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Impact evaluation of the project „Addressing and preventing care needs through innovative Community Care Centres (I-CCC)”

End report (October 2023)

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Content

1.	Introduction.....	10
2.	Conceptual basis.....	12
2.1.	Impact evaluation.....	12
2.2.	Process evaluation.....	15
3.	Methodology.....	16
3.1.	Monitoring tool.....	16
3.2.	QPPQ - Questionnaire with specific project-related and person-related questions including WHOQOL-BREF.....	17
3.3.	Mini-Mental State Examination (MMSE) & Geriatric Depression Scale (GDS).....	17
3.4.	Survey - process evaluation.....	18
3.5.	Semi-structured qualitative interviews – impact evaluation and process evaluation.....	18
3.6.	Overview of the data collection methods.....	19
3.7.	Methods of data analysis.....	20
4.	Process evaluation.....	22
5.	Hypothetical impact model.....	24
5.1.	Stakeholders and affected groups.....	24
5.1.1.	People with dementia and cognitive impairments.....	25
5.1.2.	Preventive home visit clients.....	25
5.1.3.	Older people with care and support needs (65+).....	26
5.1.4.	Senior citizens/interested persons.....	26
5.1.5.	Informal carers.....	27
5.1.6.	Volunteers.....	28
5.1.7.	(New) Project staff.....	29
5.1.8.	Other long-term care (LTC) service providers.....	30
5.1.9.	Health service providers.....	31
5.1.10.	Politics and administration.....	32
5.1.11.	Senior citizens' associations.....	32
5.2.	Conclusion.....	33
6.	Older people with care and support needs.....	34
6.1.	Sample description.....	35
6.2.	WHOQOL-BREF results.....	38
6.3.	Impact overview.....	40
6.4.	Preventive home visit clients.....	47

6.5.	Conclusion	49
7.	People with (suspected) dementia	51
7.1.	Sample description	51
7.2.	MMSE & GDS results	51
7.3.	Conclusion	56
8.	Informal carers	58
8.1.	Sample description	58
8.2.	WHOQOL-BREF results	62
8.3.	Impact overview.....	63
8.4.	Conclusion	69
9.	Volunteers	72
9.1.	Sample description	72
9.2.	WHOQOL-BREF results	75
9.3.	Impact overview.....	77
9.4.	Conclusion	82
10.	Other long-term care (LTC) providers.....	84
12.2.	Impact Overview	84
12.3.	Conclusion.....	92
11.	Health service providers	94
11.1.	Impact Overview	94
11.2.	Conclusion	101
12.	Politics and administration	103
12.1.	Impact Overview	103
12.2.	Conclusion	114
13.	Senior citizens' associations	116
13.1.	Impact Overview	116
13.2.	Conclusion	119
14.	Verified impact model	121
15.	Conclusion.....	125
16.	Recommendations	131
	References	133

Figures

Figure 1: Impact value chain	12
Figure 2: Impact model.....	13
Figure 3: Steps and (potential) purposes of an impact analysis	14
Figure 4: Satisfaction of project partners with the processes (1= not satisfied, 10=very satisfied), (w1 n=11, w2 n=9, w3 n=12)	23
Figure 5: Stakeholder and impact affected groups.....	24
Figure 6: Use of other support services per country, wave 1	37
Figure 7: Support person(s) in everyday life (multiple selection possible), wave 1	37
Figure 8: Change in global scores of WHOQOL-BREF of older people before and after the intervention in all 3 countries (mean).....	38
Figure 9: Change in domain scores of WHOQOL-BREF of older people before and after the intervention in all 3 countries (mean).....	39
Figure 10: Changes in physical or mental health of participants in past months (n= 153).....	45
Figure 11: Who informal carers provide care and support for, %	60
Figure 12: Time extent of care and support activities of informal carers (years), %	61
Figure 13: Employment status of informal carers, %.....	61
Figure 14: Change in global scores of WHOQOL-BREF of informal carers before and after the intervention in all 3 countries (mean).....	62
Figure 15: Change in domain scores of WHOQOL-BREF of informal carers before and after the intervention in all 3 countries (mean)	62
Figure 16: Volunteering experience before I-CCC, %	74
Figure 17: Areas of volunteering experience, %	75
Figure 18: Change in global scores of WHOQOL-BREF of volunteers before and after the intervention in all 3 countries (mean).....	76
Figure 19: Change in domain scores of WHOQOL-BREF of volunteers before and after the intervention in all 3 countries (mean).....	76
Figure 20: Distribution of assessed impacts across all three countries by stakeholder group, %	126

Figure 21: Distribution of assessed impacts across all stakeholder groups by country, % 126

Tables

Table 1: Overview of the I-CCC timeline for data collection methods, evaluation and reports	19
Table 2: Overview survey instruments and stakeholders/impact affected	20
Table 3: Programme activities for older people per country.....	35
Table 4: Older people with care and support needs – population, sample and response rate	35
Table 5: Clients sample description.....	36
Table 6: Change in global scores of WHOQOL-BREF of older people before and after the intervention at country level.....	39
Table 7: Change in domain scores of WHOQOL-BREF of older people before and after the intervention at country level.....	39
Table 8: Impact overview of older people with care and support needs (impact range -1 to 1).....	40
Table 9: Assessed deadweight for group of older people with care and support needs	42
Table 10: Impact 1, older people – More knowledge and information, by country	43
Table 11: Impact 2, older people – Supportive environment for healthy aging, by country	43
Table 12: Impact 3, older people – Prevention of functional losses, by country	44
Table 13: Impact 5, older people – Increased/stabilized well-being, by country.....	44
Table 14: Impact 6, older people – Strengthening self-help skills and health literacy, by country	45
Table 15: Impact 7 – Support in everyday life activities, by country	46
Table 16: Impact 8 – Psychological support, by country	46
Table 17: Impact overview of preventive home visit clients (impact range -1 to 1).....	47
Table 18: Assessed deadweight for preventive home visit clients.....	49
Table 19: MMSE & GDS sample	51
Table 20: MMSE - Baseline and retest results.....	52
Table 21: MMSE scoring system	52
Table 22: MMSE score changes in Austria	52

Table 23: MMSE score changes in Montenegro	53
Table 24: MMSE score changes in Serbia	53
Table 25: GDS - Baseline and retest results.....	53
Table 26: GDS scoring system	54
Table 27: GDS score changes in Austria	54
Table 28: GDS score changes in Montenegro	55
Table 29: GDS score changes in Serbia	55
Table 30: Programme activities for informal carers per country	58
Table 31: Informal carers - population, sample and response rate.....	59
Table 32: Informal carers sample description.....	59
Table 33: Change in global scores of WHOQOL-BREF of informal carers before and after the intervention at country level.....	63
Table 34: Change in domain scores of WHOQOL-BREF of informal carers before and after intervention at country level.....	63
Table 35: Impact overview of informal carers (impact range -1 to 1)	63
Table 36: Assessed deadweight for group of informal carers	66
Table 37: Impact 1, informal carers – Knowledge of care and health aspects, by country	66
Table 38: Impact 2, informal carers – Increased system knowledge, by country.....	67
Table 39: Impact 3, informal carers – Physical, psychological and time relief, by country	67
Table 40: Impact 4, informal carers – Relief/strengthening of the family system, by country	68
Table 41: Impact 5, informal carers – Reduced sense of isolation, by country	68
Table 42: Impact 6, informal carers – Better understanding of the needs of people with dementia/older people with care and support needs, by country	69
Table 43: Impact 7, informal carers – Increased/stabilised well-being, by country.....	69
Table 44: Volunteers - population, sample and response rate	72
Table 45: Volunteers sample description	73
Table 46: Employment status of volunteers, %	74
Table 47: Change in global scores of WHOQOL-BREF of volunteers before and after the intervention at country level.....	76

Table 48: Change in domain scores of WHOQOL-BREF of volunteers before and after intervention at country level.....	77
Table 49: Impact overview of volunteers (impact range -1 to 1)	77
Table 50: Assessed deadweight for group of volunteers	79
Table 51: Impact 1, volunteers – Positive influence on health, by country	80
Table 52: Impact 2, volunteers – Increasing social participation, by country	80
Table 53: Impact 3, volunteers – Increasing job opportunities for younger people, by country	80
Table 54: Impact 4, volunteers – Gaining expertise among younger people, by country	81
Table 55: Impact 5, volunteers – Strengthen knowledge of care and health aspects as well as digital competencies, by country.....	81
Table 56: Impact 6, volunteers – Better understanding of the needs of people with dementia and older people, by country	82
Table 57: Impact 7, volunteers – Good feeling of doing something meaningful for society, by country	82
Table 58: Impact overview of other LTC providers (impact range very negative to very positive)	84
Table 59: Impact overview of health service providers (impact range very negative to very positive)	94
Table 60: Impact overview of politics and administration (impact range very negative to very positive) .	103
Table 61: Impact overview of senior citizens' associations (impact range very negative to very positive)	116
Table 62: Verified impact model of older people with care and support needs	121
Table 63: Verified impact model of informal carers	121
Table 64: Verified impact model of volunteers.....	122
Table 65: Verified impact model of other LTC providers.....	122
Table 66: Verified impact model of health service providers.....	123
Table 67: Verified impact model of politics and administration	123
Table 68: Verified impact model of senior citizens' associations.....	124

1. Introduction

The project “I-CCC – Addressing and Preventing Care Needs Through Innovative Community Care Centres” is a three-year project implemented by the Red Cross of Austria, Serbia and Montenegro running from November 2020 to October 2023, funded by the programme for Employment and Social Innovation (EaSI) of the European Commission’s Directorate-General for Employment (DG EMPL) and co-funded by the Austrian Development Agency (ADA). The project focuses on the establishment of six Community Care Centres (CCCs), two each in Austria, Serbia and Montenegro. In Austria, two centres have been established, one in Hartberg (Styria) and the other in the third district of Vienna. In Montenegro, the CCCs are located in Bijelo Polje and Bar. The Serbian centres are located in Pirot and Sombor. The CCCs aim to provide **integrated services at local level to maintain functional capabilities of older people, promote healthy ageing and support informal carers**. They offer various activities as well as counselling and **volunteer-based services for people with dementia**. Project activities also include regular lobbying and networking activities as well as advocacy for people in need of care and informal carers.

By strengthening community-based services, the I-CCC project seeks to **contribute to national policy reforms in long-term care**. Specific challenges addressed by the project include the fragmentation of health and social services, difficulties in accessing home-care services and community-based long-term care, the importance of prevention and rehabilitation strategies to enable older people to live independently and remain physically, mentally and socially active for as long as possible, support for informal carers, and the growing needs of people with dementia.

The I-CCC project uses a **multi-level, multi-stakeholder and multi-method approach** to address these challenges. Representatives from the health care system and long-term care services are involved in all phases of the project. In 2021, the concept of the community care centres was developed, based on a **participatory needs assessment** in the six project sites which included focus groups with community members, informal carers and people in need of care as well as stakeholder meetings with service providers, local authorities, other NGOs, general practitioners and other relevant stakeholders. Community members were able to voice their most important health and nursing needs and the types of support services they felt were lacking in their community. In addition, services were adapted to specific challenges such as COVID-19 pandemic. The CCCs can therefore be seen as **continuously developing entities**. The community care centres provide **different services according to the specific needs of the participating countries and communities**. Particular emphasis is placed on maintaining the functional capacity of older people to enable them to live independently for as long as possible. Volunteer-based services linked to the I-CCC also aim to support informal carers by reducing their burden and contributing to improving the quality of long-term care services. Informal carers are also supported through training, individual counselling, psychosocial support and self-help groups.

The I-CCC’s activities are evaluated using an **impact model-based approach** and a **mix of qualitative and quantitative methods** of evaluation in a **pre-post design**. The Competence Centre for Nonprofit Organisations and Social Entrepreneurship (WU/NPO) at the Vienna University of Economics and Business (WU Vienna) is leading the evaluation process as part of a cross-national evaluation team together with local partners with evaluation experience from Serbia (Republic Institute of Social Protection) and Montenegro (independent consultant).

Furthermore, it is intended to serve as a prospective blueprint for upscaling on a national level and EU-wide replication.

Following this introduction to the project, the conceptual basis and methodology of the evaluation is described. This is followed by the results of the process evaluation and the presentation of the hypothetical impact models for each stakeholder and impact affected group. Then, the evaluation results are presented, one chapter for each stakeholder group examined. These detailed results are followed by the verified impact model, which summarises the analysed impacts for the stakeholders in table form, before a textual conclusion and recommendations conclude this report.

2. Conceptual basis

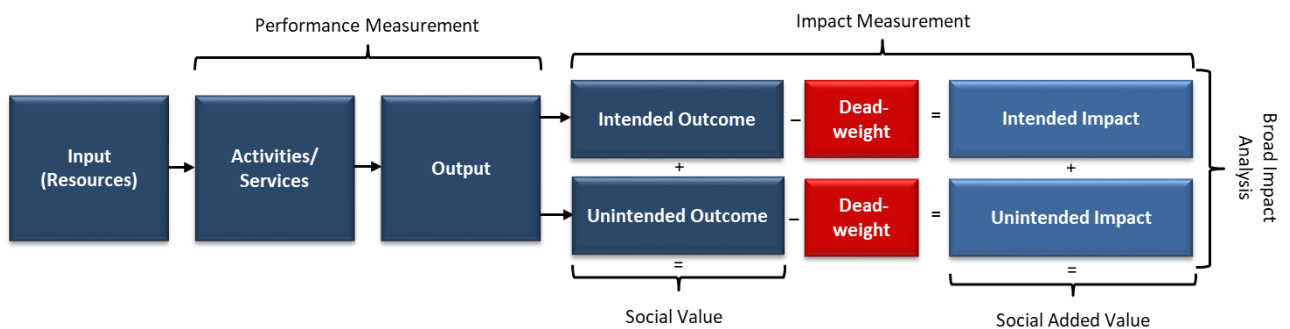
In this chapter, the basis for the project evaluation, the impact analysis, and the process evaluation are introduced.

2.1. IMPACT EVALUATION

The **impact analysis** is based on a structured step-by-step approach used in outcome and impact evaluation as well as SROI-analyses (Then et al., 2017, p. 385).

To achieve the mission of the project, activities and services have been set up to result in certain outputs. The focus of an impact analysis is on results beyond the extent and quantity of services delivered (output). These services (e.g. tablet trainings for people with dementia) are not created as an end in themselves, but serve to achieve outcomes and ultimately such outcomes that add value to society. **Outcome** refers to those positive and/or negative changes that can be observed in beneficiaries or those affected after an activity has been performed or a service has been consumed (e.g. people, groups, society). In sum, it defines the **social value** of an intervention. The difference between impact and outcome is called **deadweight** and refers to those effects that would have occurred anyway (*ceteris paribus*), even without the concrete activities. If the beneficiary of a performed dementia training would have had the same benefit from another service provider that offers tablet trainings for people with dementia, the impact (added value) would be zero. Thus, **impact** describes those (positive and negative) changes that can be observed in beneficiaries or affected persons (e.g. individuals, groups, corporations, society) as well as in the environment after an intervention has taken place taking deadweight into account. Impact is the last part of the impact value chain (see Figure 1).

FIGURE 1: IMPACT VALUE CHAIN

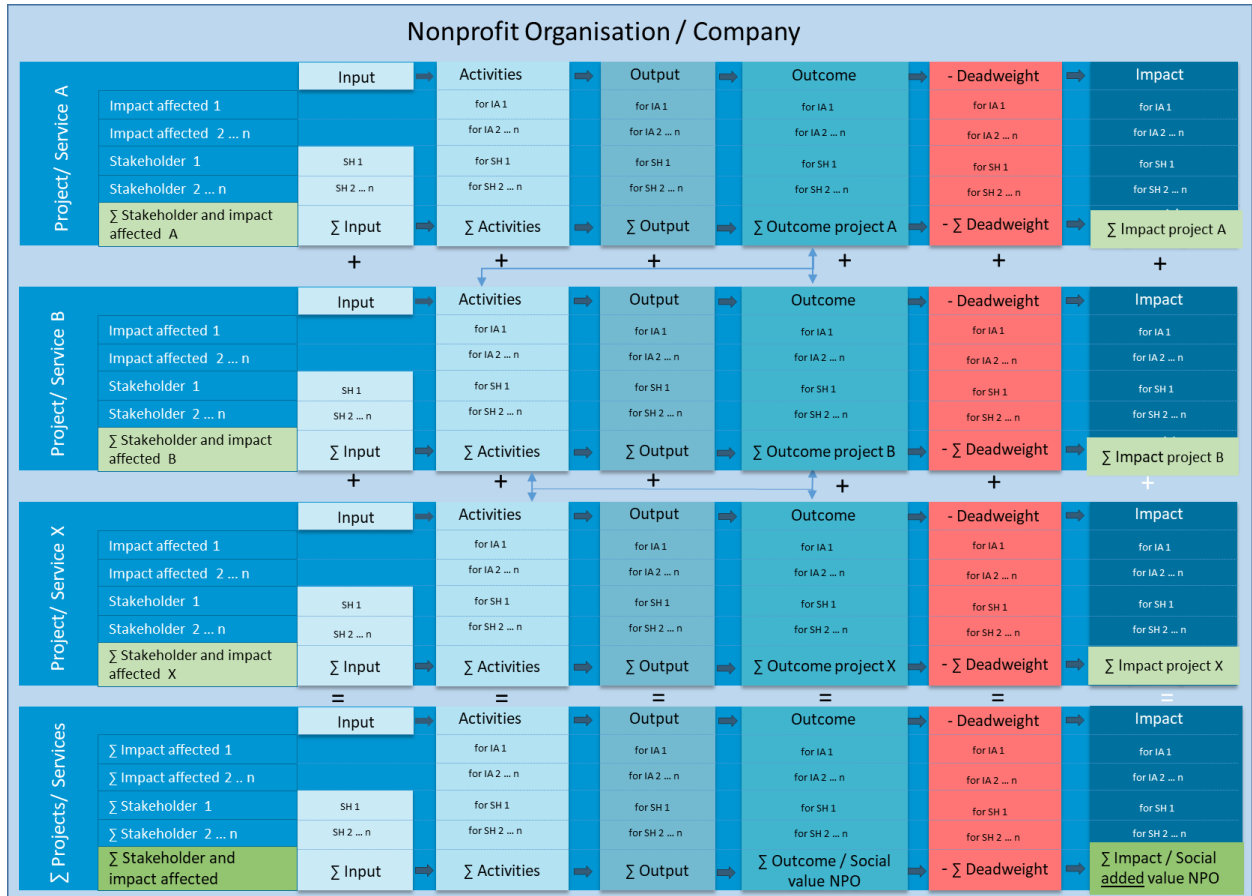


Source: Figure based on Grünhaus & Rauscher (2021, p. 6), own translation.

These simple impact value chains can be seen as the core of almost every impact analysis, as they represent the building blocks of an impact model. The impact model, in turn, is the conceptual basis of any reasonable impact analysis process. It can be seen as the socially relevant counterpart to a company's business model, as it shows which groups are (supposed to be) affected by what kind of impacts. Figure 2 below illustrates a basic **impact model** of a programme or organisation/enterprise that includes several projects or services. The impact model shows a simplified impact chain for each of the three projects, with different stakeholders (A to X) involved in each project. These could be, for example, the beneficiaries, their

relatives, the state and the staff. In such an impact model, impact chains must be built for each impact affected group and/or stakeholder.

FIGURE 2: IMPACT MODEL



Source: Grünhaus & Rauscher (2022, p. 540), own translation.

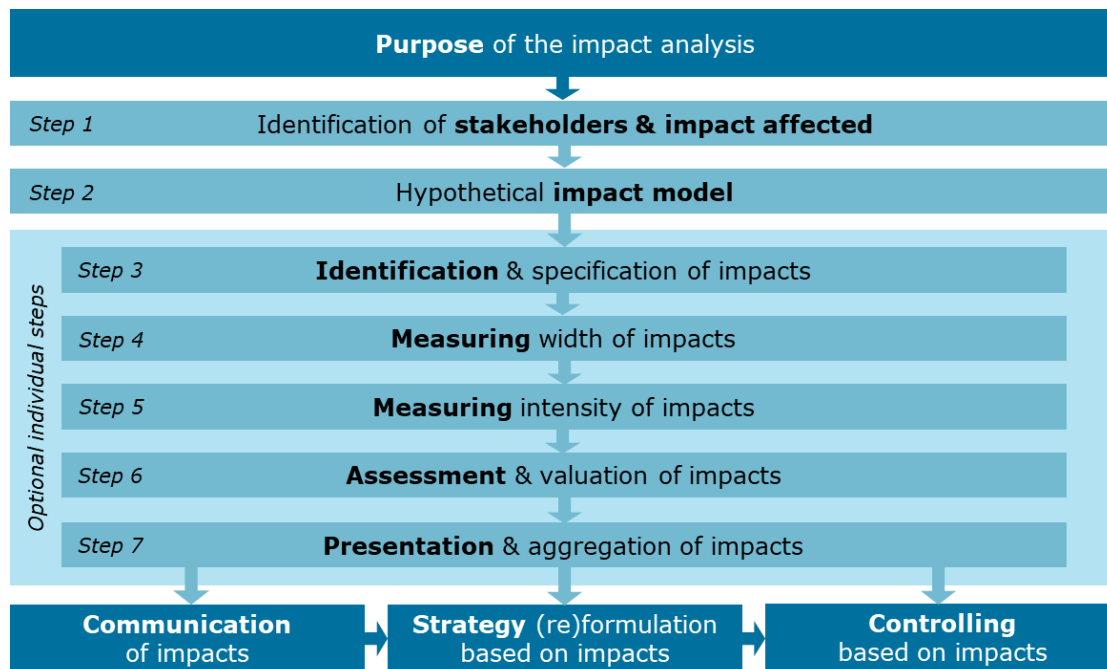
However, impact analysis is only just beginning with an impact model, as the following figure 3 shows. The basic structure of an impact analysis consists of 7 steps (see Figure 3), which, however, do not all have to be completed depending on the purpose and extent (Grünhaus & Rauscher, 2022).

The purpose of an impact analysis sets the necessary framework for the type and design of the analysis. In most cases, the purpose is related to (external) communication, strategy (re)formulation or controlling, i.e. those areas into which the results of the impact analysis will ultimately flow.

The steps that must be taken in any case for an impact analysis are the **identification of stakeholders** and **modelling** (steps 1 and 2). This will always be relevant even in a very small analysis. The two core steps are followed by the methodological steps of data collection. Step 3 determines whether the hypothetical impacts of the model actually exist and thus verifies the hypothetical impact model. Steps 4+5 measure the extent of the impacts. Here, width primarily means how widespread the respective impact is (step 4). Mostly, it will be about the number of affected persons from the respective stakeholder group who feel an impact. Step 5 goes even further and determines how intensely the impact reaches the people affected.

