

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

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6

7 **Abstract**

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

16

17 **Key Words:** Social Prescribing, Walking, Place, Sociability, Diabetes.

18 1. Introduction

19 Social prescribing (SP) is an increasingly popular means of enabling General Practitioners (GPs),
20 nurses and other primary care professionals to refer people to a range of local, non-clinical services
21 – often in groups – such as walking, gardening, cookery and befriending (Husk et al 2019). However,
22 SP has proliferated without a concomitant evidence base for its success and value for money
23 (Bickerdike, 2017). Also little understood is how participants become part of a self-sustaining group
24 in which people flourish (Pescheny et al 2018). This paper offers a contextual understanding of the
25 importance of sociability to the success of walking groups, highlighting the social dimensions of SP.
26 The adoption of an activity and social routine into a participant’s lifestyle goes beyond simply
27 adhering to and complying with a standard prescription.

28
29 Walking groups – whether socially prescribed or otherwise – have been studied extensively using a
30 range of methodological approaches to understand the benefits to individual health and wellbeing
31 (Twohig- Bennett and Jones, 2018; Grant et al. 2017a; Hanson and Jones, 2015; MacPherson, 2016;
32 Carpiano, 2009). While these benefits vary at an individual level, the consensus is that walking group
33 are a safe environment for ‘health promoting’ activities (Twohig-Bennett and Jones, 2018; Hanson
34 and Jones, 2015). Yet, individual involvement in a group is driven by complex, dynamic factors that
35 are not well understood. Objectively measurable indicators of how sociability influences people’s
36 wellbeing are elusive (Howick et al. 2019; Bird, 2010) because the quality of sociability depends on
37 the individuals, facilitators, settings, and varied constructs (individually and institutionally) of health
38 and wellbeing. Nevertheless, providing opportunities for social cohesion to secure an individual’s
39 initial *engagement* with and establishing their membership to a walking group can only enhance the
40 well-established positive relationship effects on physical health of this social prescription (Kwak et al.
41 2015).

42

43 In the next section, we locate SP and walking by, first, discussing the scholarly context for our
44 assertions and, second, arguing for the importance of place in creating enduring opportunities for
45 sociability in a SP walking group.

46

47 2.0. Locating SP and walking

48 2.1. SP

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

56

57 There are two primary drivers for the widespread adoption of SP in the UK. First, the financial
58 downturn of 2008/9 led successive UK governments to pursue austerity measures, forcing
59 healthcare providers to reduce their costs (Baggott and Jones, 2014). Second, there is a recognition
60 that non-clinical conditions can be better treated through community intervention such as the
61 provision of adequate housing (Thomson and Thomas, 2015). The NHS Long Term Plan (NHS, 2019)
62 committed to integrating SP in primary care with 1,000 new, funded SP link workers in place by
63 2020/21 and at least 900,000 referrals to SP by 2023/24 (NHS England, 2019) but neglected to
64 discuss the ability of voluntary and charity sector organisations (VCsOs) to receive referrals. Power
65 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/>

66 delivering a service but rarely covers staff training, management, premises or additional services
67 that the SP referral may require (Power to Change, 2019).

68

69 Evaluations of SP often homogenise and valorise the facilitation, implementation and delivery of the
70 prescribed 'dose' (e.g. Lovell et al. 2017) or focus on outcome evaluations (Pescheny et al. 2018)
71 rather than explore how different activities address the social needs of individuals or the factors
72 affecting participants' uptake and adherence to a group. Uptake and adherence are related to

73

74 patients' trust in GPs, navigators' initial phone call, supportive navigators² and
75 service providers, free services, and perceived need and benefits. Reported
76 barriers to uptake and adherence were fear of stigma of psychosocial problems,
77 patient expectations, and the short-term nature of the programme (Pescheny et
78 al, 2018: 1).

79

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

86

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

² Navigators are individuals who suggest social prescription activities to patients and link them with organisations that run the activities.

90 geography of a place can enable or constrain both participation in and enriching opportunities for
91 sociability through SP. Place-based attributes include different voluntary capacities, landscapes
92 (urban versus rural, green or blue therapeutic spaces etc), and different social formations (Skinner,
93 2014). Importantly, the physical qualities of places are imbricated with behaviour and
94 communications in constructing the social fabric of a place, giving place an emergent property³ as
95 the context for and site of socially prescribed activities such as walking. This emergent property links
96 closely to how spaces *become* for an individual through their sensory experiences in or about places
97 (Doroud et al. 2018). Recent developments in the field multi-representational theory entangle the
98 role of recalled memories of encounters in places at a particular point in someone's life-course into
99 the dynamic constructs that influence how individuals relate to the world; this is sometimes referred
100 to as *world-making* (Barron, 2019).

101

102 2.2. Understanding Walking Places

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

³ 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).

114 generalisability and case-to-case transferability remains a challenge for two interlinked reasons.
115 First, generalisable benefits are hard to identify when an individual's personal social relationships
116 and connection to place frames their involvement and experiences (Cattell, 2008). Similar spaces,
117 such as urban parks, gardens and trails exist everywhere but the mere existence of such spaces does
118 not guarantee that a walking group will thrive there.

119
120 Second, individuals have affective and embodied experiences in place (Caddick et al. 2015), led by
121 emotion and informed by their narrative of themselves (Foley and Kistemann, 2015). This includes
122 their past experiences in a specific space and/or similar spaces, social links and life-course events
123 that have influenced their 'journey' to a particular space and their motivations which have actively
124 encouraged them to seek certain spaces (Bell et al. 2016). As we show, groups and individuals thrive
125 because of the combination of place, and the sociability that develops through shared life-
126 experiences and stories. Evaluating these highly individualised accounts to provide insights for other
127 contexts – even if they are similar in physical characteristics or group demographic or health profiles
128 – often proves challenging (Datta and Peticrew, 2013). Attempts to do so risk overlooking the
129 importance of sociability, conviviality and the experiential particularities of different places and
130 activities: concerns are acknowledged in the literature on SP. Hanson et al (2016) show that the
131 propensity of an individual to return on a regular basis to maintain their increased physical activity is
132 often dependent on: i) their relationships with the group facilitators; ii) the extra social opportunities
133 that arise; and iii) their connectedness to the spaces that are walked, as well as the mere existence
134 of the group. Yet, little is understood about *how* individuals become socially connected to a walking
135 group and how the sociability that walkers experience is both generated by and constituent of place
136 (see Leyshon (2011) in relation to young people).

