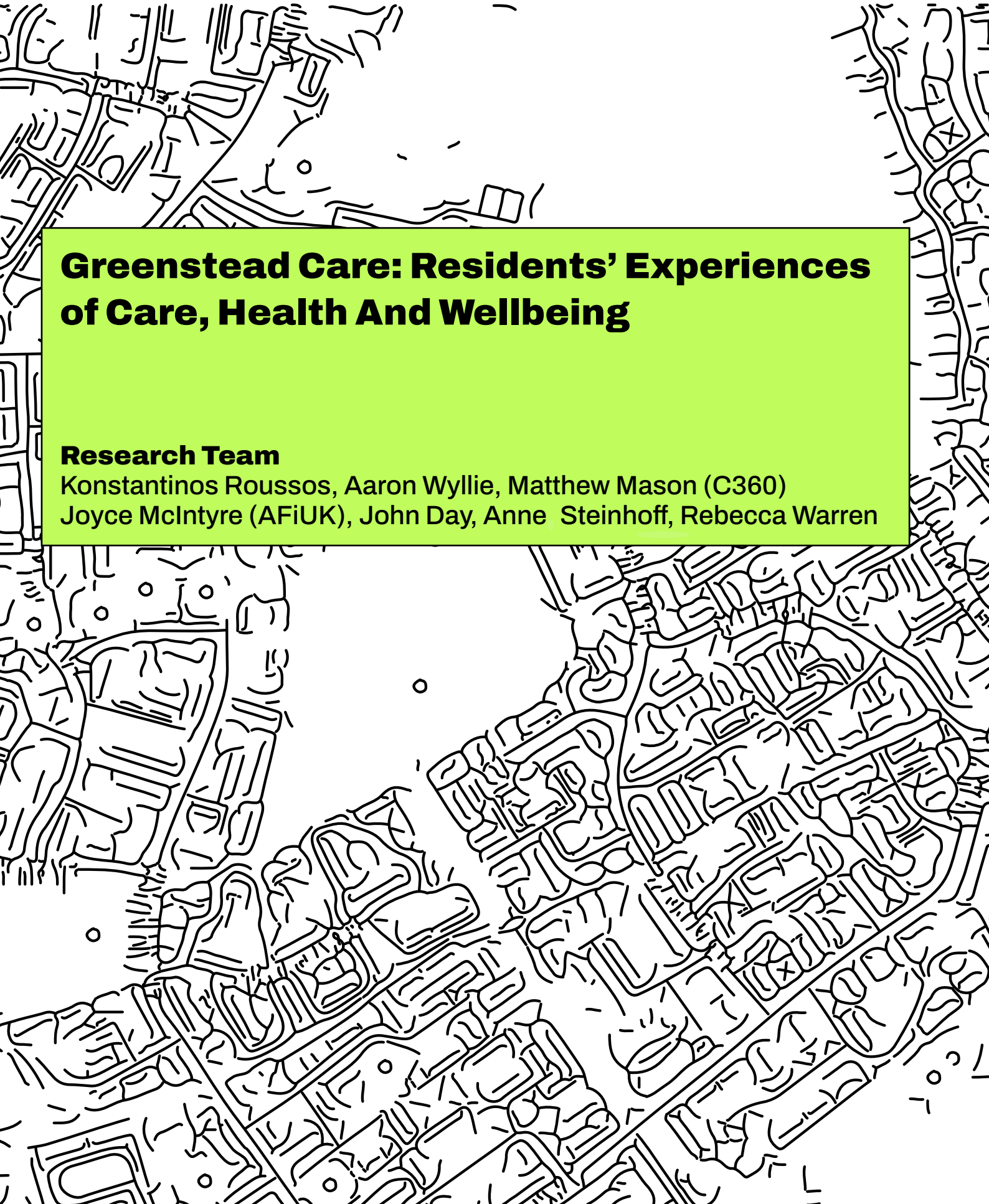
University of Essex



Greenstead Care: Residents' Experiences of Care, Health And Wellbeing

Research Team

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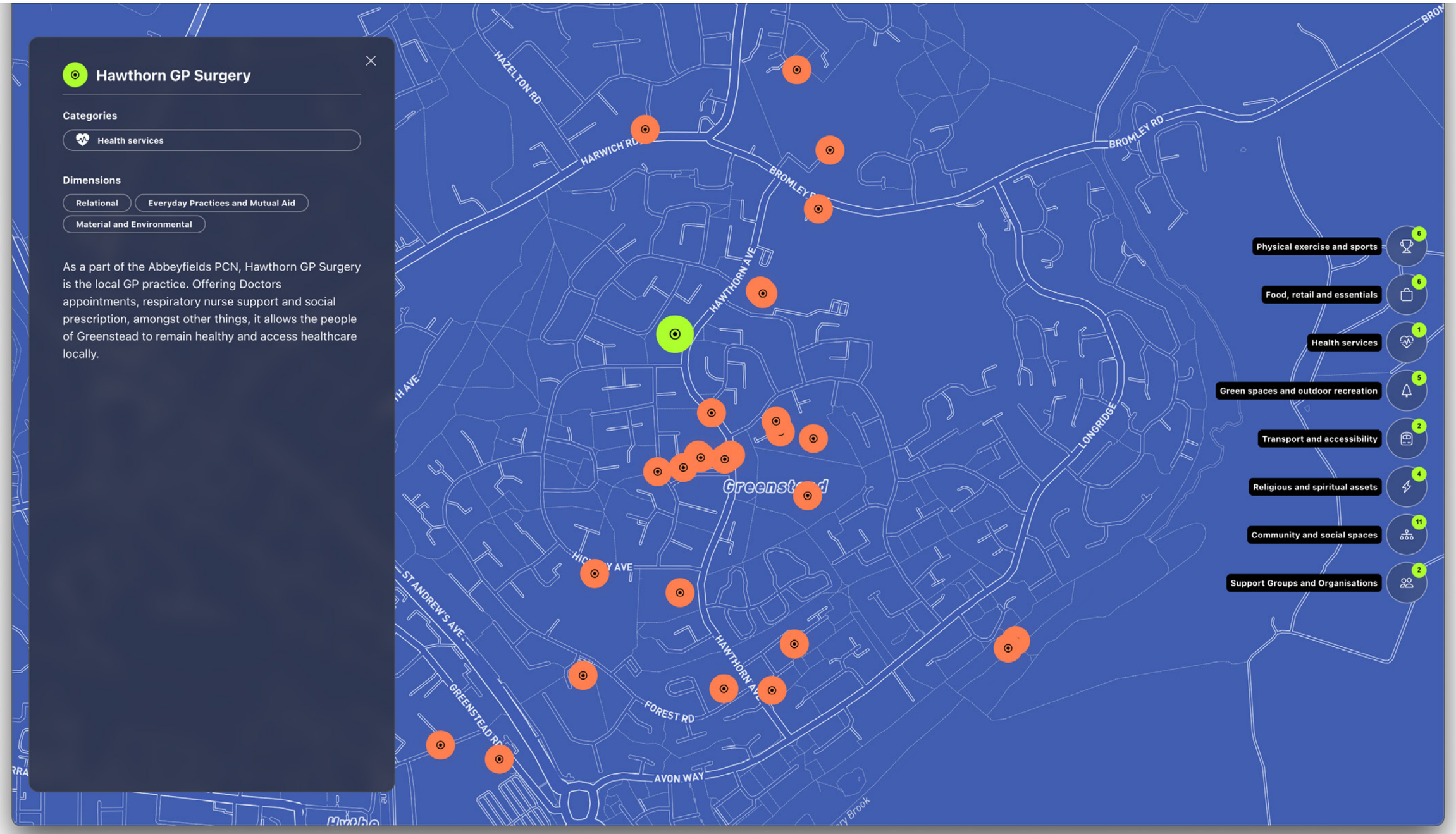
Hawthorn GP Surgery
Categories
Health services
Dimensions
Relational
Everyday Practices and Mutual Aid
Material and Environmental
As a part of the Abbeyfields PCN, Hawthorn GP Surgery is the local GP practice. Offering Doctors appointments, respiratory nurse support and social prescription, amongst other things, it allows the people of Greenstead to remain healthy and access healthcare locally.
HAZELTON RD
HARWICH RD
BROMLEY RD
HAWTHORN AVE
LONGRIDGE
ST ANDREW'S AVE
GREENSTEAD RD
FOREST RD
AVON WAY
Physical exercise and sports 6
Food, retail and essentials 6
Health services 1
Green spaces and outdoor recreation 5
Transport and accessibility 2
Religious and spiritual assets 4
Community and social spaces 11
Support Groups and Organisations 2

