

Annual Report and Financial Statements

Year ending 31 March 2025

Finding strength through support.

Baz's story

Surviving a stroke is just the start of a long and gruelling recovery journey. At the Stroke Association, we support stroke survivors and their families to find the strength and determination they need to make their way back to life.

Balihar (Baz), 52, had a severe stroke in November 2023.

'When you go through something like stroke, your whole life changes. Without the right mental health support, you could end up being a picture on someone's mantelpiece or on a phone.

'I was unloading the food shopping bags at home, when I realised I couldn't grip the handles. Then, one side of my face dropped, I couldn't talk properly or stand up - the classic signs of a stroke.'

His family called 999 but were told that the ambulance wait time was six hours. They drove him to A&E instead, where scans confirmed he'd had a stroke.

'I was told the wait for a stroke unit bed would be 26 hours. I'm a great believer in the NHS, and the individual nurses and doctors were so kind, but when I heard this, I was gutted.

'If I had been admitted onto the stroke unit in a timely manner with the right scans, medication and inpatient therapy, I might be in a better position with my recovery now.'

Unable to face the wait, Baz returned home to grapple with the reality of stroke on his own.

'People don't understand what a life-changing experience stroke is. I couldn't do simple things that you take for granted, like walk around or pick up a glass, because I had lost sensation in my left arm and leg. My two grown-up sons had to carry me to the bathroom.

'The fatigue was awful. My vision was affected, and I had a really bad memory. I couldn't retain information to hold a conversation.'

In February 2024, Baz was made redundant because he could no longer meet the demands of his role. Unable to pay his mortgage, he and his family faced a very real threat of homelessness. The financial strain and stress took its toll on his mental health, leaving Baz to battle depression and mood swings.

'When I reached out for help, I was told the wait time for NHS neuropsychology was two years. My GP managed to get me a short stint of talking therapy because she was so worried about me.

'I am only here today thanks to the Stroke Association's support. My Stroke Support Coordinator, Alison, moved heaven and earth to help me out of my financial situation.

She went out of her way to phone law firms, social workers, other charities, you name it. She found practical resources to help me, like grants and benefits.

'I also get weekly phone calls. Speaking with someone who understands what I'm going through is so reassuring.

'Alison has seen me at my lowest, when I was desperate. It makes me emotional thinking about her kind words, which got me through that time. I owe her so much. The world would be a much darker place without the Stroke Association.'

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Welcome from the Chair and the Chief Executive

Welcome to our Annual Report. 2024-25 was another tough year for many people affected by stroke. Persistently high costs of living, concerns about plans to change the benefits system, and the continued strain on the health and care system added to the challenges faced by those already dealing with the life-changing impacts of stroke. However, at the Stroke Association, we continued to support tens of thousands of stroke survivors and to advocate for stroke to be appropriately prioritised in all four nations of the UK.

Delivering stroke support

We're here for stroke survivors and their loved ones along their recovery. This year, we reached over 66,000 people through our support services. Nearly 38,000 people received personalised support from our local support services, while our Stroke Support Helpline offered guidance and reassurance, handling around 15,000 enquiries.

With rehabilitation and life after stroke services remaining under-resourced and inequitably funded across the UK, we've been adapting and developing our work to make sure that, despite these challenges, stroke survivors in the UK can receive the treatment, care and support they need, when they need it.

For example, working in partnership with the NHS in East Sussex, we delivered an innovative transition support service to help people when they're discharged from hospital and awaiting community therapy, so they feel less alone when they first get home and start to grapple with the life-changing impacts of stroke.

We're improving the quality of our initial telephone support calls – the first contact we usually have with someone after their stroke. By understanding what matters most to each stroke survivor, right from the start of our relationship with them, we can provide more personalised support, tailored to their needs.

And we tested new ways to promote our support services to make sure stroke survivors hear about our support as early as possible and get the help they need.

We also continued to work with the stroke community to protect and secure funding for the majority of our existing local services. In recognition of the value we bring to health systems and stroke survivors, we were awarded some new contracts too, allowing us to make sure our services reach as many people as possible.

Influencing research and policy

Anticipating the news about a new 10 Year Health Plan for England, published in summer 2025, we launched our own report in March, setting out a 10-year roadmap for stroke to highlight how stroke is preventable, treatable and recoverable. As Chief Executive, Juliet represented the charity on one of the four NHS working groups consulted in the development of the government's plan. We're working hard to make sure stroke is

strongly represented in the emerging policy landscape and to develop the right relationships to mitigate any risks associated with the future abolition of NHS England and funding cuts within Integrated Care Boards.

In Scotland and Wales, we worked with the stroke community to co-design our policy calls for the 2026 Scottish and Welsh Elections. We published a hard-hitting report on the slow progress of the work to deliver last year's Scottish Government's Stroke Improvement Plan and advocated for faster stroke service reform in Wales.

We played a pivotal role in advancing the implementation of 24/7 access to thrombectomy services, harnessing both the power of stroke survivors' voices and our policy expertise to break down system barriers. Thrombectomy can significantly reduce disability and save lives, yet too many people still miss out because of where they live or when their stroke occurs. We shared with the Health Minister in Northern Ireland a petition signed by 3,500 people and supported NHS England's National Medical Director to visit all thrombectomy centres in England. Through this work, we are helping to ensure that governments across the UK not only commit to, but also actively progress, sustainable, round-the-clock services—so that everyone who can benefit from thrombectomy has the chance to receive it.

Research is vital if we are to effectively prevent, treat and support recovery from stroke. The research projects we fund help to achieve advances in stroke prevention, treatment, rehabilitation and long-term care and build the next generation of stroke research leaders. For example, this year, one of our research teams developed a new method to more accurately interpret blood pressure measurements taken at the ankle. This could be crucial for people who cannot have their arm blood pressure measured, including stroke survivors who have upper arm paralysis, helping them to keep healthy and reduce anxiety about high blood pressure – a major risk factor for stroke.

In 2024–25, we didn't award as much research funding as we'd planned because we received fewer eligible applications. This is because, despite research leading to significant improvements in stroke care, we're seeing fewer applications for funding, partly because many brilliant stroke researchers are facing serious challenges. Clinical staff have less time to do research, university budgets are stretched, and national investment in stroke research (and partnerships for funding) remains low compared to other major health conditions. We're carrying this funding forward and using it to boost support for researchers in future years.

We're also refreshing our research strategy to respond to the current challenges and opportunities in research generally, with the aim of building more research capacity and making sure the projects we fund have the greatest possible impact for stroke survivors. We plan to launch our updated research ambitions at UK Stroke Forum in November 2025.

Encouraging people to give time, voice and money

Thanks to our incredible supporters, we had our best fundraising year ever, raising £31.4 million in fundraised income – 9% more than last year (2024: £28.9 million). The increase was mainly due to £18.9 million (2024: £16.1 million) in legacy gifts. As a result, our total income rose to a record £44.4 million (2024: £42.1 million). We put this money straight back into supporting people affected by stroke by increasing expenditure on stroke support services, influencing health decision makers to prioritise stroke, and raising public awareness and engagement with stroke.

Excitingly, we were sponsored to create a show garden at the 2024 Chelsea Flower Show for the first time. This raised significant awareness of stroke and the Stroke Association thanks to the extensive PR and media coverage. We also launched a new brand campaign, 'Finding strength through support', along with a new TV advert to boost understanding that stroke is not just a medical emergency, but a long journey characterised by struggle and determination but also strength, recovery and hope.

Keeping us safe, legal and effective

Overall, it's been a good year for us. Our staff and volunteer engagement survey was positive, with 85% of staff and 90% of volunteers recommending us as a good place to work or volunteer. We ended the year in a strong financial position, with free reserves within the range needed to meet our risk and liquidity requirements.

Thank you

Thank you to our hardworking staff, volunteers and trustees for your commitment in tackling the devastation of stroke. And congratulations to our President HRH Duke of Kent for celebrating his 90th birthday on 9 October 2025 – we are very grateful for his continuing loyal service and support.

Our particular thanks to Sir Charles George, who retired in May 2025, after more than 17 years of generously serving our charity as first a trustee, then as one of our Vice-Presidents. We also mourn the passing of Professor Pippa Tyrell, our former Vice-Chair and Vice-President, who sadly died in January 2025.

To everyone in the wider stroke community, we're grateful and proud to continue working with you to provide lifelong support to stroke survivors and their families in the coming year and beyond.

Juliet Bouverie OBE, Chief Executive

Stephen King, Chair of Trustees

This is my last Annual Report to you as Chair of Trustees, as I approach the end of the maximum three terms of office our trustees can serve. We have started the recruitment process for a new Chair.

I'm proud of the progress we've made over the last eight years in making stroke a priority in all four nations of the UK, supporting far more stroke survivors and their families, and building our staff and financial capacity to make even faster progress in the future.

I'd like to thank you, our supporters, and our amazing trustees and staff for your unwavering support.

Stephen King, Chair of Trustees

Finding strength through support

Every day in the UK, another 240 people wake up to the catastrophic impact of a stroke.

Anyone – mums, dads, grandparents, young people and even children – can be left unable to move, see, speak, or swallow. It's a traumatic, life-changing event that robs survivors and their families of the life they knew. With strength, determination, and the right support, recovery is possible.

The Stroke Association is the only UK-wide charity providing lifelong support for all stroke survivors and their families. We deliver tailored support to tens of thousands of people every year, fund vital stroke research, and campaign to secure the best care and support for everyone affected by stroke.

We're here for stroke survivors and their loved ones from the moment they enter the new and frightening post-stroke world. We support them every step of the way as they find their strength and their way back to life.

Our purpose

We exist to tackle the devastation of stroke.

We do this by:

- Supporting stroke survivors and their loved ones to live their best lives after stroke.
- Working with decision-makers to bring about changes that will drive improvements in stroke.
- Growing investment in stroke research targeting the improvements that matter most to stroke survivors.
- Helping and inspiring supporters to make their best contribution to our cause.

All of our work is underpinned by our commitment to helping our people to work safely, legally, ethically, sustainably and continuously. This enables us to be efficient, adaptable and able to focus on the best outcomes for people affected by stroke.

Our values

Our values underpin everything we do. They are the characteristics that make us distinctive and spell out our standards.

We are human

We've seen the full range of human emotions that stroke brings out. The devastation, despair, shock and indignity. We put ourselves in the shoes of the people we support. We recognise their unique needs, experiences, strengths and weaknesses with kindness. And we do the same with our colleagues, too. We embrace this to achieve the best possible outcomes for stroke survivors, our charity and our partners.

We believe in better

We're optimistic for the future. For all people living with the devastating effects of stroke and for our charity. We are driven by our desire for improvement, however big or small. We use real life stories to celebrate achievement and inspire hope for a better future. To learn from our mistakes. And move forward stronger than before.

We give our all

Our resolve to make a difference motivates everyone we work with. We inspire stroke survivors to gather the determination and strength they need to make their best recovery. And champion their needs when they can't. Together, our colleagues motivate each other and move people to support us however they can.

We say it how it is

Working together, we set realistic but challenging goals for ourselves and the people we support. We listen to what matters most to people so we can deliver what we said we would. We aren't afraid to show people the devastation that stroke causes. And what people can do to help those affected live their best life after stroke.

Our achievements

- We provided vital support to **over 66,000 people** through all our support services.
- Our Stroke Support Coordinators helped **nearly 38,000** people through our local support services across the UK.
- Our Stroke Support Helpline responded to around **15,000 enquiries** from people affected by stroke, providing reassurance and guidance.
- We had a **27% increase** in the number of people signing up to receive support and connection through our Weekly Volunteer Calls.
- We saw a **78% increase** in the number of people signing up for our daily online activities for people affected by stroke.
- Our network of **434** active Stroke Association and independently run Stroke Support Groups helped around **13,000** stroke survivors and their loved ones to connect with others who understand what they're going through.
- We invested **£2.4 million** in new stroke research awards.
- We funded **12 research awards** at **9 research institutions** around the UK.
- **1,150 active volunteers** gave their time to help us and the stroke community.
- Thanks to the generosity of our supporters, we raised **£31.4 million** in fundraised income (compared to **£28.9 million** in 2023-24).

Funding our work

How we raised our money

Donations and legacies: **£31.4 million**

Commissioned Stroke Recovery and Communications Support Services: **£10.7 million**

Other income (including trading, investments, grants and the Stroke Group Network):
£2.3 million

Total income: £44.4 million

How we spent our money

Stroke support services: **£21.0 million**

Community development and volunteering: **£2.4 million**

Research: **£2.6 million**

Systems influencing and engagement with stroke: **£9.4 million**

Raising funds: **£9.4 million**

Total expenditure: £44.8 million

For every **£1** we received, we spent **79p** on our charitable work to support people affected by stroke through our tailored support services, research and campaigning.
(2023-24: 80p)

Our stroke support services helped thousands find their way back to life

Every stroke survivor's recovery is unique to them. It's a personal journey that can take years of challenging and repetitive therapy and impact every aspect of their and their families' lives. For some it might mean going back to work or driving. For others, it might be relearning how to wash, dress and feed themselves again without help. But with strength, determination and the right support, recovery is possible.

That's where we come in. We listen to and learn about what matters most to each stroke survivor. Through our specialist in-person, telephone, online and community support, we provide support that's right for them – from understanding diagnosis and medication, rehabilitation and emotional support, to practical help with everyday issues at home and at work.

Jacinta's story: 'The support was a lifeline to me'

Jacinta, 72, from London, had a stroke in October 2022, while on holiday in Northern Ireland.

'After having a stroke, your life feels like it's been flipped upside down in an instant. I'm not as confident as I was and I'm more anxious. I hate having to trouble others to help me with things. I hate the fatigue particularly – I find it very frustrating. The emotionalism can be embarrassing.

'Lately, I have also become aware of hidden effects – taste and food textures are not the same as prior to my stroke.'

Finding support

Struggling and looking for help, Jacinta went to our website to get more support and information, where she found out about our Hounslow Stroke Recovery Service. Our local Support Coordinator works with stroke survivors in the community to support their needs and priorities.

'The day I got through to the local Stroke Support Coordinator, I was feeling very lost and distressed. But that conversation changed everything. I was given kind support, referrals, and a lot of positivity and hope. They're still only a call, email, or text away for anything I need.'

Moving forward

'A stroke is life changing no matter how well your physical recovery goes. It really is an ongoing journey.'

'Recovering from a stroke can be a scary, dismal, and lonely place. A place no one should be in, but if they are in it, they need to have support, guidance, and help.'

'The Stroke Association's support was a lifeline to me. I don't know where I'd be today without the charity. I believe that their support saved and improved my life.'

Understanding what matters most to the people we support

During 2024-25, we reached almost 38,000 people through our local support services across the UK. These include our Stroke Recovery, Emotional Support and Communication Support services, as well as post-stroke reviews, which help to monitor and address stroke survivors' changing needs over time.

These services are delivered by our amazing Stroke Support Coordinators. They provide a lifeline for stroke survivors and their loved ones, offering vital, one-to-one support throughout their recovery journey. They work to understand each stroke survivor's needs and tailor their support to what matters most to them.

From helping to make sense of medical advice and providing crucial emotional support, to addressing money worries and connecting survivors and their families with local services for additional support, Stroke Support Coordinators are there when times are tough.

In 2024-25, Stroke Support Coordinators:

- Handled over **78,500 calls**, giving over **870 days** of telephone support.
- Provided **11,860 home visits**, totalling **584 days** of in-person support.
- Had **182 video calls**, giving **117 hours** of digital support.

'My Stroke Support Coordinator was truly wonderful, providing me with all the information and resources I needed during my recovery. What really stood out was how she found things that were perfect for me. That personal touch meant so much.'

'I felt comfortable sharing my worries and challenges with her, and she always had the right words to help me feel understood and calm. She helped to get me re-referred to the brain injury clinic after my first application was lost. She took it upon herself to find the right person and get everything sorted out. That appointment ended up being a turning point for me, and I'm forever thankful for her determination.'

'On top of everything, she checked in on me regularly. Knowing she was there for me whenever I needed her made all the difference.'

A stroke survivor who was supported by our Stroke Recovery Service

In response to our feedback survey, **6,702** people supported by our local stroke support services told us about the difference it had made to them:

- **91%** agreed '**I am coming to terms with the stroke.**'
- **90%** agreed '**I am more able to look after my health.**'
- **94%** agreed '**I feel reassured.**'

Helping stroke survivors with the emotional impact of stroke

Stroke can have a devastating emotional and psychological impact on both stroke survivors and their loved ones. Depression and anxiety affect up to a third of stroke survivors, affecting their wellbeing, recovery and quality of life.

Our Emotional Support Services around the UK help those affected by stroke come to terms with what has happened. Here's an example of how we've successfully supported stroke survivors through this service in 2024-25:

Stroke Tailored Emotional and Psychological Support (STEPS): Emotional support in Northern Ireland

Over 90% of stroke survivors in Northern Ireland say their emotional and cognitive needs were not met after they had been discharged from hospital. Over half say they are often or always depressed. Responding to this significant unmet need, we launched STEPS in 2021, Northern Ireland's only one-to-one stroke-specific counselling service.

Although the National Lottery funding that helped establish this service came to an end in November 2024, we've extended it until December 2025, as it has fast become our largest service in Northern Ireland.

The support provided by STEPS has made an enormous difference to the emotional and psychological wellbeing of stroke survivors and carers across Northern Ireland. As well as reporting reductions in the impact of anxiety, depression, bereavement and low self-esteem, stroke survivors and carers tell us the service has helped them to develop emotional resilience, readjust to life after stroke, increase their independence and reintegrate into community life.

We're now looking to expand the service and to build on the relationships we've established to permanently integrate counselling into the stroke support offered in Northern Ireland.

'I had a stroke counsellor, and they gave me hope. They helped and supported me massively. If it wasn't for them, I don't know where I would be now. They gave me

the urge to get out there. I got a job because staying in the house wasn't good for me. I wasn't learning much and now, 18 months later, I am working. Without their encouragement and support I would never have done it. My speech and reading have improved and are better. It isn't easy, but I am still here.'

Vicky, 37, from Belfast, had a stroke in November 2022 and saw a counsellor through our Northern Ireland emotional support service

Adapting and innovating our local support

Hospital admissions for stroke have increased by 28% in the last 20 years. But health services, particularly rehabilitation and life after stroke services, are under-funded, under-resourced and over-subscribed, meaning stroke survivors often struggle to access the support they need.

We've been adapting and innovating our services to face these challenges and make sure people can get the help they need. Here are some examples of our work.

Supporting stroke survivors to go home

We supported the Sussex Rehabilitation Centre to decrease the amount of people re-admitted after they have a stroke by 39%.

Collaborating with University Hospitals Sussex NHS Foundation Trust, we launched a new project to help stroke survivors as they moved from receiving rehabilitation in hospital, back to their homes. This was funded by the Stroke Quality in Rehabilitation (SQulRe) programme, which aims to improve the quality of community-based stroke care.

Going home from hospital is a big recovery milestone. But the transition can make people feel anxious and interrupt their rehabilitation while they wait for community services to start. To combat this, we set up a dedicated team at the centre to work closely with stroke survivors, providing personalised rehabilitation before and after they were discharged. A Stroke Support Coordinator also visited stroke survivors when they were discharged.

'The extra support helped me with so many things'

The team's support helped to reduce people's length of stay at the Sussex Rehabilitation Centre by 12.6 days. This is compared to other stroke survivors discharged in the same period from the centre who didn't get this transition support.

By discharge, the stroke survivors had all become more independent. A person supported by the team said: 'The extra support that I got helped me with so many things. Every week, I was doing something new. They helped me go for a walk, take a shower on

my own, and to manage the lift so I could take my washing down and up, and hang it up.'

The transition service also helped to reduce the cost of care for people discharged from the centre to around £169 per week. This is compared to £915 a week for people who weren't supported by the transition team.

We're now looking to extend the project, while sharing our learnings more widely with the stroke professional community.

Improving stroke services in the Midlands

We worked with health and social care professionals in the Midlands to improve the way stroke services are delivered.

We supported a number of projects, amplifying the voices of stroke survivors and carers and encouraging health and social care teams to work together to create better outcomes and experiences for people affected by stroke.

This included identifying and removing barriers that stop stroke survivors from getting the vital support. For example, improving working relationships between different services, so that professionals can think about the needs of stroke survivors rather than their organisation.

These projects helped to establish new ways of working across organisations, which are being used to inform future service reviews.

Helping all stroke survivors in Derbyshire get the support they need

Derby and Derbyshire Stroke Rehabilitation Service are redesigning how they deliver their rehabilitation services along the pathway from hospital to home, so that all stroke survivors in the county can access stroke support.

We've been heavily involved in this work, sharing our expertise and learnings about life after stroke services. We also helped and encouraged people affected by stroke in Derbyshire to share their experiences of stroke rehabilitation at public consultations, publicising engagement events and creating communication materials that were accessible to everyone.

The aim is for the new stroke pathway to be in place by the end of 2025.

Growing our community-based support

Being able to connect with other people who understand stroke in the local community can make a big difference to how people recover, adapt and move forward after a stroke.

Opportunities to connect with others, through social groups and hobbies, can help people deal with loneliness, grief, confidence issues and stigma. Practical help, such as transport to services or housing support, can take some pressure off stroke survivors, their families and carers.

Here are some examples of how we've worked with people and organisations to create stroke-friendly communities across the UK:

- Together with organisations including Parkinsons UK, Epilepsy UK, Headway, MS Society and MND Society, we set up eight neuro cafes across Wales. These provide support for people with neurological conditions, including stroke, in rural areas where it's more difficult to establish condition-specific groups. We're planning to set up more cafes in the year ahead.
- We're working with the Freeman Hospital Stroke Ward in Newcastle, supporting a monthly drop in for stroke survivors and their loved ones to answer any questions and ensure they know what support we can offer once they are home.
- We continued to work with Care UK to help them set up stroke peer support groups in local care homes in South East England. We've also been running stroke awareness training for staff.
- We partnered with ESG Gaming who run virtual reality gaming sessions to support rehabilitation. We held two workshops with them to showcase what they can do and to help build relationships with local community groups who may be interested in more sessions.

Reducing isolation through activities and groups

2024-25 marked the final year of our Next Steps project in Wales. Over three years, the National Lottery Community Fund funded project set up and sustained 58 different activities and groups for stroke survivors and carers, including art therapy, singing, stroke support cafes and activities with Golf Wales, Bowls Wales and Tennis Wales.

Our evaluation shows that it has reduced isolation for carers and stroke survivors, increased their confidence, enhanced understanding of stroke and supported people's recovery.

Next Steps leaves a legacy of sustainable community-based support, helping stroke survivors and carers to access the support they need to thrive.

One carer said: "Before his stroke, he was very active in sport, and this [bowling] gives him a feeling of still being able to achieve something. It's lovely to see a smile on his face."

A stroke survivor added: "I still struggle with my speech, but singing has given me the confidence to keep trying."

Expanding our Stroke Group Network

Groups offer support to stroke survivors, carers, family and friends. Built on friendships and fun, they are a safe and supportive space to try things again, to learn more about stroke and self-care and to regain confidence.

The diversity of our Stroke Group Network across the UK continued to grow with 41 independently run groups joining in 2024-25 to support stroke survivors in their local communities.

This has taken the total number of stroke support groups in the network to 434. These new groups include care home friendship cafés, rehabilitation fitness groups, aphasia choirs and walking groups.

Over 220 people registered for our annual online Stroke Group Network Conference, representing 95 stroke support groups. Some 8 out of 10 attendees agreed that the event gave them ideas and confidence to connect with other community organisations.

Supporting people by phone and online

No one should have to face life after stroke alone. Through our phone and online support services, we've reached thousands of stroke survivors and their loved ones, offering help, guidance and connection with others affected by stroke.

