



Lived Experience of Stroke

Chapter 4

Rebuilding lives after stroke

Stroke
Association



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Marion Walker

Throughout my whole career I have specialised in stroke rehabilitation and I am as passionate about improving the lives of stroke survivors today as I was 35 years ago. It has been a huge privilege to witness the dramatic change in stroke care from a condition receiving little attention or investment to the acknowledgement that there is much we can do to prevent stroke occurring in the first place; and importantly if it does, that there is a wealth of support and help to optimise life after stroke.

Most families including myself have been touched by this often devastating condition. My father had his first stroke 30 years ago and only recently died from a further stroke. During this intervening period he led a full and very active life. Sadly, this is not the case for all stroke survivors. All too often we hear of individuals being discharged from hospital into a vacuum of care, knowing little of the available services nor how to access them. Families find themselves thrown into sudden and unexpected situations lacking experience or knowledge of how to cope or best support their loved one. It is easy to see how family relationships can break down at this time of great stress. However, we now know there is much that can be done to support the stroke survivors' recovery and also to help family members adapt to a new but different life beyond stroke.

Rehabilitation services are a crucial component of an optimal recovery. They not only focus on the recovery of physical impairments but also on psychological wellbeing and social re-integration following stroke. Common side effects of stroke such as fatigue and depression can also complicate matters and prevent individuals from fully engaging with rehabilitation thereby slowing the recovery process. This means that patience and appreciation of it being a 'long game' has to be acknowledged and addressed. The Stroke Association plays a vital part in supporting recovery for all family members and can be an essential lifeline, especially when there is an absence of local specialist community services.

Rehabilitation research continually strives to find better ways to maximise recovery and to better support stroke survivors to lead the best lives possible. I know of many patients who have benefited from rehabilitation and have embarked on second careers after their stroke and those that have lived different but very enjoyable lives.

A postcode lottery in accessing stroke specialist rehabilitation services is something we must continue to strive to overcome. We know our health care system has severe financial restrictions but we need to find creative ways to ensure stroke survivors have the necessary professional help required. I have seen the benefits of good stroke services and want all families touched by stroke to have the best care possible.

Professor Marion Walker MBE, Professor of Stroke Rehabilitation and Associate Pro Vice Chancellor for Equality, Diversity and Inclusion at the University of Nottingham.

Professor Walker has a strong research portfolio covering a wide area of local, national and international research projects. She is a strong advocate of patient partnership and has co-chaired the Nottingham Stroke Research Partnership Group for 10 years. She was also a Stroke Association trustee. Marion was awarded an MBE in 2012, as part of The Queen's New Year Honours list, for her service to stroke rehabilitation and stroke survivors.



In summary

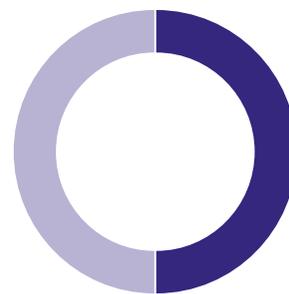
All stroke survivors deserve support to rebuild their lives, whoever they are and wherever they live. But thousands of stroke survivors are being let down by the health and social care system.

To better understand the challenges they face, we conducted a survey exploring the support they receive. A representative sample of 1,880 people closely affected by stroke shared their experiences with us.

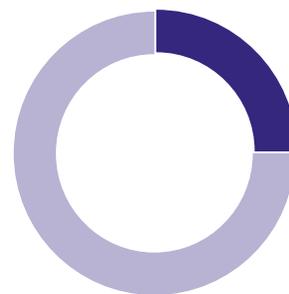
We found that:

- A half of stroke survivors felt they needed support for longer or more frequently. A quarter also said they failed to receive enough support when they felt they needed it most.
- 40% of survivors said they needed longer or more frequent support from physiotherapy services than was provided. A third needed more support from speech and language or occupational therapy.
- People living with a more severe impact of stroke were more likely to say they did not receive enough support.
- Many stroke survivors felt they had more help with other health conditions than their stroke. 51% of stroke survivors told us that the support they had received had been more focused on their other health conditions than it had on stroke.
- A stroke can affect every part of a person's life, yet a third of stroke survivors told us that support was restricted to focusing on their medical condition rather than them as an individual.
- There are differences across the UK in the care and support that stroke survivors receive. It is not a level playing field and some people miss out.

It's vital that, as well as surviving stroke, individuals can access and benefit from a range of support services. We want to see high quality, person-centred support for stroke survivors across all four UK nations. In line with the National Clinical Guideline for Stroke, stroke survivors must have access to rehabilitation for as long as they show a benefit¹. This will allow stroke survivors to make the best recovery possible and to rebuild their lives.



A half of stroke survivors felt they needed support for longer or more frequently.



A quarter of stroke survivors said they failed to receive enough support when they felt they needed it most.

¹ National Clinical Guideline for Stroke, <https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines>



Introduction

What is a stroke?

A stroke strikes a person every five minutes in the UK. Stroke can strike anyone - young, old and everyone in between. There are over 1.2 million stroke survivors living in the UK².

