

Chapter 16

Making Space: Walking as Qualitative Research with People who Use Drugs and Experience Homelessness

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Abstract

In this chapter, we engage with how space is materialized in care relations and practices. Seeking to go beyond ideas of the ‘social determinants’ of space, we consider space as fluid and made-up in everyday practices. To do this, we work with ethnographic walking interviews generated in a participatory research project with people who use drugs and experience homelessness in London, United Kingdom. We use these data to trace how space is in the making and reflect on how ‘place-based’ methods ‘do’ and ‘make’ space, especially for people who are without stable homes and on the move.

Keywords

walking ethnography, drug studies, critical public health, health equity, homelessness, place, mobile methodologies, movement, qualitative methods, space, materiality, risk environment.

Introduction

In the first 10 minutes of our walk around her neighborhood, Pooja [pseudonym] takes me¹ on a candid journey through the relationships that have left a mark on her path. From the bench where she and her brother share cherished moments, to the stairwells under a block of flats where she and her ex-partner used to smoke crack, each location incorporates a piece of her life story. As we stroll, Pooja opens about her past, emplacing her accounts of social experience in relation to the material aspects of the built environment we pass through. Our 45-minute walk weaves together various threads of time, objects, places, people, and affects that have disabled and enabled her lived experiences of care.

This walking interview method is, we will go on to consider, simultaneously a way into tracing the material emplacements of health and care experience in relation to space and a way of enacting space in-the-moment. In this chapter, we reflect on the walking interview as used in research looking at the intersections of illicit drug use and risk environments. We explore the walking interview as a method which not merely attends to how space ‘shapes’ or ‘determines’ health (Macintyre et al., 2002; Augustin et al., 2023), but as a practice which ‘makes space’ through the materiality—and unfolding movements—of the research event itself (Michaels, 2022). Through a focus on the ‘walking interview’, our aim is to move beyond an overly ‘structurally determined’ account of the spatialization of health and harm (Cooper & Tempalski, 2014; Galea et al., 2009; O’Campo & Dunn, 2012) to an account which emphasizes space as an ‘emergent causation’ in the unfolding materiality of health and care, in which nonhuman elements ‘become-with’ human actions (Connolly, 2004; Massey, 2005; Cummins et al., 2007; Anderson, 2009; Duff, 2016; Rhodes and Lancaster, 2019), including the methods of research (Law, 2004; Michaels, 2020).

There is increasing emphasis in social research on how space shapes health (Cummins et al., 2007; Neely & Nading, 2017; Massey, 2005; Thrift, 2007), including in relation to illicit drug use and associated harms (Duff, 2007; Cooper et al., 2009; Cooper & Tempalski, 2014). Through the ‘walking interview’ we can appreciate how lived experiences of health emerge in relation to their material contexts, in which nonhuman elements—from the built environment to affects—come into play with human agency to give shape to risk environments (Duff, 2007; Rhodes, 2009; Müller-Mahn, 2013; Müller-Mahn & Everts, 2018).

Space as Relational

Investigating health as an effect of space has historically tended to envisage space as a physical ‘determinant’ of health in epidemiological models of ‘cause and effect’, and this is largely the case in illicit drugs research (Cooper et al., 2009; Strathdee et al., 2010; Thomas et al., 2008; Tempalski & McQuie, 2009). Increasingly, such causative relations are recognized as dynamic and recursive in social-ecological epidemiological models (Krieger, 2001; Diez Roux, 2022; Galea, 2022). This begins to caution against an ‘over determinism’ in the social determinants of health research (Galea, 2022), wherein environmental determinants are seen to act as constraints on action with insufficient attention to how action also impacts context in a recursive and unfolding relationship (Giddens, 1991; Bourdieu,

¹ Written from the first person of the first author, PKF.

1977). Once contexts and environments themselves are treated as dynamic, as always in the process of being made through interaction, health and environment come to be seen as entangled effects of their emergent ‘relations’ rather than as stable separates which ‘determine’ the other (Massey, 2005; Anderson and Duff, 2019; Rhodes and Lancaster, 2019).

