the lead author within the settings (4-5 hours weekly, over 3-4 months in each), engaging with people and participating in the routine practices of the places as a volunteer, as well as conducting face to face interviews with six volunteers at the Centre and five at the Pantry. These were later supplemented with online interviews with four managers of the organisations (two from each setting) and a reflective follow-up interview with one Pantry volunteer. The form and analysis of the volunteer interviews adopted a psycho-social perspective, in which the subject's deployment of particular discourses is understood as emerging from within the individual psyche and shaped by relationships, personal histories, present context, and wider discourses (Hollway & Jefferson, 2013). This analysis is considered in relation to the existing health inequalities literature on power dynamics, using an abductive approach to theory development (Timmermans & Tavory, 2012; Burawoy, 1998).

This data collection and analysis required thoughtful and responsive attention to ethical issues, recognising that not every scenario could be anticipated in advance. Our approach was guided by adopting the principles of a morally active researcher throughout (McLaughlin, 2022), requiring ongoing consideration of the power relations between researcher and participant and acting in the moment, with care and compassion for the experiences and welfare of the participants (Hugman, 2010). In each of the settings, the lead author met with the volunteers as a group, in advance of starting the participant observation, to introduce himself, explain the research purposes and approach and to seek their agreement to this, which was given. It was not possible to inform every member of the community using the facilities, but if engaging in direct conversation, the researcher introduced himself and explained his role. Notices were displayed, providing information and contact details (see supplementary material). Conversations with people using the services have only been referenced indirectly as shaping the researcher's overall impressions of the setting. Pseudonyms are used to protect the identity of all participants. Ethical approval was granted by Manchester Metropolitan University Ethics Committee in April 2017 (Ref: 1447).

We understand interview data as something coproduced by participant and researchers and shaped by context (Polkinghorne, 2005). The author's position in relation to the research subjects is also implicated in the interpretation and analysis of the data produced. The lead author is a white British man in his fifties, employed in a public health policy and commissioning role in a nearby Local Authority public health team and undertaking self-funded doctoral study in his own time. He had no prior relationship with the organisations involved in the study, and no faith affiliation. Our analysis also draws on the lead author's reflexive observations on his relationships with the volunteers, within the wider social, economic, and cultural context (Campbell & Lassiter, 2014). The co-authors, (academics in the doctoral supervisory team) actively challenged and supported reflexivity in the lead author, surfacing and questioning unrecognised assumptions.

Participant observation data was collected in the form of the first author's notes, written immediately after each session, capturing recollections of events, practices, and conversations as well as reflexive notes on his interactions and emotions. These fieldnotes provided the material for writing a descriptive narrative case study for each setting (Emerson et al., 2001), organised under common thematic headings (Box 1) including relationships within the setting, power relations, and organisational narratives.

All interviews were audio recorded and fully transcribed to enable analysis, which involved 'immersion' in the data and several stages. First, the free-flowing interview data was organised under a common structure to reflect distinct aspects of their narrative, such as relationships within and outside the setting, experiences of agency and meaning. This informed the writing of a 'case analysis' (9,000–18,000 words) for each volunteer, including substantial extracts of the transcript and drawing on psycho-social theory to interpret the meaning of these dialogues. These analyses were then summarised and analysed by the lead author with review and support of the co-authors, to identify latent themes (Braun & Clarke, 2006). He later undertook online interviews with two managers from each organisation to capture further data on the organisational perspectives and narratives and this data was analysed to identify latent themes.

Interview and participant observation analysis data were then synthesised by iteratively clustering themes and ultimately making sense of

[1] Local Authority is a commonly used generic term the primary form of local government organisations in the UK. These 'Councils' are responsible for strategically convening, commissioning and/or delivering public services including social care, public realm including streets and parks, refuse collection and recycling, town planning, social housing, educational support, and public health. As such they are elected representative bodies with considerable resources and power to shape the lives and environments of people living within the geographical area.

Box 1
Participant Observation Data Analysis Framework

- Introduction: description of the organisation and its local environment
- Routines: observations of the routines that structured the volunteers' day
- Structure and hierarchies: observations of the status relationships within the organisation
- Volunteer roles, relationships and identities: how people perform the volunteer role, relationships within the volunteer group and how this relates to their wider social identities
- Health and wellbeing: how volunteers talk about physical and mental health and wellbeing and my observations of the wellbeing of individuals and the group
- Relationships with clients and communities: observations on how the volunteers relate to the people using the services and wider communities
- World views, purpose and values: how the organisation describes and conveys its collective purpose, and broader interpretations of the world
- Reflections: consideration of my own part in shaping my experiences of the organisation and volunteers, drawing on contemporaneous notes, including my feelings and relationships with the volunteers

the data by organising themes under over-arching headings of social connection, identity validation, collective identities, and organisational power relations. This paper presents our analysis relating to the latter two headings.

In the following section we set out our analysis, drawing on the data we and the participants have generated through our interactions, and our interpretation of this, before going on to discuss the implications in relation to existing theory. The presentation and initial interpretation of the data is written in the first person to reflect the subjective nature of these observations (Campbell & Lassiter, 2014), whereas elsewhere 'we' is used to refer to the shared analysis of the research team.

3. Findings and analysis

3.1. Organisational contexts

We begin by briefly setting the scene by describing inequality in power relations observed, reflecting the organisational structures of the two settings. Following this we proceed to discuss in greater detail the prevailing discourses of the two organisations and consider their significance in relation to the positioning and power relations in which volunteers and communities are enmeshed. Our primary focus in this paper is on socio-economic inequalities, but we recognise that the lived experiences of volunteers were interwoven in with other dimensions of intersectional inequality. Most volunteers were women, with family caring roles, and the Black volunteers also described, or alluded to, experiences of racism.

3.1.1. The Centre

The Centre had been established over a decade before the study, by Nicola, the CEO of the charity. The leadership of Centre demonstrated high levels of social and cultural capital, including church connections, trustees, and links with commissioners and public services, and these were used to secure resources and deliver a philanthropic form of support to clients. The hierarchical structure of the organisation was apparent in the day-to-day practices in the Centre, Nicola clearly leading with her energy, enthusiasm, and expressions of faith-based purpose, which inspired those around her.