A stroke happens in the brain, the control centre for who we are and what we can do. When a stroke happens, part of the brain loses its blood supply. This may be caused by a clot or bleed and it damages the brain. The impact of a stroke varies depending on which part of the brain is affected and how much the brain was damaged.

About the Stroke Association

Everyone deserves to live the best life they can after stroke. We provide specialist information and support, fund critical research and campaign to make sure people affected by stroke get the very best care and support to rebuild their lives.

² Stroke Association, State of the Nation: Stroke statistics, 2018, https://www.stroke.org.uk/system/files/sotn_2018.pdf

About our survey of stroke survivors

Throughout the summer of 2018, 1,880 stroke survivors and carers completed an online survey. We ensured that this sample was representative of the 1.2 million people living with stroke in the UK. Most of the people we surveyed had not been in contact with the Stroke Association before. They shared their thoughts and feelings by completing a survey that asked them about how their stroke had affected them, the length of time since their stroke, the things they have found challenging to adapt to, the support they have received and the areas in which they wish they had been better supported.

A further 9,048 stroke survivors who we have supported in recent years completed a paper based survey. Together the two surveys made up the largest survey of stroke survivors ever conducted.

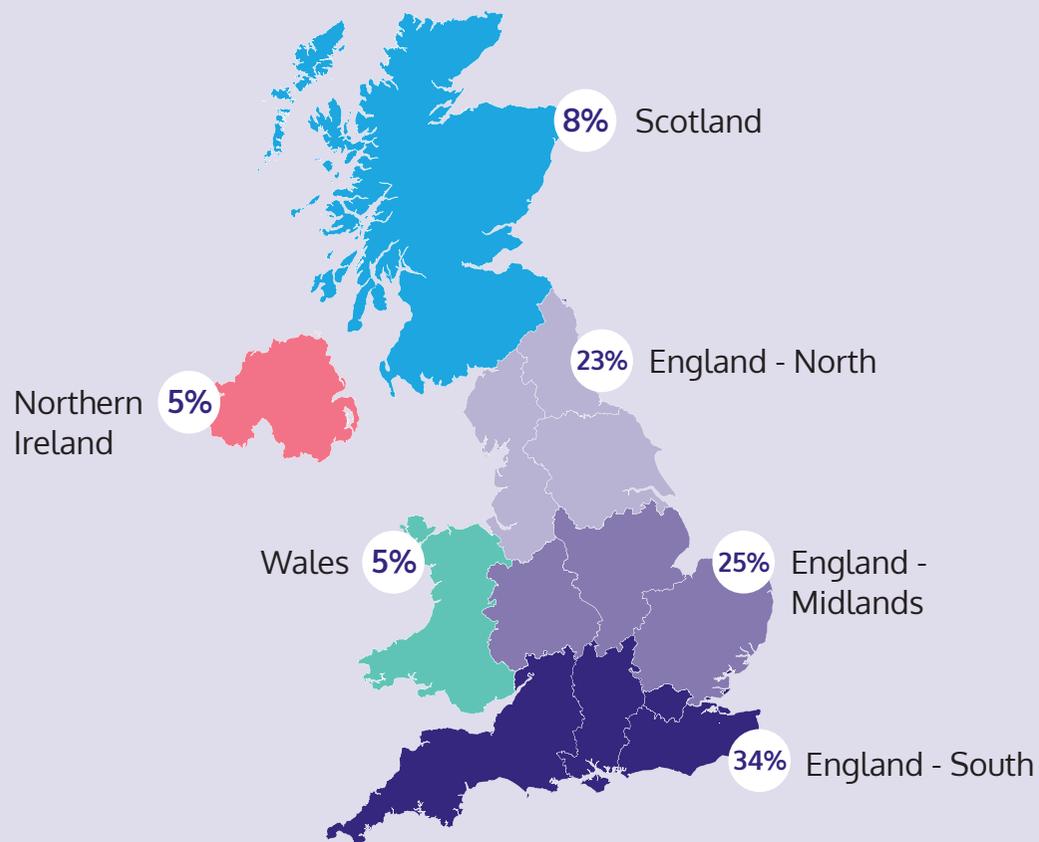
To give the most accurate picture of the support provided to stroke survivors across the UK, the figures used in this chapter of the report are taken from the representative online survey.

About this report

This final chapter (of a four part report) examines what stroke survivors told us in the survey about how they were helped to rebuild their lives after a stroke. It looks at the kind of support available and whether people affected by stroke felt this was enough. Previous chapters of this report looked at the hidden impacts of stroke such as emotional and cognitive effects, wider impacts including how a stroke can affect relationships and finances, and the issues faced by carers.



Who we spoke to

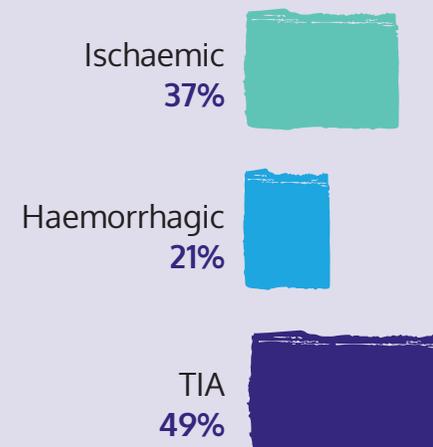


Charts on this page show the demographics of stroke survivors who answered our survey.

