

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

SUMMARY REPORT

Community Needs Assessments in Austria,
Montenegro and Serbia
September 2021



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Introduction

Care needs are steadily rising and so is the need for innovative community-based services and support of people in need of care and their informal care givers.

The 3-year project “Addressing and preventing care needs through innovative community care centres” (I-CCC) aims to develop and test innovative approaches in long-term care. 6 community care centers will be piloted in Austria, Montenegro and Serbia offering a range of services such as counselling, supporting and training informal carers, home help services, preventive home visits and healthy ageing activities. The second main pillar is the setup of a new-volunteer based service to support people with dementia which will include a tablet-based cognitive training tool.

The I-CCC project is funded by DG Employment within the Programme for Employment and Social Innovation (EaSI) and co-funded by the Austrian Development Agency. Project activities started in November 2020 and are coordinated by the International Cooperation Department in close cooperation with the AutRC Health & Social Services.

Partners in each country conducted a small piece of desk research and compiled a short overview of existing documents that informed the needs assessment and the conception of the Community Care Centres. A host of current research is available in all three countries. An overview of current planning and policy papers was put together and current research results on long-term care in general, support for informal carers as well as providing services for people with cognitive impairments and dementia were screened.

In addition to this, a mapping was conducted in the six communities in all three countries by the local Red Cross Branches with the support of partners (GÖG in Austria, Republic Institute for Social Protection in Serbia, Ministry of Health, Montenegro). At the local level main stakeholders were identified including Primary Health Care Centres, Centre for Social Welfare, residential homes, day centre, NGOs dealing with health and social issues etc. These activities provided the basis for the community needs assessment.

A participatory community needs assessment was carried out in each of the 6 project communities in Austria (Vienna, Hartberg), Montenegro (Bar, Bijelo Polje) and Serbia (Sombor, Pirot) using a user centred approach. The community members were able to voice their most important health and nursing needs and problems and which type of measures and services are missing in their community. Based on these results the future actions will be undertaken in the community. Additionally, 3 to 4 interviews per community were carried out for people who cannot attend the workshop.

In addition, one multi-sectoral stakeholder meeting with about 20 participants each was carried out in all six communities in three countries to ensure that the perspectives, experiences and ideas of local decision-makers complement and underpin the ideas formulated by the citizens. In addition, steps for the permanent implementation of the interventions and options for their roll-out and sustainability

were already discussed at an early stage. Also, the potential barriers to success and plans for overcoming these were discussed and the support of these stakeholder ensures to establish partnerships at the community level. 10-12 representatives of different stakeholder groups were invited, coming from the following fields: nursing homes, hospitals, community council, church, medical doctors etc.

This summary report of the needs assessment in all three countries consist of the results of the desk research, the community context, a short overview of existing services and stakeholders and results of the community needs assessment. It also included final recommendations for the Community Care Centers in each community.

Desk Research

Partners in each country conducted a small piece of desk research and compiled a short overview of existing documents that informed the needs assessment and the conception of the Community Care Centres. An overview of current planning and policy papers was put together and current research results on long-term care in general, support for informal carers as well as providing services for people with cognitive impairments and dementia was screened.

Austria

The Austrian health and social system is highly fragmented, due to a wide range of different administrative authorities and responsibilities. Because of an increasing life expectancy and demographic developments an increase in the need for long-term care is expected. The number of long-term care allowance recipients and the need for care and support services increases every year. From 2014 to 2019 the number of people, who received care outside of their home, increased significantly more (+ 16%) than the number of people, who were cared for at home (+ 9%). The costs and rates of residential facilities, the costs of mobile care and the density of nursing home places differ depending on the federal state. In addition, there is an increasing shortage of nursing staff. By 2030 an additional 75.700 nursing staff will be needed in Austria.

Around 10% of the Austrian population care for a relative. In total, these 946.000 **caring relatives are by far the largest "care service" in Austria**. However, due to increasing life expectancy, decreasing number of children and spatial mobility, the willingness and possibility to take on care work will tend to decrease. Caregiving relatives show a lower subjective state of health compared to the general population. 48% of the caregiving relatives at home and 21% of the caring relatives in the **residential facilities feel "very" or "heavily" stressed**. Factors like dementia, bed confinement, caregiving relatives who are minors and a high care allowance increase the burden on relatives. Support options are rarely accepted. In 2019 only 9% of the caregiving relatives used a free home visit by qualified health and nursing staff (offered as part of quality assurance in home care), 2% used the so called **"BürgerInnenservice" (translated "Citizens Service"; offers advice and guidance on questions from the social sector)** and 1.032 people made use of the **"Angehörigengespräch" (conversations with psychologists or social workers)**. Training programs and courses for caregivers are generally viewed positively, but the limited time resources of caregivers were recognized as a problematic factor.

