

# All Move in Erewash

## Survey Findings

### April 2025



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in Erewash

# Acknowledgements

This report was produced by Erewash Borough Council.

The authors would like to thank the many partners who helped promote the survey. We would also like to thank the key stakeholders for their collaboration in producing this survey.

Most of all, we would like to thank every person living in Erewash with one or more long term conditions who has contributed their views and experiences.

**Erewash**  
Borough Council



**Derby and Derbyshire**  
Integrated Care Board



# Background

All Move in Erewash (AMiE) is a project, which aims to create a fairer experience for adults living with a long term condition (LTC) or disability.

We work with key partners and stakeholders, which form the AMiE network. As a collective, our aim is to ensure that Erewash provides inclusive and accessible opportunities, to enable people to move every day.

The AMiE survey was developed to gather insights from people with lived experience of a LTC or disability who are struggling to get active.

The survey was shared amongst the AMiE network who distributed it through social media, websites, newsletters and community groups. The survey was open from 3.3.25 – 30.4.25.

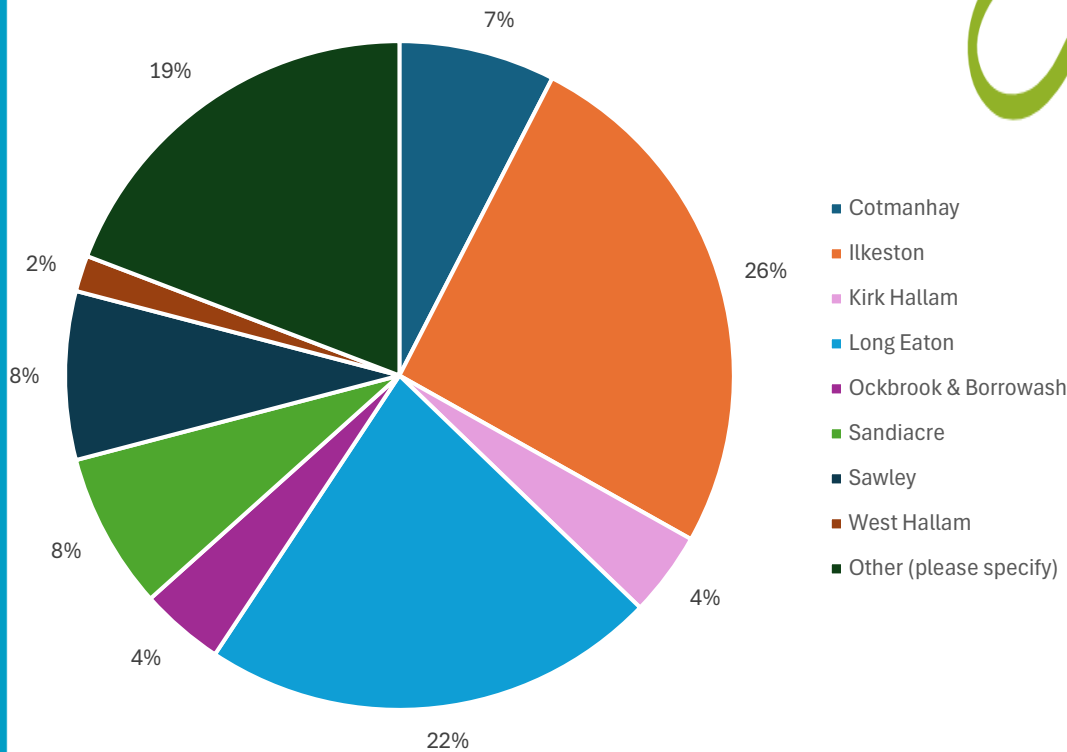
In this report, the findings of the survey are presented per question.



# Area of Erewash

There were 172 responses to the survey

Where in Erewash do you live?

