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

### **SUMMARY REPORT Community Needs Assessments in Montenegro**



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## 1. Desk Research

According to Statistical office of Montenegro (MONSTAT), in recent decades there has been a very intensive increase in the average age of the population (median age), which in 1991 was 30.1, while in 2011 it was 36.6 years. Estimates indicate that the average age of the population in Montenegro is 38.8 years. According to the latest data, the average age of the EU population is over 43 years. In 2019, more than a fifth (20.3%) of the EU-27 population was 65 or older.

In the last two decades, the population of Montenegro is aging rapidly, which is indicated by the share of the elderly in the total population, ie the share of the number of people over 65 in the total population. In 1991, the share of the elderly was 8.3%, while in 2003 it rose to 11.96%. According to the results of the 2011 census, 12.8% of senior citizens over the age of 65 live in Montenegro. Estimates indicate that the share of people over 65 in the general population is now higher than 15%.

Particularly important, from the economic aspect, is the coefficient of total dependence of the population, ie the ratio between the total number of young people (0-14) and the elderly (65+), who make up the dependent population and the number of working age population. The movement of the dependence coefficients of the young and old population indicates an unfavorable age structure, because the workload of the working contingent with the population older than 65 is increasing. This phenomenon is very significantly reflected in the economic trends in the country.

The share of the elderly in the structure of urban and rural population, in addition to natural increase, was crucially influenced by the social and spatial mobility of the young population, especially from rural to urban areas and from underdeveloped to developed areas as well as external migrations. In the coastal region, the share of the population aged 40-59 has been constantly growing for the last two decades, mainly as a result of the immigration of the population to these areas. In the observed period, the share of people over 60 years of age increased in all three regions, with the most noticeable in the northern region, where the share of people over 60 years of age increased from 12.72% in 1991 to 19.02% in 2011. In recent years, the share of the elderly in the population of the north of the country has increased significantly.

MONSTAT has made a series of projections that indicate that in the first half of the 21st century, the aging process will be one of the most important characteristics of the demographic development of Montenegro. The general conclusion is that, despite the differences in the direction and dynamics of the projected movement of the number of young people, their share in the total projected population of Montenegro in 2061 will be lower than in 2011 (then it was 19.2%), regardless of projection variant. Also, it can be concluded that the population of the whole of Montenegro will belong to the group of very old populations by the end of the projection period, ie that they will be in the stage of deep or, even more certain, the deepest demographic age.

All of the above will have economic consequences. The changes that will take place on the labor market, which are primarily a consequence of the population aging, will be reflected primarily in the reduction of labor supply, which will consequently lead to an increase in dependence on the working population. The aging of the population increases the costs for dependents or people over the age of 65, primarily those who are allocated from current fiscal revenues. In addition, the elderly population has a need for higher health care costs, which ultimately leads to an increase in health expenditures and in addition to a greater burden on the working population.

The process of population aging brings with it a number of socio-economic, health, cultural and scientific consequences and the need to turn challenges into opportunities. In this regard, it is necessary to create policies and ensure conditions for reducing inequality and promoting social inclusion, for which the precondition is to ensure respect for the human rights of the elderly. An The "I-CCC Project" is co-funded by the European Union and the Austrian Development Agency. This report reflects only the author's view and the Commission can not be held responsible for any use, which may be made of the information it contains.



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approach that confirms respect for human rights involves adapting the system of protection of the elderly to their needs.

## 2. Community Context

### 2.1. Community Care Center in Bijelo Polje

The municipality of Bijelo Polje has 46,051 inhabitants with 8,019 people over the age of 60 (17%) and 2,136 over 75 representing an older group of elderly people. Such a high share of people over the age of 60 is a consequence of population aging, caused by a particularly pronounced migration of young people to the central, more developed region. Challenges faced by the elderly in this municipality, especially those in its rural areas are poverty, behavior that is not in line with health, as well as the cumulative effects of risk factors on their health, isolation, loneliness, depression; lack of an appropriate state and local community support program; lack of capacity of health centers to support the elderly, especially in cases where they live in remote rural areas.

