


ARTICLE

‘Where’ is the evidence? A starting point for the development of place-based research reviews and their implications for wellbeing-related policymaking

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Funding information

Interreg, Grant/Award Number: Interreg 2S07-004

Abstract

This paper aims to stimulate debate around the development of a place-based research review methodology. We present place-based reviews as a potential source of support for wellbeing-related local policymaking. Our introductory discussions highlight an ever-growing need for insights about specific localities and a lack in resources—including time—for local policymakers to engage with research. Additionally, increasing demands for local insights have been driven by devolution shifts, which redistribute policymaking responsibilities to local authorities. Hence, we explore the challenges and opportunities that arise when places are considered in reviewing research relevant to wellbeing. We build a case study around two related places of different scale: Truro, a small cathedral city in the United Kingdom's Southwest; and Cornwall, the regional county that contains Truro. We use these places as search terms in combination with terms concerning health and social care (HSC) services. HSC services are included as a component of our case study, as the topic is a consistent concern for wellbeing-related policies. In our findings, we report a lack of papers on our smaller scale of place (Truro). One might expect this outcome. Nonetheless, we reflect on current research practices and processes that might have further limited our ability to generate insights about Truro. Encouragingly, our findings on Cornwall demonstrate the potential of place-based reviews in supporting local policymaking more broadly. We make initial judgements around knowledge gaps—including the exclusion of perspectives from certain groups and identities—and topological insights, that is, those that are relevant to Cornwall as a whole. Our discussions also consider how place-based reviews can be enhanced via the retrieval and inclusion of non-academic studies. Finally, key questions to induce debate on this subject are posed in the conclusion.

This study was funded by Interreg (European Union). Grant number: Interreg 2S07-004.

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KEYWORDS

place, research reviews, subjective wellbeing

1 | INTRODUCTION

At a time when the place-based delivery of health and social care (HSC) services that support wellbeing has become a political and social imperative, the application of research evidence to specific geographical contexts is an ongoing challenge for commissioners, local government officials and policymakers (Kneale et al., 2019; Mullen et al., 2005). This paper explores the absence of place in research evidence review methodologies and, in part, addresses the challenge Crane et al. (2023) raise as to *whose geographies* are included in knowledge production and utilisation. Above all, we aim to stimulate debate around how place can be considered in research review processes to support wellbeing-related policymaking.

Policymakers require different forms of information to enable them to make considered decisions. Although political agendas and financial budgets usually underpin how policies are formulated, research-generated evidence bases can significantly influence decisionmaking on *what works* and *what does not*—particularly in relation to health-related policies (Kneale et al., 2019; Mullen et al., 2005). Our key argument in this paper centres on how acknowledging *where* research evidence is produced can improve policymaking. Such an argument may seem obvious, but a recent review reported on the under-utilisation of research evidence around health-related policy action within local authorities (Dam et al., 2023). Dam et al. (2023) cited that local authorities experienced difficulties around sourcing locally relevant studies and that they had limited time for seeking research evidence. As a response to these barriers, we propose that academics can support local authorities by generating place-based reviews and making them accessible. Even though *place's* influence on wellbeing is well acknowledged by research, particularly within geography scholarship (Williams, 2008), to our knowledge, a framework for undertaking place-based reviews does not exist, nor has such a methodology been established as a well-recognised practice. Consequently, we present an initial approach to incorporating place into research review methods. Specifically, we provide a starting point for the development of place-based reviews via the use of search terms that relate to places of different scales.

We focus on reviews, as they help to collate knowledges that shape policy-related decisionmaking (Pawson et al., 2005). To demonstrate the close links between research evidence, reviews, policy and particular places, we use the United Kingdom's (UK's) policy landscape to contextualise our ideas. For example, in the UK, seminal reviews have been a mechanism for key policy-led changes. Examples include the Bodmer Report into science communication (Royal Society, 1985), the Marmot Review on social health inequalities (Marmot, 2010) and the Stephenson-Farmer Review into mental health and employment (Farmer & Stevenson, 2017). Our focus, however, is on wellbeing-related research and its use in policymaking in the UK. There are four main reasons why incorporating a specific consideration of place is particularly important for the development and success of wellbeing policies.

First, a drive towards place-based services to support wellbeing has redistributed responsibility to ever-smaller denominations of place, including local authorities and networks that coordinate HSC services in specific geographic areas. In the UK, a devolution process relating to HSC service delivery, through the Health and Social Care Act 2012 (UK Government, 2012a), led to the creation of localised care coordination bodies known as Integrated Care Areas (ICAs) (NHS, 2022). These bodies were established to support local authorities in shaping and implementing local services associated with public health and wellbeing (McKenna & Dunn, 2015; NHS, 2022; Yeboah, 2005).

Second, shifts towards place-based service design and delivery have not been accompanied by a shift in generating place-specific research evidence to support local policymaking. Only very recently has the UK's National Institute of Health Research (NIHR) announced the development of Health Determinant Research Collaborations (HDRCs) which, as described by the NIHR, aim to improve local authority capabilities around producing quality research through evidence-based decisionmaking (NIHR, 2023). Therefore, it is especially timely to ask: *how can we best obtain evidence that is relevant to a particular locality?*

While HDRC and NIHR calls clearly signal the need for more locality-focused research evidence to support place-based decisionmaking, place remains absent from review methodologies. Our third point is that the conventional sources of evidence—academic reviews of research or individual research papers themselves—are generally not well suited to providing appropriate insights for place-based policies. Broadly, academic reviews involve established protocols which are characterised by: (i) a commitment to certain types of objective evidence, for example clinically measurable data,

which is posited as constituting reliable and scientifically acceptable knowledge; and (ii) summarising generalisable findings.

Finally, at the local level there is a clear disconnect between local policies and the research evidence used in their creation. For example, a recent strategy document by Cornwall Council¹—*The Cornwall We Know*—outlines a range of locally prevalent health issues and cites national-level evidence to frame considerations for policy action. The document reports that 10% of the county's population experience significant difficulties when undertaking daily activities due to illness or disability (Cornwall Council, 2020). This finding is then related to life expectancy, with smoking, harmful drinking behaviour, a lack of healthy eating and exercise, and poverty presented as problems to tackle (Cornwall Council, 2020). These problem areas are identified from national reviews, for example, the Marmot Review (Marmot et al., 2020) on health in England, and overlook poor wellbeing drivers that are specific to Cornwall.