The assessment of the impacts (step 6) values the measured impacts. This can be done for example by monetisation, benchmarking or stakeholder evaluation. Based on this, it can be determined how significant an impact is for the affected groups, society in general and the organisation or company providing the service. Depending on the approach to identify, measure and assess impact, the presentation and aggregation (step 7) will look different.

FIGURE 3: STEPS AND (POTENTIAL) PURPOSES OF AN IMPACT ANALYSIS



Source: Grünhaus & Rauscher (2022, p. 541), own translation.

With view to the I-CCC project the main purpose of the impact analysis is **communicating the project impact to funders and stakeholders**.

In the I-CCC project impact is assessed with a view to the **target groups of the project** as well as certain **stakeholders in the community**. For this purpose, a stakeholder-based hypothetical impact model was developed as basis for the impact evaluation of the community care centres and the volunteer-based services for people with cognitive impairment and dementia (see chapter 5). Deadweight or what would have happened anyway (contrafactual) is included in the evaluation process by considering the capacities of similar comparable services to the CCCs in the respective regions. As there are more older people in need of care, as well as informal carers, compared to available LTC services – at least in Serbia and Montenegro – little spare capacity in replacement services or even few substitute services are expected. Therefore, clients would only have the chance to care for themselves. However, if similar LTC-capacities are identified, the results are evaluated as based on excess capacity and valued to have less impact.

The research design to identify the effects of the proposed innovative intervention of CCC is based on a mixed methods approach (Tashakkori & Teddlie 2010) and includes **identification as well as measurement of the impacts (steps 3-5)**. Partly a longitudinal panel design is used in order to get good causal explanations. The specific survey instruments used for the different stakeholders and impact affected groups are described in more detail in chapter 3.

2.2. PROCESS EVALUATION

The process evaluation gathers information on the **interaction** of project partners and the **progress** of the programme and compares it with the **desired output**. It helps to achieve the project objectives by drawing attention to problematic processes at an early stage. Appropriate processes have a strong impact on the performance of activities and the output achieved. Consequently, the results of the process evaluation need to be analysed while looking at the output data, which is collected in the monitoring tool (see chapter 3.1).

The research design of the process evaluation consists of a quantitative survey to collect information in the period around the international partner meetings and semi-structured qualitative interviews on problematic issues at the partner meetings. Results are reflected within the partner meetings and discussed with the project coordinator with respect to any risks that are identified and measures how to mitigate these.

Compared to the impact analysis, the process evaluation is done on a smaller scale in the I-CCC project with a focus on the main issues of the project. The first evaluation focused on the efficiency of the processes, the workloads and time planning on the work packages and the cooperation of the partners in order to reach the goals. The second and third surveys were adapted due to the respective current statuses of the project. Details and results are presented in chapter 4.

3. Methodology

The I-CCC project is evaluated using a **robust impact model** and a **mix of qualitative and quantitative methods** of evaluation tailored to the stakeholder groups to achieve a comprehensive analysis from different perspectives. The evidence gathered through this process on a local level will be used to **influence national policy in long-term care and have a potential for upscaling on a national level and EU-wide replication**. In this chapter, the **methods of data collection** as well as the **methods of data analysis** are presented. The **quantitative methods** of data collection comprise of (1) the monitoring tool, (2) the questionnaire with specific project-related and person-related questions (“QPPQ”) for the stakeholder groups older people with care needs, informal carers and volunteers, as well as two standardized instruments, (3) the mini-mental state examination (MMSE) and (4) geriatric depression scale (GDS) for the stakeholder group of people with (suspected) dementia, and lastly (5) the process evaluation survey directed at the project partners. For these instruments a **pre-post-design** is used to provide sufficient information on the effects of the I-CCC intervention(s) on these stakeholder groups. What would have happened anyway (**contrafactual analysis**) is included in the evaluation process by considering the capacities of similar comparable services to the CCCs. To consider the impact of the CCCs on the available services in the communities as well as effects on policy, a **qualitative approach** is used. Qualitative semi-structured interviews with community representatives shall show how the intervention is judged by them and which effects are seen. Qualitative semi-structured interviews are also part of the process evaluation described above in chapter 2.2.

3.1. MONITORING TOOL

Based on the hypothetical impact model (see chapter 0), a comprehensive monitoring tool was developed by WU/NPO in cooperation with project partners and was continuously refined throughout the project. In order to ensure consistent handling and uniformly collected data with the tool, training sessions were held by WU/NPO together with the partners.

With the help of the monitoring tool, output data defined for the project is collected by representatives of the Red Cross branches. This serves to control whether targets are met and provides an overview on relevant activities and their immediate results, for example how many people were reached, or which services were used. For this purpose, the tool focuses on the following stakeholder groups: clients, informal carers, interested people, staff, volunteers and lobbying and networking partners.

The monitoring tool was set up as an excel file and originally comprised a pre-phase and three waves, which were changed to two waves considering the delays within the project due to the COVID-19 pandemic. The pre-phase lasted 12 months (1st November 2020 until 31st October 2021) and focused on the preliminary stage of the CCC-implementation. During this period, mainly networking activities took place. The other two waves span a total of 22 months, from November 2021 to August 2023 (see Table 1) during which the activities and output data of the CCC for each region are collected. As described in chapter 2.1 on impact analysis, this end evaluation report focuses less on the performance aspect of the project in terms of numbers collected in the monitoring tool, and more on the social impact, effects that stem from positive and negative changes seen in beneficiaries and affected groups after the intervention has taken place. Therefore, the monitoring tool data is only referenced in the sample description of the result chapters of our main stakeholder groups (chapters 6.1, 8.1, 9.1).

3.2. QPPQ - QUESTIONNAIRE WITH SPECIFIC PROJECT-RELATED AND PERSON-RELATED QUESTIONS INCLUDING WHOQOL-BREF

In order to assess the impact of the project on the central stakeholder groups, three sets of questionnaires are designed by WU/NPO for (1) older people with care and support needs, (2) informal carers and (3) volunteers for each wave.

The first part of the survey focuses on questions about the I-CCC project, e.g. how participants became aware of the project and what kind of activity they used initially. Older people and informal carers are further asked about their current care and support situation. The second section deals with the expectations of the project/activity and the short-term impacts immediately afterwards. This is also the starting point for the follow-up survey to determine the impact after approximately eight months. In the case of the volunteers, their knowledge of health and social issues and their competences are assessed in this survey.

Additionally, the survey aims to measure the quality of life of older people, informal carers and volunteers using the WHOQOL-BREF. Developed by the World Health Organisation Quality of Life (WHOQOL) Group, the WHOQOL-BREF is one of the best-known instruments for assessing quality of life cross-culturally (WHO, 1998). Quality of life is defined as an "individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1998, p. 11). The WHOQOL-BREF is a self-administered questionnaire containing 26 questions on the individual's perceptions of their health and well-being over the previous two weeks. Responses to questions are on a 1-5 Likert scale where 1 represents "disagree" or "not at all" and 5 represents "completely agree" or "extremely". The WHOQOL-BREF covers four domains: physical health, psychological health, social relationships, and environment. There are also two separate questions, which ask specifically about the individual's overall perception of their health and the individual's overall perception of their quality of life. The WHOQOL-BREF is included in both the initial and the follow-up QPPQ to measure changes across time.

The QPPQs ends with questions on demographic data and a personal code, which helps compare data of the initial and follow-up survey anonymously.

At the beginning of the project, three waves (1st initial survey, 2nd after 6 months, 3rd after one year) were planned to evaluate the impact of the CCC, which were later reduced to two waves. This is due to COVID-19-related circumstances (fear of infection, regulations etc.), which made it very difficult to reach clients and informal carers during the first wave and led to some CCCs opening at a later point. Therefore, the timeframe of the surveys varies among the countries. Wave 1 questionnaires were in use from approximately November 2021 to November 2022, exact timeframes depending on the regional schedule. The first wave surveys were distributed to all clients, informal carers and volunteers who participated for the first time in any activity offered at a CCC. The second wave surveys are in use since August 2022 and until May 2023. In all countries, the follow-up surveys should take place approximately eight months after the target groups' first contact with the CCCs.

The questionnaires were provided in printed form and online. In Montenegro and Serbia, the partners only use the printed version. In Austria, the possibility to participate online is used by the CCC in Vienna.

3.3. MINI-MENTAL STATE EXAMINATION (MMSE) & GERIATRIC DEPRESSION SCALE (GDS)

To assess the impact of the project on the stakeholder group of people with (suspected) dementia or cognitive impairment, two standardized instruments are used: the Mini-Mental State Examination (MMSE), to measure cognitive performance, and the Geriatric Depression Scale (GDS), to measure depression levels in this group.

The Mini-Mental State Examination (Mossello & Boncinelli, 2006; Folstein, Folstein & McHugh, 1975) is the most widely used screening test for cognitive performance in older people. It contains 30 questions and tasks that briefly and reliably evaluate several cognitive domains: orientation, memory, attention, comprehension and expression of spoken and written language, and constructional praxis. The MMSE has a high significance for the diagnosis of dementia and is often used as an initial test when dementia is suspected. It is also used to monitor the course of the disease.

While there are many instruments available to measure depression, the Geriatric Depression Scale, first developed by Yesavage et al. (1983) has been extensively tested and used with the older population (Yesavage et al., 1983; Greenberg, 2012). The GDS (Long Form) is a questionnaire with 30 items that asks participants to respond by answering yes or no in reference to how they felt in the past week. Of the 30 items, 20 indicate the presence of depression when answered positively and 10 indicate depression when answered negatively. Scores of 0-9 are considered normal depending on age, education, and complaints; 10-19 indicate mild depression; 20-30 indicate severe depression. While it is not a substitute for a diagnostic interview by mental health professionals, it is a useful screening tool to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores.

These data are collected twice from people with (suspected) dementia who take part in the weekly tablet training sessions carried out by volunteers. The first time at the start of the intervention, the second time approximately 8 months after the first intervention. This intervention is a tablet-based multimodal cognitive training designed to motivate this group to be mentally and motorically active in a playful way (e.g. through puzzles, knowledge and memory exercises, physical exercises, music etc.).

3.4. SURVEY - PROCESS EVALUATION

As part of the process evaluation, introduced in chapter 2.2,2.2 a quantitative online survey is conducted with the project partners. This survey is designed by WU/NPO and serves to evaluate the course of the project process.

The questionnaires contain 24-27 questions focussing on the following topics, adapted to the respective project status at that time: the project process, work packages, communication, partner meetings, implementation of the CCCs in the regions and region-specific processes for the acquisition of clients, informal carers and volunteers.

The questionnaires are sent out to all national and international project partners before the international partner meetings. The first survey took place in September 2021 around the partner meeting in Vienna, Austria, the second in June 2022 around the partner meeting in Sutomore, Montenegro, and the third one in February/March 2023 around the partner meeting in Hartberg, Austria. The results are presented in chapter 4.

3.5. SEMI-STRUCTURED QUALITATIVE INTERVIEWS – IMPACT EVALUATION AND PROCESS EVALUATION

The second part of the process evaluation (chapter 2.2) consists of semi-structured qualitative interviews with national and international project partners during the partner meetings. The impact evaluation also includes qualitative semi-structured interviews with community stakeholders (other long-term care organisations, health service providers, politics and administration and senior citizens' associations) to assess the effects of the project on these stakeholder groups.

A semi-structured interview is a form of interviewing that lies between a structured and an unstructured interview. While in the former the flow of speech is fully structured by the interviewer, in the latter the

TABLE 2: OVERVIEW SURVEY INSTRUMENTS AND STAKEHOLDERS/IMPACT AFFECTED

	People in need of care	Informal carers	Volunteers	Project partners	Other LTC services	Community stakeholders
Monitoring tool: focus on output data	X	X	X			
WHOQOL-BREF: focus on quality of life	X	X	X			
QPPQ: focus on project and person specific questions	X	X	X			
MMSE: focus on cognitive performance	X					
GDS: focus on mental well-being	X					
Qualitative semi-structured interviews with focus on impact			X		X	X
Questionnaire on project process				X		
Qualitative semi-structured interviews with focus on process			X	X	X	X

Source: Own table.

3.7. METHODS OF DATA ANALYSIS

In this section, the methodology employed for the **cross-instrumental impact analysis** is described.

For **older people with care and support needs, informal carers, and volunteers** this analysis examines **changes in individuals' responses from two points in time**. The basis for the impact calculation is a **linked impact model**, in which the impacts identified in the hypothetical impact model (see chapter 0) were linked to particular survey items or item combinations and/or result scores of the standardized instruments used. This process was started by WU/NPO at the beginning of the project, when the respective impact chains were determined, and refined by the evaluation team consisting of WU/NPO and the evaluators from Serbia and Montenegro throughout the project.

A **scoring system** ranging from -1 to 1 representing a spectrum from very negative to very positive with increments of 0.5 (-1, -0.5, 0, 0.5, 1) was employed to aggregate responses from relevant survey items into **composite scores**, reflecting the impact on participants' expectations, short-time effects, and medium-term implementation experiences. Subsequently these composite scores were aggregated to form various impact scores, as defined in the linked impact model by the evaluators by calculating the mean of the assigned values that represent the overall impact.

After calculating the impact scores, statistical testing was conducted to examine whether there are significant differences related to country, gender, age, education, or employment status in terms of the intensity of the impact.

There were no impacts calculated for the group of **people with (suspected) dementia**, since they could not be assessed based on the data collected. Rather, the change in the result scores of the standardized instruments were analysed to gain insights into the possible effects of the I-CCC intervention on this stakeholder group.

For the **quantitative** approach with the group of **community stakeholders**, other long-term care organisations, health service providers, politics and administration and senior citizens' associations, the impacts were assessed using evaluation matrices to code the contents of the semi-structured qualitative interviews according to the hypothetical impacts.

4. Process evaluation

Within the project term of three years, data on the process was collected three times, in the period around and during the physical partner meetings (September 2021 in Vienna, Austria; June 2022 in Sutomore, Montenegro; February 2023 in Hartberg, Austria). This was done in the form of an online process evaluation survey and qualitative semi-structured face-to-face interviews during and after the meetings.

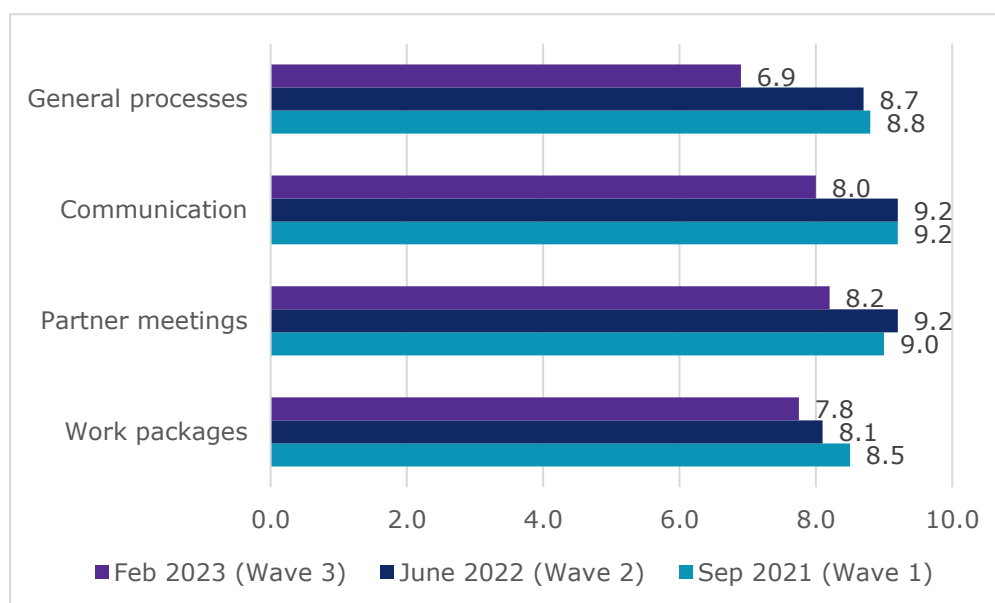
In the first process evaluation, 11 people from the group of project partners of all three countries participated in the online survey. After roughly the first year (in September 2021) of the project, satisfaction with the processes was very high (8.8/10). In particular, satisfaction with communication was rated with the highest satisfaction (9.2/10). The general processes were seen as transparent, although a few partners desired a more precise understanding of their roles. The monthly partner meetings (9.0/10) were seen as a good opportunity to express wishes, concerns or worries, to participate in decisions or to update on the general process by most respondents. However, more face-to-face meetings were requested. The satisfaction with work packages was high but rated non-significantly lower than the other aspects (8.5/10).

The second process evaluation took place approximately half a year after the first CCCs started their activities (June 2022) in the six regions. Due to COVID-19 regulations and restrictions, it was difficult to implement the planned activities on schedule, especially in Austria. Nine people from the group of international project partners took part in the online survey. As Figure 4 shows, the results were very similar to the first survey from September 2021. The overall satisfaction with the process was still high with 8.7/10. The communication was still the aspect the participants appreciated most. Communication to the lead partner was rated with 9.6/10 and to the other partners 8.9/10. It was clear to everyone whom to address for specific questions and the answers are given appropriately and in time. Also, the satisfaction with the partner meetings on national (9.1/10) and international (9.4/10) level are rated with extremely high satisfaction. One individual would have preferred more bilateral conversations and one person wished to receive more information on the status of the project on the international level. Here, too, the responsibilities of the project were clear. The comparable lowest satisfaction was still with the work packages (8.1/10). Among the participants, six found the workload to be appropriate, while one deemed it insufficient, and two perceived it as excessive. Additionally, three participants expressed that they were falling behind in their work package activities, although two remained optimistic about catching up. The delays and changes were caused by the COVID-19 pandemic, the crisis in the Ukraine and due to difficulties in reaching volunteers as well as participants.

The second process evaluation survey also focused on the CCCs in the regions and the region-specific processes. Two participants out of six noted challenges in initiating planned activities due to the pandemic in autumn and winter 2021/2022. When queried about regular client and informal carer participation in CCC activities, only one respondent observed consistent engagement from clients, while informal carer involvement showed somewhat better regularity but lacked consistency. Finding clients and informal carers for CCCs proved challenging overall, attributed to limited awareness in communities and COVID-19-induced isolation tendencies in target groups. Despite these challenges, recruiting volunteers appeared relatively straightforward. Semi-structured interviews with partners highlighted persistent COVID-19-related concerns among potential clients, particularly informal carers. The fear of infection and the difficulty in finding alternative care arrangements for their relatives during CCC visits were notable obstacles. This information prompted a reassessment of project objectives during a partner meeting. The decision was made to maintain a focus on group activities for informal carers within CCCs while introducing individual counselling. The CCC in Vienna served as an example, showcasing the introduction of online counselling, allowing informal carers to stay home and be available for their family members in need of care.

Lastly, the third process evaluation took place in February 2023 with 12 participants from the international group of project partners. The satisfaction with general processes of the project had decreased by -1.8 points in this last year of the project (6.9/10). Among other things, they were not satisfied with the time-intensive evaluation process, the communication regarding the target values and they believed there to be an unclear distribution of project goals. Satisfaction with communication, partner meetings, and work packages also slightly decreased, by 1.2, 1 and 0.3 points respectively. Regarding the communication, project partners agreed that deadlines must be communicated more clearly. Regarding the work packages, some participants noted the challenge of reaching informal carers, which consequently posed difficulties in attaining the target values. Especially in Austria, the challenge became apparent, not only due to the pandemic but also because of the prevalence of other service providers in the regions. Partners suggested to reduce the complexity and to better differentiate between the work packages, as some tasks were overlapping. Further it was recommended to reduce the excessive evaluation criteria and to re-evaluate the prerequisites for volunteers. Regarding the acquisition of informal carers, the process evaluation showed that limiting factors were the COVID-19 pandemic, time constraints and, in Austria, comparable offers in the region. For the acquisition of volunteers, the limitation factors were the prerequisite of multiple trainings in Austria, which turned out to be an entry barrier. The lack of volunteer was also attributed to the multiple crises (such pandemic, Ukraine Crisis, inflation).

FIGURE 4: SATISFACTION OF PROJECT PARTNERS WITH THE PROCESSES (1= NOT SATISFIED, 10=VERY SATISFIED), (W1 N=11, W2 N=9, W3 N=12)



Source: own table.

Over the three-year project period, the process evaluation, conducted through surveys and interviews, provided valuable insights into the project's dynamics and challenges. The findings highlighted initial high satisfaction, subsequent challenges in implementation, and a decline in satisfaction towards the project's conclusion, prompting essential recommendations for clearer communication, streamlined processes, and addressing barriers to reaching target groups. By facilitating the identification of various challenges faced by the project partners, the process evaluation ensured opportunity for timely mitigation.

5. Hypothetical impact model

The impact analysis is based on a hypothetical impact model, which was developed jointly with project partners during two workshops, beginning 2021. The relevant stakeholders and impact affected groups were identified, and an impact chain was created for each stakeholder, as described in the conceptual basis (chapter 2).

5.1. STAKEHOLDERS AND AFFECTED GROUPS

Based on the project application and the workshops, the stakeholders and impact affected groups shown in figure 5 were identified.

FIGURE 5: STAKEHOLDER AND IMPACT AFFECTED GROUPS



Source: own representation.

The respective impact value chains for the prioritized stakeholders and impact affected groups are shown below in the following subchapters.