137
138 This is not to suggest that research on walking groups can only be essentialised and conclusions
139 drawn in a parochial manner, with findings are exclusively relevant to specific contexts. Qualitative

140 approaches provide a situated account of the dynamics of walking groups and their social and/or
141 biomedical outcomes. It is this situatedness that needs to be understood if specific initiatives are to
142 have parallel successes elsewhere, whilst recognising the bespoke nature of particular groups
143 through appropriate, in-depth methods (Murphy, 2017). Different walking groups may vary in how
144 they develop and continue to function depending on the conditions for sociability and the specific
145 individuals that participate in particular places. Understanding novel aspects of how sociability can
146 occur and instigate connectedness to a place can contribute to recognising key mechanisms for
147 success in walking groups from one context to another.

148

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

154

155 2.3. Place and walking groups

156 The influence of place on the health and wellbeing of individuals has been the subject of
157 considerable academic debate (Cummins et al. 2007). In its simplest form place is a "physical space
158 that people naturalize through patterns, behaviour and communications" (Campbell, 2016 pp.323),
159 creating a powerful sense of place and place-attachment (Relph, 1976, Cresswell, 2012). In this
160 paper, we interrogate what role and function place has on sociability in SP through examining
161 individuals' attunement to the situated, relational, and dynamic social conditions that occur in the
162 places where their SP activities take place, leading to a better understanding of SP itself (Kimberlee,
163 2015; Bickerdike et al. 2017). We impose reflexive vigilance when considering why, when, and where
164 an activity might or might not be appropriate, and question what or who is privileged or excluded.
165 We explore critically how wellbeing becomes constituted by a particular blend of place, people,

166 culture, sociality, histories, philosophies, and ways of being. We in turn recognise these aspects of
167 context are dynamic within moments of interaction and frequently occur over longer time periods.
168 This is where *sense of place* becomes fundamental in debates on SP: many aspects of an individual's
169 sense of belonging to a group and maintenance of social relationships are held together by their
170 sense of belonging in place (Relph, 1976; Doroud et al. 2018).

171

172 Academic literature from diverse epistemological and disciplinary perspectives has sought to
173 understand sense of place. Although different studies hypothesise the *measurability* of sense of
174 place, much of the literature focuses on its individual constructs, based on emotion, meaning,
175 identity and social relationships, and how these interact with the constructs of other individuals
176 (Atkinson et al. 2012), detracting from or creating a collective sense of place (Bell et al. 2015). Sense
177 of place has a dynamic quality (Gross and Lane, 2007), which can evolve in relation changes in the
178 season, physical environment or an individual's social and/or emotional relationships (Bell et al.
179 2014). Yet, change should not be understood as a simple linear process but unpredictable and
180 dynamic; meaning that change can be short-term or sustained over longer periods of time, and/or
181 radical or incremental (Cattell et al. 2008).

182

183 The complexity of sociability is also frequently referred to in studies exploring place, sociability and
184 their implications for health and well-being (Bell et al. 2015; Hanson et al. 2015; Lengen, 2015). Such
185 complexity is formed through establishing meaning (Antonsich, 2009). Although some disciplinary
186 approaches do indicate structural consistencies in how social meaning can be constructed (Stephoe
187 et al. 2015), the sociability manifests in this way remains changeable, individualised and the
188 emergent property of a particular time, place and interactions. Using Badiou's body of philosophical
189 work relating to the conditions of 'being social', Shaw (2010) and Dewsbury (2007) show that
190 inconsistency and dynamic change are at the centre of the meanings we form with each other and in
191 relation to particular contexts we interact with.

192

193 We explore this dynamic and complex notion of place as related to a SP of walking but our
194 understanding will be critically limited if – methodologically or analytically – we view its
195 implementation, delivery and participants homogenously whilst treating place as a plurality of places
196 experienced differentially by individuals. Fundamentally, place and sociability are created through a
197 series of experiential encounters (Leyshon and Bull, 2011) comprising individualised and collective
198 (group) constructs of walking, place and group dynamics.

199

200 Walking is critical to the place making processes here described, despite remaining overlooked
201 because of it's ordinariness (Middleton, 2011, Anderson, 2004). However, as Horton et al. (2013),
202 Cresswell (2012) and Wylie (2005) have argued, the act of movement through walking is pivotal in
203 shaping everyday life: it is one of the ways in which we come to know place(s). Walking has material
204 and imaginative effects on the body and is instrumental in a variety of relations into which
205 individuals enter and negotiate a variety of spaces. The body is an essential component in the way
206 people perform their identity and health: it 'grounds' them in a sense of belonging and attachment
207 to place. Although this paper acknowledges the value of the affective turn, with its emphasis on
208 phenomenology and non-representational approaches to understanding landscape, this work is not
209 without problems (Eagleton, 2003). As Blacksell (2005) has suggested the affective approach to
210 landscape somewhat depoliticises collective action by essentialising individual action and
211 "exceptional and rarefied moments" (Merriman et al. 2008, p. 195) rather than – in our case – the
212 deliberative act of walking to improve health. There is a pre-existing, fundamental mutuality
213 between people and the environment that shapes both and in which the body is central. The body is
214 either brought to a point where it can be immersed, or is already immersed, in place (Foley et al.
215 2015). Although walking is temporal and is often simply a means to an end, the process itself is as
216 important as the arrival or departure, as its tactility helps link people to the land/nature. This

217 interpretation emphasises the way that local exchanges between individuals and their experiences
218 of walking groups are heterogeneously mediated by a mundane action that is socially connected.

219

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

223

224 2.4. Sociability and walking groups

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

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

233

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

239

240 Recent studies increasingly highlight the important facilitative role played by those that introduce an
241 individual to such groups (Pescehny et al. 2018). Positive relationships from the outset and the
242 relationships built within a group enable individuals to actively incorporate walking into their

243 lifestyle routines (Pescheny et al. 2018). The variability of their sociable experiences during each visit
244 prevent attendance at the walking group from becoming mundane. Like any group activity,
245 sociability can precondition an individual's introduction, role in a walking group, and return to
246 participate to nurture the social relationships they have built (Fine and Corte, 2017; Doughty, 2013).
247 For example, Macpherson (2008), from a researcher perspective, demonstrates how connecting
248 over humour plays a key role in facilitating sociability and enabling group belonging to develop
249 amongst members of a visually impaired walking group.