The were two kinds of volunteers: those who came through church connections and those who were former clients of the service. Those with church connections tended to come from outside the local community and displayed higher levels of social and cultural capital in their speech, dress, and demeanour (Bourdieu, 1986, 1994) ('church volunteers'). For the former clients ('community volunteers'), volunteering was constructed as a personal development journey. Our focus was on the community volunteers, who tended to undertake the less skilled roles, such as food preparation, under supervision of a church volunteer, or 'shop assistant' roles, while paid staff and church volunteers provided advice, advocacy, skills development and craft activities. Nevertheless, in relation to the people accessing support from the Centre the role of community volunteers carried a degree of status, providing recognition and signifying trustworthiness. As such, the volunteers' roles represented a source of individual social capital (Bourdieu, 1986).

3.1.2. The Pantry

The Pantry had been established as a project around a year before I volunteered there. The power dynamics between the social enterprise and the volunteers were less entrenched than in the Centre and volunteers appeared more willing to challenge or criticise the organisation. However, while the volunteers were confident in undertaking the routine tasks involved in delivering the project, they tended to look to Lauren (community development worker) or Jonathan (the CEO of the social enterprise) for decision making, problem-solving and affirmation or endorsement. We use the term 'managers' to collectively refer to the two paid positions.

The managers held advantaged positions in terms of social and cultural capital, by virtue of their higher education and experiences of working with or within public sector organisations, and this shaped the day-to-day practices of the Pantry. Nonetheless, the social enterprise also depended on the participation of volunteers and engagement of the local community as customers, if it was to achieve its goals and continue to secure funding, and this implied a degree of collective power that was held by the group of volunteers.

3.2. Powerful narratives

In this section we present our analysis of the prevailing narratives in the two settings, beginning in each case with the volunteers' stories, followed by the organisational narratives. and how they revealed and sustained the existing power relations. In both settings, the stories and behaviours of volunteers, paid workers and people accessing the services reveal cultural norms and unwritten rules, or *doxa* (Bourdieu and Wacquant, 1992), of the setting. In both settings, these discursive understandings were produced in dynamic processes of dialogue between the positions of the staff/managers and those of the volunteers. In different ways, these may shape individual experiences of inequalities, with implications for collective agency in response to the issues faced by these two communities.

3.2.1. Volunteer narratives: powerlessness and fatalism

Six of the community volunteers were interviewed, with an age range from late thirties to early seventies. Two identified as Black African, one Black Caribbean and three as White British. One was retired, one (a former volunteer) was now employed at the Centre, two were seeking work, and the other two were unable to work due to full-time caring responsibilities or status as an asylum-seeker.

All the volunteers interviewed described how they had come to the Centre at a low point in their lives and while they found a sense of acceptance and belonging, they also shared a sense of powerlessness and fatalism. These were clearly grounded in their lived experiences of trauma and loss, the impacts of which have been exacerbated by government policies on migration, criminal justice, and welfare (Armour et al., 2025).

One of the volunteers, Carol, was an asylum seeker, whose life was 'on hold', having been waiting several years for a Home Office decision, and meanwhile was unable to undertake the paid work and study that she aspired to. She spoke of the effects on her mental health, including thoughts of taking her own life, and described how she put her faith in God and prayer, as well as the support she found in the Centre, to sustain her hope in the face of adversity.

> *… we pray this morning, all the people they have erm mental health y'know, they have a lot of challenges in their hearts, like me, I have lots of challenges, lots of battles but I found my faith… (Carol – Centre volunteer)*

Janet, former volunteer now employed delivering IT skills support, told her story about losing her previous job as a result of whistleblowing. She had found comfort in the prevailing faith-based discourses of the organisation, which enabled her to surrender her autonomy and responsibility to God, leaving him [sic] to decide what was best for her, suggesting a sense of powerlessness. When asked about her future plans:

> *… it's kind of like […] just working out, […] what God is doing, […] that y'know it's being a child of God, y'know he doesn't tell you everything, you just have to work it out, [laughs] with him. (Janet - Centre worker and former volunteer)*

While Michelle demonstrated some sense of agency as a volunteer, she disowned control over the trajectory of her life, and a sense of fatalism permeated her narrative. She constructed the deprivation and suffering that she had lived through as providing her with the experience, resilience, and empathy to care for others. She appeared to take consolation in the idea that a higher power was directing her life and that *'everything in life is always for a reason'* and later reflecting, *'I don't think I'd be the person that I am today if, if I had an easy life'*. I felt this indicated a sense of ambivalence, on one hand gaining a sense of agency in fulfilling her purpose in life (as a carer), while making a virtue of her suffering and fatalistically accepting her lot.

The narratives and behaviours of the Centre created a space which was welcoming and compared to a family by some volunteers and managers, cultivating, for the volunteers, a feeling of belonging and acceptance within the collective, united in shared values and purpose. However, this required their acquiescence in constructions of themselves as flawed and in need of rescuing. By positioning themselves as powerless, the volunteers also effectively deflected the blame and shame that is attached to poverty and dependence in dominant discourses.

3.2.2. Organisational narratives: redemption stories

The Centre, as an organisation, was driven by a faith-based sense of purpose, and this was often reiterated when staff and volunteers gathered before opening and after closing. This was framed in terms of gratitude for the opportunity to serve 'downtrodden' people, practicing their Christian values of non-judgemental love in the service of God. On my first visit, a manager at the Centre, told how people often arrived in crisis, describing them as lacking any sense of aspiration or direction. He explained that community volunteers and clients were nurtured to acquire a more positive sense of self, developing interpersonal and organisational skills to respond to the expectations of a work environment – a kind of 'socialisation process'. Ultimate success was seen as attaining paid employment.

In my interview with two managers, Mark, and Dawn, Mark's narrative was similarly one of individual redemption rather than social change. He described the cultivation of autonomous motivation and self-esteem as key purposes of the Centre, claiming that the love and respect offered empowers volunteers by enabling transformative personal growth:

> *… you will see someone who will enter into that place from their very first time huddled up, no eye contact, verbally abusive. And then within months there's a straightening of the back, a lifting of the shoulders, a raising of a smile and words that are pleasant, and, and I think that is a beautiful thing that the Centre models and part of that volunteering helps that* (Mark: Centre Manager)

At times, the Centre faced challenging behaviour from some of those attending, such as smoking cannabis in the toilets and theft of clothing items from the 'charity shop'. When I referred to these incidents, Dawn responded defensively, claiming such events were rare and describing a 'maternalistic' response to such misbehaviour, a kind of compassionate challenge:

> *And whilst rest of you know society might [pause] turn their backs on these people, I think one of the things that we are called to do is to you know, and, and this might sound a bit I don't know, patronising, but we are called to you know mother them, […] some of these people have not had very good parenting, and I'm not saying that we're good at it but we're there to [pause] you know love them in a way that […] they haven't experienced anything like it, …just sitting down with them and listening to them or saying to them or challenging them on their behaviour…* (Dawn: Centre Manager)

In this narrative, Dawn combined her effective 'othering' with her claim to be 'mothering' them by challenging them in a compassionate and loving way. As such, the role of the Centre was framed in terms of discipline as a form of care, seeking to challenge and change transgressive behaviours, implicitly defined through their faith-based value system. The descriptions of transformative personal change among the clients and community volunteers resemble Christian narratives of repentance and redemption as people who are 'lost' are enabled to 'see the light' and change their ways when they find faith in God. This missionary purpose provides justification for the power of the organisation, while positioning the clients as dysfunctional and needing their intervention.

