Stroke FOUNDATION

Federal Pre-budget Submission

2026–27

Survivor of childhood stroke, Tommy Quick.

Survivors of stroke, Shannon Nelson (left), Brooke Parsons (middle) and fundraiser Dan Maitland.

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

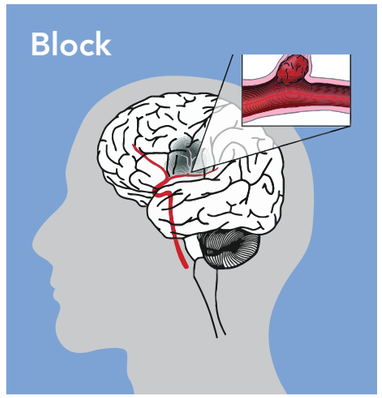
We partner with survivors of stroke, carers, health professionals, government and the community to reduce the incidence and impact of stroke for all Australians.

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

For 30 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.

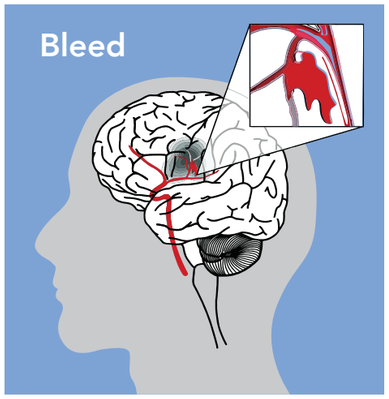
Every achievement takes a united team of stroke champions working together with a single voice and purpose: survivors of stroke with their families and carers, health professionals, researchers, volunteers, advocacy bodies, generous donors, corporate Australia, government and philanthropic partners.

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.

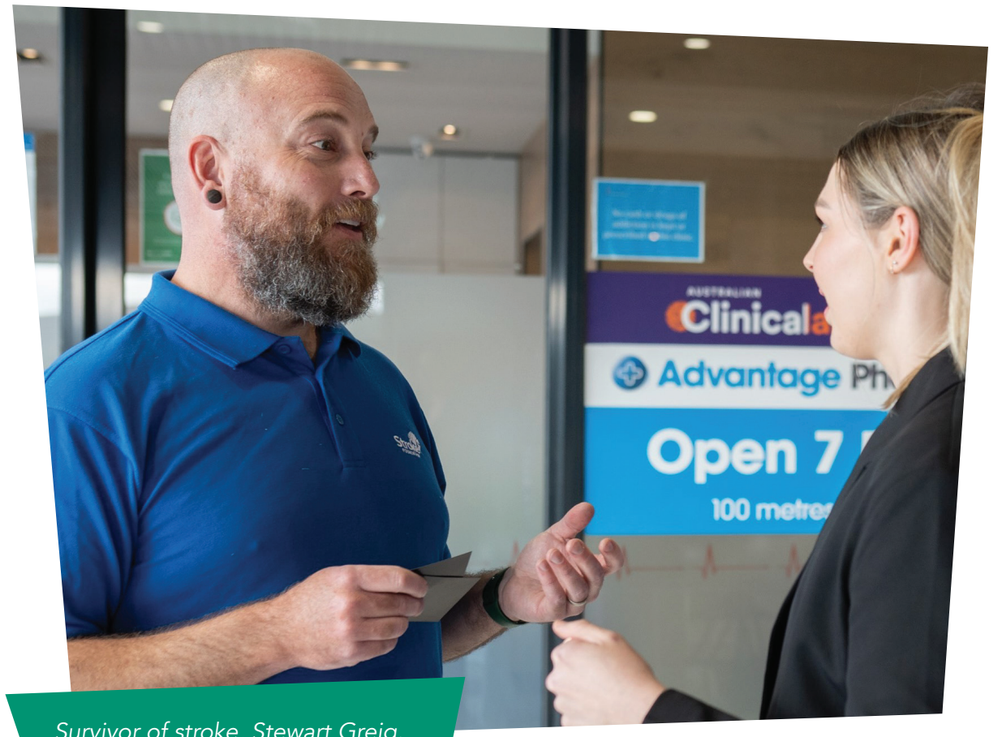
We urgently need the support of the Australian Government. Our programs and services are in greater demand than ever before because the health system, the National Disability Insurance Scheme (NDIS), and the aged care system are not adequately meeting the needs of survivors of stroke as they return to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

