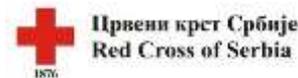




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## Addressing and preventing care needs through innovative community care centres (I-CCC)

### REPORTING TEMPLATE

## SUMMARY REPORT

### Community Needs Assessments in Serbia

#### Desk Research (Activity 1.1.)

Long-term care includes the organisation and provision of a wide range of health and social care services, and assistance to persons with disabilities to perform daily activities independently over a long period of time. Demographic aging is visible in the Republic of Serbia; based on the population estimate of the Statistical Office of the republic of Serbia, in 2019, a share of 20.7% was over 65, with 9.5% over 80. Women were a majority in both groups – 51.7% and 61.7% respectively. The average age of the population in 2019 was 44.1: 42.9 for men and 45.4 for women. Life expectancy, according to projections in 2019, is 72.81 for men and 77.65 for women. The number of years of living in good health is slightly higher for women than for men (age of 65.4 for men and 67.5 for women – and this is related to a longer total life expectancy for women).

According to the results of the last census (2011), 4.9% of the population over the age of 65 cannot perform basic daily activities (ADL) on their own, or perform them with great difficulty. A survey on a representative sample in 2012 showed that support for performing basic daily activities (ADL) is needed for approximately 7% of older persons, and that support for performing instrumental activities (IADL) is needed for 15-18% of older persons. The population projections for the period from 2011 to 2041 are that almost every fourth person will be over 65 (24%) with the rate of demographic dependence increasing from 25% to 39%.

In Serbia, as in the European Union, the risk of poverty visibly increases after 75 years due to increased long-term care needs and the inability of savings and existing income to cover its costs.

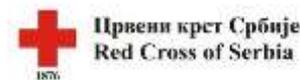
At the moment, long-term care services for older persons are fragmented between the systems of social protection, health care and pension insurance that do not communicate between them sufficiently so the volume, breadth and accessibility of these services is not at the needed level. Support for performing basic activities of daily life is needed for approximately 7% of older persons, and support for performing instrumental activities is needed for 15-18% of older persons. According to these data, it can be estimated that some kind of support for performing instrumental activities is needed for 190 - 230 thousand older persons, while 90 thousand cannot perform basic daily activities without support. With the existing data and assuming that all older persons receive only one type of service, including palliative care, institutional care, care and assistance at home as well as social transfers, the total number of beneficiaries would be less than 10% of population over 65 in Serbia.

In the healthcare system of the republic of Serbia there are 158 health centres that provide primary health care for the entire population. The health care of the adult population in the Republic of Serbia was provided by a total of 3,493 physicians, 50% of whom are general practitioners. The number of adults (over 19 years of age) per doctor in the general medical practice is 1,603. Of the 158 health

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centres, 118 have a home care or polyvalent care service that includes home care.<sup>1</sup> During 2019, 2,507,885 home visits were made by doctors and other medical workers, however, due to the lack data disaggregation based on gender and age, it is not possible to determine how many older persons received this service.

In the social protection system, among the services that would belong to the continuum of long-term care, the most common are the services of retirement home and care at home. Retirement home services<sup>2</sup>, have on 31/12/2019, been used by 14,120 persons over 65, out of which 68% women, amounting to 1% of older persons in Serbia. The number of service users is growing, so on December 31, 2019, there were 17% more users than on December 31, 2017. There has been an increase in the number of users who are registered on waiting lists for accommodation in a retirement home. In 2019, the number of these users is almost four times higher than in 2017. In 2018, 160 home service providers in 123 municipalities provided care at home, the service was used by 15,052 65+ users, which is 1.1% of the total number of older persons in Serbia. In 2015, the service was provided in 122 municipalities, and was used by 14,500 users aged 65+, which accounted for 1.1% of the total number of persons over 65 in Serbia.<sup>3</sup>

Numerous programs for older persons in Serbia are provided by civil society organizations, religious organizations and the Red Cross of Serbia. Thus, 79 local branches of the Red Cross of Serbia are implementing programs for the care for older persons at home, covering 8,460 older persons. In rural areas, 50 Red Cross of Serbia branches provide care services for older persons, and these programs cover 3,367 older persons living in these areas. The Red Cross of Serbia also supports the establishing of self-help groups and so far, with the support of the Red Cross of Serbia, 36 such groups have been established, involving 1,127 older persons in their work. The Red Cross of Serbia branches organize the work of 21 clubs for older persons, and the number of people who participate in the activities of these clubs is 1,130. In addition, 202 gerontocarers participate in the work of the care at home service, which is organized by the Red Cross of Serbia, and the service reaches 1,764 users. A large number of volunteers are engaged in the implementation of these services – 1,057, among whom the women are a majority (65%). Older persons also volunteer for the Red Cross branches: they make up 1/5 of all volunteers engaged in these programs.<sup>4</sup>