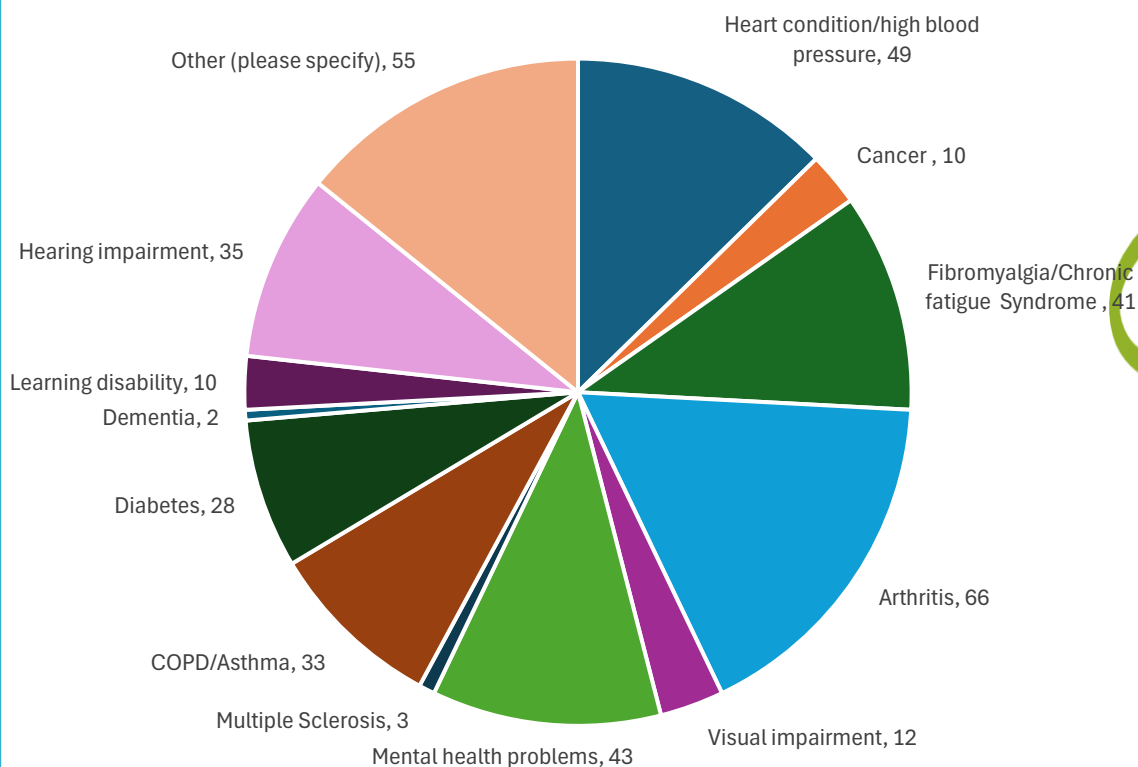


Other includes: Beaston, Dale Abbey, Stanley Common, Stanley Village, Little Eaton, Draycott, Shipley View, West Hallam, Morley (and 9 outside Erewash)

*10 respondents did not live in Erewash, so data from these were not included in the remaining questions*



## Which long term conditions (LTCs) do you live with?



## Co-morbidities

48 respondents live with one LTC

48 respondents live with 2 LTCs

66 respondents live with 3 or more LTCs

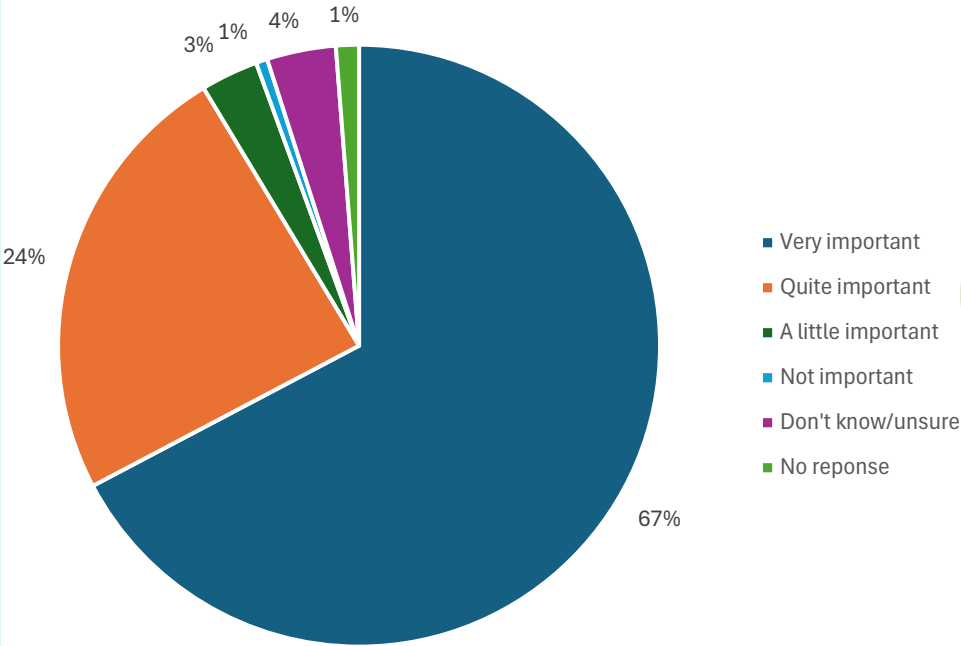
Other includes: Parkinson's, sleep apnoea, coeliac disease, osteoporosis, kidney disease, lymphoedema, scoliosis, traumatic brain injury, Chron's disease, degenerative disc disease, autism, neurological disorder, peripheral vascular disease, epilepsy, stroke, long covid\*

