



Federal Pre-budget Submission

2025–26

*Childhood survivor of stroke
Emma Banks and her mother Dee.*



Stroke Foundation is the voice of stroke in Australia, working to prevent stroke, save lives and enhance recovery

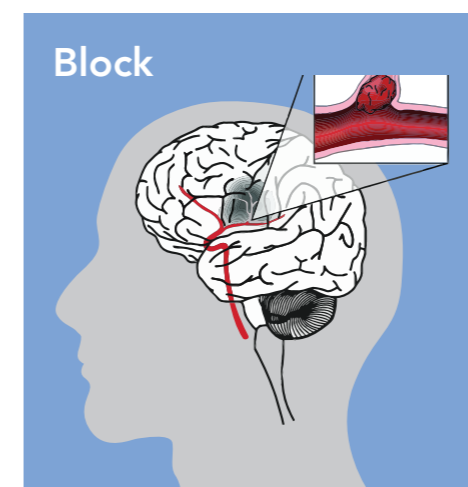
We partner with survivors of stroke, carers, health professionals, government and the community to reduce the incidence and impact of stroke for all Australians.

Stroke Foundation is the leading national organisation in Australia focused on stroke prevention, treatment and recovery.

For more than 25 years, we have championed breakthrough stroke research, successfully advocated for access to innovative treatments, increased public awareness in stroke prevention and recognition, and educated thousands of health professionals to deliver best-practice care.

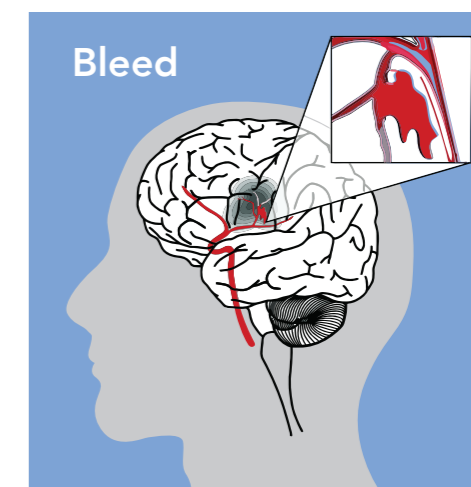
Every achievement takes a united team of stroke champions all working together with a single voice and purpose: survivors of stroke with their families and carers, health professionals, researchers, volunteers, advocacy bodies, generous donors, corporate Australia, government and philanthropic partners.

What is a stroke?



Ischaemic stroke

(Blood clot or plaque blocks artery)



Haemorrhagic stroke

(Artery breaks or bursts)

Stroke can strike **anyone**, at **any time**.

A stroke happens when blood supply to the brain is interrupted.

When this happens, brain cells do not get enough oxygen or nutrients and they immediately begin to die.

Stroke is always a medical emergency.

Importantly, we know that more than **80 percent of strokes can be prevented**.

The state of stroke in Australia – why we have to act now

Stroke is one of Australia’s biggest killers and a leading cause of disability.¹

Why is this happening?

Our population is growing and ageing. We are living longer, more sedentary lives. Our lifestyles and behaviours are putting us at an increased risk of stroke, and at a younger age.

At the same time, there is a clear lack of community knowledge and awareness about the common stroke risk factors, the typical signs of stroke when it happens, and the fact that stroke is a medical emergency and calling an ambulance immediately at the first sign of stroke is critical.

Our health system is also struggling to meet the needs of patients with stroke. Improvements have been made in the delivery of acute stroke treatment and care; however, time-critical treatment and best-practice care is not available to all Australian patients. In addition, we know that for many survivors of stroke, their rehabilitation needs are not assessed and those who need rehabilitation do not always receive it. This in turn increases the impact on informal carers and social care services.

It doesn’t have to be this way

Stroke can be prevented and it can be treated. We are making progress, but there is much more to be done.

We are taking action, but we can’t do this alone. It takes everyone’s support, from individuals right through to government, to prevent stroke, save lives and enhance recovery from stroke for all Australians.

We have an opportunity to act, to reduce the impact of stroke on survivors, their families and carers, the community, and the healthcare system. We can and must act for the health and wellbeing of future generations.