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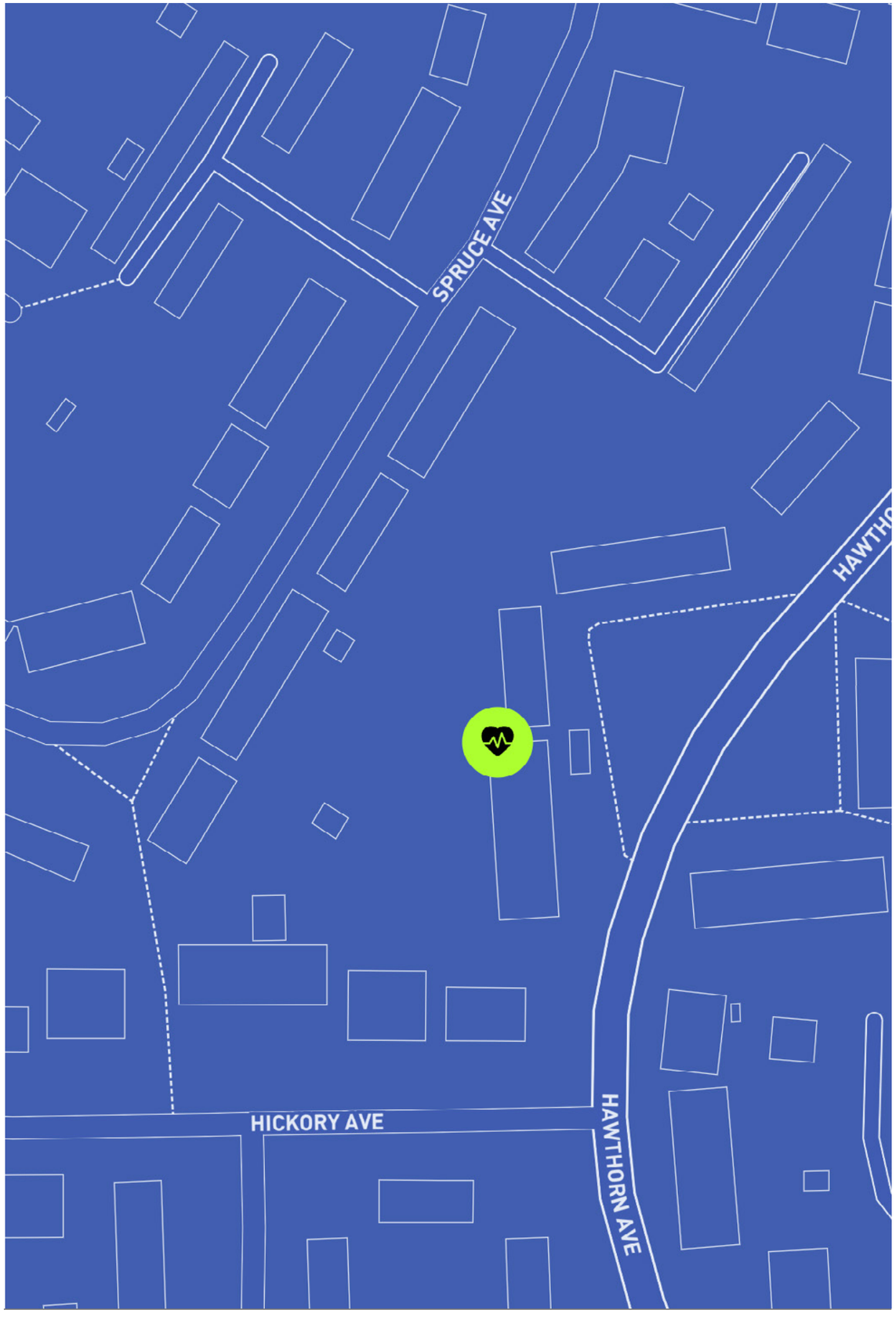


Executive Summary

The Greenstead Care (GCARE) project explores how care, health and wellbeing are lived and experienced by residents in Greenstead, Colchester, particularly those from Black and Global Ethnic Majority (GEM) backgrounds. Adopting a participatory, place-based approach, the project investigates how everyday practices, spaces, and relationships shape the capacity of residents and communities to live well, feel healthy, and care for oneself and others.

Greenstead is the most deprived ward in Colchester and among the most ethnically diverse. Residents face intersecting challenges, including poor health outcomes, inadequate access to services, and experiences of exclusion and stigma. These are intensified for GEM residents, whose voices and experiences often go unheard in policy and planning.

Through participatory community mapping workshops, walking interviews with residents, and conversations with local service providers, GCARE documents how care is experienced in community spaces, parks, shops, spiritual spaces, clinics, and everyday encounters. The research reveals that care is not only formal or institutional—it is relational, emotional, spatial, and ethical. It is embedded in acts of mutual aid, social interaction, and cultural belonging.

Key findings are structured across five dimensions of lived experience:

Relationality and Connectedness – Trust, support, and family/friendship networks sustain wellbeing.

Embodied and Affective Encounters – Feelings of safety, dignity, and inclusion shape care.

Reciprocity and Mutual Aid – Informal support and community networks are vital.

Environment and Material Conditions – Access to green space, transport, and amenities matters.

Cultural and Ethical Engagements – Care is shaped by cultural values, migration experiences, and systemic inequalities.

The report concludes with recommendations for participatory and inclusive planning, improved access to culturally responsive health services, and greater recognition of the everyday infrastructures of care that sustain community health and wellbeing.

This project was funded by NHS North East Essex Clinical Commissioning Group (NEE CCG), now part of the Suffolk and North East Essex Integrated Care Board (SNEE ICB).

Meet Our Research Community Partners

Community360 is an independent charitable organisation working to better communities in Essex. Their modus operandi is two-fold: first of all, they aim to foster social impact by delivering projects and initiatives that focus on the health and wellbeing of the community, bolstering economic resilience and prevention across health, social and justice sectors. Secondly, in tandem with the first aim, their engagement activities allow Community360 continue to enhance local infrastructure and local economy development to ensure a safe and secure future for those living in Essex.

African Families in the UK are a charity based in Colchester and Oxfordshire, whose mission is to serve the interests of British African diaspora and other racially minoritised families, particularly in the case of first and second generation migrant families where the children are navigating a 'third' culture between their parents' first culture and the host culture as a second culture. Their work bridges across fostering integration, empowering and building resilience amongst migrants, refugees and asylum seekers, supporting young people and maintaining healthy relationships within the community.

Introduction

The places where we live, grow, work, and care are deeply intertwined with our health and wellbeing. As geographer Kearns (1993) reminds us, experiences of health and care are fundamentally place-based; they unfold within the physical, social, and emotional environments that structure everyday life. Yet, in a time of widening health inequalities, fragmented services, and intensified precarity for many communities, the everyday infrastructures of care that sustain life and wellbeing are often fragile, hidden, or under threat.

The Greenstead Care (GCARE) project responds to this challenge by exploring how care is practiced and experienced in the ward of Greenstead, Colchester, with a particular focus on residents from Black and Global Ethnic Majority (GEM) backgrounds. At the heart of this research is a commitment to understanding care not only as a formal service or professional activity, but as a relational, interdependent, and context-specific process through which health and wellbeing are both enabled and experienced. In this framing, care is both the process and the condition through which individuals and communities can shape their experiences of health (as the capacity to act and respond) and wellbeing (as the ability to live meaningfully and feel supported). This expansive understanding of care encompasses emotional, physical, and material forms of support. It includes the infrastructures that allow people to feel safe and valued, the relationships that enable mutual aid and connection, and the practices that sustain the capacity to live well, particularly under conditions of social or structural disadvantage. By approaching health and wellbeing as outcomes and expressions of care, the GCARE project places care at the centre of both analysis and action in evaluating and planning policies, projects and interventions aiming to promote health and wellbeing equity.

The focus on Greenstead and GEM residents emerged through two participatory workshops in late 2022, held as part of the “Challenge-led Research Lab: Improving Health and Wellbeing in the Local Greenstead Area”—a collaboration between the University of Essex and the Greenstead Community Hub. In these sessions, local residents, community workers, health professionals, and councillors highlighted deep concerns about inequality, neglect, and invisibility in mainstream health and care systems. One participant powerfully captured this sentiment:

“Our voices are not heard, and our experiences remain invisible.”