The disconnect between policy needs and academic practice is even starker when attempting to inform place-based policies on subjective wellbeing. How we feel is fundamentally part of our individual and collective subjectivities (Atkinson et al., 2020): the experiences, perspectives, feelings, beliefs, desires and agency of individuals and communities, shaped by cultural constructs, relationships and context-specific experiences, which evolve over time (McLeod, 2010). Hence, bespoke, place-based policies support wellbeing more effectively (Winterton et al., 2014). However, the exclusion of place from research evidence reviewing runs the risk of homogenising or diminishing the importance of place to wellbeing.

At this point, we also need to acknowledge that research evidence is not the only *type* of knowledge that is used to inform policies. As Hansen (2001, p. 116) highlights that a 'plurality of opinions' amongst local policymakers complicates designing actionable strategies. Additionally, balancing economic budgets, political loyalties and the perspectives of influential constituents further complicates decision-making within local governments (Liu et al., 2010). Therefore, we do not present place-based reviews as a panacea to local wellbeing-related policymaking. Our aim is to catalyse the development of a place-based review methodology that supports overcoming the barriers highlighted by Dam et al. (2023). This can be achieved via documenting what can be learnt from such reviews and reflecting on practices to encourage further research into developing a place-based review methodology. Too often, review outcomes are separated from the context, for example, history, culture and geography, in which the knowledges under review evolved. To develop a useful framework for place-based reviews, primarily, we need to recognise that the outputs of social research are not facts, but merely situated constructs. Hence, closer attention to *where* knowledges are generated can help us in establishing this recognition among policymakers who aim to support wellbeing.

Review methods and their current lack of attentiveness to place are covered in the next section. Following that, to further affirm this paper's added importance to wellbeing-related policymaking, we document place's important role in constructs of wellbeing. Our results section summarises considerations that were generated by our approach and reflects on the findings of our approach in relation to its usefulness to wellbeing-related policymaking. We also consider current academic practices and conventions that curtail the potential of place-based reviews as a beneficial tool for local policymaking. Finally, we conclude by reaffirming how this paper is a starting point for the development of a methodological framework for place-based reviews and outline what further scholarship can consider to produce a refined approach that supports local policymakers.

1.1 | Academic literature review practices

There are many approaches to conducting academic literature reviews. State-of-the-art and scoping reviews collate academic insights around new and emerging subjects by searching for relevant content in recent studies (Hendriks et al., 2020). Systematic reviews use replicable protocol-driven frameworks to appraise the quality of evidence for causal and effectual relationships between the phenomena being studied. Such reviews then go on to synthesise research findings in a form which is easily accessible to those who have to make policy decisions (Higgins et al., 2019).

Review approaches governed by strict protocols are more relevant to the remit of this paper, as they are associated with gathering evidence and making judgements on distinct influences on a studied subject. However, such judgements are problematic in relation to highly subjective topics and experiences that are shaped by specific places, for example, wellbeing. So, *how is place elided in reviewing processes?* Search protocols do not generally include place—primarily because systematic reviews are conducted about outcomes and potential causes, and not their sites; that is, the places in which these outcomes and potential causes occur. Consequently, if a paper with a place-specific case study is identified, it is only the methodological and empirical content that is of importance to such reviews. The downstream effect of this is that place-based learning is overlooked.

Principally, systematic reviews are ideal for reviewing instrumentally measurable outcomes that manifest in the same way from person-to-person (e.g., the impacts of a drug and/or substance on a physiological condition) (Dickersin et al., 1994). Hence, the harmonious marriage between systematic reviews and randomised controlled trials (RCTs). RCTs are the 'gold standard' for scientific precision in the medical sciences and follow a strict protocol to ensure rigour. Their key features are (in brief): random allocation to intervention groups that are treated identically except for receiving a different experimental treatment (double-blind studies, where feasible, are preferred) and analysis focused on estimating the size of the difference in outcomes between intervention groups (Sibbald & Roland, 1998). These features emphasise the need for some degree of control to ensure that outcomes are not impacted by any mechanism other than the studied intervention. Importantly, control is difficult to achieve with wellbeing due to its varied subjective definitions and manifestations (Diener et al., 2017). Instead, transparency and rich detail about the contexts in which knowledges are generated become key aspects of developing understanding (through reflexivity as opposed to replication) (Golafshani, 2003). Fundamental contextual details are overlooked when place is absent from processes (reviews) that aim to assess wellbeing-related knowledges. We attempt to, in part, address this issue by using specific places in a review's search terms. This approach is expanded upon in our methods section.

Where systematic reviews have been conducted in relation to aspects of subjective wellbeing, they actively seek to homogenise and striate data through the categorisation of individuals with shared traits (e.g., adolescents and older adults) (Gayman et al., 2017; Webster et al., 2020). Critics of this method, such as Cornish (2015), argue that the homogenisation of groups and people that share certain characteristics overlooks the diversity within those groups. Again, place is an important consideration here, as it plays a defining role in diversity. Individuals form identities through their culture and connections to certain places (Peng et al., 2020).

While systematic reviews remain wholly inattentive to place, some recent methodological developments do consider contextualities, such as place. The most substantial development in this area is perhaps the emergence of realist reviews. Realist reviews create a framework around the theories that inform and/or have been developed around a subjective topic, as well as acknowledging the contexts in which those theories have emerged (Pawson et al., 2005). The development and inclusion of a theoretical framework in realist reviews allows for the consideration of factors that drive variability in the 'real-world' when research evidence is being collated. In this way, place-based influences that are potential sources of inequalities and/or inform individualised constructs of subjective wellbeing might be considered (Edgley et al., 2016).

The realist review approach is certainly a positive step for considering place in reviewing research evidence. However, whether this step is taken or not is dependent on the disciplinary grounding of a review and the researchers applying the method. For example, approaches to wellbeing grounded in psychology tend to focus on population characteristics, specific types of activity beneficial to wellbeing and/or homogenised characterisations of certain spaces, that is, blue or green (White et al., 2016; Windle et al., 2010). We argue that place should become a standard feature of research evidence reviews on wellbeing, as opposed to an add-on that is determined by discipline. In the next section, we outline place's influences on wellbeing as a way of further emphasising why it is important to consider *where* evidence is generated.

1.2 | An overview of place and wellbeing

Commonly, place is used in a variety of ways as a synonym for space or to describe physical surroundings or a particular locality. Human geographers, however, recognise that any definition of place goes beyond a set of Cartesian coordinates, physical characteristics and/or spatial boundaries (Seamon & Sowers, 2008). Hence, place is recognised as both the scale of everyday life and as a locus of individual and group identities (Castree et al., 2013). Below, we provide a synopsis of the wide-ranging and theoretically eclectic discussions around place's influence on wellbeing.