Despite the partially developed continuum of long-term care, in Serbia, as well as in most countries in the region, older persons rely mostly on family support, so long-term care in Serbia is very limited by the capacity of informal caregivers. Informal caregivers have, especially during the COVID-19 crisis demonstrated their essential role as the backbone of the system of long-term care services, however their mental health was noticeably more compromised during this period, which the system should take into account and provide different kinds of support, from a wider spectrum of formal care services, through education and more flexible labour regime, to respite services.

## 1. Community Context (1-2 pages)

1.1. **Pirot** is located in the region of Southeast Serbia and is the administrative centre of the largest district in the Republic, which consists of the municipalities of Pirot, Dimitrovgrad, Babusnica and Bela Palanka. It covers the area of 1232 km<sup>2</sup>. At one time, it was the centre of the processing industry of dairy products, leather, wool, wood and the clothing industry. Pirot owes

<sup>1</sup> Institut javno zdravlje Srbije „Dr Milan Jovanović Batut” 2020. *Zdravstveno-statistički godišnjak Republike Srbije 2019* <<http://www.batut.org.rs/download/publikacije/pub2019a.pdf>>

<sup>2</sup> Republički zavod za socijalnu zaštitu, Izveštaj o radu ustanova za smeštaj odraslih i starijih za 2019. godinu

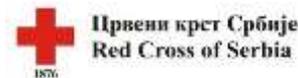
<sup>3</sup> Mapiranje 2015, 2018

<sup>4</sup> Babović, M., Veličković, K., Stefanović, S., Todorović, N., Vračević M. 2018. *Socijalna inkluzija starijih lica u Srbiji* <https://www.redcross.org.rs/media/4437/socijalna-ukljucenost-starijih-u-srbiji-e-knjiga.pdf>

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its fame primarily to the Pirot sheep cheese, Pirot carpet and today certainly the car tire "Tigar". It is located on the important international transversal "Corridor 10", which connects Europe with Asia.

According to the estimates of the Statistical office of the Republic of Serbia, in 2019, the city had 53,824 inhabitants. The gender structure of the population is uniform (26,788 women, which is 49.8%). 24% (13,118) are over the age of 65. In relation to the total population, women aged 65+ are 13% (7,018) and men aged 65+ are 11% (6,100), and 6% of the population is over 80. Bearing in mind that the share of people over 65 at the level of Serbia is 20.7%, the municipality of Pirot exceeds the national average and has a very unfavourable age structure. From 1981 until today, the number of inhabitants in the municipality of Pirot is constantly declining, which has been particularly pronounced in recent years. The 2011 census showed that in 10 years, the number of inhabitants in the municipality of Pirot decreased by 5,863 people, and in the district by 13,175. The age structure of the municipality of Pirot has undergone significant changes, especially the last decades, in favour of the increase of the share of persons over 60, which in 2019 make up 28% of the total population.<sup>5</sup>

1.2. **The city of Sombor** is located in the far northwest of the Republic of Serbia in the province of Vojvodina, in the West Backa region. The territory of the city borders with the neighbouring countries of the Republic of Croatia and the Republic of Hungary. It covers a total area of 1,216 km<sup>2</sup>, consists of the town of Sombor with 14 farm settlements, which are a special feature of this area. Several determining factors make the territory of the City of Sombor attractive for foreign investments. In the first place is the proximity of the borders (about 25 km) of the Republic of Croatia and the Republic of Hungary. The territory of the City of Sombor borders with Corridor 7, ie. the Danube. Corridor 10 is 60 km away from the City of Sombor. Sombor is ethnically distinctly multinational and multi-confessional, and as many as 21 nationalities are registered in it.

According to the 2011 census, Sombor had 85,903 inhabitants, and according to the 2019 population estimate, it had 78,472 inhabitants, of which 22% were over 65 (17,561 persons) and 7% over 80. The share of the population over the age of 65 in Sombor also exceeds the national average of 20.7%. Permanent aging of the population causes an increase in a number of problems related to this population: increased number of older households, reduced opportunities for older persons to meet the basic needs related to health, social status and general everyday life.<sup>6</sup>

## **2. Short overview of existing Services and Stakeholders (1-2 pages)**

### **3.1. Community Care Centre in Sombor**

In the organizational structure of the services of Sombor managed by the municipal administration, the issue of protection of older persons is within the responsibility of the Department for Social Activities, and the working bodies of the City Council of Sombor, the Health Council and the Council for Social Policy Development of the City of Sombor.