*\*plus several other specific conditions*

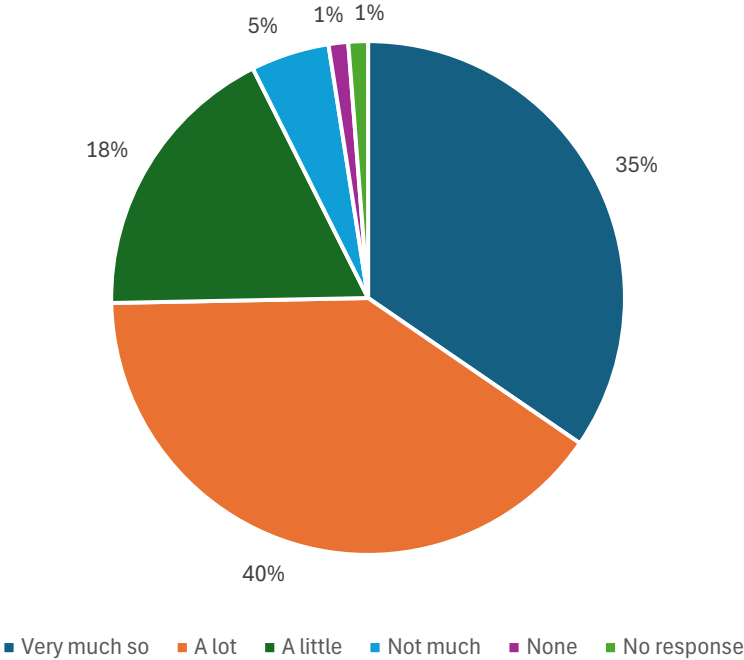


# Living with a LTC

How important do you think moving is in managing LTCs?

