Beyond adherence to social prescribing: how places, social acquaintances and stories help walking group members to thrive.

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Abstract

Social prescribing (SP) is an increasingly popular means of enabling medical professionals to refer people to social activities. However, how individuals accommodate activity groups into their routines has been neglected by studies exploring SP. This paper uses qualitative approaches to explore how place and sociability influence the experiences of individuals with type-2 diabetes in a social prescription walking group. Using in-situ conversations and in-depth interviews, we demonstrate how place and sociability extends beyond a group via storytelling, and allows individuals to become part of a group. Understanding place, sociability and storytelling is critical in characterising the benefits of social prescription.

Key Words: Social Prescribing, Walking, Place, Sociability, Diabetes.
1. Introduction

Social prescribing (SP) is an increasingly popular means of enabling General Practitioners (GPs), nurses and other primary care professionals to refer people to a range of local, non-clinical services – often in groups – such as walking, gardening, cookery and befriending (Husk et al 2019). However, SP has proliferated without a concomitant evidence base for its success and value for money (Bickerdike, 2017). Also little understood is how participants become part of a self-sustaining group in which people flourish (Pescheny et al 2018). This paper offers a contextual understanding of the importance of sociability to the success of walking groups, highlighting the social dimensions of SP.

The adoption of an activity and social routine into a participant’s lifestyle goes beyond simply adhering to and complying with a standard prescription.

Walking groups – whether socially prescribed or otherwise – have been studied extensively using a range of methodological approaches to understand the benefits to individual health and wellbeing (Twohig-Bennett and Jones, 2018; Grant et al. 2017a; Hanson and Jones, 2015; MacPherson, 2016; Carpiano, 2009). While these benefits vary at an individual level, the consensus is that walking group are a safe environment for ‘health promoting’ activities (Twohig-Bennett and Jones, 2018; Hanson and Jones, 2015). Yet, individual involvement in a group is driven by complex, dynamic factors that are not well understood. Objectively measurable indicators of how sociability influences people’s wellbeing are elusive (Howick et al. 2019; Bird, 2010) because the quality of sociability depends on the individuals, facilitators, settings, and varied constructs (individually and institutionally) of health and wellbeing. Nevertheless, providing opportunities for social cohesion to secure an individual’s initial engagement with and establishing their membership to a walking group can only enhance the well-established positive relationship effects on physical health of this social prescription (Kwak et al. 2015).
In the next section, we locate SP and walking by, first, discussing the scholarly context for our assertions and, second, arguing for the importance of place in creating enduring opportunities for sociability in a SP walking group.

2.0. Locating SP and walking

2.1. SP

In the UK, SP has gained significant momentum in the last five years as an innovative way for primary healthcare patients to access social activities, including walking groups through “referral pathways that allow primary health care patients with non-clinical needs to be directed to local voluntary services and community groups” outside the GP surgery (South et al., 2008: 1). This helps people to improve or ‘take ownership’ of their own health. Activities might include “writing or creative arts groups, carers’ support, volunteering… educational opportunities… addiction services or exercise schemes” (Crawston, 2011: 350).

There are two primary drivers for the widespread adoption of SP in the UK. First, the financial downturn of 2008/9 led successive UK governments to pursue austerity measures, forcing healthcare providers to reduce their costs (Baggott and Jones, 2014). Second, there is a recognition that non-clinical conditions can be better treated through community intervention such as the provision of adequate housing (Thomson and Thomas, 2015). The NHS Long Term Plan (NHS, 2019) committed to integrating SP in primary care with 1,000 new, funded SP link workers in place by 2020/21 and at least 900,000 referrals to SP by 2023/24 (NHS England, 2019) but neglected to discuss the ability of voluntary and charity sector organisations (VCSOs) to receive referrals. Power to Change¹ (2019) argue that VCSOs are already stretched. Funding (if available) covers staff

¹ Power to Change is an independent charitable trust that supports and develops community businesses in England https://www.powertochange.org.uk/
delivering a service but rarely covers staff training, management, premises or additional services that the SP referral may require (Power to Change, 2019).

Evaluations of SP often homogenise and valorise the facilitation, implementation and delivery of the prescribed ‘dose’ (e.g. Lovell et al. 2017) or focus on outcome evaluations (Pescheny et al. 2018) rather than explore how different activities address the social needs of individuals or the factors affecting participants’ uptake and adherence to a group. Uptake and adherence are related to patients’ trust in GPs, navigators’ initial phone call, supportive navigators and service providers, free services, and perceived need and benefits. Reported barriers to uptake and adherence were fear of stigma of psychosocial problems, patient expectations, and the short-term nature of the programme (Pescheny et al, 2018: 1).

In this instance, navigators, sometimes referred to as linked workers, are individuals with the formal role of suggesting social prescription activities to patients and linking them with the appropriate spaces and organisations that run the activities. Further, patients’ needs can vary considerably and reflect the circumstances of people’s lives beyond their health condition: e.g. their familial relationships, friendships, community involvement, housing, employment, financial situation, and leisure activities (Hanson et al. 2016).