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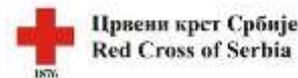
<sup>5</sup> Osnovni demografski podaci opštine Pirot [https://www.pirot.rs/images/foto-galerija/demografski\\_podaci.pdf](https://www.pirot.rs/images/foto-galerija/demografski_podaci.pdf), <https://www.pirot.rs/index.php/2014-07-10-11-33-23/2014-07-11-09-54-03>

<sup>6</sup> Strategija razvoja socijalne zaštite Grada Sombora za period od 2016. do 2020. godine <https://www.sombor.rs/wp-content/uploads/2017/09/STRATEGIJA-RAZVOJA-SOCIJALNE-ZASTITE-2016-2020.pdf> <https://www.sombor.rs/o-somboru/profil-zajednice/>

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### ***Social welfare resources***

- Centre for Social Welfare – Out of a total of 10,360 users, 762 users, (7.3%) are over 65.
- Gerontology Centre - capacity 350 beds. During 2019, it had a total of 280 users. Did not provide other social protection services.
- Accommodation home for adults and older persons "Kataleja" - capacity 20 beds.
- Shelter for victims of violence at Centre for Social Welfare Sombor, and in 2019 it had 48 users, none of whom was over 65. Capacity 10.
- Three home care service providers: MGB doo - during 2019 it had 344 users, 89% over 65, as many as 40% over 80; Anaconda security - no data on the number of users and Imperial Plus doo Sombor - no data on the number of users.
- Two providers of the service Personal Assistance-Support for Independent Living: MGB doo - Services have been provided since 2020, and the Centre for Independent Living of Persons with Disabilities Sombor - in 2019 had 11 users, 3 of them over 65.
- Counseling for marriage and family at the Centre for Social Welfare – Family Therapy. In 2019, 194 services were provided.
- Parental support service at the Central Committee of Sombor – support is provided to mothers with more children which enables them to spend their time with their children better.

### ***Healthcare resources***

- Institute for Public Health Sombor - Centre for Health Promotion, Analysis, Planning and Organization of Health Care, Informatics and Biostatistics in Health; Centre for Microbiology; Centre for Hygiene and Human Ecology; Centre for Disease Control and Prevention; Legal and other similar services.
- General Hospital "Dr Radivoj Simonovic" - There is a Department for palliative care. It performs specialist-consultative and inpatient health care activities at the secondary level for the area of the West Backa District for the territory of the municipalities: Sombor, Odžaci, Apatin and Kula
- Health Centre "Dr. Djordje Lazic" - General Medicine Service of the city; Village General Medicine Service; Polyvalent patronage service; Prevention Centre; Preschool Child Health Care Service; Health care service for school children and youth; Women's Health Service; Emergency Medical Service; Home care and treatment service; Service for biochemical-hematological diagnostics; Occupational Medicine Service, Centre for Diabetes Prevention.
- Pharmacy Institution – provides pharmaceutical health care, working primarily on health promotion and disease prevention. Through education it influences the health culture of citizens and raises awareness of the importance of proper and regular use of drugs and prevention of complications of chronic diseases. In this way, it involves each individual to actively work on caring for their health.

### **Resources of other sectors**

- Association for combating cancer,,Zdravka,,
- Association for combating diabetes

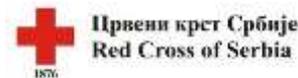
### **3.2. Community Care Centre in Pirot**

In the organizational structure of the city services of Pirot, support for older persons is under the jurisdiction of the City Administration - Department of Non-Economic Activities, the Department of Social Welfare of Children, Youth and Health and the Department for Social Protection of Veteran Protection and Protection for Disabled Protection persons, refugees and displaced persons.