5.1.1. People with dementia and cognitive impairments

Input	Programme activity	Output	Outcome	Deadweight
Willingness to participate in the project activities	<ul style="list-style-type: none"> - New visiting services by volunteers - Tablet based trainings - Home help services (MNE, SRB) and services to relieve informal carers (SRB) 	<ul style="list-style-type: none"> - New volunteer visiting services in the 6 communities - 120 tablet-based trainings conducted - 200 clients received home help services (MNE, SRB) in general (not only people with dementia) 	<ul style="list-style-type: none"> - Care time of higher quality through new visiting services by volunteers - Reduction of loneliness - Prevention of functional losses - Promotion of healthy aging - Reduced risk of persons being institutionalised - Improved care and support by informal carers - Increased/stabilised well-being - Increased self-esteem / feeling stigmatised - Strengthening self-help skills and health literacy - Accepting the illness - Compliance available 	Alternative offers that would achieve similar effects

5.1.2. Preventive home visit clients

Input	Programme activity	Output	Outcome	Deadweight
Willingness to participate in the project activities	<ul style="list-style-type: none"> - Preventive home visits in 3 pilot regions (Austria (Hartberg) and Montenegro) 	<ul style="list-style-type: none"> - 160-180 preventive home visits carried out in 3 regions (Hartberg, Bar and Bijelo Polje) 	<ul style="list-style-type: none"> - Needs of group identified - Increased sense of safety - Reduction of loneliness - Referral to "proper" institutions/case management carried out - Prevention of functional losses - Adaption of living space to increase safety - Strengthening self-help skills and health literacy - Promotion of healthy ageing (including functional ability) - Reduced risk of persons being institutionalised - Increased/stabilised well-being - Strengthening self-help skills and health literacy - Compliance available (Proposed measures implemented) 	Alternative services that would achieve similar effects

5.1.3. Older people with care and support needs (65+)

Input	Programme activity	Output	Outcome	Deadweight
Willingness to participate in the project activities	<ul style="list-style-type: none"> – Counselling on care, health and social issues, financial matters, organisational matters – Providing home help services (Montenegro) 	<ul style="list-style-type: none"> – Number of consultations – 4 home helpers visit 40 people – 40 volunteers visit 60 people (100 in total) – 200 clients received home help services (MNE, SRB) in general (not only people with dementia) 	<ul style="list-style-type: none"> – More knowledge and information on offers and services regarding the different topics and their affordability – Promotion of healthy ageing – Prevention of functional losses – Accepting the illness/compliance available – Increased/stabilised well-being – Strengthening self-help skills and health literacy (e.g. can use blood glucose meter correctly) – Support in everyday life activities – Psychosocial support 	Alternative services that would achieve similar effects

5.1.4. Senior citizens/interested persons

Input	Programme activity	Output	Outcome	Deadweight
Interest in participating or volunteering	<ul style="list-style-type: none"> – Health Promotion and Healthy Aging Activity-Programmes through the I-CCC (e.g. exercise classes, promotion of the I-CCC and its offers). 	<ul style="list-style-type: none"> – Number of Health Promotion and Healthy Aging Activities – Number of participants 	<ul style="list-style-type: none"> – More knowledge on health and lifestyle topics – Increased/stabilised well-being – Strengthening health literacy and healthy behaviour – New social contacts/ bigger social networks – Participation in the community – Increasing resilience – Volunteering and a sense of doing something meaningful for the society 	Alternative services that would achieve similar effects

5.1.5. Informal carers

Input	Programme activity	Output	Outcome	Deadweight
Willingness to use the newly created offers	<ul style="list-style-type: none"> - Counselling and training informal carers - Course and information material are handed out - Support and establishment of self-help groups/regular get-togethers - Health Promotion Activities - Communication training and dealing with People with Dementia - <i>Respite Care Services (SRB)</i> 	<ul style="list-style-type: none"> - Training offered to 800 informal carers in 6 communities - Number of communication trainings - Number of course and information material handed out - Counselling sessions to 1,200 people in need of LTC and informal carers - Group activities and self-help groups in six communities - Number of Health Promotion Activities - Number of Respite Care Services 	<ul style="list-style-type: none"> - In-depth knowledge of care and health aspects - Increased system knowledge (financial, access to aids, etc.) - Strengthening self-help capacity (dealing with crises) and health literacy - Physical, psychological and time relief - Relief/strengthening of the family system - Reduced sense of isolation - Better understanding of the needs of people with dementia/older people with care and support needs (65+) - Increased/stabilised well-being / Increased mental stress - Making the needs of informal carers and the value of their work visible / improve their legal status 	Alternative services that would achieve similar effects

5.1.6. Volunteers

Input	Programme activity	Output	Outcome	Deadweight
Willingness to volunteer in the project	<ul style="list-style-type: none"> - Recruitment and training of volunteers (e.g. communication training) - Enrolment for tablet training - Specific documents are handed out 	<ul style="list-style-type: none"> - 170 volunteers complete the training - 140 volunteers who carry out visiting services - 140 volunteers are conducting the tablet training - Number of handed out documents 	<ul style="list-style-type: none"> - Positive influence on health among older people who volunteer (AUT) - Increasing social participation among older people who volunteer (AUT) - Increasing job opportunities for younger people who volunteer (MNE, SRB) - Gaining experience among younger people who volunteer (MNE, SRB) - Strengthen in-depth knowledge of care and health aspects as well as digital competences - Better understanding of the needs of People with Dementia & Older People with care and support needs (65+)” - Good feeling of doing something meaningful for the society 	Alternative services that would achieve similar effects

5.1.7. (New) Project staff

Input	Programme activity	Output	Outcome	Deadweight
Willingness to engage in an innovative employment opportunity	<ul style="list-style-type: none"> - Provision of a workplace incl. work equipment - Trainings for the staff 	<ul style="list-style-type: none"> - 22 employees selected in the 6 communities - 22 employees have completed the trainings 	<ul style="list-style-type: none"> - Innovative workplace - Regular income - New/improved skills and competences → better job - Opportunity to develop the project, as it is without established procedures (can be a burden or a motivator) - Improved knowledge and skills on social and health issues → leads to better qualification on a professional level (for new staff as well as volunteers) - Improved knowledge and skills (increase personal health literacy) - Better understanding of the needs of People with Dementia, Older People with care and support needs (65+)” - New career opportunities for nurses, social worker, and home helper (SRB) - Good feeling of doing something meaningful for the society - Increased mental stress 	Alternative services that would achieve similar effects

5.1.8. Other long-term care (LTC) service providers

Input	Programme activity	Output	Outcome	Deadweight
<p>Willingness to cooperate at the municipal level with project partners</p>	<ul style="list-style-type: none"> - Cooperation or (rather) networking with in-patient and mobile care facilities etc. 	<ul style="list-style-type: none"> - Number of cooperation partners on a local/regional level 	<ul style="list-style-type: none"> - Advantages through cooperation or networks: <ul style="list-style-type: none"> - Relief / Additional offer that can be provided if needed (possibility to refer informal carers) - Professional exchange - Access to new information, new expertise - Improved multi-professional cooperation: <ul style="list-style-type: none"> - Better resolving for individual cases (case and care management) - Newly established framework for cooperation/meetings on a local level - Disadvantages: <ul style="list-style-type: none"> - "new player" - competition for funding (e.g. PSD in Vienna) - Maybe competition for customers - Mobile sector: higher load due to increased number of People with Dementia in mobile care (long-term) 	<p>Alternative services that would achieve similar effects</p>

5.1.9. Health service providers

Input	Programme activity	Output	Outcome	Deadweight
Willingness to cooperate and network	– Cooperation and networking	– Number of exchange meetings and cooperation activities	<ul style="list-style-type: none"> – Time and psychological relief (through more accurate counselling/information; the "right" customers/clients come to the "right" services) – Increased demand for services (e.g. therapy) that would otherwise remain unknown – Better knowledge about the system and possible partners → leads to better coordination – Early diagnosis by People with Dementia has increased → better monitoring → increased Quality of Life for clients – Increased knowledge on the topic of dementia and other health and care aspects and thus also profiling opportunities (e.g. pharmacies) – Increased sensitivity to the issues and the possibility to refer to competent services – Possibility of exchange with regional providers – Increased workload that is not compensated financially (there are many networking opportunities) 	Alternative services that would achieve similar effects

5.1.10. Politics and administration

Input	Programme activity	Output	Outcome	Deadweight
Willingness to cooperate and network	<ul style="list-style-type: none"> Community level: cooperation with authorities, other providers of LTC services (e.g. nursing homes, general practitioners, health centres, etc.), NGOs National level: Exchange meetings with ministries of health and social affairs, NGOs working in the social and/or health sector and other relevant stakeholders 	<ul style="list-style-type: none"> Number of exchange meetings and cooperation activities Number of policy activities 	<ul style="list-style-type: none"> (Improved and/or enabled) access as well as (better) accessibility and higher quality of long-term care services (MNE, SRB) Improved availability of care and support services Better understanding of the needs of People with Dementia and older people in need of care and their informal carers Long-term cost reduction through preventive activities. Currently, the target group generally uses medical services only in the case of an acute event or illness. Sustainable establishment of services → application of the concept of I-CCCs and voluntary services for People with Dementia in the long-term care policy of the 3 countries Possibility to profile oneself regionally as a health-promoting region/community/ Profiling "photo for politicians"/dementia as a stigma and therefore not suitable, especially in CEE? Reduced unemployment by creating new/additional jobs (MNE, SRB) Recognition as socially useful services that create social value and bring positive economic impacts (in the short term) Willingness of sustainable funding of services (long term) Relief for politics ("there's someone who does it and we don't have to finance it") 	Alternative offers that would achieve similar effects

5.1.11. Senior citizens' associations

Input	Programme activity	Output	Outcome	Deadweight
Willingness to cooperate and network	<ul style="list-style-type: none"> Community level: cooperation with authorities, other providers of LTC services (e.g. nursing homes, general practitioners, health centres, etc.), NGOs National level: Exchange meetings with ministries of health and social affairs, NGOs working in the social and/or health sector and other relevant stakeholders 	<ul style="list-style-type: none"> Number of exchange meetings and cooperation activities 	<ul style="list-style-type: none"> Improved advocacy activities (topic is important for own advocacy activities) Supplementary offer for own members to which reference can be made Being aware of the I-CCC services Act as a multiplier 	Alternative offers that would achieve similar effects

5.2. CONCLUSION

In the hypothetical model 11 stakeholders and impact affected groups were included, 95 different outcomes identified. The most relevant stakeholder groups for the purpose of this project evaluation are older people with care and support needs, people with dementia, informal carers, volunteers, as well as the following community stakeholders, other LTC organisations, health service providers, politics and administration and senior citizens' associations. In the following chapters we go into detail on the **effects of I-CCC on these 8 stakeholder groups**, assessing in total **58 impacts**.

6. Older people with care and support needs

A wide scope of activities was carried out for older people in need of care, with some differences between countries. In all three countries, different types of **counselling** were predominant and were conducted both in the CCCs and in the homes of the clients. The consultations were provided by trained staff such as social workers and/or nurses and in Austria also by a validation and occupational therapist. The topics addressed included care matters, health and social issues, financial matters, organisational matters, information about other services, development of care arrangements. Clients were assisted in exercising rights from social and health care, in collecting documents and submitting applications, for example. The consultations were available through various channels such as in-person, over the phone, via videotelephone software, and email.

In Serbia, also different activities in the CCCs were organised as direct or indirect opportunity for consultations of older people such as creative workshops, education on healthy aging topics, blood pressure and sugar measurement, social games, telephone circle or group cognitive exercises on tablets. Some of these activities were occasional events, others weekly group sessions. These types of **health promotion or healthy aging activities** were conducted in all three countries. This could also be seniors' club meetings for exchanging and informing on specific topics, physical activity programmes or day trips for people with limited mobility and opportunities, all organised on a regular basis.

Different types of **home visits** were organised in all three countries. In Austria, **preventive home visits** were organised for older people in the CCC in Hartberg (Austria) to promote healthy lifestyles and provide early treatment for illnesses. This service is conducted by nurses, usually takes place once per client, sometimes repeatedly. With its preventive character, this service was initially aimed at older people without care and support needs, yet this target group could not be reached as the awareness for the importance of this new type of service is not yet established among them. In Montenegro, preventive home visits were conducted for older people from rural areas with the aim of monitoring their condition and referring them to activities that can improve their health. The service was conducted by social workers and nurses periodically, approximately once per month.

In Serbia, different types of home visits were organised, including monthly visits by healthcare workers for quick blood pressure and sugar checks, coupled with a brief conversation. Trained volunteers also conducted home visits to facilitate arrangements for the purchase of medicines, groceries, doctor's appointments, if necessary, and accompanying older individuals to the doctor. These latter visits occurred several times a month and additionally as needed for each client. **Volunteer visiting services** were organised by trained volunteers in all three countries, engaging in very similar activities, primarily aimed at supporting older people with care and support needs and/or cognitive impairments/dementia through simple activities and preventive measures.

Some activities were exclusively organised in one country, such as **home help services** in Montenegro. These services encompass assistance with personal and hygiene maintenance of the client's living space, help with cooking, procurement of medicines and lifestyle items, aid with walking, as well as support in performing daily tasks inside and outside the home. **Respite care services** were only provided in Serbia, offered once a week in the CCCs. This is a service aimed at offering informal carers an opportunity for rest from the everyday commitments. Caregivers can bring the person they are caring for to the CCC, where a trained associate, typically a medical worker, would attend to them for a few hours.

TABLE 3: PROGRAMME ACTIVITIES FOR OLDER PEOPLE PER COUNTRY

Programme activity	Austria	Montenegro	Serbia
Consultations	X	X	X
Preventive home visits	X	X	
Home help services		X	
Respite care services			X
Volunteer visiting services	X	X	X
Health promotion and healthy aging activities	X	X	X

6.1. SAMPLE DESCRIPTION

The total number of older people in the target population is 781, with the largest number in Montenegro at 369, followed by 302 in Serbia and 110 in Austria. The response rate for all three countries is 21% of the total number of clients. When examined by country, Serbia exhibits the highest response rate, with almost every fourth client (24%) answering the questionnaire. In Austria, the response rate is 21%. Despite having the largest number of clients, Montenegro has the lowest response rate at only 18%.

It is important to note that the quantitative data on the population are not comparable between countries because of the different counting methods and circumstances, due to the different nature of the activities in the individual countries as described above. However, the characteristics of the sample closely match the characteristics of the entire population, allowing for generalizations and conclusions about the broader group based on the observed behaviours or attributes of the sample.

TABLE 4: OLDER PEOPLE WITH CARE AND SUPPORT NEEDS – POPULATION, SAMPLE AND RESPONSE RATE

Clients	Overall	AUT	MNE	SRB
Population	781	110	369	302
Sample	163	23	67	73
Response rate	21%	21%	18%	24%

Source: Own survey data (QPPQ)

The **gender** distribution among older individuals was nearly identical in all three countries, with over 70% female and less than 30% male.

In terms of **age**, the client structure in Montenegro and Serbia was very similar, with the majority falling within the 70-79 age range. Members of this stakeholder group in Austria tended to be older, with 45% of the population over 90 years coming from Austria. Moreover, 36% of clients in Austria were in the 80-89 age group.

Regarding **education**, older people in Serbia displayed the highest education levels, with 7% of clients who finished a higher vocational school, 1% with a university degree, and 41% having completed a secondary vocational school. In Austria and Montenegro, the majority of older people have a compulsory school leaving exam, with over 60% in Austria and over 50% in Montenegro.

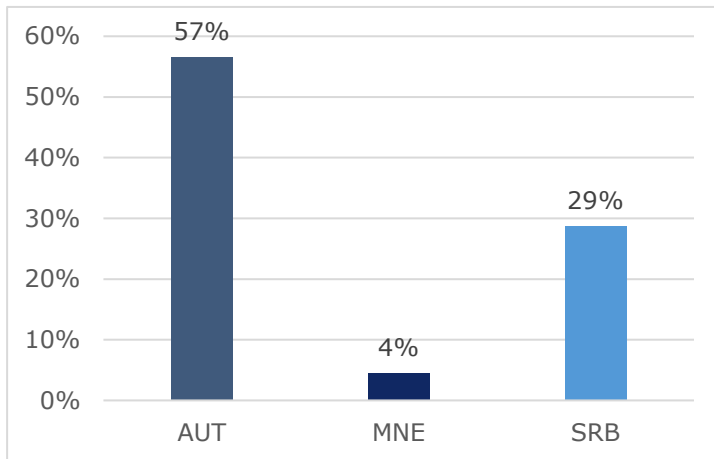
TABLE 5: CLIENTS SAMPLE DESCRIPTION

Variable	Description	Qty	Proportion	AUT	MNE	SRB
Gender	Female	121	74%	74%	78%	71%
	Male	42	26%	26%	22%	29%
Age	90+	10	6%	9%	6%	6%
	80-89 years	41	26%	36%	27%	21%
	70- 79 years	72	45%	32%	39%	54%
	60-69 years	33	21%	14%	24%	19%
	less than 60	4	3%	9%	3%	0%
Education	Without compulsory school leaving exam	17	10%	4%	19%	4%
	Compulsory school leaving exam	75	46%	61%	52%	36%
	Apprenticeship	15	9%	17%	7%	8%
	Secondary vocational school	46	28%	13%	19%	41%
	Higher vocational school (incl. college)	5	3%	0%	0%	7%
	General secondary school, grammar school	4	2%	4%	1%	3%
	University of applied sciences, university	1	1%	0%	0%	1%

Source: Own survey data (QPPQ)

Additional data provides insight into the circumstances of older individuals and potential variations in baseline conditions. More than half of Austrian clients and one-third of Serbian clients had already used some services in their local communities before the CCC programme started. In contrast, when not counting the home help services, which were only available for a limited time prior, only three clients from Montenegro had utilized such services, indicating **disparities in the availability of care and consulting services** across the three countries.

FIGURE 6: USE OF OTHER SUPPORT SERVICES PER COUNTRY, WAVE 1

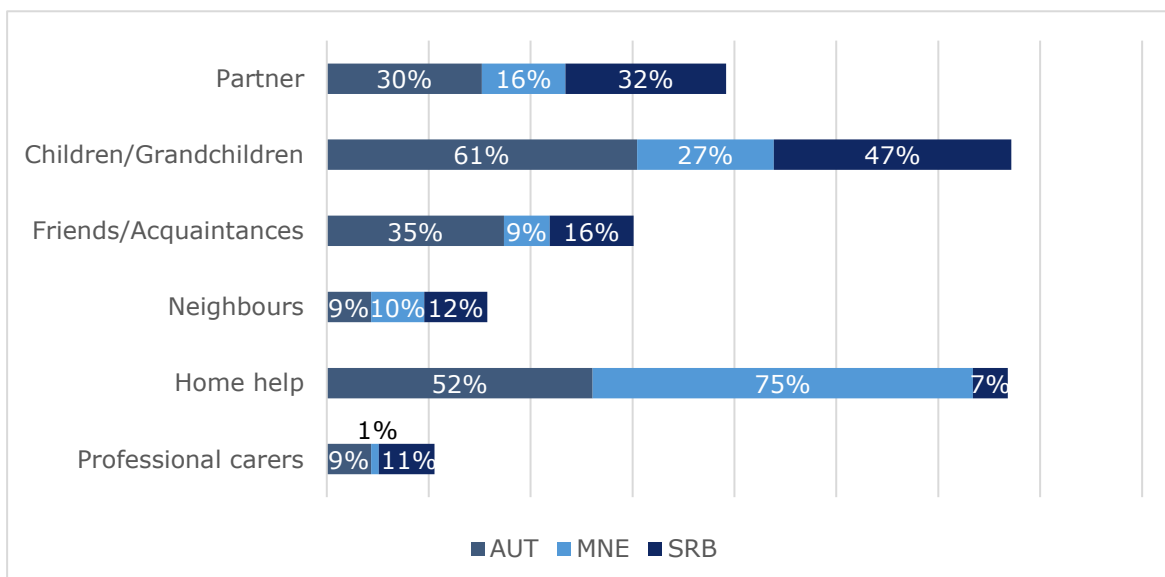


Source: Own survey data (QPPQ)

The level of support that an older person has in everyday life is one more facet to consider in this evaluation when looking at the baseline situation of this stakeholder group. Every client from Austria and 89% of clients from Serbia already have someone to support them, whereas 40% of clients from Montenegro did not have anyone.

Data shows that, in most cases (29%), older people's **children and grandchildren** support them in daily life, accounting for 61% in Austria and 47% in Serbia, and only 27% in Montenegro. Similarly, support in everyday activities is often provided by **home help** (29%), with 52% in Austria and 75% in Montenegro receiving this service before the CCC programme started. When the topic of deadweight is discussed in later paragraphs, it is important to note that these home help services in Montenegro were only available for a limited time, resulting in mostly no other similar offers available to the Montenegrins. 18% of the total participants, about one-third of individuals from Austria and Serbia (also) receive support from **partners** in daily life.

FIGURE 7: SUPPORT PERSON(S) IN EVERYDAY LIFE (MULTIPLE SELECTION POSSIBLE), WAVE 1



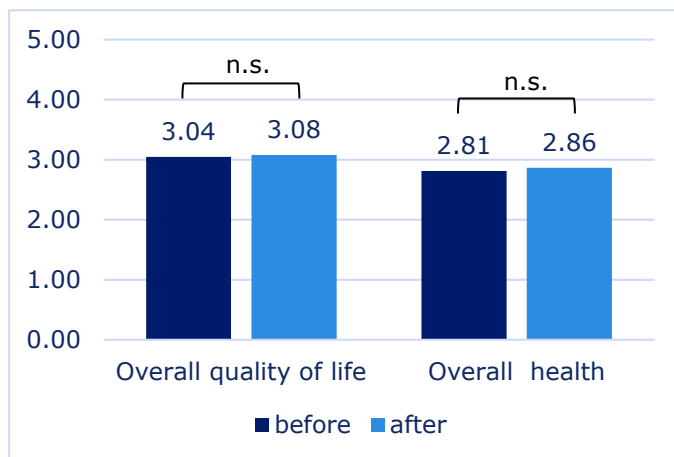
Source: Own survey data (QPPQ)

According to the data, one third of older clients in Austria have one supporter, one-third have two and one-third have three supporters. At the same time, in Montenegro, as many as 40% of clients did not have any help before this programme, and those who did, mostly got help from one supporter. In Serbia over two-thirds of users have 1 type of support, and one in ten has no support. Some (3%) have even three or four types of help.

6.2. WHOQOL-BREF RESULTS

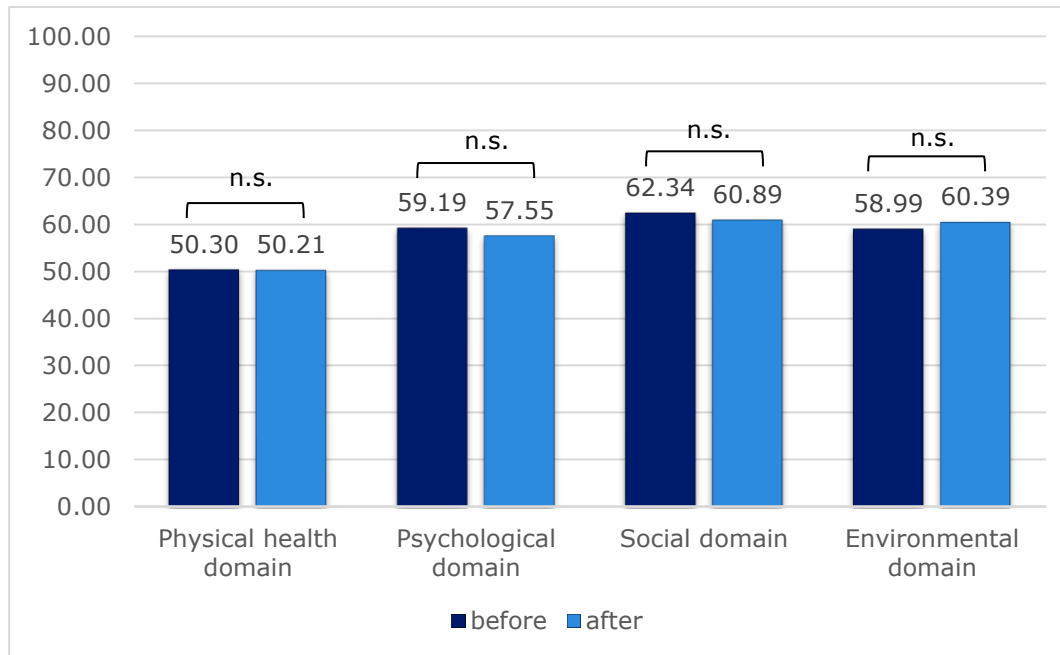
When analysing the WHOQOL-BREF results from older people with care and support needs across all three countries, a **marginal increase** is observed for both global items (**individual's overall perception of health and quality of life**) and in the **environmental domain**. The physical, psychological, and social domain scores show a slight decrease. It is important to note that the changes detected are not statistically significant.