Since the 1970s, geographers have been theorising individual agency in place (e.g., Antonsich, 2009; Ley, 1981; Smith & Reid, 2017; Tuan, 1979). At the risk of simplifying a complex field, this work has taken two broad approaches. First, identity formation, individual agency and the difference that places make in the performance of everyday life are conceptualised. For example, cultural geographers have explored the construction of phenomenological meaning using non-representational theory which emphasises the visceral, embodied nature of our encounters with place and in places (Bell et al., 2018; Wylie, 2005). Such understandings have also migrated into other areas of social science (Andrews, 2014; Andrews et al., 2014; Heath et al., 2015). Here, the meaning of place can be unique to certain human and non-human actors and/or be co-constructed by any combination of actors who are present in a place (Andrews et al., 2014). For wellbeing, the implications of such theorisations of place are: (i) our affective-emotional relationships with place, place identity and sense of place all contribute to subjective accounts of wellbeing in ways

that might be hard to identify and articulate (Scott et al., 2018); and (ii) a need for caution when recommending the wellbeing benefits of certain places and activities to individuals, as different individuals may experience phenomena uniquely (Andrews, 2014; Andrews et al., 2014).

In this paper's context, the enablement of reviews to address *where* evidence has been generated can act as a useful signpost for local policymakers. Specifically, policymakers can understand the relevance of the knowledges that are collocated by a review to their locality. Better relevance to locality would help to situate wellbeing-related evidence in contexts where, often intangible, place-led specifics influence constructs of wellbeing, for example, cultural identity and non-representational experiences in particular places.

Further, place-related research outlines how structural influences (political, social and cultural) have a positive, enabling influence on an individual or present barriers to positive experiences, for example, due to unequal access to resources and environments (Gillespie, 2010; Kangmennaang & Elliott, 2018).

Therefore, both structural factors and individualised experiences of place can be regarded as important influences on wellbeing (Cresswell, 2008, 2012). Additionally, these influences can be conceptualised through another place-related concept: topology. Topology attends to the importance of relationships that go beyond the physical boundaries of a place. Allen (2011, p. 283) argues 'a topological sensibility prompts us to think again about such things as scale and territory, networks and connection [the stuff of more conventional topographical thinking] in a less rigid manner, in ways that make a difference'. Allen's explanation is primarily about political power, but his points have wider application. Through topology, objects and ideas have a location, but exert their agency beyond any spatial boundary—including conventional administrative boundaries. Hoffman and Thatcher (2017, p. 146) provide the following explanation: 'the distance between space is less important than the relationship between elements, such that Cartesian distance between two distinct points could be rethought as relationships'. Thus, space is always in the process of becoming, since the relationships that constitute it are always changing (Paasi, 2011a, 2011b). In terms of wellbeing, we do not interpret these ideas about place in a way that disregards spatial boundaries. We suggest that boundaries situate wellbeing-related knowledges and attention to socio-cultural relationships that go beyond boundaries can provide a deeper understanding of what knowledges are topological. Thus, attention to the spatial boundaries in which wellbeing-related studies are conducted can provide learning on knowledges about particular places and those that are topological.

Simply, wellbeing-related knowledges that are present across all scales can be considered as being topological, while knowledges that are unique to smaller scales of place outline considerations that prevail at that smaller scale. Both types of knowledge and understanding their relation to place would be useful for local policymakers. Our first step for building a place-based review approach is revealed here. Scale needs to be accommodated by place-based review frameworks and reviewers must be attuned to topological knowledges that transcend the scales of place included in a search strategy.

Hence, we test a search strategy that includes: (i) particular settlements and (ii) a higher order of unit for place, for example, a county and/or municipality. We use this approach in the next section by constructing a case study around Truro, a small city in the UK, and the county it is located in (Cornwall)—including where studies about Cornwall are situated in a wider regional context (i.e., the UK's Southwest). We focus on HSC service delivery as a place-based supportive element for wellbeing. Strong and responsive HSC systems are important for the wellbeing of individuals and communities (Humphries, 2015; Klomp & de Haan, 2009). Next, our methods section outlines our case study approach and discusses its relevance to our aim of providing a first step for establishing a place-based review methodology.

2 | METHODS

We document our place-based review approach through a case study. Case studies are powerful research tools in detailing learning from the implementation of ideas in specific contexts (Yin, 2011). Hence, our case study provides an arena for testing the ideas that are outlined in this paper's opening sections. To summarise, we aim to observe what can be learnt from a review that embeds places of different scales in its search strategies and is attuned to topology. Common review practices are considered too, in that, studies that are sourced by our search are organised by their methodological approaches and their purpose. Purpose is defined via how the studies relate to our test review's topic of interest: HSC services. We deemed this topic apt for review, as HSC services are an important structural influence on wellbeing (Henderson et al., 2020), and are a consistent focus for policymaking—particularly when devolution of responsibility to smaller units of governance for HSC service delivery is considered (Humphries, 2015; McKenna & Dunn, 2015).

2.1 | The case study: Truro, Cornwall, UK

Truro (population 18,766 according to the UK's 2011 Census) is situated in the UK's most south-westerly unitary authority of Cornwall. Cornwall (population 573,299 according to the UK's 2011 Census) is predominantly rural (ONS, 2011a) with a number of small urban hubs, of which Truro is the only one designated as a city² and a main site for amenities—including Cornwall's largest hospital: Royal Cornwall Hospital (Truro City Council, 2020a, 2020b). For HSC commissioning, Truro's population falls under the Central ICA, which is one of three ICAs in Cornwall. In ICAs, local service providers, voluntary and community groups, local government and private sector agencies collaborate to deliver HSC services (NHS, 2022; Yeboah, 2005). Truro also has its own Primary Care Network (PCN) (NHS, 2022). PCNs build on existing primary care services and intend to provide proactive and personalised HSC for locals (NHS, 2022). Therefore, HSC-related knowledges that are specific to Truro would be useful for policies concerning the running of Truro's ICA and PCN. Moreover, knowledges that are consistent for Truro and Cornwall would indicate what research evidence can be considered as being topological. The next section details our review methodology's application.

2.2 | Place-based searching, study selection and analysis

Our method began by sourcing a focused set of literature. We constructed a search strategy around HSC services in Truro and Cornwall, and applied this to the academic literature database ScienceDirect in May 2020.

