**Title of Intervention:** Family Support Organizer for Stroke Victims

**Intervention Strategies:** Supportive Relationships

**Purpose of the Intervention:** To improve victim and caregiver outcomes after stroke

**Population:** Individuals admitted to the hospital with acute stroke and their caregivers

**Setting:** Hospitals and homes in North Nottinghamshire, UK; health care facility-based, home-based

**Partners:** Not mentioned

**Intervention Description:**
- Supportive Relationships: Families received visits from a family support organizer. The content and frequency of the visits were left to the discretion of the family support organizer. The visits were designed to meet the specific needs and requests of victims and caregivers. The family support organizer attended case conferences in the health care facility. The organizer acted as a liaison with the rehabilitation team regarding discharge from the hospital. The organizer assisted caregivers with preparations for discharge from the hospital. The family support organizer also visited individuals and caregivers at home to discuss problems, offer information and emotional support and to direct them to appropriate services.

**Theory:** Not mentioned

**Resources Required:**
- Staff/Volunteers: Family support organizers
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Information pack produced by the Stroke Association, transportation
- Evaluation: Questionnaires

**Evaluation:**
- Design: Randomized controlled trial
- Methods and Measures:
  - General Health Questionnaire 12 (GHQ-12) assessed victim mood
  - Barthel Index assessed personal self-care
  - Nottingham Extended Activities of Daily Living Scale (EADL) assessed instrumental daily activities
  - Questionnaire to assess knowledge of who to contact for information on stroke, reducing risk of another stroke, benefits, community services, practical help and emotional support
  - Questionnaire to assess victim and caregiver satisfaction with information on stroke, recovery, benefits, reducing risk of future stroke, community services, practical help, emotional support and overall experience with hospital and community services
  - Caregiver Strain Index

**Outcomes:**
- Short term Impact: Knowledge of stroke, risk reduction, community services and emotional support was significantly higher in the intervention group stroke victims at both 4 and 9 months. Satisfaction with emotional support and knowledge of community services was higher at 9 months in the intervention group. No significant differences were found in mood, self-care, knowledge of benefits, overall satisfaction or performance of daily activities between the two groups.
- Long Term Impact: Not measured

**Maintenance:** Not mentioned
Lessons Learned: For most stroke victims and caregivers, nine months is not enough time to achieve significant changes regarding their physical functioning and emotional and mental health. Implementing an intervention with recent stroke victims while they are still receiving medical care from a health care provider may diminish the effect of the intervention in its early stages. More time and effort should be put into making the service available when the individual is ready for it rather than trying to implement it as soon as possible.

Citation(s):