Dementia is a key challenge in the Austrian long-term care system. The further development and expansion of the social and health care system should lead to an improved living situation for those affected and their relatives. They must be advised and looked after individually.

Another challenge facing the Austrian health care and social system is loneliness. During the Covid-19 crisis older people have been particularly at risk and have been advised to voluntarily isolate themselves at home. Social isolation and loneliness have a negative impact on health, wellbeing and behavior. Preventive home visits enable health care professionals to identify the problem at an early stage and help to

maintain or re-establish social contacts and relationships. Specific information and advice can be offered to counteract loneliness.

From 2040 a third of the Austrian population will be over 60 years old. Due to increasing life expectancy and demographic developments, an adjustment of the health care system is necessary in order to maintain the health of the aging population. Health promotion and prevention play a major role in this. Particularly important for the implementation of health-promoting projects is the inclusion of the target group, the cooperation with the relevant institutions, sustainable financing and a free or inexpensive access for the target group.

Compared to other EU countries, the Austrian population has a low level of health literacy. Health promotion and the prevention of the need for long-term care are not yet significant in Austria's health and social services. In order to strengthen health literacy and to increase the healthy years of life of Austrians, targeted measures are required. Vulnerable groups of people, such as informal caregivers and people with cognitive impairments or dementia, need special attention. There is a need for precise offers to prevent functional impairments and promote healthy aging.

Serbia

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 centres, 118 have a home care or polyvalent care service that includes home care.¹ 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 services², 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.³

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

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

² Republički zavod za socijalnu zaštitu. Izveštaj o radu ustanova za smeštaj odraslih i starijih za 2019. godinu

³ Mapiranje 2015, 2018

persons, and the number of people who participate in the activities of these clubs is 1,130. In addition, 202 gerontocareers 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.⁴

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.

Montenegro

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

⁴ Babović, M., Veličković, K., Stefanović, S., Todorovic, 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>

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

Community Context

A brief insight into the pilot regions was elaborated as a part of the desk research. A mapping was conducted in the six communities in all three countries by the local Red Cross Branches with the support of partners.

Austria

Hartberg

The town of Hartberg is part of the Hartberg-Fürstenfeld district in Styria. 6,795 people live in the city of Hartberg (as of 2020), of which 53.5% are female and 46.5% are male. Of the total population of Hartberg 18.8% are under 20 years, 59% between the ages of 20 and 64 and 22.2% are 65 years or older. 36.8% of the households in Hartberg were 1-person households in 2011.

1,053 people in Styria were asked about health indicators in 2019. 71.7% were in (very) good subjective health. 39.5% suffered from a chronic illness and 32% had health restrictions in everyday life. 62.3% of the respondents were satisfied with the medical care.

The life expectancy in (very) good health for Styrian men was 65.2 years and for Styrian women 65 years in 2014. The average life expectancy in (very) good health in Austria was 65.0 years for men in 2014. This puts Styria, together with Vienna and Upper Austria, in the second to last position of the 9 federal states (Burgenland has the lowest value).

The European Health Literacy Survey (HLS-EU) also surveyed the healthy literacy in the Austrian federal states in 2011. 11.2% of the Austrian population showed excellent comprehensive health literacy in all sub-areas (disease management, prevention and health promotion). Austria was therefore below the average for all countries (16.5%). In a comparison of the Austrian federal states, Styria had the lowest health literacy rate.

Over a fifth of the population in Hartberg is 65 years or older (22.2%). In 2015, 6.5% of the Styrian population received care allowance (4.7% men, 8.3% women). The Institute for Economic Research examined care provision in Austrian municipalities (excluding Vienna). In Styria, mobile care services and 24-hour care are widespread, followed by inpatient facilities and assisted living. Partial inpatient care and other services (e.g. meals on wheels, counseling, senior coffees, ...) are only up to 10% widespread. 10% of the respondents only used informal care. In the period from 2011 to 2019, all areas recorded an increase in use (except short-term care; was not recorded). Especially case and care management were increasingly taken up, with an increase of + 428.8%.