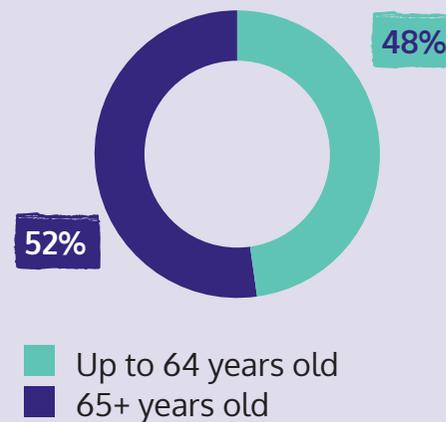
Gender



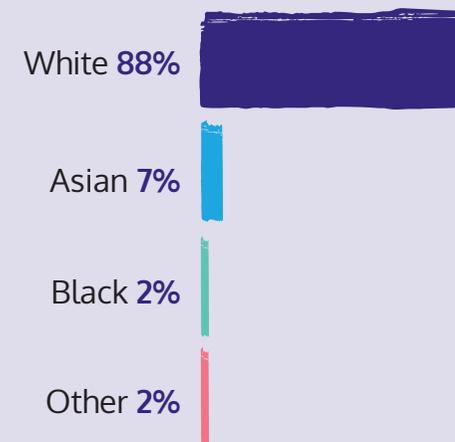
Type of stroke



Age range



Ethnicity





"Our lives have changed forever: Garry needs care and support round-the-clock."

Robert



Robert "Watching Garry lose the ability he has gained since his stroke is heart-breaking."

Robert Fionda and his husband Garry are both stroke survivors. Robert has cared for Garry since his stroke in 2016.

"In 2013 I had a stroke which left me with weakness down the right side of my body and communication problems. Just three years later, my husband Garry also had a devastating stroke. Garry's stroke was life-threatening and doctors told me that it would be very unlikely that Garry would survive. Thankfully, he did and came back home after eight months in hospital. But Garry lost his ability to walk and talk and he needs 24-hour care. At one point, we were only able to communicate through blinking. Three blinks for 'yes,' four blinks for 'no.' That was it.

"I'd never wish a stroke on anyone. For it to happen to my best friend and husband is devastating. While some aspects of Garry's stroke are similar to mine, a lot aren't. It really shows just how different every stroke is, and how complex the condition can be.

"At the moment, Garry can't say anything, but he can use a computer and gestures to communicate. He can understand everything that's going on, but can't get the words out. Our lives have changed forever: Garry needs care and support round-the-clock.

"Now, two years after his stroke, Garry's physiotherapy and speech and language therapy have stopped. He was making real progress. As a stroke survivor myself, I know how frustrating and upsetting communication problems can be, and watching him lose the ability he has gained since his stroke is heart-breaking. Right now I'm not sure what the future holds, but I know that I'll put everything into helping Garry rebuild his life."

The support needed to recover from a stroke

For too many stroke survivors, the journey after a stroke is long and challenging. Many stroke survivors are being let down because they aren't given ongoing support to rebuild their lives. Often what is provided isn't enough or ends too soon.

Support to rebuild lives

Rehabilitation is the support and help given to stroke survivors to help them recover after a stroke. Some rehabilitation care is given in hospital immediately after a stroke. But many stroke survivors require help once they return home, over a longer period of time. Rehabilitation can include support from services such as physiotherapy, speech and communication therapy, counselling, and can be given for problems such as impaired movement, memory difficulties, and depression and anxiety. Guidelines from the Royal College of Physicians³ state that stroke survivors should have access to each of the rehabilitation therapies they need for as long as it's of benefit to them.

Gaps in support

Recovering from a stroke after leaving hospital is a battle for many because the right help isn't there. A quarter of stroke survivors told us that they did not receive enough support when they needed it most. Survivors and their carers move from a place of round the clock care, to going it alone. Nearly one in four stroke survivors told us the follow up care they received after leaving hospital did not help them to cope. NHS and care services must ensure that the right help is in place so that stroke survivors can rebuild their lives. Care for stroke survivors must not end when they leave hospital.

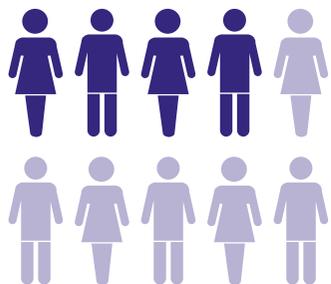
Many people rely on family or friends to provide them with care once they leave hospital. Yet, as we showed in a previous chapter of this report, **Caring for a stroke survivor**, carers of stroke survivors are failing to get the help and support they need. Many carers struggle to cope and this affects their own emotional and physical health. And stroke survivors need more support than carers alone can provide.