250

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

255

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

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

263

264 2.5. Storytelling in walking groups

265 In *Section 2.3 and 2.4* we discussed how place and sociability provide walking groups with a venue
266 and a collective quality that defines how a group develops and remains active. The longevity of such
267 groups and each participant's opportunity to socialise in it emerges from an affinity to both place
268 and people. This framing of place and sociability suggests that place is a site in which sociability can

269 emerge through a succession of interactions between individuals (Fleuret and Atkinson, 2007). The
270 important issue is how this dynamic, emergent sociability is realised and experienced.
271
272 The term 'dynamic' is used intentionally to capture sociability's state of constant development and
273 boundless capacity to undergo change (Shaw, 2010). Scholarly inquiries have attempted to
274 understand this dynamism through exploring the mechanisms individuals and groups use to interact.
275 Studies such as Grant et al. (2017b), Hanson et al. (2016) and Bell et al. (2014) unravel how
276 conversations in place amongst walkers form links between individuals, enabling experiences and
277 meanings about place to be shared. Stevenson and Farrell (2017, pp. 442) describes this
278 phenomenon as "a process of conversation, mutual remembering and sense-making as people
279 traversed a landscape together." Sharing meanings and experiences can be regarded as an outcome
280 of a specific chain of interactions between a particular group of individuals. This again demonstrates
281 a limit to instrumentally measuring the influence of place and sociability on health and wellbeing.
282
283 Studies underpinned by qualitative approaches have elicited rich insights into how conversations are
284 not limited to the physicality of a space or constrained by the cues present at a specific moment
285 (Stevenson and Farrell, 2017; Foley and Kistemann, 2015; Cattell et al. 2008). As stories fluctuate in
286 and out of place to narrate past, present and future events, they create a conversational interaction
287 between the individual and the group (Caddick et al. 2015; Sugiyama, 1996). Frank's (2006, 2012)
288 work focuses on a key characteristic of humans as '*storytelling beings*': the dialogical narratives
289 through which an individual's perception of an experience aligns with the stories they receive and
290 respond to. Stories become an object of affinity, neutrality or dissimilarity depending on their
291 subjective resonance with an individual in place. This interpretive processing of a story distinguishes
292 the qualities of sociability at any given moment (Hubble and Tew, 2013).
293

294 Stories are a key mechanism in ‘activating’ sociability in place (Eakin, 1999). Capturing the shared
295 stories and the influences they have on the individuals in a walking group can be an indicator of how
296 social links are established and sustained. Further, these links enable us to understand how
297 sociability creates social relationships maintained both inside and outside the group meeting. The
298 empirical sections identify what kind of sociability emerges through the SP, situated in place and
299 storytelling. Before presenting our case study, we turn to method.

300

301 3. Methods

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

309

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

314

315 This investigation was framed by the following research questions:

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

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

318 *iii) How do individuals maintain their social relationships in the walking group and continue to*
319 *experience opportunities for sociability?*

320

321 This study was granted ethical approval by the University of Exeter's College of Life and

322 Environmental Sciences Geography Ethics Committee.

323

324 3.1 Case study context

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

334

335 3.2 Qualitative approach

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

342

343 The ethnographic approach used by this study is fundamentally dependent on the rapport a
344 researcher is able to build with individuals in the group (Guillemin and Heggen, 2008). Insights
345 emerge conversationally as the researcher becomes part of the group and individuals share

346 experiences. All research activities were conducted under an anonymity and confidentiality
347 agreement made with the participants and approved by the head Walk Leader. The researcher made
348 notes on the in-depth conversations that took place with specific walkers each week. Conversations
349 between the researcher and the walkers took place before, during and after the walking sessions. In
350 addition the participants were given the option to contribute to group and/or a one-to-one semi-
351 structured interview which were recorded and transcribed.

352

353 3.3. Data and analysis

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

359

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

368

369 Field notes and interview transcripts were coded using qualitative data analysis software, NVIVO 11.
370 The coding was performed in an inductive manner to allow insights to emerge from the data
371 generated in our studied case. . This approach allows for unique insights to develop and allows

372 nuanced perspectives to be considered equally (Elo and Kyngas, 2005) whilst at the same time
 373 identifying shared meanings amongst the group. To ensure the critical development and reflexive
 374 practice around the interpretations made by the field researcher, another researcher acted as a
 375 'critical friend' and weekly meetings were held discuss findings emerging from the field and the field
 376 researcher's initial interpretations of this data. In addition, after the initial phase of coding was
 377 carried out by the field-researcher, emergent themes were discussed with walkers and others
 378 involved with the walking group to ensure their perspectives were depicted accurately. The themes
 379 presented in *Section 4* were considered in a round-table discussion to ensure the walking group
 380 members aware of how the researcher had interpreted the in-depth conversations and interviews. It
 381 should be noted that all data were presented back to the group in an anonymised fashion.
 382 Encouragingly, the group were able to confirm that the interpretations made relating to place,
 383 sociability and storytelling reflected their context and expressed satisfaction in being involved in a
 384 study that allowed the group's context and activities lead the research findings. We present these
 385 findings in the following section.
 386

Age Bracket / Sex	Number of conversations during walks	Individual interview	Group interview
75+ / F	6	Yes	No
75+ / M	4	Yes	No
75+ / M	4	No	No
75+ / M	4	No	No
75+ / M	4	No	No
66-75 / F	4	No	Yes
66-75 / M	3	No	Yes
66-75 / F	4	No	Yes
66-75 / F	2	No	Yes
66-75 / M	1	No	Yes

66-75 / F	2	No	Yes
66-75 / M	2	Yes	No
66-75 / M	3	Yes	No
66-75 / M	3	No	No
56-65 / F	2	No	No
56-65 / F	2	No	No
56-65 / M	2	No	No
56-65 / M	2	No	No
56-65 / F	2	Yes	No
56-65 / F	1	Yes	No
46-55 / F	2	No	No
36-45/ M	2	Yes	No
26-35/ F	1	No	No
18-26/ F	2	No	No

387 *Table 1. Participant Interactions*

388

389 [4. Results and Discussion](#)

390 [4.1 Sociability](#)

391 The data generated by the participants and qualitative approaches outlined in Table 1 showed great
392 consistency around how the walker experience was shaped by sociability and social bonds. The
393 group shared a collective identity but, within this, individuals formed closer friendships with each
394 other. This tended to be as a result of shared or relatable past experiences. This is by no means a
395 novel revelation as existing literature into SP groups reiterates the importance of social bonds and
396 friendships (Hanson et al. 2016; Bird et al. 2010). However, in this study, an interesting feature
397 materialised: the emergent quality of close friendships through a common narrative of diabetes as a
398 shared health condition. Individuals were socially prescribed into this group as a positive step

399 towards increasing physical activity, achieving weight loss goals and reducing blood sugar levels: all
400 measurable changes to an individual's lifestyle and physiological condition. However, the
401 conversations which bonded the group were not always directly about diabetes *per se* but about
402 shared experiences and lifestyle changes which positively impacted their diabetes (e.g. their blood-
403 sugar levels and weight). These included sharing reduced-sugar recipes and/or taking part in other
404 physical activities in their local area. Importantly, this 'information exchange' occurred as part of
405 walkers' social interactions and would enter the conversation as a by-product of dialogues around
406 what people did at the weekend, how their family and/or friends have been, and whether they have
407 tried something new or different. The extract below from an in-depth interview demonstrates how
408 sociability enhances 'information exchange'.