We urgently need the support of the Australian Government. Our programs and services are in greater demand than ever before because the health system, the National Disability Insurance Scheme (NDIS), and the aged care system are not adequately meeting the needs of survivors of stroke as they return to the community post-stroke.

Now is the time for action and investment to change the landscape of stroke prevention, treatment, and recovery in Australia.

The hard facts



A **stroke occurs every 11 minutes** in Australia²



Over **45,000** stroke events in Australia in 2023²



There are more than **440,000 survivors of stroke** living in Australia²



More than **80 percent of strokes** can be prevented³



Stroke can happen at **any age**. **1 in 4** first ever strokes occur in people **under 65 years**²



Aboriginal and Torres Strait Islander Australians are **1.6 times as likely** to die from stroke⁴

Lifetime costs associated with strokes that occurred in 2023 exceed **\$15 billion (almost \$350,000 per person)**



Costs in the first year after stroke were **\$7.7 billion (almost \$176,000 per person)**²

Taking into account the cost of stroke in the first year after the event and the total annual NDIS stroke-related expenditure (\$1.3 billion), **stroke is estimated to cost the Australian economy \$9 billion a year.**

Summary of Stroke Foundation proposals

To meet the urgent needs of survivors of stroke, their families and carers, Stroke Foundation is seeking funding of \$13.5 million over four years.

1. F.A.S.T. National Advertising Campaign

\$10.4 million (\$2.6 million per year over four years).

Ensure more Australians know how to recognise the signs of stroke and how vital it is to call triple zero (000) immediately.

2. Living Guidelines for Stroke Management

\$1.56 million (\$390,000 per year over four years).

Enable the living approach for clinical guidelines to continue to evolve, ensuring Australian health professionals, including those involved in the diagnosis and acute management of paediatric stroke, have access to reliable, accessible, and up-to-date clinical recommendations.

3. Enhanced StrokeLine Service

\$1.58 million (\$394,000 per year over four years).

Ensure more Australians who are impacted by stroke, regardless of where they live, are provided with the information and support they need in a timely manner. Enable us to deliver essential information to survivors of stroke, their families and carers via webinars, connect young survivors to information, services and peer support, and provide more survivors with a clear pathway to lifestyle risk management after discharge from hospital.



StrokeLine health professional,
Katherine Yong

Proposal 1: F.A.S.T. (Face, Arms, Speech, Time) National Advertising Campaign

Investment: \$10.4 million (\$2.6 million per year over four years)

Investment in a F.A.S.T. National Advertising Campaign will deliver:

- › a national multi-channel TV advertising campaign, with coverage in all capital cities
- › F.A.S.T. advertisements across radio, digital video, Google AdWords, and social media (YouTube, Facebook and Instagram)
- › a community education program run via Stroke Foundation’s existing digital channels (website, email database, and social media platforms)
- › a target to increase national stroke awareness of at least one F.A.S.T. sign from 62 percent to 80 percent by 2027.

Stroke is a medical emergency. Faster diagnosis and treatment saves lives and results in improved quality of life. When someone suffers a stroke, every minute counts. F.A.S.T. access to treatment means a greater chance of recovery and decreased costs for our health system.

The F.A.S.T. message highlights the three most common ways to recognise a stroke (Face, Arms and Speech), and reminds us that Time is critical when seeking treatment.

Stroke Foundation is the one organisation in Australia dedicated to sharing this message widely, and encouraging all Australians to learn it and share it with others.

Over the last four years of the pandemic, we know that many Australians missed out on health checks and early detection of stroke risk, and there could be increased numbers of Australians at risk of stroke. Therefore, it is critical we improve F.A.S.T. awareness in our community now.

Data shows that stroke is not a condition that impacts only older Australians, and that strokes are increasing in working age Australians, with 1 in 4 first-ever strokes occurring in people aged under 65 years.²

Therefore, we need to be able to raise awareness of the signs of stroke across the age spectrum, which is a complex marketing challenge.

A national advertising campaign will enable us to reach the greatest number of Australians with the F.A.S.T. message.