As Australians continue to face significant cost-of-living pressures and a decline in living standards, the Australian Government is focused on practical reforms that prioritise productivity growth, including delivering quality healthcare more efficiently, to address these challenges.

The lifetime costs associated with strokes that occurred in Australia in 2023 exceed $15 billion, including $5.6 billion in healthcare costs to government, $6.3 billion in lost productivity costs ($2.9 billion in employment impacts and $3.4 billion in household impacts) and $3.9 billion in unpaid carer costs.[2] Therefore, the economic and broader societal benefits of Australian Government investment in initiatives to reduce the impact of stroke are clear.

Furthermore, the funding proposals, and recommended policy and systems improvements in this submission, will assist the Australian Government in delivering on key actions in a number of its national action plans, strategies and care sector reforms.

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



Survivor of stroke, Stewart Greig.

The hard facts

A **stroke occurs** every **11 minutes** in Australia[2]

Over **45,000** stroke events in Australia in 2023[2]

There are more than **440,000 survivors of stroke** living in Australia[2]

More than **80 percent of strokes** can be prevented[3]

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

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.**

Aboriginal and Torres Strait Islander Australians are **1.7 times as likely** to die from stroke[4]

Summary of Stroke Foundation proposals

Stroke Foundation is seeking Australian Government investment in our proven, highly effective and evidence-based programs and resources, in order to meet the urgent needs of survivors of stroke, their families and carers.

Proposals	Alignment with existing Australian Government plans and strategies
1. F.A.S.T. National Advertising Campaign	*National Strategic Action Plan for Heart Disease and Stroke (2020)*
Investment: $6.8 to $15.6 million over four years.	
Ensure more Australians know how to recognise the signs of stroke and how vital it is to call 000 (triple zero) immediately.	*National Preventive Health Strategy 2021–2030*
2. Living Guidelines for Stroke Management	*National Strategic Action Plan for Heart Disease and Stroke (2020)*
Investment: $1.62 million 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. Expand the Enhanced *StrokeLine* Service and *Living Well After Stroke* Program	*National Strategic Action Plan for Heart Disease and Stroke (2020)*
Investment: $1 to $3 million 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, connect them to services and support, and provide more survivors with a clear pathway to reducing their risk of recurrent stroke after discharge from hospital.	*National Preventive Health Strategy 2021-2030* *Primary Health Care 10 Year Plan 2022–2032*

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

Investment: $6.8 to 15.6 million over four years

Option 1. (Activate) Raise national awareness

Investment: $6.8 million ($1.7 million per year over four years)

Investment will deliver:

- a streamlined campaign that maintains consistent, national visibility, with a metro-dominant reach and limited regional presence
- an estimated campaign reach of 9–11 million Australians (35–40 percent coverage)
- a target to increase national awareness of at least one F.A.S.T. sign unprompted from 66 percent to approximately 70–72 percent.

Option 2. (Accelerate) Sustained impact and inclusion

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

Investment will deliver:

- a campaign with enhanced scope to reach regional, diverse, and priority audiences
- an estimated campaign reach of 13–15 million Australians (50–55 percent coverage)
- a target to increase national awareness of at least one F.A.S.T. sign unprompted from 66 percent to approximately 75–78 percent.

