

Stroke Recovery News

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Breaking Barriers in Stroke Therapy: Recent Advances and Ongoing Challenges

Editor's note: Below is an excerpt from *Breaking Barriers in Stroke Therapy: Recent Advances and Ongoing Challenges, 2025*. This article examines a decade of transformative advances in acute ischemic Stroke management, analysing research from 2013 to 2023 across major medical databases. Critical breakthroughs are highlighted in diagnostic imaging technologies that have revolutionised early Stroke detection and treatment precision. Equally significant is the emergence of biomarkers, which enhance risk stratification and enable more tailored therapeutic approaches. These diagnostic innovations are important given that ischemic Stroke accounts for most cerebrovascular events globally, and the principle of 'time is brain'. These advances have expanded treatment windows, increased patient eligibility for life-saving interventions and ultimately reduced mortality. However, current challenges comprise of AI implementation to ethically improve risk prediction, addressing key research gaps in minor Strokes (TIAs) and trialing emerging therapies like neuroprotective agents and virtual reality rehabilitation. For the full article and sources - [click here](#).

Developments in diagnosis and early management

Advancements in imaging technologies over the past decade have significantly improved the early and precise diagnosis of acute ischemic stroke. Both MRI and CT, long-established diagnostic tools, have undergone substantial enhancements in resolution, speed, and functionality, greatly augmenting their utility in Stroke management [12-16]. MRI has seen notable improvements in specialized imaging modalities, including high-resolution diffusion-weighted imaging (DWI), which facilitates the early and accurate detection of ischemic Strokes by identifying restricted water diffusion in acute infarction areas. Perfusion-weighted imaging (PWI) now provides critical insights into cerebral blood flow, aiding in the identification of salvageable brain tissue (ischemic penumbra) and guiding therapeutic decisions. Susceptibility-weighted imaging (SWI) has advanced the detection of microvascular abnormalities and hemorrhagic transformations, essential for assessing treatment eligibility. Innovations like ultrafast MRI protocols have significantly reduced scan times, making MRI more accessible for emergency settings, while MR angiography (MRA) offers a detailed visualization of vascular occlusions, supporting mechanical thrombectomy planning. Additionally, AI integration has enabled the automated detection of ischemic lesions and enhanced real-time decision-making, further refining MRI's role in acute Stroke care [12-14].



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Breaking Barriers in Stroke Therapy: Recent Advances and Ongoing Challenges

Similarly, CT imaging has advanced with improvements in resolution, speed, and functional capabilities. High-resolution CT angiography (CTA) now allows for the rapid identification of large vessel occlusions, crucial for determining eligibility for mechanical thrombectomy. CT perfusion (CTP) imaging provides detailed assessments of cerebral blood flow, cerebral blood volume, and time-to-peak perfusion, enabling the precise identification of the ischemic core and salvageable penumbra, even beyond conventional treatment windows. The adoption of whole-brain CTP techniques offers dynamic, volumetric imaging with unprecedented spatial and temporal resolution, enhancing diagnostic accuracy and supporting extended treatment opportunities. Additionally, ultra-low-dose CT protocols and iterative reconstruction algorithms have reduced radiation exposure while maintaining image quality, making CT imaging safer and more efficient for repeated use. AI integration in CT analysis has further enhanced the speed and accuracy of ischemic lesion detection and patient triage in hyperacute scenarios [12,13,15]. These advancements collectively demonstrate transformative progress in imaging technologies over the past decade, enabling timely interventions, expanding therapeutic opportunities, and ultimately improving patient outcomes in acute ischemic stroke management. By leveraging AI-driven workflows, dynamic imaging techniques, and rapid diagnostic capabilities, modern imaging tools have redefined the standards of stroke care, ensuring more effective and personalized management strategies.

Biomarkers: bridging diagnosis and prognosis

The pursuit of reliable biomarkers in ischemic stroke has evolved in tandem with advancements in imaging technologies. Brain natriuretic peptide (BNP) and glial fibrillary acidic protein (GFAP) have risen as prominent candidates in this field, offering the potential to revolutionize both the early diagnosis and prognostication of ischemic stroke [16-19]. BNP's journey from a marker primarily known for cardiovascular regulation to a significant indicator in neurology underscores its versatility. Its elevated levels post-acute ischemic events highlight a nuanced interplay between cardiac and cerebral health. BNP has shown moderate sensitivity (ranging from 65% to 85%) and specificity (from 60% to 80%) in identifying cardioembolic strokes compared to other subtypes. Elevated BNP levels have been correlated with atrial fibrillation, which is a common cause of cardioembolic strokes, underscoring its role in distinguishing this subtype from other stroke mechanisms. This dual connection between cardiac and cerebral health makes BNP a valuable tool for stratifying stroke etiology, particularly in patients where atrial fibrillation may be undiagnosed. However, BNP is not without limitations. Its levels can be influenced by non-neurological factors such as heart failure, renal dysfunction, and pulmonary hypertension, reducing its specificity for ischemic stroke. Additionally, the overlap in BNP levels among different stroke subtypes and other comorbid conditions may complicate its interpretation in clinical settings. Despite these challenges, BNP remains a promising biomarker when used in conjunction with other diagnostic tools, providing a more comprehensive approach to identifying cardioembolic strokes [20].