### 2.2. Community Care Center in Bar

The municipality of Bar in Montenegro has a total population of 42,048 with 7,963 (19%) people over the age of 60. The aging of the population in the municipality of Bar, as well as in other territories in Montenegro, will have significant socio-economic impacts in the next few years. The elderly belong to vulnerable population categories, especially those groups of the elderly who live with pronounced health problems, in unresolved economic, social and cultural circumstances, in rural areas, with inadequate approaches to social protection. At the same time, it should be emphasized that the capacities for social protection of the elderly are very limited, especially for those who need social (especially health) services for a long time.

## 3. Short overview of existing Services and Stakeholders

### 3.1. Community Care Centre in Bijelo Polje

Employees in the municipality of Bijelo Polje - have created a local action plan for the period 2017-2021 which also contains measures intended for the care of elderly. The final evaluation of implemented activities for the previous period is planned for the end of the year. The municipality finances the home help services for elderly realized by the Home for the Elderly and partly finances the home help services realized by the Municipal Organization of the Red Cross Bijelo Polje.

In Bijelo Polje, there is a **Home for the Elderly** which provides accommodation services for the elderly, medical, social services, day and night care services for the elderly. The home has a Day Care Center for the Elderly, which provides services for 20 users and a home help service that is provided for 80 users. A new ward for the elderly suffering from dementia has also been opened and a section dedicated to old palliative care. They have implemented several EU projects for the elderly, as well as projects through the Employment Service of Montenegro.

The **health center** provides health services at the primary level of health care, through the organization of an elected adult doctor and support centers, patronage service, home care and treatment, ie. home examinations and implementation of therapeutic procedures.

Bijelo Polje General Hospital provides hospital health care services to the population (at the secondary level of health care), with the elderly being the most frequent users of these services.

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Ambulance - provides emergency and urgent health services to the population.

Center for Social Work - ensures the implementation of adequate forms of social and child protection and directly provides social and child protection services, decides in the first instance on requests for exercising rights from social and child protection, monitors and analyzes phenomena and programs of importance for social and child protection, encourages, organizes and undertakes activities in order to prevent and combat social problems, keeps records and collects documentation on all beneficiaries of social protection rights and on the financial position of families of all beneficiaries in the territory for which it was established and performs other tasks in accordance with the law and the founding act.

OOCK Bijelo Polje - provides humanitarian aid for the most socially vulnerable elderly people. It implements a home help program with the engagement of 7 geronto-housewives for a total of 76 users. It marks the International Day of Older Persons. Earlier, they realized the project Care for the Elderly and Healthy Aging.

Civil society organizations - CSOs have an important role in the field of social protection of the elderly in Montenegro. There are a number of significant advantages of CSOs as service providers: (1) they are closer to the users and the problems they face; (2) have significant potential for innovation; and (3) are more flexible and therefore more responsive to user needs, often have expertise that is lacking in the public sector and provide new policy ideas; (4) have the opportunity to involve stakeholders as well as volunteers in the implementation of activities. As a result, CSOs should be seen as partners and especially work on their more active involvement in the entire process of contracting social services - from defining priorities to service delivery and monitoring / evaluation.

### 3.2. Community Care Centre in Bar

Municipality of Bar - provides one-off financial assistance for elderly, issues a certificate for exercising the right to Care and support allowance, finances the services of the Red Cross for the elderly.

Center for Social Work - ensures the implementation of adequate forms of social and child protection and directly provides social and child protection services, decides in the first instance on requests for exercising rights from social and child protection, monitors and analyzes phenomena and programs of importance for social and child protection, encourages, organizes and undertakes activities in order to prevent and combat social problems, keeps records and collects documentation on all beneficiaries of social protection rights and on the financial position of families of all beneficiaries in the territory for which it was established and performs other tasks in accordance with the law and the founding act.

Health center - provides health services to the population at the primary level of health care, through the organization of a selected adult doctor and support centers, community service, home care and treatment, ie. home examinations and implementation of therapeutic procedures.