With the NHS focus on referral rather than sustained participation, the challenge remains how to create healthy experiences in places with different groups of individuals who will return again and again to socialise and enjoy the benefits of the activity. We therefore consider how the specific

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2 Navigators are individuals who suggest social prescription activities to patients and link them with organisations that run the activities.
geography of a place can enable or constrain both participation in and enriching opportunities for sociability through SP. Place-based attributes include different voluntary capacities, landscapes (urban versus rural, green or blue therapeutic spaces etc), and different social formations (Skinner, 2014). Importantly, the physical qualities of places are imbricated with behaviour and communications in constructing the social fabric of a place, giving place an emergent property\(^3\) as the context for and site of socially prescribed activities such as walking. \textit{This emergent property links closely to how spaces became for an individual through their sensory experiences in or about places} (Doroud et al. 2018). Recent developments in the field multi-representational theory entangle the role of recalled memories of encounters in places at a particular point in someone’s life-course into the dynamic constructs that influence how individuals relate to the world; this is sometimes referred to as \textit{world-making} (Barron, 2019).

\textbf{2.2. Understanding Walking Places}

Recent developments in exploring place and health have highlighted a need to move away from rigidly defined epistemic frameworks and rethink the role of different methodological approaches to understand the role of context, and the complexity created by dynamic individualised interactions (Noyes et al. 2019). Yet, psychologists have still often characterise walking spaces as both the ‘green-’ and ‘blue-gym’ (coastline) (White et al. 2016; Pretty et al. 2007) in an attempt to homogenise any generalisable benefits of exercising in certain natural environments by measuring health benefits through validated health surveys and/or measurable physiological indicators of improved health. Several studies have attempted to compare walking groups in similar environments, e.g. through categorising greenspace types (Forest Research, 2019), and/or amongst individuals that share a particular health condition and/or demographic characteristics (Tillmann et al. 2018; Akpınar et al. 2016; Mitchell et al. 2011; Bird et al. 2010). However, evaluating

\footnote{Emergence: individual components/influences entwine to produce a condition and/or outcome which differs drastically from each of the components/influences when they are observed in isolation (Newman, 1996).}
generalisability and case-to-case transferability remains a challenge for two interlinked reasons. First, generalisable benefits are hard to identify when an individual's personal social relationships and connection to place frames their involvement and experiences (Cattell, 2008). Similar spaces, such as urban parks, gardens and trails exist everywhere but the mere existence of such spaces does not guarantee that a walking group will thrive there.

Second, individuals have affective and embodied experiences in place (Caddick et al. 2015), led by emotion and informed by their narrative of themselves (Foley and Kistemann, 2015). This includes their past experiences in a specific space and/or similar spaces, social links and life-course events that have influenced their 'journey' to a particular space and their motivations which have actively encouraged them to seek certain spaces (Bell et al. 2016). As we show, groups and individuals thrive because of the combination of place, and the sociability that develops through shared life-experiences and stories. Evaluating these highly individualised accounts to provide insights for other contexts – even if they are similar in physical characteristics or group demographic or health profiles – often proves challenging (Datta and Peticrew, 2013). Attempts to do so risk overlooking the importance of sociability, conviviality and the experiential particularities of different places and activities: concerns are acknowledged in the literature on SP. Hanson et al (2016) show that the propensity of an individual to return on a regular basis to maintain their increased physical activity is often dependent on: i) their relationships with the group facilitators; ii) the extra social opportunities that arise; and iii) their connectedness to the spaces that are walked, as well as the mere existence of the group. Yet, little is understood about how individuals become socially connected to a walking group and how the sociability that walkers experience is both generated by and constituent of place (see Leyshon (2011) in relation to young people).

This is not to suggest that research on walking groups can only be essentialised and conclusions drawn in a parochial manner, with findings are exclusively relevant to specific contexts. Qualitative
approaches provide a situated account of the dynamics of walking groups and their social and/or biomedical outcomes. It is this situatedness that needs to be understood if specific initiatives are to have parallel successes elsewhere, whilst recognising the bespoke nature of particular groups through appropriate, in-depth methods (Murphy, 2017). Different walking groups may vary in how they develop and continue to function depending on the conditions for sociability and the specific individuals that participate in particular places. Understanding novel aspects of how sociability can occur and instigate connectedness to a place can contribute to recognising key mechanisms for success in walking groups from one context to another.

This study adds to the academic research in this area by demonstrating how storytelling and listening to other participants’ stories, allow people to socially flourish and thrive in a group, sharing lived experiences and connecting with the places and subjects in these stories. Storytelling, place and sociability form a triad of linked influences that condition participation in a walking group. We discuss all three in the following sections.

2.3. Place and walking groups

The influence of place on the health and wellbeing of individuals has been the subject of considerable academic debate (Cummins et al. 2007). In its simplest form place is a “physical space that people naturalize through patterns, behaviour and communications” (Campbell, 2016 pp.323), creating a powerful sense of place and place-attachment (Relph, 1976, Cresswell, 2012). In this paper, we interrogate what role and function place has on sociability in SP through examining individuals’ attunement to the situated, relational, and dynamic social conditions that occur in the places where their SP activities take place, leading to a better understanding of SP itself (Kimberlee, 2015; Bickerdike et al. 2017). We impose reflexive vigilance when considering why, when, and where an activity might or might not be appropriate, and question what or who is privileged or excluded. We explore critically how wellbeing becomes constituted by a particular blend of place, people,
culture, sociality, histories, philosophies, and ways of being. We in turn recognise these aspects of
context are dynamic within moments of interaction and frequently occur over longer time periods.

This is where *sense of place* becomes fundamental in debates on SP: many aspects of an individual’s
sense of belonging to a group and maintenance of social relationships are held together by their
sense of belonging in place (Relph, 1976; Doroud et al. 2018).