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### ***Social welfare resources***

- Centre for Social Welfare - in 2019, the services were used by a total of 7,791 residents of Pirot, and among them 16% were over 65 (1,228).
- Day care, the service is provided by the Association for Assistance to Mentally Underdeveloped Persons - The capacity of users is 24, and there is a greater need with currently 5 persons on the waiting list. The service is provided continuously, throughout the year.
- Personal companion, the service is provided by MNRO Pirot - the users are persons of school age.
- Home care/ home help service is provided by the Red Cross Pirot - during 2019 the service was used by 60 users (two thirds are women), among which only two users are below 65, 65% of users are in the age group of 65 to 80, and those over 80 make for the share of 32%. Beneficiaries, almost exclusively, live in single households. The service is provided only in the urban part of the municipality.

### ***Healthcare resources***

- Institute for Public Health - Centre for Analysis, Planning, Informatics, Biostatistics and Health Promotion; Centre for Disease Control and Prevention; Centre for Hygiene and Human Ecology; Centre for Microbiology.
- General Hospital - an institution that provides inpatient, specialist-consultative and diagnostic-therapeutic activities for the population of the Pirot district. Semi-intensive care operates within each ward. Double and triple rooms are equipped with central gas distribution, signalization and sound system. The General Hospital employs 107 doctors, including one PhD, 6 masters, 77 specialists, 23 currently specialising and seven general practitioners. There is a Department for palliative care and sociotherapy work with family members at home.
- Health Centre - General Medicine Service of the city; Polyvalent patronage service; Prevention Centre; Children's Health Service; Women's Health Service; Emergency Medical Service; Home care and treatment service; Dental Health Care Service.
- Pharmacy Institution – provides pharmaceutical health care, working primarily on health promotion and disease prevention. Pharmacy institution Pirot performs health activities in the area of three municipalities: Pirot, Babusnica and Dimitrovgrad. 54 employees on staff.

There are no supporting institutions/ organisations from other sectors.

### **3. Results of the Community Needs Assessment (Activity 1.2.) (1-3 pages)**

The key target groups involved in the process of assessing the need for long-term care for older persons and supporting their informal caregivers in Sombor and Pirot were: older persons in need of long-term care, active older persons, informal caregivers and stakeholders (representatives of social welfare and healthcare institutions, civil society organizations, as well as other local actors).

**Methodology:** Quantitative and qualitative methods were used to map the need for long-term care for older persons and for support for their caregivers.

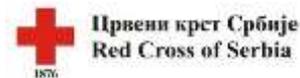
Questionnaires (google form) targeted 20 older persons who are already users of long-term care, 10 from each of the pilot municipalities and 20 caregivers of older persons with dementia. Focus groups were used as a method to talk to three target groups: older persons who are still active and who maintain their vitality through various support systems – which prevents the need for long-term care, informal caregivers and providers of various community services and other stakeholders. Three guides for leading focus groups were designed and three focus groups were implemented in each municipality with an average of 10 participants per group.

As there was no significant difference in the answers of the participants from the two cities, the results of the questionnaire are presented together.

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**Results of the Questionnaire for older persons:** of the 20 participants, 95% were over 65 (10% were over 80), and 70% of the participants were older women.

Participants were asked which services in the systems of healthcare and social welfare they know, which ones they use and how they evaluate them. Almost all participants are familiar with the services provided in health centres, the patronage nurse service and the availability of orthopaedic aids. Participants rate the services of the health centre with an average grade of 3. As for the rest of the services, 20% to 30% of the participants are generally satisfied with other services in the field of health care (grades 4 and/ or 5). In social welfare, older persons are most familiar with financial support transfers aimed at paying for support provided by a third person, and the gerontocarer services at home - 85% of them know about these services. 30% of the participants think that these types of help provide a significant relief in their daily functioning. More than half of the participants recognize, and consider very important, other social protection services, day care - 70%, counselling - 60%. Volunteer service as a mode of assistance is recognized by only 2% of older participants.

Older persons were then asked about the services they needed as well as the possible services of the Centre. Most of the participants are interested in a day care for older persons and respite accommodation. Half of the participants express a high interest (grades 4 or 5) in getting information about available services in the field of health/ social care. More than half are very interested in information on the conditions and the necessary administrative actions in exercising their rights, and they are also interested in assistance in these administrative tasks. 60% of participants are very interested in helping with mediation and performing minor home repairs (home builders). Most participants are interested in education related to health and health prevention activities; for home visits of trained volunteers, where volunteers would be welcome for all the activities offered, for socializing, going for a walk, help with therapeutic exercise, recreation, but also for tidying up the yard and minor home repairs. Older persons are especially interested in volunteers who are from the medical profession.