FIGURE 8: CHANGE IN GLOBAL SCORES OF WHOQOL-BREF OF OLDER PEOPLE BEFORE AND AFTER THE INTERVENTION IN ALL 3 COUNTRIES (MEAN)



Source: Own survey data (WHOQOL-BREF), n.s.=not significant; *p<0.05; ** p<0.01

FIGURE 9: CHANGE IN DOMAIN SCORES OF WHOQOL-BREF OF OLDER PEOPLE BEFORE AND AFTER THE INTERVENTION IN ALL 3 COUNTRIES (MEAN)



Source: Own survey data (WHOQOL-BREF), n.s.=not significant; *p<0.05; ** p<0.01

Concerning differences between countries, following the CCC intervention, **older people from Serbia** assign a **higher rating to their general quality of life**, indicating a statistically significant difference. The score has increased by 0.23 points. No significant differences between countries are observed regarding other domains.

TABLE 6: CHANGE IN GLOBAL SCORES OF WHOQOL-BREF OF OLDER PEOPLE BEFORE AND AFTER THE INTERVENTION AT COUNTRY LEVEL

Country	Global item on QoL (mean)		W2-W1	Global item on health (mean)		W2-W1
	W1	W2		W1	W2	
AUT	3.33	3.29	-0.05	2.81	2.86	0.05
MNE	3.03	2.88	-0.15	2.71	2.75	0.04
SRB	2.97	3.21	0.23*	2.86	2.96	0.10

Source: Own survey data (WHOQOL-BREF), *p<0.05, ** p<0.01

TABLE 7: CHANGE IN DOMAIN SCORES OF WHOQOL-BREF OF OLDER PEOPLE BEFORE AND AFTER THE INTERVENTION AT COUNTRY LEVEL

Country	Physical		W2-W1	Psychological		W2-W1	Social		W2-W1	Environmental		W2-W1
	W1	W2		W1	W2		W1	W2		W1	W2	
AUT	50.25	50.19	-0.06	59.32	57.60	-1.73	62.58	60.96	-1.62	59.01	60.38	1.37
MNE	45.44	47.17	1.74	59.99	56.46	-3.53	71.23	68.50	-2.73	58.48	63.15	4.67

SRB	52.81	52.82	0.01	57.58	58.45	0.87	53.71	53.70	-0.01	55.50	55.86	0.37
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Source: Own survey data (WHOQOL-BREF), *p<0.05, ** p<0.01

6.3. IMPACT OVERVIEW

TABLE 8: IMPACT OVERVIEW OF OLDER PEOPLE WITH CARE AND SUPPORT NEEDS (IMPACT RANGE -1 TO 1)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 More knowledge and information on offers and services regarding the different topics and their affordability	Positive 40% Very positive 45% Positive 15% Neutral 0% Negative 0% Very negative Mean: 0.56	Positive 27% Very positive 55% Positive 18% Neutral 0% Negative 0% Very negative Mean: 0.54	Very positive 55% Very positive 36% Positive 9% Neutral 0% Negative 0% Very negative Mean: 0.66	Positive 29% Very positive 50% Positive 21% Neutral 0% Negative 0% Very negative Mean: 0.46
Deadweight	Partly	Partly	Low	Partly
Impact 2 Supportive environment for healthy ageing	Positive 34% Very positive 61% Positive 6% Neutral 0% Negative 0% Very negative Mean: 0.61	Positive 14% Very positive 82% Positive 5% Neutral 0% Negative 0% Very negative Mean: 0.54	Positive 49% Very positive 51% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.70	Positive 25% Very positive 63% Positive 11% Neutral 0% Negative 0% Very negative Mean: 0.54
Deadweight	Partly	High	Partly	High
Impact 3 Prevention of functional losses	Neutral 11% Very positive 29% Positive 45% Neutral 14% Negative 0% Very negative Mean: 0.17	Neutral 14% Very positive 19% Positive 38% Neutral 29% Negative 0% Very negative Mean: 0.13	Neutral 16% Very positive 33% Positive 39% Neutral 12% Negative 0% Very negative Mean: 0.24	Neutral 5% Very positive 29% Positive 53% Neutral 12% Negative 0% Very negative Mean: 0.13
Deadweight	Low	Partly	Low	Low
Impact 5* Increased/stabilised well-being	Neutral 9% Very positive 20% Positive 38% Neutral 24% Negative 10% Very negative Mean: 0.00	Neutral 0% Very positive 26% Positive 37% Neutral 16% Negative 21% Very negative Mean: -0.14	Negative 14% Very positive 25% Positive 23% Neutral 28% Negative 11% Very negative Mean: 0.05	Neutral 7% Very positive 14% Positive 52% Neutral 22% Negative 5% Very negative Mean: -0.01
Deadweight	Partly	Partly	Low	Partly
Impact 6 Strengthening self-help skills and health literacy	Positive 34% Very positive 59% Positive 8% Neutral	Positive 10% Very positive 76% Positive 14% Neutral	Very Positive 48% Very positive 46% Positive 6% Neutral	Positive 27% Very positive 66% Positive 7% Neutral

	0% Negative 0% Very negative Mean: 0.56	0% Negative 0% Very negative Mean: 0.44	0% Negative 0% Very negative Mean: 0.62	0% Negative 0% Very negative Mean: 0.54
Deadweight	Partly	High	Partly	Partly
Impact 7 Support in everyday life activities	Positive 27% Very positive 59% Positive 14% Neutral 0% Negative 0% Very negative Mean: 0.57	Positive 32% Very positive 64% Positive 5% Neutral 0% Negative 0% Very negative Mean: 0.59	Positive 36% Very positive 46% Positive 18% Neutral 0% Negative 0% Very negative Mean: 0.61	Positive 17% Very positive 70% Positive 13% Neutral 0% Negative 0% Very negative Mean: 0.53
Deadweight	Partly	High	Partly/Low	Partly
Impact 8 Psycho-social support	Positive 35% Very positive 50% Positive 14% Neutral 1% Negative 0% Very negative Mean: 0.56	Positive 10% Very positive 62% Positive 24% Neutral 5% Negative 0% Very negative Mean: 0.35	Very Positive 45% Very positive 45% Positive 10% Neutral 0% Negative 0% Very negative Mean: 0.62	Positive 33% Very positive 52% Positive 14% Neutral 0% Negative 0% Very negative Mean: 0.56
Deadweight	Partly	Partly	Low	Partly

*Impact 4 – “Accepting the illness/compliance available” cannot be quantified because of insufficient information.

For the stakeholder group of older people with care and support needs positive changes in five impacts and neutral changes in two were detected. The highest positive change (mean 0.61) is recorded at impact 2 “**Promotion of healthy aging**”, where a remarkable 95% of all respondents recorded that the programme had a very positive or positive impact on developing and maintaining the functional ability that enables well-being in their age. A similar impact intensity was measured for the following impacts: (6) “**Support in everyday life activities**” (mean 0.57), (1) “**More knowledge and information on offers and services regarding the different topics and their affordability**” (mean 0.56); (5) “**Strengthening self-help skills and health literacy**” (mean 0.56) and (7) “**Psychosocial support**” (mean 0.56). Although there are no statistically significant differences in the intensity of influence on older individuals between the three countries, it is noteworthy that all five mentioned impacts have a **higher effect** on this stakeholder group in **Montenegro**. For instance, for all participants in Montenegro, the impact on healthy aging is estimated to be positive or very positive.

Regarding the **preventing functional losses**, the analysis indicates that there was **nearly no change**. This impact includes three indicators, the physical and psychological domain of WHOQOL-BREF and a QPPQ item on acquiring assistive technologies and knowing how to use them. The results of the quality-of-life measurement reveal that there was no improvement in the physical and psychological status of older people after the intervention. However, this lack of change could be seen as positive considering the target group is older people with care and support needs. The impact “**increased/stabilized well-being**” is also assessed as **neutral**. It is based on all four domain scores of WHOQOL-BREF (physical, psychological, social, and environmental). The impact analysis therefore corresponds with the analysis of quality of life for participants. It's important to note that no change in these domains could be seen as a positive outcome for the target population, as deterioration can be expected due to aging.

Deadweight is assessed for all 7 impacts considering information gathered from QPPQ 1 (level of support that clients have in everyday life; using services in their local community before CCC programme started), the qualitative interviews, process evaluation and expertise of the evaluation group as well as project partners. The following values are assigned to depict the deadweight levels: very high/high/partly/low/very low/not available. All sources indicated that older people in Austria already have a range of existing, comparable services relevant to the target group. They also have greater support from children, partners, relatives etc. In Serbia, existence of other sources of support is less, and in Montenegro, it is mostly low. These differences in deadweight levels are important to consider when viewing the assessed impacts.

TABLE 9: ASSESSED DEADWEIGHT FOR GROUP OF OLDER PEOPLE WITH CARE AND SUPPORT NEEDS

Impacts	Deadweight			
	Overall	AUT	MNE	SRB
Impact 1 More knowledge and information on offers and services	Partly	High	Low	Partly
Impact 2 Supportive environment for healthy ageing	Partly	High	Partly	High
Impact 3 Prevention of functional losses	Low	Partly	Low	Low
Impact 5 Increased/stabilised well-being	Partly	Partly	Low	Partly
Impact 6 Strengthening self-help skills and health literacy	Partly	High	Partly	Partly
Impact 7 Support in everyday life activities	Partly	High	Partly/Low	Partly
Impact 8 Psychosocial support	Partly	Partly	Low	Partly

Source: Own survey (QPPQ, interviews, evaluators' experience)

Impact 1: More knowledge and information on offer and services regarding the different topics and their financeability

Part of the impact analysis was to assess whether knowledge and information regarding relevant care and support topics and financial aspects increased in older people after taking part in the various I-CCC interventions like consultations, workshops, home visits etc. As the procedures for various rights and services in social protection, health, and local government are often complex, it is crucial to assist older individuals in understanding their rights and how to access them.

The impact was calculated based on data from the instruments QPPQ wave 1 (items A7 & A8) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Receiving information on financial support options.
- Receiving support for adequate contact points.
- Relatives receiving support.
- Acquiring assistive devices and knowing how to use them.

Impact evaluation shows a positive change (overall mean is 0.56) in older individuals in terms of knowledge and information about available care offers and services and their financeability (impact 1). Variations exist between countries: a very positive impact is observed among 55% of older people in Montenegro, while a positive impact is evident in Serbia (50%) and Austria (55%). However, no statistically significant differences were identified between countries.

TABLE 10: IMPACT 1, OLDER PEOPLE – MORE KNOWLEDGE AND INFORMATION, BY COUNTRY

Impact 1	Overall	AUT	MNE	SRB
Mean	0.56	0.54	0.66	0.46

There are no significant differences in impact either between women and men or among older individuals of different age categories. However, a statistically significant difference in impact is observed when looking at the education levels, with a greater impact noted among those with lower education levels. The most positive impact (mean 0.66) is registered among individuals without a compulsory school leaving exam, whereas for those with grammar school background, the mean is 0.25. As for most impacts for this stakeholder group, Austria exhibits a higher deadweight compared to the other countries due to the presence of more providers and a greater variety of services that partially overlap with I-CCC offerings.

Impact 2: Supportive environment for healthy ageing

WHO defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age”. To assess whether the I-CCC interventions could contribute to a supportive environment for this process, the impact calculation was based on data from the instruments QPPQ wave 1 (items A7 & A8) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Making living environment safer.
- Building a social network with people in a similar situation.
- Receiving support for adequate contact points.
- Receiving financial support.
- Acquiring assistive devices and knowing how to use them.

There is a positive effect (overall mean is 0.61) detected on older people for this impact. After the I-CCC intervention, participants generally deem their environment more supportive for healthy aging. This impact is the **best ranked among all measured impacts on older individuals**.

TABLE 11: IMPACT 2, OLDER PEOPLE – SUPPORTIVE ENVIRONMENT FOR HEALTHY AGING, BY COUNTRY

Impact 2	Overall	AUT	MNE	SRB
Mean	0.61	0.54	0.70	0.54

In Montenegro, half of the older individuals (49%) show a very positive impact. In Serbia and Austria, the impact is lower and the assessed deadweight also higher. Active ageing is a topic that is addressed by others offering comparable services in both countries.

Impact 3: Prevention of functional losses

One of the potential impacts to be assessed was whether I-CCC interventions could contribute to the prevention of functional losses. This impact was calculated based on data from the instruments QPPQ wave 1 (items A7 & A8) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspect:

- Acquiring assistive devices and knowing how to use them.

The calculation also included the change scores of two WHOQOL-BREF domains, the physical and psychological domain.

The recorded impact is neutral (0.17), slightly higher in Montenegro compared to the other countries. This observation is consistent with the WHOQOL-BREF results (see chapter 6.2), wherein no significant changes were identified in the physical and psychological domains for this stakeholder group. The relatively stable physical and psychological health can be construed as a positive outcome, considering that some decline in health is anticipated among older individuals with care and support needs.

TABLE 12: IMPACT 3, OLDER PEOPLE – PREVENTION OF FUNCTIONAL LOSSES, BY COUNTRY

Impact 3	Overall	AUT	MNE	SRB
Mean	0.17	0.13	0.24	0.13

Impact 5: Increased/stabilised well-being

A prospective impact following CCC intervention is the heightened or stabilized well-being of older people. The calculation of this is based on changes observed in the WHOQOL-BREF data before and after the intervention, specifically in the physical, psychological, social and environmental domains.

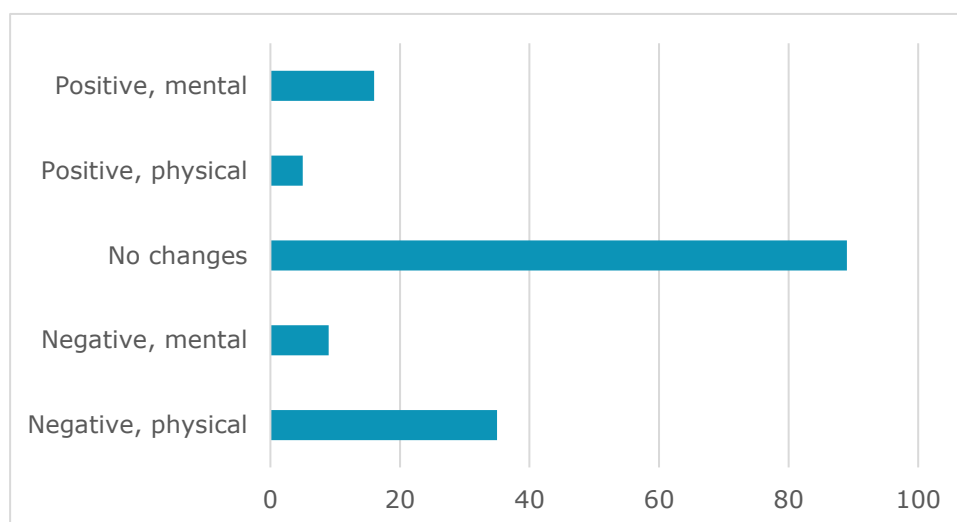
The impact on the well-being of older people measured is neutral. Similar to impact 3, a certain degree of deterioration in the well-being status within the target group is anticipated, hence, the absence of change could be viewed as a positive outcome.

TABLE 13: IMPACT 5, OLDER PEOPLE – INCREASED/STABILIZED WELL-BEING, BY COUNTRY

Impact 5	Overall	AUT	MNE	SRB
Mean	0.00	-0.14	0.05	-0.01

The only very negative changes documented for this stakeholder group is found in this context. This could be associated with the observation that at least one-third of clients encountered event(s) leading to negative physical changes during the CCC intervention period (QPPQ W2, item A7: "In the past months, has there been a significant event that has had a major impact on your health?" (n= 153)).

FIGURE 10: CHANGES IN PHYSICAL OR MENTAL HEALTH OF PARTICIPANTS IN PAST MONTHS (N= 153)



Source: Own survey data (QPPQ)

Impact 6: Strengthening self-help skills and health literacy

Another prospective impact on this stakeholder group is related to the strengthening of self-help skills and health literacy. The impact calculation draws on data from the instruments QPPQ wave 1 (items A7 & A8) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Coping with stressful situations in care.
- Acquiring assistive devices and knowing how to use them.
- Making living environment safer.
- Building a social network with people in a similar situation.

There is a positive influence detected with an overall mean of 0.56. Older individuals report acquiring the ability to manage stressful situations and enhance the safety of their living environment. Moreover, they have established connections with others facing similar situations, fostering a sense of empowerment.

TABLE 14: IMPACT 6, OLDER PEOPLE – STRENGTHENING SELF-HELP SKILLS AND HEALTH LITERACY, BY COUNTRY

Impact 6	Overall	AUT	MNE	SRB
Mean	0.56	0.44	0.62	0.54

However, it remains plausible that other services addressing similar issues in the vicinity may have also contributed to such positive results, particularly in Austria where the assessed deadweight is high.

Impact 7: Support in everyday life activities

A part of activities organised by CCCs in all three counties was oriented towards supporting older individuals in their everyday activities. To assess whether these activities contributed to a positive impact registered in this stakeholder group, the impact calculation was based on data from the instruments QPPQ wave

1 (items A7 & A8) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Receiving support for adequate contact points.
- Relatives receiving support.
- Acquiring assistive devices and knowing how to use them.
- Better coping with stressful situations in care.
- Making living environment safer.

There is a positive impact detected (overall mean is 0.57). This impact is the **second highest of all impacts measured for this stakeholder group**. Older people from all 3 countries feel supported in their daily activities after I-CCC interventions. They perceive that they know where to go for help with their issues, how to get and use assistive devices, how to deal with stressful situations, how to make their living environment safer and that their relatives have received support in everyday care.

TABLE 15: IMPACT 7 – SUPPORT IN EVERYDAY LIFE ACTIVITIES, BY COUNTRY

Impact 7	Overall	AUT	MNE	SRB
Mean	0.57	0.59	0.61	0.53

Several other factors could naturally also contribute to the participants' perception of being well-supported in everyday life activities, particularly for individuals from Austria, who receive extensive support in daily life from various people, primarily their children and grandchildren (61%), home help (52%) and/or partners (30%).

Impact 8: Psychological support

Some CCC activities are directly aimed at providing psychological support, while the majority of them have an indirect focus. Consequently, one anticipated and measured impact is in the realm of psychological support. The impact was computed based on data from the instrument QPPQ, wave 1 (items A7 & A8) and wave 2 (item A8), on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Building a social network with people in a similar situation.
- Receiving support for adequate contact points.
- Coping with stressful situations in care.
- Recognizing conflict and violent situations and acting accordingly.

Clients from all three countries acknowledge that CCC has provided them with psychological support. They feel psychologically stronger, realizing that they are not alone in their situation – there are many others facing similar challenges. They have improved their ability to seek sources of help and are better equipped to handle conflict situations.

TABLE 16: IMPACT 8 – PSYCHOLOGICAL SUPPORT, BY COUNTRY

Impact 8	Overall	AUT	MNE	SRB
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Mean	0.56	0.35	0.62	0.56
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6.4. PREVENTIVE HOME VISIT CLIENTS

Preventive home visits are specific kinds of activities organised in Austria and Montenegro only. In Austria, they were organised for older people in the CCC in Hartberg (Austria) to promote healthy lifestyles and provide early treatment for illnesses. This service is conducted by nurses, usually takes place once per client, sometimes repeatedly. With its preventive character, this service was initially aimed at older people without care and support needs, yet this target group could not be reached as the awareness for the importance of this new type of service is not yet recognised among them. In Montenegro, preventive home visits were conducted for older people from rural areas with the aim of monitoring their condition and referring them to activities that can improve their health. The service was conducted by social workers and nurses periodically, approximately once per month.

TABLE 17: IMPACT OVERVIEW OF PREVENTIVE HOME VISIT CLIENTS (IMPACT RANGE -1 TO 1)

Preventive home visit clients (n=49, AUT & MNE)*			
Impacts	Overall	Austria	Montenegro
Impact 1 Needs of people who received preventive home visits identified	Positive 35% Very positive 56% Positive 8% Neutral 0% Negative 0% Very negative Mean: 0.61	Positive 17% Very positive 75% Positive 8% Neutral 0% Negative 0% Very negative Mean: 0.54	Positive 42% Very positive 50% Positive 8% Neutral 0% Negative 0% Very negative Mean: 0.63
Deadweight	Low	Low	Low
Impact 2 Increased sense of safety	Very positive 38% Very positive 31% Positive 19% Neutral 13% Negative 0% Very negative Mean: 0.38	Positive 33% Very positive 42% Positive 25% Neutral 0% Negative 0% Very negative Mean: 0.42	Very positive 39% Very positive 28% Positive 17% Neutral 17% Negative 0% Very negative Mean: 0.37
Deadweight	Partly	Partly	Partly
Impact 3 Reduction of loneliness	Positive 19% Very positive 45% Positive 28% Neutral 9% Negative 0% Very negative Mean: 0.30	Neutral 0% Very positive 27% Positive 45% Neutral 27% Negative 0% Very negative Mean: 0.02	Positive 25% Very positive 50% Positive 22% Neutral 3% Negative 0% Very negative Mean: 0.38
Deadweight	Partly	High	Partly
Impact 4	Very positive 65% Very positive	Very positive 69% Very positive	Very positive 64% Very positive

Referral to „proper“ institutions/case management carried out	20% Positive 14% Neutral 0% Negative 0% Very negative Mean: 0.76	23% Positive 8% Neutral 0% Negative 0% Very negative Mean: 0.81	19% Positive 17% Neutral 0% Negative 0% Very negative Mean: 0.74
Deadweight	Partly	High	Low
Impact 6 Adaption of living space to increase safety	Positive 42% Very positive 50% Positive 8% Neutral 0% Negative 0% Very negative Mean: 0.67	Very positive 67% Very positive 33% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.83	Positive 33% Very positive 56% Positive 11% Neutral 0% Negative 0% Very negative Mean: 0.61
Deadweight	Partly	Partly	Low
Impact 9 Reduced risk of persons being institutionalized	Neutral 9% Very positive 36% Positive 40% Neutral 15% Negative 0% Very negative Mean: 0.19	Neutral 0% Very positive 36% Positive 55% Neutral 9% Negative 0% Very negative Mean: 0.16	Positive/Neutral 11% Very positive 36% Positive 36% Neutral 17% Negative 0% Very negative Mean: 0.21
Deadweight	Low	Low	Low

*Additional impacts calculated only for this client subgroup

A specific set of prospective impacts on preventive home visit clients was developed as part of the evaluation design. The above impact overview shows only the impacts assessed for this stakeholder group, which were not yet covered in the impact overview for older people with care and support needs in general. This part of the impact analysis also only involves older people from Austria and Montenegro, as Serbia did not organise this type of home visit. These visits are organised by professionals (social workers and nurses) with the aim of monitoring the clients' condition and referring them to activities that can improve their health, promote healthy lifestyles, provide early treatment for illness and refer to proper institutions.