We searched only for work published in peer-reviewed journals and under the subjects of social sciences and medical sciences. The search terms we used can be seen in Table 1. The search levels in Table 1 were combined as follows: Level 1 and Level 2 and Level 3.

Our search yielded 121 results. We scanned the abstracts of these papers and developed a strategy for selecting papers for closer inspection. Some studies mentioned Truro and Cornwall in passing, but these papers were not based on research in those places. Such papers were excluded. Papers were included when they covered:

- Research conducted in and/or directly in relation to Truro.
- Research conducted in and/or directly in relation to the unitary authority of Cornwall—including when Cornwall was studied within a wider regional context.

To condense the selected papers further, we rejected studies conducted in and/or directly about Cornwall that were conducted before 2012, as added health-related responsibilities were devolved to local authorities in the UK in 2012. Due to the manageable volume of studies generated, we did not apply exclusion criteria based on a date to studies for Truro. Finally, researchers scanned the reference lists of the papers that met our inclusion criteria. This approach is referred to as snowballing and helped to identify additional relevant studies (Danglot et al., 2019).

TABLE 1 Search terms and structure used in our approach.

| Level 1 | Level 2 | Level 3 |
|----------------|----------|----------------|
| Health care | Truro | United Kingdom |
| or | | |
| Social care | Cornwall | UK |
| or | | |
| Health care | | England |
| or | | |
| Social care | | |
| or | | |
| Social service | | |
| or | | |
| Health service | | |

The selected studies were organised by date order. Using a ‘critical friend’ approach (Haddaway et al., 2020), the research team documented the sourced studies’ methods. These were broadly categorised as *qualitative*, *quantitative* and *mixed methods*. We also used emergent (inductive) categories to arrange studies by purpose. The categories that emerged were as follows: testing new services, evaluating existing services and *other*. We explain what was included in the *other* category in more detail in a footnote that is included in Table 3.

The next section presents our results and discusses how place-related knowledges are generated via our method. We also reflect on key methodological and thematic gaps in the sourced literature.

3 | RESULTS AND DISCUSSION

Only three studies in our entire search were based on research conducted in Truro. We had a further 39 studies based on research conducted in or about Cornwall. An additional 15 studies that conducted research in Cornwall were identified through snowballing. In total, 57 studies were included in our review. Study place coverage is summarised below:

- Three studies were conducted about Truro.
- 54 studies were conducted about Cornwall.
- Total studies: 57.

Two of the three studies (both from 1991) conducted directly in relation to Truro were health service evaluations and examined the care given to patients by ambulance crews and in hospital, respectively. The third study, published in 2007, focused on the impact of pre-clinic telephone calls on appointment attendance. Essentially, we were not able to source wide-ranging knowledges about Truro through our approach. After all, *why would we expect a small city in the Southwest of the UK to have research conducted about it, any more than any other similar place?* However, this absence illustrates the issue that is at the very heart of this paper: *how do we identify and create academic learning in smaller scales of place that is useful for policymakers?*

The lack of place-based studies sourced in relation to Truro should be of concern. However, this lacuna is, in part, research driven. The value placed in studies that are judged to be of *high quality* by current review methods—particularly systematic reviews—overlook the value of knowledges that are generated in places of smaller scale. For example, replicability and generalisability are sought after study qualities by systematic reviews (Higgins et al., 2019) and, naturally, this perspective gives less attention to knowledges that are relevant to lesser scales. While this inattentiveness to smaller scale knowledges is prevalent, such knowledges could be sought in alternative realms of knowledge production. A way of addressing this issue would be to make the inclusion of other sources of knowledge, that is, what academics often refer to as grey literature, standard for place-based reviews. Such sources would include small-scale studies and reports produced by local practitioners and/or research commissioned by local authorities directly. The fact that such studies have not been published in academic outlets should not be a reason for excluding or undervaluing them. The important consideration here would be to assess and organise (consistently) these knowledges via the practices of a refined place-based review methodology. This finding also informs our first question for debate (for future research in this area): *how do we source place-based grey literature consistently to include in place-based reviews?*

All three studies about Truro deployed quantitative methods. The two studies conducted in 1991 aimed to evaluate existing practices, whereas the study from 2007 assessed a new approach being applied to an existing context. It is difficult to build any argument from only three studies. Yet, if the limited insights generated directly in relation to Truro are taken *prima facie*, we see a dominance of quantitative methods, which focus on a narrow range of clinical settings: ambulances and hospitals. Once more, the inclusion of grey literature in place-based reviews would expand the evidence base and settings of research that are available for appraisal.

Next, we turn to studies on Cornwall. We begin with detailing and discussing the methodological approaches that were included in these studies. A subsequent section explores how studies about Cornwall relate to HSC services. We then discuss the implications of these findings for devising place-based review approaches.

3.1 | Methodological approaches of studies about Cornwall, UK

Primarily, the choice of methodology in a study has a bearing on the type(s) of knowledge produced. The methods used in Cornwall's studies are summarised in [Table 2](#).

The dominance of quantitative methods in these studies is noteworthy. While it is encouraging to find studies that aim to generate statistically relevant insights for the populations engaging HSC services in Cornwall, the relative lack of qualitative insights on the topic is apparent. Well-designed qualitative methods generate rich data (Mcleod, 2010), and help build a fine-grained picture of influences on experiences—particularly if they are applied to diverse subjectivities within a context (Smith & Reid, 2017). These types of knowledges are beneficial when trying to understand wellbeing-related subjectivities around particular influences, such as HSC services. Qualitative methods can help reveal relationships, processes, structures, flows and other relational spatialities that shape wellbeing, which are constituted and modified through 'social relations across spaces and distances, rather than merely radiating from certain locations' (Paasi, 2011b, p. 299). Hence, we can make the judgement that in-depth insights into HSC services in Cornwall require further development through qualitative studies that are: (i) designed around this subject matter; (ii) attentive to place-based influences; and (iii) accommodative of diverse perspectives within Cornwall. This finding may be useful to policymakers, as they can use the lack of certain types of research relevant to *their place(s)* to justify the commissioning of additional research, thereby addressing Dam et al.'s (2023) concerns. Place-based reviews in this way can become a mechanism to call for more locally relevant research, as well as providing a current overview of how knowledge is being produced in certain places.

Next, we explore the extent to which studies included in our review evaluated existing services and/or tested new approaches in Cornwall.