We have delivered a multi-million dollar F.A.S.T. national advertising campaign with the Australian Government before, which resulted in increased community awareness of the signs of stroke.⁵

Current F.A.S.T. awareness in the Australian community

The 2023 Stroke Foundation F.A.S.T. Signs and Stroke Awareness Survey reported on the unprompted awareness of the F.A.S.T. signs of stroke in the Australian community⁶:

Number of F.A.S.T. signs recognised	Awareness
0 signs	38 percent
1 sign	31 percent
2 signs	24 percent
3 signs	6 percent

- › The data is even more concerning for Australians from **languages other than english (LOTE) and culturally and linguistically diverse (CALD) backgrounds**.
- › In addition, **only 38 percent** of Australian stroke patients **arrive at hospital within the 4.5-hour window** for clot-dissolving treatment (thrombolysis).⁷

More needs to be done to improve awareness of the F.A.S.T. signs of stroke and the need to call triple zero (000) immediately.

The campaign

F.A.S.T. advertising campaigns are proven to increase awareness of the signs of stroke, and calls to emergency services, nationally⁵ and internationally^{8,9}, and support well established scientific findings that significant and continuous exposure to public health messages over several years leads to gradual improvement in population awareness and knowledge.

Therefore, Stroke Foundation is calling on the Australian Government to invest in a nationwide advertising campaign to lift national awareness of the signs of stroke.

Stroke Foundation’s F.A.S.T. (Face, Arms, Speech, Time) National Advertising Campaign aligns strongly with a key action of the Australian Government’s *National Strategic Action Plan for Heart Disease and Stroke*, which is to implement a nationwide, targeted education and awareness campaign for stroke.

We know that the use of other channels, in combination with TV, can help to reinforce and strengthen understanding of key messages. As such, this investment will deliver **a national advertising campaign that will meet people where they are at, including on TV, radio, and social media platforms.**



We are calling on the Australian Government to invest in a F.A.S.T. National Advertising Campaign to increase the number of Australians who know how to recognise a stroke when it occurs, and how vital it is to call triple zero (000) immediately. This campaign will support and strengthen the work of Stroke Foundation’s F.A.S.T. Community Education Program, to ensure life-saving information on the signs of stroke reaches a broader audience, using a national platform and a single message.

Stroke Foundation's F.A.S.T. Community Education Program and Multimedia Campaign for regional and CALD communities

With investment from the Australian Government, Stroke Foundation is proud to deliver the F.A.S.T. Community Education Program and Multimedia Campaign to improve stroke awareness in regional and CALD communities – two priority populations with an increased risk of stroke.

Commencing in October 2020, our targeted F.A.S.T. regional and CALD project has achieved:

- More than 9 million impressions with the eight CALD audiences (Greek, Arabic, Cantonese, Hindi, Italian, Mandarin, Vietnamese and Korean) across various digital media channels. Print and radio made up an average audience reach of 1 million people across the 4-year campaign.
- More than 7 million impressions with the 10 regional audiences (Mallee, Barker, Braddon, Lyne, Hinkler, Flinders, Page, Wide Bay, Capricornia and Forrest) across various digital media channels. Radio made up an average audience reach of 532,000 people across the 4-year campaign.



Key achievements in 2023

F.A.S.T. CALD advertising campaign

- A total of 49 sessions were delivered across eight regional federal electorates (Barker, Braddon, Forrest, Lyne, Page, Hinkler, Wide Bay and Flinders).
- A total of 37 sessions were delivered across CALD communities (Arabic, Mandarin, Vietnamese, Italian, and multi-language groups).

Media coverage

- Between July and December a total of 24 F.A.S.T. related media releases were distributed nationally. This resulted in 94 media mentions featured across print, online, TV, radio and magazines, which had a potential audience reach of 532,899.

StrokeSafe community education sessions

- A total of 49 sessions were delivered across eight regional federal electorates (Barker, Braddon, Forrest, Lyne, Page, Hinkler, Wide Bay and Flinders).
- A total of 37 sessions were delivered across CALD communities (Arabic, Mandarin, Vietnamese, Italian, and multi-language groups).