Vienna

At the beginning of 2020 there were 91,680 people living in Vienna's third district, Landstraße. That is about 4.8% of Vienna's population. 51% of the residents were women and 48.5% men. The district Landstraße has grown by 8,619 people since

2010 (+ 10.4%) and has an average annual growth of + 1%. The average age in the district is 42 years (for comparison: the average age in Vienna is 41 years). 11.616 people aged 0-14, 64.985 people aged 15-64 and 15.079 people aged 65 or older lived in the 3rd district at the beginning of 2020. In 2018, 47.9% of residents lived in private households alone.

During the Austrian Health Survey in 2019, 1.571 people were asked about health indicators in Vienna. 74.3% were in (very) good subjective health. 38.2% suffered from a chronic illness and 29.3% had health restrictions in everyday life. 61.4% of the respondents were satisfied with the offered medical care.

The Vienna Health Report 2016 describes the health situation of the Viennese, important health determinants and selected aspects of the Vienna health system. In 2014, newborn children could expect a life expectancy of 82.6 years for girls and 77.7 years for boys. 66.4 years for women and 65.2 years for men were spent in good or very good health. Four out of five Viennese rated their state of health as very good or good. The Viennese rated their quality of life with an average of 73 out of 100 points. 37% of the Viennese population lived with chronic health problems in 2014. Around 11% of the Viennese suffered from a medically diagnosed depression.

In Vienna, all the above-mentioned service areas of care service statistics are offered (mobile, inpatient, partial inpatient, short-term care, alternative forms of living, case and care management, everyday support over several hours and relief services). In the period from 2011 to 2019, all areas (except for alternative forms of living) recorded an increase in use. The inpatient area in particular, with an increase of 61.8%, was used more frequently. Case and care management were also increasingly used in Vienna (increase of 44.4%).

Serbia

Pirot

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 km². At one time, it was the centre of the processing industry of dairy products, leather, wool, wood and the clothing industry. Pirot owes 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 "Coridor 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.⁵

Sombor

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 km², 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.⁶

Montenegro

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.

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

⁵ Osnovni demografski podaci opštine Pirot https://www.piot.rs/images/foto-galerija/demografski_podaci.pdf ,
<https://www.piot.rs/index.php/2014-07-10-11-33-23/2014-07-11-09-54-03>

⁶ 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/>

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.

Short overview of existing Services and Stakeholders

At the local level main stakeholders were identified including Primary Health Care Centres, Centre for Social Welfare, residential homes, day centre, NGOs dealing with health and social issues etc. These activities provided the basis for the community needs assessment.

Austria

In order to find out which services should be offered in these centers in Austria the GÖG carried out a needs assessment in Hartberg and Vienna. A first step was carrying out focus groups and interviews with people in need of care, caregiving relatives and people interested in the topic - i.e. with the target groups of the ICCC. In a second step, regional health care providers, providers of social services and other stakeholders were invited to a stakeholder meeting in order to discuss their expectations and the possibilities for cooperation.

The process of the stakeholder meetings took place according to a moderation concept coordinated with the results of the first round of the needs assessment. After an information block about the project and the idea of Community Care, the results of the Needs Assessment so far were presented, and the following questions were then discussed in three small groups:

Regional demand in the region

- **In what context are you confronted with the wishes and needs of people relating to care and support?**
- **Where do you see bottlenecks or even gaps in advice and support in your district / in your work?**

Collaboration and cooperation

- **Where do you think you can be supported by an ICCC?**
- **What are your expectations of an ICCC?**
- **How do you imagine an optimal cooperation between you and the ICCC?**
- **How does an ICCC have to be designed so that it supports you in your work?**
- **Network meetings: how often should these take place? Which topics could be important for you?**

Benefits of an ICCC

- **What could the ICCC improve in your work?**
- **What are the most important arguments for you in favor of the Grätzel?**
- **In your opinion, how can a transition to sustainable finance work and be designed well?**

The stakeholder meetings in Hartberg and Vienna took place in July 2021. The results of the interviews, focus groups and stakeholder meetings are the basis for the

conceptual design of the regional ICCC.