3.2 | Aspects of HSC services being studied in Cornwall, UK

[Table 3](#) shows the proportion of studies that aimed to evaluate existing services and those that aimed to test new HSC services and innovations in Cornwall.

As presented in [Table 3](#), the prevalence of evaluation studies in Cornwall can be regarded as a positive for place-specific research evidence around HSC service experiences. Additionally, the county-wide coverage of these studies indicates learning that is, to some extent, topological. The HSC services that were evaluated were being delivered across the county, which can be thought of as a composite of numerous smaller scale settlements. Therefore, the insights that have been generated by these studies transcend the boundaries of smaller scale settlements and relate to a wider geography of place. By incorporating places of different scales into our search strategy, we collated knowledges that can be deemed as being topological and relevant to place-based findings across different scales. Importantly, this idea would benefit from further exploration, for example, through reviews that expand the scales of related places beyond geo-political county limits.

TABLE 2 Methods used in studies related to HSC services in Cornwall.

| Methods of studies | Number of studies | Percentage of studies |
|--------------------|-------------------|-----------------------|
| Quantitative | 32 | 59.26 |
| Qualitative | 11 | 20.37 |
| Mixed methods | 11 | 20.37 |

TABLE 3 Study aims relating to HSC services in Cornwall.

| Study aims | Number of studies | Percentage of studies |
|------------------------------|-------------------|-----------------------|
| Evaluating existing services | 26 | 48.15 |
| Testing new services | 16 | 29.63 |
| Other ^a | 12 | 22.22 |

^aOf the 12 studies with a different focus: (i) five studies assessed the knowledge and skills of professionals involved in health care and social care delivery; (ii) five studies were concerned with monitoring the health of individuals with a particular health condition; (iii) one study explored qualitative insights into general access to health care services, as opposed to studying a well-defined aspect of health care services; and (iv) one study was conducted to validate a health survey.

When we assessed the methods of the HSC service evaluations, we observed that quantitative approaches were favoured in 17 of the 26 studies (six used mixed methods and only three were conducted using qualitative methods). Therefore, once more, we can suggest that a closer balance of methodological approaches can better accommodate specific subjectivities around HSC service-related experiences.

Principally, research evidence that is generated through a balance of methodological approaches can produce richer knowledges in relation to place-based experiences. For instance, individuals in marginalised groups, for example, people experiencing homelessness, ethnic minorities and/or politically marginalised groups (Humphries, 2015; Thomas et al., 2012), can encounter HSC service-related experiences that are detrimental, even when others have positive experiences. Hence, a future consideration for place-based reviews is a more nuanced identification of *who* is taking part in the studies that are being reviewed. This point is germane to establishing social equity in wellbeing research by delineating the experiences of different groups at a local level (von Heimburg & Ness, 2020). Political agendas and approaches to inclusive policy design that simply categorise individuals, however well intentioned, can obfuscate how such information is used in policy circles (Epstein, 2008). Arguably, the provision of such homogenised information militates against productive place-based reviews as a mechanism for inclusive policymaking. In summary, insights into *who* is being excluded should be linked to locally relevant evidence bases.

Interestingly, the methodological approaches used in studies that introduced and/or tested new services, that is, service innovation, were more balanced. Of the 16 studies with this characterisation, seven used qualitative methods, six used quantitative methods and three used mixed methods. This tentative finding is encouraging. Academic studies of new services in Cornwall appear to be paying closer attention to place-based contextualities. For example, a study on health care service access of fishers provides insights into the fine-grained details that need to be considered when designing services in Cornwall. Key considerations involved place-specific barriers to Cornwall that were driven by the county's landscape and infrastructural organisation, for example, long travel distances to access health care (Turner et al., 2018). However, Turner et al. (2018) also touched on barriers that were topological, such as the tendency of fishers to perceive the risks that are faced at sea as being greater than any health issue. Hence, fishers often did not seek health care services. This indicates that topological knowledges can be fathomed when attention is given to the cultures and perspectives of *who* is involved in a place-based study, as such cultures and perspectives can transcend place-based boundaries and be a construct of identity (irrespective of place). Once more, ways that help to acknowledge the perspectives and identities that are included in studies would enhance the learning that can be gained from place-based reviews.

Overall, our findings demonstrate the potential of place-based reviews, which are conducted via a methodological framework that accommodates place, in revealing nuanced knowledges for local policymakers. In the following section, we present our conclusions and the implications of this developmental place-based review approach on wellbeing-related research and policymaking.

4 | CONCLUSIONS

At this paper's outset, we discussed how policy responsibilities are being devolved to ever-smaller areas to deliver services that support wellbeing. We also argued that new research review approaches, which are attentive to place, need to evolve to provide local policymakers with locally relevant evidence bases. We acknowledge that research evidence is not a definitive shaper of local policies, as local policymaking involves a complex web of power relations, agendas and priorities. However, we instituted this paper as a response to recent studies on barriers to research evidence use by local policymakers, for example Dam et al. (2023), and wish to catalyse the establishment of place-based reviews as a recognised academic practice.

Consequently, our paper provides a starting point for embedding specific place-based geographies into research reviews (Crane et al., 2023). As a commencement for developing such approaches, we explored HSC services as a structural influence on wellbeing within two related locations of different scales. We constructed our search strategy using these specific places. This approach helped us to show how knowledge relating to specific settlements, for example Truro, is hard to generate through the application of place-based search terms on academic databases. Thus, future work in this area should consider how other knowledge-producing activities and documents can be sourced by place-based reviews. Importantly, such knowledges should not be regarded as being parochial and their consideration would advance place-based reviews if they are engaged with critically. Principally, we mean that the methods of knowledge generation and the scope of the knowledges that have been generated in a place should be detailed carefully, irrespective of whether a study has been published in an academic outlet or not. Hence, the question we raise for debate in our results section:

how can grey literature be sourced and used (consistently) in place-based reviews? This question calls for the formation of local knowledge repositories and better communication (awareness) among academics and other knowledge-generating actors—including policymakers. In terms of wellbeing in a UK context, one way of addressing this question might be via the establishment of local grey literature databases by ICAs. ICAs, responsible for delivering integrated care in local areas, are made up of a variety of stakeholders and this stakeholder diversity would be beneficial for collating research from a range of sources. In contexts where similar bodies to ICAs do not exist, comparable assemblages of stakeholders will need to be established.