³ National Clinical Guideline for Stroke,
<https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines>

A worrying number of survivors fail to receive the rehabilitation therapies they need for long enough, despite guidelines saying they should be given for as long as they're showing signs of benefit. 77% of stroke survivors told us they'd experienced problems with mobility and 70% with speech and communication. Physiotherapy helps stroke survivors with the movement of their bodies and speech and language therapy improves communication and speech.

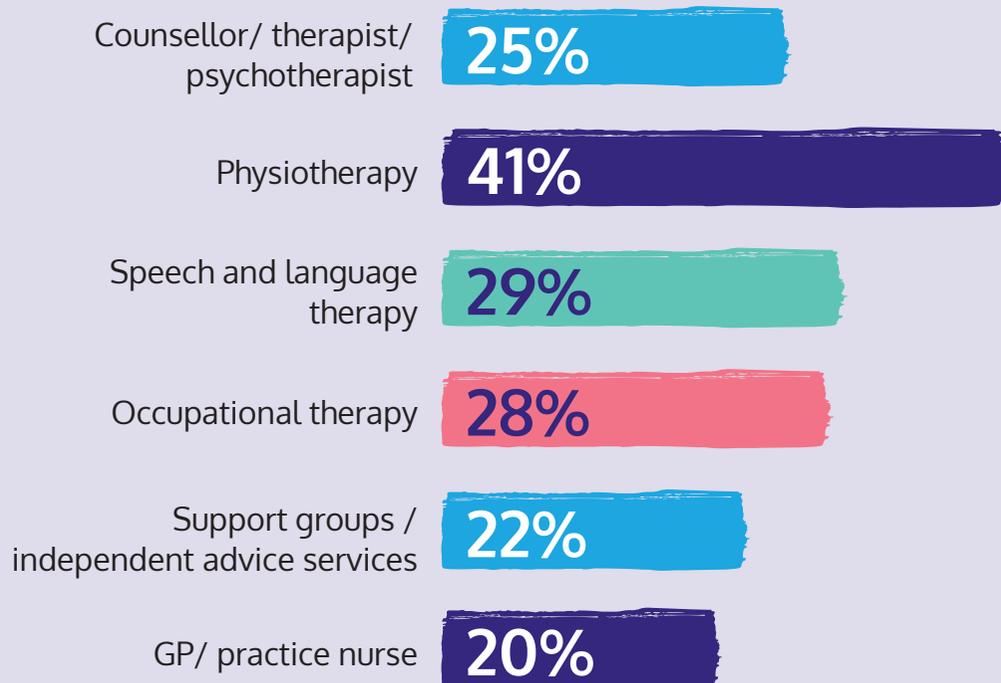


A third needed more support from speech and language or occupational therapy.



Four in ten survivors said they needed longer or more frequent support from physiotherapy services than was provided.

Types of services that survivors highlighted most often as needing access to for longer or more frequently



When services provided by the NHS or social services aren't enough, some stroke survivors are forced to pay for help from services such as home carers or counselling. However, many cannot afford to pay for help privately so miss out. One in ten didn't access support because they were afraid of the cost involved.

Emma "I didn't get the right access to the support I needed."

Emma Raven was 33 years old when she had a stroke in August 2014, just days after she found out she was pregnant following three years of trying for a baby and a successful round of IVF.

Initially scans indicated that her baby was unharmed, but a couple of weeks later she miscarried. Emma's stroke also left her with several long-term disabilities. Her vision and balance were severely affected and it caused a condition called aphasia, which affects her ability to speak, read and write. She was not able to return to work and found coping with social situations a big challenge.

Emma said: "It was just devastating, we had been trying for a baby for so long. There are no words to describe what it was like, we were more than heartbroken. The stroke also made me a different person. I lost my confidence and I did not want to go out."

It took weeks of calls from Emma's family to get any speech and language input.

Emma was initially taken to Fazakerley Hospital but quickly transferred to Walton Neuro Hospital. When she left hospital, Emma was not referred to any Early Supported Discharge and it took weeks of calls from Emma's family to get any speech and language therapy. Emma said: "I didn't get the right access to the support I needed. I didn't have access to any therapy or anything. I only had my family for support."

Emma worked hard to adjust to her disabilities with the support of her family, particularly her mother Jan, and Stroke Association staff and groups.

Her husband Paul kept her motivated: "When we married we promised to be there in sickness and in health. I know people whose partners have left them after a stroke, but Paul was always there encouraging me."

In an effort to become more comfortable with meeting and talking to people again, Emma started attending the Stroke Association's Merseyside Life After Stroke Group. Making friends with other stroke survivors, she decided that she wanted to do more to raise awareness of the charity and the condition.



One of her first challenges was to raise funds doing a 150 foot abseil down the face of Liverpool's Anglican Cathedral. Emma is now an active campaigner and volunteer for the charity. Despite her difficulties with communication and confidence, Emma gave a speech at the Houses of Parliament to support the Stroke Association's campaign for long-term stroke care.

Emma said: "The abseil was terrifying but it was a very proud moment for me, probably one of the things I'm most proud of since my stroke. Doing it gave me the courage to take on other challenges. The support from the Stroke Association has given me a lifeline to live independently."



