

Greater Manchester

Mental Wellbeing

& Disability

Report



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Executive Summary

Findings

- Deaf and disabled people in Greater Manchester (especially those with diagnosed mental health conditions) are less happy, less satisfied with life, feel things are less worthwhile and are more anxious than non-disabled people. They cite general anxiety or pre-existing mental health conditions as the biggest concern for their mental wellbeing, followed by work and/or college, and are often less aware of services available to them, either due to lack of access to information, digital exclusion, or social isolation. For those who are aware, accessibility remains a major issue, be that due to digital isolation, financial barriers, or a lack of inclusion.
- Deaf and disabled people rate exercise as the top way to stay well, but are also much more likely to opt for non-sport activities such as hobbies and cooking than non-disabled people. They are also more likely to cite increased access to professional help such as therapy, group support or increased healthcare services as factors which would improve their wellbeing and cite four main factors that would turn their local area into a more positive place for mental wellbeing: green open spaces, more pleasant surroundings (clean, no pollution, less traffic, etc.), good community facilities and events, and a more supportive community / better connections with neighbours.
- Deaf and disabled people were disproportionately affected by the pandemic, with many experiencing social isolation, reduced social care support, and issues relating to access to food, medicine, and information. Additionally, there has been a severe impact on the mental health of Deaf and disabled residents. Deaf and disabled people are generally dissatisfied with the support they have received during the pandemic from national and local government, as well as from health and care services.



Definitions

GMBMWC

Greater Manchester Big Mental Wellbeing Conversation

GMDPP

Greater Manchester Disabled People's Panel

GMCDP

Greater Manchester Coalition of Disabled People

GMBDS

Greater Manchester Big Disability Survey

ASD

Autism spectrum disorder (ASD)

Deaf

People with a strong cultural affinity with other Deaf people whose first or preferred language is British Sign Language (BSL)

Disabled

Refers to the barriers, discrimination and prejudice disabled people face.

Mental health

Often defined as a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, and can work productively and contribute to their community.

Mental wellbeing

Focuses primarily on ways in which to improve or maintain a positive mental health through preventative interventions (e.g. – exercise, mindfulness, togetherness, learning, connectedness, capacity building, etc.).

Social Model of Disability

Describes people as being disabled by barriers in society, not by our impairment or difference.

Bumping spaces

Public places designed for people to meet (e.g., squares, parks, play areas, etc.)

Third spaces

Places which host gatherings of people beyond the realms of home and work (village halls, community centres, places of worship, etc.)



Recommendations

Individual

Linking up services. As expressed in the focus group, services intended to help Deaf and disabled people with their mental and physical health (particularly those with mental ill health) can have a detrimental effect on wellbeing if people feel they are viewed as a collection of people with different problems to be treated using multiple different service providers. Instead, care should be offered holistically, treating people as individuals.

A

Focus group participants stressed the importance of listening to people with lived experience and, rather than telling Deaf and disabled people, asking them how they want change to happen.

B

It was also suggested that more awareness of disability within workplaces is needed so that there is the right support and so that individuals don't feel like an inconvenience.

C

Another key recommendation was the need to remove any 'one size fits all' approaches from policies or interventions and appreciate that all people, whether they are either Deaf, disabled or not, are different and therefore support needs to be personal to them.

D

When designing solutions, support should be offered holistically, catering for Deaf and disabled residents as whole individuals rather than as a collective with different issues to be resolved through different services. Moreover, people should be supported through community-based initiatives (see examples on [GM Places for Everyone](#)), rather than being treated at the individual level alone. Finally, support should neither be prescriptive nor restrictive. Instead, Deaf and disabled residents should be granted access to a variety of options based on their diverse preferences.



Community

Community connection and belonging. In addition to being treated as whole individuals, Deaf and disabled people should be treated as people who belong to a group, or who desire to. Belonging and community connection often form the basis of routes into the other Ways to Wellbeing, yet, at the moment, Deaf and disabled people in Greater Manchester are some of the most isolated. Priority should be placed on removing barriers and increasing access to genuine community connection. This could look like:

- A** More expansive social prescribing programmes, building on the success of green social prescribing.
- B** Further developments to infrastructure, creating accessible 'green, clean and serene' meeting and 'bumping' spaces.
- C** More funding for organic, informal peer support groups, such as those see at the neighbourhood, grassroots, and community levels.
- D** There is a need for additional consideration of activities designed for older Deaf and disabled people, as existing activities are often aimed at younger people.
- E** Adequate support needs to be put in place for Deaf and disabled people wanting to take on volunteering opportunities across GM



Greater Manchester (GM)-wide changes

- **Encourage a GM culture shift / change the GM narrative around disability.** This goal can be advanced by hosting borough or GM activities, performances, celebrations, for example, and making sure GM messaging and initiatives don't consider Deaf or disabled residents as an afterthought (as many felt they were during the pandemic – see GMBDS findings mentioned in this draft). Also see p15 of this draft, p4 of MHF (2011), and the [GM Moving in Action commitment to 'culture change'](#).
- **Build on the Culture Change** work that has started with a Commitment to Inclusion and a Guide to Inclusive Language through GM Moving in Action. Work collectively across the system to embed these commitments across the physical activity, sport and other providers that support Five Ways to Wellbeing (e.g. all public services, hospitality, creative arts, culture and entertainment).
- **Other ideas:**
Findings from the GMBMWC suggested the need for more professional services (especially for those with diagnosed mental health conditions), more non-sport activity, more peer support and community groups, as well as greener, cleaner, more accessible spaces.
- **Accessibility (Digital, Financial, Social, Policy)**

A There is a need to increase knowledge of what to do to improve mental wellbeing (see Page 5), especially with digital, financial, and social exclusion in mind.

B Organisations should be required to incorporate a SMART digital inclusion strategy into short, medium, and long term plans to ensure the accessibility of Deaf and disabled people are a key consideration when during provisional planning and seen through to implementation ([see Greater Manchester Digital Inclusion Taskforce](#)).

C Standards of British Sign Language (BSL) provision should be prioritised to ensure communication doesn't continue to be a barrier for Deaf people wanting to engage in groups and support services.

D There is a need for principles outlined in the [Five Ways to Wellbeing](#), to be embedded into existing policies.

Training and Development

- While existing disability awareness training is often aimed at professionals (GPs, nurses, healthcare workers, etc.), there is a need for work to be done with family members of Deaf and disabled people to support their understanding of the [social model of disability](#) through more targeted, peer-led disability action/equality training.
- Training (including advice and guidance) that focuses on capacity building for Deaf and disabled people, and introduces carer protocol to the families of Deaf and disabled people, is essential (see [Carers Assessment](#) offered through Carers Manchester).
- Listening to Deaf and disabled people and working collaboratively to co-develop meaningful solutions which have included lived-experience representation at all levels of the decision-making process.
- Disability awareness training within workplaces is needed so that there is the right support and so that individuals don't feel like an inconvenience.



Introduction

- In 2020, the Greater Manchester Big Mental Wellbeing Conversation (GMBMWC) was launched to understand the needs of people across the city-region and hear what they think is most important for their mental wellbeing. The goal was to use this information to shape future initiatives and policies, making sure proposals align with the needs and desires of people and communities across Greater Manchester.

The results of the GMBMWC highlighted that Deaf and disabled people in Greater Manchester have worse outcomes regarding mental wellbeing. It also highlighted that Deaf and disabled people tend to turn to different sources of support to hearing or non-disabled residents, are affected more strongly by different challenges, and desire adjustments to existing interventions in order to improve their mental wellbeing.

Furthermore, a separate report produced by the Greater Manchester Disabled People's Panel (GMDPP) found that disparities in mental wellbeing between Deaf and disabled people and hearing and non-disabled people have been exacerbated by the COVID-19 pandemic.

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community (WHO, 2022). As good as these things are, there are significant benefits of mental wellbeing to one's quality of life and to society. For example, as the New Economics Foundation reports, people with higher levels of wellbeing 'tend to be more involved in social and civic life, are more likely to behave in environmentally responsible ways, have better family and social relationships at home and are more productive at work', as well as significant physical health outcomes (NEF, 2011, p6).

- With those findings in mind, the purpose of this report is to gain a better understanding of the state of mental wellbeing among Deaf and disabled people in Greater Manchester and identify the enablers and barriers to improving their mental wellbeing. After outlining the findings regarding the present wellbeing of Deaf and disabled people, this report offers an evidence-based review what works when designing interventions for Deaf and disabled residents. Finally, building on the findings about present conditions and the evidence regarding effective wellbeing interventions, this report will conclude with recommendations on how to better provide for the needs of Deaf and disabled residents to improve their mental wellbeing going forward.