This relational shift is important for at least two reasons. First, it cautions against the tendency to artificially delineate types of risk environment—such as pre-determined dimensions of physical, social, economic and policy environment—as if these operate separately from the other and without dynamic feedback (Rhodes, 2009). While emphasizing that health is shaped by environments, this emphasis may ‘over determine’ a particular imagined causative and linear pathway which reproduces, and narrows around, a hinterland of causative assumption. Yates-Doerr (2012), for example, notes that “the desire to address the roots of a pre-given problem imagined beginning at a measurable point and to then advance to a predictable (i.e., determinant) place, sets us on a path toward prescriptive solutions that often do not result in the deep structural transformation they claim to inspire (p.380).” Second, thinking of health and environment as relational cautions against an overly ‘human-centered’ depiction of agency, instead encouraging an understanding of agency that also incorporates the nonhuman and the material (Anderson and Duff, 2019; Rhodes and Lancaster, 2019). Here then, we move to a relational understanding of agency, and of health, that is ‘socio-material’; that is, incorporative of the materiality of its environment rather than envisaged as separate to it (Mol, 2002; Law, 2004; Massey, 2005; Anderson and Duff, 2019).

Engaging with such materialist thinking—to understand health as a material effect of networks or assemblages in which various human and nonhuman elements interact—offers new ways of tracing how socio-political forces mediate drug harms in the everyday of local risk environments (Fraser and Moore, 2011; Fraser, 2020). Drug use practices are locally materialized effects of their unfolding situations and environments which entangle across multiple scales, from the local to the global (Bourgois, 2003; Duff, 2007; Rhodes, 2009). There is then, within the field of ethnographic and qualitative drugs research, a shift from political-economic and discursive understandings of risk environment (Bougois, 1998; Singer, 1994; Keane, 2002; Rhodes, 2002, 2009) to socio-materialist understandings which trace the materiality of drugs, drug effects, drug harms and drug settings (Fraser 2006, 2020; Duncan et al., 2017; Bøhling 2014; Duff 2014; Malins 2017; Dennis 2020). Massey’s (2005, p. 9) relational view of space and place is particularly helpful. Massey (2005) outlines space as ‘(1) the product of interrelations; (2) a sphere of the possibility for the existence of multiplicity; and (3) always under construction.’ In our analysis which follows, we explore health related to drug use as a material effect of space, drawing attention also to how methods of research are also actors in the making of space (Law, 2004; Michaels, 2020).

What Walks Do

Renewed attention to walking in geography and anthropology (e.g., Edensor, 2010; Vergunst & Ingold, 2016) is situated within a broader trend centering place and mobilities in the social sciences (Thrift, 1999; Urry, 2012). Embedded in a range of human mobility practices—from promenading to protesting—walking is often acknowledged as an everyday part of the human experience (Lorimer, 2011). The power of the walk has been embraced by many traditions as a qualitative methodology

including the ‘go-along’ (Kusenbach, 2003; Carpiano, 2009) and walking interview in ethnographic research (Jones and Evans 2011). Carpiano (2009) describes how the “go-along” interview method enables researchers to be ‘walked through’ people’s experiences within their local residential context while also exploring the interplay between structural conditions and individual agency for shaping action.

Much of walkability research assumes a deterministic relationship, where environmental factors directly dictate people’s health outcomes. Such research also tends to take on predominant use of a positivist epistemology, which prioritizes objective measures over residents’ perceptions and experiences (Andrews et al., 2012). In the drugs field, researchers deploying rapid assessment methods have incorporated walking in studies of the geospatial ‘determinants’ of care (e.g., Collins et al., 2022; Singer et al., 2000). While the walking interview has afforded particular promises in the study of space as a relational effect of health, there are methodological and theoretical underpinnings that separate social epidemiological and sociological/anthropological approaches to understanding space (Andrews et al., 2012). Springgay and Truman (2018) extend the major concepts that arise in walking research—place, sensory inquiry, embodiment, and rhythm—to bring a more-than-human approach by focusing on land and geos, affect, transmaterial, and movement. Thus, a convergence between new materialist thought and walking research may elicit live encounters with place that map more-than-human elements.