Hartberg

The participants in the stakeholder meeting were on the one hand representatives of care services (nursing homes, mobile services), but also representatives of the district administration and social welfare associations. A total of 14 people took part in the meeting. The meeting took place in person.

The participants see the need for targeted care advice for people with medium to high care needs met. According to all participants, the service has been well received. Networking with other health care providers is seen as important. There is widespread agreement that the ICCC should not create parallel offers and should close existing gaps. Such a gap is seen in the advice on supra-regional, especially financial claim and adult social work for older people.

All participants in the meeting stated that it is difficult to reach people early - also in order to be able to work preventively before the need for care increases. Therefore, it is important to develop special offers. These can be group offers in the ICCC, such as seated gymnastics, seated yoga or the organization of joint excursions. Also, it is pointed out that coordination with existing offers is necessary. At the same time, preventive home visits are seen as a useful addition in order to reach people at an early stage.

The planned tablet trainings for people with cognitive impairments are seen as a preventive offer to delay the cognitive impairments. Some existing providers give practical instructions for relatives. However, these providers are either limited in time or are not able to offer these instructions in the home environment. Therefore, the expansion of the range of training courses for relatives, through practical guidance in the living environment, is seen as a sensible and gap-closing offer. Also, the offer of visiting and accompanying services, as several hours breaks for relatives, is seen as great.

The ICCC should actively contribute to the existing network of advice centers and providers in the region, so that a knowledge platform with joint work and regular exchange can arise. This ensures that the offers are coordinated with one another and that no parallel structures arise. As part of a regional network, the ICCC could also have the task of pointing out gaps in supply.

Vienna

The participants of the meeting came from different organizations or facilities: employees from retirement homes, nursing homes, day centers or mobile services, but also representatives of the professional groups of the medical-technical services or employees of hospitals. The stakeholder meeting was carried out virtually.

The large number of offers for people in need of care leads to confusion, there is no place where everything comes together. Earlier experiences, such as occasional round tables for relatives, show that small, isolated approaches often fail because nobody knows about them or because offers were not offered in a structured manner.

Professionally designed, organized networking is needed and the various groups (such as shops, retailers, health service providers in the district) need to cooperate and work together. Many providers believe that it is very difficult to reach relatives or people in need of care. A way to reaching people is through positive approaches (with street festivals, with cafés, etc.), and not, as it is usually the case, by addressing problematic situations. **An “open door policy” should make it possible for people “from the street”** to simply come to the center because they are curious. The ICCC should, on the one hand, connect professional health care providers (general practitioners, mobile services, etc.) with regional clubs and churches. It is therefore considered important to actively address and include existing initiatives in the district.

Especially for the target group of the non-German speaking population there is a need for a low-threshold information offers, as it is difficult for this group to get information.

In the last two years, during the different phases of lockdown, it has been clear that not only younger but also older people are quite familiar with technology and social media. This should be used to disseminate offers and information via multiple media sources. Voluntary work should support relatives. Regular network meetings are considered useful for cooperation with other carriers or providers.

Mobile services or employees from other support services often have too little time to offer **advice beyond the direct care or can't offer psychosocial or social work advice**. The ICCC is therefore considered as a useful addition to the existing services. The staff of the ICCC should have a basic understanding of the activities of the other professional groups in order to be able to connect and network. Therefore, a multi-professional team would make sense.

It is emphasized again and again that active networking must be carried. Some stakeholders would also like to be informed about different offers in their region through the ICCC.

Serbia
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.

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

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.

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.

Montenegro 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.

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.

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.

Results of the Community Needs Assessment

A participatory community needs assessment was carried out in each of the 6 project communities in Austria (Vienna, Hartberg), Montenegro (Bar, Bijelo Polje) and Serbia (Sombor, Pirot) using a user centred approach. The community members were able to voice their most important health and nursing needs and problems and which type of measures and services are missing in their community.

Austria

For the ICCC project, a needs assessment was carried out in both pilot regions (Vienna and Hartberg-Fürstenfeld / Styria). Three different groups of people were interviewed:

- People in need of care
- Caregivers and
- Anyone interested in the topic

The aim was to sharpen the ICCC's offerings as much as possible by surveying the respective perspectives and needs and to create an offer tailored to the needs of the community. The discussions took place both in person and by telephone and virtual focus groups were organized as well.