GFAP, an intrinsic component of the neural framework, rises to prominence following central nervous system damage, including ischemic strokes. Its presence in bodily fluids such as serum and cerebrospinal fluid sparks hope for its utility in early stroke diagnosis. GFAP has demonstrated high specificity (up to 85-95%) for distinguishing ischemic strokes from hemorrhagic strokes due to its release following astrocyte damage, which is more pronounced in hemorrhagic strokes. Its sensitivity, however, varies depending on the timing of sampling and the severity of the stroke, with reported values ranging from 60% to 80% in the early phases of ischemic events. The temporal dynamics of GFAP release make it particularly useful for early differentiation between stroke subtypes, which is critical for guiding appropriate therapeutic interventions.

Breaking Barriers in Stroke Therapy: Recent Advances and Ongoing Challenges

Despite its promise, GFAP has limitations. Its levels can be influenced by other central nervous system pathologies, such as traumatic brain injuries, infections, or neurodegenerative diseases, which may reduce its specificity in certain clinical scenarios. Additionally, the variability in GFAP levels across individuals and stroke severities highlights the need for standardized cut-off values to improve its diagnostic reliability. Furthermore, GFAP is less effective as a standalone biomarker for ischemic stroke detection and is best utilized in combination with other biomarkers or imaging modalities to enhance diagnostic accuracy [21,22].

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Challenges and future directions

Despite significant advancements in stroke management, access to advanced treatments continues to be uneven, highlighting persistent healthcare disparities. These inequities are often rooted in broader societal and structural challenges, including lack of health insurance, inadequate access to specialized care, and shortages of healthcare services in rural areas. Socioeconomic disparities further exacerbate these issues, as individuals from lower-income groups may struggle to afford necessary treatments or transportation to healthcare facilities. Additionally, systemic barriers such as limited healthcare infrastructure, uneven distribution of medical resources, and a shortage of trained professionals in underserved regions hinder timely diagnosis, treatment, and rehabilitation. Collectively, these challenges disproportionately impact marginalized populations, leading to poorer health outcomes and emphasizing the need for targeted interventions to bridge these gaps. Bridging these gaps necessitates a holistic strategy, including policy reforms and targeted interventions aimed at reducing structural barriers, thereby promoting equitable access to stroke care for all individuals.

The integration of AI and machine learning is transforming stroke management by introducing advanced tools for diagnosis, risk prediction, and early intervention. By analyzing large-scale data, these technologies uncover complex patterns and subtle indicators, significantly improving diagnostic accuracy and stroke risk prediction. Their potential to revolutionize care makes them indispensable in modern stroke management. However, successful implementation requires addressing critical challenges, including establishing robust ethical guidelines to address data privacy, algorithmic bias, and transparency. Equally important is comprehensive clinician training to ensure the accurate interpretation of AI-driven insights and seamless integration into clinical practice. By overcoming these barriers, AI can be deployed effectively and equitably, ultimately improving patient outcomes and advancing stroke care standards. Addressing key research gaps, particularly in understanding minor strokes (such as transient ischemic events) and the long-term effects of emerging therapies, remains a critical priority. Novel neuroprotective agents, including hypothermia-inducing drugs and antioxidants, hold promise for minimizing ischemic damage and promoting neuroregeneration. Similarly, innovative rehabilitation techniques, such as brain-computer interface systems and virtual reality-based therapies, show potential to enhance motor and cognitive recovery in stroke patients. These advancements, combined with patient-centered care and tailored rehabilitation programs, not only improve physical and cognitive outcomes but also address psychosocial factors, aiding reintegration into daily life. Furthermore, advanced diagnostic tools and effective management of risk factors reduce stroke recurrence rates and improve overall quality of life. Together, these approaches offer a pathway to significantly improving long-term outcomes for stroke patients and advancing care strategies.

Authors: Bakka AG, Patil SS, Rachakonda B, Patil A, Bolleddula J, Nandyala PSKR, Singamaneni R, Sade N, Patnaik PK. Breaking Barriers in Stroke Therapy: Recent Advances and Ongoing Challenges. Cureus. 2025 Jan 31;17(1):e78288. doi: 10.7759/cureus.78288. PMID: 40026944; PMCID: PMC11872241.

Free instant health advice, call healthdirect 1800 022 222

Whether you're on the road or staying close to home this summer, if you're unwell or injured, help from a trusted health professional is only a phone call away.

For instant health advice for you or your family, call healthdirect for free on [1800 022 222](tel:1800022222) anytime, anywhere.

What happens when I call healthdirect?

A registered nurse will answer your call and ask you some questions about your health. Depending on your symptoms, the nurse will recommend the right healthcare option for you.