Translated F.A.S.T. resources

- Translated F.A.S.T. magnets, bookmarks, wallet cards and A4 posters in eight CALD languages were made available on Stroke Foundation's online store.



Case study 1: F.A.S.T. in action – Jenny's story

Jenny Hellyer has an affinity with the ocean – it's where the avid surfer enjoys spending time with her family, but in January this year, a regular family day out at the beach took an unexpected turn when they got home.

"My leg felt like it had turned to rubber. I tried to walk, but it felt like a flag flapping in the breeze, then it completely gave way. I also felt a numbness creeping up the right side of my face."

The 43-year-old was having a stroke. Luckily she knew the F.A.S.T. acronym from Stroke Foundation's campaign, recognised the signs of stroke and called an ambulance immediately.

"I just knew I had to get to the hospital quickly."

After a month in hospital undergoing gruelling rehabilitation, the mother of two learned how to walk again and was determined to get back on her board. The former stand up paddleboard state champion's love for the water drove her recovery.

"I just told myself get out there, you can't let the stroke beat you."

And that's exactly what Jenny did. She's now back on her board, taking on the waves of New South Wales' northern beaches once again.

"It feels great to be back out there in the lineup and doing what I love."

"Everyone should know the F.A.S.T. signs of stroke. It could save their life, just like it saved mine."



Survivor of stroke, Jenny Hellyer

Proposal 2: Living Guidelines for Stroke Management

Investment: \$1.56 million (\$390,000 per year over four years).

New funding for the Living Guidelines for Stroke Management will ensure:

- › new and updated *Guidelines for the Diagnosis and Acute Management of Childhood Stroke*
- › more than 20,000 Australian clinicians will be able to access reliable, up-to-date clinical recommendations for stroke treatment and care
- › up to 6,000 new peer-reviewed publications will be screened each year to update clinical evidence and treatment guidelines
- › more than 150 clinical experts and 20 lived experience experts across Australia will work with Stroke Foundation to review relevant research publications.

Stroke Foundation's world-leading *Living Guidelines for Stroke Management* are critical to ensuring Australians receive the best and most up-to-date stroke treatment and care. **The Guidelines are saving lives, and have led to a 99 percent reduction in time from research to point-of-care.**

Since 2018, when the first truly living guideline in Australia was established, it has produced **57 new and updated recommendations.**

We know time is brain. In a medical emergency, clinicians are able to refer to the Guidelines in real time and make a quick assessment about the best treatment options that are available for a patient. Without access to this critical clinical resource, the consequences could be dire.

The formal evaluation of the Guidelines found that clinicians have higher levels of trust in the living guidelines compared with the traditional guidelines model, resulting in increased use of guideline recommendations in their daily practice.

We know that the net societal benefit of implementing new guidance within the first year of practice-changing evidence

becoming available (rather than five years later), for just two interventions in stroke and diabetes, is more than \$1.2 billion.¹⁰

We can no longer deliver the Guidelines from donations alone. Without ongoing funding for the Guidelines, the quality of stroke treatment and care in Australia will fall. **Australian Government investment and support is urgently needed** to ensure Stroke Foundation is able to continue to deliver the Guidelines over the long-term, and to NHMRC standards.

“ We know that rapid guidelines updates as part of the *Living Guidelines for Stroke Management* are saving Australians from premature death or disability, and are accelerating local and state-wide system changes. Sustainable funding for this world-first initiative must be secured. We cannot afford to go backwards. ”

Professor Bruce Campbell,
Consultant Neurologist and Head of Stroke
Royal Melbourne Hospital



Guidelines for the diagnosis and acute management of childhood stroke

In Australia, up to 120 babies and 400 children have a stroke each year, and stroke is among the top ten causes of death in children. Importantly, 50 percent of childhood survivors of stroke will have a long-term neurological impairment.

Previous guidelines for the diagnosis and acute management of childhood stroke, developed in 2017 by the Australian Childhood Stroke Advisory Committee, are no longer current, and require updating to incorporate new evidence along with work undertaken by the Australian Paediatric Acute Code Stroke (PACS) study.