Despite its narrative of non-judgementalism and valuing everyone equally, the Centre operated as a hierarchical organisation. It implicitly accepted neoliberal discourses which privilege economic productivity as the key measure of a person's value and status as a citizen (Friedli & Stearn, 2015; Peacock et al., 2014a). Thus, hegemonic power relations manifest in this setting, embedded in and underpinning institutional power dynamics, layered on top of the underlying structural power inequalities.

3.3. The Pantry

3.3.1. Volunteer narratives: community solidarity and collective victimhood

Five of the volunteers were interviewed, age ranging from mid-thirties to early seventies, and one described herself as Black British while the other four described themselves as White British. One was retired, one working part-time, and one felt unable to work due to family caring responsibilities, while two spoke about aspirations to return to paid employment in the future.

At the Pantry, narratives of community emerged strongly, founded on shared histories in the place, but also a sense of grievance, in which they constructed their community as collective victims of the actions of those with power over them. I observed a strong sense of community and camaraderie among the volunteers and the regular customers, involving friendly banter and gossip which helped to define the boundaries of this group, including behavioural expectations. Three of the volunteers, Lisa, Brian and Linda, described the opportunity to volunteer at the Pantry in terms of community solidarity in the face of adversity. They spoke about the losses that the community had experienced over recent decades,

such as community venues and schools, while fashionable new apartment buildings encroached on and excluded their community. In these narratives, volunteers constructed the community as a collective 'we' in which they were proud to belong, set against constructions of the Council (Local Authority) as 'they' or 'them'.

Closely aligned with narratives of lost community, most of the volunteers expressed anti-authority sentiments, sharing stories of injustices they had experienced as individuals or collectively. Brian spoke of conflicts with medical professionals in relation to his own experiences of bereavement, and shared a sense of hopelessness, a pessimistic narrative reflecting on the loss of community and working-class institutions, including trades unions, pubs and clubs, and social housing. He attributed this to the increasing concentration of wealth and power and the community's powerlessness in the face of perceived corruption in the ongoing regeneration of the local area.

Lisa's attitudes to authority and what she perhaps perceived as middle-class values emerged in her conversations about education, including her brother's return to work on building sites after gaining a degree in nursing, and in her conflicts with the school, in relation to her daughter's learning difficulties. She also related how the community had successfully campaigned against the Council to save their local shop, but the prevailing sense of these narratives conveyed feelings of powerlessness, including her belief that the community's opinions did not count for much when changes were imposed.

Linda spoke about the loss of community facilities, constructing the community as a collective victim of the decisions and actions of more powerful people, in particular the local Council:

> *… we was promised to sommet [something], … that was supposed to […] be somewhere for the kids […] and then to satisfy us they built this thing on the canal and […] that has now been took off the community really because it's been made into a library now. […] 'cause they took so much out of this area, all the new builds what they're putting in, […], all the pubs have gone, we've got one left, all the building what would've had a community room in have been, have gone.* (Linda, Pantry volunteer)

While the library may be regarded as an asset for the community, she felt that this change of use took control away from the community and showed disregard for their expressed need for community spaces, including youth facilities. This perception of loss of her community's traditional realm, including the landmarks by which her home neighbourhood was recognisable, led to a personal sense of insecurity and loss, and fears that people like herself could eventually become 'invisible' and then be removed. Linda told of how the community had tried to fight to save local schools from closure in the past, but there was a sense of fatalism as she presented such battles as ultimately unwinnable:

> *At the [school name] […] at the time it was in the news and all that and we was fighting for it but, the writing was on the wall you know, it's like all this redevelopment what you're seeing now that would have been rubber stamped ten years ago with the plans and all that, it doesn't happen overnight, so by the time when we get to know about it's already a done deal …* (Linda, Pantry volunteer)

During my participant observation, I had a lengthy conversation with Linda, who showed considerable insight in her analysis of the ways in which a network of voluntary sector organisations are primary beneficiaries of funding allocated to address the impacts of poverty. She argued that communities like hers had the skills and potential to support each other without outside intervention. Her analysis resonated with McGarvey's (2018) critique of how professionals can find themselves in a kind of parasitic relationship with people and communities experiencing poverty, earning a comfortable living, and enhancing their cultural capital and social status through claims to be helping 'the needy'.

These narratives converged in a story of declining community solidarity and power, in contrast to perhaps nostalgic stories of how things used to be. This story was grounded in experiences of the social and economic lived reality for people living in this community. Unemployment hit hard in the 1980s with the deindustrialisation of the area, with long term impacts in losses of workplaces, trades unions, and social spaces such as pubs and clubs. This led to experiences of fragmentation and loss of power and influence over their lives at both individual and community level, which may have been exacerbated by insensitive third sector interventions. As found in Hoggett and colleagues work (2013) in searching for explanations for the losses their community has experienced, there was a tendency to look to the more proximal and visible instances of power over their lives, such as the Local Authority and voluntary organisations, but some volunteers shared insights into the wider societal forces involved.

3.3.2. Organisational narratives: stories of community dysfunction and deficits

In our conversations and interviews, the managers at the Pantry justified their interventions by constructing the local community as fractured and deficient. They both drew on assets-based discourses, expressing a shared wish to empower the communities. Lauren (Pantry community development worker) described the organisation's role in terms of capacity building, centred on development of cultural capital and social networks, with a focus on the existing and potential resources within the community, representing 'power to' in Popay, Whitehead, and Hunter's (2010) typology. However, our analysis of observational and interview data from the Pantry reveals how these 'community empowerment' approaches remained grounded in deficit-based constructions which effectively disempowered the community, involving processes of both hegemonic and institutional power (Tchida & Stout, 2024; Popay et al., 2020).