Option 3. (Amplify) National transformation and behaviour change

Investment: $15.6 million ($3.9 million per year over four years)

Investment will deliver:

- a fully integrated, always-on campaign, designed for sustained behavioural change
- an estimated campaign reach of 20 million+ Australians (75–80 percent coverage)
- a target to increase national awareness of at least one F.A.S.T. sign unprompted from 66 percent to approximately 82–85 percent.

Stroke is a medical emergency. When someone has a stroke, every minute counts. **Faster diagnosis and treatment saves lives and reduces disability.** In 2023, the lifetime healthcare costs to government associated with strokes that occurred in Australia were $5.6 billion, while NDIS stroke-related expenditure was $1.3 billion. **Prompt access to stroke treatment means decreased costs for our health and disability systems.**

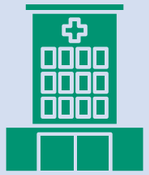
The F.A.S.T. message highlights the three most common ways to recognise a stroke (Face, Arms and Speech), and reminds us that Time is critical when seeking treatment.

The *2025 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 community, and showed that 66 percent of Australians were aware of at least one sign of stroke[5] (up from 62 percent in 2023).[6] Only 11 percent of Australians were aware of all three signs of stroke.[5] Unprompted awareness was higher among English speakers compared with those that speak languages other than English (LOTE) and are from culturally and linguistically diverse (CALD) backgrounds.[5]

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

66 percent of Australians are aware of at least **1 F.A.S.T. sign of stroke**[5]

Only **11 percent** of Australians are aware of all **3 F.A.S.T. signs of stroke**[5]



38 percent of Australian stroke patients arrive at hospital within the recommended 4.5 hour window for **clot-dissolving treatment**[7]

The campaign

F.A.S.T. advertising campaigns are proven to increase awareness of the signs of stroke, and calls to emergency services, nationally[8] and internationally.[9, 10] Stroke Foundation has delivered an Australian Government-funded multi-million dollar F.A.S.T. national advertising campaign before, which resulted in a measurable increase in community awareness of the signs of stroke.[8]

Therefore, **Stroke Foundation is now calling on the Australian Government to invest in a nationwide advertising campaign**, which will enable us to reach the greatest number of Australians with the F.A.S.T. message, to lift national awareness of the signs of stroke.

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. It will also enable us to **expand our F.A.S.T. Community Education Program and Multimedia Campaign**, to reach more Australians, including those in First Nations communities, and deliver new, innovative, and culturally-appropriate initiatives to increase awareness of chronic condition risk factors, stroke prevention, and the signs of stroke.

The specific deliverables for each of the three investment options are outlined in the table on the right.

Option 1. Activate: Raise national awareness

$6.8 million ($1.7 million per year over four years)

- One national media burst (6–8 weeks) each year across TV, radio, digital and outdoor advertising platforms.
- Sustained digital/social media presence throughout the year.
- Biennial creative refresh to sustain message relevance.
- Distribution of F.A.S.T. collateral in the community, including to GPs, hospitals and pharmacies.
- Post-campaign evaluation focused on reach and recall.

Option 2. Accelerate: Sustained impact and inclusion

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

This includes all of the deliverables in Option 1, plus:

- Two national media bursts (6–8 weeks each) per year.
- Co-designed F.A.S.T. materials for First Nations and CALD communities, distributed through trusted media.
- Regional media expansion, including local radio, outdoor advertising, and community press.
- Digital F.A.S.T. toolkit for workplaces and community groups.
- Community education program to extend reach to younger and multicultural audiences.
- Enhanced campaign evaluation and expansion of the sample size in the annual F.A.S.T. survey.

Option 3. Amplify: National transformation and behaviour change

$15.6 million ($3.9 million per year over four years)

Includes all of the deliverables in Options 1 and 2, plus:

- Year-round media presence with quarterly creative refreshes.
- Comprehensive multilingual plan (additional 8 languages and in-language TV and radio).
- Youth and family engagement, including through TikTok, YouTube and community education programs.
- Independent impact evaluation linking awareness to behaviour and clinical outcomes.