The nurse could:

- Provide health advice so you can care for yourself or a loved one at home
- Help you find a nearby GP or pharmacist
- Connect you to your closest urgent care service
- Arrange an appointment with a doctor online, or
- Call you an ambulance if your situation is life-threatening.

Can I call on behalf of a relative or friend?

Yes! Anyone can call healthdirect to get health advice for themselves, a family member or a friend. The person you are calling for should be nearby, so you can relay information easily on their behalf, with their permission. Healthdirect is also perfect for getting instant health advice for children, anytime of the day or night.

Is there a cost to call healthdirect?

Calls to [1800 022 222](tel:1800022222) from landlines and most mobile phones are free. However, check with your mobile provider if you're unsure.

What if I need follow-up care?

When you call healthdirect, a registered nurse will help you understand what medical care you need, and what your options are.

Depending on your symptoms, you may be referred to your local GP or pharmacist, be directed to an urgent care service, or have an appointment arranged with a doctor or other clinician online or over the phone. These services will provide expert advice on treatment options, prescriptions if needed, and referrals to follow-up care. It's peace of mind and reassurance to help make sure you're getting the care you need.

Is my information private and confidential?

Yes. Any personal information shared with healthdirect is kept private and confidential in accordance with privacy laws. It will not be shared without your consent unless required by law or in a medical emergency.

What if I'm hard of hearing or have a speech impairment?

If you have a hearing or speech impairment, call the [National Relay Service](tel:1800555677) on [1800 555 677](tel:1800555677) and ask to be transferred to healthdirect.

To find more information, visit the NSW Health website.

Financial Hardship Assistance for Aged Care

As Australia's population ages, the cost of aged care services whether in-home or in residential facilities is a growing concern for many, particularly full pensioners who rely on limited incomes. Financial hardship assistance is therefore a critical lifeline for those who, due to circumstances beyond their control, struggle to meet aged care costs. This government-supported program ensures that eligible individuals can access the care they need without facing undue financial strain.

What Is Financial Hardship Assistance?

Financial hardship assistance is designed to support individuals struggling to pay for aged care services. If approved, the government may subsidise fees for Support at Home Packages, residential aged care, or short-term respite care.

For full pensioners, this assistance can be crucial, ensuring they can access essential care without sacrificing basic living expenses. The level of support depends on the type of care and the individual's financial situation, with each case assessed individually.

What Help Can I Get?

The assistance varies based on the care setting:

1. Support at Home Packages: These support older Australians living at home, covering fees like basic daily fees or income-tested care fees for services such as personal care or nursing.

** If you started receiving a Support at Home Package before July 1, 2014, you are not eligible for the financial hardship assistance program. You can, however, discuss reduced fees directly with your home care provider.

2. Aged Care Homes: Assistance may cover accommodation payments, daily care fees, or means-tested fees for residents in aged care facilities, which is vital for pensioners facing high costs.
3. Residential Respite Care: Short-term stays in aged care homes can also be subsidised, making temporary care accessible without financial strain.

The government tailors support to the individual's needs, ensuring affordability for full pensioners with limited financial resources.

Who Is Eligible for Financial Hardship Assistance?

Eligibility is determined through a financial assessment, with specific criteria that must be met. You are not eligible if you:

- Have not completed an aged care means assessment, which calculates your ability to pay for care.
- Have assessable assets exceeding \$45,969.30 (excluding unrealisable assets).
- Have gifted more than \$10,000 in the past 12 months or \$30,000 in the past five years.

**Amounts are correct at time of publishing and are subject to indexation.

Unrealisable assets are those you cannot sell or borrow against, such as:

- A house on the market for six months or more without selling.
- Jointly owned property.
- Assets frozen due to legal or financial constraints.
- Assets affected by gifting decisions made by a Power of Attorney or when incapacitated.

Financial Hardship Assistance for Aged Care

Understanding Unrealisable Assets

Unrealisable assets are critical to eligibility, as they are excluded from the \$45,969.30 asset threshold. For example, a primary residence unsold after six months or co-owned property may qualify. However, rental properties or funds in private trusts do not.

Full pensioners should carefully document their assets with Services Australia to ensure accurate classification, as this can determine eligibility.

I Meet the Eligibility Criteria – What Happens Next?

If you meet the criteria, follow these steps:

1. **Apply:** Complete the Aged Care Claim for Financial Hardship Assistance form (SA462), available through Services Australia. Provide detailed financial information, including income, assets, and expenses.
2. **Assessment:** Services Australia reviews your application within 28 days, possibly requesting additional information. They assess your essential expenses; costs for daily living like food and utilities, and check if your remaining income exceeds 15% of the basic age pension (\$161.96 per fortnight).
3. **Outcome:** You'll receive a letter confirming whether your application is approved. If approved, the government will cover some or all of your fees. If denied, contact Services Australia to discuss further steps.

Full pensioners must accurately document essential expenses, as their fixed income leaves little room for discretionary spending.

How Do I Apply for Financial Hardship Assistance?