409

410 ***Interviewer: "What sort of things do you find yourself talking about, from week to week, with***
411 ***people [other walkers]?"***

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

416

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

425 condition, are constructed through the active facilitation of sociability (Fleuret and Atkinson, 2007).
426 As highlighted in Section 1, interacting with other individuals is intertwined with place, allowing
427 sociability to manifest (Doroud et al. 2018). The group built a sense of relationality with and to each
428 other. In some cases, participants were motivated by having positive interactions and social links
429 with individuals who live with a range of health issues of varying severity. This is demonstrated by
430 Stephen (male, 56-65) attested to being depressed before joining the walking group and was asked
431 what the main drivers were behind him “feeling less depressed” since he started participating:
432 “The place and the people here, yeah. Because I see people here that are probably worse off than I
433 am, health-wise, but they’re here, so what have I got to moan about?”
434
435 In Stephen’s account we begin to glimpse Badiou’s argument (Shaw 2010) that sociability arises from
436 the coalescence of unique, unpredictable and temporally dynamic circumstances. Creating the
437 conditions in which sociability can emerge in this way is a critical task for any SP activity.
438
439 In Stephen’s case, building positive relationships with individuals who were able to deal with more
440 severe cases of diabetes acted as an added motivation for continued participation. This is the
441 meaning he himself built and which in turn acted as a strong bond to the group. Similar meanings
442 were constructed for others. Yet, each individual account was nuanced around how they exactly
443 related to others and formed positive meanings around these relationalities. These unique nuances
444 reflect Badiou’s recognition of the unpredictability that surrounds sociability’s manifestation for an
445 individual. Each understanding of the group was embeded in the lived experiences of an individual
446 and the identities they assumed during these experiences.
447
448 Vernon (male, 65-76) spoke about his military past during the walks and entwined this self-identity
449 and personal history in how he related socially to others in the group. Upon being asked how others
450 in the group impacted his involvement, Vernon gave the following response:

451

452 I enjoy doing anything that's group wise and I'm probably a bit of a natural leader... I
453 mean, the real reason is for health, obviously, but if I can assist other people improve
454 their health, even if it doesn't give mine the big kick that I need, that's fine, I get the
455 kick out of helping other people, that does something for me as much as the physical
456 side.

457

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

469

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

477

478 4.2. Place

479 The group met in the same place each week but took different routes on their walks. The walkers
480 discussed place and the spaces available for walking, echoing previous studies such as Foley and
481 Kistemann (2015). Walkers expressed a sense of continuity in regularly encountering different parts
482 of the botanical garden. However, this ‘consistency of place’ should not be viewed as a
483 homogenising experience as the walkers’ sense of personal connection was different from each
484 other. As others have observed, e.g. Bell et al. (2015); Foley and Kistemann, (2015) and Hanson et al.
485 (2016), individual and collective perspectives constructed around the same place are influenced by
486 individual experience and personal history: for example, the recollection of a relative and/or friend
487 being involved in the construction of the venue, and/or childhood memories of the place before it
488 developed into the space it is today. Individuals may develop similar constructions about a place but
489 their route or journey to that construct differs. This insight is far from new but, in this study, we
490 were able to develop a novel interpretation of the influences of place on walking groups, to which
491 we now turn.

492

493 A sense of place is embedded in the dynamism of how the group repeatedly encountered place and
494 the fluid opportunities places enabled for dialogue to occur. Some walkers reflected on their
495 childhood memories of the site and how it had evolved. Others focused on the seasonal variations of
496 the botanical garden, but significantly all participants contemplated how change conditioned their
497 sense of place; similarly detailed by Sandberg (2003). Many participants had links to the site and
498 remembered the walking venue before it was transformed into an ecological attraction. A field diary
499 entry from one of the walks covers a conversation with a walker, Harrison (male, 75+) with historic
500 links to the place in a management capacity. Even though some tensions were apparent in their
501 relationship with members of management still present at the site, they saw the walks as an
502 opportunity to ‘check-in’ on the place. They even voiced pleasure in “knowing the place is doing

503 well". This connection can be regarded as an incidental driver for participation unique to the
504 individual. However, it is clear to see the benefit of using local sites and places as venues for social
505 prescribing activities. The likelihood of the individualised drivers, based on past experiences, for
506 forming valuable connections can be enhanced through channelling individuals towards venues they
507 have previous links to.

508

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

513

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

518

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

522

523 In visiting the site, participants expected something to be different each week and this was a key
524 influence on walkers returning to share their opinions on any changes. Different changes would
525 attract different individuals or groups based on their individualised and collective constructs, and
526 personal interests but the presence of dynamism was revered. The field diary extract below depicts
527 how these dynamic aspects of place sparked interest and acted as a platform for conversation and
528 sociability:

529

530 ***Today the first person I spoke to was Ivan (Male, 75+) ... Once Alvin (Male, 75+) arrives they***

531 ***comment on how 'fantastic' the sweet pea display looks, 'different but lovely each week'.***

532 ***Additionally, they mention how the sweet peas will begin to fade in a couple of weeks, they go on***

533 ***to speculate with excitement about what flowers will replace the sweet peas.***

534

535 Observing place changes helps group members identify commonalities. Alvin and Ivan both had

536 sweet peas and a shared interest in them, while the prospect of change to the botanical displays

537 brought a sense of anticipation. In this way moments of place dynamism form a reason for

538 conversation. These may be conditioned by a pre-existing interest or something that deviates from

539 the norm (Atkinson et al. 2012). These deviations, sometimes subtle, prevent a place becoming

540 mundane. This is perhaps better demonstrated by the reaction certain individuals gave to the

541 tobacco plants which were growing in a Mediterranean fauna display. The plants grew from around

542 50 cm to 200cm in the 10 weeks. This rapid change commonly sparked responses such as

543 *'unbelievable', 'they are incredible' and 'never seen anything like it'*. Walkers were attracted back

544 each week to observe dynamic developments (Shaw, 2010). The changes highlighted above provide

545 opportunities for storytelling.