Expanding our Stroke Support Helpline Team to reach more people affected by stroke

In 2024-25, we received around 15,000 enquiries to the Stroke Support Helpline from people affected by stroke.

The Stroke Support Helpline is there for stroke survivors, and anyone affected by stroke in the UK. People can get in touch by phone, email or letter. Our friendly, expert team are here to listen, answer questions about stroke and offer essential support and guidance throughout someone's stroke recovery.

The Helpline connects survivors and their families to the support they need. Whether that's support from our local Stroke Support Coordinators and services, or other people with lived experience of stroke through face-to-face and online support groups, a vibrant online community and more. The Helpline also lets people know how to access other local and community services.

This year, we increased the number of staff working on the Helpline, allowing us to reduce wait times and answer more calls.

'Thank you so much for the guidance and information. It is so incredibly helpful. I didn't know about the Care Act and the support we could get. I'll reach out today and hopefully get the support we need. It feels like we could actually get him some proper help.'

A carer who called the Stroke Support Helpline

Alison's story: 'We want to provide the best support to stroke survivors and carers'

Our Stroke Support Helpline Team spends about five hours a day on the phone speaking to people affected by stroke. Alison shares her experience of what it's like to work in the Stroke Support Helpline Team.

'Each team member is dedicated to providing the best support to stroke survivors and carers. No two calls are alike. You don't know what a call is going to bring. From a simple quick request for information to a long emotional call from someone who is feeling suicidal – and every imaginable thing in-between. The range is vast and so the knowledge of the Stroke Support Helpline Team needs to be equal to it.

'I'm incredibly lucky to work in a team with such expertise on many different subject areas and who have so much experience.'

Tailoring our support to each stroke survivor

We developed a more person-centred approach to making initial phone contact with people affected by stroke.

As a result, we have moved away from using an assessment style checklist and are putting individuals at the centre of the conversation.

We did this by reflecting on the experience of stroke survivors when staff members contacted them, including what went well and what we could do differently.

We focused on whether stroke survivors felt less alone, understood and able to take their next step in their recovery journey following our interaction by reflecting on and

reviewing the calls. We also used feedback surveys to help us to understand the impact of our support.

Some of the things we learned about and tested included:

- The value of sending text messages ahead of making an initial phone call.
- How we introduce the support we offer.
- When is the right time to call, and how people access support if it's not the right time.

'We want to reach people and give them the right support at the right time for them. Often the initial calls are when people are still in the middle of physiotherapy or the community stroke team is coming round, so people say they're doing ok. But we know things can change in the future, so we offer follow-up calls when services have dropped off and that's when we've found that we can offer really great support.

'Reflecting on my calls has made me more confident. I have more freedom to make human connections with people, and that's been a game changer. It helps you get the crux of what's really important and helpful to them at that time.'

Leigh, who works on our Stroke Support Helpline

[The person on the Stroke Support Helpline] put me at ease and explained about the stroke. After we spoke with her, I have come to terms with my stroke and, most importantly, she kept in touch with me to see how things were going and encouraged me. She never judged me. Many thanks to you all.

A caller to the Stroke Support Helpline

Supporting and connecting people through weekly phone conversations

Through our Weekly Volunteer Calls, stroke survivors and their loved ones can talk with our trained volunteers, who offer support and connection to help them make the next step in their recovery.

Former GP, Judith, had only been retired for nine months when she had a stroke at her New Year's Eve party in 2022. She spoke to a volunteer through the Weekly Volunteer Call service.

'Speaking one-on-one with another stroke survivor gave me the connection and support I really needed in the first few months after my stroke,' says Judith. 'I was matched with a younger survivor who not only made me feel less alone, but also really inspired me. Hearing her story gave me hope for my own recovery. I realised that I could continue improving, which encouraged me to keep trying, especially with physiotherapy.'

Thousands of people have used this service so far, with more signing up every day. In 2024-25, there was a 27% increase in the number of people signing up to our Weekly Volunteer Calls.

Strengthening our Online Community

The Online Community is a positive and inclusive place for people affected by stroke. Available day and night, it allows people to engage with others who understand stroke first-hand. They can ask questions and share experiences, recovery tips and things that are important to them.

This year, we focused on making sure we're creating a safe space where stroke survivors and carers feel confident to access and share support by:

- Reviewing our approach to moderating the community to improve safety and earn people's trust.
- Making our moderators more visible so that people know who to go to when they need support.
- Creating clear guidelines to help the community to understand what to expect when joining and participating in conversations, how conversations are managed and how the team can keep them safe in an online space. We also developed easy read and aphasia friendly versions too.
- Introducing a way for people to give feedback to us and putting processes in place to respond to what we hear.
- Carrying out a risk assessment to make sure we are complying with the Online Safety Act 2023, a set of laws which protect adults online.

As a result, we've seen more people start and join conversations, and engage with moderators of the community.

People who use the online community say it gives them a sense that they aren't alone in their recovery journey. A 53-year-old stroke survivor said: 'I never used social media before and was really nervous about joining a forum. But I've found so much support and understanding here. Everyone shares their stories and helps each other, and it's made a big difference for me. Knowing I'm not alone has given me hope and strength I never knew I had.'

Helping people to understand and cope with the aftermath of stroke through our Online Activities

Our Online Activities are a great way for anyone affected by stroke to meet new people, feel supported and increase confidence, all from the comfort of their own home. Our

friendly team run a range of virtual sessions, where people can learn about the effects of stroke, share experiences or take part in exercise groups, social quizzes and more.

This year, we saw a 78% increase in the number of people signing up for our daily online activities for people affected by stroke.

We introduced online information and peer support sessions with professionals talking about a different stroke-related topic each month. Around 36 people joined the sessions each month. Participants told us that it's a chance to ask questions and get answers that help them understand what is happening to them.

'I was an outgoing and fearless person before having a stroke. I liked to be involved with the community and spent a lot of time with my grandchildren. Having to rely on others was frustrating and felt like a big loss of dignity.

'The Stroke Association's Online Activities have helped me. They let you reflect on what you've been through and encourage you to push yourself forward. It was vital to get this support after my stroke. I feel empowered and confident to talk about my experiences with others. The discussions have helped me get back out there in the community and enjoy life.'

Claudette, 72, who had a stroke in January 2020

Supporting children affected by stroke and their families

Our Childhood Stroke Service helps children, young people and families affected by childhood stroke. Our dedicated team provides guidance, emotional support and practical information on topics including education, development and emotional wellbeing. We also support teachers and childcare professionals to understand more about childhood stroke and its impacts.

In 2024-25:

- We supported 100 people affected by stroke in childhood, including 72 new referrals.
- In response to feedback, we launched 'Learn and Chat', a new online support group for parents and carers of children who have had a stroke. The sessions give families an opportunity to hear from a healthcare professional who specialises in stroke in childhood, ask questions and talk to other parents who've had similar experiences.
- We introduced an Online Information Session for teachers and staff to support them to understand more about childhood stroke and its impacts, as well as offering practical tips for the classroom.
- We developed a new guide for parents and carers of children who have recently had a stroke. This was co-created with parents of childhood stroke survivors.
- We're creating more opportunities for research into childhood stroke to help address current gaps in research. Childhood stroke is now included in the remit of our fellowships and lectureships.
- We continued to deliver our Parent-to-Parent Volunteer Calls where parents are matched with one of our trained parent volunteers. Parents have told us that talking through their experiences can help them feel more supported, connected, and able to take the next step in their child's recovery.

Elise's story: 'I don't know how I would have survived'

Carter was only two when he had a devastating stroke. His mum, Elise, shares how our online 'Learn and Chat' sessions have helped.

'Carter was exceeding all his milestones when he suddenly had a stroke. I was giving him a bath when half of his face just dropped. It was terrifying.

'When he finally woke up, Carter was a completely different person. He couldn't speak, see, move, or eat. He was alive, but we didn't know how much of the boy we knew was still there.

'The Stroke Association has been a lifeline – I don't know how I would have survived without all the support. The 'Learn and Chat' sessions cover so much. Speaking with parents who've been through it has given our family hope that the future can be bright.'

Making stroke support more accessible

We want people to access the right support and information when they need it, so they can make informed choices about their treatment and care and take control of their ongoing recovery.

Helping all stroke survivors to make informed choices

To do this, we're working to better understand the needs of stroke survivors and their families when they access health information in their preferred language.

We are developing closer relationships with the different communities we support so that we can have more meaningful conversations about the health information they need in their recovery.

Using data from our interpretation service, Language is Everything, and the Office of National Statistics, we identified nine commonly requested languages (Polish, Romanian, Panjabi, Urdu, Portuguese, Spanish, Arabic, Bengali and Gujarati) and would like to better understand the needs within these communities.

In 2025-26, the plan is to work with the Urdu community to understand how they like to engage with health information, what topics are important to them and in what format. We will then work with the community to develop a resource in Urdu. We will use this learning when we work with other communities in the future.

Helping the Deaf community to access stroke support

A lack of stroke-related information available in British Sign Language (BSL) means that many in the Deaf community face difficulties in accessing essential health services and medical information.

We have been working with Deaf charities, members of the Deaf community, and healthcare professionals to develop and provide better stroke support.

They told us that our BSL interpreting service for the Stroke Support Helpline made it hard to get support quickly, as you had to book an interpreter in advance.

In response, we partnered with SignVideo, who instantly connect BSL users with an interpreter when they contact our Stroke Support Helpline or Supporter Relations Team via our website.

Sharing stroke information in British Sign Language

We also developed 15 BSL videos, organised into two playlists – one for stroke survivors and another for people supporting stroke survivors.

The videos provide an accessible version of our Stroke Support Pack (page 26), giving BSL users information to help them understand the effects of stroke and the support available to them. They're available on our YouTube channel and website.

Our interpreting services supported 480 people affected by stroke in more than 17 different languages.

Reaching more people in the early stages of stroke

It's crucial that people who have been recently affected by stroke get support as soon as they need it. This year, we worked more closely with healthcare professionals to make sure stroke survivors hear about our support as early as possible, so they can get the help they need.

Helping stroke survivors to access our support while they're still in hospital

We launched our new and improved **Stroke Support Pack** in February 2025, which we sent to 260 hospitals around the UK. This was following feedback that, in those early days after a stroke, people just want to know the basics and where to go for more information or to find support.

We're encouraging in-hospital health and care teams to hand them out as soon as possible when someone is admitted after a stroke, so that they are able to access our support from the beginning of their recovery.

The Stroke Support Pack contains two guides: one for people who have had a stroke and another for people who are supporting someone after a stroke.

The guides:

- Help people to understand what has happened and how a stroke might affect someone.
- Give answers to common questions about stroke, including questions about recovery and rehabilitation, and returning home.
- Provide information about how the Stroke Association can support people and where to find further help.

The packs are available for hospital teams to order for free from our website's shop. We have also produced aphasia-friendly, British Sign Language, large text and audio versions to make the information as easy to understand as possible for those who need it.

In addition to introducing our new Stroke Support Pack, our Stroke Support Coordinators support people in hospital, providing information and reassurance in the early days after stroke. They also help health and care professionals and stroke survivors to access our support by building relationships with hospital teams, attending clinical meetings, running sessions on stroke and recovery for professionals and patients, and sharing posters and information guides.

We've sent out **over 42,000** Stroke Support Packs since February 2025 to hospitals, helping support stroke survivors to get the help they need as early as possible.

'Thank you so much for your superb stroke info pack. So helpful and clear. It's given us, as a family, a resource we can use, and feel we are contributing to recovery.'

A stroke survivor who received a Stroke Support Pack

Letting stroke survivors in hospital know we're here to help

If the Stroke Association is present in hospitals with visually striking, informative displays advertising our support, will we reach more survivors, carers and healthcare professionals? This is the question our pilot project in Northern Ireland will answer.

In January 2025, we launched the first in-hospital Stroke Association marketing campaign at two large stroke units at the Royal Victoria and Ulster Hospitals, which treat over 500 patients annually. This will help us to make a vital connection with more stroke survivors and their loved ones in Northern Ireland in the critical early phases following their stroke.

Information displays illustrate the experiences of stroke survivors from across the region, including Nicola, from Ballygowan in County Down.

'The information and support you receive in hospital sets the tone for your continuing recovery journey,' says Nicola. 'Having information available from the Stroke Association at this early crucial stage of recovery is key in enabling stroke patients to have early access to support, both for themselves and their families.'

Penny Graham is Stroke Improvement Lead at the South Eastern Trust. She says: 'We are delighted to have the Stroke Association represented on the ward through the installation of wall graphics. These will help to motivate patients on the ward who will

be on their own journey to recovery. Patients and carers can visibly see the support and advice available to them at a glance.'

The pilot is now being expanded to the three largest stroke units in Scotland in Edinburgh, Dundee and Glasgow. We'll be taking what we've learned in Northern Ireland and adapting our approach to suit the needs and challenges in these areas, as we continue to assess the impact and success of this new approach.

Looking ahead to 2025-26, we will:

- Focus on integrating our wide range of support to make sure that anyone in the UK affected by stroke has easy access to information, guidance and support to live their best life.

Local support services:

- Continue to increase the quality and reach of our locally commissioned services during this time of NHS change and tight public sector budget, through influencing work to make sure stroke is prioritised, and work to better evidence the impact of our services.
- Seek longer-term funding so that we can continue to run our critical emotional support service in Northern Ireland.
- Seek long-term funding for our work with the University Hospitals Sussex NHS Foundation Trust, supporting stroke survivors from inpatient rehabilitation to transition into the community.
- Continue to provide expertise on life after stroke services and advocate for stroke survivors in the rehabilitation pathway in Derby and Derbyshire, and other areas across the UK.
- Review and improve our Welsh language provision for stroke survivors and carers who prefer to be supported in the Welsh language.
- Seek funding to launch our stroke survivor co-designed mental health project in Wales, in partnership with Mind Cymru.
- Review how the Stroke Support Packs are being ordered and whether there are any barriers to healthcare professionals ordering them or handing them out to patients.

Our phone and online services:

- Continue to grow the reach of our online and telephone-based peer support.
- Scale up the work we did in 2024-25 to develop a more person-centred approach to making initial contact with people affected by stroke.
- Make our Stroke Support Helpline more accessible to the Deaf community by introducing instant BSL interpreters.
- Look at why some people register for online activities but don't join sessions to identify barriers and explore ways to make them as accessible as possible.

- Use new tools in our recently updated systems to improve the experience for the parents and carers of childhood stroke survivors who register to join online activities. This is to make sure they are able to more seamlessly navigate and access the different types of support we offer.
- Speak to people who use our Online Community to gather feedback so we can understand what people want from it and to make the community easier for them to access.

We worked with decision-makers to drive changes in policy, research and improvements in stroke care across the UK

Between 2015 and 2035, the UK will see a 60% increase in people having a stroke for the first time. Despite this, stroke hasn't received the public and political attention it needs. This has had negative consequences for all aspects of stroke treatment, care and rehabilitation from hospital to home, as well as stroke research.

Shortages of specialists, delays in emergency care, and inadequate access to stroke units have resulted in a decline in life-saving treatments. Financial and operational pressures facing the NHS across the UK are leaving stroke care over-stretched, understaffed and under-funded. In some places, vital stroke support services are being cut altogether.

This has caused a huge variation in the quality and availability of stroke prevention, treatment and care between regions and nations, creating a postcode lottery and deepening health inequalities.

If this doesn't change, by 2035, stroke will cost the NHS and the UK economy £75 billion annually.

But it doesn't need to be like this. We know that, with the right investment, stroke can be preventable, treatable, and recoverable. With strong leadership and sustainably funded programmes, decision makers in government and health and care bodies can save lives and prevent the long-lasting impact stroke has on millions of people.

That's why we're building public and political support for our work. We're pushing for change for, and with, stroke survivors, to make sure that anyone can get the treatment and support they need, when they need it, no matter who they are, where they live or when they have their stroke.

With 2024 being a UK General Election year, we worked even harder to influence and build relationships with politicians in all four nations. We developed a Manifesto for Stroke, positioning ourselves as a research funder, policymaker and delivery partner, urging the new UK Government to make stroke a priority.

We called for ambitious, actionable health strategies and well-funded improvement plans across the UK and locally. This will make sure stroke services are available to all and that they're among the best in the world. And we advocated for people affected by stroke, to make sure their valuable lived experience is used to make real, effective improvements.

We also invested time and money into stroke research, which is crucial for developing the evidence, tools and techniques that are needed for future breakthroughs in treatment and care.

Sue's story: Why stroke support matters

One of our key recommendations for the UK Government's 10 Year Health Plan for England is prioritising community rehabilitation and life after stroke services – no matter where you live. Stroke survivor, Sue, 60, joined our campaign to help make sure more people get access to this support, which she benefited from.

'I owe so much to my physiotherapists because they played such an important role in my recovery. While in hospital, I had physiotherapy five days a week.

'My physiotherapist created a plan with specific goals, like going up the stairs and walking from my house to the pet shop.

'I received about six months of physiotherapy. It was crucial to my recovery that I continued receiving treatment once I was discharged and back in the community.

'It wasn't until I spoke to other survivors that I realised life after stroke services, and rehabilitation services like physiotherapy, all depend on where you live and what's available. I thought they were guaranteed, but they're not.

'All stroke survivors should have access to the same level of support and treatment as I did. This will allow them to achieve their best possible recovery.

'This is why I've joined the Stroke Association's campaign to make stroke a higher priority. I hope my experiences show why it's so important for everyone affected by long-term conditions, like stroke, to get the treatment and support they need, regardless of where they live.'

Influencing across the nations

As the largest source of long-term support for stroke survivors and their loved ones outside of the NHS, we're able to speak out on the issues that matter most to survivors. We've been working with political leaders, decision-makers and people affected by stroke to increase access to thrombectomy, ensure universal access to life after stroke services, and advocate for stroke to be appropriately prioritised in the health plans of all four of the UK's nations.

Northern Ireland in focus

We're making the most of our political and professional connections to progress the improvements to stroke treatment, care and support that stroke survivors and their loved ones have been promised.

Thrombectomy saves brains

We worked with stroke survivors and thrombectomy clinicians to call on the Northern Ireland Government to honour its commitment to making thrombectomy available 24/7 by the end of 2024. While the government is yet to deliver on its target, with the support of our stroke survivor campaigners, we've succeeded in keeping the importance of this expansion in the public and political mind:

- Our Saving Brains petition to improve access to thrombectomy was signed by 3,500 people and presented to Minister of Health, Mike Nesbitt MLA, in September 2024.
- We secured ongoing discussion in the Assembly and All-Party Stroke Group about thrombectomy and held a parliamentary reception at Stormont attended by MLAs from every major political party in Northern Ireland. As a result, the Minister of Health has been asked about thrombectomy by MLAs more than nine times during the year.
- In March 2025, we supported a new documentary called 'Thrombectomy: Restoring Life', which emphasises the urgency of the issue. This helped to keep it in the news and front of mind for MLAs.

'Like most people, I'd never heard of a thrombectomy until I was wheeled into surgery to receive one. I dread to think what my life would be like, or if I would even be here, had my stroke happened at a different time. Access to treatment shouldn't be determined by timing. I encourage everyone to sign the Stroke Association's petition to Northern Ireland's Health Minister, so we can make thrombectomy available 24/7.'

Paul, a stroke survivor who supported our Saving Brains campaign in Northern Ireland.

Bringing stroke professionals together

Around 160 stroke professionals came to our conference in Northern Ireland, providing a space for them to collaborate on new ideas to improve services. The sold-out event shared best practice and the latest research into improving stroke care in Northern Ireland.

Mike Nesbitt, Health Minister in Northern Ireland, opened the conference, which was run in partnership with the Northern Ireland Multidisciplinary Association of Stroke Teams.

He spoke about his frustration with the state of public finances and commitment to transforming stroke services, while praising the stroke workforce.

The Health Minister said: 'While..the current budget position has meant that we have been unable to move at the pace we would like..it remains important that we push

ahead...Our focus for the next 12 months will be on the actions that can be progressed within the resources that are available.'

The popularity of the event and the feedback we received afterwards has shown that we can play an important role in bringing stroke professionals together. We're now planning the 2025-26 conference.

Transforming stroke services

We're helping the Department of Health to deliver on the commitments it made in the Stroke Action Plan to introduce Hyper Acute Stroke Units in Northern Ireland. Hyper Acute Stroke Units (HASU) are specialised hospital wards, focusing on the immediate and intensive needs of people who've had a stroke.

We supported the Department to include stroke survivors and carers on the HASU Project Board, as it is essential that people with lived experience are involved in developing support services to make sure they better meet their needs.

We've also joined the board that will establish a model for reconfiguring stroke services in Northern Ireland by April 2026. Our input will focus on sharing examples of good practice, engaging the wider stroke community and acting as a link between the Project Board and elected representatives.

Scotland in focus

Every year, around 10,000 people in Scotland are admitted to hospital following a stroke. The identification, treatment and rehabilitation services provided for these people needs urgent reform to help the health and social care system deal with the unprecedented demands it faces.

We are working to influence senior political figures and health board managers in Scotland to address the structural problems in stroke services and ensure co-ordinated action for stroke survivors.

Progress against the Stroke Improvement Plan

We researched and launched a report highlighting the state of play for stroke in Scotland, a year after the publication of the Scottish Government's 'Stroke Improvement Plan'.

Aimed at senior health board leaders, our report shows how progress is falling short of the plan's ambitions to achieve national 24/7 thrombectomy services, post-stroke support, and psychological care for stroke survivors.

We'll continue to focus our advocacy on senior political figures and health board management, urging them to improve treatment, care and support for all stroke survivors.

Solutions for political parties ahead of elections in Scotland

Stroke health professionals from across Scotland, including clinicians, nursing staff and allied health professionals, helped us to co-produce five calls to action to improve stroke services.

The aim is to present an attractive, ready-formed package of actions to political parties in Scotland, as they look for solutions to the challenges faced by our health and social care system in the run up to the 2026 elections.

The five calls will save, rather than cost, money and aim to make the system work better within existing resources. The package is supported and will be presented by a coalition of organisations and individual professionals across the stroke community.

'Thriving After Stroke' launches in Scotland

Our 'Thriving After Stroke' campaign aims to ensure that everyone affected by stroke has access to the rehabilitation and life after stroke support they need.

We consulted with health and social care partners across Scotland to identify some practical asks for health boards to focus on, in order to build the support provided to every stroke survivor.

Launching our campaign report in April, we set out the case for action and highlighted three specific calls for every stroke survivor to:

- Leave hospital with a personalised rehabilitation plan.
- Have contact information for ongoing support from rehabilitation and life after stroke services.
- Receive a six-month progress review to identify and plan any further support needed.

We see this as the beginning of a long, sustained campaign where we will use policy, evidence, lived experience and analysis of health board performance to press for change.

We will continue to comment and collaborate with the Scottish Government and health board leaders, and plan to meet with senior staff to follow up on progress against these calls to action.

Veronica's story: Thriving after stroke

Veronica, 70, from Wishaw, had a stroke in Glasgow in December 2023. She couldn't swallow or move the right side of her body. Veronica featured in our 'Thriving after stroke' report as an example of how stroke services can change lives.

'I spent 13 days at the Queen Elizabeth hospital in Glasgow. I was then transferred to University Hospital Wishaw where I was put on a clinical trial and spent 10 weeks undergoing intensive physiotherapy.

At first, my family couldn't see any improvement. But then, one of my fingers moved, and it gave them a glimmer of hope. From then on, there was no stopping me. I learnt how to stand, took my first step, then gradually more, with the support of a rail. My physiotherapists were amazing and put so much work into helping me.

'On leaving hospital I was given a plan detailing my goals for returning home. I was assigned a community nurse who checked up on me, noted my progress, and left her phone number asking me to call with any questions at any time. Some adaptations were made to the house on my return home.