Academic literature from diverse epistemological and disciplinary perspectives has sought to
understand sense of place. Although different studies hypothesise the *measurability* of sense of
place, much of the literature focuses on its individual constructs, based on emotion, meaning,
identity and social relationships, and how these interact with the constructs of other individuals
(Atkinson et al. 2012), detracting from or creating a collective sense of place (Bell et al. 2015). Sense
of place has a dynamic quality (Gross and Lane, 2007), which can evolve in relation changes in the
season, physical environment or an individual’s social and/or emotional relationships (Bell et al.
2014). Yet, change should not be understood as a simple linear process but unpredictable and
dynamic; meaning that change can be short-term or sustained over longer periods of time, and/or
radical or incremental (Cattell et al. 2008).

The complexity of sociability is also frequently referred to in studies exploring place, sociality and
their implications for health and well-being (Bell et al. 2015; Hanson et al. 2015; Lengen, 2015). Such
complexity is formed through establishing meaning (Antonsich, 2009). Although some disciplinary
approaches do indicate structural consistencies in how social meaning can be constructed (Steptoe
et al. 2015), the sociability manifests in this way remains changeable, individualised and the
emergent property of a particular time, place and interactions. Using Badiou’s body of philosophical
work relating to the conditions of ‘being social’, Shaw (2010) and Dewsbury (2007) show that
inconsistency and dynamic change are at the centre of the meanings we form with each other and in
relation to particular contexts we interact with.
We explore this dynamic and complex notion of place as related to a SP of walking but our understanding will be critically limited if – methodologically or analytically – we view its implementation, delivery and participants homogenously whilst treating place as a plurality of places experienced differentially by individuals. Fundamentally, place and sociability are created through a series of experiential encounters (Leyshon and Bull, 2011) comprising individualised and collective (group) constructs of walking, place and group dynamics.

Walking is critical to the place making processes here described, despite remaining overlooked because of its ordinariness (Middleton, 2011, Anderson, 2004). However, as Horton et al. (2013), Cresswell (2012) and Wylie (2005) have argued, the act of movement through walking is pivotal in shaping everyday life: it is one of the ways in which we come to know place(s). Walking has material and imaginative effects on the body and is instrumental in a variety of relations into which individuals enter and negotiate a variety of spaces. The body is an essential component in the way people perform their identity and health: it ‘grounds’ them in a sense of belonging and attachment to place. Although this paper acknowledges the value of the affective turn, with its emphasis on phenomenology and non-representational approaches to understanding landscape, this work is not without problems (Eagleton, 2003). As Blacksell (2005) has suggested the affective approach to landscape somewhat depoliticises collective action by essentialising individual action and “exceptional and rarefied moments” (Merriman et al. 2008, p. 195) rather than – in our case – the deliberative act of walking to improve health. There is a pre-existing, fundamental mutuality between people and the environment that shapes both and in which the body is central. The body is either brought to a point where it can be immersed, or is already immersed, in place (Foley et al. 2015). Although walking is temporal and is often simply a means to an end, the process itself is as important as the arrival or departure, as its tactility helps link people to the land/nature. This
interpretation emphasises the way that local exchanges between individuals and their experiences of walking groups are heterogeneously mediated by a mundane action that is socially connected.

Perspectives on place and walking are attuned with scholarly ideas on sociability (Foley and Kistemann, 2015) as a negotiation between individuals, in which ideas and experiences in turn produce new and infinite constructions of place. We explore this in the following sections.

2.4. Sociability and walking groups

Place plays an important role in creating the conditions that encourage individuals to embark on, and continue to take part in, a walking group. Importantly, the physical activity moves beyond the mechanical action of walking to achieve calorie burn, wellbeing and physiological maintenance.

Individuals continue to walk in such groups as long as they feel at ease with the conditions of walking (Hanson et al. 2016) – notwithstanding changes in the weather, physical characteristics of place and activity group size (Bell et al. 2019; Finlay, 2018; Lengen, 2015). Walking group members have in common their sense of connection to others, even if an individual is alone in their place for walking (Wylie, 2005).

The dynamism of this sociability is a key aspect often elided in quantitative approaches that study the effects of physical activity on wellbeing in a particular place and environment (White et al. 2015). When sociability, its dynamism and context-led variability are excluded from case studies, it is no surprise that they frequently fail to provide ‘conclusive’ evidence relating to the health and wellbeing benefits of walking groups (Triguero-Mas et al. 2015).

Recent studies increasingly highlight the important facilitative role played by those that introduce an individual to such groups (Pescehny et al. 2018). Positive relationships from the outset and the relationships built within a group enable individuals to actively incorporate walking into their
lifestyle routines (Pescheny et al. 2018). The variability of their sociable experiences during each visit prevent attendance at the walking group from becoming mundane. Like any group activity, sociability can precondition an individual’s introduction, role in a walking group, and return to participate to nurture the social relationships they have built (Fine and Corte, 2017; Doughty, 2013).

For example, Macpherson (2008), from a researcher perspective, demonstrates how connecting over humour plays a key role in facilitating sociability and enabling group belonging to develop amongst members of a visually impaired walking group.

The challenge of understanding sociability and its relation to an individual’s position in a walking group is not finding ‘what to measure’ but detailing how context-specific conditions can best provide opportunities for sociability. Providing these opportunities can sustain a group’s activities into the future and provide a hook for new individuals to join (Cattell et al. 2008).