As such, we propose expanding the current *Living Guidelines for Stroke Management* to include guidelines for the diagnosis and acute management of childhood stroke.

We are calling on the Australian Government to support the implementation of the *Living Guidelines for Stroke Management*, and their expansion to include guidelines for the diagnosis and acute management of childhood stroke. Without new funding, Stroke Foundation will no longer be able to deliver the *Living Guidelines* in the same way, leaving a major gap.

“

Many parents struggle to understand how stroke could strike their child, let alone navigate the often complex treatment and recovery journey. Expanding the *Living Guidelines for Stroke Management* to include guidelines for the diagnosis and management of childhood stroke will ensure more Australian children who are impacted by stroke receive the best-practice treatment they need to recover and live their best possible lives. ”

Dee Banks,
mother of childhood survivor
of stroke, Emma



“

Updating the guidelines for the diagnosis and management of childhood stroke, and moving them to a 'living' model, will ensure that children receive the same benefits of advances in stroke care that have transformed outcomes for adults. ”

Associate Professor Mark Mackay,
Paediatric Neurologist and Epileptologist
Royal Children's Hospital, Melbourne, and
Stroke Foundation Clinical Council member



Case study 2: Living Guidelines for Stroke Management in action – Communication Partner Training (CPT)

One in three survivors of stroke will experience difficulties with communication, including aphasia, a disorder where individuals experience difficulties talking, reading, writing or understanding other people when they speak. Specifically, survivors of stroke with aphasia may find it challenging to ask questions of, and provide information to, the health professionals treating them.

New research has been incorporated into the *Living Guidelines for Stroke Management*, strongly recommending that Communication Partner Training (CPT) should be provided to health professionals or volunteers who interact with survivors of stroke with aphasia.

Communication between people with aphasia and their treating health professionals can be greatly improved when health professionals are trained in using supportive conversation techniques and tools. CPT covers a range of interventions that train the conversation

partners of people with aphasia, and a number of CPT interventions have been developed and used to support health professionals to interact successfully with people with aphasia.

Importantly however, Organisational Survey data from Stroke Foundation's 2024 National Rehabilitation Services Audit has shown that only 49 percent of participating rehabilitation services routinely offer CPT to health professionals and/or volunteers who interact with people with aphasia.¹¹

As a result of this new *Living Guidelines* recommendation, more Australian stroke services will understand the value of CPT and offer this training to their staff, improving communication, understanding and self-confidence, and reducing depression and social isolation for survivors of stroke with aphasia.

“

After participating in the CPT program, everyone made gains and was really connecting with the patient, rather than just superficially doing things.”

Speech pathologist participant in a CPT program for multidisciplinary healthcare professionals



Proposal 3: Enhanced *StrokeLine* Service

Investment: \$1.58 million (\$394,000 per year over four years)

Funding for an enhanced *StrokeLine* Service will ensure:

- › we will be able to reach 1500 more clients each year
- › we will be able to increase the percentage of calls immediately answered by a *StrokeLine* health professional from 58 percent to 70 percent
- › we will continue to reach those most in need, with 25 percent of all clients having complex needs, being vulnerable or at risk
- › we will be able to address the unique needs of younger survivors of stroke, and survivors who want to make health behaviour change to reduce their risk of further stroke.

We want to enhance our flagship *StrokeLine* Service to better meet the needs of our community.

Survivors of stroke, their families, friends and carers, need access to ongoing information and support as they navigate life after stroke.

Stroke Foundation delivers a variety of products and services for survivors of stroke, their families, friends and carers, and the general public, including its flagship *StrokeLine* inbound information and support service. *StrokeLine* health professionals provide expert information, advice, support and referral on stroke prevention, treatment and recovery via telephone, email, social media and Stroke Foundation's recovery website *EnableMe*.

StrokeLine is a highly regarded, trusted service:

- › In 2023, 89 percent of clients said they would recommend it to someone else. This was similar to 2022, indicating the service delivers a consistent and positive user experience.

- › When advice was provided to clients about what they could do to resolve their issue, 77 percent acted on this advice.
- › In 2023, there was a 34 percent increase in callers to *StrokeLine* asking for advice on signs of stroke before calling an ambulance.