This report presents the findings of the GCARE project, documenting how health, wellbeing, and care are lived and felt in Greenstead, from community centres and parks to surgeries, shops, and places of worship. By foregrounding the voices and perspectives of residents from GEM backgrounds, and by using care as an integrated lens, this research offers insight into how more inclusive, relational, and place-sensitive systems might be imagined and built.

Context

Greenstead is the most populous ward in Colchester, home to 16,583 residents, and also the most deprived. With an Index of Multiple Deprivation (IMD) score of 31, Greenstead surpasses all other wards in Colchester by a significant margin, with five of its seven Lower Super Output Areas (LSOAs) ranking among the most deprived 20% nationally—and one in the top 10% (Essex County Council, 2019). But deprivation in Greenstead is not simply statistical; it manifests materially and relationally in ways that shape people’s everyday experiences of health and wellbeing.

Key indicators reveal stark disparities in health and wellbeing outcomes (Colchester Borough Council, 2019)**:**

- Life expectancy is notably lower: men in Greenstead live an average of 4 years less than the Colchester average (76 years), and women 5 years less (78.2 years).
- Lung cancer incidence is significantly higher than elsewhere in the borough.
- Childhood obesity is elevated, with 10.1% of reception-aged children and 23.6% of Year 6 children classified as obese—both well above local averages.
- Educational outcomes lag significantly, with only 36.5% of children achieving five A*-C grade GCSEs.
- Employment patterns show lower rates of full-time employment (42% compared to 48.3% in Colchester) and a higher proportion of students and unemployed residents (31% versus 10.4%).
- Fuel poverty affects 11.9% of households, the second highest rate in the borough.
- Crime and safety concerns are prevalent, with Greenstead reporting the fifth highest crime rate in Colchester and 389 reported incidents of anti-social behaviour in one year.

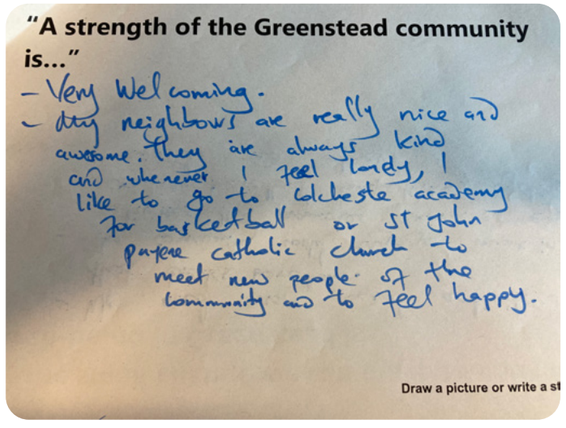
Local perceptions reflect these structural challenges. In the Colchester South Neighbourhood Report (2023), 35% of respondents disagreed that the healthcare system was effective and accessible. Meanwhile, a community survey conducted by the Heart of Greenstead Hub (2023) identified “difficulty in accessing GP appointments” as one of the most pressing concerns, citing long waits and a mismatch between demand and provision.

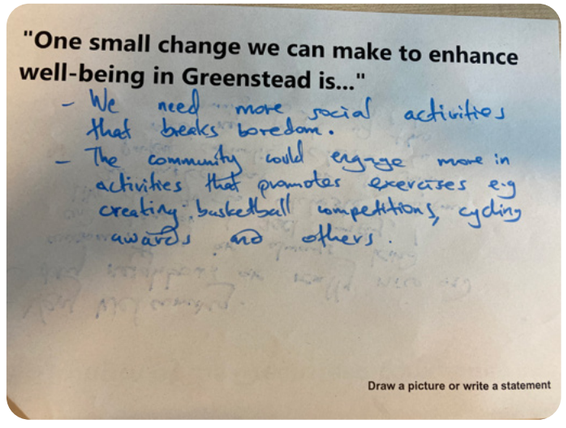
In addition to material disadvantage, Greenstead is also marked by demographic and cultural diversity. According to the 2021 Census (Colchester City Council, 2021):

- 24% of residents were born outside the UK (compared to 10.2% across Essex),
- 15.4% identify as having Black or Global Ethnic Majority (GEM) background—nearly double the Colchester average.

Research consistently shows that health inequalities relate to race and ethnicity in the UK are shaped by a combination of socioeconomic disadvantage and structural exclusion, including barriers in access to services, discrimination, and policy neglect (Karlsen and Nazroo, 2002, Nazroo, 2014, Karlsen and Pantazis, 2017). For residents of GEM background in areas like Greenstead, these intersecting challenges compound the difficulty of securing equitable, culturally appropriate, and dignified access to health and wellbeing. Despite these realities, little research or policy attention has been given to how ethnically minoritised resi-

dents experience care, health, and wellbeing. GCARE responds to this gap by adopting a place-based and care-centred approach, one that recognises the significance of local infrastructures, relationships, and narratives in shaping the conditions of life. By centring the voices of Greenstead residents with GEM background, the project seeks to surface the structural injustices they face, while also illuminating the practices of care that sustain health and wellbeing in their everyday life.





Theoretical Framework: A Place-Based Understanding of Care, Health, and Wellbeing

This research is grounded in a theoretical framework that understands health and wellbeing as dimensions of care, shaped not solely by individual choices or biomedical services but through everyday relationships, environments, and practices. By placing care at the centre of analysis, GCARE foregrounds how people live, negotiate, and make meaning of health and wellbeing in context, that is in specific places, under particular conditions, and through complex forms of interdependence.

Care as a Relational and Situated Practice

Building on the work of Fisher and Tronto (1990) , we adopt a broad understanding of care as a fundamental activity of life that involves everything we do to maintain, continue, and repair our world, including our bodies, relationships, and environments. Care is not only the domain of formal services or professional carers, but also an ethical and relational practice that spans informal networks, community infrastructures, and public spaces. In this framing, care is both material and emotional, structural and affective, shaped by age, ability, gender, migration status, and social norms.

This understanding enables us to treat health and wellbeing as both expressions and outcomes of care:

- Health is viewed not as a static state or absence of disease, but as the ability to navigate and respond to life, grounded in the relationships, environments, and infrastructures that enable such

navigation.
- Wellbeing is understood as a relational and collective phenomenon; how people feel seen, supported, and engaged in everyday life, and how they make meaning in connection with others and their environments.

Crucially, care is not always nurturing. It is shaped by systems that can be extractive, exclusionary, or hostile (The Care Collective, 2020) particularly for socially minoritised and marginalised groups. A care lens draws attention to both the possibility and failure of support, illuminating the conditions under which health and wellbeing can be enabled, constrained, or denied.

The Role of Place

Our framework takes place seriously, not as a neutral backdrop, but as a dynamic, lived, and meaning-filled context. Drawing on human geography and critical health studies, we view place as something that is made and remade through embodied experience, social interaction, and emotional attachment (Tuan, 1975, Relph, 1976, Low and Altman, 1992). Place is not simply a site where care happens. Rather, place shapes how care is understood, what kinds of care are possible, and who is included or excluded in care systems.

In this way, a place-based approach allows us to investigate:

- How care "takes place" across homes, parks, clinics, shops, religious spaces, and transit systems;
- How local infrastructures support or hinder relationality, safety, and access;
- How historical and cultural meanings of place shape people's sense of belonging, wellbeing, and community