Another mechanism that intertwines with place and sociability in walking groups: storytelling, a key component of the inconsistency and dynamism of sociability (Grant, 2017b; Doughty, 2013).

Inconsistency usually has negative connotations but here it acts as a facilitative component of sociability. Stories are recalled, interpreted and received differently and a story’s influence on an individual, including the storyteller, can vary depending on the conditions at a particular moment (Grant, 2017b). The following section demonstrates how stories are told in walking groups and how these stories influence sociability.

2.5. Storytelling in walking groups

In Section 2.3 and 2.4 we discussed how place and sociability provide walking groups with a venue and a collective quality that defines how a group develops and remains active. The longevity of such groups and each participant’s opportunity to socialise in it emerges from an affinity to both place and people. This framing of place and sociability suggests that place is a site in which sociability can
emerge through a succession of interactions between individuals (Fleuret and Atkinson, 2007). The important issue is how this dynamic, emergent sociability is realised and experienced.

The term ‘dynamic’ is used intentionally to capture sociability’s state of constant development and boundless capacity to undergo change (Shaw, 2010). Scholarly inquiries have attempted to understand this dynamism through exploring the mechanisms individuals and groups use to interact.

Studies such as Grant et al. (2017b), Hanson et al. (2016) and Bell et al. (2014) unravel how conversations in place amongst walkers form links between individuals, enabling experiences and meanings about place to be shared. Stevenson and Farrell (2017, pp. 442) describes this phenomenon as “a process of conversation, mutual remembering and sense-making as people traversed a landscape together.” Sharing meanings and experiences can be regarded as an outcome of a specific chain of interactions between a particular group of individuals. This again demonstrates a limit to instrumentally measuring the influence of place and sociability on health and wellbeing.

Studies underpinned by qualitative approaches have elicited rich insights into how conversations are not limited to the physicality of a space or constrained by the cues present at a specific moment (Stevenson and Farrell, 2017; Foley and Kistemann, 2015; Cattell et al. 2008). As stories fluctuate in and out of place to narrate past, present and future events, they create a conversational interaction between the individual and the group (Caddick et al. 2015; Sugiyama, 1996). Frank’s (2006, 2012) work focuses on a key characteristic of humans as ‘storytelling beings’: the dialogical narratives through which an individual’s perception of an experience aligns with the stories they receive and respond to. Stories become an object of affinity, neutrality or dissimilarity depending on their subjective resonance with an individual in place. This interpretive processing of a story distinguishes the qualities of sociability at any given moment (Hubble and Tew, 2013).
Stories are a key mechanism in ‘activating’ sociability in place (Eakin, 1999). Capturing the shared stories and the influences they have on the individuals in a walking group can be an indicator of how social links are established and sustained. Further, these links enable us to understand how sociability creates social relationships maintained both inside and outside the group meeting. The empirical sections identify what kind of sociability emerges through the SP, situated in place and storytelling. Before presenting our case study, we turn to method.

3. Methods

A case study approach was taken to gain in-depth insights into a walking group SP offered to individuals with type-2 diabetes by a GP surgery in southwest England, United Kingdom (UK). The positive influence on increased physical activity on type-2 diabetes has been clinically demonstrated (Chen et al. 2015). This SP group was a means for the GP to explore how physical activity could be encouraged amongst such patients. The walking group has been operating since June 2016. A VCSO that run a botanical tourist attraction collaborated with the GP surgery to provide a venue and manage the logistics for the walking group.

Case studies approaches enable contextual details to be at the forefront of the research’s findings (Yin, 2011), enabling us to examine critically the experiences of the group. We looked beyond the function of walking to compare how individuals responded to the location, how they interacted with the group, and their relationships with the volunteers and other care workers.

This investigation was framed by the following research questions:

i) How have others in the group shaped walker experiences?

ii) How does the location of the walks impact walker experiences?

iii) How do individuals maintain their social relationships in the walking group and continue to experience opportunities for sociability?
This study was granted ethical approval by the University of Exeter’s College of Life and Environmental Sciences Geography Ethics Committee.

### 3.1 Case study context

The walking group came together at the same time and day each week at a botanical tourist attraction in SW England. Walkers met in the attraction’s café before embarking on walks using indoor and outdoor paths. The routes of the walks varied each week, depending on the route planned by the volunteer walk leaders for that week. The walks were conducted in three groups referred to as ‘fast’, ‘medium’ and ‘slow’, relating to the pace. Walkers chose their own group. Walks were 35 minutes long and the distance depended on the pace (roughly 1-1.6 miles). Each group had three or four walk leaders located at the front, middle and back. This encouraged participants to walk at their own pace and complete the walk with the guidance of a walk leader should the overall pace of the group prove too fast.

### 3.2 Qualitative approach

This study took twelve weeks and all participants and walk leaders were made aware of and consented to a researcher taking part in the walks. All participants were informed that the study was based on exploring the social and personal experiences that emerge from being part of such a group and the influence the group has had on their diabetes. They were also made aware that if they felt the researcher impacted the group’s activities negatively the researcher would not continue to attend the sessions.

The ethnographic approach used by this study is fundamentally dependent on the rapport a researcher is able to build with individuals in the group (Guillemin and Heggen, 2008). Insights emerge conversationally as the researcher becomes part of the group and individuals share
experiences. All research activities were conducted under an anonymity and confidentiality agreement made with the participants and approved by the head Walk Leader. The researcher made notes on the in-depth conversations that took place with specific walkers each week. Conversations between the researcher and the walkers took place before, during and after the walking sessions. In addition the participants were given the option to contribute to group and/or a one-to-one semi-structured interview which were recorded and transcribed.