General Hospital Bar - provides hospital health care services to the population (at the secondary level of health care), with the elderly being the most frequent users of these services

Association of pensioners Bar - representation of pensioners and their rights, spa treatment, one-time assistance, recreation, special benefits when paying ...

OOCK Bar - home help service (4 geronto housewives), club for the elderly (healthy aging), volunteer services, humanitarian aid for the most socially disadvantaged elderly.



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#### 4. Results of the Community Needs Assessment

The results obtained by research on the examined sample of elderly people show their general sociodemographic, family and health characteristics, but also their attitudes, assessments, suggestions. These components condition a very wide range of needs for care and protection services for the elderly. In addition, these factors determine the assessment of the level of significance of needs, related to the implementation of assistance services, which are necessary to improve the quality of life of the elderly.

The WHO concept of healthy aging has become a priority process since 2015, because it takes into account efforts to improve the quality of life of the elderly and considers the possibilities of including the elderly in various social segments. Previously, the priority concept was active aging, which is still very important for the elderly and which represents "optimization of opportunities for health, social participation and security, with the aim of improving the quality of life during the aging process."

It is very encouraging that the respondents, ie the elderly assessed that health services at all levels of health care are available to them, although satisfaction with the services provided is not at a satisfactory level for all respondents. The satisfaction of the elderly with the provided health services is conditioned by the ways of communication and in general by the attitude of the providers of health services towards them. In some situations, dissatisfaction is the result of allegations that their chosen doctors are more than 20 km away, which can be explained by the fact that some respondents do not live in the territory where their chosen doctors perform their activities or the availability of secondary and tertiary level institutions are stationed in certain areas and understandably can be remote from users. In accordance with the rules of providing health care, users must be able to use health services in an area not further than 4km.

One of the very common problems of the elderly is feelings of loneliness and exclusion, which cause depression. In order to reduce feelings of loneliness, as well as other negative feelings, it is necessary to initiate the inclusion of the elderly in community activities in accordance with their capabilities and environmental potentials. In this regard, it is important to provide the necessary conditions to encourage the elderly to get involved in organized gatherings and community events. As the number of older people is continuously increasing, and a larger number of them are mentally and physically preserved, it is important that they be involved in making decisions that affect them. The community must be aware of the fact that there are a number of healthy and active people in the elderly population.

Older people recognized and highly ranked the importance of providing home help services, and also pointed out that, in the previous period, they most often used services of care and support, geronto-housewives and Red Cross volunteers (they had information about the existence of these types of help). In this regard, they identified the institutions that organize these types of assistance as the most frequently used assistance options. Such answers are related to the facts of the existence of feelings of isolation and loneliness, where the providers of these services are, at the same time, persons for the realization of social communications of the elderly.

A very significant problem that older people face is of a financial nature, which means that they have identified the need for financial assistance as highly significant. Poverty is, a multidimensional problem, which limits access to a significant number of social (cultural) services. Therefore, it is understandable that there are limitations that are conditioned by the lack of financial resources (socializing, using the Internet, etc.). It is very important to provide methods for overcoming financial constraints for making social contacts of the elderly (providing free tickets, etc.).



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The changed needs of the elderly part of the population, resulting from their increasingly preserved physical and mental potential, require the investment of experts in the field of care and nursing of the elderly. First of all, it means investing in the education of providers of care for the elderly in the field of health promotion, disease prevention, adequate treatment and rehabilitation, but also services that are under the jurisdiction of other social sectors.

It is also important to work on informing and educating the elderly population in terms of spreading and adopting people's knowledge about the need for a healthy life, healthy diet, non-smoking life, alcohol abuse, etc., in order to maintain good physical condition in old age. In addition, an important aspect is raising the quantum of knowledge in the field of mental health, especially in the area of early recognition of signs of mental health disorders, and how and from whom to seek help when they are noticed by a person or his family members. The public should accept the fact that mental health problems in old age are just as important for treatment as at a younger age. In this regard, it is pointed out that the respondents highly ranked the importance of providing the service of providing psychosocial support, which indicates that they recognized the importance of maintaining mental health to improve the quality of life.