Jonathan (Pantry manager) described the development of a group identity amongst the volunteers as a challenging aspect of the establishment of the project, due to historic rivalries within the community. He attributed these problems to a lack of communication skills on the part of some volunteers, effectively assigning blame to their 'flaws' while framing the role of his organisation as mediating between 'factions' in the community.

Jonathan and Lauren both described the purpose of the Pantry model as promotion of health and wellbeing with people who would not normally get involved in such activity, food distribution being a 'hook' to draw them in to access support:

> *… we don't deliver food projects - that's a way to engage. So, it's a way to engage those who are least likely to get involved in your sort of standard community or statutory provision.* (Jonathan, Pantry manager)

The managers' narratives reveal their intention of imposing their own agendas of health behaviour change, justifying this by positioning the community in deficit terms, and obscuring the underlying purpose of the organisation.

My observations suggest that people in this community were reluctant to engage with activities explicitly promoting behaviour change approaches to health and wellbeing. While health concerns were discussed among the volunteers and clients, these conversations were framed in terms of illness and treatment rather than prevention. For example, I observed that smoking outside the entrance to the Pantry represented an important social facilitator, as an activity that connected most of the volunteers and customers, as they shared cigarettes and 'lights' along with stories and opinions. Smoking played a key role in sustaining connections and consequently people may well resist any attempt to tell them they should stop, despite sharing experiences of the devastating impacts of cancer on themselves and their families (Poland et al., 2006).

Jonathan described the challenges that he had experienced in working with the volunteers in terms of a power-struggle, referring to one of the volunteers who took a leading role in the day-to-day organisation of activities:

… so, as Kath say took on more of the role, that then started to create more issues to manage around power. So, who was in charge and how do you supervise? How does Kath supervise or not supervise? Er equal ops was one […] that the residents are starting to take on more control but perhaps weren't up to speed as, as we would be, […] so a little bit of then pulling people back […] and that can be difficult because as they gained confidence. And empowered, and empowered enough to say, 'no this is our project' [laughing]. (Jonathan, Centre Manager)

This illuminates how the retention of power over the volunteers was justified in a discourse that positioned the volunteers as lacking the skills and understanding, which 'we' implicitly possessed. The laughter revealed a recognition that such challenge was transgressive of the expected power relationship. The working-class community was implicitly constructed as reactionary, justifying intervention and control by outside parties in possession of the cultural capital that would ensure compliance with socially acceptable behaviour, defined here in terms of 'equal opportunities'. This reveals some ambivalence in the manager's feelings about their claimed desire to empower the community. This framing may have been felt by community members as denigrating, devaluing their lived experiences of disadvantage in favour of abstract notions of 'equality of opportunity' imposed by those in privileged positions, in which social class remains unrecognised (Evans, 2022).

The Pantry managers also described employability as key to the value for volunteers. Employability was the means to achieve success and status as a 'contributing' member of society. Lauren spoke of 'personal development plans' for volunteers, and Jonathan's described some volunteers as having potential to be employable by his social enterprise:

I've felt that they'd started to really develop as a person and were very much people who we felt like with the right sort of more one-to-one support, we could bring them in, into a more sort of structured volunteer role, and could be a potential, …member of staff […] but also, […] could be and should be in work in some sort of work […]. Capable people with really good skills to give. (Jonathan: Pantry manager)

These constructions of the volunteers served to validate the organisation's role as benefactor and position paid employment as the ultimate measure of success, thus representing a focus on individual change rather than collective empowerment.

Both Jonathan and Lauren recognised the structural drivers of inequalities, expressing genuine concern about the injustices experienced by the local community. However, they struggled to articulate any clear understanding of how their work with the community might bring about any change in the system, instead expressing a sense of their own powerlessness, which may have served to reinforce the feelings of resentment and collective victimhood within the community.

4. Discussion

Both organisations may be considered as community assets (Cassetti et al., 2020) and the Pantry adopts the language of asset-based approaches to health inequalities. They each construct volunteering as a way for individuals to improve their own lives and those of their communities for the better. We have no doubt that volunteers benefited in relation to their psychological wellbeing, and the provision of social spaces and practical support, in the form of food and welfare advice, was certainly valued by the people accessing them (see Armour et al., 2025. However, our analysis of these settings reveals how the potential of asset-based approaches may be undermined by the narratives used by the organisational actors to validate their positions in relation to the communities they wish to support. The unintended consequence of such power dynamics is to undermine collective agency and efficacy (Whitehead et al., 2016).

Our analysis of the two organisations reveals institutional power structures and dynamics and a shared focus on changing the behaviours and attitudes of volunteers and those accessing support. The Centre represented a highly structured and paternalistic model, while the Pantry presented a less unequal distribution of power between project managers and volunteers.

The Centre's community volunteers were in a privileged position in relation to people accessing the services, but despite claims of equity, tended to hold the lowest status within the organisation, performing roles with limited autonomy. The prevalent framings among the Centre volunteers appeared to be shaped by the organisation's faith-based discourse, and their acceptance as volunteers tacitly conditional on adherence to the mores of the organisation which emerged in the managers' narratives. The organisational practices and narratives provided some psychological protection against the feelings of shame and blame, by offering love and acceptance while transferring responsibility for one's situation to God or fate, but offered little possibility of challenging the structural injustices that had led to their suffering.

The Pantry managers had a different relationship with the volunteers and wider community, in which their positions of power were to some extent dependent on their acceptance within the community. The prevailing narrative, centred on notions of community, emerged more strongly from the volunteers than from the organisation. The volunteers were less deferential than those at the Centre and more willing to criticise and challenge the organisation, as well as other, more powerful, institutions. The managers constructed the volunteers as flawed and in need of their interventions, revealing a felt need to control the volunteers, while presenting themselves as powerless in relation to wider systems and larger organisations, aligning with and reinforcing the community's sense of victimhood.

Discourses of 'employability' were prominent in both settings, but this was not the primary motivation for volunteers, many of whom conveyed no intentions of securing paid work. This responds to the profile given to the notion by national governments, which tends to be reflected in the requirements of many funders (Milbourne & Cushman, 2015). The organisations delivered skills training, as well as broader 'socialisation' to cultivate positive attitudes, confidence, and self-management to prepare them for work. Employment certainly can be valuable in improving wellbeing (Gedikli et al., 2023), and by conforming to and endorsing such discourses, volunteers may have experienced social and psychological benefits of respect and acceptance.

