

# How to advocate for rehabilitation services in Queensland

## Purpose

This document was developed by the Queensland Rehabilitation Clinical Network, Healthcare Improvement Unit, Clinical Excellence Queensland, to support clinicians and health service managers in advocating for the prioritisation of rehabilitation services. It outlines the advocacy process and provides practical strategies for effective engagement.

## What is advocacy?

Advocacy involves a series of coordinated actions designed to influence decision-makers and change public policies, budgets, and institutional mechanisms. The goal is to address issues that are important to a specific group or the broader population.

Advocacy must be tailored and depends on the:

- political landscape
- organisational capacity
- local needs
- partnerships
- service ambitions <sup>(1)</sup>.

Advocacy is about inspiring positive change and proposing constructive solutions. If you only focus on the negative, you may not get the attention you are seeking from your targeted audiences. So, focus on the positive changes you want to achieve <sup>(2)</sup>.

## Strategies to overcome resistance

Rehabilitation is typically not a sensitive or controversial topic. Some stakeholders may be hesitant to act, due to competing priorities, economic considerations, or concerns about potential risks and unintended consequences associated with proposed changes <sup>(1)</sup> <sup>(3)</sup>:

- define your target audience and use appropriate strategies, channels and voices to reach them. You don't need to involve everyone.
- understand their arguments and prepare considered responses that relate to your audience's priorities and concerns.
- ensure you build your strategy and desired outcome based on theory, evidence and data or case studies.
- storytelling is a powerful tool for driving change. It's essential for you to find the right approach and tone to effectively tell these stories. By doing so, you can elevate and amplify the voices of those who are willing to champion the cause.
- discuss your differences to determine if opposition or concern stems from miscommunication or a lack of understanding.
- seek solutions that address mutual interests.

- set the terms of the debate by presenting your issue, problem, risks and recommendations, rather than only responding to opponents' arguments.
- leave a short briefing paper (1-2 pages) summarising the issue and what you want them to do about it.
- after the meeting, send a thank you note or email, confirming the key topics of the discussion, summarising any additional information discussed, and any actions or agreements reached.

## The nine steps to create an effective advocacy strategy

The World Stroke Organisation <sup>(4)</sup> has developed a step-by-step guide to create an effective advocacy strategy.

1. What do we want? (goals and objectives)
2. Who can give it to us? (key decision-makers and also target others who can help you or influence the key decision-makers)
3. What do they need to hear? (messages)
4. Who do they need to hear it from? (influencers, coalitions, alliances, choose your spokesperson strategically)
5. How do we get them to hear it? (delivery)
6. What have we got? (resources, strengths)
7. What do we need to develop? (challenges; gaps)
8. How do we begin? (first steps)
9. How will we know it is working, or not working? (evaluation)

## Evidence to support your advocacy

Evidence is crucial for advocating change, as it lends credibility, legitimacy, and authority. It can come in various formats and from diverse sources, encompassing robust data that helps your target audience better understand an issue. Evidence may be quantitative or qualitative. Regardless of its form, good evidence should always be credible, reliable, and relevant.

Examples of evidence for advocacy include:

- service statistics, analyses and benchmarking
- data from projects, early assessment, project evaluation and case studies
- testimonies from participants in projects
- cost-benefits analysis
- expert insights based on empirical evidence <sup>(1)</sup>.

## Data storytelling

Data storytelling is the art of communicating insights from data through a compelling combination of narrative and visual elements. It transforms complex data into meaningful stories that provide context, enhance understanding, and inspire informed decision-making.

### The core elements of data storytelling:

#### 1) Data

At the heart of every data story is a robust analysis of accurate and comprehensive data. Employing techniques such as descriptive, diagnostic, predictive, and prescriptive analytics helps uncover patterns, trends, and actionable insights.

Examples of data:

- Access & service utilisation - Number of patients receiving rehabilitation services (inpatient, outpatient, community), average wait times for rehab admission or outpatient appointment, geographic distribution of services, comparisons to other HHS.
- Patient outcomes – changes in functional improvement scores (FIM), reduction in hospital readmissions after rehab.
- Length of stay & efficiency – Australasian Rehabilitation Outcomes Centre (AROC) average length of stay, time from acute care discharge to rehab admission, cost-effectiveness data (e.g. cost per patient vs outcomes achieved).
- Equity & unmet need - Percentage of eligible patients who did not receive rehabilitation, disparities by region, age, or diagnosis, consumer feedback on barriers to accessing rehabilitation.
- Quality & satisfaction - Patient-reported outcome measures (PROMs), patient and family satisfaction surveys, adherence to clinical guidelines.
- Workforce & capacity - Staffing ratios and vacancies, caseloads per clinician, training and skill gaps identified.
- Long-term impact - Reduction in long-term disability or care needs, improved independence and quality of life metrics.