3.3. Data and analysis

Detailed research notes were made immediately after each walking session. With the research questions in mind, these notes were then revisited, and – prior to the next walking group meeting – further reflexive observations were made about the conversations and researcher-participant interactions and rapport. This process records and acknowledges the dynamics, tensions and/or specific events that may influence dialogue (Liberati et al. 2015).

All research notes (structured as a chronological field diary) and transcripts of group and individual interviews were anonymised. Each participant was assigned a pseudonym to maintain their anonymity. Overall, 24 individuals took part in 64 in-situ conversations, 7 in-depth interviews and one group interview with six participants, conducted over 12 weeks. The group interview was conducted as six participants expressed an interest in having further in-depth conversations but stated that they would feel more comfortable talking about their experiences as a collective. Table 1 below summarises the characteristics of the 24 participants that took part in the study and the forms of data collection to which they contributed.

Field notes and interview transcripts were coded using qualitative data analysis software, NVIVO 11. The coding was performed in an inductive manner to allow insights to emerge from the data generated in our studied case. This approach allows for unique insights to develop and allows
nuanced perspectives to be considered equally (Elo and Kyngas, 2005) whilst at the same time identifying shared meanings amongst the group. To ensure the critical development and reflexive practice around the interpretations made by the field researcher, another researcher acted as a ‘critical friend’ and weekly meetings were held discuss findings emerging from the field and the field researcher’s initial interpretations of this data. In addition, after the initial phase of coding was carried out by the field-researcher, emergent themes were discussed with walkers and others involved with the walking group to ensure their perspectives were depicted accurately. The themes presented in Section 4 were considered in a round-table discussion to ensure the walking group members aware of how the researcher had interpreted the in-depth conversations and interviews. It should be noted that all data were presented back to the group in an anonymised fashion. Encouragingly, the group were able to confirm that the interpretations made relating to place, sociability and storytelling reflected their context and expressed satisfaction in being involved in a study that allowed the group’s context and activities lead the research findings. We present these findings in the following section.

<table>
<thead>
<tr>
<th>Age Bracket / Sex</th>
<th>Number of conversations during walks</th>
<th>Individual interview</th>
<th>Group interview</th>
</tr>
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<tbody>
<tr>
<td>75+ / F</td>
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<td>No</td>
</tr>
<tr>
<td>75+ / M</td>
<td>4</td>
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<tr>
<td>75+ / M</td>
<td>4</td>
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<td>No</td>
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Table 1. Participant Interactions

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4. Results and Discussion

4.1 Sociability

The data generated by the participants and qualitative approaches outlined in Table 1 showed great consistency around how the walker experience was shaped by sociability and social bonds. The group shared a collective identity but, within this, individuals formed closer friendships with each other. This tended to be as a result of shared or relatable past experiences. This is by no means a novel revelation as existing literature into SP groups reiterates the importance of social bonds and friendships (Hanson et al. 2016; Bird et al. 2010). However, in this study, an interesting feature materialised: the emergent quality of close friendships through a common narrative of diabetes as a shared health condition. Individuals were socially prescribed into this group as a positive step.
towards increasing physical activity, achieving weight loss goals and reducing blood sugar levels: all measurable changes to an individual’s lifestyle and physiological condition. However, the conversations which bonded the group were not always directly about diabetes per se but about shared experiences and lifestyle changes which positively impacted their diabetes (e.g. their blood-sugar levels and weight). These included sharing reduced-sugar recipes and/or taking part in other physical activities in their local area. Importantly, this ‘information exchange’ occurred as part of walkers’ social interactions and would enter the conversation as a by-product of dialogues around what people did at the weekend, how their family and/or friends have been, and whether they have tried something new or different. The extract below from an in-depth interview demonstrates how sociability enhances ‘information exchange’.

Interviewer: “What sort of things do you find yourself talking about, from week to week, with people [other walkers]?”

Ted (Male, 66-75 years old): “Well as you develop a rapport with different… you… We’ve got a chap who carves sticks and things like that, so everything from that through to the plants themselves, food… share views on different art. I’ll point out diabetic foods I’ve come across or… The Co-op and Tesco give away a free magazine every month.”

The extract illustrates how group sociability generated lifestyle changes which continued in the participants’ everyday lives beyond the designated time and place for walking. For example, some members of the group started three new informal walking groups from different venues and at different times of the week. The positive lifestyle examples and information exchanges occur through organic peer-to-peer conversations rather than being initiated formally by a healthcare specialist in a top-down manner. The benefit of peer-to-peer messaging in relation to diabetes is important (Tang et al 2014), however, for participants, the physiological condition is not viewed discretely but rather as part of shared life-experience. Dialogue amongst walkers, vis-à-vis their
condition, are constructed through the active facilitation of sociability (Fleuret and Atkinson, 2007).

As highlighted in Section 1, interacting with other individuals is intertwined with place, allowing sociability to manifest (Doroud et al. 2018). The group built a sense of relationality with and to each other. In some cases, participants were motivated by having positive interactions and social links with individuals who live with a range of health issues of varying severity. This is demonstrated by Stephen (male, 56-65) attested to being depressed before joining the walking group and was asked what the main drivers were behind him “feeling less depressed” since he started participating:

“The place and the people here, yeah. Because I see people here that are probably worse off than I am, health-wise, but they’re here, so what have I got to moan about?”