However, these employability discourses represent examples of institutional power (Popay et al., 2020), as the priorities and concerns of communities are seen as secondary to the imperatives of funding organisations. The framing of 'employability' also places the burden of responsibility for one's circumstances on the individual, obscuring the effects of structural determinants and serving to maintain existing power structures (Peacock et al., 2014a). It mandates conformity to socially approved ways of being, thinking and acting in the world, instilling neoliberal norms of behaviour and subjectivity, while locating responsibility for poverty in the failings of the individual rather than structural factors (Möller, 2020; Lemke, 2007). As such, it exemplifies a structural process through which the language and values of neoliberalism infiltrate the narratives and behaviour of the two organisations, both of which would claim a different set of values.

I felt that the motivations of the Pantry managers were rooted in social justice values, very much aligning with my own, and drawing out this theme involved challenging reflection on my own underlying motivations, perceptions, and framings as a health promotion practitioner. Their narratives constructed the volunteers and wider community served in terms of their deficits, including unhealthy behaviours and lack of skills. 'Good health' carries symbolic power and status, and this framing unwittingly integrates an underlying paradigm of healthism (Crawford, 1980) in which maintaining oneself in good health is not only an individual responsibility but a moral imperative. This implies that failure to comply with the culturally endorsed behaviours or lifestyles for maintaining optimal health, represents morally deficiency, leading to negative judgements. The implicit judgements are no doubt felt by the objects of these discourses, and even when not openly

expressed, may be felt as shame or humiliation Aamann (2020), representing a form of symbolic violence in which such judgements are internalised as indications of individual failure. These feelings may be resisted, deflected, or denied, or alternatively the behaviours may be celebrated, as destigmatisation strategies which celebrate 'deviant' behaviours. The resistance of the volunteers to the Pantry's agenda of behaviour change may be rooted in such feelings, while smoking, for example, may represent a symbol of defiance against those who are perceived as claiming moral superiority. Meanwhile the narrative of collective victimhood enables deflection of blame. The Centre's framing of 'redemption stories' also reflects implicit, or sometimes explicit, moral judgements about how individuals should behave, and notably the volunteers tended to acquiesce in understanding themselves as flawed.

In effect, these behaviour-change framings align with the discourses which pathologise experiences of distress due to poverty, and working-class practices, including coping strategies (Friedli, 2013; Thomas et al. 2018). These understandings were to some extent accepted and internalised by volunteers, while blame was sometimes deflected through 'othering' (Pemberton et al., 2016) together with narratives of fatalism in the Centre, and collective victimhood in the Pantry setting.

In the Pantry, volunteering provided an opportunity for volunteers to demonstrate their commitment to, and belonging within, their local community as well as defending against denigrating stereotypes often attached to people experiencing poverty (Armour et al., 2025). The volunteers and many community members were united in a sense of loss and collective victimhood, in which the losses of local industrial employment, homes, community spaces, amenities and solidarity, were attributed to the malice or corruption among those with power over the community, including the Local Authority. The narratives of the managers of the Pantry, perhaps intended to show empathy and solidarity with community, instead reinforced a sense of powerlessness. At the same time, the exogenous drivers, and frames of reference they brought, sometimes covertly, to their collaboration with the community, such as behaviour-change based health promotion, employability, and equal opportunities policies, created discordance. This discordance between the voluntary organisation and community, undermined the sense of solidarity. These practices combined to undermine the potential for the interventions to genuinely nurture collective community power.

Institutional power operated not only in the formal hierarchies and governance processes of the organisations (described in the section on organisational contexts) but also through the *doxa* within the relational fields of their activities, the unspoken and unwritten 'rules of the game' that are taken as common-sense and natural, (Veenstra & Burnett, 2014; Bourdieu & Wacquant, 1992). While the managers and practitioners in these settings were conscious of their overt power to determine who should be a volunteer or access support, the power-infused relations within which they thought and acted tend to operate outside conscious awareness. Hegemonic power manifested in the adoption of narratives which endorse neoliberal discourses of individual responsibility as well as long-established constructions of the poor as dysfunctional and dangerous (Peacock et al., 2014b; Skeggs, 1997). The symbolic violence of these narratives of individual failings and dysfunctional communities, which in turn are rooted in the wider societal discourses and relations, are reproduced within these settings, unrecognised by the ethically motivated practitioners. These deficit-oriented paradigms represent manifestations of cultural power-over, in which the expert status of professionals imposes an agenda of behaviour change, which: "at best builds the self-efficacy of people who learn to perform well in individualistic, hierarchical and capitalist hegemonic structures" (Tchida & Stout, 2024, p. 394).

4.1. Implications for practice

Our findings demonstrate how interventions of outsider professionals, even when intended to support communities, can effectively be disempowering, as argued by Tchida and Stout (2024) who advocate that such approaches should be abandoned. However, the implication of such a conclusion in this context could be an expectation that those individuals and communities with the least resources should be held responsible for driving such change, while isolating them from sources of support and playing into discourses justifying the withdrawal of state support (Friedli, 2013). Furthermore, this framing may be seen as aligning with the prevailing discourse that the adversities experienced by working class communities should be attributed to the 'liberal elite', represented here in terms of socially concerned middle-class professionals. Such a position effectively diverts attention from where the real systemic power lies.

In both settings volunteers expressed the value of working together for a shared purpose. However, the effects of dominant discourses and symbolic violence may undermine trust and confidence within disadvantaged communities and hence their potential to realise their own value and collective capacity (Pemberton et al., 2016). At the Pantry, this manifested in the narratives of collective victimhood. However, some volunteers articulated a clear understanding of the operation of neoliberal political policies, grounded in their lived experiences, including the undermining of trades unions and implementation of austerity policies, and offered an insightful critique of the activities of voluntary organisations in their community. Mutual aid, advocated by Tchida and Stout (2024), can be transformative and as Linda, one of the Pantry volunteers argued, there is a case for ensuring resources are delivered to and controlled by groups within the community, rather than by outside professionals.

Our study evidences the need for those in positions of relative privilege to reflexively consider power dynamics and prioritise community concerns and perspectives in their work if they are to genuinely 'empower' disadvantaged communities. Nevertheless, there remains potential to build respectful and caring relationships and alliances across cultural/social divides. A dialogue with 'outsiders' who bring alternative framings and genuine recognition (Frost, 2015) could be valuable in creating the conditions in which community members can make new connections, further developing their own insights and alternative narratives.