Variations across the UK

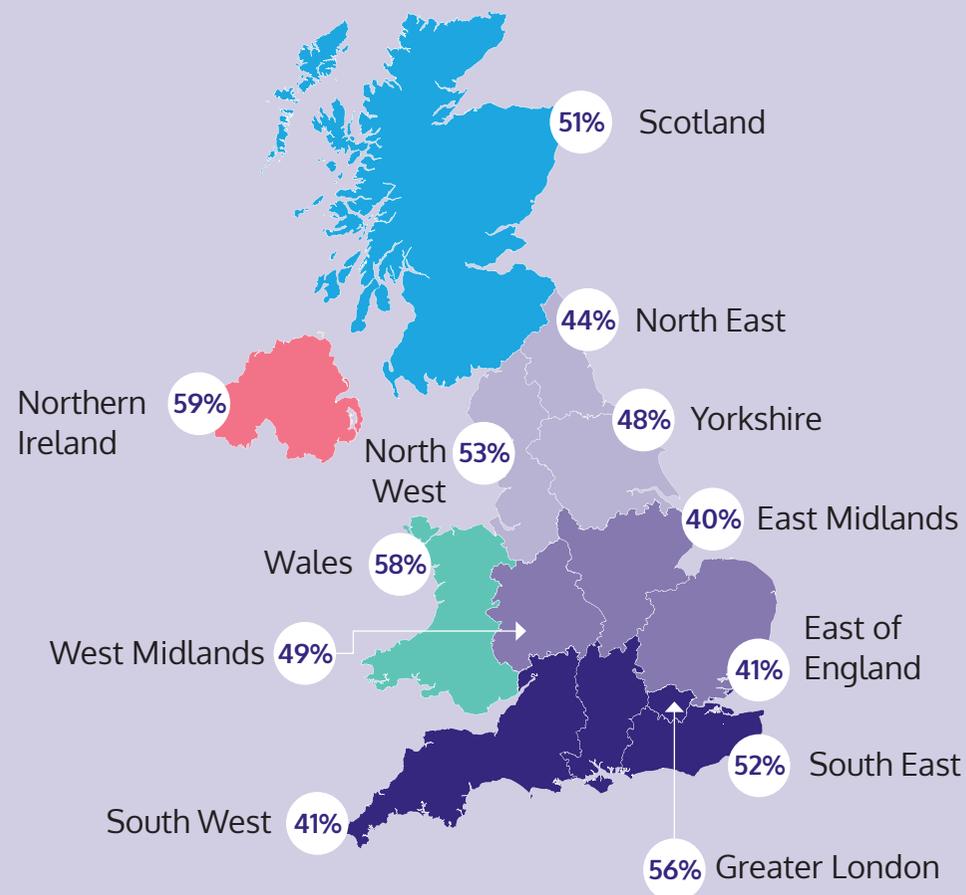
The support and care you receive for a stroke should not depend on where you live. This is the case for too many stroke survivors. The availability of services differs across the UK and often doesn't meet the ongoing, long-term needs of survivors. For example, data from the national stroke audit (SSNAP) routinely shows a variation in available services and support, and that many stroke survivors aren't offered a six month assessment after their stroke⁴.

Response from the stroke survivors we surveyed highlighted differences across the UK. For example, 59% of stroke survivors in Northern Ireland told us they needed at least one area of support from post-hospital services for longer or more frequently, compared to 40% of those living in the East Midlands of England.

Travel to get to services further away can also be too difficult or too costly preventing people from benefiting from them. One in twenty survivors struggled to access the help they needed because services weren't available locally.

⁴ Sentinel Stroke National Audit Programme (SSNAP) - Clinical audit April 2013 – March 2018 Annual Public Report <https://www.strokeaudit.org/Documents/National/Clinical/Apr2017Mar2018/Apr2017Mar2018-AnnualReport.aspx>

Percentage of stroke survivors who told us they needed at least one area of post-hospital support for longer or more frequently based on region of the UK