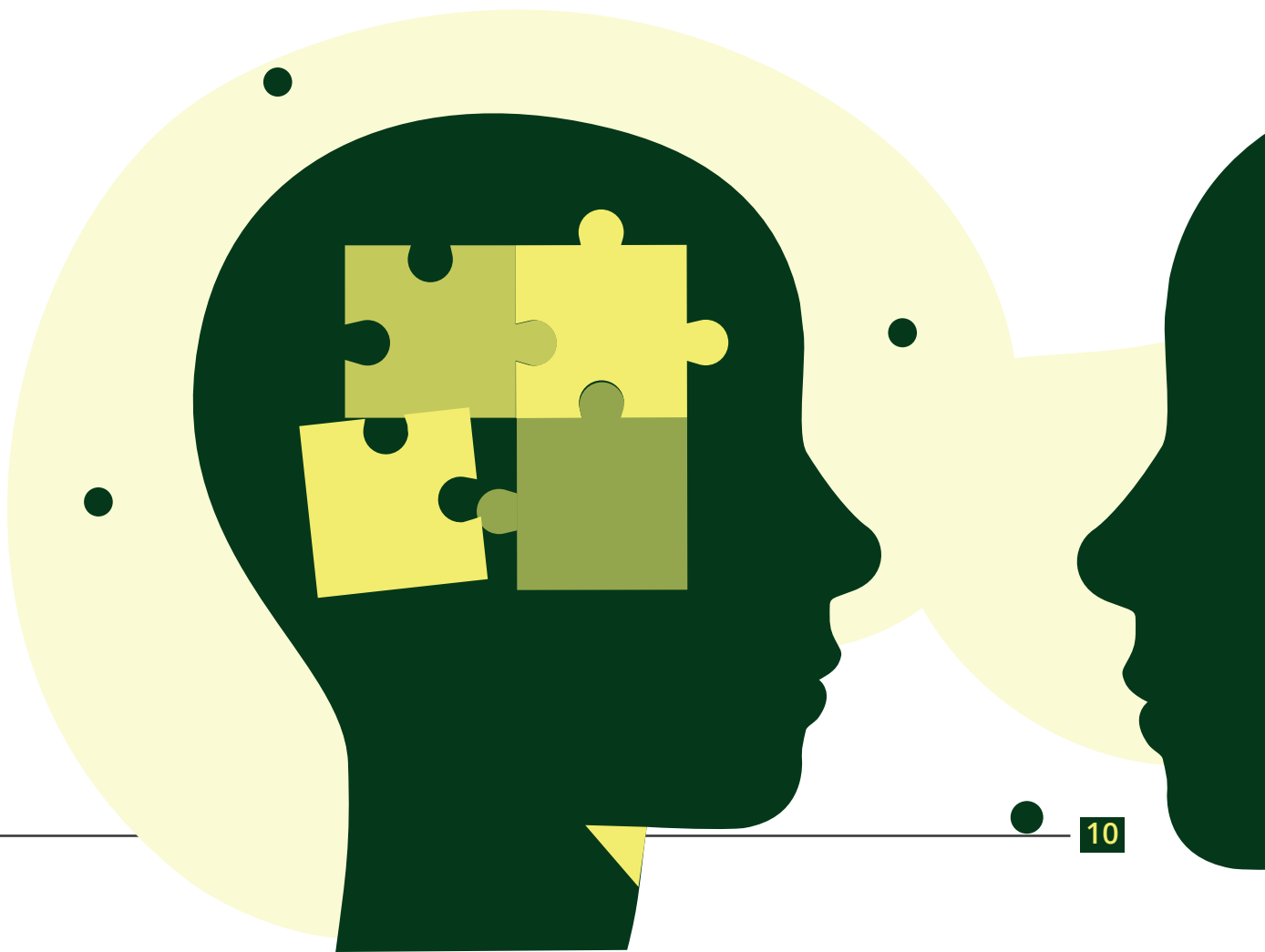
Understanding the Mental Wellbeing of Deaf and Disabled Residents

Greater Manchester Big Mental Wellbeing Conversation (GMBMWC):

Key Findings

The state of mental wellbeing

- The great majority of Greater Manchester residents think that mental wellbeing is important or very important (97%). There is no discernible difference between Deaf and disabled and hearing and non-disabled people in this regard. However, when it comes to the lived experience of mental wellbeing, disabled residents have worse outcomes. The GMBMWC found that Deaf and disabled people (especially those with mental ill health) are less happy, feel less satisfied with their lives, feel things they do are less worthwhile and feel more anxious than hearing or non-disabled people.



Main stressors

For Deaf and disabled people, experiences of mental illness/depression/anxiety were the biggest contributor to poor mental wellbeing (34% for those with mental ill health and 21% for other Deaf or disabled people), followed by work and/or college (21%). Other Deaf and disabled people are also more likely to think that general health issues are a more significant factor than others (20%).

Deaf and disabled women and LGBT+ individuals cited general anxiety and mental health illness as a factor significantly more than their counterparts, and Deaf and disabled LGBT+ people also face more challenges with finances or employment than their non-LGBT+ counterparts.

Concerns over key factors impacting wellbeing support the open-ended findings that those with mental ill health are more concerned about income, employment, finance, and education than hearing and non-disabled and other Deaf and disabled people. Deaf and disabled people are more concerned about public transport than hearing and non-disabled people, albeit still low on their list of concerns. Other Deaf and disabled are more concerned about physical activity than others.

There was also discrepancy in the impact of COVID on residents' mental wellbeing, with hearing and non-disabled residents citing the pandemic and COVID restrictions as more of a concern (15%) than Deaf and disabled residents (10%). This is likely due to the fact that many Deaf and disabled residents were already experiencing isolation prior to COVID restrictions being implemented, which could create the impression of lesser impact.

Maintaining and improving mental wellbeing

General observations

- The GMBMWC findings highlight a variety of different activities employed by residents to maintain or improve their mental wellbeing. The most frequently cited was exercise (37%), followed by spending time with family and friends (27%) and walking (24%). Most common answers included engaging in non-sport activities, such as cooking, hobbies or going to the shop (18%), eating well (18%), spending time outdoors (17%), having 'me time' (16%), and practicing controlled approaches (e.g., mindfulness, meditation, breathing, etc.) (14%).
- That said, there were a few differences in how Deaf and disabled people and hearing and non-disabled people responded to this question. Firstly, disabled residents were less likely to engage in most activities. Secondly, responses from Deaf and disabled residents were spread much more evenly across different options, suggesting that those who do engage have more diverse preferences.

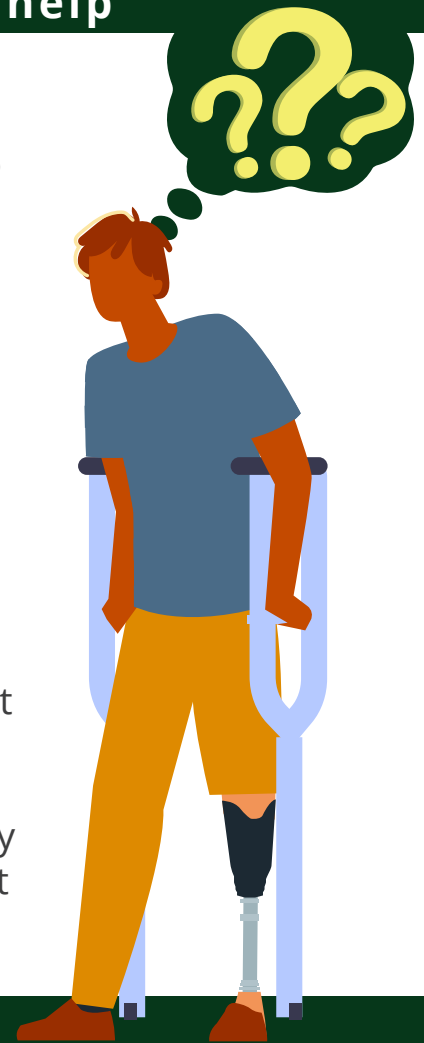
Exercise, activities, and professional services

- While exercising is listed as the top factor for all respondents alike, Deaf and disabled people are much more likely to do non-sport activities (e.g., cooking, hobbies, etc.) and use controlled approaches (e.g., mindfulness, meditation or learned coping strategies). Disabled people – especially those with mental ill health – are also more likely to cite use of professional help, take medication or attend therapy than the non-disabled group.
- Furthermore, Deaf and disabled women are more likely to also do non-sporting activity, seek down time, read and use controlled approaches than their male counterparts. Deaf and disabled LGBT+ people are more likely to do non-sporting activity, talk to family & friends, use controlled approaches, use professional help to improve wellbeing more than non-LGBT+ people.



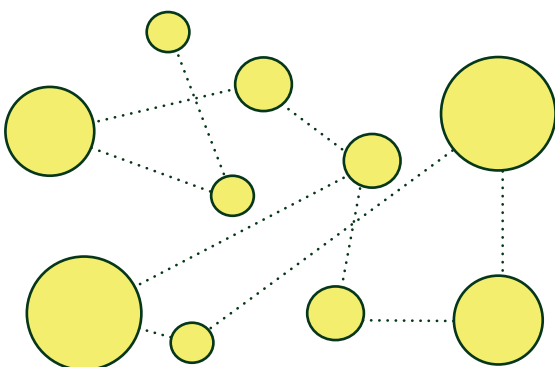
Knowing what to do and seeking help

- Most people know what to do if they wanted to improve their mental wellbeing. However, there are 32% who are unsure and a further 10% who have no idea. Deaf and disabled people are disproportionately represented among those who do not know what to do. This is especially true for Deaf and disabled men and those with mental ill health, the majority of whom face difficulty accessing mental wellbeing services. This is important because those who claim to know what to do to improve their mental wellbeing are much more likely to take positive action.
- Amongst those who say they know what to do, it is more likely that Deaf and disabled people are getting support from professional services than hearing and non-disabled people. However, they are also most likely to be the ones to know what to do, but struggle to do so when depressed.



Community connectedness

- The GMBMWC found that Deaf and disabled people are particularly disconnected from their local communities. While most people do not feel connected to their communities, Deaf and disabled people (especially those with mental ill health) had significantly lower agreement with all statements related to feeling connected with friends, family, and their local community.



- When asked about what would make people feel more connected to their communities, better community support and involvement, good community facilities and events, and social groups/support groups were identified as key interventions. However, whilst these were the most common responses seen across all participants, those people with mental ill health remain less optimistic.

Creating a place of positive wellbeing

- Beyond community connectedness, there are interventions which can make people's local area feel more like a place of positive wellbeing. Examples of this have been demonstrated through the NHS Trafford Autism Partnership Board, where drop-in sessions, women's groups, training, and a 14-week post-diagnosis programme have all been successfully rolled out within the borough (see [Trafford Extended Services](#)). Such services have helped to address the need for social togetherness, group support, and the need for ASD/Neurodiverse individuals, in particular, to talk about their experiences.
- When asked about what factors may make this true of their area, the GMBMWC identified four main things (for disabled and non-disabled residents alike). The first two were green open spaces and more pleasant surroundings (clean, no pollution, less traffic, etc.), and the second two were related to community connectedness: good community facilities and events, and a more supportive community/better connections with neighbours.
- Deaf and disabled people identify these same factors but are less sure about them than hearing and non-disabled people. Deaf and disabled women feel a little stronger about facilities and events, more supportive community, and social groups / support groups than Deaf and disabled men, while Deaf and disabled LGBT+ individuals cite facilities and events, better support and health services, and no poverty, better housing, and no discrimination more than their non-LGBT+ Deaf and disabled counterparts.