**Questionnaire for informal caregivers** was completed by 20 participants, two thirds of them women, 90% of them below 65 (between 45 and 60 years of age). A quarter of informal caregivers are not related to the person receiving care, but are neighbors or friends. More than half of caregivers are employed.

The same set of questions asked to older persons was modified for the purposes of this questionnaire. Participants are highly informed about basic health services and within social protection about material benefits and gerontocarers services. Only half know that there are other social protection services. Most of the participants state that they do not know about self-help groups, they do not know that they exist in their city. Most are aware of the existence of volunteer organizations in their city, as well as the activities of these organizations, but most caregivers did not use the help of trained volunteers. Only 5% of informal caregivers believe that there is organized support for caregivers, mainly thinking of accommodation services and home help services. Caregivers have expressed interest in "any kind of help".

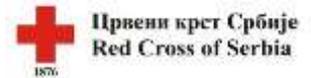
3 focus groups each were organized in Pirot and Sombor. Older people and informal caregivers were asked about: 1. Current situation and suggestions for improvement - services used by older persons and available to them; 2. On volunteering and volunteer support; 3. Concept and possible activities of the future Centre for Support of Older Persons and their Caregivers.

The focus group with stakeholders was asked about: 1. The needs of older persons for long-term care and the needs of informal caregivers for support 2. Informing users about rights and services; 3. Concept and possible activities of the future Centre for Support of Older Persons and their Caregivers.

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Although the findings are very similar, key findings by city stand out:

#### 4.1. Sombor

In the premises of the Red Cross Sombor, on July 22, 2021, three focus groups were organised. The first group consisted of still active older persons – 13 participants, all over 65, pensioners of different educational profiles, marital status and place of residence (rural or urban). The group of informal caregivers was attended by 10 participants of different ages and with different experiences in long-term care – from spouses caring for a partner, children caring for older parents, older parents caring for adult children with disabilities, to neighbours and friends. The focus group of stakeholders included 10 participants, four representatives of the city administration, 3 representatives of the Centre for Social Welfare, one representative of the Gerontological Centre, one representative of the health centre and one from the Red Cross of Sombor.

Significant recognition of the availability of "basic" services in the healthcare and social welfare systems of both older persons and informal caregivers has been demonstrated. Users of services of both systems are generally satisfied with the quality of services provided or received, although they believe that they are still not adequately and timely available.

Based on the experiences and opinions of the participants of both focus groups, it is concluded that the opportunity to get in one place complete information and instructions on the necessary administration, the procedure for accessing more/ all rights of older users, is very valuable and necessary.

Self-help of older persons groups function intensively through pensioners' associations and with a wide range of activities and contribute significantly to active aging, which is the prevention of the need for long-term care.

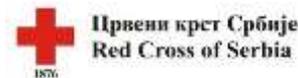
Informal caregivers do not have information that there are services that could facilitate their care, nor for services that would benefit them. Caregivers who are also active as Red Cross volunteers have a little more information about different types of material and support in services provided by Red Cross branches. As a separate area of support, informal caregivers recognize the need for training to improve the quality of care they provide.

*The meeting with stakeholders* showed that, although participants are directly and some are involved in supporting older persons at daily level, the concept of long-term care, and especially informal caregivers, are not sufficiently known and recognized among stakeholders. The lack of coordination between the actors themselves was pointed out, especially between the actors of different systems. The participants in the meeting agree that informal carers are an invisible group both in social protection and in other systems and that there is no special support for informal caregivers.

There is a Gerontological Centre in Sombor, which primarily provides accommodation services. It is evident that this resource is recognized by everyone in the local community as a very significant potential for various services within long-term care. There is at the moment more care at home providers (gerontocarers) in Sombor, but despite all public procurement procedures, the city administration is not satisfied with the selected providers.



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## 4.2. Pirot

In the premises of the Red Cross Pirot, on August 4, 2021, three focus groups were organised: with a group of still active older persons – 10 participants (three men), over 65, pensioners of different educational profiles, marital status and place of residence (rural or urban), another with a group of informal caregivers – 10 participants of different ages and with different experiences in long-term care. The youngest caregiver in the focus group was an 18 year old girl. The focus group of stakeholders had 12 participants: 3 representatives of the city administration, 3 representatives of Centre for Social Welfare, one representative of the health centre (home treatment), 2 representatives of NGOs, one Roma mediator and two representatives from the Red Cross Pirot.