Sustained engagement across these divides may enable a two-way process of learning and change, building solidarity and mutual understanding, enabling disadvantaged people to influence the perceptions and emotions of those in relatively privileged positions (Cloke et al., 2017). Some Pantry volunteers demonstrated critical insight into the structural causes of their circumstances and were able and willing to challenge those with power over them. Opening access to the resources and capitals which professionals have available, including alternative framings of people's circumstances, may help not only individuals but also disadvantaged communities to build on their strengths and act collectively to challenge systemic injustices (Neiman, 2023; Lakoff, 2010). A co-productive approach, which equally values the experiential knowledge of lived experiences and insights of the disempowered combined with the knowledge and power held by people who have benefitted from their education and positions could build stronger movements that cut across the divides of class, ethnicity and identities.

5. Conclusions

Power relations have been widely identified as significant in maintaining inequalities in health and wellbeing (McCartney et al., 2021). The study presents rich qualitative data, interpreted through a rigorous methodology drawing on established theory, to contribute to the understanding of power relations within voluntary settings addressing poverty and associated health inequalities.

We have identified two different prevailing narratives or collective imaginaries (Bouchard, 2009) in these settings, *redemption stories*, and *collective victimhood*. These provided frameworks through which volunteers constructed their roles, identities, and relationships with the

wider world, including who should be accepted within the community. While these may effectively defend individuals against discourses of blame, in which poverty and ill-health are constructed as sources of shame, they also position individuals and communities powerless in the face of structural inequalities, which are implicitly constructed as inevitable and unchallengeable. The focus of voluntary organisations on individual behavioural change failed to deliver any challenge the fundamental causes of inequalities in health and wellbeing (Popay et al., 2020).

Our key conclusion is that the largely unrecognised and unchallenged power dynamics within these settings undermine the potential for community-led action to challenge social injustice and collective sense of control over destiny within such communities (Whitehead et al., 2016). 'Asset-based' ways of working will fail in their espoused ambition of 'empowering people and communities' if they fail to recognise, and to reflect and act on, the deeply embedded unequal power structures and relations in which they are enmeshed. While individuals clearly have some responsibility and agency, it would be wrong to attribute such failure to the moral or practical shortcomings of those who seek to act to challenge or alleviate social injustice. These patterns of behaviour may be rooted in the system dynamics which drive and sustain not only the economic inequalities but also cultural understandings and discourses that tend to reproduce the existing power relations (Bourdieu & Accardo, 1999; Bourdieu, 1986).

The findings have important implications for how voluntary organisations and their funders may impact on health and wellbeing within disadvantaged communities. We would not wish to undermine the genuine practical value in the support provided by these organisations, including developing skills and helping people to find employment. The positive experiences of volunteers (Armour et al., 2025) can, and do, change individual's lives for the better. While we have identified the potential detrimental effects of healthism, this does not negate the need for action to address health inequalities. However, health promotion practice should resist and challenge the commodification of healthy bodies, minds, and lifestyles along with their associated symbolic power as status signifiers which, we contend, exacerbate health inequalities.

Recognising the differences in interests and power between social groups does not preclude the value of collective action for social justice; a wealth of evidence in the field of volunteering demonstrates that humans tend to thrive when connecting with and supporting others (e.g. Stuart et al., 2020), and this aspect of human experience is something to nurture and value. This human need to help others challenges the atomisation and mistrust that sustain the current systemic inequalities (Frost & Hoggett, 2008). We would therefore argue for the value of solidarity across class divides. If we are to counter the growing support for right-wing populist responses, we urgently need to critically and reflexively interrogate how existing power relations manifest and emerge in the feelings and experiences of disadvantaged communities, creating the conditions in which such discourses thrive (Hoggett et al., 2013). This study provides some clues as to how those concerned with health promotion can respond to this challenge.

While the ethnographic approach adopted in this study captures valuable insight, we recognise its limitations. The dynamics observed are unique to the organisational, temporal, and social settings in which the fieldwork took place. They are shaped by the presence, and interpreted through the subjectivities, of the researcher. We cannot assume the same effects will be observed in other places, but the in-depth study of the particular can reveal dynamic processes which may plausibly occur in other organisational settings within similar social contexts (Billig, 2020; Simons, 2015). Drawing on existing theory, we have identified how conditions within a setting, including common structures, contexts and human needs for a positive status, connection and belonging can reinforce existing power dynamics. This paper has focused on the broad power dynamics within the organisations in relation to social class, but we recognise that other intersectional dimensions of inequality are also involved in shaping volunteers' experiences and their responses to such.

Further research in similar settings is recommended, including exploration of the experiences and attitudes of the less disadvantaged volunteers in settings like the Centre. A variety of methods could be used to further explore and test the interpretations offered in this study, whilst encompassing greater diversity of settings and communities. More systematic comparative methods could be utilised to ascertain how organisational narratives, power structures and cultures may affect outcomes such as social capital and individual and community wellbeing.

CRediT authorship contribution statement

Simon J. Armour: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Gemma Yarwood:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Hugh McLaughlin:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Julia Robinson:** Writing – review & editing, Supervision, Methodology, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ssmqr.2026.100720.

References

Aamann, I. C. (2020). Neoliberalism, healthism and moral judgements: A psychosocial approach to class. *Journal of Psychosocial Studies, 13*(3), 319–332. https://doi.org/10.1332/147867320X15985349320779

Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science & Medicine, 36*(6), 725–733. https://doi.org/10.1016/0277-9536(93)90033-Z

Armour, S., & Barton, G. (2019). Exploring volunteering in a food bank and psychological wellbeing. *Voluntary Sector Review, 10*(1), 39–57. https://doi.org/10.1332/204080519x15531755909597

Armour, S. J., Yarwood, G., McLaughlin, H., & Robinson, J. (2025). Volunteering, identities and wellbeing in contexts of health inequalities. *Health & Social Care in the Community, 2025*(1), Article 1690870.

Baum, F., & Fisher, M. (2014). Why behavioural health promotion endures despite its failure to reduce health inequities. *Sociology of Health & Illness, 36*(2), 213–225. https://doi.org/10.1111/1467-9566.12112

Billig, M. (2020). Marie Jahoda - The ultimate example. *The Psychologist, 33*, 42–48. https://thepsychologist.bps.org.uk/volume-33/november-2020/marie-jahoda-ultimate-example.

Bouchard, G. (2009). In P. A. Hall, & M. Lamont (Eds.), *Collective imaginaries and population health* (pp. 169–200). Cambridge University Press.

