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Dear Sir/Madam

New aged care allied health needs assessment tool

I am writing on behalf of Stroke Foundation to express our support for the Department of Health, Disability and Ageing's development of a new allied health needs assessment tool for residential aged care.

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. As the voice of stroke in Australia, we stand alongside survivors of stroke and their families, healthcare professionals and researchers, and build community awareness, foster new thinking, and support survivors on their journey to live the best possible life after stroke.

In 2023, an estimated 45,785 Australians experienced stroke,¹ and there were more than 440,000 survivors of stroke living in our community.¹ The lifetime costs associated with strokes that occurred in Australia in 2023 exceed \$15 billion (\$350,000 per person), including healthcare, lost productivity and unpaid carer costs.¹ Unless action is taken, it is estimated by 2050, Australians will experience almost 72,000 strokes annually.¹

Ageing is the strongest non-modifiable risk factor for stroke, and older survivors of stroke have higher mortality, morbidity, and poorer functional recovery than their younger counterparts. In 2023, 75 percent of Australians who had a stroke for the first time were aged 65 years and over.¹

For many survivors of stroke, the health impacts due to stroke remain well beyond their discharge from hospital. Importantly, recovery after stroke can occur over months, and or years, with many survivors reporting that adjusting to the impacts of stroke is a life-long journey. Issues with strength, sensation, range of movement and coordination are common post-stroke, and can result in loss of body control and movement dexterity, impacting an individual's ability to walk, use their hands and arms in daily tasks such as showering or personal grooming, as well as their speech or swallowing. Changes in communication can also occur after a stroke, with many survivors struggling to express themselves or to understand others. Other common post-stroke disabilities include 'hidden' impairments, such as mood disorders, fatigue, and changes in cognition. Some survivors have difficulties with memory, learning, or focusing on, planning or sequencing tasks, which can impact their ability to complete daily tasks such as getting dressed, or more complex activities such as driving.

Every stroke recovery journey is unique, and rehabilitation is a proactive, person-centred and goal-oriented process that should begin the first day after stroke. Rehabilitation should be timely, equitable and comprehensive and have the ultimate aim of maximising function and achieving the highest possible level of independence — physically, psychologically, socially and financially.²

Rehabilitation should be provided by a specialised interdisciplinary team of health professionals throughout the care continuum.² A variety of allied health professionals, including physiotherapists, occupational therapists, speech pathologists, dietitians, social workers, psychologists and exercise physiologists, play a critical role in stroke rehabilitation and recovery, and optimise the function and independence of survivors of stroke.

We know that an unacceptable number of survivors of stroke in Australia do not undergo an assessment to determine their need for rehabilitation.³⁻⁵ In 2023, only 83 percent of stroke patients were assessed for rehabilitation while in acute care, and 66 percent of these patients were found to have ongoing rehabilitation needs.⁵ Of those who are assessed, and are identified as requiring rehabilitation, only a small proportion are able to access the amount and type of rehabilitation services they need, either in in-patient or community settings.^{3, 4} The 2024 Stroke Foundation National Stroke Audit Rehabilitation Services Report

showed that the average therapy time for survivors of stroke was only 10 hours per week, significantly lower than the recommended levels.⁴ For those survivors of stroke who are able to access the rehabilitation services they need, many will have ongoing deficits post-rehabilitation, and will need further allied health support in order to improve their quality of life and live well. This support will vary depending on an individual's needs.

Residential aged care

Australian survivors of stroke in residential aged care have a variety of rehabilitation and recovery needs. For some survivors, their key goal will be to maintain their current level of ability for as long as possible, which can translate into better function and quality of life, as well as cost efficiencies in care. We know that Australian survivors of stroke in residential aged care face challenges when trying to access the specialised allied health services they need, for a variety of reasons.

A previous review of the literature failed to identify any indicators (clinical or otherwise), that could be used to definitively confirm someone as ineligible or unlikely to benefit from rehabilitation.⁶ Importantly however, Australian data has shown that while in hospital, survivors of stroke were more likely to have their need for ongoing rehabilitation assessed if they were living at home, rather than in residential aged care, before their stroke.⁷

For those older survivors of stroke in residential aged care who are assessed, one of the biggest challenges they face is getting assessors to understand need, as many assessors do not have an adequate understanding of stroke, stroke-related disability, and the impact this disability has. Issues such as neurological-based fatigue, and hidden cognitive problems, are often missed, while those with communication difficulties (both understanding and speaking) may have trouble communicating needs. This in turn affects the ability of assessors to determine which supports and services survivors require in order to maximise their functional gains and achieve their desired goals.

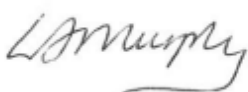
Residential aged care facilities do not have sufficient funding to cover all of the allied health needs of survivors of stroke, and in fact, allied health professionals deliver just one percent of individual care time in residential aged care facilities.⁸ Therefore, older Australian survivors of stroke living in residential aged care are forced to pay for these necessary services out of pocket, which many of them (and their families) cannot afford.

There is a clear need for the development and implementation of a standardised multidisciplinary needs assessment tool for health professionals, and as such, Stroke Foundation, and our 440,000-strong community of survivors of stroke, carers and families support the Department's development of a new allied health needs assessment tool for residential aged care. While the development of this tool is an important first step, further work by the Department is needed to ensure older Australian survivors of stroke are able to access the person-centred allied health services they need to address their stroke-related disability, optimise their wellbeing and quality of life, and support their independence. Specifically, it is critical that:

- assessors have sufficient background knowledge of, and experience with, stroke, including experience working in the neurological disability sector, and that they are trained to be sensitive and inclusive to people with both physical, as well as cognitive and communication impairments
- a dedicated funding stream specifically for the delivery of allied health services for older Australians living in residential aged care, is established.

Thank you for the opportunity to provide input into this consultation.

Yours sincerely



Dr Lisa Murphy
Chief Executive Officer
Stroke Foundation

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