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 what stroke is, how to reduce stroke risk, how to recognise a stroke when it occurs, and how vital it is to call 000 (triple zero) immediately. This campaign will ensure life-saving information on stroke reaches a broader audience, using a national platform and a single message, and will deliver economic benefits for our health and disability systems.

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 be delivering its F.A.S.T. Community Education Program and Multimedia Campaign in regional and culturally and linguistically diverse (CALD) communities, two priority populations with an increased risk of stroke. Specifically, the project, which is now in its fifth year, is targeting communities:

- in 10 regional Federal stroke hotspots[11]: Mallee, Barker, Braddon, Lyne, Hinkler, Flinders, Page, Wide Bay, Capricornia and Forrest
- speaking 8 CALD languages: Greek, Arabic, Cantonese, Hindi, Italian, Mandarin, Vietnamese and Korean.

Key achievements over the last two performance reports (February 2024 to June 2025):

4.4 million impressions across various digital media channels

ON AIR

Radio and print audience reach of **730,312** people

74 StrokeSafe community education sessions delivered

56 F.A.S.T. media stories

20,282 F.A.S.T. resources distributed (magnets, bookmarks, wallet cards, posters and fact sheets), including in-language resources

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

Beth Browning was just 19 when she had a stroke in 2019.

"I was lying in my bed and started to feel dizzy. I tried to type something on my phone, but couldn't. I went downstairs to tell my parents, but when I tried to speak, I couldn't get the words out," said Beth.

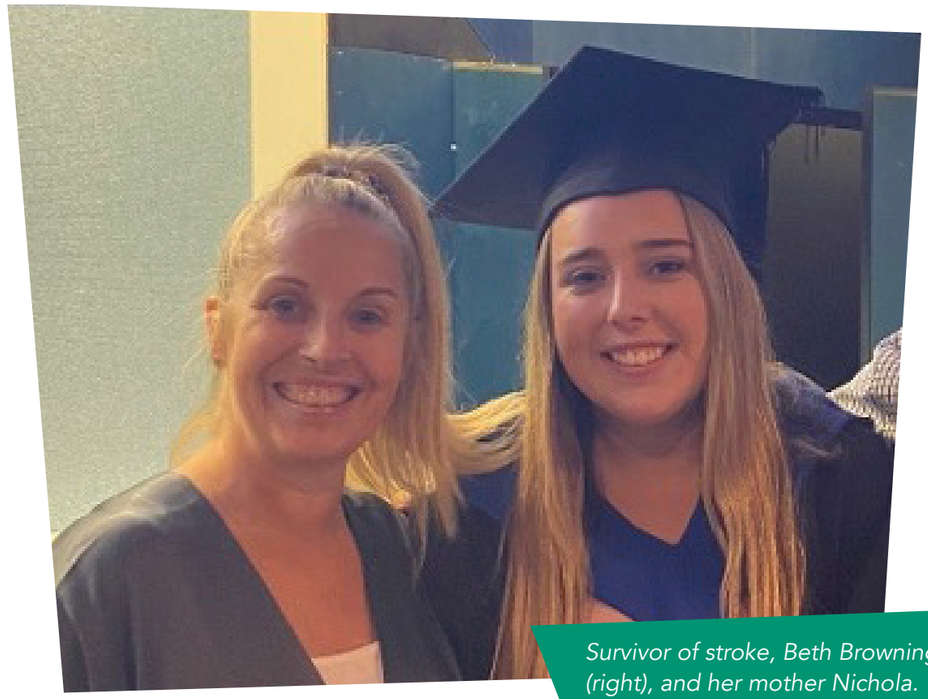
Fortunately, she was a nursing student, and her mother was a nurse, and they were both quick to recognise the signs of stroke.

Beth was rushed to the hospital, where she underwent CT and MRI scans that confirmed she was having a stroke.