Approach

For this research, walks² aid in understanding how lived experiences and place-making are constructed through spatial practices of sociality and positionality. We extend this convergence between new materialist methodologies and walking research as we—participants and researchers—subject ourselves to the more-than-human agency of the elements that surround us on a walk. Collecting narrative-laden data on the move allows a more dynamic account than sit-down interviews because elements of the environment are incorporated into the materiality of the research event.

Furthermore, the theme of movement resonates with individuals experiencing homelessness and using substances. In qualitative and ethnographic research with individuals grappling with homelessness and substance use, movement emerges as a theme (e.g. Fast and Cunningham, 2018). The relentless quest for basic necessities compels many to be in perpetual motion, embedding movement as a form of agency and survival into many interlocutors’ daily lives. Without stable transportation or funds, walking becomes a main form of transit, serving as a means of navigation access to resources, as well as providing a sense of relative freedom from everyday situational and spatial constraints (Radley et al., 2010). The use of walks in service providers’ outreach strategies—subject to assessment and consideration of their effectiveness by service users—also underscores the relevance of place and movement in the lives of the people they serve (Bond et al., 2022; Stambe et al., 2023). The

² Importantly, this sentiment does not accommodate the diversity of body forms and abilities in society. In this study, “walking interviews” were expanded to understand movement as achieved through a variety of means, including wheelchairs, walking frames, and slowly in a ‘non-normal’ style.

walking method has situational fit given how it intersects with the everyday practices of those ‘on the move’.

Furthermore, we can consider movement as a matter of ‘ontology’; that is, as a way of thinking about how space and relations are in the ‘making’. Here, we take up Dennis et al.’s (2020) ontological concern of ‘movement’: ‘the way human and nonhuman processes work together to create new formations of space-time-bodies’ (p.2). Beyond a metaphor and conflating movement for physical locomotion (i.e., walking), we try to hone-in on practices (e.g., hostel rules) and entities (e.g., walls) that restrict movement and enable movement away from the materiality of harm. We bring Michaels’ (2022) understanding of the research event as fluid and unfolding (even now, in writing this). Thus, the walking method is not merely a procedural tool but is also an active process of doing and making. This conceptual shift underscores the significance of the walking interview as an ‘evidence-making intervention’ shaping and crafting space as an integral component of the research event itself (Rhodes and Lancaster, 2019; Dennis et al., 2020). This distinction matters: It transcends the conventional notion of method as a means of ‘emplacing’ or ‘locating’ experiences within a given spatial context. Instead, it positions method as part of a dynamic enactment whereby space also emerges as an element of relations. We bring these dual facets of method, one as a means of ‘finding out’ and the other as a mode of ‘making’, into our case study.

The walking interview drawn on in this chapter is part of a larger ethnographic study, which explores the relations of care between a drug and alcohol outreach service and people who use drugs and experience homelessness in London. To contextualize the aims of these interviews, we describe how they fit into the wider study which began in 2022 and is ongoing³.

Wider Study Context

Drug related deaths and health harms for people who use drugs in the United Kingdom have increased dramatically in the last decade, particularly among those who experience homelessness. These harms have been exacerbated by rising living costs (Francis-Devine *et al.* 2022), COVID-19, and cuts to social and health services (Stokes *et al.* 2022). People who are homeless and use drugs are dealing with unprecedented hostility and everyday structural violence (Aldridge et al., 2018).

Since the 2012 Health and Social Care Act, community-based services in the UK are increasingly strapped for resources and must bid for short-term contracts by proving their impact via tick-box targets. Additionally, environment features that impact wellbeing and belongingness for people who use drugs and are homeless—such as housing, employment, and access to harm reduction resources—are often spatially stratified. Community-based services therefore ‘must innovate to reach those most at risk’ (Harris et al. 2020) in a manner that centers place and its social-spatial dimensions.