#### 2) Narrative

A clear and engaging narrative, whether written or spoken, provides the storyline that connects the data to its context. It explains what the data shows, why it matters, and what actions should be taken as a result.

#### 3) Visualisations

Visual elements such as charts, graphs, infographics, and videos help convey the story in a clear and memorable way. Effective visualisations highlight key insights, simplify complex information, and enhance audience engagement <sup>(5)</sup>.

Key principles for data visualisation [5]:

- choose the right chart - select chart types that accurately represent the data and its relationships.
- keep it simple - avoid clutter and focus on the most important information to avoid overwhelming the audience.

- use colour strategically - use colours consistently and meaningfully to highlight key data points and guide the viewer's eye.
- label clearly - ensure all labels, axes, and titles are clear, accurate, and easy to understand.
- maintain proper scaling - use appropriate scaling and proportions to avoid distorting the data.
- ensure accessibility - design visualisations so they are readable and inclusive for all audiences.

## Research evidence to support your advocacy

When advocating for rehabilitation services, it is essential to leverage evidence-based practices and insights from contemporary research. Evidence strengthens your case by providing credibility and demonstrating the effectiveness of proposed models of care.

Using research evidence ensures that your recommendations are grounded in proven approaches and aligned with best practice standards. Incorporating findings from both academic studies and real-world experiences can enhance the impact of your advocacy efforts and increase the likelihood of stakeholder support.

## Key documents and resources

The following resources may be useful when planning your advocacy strategy:

- Standards for Inpatient Adult Rehabilitation Medicine Services (2019) – PDF from Royal Australasian College of Physicians:  
<https://www.racp.edu.au/docs/default-source/advocacy-library/afm-standards-for-the-provision-of-inpatient-adult-rehabilitation-medicine-services-in-public-and-private-hospitals.pdf>
- Australian Health Facility Guidelines – Subacute (Aus HFG) HPU 610: Subacute Care Unit (AusHFG Part C) – Design and clinical requirements (Feb 2025):  
<https://healthfacilityguidelines.com.au/hpu/subacute-care-unit>
- World Health Organisation Resolution (May 2023): “Strengthening rehabilitation in health systems”: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA76/A76\\_R6-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R6-en.pdf)
- World Health Organisation Rehabilitation 2030 initiative – Call for action, strategic framework (2017): <https://www.who.int/initiatives/rehabilitation-2030>
- World Health Organisation Guide for Action (2019) – WHO handbook for integrating rehabilitation into health systems:  
<https://iris.who.int/bitstream/handle/10665/325607/9789241515986-eng.pdf?sequence=1>
- AROC homepage (University of Wollongong) – includes resources, FIM access, benchmarking tools:  
<https://www.uow.edu.au/australasian-health-outcomes-consortium/aroc/>
- AROC fact sheet (PDF) – summary of registry, outcomes, membership (RACP e-bulletin):  
[https://www.racp.edu.au/docs/default-source/news-and-events/afm-ebulletin/aroc-factsheet.pdf?sfvrsn=f2441a1a\\_8](https://www.racp.edu.au/docs/default-source/news-and-events/afm-ebulletin/aroc-factsheet.pdf?sfvrsn=f2441a1a_8)

- AROC Impairment Coding Guidelines 2025 – detailed inclusion/exclusion criteria: <https://documents.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow125260.pdf>
- Australian Commission on Safety and Quality in Health Care AROC e-Registry page – data collection, reporting, quality improvement tools (Australian Commission): <https://www.safetyandquality.gov.au/acsqhc-arcr-006>
- [Chief Health Officer Queensland website](#) to explore local and state demographics and create population graphs or tables for your Hospital and Health Service (HHS).
- Qld Rehabilitation Clinical Network (2024) [Guideline statement for considering impact on rehabilitation services in response to COVID-19](#)
- [National Disability Advocacy Framework 2023-2025](#) and [Australia's Disability Strategy 2021-2031](#)

## Appendix 1.

Key messages from the World Health Organisation - Strengthening rehabilitation in health emergency preparedness, readiness, response and resilience (6).

### KEY MESSAGES



Health emergencies often create enormous surges in rehabilitation needs, while simultaneously disrupting existing rehabilitation services.



Access to rehabilitation is a human right, and rehabilitation, which should begin as a component of acute care, is a key determinant of patient outcomes.



Health services are more resilient and emergency responses are more efficient and effective when rehabilitation is incorporated into preparedness, readiness and early response.



Many humanitarian guidelines and global conventions, including a 2023 World Health Assembly Resolution, mandate rehabilitation as an essential health service in emergencies, that must be integrated into preparedness and response.



However, few countries systematically integrate rehabilitation into emergency preparedness, and it is often late to be included in responses, or completely neglected.



Policy-makers, health emergency managers and rehabilitation leaders must ensure that rehabilitation is an integral component of all-hazard health emergency preparedness and response.