Our second area for developmental debate is how we can consider *who* is involved in local knowledge production. As highlighted in our results section, the perspectives that form locally relevant knowledges can overlook certain groups and how experiences, such as accessing HSC services, can differ for certain minorities. Place-based reviews can help identify the *voices* that are, at present, not contributing to local knowledges. A review process that reveals such information would be a powerful tool for policymakers concerned with issues of inclusion (von Heimburg & Ness, 2020). Challenges to consider here involve how we can organise review findings in ways that deal with differing identities critically. The categorisation of certain identity traits, including gender and race, and homogenising findings via these categorisations is not an effective way of understanding experiences of exclusion in certain places (Epstein, 2008). A significant challenge is posed for place-based reviews, as the knowledges that we aim to understand exceed those that are derived from the simple categorisation of social groups in a place. Initial attempts to address this challenge could involve the presentation of preliminary place-based review findings to diverse individuals and groups in a place for scrutiny. This step would be similar to realist reviews, where stakeholders come together to form a theoretical framework of important influences around a studied topic (Pawson et al., 2005). For place-based reviews, this process would (could) involve the locals that experience the place of interest (for reviewing) on a daily basis.

Encouragingly, our developmental attempt to generate a place-based review enabled us to relate study purposes and the balance of methods used in studies to place directly. The potential of this information for policymaking became apparent when we considered topological knowledges. Topological knowledges involve those that transcend spatial boundaries. Therefore, studies that relate findings to larger scales of geography, for example Cornwall compared with Truro, can be used as an indicator for topology. This notion is of pertinence to wellbeing-related research, as knowledges that seem to be established across larger scales of place can be regarded as being applicable to wider geographies. Such topological knowledges would be locally relevant, as they are generated in a place-based context that is of interest (to place-based reviewers and local policymakers) and would not be overly homogenised like information that is adapted from national and international studies (Cornwall Council, 2020; Dam et al., 2023).

Overall, our case study provides a tentative first step for embedding place into research review methods. Particularly, places need to be viewed in fluid terms, each with a history and a social context, rather than a hermetic capsule in which generalised activities are simply performed. We intend for our reflections on the links between knowledges, scales and topology to be used as a platform for the future development of inclusive and rigorous place-based review methodologies.

ACKNOWLEDGEMENTS

This study was conducted during a project funded by Interreg 2Seas – part financed by the European Regional Development Fund (project name: Healthy Ageing in Rural Europe through Innovation—HAIRE). We thank the reviewers of this paper for their constructive feedback and Amelia Johnson, the University of Exeter intern, who helped with administrative processes that were associated with this paper.

DATA AVAILABILITY STATEMENT

This paper concerns the development of a review methodology and did not involve any primary or secondary data collection.

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ENDNOTES

¹ Cornwall is a county and Unitary Authority in the Southwest of the UK.

² Definitions of urbanity and rurality are provided by the rural–urban classification (based on population density) applied by the UK Office for National Statistics—notably Cornwall's population of 572,299 is spread over an area of 5372 km² (ONS, 2011b).

REFERENCES

- Allen, J. (2011) Topological twists: Power's shifting geographies. *Dialogues in Human Geography*, 1(3), 283–298. Available from: <https://doi.org/10.1177/2043820611421546>
- Andrews, G. (2014) Co-creating health's lively, moving frontiers: Brief observations on the facets and possibilities of non-representational theory. *Health & Place*, 30, 165–170. Available from: <https://doi.org/10.1016/j.healthplace.2014.09.002>
- Andrews, G., Chen, S. & Myers, S. (2014) The 'taking place' of health and wellbeing: Towards non-representational theory. *Social Science & Medicine*, 108, 210–222. Available from: <https://doi.org/10.1016/j.socscimed.2014.02.037>
- Antonsich, M. (2009) Meanings of place and aspects of the self: An interdisciplinary and empirical account. *GeoJournal*, 75(1), 119–132. Available from: <https://doi.org/10.1007/s10708-009-9290-9>
- Atkinson, S., Bagnall, A.-M., Corcoran, R., South, J. & Curtis, S. (2020) Being well together: Individual subjective and community wellbeing. *Journal of Happiness Studies*, 21, 1903–1921. Available from: <https://doi.org/10.1007/s10902-019-00146-2>
- Bell, S., Foley, R., Houghton, F., Maddrell, A. & Williams, A. (2018) From therapeutic landscapes to healthy spaces, places and practices: A scoping review. *Social Science & Medicine*, 196, 123–130. Available from: <https://doi.org/10.1016/j.socscimed.2017.11.035>
- Castree, N., Rogers, A. & Kitchin, R. (2013) *A dictionary of human geography*. Oxford, UK: Oxford University Press.
- Cornish, F. (2015) Evidence synthesis in international development: A critique of systematic reviews and a pragmatist alternative. *Anthropology & Medicine*, 22(3), 263–277. Available from: <https://doi.org/10.1080/13648470.2015.1077199>
- Cornwall Council. (2020) *The Cornwall We Know: January snapshot with Covid-19 updates*. Cornwall Council. Available from: <https://letstalk.cornwall.gov.uk/the-cornwall-we-know> [Accessed 20th March 2023].
- Crane, J., Ergler, C., Griffin, P., Holton, M., Rhiney, K., Robinson, C. et al. (2023) Whose geography do we review? *Geography Compass*, 17(2), 1–7. Available from: <https://doi.org/10.1111/gec3.12676>
- Cresswell, T. (2008) Place: Encountering geography as philosophy. *Geography*, 93(3), 132–139. Available from: <https://doi.org/10.1080/00167487.2008.12094234>
- Cresswell, T. (2012) Nonrepresentational theory and me: Notes of an interested sceptic. *Environment and Planning D: Society and Space*, 30, 96–105. Available from: <https://doi.org/10.1068/d494>
- Dam, J.L., Nagorka-Smith, P., Waddell, A., Wright, A., Bos, J.J. & Bragge, P. (2023) Research evidence use in local government-led public health interventions: A systematic review. *Health Research Policy and Systems*, 21(1), 67. Available from: <https://doi.org/10.1186/s12961-023-01009-2>
- Danglot, B., Vera-Perez, O., Yu, Z., Zaidman, A., Monperrus, M. & Baudry, B. (2019) A snowballing literature study on test amplification. *Journal of Systems and Software*, 157, 110398. Available from: <https://doi.org/10.1016/j.jss.2019.110398>
- Dickersin, H., Scherer, R. & Lefebvre, C. (1994) Systematic reviews: Identifying relevant studies for systematic reviews. *BMJ*, 309(6964), 1286–1291. Available from: <https://doi.org/10.1136/bmj.309.6964.1286>
- Diener, E., Heintzelman, S.J., Kushlev, K., Tay, L., Wirtz, D., Lutes, L.D. et al. (2017) Findings all psychologists should know from the new science on subjective well-being. *Canadian Psychology/Psychologie Canadienne*, 58(2), 87–104. Available from: <https://doi.org/10.1037/cap0000063>
- Edgley, A., Stickley, T., Timmons, S. & Meal, A. (2016) Critical realist review: Exploring the real, beyond the empirical. *Journal of Further and Higher Education*, 40(3), 316–330. Available from: <https://doi.org/10.1080/0309877X.2014.953458>
- Epstein, S. (2008) The rise of 'recruitmentology'. *Social Studies of Science*, 38(5), 801–832. Available from: <https://doi.org/10.1177/0306312708091930>
- Farmer, P. & Stevenson, D. (2017) *Thriving at work. The Stevenson-Farmer review of mental health and employers*. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf [Accessed 5th April 2023].
- Gayman, A., Fraser-Thomas, J., Dionigi, R.A., Horton, S. & Baker, J. (2017) Is sport good for older adults? A systematic review of psychosocial outcomes of older adults' sport participation. *International Review of Sport and Exercise Psychology*, 10(1), 164–185. Available from: <https://doi.org/10.1080/1750984X.2016.1199046>
- Gillespie, C.A. (2010) How culture constructs our sense of neighborhood: Mental maps and Children's perceptions of place. *Journal of Geography*, 109, 18–29. Available from: <https://doi.org/10.1080/00221340903459447>
- Golafshani, N. (2003) Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597–606.
- Haddaway, N.R., Bethel, A., Dicks, L.V., Koricheva, J., Macura, B., Petrokofsky, G. et al. (2020) Eight problems with literature reviews and how to fix them. *Nature Ecology & Evolution*, 4, 1582–1589. Available from: <https://doi.org/10.1038/s41559-020-01295-x>
- Hansen, K. (2001) Local councillors: Between local 'government' and local 'governance'. *Public Administration*, 79(1), 105–123. Available from: <https://doi.org/10.1111/1467-9299.00248>
- Heath, G., Greenfield, S. & Redwood, S. (2015) The meaning of 'place' in families' lived experiences of paediatric outpatient care in different settings: A descriptive phenomenological study. *Health & Place*, 31, 46–53. Available from: <https://doi.org/10.1016/j.healthplace.2014.10.014>
- Henderson, L., Bain, H., Allan, E. & Kennedy, C. (2020) Integrated health and social care in the community: A critical integrative review of the experiences and well-being needs of service users and their families. *Health & Social Care in the Community*, 29(4), 1145–1168. Available from: <https://doi.org/10.1111/hsc.13179>
- Hendriks, J., Andreae, C., Ågren, S., Eriksson, H., Hjelm, C., Walfridsson, U. et al. (2020) Cardiac disease and stroke: Practical implications for personalised care in cardiac-stroke patients. A state of the art review supported by the Association of Cardiovascular Nursing and Allied Professions. *European Journal of Cardiovascular Nursing*, 19(6), 495–504. Available from: <https://doi.org/10.1177/1474515119895734>
- Higgins, J.P.T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M.J. et al. (Eds.). (2019) *Cochrane handbook for systematic reviews of interventions*, 2nd edition. Oxford, UK: Wiley.