The study collaborates with a community-based ‘outreach’ service that, like most services of this kind, is tasked to ‘fill in the cracks’ and reach out to those who cannot access or are harmed by other parts of the care system. Funded by the local council, the ‘outreach and referral’ team is based at a day center that serves people who are rough sleeping and provides guidance on safer substance use,

³ Writing this monograph during a study in motion parallels the ways in which interlocutors have also been documenting places in time.

harm reduction, access to treatment, community outreach, and referrals to external services. They operate both indoors through groups and one-on-one support, and outdoors through street outreach. This study has thus far investigated how the outreach service seeks to ‘reach out’, including by following staff and practices ethnographically as they move beyond the day center’s gate into the community and as they connect with other networks of organizations in the area.

Methods

The overall study currently uses ethnographic observation, focus groups, go-along walking interviews and community engaged digital citizen science to map how bodies, places, and materials interact with and make socio-spatial conditions. The study nests processes from the *Our Voice* Citizen Science method, developed within Stanford University’s Healthy Aging Technology Solutions Lab, within the larger ethnographic study. Importantly, such processes use multiple participatory strategies to engage interlocutors in individual and group data collection and interpretation (King et al., 2019; Pedersen et al., 2022). This research not only traces how multiple realities are assembled, but also interrogates how the methods assemblage—the combination and coordination of various research methods and techniques employed—creates that knowledge (Law 2004).

For the one-on-one walking interviews, PKF meets each participant at a usual walking route of their choice, based on their level of comfort. Participants lead a walk to collect photographs about neighborhood features that they perceive as affecting their healthy living—in good, bad, and complicated ways. Simultaneously, participants answer follow-up questions on and after the walk during a less structured interview to expand on topics of interest that arise and capture the ‘small talk’ (Driessen and Jansen, 2013) that inevitably happens between stopping to record photos. Since encapsulating one’s life stories into static images and a short audio narrative caption may flatten people’s much more complex experiences, the go-along interview provides a means for deeper discussion.

At the conclusion of the walk, participants are invited to attend one or more community meetings to review and discuss their findings with other participants. While interview data feeds into our qualitative analysis, it is not used in the community meetings in which participants analyze their collective photographic data. Participants are aware of this distinction between data shared in the community meeting (photos they take via a project device that interlocutors hold) and go-along interview from our walk (recorded on a separate audio recorder that PKF holds).

As a volunteer at the service, PKF often sits at the Welcome Area and is tasked to check people in as they come in for a range of services such as a meal token, hot shower, meeting with a key worker, or a quick needle exchange. In addition to walks ‘beyond the gate’, service-site interactions also serve as spaces by which stories are performed and knowledge is created.

PKF’s ethnographic field notes trace (in)formal spaces of care, with a focus on reaching out and reaching in. The primary focus on service user experiences (‘reaching in’) is facilitated by walks and focus groups. By layering fieldwork while volunteering at the service, we have been able to observe practices of ‘reaching out’ that complement and contradict service users’ experiences of care. Charting

these sociomaterial practices of reaching in and out has the potential to open new assemblages of care with their own plots, rhythms, and locations.

Out of the 21 interlocutors, seven have been women. We do not share extensive demographic data due to the potential for indirect identification of individuals. Participants were recruited via a drug and alcohol outreach service housed at a day center in London to identify people who have lived experience with drug use and housing insecurity. The interviews lasted approximately 45 minutes (ranging from 30 minutes to 1.5 hours) and followed a loose topic guide covering drug and alcohol use, housing history, and access to services. The interview transcripts were analyzed using grounded thematic techniques. Ethical approval for this study was granted by the London School of Hygiene and Tropical Medicine.