'I continued to get regular home visits from the physiotherapist and occupational therapist, and achieved my initial goals of climbing the stairs, making a meal, and walking outside with help from my physio, if needed.

'More recently, I am thrilled to report that I am now able to walk and pick up my four-year-old grandson, Nathan, from nursery!

'I would like people to understand, that there is life after stroke if you get access to the right treatment and support.'

Wales in focus

There are not enough people working in the NHS and social services to cope with the growing numbers of strokes in Wales. There's also been little progress on the commitments made by the government in 2021 to reorganise stroke services into regional networks.

The upcoming Senedd Cymru election in 2026 presents a unique opportunity for us to influence policies affecting the availability and quality of care for stroke patients in Wales.

'Making stroke a priority' manifesto

We used our 'Making stroke a priority' manifesto for Wales to kick off our influencing work at the Plaid Cymru conference in March 2025, ahead of the 2026 election.

We spent much of 2024 co-creating the manifesto with people affected by stroke and stroke professionals working in Wales. The manifesto outlines three critical calls to action, including transforming services to address inconsistencies and overcrowding in the stroke care pathway.

Recently, the Healthcare Inspectorate Wales highlighted that stroke support and outcomes have been in decline since 2019. We want to make sure that Wales doesn't fall behind the rest of the world when it comes to stroke care. As the election approaches, we'll use the manifesto to urge all political parties to act now. Together, we can ensure that every stroke survivor receives the support they need.

Advocating for Welsh-speaking stroke survivors

We need to increase the availability of Welsh language support in stroke rehabilitation services to make sure all patients can access care in their preferred language.

This was one of four key recommendations of our report, 'Experiences of Welsh-speaking people with aphasia', which launched at the Welsh Government's Cross-Party Group on Stroke in September 2024.

We wanted to gain a better insight into the needs of Welsh-speaking stroke survivors, particularly those with post-stroke aphasia and other communication difficulties. So, we commissioned researchers at Cardiff Metropolitan University.

Aphasia affects a person's speech and ability to read or write and is a common impact of stroke. Of the 70,000 stroke survivors in Wales, it is estimated that up to 40% may have aphasia. Of these, many are likely to be Welsh speakers.

The research found that maintaining their preferred language significantly enhances the emotional well-being of stroke survivors. It helps them stay connected to their identity and culture, which is vital during the recovery process.

'Welsh is 'Mwy naturiol...mae'r ymennydd yn dweud' (more natural...what the brain says), said one stroke survivor and research participant.

Ahead of the Welsh elections, we will be continuing to advocate for the recommendations in the report.

'It was clear from his language, gesture, and the pictures and images around his home that he was a very proud Welsh-speaker and that his communication disability was disrupting his sense of self and identity.'

Researcher for our report, 'Experiences of Welsh-speaking people with aphasia', talking about a stroke survivor who featured in the research

Improving awareness among paramedics

We partnered with the Welsh Ambulance Services University NHS Trust to host newly qualified paramedics (NQPs) within our stroke support services. The aim was to foster a deeper understanding of the long-term impact of stroke on survivors and their families, and awareness of our services among paramedics in Wales to help them to better support stroke survivors.

Between May and September 2024, two NQPs attended a group stroke recovery session in Cardiff each week, and one shadowed a home visit. All who took part said it enhanced their understanding of the needs of stroke survivors and their carers.

One NQP said: 'It has been of benefit to meet stroke survivors and their carers and learn about the impact it has had on their lives. It will allow me to have more confident discussions and be able to answer more questions about what support is available for stroke survivors.'

England in focus

Between 2015 and 2035, the number of stroke survivors in England is expected to double. Without urgent action on stroke, the UK Government's 2035 goal, which is to reduce deaths from heart attacks and strokes by 25%, will not be met.

During a politically turbulent year, we worked hard to influence on stroke, building relationships and advocating for stroke to be a key priority for decision makers.

Influencing the next 10 years of stroke care in England

Over the next 10 years, the UK Government plans to adapt the NHS in England to meet future healthcare needs. To help with this, the public, healthcare professionals and experts were invited to share their views and ideas for the UK Government's 10 Year Health Plan for England.

In response, we launched our 'Unlocking Potential: a bold vision for stroke care in England' report to influence the government's 10 Year Health Plan. Through focus groups, surveys and events, we asked stroke survivors, researchers, professionals, and NHS leaders across England to name their top priorities for stroke prevention, treatment and care in the next 10 years. We used this evidence to develop policy recommendations aimed at improving stroke care and support.

One of our key recommendations is prioritising community rehabilitation and life after stroke services – no matter where you live.

We launched the report in Parliament with a panel of influencers, including Professor Sir Stephen Powis, NHS England's National Medical Director. The launch was sponsored by Uma Kumaran MP, whose husband, Jacob, had a stroke in July 2024.

'Unlocking Potential' generated 184 pieces of media coverage across national media including Mail Online, The Telegraph and The Express, as well as health sector media, and a range of key regional titles across the UK.

The report's findings and recommendations are key to our next phase of engagement with the government. These clear, evidence-based priorities and recommendations will help us push for positive change for stroke.

Working with NHS England to improve access to thrombectomy

We built on the momentum of our Saving Brains campaign by partnering with NHS England's National Medical Director, Professor Sir Stephen Powis, to support a landmark programme of visits to all 26 thrombectomy centres across England. This collaboration aimed to improve access to thrombectomy, which can significantly reduce disability by removing clots from blocked arteries in the brain.

We were invited as a trusted partner to ensure the voices of stroke survivors and their families were central to these visits. They have told us that 24/7 access to thrombectomy should be embedded in the health system so that everyone who could benefit from it has the opportunity to do so.

Our Chief Executive, Juliet, and other senior staff members went on the visits. They reminded clinicians and health system leaders of the human impact of delayed or unequal access to thrombectomy and that the speed of changing this was still too slow.

This sustained focus and leadership has put a national spotlight on thrombectomy, highlighting the challenges that have prevented progress, and galvanising local action across England. We will aim to build on this with the next round of thrombectomy visits in 2025-26.

Shaping the future of stroke

In addition to influencing the 10 Year Plan mentioned on page 38, we helped to shape key programmes and legislation, which will have an impact on support services. We highlighted the needs of stroke survivors and gave examples of innovation and high-performing services through our responses to government consultations.

We provided evidence to consultations on the:

- National incentives for GPs to support the prevention and management of stroke and cardiovascular disease (CVD) – Our focus was on quality support for stroke survivors and their families.
- NHS Constitution – We emphasised the need to promote work to tackle health inequalities, link more holistically with people's wider health and wellbeing needs and address the needs of unpaid carers.

- Proposed 2024 reforms to health and disability benefits and employment support
– We highlighted the priorities of stroke survivors and their families and carers.

Alongside this work, our Chief Executive, Juliet, and senior leaders have represented stroke at numerous meetings with ministers and senior civil servants, to make the case for stroke and build relationships to influence future policy.

We will continue to respond carefully and appropriately to changes in the political landscape, to help keep the focus on improving the lives of people affected by stroke.

Engaging with local systems and partners

Throughout 2024-25, we've worked closely with local health and care providers and organisations, supporting them to address and resolve gaps in stroke survivors' journeys – from acute care into life-long care:

- **Influencing Integrated Stroke Delivery Networks (ISDNs)** - ISDNs have an indispensable role in driving improvements in stroke care. We worked with NHS England on a two-day residential for clinical leads and managers at ISDNs, running sessions on influencing skills to improve stroke care.

We also held regional stroke leadership events in South East England, East of England and the Midlands. Events like this give us an important opportunity to share good practice, improve outcomes and build stronger relationships.

- **Building stronger relationships with Integrated Care Systems (ICSs)** – While we have positive relationships with many ICSs, we were finding others harder to connect with. To address this, we tried a new way of working in one area where we had limited relationships, the North East and North Cumbria (NENC) ICS.

We spoke to NENC ICS professionals to identify why they weren't engaging with us. This was mainly due to their preconceptions about our organisation and a lack of understanding of our work. To change this, we developed content describing what we do and how we work with partners like ICSs. This started new conversations that highlighted our flexibility and responsiveness.

As a result, we've developed new, and improved existing, working relationships with NENC ICS. We're now using this approach in other ICS areas in the North East and Yorkshire.

'I highly value the breadth of the Stroke Association's work across pathways, partnerships, and support.'

A professional from NENC ICS

- **A model for working with Primary Care Networks (PCNs)** - We've been exploring ways to improve awareness of stroke, and connect people with our stroke support services, especially in underserved communities.

This year, we launched an engagement campaign, which focused on building relationships with PCNs, as we recognised that GP surgeries are a common point of contact for most residents.

We started in Luton, working with six PCNs, who, combined, represent 224,000 registered patients. We co-hosted a World Stroke Day event, supported by five of the six PCNs, our stroke support services, and community partners. Over 70 people came to the event in the first 30 minutes, demonstrating a clear appetite for information and support, and uniting survivors, carers, and professionals.

The campaign strengthened partnerships between us, the PCNs and local stroke services, significantly increasing stroke awareness and improving access to our support within the Luton community. More than 30 GP surgeries in Luton committed to displaying stroke support information. Interestingly, fear of missing out was a surprising but powerful motivator for securing collaboration.

- **Partnerships with universities** - We partnered with the University of Essex to deliver an online webinar series for stroke survivors, carers, students, and academics to raise awareness about stroke, rehabilitation and recovery.

Featuring key topics such as psychological wellbeing, turning points in stroke research, and managing fatigue, the sessions were co-designed with stroke survivors to make sure that the content was meaningful and fostered connections with academics.

Developing partnerships with universities can influence the availability of our local stroke support services. For example, we also work with the University of Bedfordshire to run group-based exercise sessions for people affected by stroke or living with neurological conditions.

Influencing beyond borders

How can the voluntary sector collaborate with health services to provide support after discharge from hospital? We presented an overview of how we work with NHS England to provide life after stroke services at the Stroke Action Plan for Europe (SAP-E) National Coordinators' Workshop in Bulgaria in January 2025.

In doing so, we shared insights that may help to drive improvements in post-hospital discharge stroke services across Europe.

SAP-E, a pan-European initiative chaired by the European Stroke Organisation (ESO) and the Stroke Alliance for Europe (SAFE), has set targets to improve stroke care across the continent until 2030.

We supported UK nations to share data about stroke care with the SAP-E database.

International meetings

By attending and supporting international stroke meetings, we reinforce the UK's reputation as a thought leader in stroke care and advocacy.

For example, we attended and presented our work in the UK at the European Stroke Organisation Conference in Basel and at the World Stroke Congress in Abu Dhabi.

We became a partner in the Global Stroke Action Coalition, a new advocacy movement convened by the World Stroke Organization. Together, we're urging governments across the globe to make sure that stroke is recognised, prioritised, and acted on at the Fourth United Nations High-Level Meeting on Non-Communicable Diseases (NCDs) in September 2025. Without intervention, the number of lives lost to stroke is set to increase from 7 to 9.7 million by 2050, and the total projected cost of stroke to the global economy is projected to reach US\$1.6 trillion each year, so we want to make sure we make the most of this rare opportunity to influence world leaders and shape future action.

Tackling health inequalities

Health inequalities are avoidable differences in health. Stroke does not affect everyone equally. The conditions in which people are born, grow, live, and work affect their likelihood of having a stroke, access to effective treatment, experience and outcome of care and the quality of their lives following a stroke.

For example, people of low socioeconomic status experience their first stroke about seven years earlier and have a 26% higher risk of death within one year of having a stroke compared to people of a higher socioeconomic status. People from an ethnic minority group experience their first stroke about five years earlier and have a 2-4 times higher risk of poor stroke outcomes and stroke-related deaths compared to a white person.

Addressing health inequalities is vital to our commitment to solving inequity in stroke. We want to play our part in dismantling systemic discrimination. Here are some examples of how we've been working towards this in 2024-25:

Building relationships with community organisations

We are building meaningful relationships with community organisations, such as the Caribbean African Health Network (CAHN), who are committed to tackling health inequalities across different population groups.

We sponsored the CAHN Black Healthcare Awards, showing our commitment to supporting those who share our vision of addressing inequities and building trust within underserved communities. The event was the first of its kind and celebrated the contribution, commitment and resilience of black health and care workers in the UK.

Charles Kwaku-Odoi, Chief Executive Officer at CAHN said: 'The Stroke Association's support at the Black Healthcare Awards 2024, particularly for the Cardiologist of the Year category, highlights their commitment to recognising and promoting excellence within diverse communities. By combining our expertise and community relationships, our partnership continues to drive meaningful improvement in stroke prevention, care, and support.'

During Black History Month, representatives from CAHN joined us for a webinar, which aimed to give our staff a better understanding of the health inequalities faced by Black Caribbean and African communities in the UK.

Inequalities in Health Alliance

Together with other organisational members of the Inequalities in Health Alliance (IHA), in March 2025, we wrote to Ashley Dalton MP, Parliamentary Under-Secretary of State for Public Health and Prevention. The IHA asked for a cross-government strategy to reduce health inequalities – an update on the government's programme of work on preventing health inequalities.

We have supported the IHA's calls for the UK Government to make it a duty for public authorities to consider how their strategic decisions have an impact on socioeconomic inequalities.

Stroke prevention

Up to 9 in 10 strokes globally are preventable. There's huge potential for reducing the number of lives devastated by stroke if the risk factors are better detected, treated and managed. We help people understand the risk factors for stroke and what they can do to reduce or manage their risk of having a stroke.

Raising awareness on Stroke Prevention Day

Press coverage of Stroke Prevention Day reached millions with 108 pieces of national and regional media coverage across print, online and broadcast media. This included The Independent, The Mirror, The Sun and MailOnline as well as a number of regional outlets including the BBC, Lancashire Post and Belfast Live.

We focused on raising awareness of the link between high blood pressure and stroke. This followed a survey that showed that 43% of people without a connection to stroke didn't know that high blood pressure is the leading cause of the condition. We also highlighted other risk factors, including smoking, poor diet and lack of exercise.

Ian, 47, from Waltham Forest, shared his story in the media to support Stroke Prevention Day. He had a stroke in July 2024 because of undiagnosed high blood pressure.

'Deciding to share my story as part of Stroke Prevention Day was an easy decision as it gave me an opportunity to repay the Stroke Association for all the help they had given me,' says Ian. 'I hope it helped to get the important message across about monitoring blood pressure. In fact, so many people have approached me since and said it motivated them to buy a blood pressure monitor or check in with their GP.'

Investing time and money into stroke research

Stroke research is chronically underfunded, especially compared with other conditions like cancer or heart disease. Government funders and medical research charities spent almost £35 million on stroke research in the UK in 2022 – that's only 1.25% of all the money directly spent on health research. In comparison, £164 million was spent on cardiovascular research (5.9% of all health research) and £469 million was invested in cancer research (17%).

Every year, we fund research to help find new ways to stop stroke happening, and to treat and support people to recover after a stroke.

In 2024-25, we funded £2.4 million in new stroke research awards in nine institutions around the UK. This is a £0.9 million decrease from £3.3 million in 2023-24.

Unfortunately, we're seeing fewer applications for funding, partly because many brilliant stroke researchers are facing serious challenges. Clinical staff have less time to do research, university budgets are stretched, and national investment in stroke research (and partnerships for funding) remains low compared to other major health conditions.

Rather than rush to spend for the sake of spending, we're protecting these funds and using them to strengthen our support for researchers – including plans to offer more competitive fellowships, boost mentoring, and support early career researchers to stay in stroke. Every pound will be reinvested with care and purpose, and our commitment to delivering impactful stroke research remains stronger than ever.

In 2024-25, we funded £2.4 million in new stroke research awards in nine institutions around the UK.
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Our research awards

We have four main types of research awards. These support stroke clinicians and academics working across all disciplines of stroke research to become the research leaders of the future:

- **Postgraduate Fellowships** help graduates develop the skills they need to start a career in stroke research.
- **Postdoctoral Fellowships** offer further training to help stroke professionals who've completed a PhD to progress as independent researchers.
- **Lectureships** play a critical role in supporting talented mid-career researchers as they develop the skills to lead their own research teams.
- **Project Grants** are for multidisciplinary teams addressing big questions across the whole spectrum of stroke research from prevention, through to treatment and rehabilitation, both in hospitals and longer-term in the community.

This year, we're proud to have funded the following research projects:

Grant type	Lead researcher(s)	Institution	Research title
Project Grant	Dr Ameeta Retzer and Dr Sarah Damery	University of Birmingham	PRECISE: Promoting representative and equitable collection of stroke survivor experiences
Project Grant	Professor Nick Ward	University College London	Can nerve stimulation help stroke survivors recover hand movement even years after stroke?
Project Grant	Professor Anne Forster and Dr Tom Crocker	University of Leeds	How do hospital green spaces impact the experiences of people affected by stroke?
Project Grant	Dr Eirini Kontou and Dr Jade Kettlewell	Nottinghamshire Healthcare NHS Foundation Trust and University of Nottingham	e-OPTIMISM: Developing a psychoeducational programme for self-management after TIA (transient ischaemic attack)
NIHR/Stroke Association Programme Grant for Applied Research	Professor Rebecca Palmer and Professor Madeline Cruice	Sheffield Teaching Hospitals NHS Foundation Trust	Aphasia Partnership Training: A programme of work to co-design and evaluate the effectiveness of training a person with aphasia and their communication partner to communicate better together
Joint Stroke Association/ MRC Clinical	Dr Alice Hosking	University of Edinburgh	How do other medical conditions affect someone's risk of

Research Training Fellowship			intracerebral haemorrhage?
Postgraduate Fellowship	Ms Faye Tabone	University of Oxford	Developing CARES: Cognitive aid for rehabilitation in stroke survivors
Postgraduate Fellowship	Ms Shifa Irfan Hamdule	University College London	How do sickle cell anaemia and sleep-disordered breathing affect young stroke survivors?
Postdoctoral Fellowship	Dr Sam Webb	University of Oxford	MCS-stroke: Co-producing a thinking and memory screening tool that adapts to the person using it
Postdoctoral Fellowship	Dr Ellen Backhouse	University of Edinburgh	Improving how we predict whether a stroke survivor will develop dementia
Clinical Lectureship for Medical Professionals	Dr Robin Brown	University of Cambridge	Could brain inflammation cause blood vessel damage leading to strokes?
Senior Clinical Lectureship for Medical Professionals	Dr Alan Cameron	University of Glasgow	STARS: Stopping atrial fibrillation (AF)-related strokes

Highlights of our new research grants

Understanding the link between sickle cell anaemia, stroke and breathing problems during sleep

People with sickle cell anaemia, a genetic condition that affects more than 4 million people around the world, are at increased risk of stroke. Children who have sickle cell anaemia are 100 times more likely to have a stroke than children who don't.

During her PhD, Shifa Hamdule is investigating the links between sickle cell anaemia, stroke, and sleep-disordered breathing in young adults who've had a stroke.

Sleep-disordered breathing refers to unusual patterns of breathing that happen while you're asleep, such as stopping and starting breathing. It seems to be more common in young people with sickle cell anaemia and young people who have had a stroke. It can also increase the risk of having another stroke.

Shifa's work will help us better understand the impacts that sleep-disordered breathing can have on young stroke survivors' brains, thinking and memory abilities, and mental health. It will also help us understand whether existing treatments for sleep-disordered breathing could help reduce these impacts.

'Sleep-disordered breathing is simple to monitor, and treatments already exist that can be used to reduce its impact on brain function and prevent secondary strokes,' says Shifa.

Sickle cell anaemia is more common in southern and western Africa and in people of African and Caribbean ancestry. So Shifa's research could have an important impact for young stroke survivors around the world.

Co-producing a thinking and memory screening tool that adapts to the person taking it

Up to 9 in 10 stroke survivors experience thinking and memory (cognitive) difficulties, such as challenges with planning movements or being able to recognise common objects. However, most of the tests used by healthcare professionals to screen for thinking and memory abilities can't be used by all stroke survivors. They can also take a long time, which can be taxing for stroke survivors, especially those who are facing other challenges like fatigue.

We previously funded Dr Sam Webb's PhD, during which he developed a virtual shopping task that can detect problems with planning and problem-solving after stroke. Sam has now returned to us for a Postdoctoral Fellowship and is working with stroke survivors and healthcare professionals to co-create the first ever app-based test for cognitive difficulties that is specifically designed for stroke survivors.

While further testing will be needed, Sam hopes that his app will eventually be used around the world, giving more stroke survivors an accurate insight into their thinking and memory difficulties and making it easier to access personalised support for returning to day-to-day activities like school, work and hobbies.

Events to share best practice in research

We bring leaders in stroke together to share ideas, learning and best practice, which can help develop more and better stroke research.

UK Stroke Forum

The UK Stroke Forum is the largest gathering of stroke specific healthcare professionals in the UK. It provides leading health specialists with an opportunity to learn, share ideas and best practice across different areas of stroke care, and discover the latest ground-breaking stroke research – with the ultimate aim of improving standards of care for stroke survivors.

A record 1,860 stroke healthcare professionals attended the 19th UK Stroke Forum in Liverpool in December 2024. There were over 70 scientific sessions over the course of the three-day event, featuring speakers from all over the world.

One delegate said: 'I think the NHS is in quite a complex space at the moment with lots of unique challenges, but an event like this is extremely encouraging in making stroke care better across the country.'

90% of sessions involved someone with lived experience of stroke.

Researchers' Day

In September 2024, we hosted a Researchers' Day in Leeds, attended by 21 Stroke Association-funded researchers. This event was a chance for networking, peer support, skills development and learning, with sessions including everything from stroke policy to developing research skills. One attendee commented: 'Excellent speakers. It was very useful to hear about shared challenges and potential solutions.'

New research strategy

What should be the focus of Stroke Association-funded research for the next five years? In 2024, our research strategy came to an end, so in the past year, we've been asking this question of ourselves and the stroke community, as we started to lay the foundations for a bold new direction in stroke research.

Building on what we've learned from two decades of funding world-class studies, we're developing a research strategy that better reflects the reality of stroke recovery, the voices of stroke survivors and carers, and the rapidly changing health and research landscape.

We've engaged with the stroke research community, including clinicians, researchers, funders, and people affected by stroke, to ask where we can make the biggest difference.

We heard loud and clear that UK stroke research needs more than just funding – it needs leadership, collaboration, and long-term investment in people.

That's why our new strategy, launching in late 2025, will go beyond awarding grants. It will focus on strengthening future stroke research, supporting the next generation of leaders, and ensuring stroke research is embedded in real-world care. From policy to rehabilitation to data science, we're positioning stroke research to deliver impact where it matters most – in people's lives.

Stroke survivors shape our research

In 2024-25, the 114 members of our Stroke Voices in Research group contributed to five project grant reviews and 12 research award assessments. They also advised on 10 individual research projects. Members helped to inform the design of the projects, develop materials, prioritise topics, and review content.

The group plays a vital role in shaping the future of stroke research by contributing lived experience, insight and expertise. It brings together people affected by stroke to collaborate meaningfully with researchers, ensuring that research is relevant, makes an impact and is informed by those it aims to support.

Stroke Voices in Research members also contributed to the strategy refresh, sharing their insights and experiences. One member reflected on the value of their involvement in research, saying: 'The whole point of a team is that you each bring a different perspective – our perspective is our lived experience. Our input can do things like improve the design so that recruitment [to a research study] is more likely. Or we can point out when outcomes are not of particular interest to people who have a stroke and perhaps we should be looking at different outcomes if we're going to be exploring a particular area.'

Toolkit for how to involve stroke survivors in research

We have seen how active partnerships between people working and living with stroke can improve research so that it has the greatest impact.

This year, we created a toolkit for stroke researchers on how to best involve people affected by stroke in their research. With guidance including practical steps for recruiting people from underserved communities and planning for accessibility needs, we're supporting and encouraging researchers to think about how they bring new perspectives to their work to improve its quality and outcomes.