- Hoffman, L.M. & Thatcher, J.E. (2017) Urban studies and thinking topologically. *Territory, Politics, Governance*, 7(2), 141–155. <https://doi.org/10.1080/21622671.2017.1351887>
- Humphries, R. (2015) Integrated health and social care in England – Progress and prospects. *Health Policy*, 119(7), 856–859. Available from: <https://doi.org/10.1016/j.healthpol.2015.04.010>
- Kangmennaang, J. & Elliott, S.J. (2018) Towards an integrated framework for understanding the links between inequalities and wellbeing of places in low and middle income countries. *Social Science & Medicine*, 213, 45–53. Available from: <https://doi.org/10.1016/j.socscimed.2018.07.002>
- Klomp, J. & de Haan, J. (2009) Is the political system really related to health? *Social Science & Medicine*, 69(1), 36–46. Available from: <https://doi.org/10.1016/j.socscimed.2009.03.033>
- Kneale, D., Rojas-Garcia, A. & Thomas, J. (2019) Obstacles and opportunities to using research evidence in local public health decision-making in England. *Health Research Policy and Systems*, 17(1), 61. Available from: <https://doi.org/10.1186/s12961-019-0446-x>
- Ley, D. (1981) Cultural/humanistic geography. *Progress in Human Geography*, 5(2), 249–257. Available from: <https://doi.org/10.1177/030913258100500205>
- Liu, X., Lindquist, E., Vedlitz, A. & Vincent, K. (2010) Understanding local policymaking: Policy elites' perceptions of local agenda setting and alternative policy selection. *Policy Studies Journal*, 38(1), 69–91. Available from: <https://doi.org/10.1111/j.1541-0072.2009.00345.x>
- Marmot, M. (2010) *Fair society, healthy lives: The Marmot Review: strategic review of health inequalities in England post-2010*. ISBN 9780956487001. Available from: <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf> [Accessed: 6th April 2024].
- Marmot, M., Allen, J., Boyce, T., Goldblatt, P. & Morrison, J. (2020) *Health equity in England: The Marmot review 10 years on*. Institute of Health Equity. Available from: https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf [Accessed 20th March 2023].
- McKenna, H. & Dunn, P. (2015) *Devolution: What it means for health and social care in England*. The King's Fund. Available from: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/devolution-briefing-nov15.pdf [Accessed 12th June 2020]
- McLeod, J. (2010) Why we interview now—reflexivity and perspective in a longitudinal study. *International Journal of Social Research Methodology*, 6(3), 201–211. Available from: <https://doi.org/10.1080/1364557032000091806>
- Mullen, E.J., Shlonsky, A., Bledsoe, S.E. & Bellamy, J.S. (2005) From concept to implementation: Challenges facing evidence-based social work. *Evidence & Policy: A Journal of Research, Debate and Practice*, 1(1), 61–84. Available from: <https://doi.org/10.1332/1744264052703159>
- NHS. (2022) *What are integrated care systems?* National Health Service. <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/> [Accessed 20th March 2023]
- NIHR. (2023) *23/12 Health Determinants Research Collaborations (HDRCs)*. National Institute for Health and Social Care Research. Available from: <https://www.nihr.ac.uk/explore-nihr/support/health-determinants-research-collaborations.htm> [Accessed 19th March 2023].
- ONS. (2011a) *2011 Census*. Office for National Statistics, UK. Available from: <https://www.ons.gov.uk/census/2011census> [Accessed 20th November 2020]
- ONS. (2011b) *The 2011 rural/urban classification*. Office for National Statistics, UK. Available from: <http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/2011-rural-urban/index.html> [Accessed 20th November 2020].
- Paasi, A. (2011a) A border theory: An unattainable dream or a realistic aim for border scholars? In: Wastl-Walter, D. (Ed.) (dir.) *The Ashgate companion to border studies*. Surrey, UK: Ashgate, pp. 11–33.
- Paasi, A. (2011b) Geography, space and the re-emergence of topological thinking. *Dialogues in Human Geography*, 1(3), 299–303. Available from: <https://doi.org/10.1177/2043820611421547>
- Pawson, R., Greenhalgh, T., Harvey, G. & Walshe, K. (2005) Realist review – A new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10(1), 21–34. Available from: <https://doi.org/10.1258/1355819054308530>
- Peng, J., Strijker, D. & Wu, Q. (2020) Place identity: How far have we come in exploring its meanings? *Frontiers in Psychology*, 11, 294. Available from: <https://doi.org/10.3389/fpsyg.2020.00294>
- Royal Society. (1985) *The public understanding of science*. The Royal Society, UK. Available from: https://royalsociety.org/~media/Royal_Society_Content/policy/publications/1985/10700.pdf [Accessed 23rd March 2023].
- Scott, K., Rowe, F. & Pollock, V. (2018) Creating the good life? A wellbeing perspective on cultural value in rural development. *Journal of Rural Studies*, 59, 173–182. Available from: <https://doi.org/10.1016/j.jrurstud.2016.07.001>
- Seamon, D. & Sowers, J. (2008) Place and placelessness (1976): Edward Relph. In: Hubbard, P., Kitchin, R. & Valentine, G. (Eds.) *Key texts in human geography*. London, UK: Sage, pp. 43–51.
- Sibbald, B. & Roland, M. (1998) Understanding controlled trials. Why are randomised controlled trials important? *BMJ*, 316(7126), 201. Available from: <https://doi.org/10.1136/bmj.316.7126.201>
- Smith, T.S.J. & Reid, L. (2017) Which “being” in wellbeing? Ontology, wellness and the geographies of happiness. *Progress in Human Geography*, 42(6), 807–829. Available from: <https://doi.org/10.1177/0309132517717100>
- Thomas, Y., Gray, M. & McGinty, S. (2012) An exploration of subjective wellbeing among people experiencing homelessness: A strengths-based approach. *Social Work in Health Care*, 51(9), 780–797. Available from: <https://doi.org/10.1080/00981389.2012.686475>