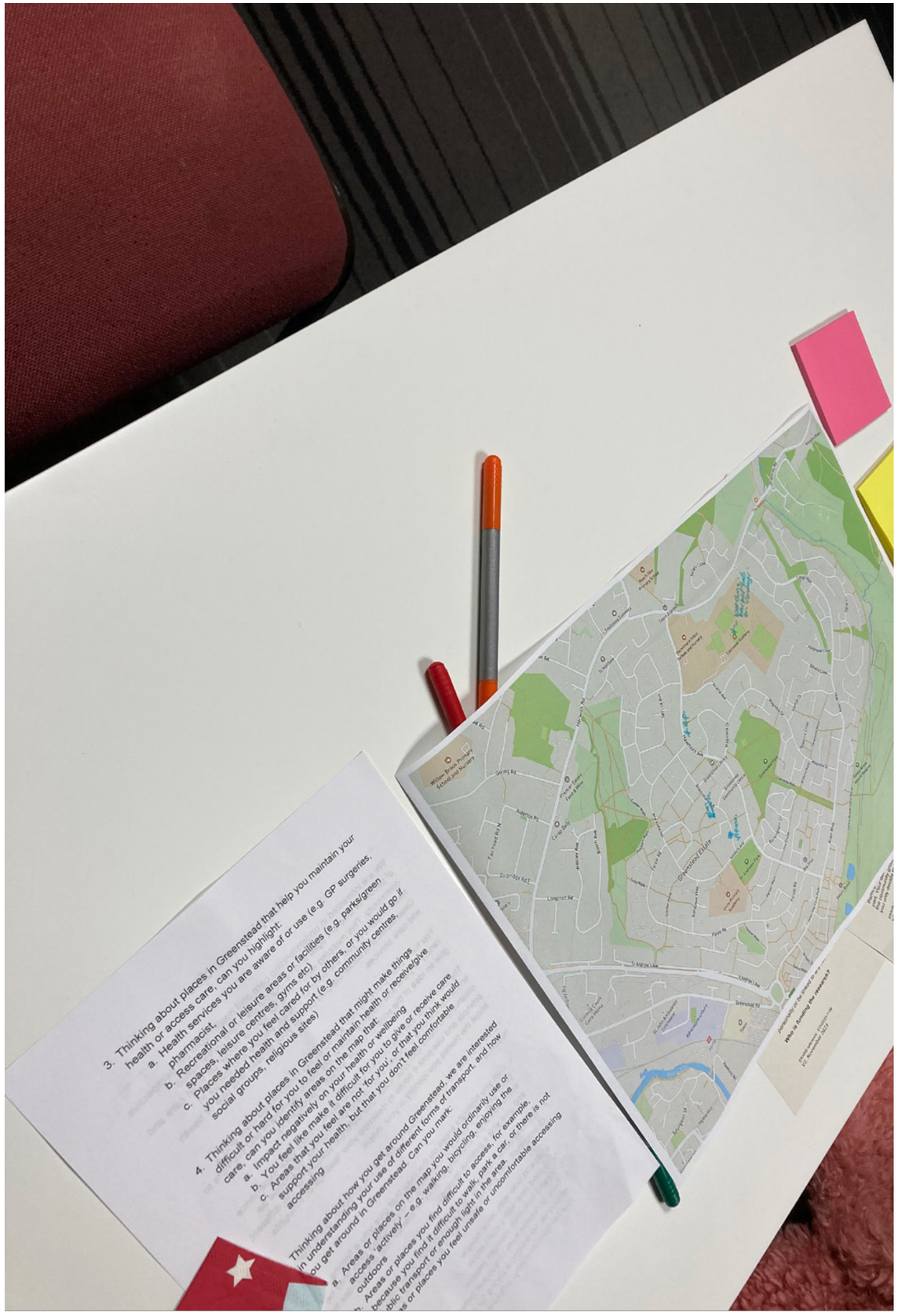
Challenging Dominant Models

Mainstream health and wellbeing policy often relies on:

- Biomedical framings that reduce health to individual pathology or service delivery;
- Neoliberal framings that treat wellbeing as a matter of personal responsibility, to be optimised through resilience, self-care, and lifestyle management.

Such approaches obscure the relational, environmental, and structural dimensions of health and wellbeing. They individualise what are often collective problems and fail to account for how marginalised communities experience care as both practice and absence that shape their experiences of health and wellbeing.

Instead, we draw from critical, feminist, and place-based literatures to reframe health and wellbeing as processes of situated interdependence that are enabled by social, material, emotional, and ethical relations that unfold in place. This enables a more holistic account of what makes life liveable, sustainable, and dignified, particularly for those navigating deprivation, displacement, or systemic exclusion.



Methodology

The GCARE project was designed as a participatory, place-based inquiry into how care, health, and wellbeing are lived and experienced by residents with GEM background in Greenstead. Recognising the community's history of deprivation, over-research, and policy neglect, we sought to build trust and reciprocity through methods that foreground local knowledge and resident participation, while avoiding extractive or purely observational models of research.

Philosophy and Design

Our approach draws on community-engaged and phenomenological research traditions, which centre lived experience and prioritise participants as active meaning-makers (Koch and Kralik, 2009, Woelders and Abma, 2019). Informed by Interpretative Phenomenological Analysis (IPA), we sought to understand how participants make sense of their own experiences, attending closely to emotion, embodiment, cultural framing, and social positioning (Smith et al., 2021). This allowed us to explore health and wellbeing as dynamic, relational, and situated processes, which are unfolding within specific spatial, structural, and ethical contexts of caring practices.

Data Collection Methods

We employed a combination of qualitative and participatory methods:

1.Community Mapping Workshops (4 workshops, 39 participants)

Workshops brought together a diverse group of local residents — including young people, parents, older adults — to collaboratively map Greenstead through the lens of care, health, and wellbeing. Using printed maps, markers, and post-it notes, participants were invited to identify:

- Places that support or undermine belonging and wellbeing
- Locations of health-related services or practices
- Spaces of connection or disconnection
- Transport routes and accessibility barriers

Facilitators also administered "sense of place" prompts to elicit affective and reflective responses. These workshops generated a shared visual and narrative archive of place-based knowledge, helping to surface both communal assets and systemic challenges.

2. Walking Interviews (13 participants)

These mobile interviews enabled residents to guide researchers through meaningful parts of their Green-

stead neighbourhood, narrating personal experiences in real time. Walking allowed participants to engage with the material and sensory dimensions of place, while also reducing power differentials often present in formal interviews. Interviews were video- and photo-documented (with consent) to support later analysis. Walking interviews proved especially effective for younger and more spatially-attuned participants, offering a less abstract and more grounded format to talk about health, safety, social connection, and the emotional texture of everyday life.

3. Key Informant Interviews (8 stakeholders)

We also interviewed professionals from local government, healthcare, education, religious institutions, and community organisations. These interviews focused on systemic and service-level perspectives, including:

- How care and wellbeing are defined and operationalised
- How intergenerational, intercultural, or vulnerable populations are served
- What barriers and opportunities exist in Greenstead's infrastructure

These conversations enabled a multi-level analysis, helping to connect grassroots experiences to broader policy, institutional, and structural dynamics.

Sampling and Recruitment

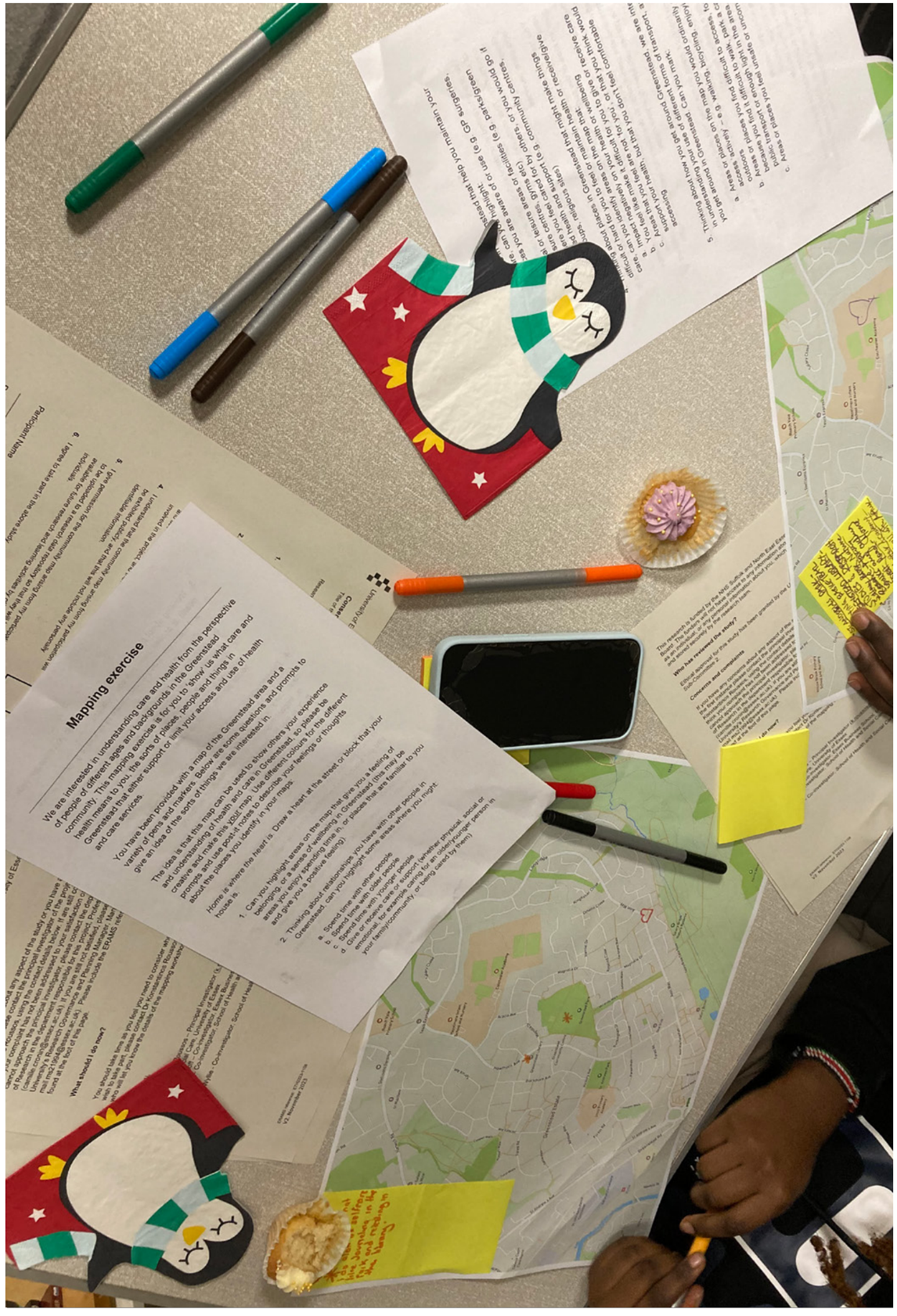
We adopted a purposive and relational sampling strategy, prioritising diversity of age and lived experience. Community connectors in the form of trusted local stakeholders from AFiUK, C360 and the Bangladeshi Women network, played a key role in facilitating access and trust. This was particularly important in a context where residents may experience research fatigue or mistrust due to past engagements that lacked follow-up or tangible impact (Clark, 2008, Gřundělová et al., 2024)