Greater Manchester Big Disability Survey: COVID-19 (GMBDS)

In 2020, the Greater Manchester Disabled People's Panel (GMDPP) produced a Big Disability Survey (GMBDS) to find out how Deaf and disabled people in Greater Manchester were managing during the COVID-19 pandemic. Many of the findings related to mental health and wellbeing build on those found in the GMBMWC. Other findings related to awareness, digital exclusion, and accessibility more generally may be directly or indirectly related to mental wellbeing. Regardless, these factors are important to consider in understanding the barriers and enablers to improving mental wellbeing among Deaf and disabled people in Greater Manchester.

Overall impact

- The findings of the GMBDS confirmed the Panel's assertion that Deaf and disabled people were being disproportionately affected by the pandemic. The survey confirmed that Deaf and disabled people were experiencing social isolation, reduced social care support, issues relating to access to food, medicine, and information. Additionally, they found that there had been a severe impact on the mental health of Deaf and disabled residents.

Mental health and low mood

- When it came to mental health and low mood, 90% of respondents said that the pandemic has had a negative impact on their mental health (GMBDS, p21). A great deal of this has been attributed to the impact of self-isolation (which in itself could be further compounded by the fact that 19% of disabled people live alone (GMBDS, p23)). 87% indicated they would be concerned about their mental health if they had to self-isolate for another month (40% of these said they would be 'very concerned') (GMBDS, p21) and 36% said they were experiencing 'low mood' at the time of completing the survey. Those in the 'high-risk' category were especially concerned about contracting COVID-19.

Awareness and Digital Exclusion

- Community Hubs were one of the major COVID-19 interventions established by Greater Manchester, set up in each borough of the city-region to coordinate food parcels, medicine, and other forms of support. The GMBDS found that there were serious issues around Community Hub awareness and accessibility for Deaf and disabled residents.
- Regarding awareness, though results varied across boroughs, 31% of respondents were not at all aware of the Community Hubs. This could be related to high levels of digital exclusion, and low awareness of community and voluntary services among disabled people (GMBDS, p14). The results were that some went without food for days, and that many who were supposed to be shielding were forced to travel on public transport to access food and medicine.
- Regarding digital exclusion, of those who completed the survey, 11% did not use a digital device. 24% of these stated that the reason for this was that they needed support accessing a digital device, while 21% simply did not like them and others stated impairment-related difficulties (GMBDS, p24). Many others likely did not complete the survey at all due to digital exclusion.
- The GMBDS also found that a majority relied on television or the internet as their source of information, though those completing the easy-read survey used the internet far less. Instead, they rely heavily on family and support staff to access information, which can present its own challenge due to family who may act as gatekeepers of information and serve as blockers to Deaf and disabled people who wish to be more independent. This is one finding which highlights how Deaf and disabled people without support can suffer not only from a lack of accessibility to services and provision, but the awareness provided by basic information (GMBDS, p25).

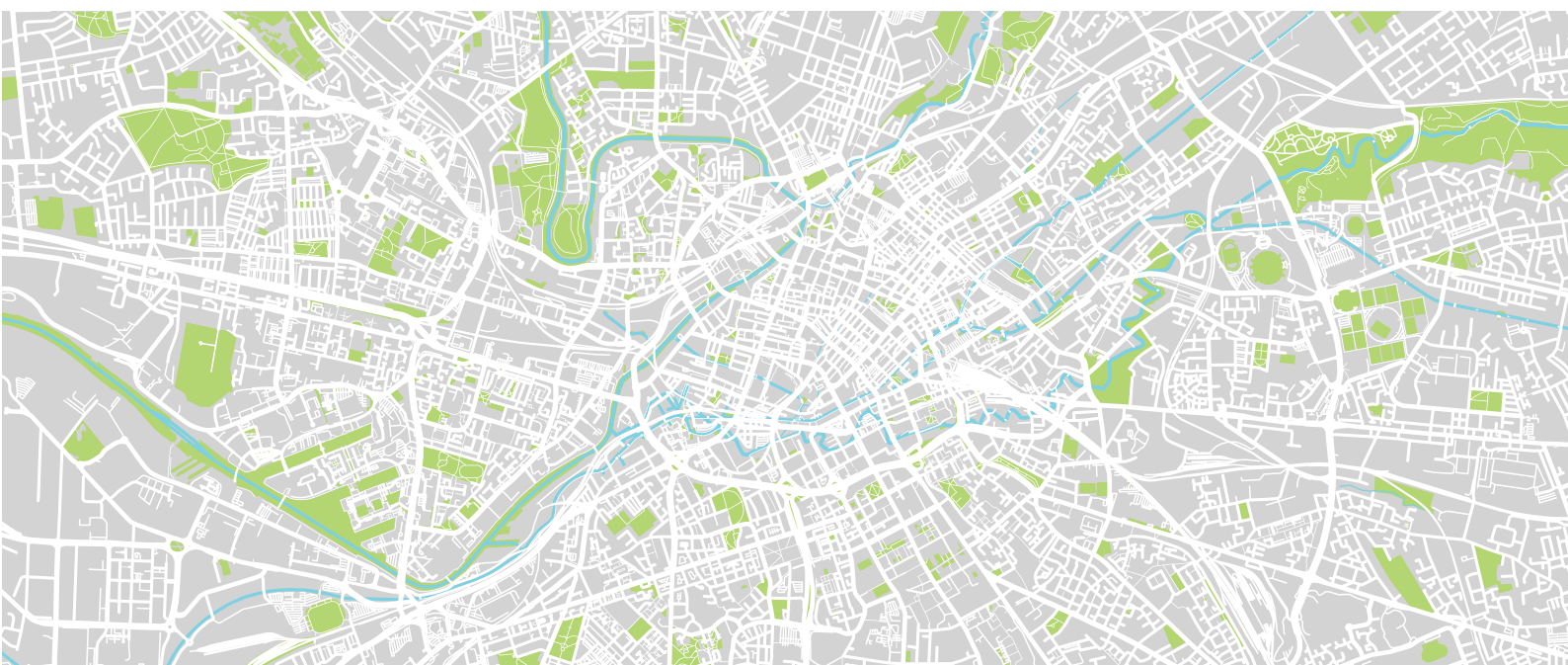


Accessibility

For those who knew about Community Hubs and visited one, 43% of those with some type of impairment stated that it was not accessible at all. Those with a hearing or learning impairment found the Hubs least accessible. Again, there was some variation in accessibility by borough. Those in Rochdale found the Community Hubs the most accessible (23% people found it easy or very easy) and those in Tameside the most difficult (76% had difficulty). A large proportion of people across most of the boroughs found the Community Hubs neither easy nor difficult to access.

Similar difficulties in accessibility were felt regarding Personal Protective Equipment (PPE) and health services with 57% of respondents experienced some difficulty sourcing PPE when it was needed (GMBDS, p19), again with some variation by borough. Furthermore, 62% experienced one or more health visits stopping due to the pandemic, with a further 26% reporting that the amount of health visits had reduced (GMBDS, p20). Of those with a care plan, satisfaction levels with their plan following the COVID-19 outbreak were significantly lower than pre-COVID-19 (GMBDS, p26).

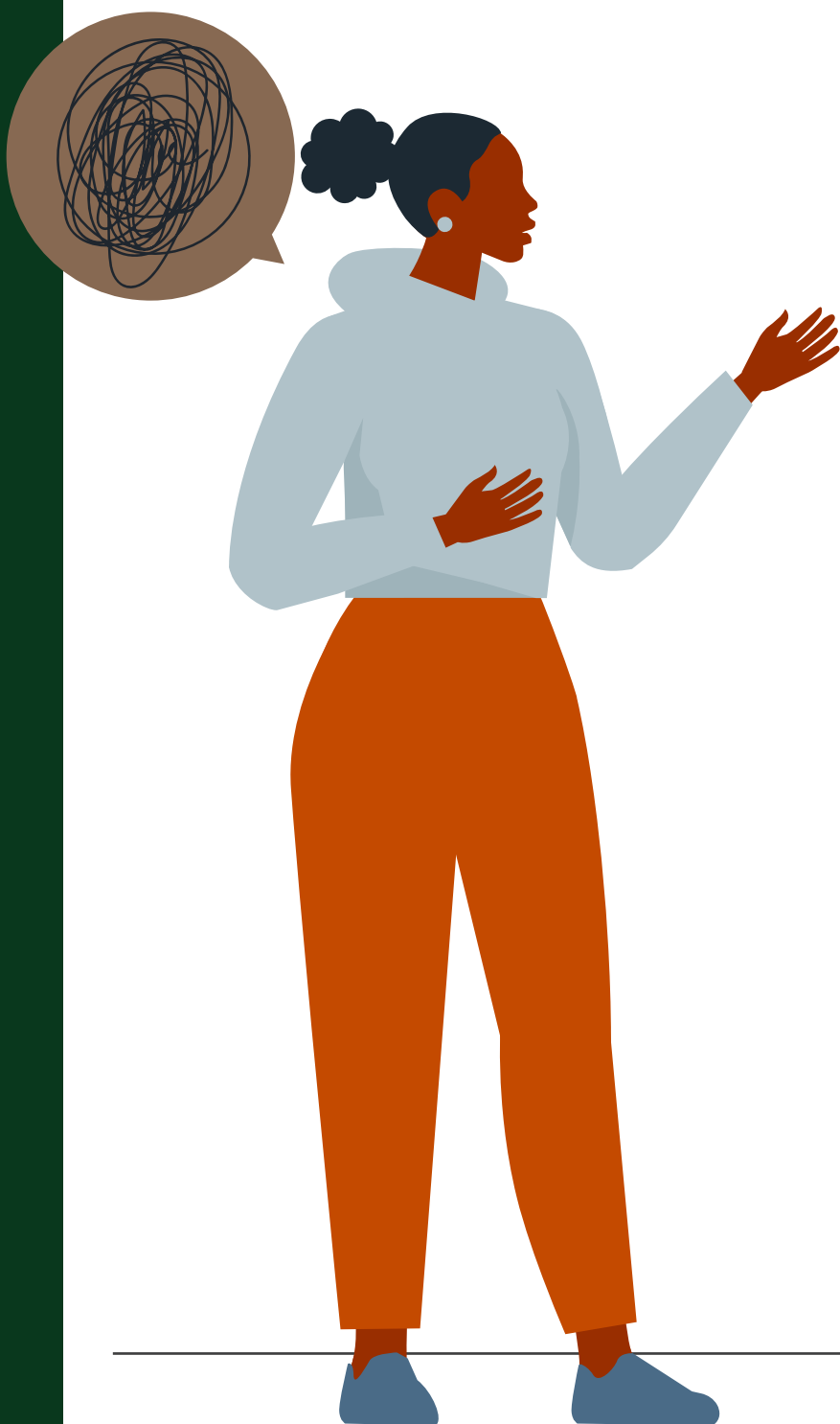
This reduction in access to health services not only reduces levels of satisfaction but will have an impact on some Deaf and disabled people's ability to maintain their current level of impairment, and therefore an increase in their support requirements, demonstrating an additional impact of COVID-19 and the lockdown on some Deaf and disabled people.