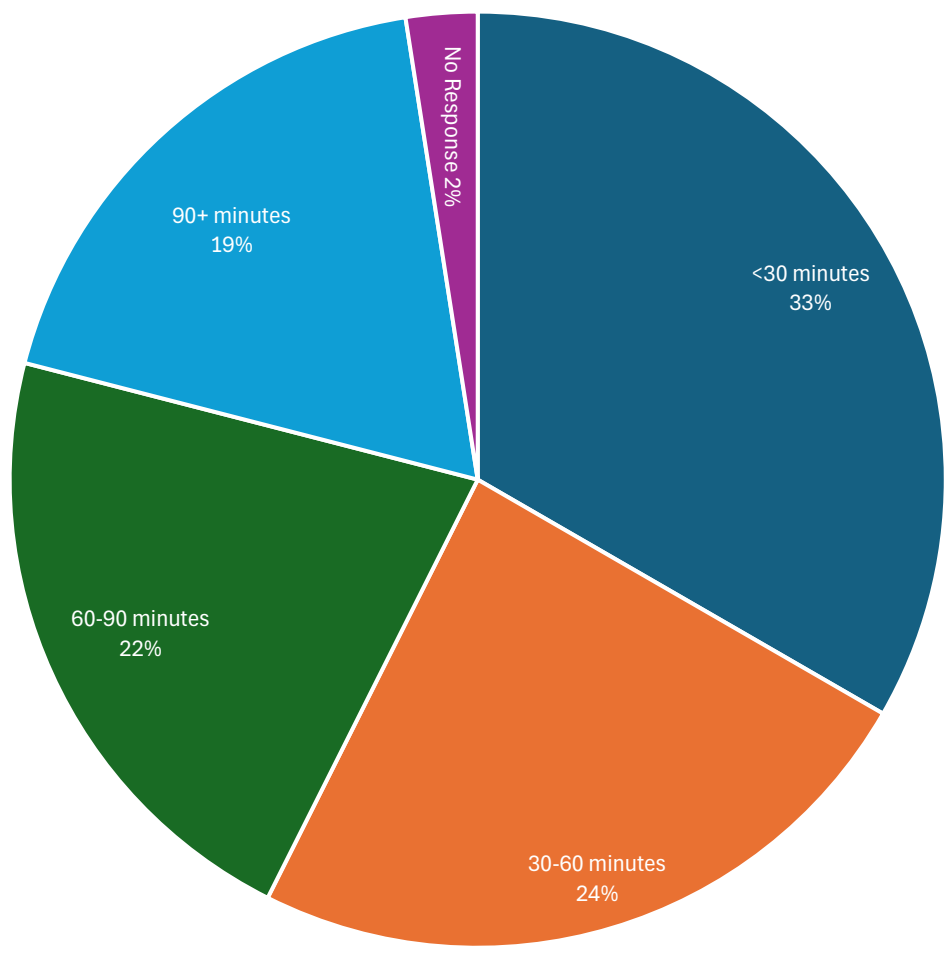


How much impact does your LTC(s) have on your day-to-day life?

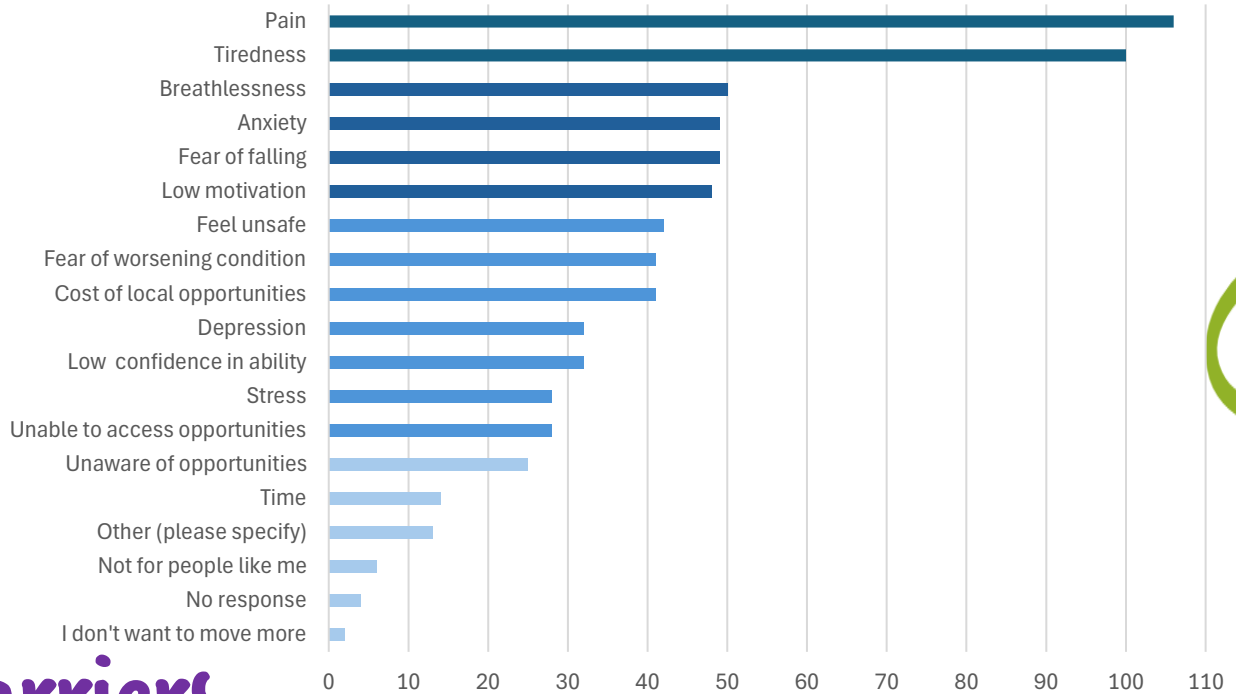


# Levels of Physical Activity

How much movement or physical activity do you currently do in a 7-day period?