Participants included:

- Long-term and new residents
- Adults and young people from various GEM backgrounds
- Parents, carers, and older adults
- Community leaders, health and social care professionals

Ethics and Data Management

Ethical approval was obtained from the University of Essex Ethics Sub-Committee (Ref: ETH2223-1108). Participants were provided with detailed information sheets and gave written, informed consent. No identifying data was collected in workshops; interview transcripts were anonymised and stored securely. Emotional risks were minimised through supportive facilitation and the option to pause or withdraw at any time.



Six socio-spatial settings of everyday experience

1

Setting

Active Living, Green and Recreational Spaces

Description

They encompass both natural green spaces for outdoor recreation and dedicated facilities for physical exercise and sports. These settings work together to nurture social interactions and foster community bonds while supporting both physical and mental health. Green spaces offer restorative environments where activities such as walking, jogging, or simply enjoying nature can reduce stress and strengthen one's connection to the environment. In parallel, physical exercise and sports settings—ranging from community gyms and sports fields to organised athletic programs—promote structured physical activity, collaboration, and shared enjoyment, contributing to personal development and social cohesion. Both types of spaces benefit from inclusive and accessible designs that ensure all community members can participate, though challenges like limited transport, safety concerns, or perceptions of exclusivity can sometimes undermine their full potential.

Buffet Way Playground

Magnolia Field

Magnolia Field Exercise Equipment

Salary Brook Pond

St. Andrews Park

One Stop

Fish and Chips Greenstead

Greenstead Foodbank

Tesco Express

2

Setting

Food, Retail, and Essentials

Description

Access to food and essential goods connects individuals with local producers and retailers, fostering community ties. Accessibility of socially and culturally appropriate food alleviates stress and stigma, contributing to a sense of comfort, increased agency and self-worth. Materially, food markets and retail spaces are vital as meeting places for the community and supporting local economies. Daily practices of preparing and sharing meals are integral to health and wellbeing, linked to various traditions and routines of care that sustain personal and community growth. The lack or inaccessibility of socially and culturally appropriate food and retail facilities can limit opportunities for planned or incidental social engagement, and contribute to feelings of isolation and disconnection.

Colchester Community Supermarket (Greenstead)

Boots Pharmacy

3

Setting

Health and Social care Services

Description

Health services create spaces for trust and connection between patients and providers, facilitating relational aspects of care. They address health needs by offering support and reassurance, particularly in times of crisis. Equitable access to healthcare services enables people to take an active role in maintaining their health. Health services also integrate into everyday practices through preventive care and health awareness initiatives. Health services which are difficult to access, or perceived to be unresponsive to individual needs or differences, can contribute to feelings of vulnerability and stress, particularly when there is a perceived pressure to self-manage one's health and care within the context of overwhelm and stress.

Family Solutions

Greenstead Housing Office

Bromley Road Dental Surgery

Hawthorn GP Surgery

Gardenia Walk

Navigating Walking Interview 2

Salary Brook Trail

Designing Walking Interview 1 Route

Miranda Walk

Berberis Walk Bus Stop

4

Setting

Transport and Accessibility

Description

Transport systems enable connections by facilitating access to workplaces, community resources and recreation. Reliable and safe transportation is linked to the reduction of stress and increase feelings of control of life and security. On an everyday level, mobility is a crucial aspect of everyone's life shaping basic routines such as taking children to school, doing groceries, social visits, work or leisure travel and thus reflects societal values around equity, inclusion, and sustainability. It is crucial for personal and community development that transportation/road systems ensure that everyone is able to navigate their local landscape with ease, safety and dignity. Transport systems that are inaccessible, unreliable, or perceived to be unsafe can significantly limit people's ability to access workplaces, health services, and recreational facilities, and create a sense of isolation and disconnection from community.

5

Setting

Religious and Spiritual Assets

Description

Religious and spiritual assets can enable health and wellbeing by providing individuals with a sense of purpose, community and emotional wellbeing. These assets can provide a crucial coping mechanism for people during periods of crises or illness. Faith, rituals and spiritual practices can foster resilience and a sense of community. Religious and spiritual institutions often operate as hubs for care and support, providing not only spiritual guidance and support, but also more tangible resources such as emergency food or shelter, social support networks, and a free or low-cost community space for community groups and events.

Elim Church

St. Mathews Church

St. Andrews Church

Kelly's Kafe

Greenstead Library

Forest Road Meeting Hall

Hazelmere Junior and Infant School

Colchester Academy

6

Setting

Community and Social Spaces (including schools, community organisations and social support groups)

Description

Community and social spaces shape health and wellbeing by fostering social connections, reducing isolation and disconnectedness, and fostering a sense of belonging. Spaces such as community centres, cafes and local gathering spots provide opportunities for interaction and social connection and sustain support networks that are critical for emotional and mental health. More tangibly, they are often venues for activities that encourage physical health, such as exercise groups, or activities such as support groups or educational activities. These spaces enable shared experiences and a sense of connectedness, interdependence, and community wellbeing.


HARWICH RD
BROMLEY RD
GORING RD
HARWICH RD
FAIRHEAD RD N
ALDERTON RD
CROWN BAYS RD
HARWICH RD
DILBRIDGE RD E
HAWTHORN AVE
SYCAMORE RD
REDMASON RD
LONGRIDGE
LONGCROFT RD
BOOTH AVE
HAWTHORN AVE
MAGNOLIA DR
HICKORY AVE
FOREST RD
BLACK
HAMLET DR
OTHELLO CLOSE
LONGRIDGE
AVON WAY
ST ANDREW'S AVE
ASHDOWN WAY
HICKORY AVE
HAWTHORN AVE
BUCKINGHAM DR
MAGNOLIA DR
GREENSTEAD RD
FOREST RD
FOREST RD
AVON WAY
River Colne
Physical exercise and sports 6
Food, retail and essentials 6
Health services 1
Green spaces and outdoor recreation 5
Transport and accessibility 2
Religious and spiritual assets 4
Community and social spaces 11
Support Groups and Organisations 2

Data Analysis

All interviews were transcribed and read by at least two researchers. Data was triangulated with maps, visual materials, and secondary sources (e.g., local policy reports). Using an iterative and inductive approach, we:

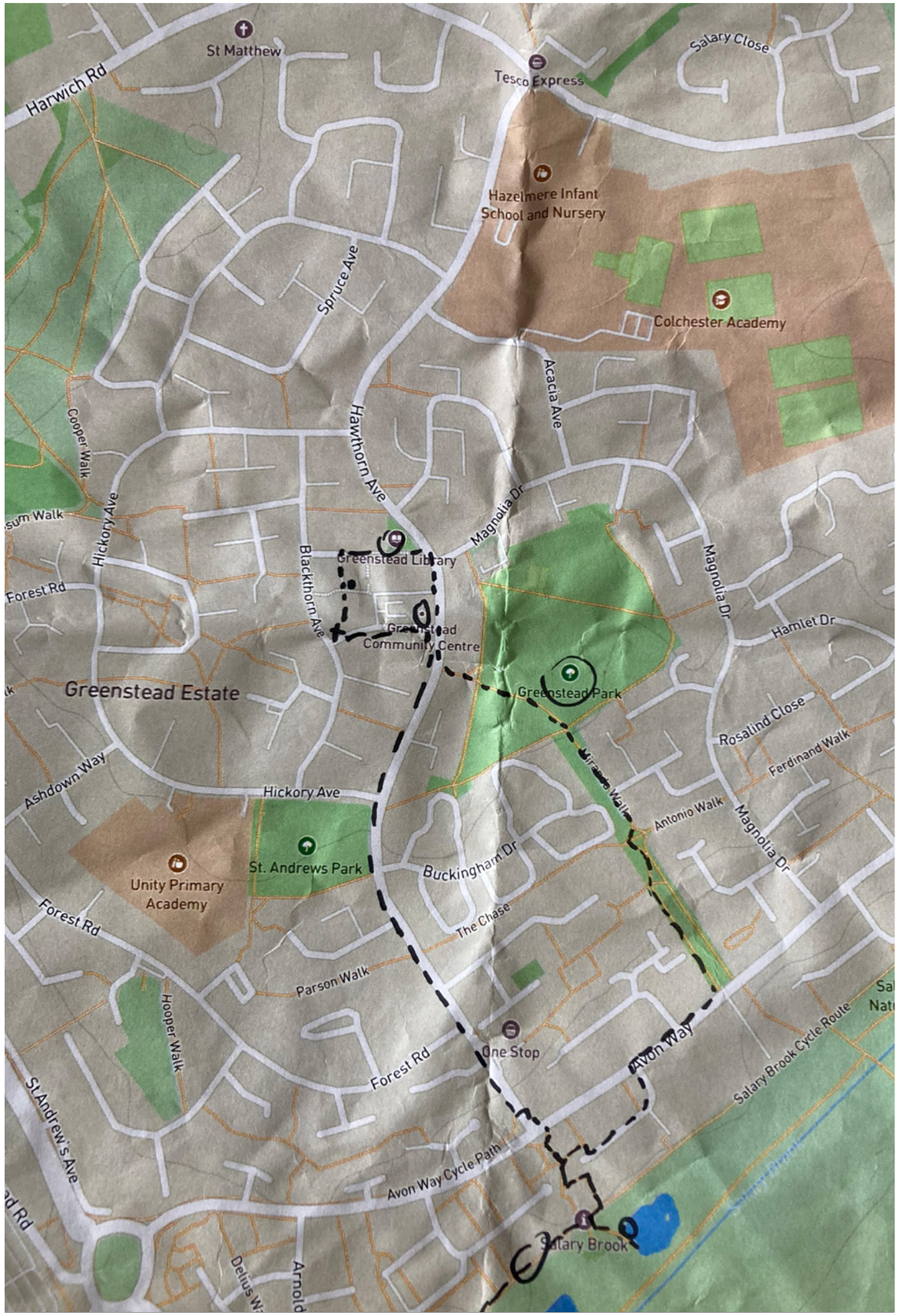
- Coded data for experiential claims, emotional tone, and metaphors
- Identified emergent patterns and tensions within and across transcripts
- Grouped narratives into broader thematic categories
- Refined these into five dimensions of lived experience, each reflecting a core way that care, health, and wellbeing are made, felt, and challenged in Greenstead

This interpretative process allowed us to maintain fidelity to participants' words while generating conceptual insights about the conditions that support or inhibit care, health and wellbeing in place.

Care in place: experiences of health and wellbeing in Greenstead

To better understand how care, health, and wellbeing are experienced in Greenstead, our analysis is presented in two complementary parts. First, we offer a categorisation of six key socio-spatial settings—parks, healthcare services, shops, places of worship, and others—that emerged from the participatory community mapping. These settings provide a grounded account of the community environment and infrastructures that shape everyday life in Greenstead. They are summarised in the table below, including examples of community-identified spaces and quotes that illustrate their relevance.

Following this, we shift from the descriptive mapping of settings to a more interpretive analysis of how care is actually experienced and made meaningful in place. Drawing from narratives shared during walking interviews, workshops, and stakeholder conversations, we identify five dimensions of lived experience that capture the emotional, relational, material, and cultural and ethical textures of care. These dimensions speak not just to where care happens, but to how people feel, navigate, and enact care under conditions of support, neglect, and resilience.



Relationality and Connectedness: Care as Interdependence

Relationships within families, among friends, and across communities were central to how people described care. For many, health and wellbeing were sustained through informal networks of trust, affection, and shared responsibility. Family was often the first source of support during difficult times, followed by close friends.

"If I'm having challenges, I reach out to close friends or family first. Because of trust. I trust my family, so they'll be my first contacts."

For those who had migrated to the UK, the absence of extended family made building strong friendships especially important. Several participants spoke of the emotional significance of these chosen families.

"I don't have any family here, but I have friends… They're helping me a lot. One of them is like my bestie. She means a lot to me."

However, this trust was not always extended to the wider community or to informal carers, especially when legal or safeguarding concerns arose. As one parent reflected:

"You can't just give your kids to someone who's not family. What if something goes wrong? Do they have the license to do that?"

These stories illustrate the deep importance of relational care, while also pointing to the limits and risks of care in unfamiliar or poorly supported environments.

Embodied and Affective Encounters: Care as Felt Experience

Care is not only what people do, but how they feel in relation to others and their environment. Participants spoke about emotions such as safety, stress, dignity, and visibility as essential components of health and wellbeing.

"I think feeling safe in a place where you call home is key. That fear of not feeling safe has prevented me from exploring the area."

Places like Kelly's Café, parks, and the community library were described as environments that supported wellbeing by offering affordable, familiar, and welcoming spaces.

"It's a good café. You meet a friend, have a cup of tea, and feel good. That's health too."

In contrast, some described the emotional toll of feeling watched, judged, or unwelcome, particularly as migrants or racialised individuals.

"Being a migrant… I'm conscious of who's looking at me. Am I parenting my child right? Am I eating right?"

Feelings of stigma and perceived surveillance contributed to social withdrawal or reduced mobility, particularly for women and young people.

"There are stories people tell about this area. It makes you scared, even if nothing has happened to you."

"Sometimes in Greenstead, I would not say that I feel that safe. It is not that I have had a bad experience, but I have heard some horrible stories from people I know".

These affective encounters highlight the importance of social perception, emotional safety, and recognition as core elements of caring environments and institutions able to foster healthy lifestyles and wellbeing.

Reciprocity and Mutual Aid: Collective Care in Everyday Life

Participants often described caring practices not just as something received, but as something shared, that is a daily practice of reciprocity, mutual support, and looking out for one another. This could take the form of helping with childcare, cooking meals, attending community events, or simply checking in with neighbours.

"Every Monday we have support at the community centre. We start by 9:30 and go to 11. So we did that with other parents. So we interact, share our experience, let our kids play, interact, see all the babies, and all that."

Community spaces such as the Greenstead Community Centre, Magnolia field, the local library or schools were central to these caring exchanges. Their proximity and accessibility enabled regular, low-cost interactions and built a sense of routine and connection.

"We mainly come here in the centre to do things. Sometimes I come to the library, spend little bit [of] time there, at the community centre, having a cup of coffee, you know, a lot of people coming here to talk and having time together."

Charity-based services and informal networks (including religious institutions and school-based events) were particularly valuable for those facing housing insecurity, food poverty, or lack of childcare. One key informant shared:

"It's something they can come to—a safe space. They can talk to us. Their children are safe. They can play, they have breakfast, and it doesn't cost them anything."

Despite these strengths, participants also voiced a desire for more inclusive and diverse gathering spaces, especially for teens, young adults, or older adults.

"I think there should be more places for teens to sit down talk with one another […] I think maybe a youth centre."

"I'm thinking, you know there are places that they might provide more meeting spaces for all the different generations to come together. This creates a sense of community. Like, for example, I'm thinking, from where I'm coming from, it is common that people from different ages will gather together, and they will do things together".