546

547 4.3 Storytelling

548 In their simplest form stories are a construct of an individual's history and how they interact with

549 current contexts. Sensory signals come from the place in which individuals find themselves, the

550 places they imagine and the people with whom they interact (Sugiyama, 1996). As Frank (2006)

551 argues, storytelling is beneficial in that it increases sociability and may be deployed as a springboard

552 for health-promoting activities (Bell et al. 2015; Caddick et al. 2015). As noted above, the dynamic

553 aspects of the setting prompted walkers to share stories which – we argue – acted as a mechanism

554 to extend the group's sociability to places and others beyond the group, creating an imagined

555 community (Anderson, 1991); a sense of connection to a group of individuals and places, some of
556 whom will never be met or visited. Storytelling allows walkers to imagine an association with other
557 people and places. Often walkers would seek more information from each other. The prospect of a
558 weekly update on these imagined associations would create another reason to return as well as
559 consolidating their social bonds in the walking group. The extract below from an in-depth interview
560 illustrates how individuals share stories about their family and how others become interested in
561 them (linking back to *Section 4.2* these stories are interspersed with reactions to the place they
562 traverse):

563

564 ***Interviewer: "...what sorts of things do you talk to other users about, or other walkers***
565 ***about, when you're here?"***

566 ***Vera (Female, 75+): "Oh, well, we talk about, obviously, the enjoyment here. And,***
567 ***'Look, oh, gosh, that's out, it wasn't out last week,' the different plants and things.***
568 ***And then sometimes they'll tell you about their family, that you didn't know anything***
569 ***about. Not complaining or anything like that, but just nice [updates]. They say they***
570 ***welcome company, which is lovely to hear."***

571

572 Frank (2006) highlights that stories of others can allow new stories to develop which are then told by
573 others. Stories about other places have a similar impact on walkers. One walker (male, 75+) shared
574 stories about his time in Libya as a Royal Air Force (RAF) squadron. He mentioned the heat and
575 others reacted by stating how they *'could not put up with that heat', 'must be so interesting a place*
576 *like that', and 'it may be hot in here [walking through a temperature controlled botanical display] but*
577 *it's not Libya'*. Secondly, one of the group's volunteers had been to Russia for a mountain climb.
578 Upon his return, 10 members of the group gathered around him to hear about the places he had
579 been to and see his pictures. Both these cases show how stories from other places interest other
580 walkers. The walkers imagine these places and create their own links and constructs, further

581 enlivening the group and avoiding mundaneness. Significantly, this process demonstrates how
582 imagined places act as a positive mechanism to establish sociability amongst walking group
583 participants. The other walkers have more to talk about and share perspectives on during the walks
584 and outside of the walks (in their day-to-day lives), adding depth and increased dynamism to the
585 sociability that occurs.

586

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

595

596 ***Most of the talking is about other things really, whatever happens to come up.***

597 ***Because I'm not a great conversation starter, I do tend to listen. I do enjoy listening, so***

598 ***I listen to a point where I feel able to interject.***

599

600 This quote was in response to a question on how the social aspects of the group influence his
601 participation. Firstly, Tim was a relatively new member. He had participated in an in-depth interview
602 in his fifth week of being a walker and had started the walks in the second week of this study's field
603 work. At this point, we can link back to our findings in *Section 4.1* and Tim was able to find a role
604 and/or express his self-identity in the group even though he was a newer member. This yet again
605 shows how important it is to provide opportunities for individuals to assimilate themselves into a
606 positive context in their own way. Here, we directly address our third research question from

607 Section 2. Individuals tend to seek and create opportunities for sociability as they relate and
608 assimilate themselves in a group based on their past experiences, their experiences in the group and
609 their interests.

610

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

613 As mentioned in Section 4.1, participants shared lifestyle tips and exchanged experiences. However,

614 diabetes was raised specifically as a topic of conversation mostly when Tabitha, the social

615 prescribing navigator based at the walkers' GP surgery, was present. Tabitha joined the walks on

616 three occasions during the study. Participants would talk about how they were feeling better and

617 how they had made changes to their diet with Tabitha and then amongst themselves as a

618 continuation of their conversations with her. The value of the navigator was widely revered, as

619 Stephen's quote shows: "Almost, I would put Tabitha at level with the doctors. Even in this

620 situation, I would put her before the doctors because she's done me more good than any doctor in
621 there."

622

623 Maggie echoed this, stating that:

624

625 **The support from Tabitha and the social prescribing team was brilliant, I've really felt**

626 **that I've had like a friend on board. It just gives you that confidence that you've got,**

627 **yes, someone that's looking out for you and actually cares about your diabetes,**

628 **because doctors, with the best will in the world, they've got limited time, someone**

629 **who goes in there who needs medication, they can do that, but they haven't really got**

630 **time to alter your lifestyle.**

631

632 It became clear that Tabitha acted as a main contact to deal with and address issues, and
633 conversations regarding diabetes. These were dealt with when Tabitha was present and then the
634 group could be social, tell stories and form or re-establish connections with the walked places at
635 other times. Moreover, Tabitha herself was able to tell her own stories based on the participants.
636 The field diary entry below shows this:

637

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

643

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

648

649 5. Conclusion

650 This paper offers a contextual understanding of the importance of sociability to the success of
651 walking groups as a form of SP. Sociability and the emergent properties of place play a central role in
652 an individual's opportunity to belong in a group of people who have received a walking social
653 prescription. We illustrate how SP can facilitate the development of a context which harbours
654 socially positive potential for its participants. This potential is realised through the dynamic aspects
655 of place and the sociability amongst the specific individuals who become part of a socially prescribed
656 group. Allowing for these dynamic aspects to develop was a key feature of the successes in the
657 studied group. This study brings together three aspects – place, sociability and storytelling – of

658 walking groups to highlight the 'social' in SP. This moves us beyond the idea that simply being in a
659 place has a curative effect. Our particular context was a group that promotes diabetes management
660 through walking. However, once part of the group this condition became a secondary dimension
661 compared to the group's desire for continued sociability and lasting membership of the group. The
662 features of the place, the shared and individual interests of the group and the stories individuals told
663 each other were an important mechanism in unlocking sociability. An opportunity for extended,
664 richer and more dynamic sociability is presented through linking to places and acquaintances in the
665 stories of other participants, creating an imagined community (Anderson, 1991). Participants actively
666 seek updates on the imagined places and acquaintances through the storyteller, adding depth to
667 social relationships. This key and novel finding acted as a major driver for harnessing positive social
668 condition in a walking group.