Twelve hours after her stroke, Beth's speech began to recover, and she started to feel better.

Beth has no permanent cognitive deficits or motor skill impairment as a result of her stroke, and she has made an excellent recovery; however, she still battles fatigue and headaches.

"I do consider myself extremely lucky. I think it's really important to raise community awareness about the signs of stroke, and the fact that stroke can affect anyone, young or old."



Survivor of stroke, Beth Browning (right), and her mother Nichola.

Proposal 2: *Living Guidelines for Stroke Management*

Investment: $1.62 million ($405,000 per year over four years)

Investment in the *Living Guidelines for Stroke Management* will enable:

- new and updated *Guidelines for the Diagnosis and Acute Management of Childhood Stroke*
- more than 20,000 Australian clinicians to access reliable, up-to-date clinical recommendations for stroke treatment and care
- up to 6,000 new peer-reviewed publications to be screened each year to update clinical evidence and treatment guidelines
- more than 160 clinical experts and 30 lived experience experts across Australia to 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.

Since 2018, when the first truly living guideline in Australia was established, it has produced **78 new and updated recommendations.**

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.

A 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.

A recent economic evaluation has demonstrated that the Guidelines are cost-effective, and provide a positive return on investment, with a $21 return for each $1 invested.[12]

Stroke Foundation can no longer deliver the Guidelines from donations alone. Without ongoing Australian Government funding for the Guidelines, the quality of stroke treatment and care in Australia will fall.

For every $1 invested in the *Living Guidelines for Stroke Management*, there is a **return on investment of $21**[12]

Implementation of the *Living Guidelines for Stroke Management* has led to a **99 percent reduction in time from research to point-of-care**

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**[13]

Guidelines for the diagnosis and acute management of childhood stroke

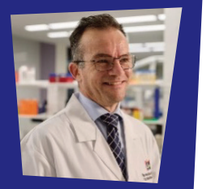
In Australia, up to 120 babies and 400 children have a stroke each year, and stroke is among the top ten causes of death in children. Importantly, 50 percent of childhood survivors of stroke will have a long-term neurological impairment.

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.

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

> **"I survived a stroke at the age of 12 and I'm passionate about raising awareness about stroke in children and young people. For many children and parents it can be really challenging coming to terms with the impact of stroke. It is important they are confident their treating health professionals have access to the best available information for the diagnosis and treatment of childhood stroke."**
>
> *Tommy Quick,*
> *survivor of childhood stroke*

> **"The *Living Guidelines for Stroke Management* facilitate best-practice stroke care through continuously updated clinical recommendations. It is critical that sustainable funding is secured for this world-first initiative, which is delivering improved outcomes for the thousands of Australians affected by stroke annually."**
>
> *Professor Tim Kleinig,*
> *Chair, South Australian Stroke Community of Practice*



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. This essential clinical resource improves clinical practice and patient outcomes, while simultaneously delivering considerable cost savings for the health system and broader economy. Australian Government investment is urgently needed to ensure Stroke Foundation is able to continue to deliver the Guidelines over the long-term, and to NHMRC standards.

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.[14]

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*

Survivor of stroke, and Living Guidelines for Stroke Management Lived Experience Consumer Panel member, Brenda Booth.

Proposal 3: Expand the Enhanced *StrokeLine* Service and *Living Well After Stroke* Program

Investment: $1 to $3 million over four years

Option 1. (Activate)

Investment: $1 million ($250,000 per year over four years)

Investment will ensure:

- 500 survivors of stroke, their families and carers will receive better coordinated post-discharge care
- 750 survivors of stroke and transient ischaemic attack (TIA) will be empowered to develop and implement behaviour change to reduce their risk of future stroke through an expanded *Living Well After Stroke Program*.