In Stephen’s account we begin to glimpse Badiou’s argument (Shaw 2010) that sociability arises from the coalescence of unique, unpredictable and temporally dynamic circumstances. Creating the conditions in which sociability can emerge in this way is a critical task for any SP activity.

In Stephen’s case, building positive relationships with individuals who were able to deal with more severe cases of diabetes acted as an added motivation for continued participation. This is the meaning he himself built and which in turn acted as a strong bond to the group. Similar meanings were constructed for others. Yet, each individual account was nuanced around how they exactly related to others and formed positive meanings around these relationalities. These unique nuances reflect Badiou’s recognition of the unpredictability that surrounds sociability’s manifestation for an individual. Each understanding of the group was embeded in the lived experiences of an individual and the identities they assumed during these experiences.

Vernon (male, 65-76) spoke about his military past during the walks and entwined this self-identity and personal history in how he related socially to others in the group. Upon being asked how others in the group impacted his involvement, Vernon gave the following response:
I enjoy doing anything that’s group wise and I’m probably a bit of a natural leader... I mean, the real reason is for health, obviously, but if I can assist other people improve their health, even if it doesn’t give mine the big kick that I need, that’s fine, I get the kick out of helping other people, that does something for me as much as the physical side.

Essentially, he was given the opportunity to relate to others and build social relationships that aligned with his own experiences and how he identifies himself. As Hanson et al. (2016) covers, those that cannot form positive relationships that align with their own experiences and circumstances may feel alienated in a group. The group’s nuanced experiences, self-identities and circumstances created group cohesion. Participation is established, and continued, when group members’ experiences, self-identities and circumstances form positive social relationships. This provides an opportunity for social prescribing to direct individuals into activities and contexts they find positively relatable and/or give them a supported opportunity to find contexts, groups and activities they can positively relate to – in other words, for social prescribers to think about the relationships that might be forged as well as the activity that might be undertaken. However, we do acknowledge that we were capturing data in-situ and at a particular time.}

We demonstrate how relatability and opportunities to form positive social bonds shape the experiences of other walkers. These relationships can then flourish to consolidate the belonging and positive experiences walkers experience in a group. This has previously been linked to finding pleasure in the activities and groups individuals take part in (Phoenix and Orr, 2014). Our dialogical data – related to the study’s second research question on how the location of the walks impacts walker experiences – demonstrated the importance of place in enabling social bonds to be realised and developed amongst individuals within the group.
4.2. Place

The group met in the same place each week but took different routes on their walks. The walkers discussed place and the spaces available for walking, echoing previous studies such as Foley and Kistemann (2015). Walkers expressed a sense of continuity in regularly encountering different parts of the botanical garden. However, this ‘consistency of place’ should not be viewed as a homogenising experience as the walkers’ sense of personal connection was different from each other. As others have observed, e.g. Bell et al. (2015); Foley and Kistemann, (2015) and Hanson et al. (2016), individual and collective perspectives constructed around the same place are influenced by individual experience and personal history: for example, the recollection of a relative and/or friend being involved in the construction of the venue, and/or childhood memories of the place before it developed into the space it is today. Individuals may develop similar constructions about a place but their route or journey to that construct differs. This insight is far from new but, in this study, we were able to develop a novel interpretation of the influences of place on walking groups, to which we now turn.

A sense of place is embedded in the dynamism of how the group repeatedly encountered place and the fluid opportunities places enabled for dialogue to occur. Some walkers reflected on their childhood memories of the site and how it had evolved. Others focused on the seasonal variations of the botanical garden, but significantly all participants contemplated how change conditioned their sense of place; similarly detailed by Sandberg (2003). Many participants had links to the site and remembered the walking venue before it was transformed into an ecological attraction. A field diary entry from one of the walks covers a conversation with a walker, Harrison (male, 75+) with historic links to the place in a management capacity. Even though some tensions were apparent in their relationship with members of management still present at the site, they saw the walks as an opportunity to ‘check-in’ on the place. They even voiced pleasure in “knowing the place is doing
well”. This connection can be regarded as an incidental driver for participation unique to the individual. However, it is clear to see the benefit of using local sites and places as venues for social prescribing activities. The likelihood of the individualised drivers, based on past experiences, for forming valuable connections can be enhanced through channelling individuals towards venues they have previous links to.

Sense of place was also bound up with safety, On the whole, walking groups provide individuals with a safe environment to pursue physical activity (Hanson and Jones, 2015). The safety provided, or the perception of, can be shaped by individualised characteristics and past experiences, as Maggie, (female, 56-65) noted:

So for me it was a safe place to walk, non-threatening dog wise and safe in every aspect really because we’ve got all the lovely clay trails around. Well I wouldn’t go off and walk any of those if I wasn’t in a group in case I met a dog. So for me that was a very big plus.

The exact manifestation of safety was nuanced for each individual by their own contexts and experiences – e.g. Maggie’s dog phobia – again revealing the dynamism of the characteristics and conditions that need to coalesce to facilitate such connections (Shaw, 2010).