To apply, complete the SA462 form, available online or by calling Services Australia at 1800 227 475. Include details of your pension income, assets, and essential expenses. Be sure to submit the form promptly, as delays in providing requested information can extend the 28-day assessment period. For full pensioners, thorough documentation strengthens the application.

What Is the Assessment Process?

Services Australia evaluates your application by reviewing:

- Income and Assets: Ensuring they meet eligibility thresholds.
- Essential Expenses: Confirming you cannot afford aged care costs after covering living expenses.
- Other Assistance: Checking eligibility for programs like the Home Equity Access Scheme.

A decision is communicated within 28 days of receiving all required information. Full pensioners should provide clear records of their pension and expenses to support their case.

I Don't Meet the Eligibility Criteria – What Do I Do Next?

If you're ineligible, consider these options:

- **Speak With Your Provider:** Let your provider know you would like to review and renegotiate your list of services.

Financial Hardship Assistance for Aged Care

- **Financial Advice:** A financial adviser can suggest ways to manage costs, such as accessing superannuation or restructuring assets.
- **Contact Services Australia:** Discuss your situation to explore other programs or reassess eligibility if circumstances change.
- **Alternative Assistance:** The Home Equity Access Scheme allows borrowing against your home's equity, which may help cover costs.

Full pensioners can benefit from financial advice to maximise pension entitlements and reduce care expenses.

Are There Other Types of Financial Assistance?

Before approving hardship assistance, Services Australia checks eligibility for other programs, such as:

- **Home Equity Access Scheme:** Allows borrowing against your home's value to fund aged care.
- **Pension Supplements and Concessions:** May reduce costs for utilities or healthcare, easing financial pressure for pensioners.

These options can provide relief for those ineligible for hardship assistance.

Learn more: [What happens when you can't afford a nursing home?](#)

Learn more: [Do you have to sell your home to go into aged care?](#)

Can I Seek Financial Information or Guidance?

Yes, seeking guidance is recommended. Services Australia offers:

- **Aged Care Specialist Officers (ACSOs):** Provide tailored information on aged care financing.
- **Financial Information Service (FIS):** Offers free education on managing finances, including reverse mortgages and the Home Equity Access Scheme. FIS is available to everyone, regardless of government payment status.

The MoneySmart website also provides resources on reverse mortgages. For personalised advice, consult a licensed financial adviser. Full pensioners can use these services to better manage care costs alongside their pension.

Contact Services Australia

Services Australia manages all hardship applications. Contact them at [1800 227 475](tel:1800227475) to:

- Request the [SA462 form](#).
- Check application progress.
- Discuss outcomes or alternative options.

If you are worried about what the upcoming Support at Home changes and New Aged Care Act reforms means for your finances, speak to our helpful team for advice. We will guide you through your options and necessary processes in a way that's as easy and stress-free as possible. Our service is 100% FREE, fast and independent, putting you at the heart of everything we do.

This article has been reprinted from the newsletter provided by Aged Care Decisions a' FREE support service which assists families to find home care providers, residential aged care vacancies and respite care options.

For more information they can be contacted through their website: agedcaredecisions.com.au or call [1300 775 870](tel:1300775870)

[https://agedcaredecisions.com.au/financial-support-aged-care/?](https://agedcaredecisions.com.au/financial-support-aged-care/?utm_source=activecampaign&utm_medium=blog&utm_content=read%20more%20cta&utm_term=generic&utm_campaign=financial-hardship-alert)

[utm_source=activecampaign&utm_medium=blog&utm_content=read more cta&utm_term=generic&utm_campaign=financial-hardship-alert](https://agedcaredecisions.com.au/financial-support-aged-care/?utm_source=activecampaign&utm_medium=blog&utm_content=read%20more%20cta&utm_term=generic&utm_campaign=financial-hardship-alert)

Annual General Meeting 2025

On Friday 7th November 2025. The Stroke Recovery held its Annual General Meeting at Club Burwood RSL . We would like to thank the RSL for their hospitality.

Congratulations to our 2025 Board! As there were only 7 members running for the board, 4 Stroke Survivors and 3 Carers, all nominees were appointed to the board.

Membership prices were not a motion at the AGM, and therefore will remain the same for the 2025/2026 membership period.

Stroke Survivors



John Garbutt



John Tass



Professor Shih-
Chang
(Ming) Wang



Kimone
Haddon



Karen Felton



Kylie Tastula



Judy Sumner

Non-Stroke Survivors

Welcome Kimone Haddon!

We would especially like to welcome Kimone Haddon to the Board. Kimone is the President of the Bega Stroke Recovery Club. Kimone became a member of the Association in 2015 after her 2nd Stroke. Kimone is eager to represent rural members, younger Stroke Survivors as well as to advocate for Aphasia awareness. Welcome Kimone!

Kimone experienced a Stroke in 2012 when she was living in Melbourne. When she moved from Melbourne to Bega, she joined the Stroke Recovery Association in 2017. She initiated the Bega Stroke Recovery Club in 2017 and has been the coordinator of that club since that time.