Importantly however, we know from our own existing services' data and internal evaluation of the service, that **there is unfulfilled demand for the *StrokeLine* Service**, with the current service unable to adequately meet the needs of specific groups within our community:

- › *StrokeLine* provided information and support to almost 2,500 survivors of stroke, their families, friends and carers, and the public during 2023; however, this is only a small proportion of the number of Australians who experience a stroke for the first time each year, and are living with stroke in our community.

- › In the last three years, **there has been a significant increase in the number of complex calls into *StrokeLine***. This includes **vulnerable survivors** calling the service for advice and support, who are facing challenges with issues such as mental ill health, homelessness and social isolation, in addition to trying to manage the impact of their stroke. These calls are longer in duration and often require follow-up.
- › We know that **younger survivors of stroke** feel neglected, isolated and disempowered after having a stroke, and are **looking for more knowledge about stroke and recovery**, as well as **opportunities for peer connection**. Stroke Foundation delivers a range of high-quality products and services to address the needs of younger survivors; however, awareness of these remains low.

- › Four in 10 survivors of stroke will go on to have another stroke, and secondary stroke is more likely to be fatal or cause major disability. Importantly, more than 80 percent of strokes can be prevented; however, **many survivors find appropriate, evidence-informed health behaviour change programs unavailable or difficult to access. Our *Living Well After Stroke* program is meeting this need.**



What will an enhanced *StrokeLine* Service deliver?

Stroke Foundation's enhanced *StrokeLine* Service will improve the journey from hospital to community for patients, families and carers and improve post-discharge support services for people with stroke.

An enhanced ***StrokeLine* Service** will deliver:

- › A total of **22 webinars each year**, delivering essential information and support to 220 survivors, families and carers. Having delivered this service for many years, the *StrokeLine* team knows what information and knowledge our community most needs, as well as the importance of the voice of lived experience. As such, each of these **webinars will be co-delivered by *StrokeLine*'s health professionals and people with lived experience of stroke.**
- › **Australia's first technology-enabled outreach service**, co-designed with the Genyus network, that will connect young survivors of stroke (18–45 years old), their families and carers, to information and peer support. **Text messages**, which are a cost-effective and easily deliverable technological option, will be **sent to survivors for the first year after their stroke**, to help:
 - increase their **knowledge** of what information and support is available to them
 - increase their **confidence** to navigate the health system and get the support and services they need
 - **access** the services and support they need to progress their recovery and get back to doing the things that matter to them.

- › **The proven *Living Well After Stroke* health behaviour change program.** This person-centred 8-week program, which is currently funded by the Australian Government, will equip survivors of stroke with a toolkit of transferrable health behaviour change skills and strategies to support long-term self-management and reduce their risk of future stroke.

We are calling on the Australian Government to invest in our enhanced *StrokeLine* Service, to ensure more Australians who have been impacted by stroke are better supported after hospital discharge regardless of where they live. This will enable us to deliver essential information and supports via webinars, connect young survivors of stroke to information, services and peer supports, and provide more survivors with a clear pathway to reducing their risk of recurrent stroke after discharge from hospital.

Case study 3: *StrokeLine* in action – Greta's story

Greta rang *StrokeLine* and spoke to Siobhan, a *StrokeLine* health professional, in March 2024.

After a stroke in October 2023, Greta had changes to her vision and mood, as well as ongoing fatigue.

During the call, Siobhan worked to make Greta feel safe to talk about her concerns. Greta lived alone in Darwin, was no longer able to drive, and reported feeling socially isolated. She disclosed her previous suicide attempts and recent thoughts about ending her life. Siobhan listened, allowing Greta all the time she needed.

Greta and Siobhan talked about the role of hope in stroke recovery, and in managing depression and suicidal thoughts. Siobhan provided options for further support, referring Greta to *Lifeline*. She also encouraged Greta to make an appointment with her GP to talk about her mental health. Siobhan suggested a medication review and accessing professional support through a mental health care plan.

Siobhan understood the importance of social connection for Greta. She suggested talking to *FriendLine* for social support. She found a local stroke support group for Greta to join.