In the following analysis, we take you on one walk to show how space is eventuated through the doing of the walking interview and highlight what these stories can tell us about the spatial relations of care. We selected a single walk to showcase the powerful dynamism of a thirty-minute walking interview—a method that not only generates rich data, but also enacts new meanings of space.

Eric is originally from Rwanda and is living in the UK without legal documentation. He is in his early forties and was described a few times by service providers as someone who has been ‘living off the goodness of others’ and ‘luck’. While graciously accounting for a few positive relations of care, Eric also elucidates systemic failures that have disabled care for him in the long term—all while speaking in ontologies of movement and stasis. On our walk, he moves through different stories of precarity shaped by waiting and exclusion.

1. Waiting as Slow Violence: Anti-movement

We began our walk outside his hostel accommodation and made our way towards a park he enjoys. While still close to his hostel, Eric takes a photo of the building and reflects on aspects of his accommodation that would help time pass:

“Me and my friends, when we are bored, we cannot stay there a long time. Cuz, first of all, there's no TVs in the room. So, you just keep staring on the four walls. No phone to watch YouTube or something like that. Other people are fortunate, they have that. I don't, so that's why I'm mostly out, outdoors. Walking, you know.”

His feelings of boredom and escapism draw our attention to a mundane, incremental kind of violence that plays out across temporal scales. Coined by Nixon (2013) in relation to environmental degradation, ‘slow violence occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all’. Others have noted how seeking asylum in the UK sustains excluded individuals in a state of injury (Saunders & Al-Om, 2022; Mayblin et al., 2020). Eric emphasizes how the daily ‘chore’ of waiting, of sitting still, of feeling stuck, of sameness, weigh on his mood, affecting his mental health. He is

describing here a situation of ‘anti-movement’. This he resists through locomotion, through walking away, by creating space from spaces that embody stasis.

In this example, we can see the materiality to the *mundane* at work. Feeling stuck is materialized by ‘four walls’. In a similar way, the walking interview engages with the mundane and material, and not only the spectacular. Unlike much social epidemiological work on the determinants of health – which investigate population-level indicators of macro inequalities related to income education, healthcare and housing – we see how inequalities become embedded and dispersed into the everyday, so much so that they may have become out of sight (Nixon, 2013).

Eric further talks of how the space of his accommodation materializes his sense of restricted movement and freedom. He emphasizes how the everyday policies of the hostels sustain a gulf between his outside and inside world. One such rule is that residents are encouraged not to be outside after 10pm, and that visitors are prohibited after this time. Eric remarks that these rules create as well as exacerbate a sense of stress. He describes, for example, that many hostel residents “can’t sleep”. This is because “they’re in a stressful situation – money wise, housing, and things like that. So, you can’t expect to tell adults to go to bed at 10 o’clock.” Eric’s feelings of isolation inside are facilitated by paternalistic rules. He explains, “It is like we are in a boarding school. It’s weird. People cannot have visitors.”

In this example, a walk outside with Eric draws attention to, and enacts in the moment, Eric’s sense of inside-outside relations in which space materializes his capacity to move, and escape from harm, in different ways. His story of being isolated and entrapped inside, and the relative freedom of the surrounding park, was prompted by being in, and moving through, this space. We move from the material, including the everyday and mundane, to stories of wider structural violence. Go-along walks can offer rich insights, perhaps especially in highly politicized environments (Anderson, 2004).

2. Keeping moving: Taking on the Burden of Complex Systems

Eric associated being inside his rule-ridden accommodation with feeling stuck, while walking outside is described as enabling ‘peace and tranquility’. He goes on to share that Mondays and Tuesdays are better days for him to participate on this walk because of his appointment-packed schedule, “It’s just something to keep busy. Something to move out of the [accommodation]. So, I love being out. Yeah, I don’t like being inside. So, as many appointments as I can get, I’ll take it just to keep busy.” While movement becomes a means of coping with his circumstances, a key point emerges: ‘keeping busy’ by constantly scheduling appointments creates a semblance of freedom, yet simultaneously reinforces dependency on complex health and social care systems. Here, ‘keeping busy’ can also be understood as a response to a systemic environment that perpetuates homelessness. The concept of ‘slow violence’ (Nixon, 2013) finds resonance in Eric’s experience of ‘keeping busy’, as the attritional harm inflicted by systems’ inefficiencies erodes his well-being over time.