Participants of the focus group for older persons spoke of self-help groups organized in Pirot by the Red Cross branch and how they function efficiently. Participants expressed a high level of satisfaction. This model has proven to be very flexible and adaptable, a model that could be applied not only in emergency situations, but also to be applied in situations with extreme weather conditions and when there is a risk to the health of older persons. They also expressed great regret that the pandemic prevented more intensive meetings and group activities for older persons and fears about how this will be organised in the future.

The focus group of older and informal caregivers also stated that respite service for persons with disabilities exists and that it is enormous help to parents of persons with disabilities, especially to those older who are able to take a break, but also to younger parents who work. The pandemic also affected this service as it was reduced due to the epidemiological situation. They also believe that this service could be extended to a group of caregivers providing care to older persons in need of long-term care.

Focus group participants (older and informal caregivers) agree that support is much needed and are unanimous in their assessment that in the first place they need someone to talk to them, to provide them with psychosocial support. Another, very pronounced need concerns greater and timely information on the rights in the field of healthcare and social welfare. Everyone agrees that education on practical solutions would significantly improve care and relieve caregivers.

As in Sombor, the notion of long-term care and especially of informal caregivers is not sufficiently known and recognized among the stakeholders. The participants emphasised that the needs of older persons in urban and in rural areas are different and that it is important to take into account these two target subgroups in future planning. They also emphasised that more services are needed that encourage older persons to stay vital, such as clubs, etc. They also stressed dissatisfaction with the procedures for selecting providers for social welfare services. They believe that the future Centre could greatly facilitate and coordinate cooperation and information of all sectors dealing with long-term care.

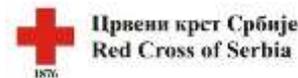
### **Recommendations for the Community Care Centre in each Community (1-2 page)**

In accordance with the research on the need for long-term care for older persons and support for their caregivers, the mapped existing resources in the pilot municipalities of Pirot and Sombor, as well as local Red Cross branches' resources in each of the two cities, the suggestion for the basic set of services to be provided by both Centres is as follows:

- Provision of help at home, social and psychosocial support through direct home visits;
- Health-preventive home visits, monitoring the health status of selected users;
- Healthy aging activities (advice, exchange of knowledge on healthy food, support for outdoor and indoor exercise, lectures and workshops related to health, structured activities such as knitting and other forms of handicrafts, psychosocial support and loneliness prevention activities);



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- Provision of advice in various areas for older persons and informal caregivers (long-term care, social support, finances ...)
- Support and training for informal caregivers (150 persons per Centre, assistance in establishing self-help groups, support in the work of self-help groups, assistance in establishing links with professional support services);
- Respite services for informal caregivers;
- Cognitive exercises for persons with dementia;
- Rental of orthopaedic aids for older persons in temporary need.

#### **Additional activities per each Centre:**

- The Centre in Pirot will be providing
  - Information sharing and psychosocial support using the established telephone helpline active since the 2020 COVID-19 lockdown
  - Intergenerational workshops with elementary school students (joint singing, discussing folklore etc.)
- The centre in Sombor will be providing
  - Washing and ironing services (for bed linen and clothes) for families with a member diagnosed with dementia
  - Computer and internet literacy workshops for older persons

The listed services will be provided upon opening of the centres but the list of services on offer will be a continuous work in progress with the beneficiaries themselves actively contributing to planning process through, among other channels, work of the Beneficiaries' Council.

#### **Additional activities may include**

- Care e.g.
  - Provision of qualified services (e.g. first aid, education on healthy lifestyle and active ageing and home care for bedridden older persons and persons with disabilities)
  - Physical and occupational therapy, including help with rehabilitation programming
  - Organisation of individual consultations in relation to e.g. loneliness and loss of a partner
  - Referral to municipal health and social services
- Welfare support and services e.g.
  - Legal services for older persons and persons with disabilities
  - Information (e.g. rights older persons and persons with disabilities, insurance etc.)
  - Occupational activities (sewing, knitting, chess playing, cooking, dancing etc.)
  - Organisation of thematic and social events etc.
- General e.g.
  - Courses and workshops on community participation
  - Provision of advice on LTC related health, social, organizational or financial questions
  - Training for relatives in how to recognise certain diseases (Alzheimer, dementia etc.), how to deal with the situation to avoid domestic violence
  - Variety of centre and home-based programmes including self-support groups
  - Introducing and conducting preventive home visits
  - Educational workshops related to computer and internet literacy for older persons
  - Intergenerational workshops
- Household services (e.g. washing and ironing services bed linen and clothes for families with a member diagnosed with dementia)