Looking ahead to 2025-26, we will:

- Continue to influence and campaign for improvements across the stroke pathway and use the learnings to continue to improve our effectiveness as change-makers.
- Launch the new research strategy and begin its implementation.
- Engage with national elections in Scotland and Wales to ensure stroke is a priority for all major parties.
- Call on the UK Government to deliver a cardiovascular disease (CVD) plan to reduce CVD and stroke deaths and disability by 25% by 2035, following the publication of the 10 Year Health Plan for England in July 2025.
- Work to understand how we can support the stroke community and health system to address stroke-related health inequalities.
- Set up a five nations thrombectomy committee across the UK and the Republic of Ireland to make sure learning is shared and that we increase access to this lifesaving treatment.

We inspired supporters to give their time, voice and money to help stroke survivors and their loved ones

The number of stroke survivors in the UK is expected to rise to 2.1 million people by 2035. To make sure we can be there for everyone affected by stroke, we need to inspire thousands more supporters to contribute to our vital cause. This means inspiring people and organisations to become donors, volunteers and campaigners.

Our audience research shows that a lot of people don't realise how stroke can change lives or how vital support can be for stroke survivors. So, this year, we launched a campaign to raise awareness of life after stroke, as we need the UK public to understand the devastating impact it has. Without knowing this, people won't support us.

The campaign included a TV advert, inspired by real stories of stroke survivors. Bringing these stories to the forefront of more people's minds is crucial as it will help to raise awareness of the condition. It could also encourage them to give their time, voice and money to the charity so that we can support more stroke survivors.

Despite the cost of living crisis, we've had a number of fundraising successes through events such as the London Marathon, as well as our own fundraising appeals. This money will be used to provide support to people affected by stroke to help them find the strength and determination they need for their recovery journey.

For many stroke survivors, recovery is an ongoing process that can take months, years or even decades. Our volunteers provide vital support to stroke survivors through weekly telephone calls and support groups. Thanks to grants from the Wales Council for Voluntary Action and the National Lottery Community Fund, we've been able to increase our volunteer numbers and reach more people affected by stroke.

Increasing donations for our work

Breaking fundraising records

This year our two flagship events – the London Marathon and the Great North Run – broke fundraising records.

The 2024 London Marathon raised £507,000, despite us having fewer charity places than we did in 2023. Each person raised more than £2,000.

Chris Deville, who ran for the Stroke Association and two other charities, raised an incredible £71,000 for us and was the highest individual fundraiser of the 2024 London Marathon. Chris said: 'I was honoured to run the 2024 London Marathon for the Stroke Association after my mum had a significant stroke in late 2023. Taking on this challenge gave me a real sense of purpose during an incredibly difficult time for our family.'

'The kindness and generosity of everyone who supported me was very touching. Knowing the money raised will support the amazing work of the Stroke Association – helping both survivors and their families – means a huge amount to me.'

Para-athlete Anthony Bryan, who had a stroke as a child, broke the Guinness World Record for the fastest marathon time by someone with hemiplegia, which is paralysis on one side of the body. Anthony raised an amazing £5,000 for us in the process.

Runners taking part in the Great North Run 2024 raised £225,000. This is the highest amount we've ever raised in this event.

We also raised money through other running events, including the London Landmarks Half Marathon, the Barcelona Marathon and the Paris Marathon.

Our supporters also took on a number of challenges in 2024-25, including skydives, treks and climbs to Everest Base Camp and Ben Nevis. In total, this raised £451,916 – a 36% increase on our original target for this year.

- More than 14,800 supporters donated to our fundraising appeals, raising over £623,000.
- 25,400 people became supporters of the Stroke Association in 2024-25, including 12,000 new weekly lottery players.

'I participated in the Stroke Lottery because it's a cause I understand, having worked as a nurse for a short time, and wanted to support those affected by a stroke.'

One of our supporters who won £5,000 prize money through our lottery

Showing supporters the value of legacies

In 2024-25, we received £18.9 million from 529 supporters who generously remembered the Stroke Association in their Wills. This was an increase of £2.8 million from the previous year.

To secure future legacy income, we continued to inspire supporters to consider leaving a gift to the Stroke Association in their Will. This year, we hosted special events for supporters in Belfast, North Wales and Exeter to showcase the impact of our work. Our events provide an opportunity for supporters to meet others in the stroke community, deepen their connection to our cause and learn more about how a legacy can make a difference to stroke survivors and their families.

Legacies continue to be our largest source of income and make up 60% of the Stroke Association's annual fundraising income.

'My support for the Stroke Association stems from my family history of stroke and hypertension. My admiration stems from all you do. Thank you.'

Paula Jones, who has pledged a legacy to the Stroke Association

Expanding stroke support through corporate partnerships

Our corporate partners help to provide vital support to stroke survivors and their families. Here are some of the highlights of our partnership work in 2024-25.

Bringing stroke survivors together through bingo

We worked with our corporate partner Buzz Bingo to tackle the social isolation and loneliness felt by stroke survivors. This involved supporting people affected by stroke to join bingo clubs in their local area and meet other people from the stroke community.

Anne, 63, who had a stroke in 2016, stays active by running the Parklands Stroke Support Club in Long Eaton. In May 2024, Anne and a few other members of the group played bingo for the first time at the Buzz Bingo club in Derby.

'It was a great experience,' says Anne. 'It was exciting and you actually feel a buzz when you're playing. Being able to try new things has made such a positive difference to my recovery. I feel more independent, and I stay busy and engaged, so I don't ever feel too bored or lonely.'

Buzz Bingo committed to raising £200,000 over three years. In 2024, the company raised £74,000 through a number of activities across its 80 bingo venues. These included: selling limited edition Stroke Association dabbers, playing charity bingo games to mark Stroke Prevention Day and World Stroke Day, and various staff and customer fundraising initiatives during Stroke Awareness Month.

Fundraising for stroke survivors

From running the London Marathon to hosting an annual cycling event, our corporate partner Posturite raised £43,000 this year for people affected by stroke.

The partnership won the Employee Engagement category of the Third Sector Business Charity Awards in 2024. Many of the staff at the company volunteer their time to support our work. This includes taking part in weekly telephone calls with stroke survivors and cheering on runners at the London Marathon.

Chris Jones, Managing Director at Posturite, said: 'The partnership between Posturite and the Stroke Association has been fantastic for everyone to get engaged in. Obviously, it's been great to raise the money and awareness, but actually the benefits have far

outweighed what we've done for the Stroke Association. It's been about togetherness. Everybody in the business has been involved. It's been astonishing.'

Volunteering time to support stroke survivors

Improving recruitment to get volunteers active quicker

Our volunteers play an important role in helping to tackle the devastation of stroke. We have heard repeatedly from stroke survivors and carers that volunteering has helped them develop new skills, improve their confidence, and feel less alone through meeting new people and being part of a team.

To increase the number of people volunteering with us, we improved our recruitment process in 2024-25. The aim was to make it quicker and easier for people to get started as volunteers and support stroke survivors.

We spoke to current volunteers and volunteer managers to better understand the problems volunteers experience and what could make it better.

To improve the experience for new volunteers, we made the recruitment process digital and removed a lot of the paperwork that people had to fill out. The idea was to make the recruitment process simpler, less formal and more tailored to volunteers' experience.

We tested the new recruitment process with current volunteers. We found that the amount of time it takes to get started as a volunteer has significantly reduced. Now, it takes a fraction of the time it used to take. As a result, volunteers can focus their time on building relationships with staff, other volunteers and people affected by stroke.

Around 1,150 people volunteer their time for the Stroke Association to support stroke survivors.

Russell's story: Listening to stroke survivors

Russell, a stroke survivor, from Leek in Staffordshire, has been volunteering with our telephone service since September 2023. Here, he shares how he is using his own experience of recovering from stroke to help others.

'I became a volunteer because I know how lonely stroke recovery can be. We're matched with someone for eight weekly calls that are about 30 minutes each. It's their space to talk about what they want.

'Stroke survivors often open up in a way that they won't with others. We're like kids in the park comparing scabs: 'What happened to you, how did you recover?' I tell them that 'it's tough' and 'there will be tears'. But 'you'll come good'.

'My first beneficiary was a football fan. He was low emotionally. I didn't give him any advice – just shared my story. By the end of our eight calls, he was playing walking football with a Premiership football team. That's what it's about.'

Helping others through stroke recovery

'Volunteering is incredibly rewarding. When I first speak to someone, they're usually scared and shattered – just like I was. It's a privilege to help them through.'

'If you're thinking of signing up to volunteer, do it. Just pick up the phone and say: 'I want to help.' You don't need to be a medical expert. Lived experience carries weight.'

Rachel's story: Volunteering to offer comfort

After her father died of a stroke, Rachel raised money for the Stroke Association in his memory. We sent her a thank you card for all her efforts. Now, Rachel is volunteering her time to write thank you cards to other people who have donated in memory of loved ones.

'Something about that card – the fact that someone had taken the time to sit down and write to us made me feel so seen in my grief. It wasn't just a donation: it was our dad, our loss, our story. That personal touch stayed with me. If I can help someone else feel even a little of that comfort, then it's worth it.'

Dedicated role in South Wales grows volunteer numbers

There are currently over 72,000 stroke survivors in Wales spread across an area of over 20,000 km². The estimated number of stroke survivors is expected to increase to 108,000 by 2035, so we need to recruit more volunteers in Wales to provide vital stroke support.

In 2024-25, we appointed a new volunteer manager in South Wales to recruit volunteers, thanks to a £24,913 grant from the Wales Council for Voluntary Action (WCVA). Before this, a staff member in North Wales was managing volunteers in South Wales. Volunteers told us they would like dedicated support from someone who was local to them. So, Beverley (Bev) became the new Volunteer Manager.

Bev's job was to increase our volunteers and help them to support the stroke community in South Wales. The goal was to increase the number of volunteers – including Welsh speaking volunteers – to at least 100 by the end of March 2025, which Bev achieved.

Bev also expanded the role of volunteers following feedback that they were keen to support new initiatives in the community. This included supporting volunteers to set up and manage hospital information points, so they could let stroke survivors know about available support.

'Since Bev started, she's been successful in not only increasing the number of volunteers we have, but in supporting volunteers – both new and existing – to embark on exciting new projects. Her contribution has been so valuable that the organisation has decided that we simply can't do without the role.'

Llinos, Engagement Lead for Wales at the Stroke Association

Supporting volunteers to run stroke support groups

This year, our staff helped volunteers to provide consistent, high-quality support to people affected by stroke. For example, we hosted an online conference in October 2024 to give stroke support group leaders and volunteers the chance to share their experiences and learn from each other. Presentations looked at how leaders and volunteers can support those who care for stroke survivors and inclusive activities they can try with their groups.

'My stroke group was a major help. From the moment I went, it made me so welcome. I can't handle negativity and there is none of that. They have been there on my down days. It's a place to share how you feel with people who know what you are going through.'

Damian, a stroke survivor from Tonyrefail, Wales, who attends the Valley Stroke Friends United stroke support group

'I started a sports group within the club to help other members stay active, but our sessions are also about social connection. Stroke can make you withdraw, but having a space to meet friends boosts mental wellbeing. I love seeing how our club benefits survivors.'

Sarah, who began volunteering for the Nailsea Stroke Survivors Club a year after her stroke

New grant brings stroke survivors together

Thanks to a grant from the National Lottery Community Fund's Reaching Communities programme, we are expanding our Stroke Group Network in England to bring more stroke survivors and their loved ones together.

We know how crucial peer connection is for recovery. Through the support groups in the network, people can share their experiences, work through challenges and regain the confidence they need to not just survive but thrive after stroke.

The grant of £317,385 will be used over three years to evaluate the network and fund our Group Network Team who provide essential support for volunteers running stroke

groups. We will be supporting stroke support groups to gather feedback from their members. The first region to take part was the North East and Yorkshire where 100% of members agreed that they feel welcomed in their group.

When the project started in October 2024, there were 335 stroke support groups in the network in England. By the end of March 2025, we'd welcomed 35 new groups, far surpassing our target of 10 new groups in the first year of the project. We can't wait to see the network continue to grow and develop over the coming year.

Raising awareness, inspiring action

Increasing understanding of what it's really like to survive a stroke

Many people don't realise how stroke can change lives or how vital support can be for stroke survivors. This was the main finding of audience research we carried out into how the public perceives stroke. It found that a lot of people consider stroke to 'just' be a medical emergency and don't understand the life-changing impact it has.

We know this is a huge barrier to raising funds to provide stroke support. That's why we established a new long-term brand awareness strategy. And in October 2024, we launched our 'Finding strength through support' campaign to raise awareness of stroke and our work. The campaign included a TV advert that was inspired by stories from three stroke survivors.

Angharad was one of the people who shared her story about how she found life difficult after having a stroke. 'I struggle to control my emotions, and my mobility is restricted mainly due to fatigue,' says Angharad. 'I have black floaters in my eyes and experience weird sensations on my right side. I am very anxious about the future. This has had a huge impact on me but also my family. I am not in work, I am unable to drive, and we had to cancel a family holiday.'

We learned that using stories from stroke survivors helps the public to recognise who we are and the value we bring to stroke recovery. When we ran the radio campaign in October, 93% of people who remembered the radio advert agreed that 'the storytelling helps me understand stroke survival'. Almost 9 in 10 (87%) people who heard the advert said they have a greater appreciation of the Stroke Association and 85% reported that they are more likely to support us.

During the three-month campaign, we also saw:

- A 28% increase in new donors, despite the challenging fundraising environment.
- A 54% increase in donations compared to the previous year.
- Traffic to our support page on our website increase by 35%.

- Sign-ups to online activities, which include exercise programmes and quizzes, increase by 319% in the first month of the campaign, compared to the same time period in the previous year.
- Sign-ups to our online community of carers and stroke survivors increase by 83% in the first month of the campaign.

'My stroke happened a long time ago, but it is something that hasn't gone away. I regularly have to have checks done, especially for my blood pressure. My stroke turned my life upside down at the time. I felt like a huge whirlwind swept me up. I believe it's so important we all talk about it and share our experiences to help others.'

Trevor, who had a stroke at 43 and featured in our campaign to raise awareness of stroke and our work

Raising awareness of peer support

On World Stroke Day 2024, we launched the 'Stroke Encounters' campaign to show the importance of stroke support and how stroke survivors can help each other. This is demonstrated through our Stroke Group Network (see page 19).

We carried out a survey of 1,000 stroke survivors to find out what helped them during their recovery. One in five people said that talking to other stroke survivors was the single most important part of their recovery.

We produced three films showing newly diagnosed stroke survivors meeting people who had strokes in the past.

One of the stroke survivors who appeared in the films was Fran. She says: 'Meeting fellow stroke survivor, Emilia, was a pivotal point in my stroke recovery journey. Talking to someone who'd actually had a stroke and listening to them talk about their own physical and emotional experiences was very powerful. It was a relief to share my fears with someone who understood exactly how I was feeling. Emilia's story and support gave me strength and hope.'

We achieved 373 pieces of media coverage on World Stroke Day 2024 through our Stroke Encounters campaign – a 118% increase from the year before. This means more members of the public heard about our work and the importance of stroke support.

Creating a space to help stroke survivors recover

In May 2024, we launched our first ever show garden at the RHS Chelsea Flower Show. The Stroke Association's Garden for Recovery was designed to be a hopeful, positive space to support and inspire recovery from stroke.

To officially launch the garden, five-year-old stroke survivor, Freddie, joined landscape designer Miria Harris and TV and radio personality Myleene Klass, to put the final soil in place.

Freddie's parents, owners of a company called Topsoil & More, donated 100 tonnes of soil to help create the garden. The show garden was sponsored by Project Giving Back, a charity that funds gardens for good causes.

We had a number of celebrity guests visiting the garden, including presenters Joel Dommett, Kate Garraway and retired athlete Jessica Ennis-Hill, comedian Josh Widdicombe and broadcaster Nick Grimshaw. This helped to raise awareness in the media.

After the event, the garden was repurposed and donated to Chapel Allerton Hospital in Leeds. The garden now provides a space for stroke survivors and their families to relax, rest and reconnect.

Freddie's mum, Sarah, said: 'We know from first-hand experience how beneficial the relocated garden will be as a place to reflect, process what has happened and start the long road to recovery, for both stroke survivors and their families.'

Pledging support for stroke

With Baroness Floella Benjamin and sponsors Waverton Investment Management (now WIM), we hosted some of our supporters at the 'After Hours at RHS Chelsea Flower Show' once the event closed to the public. This raised more than £25,000 in donations, including from people who pledged to leave a gift in their Will.

One legacy pledger said: 'After the Chelsea Flower Show, the Stroke Association ceased to be just a name in a charity mailing, but a collection of real people working really hard to mitigate the effects of a devastating health condition. Our legacy gift gives us the knowledge and satisfaction that our lives will have meant something to someone else.'

Looking ahead to 2025-26, we will:

- Increase the number of people taking part in the London Marathon and the Great North Run for us by improving their experience. For example, we will attend the London Marathon Running Show to meet runners when they collect their event packs and have more volunteers at multiple cheer points on both event courses. We will also clearly communicate plans for post-event receptions and make sure venues are accessible.
- Increase the amount of money that each person raises across all of our fundraising events. We will do this by increasing our presence at events that supporters are taking part in, making it easier for supporters to register for events and improving the fundraising pages on our website.
- Personalise our communications for supporters to show the difference their support is making to stroke survivors.
- Change the way we talk about legacies to inspire more people to leave a gift in their Will. The focus will be on showing how legacies are vital to stroke recovery, helping to fund the cost of stroke support, research, and changes to the way stroke survivors are treated and cared for.
- Fund a new Volunteer Manager role in mid- and west Wales to recruit volunteers and reach more stroke survivors. Following the success of a dedicated Volunteer Manager for South Wales, we applied for another grant from the Wales Council for Voluntary Action (WCVA) to cover the cost of appointing a similar role. We were awarded £51,332 over two years, starting from May 2025.
- Invite our valued supporters to a stewardship event in Spring 2026 to build relationships with people who pledge to leave a legacy and deepen their connection to our cause.
- Look at how we can improve the experience for volunteers once they have started in their roles by working with them to understand any problems and test solutions.
- Continue to increase the public's understanding of what life is like after a stroke by running campaigns in May 2025 for Stroke Awareness Month and in autumn 2025.

We're building a strong foundation for our work

We're improving the way we work – from involving stroke survivors in what we do and working in an agile way, to being as inclusive and diverse as possible – so we can respond as quickly and effectively to the opportunities and challenges presented to our charity and the stroke community.

'Coming into the Stroke Association has allowed me to learn even more about stroke and given me the opportunity to support stroke survivors like me. It's not been without its challenges, but then what job is? The difference though, is that we're all working towards something extraordinary at the Stroke Association, supporting our beneficiaries in finding strength through support, so I'll take a few challenges for that.'

Anna, Online Community Coordinator at the Stroke Association

Adopting agile ways of working

We're replacing traditional working practices with more agile ways of working that allow us to be efficient and adaptable, so we can focus on the work that delivers the best outcomes for people affected by stroke.

We started by bringing together teams from different departments to work at pace on some of our strategic priorities. For example, we adopted this way of working when making sure stroke survivors were heard in the 10 Year Health Plan for England. Also, the approach was used to develop an initial support call to really focus on what matters most to stroke survivors when we're first in touch with them.

Our staff have reported that this agile way of working is helping us to develop a clearer customer focus, an understanding of what really makes a difference, and is allowing us to prioritise our work. It also helps develop confidence and leadership skills.

We have adopted this way of working across the charity but have also identified a small number of corporate priorities, one for each area of our work, which set teams will focus on for a period of time. They will use this dedicated time to understand and experiment with ways to maximise the opportunity identified from an external perspective, understanding what works for stroke survivors, our supporters or those we wish to influence.

Investing in improvements

Updating our digital and data tools

In 2024-25, we focused on the essential work that keeps our people effective and our services safe, while laying the groundwork for future improvements to our systems.

This included:

- Developing our new customer relationship management system, which launched in June 2025. This will help us to streamline how we support people who use our services, and our supporters.
- Ensuring we complied with NHS secure email standards, strengthening how we share information with clinical partners.
- Rolling out new digital tools to support our new ways of working.
- Improving our data tools to help us spot trends earlier, evidence impact, and make quicker, better decisions.
- Strengthening our cybersecurity and resilience and building on our Cyber Essentials accreditation (held since 2022). We are now advancing towards the internationally recognised gold standard for information security management. This demonstrates our commitment to safeguarding systems, protecting data, and going beyond baseline compliance to achieve best practice.

Together, these changes are already making day-to-day work easier and safer, and they set us up to increase personalised, joined-up support with the NHS and other partners in the year ahead.

Creating development opportunities for our people

We've continued to invest in learning and development, to help our people expand their skills and experience.

We ran more residential courses, allowing colleagues at all levels of the organisation to reflect on and develop their relational leadership skills, personal development, our new ways of working and to make real life connections with people in our remote world. This year, in response to feedback from our staff network groups we piloted a fully online version of this course for colleagues who cannot be away from home. We have done much more work this year to help teams and leaders with reflective practice. We have also had great success establishing a mentoring program matching colleagues with senior leaders.

Involving people with lived experience of stroke

We make sure that stroke survivors and carers have a voice in conversations that affect them. This helps us to make better decisions and understand what is important to them so that we can provide accessible and useful products and services.

At the same time, stroke survivors and carers are able to make a meaningful contribution, help create change, improve their confidence and develop their skills.

Stroke Views Involvement Network

There are now over 460 members of our Stroke Views Involvement Network, which is a way for people affected by stroke to get involved in our work.

In 2024-25, we completed a range of projects with the help of the network, including:

- Co-creating digital information about setting goals after stroke.
- Recruiting four members of the group to help to re-design our 'in memory' fundraising communications, including tribute pages, cards and branding. They told us that they felt 'part of a team' where they were 'valued'.
- Feeding into the refresh of the Stroke Association brand through focus groups and providing ideas for adverts.
- Sharing views on ideas for our hospital displays (see page 27).
- Giving feedback on the content of our support packs for stroke survivors, carers and family members (see page 26).

Benefits of involvement work for stroke survivors

'Feeling of inclusion. Nice to be part of a team. Nice to feel valued. Despite it being a serious topic, there were moments of fun and laughter.'

A stroke survivor who helped to co-design our in-memory fundraising communications

Benefits for the Stroke Association

'The 'lived' experience provides invaluable insights into the challenges and motivations individuals face during recovery, ensuring the content is relevant, accessible, and practical. The input helps to refine language, structure, and examples, making the resources more relatable and user-friendly.'

A staff member talking about working with stroke survivors to create digital information about setting goals after stroke

'Stroke survivors came up with ideas I couldn't possibly have come up with on my own, such as using the term 'milestone' rather than 'goal setting'. I hope the content helps people during their recovery journey to push forward on difficult days and recognise their achievements, no matter how small.'

Gemma, our Digital Health Content Writer, on working with the Stroke Views Involvement Network to create digital information about setting goals after stroke

Specialist aphasia involvement group

Aphasia and Accessible Voices is one of seven specialist involvement groups. Aphasia affects a person's speech and ability to read or write and is a common impact of stroke.

Group members work on projects with us, helping to improve the overall accessibility of our work. For example, this year, the group supported us to create an accessible summary of our General Election manifesto.

They also worked with external companies, like Nationwide and National Rail, so they have a better understanding of accessibility for people affected by stroke.

Geeta, a member of Aphasia and Accessible Voices said: 'I enjoyed working on the Nationwide accessible communication pack. Six months into my recovery, going into a bank with a family member, it was overwhelming. I sobbed. I still continue to find banks difficult. This will help.'

Involving people in local decision-making

We work with people with lived experience of stroke around the UK. Our nine Locality Stroke Voices groups shape local stroke projects and services.