As Eric takes on the burden of structural violence and complex systems, movement again emerges as a central theme. Engaging extensively with interlinked housing, legal, benefit, and immigration systems over time often leads to feelings of overwhelm and a focus on individual

responsibility (Guise et al. 2022). Eric's narrative also attests to this phenomenon and frames service users' motivation to engage in services as crucial. He remarks,

"You can take a donkey or a horse to the river, but you can't force it to drink the water. Yeah. So, the [harm] reduction services are good. But the person willing to partake in those is the most important thing. Yeah, if you're not ready, you're not ready."

In the realm of movement, this metaphor vividly captures the idea that facilitating access or service providers reaching out (akin to leading the horse to the river) does not always result in enacting care. By Eric's account, the responsibility lies in the individual to have an intrinsic readiness to use harm reduction services (symbolized by drinking the water). Effective relations of care must align with the individual's own desire for movement and change, reflecting an understanding of their unique context and aspirations, much like the choice of a horse to quench their thirst at their own pace. This metaphor conveys a powerful internalization of structural violence that burdens the individual with a responsibility to change their circumstances within a harmful system.

In the context of ontologies of movement, 'keeping busy' becomes a manifestation of how individuals like Eric negotiate space and 'reach in' for care. Eric's continuous involvement in the interconnected yet fragmented systems related to housing, legal, benefits, and immigration exposes how the burden of navigating these systems falls onto those seeking help. As he immerses himself in these systems, his movements are constrained by bureaucratic entanglements, inhibiting his ability to progress towards stable housing and employment.

3. Making Memories of Harm and Care

When we finally get to the park, Eric describes positive experiences, ranging from picnicking with friends to enjoying the sunshine and tranquility. Throughout the wider study, parks have been described in multiple ways: both positively (as an escape from judgment and a space for community) and negatively (encountering police and street violence). Eric's positive reflections are suddenly interrupted by the park-side view of high rises in Canary Wharf. His shoulders slump and his body language changes as if a weight has settled upon him. He recalls the breakdown of his romantic relationships that recently foreclosed connections to care and housing. He shares, "From 2010, I was in Canary Wharf... Before that I was in Manchester. And then I met my partner, my ex-partner. And then I moved from Manchester to London to be with her. We were together for 12 years. And then the relationship died. So, I ended up on the streets for two years. And then I got this place."

Here, the high rises of Canary Wharf serve as an impromptu interviewer. In a departure from the "conventional interrogative encounter" in research interviews, walking interviews are "a collage of collaboration: an unstructured dialogue where all actors participate in a conversational, geographical and informational pathway creation" (Andrews, 2004, p.260). Eric's shift in mood and decision to switch topics are intricately connected to the evolving environment he encountered.

The network enabling Eric's care in relation to his housing and mental health shifted after his relationship breakup. Having lost his home, Eric turned to the street for shelter for the first time in his

life during the COVID-19 Pandemic. We walk further, towards the local canal path, and we bump into a place where he used to rough sleep. After capturing a photo, Eric adds, “the security [guards] over here were very nice. In the morning, they would bring breakfast.” He describes how he navigates seeking care in unofficial spaces and described this particular area as a site of care, for now. He explains,

“Sometimes other places, they [residents] don't want you there... As long as it is tidy and don't have no cans of beer there, the food lying there... People are okay...some of them are coming out, giving me water. Sitting with me. Talking to me. Another one gave me, you know, them small portable TV? Just to watch.”