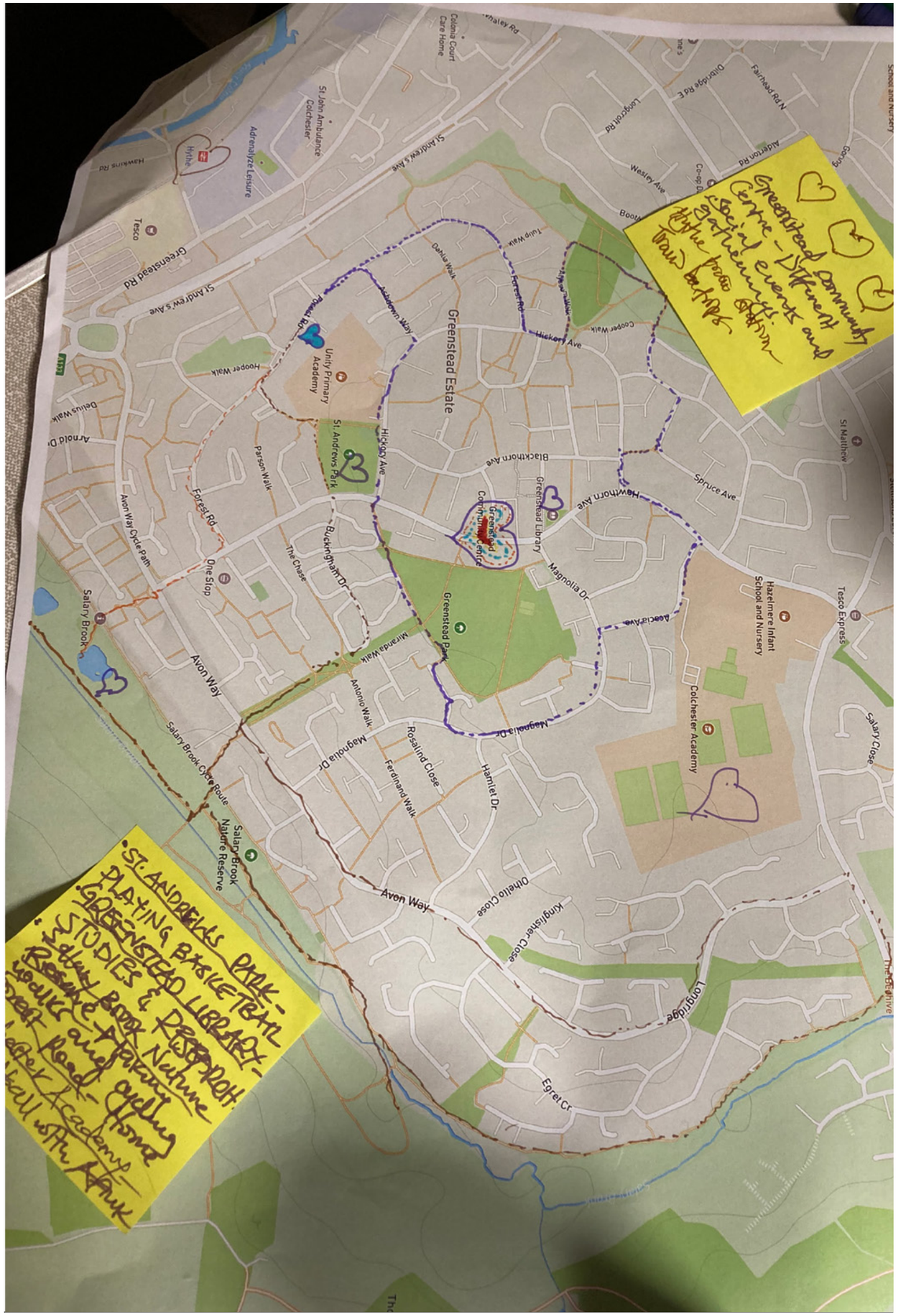
Reciprocity was experienced both materially (sharing resources) and emotionally (feeling supported and seen), underscoring the vital role of everyday care in sustaining community health and wellbeing.

Environment and Material Conditions: The Environment as Care

The physical and built environment—its accessibility, safety, and capacity to support healthy routines and wellbeing—featured in all of our interviews as a key aspect. Greenstead's compact layout was generally seen as a strength, enabling residents to walk to key destinations such as schools, shops, parks, and community facilities.

"So what I like about Greenstead is that it's easily accessible to wherever I want too to. The buses here easily accessible to town centre and to the big stores like Tesco. Even to school, I can walk from here to school."

Natural areas like Salary Brook were repeatedly praised for their calming, restorative effects.



"It's [Salary Brook] calm, very calm. So sometimes you just take a walk. You don't need to cycle away from the hustle and bustling of Greenstead. It is the countryside. So the calmness of this side, whenever you go through this area, helps you to recollect and to reflect."

However, participants also described material barriers to health and wellbeing, particularly for those with limited mobility, caregiving responsibilities, or economic constraints.

"Improve the tunnels that pedestrians use, sometimes they are dirty and muddy. People can slide or avoid completely to prevent them from hazards. With shoes only one can come out wet to a point that they will have to change and even risk getting some illness."

Lack of diverse infrastructure such as indoor recreation spaces, youth hubs, or local markets was a recurring theme, especially among younger participants.

"When I want to hang out with my friends, it's always, do you want to have a walk? Or do you want to go outside of Greenstead? Because there's nothing to do inside of Greenstead."

Participants highlighted the need for spaces that support intergenerational and intercultural interaction, recognising that material infrastructure and physical environment have a profound influence on who is able to enjoy the local environment, feels welcome, supported, and able to thrive.

Cultural and Ethical Engagements: Caring for Care

While many participants spoke about care, health and wellbeing in practical or relational terms, underlying their narratives were deeply rooted cultural expectations, ethical commitments, and experiences of systemic marginalisation. This dimension captures the ways in which experiences of care is shaped by values, norms, migration histories, and experiences of exclusion that are often subtly but powerfully shaping how health and wellbeing are understood and accessed. Reflecting the centrality of GEM populations' perspectives and experiences in our research, this section is intentionally more extensive than others.

Ethics of Care and the Migration Experience

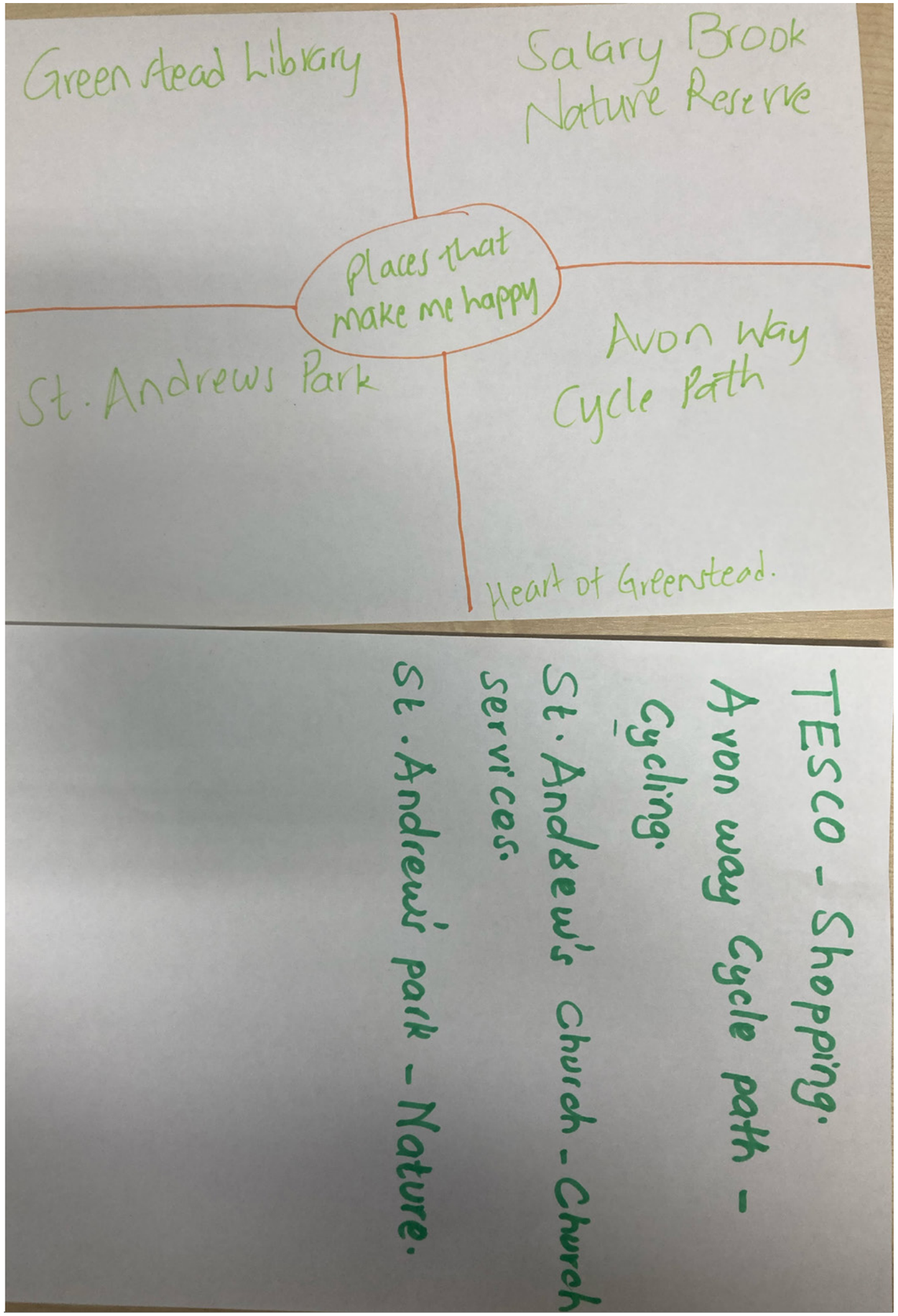
For many participants who had migrated to the UK, particularly from African countries, the transition to the UK's individualised model of care was a source of emotional strain. In their home contexts, care was often collective and embedded in extended family networks, communal childrearing, and informal support systems. By contrast, care in the UK was described as fragmented, isolated, and burdened by bureaucratic constraints.