The third area of education should focus on the transition from working life to retirement, which requires significant life changes, especially for those older people living alone. The community has an obligation to provide the necessary health, psychological, social and other care services, to help the elderly cope better with retirement. It is of special importance to provide mechanisms for adapting to the situation, because in that way possible health complications will be reduced. An important segment of action relates to the preparation of the elderly for the period when they will be retired, which does not mean that their knowledge and skills can still not be used.

Analyzing the above assessments of respondents, needs, limitations, it is concluded that the system of comprehensive care for the elderly should be very adaptable to the different and changing needs of the elderly, so that the necessary care services can be provided quickly and efficiently. The system of protection and care of the elderly in the local community must be developed as a comprehensive one, in order to cover the entire range of needs of the elderly, from the elderly who live completely independently, to those who are completely dependent on other people's help. Also, the system should be sustainable, with a very clearly defined financial framework, so as not to restrict the provision of services due to lack of financial resources. In addition, the families of the elderly are significantly burdened with caring for their elderly members (research showed that the respondents stated that they are most often cared for by their children, then the spouse), and the organization of an appropriate care system would significantly relieve the families of the elderly.

The analysis of the research results, along with the demographic trends that lead to a significant increase in the share of the elderly in the population structure, shows that the planning of centers for the care of the elderly is justified and that it is necessary to create conditions for increasing the number of centers throughout Montenegro. The priorities of the organization of centers for the elderly in other areas should be related to the number of the elderly and the existing capacities for the care of the elderly. Also, within the centers, it is necessary to increase the number of services that the elderly can provide in them in accordance with their needs. The meeting regarding the need to emphasize the importance of competent education and training of service providers in the centers, which will contribute to timely, complete and correct information of the elderly regarding their rights and opportunities, as well as regarding the appropriate provision of services. In general, the population, especially the younger ones, should be included in education on aging, in order to avoid stigma and discrimination, and thus to influence the creation of intergenerational understanding, with the aim of improving the quality of life of the elderly.



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Research on the needs of caregivers and caregivers of the elderly has shown that care for the elderly is provided by both men and women, although women are somewhat more represented, which is a cultural characteristic of the population in these areas. However, the available data indicate that men very often deal with the care and nursing of the elderly. Most of the guardians are from the city, with a high school diploma, and they are usually married and in a permanent employment relationship, living with their family, and a person with the same characteristics is usually the most in the general population. The research showed that the respondents most often take care of the elderly from their own family, who have multiple health problems. Respondents usually take care of one person for several hours (although there is a significant representation of those who have the obligation to take care of their elderly people for a full 24 hours), although a quarter of respondents have obligations to take care of two elderly people, and some, even care for more elderly people. Such data confirm the need to create methods of helping caregivers, in order to facilitate their efforts and improve the quality of life of the elderly.

Help in providing care for the elderly, respondents are usually helped by other members of their families, and there is a significantly smaller number of those who receive help from some other people (outside their household). This, again, indicates a lack of institutionalized care for the elderly. At this point, it is important to point out that the respondents stated that most of them do not think about the permanent accommodation of the elderly who are cared for in institutions intended for the care of the elderly. This attitude is very important for the analysis of the quality of life of the elderly, taking into account that the elderly like when they live in the environment in which they are used to living.

A good example of the help provided by geronto housewives is highlighted, and it is very important to strengthen their role in providing assistance to the elderly. The majority of respondents estimated that they needed help in providing health services and help at home for the adequate implementation of care services for the elderly. The importance of volunteer help is also emphasized, as well as other types of organized measures for the care of the elderly, such as help organizations for geronto housewives and similar structures. It is interesting that the respondents assessed that: professional legal assistance, education in providing social assistance, preventive visits of representatives of various social sectors, are not a priority, although the fact is that most respondents do not have adequate knowledge about their rights and opportunities, as well as the rights of the elderly. which they take care of. Respondents mark the need to create self-help groups as moderately important, because they are aware that it is necessary to exchange knowledge and experiences, but they also recognize the limitations for the realization of this type of help, due to high occupancy. At the same time, it is important to emphasize that a quarter of the respondents expressed their consent to participate in the work of self-help groups, if they were organized in their environment. Although they believe that the work of self-help groups is very important for improving the knowledge and skills of providing care to the elderly, most respondents did not have any specific suggestions regarding the organization of work of these groups, and those who cited some suggestions .