The **overall impact of this intervention on older people**, taking into account the effects on a safer living environment, of building a social network, receiving support for adequate contact points and financial support, receiving support for relatives, acquiring assistive devices and knowing how to use them, coping with stressful situations and conflict, is **notably positive, with a mean value of 0.61** and no very negative or negative effects registered. Most of the defined impacts were rated as positive (3 out of 6) and very positive (2 out of 6), with only one assessed as neutral. The highest positive effect is observed in the **referral to proper institutions**, a form of case management, with a mean value of 0.76. This aspect of the project was evaluated as very positive by 65% of clients. None of the respondents rated this aspect as negative or very negative. Preventive home visits also had a substantial impact when it comes to **adapting living spaces to enhance safety** (mean value 0.67). Notably, 92% of clients registered positive or very positive changes after the intervention for this impact. Also, an **increased sense of safety** was registered among this stakeholder group, with a mean value of 0.38, and a **reduction of loneliness**, with a mean value of 0.30. The impact **“reduction of the risk of institutionalization”** indicates that there was nearly no change after the intervention (mean value 0.19). This is partly due to the basis of calculation of this impact, the changes in WHOQOL-BREF domain scores, which mostly remained the same with only

slight increases and decreases recorded among this stakeholder group. Also, the changes in the QPPQ item scores on making the living environment safer and acquiring assistive devices were included in this impact.

As the results indicate, preventive home visits predominantly had a positive impact on clients, with no statistically significant differences in the intensity of influence on clients in the two countries.

Deadweight is assessed for all six impacts considering information gathered from QPPQ 1, qualitative interviews, process evaluation and evaluators' experience. The sources indicated that some similar services were available to clients in Austria. In Montenegro, similar services like this CCC intervention are not available.

TABLE 18: ASSESSED DEADWEIGHT FOR PREVENTIVE HOME VISIT CLIENTS

Impacts	Deadweight		
	Overall	AUT	MNE
Impact 1 Needs of people who received preventive home visits identified	Low	Low	Low
Impact 2 Increased sense of safety	Partly	Partly	Partly
Impact 3 Reduction of loneliness	Partly	High	Partly
Impact 4 Referral to „proper“ institutions/case management carried out	Partly	Partly	Low
Impact 6 Adaption of living space to increase safety	Partly	Partly	Low
Impact 9 Reduced risk of persons being institutionalized	Low	Low	Low

Source: Own survey (QPPQ, interviews, evaluators' experience)

Preventive home visits seem to be **very effective** and exhibit **lower deadweight** for all impacts than other activities for older people.

6.5. CONCLUSION

There is a wide range of activities offered to older people with care and support needs by the CCCs in the six regions, including counselling on various care-related issues, healthy aging and health promotion activities, different types of home visits like preventive home visits or volunteer visiting services.

A typical older participant in these activities is a **woman** between the **ages of 70 and 79**. She has typically completed a **compulsory school leaving exam**, unless she resides in Serbia, where she is more likely to have finished secondary vocational school.

There exists a **discrepancy in the availability of care and consultation services** between the three countries. Over half of Austrian older people and one-third of Serbian individuals had already utilized some services in their local communities before the CCC programme's initiation. Conversely, excluding home

help services, which were only available for a limited time beforehand, only three customers from Montenegro had used such services.

Older people surveyed are most likely to be supported in their daily lives by **children and grandchildren** (Austria and Serbia) and/or **home help** (Austria and Montenegro). Notably, each respondent from Austria has at least one and possibly up to three caregivers, while in Serbia more than two thirds of respondents have at least one caregiver. In Montenegro, 40% of respondents had no caregivers before the I-CCC started.

The **WHOQOL-BREF results** of this stakeholder group mostly **remained stable** with only marginal increases (0.04 – 1.4) in their perception of overall quality of life and health as well as in the environmental domain and slight decreases (-0.09 – -1.64) in the physical psychological and social domain. The only statistically significant change detected was in a **higher rating of general quality of life** among older people from **Serbia** (+0.23).

The measurement of I-CCC's impacts revealed that the highest positive effects are recorded in a **supportive environment for healthy aging** (mean 0.61) and **support in everyday life activities** (0.57). This could be attributed to the wide range of activities provided by the CCCs including counselling, health promotion activities and hands-on home visits. Clients find that the I-CCC interventions positively affected their living environment, coping mechanisms, social network, relatives as well as their knowledge on adequate contact points, financial support, and assistive devices. The I-CCC interventions also contributed to **more knowledge and information on relevant offers and services** and their financeability, **strengthening of self-help skills and health literacy** among this stakeholder group as well as **psychosocial support** (mean of all three 0.56). There is a statistically significant difference when it comes to education levels and the impact of more knowledge and information on relevant offers and services, with a higher impact on older individuals with lower education. This impact is most positive for people without compulsory school leaving exam (mean 0.66).

When it comes to the **prevention of functional losses**, the assessed impact is **neutral**, with a mean of 0.17. This observation is consistent with the WHOQOL-BREF results (see chapter 7.3), wherein no significant changes were identified in the physical and psychological domains for this stakeholder group. The relatively stable physical and psychological health can be construed as a positive outcome, considering that some declines can be anticipated among older individuals with care and support needs. Similarly, the impact on the **well-being** of older people measured is also **neutral** (mean 0.00).

There are no statistically significant differences detected in the intensity of impacts on older people of the three countries. Nevertheless, **most impacts are slightly higher for older people in Montenegro** (+ 0.X – 0.X points). This could be attributed to the Montenegrins having less support from family and fewer comparable services available.

A subgroup of older people analysed are the individuals who utilised the service of a **preventive home visit**, a service only available in Austria and Montenegro. This intervention proves to be very effective with 5 of 6 impacts assessed ranked very positive or positive, while exhibiting a lower deadweight than other activities. The **overall impact of this intervention on older people**, taking into account the effects on a safer living environment, of building a social network, receiving support for adequate contact points and financial support, receiving support for relatives, acquiring assistive devices and knowing how to use them, coping with stressful situations and conflict, is **notably positive, with a mean value of 0.61** and no very negative or negative effects registered.

7. People with (suspected) dementia

For the stakeholder group of individuals with (suspected) dementia, the I-CCC offered a tailored activity: **tablet-based multimodal cognitive training**, designed to motivate this group to be mentally and motorically active in a playful way, e.g., through puzzles, knowledge and memory exercises, physical exercises, music etc. These training sessions were carried out by trained **volunteers**, who visited the participants at their place of residence, equipped with the tablet device preloaded with the training application. This service was implemented on a **weekly basis** over the course of approximately one year.

7.1. SAMPLE DESCRIPTION

The total number of older people with (suspected) dementia in the target population is 137. The largest number is recorded in Montenegro, with 61 individuals, followed by 42 in Serbia and 34 in Austria. Of the total number of participants, the response rate is 62% for all three countries. Observed by country, the highest response rate is in Serbia, where more than 80% of clients partook in the surveys (83%). In Austria, the response rate is 74%. Even though the number of clients is the largest in Montenegro, the response rate is the lowest, 41%. The sample is representative to make conclusions about the population.

TABLE 19: MMSE & GDS SAMPLE

Country	Population	Sample	%
AUT	34	25	74%
MNE	61	25	41%
SRB	42	35	83%
Total	137	85	62%

Source: Own data (GDS & MMSE status survey 1 & 2)

7.2. MMSE & GDS RESULTS

In this project, two standardised instruments, the Mini-Mental State Examination (MMSE) and the Geriatric Depression Scale (GDS), were employed to collect data on the target group. The initial data were collection occurred prior to the first tablet-training session, with a subsequent round taking place approximately eight months thereafter.

Mini-Mental State Examination (MMSE)

In the baseline study, participants across all countries exhibited **mild cognitive impairment**. Post-intervention, individuals **remained within the same category**, with an overall decrease of -0.73 points. Research indicates an anticipated decline of half an MMSE point per year from the age of 84 onwards (Nagaratnam et al., 2020). Additionally, studies suggest that a meaningful cognitive decline should entail a deterioration exceeding five points on the MMSE scale after one year (Schmand et al., 1995).

At the national level, **Montenegro's participants** initiated the intervention with the highest level of cognitive deterioration, yet they stand out as the sole group demonstrating **positive changes** in MMSE scores.

TABLE 20: MMSE - BASELINE AND RETEST RESULTS

MMSE	Wave 1	Wave 2	W2-W1
Overall	22.22	21.49	-0.73
AUT	23.44	22.52	-0.92
MNE	19.88	20.84	0.96
SRB	23.03	21.23	-1.80

Source: Own data (MMSE status survey 1 & 2)

TABLE 21: MMSE SCORING SYSTEM

Scoring	Scale 1-30
25-30	no cognitive impairment
24-18	mild cognitive impairment
17-0	severe to most severe cognitive impairment

Source: MMSE instrument

The MMSE status survey 1 indicated that participants from Austria had the most favourable baseline level. More than half exhibited no cognitive impairment, with 32% displaying mild symptoms and 16% experiencing severe cognitive impairment. After taking part in the intervention, results revealed that two-thirds of Austrian respondents retained their cognitive level on the MMSE scale. 12% demonstrated improvement, while a quarter experienced a decline in cognitive status. Notably, all participants with severe impairment either maintained their status or exhibited improvements.

TABLE 22: MMSE SCORE CHANGES IN AUSTRIA

AUT MMSE results	W1 result	W1 result %	W2 - Change		
			none	better	worse
none	13	52%	10		3
mild	8	32%	4	1	3
severe	4	16%	2	2	
total	25	100%	16	3	6
		% of change	64%	12%	24%

Source: Own data (MMSE status survey 1 & 2)

Respondents from **Montenegro** exhibited a significantly higher baseline level of cognitive impairment compared to those from Austria and Serbia. Roughly half of users fell within the mild category, while a quarter were classified as experiencing severe to most severe cognitive impairment, and another quarter did not show any cognitive impairment. Upon retesting, one-fifth of MMSE respondents demonstrated improvement and a substantial 68% remained in the same cognitive category. Only three clients experienced a deterioration. Considering the baseline results, the **observed changes** within the Montenegrin client group are **particularly encouraging**.

TABLE 23: MMSE SCORE CHANGES IN MONTENEGRO

MNE MMSE results	W1 result	W1 result %	W2 - Change		
			The same	Better	Worse
none	6	24%	5	0	1
mild	13	52%	9	2	2
severe	6	24%	3	3	
total	25	100%	17	5	3
	% of change		68%	20%	12%

Source: Own data (MMSE status survey 1 & 2)

Participants from Serbia displayed similar average levels of cognitive impairment to those from Austria. Approximately half of the users fell into the category of mild cognitive impairment, while over one-third showed no cognitive impairment. Only 11% were classified as experiencing severe to the most severe cognitive impairment, making it the smallest group among the three countries. Upon retesting, it was observed that around half of the Serbian clients initially categorised as having "no cognitive impairment" unfortunately demonstrated symptoms of cognitive impairment. Some even transitioned to the group with severe impairment. These notable individual differences between the two measurements underscore the importance of acquiring more comprehensive information about this group of clients to draw relevant conclusions. Nevertheless, it's noteworthy that, in Serbia, as in Austria and Montenegro, clients with severe cognitive impairment as baseline level demonstrated improvement upon retesting.

TABLE 24: MMSE SCORE CHANGES IN SERBIA

SRB MMSE results	W1 result	W1 result %	W2 - Change		
			The same	Better	Worse
none	13	37%	6	0	7
mild	18	51%	7	6	5
severe	4	11%	1	3	0
total	35	100%	14	9	12
	% of change		40%	26%	34%

Source: Own data (MMSE status survey 1 & 2)

GDS – Geriatric Depression Scale

The prevalence of depression differs across countries with Austria having the lowest and Montenegro having the highest rates, while Serbia falls in between. Upon retesting, there is a **slight decrease in the average depression score** across all countries, with the most significant change observed in Montenegro.

TABLE 25: GDS - BASELINE AND RETEST RESULTS

Country	GDS Results		
	Wave 1	Wave 2	W2-W1
Overall	13.94	13.34	-0.60
AUT	9.84	9.00	-0.84

MNE	17.76	16.60	-1.16
SRB	14.14	14.11	-0.03

Source: Own data (GDS status survey 1 & 2)

TABLE 26: GDS SCORING SYSTEM

Scoring	Scale 1-30
Score	Assumed cognitive status
0-9	normal
10-19	mild depression
20-30	severe depression

Source: GDS instrument

Participants from Austria also exhibited the most favourable baseline results when it comes to GDS scores. More than half of them did not experience depression, while 44% exhibited mild symptoms. Only one user was categorized as severely depressed. Following their engagement in the CCC's tablet training and subsequent retesting, results demonstrated that a substantial 76% of respondents from Austria maintained their categorisation on the GDS scale. 20% showed improvement, while only 4% experienced a decline.

The initial status survey was conducted in October, November, and December 2022, followed by the second wave of measurements in April, May, and June 2023. Hence, a potential seasonal effect could have influenced the Austrian results, stemming from the data collection during the first wave in autumn/winter and the second wave in spring/summer.

TABLE 27: GDS SCORE CHANGES IN AUSTRIA

AUT	W1 result	W1 result %	W2 - Change			Description of change on individual level
			The same	Better	Worse	
normal	13	52%	12	0	1	Out of the 13 users, only one experienced a shift from normal to mild, the other 12 remained at normal level.
mild	11	44%	6	5	0	Among the 11 users initially classified with mild depression at baseline, 5 users transitioned to normal scores. 6 respondents remained in the mild category upon retest.
severe	1	4%	1	0	0	For one user diagnosed with severe depression at baseline, the retest results revealed they remained in the same category, but with a slight improvement.
Total	25	100%	19	5	1	
% of change			76%	20%	4%	

Source: Own data (GDS status survey 1 & 2)

Respondents from Montenegro exhibited significantly higher depression scores at baseline level than those from Austria. About two-thirds of users fell into the mildly depressed category, while 36% were classified

as severely depressed. Only one user did not display any signs of depression based on their GDS score. However, upon examining the retest data for the entire sample of Montenegrin respondents, the results mirrored those from Austria. 76% of respondents showed no change in their categorisation on the GDS scale, while 20% experienced improvement, and only 4% had a deterioration. Considering the baseline results, the observed changes in the Montenegrin client group are encouraging.

The first status surveys in Montenegro were conducted in April and May 2022 and the second in April and May 2023, making a seasonal effect on these results less likely.

TABLE 28: GDS SCORE CHANGES IN MONTENEGRO

MNE	W1 result	W1 result %	W2 - Change			Description of change on individual level
			The same	Better	Worse	
normal	1	4%	1	0	0	The only client assessed as normal stayed in the same category on retest.
mild	15	60%	11	3	1	Out of the 15 individuals who were initially categorized as having mild depression, 73% remained in that category during the retest. Three clients showed a positive change, while one demonstrated a decline in their condition.
severe	9	36%	7	2	0	For those who were identified as severely depressed at the beginning, 78% remained in the same category, while two clients showed improvement.
Total	25	100%	19	5	1	
% of change			76%	20%	4%	

Source: Own data (GDS status survey 1 & 2)

Upon first testing, respondents from Serbia exhibited higher levels of depression compared to those from Austria, yet lower levels than users from Montenegro. Almost half of the users fell into the category of mild depression, while nearly a quarter were classified as severely depressed and a quarter as normal. In the retest data, it was revealed that approximately 30% of Serbian participants experienced a decline in their condition. Around 18% of clients demonstrated improvement, most of them from the severely depressed category, which constitutes the most vulnerable group.

The limitations in data and control indicators for this target group hinder the ability to effectively explain the results. One conceivable explanation for the declines among depression levels of Serbian participants could be a seasonal effect, since status survey 1 was conducted in summer (July and August 2022) and status survey 2 in winter months (March and April 2023).

TABLE 29: GDS SCORE CHANGES IN SERBIA

SRB	W1 result	W1 result %	W2 - Change			Description of change on individual level
			The same	Better	Worse	

normal	8	24%	6	0	2	2 subjects whose starting score belonged to the category normal had a significantly worse result on the retest, which brought them into the mild category
mild	16	48%	7	1	8	Out of the 16 subjects who had a mild depression score at the beginning, half of them displayed a significant decline on the follow-up test, indicating severe depression. Seven users showed no change, while one showed improvement.
severe	9	27%	4	5	0	44% of clients with severe depression showed improvement, while others showed no change.
Total	33	100%	17	6	10	
% of change			52%	18%	30%	

Source: Own data (GDS status survey 1 & 2)

7.3. CONCLUSION

With volunteer-based tablet-training session, the I-CCC offered a special activity tailored the stakeholder group of people with (suspected) dementia. There were two standardised instruments used to assess the cognitive status (mini-mental state examination) and depression levels (geriatric depression scale) of participants prior to the intervention and after approximately one year of regular participation.

Data showed that **baseline results** from the two tests correlate. On average, clients from all countries showed **mild cognitive impairment** at baseline MMSE testing. Also, they, on average, showed **mild depression levels** at baseline GDS testing.

Looking at the country differences from the MMSE baseline results, respondents from Austria displayed the best cognitive results, with Serbia showing slightly lower results and participants from Montenegro exhibiting the lowest among the three countries. Likewise, the prevalence of depression varies across countries, with Austria having the lowest levels and Montenegro having the highest, while Serbia falls in between. This suggests that Montenegrins were in the least favourable baseline position on both MMSE and GDS tests.

When examining the MMSE results post-intervention, participants, on average, **tended to remain within the same cognitive category**, experiencing a slight overall decline of -0.73 points. Notably, clients from Montenegro, initially presenting with the poorest baseline results, exhibited the most significant improvement following the tablet intervention. Additionally, across all three countries, clients with severe cognitive impairment demonstrated improvement upon retesting, suggesting that the **intervention may be particularly effective for those with severe to most severe cognitive impairment**.

It is crucial to consider insights from other studies as well. The anticipated deterioration rate from the age of 84 onwards is half an MMSE point per year (0.5), implying that a relatively stable or slightly worse MMSE result is expected in late age. Furthermore, a meaningful deterioration in MMSE score, suspecting genuine cognitive decline, typically requires a change greater than five points after one year. Therefore, the observed change of 0.73 points is insufficient for drawing conclusions regarding cognitive decline of our population.

Upon retest of the GDS, there is a slight **decrease in the average depression levels** across all countries, with the most significant positive change observed in Montenegro. This suggests that the tablet intervention served as an **effective tool for the inclusion and engagement** of older individuals at risk of dementia or with dementia, positively impacting their feelings of depressiveness.

However, when interpreting these results, it is crucial to note that the observed period was short, and the application was relatively new for both the participants and the volunteers. Therefore, additional time is needed to pilot this new technology for clearer conclusions. Also, for a more comprehensive analysis of individual scores, additional control variables are needed, such as age, medical status, changes in medical status between the two tests, and others.

8. Informal carers

Informal carers actively participated in a range of activities organised by CCCs, including consultations, training and education courses, group activities and self-help groups, health promotion activities, and respite care services.

Consultations for informal carers in Serbia, Montenegro, and Austria covered a range of topics including care and support measures, financial and legal matters, self-care, and communication with people with dementia. These consultations were conducted by trained volunteers, CCC staff, social workers, nurses, and dementia experts, and were available through various channels such as in-person, over the phone, via videotelephone software, and email.

Training and education courses were organised in each country, providing support to informal carers through visits, group and individual counselling, and training sessions facilitated by professionals from CCCs, the Ministry of Health, nurses, occupational therapists, and dementia experts.

Self-support groups were established in Montenegro and Austria, offering carers a platform to exchange experiences with peers and receive psychosocial support.

Health promotion activities for this stakeholder group were conducted in Serbia and Montenegro, including creative workshops, educational lectures, and monthly workshops on various health-related topics. Serbian CCCs additionally provided **respite care services**, allowing relatives to bring individuals with dementia for supervised care once a week. Respite care offers the carers an opportunity to have a rest from the everyday commitments and look after their own affairs and health.

TABLE 30: PROGRAMME ACTIVITIES FOR INFORMAL CARERS PER COUNTRY

Programme activity	Austria	Montenegro	Serbia
Consultations	X	X	X
Trainings and education courses	X	X	X
Support and self-help groups	X	X	
Health promotion activities		X	X
Respite care services			X

8.1. SAMPLE DESCRIPTION

The total number of informal carers in our population is 606. The largest number of them is in Montenegro, 267, followed by 186 in Serbia and 153 in Austria. Of the total number of carers, the response rate is 13% for all three countries. Observed by country, the highest response rate is in Serbia, where almost every fourth caregiver answered the questions from the questionnaire (24%). In Austria, the response rate is significantly lower and amounts to 11%. Even though the number of informal caregivers is the largest in

Montenegro, the response rate is the lowest, only 7%, or an absolute number is 18 caregivers who participated in the survey.

It is important to note that the quantitative data on the population are not comparable between countries because of different counting methods and circumstances in the three countries. However, the characteristics of the sample closely match the characteristics of the entire population, allowing for generalizations and conclusions about the broader group based on the observed behaviours or attributes of the sample.