In visiting the site, participants expected something to be different each week and this was a key influence on walkers returning to share their opinions on any changes. Different changes would attract different individuals or groups based on their individualised and collective constructs, and personal interests but the presence of dynamism was revered. The field diary extract below depicts how these dynamic aspects of place sparked interest and acted as a platform for conversation and sociability:
Today the first person I spoke to was Ivan (Male, 75+) ... Once Alvin (Male, 75+) arrives they comment on how ‘fantastic’ the sweet pea display looks, ‘different but lovely each week’.

Additionally, they mention how the sweet peas will begin to fade in a couple of weeks, they go on to speculate with excitement about what flowers will replace the sweet peas.

Observing place changes helps group members identify commonalities. Alvin and Ivan both had sweet peas and a shared interest in them, while the prospect of change to the botanical displays brought a sense of anticipation. In this way moments of place dynamism form a reason for conversation. These may be conditioned by a pre-existing interest or something that deviates from the norm (Atkinson et al. 2012). These deviations, sometimes subtle, prevent a place becoming mundane. This is perhaps better demonstrated by the reaction certain individuals gave to the tobacco plants which were growing in a Mediterranean fauna display. The plants grew from around 50 cm to 200cm in the 10 weeks. This rapid change commonly sparked responses such as ‘unbelievable’, ‘they are incredible’ and ‘never seen anything like it’. Walkers were attracted back each week to observe dynamic developments (Shaw, 2010). The changes highlighted above provide opportunities for storytelling.

4.3 Storytelling

In their simplest form stories are a construct of an individual’s history and how they interact with current contexts. Sensory signals come from the place in which individuals find themselves, the places they imagine and the people with whom they interact (Sugiyama, 1996). As Frank (2006) argues, storytelling is beneficial in that it increases sociability and may be deployed as a springboard for health-promoting activities (Bell et al. 2015; Caddick et al. 2015). As noted above, the dynamic aspects of the setting prompted walkers to share stories which – we argue – acted as a mechanism to extend the group’s sociability to places and others beyond the group, creating an imagined
community (Anderson, 1991); a sense of connection to a group of individuals and places, some of whom will never be met or visited. Storytelling allows walkers to imagine an association with other people and places. Often walkers would seek more information from each other. The prospect of a weekly update on these imagined associations would create another reason to return as well as consolidating their social bonds in the walking group. The extract below from an in-depth interview illustrates how individuals share stories about their family and how others become interested in them (linking back to Section 4.2 these stories are interspersed with reactions to the place they traverse):

Interviewer: “...what sorts of things do you talk to other users about, or other walkers about, when you’re here?”

Vera (Female, 75+): “Oh, well, we talk about, obviously, the enjoyment here. And, ‘Look, oh, gosh, that’s out, it wasn’t out last week,’ the different plants and things.

And then sometimes they’ll tell you about their family, that you didn’t know anything about. Not complaining or anything like that, but just nice [updates]. They say they welcome company, which is lovely to hear.”

Frank (2006) highlights that stories of others can allow new stories to develop which are then told by others. Stories about other places have a similar impact on walkers. One walker (male, 75+) shared stories about his time in Libya as a Royal Air Force (RAF) squadron. He mentioned the heat and others reacted by stating how they ‘could not put up with that heat’, ‘must be so interesting a place like that’, and ‘it may be hot in here [walking through a temperature controlled botanical display] but it’s not Libya’. Secondly, one of the group’s volunteers had been to Russia for a mountain climb. Upon his return, 10 members of the group gathered around him to hear about the places he had been to and see his pictures. Both these cases show how stories from other places interest other walkers. The walkers imagine these places and create their own links and constructs, further
enlivening the group and avoiding mundaneness. Significantly, this process demonstrates how imagined places act as a positive mechanism to establish sociability amongst walking group participants. The other walkers have more to talk about and share perspectives on during the walks and outside of the walks (in their day-to-day lives), adding depth and increased dynamism to the sociability that occurs.

However, we do not want to create the illusion that stories were constantly told and retold. Some participants chose not to tell stories or listen to others’ stories. The activity of storytelling and listening to stories varied from week-to-week but everyone did share conversation at some point during each walk. The individuals who chose to walk without speaking to others at particular moments were not disturbed by the researcher. Essentially, the group maintained its natural way of operating. Therefore, we were not able to gain extensive insights into these more silent and/or observant moments of participation but an interesting finding suggested how a specific walker, Tim (male, 36-45), assumed the role of a general observer and listener to others’ conversations:

Most of the talking is about other things really, whatever happens to come up. Because I’m not a great conversation starter, I do tend to listen. I do enjoy listening, so I listen to a point where I feel able to interject.

This quote was in response to a question on how the social aspects of the group influence his participation. Firstly, Tim was a relatively new member. He had participated in an in-depth interview in his fifth week of being a walker and had started the walks in the second week of this study’s field work. At this point, we can link back to our findings in Section 4.1 and Tim was able to find a role and/or express his self-identity in the group even though he was a newer member. This yet again shows how important it is to provide opportunities for individuals to assimilate themselves into a positive context in their own way. Here, we directly address our third research question from
Section 2. Individuals tend to seek and create opportunities for sociability as they relate and assimilate themselves in a group based on their past experiences, their experiences in the group and their interests.

Finally, we should acknowledge that discussions about diabetes and the walkers’ individual cases of diabetes did emerge between the stories told and the self-assimilation that took place in the group.