His description of informal care is characterized by individuals extending support through entertainment or activities to pass the time, with formal outreach falling short of meeting these needs. This mode of ‘reaching out’ contrasts the relations of care he depicts at formal care sites in the area, such as hostel accommodation and day centers. Eric puts it plainly, “[day center], it’s programmed to make you fail.” He emphasizes the narrow open hours such services offer, drawing a connection between this lack of access and people moving or retreating elsewhere:

“But it is when people have nowhere to go, that’s why they end up in the park drinking because they have nothing to do, no activities. If the [day center which closes at 2pm] was doing some more activities, it would be better. Bring people in at least three times a week. Open until 6pm, 7pm.”

Eric describes how activities have been especially sparse since COVID-19. As we return and approach his hostel site, we segue into conversation about Eric’s legal journey of seeking asylum in the UK. To describe it as long and challenging is an understatement. He remarks, “I’m a professional in waiting [laughs sarcastically]. I’ve been waiting for almost 23 years just to get some papers in the country to be able to work, to get housing.” He goes on to describe the pain he feels from being prevented from working, through the waiting, having become ‘stuck’. As Eric walks away from the sky rises and towering economic success in Canary Wharf, the contrast between the opulence these structures represent and his legal barriers to work is stark. Mapping out various sites and objects of anti-movement and exclusion, through the act of moving through space itself, helps to situate Eric’s experience and story of material inequality. Eric’s walk enables us to discern patterns of movement as he waits, keeps busy, and escapes the messy web of social care. Eric’s story of co-produced movement helps make connections and meanings of space; a space which unfolds as an embodiment of “slow violence” in the past and everyday.

Discussion

We conclude here by accentuating the potential of an approach which treats health relationally as a material effect of its spatial environment, and of the ‘walking interview’ as a means to understanding, as well as making, space.

From Determinants to Relations

In tension with most depictions of the ‘social determinants of health’ (see Yates-Doerr 2012 for critique), we have accentuated the materiality of health and space as always in the making, as matters of *indeterminacy* and *becoming* (Andrews and Duff, 2019). Hyper-focusing on the ‘social’ may elide the intricate interplay between the material and spatial. We saw, for example, that Eric’s walk gave notice to various material objects along the way which helped him, and us, tell a story: TVs, bedroom walls, high rises. Treating the social, and indeed, ‘context’, as fixed, stable, and measurable artificially delineates material entanglements of the human and nonhuman in a given situation as if they were separate elements, apart from the other (Andrews and Duff, 2019; Rhodes and Lancaster, 2019). We have seen how the walking interview can invite an appreciation of indeterminacy that is made in the materiality of the event as part of the effects of the research process itself. For instance, Eric’s walk was initially a tour of places of health and care, but acted to situate and entangle such sites of health in relation with economics and migration. Bringing movement and space to the forefront of our analysis—with a focus on material entanglements—underscores how infrastructures like transportation networks, healthcare facilities, and housing arrangements are inseparable from relations of care and health.

Relations of Care

Understanding health and care as relational encourages an approach which seeks to trace health and care are ‘made to work’ given their situation (Mol et al., 2010; Rhodes and Lancaster, 2019). In the wider study, observing the service enables PKF to trace how actors in the caregiving process ‘tinker’ and craft unique and meaningful approaches for ‘reaching out’ to people who have been historically *harmed* by social care. At the same time, service users must adapt, squeeze, and navigate to ‘reach in’ to ‘make’ care possible. As we saw in tracing the “relational extensions” within Eric’s walk, there is movement, ‘reaching in’ and ‘reaching out’, in how care and support comes to be in the moment. Rather than following a linear trajectory, as implied by some ‘determinants’ thinking, service users ‘reach in’ and make opportunities for meaningful care possible, which the walking interview, itself a movement, allows us to see (Llewellyn et al. 2018; Rhodes et al., 2019).