"There are times I've cried. There are times you've asked yourself this relocation was it worth it? Here in the UK or where I'm staying [i.e. Greenstead] there is no communal living, but coming from Africa there is this communal life over there but here you are just on your own as if you are an island."

This sense of being alone, which can be seen as a severing of care from its cultural and collective grounding, was often intensified by economic pressures, childcare costs, and lack of access to welfare support.

"Back in [name of country], at that point, I was doing 3 jobs, but I was able to afford to pay a nanny that actually stays with us. But here, I can't afford to do that."

"I have to let certain things go, such as working. I can't work as much as I need to. And, you know, the bills keep coming monthly. Nobody cares if you're not working.



You have to pay the bills."

This form of ethical dissonance between one's values and the surrounding system was central to how care was experienced, particularly by parents navigating unfamiliar institutions without extended networks.

Everyday Discrimination and Exclusion

While overt racism was rarely named explicitly, participants described micro-level experiences of discrimination, judgement, and differential treatment, especially in public services like food banks, housing, and healthcare. These moments, often subtle or unspoken, cumulatively eroded participants' sense of dignity and belonging.

"They were not asking them all those silly questions, but they kept interrogating me as if I just probably came down on my own." (Describing experience at a food bank)

"Most times you're looking for a place that wants you to pay 6 months up front, which is not nice." (On barriers to housing)

Participants with precarious immigration status also described being excluded from benefits or support services, even while juggling significant caregiving responsibilities.

"Instead of going out to work, I'll have to stay home and look after the kids. And, you know, as an immigrant, we don't really have any access to benefits. So, we will have to juggle through this all, on our own."

These accounts point to an ethical hierarchy of care; not everyone is seen as equally deserving of support. Race, migration status, and class intersect to shape who is recognised, who is ignored, and who is required to "prove" their worthiness to access basic forms of care.

Resilience, Recognition, and Belonging

Despite these challenges, many participants also spoke of moments of solidarity, mutual recognition, and intercultural connection within Greenstead especially among other minoritised or migrant residents.

"Maybe because the majority of the people who live in Greenstead are from different places, they come together knowing that they need to unite as one."

Another interesting point that was mentioned from several participants was about children's spontaneous inclusivity and interactions in public spaces, which was cited as a model for how communities might cultivate more inclusive ethics of care:

"If the children are together, you see them, they are united. They don't discriminate from one another... There is a need for us to be like these children and do everything unitedly to move anywhere we live forward."

Within this context, faith-based organisations and grassroots charities were repeatedly described as spaces of ethical commitment and non-judgemental support by offering food, legal advocacy, digital skills, and emotional care without gatekeeping.

"Our church is an open place... they're all races, all different people. Everybody comes in, it does not matter who they are."

This final dimension as a whole shows that care is not only about services or provisions but it is also about recognition, fairness, and belonging. It surfaces how racialised and migrant residents often navigate careless systems that fail to see or support them, and how they respond by creating alternative spaces of coming together and solidarity. These ethical and cultural undercurrents frame much of the lived experience in Greenstead and will be revisited explicitly in the report's conclusions.

Conclusion and Recommendations

The GCARE project set out to explore how care, health, and wellbeing are lived and shaped in Greenstead, Colchester, with a particular focus on residents from Black and Global Ethnic Majority (GEM) backgrounds. What emerged through participatory mapping, walking interviews, and conversations with local stakeholders was a deeply textured account of everyday experiences of caring (for health and wellbeing) marked by resilience and reciprocity, but also by exclusion, constraint, and ethical tension.

At its heart, this research affirms a simple but powerful insight: care is everywhere, yet not everyone is equally cared for.

Care happens in parks and cafés, in church halls and bus stops, in community centres and over the phone. It is enacted and embodied in cooking meals, watching each other's children, listening without judgment, or offering guidance through unfamiliar systems. But care also fails in long waits for GP appointments, in assumptions about who is "deserving" of food support, in housing practices that exclude migrants and families on low incomes, and in neighbourhood narratives that stigmatise entire communities.

By adopting care as a relational, ethical, and place-based lens, this project has shown how health and wellbeing are co-produced not just in institutional contexts, but through social infrastructures, cultural practices, shared resources and mutual support . It has also revealed how migrant and GEM residents navigate a care system that is often hostile, indifferent and structurally unjust, while simultaneously generating networks of solidarity and interdependence.

These insights offer critical implications for local policy, public service design, and community development.

Care in Place: Community Settings and Dimensions of Experience

This graphic illustrates the everyday settings through which care in place is experienced in Greenstead. These settings take on their meaning through six lived dimensions of experience. Together, they shape how health and wellbeing are enacted, supported, or constrained in place.

Recommendations

1. Embed Participatory and Age-Inclusive Planning

Involve residents, especially young people, older adults and minoritised groups, in decisions about local spaces, services, and infrastructure.

Use creative, multilingual, and culturally appropriate engagement methods to reach underrepresented voices.

2. Expand and Sustain Accessible Community Spaces

Invest in low/no-cost indoor and outdoor venues for intergenerational gatherings, youth activities, and cultural exchange.

Support the continuation and expansion of community-, charity-,and faith-based services that are already meeting critical needs in the area.

3. Strengthen Community-Centred Health Provision

Improve GP accessibility through digital and walk-in options tailored to local needs.

Introduce cultural responsiveness training for all primary care staff, with an emphasis on empathy, communication, and understanding the lived realities of minoritised communities.

4. Recognise and Support Informal and Mutual Aid Networks

Value and resource the informal networks (parents' groups, walking clubs, food-sharing circles) that underpin health and wellbeing in the community.

Provide micro-grants and support to local connectors and peer-led initiatives.

5. Address Structural Barriers to Care with an Equity Lens

Review and reform housing access, public benefits criteria, and local service eligibility to reduce exclusion of migrants and low-income families.

Tackle stigma and lateral surveillance by promoting inclusive narratives about Greenstead that reflect its strengths, diversity, and mutual care practices.

6. Acknowledge and Act on the Ethical Dimensions of Care

Move beyond transactional models of care to recognise the emotional and moral realities of caregiving, particularly among those navigating migration, discrimination, or precarity.

Develop strategies that promote dignity, recognition, and relational accountability in all local services from health through housing to education.

In closing, care cannot be reduced to a commodity or a service pathway if we want to create communities that make all of us feel healthy, able to participate in social activities and thrive personally and collectively. It is a way of being in relation, of understanding and cultivating interdependence as a key aspect of holding communities together, of making life possible. For the residents of Greenstead, especially those from GEM backgrounds, care is often hard-won and precariously held. But it is also creative, resourceful, and collective. A care-and place-based approach to health and wellbeing must begin by listening to these voices, and by building from the everyday caring infrastructures they have already created.

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