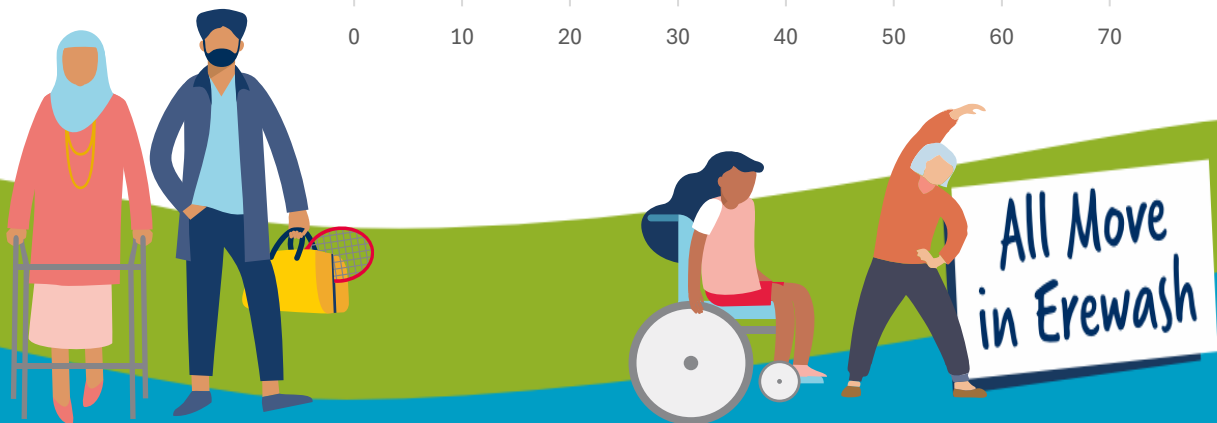
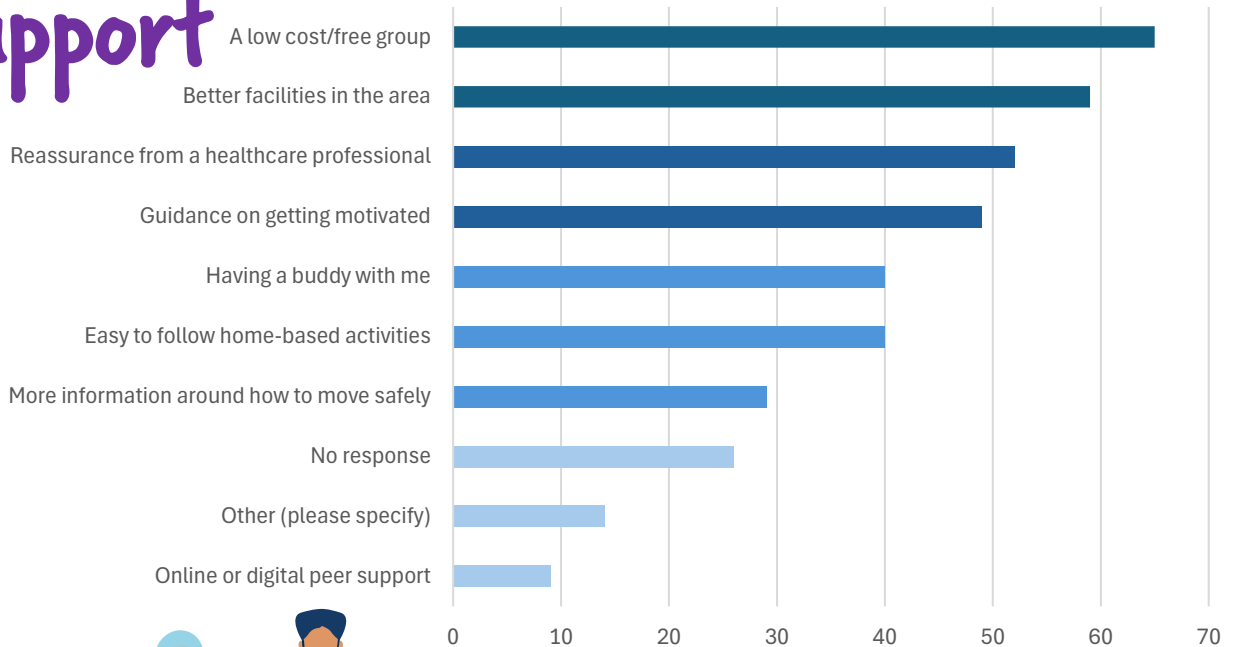