For example, following feedback from people affected by stroke and clinicians about the need for more stroke education for people once they're discharged from hospital, the East of England Stroke Voices group helped to develop an online Stroke Information Programme. The programme delivers weekly hour-long sessions on topics such as managing fatigue, memory and cognition after stroke, and returning to driving.

Two-way mentoring for senior leaders and people affected by stroke

This year, we conducted our first two-way mentoring project.

We brought together a senior leader or trustee with someone with lived experience of stroke involved in the work of our charity. The pairs met for several sessions to share knowledge, increase their understanding of stroke and the charity, and learn from each other.

Participants said they gained a better understanding of stroke, the organisation and leadership, more confidence and a sense of feeling valued for what they do.

Increasing diversity in our involvement work

We commissioned independent researcher Lena Kadir to help us better understand how to reach people from more diverse ethnic backgrounds in our involvement work.

Lena carried out interviews with people from Black and South Asian ethnicities who are affected by stroke.

Recommendations from the work included:

- Improving the clarity of the definitions of 'involvement' on our website.
- Offering more information on what different projects involve.
- Having involvement representatives from Black and South Asian communities go into these communities to have face-to-face conversations.
- Offering incentives to take part in involvement work.

Working in partnership with others

We can't fix all the challenges facing people affected by stroke on our own. We collaborate with other organisations and charities to pool our resources, give ourselves a stronger voice and make a bigger difference.

We're a member of the Richmond Group of Charities, a coalition of 15 national health and care charities, and our Chief Executive, Juliet, continues to chair this group. The Richmond Group works together to help more than 15 million people living with long-term, multiple or complex health needs in England to live well and thrive. It is a collective voice to better influence health and social care policy and practice.

Key achievements for the Richmond Group in 2024-25 include:

Shaping national health strategies

After the 2024 General Election, the Richmond Group played an active role in feeding into Lord Darzi's independent investigation of the NHS in England and shaping the 10 Year Health Plan.

We fed into the Richmond Group's collective submission to the UK Government's call for evidence on health. We hope that the plan will reflect the coalition's calls for more joined-up, personalised care for people with multiple health conditions and measures to tackle health inequalities.

Supporting people with long-term conditions to become and remain active

The Richmond Group published its 'Millions More Moving' policy report in July 2024. The report, informed by insights from people's lived experiences, calls on national decision makers to tackle inactivity by supporting people with long-term conditions to move more.

The coalition also published the 'Bridging the Gap' report which, following a major public consultation, looked at what would help people with long-term conditions, and those who support them, to get, and remain, physically active.

Equality, diversity and inclusion

How we are prioritising solving inequity in stroke

We have an ambition to solve inequity in stroke so that everyone gets the support they need. This means developing projects that address diversity and inclusion, accessibility, and health inequalities. But what is the best way to do this?

This year, we created and tested a diversity and inclusion development programme with 20% of our staff and external partners to answer this question. The programme, Understanding Inequity, has supported staff to take action in their work and it has received positive feedback.

We've learned about the capability within the organisation, and now understand what information, learning, and development staff will benefit from. This will support our Board of Trustees to prioritise projects that get us closer to solving inequity in stroke.

Creating a diverse and inclusive Board of Trustees

It's essential that we have a high performing, diverse, and accessible Board of Trustees because their leadership has an influence on how we operate and the work that we do supporting stroke survivors.

This year, we partnered with an external expert in diversity, inclusion, and governance, Frances Brown. She worked with trustees to:

- Agree priorities and activities to develop a diverse and accessible Board.
- Build a diverse recruitment strategy.
- Design support and development opportunities for existing trustees.

This is also helping us to search for, and appoint, a new Chair of the Board of Trustees. We're excited to have created an accessible and inclusive selection process for candidates.

Disability Confident Committed employer

As a stroke support charity, we want to ensure that we offer the best experience possible to anyone who wants to work with us who may have a long-term health condition or disability. This is why we have become a Disability Confident Committed employer (Level 1).

This is a voluntary government initiative designed by employers and disabled people's representatives. The aim is to help employers recruit and retain people with disabilities and those with long-term health conditions.

The scheme aligns with our existing commitment to equity, diversity and inclusion and will help us to achieve our ambition of solving inequity in stroke.

It includes ensuring our recruitment process is inclusive and accessible, and supporting existing employees who acquire a disability or long-term health condition, enabling them to stay in work. Over the next year, we will work to embed the practices and processes that will help us to obtain the Level 2 status of a Disability Confident employer.

Looking ahead to 2025-26, we will:

- Evaluate the impact of Understanding Inequity, our diversity and inclusion development programme. We will use this learning to provide development opportunities in diversity, inclusion and health inequalities for colleagues.
- Appoint and induct a new Chair of the Board of Trustees who is committed to diversity and inclusion and has experience of leading work to address inequity.
- Engage diverse communities of stroke survivors in our involvement work by taking action on the recommendations outlined in the independent research that we carried out in 2024-25.
- Work with our staff network groups (see page 90) and stroke survivors to redesign our people policies so that they're more aligned with our values and better meet the needs of our staff.
- Continue to run a range of leadership development programmes that support people at all levels of the charity to strengthen their leadership skills.
- Continue to develop and evolve our ways of working, embedding more agile practices, to be more effective.

Financial review

We remain in strong financial health. Our Free Reserves are within the range we agreed and strong enough to meet our risk and liquidity requirements. Significant sums have been designated by trustees to improve our infrastructure and impact.

In 2024-25, we designated a significant part of our reserves to find ways to reach more stroke survivors, increase awareness of stroke as the leading cause of adult disability and the third biggest cause of death in the UK, and to increase the number of people who give to us regularly.

We spent £2.0 million of our reserves to do this in 2024-25 out of an overall multi-year designation of £12.6 million. This is the biggest financial commitment we have ever made, and it is necessary as we face increased stroke prevalence due to a growing and ageing population. We are able to do so because of the successes of our investment strategy and of our long-term fundraising strategy, which has increased the number and value of our generous supporters.

We increased overall income by 5% to £44.4 million (2024: £42.1 million) and increased overall expenditure by 2% to £44.8 million (2024: £43.8 million). Both income and expenditure are at our highest ever level.

Income

We continued to experience strong growth of 9% in supporter contributions, which rose to £31.4 million (2024: £28.9 million). This includes 18% growth in legacy income, which rose to £18.9 million (2024: £16.1 million), and other supporter contributions, which grew 2% to £10.2 million (2024: £10.0 million). Income from Trusts, Foundations and Corporates fell 16% to £2.3 million (2024: £2.8 million) due to exceptional one-off gifts in 2023-24.

We received contract income from the NHS and local authorities to provide support to stroke survivors. We are experiencing the negative impact of financial pressures on local authorities and the NHS. Despite the difficult external environment this funding fell by only 3% to £10.7 million (2024: £11.1 million). We have committed to using our own resources to ensure that we maintain support services where funding has been reduced. When funding for our services was removed in two areas of the UK, we used our own resources to try to protect services, as we thought that alternative funding sources may be available later.

While investment income fell from £649,000 (2024) to £551,000, we benefited from a £762,000 unrealised gain in investment values (2024: £3.6 million). We take a total return approach to investments, which means that we seek the investments with the best risk-weighted returns, whether that return is through income or capital growth.

Expenditure

We saw expenditure increase in most service areas and in fundraising. However, a lot of this was related to managing inflation and changes in the real living wage. Despite the 3% fall in local service income, we increased stroke support services by 2% to £21.0 million (2024: £20.6 million). This reflects our commitment to continue to support local services where we have faced pressure from service demand and inflation, and our expansion of Stroke Support Helpline services. Where funding has been reduced, we have tried to maintain service hours as much as possible, using unrestricted income to cover gaps in service funding. We have increased expenditure on systems influencing by 7% to £3.0 million (2024: £2.8 million) and on raising awareness of stroke by 13% to £6.4 million (2024: £5.6 million).

Our expenditure on research and new research awards fell 29% to £2.6 million (2024: £3.7 million). The reasons for this are complex and include fewer applications for funding, given the many challenges stroke researchers are facing. We recognise fully that stroke research needs more investment, and we have maintained our commitment by designating £0.9 million for future stroke research on top of our annual award commitment. These will be used to strengthen our support for researchers.

Fundraising expenditure increased by 9% to £9.3 million (2024: £8.6 million). This is primarily due to our decision to use designated reserves to recruit new regular givers, although half of the increase was due to inflation. Donor recruitment is expensive and provides a strong positive return beyond the year of initial recruitment. We recognise the need to increase our donor base so that we have the resources to help more stroke survivors over the next few years.

Outlook

Our financial strategy guides our long-term financial direction. The strategy is designed to ensure that we meet reserves targets, keep staff costs at a consistent proportion of overall expenditure and remain financially sustainable. We underpin our financial strategy with a three-year financial framework that sets out how we expect to deliver support and transformation. Should our free reserves be deficient, we have three years to restore them. Otherwise, excess free reserves should be designated and released over three to five years. This is the direction we have taken through designating excess free reserves into the Strategy Acceleration Fund and the Data and Digital Development Fund.

We also want to increase income so that we can provide support to everyone as soon as possible after their stroke. To do this we have been investing in new ways of supporting stroke survivors, raising awareness of stroke, maintaining and growing legacy income

and increasing the number and value of donations from individuals, trusts and foundations.

We expect the next three years will be a challenging environment to grow our income. Recent high inflation and cost of living challenges are affecting our supporters as much as everyone else and our plans reflect the increases in Employer National Insurance and the National Living Wage. However, we are confident that we have the strategy in place to continue to increase our supporter base.

We have planned for unrestricted deficits in 2025-26 and 2026-27 totalling £1.3 million, this will reduce our free reserves, and we expect they will fall towards the lower end of our target range by the end of 2026-27, before being restored towards the mid-point by the end of 2027-28. We have made a conscious decision to spend reserves on delivering more services now, while our income growth strategy is developing. We are using a designated fund, the Strategy Acceleration Fund, to invest in recruiting new regular givers, with the income growth expected to eliminate the deficit in three years' time. We are also using designated funds to increase public awareness so that we can accelerate efforts to help stroke survivors find strength through support.

Like all charities that are dependent on legacy income, we are seeing delays in the processing of legacies, which is causing a liquidity challenge. We recognise the income when we are legally entitled to it, but the cash arrives after the grant of probate (confirmation in Scotland) is made, possibly many months later. The growth in legacy income and longer times taken to receive accrued legacies mean that the amounts owed are growing. While we are fortunate enough to have strong investments, we will need to sell more of these to maintain liquidity.

We are the only UK-wide charity providing lifelong support for all stroke survivors. We continue to improve our quality of service to stroke survivors, resulting in healthy local service grants from the NHS and local authorities. We recognise that spending constraints are having an impact on the ability of statutory bodies to fully fund services. Given the quality of our service as the leading stroke support charity, we will continue to advocate for a greater role in providing these services. However, this uncertainty means that we have not made any assumptions on underlying increases in support for these services in future years.

Balance sheet

The consolidated balance sheet shows total group funds at 31 March 2025 of £37.2 million (2024: £36.9 million). This consolidates the Stroke Association charity and our wholly owned trading subsidiary, Stroke Association (Trading) Limited.

Included in total funds are £2.7 million (2024: £2.3 million) of restricted income funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Details of these

restricted funds are in note 30 to the financial statements, together with an analysis of movements in the year.

Our unrestricted funds consist of:

- Free Reserves – used to manage liquidity and protect us from risks.
- Fixed Assets Reserve – which represents the cost of our fixed assets after depreciation and amortisation.
- Designated Funds – where trustees have set aside income accumulated in the previous year to meet our key challenges of raising more funds, increasing awareness of stroke and ultimately helping the lives of more stroke survivors.

Our Free Reserves increased by £2.1 million to £17.4 million (2024: £15.3 million) due primarily to the sale of a property and unrealised gain in investments offset by an in-year deficit. This increase will fund the planned unrestricted deficits in 2025-26 and 2026-27. They do, however, contain accrued legacies where we're still waiting for the cash to be received. The Fixed Asset Reserve fell from £2.8 million (2024) to £1.9 million. This was primarily due to the sale of property, offset by £1.0 million in new capital investment in refurbishing our leased property in Northampton and investment in IT developments, particularly the system that manages our relationships with stroke survivors and the NHS.

Designated Funds fell from £16.5 million (2024) to £15.1 million. We spent £2.0 million from the Strategy Acceleration Fund, allocated an additional £0.3 million to the Research Fund, reduced the Legacy Stabilisation Fund by £0.7 million, and closed the Northampton Resource Centre fund (£0.3 million).

Our investment portfolio has risen to £29.0 million (2024: £28.9 million). All £29.0 million is held with our investment managers. During the year, we drew down £1.0 million from the portfolio (2024: £2.6 million withdrawn). However, due to strong stock selection and increased global returns our investments grew by £762,000 (2024: £3.6 million growth).

We recognise legacies when we are entitled to them, are confident that we will receive them and they can be quantified with reasonable accuracy. They are recognised as income and the amount owed is shown as a debtor. The value of this debtor has risen 34% to £12.5 million (2024: £9.3 million). This reflects both the 19% growth in legacies income but also the continued delays we experience from government departments in settling legacies. The delays in the processing of legacies mean that we have recognised £5.0 million (2024: £3.7 million) as long-term debts that we do not expect to settle in 2025-26. This is also a change in approach from last year based on experience of continued slow receipts of cash to settle legacies. This is included as an asset in our calculation of available free reserves, although it provides no return, and the cash is not available to spend.

Research grant liabilities rose to £7.8 million (2024: £6.7 million). This is due to the £2.4 million in new awards (2024: £3.3 million), offset by £1.4 million in grants paid during the year (2024: £2.9 million) and £0.3 million (2024: £0.1 million) of old grant awards closed. The reasons for the reduction in new awards are set out in the expenditure section above.

Cash flows

Our bank balances fell to £3.1 million (2024: £5.3 million). The reduction was due to the reduction in amounts owed to creditors and a conscious decision to work to a lower bank balance to maximise the funds available for investment. In the year we also benefited from £1.0 million from sales in investments (2024: £2.6 million) and £1.6 million from the sale of a property (2024: Nil).

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future.

Maintaining the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of results and adjusting plans, forecasts and budgets throughout the financial year. Trustees approved a financial strategy that ensures that risks, reserves and financial plans are ambitious, coherent and sustainable.

Reserves policy

Our charity faces risks that we manage through a risk register. Our reserves policy is designed to ensure that we have sufficient reserves to:

- Respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke.
- Provide sufficient liquidity to meet our obligations as they fall due.
- Fund planned deficits in future years.

The trustees reviewed the risk-based reserves policy and reiterated our view that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Designated funds to support the future development of the Stroke Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.

- Fixed assets reserves.
- Free reserves to cover:
 - Working capital needs.
 - Weighted risk requirements.

The weighted risk reserve requirement is based upon the likely range of expected costs should a risk materialise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under 'Principal risks, uncertainties and mitigations' (page 78).

	£ million At 31 March 2025	£ million At 31 March 2024
Total reserves (charity only)	37.1	36.9
Restricted funds	2.7	2.3
Designated funds	15.1	16.5
Fixed asset fund	1.9	2.8
Free reserves	17.4	15.3
Free reserves requirement:		
• Working capital	5.5	5.5
• Risk range	4.0 - 13.5	4.4 - 13.0
• Future planned deficits	0.5	1.4
Total free reserves requirement	10.0 - 19.5	11.3 - 19.9
Excess/(deficit) against reserves range	7.4 - (2.1)	4.0 - (4.6)
Mid-point free reserves requirement	14.8	15.6
Excess/(deficit) against mid-point	2.6	(0.3)

The free reserves requirement range is reviewed regularly throughout the year and at 31 March 2025 was set at a range of £10.0 million to £19.5 million, with a mid-point of £14.8 million. As shown above, our free reserves level is £17.4 million, which is within the approved range. We have kept it above mid-point because we plan to have unrestricted deficits in 2025-26 and 2026-27 totalling £1.3 million. In addition, we have needed to take account of the impact of volatile global economic developments on our investments. We are planning for our free reserves to fall below the mid-point at the end of financial year 2026-27, following two years of planned unrestricted deficits.

The working capital requirement is £5.5 million to recognise the ongoing delays in the processing of legacies, and the need to manage in-year cash fluctuations. The delays in legacy processing are continuing, and this requirement will be subject to ongoing review should conditions improve or deteriorate. The mid-point risk requirement has increased to £9.0 million, with the main increase being due to recognising the increased likelihood of cybersecurity breaches.

We have several designated funds that trustees have set aside. These designations are designed to ensure that we can fully fund our ambitions. They are for a limited time and can be revoked if necessary. These are:

Strategy Acceleration Fund – £10.0 million

This fund is providing support for our ambitions to:

- Increase awareness of stroke.
- Increase income from regular giving.
- Improve our organisational capacity.
- Reach more stroke survivors.

To achieve these goals, we need to spend our resources wisely to ensure that we reach more stroke survivors in a sustainable manner. The Strategy Acceleration Fund is designed to provide significant funding to allow us to make these changes over the next three to five years.

Data and Digital Transformation Fund – £3.0 million

This fund has been designated to pay for new IT investments. These are required to modernise our systems and to support our transformation into a digitally-enabled organisation that can use emerging technologies, such as AI, to improve our productivity and transform our relationships with our supporters and stroke survivors. This work is expected to take up to three years.

Legacy Stabilisation Fund – £660,000

This fund is designed to iron out the fluctuations in the receipt of large legacies. The timing of legacies is always uncertain and can cause distortions in our financial performance. This fund allows us to manage these fluctuations without causing disruption to services. This fund is reviewed annually.

Stroke Association Support Groups – £530,000

The Stroke Association supports local volunteer-led stroke support groups across the UK.

As these groups are part of the charity, their income and expenditure are included in our financial statements. However, we recognise that these funds have been raised by the

groups and should remain under their control. This fund consists of the individual bank balances of all our groups and they have full discretion to spend when they wish.

United Kingdom Stroke Forum (UKSF) Fund – £86,000

The UKSF is an annual conference where practitioners and organisations connected to stroke meet to discuss new developments and challenges. It is hosted jointly by the Stroke Association and the British and Irish Association of Stroke Physicians.

This fund accumulates surpluses and deficits of each event over the previous five years in order to underwrite costs and risks with each year's event.

Research Fund – £852,000

In March 2024, we received funding from the UK Government's Medical Research Charities Early Career Researchers Support Fund of £575,511 to fund early career stroke researchers. This funded grants that we had already awarded from unrestricted funds. To honour the spirit of this award, trustees agreed to create a research fund of the same value to allow for additional grants to be awarded. In addition, we have designated a further £0.3 million, which represents our underspend in research in 2024-25. We have done this to honour our long-term commitment to building stroke research. We intend to use this fund over the next two years to support the new research strategy.

Investment policy

The investment strategy is set by the trustees and considers income requirements, the risk profile and the investment managers' view of market prospects in the medium term. We have an annual total return target of Consumer Price Index Inflation (CPI) +3.5% averaged over seven years on the main portfolio, which we are exceeding. We also have a bond portfolio to meet short to medium-term cash needs. The investments are required primarily to underwrite our research liability and our reserves requirement, both of which are long-term objectives. This allows us to move to embracing a higher short-term risk approach in return for an expected higher long-term return.

Investment income was £551,000 (2024: £649,000) in dividends and interest and £762,000 in investment growth (2024: £3.6 million), thus representing a total return of £1.3 million (2024: £4.2 million) or 4.5% (2024: 15.6%) on the opening fund value.

Our bond portfolio of £4.1 million (2024: £5.0 million), is designed to cover investment drawdowns over the coming years. These are in low-risk government bonds to ensure that the capital is maintained in the short-term and to minimise the need to sell volatile investments when the market is low.

We also have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of investments for short-term cash demands. This is secured on a debenture against all the charity's assets.

A committee of trustees and independent advisors meets regularly with the investment managers to review the performance of the portfolio and the investment strategy. Each quarter, the Chair of the Investment Committee and the Deputy Chair of the Financial Committee met with the Executive Director of Finance to review investment and liquidity levels. All our investment decisions are guided by our Ethical and Responsible Investment Policy, which is reviewed annually.

Principal risks, uncertainties and mitigations

Our trustees identify, assess and understand the risks facing the Stroke Association, and are satisfied that an appropriate risk framework is in place to manage these.

We take a balanced approach to risk, taking steps to minimise the likelihood and impact of unnecessary risk wherever possible. We ensure reserves are sufficient to cover risks, and embrace more risk where we have a stronger appetite to do so in order to better meet the needs of stroke survivors.

The trustees monitor risks through the corporate risk register and examine key risks regularly. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been re-assessed quarterly, alongside their financial impact, and a number of risk ratings and controls have been adjusted accordingly. Our three top-ranked risks at the end of 2024-25 were:

Risk	Actions and mitigations
A successful security breach due to a cyber-attack	<p>Cyber-attacks are increasing in frequency and sophistication. We experienced an IT security breach during 2024-25. The full details are described under 'Data protection' (page 95).</p> <p>We have achieved Cyber Essentials accreditation, and we have agreed that we will aim for ISO27001 in the next 12-18 months.</p>
NHS England structural changes and funding cuts	<p>NHS England will be abolished. Integrated Care Boards in England are required to find 50% cuts to their operational running costs, and the 10-Year Health Plan for England will be condition-agnostic.</p> <p>We have been developing stronger national relationships with the Department of Health and Social Care. We already have strong relationships in many places with provider trusts, which remain important in the new operating model blueprint. Our Medical Director, who is now permanent and works</p>

	two days per week, has growing relationships with most regional medical directors.
Digital and Data Transformation	<p>We recognise that we need to do more to build the basic foundations in place for good supporter communications and journeys, and to transform the organisation to take full advantage of new technologies, including AI. We are at risk of slow or no delivery on digital transformation, leading to us falling further behind and not being able to meet the evolving needs of our beneficiaries and donors.</p> <p>Data and digital transformation will help us to avert this risk. It also represents a real opportunity for us to improve our productivity so we can reach even more beneficiaries and supporters, and communicate with them in personalised and engaging ways. We have brought in the support of experts who have reassured us that our direction is right. They are working with us as partners and coaches to help develop our capabilities, advise on capacity gaps, set up teams in the right way, and help operationalise our tech and data strategies.</p> <p>Under Reserves Policy (above) you can see that trustees have designated £3.0 million of reserves to fund this work.</p>

Our structure, governance and management

We've prepared this Trustees' Annual Report in accordance with the relevant Financial Reporting Standard (FRS 102). Our report also meets the requirements for a directors' report set out in the Companies Act 2006 the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Charities Act 2011. The 'Financial review' and 'Principal risks and uncertainties' sections included within the Trustees' Report meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. We prepared the financial statements in accordance with the accounting policies set out under 'Principal accounting policies' in the attached financial statements.

Status

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered in England and Wales (61274). Stroke Association is registered as a charity in England and Wales (No. 211015), in Scotland (SCO37789), the Isle of Man (945) and Jersey (221); it also operates as a charity in Northern Ireland.

Objects of the charity

Our charity is governed in accordance with our Articles of Association (last amended 18 November 2019), which sets our structure and purpose.

The objects of the charity are for the relief of sickness and distress and for the advancement of health by:

- Working for the prevention of stroke.
- Educating the public in all matters concerning stroke.
- Carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research.
- Responding to the needs caused by the effects of stroke, or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.

Trustees and governance

The trustees govern our charity and act as directors under company law. Collectively our trustees constitute the Board of the Stroke Association.

Trustees have a duty to act in a way that promotes the charity's purposes and are responsible for:

- Setting and monitoring progress against our strategic objectives.
- Setting the highest standards and delivering good governance and leadership.
- Ensuring that the charity's resources are only used for its charitable objectives, in the best interests of its beneficiaries, and in compliance with all relevant statutory and regulatory obligations.