With Greta's most pressing concerns dealt with, Siobhan broadened the conversation. Greta was unsure of her stroke risk factors. She spoke about wanting to get her heart checked. Siobhan provided secondary stroke prevention education. She again encouraged Greta to make an appointment with her GP, and talked about the things Greta could do to reduce her stroke risk.

Siobhan also identified the need for further rehabilitation. She talked with Greta about accessing allied health services through a chronic disease management plan.

As Greta couldn't drive to appointments, Siobhan provided information on local transport options. She also provided details on how to access support through Centrelink.

“

Stroke Foundation's *StrokeLine* Service was incredibly helpful. Siobhan was able to provide me with valuable information, and connect me with the services I needed. But more than that, she gave me hope that things could get better.”

Survivor of stroke, Greta



StrokeLine health professional, Siobhan McGinniss

Policy and systems changes are required to better support survivors of stroke, their families and carers to lead better lives after stroke

As the voice of stroke in Australia, we consult widely with key stakeholders, including our community of lived experience experts, health professionals and leading stroke researchers, to better understand the challenges faced by survivors of stroke, their families and carers.

Stroke Foundation advocates to key government, health, disability services and other decision makers for policy and systems change improvements, to better serve the needs of the stroke community.

With cost-of-living pressures, declining access to health services in the community (particularly in regional, rural and remote areas), and increasing mental health challenges, we are calling for urgent action to provide relief across a number of Federal Government portfolios.

Stroke Foundation stands ready to work with the Australian Government to help drive and deliver better outcomes for the Australian stroke community.

Outlined below are five key areas where we would like to see urgent change.

1. Primary Care Services

Key issue

For survivors of stroke, allied health services are critical for their rehabilitation and recovery, and many require the services of several different allied health specialties. The current annual limit of five sessions, available as part of the MBS Chronic Disease Management Plan, is inadequate.

Recommendation

A review of the current MBS Chronic Disease Management Plan to determine if the service is appropriate for, and meeting the needs of survivors of stroke and other patients with complex care needs.

2. Mental Health Services

Key issue

While mood disorders, including anxiety, depression and post-traumatic stress reactions are common in survivors of stroke and their carers, accessing counselling and psychology services can be challenging. The out of pocket costs associated with sessions provided outside of, and as part of a MBS Mental Health Treatment Plan, can be unaffordable for many.

Recommendation

A review of the current MBS Mental Health Treatment Plan to determine if the service is appropriate for, and meeting the needs of survivors of stroke and their carers.

3.

Social Services

Key issue

Many carers for survivors of stroke are unaware of, or face barriers and challenges accessing government assistance or payments. They have highlighted the need for better communication from government about what supports are available and the eligibility criteria.

Recommendation

- › The Department of Social Services 'Carers Gateway', which is not an easy platform for carers to navigate, needs to be re-designed to make it more user-friendly.
- › Information on what government assistance is available for carers needs to be made available at specific touchpoints in the community, such as GP clinics.

4.

Disability Services

Key issue

There is a belief among the survivor community that one of the biggest barriers to survivors of stroke accessing the NDIS, is that many NDIA assessors do not have an adequate understanding of stroke, stroke-related disability, and the impact this disability has on survivors, their carers and family members.

Recommendation

The NDIA to invest in the development of a national team of appropriately trained assessors that specialises in managing applications from survivors of stroke, and those who have other neurological conditions. These assessors will have background knowledge of, and experience with, stroke, including experience working in the neurological disability sector.

5.

Aged Care Services

Key issue

Currently, aged care services are supportive in nature, rather than rehabilitative. A tiny proportion of Home Care Package budgets are spent on allied health services, and allied health professionals deliver a very small proportion of individual care time in residential aged care facilities.

Recommendation

To reduce the financial impact on older survivors of stroke and their families, it is critical the government ensures that aged care funding models facilitate survivors accessing the allied health services they need to maximise their functional gains and achieve their desired goals, regardless of where they live.

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**Will you help? We invite you to have a conversation
with us today, to learn more.**

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We also have offices in Sydney, Brisbane, Perth and Hobart.

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