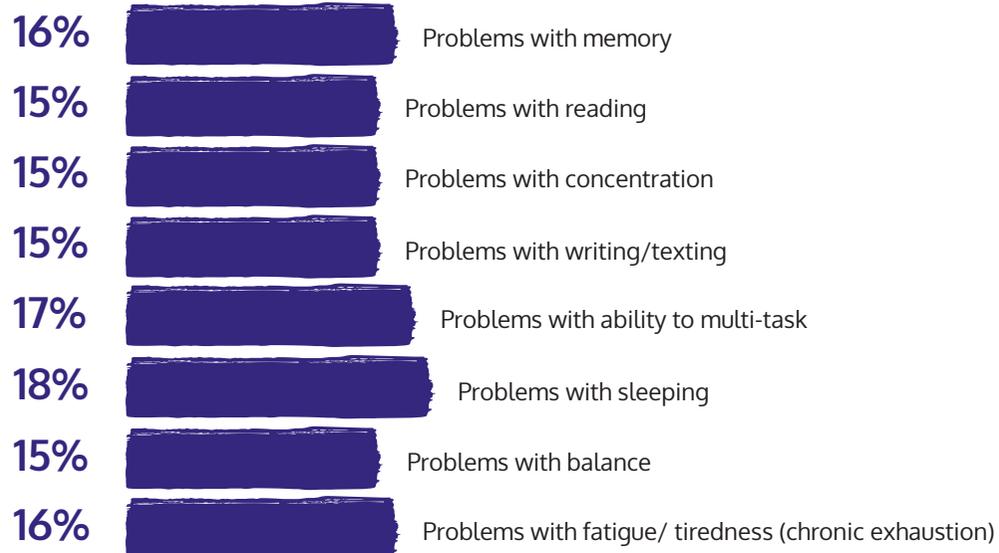


Quality of support

The majority of stroke survivors rated the support they received from a wide range of different services as good or excellent. However, some rated certain services as poor. Huge variation in standards of care exist across the UK and improvements are urgently needed³.

In Chapter 1, **Hidden effects of stroke**, we showed that many stroke survivors struggle with the cognitive and emotional effects of a stroke. Yet help to deal with problems such as reading or memory were among those most likely to be rated poorly in our survey.

Percentage (%) of respondents who were affected by each of these issues who rated the care they received as poor





"I think psychological support and rehab should start as soon as a stroke is diagnosed."

Phil



Phil "I was referred to mental health support but my referral was rejected."

Father of two Phil Woodford, now 48 from Catterall, had two strokes in one weekend at the age of 45.

Phil spent three months in hospital having intensive physiotherapy and it took about a month for him to get his first movements back.

Phil says that although he still hasn't regained all his physical skills, it is the mental challenges that have been the hardest to deal with.

Phil explains: "A stroke changes not just your life overnight but also your family's. I had never had bad or negative thoughts before but I started feeling suicidal, as I couldn't see much of a future. I couldn't cope. I also became emotionally volatile and would cry at anything. I was scared, angry, upset and frightened."

While Phil praises the NHS for the treatment of his stroke, he says the thing that is lacking is the psychological support.

He says: "I have got a lot of my physical movement back but I feel like I have lost part of my life. I saw my GP and talked about my suicidal thoughts. I was referred to mental health support but my referral was rejected and I was told to adjust my anti-depressants instead. I ended up going private to the Priory in Bury and it has been a bit of a lifesaver. They really helped me and realised I had aspects of Post-Traumatic Stress Disorder and severe depression. When the depression comes I just want to crawl into a ball and be alone.

"I have been treated with talking therapies and I feel more positive about the future. It will be a different future from the one I imagined, but I feel more positive.

"For a while, I felt like a failure, but I have got over that now. There is one good thing that has come out of the stroke and that is it has made me realise the important things in life. I spend much more time with my children and am happier.

"I think psychological support and rehab should start as soon as a stroke is diagnosed, to help you overcome the emotional impact of your stroke.

"I've now been able to have counselling with my local mental health provider and must say thank you for helping me at another low point. I'm taking part in a weekly stress management programme with MindsMatter (NHS) which I'm finding helpful too. I'm also working hard to get fit and lose weight which is having a positive impact on my life especially my mental health.

I feel it's important that people who have had a stroke help themselves too where they can, however small a change."

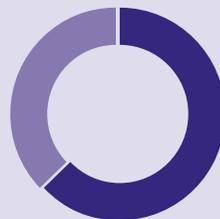


Who needs more support?

Some groups of stroke survivors are being failed more often than others. Those survivors impacted more severely by their stroke have the highest needs. Shockingly, they are let down more often because services aren't available frequently or for long enough. For example, 75% of those whose stroke had a very severe impact said they needed support from health and social care services for longer compared to 41% with no or mild impact. 63% of those whose stroke had a very severe impact said they needed longer support from therapists compared to 40% with no or mild impact.



75% of those whose stroke had a very severe impact said they needed **support from health and social care services for longer.**



63% of those whose stroke had a very severe impact said they needed **longer support from therapists.**





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Treating stroke survivors as individuals

Stroke survivors' needs are varied, just like their lives. People face different challenges and have different priorities. But support services do not always recognise the individual and what is important to them.

Involving stroke survivors in decisions about their care

Sometimes support and care services can focus exclusively on a stroke survivor's medical condition. They neglect other issues of equal importance to the survivor, like their loss of independence or the impact of their stroke on their sex life. The second chapter of this four-part report, **The wider impacts of stroke**, showed many stroke survivors are not receiving the support needed to manage such problems. For example, over half of stroke survivors told us their relationships had been impacted by their stroke, but only a third had accessed relationship support.

This can leave stroke survivors feeling like a series of symptoms, rather than a person. And it can prevent survivors from rebuilding the life they want. A third of stroke survivors told us that support was restricted to focusing on medical conditions, rather than being holistic and focused on them as a person.

Involving stroke survivors in decisions and choices about their treatment, care and support can ensure it focuses on the things that will make a difference to them.

Our survey showed that those who received holistic care, felt involved in treatment and understood their diagnosis, were more likely to feel closer to recovery. But 22% of stroke survivors were not involved in making choices about their recovery and support. This can leave survivors feeling disempowered, with no say about important decisions that affect their health and their lives.