TABLE 31: INFORMAL CARERS - POPULATION, SAMPLE AND RESPONSE RATE

Informal carers	Overall	AUT	MNE	SRB
Population	606	153	267	186
Sample	78	16	18	44
Response rate	13%	11%	7%	24%

Source: Own survey data (QPPQ)

TABLE 32: INFORMAL CARERS SAMPLE DESCRIPTION

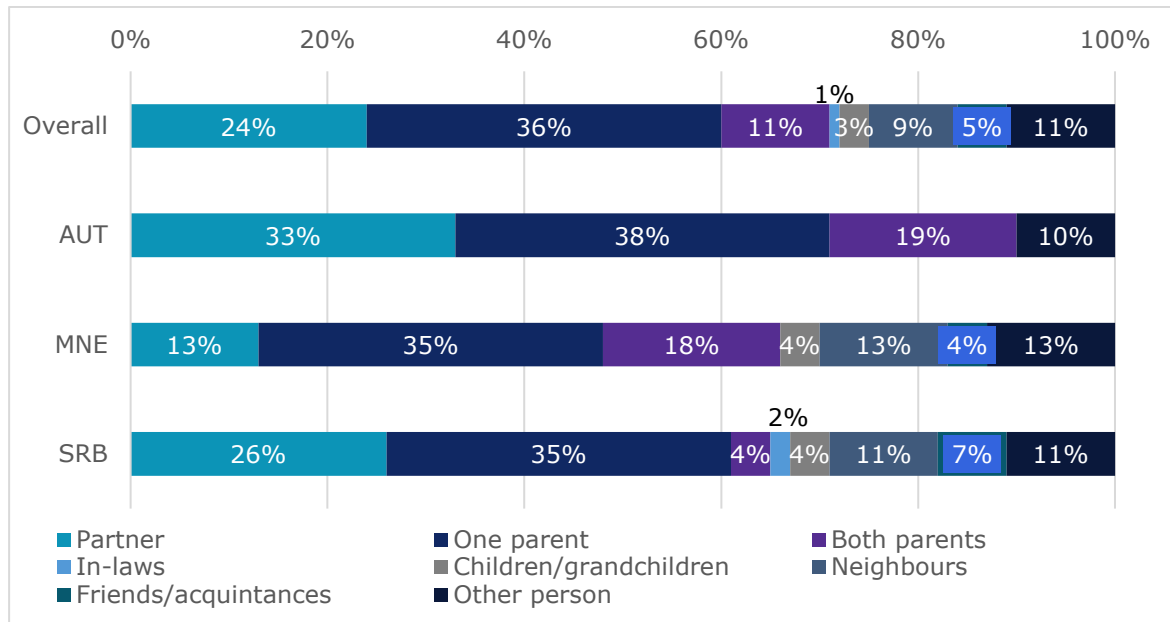
Variable	Description	Qty	Proportion	AUT	MNE	SRB
Gender	Female	64	83%	88%	83%	81%
	Male	13	17%	12%	17%	19%
Age	16-30 years	3	4%	0%	11%	2%
	31-64 years	60	82%	77%	78%	86%
	65+	10	14%	23%	11%	12%
Education	Without compulsory school leaving exam	2	3%	0%	0%	5%
	Compulsory school leaving exam	5	7%	25%	0%	1%
	Apprenticeship	10	13%	31%	17%	5%
	Secondary vocational school	36	47%	19%	67%	49%
	Higher vocational school (incl. college)	8	10%	0%	0%	19%
	General secondary school, grammar school	8	10%	6%	11%	12%
	University of applied sciences, university	8	10%	19%	5%	9%

Source: Own survey data (QPPQ)

Overall, in all three countries, informal carers most often look after **parents** (one parent - 36%; both parents - 11%) and **partners** (24%). It is important to note that almost a fifth of informal carers in Austria (19%) care for both parents, while this share is 17% in Montenegro and only 4% in Serbia. Caring for a partner is more common in Austria (33%) and Serbia (26%) than in Montenegro (13%). Those least likely to be cared for are parents-in-law (1%), children/grandchildren (3%), and friends/acquaintances (5%). The data for Austria show that informal carers do not provide support to any of these three categories, nor to their neighbours. There are no significant differences in the number of neighbours receiving care and support from informal carers in Montenegro (13%) and Serbia (11%). Care and/or support for parents-in-

law is also found only in Serbia (2%). On average, one in ten informal carers (11%) in all three countries provide care and/or support to other people such as more distant relatives and grandparents.

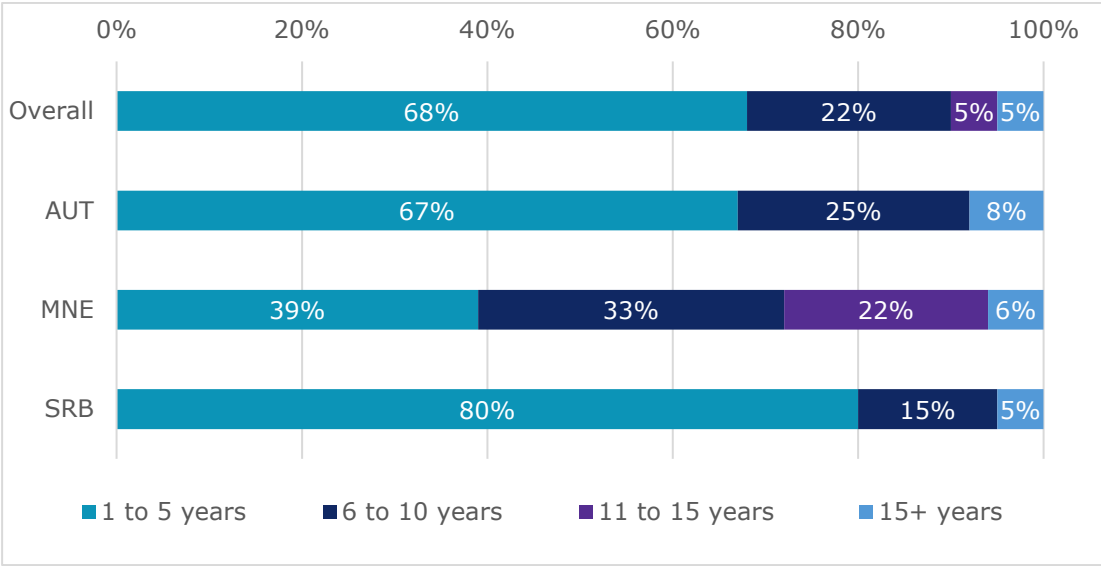
FIGURE 11: WHO INFORMAL CARERS PROVIDE CARE AND SUPPORT FOR, %



Source: Own survey data (QPPQ)

Two-thirds of informal carers (68%) have been providing care and/or support **for five years or less**, 22% between 6 and 10 years and every tenth more than 10 years (10-15 years: 5% and more than 15 years: 5%). The largest number of informal carers from Serbia provide care and/or support to family members, relatives, and friends for a period of one to five years (80%). In Austria, this percentage is at the level of the overall average (67%), and it is the lowest in Montenegro, where it is 39%. In Austria and Serbia, there are no carers whose care/support lasts between **11 and 15 years**, while this is the case with every fifth of carers in **Montenegro (22%)**. Informal care lasting more than 15 years is at approximately the same level for all three countries: Austria 8%, Montenegro 6% and Serbia 5%. Informal carers provide care and/or support for an **average of 6 years**, looking at all three countries together. The **longest average time of providing care is 9 years in Montenegro**, and the least in Serbia 5 and Austria 5.3 years.

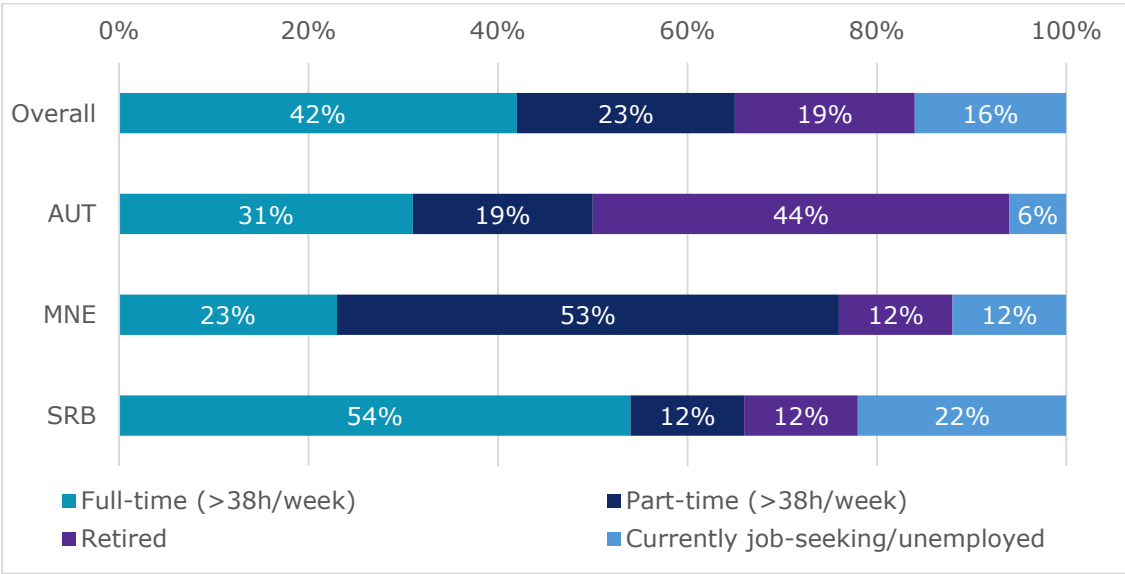
FIGURE 12: TIME EXTENT OF CARE AND SUPPORT ACTIVITIES OF INFORMAL CARERS (YEARS), %



Source: Own survey data (QPPQ)

At the level of the entire sample, **two out of three informal carers are employed (65%)**, 43% of them work full-time (>38h/week), and 23% work part-time (<38h/week). Almost every fifth of carers is retired (19%), while 16% of them are currently work-seeking or they are unemployed. Full-time employment has the largest number of caregivers in Serbia, more than half (54%). In Austria, almost every third of carers work more than 38 hours a week (31%), while this percentage is the lowest in Montenegro at 23%. Carers in Montenegro usually work only part-time (53%). In Austria and Serbia, the number of informal carers who work less than 38 hours a week is significantly lower, 19% and 12%, respectively. The largest number of informal carers in Austria are retired (44%), while this number is three and a half times smaller in Montenegro and Serbia, 12% each. Every fifth informal of carers in Serbia is currently job-seeking or is unemployed (22%), every eighth in Montenegro (12%) and every sixteenth in Austria (6%).

FIGURE 13: EMPLOYMENT STATUS OF INFORMAL CARERS, %

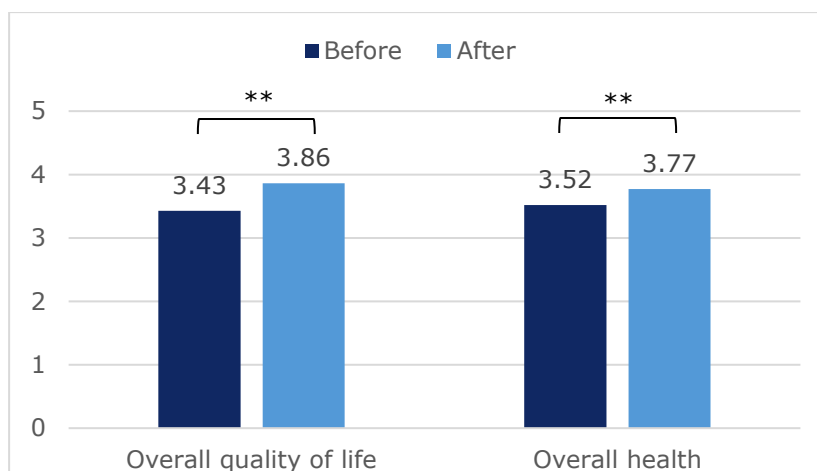


Source: Own survey data (QPPQ)

8.2. WHOQOL-BREF RESULTS

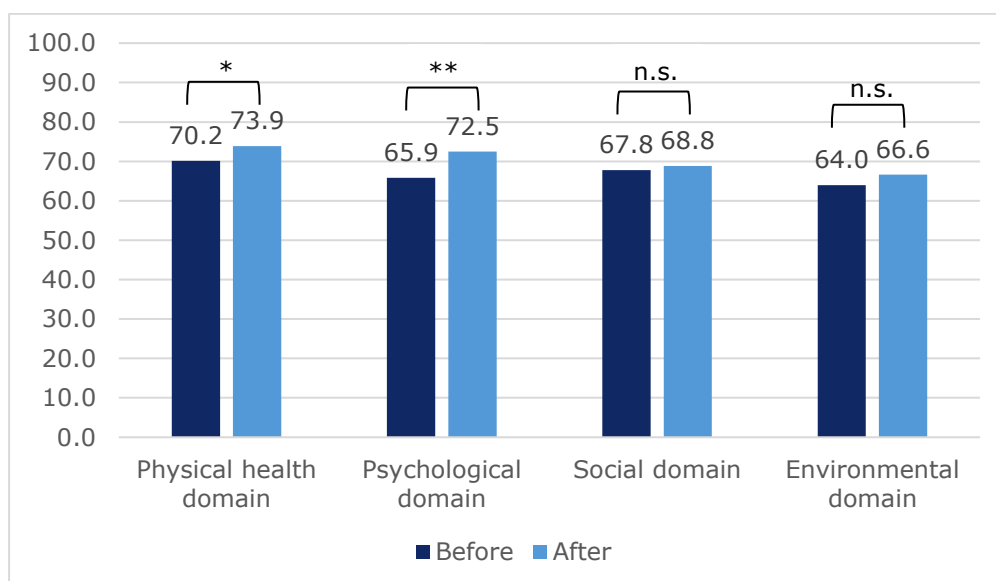
When observing the WHOQOL-BREF results of informal carers from all three countries, there are increases recorded in both global items as well as in all four domains. However, the statistically significant changes are in the **individuals' perception of quality of life (+0.45)** and **overall health (+0.25)** as well as in two domains measured by this instrument, **physical (+ 3.69)** and **psychological domain (+6.6)**. No significant changes are detected in the social and environmental domains before and after the CCC activities for this stakeholder group.

FIGURE 14: CHANGE IN GLOBAL SCORES OF WHOQOL-BREF OF INFORMAL CARERS BEFORE AND AFTER THE INTERVENTION IN ALL 3 COUNTRIES (MEAN)



Source: Own survey data (WHOQOL-BREF), n.s.=not significant; *p<0.05; ** p<0.01

FIGURE 15: CHANGE IN DOMAIN SCORES OF WHOQOL-BREF OF INFORMAL CARERS BEFORE AND AFTER THE INTERVENTION IN ALL 3 COUNTRIES (MEAN)



Source: Own survey data (WHOQOL-BREF), n.s.=not significant; *p<0.05; ** p<0.01

Data also shows that there are statistically significant differences between countries. The **general quality of life improved significantly for informal carers in Serbia and Austria**. After the project activities,

the quality of life increased by 0.54 points in Serbia and 0.48 points in Austria. In Montenegro, the average rating of the quality of life of carers changed from 3.82 to 3.94, and this change is not significant, so it can be concluded that the quality of life is at the same level as before the CCC intervention. The **individuals' overall perception of their health was significantly improved in Serbia** by 0.31 points, from 3.36 to 3.67. In Austria and Montenegro, changes resulting from CCC activities did not significantly affect the quality of carers' health. The lower scores in Montenegro are most likely a consequence of the measurement conducted prior to the major project intervention intended to assist carers.

TABLE 33: CHANGE IN GLOBAL SCORES OF WHOQOL-BREF OF INFORMAL CARERS BEFORE AND AFTER THE INTERVENTION AT COUNTRY LEVEL

Country	Global item on QoL (mean)		W2-W1	Global item on health (mean)		W2-W1
	W1	W2		W1	W2	
AUT	3.21	3.69	0.48*	3.43	3.88	0.45
MNE	3.82	3.94	0.12	4.00	3.89	-0.11
SRB	3.34	3.88	0.54**	3.36	3.67	0.31**

Source: Own survey data (WHOQOL-BREF), *p<0.05, ** p<0.01

There is a statistically significant difference detected when it comes to the **physical domain** of informal carers in **Serbia** (+4.36), from 66.72 to 71.08. While for Austria there is also an increase of +5.63 points registered in the physical domain, it is not a statistically significant change, same goes for Montenegro (+0.17). The **psychological domain** scores improved significantly in **Serbia and Montenegro** (+7.18 and +3.38 respectively). For **Austrian carers**, there was a significant **large increase registered in the social domain score** after the I-CCC interventions. Namely, an increase of 10.24 points was achieved. Informal carers from **Montenegro** report a higher degree of satisfaction with their **environment** after the project activities. The degree of satisfaction increased by 4.14 points, from 60.79 to 64.93.

TABLE 34: CHANGE IN DOMAIN SCORES OF WHOQOL-BREF OF INFORMAL CARERS BEFORE AND AFTER INTERVENTION AT COUNTRY LEVEL

Country	Physical		W2-W1	Psychological		W2-W1	Social		W2-W1	Environmental		W2-W1
	W1	W2		W1	W2		W1	W2		W1	W2	
AUT	70.15	75.78	5.63	63.39	72.24	8.85	58.93	69.17	10.24 *	70.80	76.84	6.04
MNE	78.60	78.77	0.17	72.92	76.30	3.38*	75.00	75.93	0.93	60.79	64.93	4.14**
SRB	66.72	71.08	4.36*	63.75	70.93	7.18**	67.71	65.70	-2.01	63.14	63.52	0.38

Source: Own survey data (WHOQOL-BREF), *p<0.05, ** p<0.01

8.3. IMPACT OVERVIEW

TABLE 35: IMPACT OVERVIEW OF INFORMAL CARERS (IMPACT RANGE -1 TO 1)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 In-depth knowledge of care and health aspects	Very positive 55% Very Positive 40% Positive 5% Neutral 0% Negative 0% Very negative	Positive 40% Very positive 60% Positive 0% Neutral 0% Negative 0% Very negative	Very positive 81% Very positive 19% Positive 0% Neutral 0% Negative 0% Very negative	Very positive 50% Very positive 41% Positive 9% Neutral 0% Negative

	Mean: 0.66	Mean: 0.66	Mean: 0.75	0% Very negative Mean: 0.63
Deadweight	Partly	Very high	Low	Low
Impact 2 Increased system knowledge (financial, access to aids, etc.)	Positive 43% Very positive 46% Positive 11% Neutral 0% Negative 0% Very negative Mean: 0.56	Positive 21% Very positive 71% Positive 7% Neutral 0% Negative 0% Very negative Mean: 0.50	Very positive 53% Very positive 47% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.62	Very positive 47% Very positive 37% Positive 16% Neutral 0% Negative 0% Very negative Mean: 0.56
Deadweight	Partly	Very high	Partly	Partly
Impact 3 Physical, psychological and time relief	Positive 25% Very positive 64% Positive 10% Neutral 1% Negative 0% Very negative Mean: 0.53	Positive 13% Very positive 80% Positive 7% Neutral 0% Negative 0% Very negative Mean: 0.51	Positive 33% Very positive 61% Positive 6% Neutral 0% Negative 0% Very negative Mean: 0.63	Positive 25% Very positive 59% Positive 14% Neutral 2% Negative 0% Very negative Mean: 0.50
Deadweight	Partly	Very high	Low	Low
Impact 4 Relief/strengthening of the family system	Positive 42% Very positive 48% Positive 10% Neutral 0% Negative 0% Very negative Mean: 0.65	Positive 20% Very positive 80% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.56	Very positive 78% Very positive 17% Positive 6% Neutral 0% Negative 0% Very negative Mean: 0.84	Positive 34% Very positive 50% Positive 16% Neutral 0% Negative 0% Very negative Mean: 0.60
Deadweight	Partly	Very high	Low	Low
Impact 5 Reduced sense of isolation	Positive 18% Very positive 55% Positive 20% Neutral 7% Negative 0% Very negative Mean: 0.34	Positive 7% Very positive 64% Positive 14% Neutral 14% Negative 0% Very negative Mean: 0.29	Positive 22% Very positive 67% Positive 11% Neutral 0% Negative 0% Very negative Mean: 0.42	Positive 20% Very positive 48% Positive 25% Neutral 7% Negative 0% Very negative Mean: 0.32
Deadweight	High	High	Partly	Low
Impact 6 Better understanding of the needs of people with dementia/older people with care and support needs	Very positive 53% Very positive 40% Positive 8% Neutral 0% Negative 0% Very negative	Very positive 50% Very positive 44% Positive 6% Neutral 0% Negative 0% Very negative	Very positive 72% Very positive 17% Positive 11% Neutral 0% Negative 0% Very negative	Positive 45% Very positive 48% Positive 7% Neutral 0% Negative 0% Very negative

	Mean: 0.72	Mean: 0.72	Mean:0.81	Mean: 0.69
Deadweight	High	Very high	Partly	Partly
Impact 7	Positive	Positive	Positive	Positive
Increased/ stabilised well-being	13% Very positive 57% Positive 26% Neutral 4% Negative 0% Very negative	20% Very positive 60% Positive 20% Neutral 0% Negative 0% Very negative	6% Very positive 83% Positive 11% Neutral 0% Negative 0% Very negative	14% Very positive 45% Positive 34% Neutral 7% Negative 0% Very negative
	Mean: 0.36	Mean: 0.47	Mean: 0.40	Mean: 0.30
Deadweight	Partly	Very high	Partly	Low

The I-CCC activities have had solely positive effects on informal carers. 5 out of 7 impacts were ranked as positive and 2 out of 7 as very positive. The highest positive effects are recorded in a **better understanding of the needs of people with dementia/older people with care and support needs** (impact 6) and **in-depth knowledge of care and health aspects** (impact 1) with mean values: 0.72 and 0.66, respectively. These two aspects of the project were evaluated by 93% and 95% of informal carers as very positive or positive. Also, none of the respondents rated these two impacts as negative or very negative.

The I-CCC activities had a positive effect on the other five impacts as follows:

- Impact 4: Relief/Strengthening of the family system (mean 0.65)
- Impact 2: Increased system knowledge (financial, access to aids, etc.) (mean 0.56)
- Impact 3: Physical, psychological and time relief (mean 0.53)
- Impact 7: Increased/stabilised well-being/Increased mental stress (mean 0.36)
- Impact 5: Reduced sense of isolation (mean 0.34)

As the results show, of the positively evaluated impacts, the best-ranked impact is “**Relief/strengthening of the family system**” (impact 4), which was rated by 90% of its informal carers as very positive (42%) or positive (48%). None of the respondents rated this impact as negative or very negative.