When reviewing our aims, objectives and future plans, the trustees confirm they've complied with their duty under the Charities Act 2011 and have referred to the Charity Commission's general guidance on public benefit.

Our Board meets four times a year, as well as meeting for a strategy away day dedicated to focusing on our long-term plans and strategy. Board and committee meetings are a mix of face-to-face and remote meetings on Microsoft Teams.

Our governance arrangements adhere to the Charity Governance Code for Large Charities and are reviewed annually. We adhere fully to the code. We are working towards improving the diversity of our Board.

The Board delegates the authority to manage day-to-day business to the Chief Executive, assisted by the Executive Directors Team (EDT). The Board approves the charity's strategy, at the proposal of the Chief Executive and EDT. The Chief Executive is responsible for implementing the agreed strategy and policies.

Our committees

In this financial year, our Board had three committees and one subcommittee that met regularly throughout the year to focus on aspects of the charity in more depth. These were:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising.
- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process
- Investment Committee – a subcommittee of the Financial and Performance Committee that develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and

induction of trustees) and the pay, benefits and conditions of service for our employees.

Since April 2025, we have merged our Financial Performance Committee and our Audit and Risk Committee into a Finance Committee, which will operate from 2025-26 onwards. Our Investment Committee now reports directly to the Board.

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board to guide us when recruiting trustees and committee members. This also supports our succession planning. This year we have appointed new recruitment advisors to help us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise. (See page 68.)

We have a rigorous and competitive trustee recruitment process set out in our Trustee Recruitment Policy and Procedure documents. This includes public advertising and may include the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

We have independent advisors to bring additional expertise and diversity to our committees. We also have a programme of support and training for volunteers interested in trusteeship in the future.

No trustee may serve for more than nine years, unless there are exceptional circumstances.

Trustee induction and development

New trustees and non-trustee independent advisors receive induction training to inform them about the charity and our work, and to ensure they have an appropriate level of understanding of charity governance and the legal duties of charity trustees. This includes training in the charity's activities and operations, governance, strategy and finances.

All trustees and non-trustee independent advisors have access to ongoing training, using internal and external resources to support them in their duties and responsibilities. This year, training for trustees included safeguarding, data protection and IT security. Development of trustees and non-trustee independent advisors is a regular item in all appraisal discussions with trustees.

Our trustees and non-trustee independent advisors

Trustee	Office	Appointed/ resigned/ retired	Committee membership during 2024-25	Board attendance
Professor Rustam Al-Shahi Salman BA (Hons) MB BChir MRCP (UK) FRCP Edin FHEA FESO FMedSci				50%
Andrew Archibald BA (Hons) MSc			FPC	100%
Dr David Buckle MBBS DRCOG MRCGP	Vice Chair (Medical)		GRC, ARC, IC, FPC	100%
Hannah Catchpool BSc (Hons) MSc DChA MAAT CA	ARC Chair		ARC, GRC	75%
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC	100%
Ed Garcez BSc (Hons) MSc			FPC	100%
Katherine Gillespie MA (Hons) MSc MScR	Vice Chair (Lay)		GRC, ARC, FPC	100%
Ceri Jackson			FPC	100%
Professor Martin James BM MRCP MD CCST FRCP		Retired 6 April 2025		100%
Stephen King MBA FCMI	Chair, Chair GRC		GRC, FPC, IC	100%
Dr Niamh Kennedy BSc (Hons) MA PhD				75% (on maternity leave)
Ian Lee BA (Hons) CA	FPC Chair, Senior Independent Director		FPC, IC, GRC	100%

Harvinder Rattan ACCA		Retired 16 October 2024	ARC	50%
George Spentzos BASc MBA CFA	IC Chair		IC, FPC	100%

Register of interests for trustees

Trustees	Employment and appointments
Rustam Al-Shahi Salman	Professor of Clinical Neurology – University of Edinburgh Honorary Consultant Neurologist – NHS Lothian Deputy Chair – Health Technology Assessment Funding Committee, National Institute for Health and Social Care Clinical Director – UKCRC Registered CTU Network
Andrew Archibald	CEO – MedMin Limited
David Buckle	Chair – The Society for Assistance of Medical Families (SAMF) Non-Executive Director – Hertfordshire Hospitals NHS Trust Trustee – Crohn's and Colitis
Hannah Catchpool	Partner – RSM UK
Avril Drummond	Professor of Healthcare Research – University of Nottingham Occasional and honorary appointments at various universities for promotions, evaluations, PhD examining, workshops etc. Past Chair – European Life after Stroke Scientific Committee Trustee – Elizabeth Casson Foundation for Occupational Therapy Member of several research funding committees including Senior Chair of the NIHR Doctoral Clinical Academic Doctoral Programme Named mentor on a number of Stroke Association grants Chair – the Life after Stroke Domain for the revision of the Action Plan for Stroke in Europe
Ed Garcez	Director (interim) – Essex County Council

Katherine Gillespie	Employment – Goldman Sachs
Ceri Jackson	Non-Executive Director – Welsh Ambulance Services University NHS Trust (WAST) Vice Chair – WAST
Martin James	Consultant Stroke Physician – Royal Devon University Healthcare NHS Foundation Trust Clinical Professor – University of Exeter Medical School Clinical Director – Sentinel Stroke National Audit Programme (SSNAP) Visiting Professor – King’s College London
Stephen King	Trustee – Harper Collins Executive Pension Scheme Chair – Integrated Care 24 (NHS Social Enterprise) Director – Stroke Association (Trading) Limited
Niamh Kennedy	Ulster University
Ian Lee	Trustee – The Endrick Trust (Glasgow) Director – Stroke Association (Trading) Ltd
Harvinder Rattan	Board Trustee – Gurdwara Sikh Sangat London East (Charity Reg. 278097) Governor – Barnet and Southgate College Director – Yachting (International) Company Limited T/A Expense Reduction Analysts
George Spentzos	Trustee – The Tapscott Learning Trust Chair – Audit and Risk Committee, The Tapscott Learning Trust Chief Investment Officer – Future 30 Funds

The following independent advisors were in office and served throughout the year, except where stated:

Non-trustee independent advisor	Committee membership
Helena Eaton	IC
Ben Matthews	IC
Christopher Queree	IC
Jason Parker BA ACA	ARC
Trey Bui CA APCIP	ARC

Committee membership key

- ARC – Audit and Risk Committee
- FPC – Financial Performance Committee
- IC – Investment Committee
- GRC – Governance and Remuneration Committee

(See stroke.org.uk/our-people for further trustee details).

Trustees' duty to promote the success of the Charity – Section 172 statement

Trustees have a duty to act in good faith to promote the success of the charity for the benefit of its stakeholders and in doing so are required by section 172 of the Companies Act 2006 to have regard to various factors. The statement below sets out how the charity has had regard to those factors in the past year.

The likely consequences of any decision in the long term

The trustees make all key decisions with reference to the charity's broader long-term strategy and our ambition to help all stroke survivors, both present and in the future.

The interests of the company's employees

We aim to make the charity a good place to work for our employees. We consult with LINK, our employee representatives on all major aspects of working at the charity, such as the terms and conditions of employment, employee wellbeing, learning and development and diversity and inclusion. We actively support ways of working that are safe and secure.

The need to foster the company's business relationships with suppliers, customers and others

We recognise that the charity can only succeed if our relationships with commissioners, funders, donors and key suppliers continue to thrive. We actively engage in service reviews with our commissioners and funders and regularly review our relationships with our key suppliers. These are two-way relationships – we seek ways to achieve mutually desirable outcomes.

We deeply value our relationship with stroke survivors and their families. We understand that stroke support is vital to inspire and maintain the strength that survivors will need to face the long and gruelling journey to recovery, so we provide tailored support services that are right for them.

The impact of the company's operations on the community and the environment

We have adopted ethical standards for our activities and investments. We comply with the Code of Fundraising Practice and have stringent gift acceptance policies to ensure our fundraising complies with the highest standards. We have adopted an Environmental Policy to minimise the environmental impact of our activities.

The desirability of the company maintaining a reputation for high standards of business conduct

We believe that maintaining a reputation for high standards of service delivery and business conduct is fundamental to the longer-term success and viability of the charity. We keep this in mind in everything we do from recruitment and resourcing, the setting of policies and procedures, the choice of suppliers and partners we work with, the level of risk we are prepared to accept and the governance and monitoring arrangements we put in place. This includes setting appropriate ethical standards for the charity for our operations and our investments.

The need to act fairly between members of the company

The organisation, being a charitable company limited by guarantee, does not have shareholders and its members are limited to the directors of the company (i.e. the trustees). All directors receive the same information about the strategy, operations and finances of the charity and have equal voices in all key decision-making.

Our Executive Directors Team

On 31 March 2025, the members of our Executive Directors Team (EDT) were:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Chari Hingorani LLB and Katherine Staley BSc (Hons)	Interim Executive Directors, Customer Experience
Alexis Kolodziej BA	Executive Director, Locality Impact
Professor Deb Lowe MB ChB MRCP(UK)	Medical Director
Christopher Rennison CIPD FCMI	Executive Director, People

Chari Hingorani (Associate Director of Legacies Engagement) and Katherine Staley (Associate Director of Customer Care and Support) jointly covered the role of Executive Director of Customer Experience on an interim basis from April to September 2024 and then again from 17 February 2025. Jackie Harbor filled that role from 30 September 2024 until 17 February 2025.

We appointed Professor Deb Lowe as our first Medical Director on 1 September 2024.

Register of interests for EDT

Member	Employment and appointments
Juliet Bouverie	Member – NHS Assembly (England) Co-Chair – NHS England Stroke Delivery Board Chair – The Richmond Group of Charities Member – World Stroke Organization Board (until October 2024)
Dominic Brand	None
Christopher Fyfe	External Member of the Resources, Audit and Risk Committee – Institute of Development Studies Director – Stroke Association (Trading) Limited

Alexis Kolodziej	None
Christopher Rennison	Non-Executive Director – Lincolnshire Rural Housing Association
Deb Lowe	National Clinical Lead for Stroke – NHS England Getting It Right First Time Programme (GIRFT) Consultant Stroke Physician and Geriatrician – Wirral University Teaching Hospital NHS Foundation Trust Professor of Stroke Medicine – University of Lancashire Chair – Lancashire and South Cumbria Integrated Stroke Delivery Network
Katherine Staley	Trustee – Winchester Young Carers
Chari Hingorani	None

See stroke.org.uk/our-people for more information about our trustees and leadership team.

Our people

We're privileged to have 817 staff (as of 31 March 2025) and more than 1,150 volunteers across the UK, including Jersey and the Isle of Man (as at 31 March 2025), who work hard to get the best for stroke survivors, their families and friends. We want to make sure our staff and volunteers feel valued, heard and supported, so they can do their best work for people affected by stroke. Nearly all our staff work from home and live throughout our area of activity.

We regularly consult employees via LINK, our staff consultation forum. LINK is made up of 12 representatives from around the organisation, covering all levels and localities. To make sure we represent different lived experiences, the LINK panel includes dedicated seats for colleagues from our network groups, including stroke survivors. LINK listens to feedback from our staff and meets with senior leaders and EDT at least four times a year (or more frequently at times of significant change) to inform and consult on the issues they raise.

LINK reviews our remuneration policies, and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board,

Safeguarding Governance Board and other groups to ensure our people are at the heart of organisational decisions that affect our staff.

We also have active staff networks who offer peer support to each other as well as influencing staff policy and processes. This includes stroke survivors, Asian, black, and minority ethnic communities, LGBTQ+ and disabilities staff networks, as well as peer support groups for menopause, parental leave, carers, and neurodiversity.

Opportunities are available to all our staff for training, career development and promotion. We make reasonable adjustments for people with additional needs during the application process, when they start at our charity and throughout their time with us. We review the adjustments regularly to make sure they're meeting the individual's current needs.

We also provide access to health benefits and support to all of our staff, including a health cash plan, critical illness cover and Employee Assistance Programme with access to counselling.

Staff attend monthly 'Ask Juliet' Q&A sessions with our Chief Executive and EDT, as well as regular webinars with internal and external speakers.

We hold similar webinars for our volunteers, on role-specific topics, and keep them informed of the charity's work through regular newsletters.

We continue to focus on a progressive working culture and ensuring our benefits and flexible working arrangements retain and attract the best people and their talents. Our turnover and sickness rates remain low and one of the best within the charity sector benchmarks.

Our approach to pay

We're committed to being open and transparent about the work that we do, about the money that we raise and how we spend it.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we want to make sure that we're able to attract and retain the best people, so we regularly review our pay and benefits to bring them in line with other charities.

We need to be financially sustainable, but we know that the rising cost of living is a real worry for many of our people. After careful consideration and consultation with LINK, we were pleased to raise salaries by 2.6% for all staff on all salary grades from 1 April 2024. We also maintained our commitment to pay a minimum of the Real Living Wage, and our employer pension contribution sits well within the sector.

We also increased non-cash benefits too. From 1 April 2025 we:

- Increased pay for maternity and adoption leave from 12 weeks full pay to 12 weeks full pay, plus six weeks half pay.
- Increased paternity pay from three weeks full pay to three weeks full pay, plus one week half pay.
- Started to trial buying and selling of annual leave of up to two days (pro rata for part-time colleagues).
- Introduced an Electric Vehicle (EV) leasing scheme, via a salary exchange mechanism.

Executive pay

Our executive pay is reviewed annually and is benchmarked with other salaries in the sector.

Our Chief Executive's salary for 2024-25 was £162,507 (excluding employer's pension and National Insurance contributions). Guided by the Association of Charity Chief Executives' (ACEVO) best practice advice on pay transparency, we publish our Chief Executive's current salary on our website (stroke.org.uk/executive-pay).

Our other Executive Directors' (Key Management Personnel) salaries for 2024-25 (excluding employer's pension and National Insurance contributions) were within the range of £97,912 and £118,668, depending on their experience and market benchmark.

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission.

Our environmental, social and governance principles

Our charity aims to inspire stroke survivors to gather the determination and strength they need to make their best recovery. Environmental, social and governance issues are at the heart of ensuring we do this properly. We believe these issues are everyone's responsibility and it's our job as a charity to try to lead by example.

We aim to be sustainable, equitable, accountable and transparent in our working practices to make sure we're living our values:

- We are human
- We believe in better
- We give our all
- We say it how it is

There are examples of how we're doing this throughout our report. These include continuing to prioritise our aim to solve inequity in stroke and partnering with an external expert to create a diverse and inclusive Board (see page 68).

We will continue to build, develop and improve on this work in the year to come, to help us to ensure the sustainability of our charity, and improve our ability to build on our charitable objectives.

Our Ethical and Responsible Investment Policy

Our Ethical and Responsible Investment Policy guides the investment decisions of our charity's investment manager and all staff, trustees and advisors who are involved in planning or authorising investment of our charity's funds.

It reflects the principles of our charity's Ethical Policy to behave in a socially responsible way, and to make decisions that protect our beneficiaries, demonstrate our integrity and values, and inspire public trust and confidence.

Our ethical and responsible investment principles are:

- We will not invest in organisations if there is evidence to link their main products or services to a significant increase in the risk of stroke or poor stroke outcomes.
- We support and promote public health initiatives to reduce stroke risk factors. We will not invest in companies that undermine or frustrate these initiatives.
- We may invest in organisations, programmes or projects that could significantly improve stroke outcomes.
- We favour organisations with a positive attitude towards Environmental, Social and Governance (ESG) matters, especially if they act to reduce stroke risk in their workforce or society.
- We try to avoid investments that could be seen as unsuitable for a health-promoting charity. This includes high stakes gambling, high interest money lending, or companies with a reputation for poor ESG compliance.

Our environmental aims

We're committed to improving our environmental sustainability, so we can play our part in limiting the damaging effects of climate change and creating a greener world for all of us.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our direct emissions per employee by almost two-thirds since 2020. But we don't want to stop here. As part of our commitment to supporting the UK Government's net zero strategy and to make sure we're aligned with the NHS's Net Zero Roadmap (see 'Energy and carbon reporting'), we continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In 2024-25, we established our Environmental Oversight Group to help to drive forward the plans set out in our Carbon Reduction Policy. We are currently focusing on indirect greenhouse gas emissions produced by purchasing goods and services, transportation and product use (Material Scope 3 Categories). A lot of our work this year has been about setting the groundwork to enable us to implement our Carbon Reduction Plan, and progress towards our bold ambitions in the year ahead.

Energy and carbon reporting

NHS England has Climate Change Duties enshrined into the Health and Care Act 2022. To meet these duties, it has committed to become a Zero Carbon organisation by 2045. This includes working with the Stroke Association and other parts of their supply chain and commissioned services to ensure full alignment with this plan.

The NHS Net Zero Supplier Roadmap requires suppliers of all new contracts from 2023-24 onwards above £5 million per year to publish a Zero Reduction Plan for their UK Scope 1 and Scope 2 emissions and a subset of Scope 3 emissions.

To support the NHS Net Zero Roadmap, we have published a Carbon Reduction Policy. To align with the NHS, we have decided to retrospectively set a baseline of 2019 and have collated emissions data under the following categories as part of our Streamline Energy and Carbon Reporting (SECR):

- Scope 1 – gas and company owned vehicles.
- Scope 2 – purchased electricity.
- Scope 3 – employee vehicles used in business.

Below is our UK-based annual energy usage and associated greenhouse gas emissions from 1 April 2024 to 31 March 2025. This relates to our office location-based consumption and vehicle mileage. The following information has been submitted as part of the Streamline Energy Reporting Scheme (SECR).

Intensity Ratio

The intensity ratio is gross emissions in metric tonnes CO₂e (mandatory emissions) per employee. This metric relates to UK operations only to align with the energy and emission reporting boundary. This metric is considered the most relevant to the company's energy consuming activities and provides a good comparison of performance over time and across different organisations and sectors.

Breakdown of energy consumption used to calculate emissions (kWh):

	2022-23	2023-24	2024-25
Mandatory requirements:			
Gas	386,468	256,421	73,346
Purchased electricity	264,200	221,072	198,602
Transport fuel	601,282	804,718	937,975
Total energy (mandatory)	1,251,950	1,282,211	1,209,923

Breakdown of emissions associated with the reported energy use (tCO₂e):

	2022-23	2023-24	2024-25
Mandatory requirements:			
<u>Scope 1</u>			
Gas	70.5	46.8	13.4
Transport - Company owned vehicles	-	-	-
<u>Scope 2</u>			
Purchased electricity (location-based)	51.1	42.8	41.1
<u>Scope 3</u>			
Category 6. Employee-owned vehicles	148.3	198.5	193.8
Total gross emissions (mandatory)	270	288.1	248.3
<u>Intensity ratio (mandatory emissions only)</u>			
Tonnes of CO ₂ e per number of employees	0.33	0.35	0.3

Compliance information

Governance and compliance

Each year the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and compliance with UK GDPR.

We are members of the Association of Medical Research Charities (AMRC) and adhere to their research governance policies and regulations.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.

- Address internal issues when a concern directly relates to our employees and/or volunteers.

We recorded 185 reported safeguarding cases between April 2024 and March 2025. None of these cases relate to our employees or volunteers. Rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our safeguarding governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We did not have a whistleblowing case or freedom to speak up case activated in 2024-25.

Serious incidents and fraud

In this financial year, we reported one serious incident to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR). This related to an IT security breach. For full details see below.

Data protection

Our Information Governance Board is chaired by our Executive Director of Strategy, Insight and Technology. Data protection is discussed regularly at EDT and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer.

During 2024-25, we made one preliminary report of an IT security incident to the Information Commissioner's Office (ICO) and the information commissioners in Jersey and the Isle of Man. The incident only led to temporary unavailability of some of our systems, which meant there was no requirement to report a data breach to regulators.

In response to this, we have now applied further security measures to our IT systems. We're investing to achieve ISO 27001 accreditation in the 26-27 financial year. ISO27001 is the global standard for implementing Information Security Management Systems.

We also aim to meet the NHS Data Coordination Board 1596 (DCB1596) standard for our cloud services. The DCB1596 is the secure email standard for health and care organisations designed to reduce cybersecurity risks in email communications.

We're making good progress towards implementing all of the recommendations for improvements to our data protection processes, procedures and records made by external advisors last year. This will further strengthen our practices in this area.

Complaints and feedback

We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand where we can develop in the future.

We had 69 complaints relating to our advertising and fundraising communications (2023-24: 172). The majority of these, 52 (2023-24: 45) were around face-to-face recruitment activity. A further 29 complainants referred to our financial and data processes (2023-24: Nil), where either errors had occurred, or details needed to be updated. These additional complaints primarily related to an error in collecting supporter direct debits early.

We recorded 29 complaints relating to our stroke support offers this year. Most related to unmet customer expectations –some assumed staff were medically trained, while others felt their individual needs weren't met. None of these complaints unearthed serious issues we needed to act on. We're testing ways to make our Customer Charter more visible to service users, setting clear expectations and encouraging open dialogue. Staff are using reflective practice to ensure we keep the customer at the centre of our work when we respond to complaints. Our Safety Learning and Improvement Group regularly reviews complaints and safety data and guides service improvements.

We continually learn from these complaints, working with managers and staff to ensure we are providing the best possible support and that our service users know what they can expect from us. Learnings are also used in guidance and training for our staff.

Fundraising

We're committed to fair, honest and ethical fundraising and strive for the highest possible standards. We raise money for our charity in a variety of ways, including working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to fundraise on our behalf, such as face-to-face, door-to-door and telephone activities, we continually monitor and review their activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through training, regular meetings and 'mystery shopping' to ensure they meet our standards and high expectations.

We continue to work in partnership with organisations (commercial participators) who pay us a return from sales generated through their own channels and when offering a service or product to stroke survivors.

Our supporter promise

We communicate with our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We have a 'supporter promise' to make sure that everyone we interact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us. To read it in full, visit **stroke.org.uk/your-support**. We also have a Gambling Social Responsibility Policy and a Vulnerability and Fundraising Policy.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. Different areas of fundraising activity are reviewed on an ongoing basis, including policies, procedures and outbound communications.

Statement of responsibilities of the trustees

The trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Make judgements and estimates that are reasonable and prudent.

- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

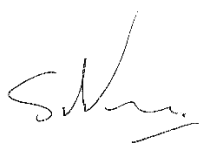
The trustees are responsible for maintaining proper accounting records that show and explain with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the charity's assets and for taking reasonable steps to prevent and detect fraud and other irregularities and to ensure that the charity is not a beneficiary of fraud.

The trustees confirm that:

- In so far as they are aware, there is no relevant audit information of which the Stroke Association's auditor is unaware.
- The trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

This report constitutes the statutory reports described previously. This Trustees' Report, incorporating a Strategic Report, was approved on behalf of the Board by:



Stephen King
Chair of the Board

Approved on: 15 October 2025

President	HRH The Duke of Kent KG GCMG GCVO Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP
	Professor Sir Charles George MB ChB MD (who retired in May 2025)
	Professor Dame Averil Mansfield DBE ChM FRCS FRCP
Vice Presidents	Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP
	Jon Barrick MBA DPRP (h.c.) FCMI
	Professor Pippa Tyrrell MBE MD FRCP (who, sadly, died in January 2025)
Chair	Stephen King MBA FCMI
Trustees	As listed on page 83.
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the Executive Directors Team	As listed on page 88.
Company Secretary	Jan-Willem Jonker LL.M.
Registered office	Stroke Association House 240 City Road London EC1V 2PR
Telephone	0207 5660 300
Website	stroke.org.uk
Email	supporter.relations@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) 945 (Isle of Man) 221 (Jersey)
Auditor	Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP
Bankers	Barclays Bank PLC 1 Churchill Place

London
E14 5HP

Investment managers

W1M
16 Babmaes Street
London
SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of the Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025, which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Parent Charitable Company's Statement of Financial Activities, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the group and the parent charitable company's affairs as at 31 March 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained in the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The strategic report and the trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 or the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- The parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or

error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction,

supervision and performance of the group audit. We remain solely responsible for our audit report.

- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.

- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.
- There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Luke Holt (Senior Statutory Auditor)

For and on behalf of Moore Kingston Smith LLP, Statutory Auditor 9 Appold Street,
London, EC2A 2AP

Date: 4 November 2025

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Financial statements

Consolidated statement of financial activities for the year ended 31 March 2025 (incorporating a Group income and expenditure account)

	Notes	Unrestricted funds	Restricted funds	2025 Total funds	Unrestricted funds	Restricted funds	2024 Total funds
		£'000	£'000	£'000	£'000	£'000	£'000
Income from:							
Donations and legacies	1	29,526	1,909	31,435	26,069	2,786	28,855
Charitable activities – local services	2	460	10,739	11,199	463	11,124	11,587
Other trading activities	3	68	-	68	81	-	81
Investments	4	660	-	660	735	-	735
Other	5	1,016	-	1,016	887	-	887
Total income		31,730	12,648	44,378	28,235	13,910	42,145
Expenditure on:							
Stroke support services	6	9,411	11,555	20,966	8,102	12,524	20,626
Community development and volunteering	7	2,273	144	2,417	2,361	75	2,436
Research grants and awards	8	2,330	297	2,627	2,994	712	3,706
Systems influencing	9	2,885	149	3,034	2,696	140	2,836
Awareness and engagement with stroke	10	6,395	-	6,395	5,633	10	5,643
Raising funds	11	9,299	97	9,396	8,579	-	8,579
Total expenditure	12	32,593	12,242	44,835	30,365	13,461	43,826
Net (expenditure)/income before net gains on investments		(863)	406	(457)	(2,130)	449	(1,681)
Net gains on investments	20	762	-	762	3,625	-	3,625
Net (expenditure)/income after net gains on investments before tax	13-16	(101)	406	305	1,495	449	1,944
Corporation tax on retained Trading Subsidiary profits	17	-	-	-	(12)	-	(12)
Net (expenditure)/income and net movement in funds		(101)	406	305	1,483	449	1,932
Reconciliation of funds:							
Funds brought forward at 1 April		34,602	2,293	36,895	32,156	2,807	34,963
Movement between funds	30	41	(41)	-	935	(935)	-
Capital expenditure	30	-	-	-	28	(28)	-
Net movement in funds in year		(101)	406	305	1,483	449	1,932
Total funds carried forward at 31 March		34,542	2,658	37,201	34,602	2,293	36,895

All of the group's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report consolidates the activities of the Stroke Association and Stroke Association (Trading) Limited.

Charity statement of financial activities for the year ended 31 March 2025

	Unrestricted Funds £'000	Restricted Funds £'000	2025 Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	2024 Total funds £'000
Income from:						
Donations and legacies	29,313	1,909	31,222	25,813	2,786	28,599
Charitable activities – local services	460	10,739	11,199	462	11,124	11,586
Investments	658	-	658	735	-	735
Other	1,156	-	1,156	1,100	-	1,100
Total income	31,587	12,648	44,235	28,110	13,910	42,020
Expenditure on:						
Stroke support services	9,408	11,555	20,963	8,102	12,524	20,626
Community development and volunteering	2,272	144	2,416	2,362	75	2,437
Research grants and awards	2,330	297	2,627	2,994	712	3,706
Systems influencing	2,885	149	3,034	2,696	140	2,836
Awareness and engagement with stroke	6,338	-	6,338	5,602	10	5,612
Raising funds	9,217	97	9,314	8,542	-	8,542
Total expenditure	32,450	12,242	44,692	30,298	13,461	43,759
Net (expenditure)/income before net gains on investments	(863)	406	(457)	(2,188)	449	(1,739)
Net gains on investments	762	-	762	3,625	-	3,625
Net (expenditure)/income and net movement in funds	(101)	406	305	1,437	449	1,886
Reconciliation of funds:						
Funds brought forward at 1 April	34,542	2,293	36,835	32,142	2,807	34,949
Movement between funds	41	(41)	-	935	(935)	-
Capital expenditure	-	-	-	28	(28)	-
Net movement in funds in year	(101)	406	305	1,437	449	1,886
Total funds carried forward at 31 March	34,482	2,658	37,141	34,542	2,293	36,835

All of the charity's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report shows the activities of the Stroke Association only, excluding the activities of Stroke Association (Trading) Limited.

Consolidated balance sheet as at 31 March 2025

	Notes	2025 £'000	Restated 2024 £'000
Fixed assets			
Tangible fixed assets	18	1,412	819
Intangible fixed assets	19	525	493
Investments	20	29,033	28,890
Total fixed assets		30,970	30,202
Current assets			
Debtors	21	9,869	7,976
Debtors due after more than one year – (restated)	22	5,003	3,744
Cash at bank and short-term deposits		3,139	5,254
Assets held for sale	23	-	1,456
Total current assets		18,011	18,430
Liabilities			
Creditors: amounts falling due within one year	24-25	(8,067)	(6,909)
Provisions for liabilities	27	(99)	(386)
Total current liabilities		(8,166)	(7,295)
Net current assets		9,845	11,135
Total assets less current liabilities		40,815	41,337
Creditors: amounts falling due in more than one year			
Research grants payable	26,8	(3,435)	(4,306)
Provisions for liabilities	27	(179)	(136)
Total creditors due after one year		(3,614)	(4,442)
Total net assets		37,201	36,895
The funds of the charity:			
Unrestricted funds			
-Designated funds	28	15,109	16,474
-Fixed asset fund	29	1,937	2,768
-General fund (free reserves)		17,438	15,300
		34,483	34,542
Restricted income funds	30	2,658	2,293
		37,141	36,835
Funds retained within a non-charitable subsidiary	3	60	60
Total	31	37,201	36,895

This represents the consolidated position for the Stroke Association group at 31 March 2025. The notes on pages 121 to 157 form part of the financial statements. Approved and authorised for issue by the trustees on 15 October 2025 and signed on their behalf by:



Name: Stephen King

Date: 15 October 2025

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Charity balance sheet as at 31 March 2025

	Notes	2025 £'000	Restated 2024 £'000
Fixed assets			
Tangible fixed assets	18	1,412	819
Intangible fixed assets	19	525	493
Investments	20	29,033	28,890
Total fixed assets		30,970	30,202
Current assets			
Debtors	21	10,079	8,116
Debtors due after more than one year (restated)	22	5,003	3,744
Cash at bank and short-term deposits		2,845	5,040
Assets held for sale	23	-	1,456
Total current assets		17,927	18,356
Liabilities			
Creditors: amounts falling due within one year	24-25	(8,043)	(6,895)
Provisions for liabilities	27	(99)	(386)
Total current liabilities		(8,142)	(7,281)
Net current assets		9,785	11,075
Total assets less current liabilities		40,755	41,277
Creditors: amounts falling due in more than one year			
Research grants payable	26,8	(3,435)	(4,306)
Provisions for liabilities	27	(179)	(136)
Total creditors due after one year		(3,614)	(4,442)
Total net assets		37,141	36,835
The funds of the charity:			
Unrestricted funds			
-Designated funds	28	15,109	16,474
-Fixed asset fund	29	1,937	2,768
-General fund (free reserves)		17,438	15,300
		34,484	34,542
Restricted income funds	30	2,658	2,293
Total	31	37,141	36,835

This is the financial position of the Stroke Association only, excluding Stroke Association Trading Limited. The notes on pages 121 to 157 form part of the financial statements. Approved and authorised for issue by the trustees on 15 October 2025 and signed on their behalf by:



Name: Stephen King

Date: 15 October 2025

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Consolidated statement of cash flows for the year ended 31 March 2025

	Notes	2025 £'000	2024 £'000
Cash flows from operating activities			
Net cash used in operating activities	A	(2,489)	(2,804)
Cash flows from investing activities			
Investment income		551	649
Purchase of tangible fixed assets		(832)	(55)
Purchase of intangible fixed assets		(75)	(160)
Profit on disposal of assets held for sale		111	-
Proceeds from the disposal of investments		6,854	11,721
Purchase of investments		(5,454)	(9,646)
Net cash provided by investing activities		1,154	2,509
Change in cash and cash equivalents in year		(1,334)	(295)
Cash and cash equivalents at 1 April 2024	B	5,660	5,955
Cash and cash equivalents at 31 March 2025	B	4,326	5,660

A. Reconciliation of net cash flow from operating activities

	2025 £'000	2024 £'000
Net income in year (as per the consolidated statement of financial activities)	305	1,932
Adjustment for:		
Net (gains) on investments	(762)	(3,625)
Depreciation charge	239	247
Amortisation charge	43	115
Dividends and interest from investments	(551)	(649)
Profit on disposal of assets held for sale	(111)	-
(Increase) in debtors	(1,695)	(1,775)
(Decrease)/Increase in creditors	(842)	595
Increase in research grant commitments	1,129	359
(Decrease) in provisions	(244)	(3)
Net cash (used in) operating activities	(2,489)	(2,804)

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2025 £'000	Cashflow £'000	2024 £'000
Cash at bank and short-term deposits	3,139	(2,115)	5,254
Cash held by investment managers (see note 20)	1,187	781	406
	4,326	(1,334)	5,660

Principal accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

The financial statements have been prepared on a going concern basis, under the historical cost convention, with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity and its subsidiaries constitute a public benefit group entity as defined by FRS 102.

The financial statements are presented in sterling, the Charity's functional currency, and are rounded to the nearest thousand pounds.

Assessment of going concern

The trustees of the charity have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and have made this assessment in respect to a period of one year from the date of their approval.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 119. With regard to the next accounting period, the year ending 31 March 2026, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the 'Investment policy' on page 77 and the risk management sections of the Trustees' Report for more information).

The charity's three-year plan projects increased charitable expenditure, which will be reflected with a deficit for two years and return to a surplus in year three. Reserves remain within the ranges specified in the revised reserves policy (see page 74).

The Stroke Association has well-diversified funding streams, with no individual funder or donor exceeding 4% of total income. Contracts with these funders generate a contribution towards the central costs of managing the Stroke Association secretariat, which delivers Management, People, Technology and Finance systems to support its programme globally.

Recognising that the Stroke Association's continued ability to deliver its programme of work will depend on continued forward secured funding going into its new Business Plan period (2025-28), the trustees have considered several factors in concluding that the adoption of the going concern basis in the preparation of these financial statements is appropriate. These have included:

- Existing reserves and investment holdings.
- The forward pipeline of secured and prospective contract and grant awards.
- The growth of the legacy notifications and pipeline.
- The rigour of pipeline monitoring and cost controls that are in place to ensure that reserves released in the current (2025-26) and subsequent financial year (2026-27) maintain delivery of the Stroke Association's programme and maintain long-term financial health.
- Cash management and working capital controls in place to manage the potential risks of late payments by commissioned service funders, the slow settlement of legacies resulting in a build-up of legacy debtors, and to make sure restricted and unrestricted assets and reserves are appropriately managed.

After making this assessment, the trustees are confident the organisation has adequate resources to operate for the foreseeable future and can adopt the going concern basis in preparing its financial statements.

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941.

Dormant subsidiaries have not been consolidated on the basis of materiality.

Income

Income, including investment income, is recognised in the period in which the charity is entitled to receipt and the amount can be measured reliably with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, commissioned services income, trading income, investment income and other income.

In accordance with the Charities SORP FRS 102, volunteer time is not recognised, as the value of their contribution cannot be reliably measured.

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services, and are recognised when we have earned the income.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, any conditions attached to the legacy are within the control of the charity, less an estimate of likely expected costs based on past experience. Entitlement to a legacy is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having been transferred to the charity.

Commissioned stroke recovery and communication support service income and trading income is recognised to the extent that it is probable that the economic benefits will flow to the charity and the revenue can be measured reliably. It is measured at fair value, being the amount invoiced and considered receivable, excluding any discounts or rebates.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement, and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs.

All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, and the costs incurred by the trading subsidiary.
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, direct and support costs including governance costs.
- Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved but not paid at the end of the financial year, are accrued for.
- Irrecoverable VAT is allocated to the same expenditure heading as the associated net costs

An exercise is undertaken each year to ensure all costs have been correctly mapped to the appropriate charitable goals.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements.

Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily full time equivalent (FTE) allocation and expenditure ratios.

Donated services and facilities (gifts in kind)

Services and facilities donated to the charity for its own use are included in income at their worth to the charity as at the time of the gift with an equivalent amount included in expenditure.

Taxation

The charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Act 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

Research grants and awards

The Stroke Association awards research grants and Fellowships each year, which run for periods of up to five years. Such research grants and awards are accrued in full at the time of their award.

The Stroke Association undertakes an annual reporting review for all grants. Any under performance is investigated, which may involve an external review by stroke research experts. This may, very occasionally lead to the reduction or cancellation of a grant.

The long-term research grant commitment has not been discounted on the grounds that it would not be material.

Tangible fixed assets

All tangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. They are stated at cost, which includes the original purchase price of the assets plus costs attributable to bringing the assets to their intended use. Depreciation is calculated on a straight-line basis over their expected useful life.

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition, together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under construction are not depreciated until they are brought into use. An impairment review in respect to a particular class of assets is conducted if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed asset may not be recoverable.

During the previous financial year, the freehold property was put on the market for sale. Contracts were exchanged before the year-end of 2023-24 with completion in April 2024. The net book value of the asset was moved to assets held for sale with the gain on disposal being reflected in this year's financial statements. See note 23.

Short leasehold premises consist of the costs of entering into the leases for offices, together with associated fitting-out costs. These costs are written off over the life of the lease, reflecting the useful life of the underlying asset to the charity.

Office fixtures, fittings and equipment are depreciated over five years based on the estimated useful life on a straight-line basis.

Intangible fixed assets

All intangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. These include software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

Intangible fixed assets are recognised only if all the following conditions are met:

- An asset is created that can be separately identified.
- It is probable that the asset created will generate future economic benefits.
- Development costs of the asset can be measured reliably.

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible fixed assets are assumed to have useful lives of between five and 10 years and are amortised accordingly at an annual rate of 20%.

An annual impairment review is carried out for each asset after it has been brought into use to re-assess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are initially recognised at their transactional value and subsequently measured at their fair value as at the balance sheet date using the quoted market price.

Realised gains or losses on investment assets are calculated as the difference between disposal proceeds and their opening carrying value, or their purchase value if acquired during the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains or losses are combined in the statement of financial activities and are credited or debited in the year in which they arise.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The investment in the charity's trading subsidiary is valued at the cost of £7 (2024: £7).

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

The legacy accrual is analysed between amounts due within one year and amounts due in more than one year. This is to reflect the reality of when legacies are likely to be paid.

The prior year debtors figure has been restated to reflect this change in presentation, resulting in £3.7 million being moved from debtors to debtors due after more than one year. Given the short timescales and values the debt from accrued legacies has not been discounted.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

Restricted funds comprise monies raised for, or where their use is restricted to, a specific purpose, or contributions subject to donor-imposed conditions.

Unrestricted general funds represent those monies, which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives.

Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Significant accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates that affect the reported values of assets, liabilities, income and expenses.

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The age analysis of the legacy accrual debtor, splitting the balance between receivable within one year and more than one year.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provision for dilapidation on the leasehold properties is based on historic data, ongoing monitoring of the conditions of the properties and discussions with property developers and landlords.
- Assessment of the charity's ability to continue as a going concern.

Onerous leases

An onerous lease provision has been made for leased laptops that were not in use and would not be put into use before the end of their lease. The provision was based on all contractual costs from the balance sheet date to the end of the lease.

Operating leases

Rentals applicable to operating leases, where substantially all of the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities on a straight-line basis over the lease term.

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities and any balances owed at the year-end are included in creditors – amounts falling due within one year. See note 24.

Notes on the financial statements

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
General donations	1,250	97	1,347	1,248	495	1,743
In memoriam	1,241	11	1,252	1,342	12	1,354
Lottery and raffle	1,958	-	1,958	1,640	-	1,640
Direct mail	649	-	649	680	-	680
Committed giving	1,593	256	1,849	1,327	279	1,606
Corporate income and trusts	1,493	665	2,158	1,041	911	1,952
Events	2,135	2	2,137	2,099	8	2,107
Gift Aid	945	58	1,003	807	64	871
Legacies	18,228	689	18,917	15,645	439	16,084
Grants	36	131	167	240	578	818
Total	29,526	1,909	31,435	26,069	2,786	28,855

Contingent Asset

During the reporting period, we have been notified of Legacies that could total £4.2 million (2023-24: £2.5 million), where either no grant of probate has been received, or the grant of probate has been received within six months of the end of the financial year. This gives rise to a contingent asset as it is a possible asset arising from a past event (the notification of the legacy by the solicitors for the deceased legators), but the outcome will be determined by an uncertain future event (any debts owed by the legator or challenges from family members). Our entitlement to the asset and its value will be uncertain until we have received the grant of probate and are aware of any debts or challenges.

2. Charitable activities – local services

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Commissioned stroke recovery and communication support services	-	10,736	10,736	-	11,124	11,124
Stroke Group Network	460	3	463	463	-	463
Total	460	10,739	11,199	463	11,124	11,587

All income from commissioned stroke recovery and communication support services in this and the prior accounting period was restricted and represents delivered services.

3. Other trading income

The Stroke Association trading subsidiary - Stroke Association (Trading) Limited (see note 20), raises corporate sponsorship and sells Christmas cards and merchandise to fund the activities of the charity. All income is therefore unrestricted.

The trading company gift aids its taxable profits to the charity to the extent that it has distributable reserves with which to do so.

	2025 Total funds £'000	2024 Total funds £'000
Turnover	68	81
Cost of sales	(54)	(30)
Gross profit	14	51
Other income – corporate sponsorship	379	333
Other income – interest	1	-
	394	384
Selling, distribution and administration expenses	(280)	(289)
Net profit	114	95
Corporation tax	-	(12)
Net profit paid to the Stroke Association under gift aid	(114)	(37)
Net assets at 31 March	60	60

In the previous year the trading company's board of directors agreed to retain such funds as to bring the reserves up to £60,000 in order to maintain its financial stability. This resulted in tax charge on the retained profits. Surplus profits were gift aided to the charity.

4. Investment income

	2025 Total funds £'000	2024 Total funds £'000
Investment income receivable	551	649
Interest receivable	109	86
Total	660	735

5. Other income

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Delegate fees	602	-	602	572	-	572
Training income	6	-	6	9	-	9
Publication sales	4	-	4	5	-	5
Room hire	222	-	222	238	-	238
Gain on disposal of asset held for sale (see note 23)	111	-	111	-	-	-
Sundry income	71	-	71	63	-	63
Total	1,016	-	1,016	887	-	887

6. Stroke support services

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000
Commissioned stroke recovery and communication support services	-	9,625	9,625
Regional and management support	1,235	1,767	3,002
Stroke Group Network	545	15	560
Universal services including Helpline	1,915	57	1,972
Support costs (note 12)	5,716	91	5,807
Total – 2024-25	9,411	11,555	20,966
	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Commissioned stroke recovery and communication support services	-	9,298	9,298
Regional and management support	1,022	1,826	2,848
Stroke Group Network	579	154	733
Universal services including Helpline	1,440	599	2,039
Support costs (note 12)	5,061	647	5,708
Total – 2023-24	8,102	12,524	20,626

7. Community development and volunteering

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000
Staff costs	1,463	144	1,607
Other direct costs	105	-	105
Support costs (note 12)	705	-	705
Total – 2024-25	2,273	144	2,417
	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	1,599	75	1,674
Other direct costs	92	-	92
Support costs (note 12)	670	-	670
Total – 2023-24	2,361	75	2,436

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2025 Total funds £'000	2024 Total funds £'000
Total – 2024-25	2,330	297	2,627	-
Total – 2023-24	2,994	712	-	3,706

Included within research grants and awards are the direct and support costs of running the research department. A full list of the grants is available on stroke.org.uk/research

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Grants	2,175	-	2,175	2,492	712	3,204
Direct support costs	48	293	341	416	-	416
Indirect support costs (see note 12)	107	4	111	86	-	86
Total	2,330	297	2,627	2,994	712	3,706

Research grant commitments

	2025 Total funds £'000	2024 Total funds £'000
Commitments at 1 April	6,707	6,349
Written back during the year	(268)	(113)
Paid during the year	(1,429)	(2,855)
Approved during the year	2,443	3,316
Co-funded grants funding received (see note 37)	384	10
Commitments at 31 March	7,837	6,707
Payable as follows:		
Within one year (note 24)	4,402	2,401
After more than one year (note 26)	3,435	4,306
Total	7,837	6,707

9. Systems influencing

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000
Staff costs	1,903	149	2,052
Other direct costs	371	-	371
Support costs (note 12)	611	-	611
Total – 2024-25	2,885	149	3,034

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	1,792	140	1,932
Other direct costs	350	-	350
Support costs (note 12)	554	-	554
Total – 2023-24	2,696	140	2,836

10. Awareness and engagement with stroke

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000
Staff costs	2,879	-	2,879
Advertising and marketing	1,924	-	1,924
Other direct costs	758	-	758
Support costs (note 12)	834	-	834
Total – 2024-25	6,395	-	6,395

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	2,345	10	2,355
Advertising and marketing	1,637	-	1,637
Other direct costs	926	-	926
Support costs (note 12)	725	-	725
Total – 2023-24	5,633	10	5,643

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	2025 Total funds £'000	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	3,524	97	3,621	3,289	-	3,289
Donor acquisitions and retention	4,493	-	4,493	4,114	-	4,114
Fundraising trading	50	-	50	106	-	106
Support costs (note 12)	1,232	-	1,232	1,070	-	1,070
Total	9,299	97	9,396	8,579	-	8,579

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2025 Total £'000
Direct costs	15,159	1,712	2,516	2,423	5,561	8,164	35,535
Support costs:							
Management	514	62	10	54	74	109	824
Property	355	43	7	37	51	75	569
People	1,416	172	27	149	204	301	2,268
Finance	1,083	131	21	114	156	230	1,734
Technology	1,898	230	36	200	273	403	3,039
Governance	541	66	10	57	78	115	866
	5,807	705	111	611	834	1,232	9,300
Total – 2024-25	20,966	2,417	2,627	3,034	6,395	9,396	44,835
	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2024 Total £'000
Direct costs	14,918	1,766	3,620	2,282	4,918	7,509	35,012
Support costs:							
Management	433	51	7	42	55	81	669
Property	674	79	10	65	86	126	1,040
People	1,454	171	22	141	185	272	2,245
Finance	1,057	124	16	103	134	198	1,632
Technology	1,549	182	23	150	197	292	2,393
Governance	541	63	8	53	69	101	835
	5,708	670	86	554	725	1,070	8,814
Total – 2023-24	20,626	2,436	3,706	2,836	5,643	8,579	43,826

Full time equivalent (FTE) allocation, locations and activities form the basis of allocation for the functions listed above.

13. Governance costs

	2025 Total funds £'000	2024 Total funds £'000
Chief Executive Office	201	204
Internal audit	38	36
External audit and tax advice (including irrecoverable VAT)	54	48
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	573	547
Total	866	835

14. Net movement in funds

This is stated after charging:

	2025 Total funds £'000	2024 Total funds £'000
Current year's auditor's remuneration	43	40
Tax computation and advice from auditors	2	2
Other financial services from auditors	7	14
Depreciation (note 18)	239	247
Amortisation (note 19)	43	115
Operating lease rentals – office rent	417	416

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2025 £'000	2024 £'000
Wages and salaries	24,892	23,145
Social security costs	2,246	2,059
Pension costs	1,556	1,393
Redundancy and termination costs	107	41
	28,801	26,638
Payments to agency staff	97	67
Total	28,898	26,705

Non-taxable statutory redundancy payments totalled £69,000 (2024: £32,000).