22% of stroke survivors were not involved in making choices about their recovery and support.



Over half of stroke survivors told us their relationships had been impacted by their stroke, but only a third had accessed relationship support.



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Providing the right information

Providing the right information to stroke survivors allows them to be involved in decision making. It helps them to manage their condition and access the right support at the right time. Information should be accessible and tailored to the individual.

However, stroke survivors aren't always getting the information they need. One in five stroke survivors told us they didn't receive enough information about rehabilitation and a quarter weren't told what to expect in the future.



One in five stroke survivors told us they didn't receive enough information about rehabilitation.

Percentage of stroke survivors who did not get enough information on the following issues

Didn't receive enough information on what the future would look like / what to expect

24%

Didn't receive enough advice on social elements (for example driving etc.)

23%

Didn't receive enough information on diet

21%

Didn't receive enough information on rehabilitation

20%

Didn't receive enough information on progress

20%

Not fully aware of the changes available to the home

18%

Didn't get enough information on medication

14%



Signposting to services

Survivors aren't always told about help from other sources, such as different psychological services or those provided by charities. More needs to be done to ensure survivors have this information. Without it, they miss out.

Types of services survivors were most commonly unaware of
(percentage of survivors unaware of this service)

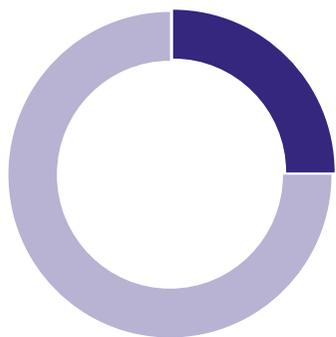


Managing stroke and other conditions

Many stroke survivors live with other conditions before their stroke. Some develop new conditions after their stroke. This means they are also dealing with the impacts of other health issues, such as diabetes or Alzheimer's. They may need to take several different medications and juggle many medical appointments.

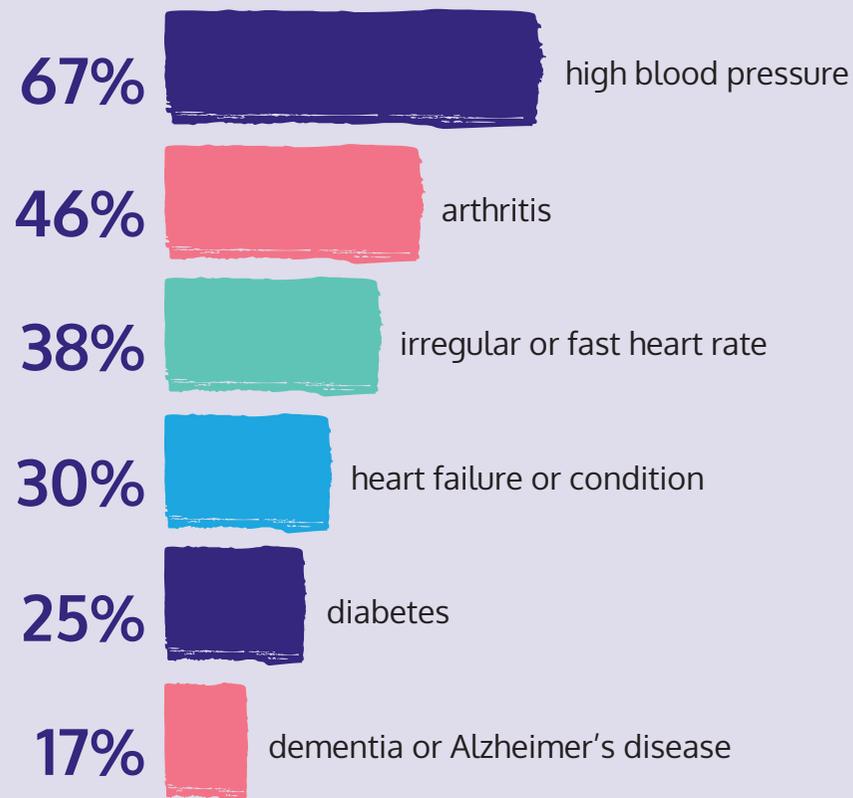
Many stroke survivors felt they had more help with other health conditions than their stroke. A quarter of stroke survivors told us that the support they had received had been focused on stroke, compared to 51% who felt it had been more focused on their other health condition(s).

It is important that services improve their ability to look at the person as a whole, taking into account all of their health conditions, rather than treating each condition in isolation. Rebuilding lives after stroke requires people to have support for all of their needs.



A quarter of stroke survivors told us that the support they had received had been focused on stroke

Most common additional conditions that stroke survivors are living with







Sheena "The physio came to my house and helped me walk and write again."

Sheena Davidson from Birmingham, knows better than most about the positive effects of cognitive and physical therapy.

In May 2016 Sheena had a devastating stroke, while working as an auxiliary nurse, which left her unable to walk, speak or carry out daily tasks.