Dissatisfaction

There is a great deal of dissatisfaction with the support offered to Deaf and disabled people during the pandemic by different levels of government. The vast majority of respondents expressed dissatisfaction with the help provided by the Government (76%), either feeling neglected or actively harmed (GMBDS, p18). Findings were slightly more positive towards help from Local Authorities, with roughly one third feeling satisfied, another third feeling neglected/harmed, and a final third feeling as though the Local Authority is not doing anything significant.

On top of the general findings outlined in the GMBMWC, there are a number of ways in which the inequality in mental wellbeing of Deaf and disabled residents has been exacerbated by the pandemic (along with those factors which impact on mental wellbeing directly or indirectly). The level of dissatisfaction currently expressed towards different levels of government support, and current health and care services, demonstrates the need to do more for Deaf and disabled residents within Greater Manchester. This is something that should be prioritised as Greater Manchester looks to recover from the COVID-19 pandemic and amend the inequalities it has exposed ([see Greater Manchester Inequalities Commission Report](#)).



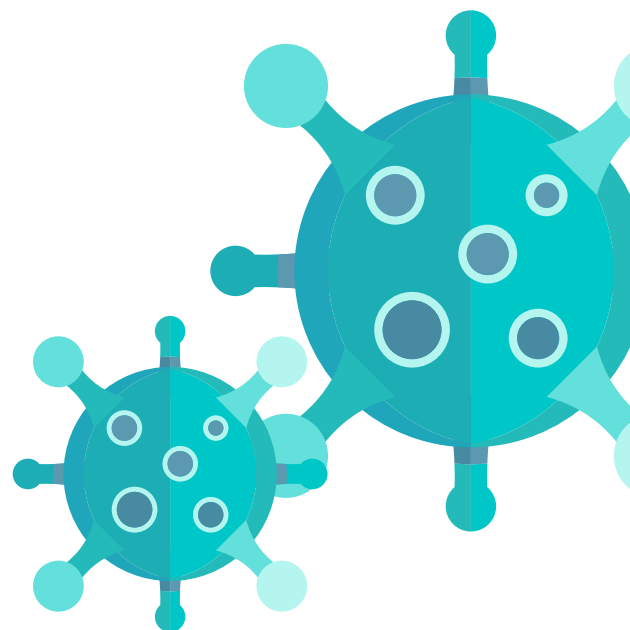
Focus Group Findings

Following the GMBMWC, a series of lived-experience community consultations were organised to gain greater insight into the needs and desires of Deaf and disabled residents of Greater Manchester. This was done in order to ensure there was a clearer understanding of the things that help or hinder their mental wellbeing. Participants were recruited through the Mental Wellbeing and Disability task group, who served in an advisory capacity throughout the duration of the project.



Due to COVID-related restrictions, the first consultation event was held virtually and was attended by five people while the second consultation event, held in person, was attended by 22 participants. Collectively, participants represented a range of Deaf and disabled experiences.

A number of themes emerged from this discussion regarding things that support mental wellbeing (Having a voice or being part of a community, spending time with family and friends, forming good habits and finding hobbies, and physical activity), four which hinder mental wellbeing (societal expectations, negative experiences with health services, lack of funding, and accessibility), and four main challenges (COVID, digital exclusion, sustainability of existing interventions, and consultation fatigue).



Unsurprisingly, many of these themes also emerged from the two surveys we have already discussed, but it is worth elucidating the way they were discussed in the focus group and the additional insights and nuances that this approach can add to our understanding.



Supports mental wellbeing

Having a voice or being part of a community

Within both focus groups participants discussed the things that supported their mental wellbeing. A strong theme that came through was that being part of a community was something that had a positive impact on wellbeing. This could be being part of a community group, a political movement or being part of the disabled or Deaf community. For example, some mentioned the importance of activism for them as a way to participate and to 'keep them busy'. The second focus group was held within the context of a Deaf wellbeing group, including a range of participants from across both Deaf and disabled experiences. Here, participants stressed the importance of mental wellbeing support.

Participants felt that being part of a community gave them the opportunity to have a voice, to be mentally active, to access support and to meet other people. It was important for their sense of belonging. In addition, having something to focus their time on was considered to be a further benefit. This relates to a further section below on habits and hobbies.

Peer support was considered to be an important support system for those who may be struggling with their mental wellbeing to discuss with others that have been through the same experience. There was a sense that less formal community-based support may be more beneficial than traditional mental health services in some cases. Members of the Deaf wellbeing group commented on the importance of the group being in sign language so that there were no barriers for them in accessing this support and they felt comfortable in the environment.

“

“Keeping busy with advocacy work across disability, women’s rights, Stop the War, Campaign for Nuclear Disarmament. Things like that, or just any kind of any interest.”

“I think there’s some social acceptance that you get in a group where people just accept you for being who you are.”

“I think that social interaction in general is really important and having social groups”

”



Spending time with friends and family

Closely related to the theme of community was the positive impact of socialising with friends and family. Participants understood that isolation was not good for mental wellbeing and that spending time with family and friends can bring happiness and support. Being able to talk with friends and family was a way to experience social contact which was considered valuable.

Habits and hobbies

Hobbies were also considered to be important to positive wellbeing as they can provide opportunities to switch off and escape reality, for example through video games. Doodling was also mentioned as a hobby that could improve focus and processing of feelings, both things which participants thought helped their wellbeing.

Having habits and routine were also considered conducive to good mental wellbeing. For example, one participant felt that making a habit of eating well and not skipping meals helped them in balancing the various things happening in their life. Looking after physical health, therefore, was related to mental wellbeing by the participant and the idea of having a good balance between various parts of their life was considered beneficial to wellbeing.

Additionally, the notion of self-care was discussed as a way to boost wellbeing, by making time for oneself. This could mean including time within the day to spend doing a hobby or relaxing and watching a film. The idea of factoring in time to do something that you enjoy relates closely to the themes of balance and routine which are discussed above.

A participant in the second focus group also discussed the positive benefits of going somewhere for the day or getting out and about. This allowed them to cope better with challenges in life.



“Then hobbies and interests [...] video games really help me to escape reality [...] because in that moment of time, I’m lost to this world. I’m engaged in whatever video game that I’m playing at the time.”

“What helps me as well is just going out and just escaping. I often go on days out, long trips via public transport. Yesterday I went to the White Rose Shopping Centre near Leeds and that, just going out, helps my well-being and helps me to cope with the goings on of life and stuff.”



Physical exercise

- Several participants mentioned the cross over or relationship between physical and mental health. Being able to do exercise was considered positive for mental wellbeing. Some participants within the second focus group discussed the benefits of the Deaf walking group that allowed them to get out for a walk and to socialise with others. This suggests that not only does exercise itself have benefits, but group exercise can have the added benefit of social interaction.



“

“We have a lot of fun, and I would say we have real evidence that that actually is really huge for improving a lot of people’s health, because while you’re walking, you’re out there, you’re chatting, you’re communicating, you’re interacting with people.”

”

Hinders mental wellbeing

- As can be expected, some themes that were considered beneficial to wellbeing were also raised in the discussion around what hinders mental wellbeing. For example, participants felt that isolation or not going out and interacting with others as well as not being physically able to exercise hindered mental wellbeing.



Societal expectations and attitudes

- Participants also mentioned the negative effect that societal expectations could have on their mental wellbeing. For example, feeling like they were not meeting significant 'milestones' in their life, especially when comparing to other people. This relates closely to the feeling of not belonging, juxtaposed with the positive effect that belonging to a community can have as outlined above.
- Similarly, some participants felt that societal attitudes towards Deaf and disabled people were a barrier to mental wellbeing. Being labelled or feeling as though they are marginalised within society were examples of this. They felt that people often made presumptions or expected certain things of them and that this was challenging. One participant felt that non-disabled people did not expect much from those within the Deaf and disabled community and that this was damaging as Deaf and disabled people can achieve many things.
- This also related to the issue of pity, which was raised by some, particularly within the focus group with Deaf people. They find that sometimes when they are out, people can express pity or can be patronising. This can feel exclusionary and could lead to people not engaging in society which may further hinder their wellbeing.



“

“I'd say that societal attitudes and expectations can often be a big barrier, a big hindrance.”

“I'm just often given a label and told I'm expected to be that, expected to be things I'm not. Of course, that affects my health and drove me to a few breakdowns.”