Option 2. (Accelerate)

Investment: $1.8 million ($450,000 per year over four years)

Investment will ensure:

- 825 survivors of stroke, their families and carers will receive better coordinated post-discharge care
- 1,250 survivors of stroke and TIA will be empowered to develop and implement behaviour change to reduce their risk of future stroke
- a *Living Well After Stroke* app delivers a better program experience, and improved engagement and outcomes.

Option 3. (Amplify)

Investment: $3 million ($750,000 per year over four years)

Investment will ensure:

- 1,425 survivors of stroke, their families and carers will receive better coordinated post-discharge care
- 2,000 survivors of stroke and TIA will be empowered to develop and implement behaviour change to reduce their risk of future stroke
- a *Living Well After Stroke* app delivers a better program experience, and improved engagement and outcomes.

We need to expand our flagship Enhanced *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. *StrokeLine's* team of health professionals provide practical, free, and confidential 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 services are tailored to client needs and preferences, ranging from brief interventions to short-term care coordination.

People are at higher risk of stroke after their first stroke. Four in 10 survivors of stroke will go on to have another stroke,[15] and recurrent stroke is more likely to be fatal or cause major disability.[16]

The lifetime costs associated with recurrent strokes that occurred in Australia in 2023 are almost $3 billion, including healthcare costs to government, and lost productivity (employment and household impacts) and unpaid carer costs,[2] highlighting the significant benefits of government investment in effective secondary stroke prevention.

StrokeLine health professionals discuss stroke risk factors with survivors of stroke, and educate them about strategies, including behaviour modification and blood pressure-lowering, lipid-lowering and antithrombotic or anticoagulation medications, that can reduce their risk of recurrent stroke.

Importantly, we know there is unfulfilled demand for the enhanced *StrokeLine* Service. There are close to half a million survivors of stroke living in the Australian community, yet in 2024, only 2,598 survivors of stroke, families and carers received a *StrokeLine* service. The current service is unable to adequately meet the needs of specific groups within our community.

Around 25 percent of *StrokeLine's* clients are assessed as vulnerable or at risk, or having complex needs, and face 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.

First Nations people, and people from CALD communities are significantly under-represented in *StrokeLine's* client base, when compared to population share.

Expansion of the enhanced *StrokeLine* Service will ensure:

- more survivors of stroke, their families and carers receive better coordinated, evidence-based, holistic, person-centred, and integrated care
- support will be available to those most in need, with a priority service provided to people assessed as being vulnerable or at risk, or having complex needs
- community engagement and online promotion will target First Nations and CALD communities, to improve equity of access.

Case study 3 *StrokeLine* in action: Larry's story

Larry had experienced the signs of stroke several times over the last four years. Each time, he went to the hospital. Larry called *StrokeLine* because he noticed changes in his thinking and memory. He described episodes of confusion and trouble managing daily tasks. His mood was low.

Larry didn't have a GP and was unsure of his diagnosis. He hadn't had important follow-up tests or a cardiovascular risk assessment.

Our *StrokeLine* Officer, Rebecca, reviewed Larry's latest hospital discharge summary with him. She talked him through what it meant. Rebecca noted the summary recommended that follow-up care should be arranged through a GP. As Larry didn't have a GP, this didn't happen.

Rebecca listened to Larry's concerns and let him debrief about his healthcare experiences. She educated him on stroke risk factors, signs, and impacts. She explained the GP's role, emphasised the importance of ongoing care, and provided information on how to find a GP.

During the call, Larry expressed feeling lost, unsupported, and confused. He was frustrated by changes in his thinking and daily management. Recognising his need for support, Rebecca suggested he connect with a community-based neurological nursing service. With Larry's consent, she completed the referral after their call.

A few days later, Rebecca called Larry to follow-up. He mentioned he had a GP appointment soon. She provided information on our *Living Well After Stroke* program and encouraged him to enrol when he was ready. She spoke about ways to cope with his cognitive changes and daily activities. She suggested he join a stroke support group and shared Lifeline's details. Rebecca sent Larry a written summary of his *StrokeLine* care and encouraged him to share it with his new GP.