## What do you feel stops you from moving more?



# Barriers and Support

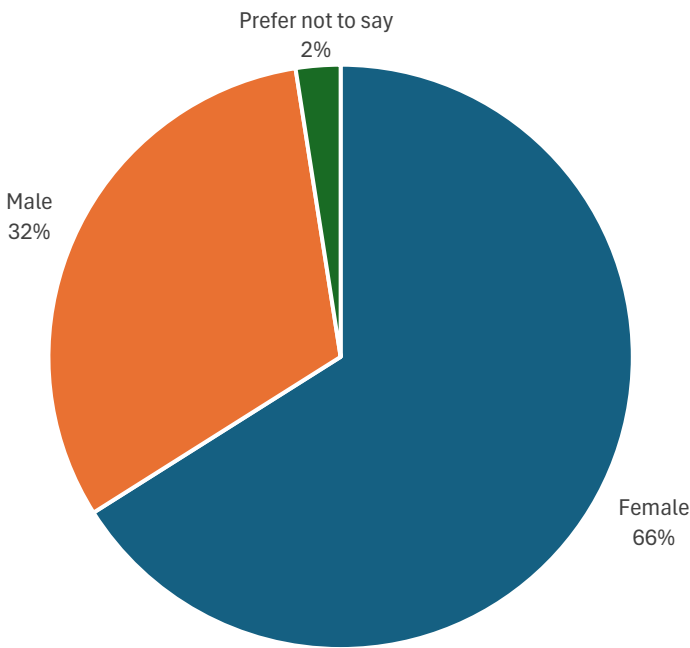
## What support do you feel you need to move more?



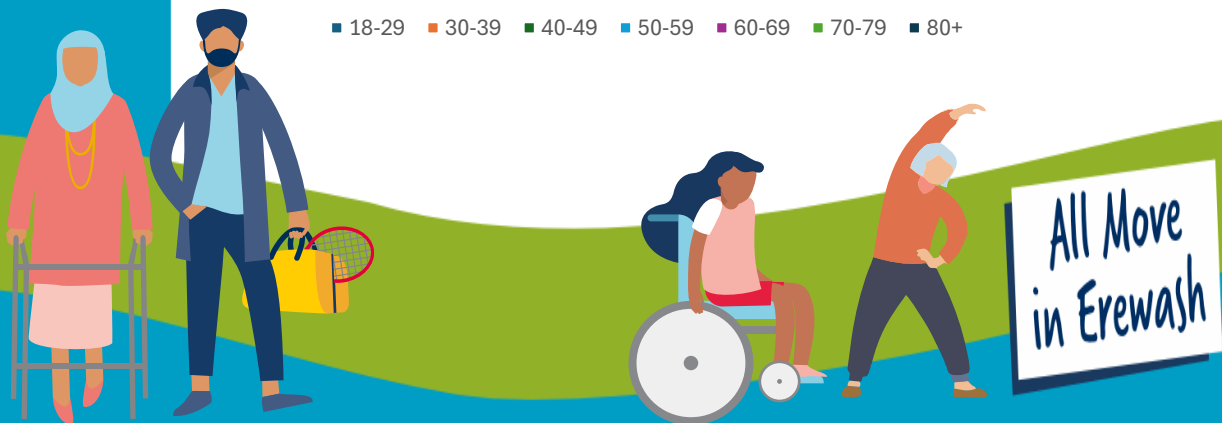
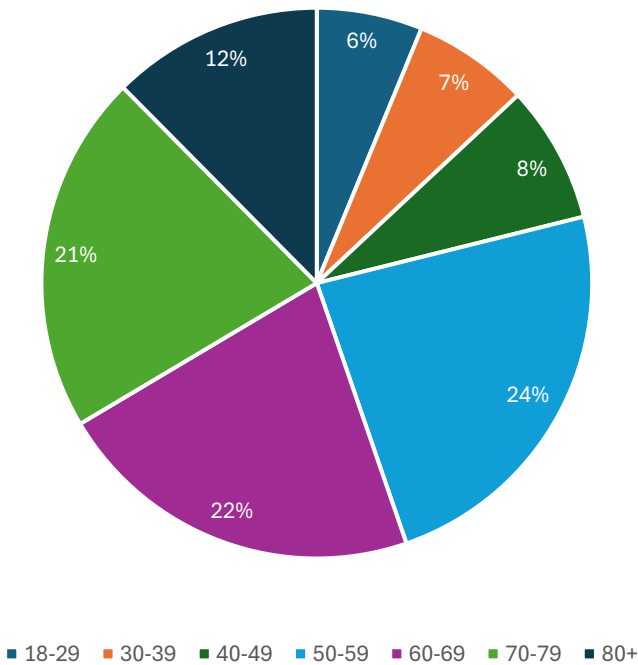


# Demographics

What sex were you assigned at birth?



