Purpose: To evaluate an innovative stroke recovery program (SRP) and its impact on community reintegration, participation and quality of life for stroke survivors and their caregivers.

Conclusions:

- SRP participants experienced the same levels of enjoyment and quality of life as the control group despite lower participation diversity and greater impact of stroke on participation and overall recovery.
- The SRP currently attracts people who are, in general, lower functioning than their control counterparts.
- The importance of social network and cognition were clearly demonstrated for all participants.
- The need to participate in meaningful activities and feel a part of community was strongly expressed by all participants of this study.
- Transportation, accessibility, financial and social support concerns combine with physical and cognitive effects of stroke to make community reintegration and participation a challenge.
- The SRP is perceived as a place for older, lower functioning stroke survivors who have plateaued in their recovery, preventing some stroke survivors from accessing its services.
- The SRP met its goal to serve stroke survivors who cannot return to their previous activities and social life but did not meet the need of younger or higher functioning stroke survivors.

Future Directions

There is a demonstrated need to:

- Create more diverse types of programs in the SRP to attract a larger audience and benefit more stroke survivors earlier in the recovery process.
- Develop the SRP to be a means to an end, and not an end in itself.
  - Develop focused transitional recovery programs to compliment long-term maintenance programs and use resources accordingly.
  - For higher functioning and younger stroke survivors, add programs such as vocational rehabilitation, exercises geared to higher ability levels and facilitate transportation access/returning to driving.
- Change public perception of the SRP.
- Further develop a caregiver program at the SRP.
  - Social network and family support were identified by stroke survivors as critical facilitators for participation.
• Reducing caregivers’ burden will simultaneously enhance stroke survivors’ support to reintegrate.
• Peer support, information sharing and respite are important areas to develop.
• Caregiver needs change over time so programs should address a range of needs.

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