Countries most at risk of health emergencies often have rehabilitation services that are weak and poorly integrated into the health system. A twin-track approach that combines overall rehabilitation health systems strengthening with specific preparedness measures, outlined in this document, is recommended.

## Appendix 2. Statewide and local demographic data

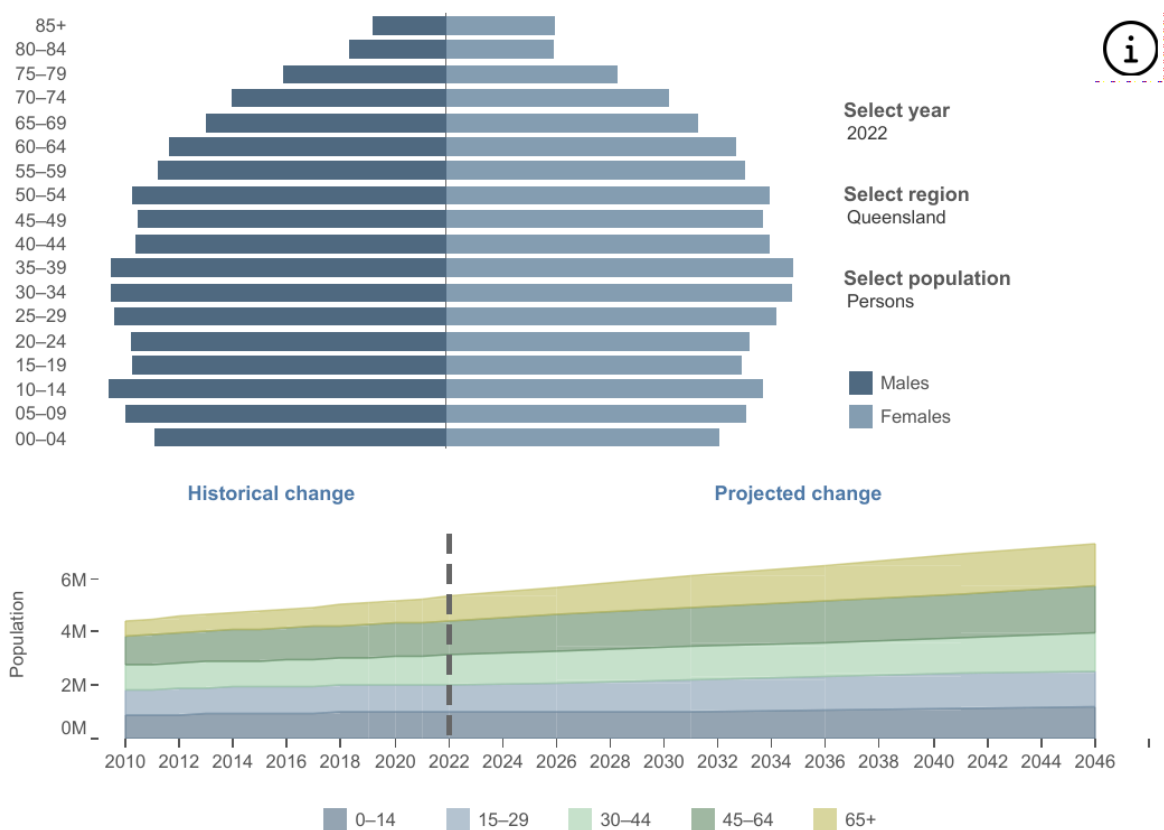
The 2025 Health of Queenslanders report by the Chief Health Officer Queensland (7) identifies that Queensland’s population has grown steadily over the past two decades, increasing by 20.8 per cent from 4.40 million in 2010 to 5.32 million in 2022. This growth has varied by age group: the number of children aged 0–14 years rose by 13.2 per cent, while the population aged 65 and over increased by 61.0 per cent.

Looking ahead, Queensland’s population is projected to reach 7.30 million by 2046, representing a 37.2 per cent increase from 2022. As with national and global trends, the population will continue to age. Between 2022 and 2046, the number of people aged 65 and over is expected to grow by 76.7 per cent, compared to a 20.7 per cent increase in the 0–14 age group.

The median age of Queenslanders has also risen—from 36.6 years in 2012 to 38.6 years in 2022—and is projected to reach 39.6 years by 2046, reflecting the broader demographic shift toward an older population.