”

Dealing with services

- Although the discussion was centred around mental wellbeing, some participants discussed their negative mental health as well, demonstrating the close relationship between the two. For example, participants explained that the challenges around accessing traditional mental health services sometimes had a negative effect on their mental wellbeing as they had felt let down by the service, experienced difficulties getting help or had not found the support useful.
- Linked to this was the frustration with having to repeat their personal situation each time they engaged with a different service and not feeling like they were being treated as a whole and rather divided up into separate problems. This was in relation to mental and physical health services, but it was also related to mental wellbeing support. For example, some found that the 'Five Ways to Wellbeing' was prescriptive and made a presumption that if someone did certain things, they would feel a certain way. Instead, they felt that being provided with lots of options would be more conducive to improving their mental wellbeing.
- Closely related to the challenges of dealing with services was the challenge of getting a diagnosis and then accessing support after that. The long wait times to get a diagnosis can hinder mental wellbeing as well as the cuts to post-diagnostic services.

“

“My doctor said, ‘Doors will open when you get a diagnosis,’ but I was on a waiting list for so long.”

“Services need to take a more holistic approach to an individual, and I totally agree with that because whatever’s going on with you physically is going to affect you mentally.”

”



Funding

The issue of funding or the financial barriers to wellbeing were also raised. It was pointed out that much of the support for Deaf and disabled people such as wellbeing groups is provided by the third sector and therefore relies on funding which is a big challenge. It was additionally noted that the insecurity of support is further compounded by the underfunding of the NHS which means that some Deaf and disabled people have to fight to get support that can help them maintain their wellbeing.

The financial impact of engaging with lots of different groups, clubs and activities was also raised as a potential barrier to accessing community support.

Some participants also mentioned the importance of funding in breaking down barriers for Deaf and disabled people to access society. For example, improving accessibility through interpreters or building changes can be costly.



“As soon as the funding stops, then you again go back to square one, so the barriers just re-emerge.”

“What happens if the money runs out and the budgets get cut, what actually happens to the Deaf club? Maybe the whole club closes. It takes a budget to maintain this.”



Accessibility

The acceptance of Deaf and disabled people within activities and groups was also mentioned as a barrier, as some felt that there was a reluctance or fear of including Deaf and disabled people. In addition, some expressed a lack of available activities for older Deaf and disabled people rather than those aimed at young people, and they also felt that the availability was not consistent across different areas.

One participant in the Deaf group experienced difficulties in accessing volunteering as there was no interpreter which meant that they could not access this opportunity which would have had a positive impact on their mental wellbeing.



“Because there was no interpreter, I got stuck and lost that opportunity. I didn’t think that was really fair, because other people could just go and do voluntary work or get involved in society in that sort of way, whereas myself, I would want to do that, but if there’s not an interpreter, then that’s problematic.”



Challenges

COVID

- The changes that COVID-19 has brought have been a challenge to mental wellbeing to some people within Deaf and disabled communities, respectively. Several participants discussed the difficulties they've had using Zoom and other online platforms. Some have faced issues around accessibility, for example through not having the right equipment, not having a good quality camera for seeing signing or by not having the skills or support to get them online. Others expressed frustration at the freezing and technical challenges which can restrict opportunities for social interaction.
- Some also felt that not having meetings and sessions face to face had limited their opportunities to socialise and had therefore been a barrier to wellbeing. One participant found the constant screen time and the frustrations around it overwhelming.
- On the other hand, some felt that Zoom had been a lifeline for them during lockdown as it had provided them with things to pass the time and opportunities to chat with others.
- In terms of accessibility, COVID has brought some benefits such as increased use of QR codes with menus that mean that those with sight loss can use their own phone and Zoom in or use software to help.



Digital exclusion

- The issue of digital exclusion was discussed as participants felt that the rise in apps and digital resources risks excluding those who are not digitally proficient or do not have a technological device to access apps.

Five ways to wellbeing

- As mentioned above, some found models such as the '[Five Ways to Wellbeing](#)' too prescriptive but others also felt that whilst there may be research to suggest that these things are positive for mental wellbeing, this is not transferred into action. For example, the systems are not put into place to facilitate the 'Five Ways to Wellbeing' or policies are not created to ensure that people can put these into action.



“You say that those are the five obvious ones and yes, I don't think anyone here is going to disagree, but honestly, it's relatively rare to see that actually reflected in policies.” ”

Consultation fatigue

- Consultation fatigue was discussed particularly in the second focus group. People expressed frustration with being asked to share their experience over and over again in order to create change, but this change not manifesting; people felt tired of sharing their opinion but not having anything happen because of it. They wanted change in policies that reflected their experience. One participant felt that until there were people with lived experiences at all levels of decision making, there was not going to be any real or meaningful change, as with the [Greater Manchester Independent Mental Health Network](#)).



“It's all talk and no action. That's what I feel, and you might be back here in ten years' time doing the same kind of consultation. That's what I think.”

Designing Effective Wellbeing Interventions

Having covered the findings and challenges associated with the mental wellbeing of Deaf and disabled residents in Greater Manchester, we will now turn to solutions. This section will evaluate the research and rapid reviews regarding disabilities and mental wellbeing and bring in learning from what has worked elsewhere to help ensure the services and strategies implemented going forward are effective.

This section will be structured primarily around the [Five Ways to Wellbeing](#) – Connect, Be Active, Take Notice, Keep Learning, and Give – an evidence-based range of methods by which to improve the mental health and wellbeing of the whole population. This list is not to be taken as a prescription from which one intervention in each category will provide an effective solution, but as a framework through which to ensure Greater Manchester provides a sufficiently holistic approach to mental wellbeing, offering a diverse variety of interventions and services.



Connect

What does it mean to connect?

Connecting means being a member of a community, spending time with friends and family, talking to neighbours and colleagues at work, and investing in relationships with people around you. It relates strongly to the sense of belonging described in the focus groups and is the opposite of isolation.



Why is it important?

Connecting emerged as a strong theme from both surveys as well as the focus group findings. Spending time with and talking to family and friends were cited as two of the top ways of maintaining mental wellbeing, along with feeling a part of your local community. The focus group discussion focused primarily on the importance of belonging and feeling a part of a community and the opportunity this gave them to have a voice, to be mentally active, to meet other people, and to have peer support.

The GMBMWC also identified increasing community connectedness and improving community facilities and events as two primary ways to improve their local area in ways that would benefit mental wellbeing, while the GMBDS highlighted the detrimental impact of isolation, which many Deaf and disabled people experienced at heightened levels during COVID-19.



Social relationships have a value, and interventions which connect people to one another in their local areas and strengthen community networks provide a whole range of benefits. Primarily, as far as this report is concerned, studies show that social connectedness correlates more strongly with wellbeing than social or economic characteristics, such as long-term illness, unemployment or being a single parent (Parsfield et al., 2015). In a survey of 2,840 people conducted by the Royal Society for the Arts (RSA), 'feeling a part of a community' was the variable most strongly associated with having a higher subjective wellbeing, while people who said there was something stopping them from taking part in their community were the least likely to report high subjective wellbeing (Parsfield et al., 2015, p7).

From the perspective of Deaf and disabled residents, it is therefore important to both identify interventions which can enable them to feel more a part of a community, while also improving the accessibility of the community-building initiatives already in place, as well as removing barriers to other more organic paths to developing social connections.

Connect

How do we increase connectivity?

- Social relations and community connection can be boosted by promoting conditions in society that bring people together, enable them to participate in community life, and allow them to feel a part of a network of shared meanings (Bagnall et al., 2007, p5).
- Firstly, opportunities for creating social connections in this way can be promoted by **shaping spaces** (see [GM Place for Everyone](#)). This includes improving the quality, availability, and accessibility of 'bumping spaces' – public places designed for people to meet (e.g., squares, parks, play areas, etc.) – and 'third spaces' – places which host gatherings of people beyond the realms of home and work (e.g. - village halls, community centres, places of worship, etc.) (What Works Wellbeing, 2017). Accessibility is as important as the quality and quantity of these spaces.



- Beyond shaping spaces, **community-level** approaches to increasing social connection can be developed. There is no 'one-size-fits-all' solution to this. However, So, it is important that residents from the target community are involved in each stage of the development of these interventions, from understanding the challenges to co-designing the solutions (Parsfield et al., 2015, p21). This means taking seriously the findings from recent surveys and disability focus groups, conducting further consultation if necessary, and co-developing solutions based upon ideas that emerge.
- Finally, there are interventions at the **individual level** which can increase community connection by helping people overcome the barriers which prevent them feeling a part of a community, for example, social skills interventions for adults with ASD (Atkinson&Jones & Hewitt, 2018).

What this could look like

At the level of shaping spaces, an evaluation was recently conducted of a designated housing estate for disabled people in Scotland, pseudonymised as SmartBodes (Ellis et al., 2020). This 'new, hybrid form of social housing'—a cluster of technology-enhanced homes built within the community in which most residents already live—was designed to provide a life-long, more accessible way of living, and to promote wellbeing and preventative health solutions (see [GM Places for Everyone](#)). This form of social housing was generally found to decrease loneliness, build a sense of community, increase levels of support, and increase social interaction (notably, this increase in social interaction was largely organic, and driven by one particularly active resident). Pets were also found to act as a social glue, and the 'clustered' approach to housing increased residents' sense of security and peer support. The researchers conclude: 'SmartBodes show us what all communities could be: the integration of life-long homes with technological support to enable people to age in place; to foster and maintain the social networks and linkages they want and need within the communities in which they have already built them'.

There are many interventions which can make peoples' local area feel more like a place of positive wellbeing. A local example demonstrated to help address the need for social togetherness, group support, and the need for ASD/Neurodiverse individuals, in particular, to talk about their experiences includes the [Trafford Extended Services](#). This service has successfully rolled out within the borough; drop-in sessions, women's groups, training, and a 14-week post-diagnosis programme.

Be active

What does it mean to be active?