Hartberg

For those interviewed in the Needs Assessment it was important that the Community Care Center is open at the end of the day and that it is easily accessible. The respondents said that the Community Care Center should be reached easily by phone and the staff should call back. The Community Care Center should be a place of networking for people in need of care and their relatives. It was described that the Community Care Center should be a link between different actors, like people in need, relatives, care services, specialists, etc. A cooperation between the municipality, mobile services, services, regional companies, etc. was wished for.

The desire for short-term and low-threshold advice was expressed. There is a need for support and advice especially in the initial phase of the need for care. Sensitive and targeted advice is important here so that the help offered can be well received. If the need for care increases, a central contact point is required that collects all relevant information and can refer you to the right places. Helping people to help themselves, preferably in their own living space, is particularly in demand. Tips on how to organize their own living environment so that they can cope better independently are needed. Advice in the personal environment, at home, is desired, as the problems can be better captured, and solutions can be developed individually and according to needs.

Family carers also expressed a desire for advice at home. The importance of the continuity of counseling through constant reference persons was also mentioned. The Community Care Center should have flexible opening times, provide all relevant information and be a place of exchange. Another important point for the caregiving relatives is the networking of the center with the general practitioners (e.g. prescription for incontinence care).

The following topics were mentioned in the Needs Assessment and will be focused in the implementation of the project activities:

- General information (care allowance, ...)
- Trainings (e.g. on care techniques, dealing with dementia, ...)
- Help for self-help
- Information and contact addresses for e.g. mobile services
- Organizational, financial, legal information. Help with disputes
- Psychological support (e.g. in a crisis, or in the case of intensive care)
- Procurement, financing and maintenance of resources
- Representation of interests (e.g. more disabled parking spaces, objection regarding care level, ...)
- To look after yourself despite care, to be able to perceive needs, to be able to set themselves apart (caring relatives)
- Time after the care (what to do with the gained free time? ...)
- Grief counseling
- Referral to other offers and providers
- Courses and lectures on health related topics

Regarding health promoting activities, following topics were mentioned: Affected people expressed the desire for gymnastics for the target group +80. The existing groups for over 60 years of age do not meet the needs of the very old. The fear of falling was also mentioned. Workshops and exercise courses for fall prevention are planned. Loneliness is also a big issue. Affected people want a space to meet and talk, to feel warmth. It was mentioned that the professional competence of the employees in communication and encounters with older people is important. Also, cooperation with existing offers and events is desired. Organized, regular meetings outside the Community Care Center are also in demand, such as alternating visits to nearby communities or visiting people at home.

Also, the benefits of peer counseling were observed in the needs assessment. Relatives with many years of care experience pass on their knowledge to less experienced people. Peer counseling groups can be organized in the Community Care Center and in round tables and help to network and support caring relatives.

Vienna

For those interviewed in the Needs Assessment in Vienna it was important that the Community Care Center should be a place where people in need of care and caring relatives can meet like-minded people and get information and advice. The center should be a place of networking, in order to establish relationships between those affected, relatives, friends, neighbors and professional providers. In the Needs **Assessment an "open door day"** with lectures, information stands and an exchange at eye level was cited as an example. Also, the center should be open and easily accessible at the end of the day. The employees should be well connected to other professional groups and should work across providers.

The desire for a contact person who knows about the individual situation is high. This requires a case-based advisory approach and the identification and documentation of the people seeking advice. The documentation will take place using internal documentation tools. Nevertheless, it will be possible to conduct a consultation anonymously, without any contact details or personal information.

The need for advice is very diverse. In the Community Care Center, different subject areas are offered, such as legal questions, but also special topics such as advice for people with disabilities, advice on aids, nutrition or exercise. The counseling topic is adapted to the individual situation.