Which age group do you belong to?



# Comments

There were 56 additional comments left – 6 themes were identified

## Health related concerns

*“Commitment is hard as I don’t know how I will wake each day with pain and fatigue”*

*“People need knowledge of the conditions to know what you can do”*

*“Access to physiotherapist who is trained in respiratory exercise and treatment”*

## Accessibility & Infrastructure

*“The state of the pavements... that make walking hard.”*

*“I broke my foot on an uneven path... I feel unsafe.”*

*“Accessible toilets  
& places to sit”*

*“Pavements blocked by cars”*

*“The ramps for disabled people almost  
tip me out of my chair – very scary”*

*“I don’t drive”*

## Financial concerns

*“Concerned about having to keep myself warm in my home and the cost.”*

*“More discounts for disabled people- linked to need not benefits”*

*“Swimming sessions for disabled at lower costs could be beneficial”*



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# Comments cont.

## Inclusivity

*"Gentle group that gradually introduces getting back into activities"*

*"My conditions limit my activity choices, most appropriate exercise groups for my needs are aimed at older people"*

*"More activities for those with learning disabilities and/or autism are needed"*

## Supported opportunities

*"Have a [free] buddy to help with exercises"*

*"It would be great to have more local peer support groups to help motivation & friendship... 'we' would be empowered to manage our own long term health condition with minimal NHS support."*

*"There is a void after the 12-week [LLBD] programme"*

*"It's hard to stay motivated when living alone"*

## Issues with healthcare access

*"I have not received any offer of support, I acknowledge that the NHS is under-resourced"*

*"Tried to speak to a GP but was very unhelpful and dismissive."*

*"Better access to GP services to feel confident in being seen if we have problems"*



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# Positive Comments

Whilst most comments cited barriers and issues to moving, the following were more positive in tone.

*“Physiotherapist... gave very good advice, exercise to increase lung capacity etc.”*

*“Appreciate the newly installed pathway and seating in Perks Park, Breaston”*

*“I became an instructor to make me do the exercise and to help others benefit too.”*

*“Walking - I started slowly then gradually raised my distance... It helps me physically and mentally.”*

*“Going to a peer support group helps a lot with the fibro and social aspect.”*



# Summary of findings

The respondents who filled in the survey represented different parts of Erewash.

Two thirds of respondents were **female**, and the majority (67%) were aged between **50-80+**.

The 4 most common **LTCs** were **arthritis**, **heart condition**, **mental health problems** and **fibromyalgia**.

**94%** of respondents recognised that **moving** is important for managing LTCs.

**75%** of respondents stated that their LTC has a lot of **impact** on their day-to-day life.

A **third** of respondents who filled in the survey are classed as **inactive**. **46%** of respondents are doing **less than 90** minutes of physical activity per week.

The top three **barriers** to moving were **pain**, **tiredness** and **breathlessness**.

The top three **supportive measures** were a **low cost** or **free group**, **better facilities** and **reassurance** from a **healthcare professional**.

Additional comments emphasised the need for **inclusive spaces**, **support** from others, **better infrastructure** and **non-judgemental care** from healthcare professionals



# Next steps



Hearing the voice of people living in Erewash with a LTC or disability has provided rich data to move the AMiE project forwards.

The AMiE network will continue to work collaboratively on the following:

## Involving people with lived experience

We will continue to gather insights through focus groups, 1:1 conversations and co-design sessions.



## Consistent messaging

Many residents are unsure of how they can get started. Developing a shared message will help residents choose movement that suits them.

## Workforce development

Upskilling the workforce to encourage residents to move is key. This will enable professionals to feel more confident when talking to someone with a LTC or disability.

## Collating resources that residents can easily access

Information about groups in Erewash is difficult to find, particularly for residents, who cannot get online.



A further report will be produced at the end of March 2026 detailing the steps taken and impact they have had.

If you would like to get in touch about anything mentioned in this report, contact Sarah at [communityhealthwellbeing@erewash.gov.uk](mailto:communityhealthwellbeing@erewash.gov.uk)

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