Project activities also had a very positive or positive impact on **increased system knowledge** (financial, access to aids, etc.) and physical, psychological and time relief for 89% of respondents, respectively (impact 2 and 3). A slightly smaller, but still positive impact was recorded for impact 7 “**increased/stabilised well-being**” (13% very positive and 57% positive) and impact 5 “**reduced sense of isolation**” (18% very positive and 55% positive). There are no statistically significant differences detected in the intensity of influence on informal carers between the 3 countries.

Deadweight is assessed for all 7 impacts considering information gathered from QPPQ 1 (using services in their local community before CCC programme started), the qualitative interviews, process evaluation and expertise of the evaluation group as well as project partners. The following values are assigned to depict the deadweight levels: very high/high/partly/low/very low/not available. All sources assessed a high to very high level of deadweight for Austrian informal carers, indicating the availability of comparable services in the CCC regions. Less so in both Serbia and Montenegro, where the deadweight for the impacts on informal carers is rated partly to low.

TABLE 36: ASSESSED DEADWEIGHT FOR GROUP OF INFORMAL CARERS

Impacts	Deadweight			
	Overall	AUT	MNE	SRB
Impact 1 In-depth knowledge of care and health aspects	Partly	Very high	Low	Low
Impact 2 Increased system knowledge (financial, access to aids, etc.)	Partly	Very high	Partly	Partly
Impact 3 Physical, psychological and time relief	Partly	Very high	Low	Low
Impact 4 Relief/Strengthening of the family system	Partly	Very high	Low	Low
Impact 5 Reduce sense of isolation	High	High	Partly	Low
Impact 6 Better understanding of the needs of people with dementia/older people with care and support needs	High	Very high	Partly	Partly
Impact 7 Increased/stabilised well-being	Partly	Very high	Partly	Low

Source: Own survey (QPPQ, interviews, evaluators' experience)

Impact 1: In-depth knowledge of care and health aspects

Part of the impact analysis for this stakeholder group was to assess whether in-depth knowledge of care and health aspects increased. The impact was calculated based on data from the instruments QPPQ wave 1 (items A8 & A9) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Expanding knowledge on care and health issues.
- Expanding knowledge on available assistance.
- Better understanding of needs of relative(s) in need of care.
- Acquiring assistive devices and knowing how to use them.

Impact evaluation shows a very positive impact (overall mean is 0.66) on informal carers regarding in-depth knowledge of care and health aspects. The I-CCC interventions contributed to expanding their knowledge on care and health issues and available assistance, they better understand their relatives' needs.

TABLE 37: IMPACT 1, INFORMAL CARERS – KNOWLEDGE OF CARE AND HEALTH ASPECTS, BY COUNTRY

Impact 1	Overall	AUT	MNE	SRB
Mean	0.66	0.66	0.75	0.63

Impact 2: Increased system knowledge (financial subsidies, access to aids, etc.)

One of the potential impacts to be assessed for informal carers is an increased system knowledge, about financial support options, access to aids etc. The impact was computed based on data from the instruments QPPQ wave 1 (items A8 & A9) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspect:

- Expanding knowledge about assistance (e.g. financial subsidies, access to aids,...).

The informal carer's system knowledge noticeably increased after the CCC interventions. The impact's intensity has an overall mean of 0.56.

TABLE 38: IMPACT 2, INFORMAL CARERS – INCREASED SYSTEM KNOWLEDGE, BY COUNTRY

Impact 2	Overall	AUT	MNE	SRB
Mean	0.56	0.50	0.62	0.56

Impact 3: Physical, psychological and time relief

A prospective impact following CCC intervention is physical, psychological and time relief among the informal carers. The calculation of this is based on changes observed in the WHOQOL-BREF physical and psychological domain scores before and after the intervention, plus, on data from the instruments QPPQ wave 1 (items A8 & A9) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Receiving information that relieves me in everyday life.
- Receiving information that relieves my family in everyday life.
- Coping with stressful situations caused by caregiving and support.
- Recognising conflict and violent situations and acting accordingly.

The recorded impact is positive (overall mean of 0.53). There is a physical, psychological and time relief registered among the informal carers post CCC intervention.

TABLE 39: IMPACT 3, INFORMAL CARERS – PHYSICAL, PSYCHOLOGICAL AND TIME RELIEF, BY COUNTRY

Impact 3	Overall	AUT	MNE	SRB
Mean	0.53	0.51	0.63	0.50

Impact 4: Relief/strengthening of the family system

Another prospective impact following CCC intervention for informal carers is a relief or strengthening of the family system. This impact was calculated based on data from the instruments QPPQ wave 1 (items A8 & A9) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Receiving information that relieves my family in everyday life.
- Coping with stressful situations caused by caregiving and support.
- Recognising conflict and violent situations and acting accordingly.

There is a positive impact detected on relieving/strengthening the family system of informal caregivers. The overall mean value of impact for all three countries is 0.65.

TABLE 40: IMPACT 4, INFORMAL CARERS – RELIEF/STRENGTHENING OF THE FAMILY SYSTEM, BY COUNTRY

Impact 4	Overall	AUT	MNE	SRB
Mean	0.65	0.56	0.84	0.60

Furthermore, statistically significant differences were registered in the intensity of influence on informal carers depending on the hours spent in care. The data have shown that **fewer positive impacts** on the relief/strengthening of the family system were realized **in caregivers who spend more hours** in care compared to those with fewer hours.

Impact 5: Reduced sense of isolation

Some CCC activities support an exchange with other people in the same situations, while others indirectly aim at reducing the sense of isolation informal carers might feel in their situations. The calculation of this impact drew on data from the WHOQOL-BREF (social domain) and the instruments QPPQ wave 1 (items A8 & A9) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspect:

- Building a social network with people in a similar situation.

The project activities contributed positively to the reduction sense of isolation among informal carers (overall mean value of 0.34). While the social domain score in the quality-of-life measurement showed only a slight improvement in our participants, they were able to establish and connect with individuals undergoing similar situations, thereby creating a social support network.

TABLE 41: IMPACT 5, INFORMAL CARERS – REDUCED SENSE OF ISOLATION, BY COUNTRY

Impact 5	Overall	AUT	MNE	SRB
Mean	0.34	0.29	0.42	0.32

Furthermore, statistically significant differences were examined regarding the varying intensity of the impact on informal carers depending on their age and employment status. The data indicates that the **feeling of isolation diminishes with increasing age**, that is, the older informal caregivers are, the greater the effect of this impact. Also, **part-time employment increases this impact**, which means that informal carers build a social network with people in similar situations, and they are satisfied with the social aspects of their lives.

Impact 6: Better understanding of the needs of people with dementia/older people with care and support needs

Part of the impact analysis was to assess whether the understanding of the needs of the people cared for changes in this stakeholder group post CCC intervention. To do so, data from the instrument QPPQ, wave 1 (items A8 & A9) and QPPQ wave 2 (item A8), on expectations, short-time fulfilment of expectations and changes made of the following aspects were calculated:

- Gaining a better understanding of the needs of my relative(s) in need of care.

There is a very positive effect detected on informal carers for this impact. In fact, the **biggest impact** of this stakeholder group is reflected in a **better understanding of the needs of people with dementia/older people with care and support needs by informal carers**. The overall average value of impact is 0.72.

TABLE 42: IMPACT 6, INFORMAL CARERS – BETTER UNDERSTANDING OF THE NEEDS OF PEOPLE WITH DEMENTIA/OLDER PEOPLE WITH CARE AND SUPPORT NEEDS, BY COUNTRY

Impact 6	Overall	AUT	MNE	SRB
Mean	0.72	0.72	0.81	0.69

There are significant differences in the impact based on employment status and the number of hours spent providing care. According to the data, informal carers who devote more time to care, along with retirees and job seekers, did not enhance their comprehension of their loved ones' requirements. This may be because, having already spent more time than other informal carers, they already have a good understanding of their relatives' care needs.

Impact 7: Increased/stabilised well-being

A prospective impact following CCC intervention is the heightened or stabilized well-being of informal carers. The calculation of this is based on changes observed in the WHOQOL-BREF data before and after the intervention, specifically in the physical, psychological, social and environmental domain scores, plus the instruments QPPQ wave 1 (items A8 & A9) and QPPQ wave 2 (item A8) on expectations, short-time fulfilment of expectations and changes made of the following aspects:

- Receiving information that relieves me in everyday life.
- Coping with stressful situations caused by caregiving and support.

Impact evaluation shows a positive impact on informal carers regarding increased/stabilised well-being (overall mean is 0.36).

TABLE 43: IMPACT 7, INFORMAL CARERS – INCREASED/STABILISED WELL-BEING, BY COUNTRY

Impact 7	Overall	AUT	MNE	SRB
Mean	0.36	0.47	0.40	0.30

8.4. CONCLUSION

Informal carers actively participated in a range of activities organised by CCCs, including consultations, training and education courses, group activities and self-help groups, health promotion activities, and respite care services in the six regions in Austria, Montenegro and Serbia.

A typical care provider is a **middle-aged woman** (between 31 and 64 years old) who has no more than a **secondary education**, except in Austria, where about 20% hold a university degree.

Informal carers surveyed in all three countries **mostly look after their parents** (one parent - 36%; both parents - 11%) **and partner** (24%). In Austria, almost a fifth of informal carers (19%) provide support and assistance to both of their parents, while this share is 17% in Montenegro and only 4% in Serbia. Caring for a partner is more common in Austria (33%) and Serbia (26%) than in Montenegro (13%). The least likely to receive care and/or support from informal carers are parents-in-law (1%), children/grandchildren (3%), and friends/acquaintances (5%).

In terms of the duration of care provided, **two-thirds of informal carers (68%) provided care for a period of five years or less**, 22% provided care for 6-10 years, and a tenth (20%) provided care for more than ten years.

The **employment data** on informal carers indicate that **two out of three are employed (65%), 43% of them work full-time**, and 23% work part-time. Nearly one-fifth of carers are retired (19%), while 16% are actively seeking employment or are unemployed. The largest number of informal carers in Austria are retired (44%), while this number is three and a half times smaller in Montenegro and Serbia, 12% each.

Based on measurements by the WHOQOL-BREF instrument informal carers **scored significantly higher on global items for quality of life (+0.45) and health (+0.25)**, as well as on **physical health (+3.69) and psychological health (+6.6)** upon retest. There are also statistically significant differences between countries, e.g., a significant improvement in the quality of life for informal carers in Serbia and Austria (+0.54 and +0.48, respectively), whereas in Montenegro, it remained the stable. Furthermore, the quality of health was significantly improved in Serbia by 0.31 points, from 3.36 to 3.67. The mental health of informal carers improved significantly in Serbia and Montenegro (+7.18 and +3.38, respectively). The project also resulted in an increased satisfaction with the social relationships of Austrian carers (+10.24).

The measurement of I-CCC's impacts shows that the **highest positive effects are recorded in a better understanding of the needs of people with dementia/older people (mean 0.72) and in-depth knowledge of care and health aspects (mean 0.66)**. This could be ascribed to CCC counselling, training, and group sessions, which facilitate a more profound understanding of various caregiving experiences and encourage learning and the exchange of knowledge. The impact **strengthening of the family system was ranked as very positive (42%) or positive (48%)** by informal carers. Here, data suggests less relief for the family system of informal carers, who spend more hours in care compared to those spending less time.

Project activities had a very positive or positive impact on **increased system knowledge (mean 0.6)**, including information on available assistance, such as financial subsidies and access to aids, as well as knowledge about how the aids can be acquired and utilized by the recipients of the care. CCC services also resulted in positive effects on **physical, psychological and time relief** for 89% of respondents (mean 0.56). A slightly smaller, but still positive impact was recorded for **increased/stabilized well-being (0.36 mean) and reduced sense of isolation (0.34)**.

A **key success factor** in achieving the planned impacts could be the **synergies** between activities implemented in community centers. Consultations, trainings, and health promotion activities covered a variety of topics related to aging, including care and support needs, practical protocols for home care, techniques of self-care and preventing caregiver burnout. In the knowledge-sharing intervention, participants learned about cognitive deterioration and dementia, how to deal with expectations towards dependent elderly individuals, how to communicate and deal with conflict situations. By participating in CCC, significant improvements were made in the knowledge of the system, especially regarding financial and legal matters in obtaining health and social protection. As a result of timely information and logistical support provided by project staff and volunteers, family members have been relieved of the burden of logistics, administration, referral, scheduling, and waiting, tasks they were unable to perform due to their home commitments or insecurity.

The I-CCC Project examined the situation of informal carers in three countries by using a **systematic and evidence-based approach**. This consisted of **identifying informal carers** in six local communities, **assessing their health and well-being**, and **providing them with various sources of information, education, and support**. As a result of the project, the partners gained a **more comprehensive understanding of the informal caregiving**

landscape and were **able to provide valuable input for their advocacy initiatives**. Informal carers were directly involved in consultations, training and education courses, group activities and self-help groups in Austria and Montenegro, health promotion activities in Montenegro and Serbia, and respite care services in Serbia.

The ICCC has provided an array of **qualitative and quantitative data** regarding the demographics, socio-economic factors, and health determinants of the lives of informal caregivers in six local jurisdictions within Austria, Montenegro, and Serbia.

The data about gender, educational attainment, and employment status of informal caregivers have yielded insights into a variety of **socio-economic vulnerabilities among informal carers**, most notably in Montenegro and Serbia. Caregivers may experience significant delays in achieving independence, such as leaving the parental home, securing employment, professional development, or even forming their own families through marriage and parenthood. Prolonged disengagement from the labor market and the absence of gainful employment may lead to inadequate or non-existent pensions, elevating the risk of poverty, which may potentially extend across generations. To this end, the support services provided by I-CCC to informal caregivers, especially their advocacy initiatives (recognition by law, access to financial assistance, respite care, etc.) could be considered as important **preventative measures**.

9. Volunteers

In all three countries, volunteers played a crucial role in supporting older people. They underwent **comprehensive training sessions** to prepare for fieldwork, led by I-CCC staff and external experts, specifically focusing on **providing assistance to individuals with (risk of) dementia**. The training covered various aspects, including understanding different forms and symptoms of dementia, disease progression stages, practical caregiving approaches, daily care routines, effective communication, and managing burn-out syndrome. Alzheimer's disease and the role of informal caregivers were emphasized. Participants were also educated on the importance of users being vigilant about any behavioural changes and promptly informing the I-CCC, their families, and chosen physicians. Additionally, a separate training conducted by DigitAAL life Austria addressed the use of **tablet training**. Volunteers learned about the application's features, purpose, conducting training sessions with older individuals with (risk of) dementia, and emphasizing key segments. After the testing phase, volunteers began utilizing tablets in their activities.

Volunteer visiting services were organised by the trained volunteers in all three countries, engaging in activities aimed at supporting older people with care and support needs and/or cognitive impairments/dementia through simple activities and preventive measures. The second type of volunteer visits implemented were weekly **tablet training sessions** aimed at people with (risk of) dementia/cognitive impairments. This intervention is a tablet-based multimodal cognitive training designed to motivate this group to be mentally and motorically active in a playful way (e.g. through puzzles, knowledge and memory exercises, physical exercises, music etc.).

9.1. SAMPLE DESCRIPTION

The total number of volunteers in all three countries is 151. The largest number of them is in Montenegro and Austria, 56 and 55, respectively, followed by 40 in Serbia. Three-fifths of the volunteers (58%) answered the questions from the questionnaire, so it can be concluded that the overall response rate is high. Observed by country, the highest response rate is in Montenegro, where five out of seven volunteers answered the questions from the questionnaire (71%). Also, the response rate is high in Serbia and amounts to 65%. Even though the number of volunteers is large in Austria, following Montenegro, only 38% participated in the survey.

TABLE 44: VOLUNTEERS - POPULATION, SAMPLE AND RESPONSE RATE

Volunteers	Overall	AUT	MNE	SRB
Population	151	55	56	40
Sample	87	21	40	26
Response rate	58%	38%	71%	65%

Source: Own survey data (QPPQ)

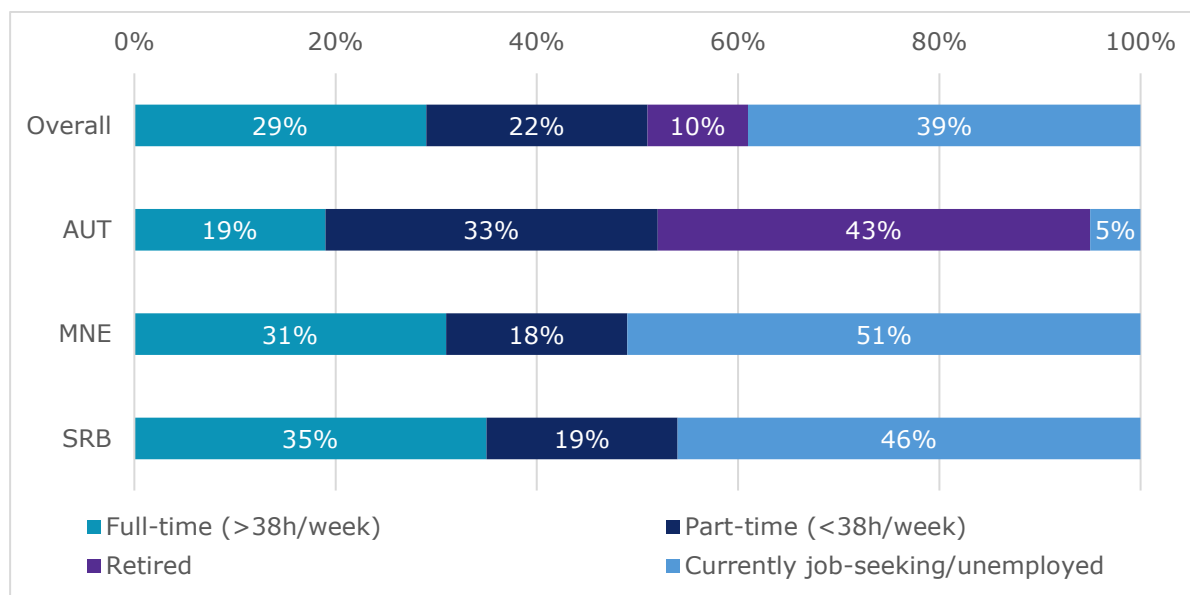
TABLE 45: VOLUNTEERS SAMPLE DESCRIPTION

Variable	Description	Qty	Proportion	AUT	MNE	SRB
Gender	Female	67	77%	86%	68%	85%
	Male	20	23%	14%	33%	15%
Age	16-30 years	42	48%	5%	58%	69%
	31-64 years	36	41%	52%	43%	31%
	65+	9	10%	43%	0%	0%
Education	Without compulsory school leaving exam	0	0%	0%	0%	0%
	Compulsory school leaving exam	16	18%	10%	35%	0%
	Apprenticeship	11	13%	33%	10%	0%
	Secondary vocational school	26	30%	5%	28%	54%
	Higher vocational school (incl. college)	6	7%	0%	3%	19%
	General secondary school, grammar school	8	9%	19%	10%	0%
	University of applied sciences, university	20	23%	33%	15%	27%

Source: Own survey data (QPPQ)

At the level of the entire sample, **39%** of volunteers are **currently job-seeking/unemployed**. Every second volunteer is employed (51%), 29% of them work full-time (>38h/week), and 22% work part-time (<38h/week). Only 10% of volunteers are pensioners. The highest number of volunteers have full-time employment from Serbia (35%) and Montenegro (31%). In Austria, almost every fifth of volunteers work more than 38 hours a week (19%). Every third of volunteers from Austria usually work only part-time (33%). The number of volunteers who work less than 38 hours a week is lower in Serbia and Montenegro, 19% and 18%, respectively. The largest number of volunteers are job-seeking/unemployed in Montenegro and Serbia, 51% and 46%, respectively. This number is ten times smaller in Austria, only 5%. The majority of volunteers **in Austria** are **pensioners (43%)**, while in Montenegro and Serbia, it can be concluded that volunteerism among older people population is not as common.

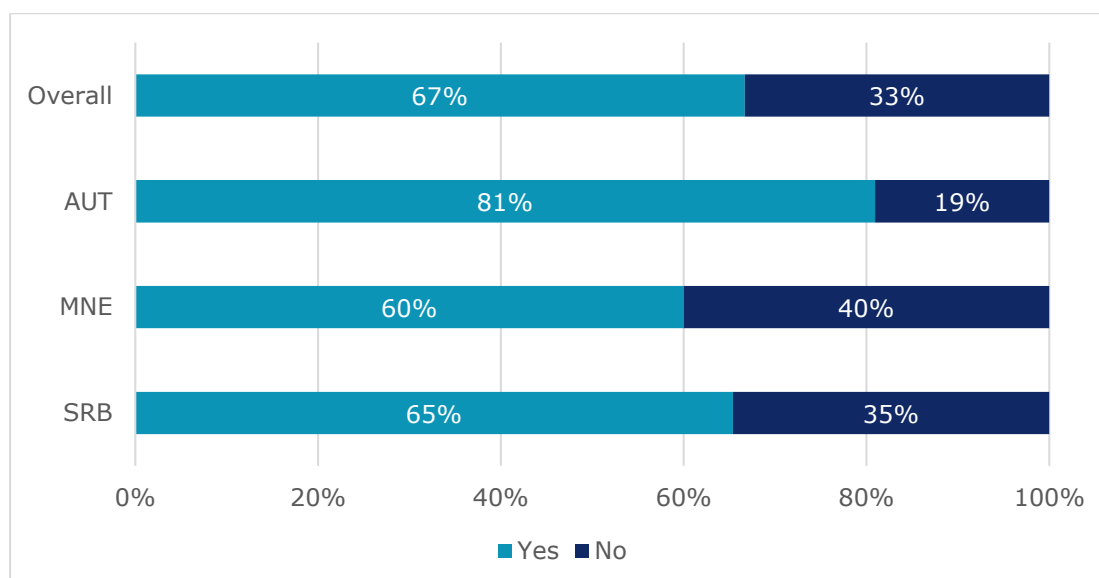
TABLE 46: EMPLOYMENT STATUS OF VOLUNTEERS, %



Source: Own survey data (QPPQ)

Overall, interviewed volunteers most often **already have volunteering experience** before the I-CCC project (**67%**), and every third participated in this type of activity for the first time (33%). The data has shown that respondents from Austria have the greatest experience in volunteering, 81%. A slightly lower percentage of them with previous experience is in Serbia and Montenegro, 65% and 60%. More than half of the volunteers, 57%, had previously volunteered with the Red Cross.