Bourdieu, P. (1986). In J. G. Richardson (Ed.), *The forms of capital* (258, p. 241). Greenwood Press.

Bourdieu, P. (1992). *Language and symbolic power*. Polity Press.

Bourdieu, P. (1994). *Distinction: A social critique of the judgement of taste, 9. print*. Harvard University Press.

Bourdieu, P., & Accardo, A. (1999). *The weight of the world: Social suffering in contemporary society*. Polity Press.

Bourdieu, P., & Wacquant, L. J. D. (1992). *An invitation to reflexive sociology*. University of Chicago press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2). https://doi.org/10.1191/1478088706qp063oa

Burawoy, M. (1998). The extended case method. *Sociological Theory, 16*(1), 4–33. https://doi.org/10.1111/0735-2751.00040

Campbell, E., & Lassiter, L. E. (2014). *Doing ethnography today: Theories, methods, exercises*. Wiley-Blackwell.

Cassetti, V., Powell, K., Barnes, A., & Sanders, T. (2020). A systematic scoping review of asset-based approaches to promote health in communities: Development of a framework. *Global Health Promotion, 27*(3), 15–23. https://doi.org/10.1177/1757975919848925

Cloke, P., May, J., & Williams, A. (2017). The geographies of food banks in the meantime. *Progress in Human Geography, 41*(6), 703–726. https://doi.org/10.1177/0309132516655881