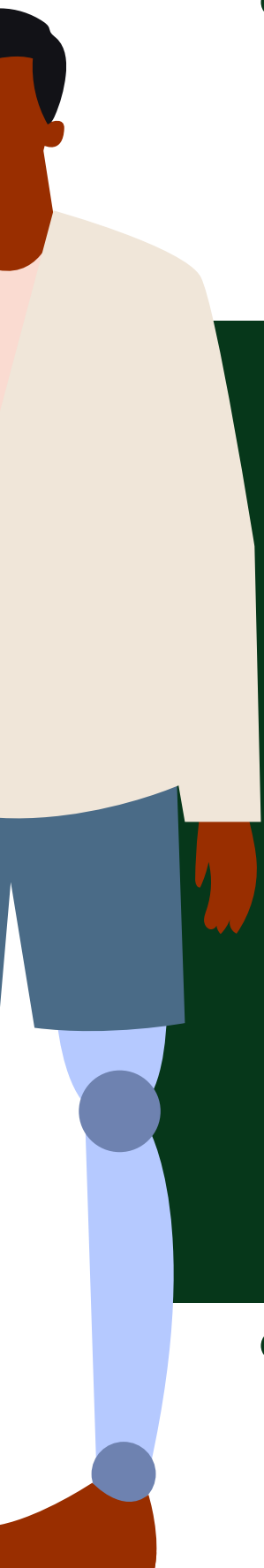


Being active is not just about exercise. It can include any sort of physical activity from going for a walk outside, to playing a game, to gardening or dancing. It includes anything which gets people moving and increases their heart rate (see [Physical Activity Guidelines – UK Chief Medical Officer](#)).

Why is it important?

- The GMBMWC found that disabled residents cited physical exercise and walking as two of the top means of maintaining their mental wellbeing, followed by non-sport activities such as cooking or hobbies, being outdoors or gardening, and keeping busy (including DIY and cleaning). That being the case, only 7% cited more physical exercise as a way to improve their mental wellbeing, a sentiment that did not feature in responses from the focus groups. The consensus appears to be that Deaf and disabled residents would like more opportunities to engage in non-sport forms of exercise, recreational activities, and hobbies to improve their mental wellbeing, preferably in a group context.
- In the [Greater Manchester Moving in Action 2021-2031 Strategy, p. 50](#) GM Moving's Five Key Priorities align with the priorities identified in this report so far: people, families and communities; inclusive participation and access; active places; whole system integration; and culture change (GM Moving, p3). GM Moving has also recently drafted a [commitment to inclusion](#), recognising the need to improve equality of access to activities and services, and setting out a list of commitments to be adopted by system leaders and partners as well as individuals and organisations providing physical activity and leisure opportunities.
- However, more needs to be done to reduce inactivity among Deaf and disabled residents. According to the latest figures, 46.1% of Deaf and disabled residents are still inactive, participating in less than 30 minutes of moderate intensity physical activity per week (GM Moving, p11). While the disability gap has decreased, this is primarily down to an [increase in inactivity among hearing and non-disabled people](#). Also, age appears to be a significantly important factor to consider. For instance, for those 16-34 years of age, [inactivity levels are similar among disabled and non-disabled residents, but inactivity levels begin to diverge significantly in middle age and continue to widen thereafter](#).





● The importance of healthy and active-lifestyle in supporting mental wellbeing has been well-established through numerous interventions (Pakenham, & Viskovic, 2018; Santini et al., 2018; Bort-Roig, et al., 2019; Kadariya, et al., 2019; Emery, 2020; Palmer, 2020). Regular participation in social or recreational activity has been seen to improve quality of life, personal life satisfaction and the way in which individuals rate their own mental health (Santini, Z. et al., 2018).

● Studies which focus specifically on Deaf and disabled people have found that there is moderate to strong evidence that, in addition to providing a wide range of physical health benefits, physical activity is associated with improved mental wellbeing, quality of life, and community involvement (PHE, 2018). A rapid evidence review conducted by Public Health England (PHE) specifically recommends that Deaf and disabled adults do between 120-180 minutes of physical activity at a moderate to vigorous intensity each week, as well as two sets of challenging strength and balance exercises two times per week (PHE, 2018, p5). There is evidence of benefits of physical activity at a lower duration and intensity, but the gains are not as large (PHE, 2018, p20). However, even short, low-intensity physical activity can provide benefits for mental wellbeing, especially if it engaged in as a group.

● Furthermore, a number of studies in the wider literature substantiate that, for Deaf and disabled individuals with more sedentary lifestyles, interventions that promote active lifestyle practices, such as strength and/or resistance training, mobility training, Zumba, Qigong, dancing, swimming, hiking, and rowing, improve mental wellbeing for individuals with even the most severe mental illness (Domene et al., 2016; Guo et al., 2018; Bort-Roig et al., 2019; Palmer, 2020; CDC, 2021).

● Substantial evidence has been gathered specifically within Greater Manchester too, where increased activity has seen workers taking 27% fewer sick days, a reduction in environmental pollution, and higher earnings as well as reductions in anxiety, leading to increased mood, reduced levels of stress and clearer thinking (GMHSCP, 2017).

Be active

How do we increase activity?

- The GM Moving strategy has seen some great results, with many people becoming inspired to increase their engagement in physical activity through walking and cycling initiatives such as [GMCC Social Rides](#), [Bury Tandem Club](#), [Stockport Wheelers](#), [Trafford Wheelers](#), [Wythenshawe Wheelers](#), and [PRiDE OUT](#), all local social groups for all abilities. As a result, thousands of Manchester residents have been able to overcome anxiety and depression (Sport England, 2019). The draft commitment to inclusion to make physical activity more accessible is promising too, particularly regarding efforts taken to integrate movement with all of life (see [Greater Manchester Bee Network](#)). While these efforts ought to continue, there are gaps yet to be addressed.



- For example, the main demographic around which the disability activity gap widens is age. Studies show that interventions targeted at older populations should incorporate self-monitoring, intense contact between activity professionals and participants, and centre-based exercise. They should focus exclusively on physical behaviour (rather than theory) and recommend moderate activity, such as walking (Conn et al. 2002).
- For community-dwelling, older adults (≥ 60 years of age and living independently), however, the evidence suggests that most kinds of physical activity intervention are effective, showing significant results for at least 12 months regardless of the mode of delivery, setting, professional background of the intervention provider, or type of physical activity recommended (Zubala et al., 2017). What appears to be more important is ensuring that a whole-system approach is applied to meet the needs of older adults, including social, individual, and environmental factors.

- Steps can also be taken to make movement a more regular part of the lifestyle of the entire community, encouraging increased physical activity from young adulthood through to later life. For example, buildings can be designed to encourage movement, people can be encouraged to stand on public transport, and offices can provide areas to stand while working rather than sitting (NIHR, 2017). The importance of the built environment in increasing physical activity through parks, cycle paths and public transport, for example, has been well-established (WHO, 2017; Smith et al. 2017). The literature examining the relationship between the built environment and physical activity for Deaf and disabled people in particular suggests a positive moderating role of features related to safety and aesthetic qualities, such as benches, lighting, and traffic light timing, but studies are limited and show mixed results (Eisenberg et al. 2017).
- In addition to the evidence around these alterations to the built environment on increased physical activity, these kinds of urban planning alterations align with the ideas strongly expressed in the GMBMWC about what would make their local area a positive place of mental wellbeing ([see GM Places for Everyone](#)). It is therefore important for those engaged in urban planning in Greater Manchester to consider approaches to increase overall levels of physical activity, as well as the accessibility of these spaces.



Be active

What this could look like

- Social prescribing connects individuals receiving primary care with partners who provide non-medical support. It asks the question, “What if, along with medication, doctors and nurse practitioners prescribed art and dance classes, volunteer roles, caregiver supports, and supportive peer networks?” (Alliance for Healthier Communities, 2020, p. 5). Greater Manchester already has a well-established social prescribing offer in place, with [Green Social Prescribing](#) having been trialled with great success too, engaging with individuals most at risk of developing poor mental health and connecting them with the activities and support they need, in this case, using the natural environment. In addition to including cohorts of Deaf and disabled residents within this scheme, there is great potential to help Deaf and disabled people become more physically active by connecting Greater Manchester’s social prescribing offer with providers of therapeutic recreation, or other forms of non-sport, group exercise (Mahut and Fortune, 2021). Once again, this has the potential to overlap with other Ways to Wellbeing if done in a way that facilitates regular group connection (Connect) or takes place in beautiful outdoor environments (Take Notice), for example.

Take Notice

What does it mean to take notice?

- Taking notice is about slowing down and being mindful of the smaller things, the beauty in the world around you, and the simple things in life which bring you joy. It is also about being aware of your own feelings and emotions, taking notice of the things that impact you throughout the day, and reflecting on experiences and the things that matter to you.



Take Notice

Why is it important?

- The GMBMWC asked respondents to rank how strongly they agreed with the following attitude statement: "I feel I take notice and remember the simple things that give me joy". Given a scale of 1-10 (Low = 1-4; Medium = 5-6; High = 7-8; Very High = 9-10), answers were spread fairly evenly, with an average score of 5.9 for Deaf and disabled people, rising only to 6.9 for hearing and non-disabled residents. Deaf and disabled men, Deaf and disabled LGBT+ residents, and residents with mental ill health cited at just 6.0 overall (see p. 32-33 of the GM Big Mental Wellbeing Conversation).
- The focus group did not specifically discuss notions of taking notice, but related concepts were raised such as the importance of finding a good balance in life, ordering the day around regular routines, and practicing self-care.
- The GMBMWC also identified the importance of green open space and the ambience of the environment in creating a positive place of wellbeing. This is related because people are more likely to pause and take notice in beautiful, open, clean, ambient, walkable (or accessible) surroundings.



Take Notice

What does it mean to take notice?