Over the last 8 years, the Club has now grown to support 10 members who regularly attend meetings. She is a member of her local CWA, Seniors Club and Bega Chamber of Commerce. She volunteers with Parkrun, Show Society, Bega Tathra Safe Ride and SPAN (Suicide Prevention Awareness Network).

Kimone runs her own Support Worker and Bookkeeping business, which she runs from her home.

PRESIDENT'S REPORT

There were considerable changes to the Stroke Recovery Association and our services in the 2024/2025 period. While staff at the Association continue to achieve well in excess of what is expected, the Stroke Project Officer position was lost due to completion of the funding contract period. This meant that the Community Liaison Officer and the CEO had to take on more responsibility for the online programme which is so vital to members in rural and remote areas.

The Association membership figures are strong with Clubs/groups and choirs making up 77% of the membership structure. These support systems are progressing exceedingly well under the stewardship of the Community Liaison Officer. Over the financial year she has secured funding of approximately \$80,000 from ClubGrants, and carers week grants, over that period. Also, a considerable amount of In-Kind donations were also acquired to support Clubs/groups and choirs to support new and struggling Clubs.

Monthly online governance training for Clubs/groups/choirs has continued. This is an invaluable tool to educate members on the roles and responsibilities of running their respective groups. As required by government legislation we continue to undertake the required criminal record checks for all executive, and this process will be repeated for every new Club executive who takes up a role.

Online groups play a vital support role for many of our members in rural and remote communities. A committed group of members attend these regularly and it is lovely to see the growing connections between individuals from various parts of the state. The Association has worked with many of our partners in both the health and disability sectors to continue the Topical Tuesday education Group and the Stroke Chat group is gaining momentum.

Stroke Advocacy is a key focus of our work. The Association continues to reach out into the health and disability sectors to build partnerships with like-minded organisations who may have a broader reach within the sectors.

We continue to work closely with our partners at Health Consumers NSW, the primary consumer organisation consulted by NSW Health on matters impacting health in NSW, the George Institute for Global Health Consumer Research committee, the Ability Access Transport Committee (Transport NSW); NSW Health Agency for Clinical Innovation Stroke and Rehab Networks (NSW Health), NSW Disability Advocacy Network, and NSW Health Consumer Taskforce. Creating close links to these organisations ensures that our platform for advocacy continues to grow strong and resilient.

This past year we were invited by Physical Disability Council of NSW and Health Consumers NSW to meet the NSW Health Minister, the Hon. Ryan Park. The outcome of that meeting has been a guarantee from the Minister to work with the sector to develop a Disability Health Strategy. This groundbreaking consultation process will form an important additional focus of our Advocacy work over the next year.

PRESIDENT'S REPORT

All the planned events for the 2024/2025 period were able to go ahead with great success. The overview on page seven indicates of the number of events that the Association staff have organised over the past year, eleven (11) in total. All events continue to engage well with our members and health professionals.

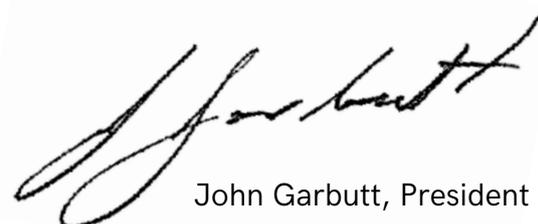
The Creating Connections Stroke Conference September 2024 was again run as a hybrid, face to face and live streamed event. The conference was attended by eighty (80) people face to face and over one hundred and forty-five (145) online. The Building Capacity Conference, May 2025 was postponed due to resource constraints. The Board reflected that we would only be able to afford to run this very expensive but essential project every two years. It is planned to go ahead with the conference in May 2026.

The Associations Social Media presence has increased considerably. Sharing information through Facebook and Instagram has become a vital form of communication for the Association and also many of our Clubs/Groups/Choirs. The expert speaker presentations on the YouTube Channel are now our main source of Stroke information distribution. It is a great tool for both health professionals and Stroke Survivors.

This report contains a summary of statistics on the services and events organised by the Association and as you can see, we are meeting all key performance indicators set by the board at the Annual Strategic Planning meeting. We are a small organisation that continues to punch above our weight in all areas.

The Board has managed the organisation to be in a stronger and more cohesive position than ever before. I applaud my fellow Board members for all they have contributed to and supported the work of the Association over the past twelve months. I commend the work of our very committed and diligent staff. We have been a great team. I welcome Kimone Haddon from the Bega Stroke Recovery Club who will be joining the Board.

The long and the short of it is, the Association is well run, and your voice grows stronger at all levels of decision making that matter in relation to Stroke in NSW. The next financial year will bring with it great change and I look forward to working with you all going forward, as we continue to build on and develop the programmes of the Association in the 2025/2026 period.



John Garbutt, President

TREASURER'S REPORT

This has been a successful year for the Stroke Recovery Association financially.