669

670 Overall this study develops knowledges on understanding the effects that place and sociability have
671 on improved health and wellbeing (Bell et al. 2015; Foley and Kistemann, 2015). Place-making,
672 storytelling and walking came together in this case study to improve lifestyles but this was not a
673 simple linear process linked to the condition individuals shared. The way individuals repeatedly
674 returned to their social prescription was led by their social interactions and the stories they shared.
675 These were very dynamic and highly individualised aspects of the walking group. This finding draws
676 attention to the importance of understanding the benefits derived from each group's unique
677 properties and has implications for future research into SP schemes. Further research on different
678 contexts, groups and conditions is required to more fully assess the role and function of context-led
679 aspects of SP. More holistic research is required that reflects not only on patient journeys but on the
680 chain of service providers and organisations involved in SP to illuminate the costs and benefits of
681 such schemes. Further, future funders of SP also need to pay attention to other structural costs, i.e.
682 social prescriber salaries, training, access to places etc (Power of Change, 2019). Investing in groups
683 that meet the specific needs of individuals in a particular place may seem financially unviable.

684 However, in-depth inquiries into the wider contextual benefits, such as locally accessible sociability,
685 beyond the impact of a group on a specific physiological condition, e.g. diabetes, may ease other
686 long-term costs associated with the negative ramifications of social isolation (Lee et al. 2009;
687 Tomaka et al. 2006). Quantitative approaches to understanding the benefits of health and wellbeing
688 promoting initiatives do not account for case-to-case contextuality, and even homogenise places by
689 grouping similar features (e.g. green and/or blue space) (White et al. 2015). To demonstrate the
690 holistic benefit of such initiatives, evaluation must incorporate the unique aspects of place and the
691 individuals involved in each case. The ‘quality’ markers for social prescription groups should focus
692 around opportunities for sociability and for social relationships to develop through dynamic
693 encounters.

694

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

708

709 Bibliography

710 Akpınar, A., Barbosa-Leiker, C. and Brooks, K. (2016). Does green space matter? Exploring
711 relationships between green space type and health indicators. *Urban Forestry & Urban Greening*, 20,
712 pp.407-418.

713

714 Anderson, B. (1991) *Imagined Communities: Reflections on the Origin and Spread of Nationalism*,
715 London, UK: Verso.

716

717 Anderson, J. (2004). Talking whilst walking: a geographical archaeology of knowledge. *Area*, 36(3),
718 pp.254-261.

719

720 Antonsich, M. (2009). Meanings of place and aspects of the Self: an interdisciplinary and empirical
721 account. *GeoJournal*, 75(1), pp.119-132.

722

723 Atkinson, S., Fuller, S. and Painter, J. (2012). Wellbeing and Place. In: S. Fuller, ed., *Wellbeing and*
724 *Place*, 1st ed. London: Routledge, pp.1-14.

725

726 Baggott, R. and Jones, K. (2014). The Big Society in an age of austerity: threats and opportunities for
727 Health Consumer and Patients' Organizations in England. *Health Expectations*, 18(6), pp.2164-2173.

728

729 Barron, A. (2019). More-than-representational approaches to the life-course. *Social & Cultural*
730 *Geography*, pp.1-24.

731

732 Bell, S., Leyshon, C. and Phoenix, C. (2019). Negotiating nature's weather worlds in the context of life
733 with sight impairment. *Transactions of the Institute of British Geographers*,

734 doi.org/10.1111/tran.12285

735

736 Bell, S., Phoenix, C., Lovell, R. and Wheeler, B. (2015). Seeking everyday wellbeing: The coast as a
737 therapeutic landscape. *Social Science & Medicine*, 142, pp.56-67.

738

739 Bell, S., Phoenix, C., Lovell, R. and Wheeler, B. (2014). Green space, health and wellbeing: making
740 space for individual agency. *Health & Place*, 30, pp.287-292.

741

742 Bickerdike L, Booth A, Wilson P.M., Farley, K. and Wright, K. (2017) Social prescribing: less rhetoric
743 and more reality. A systematic review of the evidence. *BMJ Open*, 7(4):e013384.

744

745 Bird, A. (2010). Social Knowing: The social sense of 'scientific knowledge'. *Philosophical Perspectives*,
746 24(1), pp.23-56.

747

748 Blacksell, M. (2005). A walk on the South West Coast Path: a view from the Other side. *Transactions*
749 *of the Institute of British Geographers*, 30(4), pp.518-520.

750

751 Caddick, N., Smith, B. and Phoenix, C. (2015). The Effects of Surfing and the Natural Environment on
752 the Well-Being of Combat Veterans. *Qualitative Health Research*, 25(1), pp.76-86.

753

754 Campbell, C. (2016). Space, Place and Scale: Human Geography and Spatial History in Past and
755 Present. *Past & Present*, 239(1), pp. e23-e45.

756

757 Carpiano, R. (2009). Come take a walk with me: The "Go-Along" interview as a novel method for
758 studying the implications of place for health and well-being. *Health & Place*, 15(1), pp.263-272.

759

760 Cattell, V., Dines, N., Gesler, W. and Curtis, S. (2008). Mingling, observing, and lingering: Everyday
761 public spaces and their implications for well-being and social relations. *Health & Place*, 14(3),
762 pp.544-561.

763

764 Cawston, P. (2011). Social prescribing in very deprived areas. *British Journal of General Practice*,
765 61(586), pp.350-350.

766

767 Chen, L., Pei, J., Kuang, J., Chen, H., Chen, Z., Li, Z. and Yang, H. (2015). Effect of lifestyle intervention
768 in patients with type 2 diabetes: A meta-analysis. *Metabolism*, 64(2), pp.338-347.