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services: Planning, Administration, Evaluation, 10*(3), 365–388.
Durie, R., & Wyatt, K. (2013). Connecting communities and complexity: A case study in creating the conditions for transformational change. *Critical Public Health, 23*(2), 174–187. https://doi.org/10.1080/09581596.2013.781266
Eckersley, R. (2015). Beyond inequality: Acknowledging the complexity of social determinants of health. *Social Science & Medicine, 147*, 121–125. https://doi.org/10.1016/j.socscimed.2015.10.052
Emerson, R., Fretz, R., & Shaw, L. (2001). In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Participant observation and fieldnotes*. Sage. https://doi.org/10.4135/9781848608337.
Evans, S. (2022). *Psychology of social class-based inequalities: Policy implications for a revised (2010) UK equality act*. Paper presented at the SBN 978-1-85433-814-3.
Friedli, L. (2013). "What we've tried, hasn't worked": The politics of assets based public health. *Critical Public Health, 23*(2), 131–145. https://doi.org/10.1080/09581596.2012.748882
Friedli, L., & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities, 41*(1), 40–47. https://doi.org/10.1136/medhum-2014-010622
Frost, E. (2015). Why social work and sociology need psychosocial theory. *Nordic Social Work Research, 5*, 85–97. https://doi.org/10.1080/2156857X.2015.1060626
Frost, L., & Hoggett, P. (2008). Human agency and social suffering. *Critical Social Policy, 28*(4), 438–460. https://doi.org/10.1177/0261018316683472
Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research, 6*(3), 167–191. http://www.jstor.org/stable/422690.
Gaventa, J. (2006). Finding the spaces for change: A power analysis. *IDS Bulletin, 37*(6), 23–33.
Gedikli, C., Miraglia, M., Connolly, S., Bryan, M., & Watson, D. (2023). The relationship between unemployment and wellbeing: An updated meta-analysis of longitudinal evidence. *European Journal of Work & Organizational Psychology, 32*(1), 128–144. https://doi.org/10.1080/1359432X.2022.2106855
Harris, M. (2017). UK civil society: Changes and challenges in the age of new public governance and the marketized welfare state. *8*(4), 351–368. https://doi.org/10.1515/npf-2017-0017
Hoggett, P., Wilkinson, H., & Beedell, P. (2013). Fairness and the politics of resentment. *Journal of Social Policy, 42*(3), 567. https://doi.org/10.1017/S0047279413000056
Hollway, W., & Jefferson, T. (2012). Free association narrative interview. In L. M. Given (Ed.), *The sage encyclopedia of qualitative research methods* (1st ed.). Sage. https://doi.org/10.4135/9781412963909.
Hollway, W., & Jefferson, T. (2013). *Doing qualitative research differently* (2nd ed.). Sage.
Hugman, R. (2010). Social work research and ethics. In I. Shaw, K. Briar-Lawson, J. Orme, & R. Ruckdeschel (Eds.), *The SAGE handbook of social work research* (pp. 149–163). Sage Publications Ltd.
Jones, O. (2012). *Chavs: The demonization of the working class* (2nd ed.). Verso.
Lakoff, G. (2010). Why it matters how we frame the environment. *Environmental Communication, 4*(1), 70–81. https://doi.org/10.1080/17524030903529749
Lamont, M. (2009). Responses to racism, health, and social inclusion as a dimension of successful societies. In P. A. Hall, & M. Lamont (Eds.), *Successful societies: How institutions and culture affect health* (pp. 151–168). Cambridge University Press.
Lemke, T. (2007). An indigestible meal? Foucault, governmentality and state theory. *Distinktion (Aarhus), 8*(2), 43–64. https://doi.org/10.1080/1600910X.2007.9672946
Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *A new model for classification of approaches to reading, analysis, and interpretations*. https://doi.org/10.4135/9781412985253. Thousand Oaks.
McCartney, G., Dickie, E., Escobar, O., & Collins, C. (2021). Health inequalities, fundamental causes and power: Towards the practice of good theory. *Sociology of Health & Illness, 43*(1), 20–39. https://doi.org/10.1111/1467-9566.13181
McCartney, G., Popham, F., McMaster, R., & Cumbers, A. (2019). Defining health and health inequalities. *Public Health (London), 172*, 22–30. https://doi.org/10.1016/j.puhe.2019.03.023
McGarvey, D. (2018). *Poverty safari: Understanding the anger of Britain's underclass*. Picador.
McLaughlin, H. (2022). *Ethical issues in the meaningful involvement of service users in research* (pp. 209–223). Policy Press.
McNeill, A., Pehrson, S., & Stevenson, C. (2017). The rhetorical complexity of competitive and common victimhood in conversational discourse. *European Journal of Social Psychology, 47*(2), 167–179. https://doi.org/10.1002/ejsp.2255
Milbourne, L., & Cushman, M. (2015). Complying, transforming or resisting in the new austerity? Realigning social welfare and independent action among English voluntary organisations. *Journal of Social Policy, 44*(3), 463–485. https://doi.org/10.1017/S0047279414000853
Mills, C., Zavaleta, D., & Samuel, K. (2014). *Shame, humiliation and social isolation*. Oxford: Oxford Poverty & Human Development Initiative. http://www.econis.eu/PPNSET?PPN=797377506.
Möller, C. (2020). Discipline and feed: Food banks, pastoral power, and the medicalisation of poverty in the UK. *Sociological Research Online*. https://doi.org/10.1177/1360780420982625
Morgan, A., & Ziglio, E. (2007). Revitalising the evidence base for public health: An assets model. *Promotion and Education, 14*(2_suppl), 17–22. https://doi.org/10.1177/10253823070140020701x
Neiman, S. (2023). *Left is not woke*. Polity Press.
Noor, M., Shnabel, N., Halabi, S., & Nadler, A. (2012). When suffering begets suffering: The psychology of competitive victimhood between adversarial groups in violent conflicts. *Personality and Social Psychology Review, 16*(4), 351–374. https://doi.org/10.1177/1088868312440048
Noor, M., Vollhardt, J. R., Mari, S., & Nadler, A. (2017). The social psychology of collective victimhood. *European Journal of Social Psychology, 47*(2), 121–134. https://doi.org/10.1002/ejsp.2300
Ortiz, I., & Cummins, M. (2022). *End austerity: A global report on budget cuts and harmful social reforms in 2022-25. (no. 25)*. Online: Initiative for Policy Dialogue (IPD). https://ipdcolumbia.org/wp-content/uploads/2024/08/End-Austerity-A-Global-Report-on-Budget-Cuts-and-Harmful-Social-Reforms-in-2022-25.pdf.
Peacock, M., Bissell, P., & Owen, J. (2014a). Dependency denied: Health inequalities in the neo-liberal era. *Social Science & Medicine, 118*, 173–180. https://doi.org/10.1016/j.socscimed.2014.08.006
Peacock, M., Bissell, P., & Owen, J. (2014b). Shaming encounters: Reflections on contemporary understandings of social inequality and health. *Sociology (Oxford), 48*(2), 387–402. https://doi.org/10.1177/0038038513490353
Pemberton, S., Fahmy, E., Sutton, E., & Bell, K. (2016). Navigating the stigmatised identities of poverty in austere times: Resisting and responding to narratives of personal failure. *Critical Social Policy, 36*(1), 21–37. https://doi.org/10.1177/0261018315601799
Poland, B., Frohlich, K., Haines, R. J., Mykhalovskiy, E., Rock, M., & Sparks, R. (2006). The social context of smoking: The next frontier in tobacco control? *Tobacco Control, 15*(1), 59–63. https://doi.org/10.1136/tc.2004.009886
Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137–145.
Popay, J., Whitehead, M., & Hunter, D. J. (2010). Injustice is killing people on a large scale—but what is to be done about it? *Journal of Public Health, 32*(2), 148–149. https://doi.org/10.1093/pubmed/fdq029
Popay, J., Whitehead, M., Ponsford, R., Egan, M., & Mead, R. (2020). Power, control, communities and health inequalities I: Theories, concepts and analytical frameworks. *Health Promotion International, 36*(5), 1253–1263. https://doi.org/10.1093/heapro/daaa133
Reay, D. (2015). Habitus and the psychosocial: Bourdieu with feelings. *Cambridge Journal of Education, 45*(1), 9–23. https://doi.org/10.1080/0305764X.2014.990420
Reynolds, M. M. (2021). Health power resources theory: A relational approach to the study of health inequalities. *Journal of Health and Social Behavior, 62*(4), 493–511. https://doi.org/10.1177/00221465211025963
Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.
Scambler, G. (2012). Health inequalities. *Sociology of Health & Illness, 34*(1), 130–146.
Sen, A. K. (1999). *Development as freedom*. Oxford University Press.
Simons, H. (2015). Interpret in context: Generalizing from the single case in evaluation. *Evaluation, 21*(2), 173–188. https://doi.org/10.1177/1356389015577512
Skeggs, B. (1997). *Formations of class & gender*. Sage.
Skeggs, B. (2001). Feminist ethnography. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of ethnography* (Online ed., pp. 426–442). SAGE Publications Ltd. https://doi.org/10.4135/9781848608337.
South, J. (2015). *A guide to community-centred approaches for health and wellbeing*. London: Public Health England. Retrieved from A guide to community-centred approaches for health and wellbeing.
South, J., Button, D., Quick, A., Bagnall, A., Trigwell, J., Woodward, J., Coan, S., & Southby, K. (2020). Complexity and community context: Learning from the evaluation design of a national community empowerment programme. *International Journal of Environmental Research and Public Health, 17*(1). https://doi.org/10.3390/ijerph17010091
Stuart, J., Kamerade, D., Connolly, S., Ellis Paine, A., Nichols, G., & Grotz, J. (2020). *The impacts of volunteering on the subjective wellbeing of volunteers: A rapid evidence assessment.* London online]: What works centre for wellbeing. https://whatworkswellbeing.org/wp-content/uploads/2020/10/Volunteer-wellbeing-technical-report-Oct2020-a.pdf.
Tchida, C. V., & Stout, M. (2024). Disempowerment versus empowerment: Analyzing power dynamics in professional community development. *Community Development, 55*(3), 386–406. https://doi.org/10.1080/15575330.2023.2247470
Thomas, F., Hansford, L., Ford, J., Wyatt, K., McCabe, R., & Byng, R. (2018). Moral narratives and mental health: Rethinking understandings of distress and healthcare support in contexts of austerity and welfare reform. *Palgrave Communications, 4*(1), 39. https://doi.org/10.1057/s41599-018-0091-y
Timmermans, S., & Tavory, I. (2012). Theory construction in qualitative research: From grounded theory to abductive analysis. *Sociological Theory, 30*(3), 167–186. https://doi.org/10.1177/0735275112457914
Tyler, I. (2013). *Revolting subjects: Social abjection and resistance in neoliberal Britain*. Zed Books Ltd.
Veenstra, G., & Burnett, P. J. (2014). A relational approach to health practices: Towards transcending the agency-structure divide. *Sociology of Health & Illness, 36*(2), 187–198. https://doi.org/10.1111/1467-9566.12105
Whitehead, M., Pennington, A., Orton, L., Nayak, S., Petticrew, M., Sowden, A., & White, M. (2016). How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment. *Health & Place, 39*, 51–61. https://doi.org/10.1016/j.healthplace.2016.02.002
Wilkinson, R. G., & Pickett, K. E. (2019). *The inner level: How more equal societies reduce stress, restore sanity and improve everyone's well-being*. Penguin.