- Truro City Council. (2020a) *Welcome to Truro City Council*. Truro City Council. Available from: <http://www.truro.gov.uk/> [Accessed 21st November 2020].
- Truro City Council. (2020b) *Truro City Council*. Truro City Council. Available from: http://www.truro.gov.uk/Council_6551.aspx [Accessed 21st November 2020].
- Tuan, Y.F. (1979) Space and place: Humanistic perspective. In: Gale, S. & Olsson, G. (Eds.) *Philosophy in geography. Theory and decision library (An International Series in the Philosophy and Methodology of the Social and Behavioral Sciences)*, Vol. 20. Dordrecht, the Netherlands: Springer. Available from: https://doi.org/10.1007/978-94-009-9394-5_19
- Turner, R.A., Szaboova, L. & Williams, G. (2018) Constraints to healthcare access among commercial fishers. *Social Science and Medicine*, 216, 10–19. Available from: <https://doi.org/10.1016/j.socscimed.2018.09.026>
- UK Government. (2012a) *Overview of the Health and Social Care Act fact sheet*. UK Government. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138257/A1.-Factsheet-Overview-240412.pdf [Accessed 12th June 2020].
- von Heimburg, D. & Ness, O. (2020) Relational welfare: A socially just response to co-creating health and wellbeing for all. *Scandinavian Journal of Public Health*, 49(6), 639–652. Available from: <https://doi.org/10.1177/1403494820970815>
- Webster, D., Dunne, L. & Hunter, R. (2020) Association between social networks and subjective well-being in adolescents: A systematic review. *Youth & Society*, 53, 175–210. Available from: <https://doi.org/10.1177/0044118X20919589>
- White, M.P., Pahl, S., Wheeler, B.W., Fleming, L.E.F. & Depledge, M.H. (2016) The ‘Blue Gym’: What can blue space do for you and what can you do for blue space? *Journal of the Marine Biological Association of the United Kingdom*, 96(1), 5–12. Available from: <https://doi.org/10.1017/s0025315415002209>
- Williams, A. (2008) In: Eyles, J. (Ed.) *Sense of place, health and quality of life*, (1st edition). edition. London, UK: Routledge. Available from: <https://doi.org/10.4324/9781315243474>
- Windle, G., Hughes, D., Linck, P., Russell, I. & Woods, B. (2010) Is exercise effective in promoting mental well-being in older age? A systematic review. *Aging & Mental Health*, 14(6), 652–669. Available from: <https://doi.org/10.1080/13607861003713232>
- Winterton, R., Hulme Chambers, A., Farmer, J. & Munoz, S.-A. (2014) Considering the implications of place-based approaches for improving rural community wellbeing: The value of a relational lens. *Rural Society*, 23(3), 283–295. Available from: <https://doi.org/10.1080/10371656.2014.11082071>
- Wylie, J. (2005) A single day’s walking: Narrating self and landscape on the South West Coast Path. *Transactions of the Institute of British Geographers*, 30(2), 234–247. <https://doi.org/10.1111/j.1475-5661.2005.00163.x>
- Yeboah, D.A. (2005) A framework for place based health planning. *Australian Health Review*, 29(1), 30.
- Yin, R.K. (2011) *Applications of case study research*. London, UK: SAGE Publications.

How to cite this article: Esmene, S., Leyshon, M., de Braal, P., de Bruin, H. & Leyshon, C. (2024) ‘Where’ is the evidence? A starting point for the development of place-based research reviews and their implications for wellbeing-related policymaking. *The Geographical Journal*, 00, e12588. Available from: <https://doi.org/10.1111/geoj.12588>