- Interventions to help people take more notice seek to improve a range of outcomes from increasing self-awareness to improving the beauty of surroundings. Thus, they occur at the level of the individual and community, as well as shaping spaces.
- The Mental Health Foundation recently released a report outlining why our relationship with nature – ‘how much we notice, think about, and appreciate our natural surroundings’ – is important in supporting our mental wellbeing (MHF, 2021). This includes green spaces (e.g. - parks, woodlands, and forests), blue spaces (e.g. - rivers, wetlands, and canals), and urban spaces, including trees, gardens, and even indoor plants. Whether urban or rural, what is important is that these spaces are ‘high quality’, which means places which include plenty of ‘green’, are quiet and calm, and are kept clean. Their research also found that many groups face barriers to accessing high quality nature spaces. Deaf and disabled people face these barriers when natural spaces are often not equipped with inclusion in mind, or when there is a lack of accessible routes to these spaces (MHF, 2021, p6). It is therefore important to consider ways to increase the availability and accessibility of high-quality natural spaces, especially in urban areas ([see GM Places for Everyone](#)).
- Similarly, trips and activities can be organised to draw people into high quality natural spaces, creating an opportunity for community-level interventions which can also improve social connectedness. ‘[Care farms](#)’, ‘calming environment, away from the pressures of everyday life’, have been proven to improve the individual and community wellbeing of people with learning disabilities (Rotherham, McGarrol & Watkins, 2017), and green and blue space interventions that provide the opportunity to participate in activities or meetings have been seen to ‘improve social interactions; increase social networks, social interactions and bonding and bridging social capital; increase physical activity and healthy eating; and improve community members’ skills and knowledge’ (What Works Wellbeing, 2018). Increasing access to arts and culture is another important way to increase wellbeing through taking notice. One community-level



What does it mean to take notice?

Increasing access to arts and culture is another important way to increase wellbeing through taking notice. One community-level approach of this variety is participatory art, which has been found to improve the wellbeing of elderly and Deaf and disabled people individually, while also seeing positive results at a community and society level (MHF, 2011). For example, at an individual level it was found to increase confidence and self-esteem, at a community-level it provides opportunities for meaningful contact and friendship, and at a society level (when the art takes the form of a high-profile event) it has the potential to positively transform stereotypes and attitudes towards the sick, elderly, and Deaf and disabled (MHF, 2011, p4). Further steps to increase access to arts and culture for Deaf and disabled people involve providing greater opportunities for Deaf and disabled artists, and making exhibitions and events more open and accessible (see [Shape Arts](#) and [Disability Arts Online](#) - Sharing Disability Arts & Culture for example).

Finally, organising wellbeing groups for those with learning disabilities has been proven to increase participants' ability to take notice of the things around them and practice mindfulness techniques (Davies, Dixon and Mann, 2016), and mindfulness interventions, especially those which include art-making or provide opportunities for discussion, have been shown to help individuals take notice of their thoughts and feelings, as well as decreasing perceived stress, allowing for a change in attitude, perspective, behaviour and energy, preventing burnout (Crowder, & Sears, 2017).



Take Notice

What this could look like

A key example is seen through the work of the Greater Manchester Arts and Health working group, as outlined in their 2021 report *A Social Glue – Greater Manchester: A Creative Health City Region* (see [GM Arts and Health](#)). In line with the Greater Manchester 2019 declaration on art and health, this effort seeks to tap into the heritage, culture, and art of the city of Greater Manchester and as a means of improve the health and wellbeing of its residents and workforce (see p. 37, [Brighter Sound project](#)). In doing so, this initiative has pumped life into the conversation around addressing systemic health inequalities, catalysing social change through art.

Looking at another example, *Totally Touchable* was a person-centred, tactile art project and exhibition for sight-impaired adults, coordinated in 2015 by Gravesham Borough Council and Kent County Council. It involved 14 sessions over an eight-week period, led by an artist who has specialist experience in working with blind and sight impaired participants, culminating in a three-week exhibition at a public art gallery. Its purposes included increasing active engagement and participation in arts activities, delivering high-quality art, and raising awareness of sight impairments. Wellbeing scores were seen to increase throughout the duration of the project, with other clear psychological and social benefits experienced too, including social bonding, broadening horizons, enhanced mental health, increased empowerment, and confidence, and raised awareness of individuals with sight impairments (Manship & Hatzidimitriadou, 2015).

Keep Learning

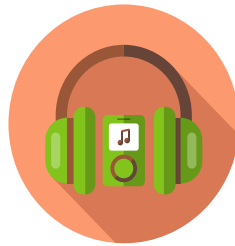
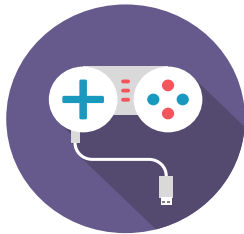
What does it mean to keep learning?

Learning is not just about academic education. It's about picking up new skills, trying a new activity, fixing something around the house, or learning a new recipe. It's about having new experiences, developing interests and passions, and growing in confidence as well as knowledge.



Why is this important? (how does learning help wellbeing? What evidence supports that?)

- Another attitude statement contained within the GMBMWC was “I feel learning and embracing new experiences are important”. Survey participants scored high across the board, with an average for non-disabled people of 7.8/10 and an average of 7.4 for disabled people. This was still a significant difference, however. On this occasion, there was no significant difference between those with mental ill health and those with other disabilities.
- While the focus group did not specifically discuss the importance of continuing to learn, remaining mentally active was listed as one of the additional benefits of being connected in a community, as well as the importance of having hobbies and activities to regularly engage in.



- Research has shown that there is a link between ‘mental capital’ and wellbeing, and that learning throughout life has the benefits of enhancing self-esteem, life satisfaction, optimism and efficacy, as well as encouraging greater social interaction and a more active lifestyle (Kirkwood et al., 2008; Feinstein et. Al, 2008; Feinstein & Hammond, 2004). Again, learning is an activity that happens best in a social context, which has the additional benefit of providing opportunities to connect and increase wellbeing that way.
- In addition to the individual benefitting from community, lifelong learning significantly contributes to community wellbeing in turn (Merriam & Kee, 2014). This is because the more active, healthy, and educated people are, the more they are able to contribute to communities through sharing their experience, skills, and services.

Keep Learning

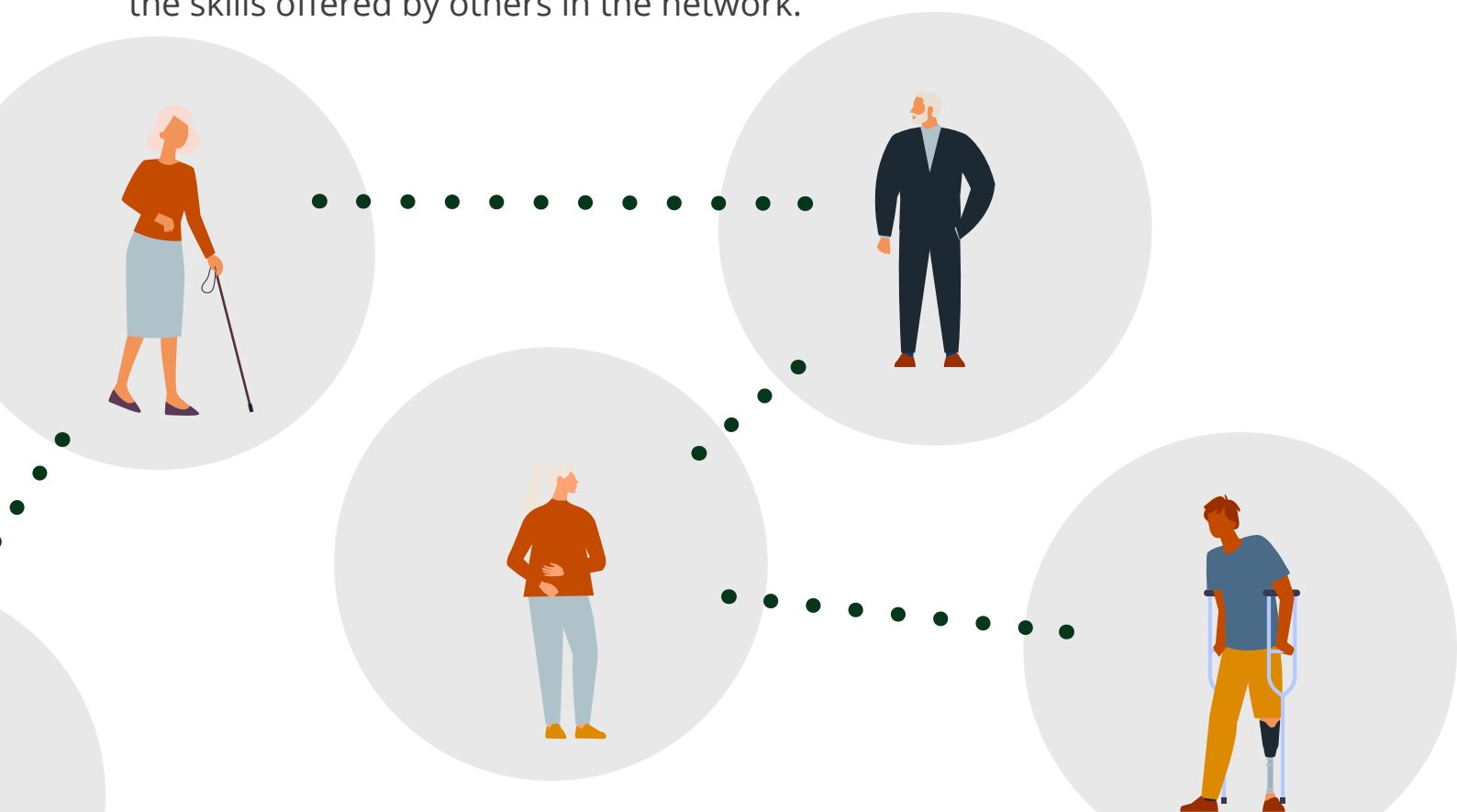
How do we help Deaf and disabled people to keep learning?