The average number of employees during the year, analysed by function and including support staff as allocated per note 12, was as follows:

	2025 Full time equivalent	2024 Full time equivalent	2025 Head count	2024 Head count
Charitable activities				
- Stroke support services	434	442	541	536
- Community development and volunteering	53	52	59	58
- Research grants and awards	8	7	9	7
- Systems influencing awareness and engagement with stroke	46	43	50	48
- Raising funds	62	56	68	61
	92	83	95	85
Total	695	683	822	795

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration continued

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and national insurance contributions) during the year were:

	<u>2025 number</u>	<u>2024 number</u>
£60,001 - £70,000	22	16
£70,001 - £80,000	4	4
£80,001 - £90,000	5	-
£90,001 - £100,000	1	3
£100,001 - £110,000	3	1
£110,001 - £120,000	1	2
£150,001 - £160,000	-	1
£160,001-£170,000	1	-

Key management personnel are the trustees and the members of EDT. In 2025, there were six full time equivalent (FTE) EDT members (2024: six). See page 88 for further details.

The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £856,000 (2024: £822,000).

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £2,685 (2024: £3,836) were reimbursed to 13 trustees (2024: 10).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £28,800 (2024: £28,600) and provides cover of up to a maximum of £5 million in any one year.

17. Corporation Tax

The Charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Acts 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

The £12,000 taxation charge in 2024 arises from the charity's trading subsidiary, which retained part of its operating profit in the year. In the current year (2024-25), a donation of all taxable profit was made to the charity from the trading subsidiary via the Gift Aid scheme.

The tax charge of the retained profit in the subsidiary on its ordinary activities for the year was as follows:

	2025 £'000	2024 £'000
UK corporation tax at 25% (2024 – 19%)	-	12
Factors affecting tax charge for period		
Profit on ordinary activities before tax	114	95
Corporation tax rate in the UK	25%	19%
Profit on ordinary activities multiplied by standard rate of corporation tax	28	18
Effects of:		
Gift Aid donation to Stroke Association	(28)	(5)
Marginal tax relief	-	(1)
Current tax charge for the year	-	12

18. Tangible fixed assets

Group and charity

	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	2025 Total £'000
Cost			
At 1 April 2024	2,060	448	2,508
Additions	417	415	832
Disposals	-	(227)	(227)
At 31 March 2025	2,477	636	3,113
Depreciation			
At 1 April 2024	1,344	346	1,690
Charge for year	180	58	238
Disposals	-	(227)	(227)
At 31 March 2025	1,524	177	1,701
Net book values			
At 31 March 2025	953	459	1,412
At 1 April 2024	716	103	819

19. Intangible fixed assets

Group and charity

	Computer Software £'000	2025 Total £'000
Cost		
At 1 April 2024	1,851	1,851
Additions	75	75
Disposals	(422)	(422)
At 31 March 2025	1,504	1,504
Amortisation		
At 1 April 2024	1,358	1,358
Charge for year	43	43
Disposals	(422)	(422)
At 31 March 2025	979	979
Net book values		
At 31 March 2025	525	525
At 1 April 2024	493	493

20. Fixed asset investments

These comprise investments at market value and cash held for re-investment.

Group and charity

	2025 £'000	2024 £'000
Market value at 1 April	28,484	26,933
Acquisitions	5,454	9,646
Sales proceeds	(6,854)	(11,721)
Net movement in market values (see below)	762	3,625
Market value at 31 March	27,846	28,484
Cash held by investment managers for re-investment	1,187	406
Market value at 31 March	29,033	28,890
Cost of investments at 31 March	22,594	22,843
Net movement in market values in year:		
	2025 £'000	2024 £'000
Realised gains	434	229
Unrealised gains	328	3,396
Total	762	3,625

20. Fixed asset investments continued

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt in on recognised stock exchanges and comprised the following:

	2025 £'000	2024 £'000
Equities	18,492	20,104
Government stock	5,610	4,893
Non-government bonds	516	787
UK property funds	415	409
Multi asset holdings	2,813	2,291
Total	27,846	28,484
UK stock exchange	7,273	7,614
Non-UK stock exchanges	17,345	18,170
UK property funds	415	409
Multi asset holdings	2,813	2,291
Total	27,846	28,484

Subsidiary companies

The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, (Company Number 00898941) a company incorporated in England and Wales. These are valued at £7 (2024: £7). See note 3 for trading details.

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a company incorporated in Northern Ireland. All of these companies were dormant for the whole of the current and previous year.

21. Debtors falling due within one year

	2025 Group £'000	Restated 2024 Group £'000	2025 Charity £'000	Restated 2024 Charity £'000
Trade debtors	667	682	655	636
Amounts owed by trading subsidiary	-	-	234	185
Other debtors	31	29	31	29
Prepayments and accrued income	9,171	7,265	9,159	7,265
Total	9,869	7,976	10,079	8,116

The length of time that it takes for legacies to be settled has increased and has had an impact on the size and ageing of our legacy accrual. As a result, we recognise that a material element of the accrual will not be settled within one year.

An estimate has been made of the accrued income that will be settled within one year with the remaining balance treated as due after more than one year (see note 22).

This presentational change is considered material and therefore the prior year balance sheet figure has been restated.

The legacy accrual due after more than one year has not been restated to its net present value using a discounted cashflow as any adjustment is considered to be immaterial.

The amount owed by the trading subsidiary to the Charity includes the donation of all its taxable profits under the Gift Aid Scheme see notes 3 and 17.

22. Debtors falling due after more than one year

	2025 Group £'000	Restated 2024 Group £'000	2025 Charity £'000	Restated 2024 Charity £'000
Prepayments and accrued income	5,003	3,744	5,003	3,744
Total	5,003	3,744	5,003	3,744

23. Assets held for sale

	2025 Group £'000	2024 Group £'000	2025 Charity £'000	2024 Charity £'000
Freehold property held for sale	-	1,456	-	1,456
Total	-	1,456	-	1,456

At the end of the previous financial year contracts had been exchanged for the sale of our freehold property in Bromsgrove. The book value of this asset was treated as an asset held for sale.

In April 2024 the sale was completed and the disposal of the property reflected in the current year's results. The gain on disposal amounted to £111,000 (see note 5).

24. Creditors: amounts falling due within one year

	2025 Group £'000	2024 Group £'000	2025 Charity £'000	2024 Charity £'000
Trade creditors	850	2,045	850	2,042
Research grants (note 8)	4,402	2,401	4,402	2,401
Taxation and social security	605	583	598	600
Corporation tax liability	-	12	-	-
Pension commitments	238	204	238	204
Other creditors	13	19	13	21
Deferred income (note 25)	684	384	675	374
Accruals	1,275	1,261	1,267	1,253
Total	8,067	6,909	8,043	6,895

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

25. Movement in deferred income

Group	Opening balance 1 April 2024 £'000	Amounts released from the previous year £'000	Current year deferred income £'000	Closing balance 31 March 2025 £'000
Movement in deferred income	384	(384)	684	684

Group – prior year	Opening balance 1 April 2023 £'000	Amounts released from the previous year £'000	Current year deferred income £'000	Closing balance 31 March 2024 £'000
Movement on deferred income	1,178	(1,178)	384	384

Charity	Opening balance 1 April 2024 £'000	Amounts released from the previous year £'000	Current year deferred income £'000	Closing balance 31 March 2025 £'000
Movement in deferred income	374	(374)	675	675

Charity – prior year	Opening balance 1 April 2023 £'000	Amounts released from the previous year £'000	Current year deferred income Released £'000	Closing balance 31 March 2024 £'000
Movement in deferred income	1,176	(1,176)	374	374

Deferred income includes commissioned service income where invoices have been raised in advance of the service delivery period along with lottery and raffle ticket sale income that relate to future draws, trust funding for future years and entrance fees for events to be held in the following year

26. Creditors: amounts falling due in more than one year

	2025 Group £'000	2024 Group £'000	2025 Charity £'000	2024 Charity £'000
Research grants (note 8)	3,435	4,306	3,435	4,306

27. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	2025 Total provision £'000	Less than one year £'000	More than one year £'000	2024 Total provision £'000
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Onerous lease provision

Opening Balance	-	-	-	10	-	10
Released in the year	-	-	-	(10)	-	(10)
Provided in the year	73	34	107	-	-	-
Closing balance	73	34	107	-	-	-

Property dilapidation provision

Opening Balance	386	136	522	378	136	514
Released in the year	(360)	-	(360)	(19)	-	(19)
Provided in the year	-	8	8	27	-	27
Closing Balance	26	144	170	386	136	522
	99	179	277	386	136	522

The charity has built up a dilapidation provision for works required at the end of the lease, or at its break clause if earlier, to bring the property to the state it was at the commencement of the lease as required under lease agreement. The provision is based on historic data, ongoing monitoring of the conditions of the property and discussions with property developers and landlords.

During the year the dilapidation provision that had been made against the Northampton Resource Centre was released. A new lease was agreed for the property and a new provision based on the terms of the new lease is being charged from its start date.

During the year the charity agreed to replace all leased laptops with purchased ones. An onerous lease provision has been made against the future rentals relating to returned laptops.

28. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2025 £'000	2024 £'000
Legacy Stabilisation Fund	660	1,320
Data and Digital Transformation Fund	2,962	-
Future cost of operating model over next three years	-	1,077
Strategy Acceleration Fund	10,019	12,642
Northampton Resource Centre location costs	-	296
Research Fund	852	575
Funds held for voluntary support groups	530	503
UK Stroke Forum	86	61
Total	15,109	16,474

The purpose of each designated fund is set out under the Reserves Policy on page 74.

29. Fixed asset fund

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves. The previous year's figure included assets held for sale.

Group and charity

	2025 £'000	2024 £'000
Fixed asset fund	1,937	2,768

30. Restricted funds

Group and charity

	At 1 April 2024 £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2025 £'000
Medical and other research						
- Specific research projects	50	(50)	280	-	-	280
- General research funding	-	-	345	-	(345)	-
Total	50	(50)	625	-	(345)	280
Other restricted funds						
- Commissioned services	-	-	10,736	-	(10,736)	-
- Stroke services and programmes	470	50	438	-	(485)	473
- Other donations and legacies	1,773	(41)	849	-	(676)	1,905
	2,243	9	12,023	-	(11,897)	2,378
Total 2024-25	2,293	(41)	12,648	-	(12,242)	2,658

30. Restricted funds continued

Group and charity – prior year

	At 1 April 2023 restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2024 £'000
Medical and other research						
- Specific research projects	-	(861)	1,016	-	(105)	50
- General research funding	-	-	590		(590)	
Total	-	(861)	1,606	-	(695)	50

Other restricted funds

- Commissioned services	-	-	11,124	-	(11,124)	-
- Stroke Services and programmes	966	(86)	515	-	(925)	470
- Other donations and legacies	1,813	12	666	-	(717)	1,773
Capital projects	28	-	-	(28)	-	-
	2,806	(74)	12,304	(28)	(12,766)	2,243
Total 2023-24	2,807	(935)	13,910	(28)	(13,461)	2,293

Income has been received during the year for both specific research projects and to support our general research activity.

The restricted income on commissioned service contracts is for operating our communications and family support services, providing support to stroke survivors on a one-to-one or group basis. During the year income is received that is restricted to specific services and programmes that the Charity provided, such as our Helpline, support grants, our stroke group network and Next Steps. Other restricted donations and legacies are received for specific locations and voluntary groups and is applied to a variety services and support delivered in those areas.

Transfers are made between reporting categories within the fund to better reflect the nature of the activity. Transfers have been made between restricted and unrestricted funds where additional clarity has been received on the nature of the restriction enabling these funds to be applied to expenditure formally treated as unrestricted. Transfers between restricted research funds and unrestricted funds where additional funding has been received against grants that had previously been fully funded from unrestricted funds.

31. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2025 Total £'000
Tangible fixed assets	-	-	1,412	-	1,412
Intangible fixed assets	-	-	525	-	525
Fixed asset investments	13,924	15,109	-	-	29,033
Total current assets	15,353	-	-	2,658	18,011
Creditors: amounts falling due within one year	(8,165)	-	-	-	(8,165)
Provisions for liabilities	(179)	-	-	-	(179)
Creditors: amounts falling due after one year	(3,435)	-	-	-	(3,435)
Total	17,498	15,109	1,937	2,658	37,201

Group – prior year	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2024 Total £'000
Tangible fixed assets	-	-	819	-	819
Intangible fixed assets	-	-	493	-	493
Fixed asset investments	12,416	16,474	-	-	28,890
Total current assets	14,680	-	1,456	2,293	18,430
Creditors: amounts falling due within one year	(6,909)	-	-	-	(6,909)
Provisions for liabilities	(522)	-	-	-	(522)
Creditors: amounts falling due after one year	(4,306)	-	-	-	(4,306)
Total	15,360	16,474	2,768	2,293	36,895

31. Analysis of net assets between funds continued

Charity

	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2025 Total £'000
Tangible fixed assets	-	-	1,412	-	1,412
Intangible fixed assets	-	-	525	-	525
Fixed asset investments	13,924	15,109	-	-	29,033
Total current assets	15,269	-	-	2,658	17,927
Creditors: amounts falling due within one year	(8,142)	-	-	-	(8,142)
Provisions for liabilities	(179)	-	-	-	(179)
Creditors: amounts falling due after one year	(3,435)	-	-	-	(3,435)
Total	17,438	15,109	1,937	2,658	37,141

Charity – prior year

	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2024 Total £'000
Tangible fixed assets	-	-	819	-	819
Intangible fixed assets	-	-	493	-	493
Fixed asset investments	12,416	16,474	-	-	28,890
Total current assets	14,607	-	1,456	2,293	18,356
Creditors: amounts falling due within one year	(6,895)	-	-	-	(6,895)
Provisions for liabilities	(522)	-	-	-	(522)
Creditors: amounts falling due after one year	(4,306)	-	-	-	(4,306)
Total	15,300	16,473	2,768	2,293	36,835

32. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £1,324,000 (2024: £1,286,000).

33. Leasing commitments

At 31 March 2025, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	2025 Property	2024 Property	2025 Office equipment	2024 Office equipment
	£'000	£'000	£'000	£'000
Operating Leases which expire:				
Within one year	510	446	219	268
Within two to five years	1,130	1,086	42	250
After five years	494	-	-	-
Total	2,134	1,532	261	518

34. Reconciliation of movements on unrealised gains

Group and Charity	2025 £'000	2024 £'000
Unrealised gains at 1 April	4,009	3,104
Less: in respect to disposals in year	(3,608)	(2,491)
Add: net gains on revaluations in year	328	3,396
Total unrealised gains at 31 March	729	4,009

35. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

36. Related party transactions

Research grants

The Stroke Association selects a bespoke panel for each grant with appropriate scientific expertise, lived experience, etc. to consider the approval of each grant. The selection follows the Charity's rules to mitigate the risk of conflicts of interest. Therefore, none of the panel members took part in the review or adjudication of their own research applications. If a panel member was from an associated institution, they were excluded from the entire review, adjudication and awards panel process for the respective award round.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require approval of the Research Awards Committee and trustees.

No research grants were awarded to trustees during this year or the prior year.

A grant was awarded this year to Nottingham University, where Trustee Prof. Avril Drummond is Professor of Healthcare Research (2024: None)

Research grants were awarded this year and in the previous year to Edinburgh University where Trustee Prof. Rustam Al-Shahi Salman is Professor of Clinical Neurology.

Other trustee and senior management transactions

During the year the charity received £39,683 Sundry income (2024: £40,650) from the World Stroke Organization, of which Chief Executive Officer – Juliet Bouverie served as a board member at the time. No balances were owed on these amounts at the end of the financial year (2023-24: Nil).

Details of trustees' expenses are provided in note 16.

There are no other related party transactions with trustees that require disclosure.

Inter-company transactions

During the year costs totalling £243,000 plus VAT (2024: £258,000 plus VAT) were charged from Stroke Association to Stroke Association (Trading) Limited representing costs incurred by the charity's that relate to its subsidiary's activities.

During the year costs totalling Nil plus VAT (2024: £9,000 plus VAT) were charged from Stroke Association (Trading) Limited to Stroke Association representing costs incurred by the Trading Company that relate to the Charity's activities.

During the year £26,000 (2024: £130,000) was paid to Stroke Association by Stroke Trading Limited being profits gift aided by the subsidiary under a deed of covenant.

At 31 March 2025, £114,000 (2024: £26,000) was accrued in the books of the charity being gift aided profits from its trading subsidiary. A further £94,000 (2024: £137,000) was accrued for cost to be charged to Stroke Association (Trading) Limited representing costs incurred during the year by the charity that relate to its subsidiary's activities.

37. Agency arrangements

During the year, the Stroke Association received £207,000 (2024: £87,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £155,000 in the year (2024: £87,000), and cash held by the Stroke Association on behalf of BHF at the year-end amounted to £52,000 (2024: Nil), which is included within grant commitments.

During the year, the Stroke Association received £39,000 (2024: Nil) from the Welsh Government (WG) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including WG. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these WG receipts to grantees amounted to Nil in the year (2024: Nil), and cash held by the Stroke Association on behalf of WG at the year-end amounted to £39,000 (2024: Nil), which is included within grant commitments.

During the year, the Stroke Association received £138,000 (2024: Nil) from the Alzheimer's Society (AS) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including AS. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these AS receipts to grantees amounted to £107,000 in the year (2024: Nil), and cash held by the Stroke Association on behalf of AS at the year-end amounted to £31,000 (2024: Nil), which is included within grant commitments.

38. Contract and grant income acknowledgement

The Stroke Association was awarded many grants and contracts during the year including the following that have requested a formal acknowledgment in these accounts:

- Bedfordshire and Luton Community Foundation (Luton)
- Central Bedfordshire Council
- South Yorkshire ICB
- Central Bedfordshire Council (PFS10)
- Mid and South Essex ICB (QH8)
- South Yorkshire ICB

During 2023-24 the following grants and contracts were awarded:

- Bedfordshire and Luton Community Foundation (Luton)
- Central Bedfordshire Council
- Leeds Community Healthcare NHS Trust (Leeds)
- Mid and South Essex ICB
- Wakefield Council

39. Movement in funds

Group	Opening balance 1 April 2024 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2025 £'000
Unrestricted funds					
- Designated funds	16,474	1,287	(3,591)	939	15,109
- Fixed asset fund	2,768	-	(1,738)	907	1,937
- General funds (free reserves)	15,300	30,756	(26,816)	(1,805)	17,438
	34,542	32,043	(32,145)	41	34,483
Restricted income funds	2,293	12,648	(12,242)	(41)	2,658
	36,835	44,691	(44,387)	-	37,141
Funds retained within a non-charitable subsidiary	60	449	(449)	-	60
Total	36,895	45,140	(44,835)	-	37,201

Group – prior year	Opening balance 1 April 2023 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2024 £'000
Unrestricted funds					
- Designated funds	11,505	1,287	(3,627)	7,309	16,474
- Fixed asset fund	2,915	-	(362)	215	2,768
- General funds (free reserves)	17,722	30,158	(26,019)	(6,561)	15,300
	32,142	31,445	(30,008)	963	34,542
Restricted income funds	2,807	13,910	(13,461)	(963)	2,293
	34,949	45,355	(43,469)	-	36,835
Funds retained within a non-charitable subsidiary	14	415	(369)	-	60
Total	34,963	45,770	(43,838)	-	36,895

39. Movement in funds continued

Charity	Opening balance 1 April 2024 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2025 £'000
Unrestricted funds					
- Designated funds	16,474	1,287	(3,591)	939	15,109
- Fixed asset fund	2,768	-	(1,738)	907	1,937
- General funds (free reserves)	15,300	31,062	(27,121)	(1,805)	17,438
	34,542	32,349	(32,450)	41	34,484
Restricted income funds	2,293	12,648	(12,242)	(41)	2,658
Total	36,835	44,997	(44,692)	-	37,141

Charity – prior year	Opening balance 1 April 2023 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2024 £'000
Unrestricted funds					
- Designated funds	11,505	1,287	(3,627)	7,309	16,474
- Fixed asset fund	2,915	-	(362)	215	2,768
- General funds (free reserves)	17,722	30,448	(26,309)	(6,561)	15,300
	32,142	31,735	(30,298)	963	34,542
Restricted income funds	2,807	13,910	(13,461)	(963)	2,293
Total	34,949	45,645	(43,759)	-	36,835

39. Movement in funds continued

Designated Fund transfer

In the current year our designated funds were reviewed and refocused (see under Reserves Policy on page 74). As a result of this review a Data and Digital Transformation Fund was created to fund our digital transformation work. Of this £661,000 was funded from unrestricted reserves while the balance was funded from the release and repurposing of the Strategy Acceleration Fund and the future cost of operating model fund.

Following the previous year's review of the designated fund requirement (2023-24), £7 million was transferred from unrestricted reserves to the Strategy Acceleration designated fund to provide support for our core ambitions including increasing awareness and reach.

To maintain our commitment to research our Research Fund was increased by £277,000 from unrestricted funds (2024: £575,000).

Fixed Asset Fund transfer

The transfer to the fixed asset fund from unrestricted funds reflects fixed asset additions made during the year.

Restricted fund transfers

Transfers have been made between restricted and unrestricted funds where additional clarity has been received on the nature of the restriction enabling these funds to be applied to expenditure formally treated as unrestricted.

In the previous year transfers were made between restricted research funds and unrestricted funds where additional funding has been received against grants that had previously been fully funded from unrestricted funds.

40. Income and expenditure for the three devolved nations and two British Crown Dependencies

	2025 Wales £'000	2025 Scotland £'000	2025 Northern Ireland £'000	2025 Jersey £'000	2025 Isle of Man £'000		2024 Wales £'000	2024 Scotland £'000	2024 Northern Ireland £'000	2024 Jersey £'000	2024 Isle of Man £'000
Income from:											
Donations and legacies	910	1,080	181	53	2		704	748	621	32	-
Charitable activities – local services	583	5	71	-	56		630	10	72	-	55
Other trading activities	1	1	-	-	-		4	5	1	-	-
Total income	1,494	1,086	253	53	57		1,338	763	694	32	55
Expenditure on:											
Stroke support services	966	99	546	71	50		1,036	98	508	66	47
Community development and volunteering	127	97	100	7	-		71	96	81	1	-
Systems influencing	201	236	198	14	-		178	215	188	2	-
Awareness and engagement with stroke	10	-	-	-	-		7	-	-	-	-
Total expenditure	1,303	431	844	92	50		1,292	409	777	68	47
Surplus/(Deficit)	191	655	(591)	(39)	7		46	354	(83)	(36)	8

40. Income and expenditure for the three devolved nations continued

Income includes all donations where the registered address of the donor can be determined as one of the devolved nations.

Expenditure includes all costs that can be directly attributed to the nation. Property costs have been treated as overheads and have not been allocated to the nation where they are located as various activities operate from them.

Each expenditure line also includes an overhead allocation. We calculated the direct expenditure of the devolved nation as a proportion of the overall charity spend. We then took the same proportion of the total overhead cost of the charity and added this to the devolved nation expenditure.

Overheads include: people, technology, property, finance, management and governance.

The surplus or deficit for each devolved nation represents their contribution towards or utilisation of the charity's universal services across the UK.

Reserves are not allocated across the nations but are held centrally and are available across the organisation.

Where reserves have been restricted to a devolved nation these have been applied to expenditure in that devolved nation.

Research grant awards have been treated as universal costs however, it should be noted that this year £68,000 was paid to Edinburgh University (2024: £1,554,000) with a further £64,000 paid to Glasgow and Glasgow Caledonian Universities (2024: £476,000), and £78,000 paid to Cardiff University (2024: £5,000).