The financial overview on the following page gives you a compact picture of how monies have been received and expended over the past year and a comparison with the previous financial year.

Our funding grants from NSW Health and Department of Communities and Justice remains constant. However, we were not successful in securing further grants for the 2024/2025 financial year. This means that our reliance on these two main sources of funding is a financial risk to the association that the Board constantly monitors.

In 2024/2025 we significantly exceeded the income we had expected to receive. This was as a direct result of two significant bequests.

The income and expenditure report indicates that there has been a profit of just over \$162,505 in 2024/2025. While Subsidies and Grants are still our major source of guaranteed monies received, this year the profit is clearly a result of the increase monies received from bequests. Bequests and Donations increased by a staggering 2064% coming from two significant bequest, the Estate of Josephine Mary Adams and the Estate of George Sydney Smith. We are enormously appreciative of the generosity of these two members.

The overall annual expenditure in 2024/2025 was \$ 694,849, a considerably reduced amount from 2023/2024 of \$ 876,837. There has been a substantial amount of work undertaken by staff to reduce costs and considerable behind-the-scenes work automating administrative processes and internal systems that increase efficiencies and productivity through reducing time spent by staff on routine administrative tasks.

Staffing positions have been reduced due to the loss of the Information Linkages and Capacity Building programme funding. Staff continue to work diligently to source alternative funding, however, this is becoming a much more competitive area with commonwealth government policy changing to ensure that the bigger Charities are more favoured in their funding processes.

The two primary grants we receive from NSW Health and NSW Department of Communities and Justice (DCJ) are current for the 2025/2026 period. This means more stability and security for both the Association financially and staff. Staff will need to spend considerable time to secure the existing funding level going forward. We are confident of the monies' received from NSW Health and while we have DCJ Funding until June 2026, this vital source of funding is not guaranteed. It is imperative to retain the DCJ grant at its current level in order to maintain and provide staff positions to support services to members, particularly those who attend the Stroke Recovery Clubs/groups/choirs.

TREASURER'S REPORT

The Board has reinvested the considerable reserves we have accumulated with over \$1,000,000 now being our base investment portfolio. The return from interest, though lower than the previous years is still 4% of our revenue in the 2024/2025 period. This will again be used for the subsidisation of ever-increasing staff wages and the organisation of conferences for members.

Staff have again been successful in working with Clubs/groups/choirs to source monies from the various Grant programmes. In the past financial year, the Community Liaison Officer has successfully acquired approximately \$80,000 and a further \$85,000 in-kind for the ongoing use of Clubs/groups/choirs for the benefit of members. Lani's success in this area is outstanding.

The expenses amount noted in the auditor's report for Clubs/groups/choirs is \$ 123,455, a similar amount to the previous financial year of \$ 123,034 indicating that they are fully operational again. These figures continue to be incorporated into our audited statement, as required by the Australian Not-for-Profit and Charities Commission. The onboarding of the Club/Groups/Choirs accounts into our financial reporting process is a constant source of frustration for staff. This process becomes very complicated when audit is undertaken. However, it remains imperative that the Board monitors the spending of these monies diligently to ensure that our legal obligations are fulfilled. It is vital that we maintain our status as a charity and strictly comply with all processes of the Australian Not-for Profit and Charities Commission. In addition, Government Funding requires very stringent financials acquittals to complete for all grants received, all of which add more to the workload of staff.

The staff and Board express our appreciation for the outstanding work of our honorary auditor Vishal Modi from Nexia. A copy of the independent Auditor's Report is included on pages 12 - 14 of this report. As we move into the 2025/2026 financial year, we are in a very strong and viable financial position with a total equity of, \$ 1,378,980 an increase of 13% on the 2023/2024 figure of \$ 1,216,475. Our retained revenue will be managed carefully to enable the Association to continue to grow and move forward. Some of this cash reserve continue to be used to employ administrative support for the Association's office. This is an expense we will continue to incur in future years.

Looking ahead, we are grateful the considerable reserves we have built up over the past fourteen (14) years from bequests. The Board will continue to invest these wisely while drawing down on those when necessary to continue to maintain the high standard of services that members have come to expect. Financial security is a matter of high importance to the board and staff, and we are constantly vigilant for any source of funding to assist in the growth and development of the organisation.

In summary, at the conclusion of the 2024/2025 financial year, the Association is in a very sound financial position. Financial diligence remains a primary concern of the Board. A full financial overview of the Association is reviewed by the Board and staff monthly.