As mentioned in Section 4.1, participants shared lifestyle tips and exchanged experiences. However, diabetes was raised specifically as a topic of conversation mostly when Tabitha, the social prescribing navigator based at the walkers’ GP surgery, was present. Tabitha joined the walks on three occasions during the study. Participants would talk about how they were feeling better and how they had made changes to their diet with Tabitha and then amongst themselves as a continuation of their conversations with her. The value of the navigator was widely revered, as Stephen’s quote shows: “Almost, I would put Tabitha at level with the doctors. Even in this situation, I would put her before the doctors because she’s done me more good than any doctor in there.”

Maggie echoed this, stating that:

The support from Tabitha and the social prescribing team was brilliant, I’ve really felt that I’ve had like a friend on board. It just gives you that confidence that you’ve got, yes, someone that’s looking out for you and actually cares about your diabetes, because doctors, with the best will in the world, they’ve got limited time, someone who goes in there who needs medication, they can do that, but they haven’t really got time to alter your lifestyle.
It became clear that Tabitha acted as a main contact to deal with and address issues, and conversations regarding diabetes. These were dealt with when Tabitha was present and then the group could be social, tell stories and form or re-establish connections with the walked places at other times. Moreover, Tabitha herself was able to tell her own stories based on the participants. The field diary entry below shows this:

"I had a moment to chat with Tabitha just before we set off for the walk. She went on to say that she’s happy to touch base with them and discuss their progress, and lit up when she spoke about how one individual [she did not disclose who] had reduced their blood-sugar levels and were transferred to a lower dose of their medication since walking. This seemed to enthuse Tabitha."

Tabitha seemed to be a contact point to check-in on the walkers’ progress in relation to diabetes. Her personal enthusiasm was key in becoming part of the group and she was able to add to the stories generated in the group by recounting the success stories of individuals expressing positive changes in the measured indicators associated with diabetes.

5. Conclusion

This paper offers a contextual understanding of the importance of sociability to the success of walking groups as a form of SP. Sociability and the emergent properties of place play a central role in an individual’s opportunity to belong in a group of people who have received a walking social prescription. We illustrate how SP can facilitate the development of a context which harbours socially positive potential for its participants. This potential is realised through the dynamic aspects of place and the sociability amongst the specific individuals who become part of a socially prescribed group. Allowing for these dynamic aspects to develop was a key feature of the successes in the studied group. This study brings together three aspects – place, sociability and storytelling – of
walking groups to highlight the ‘social’ in SP. This moves us beyond the idea that simply being in a place has a curative effect. Our particular context was a group that promotes diabetes management through walking. However, once part of the group this condition became a secondary dimension compared to the group’s desire for continued sociability and lasting membership of the group. The features of the place, the shared and individual interests of the group and the stories individuals told each other were an important mechanism in unlocking sociability. An opportunity for extended, richer and more dynamic sociability is presented through linking to places and acquaintances in the stories of other participants, creating an imagined community (Anderson, 1991). Participants actively seek updates on the imagined places and acquaintances through the storyteller, adding depth to social relationships. This key and novel finding acted as a major driver for harnessing positive social condition in a walking group.

Overall this study develops knowledges on understanding the effects that place and sociability have on improved health and wellbeing (Bell et al. 2015; Foley and Kistemann, 2015). Place-making, storytelling and walking came together in this case study to improve lifestyles but this was not a simple linear process linked to the condition individuals shared. The way individuals repeatedly returned to their social prescription was led by their social interactions and the stories they shared. These were very dynamic and highly individualised aspects of the walking group. This finding draws attention to the importance of understanding the benefits derived from each group’s unique properties and has implications for future research into SP schemes. Further research on different contexts, groups and conditions is required to more fully assess the role and function of context-led aspects of SP. More holistic research is required that reflects not only on patient journeys but on the chain of service providers and organisations involved in SP to illuminate the costs and benefits of such schemes. Further, future funders of SP also need to pay attention to other structural costs, i.e. social prescriber salaries, training, access to places etc (Power of Change, 2019). Investing in groups that meet the specific needs of individuals in a particular place may seem financially unviable.
However, in-depth inquiries into the wider contextual benefits, such as locally accessible sociability, beyond the impact of a group on a specific physiological condition, e.g. diabetes, may ease other long-term costs associated with the negative ramifications of social isolation (Lee et al. 2009; Tomaka et al. 2006). Quantitative approaches to understanding the benefits of health and wellbeing promoting initiatives do not account for case-to-case contextuality, and even homogenise places by grouping similar features (e.g. green and/or blue space) (White et al. 2015). To demonstrate the holistic benefit of such initiatives, evaluation must incorporate the unique aspects of place and the individuals involved in each case. The ‘quality’ markers for social prescription groups should focus around opportunities for sociability and for social relationships to develop through dynamic encounters.

Finally, this paper contributes to the burgeoning debate about the impact of increased civil society inclusion in health service provision which includes social opportunities for wellbeing. In so doing, the paper critically engages with a new modality of more socially driven health service delivery that is restructured around a ‘welfare mix’ or ‘hybridity’ of provision between institutional services and civil society (Frederiksen, 2015). Ultimately, this paper helps reduce the gaps in our understanding of the influence that context, including place, plays in initiatives such as SP, and what enables an individual to make the most of opportunities for sociability while adopting healthier lifestyles. Research that accounts for spatial disparities in SP is still required – especially differences in national, regional and local non-clinical provision by voluntary and community sector services. Only through understanding the specific conviviality of places and the specific individuals within these places can we meaningfully engage in future debates and policy formulation on the possibilities of linking individuals to social opportunities in places, and around activities, that encourage healthier routines.
Bibliography