Sheena said: "When I first had my stroke, my right hand side was paralysed and I couldn't speak at all. The doctors told me they weren't sure if I would use my hands again, which was very hard to hear.

"I spent three and a half months in hospital, having physio and speech therapy. Then the physio came to my house and helped me walk and write again.

"Rachel, a rehab nurse at the hospital helped me too. She gave me memory and spelling exercises and explained properly what had happened to my brain.

"Physio worked tremendously well for me. They were very motivating and I had good doctors, nurses and friend around me. I think my determination and faith really helped too.

"I exercise and stretch my hand and arm every day, whenever I can, it really helps. I always flex and massage my fingers and I've worked at being able to carry light shopping on my own – I'm getting there!

"I ran a choir before my stroke and I was singing in hospital days after my stroke. I could honestly sing before I could speak and people around the hospital said it made them happy."

"I exercise and stretch my hand and arm every day, whenever I can, it really helps."

Sheena

Securing better support for stroke survivors

What needs to change?

Variations in the support available for stroke survivors are unacceptable. All stroke survivors must be given the best opportunities to rebuild their lives. Where you live, and who you are should not impact your ability to make the best recovery possible.

The last ten years have seen dramatic and necessary improvements in hospital stroke care. The number of deaths from stroke has halved. Now, the same priority must urgently be given to rehabilitation and long-term support.

If we do nothing, the situation is set to get worse. By 2035, the number of people living with the effects of stroke will increase to 2.1 million⁵. This means the health and care system needs to be ready to support thousands more stroke survivors through their recoveries.

High quality, person-centred support for stroke survivors must be made available across all four UK nations. It's vital that, as well as surviving stroke, individuals can access and benefit from a range of support services. This will allow them to make the best recovery possible.

National guidelines on stroke set out the support that stroke survivors should expect to have access to, including sufficient physiotherapy, psychological support and speech and language therapy. These national recommendations must be reflected in stroke services up and down the country.

⁵ Current, future and avoidable costs of stroke in the UK, Stroke Association, 2019

What the Stroke Association is doing

We hold governments and the NHS to account on stroke care across the UK. And we're already involved in some vital work to secure better long-term support for stroke survivors.

For example, in England, we're working with the NHS on the National Stroke Programme, which has a big focus on improving access to rehabilitation and ongoing support for stroke survivors. And in Northern Ireland, the Department for Health is using our recommendations as a plan for future post-hospital stroke care.

We're working with the Scottish government to ensure services deliver the highest quality stroke care in hospitals, including rehabilitation. In Wales, we're working with others to scrutinise the Stroke Delivery Plan. Rehabilitation, recovery and life after stroke will be a key factor in this work.

For more information on how we're making stroke a priority, visit stroke.org.uk/campaigning.



How we can help

We're here to help all those affected by stroke.

- We offer vital support to stroke survivors, taking into account their individual needs and ensuring the support they receive is personalised
- We provide hands-on support to stroke survivors and their loved ones. In many parts of the country, our teams visit stroke survivors and their family members in hospital and at home.
- We listen and support people affected by stroke through our helpline (**0303 3033 100**) and website (**stroke.org.uk/finding-support**), including family and friends.
- We connect stroke survivors to the expertise they need through our information, videos, exercise hubs and emotional support. More information is available online or our helpline can provide more details.
- Our online community, accessed through My Stroke Guide (**mystrokeguide.com**), and our many stroke clubs and groups bring people together. These groups offer social support, promote independence and reduce the risk of isolation. Most groups offer activities, such as art and exercise sessions, as well as outings. It is possible to find out what groups are available locally on our website.
- We support stroke survivors to understand the financial support they may be entitled to. We also offer means-tested grants to support recovery. For example, these can contribute towards essentials such as bedding or furniture, towards technology to help with communication or things to help with day-to-day life like mobility equipment.
- We provide information for employers to help them understand stroke better. We also have information for stroke survivors on returning to work, changing career, retirement and volunteering.



Appendix: Further information about the survey

People took the survey in one of two ways. 1,880 stroke survivors and carers completed an online survey. We ensured that this sample was representative of the UK stroke population. Most of these people had not been in contact with the Stroke Association before. The data from this survey was used in this report on support for stroke survivors.

9,048 stroke survivors who we have supported in recent years completed a paper based survey. A further 206 people we have helped took the survey online. In total, 11,134 stroke survivors and carers told us about their experience of stroke, making it the largest survey we have ever conducted.

2CV, a market research company, ran the survey for us. To help develop the survey, 2CV first conducted qualitative research by interviewing 27 stroke survivors and 16 carers. They then wrote the surveys, which were completed between June 2018 and September 2018.

Though the survey results we have shared in this report are representative of stroke survivors and their carers, the following groups were not included:

- Children who have had a stroke.
- People not able to complete the survey in English or Welsh.
- Wider family and friends, other than the main carer.

People most severely impacted by stroke, or people with aphasia, significant cognitive impairments and/or vision problems are less likely to be able to complete a survey, so are possibly under-represented in the results.



When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at stroke.org.uk

Rebuilding lives after stroke

Stroke
Association