Through compassionate listening and skilled intervention, *StrokeLine* helped Larry find the healthcare and support he needed, along with a new sense of direction.

Fides Camino and Siobhan McGinniss from Stroke Foundation's StrokeLine team.

In 2024 *StrokeLine* supported **2,598** survivors of stroke, their families, carers and friends

25 percent of *StrokeLine* clients are assessed as having complex needs, vulnerable or at risk

90 percent of *StrokeLine* clients would recommend the service to others

20 percent of *StrokeLine* clients approach the service with questions and concerns about post-discharge care

Expanding the *Living Well After Stroke* Program

More than 80 percent of strokes can be prevented,[3] and this provides an opportunity to support health behaviour change and prevent recurrent stroke; however, once in the community, many survivors of stroke find appropriate, evidence-informed health behaviour change interventions unavailable or difficult to access.

There is a clear need for services that address behaviour modification for the reduction of stroke risk factors, to reduce further stroke. As such, Stroke Foundation is proud to be partnering with the Australian Government to deliver the *Living Well After Stroke (LWAS)* program.

LWAS is a person-centred education program that empowers survivors of stroke or TIA to change health behaviours in order to reduce their risk of future stroke. Participants are supported to identify a modifiable stroke risk factor, and are then provided with effective, evidence-based education and intervention to support the health behaviour change needed to address this.

The program ensures participants are supported to build motivation, set goals, plan, and implement and track behaviour change. *LWAS* adapts to the needs and preferences of participants, who are able to choose a one-on-one, immediate brief intervention from a *StrokeLine* health professional, or an 8-week group program.

Ongoing investment in an expanded *LWAS* program is needed to ensure more survivors of stroke and TIA are equipped with a toolkit of transferrable skills and strategies to support long-term behaviour change and self-management, and prevent recurrent stroke.

Investment options 2 and 3 will enable the development of a new *LWAS* app, which will deliver a better program experience and improved engagement and outcomes. *LWAS* participants have diverse communication and accessibility needs, as well as increasing familiarity with, and preference for, digital health tools. There are opportunities to better support staff to deliver this program and create efficiencies through innovation.

A new participant-facing app and connected staff-facing portal will deliver a personalised, accessible and seamless participant experience. Manual processes will be automated to free up staff time for service delivery. Staff will be better supported to make clinical decisions.

We are calling on the Australian Government to invest in the expansion of our enhanced *StrokeLine* Service and *LWAS* program, to ensure more Australians who have been impacted by stroke, including those assessed as vulnerable or at risk, having complex needs, or from First Nations or CALD communities, are better supported. This investment will deliver significant economic and broader societal benefits, as survivors of stroke, their families and carers are supported to avoid recurrent stroke and be well, actively engage with the community, and optimally, return to education, work or retirement.