769

770 Cresswell, T. (2005). *Place: A Short Introduction*. Malden, MA, USA: Blackwell Publishing

771

772 Cresswell, T. (2012). *On the move*. Hoboken, New Jersey, USA: Taylor and Francis.

773

774 Cummins, S. (2007). Commentary: Investigating neighbourhood effects on health--avoiding the
775 'Local Trap'. *International Journal of Epidemiology*, 36(2), pp.355-357.

776

777 Datta, J. and Petticrew, M. (2013). Challenges to evaluating complex interventions: a content
778 analysis of published papers. *BMC Public Health*, 13(1), pp. 1-18.

779

780 Dempsey, S., Lyons, S. and Nolan, A. (2018). Urban green space and obesity in older adults: Evidence
781 from Ireland. *SSM - Population Health*, 4, pp.206-215.

782

783 Dewsbury, J. (2007). Unthinking subjects: Alain Badiou and the event of thought in thinking politics.
784 *Transactions of the Institute of British Geographers*, 32(4), pp.443-459.

785

786 Doroud, N., Fossey, E. and Fortune, T. (2018). Place for being, doing, becoming and belonging: A
787 meta-synthesis exploring the role of place in mental health recovery. *Health & Place*, 52, pp.110-120.
788

789 Doughty, K. (2013). Walking together: The embodied and mobile production of a therapeutic
790 landscape. *Health & Place*, 24, pp.140-146.
791

792 Eagleton, T. (2003) *After Theory*. London, UK: Penguin

793 Eakin, P. (1999) *How our lives become stories*. Ithaca, USA: Cornell University Press.

794 Fine, G. and Corte, U. (2017). Group Pleasures. *Sociological Theory*, 35(1), pp.64-86.
795

796 Finlay, J. (2018). 'Walk like a penguin': Older Minnesotans' experiences of (non)therapeutic white
797 space. *Social Science & Medicine*, 198, pp.77-84.
798

799 Fleuret, S. and Atkinson, S. (2007). Wellbeing, health and geography: A critical review and research
800 agenda. *New Zealand Geographer*, 63(2), pp.106-118.
801

802 Foley, R. and Kistemann, T. (2015). Blue space geographies: Enabling health in place. *Health & Place*,
803 35, pp.157-165.
804

805 Forest Research (2019). Types of greenspace. [[https://www.forestresearch.gov.uk/tools-and-
806 resources/urban-regeneration-and-greenspace-partnership/greenspace-in-practice/types-of-
807 greenspace/](https://www.forestresearch.gov.uk/tools-and-resources/urban-regeneration-and-greenspace-partnership/greenspace-in-practice/types-of-greenspace/)] Accessed: 11/04/2019
808

809 Frank, AW (2012) Practicing dialogical narrative analysis. In: J. Holstein, and J. Gubrium, (eds)
810 *Varieties of Narrative Analysis*. London: SAGE, pp. 33–52
811

812 Frank, A. (2006). Health stories as connectors and subjectifiers. *Health*, 10(4), pp.421-440.

813

814 Grant, G., Machaczek, K., Pollard, N. and Allmark, P. (2017a). Walking, sustainability and health:
815 findings from a study of a Walking for Health group. *Health & Social Care in the Community*, 25(3),
816 pp.1218-1226.

817

818 Grant, G., Pollard, N., Allmark, P., Machaczek, K. and Ramcharan, P. (2017b). The Social Relations of a
819 Health Walk Group: An Ethnographic Study. *Qualitative Health Research*, 27(11), pp.1701-1712.

820

821 Gross, H. and Lane, N. (2007). Landscapes of the lifespan: Exploring accounts of own gardens and
822 gardening. *Journal of Environmental Psychology*, 27(3), pp.225-241.

823

824 Guillemin, M. and Heggen, K. (2008). Rapport and respect: negotiating ethical relations between
825 researcher and participant. *Medicine, Health Care and Philosophy*, 12(3), pp.291-299

826

827 Hanson, S., Guell, C. and Jones, A. (2016). Walking groups in socioeconomically deprived
828 communities: A qualitative study using photo elicitation. *Health & Place*, 39, pp.26-33.

829

830 Hanson, S. and Jones, A. (2015). Is there evidence that walking groups have health benefits? A
831 systematic review and meta-analysis. *British Journal of Sports Medicine*, 49(11), pp.710-715.

832

833 Howick, J., Kelly, P. and Kelly, M. (2019). Establishing a causal link between social relationships and
834 health using the Bradford Hill Guidelines. *SSM. Population Health*, 8, p.100402.

835

836 Hubble, N. and Tew, P. (2013). The Role of Narrative Representation and Exchange in How Older
837 People Understand Ageing. In: N. Hubble and P. Tew, ed., *Ageing, Narrative and Identity*, 1st ed.
838 London, UK: Palgrave Macmillan, pp.161-180.
839

840 Husk, K., Elston, J., Gradinger, F., Callaghan, L. and Asthana, S. (2019). Social prescribing: where is the
841 evidence? *British Journal of General Practice*, 69 (678)pp. 6-7
842
843

844 Kimberlee, R. (2015). What is social prescribing?. *Advances in Social Sciences Research Journal*, 2(1),
845 pp. 102-110.
846

847 Kwak, L., Kremers, S., Walsh, A. and Brug, H. (2006). How is your walking group running?. *Health*
848 *Education*, 106(1), pp.21-31.
849

850 Lee, M., Maume, M. and Ousey, G. (2009). Social Isolation and Lethal Violence Across the
851 Metro/Nonmetro Divide: The Effects of Socioeconomic Disadvantage and Poverty Concentration on
852 Homicide. *Rural Sociology*, 68(1), pp.107-131.
853

854 Lengen, C. (2015). The effects of colours, shapes and boundaries of landscapes on perception,
855 emotion and mentalising processes promoting health and well-being. *Health & Place*, 35, pp.166-
856 177.
857

858 Leyshon, M. (2011). The struggle to belong: young people on the move in the countryside.
859 *Population, Space and Place*, 17(4), pp.304-325.
860

861 Liberati, E., Gorli, M., Moja, L., Galuppo, L., Ripamonti, S. and Scaratti, G. (2015). Exploring the
862 practice of patient centered care: The role of ethnography and reflexivity. *Social Science & Medicine*,
863 133, pp.45-52.

864

865 Lovell, R., Husk, K., Blockley, K., Bethel, A., Bloomfield, D., Warber, S., Pearson, M., Lang, I., Byng, R.
866 and Garside, R. (2017). A realist review and collaborative development of what works in the social
867 prescribing process. *The Lancet*, 390, p.S62.