Material Risk Environments

Frameworks of ‘risk environment’ in health and drugs research highlight risk as an effect of dynamic interplay across multiple dimensions of physical, social, economic, and political environment (Rhodes, 2009; Collins et al., 2019; Strathdee et al., 2010). A useful aspect of thinking ‘across environment’ in the recursive relations which shape drug harm is the recognition of the significance of ‘non-drug’ and ‘non-health’ elements in harm production and reduction. Yet, we are suggesting here, that articulations of risk environment, as commonly applied within drugs research, are not relational, nor material, enough. We arguably need a more ‘ecological’ approach (Rhodes et al., 2021, 2023); that is, an understanding of risk environment that not only delineates human health as a structural effect of social, political and economic environment, but that draws attention to health as an emergent matter of ecology in how humans and environments ‘become with’ the other (Andrews and Duff, 2019; Rhodes and Lancaster, 2019). Despite an increasing focus on how environments shape drug harms, including through spatial relations (Cooper et al., 2009; Cooper & Tempalski, 2014), there is

insufficient attention to health as an emergent dynamic of materiality in local practices (Duff, 2013; Dennis, 2020). How environments *materialize* drugs and drug harms in their local situations of interaction thus becomes a key focus of research which seeks to encourage a ‘more dynamic’ and ‘more material’ understanding of risk environment (Rhodes et al., 2023). One such illustration, as we have considered here, is the walking interview. The walking interview offers a socio-material approach to understanding risk environment, a means of ‘becoming-with’ the materiality of environment that helps, at once, to appreciate its material effects.

The spontaneously assembled path we took with Eric can be seen as a form of a living environment that is constantly made up in multiple ontologies of movement, and therefore always on the move. Eric Walk’s traces the small and the large, human and nonhuman, social and material. These inter-scalar twists and turns emphasize that the risk environment is made up of elements that are not rigid or separate but interconnected and in flux. The environment in which Eric navigated was not confined to a single aspect, but was instead a composite of various elements that interacted to shape the material ecology of his journey.

Indeterminacy is embodied in Eric’s walk. As such, the walking interview underscores how health is marked by uncertainties and unexpected shifts. The adaptations Eric made along the way were shaped ecologically, guided iteratively in the dynamic interplay between his felt needs and affects and the evolving environment he encountered. Eric’s journey thus not only illustrates, but materializes, the dynamic, fluid, and indeterminate nature of care and health, emphasizing the value of situated, adaptable approaches which engage, and ‘become-with’, the environment over those which stand back, from afar, to generate more detached accounts.

Materializing the Social

In many ways, this work moves forward Sheller and Urry’s (2006) call for a ‘new mobilities’ paradigm and accompanying methods, including observing how people interact with each other and places as well as walking with people through their environment. Marrying the go-along walk with ethnographic observation has served as a mode for telling different kinds of stories. By bringing a relational understanding of both care and place, we have been able to not only observe people’s material environments, but also study people’s processing and navigation of them (Carpiano, 2009)—in the moment. This approach creates a space for embodied and marginalized experiences⁴ to be expressed in ways that are not so easily spoken. As Eric’s walk illustrates, such stories may have the potential to open up new pathways for combating stigma because they reveal how structural violence is located, often out of sight, in the mundane and every day.

A relational conception of space, following Massey (2005) has afforded an understanding of space as a “multiplicity of stories-so-far” (ibid, p. 100). Eric’s health, as we have seen, is in a process of becoming in relation to place and space, which is afforded by the moments of walking interview method. By embarking on walks that immerse us in affected spaces, landscapes of “slow violence” and

⁴ Given how the drug-using body is often treated as an object to dissect and study (Shilling 2012), walking purposefully places the embodied knowledge of such stigmatized bodies at the fore for analysis.

“ontologies of movement” are materialized. While the method enables storytelling, it also serves to enact the material (Law and Urry, 2004). Circling back to Eric’s walk, we see him shift his analysis from one that fixates on individual-level intrinsic motivation of service to specific spatial forms (walls) and functions (hours) of the community-level service site that disable care. This analytical move gives us a glimpse into how walks have the power to enact new imaginaries of place and space that contribute to the political project of harm reduction.

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