Respondents believe that they need the most education to provide services in the field of usual treatment of the elderly, and it is very important to emphasize that a small number of them answered this question. This is followed by those who assessed that assistance is necessary when providing first aid to elderly people with dementia. Most of the respondents did not indicate the type of help they would need to adequately care for the elderly, despite the fact that they are aware that the help of others is very important to them. Interestingly, the respondents are not aware of the importance of the type of training for providing assistance to the elderly in a way that would facilitate their activities, and which would, at the same time, be appropriate for the elderly. Namely, respondents who take care of the elderly for a long time implement measures according to the principle of their knowledge, abilities and requirements, and are not informed that these measures can be simplified, provided and facilitated for the provider.





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When it comes to the needs related to obtaining information related to dementia, respondents rate them as moderately significant needs, which is conditioned by the presence of dementia in caregivers, as well as a general assessment of the importance of information, education and training in the field of providing support to the elderly.

In summary: the highest marks were given to the needs of the following services in order to provide adequate care for the elderly: - Home help, then occasional visits of volunteers, creating self-help groups for carers to share knowledge and experiences, as well as advice on proper care and nursing on the elderly, followed by services for people with dementia, preventive occasional visits by a social worker, services for obtaining professional advice and education on adequate care for the elderly, counseling services on social protection rights and finally services for obtaining legal advice

Most of the respondents estimate the difficulty of the work they do in providing care to their older members, mostly to their parents. Respondents most often mark their level of burden of caring for the elderly with grades between 5 and 6 (on a scale of 1 to 10), which would mean that they consider these activities to be strenuous, but not of the highest degree. It is understandable that the level of workload is conditioned by the level of dependence of the people they care for, the number of elderly people they take care of, as well as the number of hours they spend caring for their elderly members.

## 5. Recommendations

- The level of information about available services in the local community is extremely low. Although until now there were organizational units that in the domain of their activities had the task of monitoring the existing services for the protection of the elderly and to improve them, they did not fully achieve the goal of their existence.
- In connection with the above, it is evident that the level of cooperation between sectors, exchange of information on the content of services and activities available to the elderly, was not sufficiently developed. The improvement of cooperation can be compensated by the establishment of working bodies within the local self-government, which is recognized as the coordinator of the process of planning and development of social protection services. Responsible persons would be in a position and obligation to cooperate with other sectors in order to create services that are adapted to the elderly.
- In accordance with the above, it is necessary that in the coming period, local self-government units, which deal with the care of the elderly, be significantly involved in planning, establishing and proposing sources of funding for protection services for this vulnerable population group.
- Monitoring the implementation of strategic and normative documents related to the elderly significantly affects the improvement of their quality of life.
- It is necessary to more adequately and competently monitor the implementation of defined local plans related to improving the quality of life of the elderly, in order to differentiate the priority needs of the elderly, the reasons for non-implementation of planned services, define the necessary budget and sustainability.
- Increased efforts to support licensing in order to improve the standards and quality of the services themselves are of key importance for improving the quality of existing services.
- It is important to improve the existing ones and provide (where there are no services) Home help.
- Improving health care services is a priority for the quality of life of the elderly.
- Improving information and education to help the elderly living alone in the home is of priority importance.
- It is helpful to provide occasional visits to volunteers, especially for those beneficiaries living in remote rural areas.

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- Experience confirms that organizing self-help groups for carers in order to exchange knowledge and experiences, as well as obtaining advice related to proper care and care for the elderly, is an important aspect of improving the services provided to the elderly.
- It is very important to provide and improve existing services intended for people with dementia.
- Improving social services for the elderly, through the support of their carers.
- Providing occasional visits by a social worker.
- Improving counseling services in the field of social and health care for the elderly.