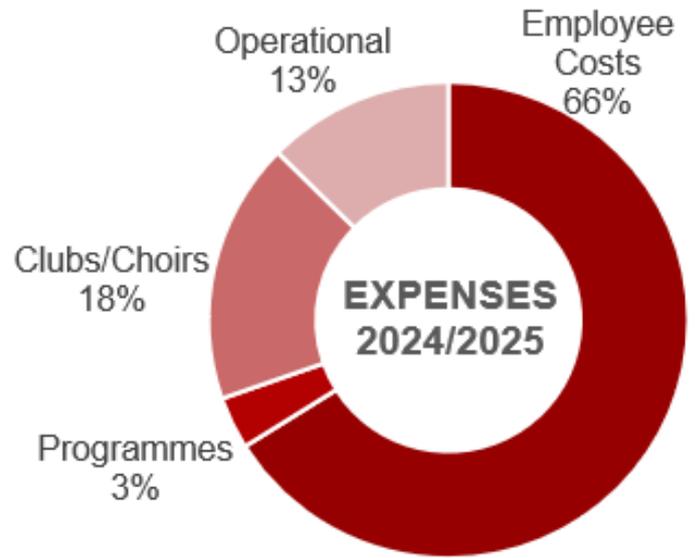
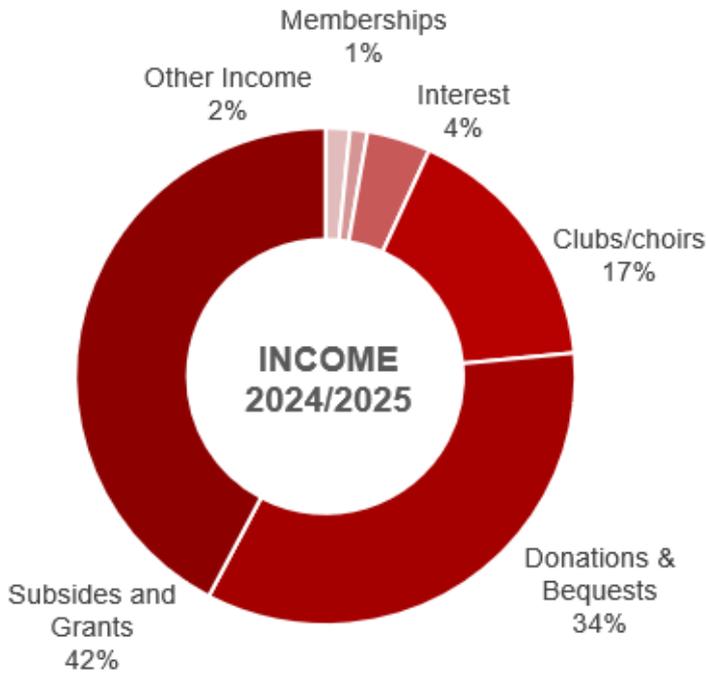
If you would like a more detailed copy of our audited financial statements, it is available



Karen Felton, Treasurer

FINANCIAL POSITION

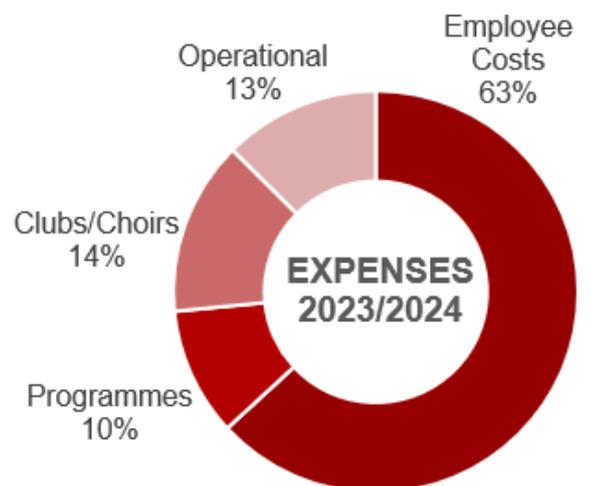
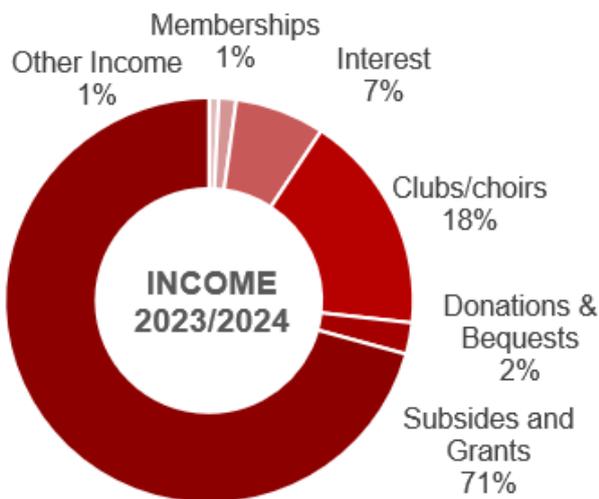
Financial year - 2024 / 2025



Net position 2024/2025

\$ 162,505

Financial year - 2023 / 2024



Net position 2023/2024

- \$ 224,060

Join the NSW Ageing and Disability Advisory Board

Dear Colleagues,

The NSW Ageing and Disability Commission (ADC) is seeking new members for the NSW Ageing and Disability Advisory Board (Advisory Board) from March 2026.