Case study 4 *Living Well After Stroke* in action: Chiedza's story

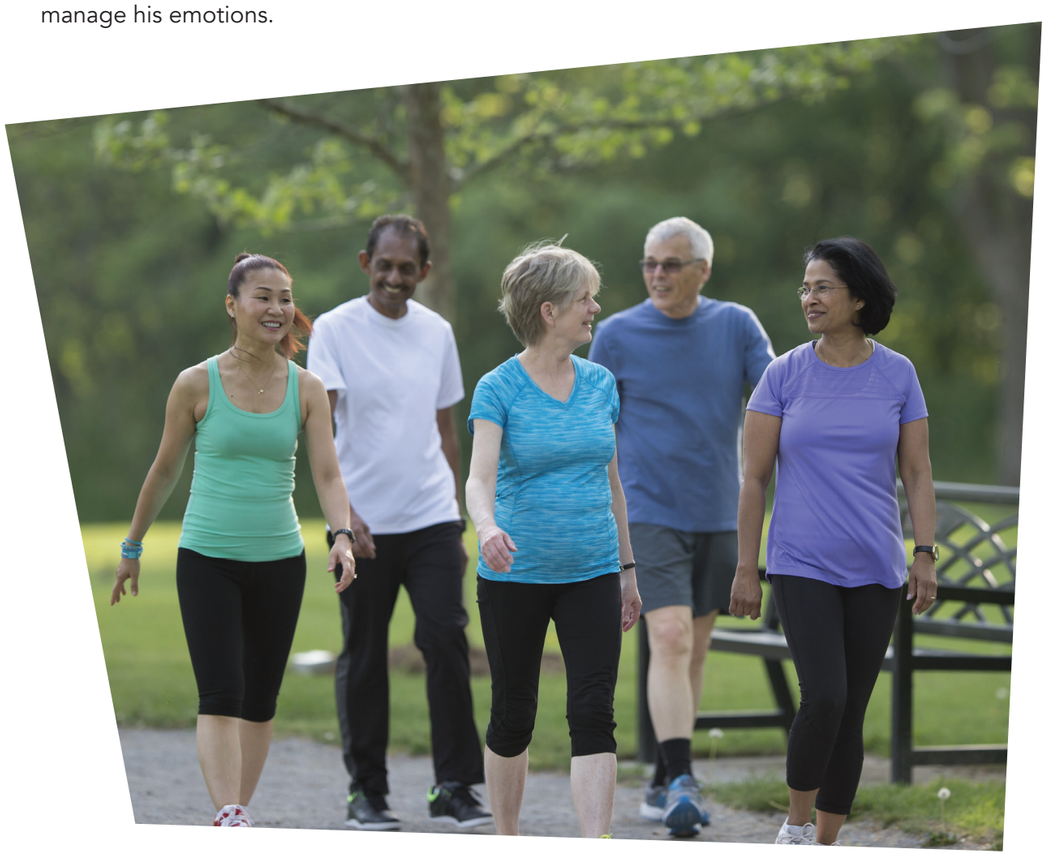
Before his stroke, Chiedza loved life on the beach with his paddleboard. After his stroke, Chiedza experienced emotional lability. Sometimes, his emotional responses seemed out of proportion or didn't make sense. Living alone, he felt isolated.

Chiedza knew he was at risk for another stroke, but was unsure about mainstream healthcare. Joining a *Living Well After Stroke* group felt like a good first step.

In the early sessions, Chiedza's emotional lability made it hard for him. But with group support, he continued. His peers encouraged him to connect with counselling services. With his counsellor's help, he learned to better manage his emotions.

By the final session, Chiedza not only had new tools to manage his emotions, but his walking improved enough for him to make it back to the beach and onto his paddleboard.

Why does *Living Well After Stroke* work so well? It's two things. The expertise of a *StrokeLine* health professional, and the invaluable lived experience shared in the group setting.



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 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 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. This will help the Australian Government to deliver on key objectives of its *Primary Health Care 10 Year Plan 2022–2032*, which are to improve access to allied health, and appropriate care for people at risk of poorer outcomes.

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. This will assist the Australian Government to deliver on a key objective of its *National Mental Health and Suicide Prevention Plan*, which is to ensure the delivery of easy to access, high quality, and person-centred treatment and supports across the mental health care system.

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.

This will help the Australian Government to deliver on a key priority of its *National Carer Strategy 2024–2034*, which is to ensure carers can access supports, services and programs that safeguard their psychological, physical and social wellbeing, at the right time, right place and in the right way.

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. This will help the Australian Government to deliver on a key action of the *Independent Review of the NDIS*, which is to introduce a more consistent and robust approach to determining eligibility for access to the NDIS based on transparent methods for assessing functional capacity.

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. This will help the Australian Government to deliver on a key element of its *aged care reforms* and new *Aged Care Act*, which is to ensure older Australians have equitable and flexible access to allied health services.

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Stroke FOUNDATION

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

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