Special focus is placed on the following topics, which were mentioned in the Needs Assessment:

- Professional accompaniment and support in the initial phase of a care situation with home visits
- Dealing with uncertainty, insecurity, ... in care
- Talking about stress and exchanging it with others
- Loneliness
- Recognize your own limits (caring relatives)
- Changes in the relationship with loved ones or relatives through care and support
- How to not hurt the person in need of care and their privacy

In Austria, a large number of health-promoting activities are offered as part of the project. The activities are based on the results of the needs assessment and the needs of the respondents. Special focus is placed on the following topics:

Loneliness

- Offers in the immediate vicinity to meet like-minded people
- Support with leisure activities
- Accompanying offers such as pick-up and delivery services to support mobility
- Varied offers to counteract loneliness
- Create opportunities to build friendships

Relief and emotional support for family carers

- Talk about stress
- Enable joint excursions
- Half-day and hourly relief
- Half-day excursions for people with reduced mobility
- Psychosocial relief and encouragement

The Community Care Centers offer regular mental and physical fitness activities. In addition, offers and events will take place to exchange experiences with different health services and to build up a network.

Serbia

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.

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 gerontocarer 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.

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

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.

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 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.

Montenegro

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.).

The changed needs of the elderly part of the population, resulting from their increasingly preserved physical and metallic 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.

Research on the needs of caregivers and care receivers 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.

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.

Recommendations for the Community Care Center in each Community

The Community Needs Assessment included final recommendations for the Community Care Centers in each community.

Austria
Hartberg

The following focal points can be derived from the needs assessment in Hartberg-Fürstenfeld.

Structural / organizational expectations of the advice center

- The focus is on outreach advice, it is less about offers in the center itself
- Networking with existing - including voluntary - offers from associations is necessary, whereby the center can also support these associations with specialist knowledge (lectures, etc.).
- The questions are very broad and varied, competent information is expected, which also speaks for good networking with the offers of the region.
- Accessibility: is less of an issue as it is common to drive to the larger cities.
- Voluntary work is addressed in connection with relieving the burden on relatives, but primarily in the form of discussions and opportunities for exchange in one's own environment.

Content-related expectations of the advice center

- Advice and relief offer on the living environment and on offers in the region
- Help for self-help, also through health-promoting offers such as nutritional advice or gymnastics offers for older people
- Psychological support, e.g. outreach offers to relieve relatives in the sense of "visiting services for relatives" as a distraction from care in one's own environment

Vienna

The surveys of the Needs Assessment in Vienna can be divided into the following main topics.

Structural / organizational expectations of the advice center

The following challenges arise in the context of contacts with advice centers:

- the opening times do not consider working people
- There are no permanent contact persons
- Lack of specialist specializations in the advice centers of the City of Vienna
- no ad hoc contact options

Recommendations for the ICCC

- There is a vision of a center in which people work who have a good overview / good knowledge in the area of nursing and care and are willing to research

complex questions. Ideally, there is one person who takes on the case management and coordinates the right people in the multi-professional team.

- Opening times: In addition to the usual opening times, also at the end of the day (early / evening) and on weekends
- Contact options: good / fast (20 minutes) public accessibility / centrally located
- Technical competence: A contact person would be good; Well-qualified specialists on various topics who are available to the main contact person if necessary.
- Bring the person in need of care, supervision during the consultation

Content-related expectations of the advice center

- professional guidance and support in all phases of care and support for all target groups
- Advice on financial and legal matters
- Emotional support
- Mediation of support offers in order to have time out
- Specialists in selected topics
- good network to mediate

Recommendations from the stakeholder meetings

Prevention through early offers

Information is brought to the right person more quickly at the right time. Health care providers have noticed that people often come too late with a great need for support and help, especially due to a lack of knowledge and information. By reacting correctly to needs in the right time, the need for long-term care can be prevented.

Relief offers for relatives can protect them from burnout

Preventive home visits and practical guidance for relatives in the home environment are seen by the relatives, as well as by professional service providers as the most direct way of providing support to care at home.

Avoiding hospital stays and moving to a nursing home too early

Targeted support, preventive and health-promoting offers for the target group of older people and advice on these offers mean that people can live longer at home. Regular contact with the ICCC means that you can be referred to the right place at the right time and that life at home can be supported and guaranteed for longer. In many cases, it can also be expected that expensive hospital stays can be avoided if the health literacy of people in need of care and their relatives can be strengthened.

Relief of the supporting organizations and health service providers leads to the optimization of the regional support, care and nursing offer

Regional networks of providers of health and care services can work in a coordinated manner and thus contribute to the optimization of the care system. Depending on regional needs, the ICCC can serve as a central center and contact point, with the

main task of referral. The ICCC can also monitor, identify and, if possible, fill gaps that exist in the region.

Serbia

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);
- 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)

Montenegro

- 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.
- 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.