- Interventions to increase learning and keep people learning are typically people- and community-centred, and as discussed above this can have a cyclical effect between individual and community wellbeing.
- At the level of shaping spaces, it is always important to assure that education facilities and resources for those in all stages of life are accessible for Deaf and disabled people. When it comes to teaching those with learning disabilities, mechanisms (including embedded programme flexibility, appropriate and accessible resources, and motivational delivery) and context (including an accessible and supportive environment and longer-term opportunities for reinforcement of learning) are key components to success (Owens et al., 2020). Learning interventions can also involve being outdoors in places of natural beauty, thereby reaping the benefits of combining several Ways to Wellbeing within one activity (see Home - ALLFIE ([the Alliance for Inclusive Education](#)) as an example).
- Learning interventions do not need to be formal. As mentioned in the focus group, sometimes informal, peer-support groups (such as those run from coffee shops) can be the best way to learn and form social connections at the same time. In addition to outdoor learning interventions, those which use art and music have been shown to be particularly effective too, especially when working with individuals with learning disabilities (Burns & Waite, 2019; Wilson & MacDonald, 2019). Other studies found that music, arts, and evening classes were significantly associated with improvements in wellbeing, while formal courses and gym/exercise classes were not significantly associated with wellbeing (Jenkins, 2011).
- At the individual level, learning naturally involves goal-setting and personal growth, be that growing in knowledge, developing new practical skills, or cooking a new meal for a friend. Achieving goals comes with a sense of accomplishment which benefits wellbeing, and for this reason interventions which teach individuals to set goals and plan effectively have been shown to improve wellbeing (MacLeod et al., 2008).



What this could look like

Where individuals may not feel in a position to support others in the financial sense, timebanking is a way of exchanging skills rather than money. For every hour you offer of your time and skills to support someone else, you earn back an hour to spend on the skills and services offered by others. Timebanking networks have been set up specifically to encourage engagement in the Five Ways to Wellbeing. For example, in Paxton Green, participants can exchange the time credits they earn for oyster card days out to explore London and 'take notice'. Joining the time bank in [Paxton Green](#) has also helped Deaf and disabled people overcome social isolation and 'connect' in their local community, 'give' through volunteering their time and skills, and 'learn' from the skills offered by others in the network.



Give

What does it mean to give?

Giving is intricately linked with connecting with others around you, rather than focusing on the extent to which you belong within a group. However, giving is about looking beyond yourself and seeing how rewarding it is to share what you have with the wider community – be that your time, your money, your expertise, or your attention, through grand gestures or small acts of kindness.

Give

Why is this important?

- The relevant GMBMWC attitude statement for *Give* was, “I give my time, words or presence to support others”. Again, the majority of participants responded in agreement with this statement, particularly non-disabled respondents (7.5) more than disabled people (7.1) or those with mental ill health (6.8).
- Increasing the rate at which Deaf and disabled people give will have benefits for their wellbeing. Studies have shown that the more volunteering you do, the better your mental health and wellbeing (UN Volunteers, 2011), with some longitudinal studies showing improved outcomes for physical health too. This is partly due to the ‘feel-good factor’ of helping others the rewards of self-growth and personal development (UNV, 2011, p86; NEF, p10), and partly because of the positive effect of active participation in social and community life (Huppert, 2009). After all, it is difficult to volunteer in isolation. Volunteering therefore benefits individual wellbeing through being intrinsically rewarding, and by providing an opportunity for social connection with others you are volunteering alongside, and the communities you are helping.
- In this way, volunteering also increases community wellbeing. Beyond the betterment of conditions provided by volunteer services, the community ties formed through volunteering and reciprocal relationships established through mutual aid networks serve to increase social capital, leading to increased trust, resilience, and economic benefits, and encouraging further volunteering in a kind of ‘virtuous cycle’ (UNV, 2011, p87; UNV, 2019).

How do we increase opportunities for Deaf and disabled people to give?

As shown in the GMBMWC, despite the beneficial impact of volunteering, rates of engagement are unequal. A rapid review of relevant research shows that these inequalities are less to do with personal choice, however, and more to do with structural factors related to broader exclusionary processes (Southby et al., 2019). For disabled people in particular, institutional factors (volunteer management, access to opportunities, and a stigmatising or exclusionary context), personal factors (a lack of appropriate support and a lack of skill or qualifications), and a lack of knowledge about volunteering have all been identified as creating barriers to volunteering (Southby et al., 2009). Additional challenges exist for Deaf people who often find it difficult getting funding for adjustments, such as British Sign Language (BSL) interpretation. Furthermore, a significant barrier to volunteering for Deaf and disabled people can be the disablist attitudes of others, including a stigma associated with impairment, the view that managing Deaf and disabled volunteers will be too burdensome, or the perception that they have little to offer (Southby et al., 2009; VM, 2017).

How do we increase opportunities for Deaf and disabled people to give?

- It is therefore important to find ways to increase support available for Deaf and disabled volunteers, including access and awareness of opportunities, and that we change the perception around Deaf and disabled volunteers, offering support and guidance to those managing volunteers. Part of the solution to improving access and awareness may come from, again, getting Deaf and disabled people better connected into communities (VM, 2017). Volunteering Matters additionally recommends that volunteering needs to be offered and supported in a 'person-centred' way, which means providing volunteers with opportunities based on their interests and needs rather than those of an organisation, and that opportunities should be given to beneficiaries of volunteering to engage in helping others in turn (VM, 2017).
- Giving does not need to look like formal volunteering, however. Be it through an organised programme such as Timebanking, or through more organic mutual aid networks or support groups (such as the example from the focus group of a peer support group that meets in a coffee shop), improving the access to enable Deaf and disabled people to network and create opportunities for better social connection will naturally give rise to more opportunities to offer time, support and skills to others around them, improving the wellbeing of all involved.



What this could look like

As part of a series of community impact projects, Mencap, Volunteering Matters and Whetstone Stray Allotments supported ten people with learning disabilities to create an [accessible allotment plot in Barnet](#). Similar example can be seen through the work of GM-based charities such as Breakthrough (see [Breakthrough UK Impact Review, p. 22](#)). With the Social Model of Disability at the core of its existence, Breakthrough offer peer support, working both virtually and face-to-face to promote community connectedness, independent living, support Deaf and disabled people enter stable employment.

The aim was to take an undeveloped and overgrown plot and turn it into a safe and accessible allotment where people could come to learn and work together to continue developing the space. The team met every Thursday morning throughout the project, maintaining a regular routine, and upon completion of the work, organised an event to celebrate their hard work and invite guests to see what they had accomplished.

The experience was a boost to the employability of one participant who was interested in finding a job in gardening, as well as providing him with a safe, calm space where he could take his mind off some difficulties he was facing. Another who had previously been isolated from the group due to an inability to communicate verbally grew in confidence throughout the project and became increasingly involved in the group.

In this way, the participants were able to Give of their time, effort, and skills, while also engaging in each of the other Ways to Wellbeing: Connecting with others, Being Active, Taking Notice, and Learning. This project was also planned by Deaf and disabled people, resulting in the creation of an accessible space of wellbeing for other Deaf and disabled people to enjoy in the future.



Discussion

- While the Five Ways to Wellbeing provide a framework for improving and maintain a positive state of mental wellbeing for individuals, there are additional considerations that can be made to ensure it is a suitable framework for Deaf and disabled people in Greater Manchester as well. While the medical model points to diagnosis and short-term treatment as solutions to manage mental wellbeing, the social model of disability along with peer-led, community-informed approaches to handling mental wellbeing consider the importance of person-centred interventions that are not only scalable but affordable and provided long-term.
- Accessibility of programmes and services was considered a clear barrier for Deaf and disabled people. The Mental Wellbeing and Disability Task Group emphasised the importance of undertaking a Health Impact assessment (HIA) or Health Equity Assessment (HEA) to help contribute to more equitable access to health promoting resources (see example [Health Equity Assessment Tool](#)). While resource issues within the system can often affect treatment timescales, social prescribing can serve as a pathway to peer support, peer organising and lived experience co-production.
- It is also important to note that, while resourcing is normally held and regulated within statutory bodies, unlike disabled people's organisations (DPOs), models such the medical model and the charity model are often created and led by hearing or non-disabled people. As a result, key considerations which impact Deaf and disabled people can be missed. Even the language used to describe and address Deaf and disabled people can prevent opportunities for growth and development on all fronts.
- Resources such as BSL provision, funding for peer-led spaces, and access to fully accessible spaces that enable and empower Deaf and disabled resident to participate fully in the recommended activities and interventions is essential. Additionally, meaningfully co-produced and co-designed services and support would be essential to getting the person-centred provision right. Doing so would improve access and build capacity for all residents to improve and maintain a positive state of wellbeing.



Conclusion



An effective approach to improving the mental wellbeing of Deaf and disabled residents in Greater Manchester must be holistic, including a variety of options from each of the ways to wellbeing and addressing the additional factors which act as barriers or enablers to beneficial activities and support (e.g., digital, economic, and social). Additionally, as highlighted in the focus group, how we think about Deaf and disabled residents themselves matters. On the one hand, they should not be treated as a collective of individuals with different issues needing to be resolved by different services, but as a whole person. On the other hand, Deaf and disabled people should not be treated merely as individuals, but as parts of families and communities, or those who desire to be a part of communities. Community-based initiatives, and interventions which remove barriers to connecting with communities and create a sense of belonging are therefore crucial, and often fundamental to other aspects of wellbeing.



Belonging is complex. It does not simply include having a therapy group to attend but providing ways and spaces whereby less-formal groups can emerge (e.g. support groups at local coffee shops) and providing ways to share key milestones with others. This is a large task, involving changes to societal expectations, greater availability of accessible housing, supporting families and carers, and promoting inclusivity and accessibility across all services and spaces (including digital) in Greater Manchester.



Finally, as was raised in the GMBMWC, mental wellbeing for Deaf and disabled people is supported best through giving lots of options, rather than prescribing specific solutions. In other words, it will not be sufficient to provide Deaf and disabled people with a handful of key activities. Instead, they should be granted access to a wide variety of services and groups from which they can choose depending on their diverse preferences.

Building on the survey findings and evidence review conducted above, the following recommendations suggest a way forward using an evidence-led, holistic, and inclusive approach to improving mental wellbeing and were produced in collaboration with focus group participants and the [GM Disabled People's Panel](#).

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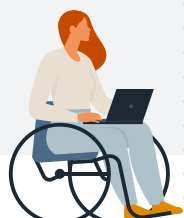
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Partnership Logos



Greater Manchester Mental Wellbeing & Disability Report