868

869 Macpherson, H. (2008). "I Don't Know Why They Call it the Lake District They Might as Well Call it
870 the Rock District!" The Workings of Humour and Laughter in Research with Members of Visually
871 Impaired Walking Groups. *Environment and Planning D: Society and Space*, 26(6), pp.1080-1095.

872

873 Macpherson, H. (2016). Walking methods in landscape research: moving bodies, spaces of disclosure
874 and rapport. *Landscape Research*, 41(4), pp.425-432.

875

876 Merriman, P., Revill, G., Cresswell, T., Lorimer, H., Matless, D., Rose, G. and Wylie, J. (2008).
877 Landscape, mobility, practice. *Social & Cultural Geography*, 9(2), pp.191-212.

878

879 Middleton, J. (2011). Walking in the City: The Geographies of Everyday Pedestrian Practices.
880 *Geography Compass*, 5(2), pp.90-105.

881

882 Mitchell, R., Astell-Burt, T. and Richardson, E. (2011). A comparison of green space indicators for
883 epidemiological research. *Journal of Epidemiology & Community Health*, 65(10), pp.853-858.

884

885 Murphy, E. (2017). *Qualitative Methods and Health Policy Research*. 1st ed. New York, USA:
886 Routledge.

887

888 Newman, D. (1996). Emergence and Strange Attractors. *Philosophy of Science*, 63(2), pp.245-261.

889

890 NHS (2019) The NHS Long Term Plan. [https://www.longtermplan.nhs.uk/wp-](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf)

891 [content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf). Accessed: 18/12/2019

892

893 NHS England (2019). Social prescribing. [https://www.england.nhs.uk/personalisedcare/social-](https://www.england.nhs.uk/personalisedcare/social-prescribing/)

894 [prescribing/](https://www.england.nhs.uk/personalisedcare/social-prescribing/). Accessed: 18/12/2019

895

896 Noyes, J., Booth, A., Moore, G., Flemming, K., Tunçalp, Ö. and Shakibazadeh, E. (2019). Synthesising

897 quantitative and qualitative evidence to inform guidelines on complex interventions: clarifying the

898 purposes, designs and outlining some methods. *BMJ Global Health*, 4(1), p.e000893.

899

900 Pescheny, J., Randhawa, G. and Pappas, Y. (2018). Individual uptake and adherence to social

901 prescribing: a qualitative study. *BJGP Open*, pp.bjgpopen18X101598.

902

903 Phoenix, C. and Orr, N. (2014). Pleasure: A forgotten dimension of physical activity in older age.

904 *Social Science & Medicine*, 115, pp.94-102.

905

906 Power to Change (2019) The unsustainability of current social prescribing models.

907 <https://www.powertochange.org.uk/blog/unsustainability-current-social-prescribing-models/>.

908 Accessed: 18/12/2019

909

910 Pretty, J., Peacock, J., Hine, R., Sellens, M., South, N. and Griffin, M. (2007). Green exercise in the UK

911 countryside: Effects on health and psychological well-being, and implications for policy and planning.

912 *Journal of Environmental Planning and Management*. 50 (2), 211-231

913

914 Relph, E. (1976). *Place and placelessness*. London, UK: Pion

915

916 Sandberg, A. (2003). Play Memories and Place Identity. *Early Child Development and Care*, 173(2-3),

917 pp.207-221.

918

919 Shaw, I. (2010). Sites, truths and the logics of worlds: Alain Badiou and human geography.

920 *Transactions of the Institute of British Geographers*, 35(3), pp.431-442.

921

922 Skinner, M. (2014). Ageing, place and voluntarism: towards a geographical perspective on third

923 sector organisations and volunteers in ageing communities. *Voluntary Sector Review*, 5(2), pp.161-

924 179.

925

926 South, J., Higgins, T., Woodall, J. and White, S. (2008). Can social prescribing provide the missing

927 link?. *Primary Health Care Research & Development*, 9(04), p.310.

928

929 Stevenson, N. and Farrell, H. (2017). Taking a hike: exploring leisure walkers embodied experiences.

930 *Social & Cultural Geography*, 19(4), pp.429-447.

931

932 Sugiyama, M. (1996). On the origins of narrative. *Human Nature*, 7(4), pp.403-425.

933

934 Tang, T., Funnell, M., Sinco, B., Piatt, G., Palmisano, G., Spencer, M., Kieffer, E. and Heisler, M.

935 (2014). Comparative Effectiveness of Peer Leaders and Community Health Workers in Diabetes Self-

936 management Support: Results of a Randomized Controlled Trial. *Diabetes Care*, 37(6), pp.1525-1534.

937

938 Tillmann, S., Tobin, D., Avison, W. and Gilliland, J. (2018). Mental health benefits of interactions with
939 nature in children and teenagers: a systematic review. *Journal of Epidemiology and Community*
940 *Health*, 72(10), pp.958-966.

941

942 Thomson, H. and Thomas, S. (2015). Developing empirically supported theories of change for housing
943 investment and health. *Social Science & Medicine*, 124, pp.205-214.

944

945 Tomaka, J., Thompson, S. and Palacios, R. (2006). The Relation of Social Isolation, Loneliness, and
946 Social Support to Disease Outcomes Among the Elderly. *Journal of Aging and Health*, 18(3), pp.359-
947 384.

948

949 Triguero-Mas, M., Dadvand, P., Cirach, M., Martínez, D., Medina, A., Mompert, A., Basagaña, X.,
950 Gražulevičienė, R. and Nieuwenhuijsen, M. (2015). Natural outdoor environments and mental and
951 physical health: Relationships and mechanisms. *Environment International*, 77, pp.35-41.

952

953 Twohig-Bennett, C. and Jones, A. (2018). The health benefits of the great outdoors: A systematic
954 review and meta-analysis of greenspace exposure and health outcomes. *Environmental Research*,
955 166, pp.628-637.

956

957 White, M., Pahl, S., Wheeler, B., Fleming, L. and Depledge, M. (2016). The 'Blue Gym': What can blue
958 space do for you and what can you do for blue space? *Journal of the Marine Biological Association of*
959 *the United Kingdom*, 96(01), pp.5-12.

960

961 Wylie, J. W. (2005). A Single Day's Walking: narrating self and landscape on the Southwest Coast
962 Path. *Transactions of the Institute of British Geographers*, 30(2), pp. 234-247

963

964 Yin, R. K. (2011) *Applications of Case Study Research*. London, United Kingdom: SAGE publications:

965