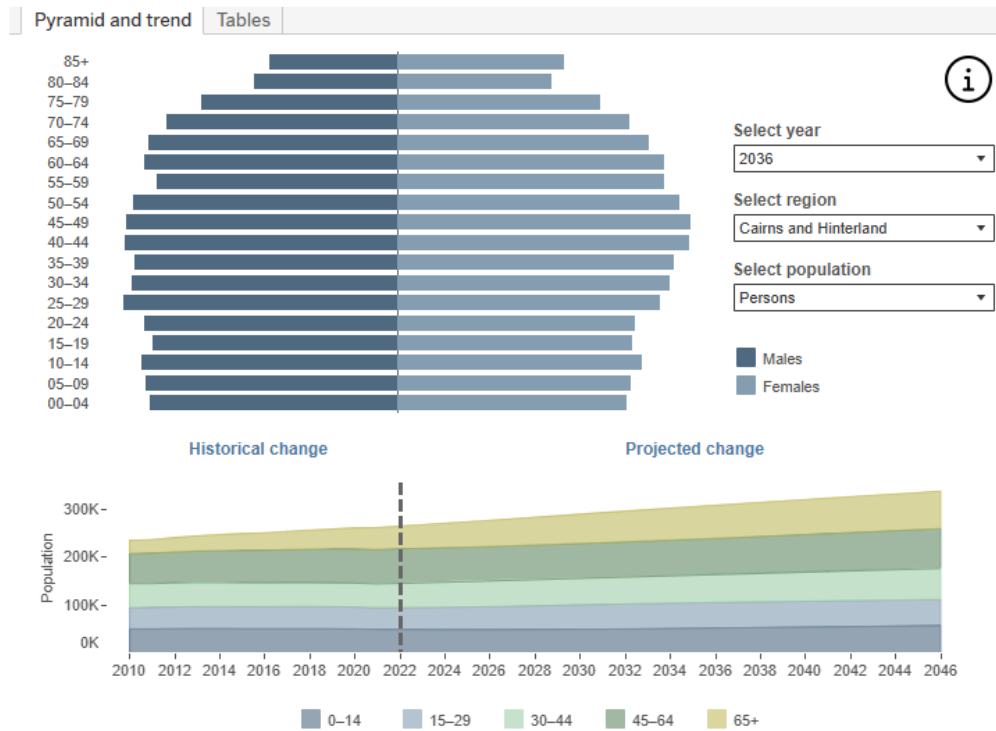
Visit the [Chief Health Officer Queensland website](#) to create the following population graphs or tables for your HHS.

**Figure 1a: Queensland population by age and sex in 2022 (can select your HHS).**



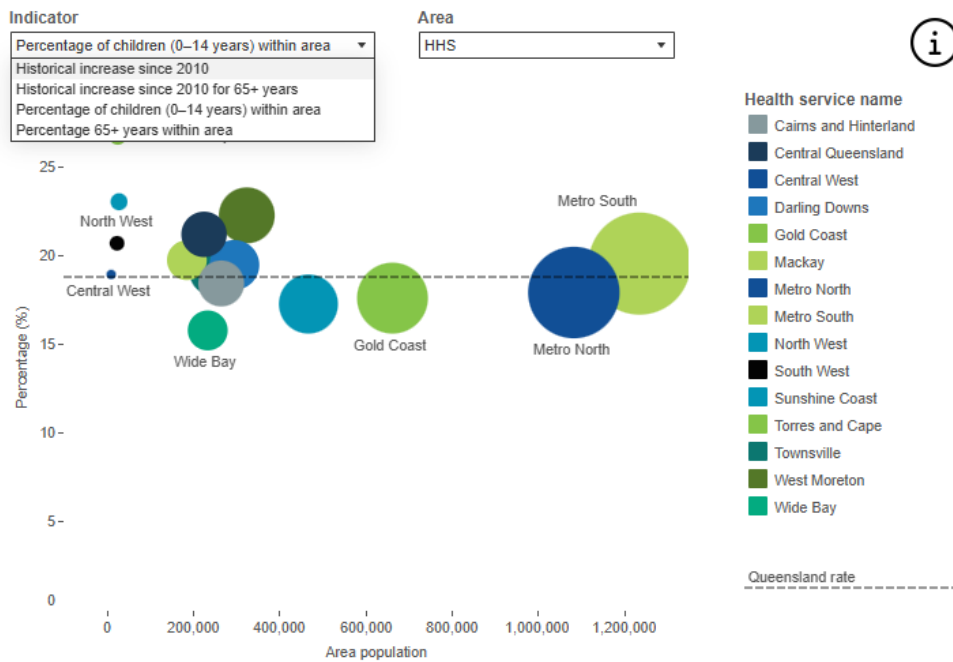
Source: Queensland Government Statistician's Office

**Figure 1b: Example using Cairns and Hinterland HHS projected population by age and sex in 2036.**



Source: Queensland Government Statistician's Office

**Figure 2: Population characteristics of Queensland regions, 2022**



# References

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7. Queensland Health, Chief Health Officer. The health of Queenslanders. Report of the Chief Health Officer Queensland [Internet]. [cited 2025 June 5]. Available from: <https://www.choreport.health.qld.gov.au>