The primary role of the Advisory Board is to advise the Commissioner on matters relevant to the function of the ADC, including abuse, neglect, and exploitation of adults with disability and older people living in the community in NSW. Board members are to have relevant knowledge of and experience in matters relating to adults with disability and older people.

The ADC is particularly interested in receiving expressions of interest from people across rural and regional NSW who are:

- A person with lived experience of disability, and/or
- An older person
- From multicultural or First Nations communities

Your expression of interest should convey the extent to which you meet some or all of the following criteria:

- A person who is or has been actively involved in an advocacy, information, or representative organisation for older people or people with disability in NSW
- A person with a sound understanding of issues relating to abuse, neglect, and exploitation of older people and/or adults with disability
- A person with experience in representing people employed in the provision of disability services or services for older people

This is not a formal expression of interest process, but rather an informal means to identify a range of possible appointees. Not all nominees will be contacted at the end of the process. Advisory board members are paid a daily sitting fee for each Board meeting attended.

If you or someone you know meets one or more of the criteria listed, please send in an EOI explaining how you meet the criteria, any reasons why you may be suitable for the role, and include your name and contact details. These can be sent via email to commissioner@adc.nsw.gov.au by COB 9 February 2026.

You can find more information on the [expression of interest callout here](#).

Thank you.

Jeff Smith
NSW Ageing and Disability Commissioner

In Memorium - Alan Sumner



Again, we are mourning the loss of one of the Association's champions and Life Members, the indomitable Alan Sumner, passed away in Tamworth Base hospital with his loving wife, Judy by his side.

Although Alan had had his health issues over the past twelve months, his passing came as quite a shock to us all.

Until his passing he was an active member of the Tamworth Stroke Recovery Club, the Maitland Aphasia Communication group and the Hunter Stroke Olympics Committee and all of the Associations Stroke support groups meetings online.

Alan was an advocate for Stroke. Always trying to improve everyone's awareness of Stroke and Aphasia. He was passionate about how members of the many groups he attended need to have all of members feel welcome, have their voice heard and be engaged in the process of making decisions for our group's future.

Our sincere condolences go to Judy and their children. Our thoughts and prayers are with them.

Vale the honourable Alan Sumner, he is now in heaven with the other Champions of Aphasia who have passed before him. There will be a lot of chatter going on up there now, I have no doubt.

Rest in peace Alan, how blessed we were to have had you in our lives.

Membership Renewal

If you have not yet paid your membership for the 2025/26 year (due 31st August 2025) under the Privacy Act 2001, we can no longer keep your personal details on our database. We are therefore will be unable to continue to send you any publications or information unless you are a current financial member of the Association.

If you attend one of our Stroke Recovery Clubs/groups/choirs and are not a current financial member, please note that you are not covered by our insurances and may be asked to leave the Club/group/choir meeting. If you are unsure if you have paid your membership, please contact us on 1300 650 594.

A membership form and letter has been included with this issue for you in the event you have not paid your membership OR if you have paid for 2025/26 but need to update your details for the Association.

Membership payments may be made in the following ways:

- Scan the QR code below:
- Pay online via our website:
<https://strokensw.org.au/home/become-a-member/>;
- Pay via your treasurer/coordinator if you are a member of a Stroke Recovery Club/group/choir;
- Complete and return the membership form attached to the Association by mail to: PO Box 3401, Putney NSW 2112, or email to:
admin@strokensw.org.au or
- Pay over the phone by calling 1300 650 594.





STROKE RECOVERY ASSOCIATION NSW

CONTACT US



1300 650 594



PO Box 3401
Putney NSW 2112



info@strokensw.org.au



www.strokensw.org.au



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Association NSW



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Association NSW

UPDATE YOUR PREFERENCES

Did you know that you can receive your newsletter by email? By switching your preference to email, you can access our newsletters instantly from your computer, tablet, or smartphone. By switching to email, you're assisting in reducing our environmental impact and our costs associated with producing these publications. If you would like to change your mailing preference, please contact the Association on 1300 650 594 or by email to: admin@strokensw.org.au

MEMORIAL DONATIONS

The passing of a family member, friend or loved one is a very sad and stressful time. Sometimes, symbolic gestures and actions provide great comfort to those who are grieving.

It is with gratitude that the Stroke Recovery Association receives donations in memoriam. These donations, which assist us to continue our valuable work, are a wonderful remembrance of the person who has passed away. All donations received by the Association are tax deductible and can be forwarded to our postal address above. Acknowledgement will be sent to the family of the deceased.

The Association is happy to provide memorial donation pamphlets, which can be made available at a funeral service, with pre-paid addressed envelopes. Thank you for your support.

DISCLAIMER AND COPYRIGHT

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COMPLAINTS PROCESS

The Stroke Recovery Association is an open and inclusive organisation and the board welcomes your feedback and reviews on the Associations services.

If you have any issues or complaints regarding the treatment you receive through the associations staff or programs please contact the CEO Michelle Sharkey on 1300 650 594.

All complaints received and issues raised are monitored and discussed by the board monthly.

BOARD OF THE ASSOCIATION

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