FIGURE 16: VOLUNTEERING EXPERIENCE BEFORE I-CCC, %

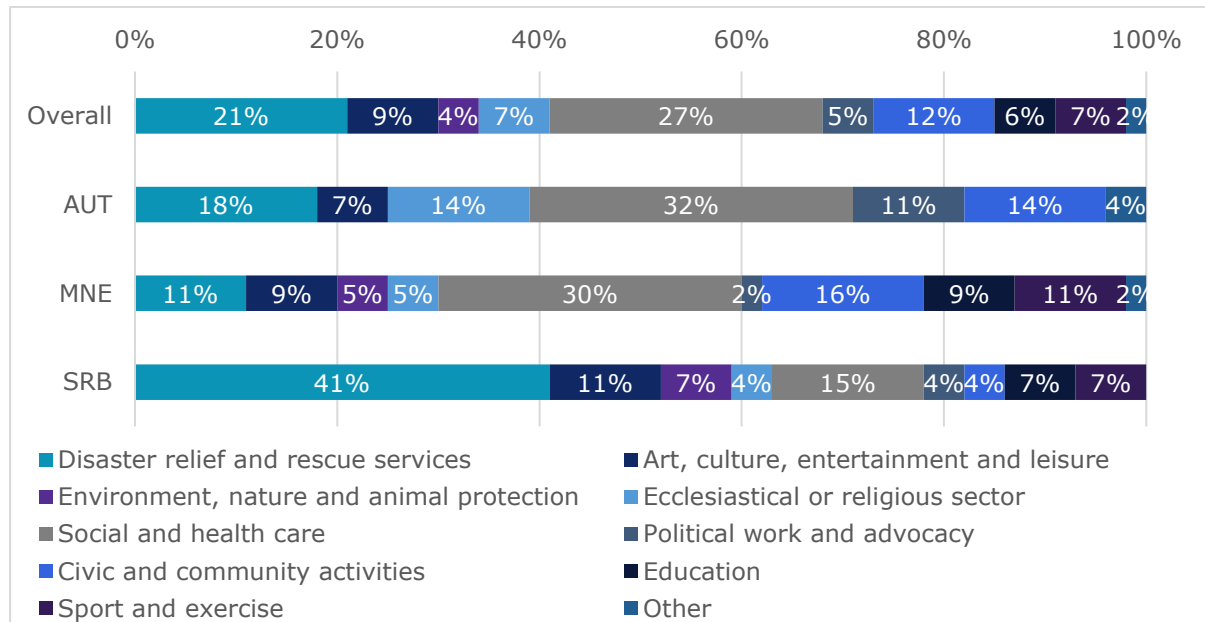


Source: Own survey data (QPPQ)

From all participating volunteers with previous volunteering experience **27% had gathered this experience in social and health care**, while 73% had previously been active in other sectors. Among the latter, 21% were in disaster relief and rescue services, 12% had experience in civic and community activities and

the rest was active in the following sectors: art, culture and entertainment; religion; sport and exercise; education; political work; environment, nature and animal protection.

FIGURE 17: AREAS OF VOLUNTEERING EXPERIENCE, %



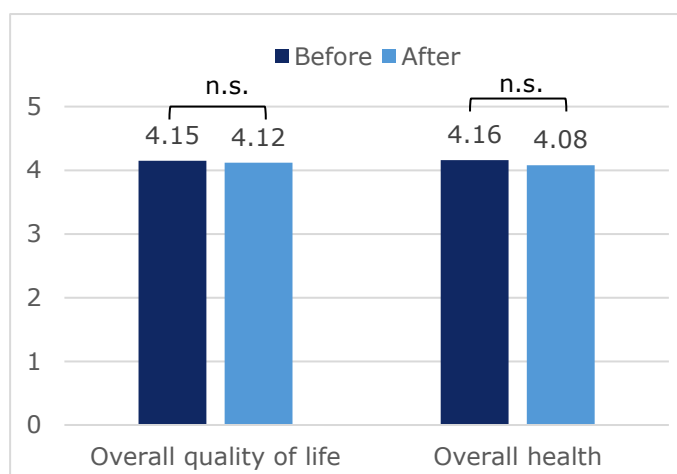
Source: Own survey data (QPPQ)

More than half of the participating I-CCC volunteers (**57%**) took part in volunteering activities on a **regular basis, once per week**.

9.2. WHOQOL-BREF RESULTS

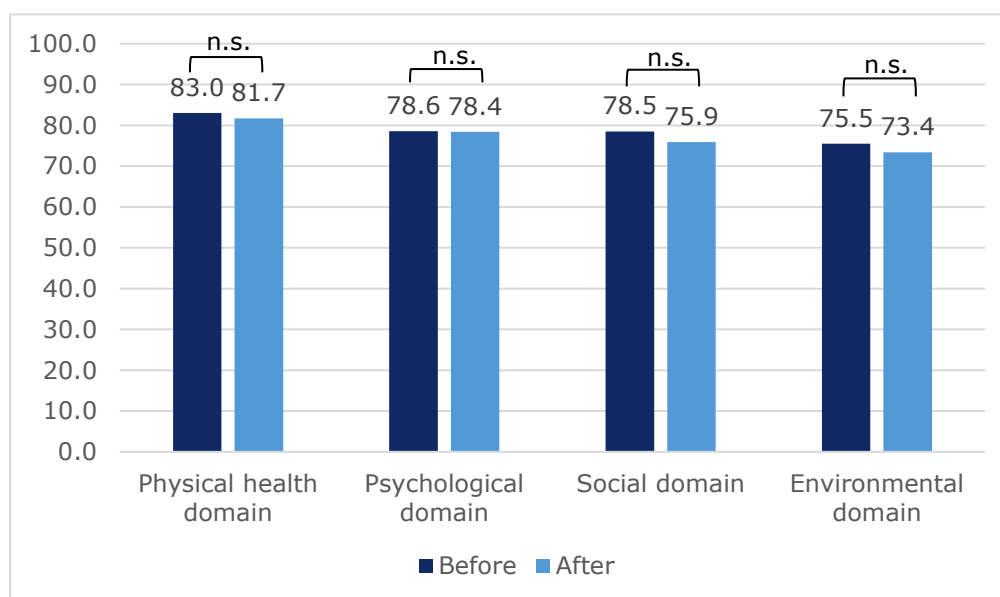
When observing the WHOQOL-BREF results of volunteers from all three countries, **marginal decreases** are observed for both global items, **individual's overall perception of health and quality of life** (-0.03 and -0.08, respectively) and in all the domain scores (-0.2 to -2.6). The identified changes however are not statistically significant. It can be concluded that the observed aspects of life **remain at the same level** as before the implementation of project activities.

FIGURE 18: CHANGE IN GLOBAL SCORES OF WHOQOL-BREF OF VOLUNTEERS BEFORE AND AFTER THE INTERVENTION IN ALL 3 COUNTRIES (MEAN)



Source: Own survey data (WHOQOL-BREF), n.s.=not significant; *p<0.05; ** p<0.01

FIGURE 19: CHANGE IN DOMAIN SCORES OF WHOQOL-BREF OF VOLUNTEERS BEFORE AND AFTER THE INTERVENTION IN ALL 3 COUNTRIES (MEAN)



Source: Own survey data (WHOQOL-BREF), n.s.=not significant; *p<0.05; ** p<0.01

Furthermore, there are no statistically significant differences between countries observed. They are approximately at the same level and remained there, satisfied with their quality of life and health. On a scale from "1 – very bad/very unsatisfied" to "5 – excellent/very satisfied", they rated the quality of life and health as "4 – good/satisfied".

TABLE 47: CHANGE IN GLOBAL SCORES OF WHOQOL-BREF OF VOLUNTEERS BEFORE AND AFTER THE INTERVENTION AT COUNTRY LEVEL

Country	Global item on QoL (mean)	W2-W1	Global item on health (mean)	W2-W1

	W1	W2		W1	W2	
AUT	4.33	4.55	0.22	4.19	4.35	0.16
MNE	4.05	4.025	-0.025	4.10	4.10	0.00
SRB	4.15	3.96	-0.19	4.23	3.85	-0.38

Source: Own survey data (WHOQOL-BREF), *p<0.05, ** p<0.01

Looking at the domain scores, there are significant country differences found. For instance, for the physical domain score of Serbian volunteers, which decreased by 4.81 points, from 82.97 to 78.16. Also, the satisfaction with the social relationships of Austrian volunteers significantly decreased by 5.42 points. However, the general level of satisfaction with their physical and mental health, environment and social relationships is relatively high among volunteers of all three countries (scale 0-100).

TABLE 48: CHANGE IN DOMAIN SCORES OF WHOQOL-BREF OF VOLUNTEERS BEFORE AND AFTER INTERVENTION AT COUNTRY LEVEL

Country	Physical		W2-W1	Psychological		W2-W1	Social		W2-W1	Environmental		W2-W1
	W1	W2		W1	W2		W1	W2		W1	W2	
AUT	84.23	84.82	0.59	79.37	79.17	-0.20	83.33	77.71	-5.62*	84.99	85.45	0.46
MNE	82.41	82.50	0.09	76.42	78.54	2.12	75.94	77.08	1.14	71.36	70.36	-1.00
SRB	82.97	78.16	-4.81*	81.41	77.72	-3.69	78.53	72.76	-5.77	74.28	68.87	-5.41

Source: Own survey data (WHOQOL-BREF), *p<0.05, ** p<0.01

9.3. IMPACT OVERVIEW

TABLE 49: IMPACT OVERVIEW OF VOLUNTEERS (IMPACT RANGE -1 TO 1)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 Positive influence on health among people who volunteer	Positive 2% Very Positive 49% Positive 38% Neutral 10% Negative 0% Very negative Mean: 0.23	Neutral 5% Very positive 38% Positive 43% Neutral 14% Negative 0% Very negative Mean: 0.15	Positive 3% Very positive 53% Positive 38% Neutral 8% Negative 0% Very negative Mean: 0.28	Positive 0% Very positive 54% Positive 35% Neutral 12% Negative 0% Very negative Mean: 0.20
Deadweight	Partly	Partly	Partly	Partly
Impact 2 Increasing social participation among people who volunteer	Very positive 66% Very positive 30% Positive 1% Neutral 3% Negative 0% Very negative Mean: 0.80	Very positive 70% Very positive 25% Positive 5% Neutral 0% Negative 0% Very negative Mean: 0.83	Very positive 68% Very positive 26% Positive 0% Neutral 6% Negative 0% Very negative Mean: 0.78	Very positive 62% Very positive 38% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.81
Deadweight	Partly	Partly	Partly	Partly

Impact 3 Increasing job opportunities for younger people who volunteer (MNE, SRB)	Very positive to Positive 44% Very positive 44% Positive 3% Neutral 8% Negative 3% Very negative Mean: 0.59		Positive 30% Very positive 60% Positive 0% Neutral 10% Negative 0% Very negative Mean: 0.55	Very positive 61% Very positive 28% Positive 0% Neutral 6% Negative 6% Very negative Mean: 0.67
Deadweight	Partly		Partly	Partly
Impact 4 Gaining expertise among younger people who volunteer (MNE, SRB)	Neutral 12% Very positive 38% Positive 45% Neutral 5% Negative 0% Very negative Mean: 0.28		Neutral 9% Very positive 26% Positive 65% Neutral 0% Negative 0% Very negative Mean: 0.21	Positive 17% Very positive 50% Positive 22% Neutral 11% Negative 0% Very negative Mean: 0.38
Deadweight	Partly		Partly	Partly
Impact 5 Strengthen in-depth knowledge of care and health aspects as well as digital competences	Neutral 9% Very positive 30% Positive 52% Neutral 8% Negative 1% Very negative Mean: 0.19	Positive 0% Very positive 43% Positive 29% Neutral 24% Negative 5% Very negative Mean: 0.02	Neutral 5% Very positive 15% Positive 80% Neutral 0% Negative 0% Very negative Mean: 0.13	Positive 23% Very positive 42% Positive 27% Neutral 8% Negative 0% Very negative Mean: 0.40
Deadweight	Partly	Partly	Partly	Partly
Impact 6 Better understanding of the needs of people with dementia and older people with care and support needs	Very positive 81% Very positive 11% Positive 5% Neutral 2% Negative 1% Very negative Mean: 0.81	Very positive 71% Very positive 14% Positive 10% Neutral 0% Negative 5% Very negative Mean: 0.71	Very positive 100% Very positive 0% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.95	Very positive 62% Very positive 23% Positive 8% Neutral 8% Negative 0% Very negative Mean: 0.69
Deadweight	Low	Low	Very Low	Low
Impact 7 Good feeling of doing something meaningful for the society	Very positive 85% Very positive 14% Positive 1% Neutral 0% Negative 0% Very negative Mean: 0.86	Positive 86% Very positive 10% Positive 5% Neutral 0% Negative 0% Very negative Mean: 0.86	Very positive 89% Very positive 11% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.87	Very positive 77% Very positive 23% Positive 0% Neutral 0% Negative 0% Very negative Mean: 0.84
Deadweight	Low	Low	Low	Low

The data indicates that I-CCC activities have had a **highly positive impact on volunteers**. More than half of the impacts are ranked “very positive” (4 out of 7). The most significant positive effects are observed in the **feeling of contributing meaningfully to society** (mean 0.86), a **better understanding of the needs of people with dementia and older people** with care and support needs (mean 0.81), and the **promotion of social participation** among volunteering individuals (mean 0.8). The I-CCC activities have demonstrated a very positive to positive impact on **enhancing employment opportunities for younger volunteers** (mean 0.59).

Gaining expertise among younger people who volunteer and **strengthen in-depth knowledge of care and health aspects as well as digital competencies** had a **neutral impact** with average ratings of 0.28 and 0.19, respectively.

Deadweight is assessed for all 7 impacts considering information gathered from QPPQ, the qualitative interviews, process evaluation and expertise of the evaluation group as well as project partners. The following values are assigned to depict the deadweight levels: very high/high/partly/low/very low/not available. All sources indicated that the landscape for volunteers did not or did only partly offer comparable service before the I-CCC’s implementation.

TABLE 50: ASSESSED DEADWEIGHT FOR GROUP OF VOLUNTEERS

Impacts	Deadweight			
	Overall	AUT	MNE	SRB
Impact 1 Positive influence on health among people who volunteer	Partly	Partly	Partly	Partly
Impact 2 Increasing social participation among people who volunteer	Partly	Partly	Partly	Partly
Impact 3 Increasing job opportunities for younger people who volunteer (MNE, SRB)	Partly	N/A	Partly	Partly
Impact 4 Gaining expertise among younger people who volunteer (MNE, SRB)	Partly	N/A	Partly	Partly
Impact 5 Strengthen in-depth knowledge of care and health aspects as well as digital competences	Partly	Partly	Partly	Partly
Impact 6 Better understanding of the needs of people with dementia and older people with care and support needs	Low	Low	Very Low	Low
Impact 7 Good feeling of doing something meaningful for the society	Low	Low	Low	Low

Source: Own survey (QPPQ, interviews, evaluators’ experience)

Impact 1: Positive influence on health among people who volunteer

A prospective impact following CCC intervention is a positive influence on health among people who volunteer. The calculation of this is based on changes observed in the WHOQOL-BREF data before and after the intervention, specifically in the physical, psychological, social and environmental domain scores, plus the instruments QPPQ wave 1 (items A2) and QPPQ wave 2 (item A3) on expectations and changes made of the following aspects:

- Staying physically active through volunteering.
- Staying mentally active through volunteering

Impact evaluation shows a positive impact (overall mean of 0.22) regarding influence on health among people who volunteer.

TABLE 51: IMPACT 1, VOLUNTEERS – POSITIVE INFLUENCE ON HEALTH, BY COUNTRY

Impact 1	Overall	AUT	MNE	SRB
Mean	0.23	0.15	0.28	0.20

Impact 2: Increasing social participation among people who volunteer

Another impact to be assessed for volunteers was if the social participation increased among them. The impact was calculated based on data from the instruments QPPQ wave 1 (item A2) and QPPQ wave 2 (item A3) on expectation and changes made of the following aspect:

- Getting to know new people through the project.

The project activities contributed very positively to an increased social participation, resulting in the **biggest impact among volunteers**. The overall average value of impact is 0.8.

TABLE 52: IMPACT 2, VOLUNTEERS – INCREASING SOCIAL PARTICIPATION, BY COUNTRY

Impact 2	Overall	AUT	MNE	SRB
Mean	0.80	0.83	0.78	0.81

Impact 3: Increasing job opportunities for younger people who volunteer (MNE, SRB)

Another prospective impact looks at increased job opportunities for younger volunteers (16 to 30 years old) from Serbia and Montenegro. This impact was calculated based on data from the instruments QPPQ wave 1 (items A2) and QPPQ wave 2 (item A3) on expectations on and changes made of the following aspect:

- Receiving qualifications that help in finding employment.

After the I-CCC involvement, younger volunteers have gained qualifications through volunteering which increased their job opportunities. The overall mean value of this impact 0.59.

TABLE 53: IMPACT 3, VOLUNTEERS – INCREASING JOB OPPORTUNITIES FOR YOUNGER PEOPLE, BY COUNTRY

Impact 3	Overall	MNE	SRB
Mean	0.59	0.55	0.67

Impact 4: Gaining expertise among younger people who volunteer (MNE, SRB)

Similarly, the project aimed to look at changes in the expertise levels among this group of younger volunteers aged from 16 to 30 from Montenegro and Serbia. This impact was computed based on data from the instruments QPPQ wave 1 (items A3) and QPPQ wave 2 (item A4), where volunteers rated their level of knowledge and skills on:

- Knowledge of the health care system
- Knowledge of the social system
- Digital competencies
- Nursing competencies

The recorded impact for this is neutral with an overall mean of 0.28. While the impact was positive in Serbia, it was neutral in Montenegro, although the country differences are not statistically significant.

TABLE 54: IMPACT 4, VOLUNTEERS – GAINING EXPERTISE AMONG YOUNGER PEOPLE, BY COUNTRY

Impact 4	Overall	MNE	SRB
Mean	0.28	0.21	0.38

There were statistically significant differences in the intensity of influence on the volunteers depending on their educational level. The data showed that expertise gained slightly decreases with higher education.

Impact 5: Strengthen in-depth knowledge of care and health aspects as well as digital competences

Part of the impact analysis for this stakeholder group was to assess whether in-depth knowledge of care and health aspects as well as digital competencies increased among them. This impact now encompasses volunteers of all ages participating in the CCCs activities and is again based on data from the instruments QPPQ wave 1 (items A3) and QPPQ wave 2 (item A4), where volunteers rated their level of knowledge and skills on:

- Knowledge of the health care system
- Knowledge of the social system
- Digital competencies
- Nursing competencies

Impact analysis also shows a slightly lower neutral impact among volunteers of all ages for this impact, with an overall mean value of 0.19, with the highest impact recorded in Serbia (0.4) and the lowest in Austria (0.02).

TABLE 55: IMPACT 5, VOLUNTEERS – STRENGTHEN KNOWLEDGE OF CARE AND HEALTH ASPECTS AS WELL AS DIGITAL COMPETENCIES, BY COUNTRY

Impact 5	Overall	AUT	MNE	SRB
Mean	0.19	0.02	0.13	0.40

There were also statistically significant differences in the intensity of influence on the volunteers depending on their educational level. The data showed that expertise gained slightly decreases with higher education.

Impact 6: Better understanding of the needs of people with dementia and older people with care and support needs

Another one of the potential impacts on volunteers resulting from CCC participation is a better understanding of older people with and without dementia and their care needs. This impact was calculated based on data from the instruments QPPQ wave 1 (items A2) and QPPQ wave 2 (item A3) on expectations on and changes made of the following aspects:

- Gaining a better understanding of people with dementia.
- Gaining a better understanding of people with a care need.

The project activities also hugely contributed to a better understanding of the needs of people with dementia and older people with care and support needs among volunteers (overall mean value is 0.81).

TABLE 56: IMPACT 6, VOLUNTEERS – BETTER UNDERSTANDING OF THE NEEDS OF PEOPLE WITH DEMENTIA AND OLDER PEOPLE, BY COUNTRY

Impact 6	Overall	AUT	MNE	SRB
Mean	0.81	0.71	0.95	0.69

Impact 7: Good feeling of doing something meaningful for the society

Lastly, the project aimed to assess whether there are changes in the volunteers feeling of doing something meaningful for society at large by participating in the project. This impact drew on data from the instruments QPPQ wave 1 (items A2) and QPPQ wave 2 (item A3) on expectations on and changes made of the following aspects:

- Contributing something useful.
- Helping other people.

Impact evaluation shows a very positive impact on volunteers regarding a good feeling of doing something meaningful for society (overall mean is 0.86).

TABLE 57: IMPACT 7, VOLUNTEERS – GOOD FEELING OF DOING SOMETHING MEANINGFUL FOR SOCIETY, BY COUNTRY

Impact 7	Overall	AUT	MNE	SRB
Mean	0.86	0.86	0.87	0.84

9.4. CONCLUSION

Volunteers play a crucial role in the I-CCC project, once they had completed extensive training, they participated in **visiting services**, supporting older people in their daily lives through simple activities and preventive measures, and **weekly cognitive training sessions on tablets** with older people with (risk of) dementia.

A typical volunteer is **female** and aged between **16 and 30 years**, except for Austrian volunteers, who are mostly above 31 years old. The **education backgrounds differ** in the three countries. In Montenegro, they have mostly obtained compulsory school leaving exam, in Serbia they have generally completed secondary vocational school, while most in Austria have either completed an apprenticeship or university.

Every second volunteer is employed, a third of them work full-time, the rest part-time, while 39% are currently job-seeking or unemployed. The largest number of volunteers are **job-seeking/unemployed in**

Montenegro and Serbia, 51% and 46%, respectively. The majority of volunteers in **Austria** are **pensioners** (43%).

Two thirds of volunteers had **already participated in volunteering activities** before the I-CCC project, and one third were first-time volunteers. More than half of the volunteers (**57%**) took part in CCC volunteering activities on a **regular basis, once per week**.

The **WHOQOL-BREF results** of this stakeholder group mostly **remained stable** with only marginal decreases in their perception of overall quality of life and health as well as in the domain scores. The general assessment of their **quality of life** in general and in physical, psychological, social and environmental aspects is relatively **high among volunteers** of all three countries.

I-CCC activities have had a **highly positive impact on volunteers**, demonstrating their value in enhancing both personal and professional growth. 3 out of 7 impacts are ranked "very positive". The most outstanding positive effects, ranked as **very positive**, are the **sense of contributing to a meaningful societal aim**, a **better understanding of the specific needs of people with dementia and older individuals** requiring care and support, and the **promotion of social participation** among volunteers. I-CCC activities have also shown promise in terms of **improving employment prospects for younger volunteers** through qualifications obtained by volunteering. Further exploration of the long-term effects of volunteering on career progression is warranted.

While two impacts, such as **gaining expertise among younger volunteers** and **enhancing knowledge in care and health aspects and digital competencies**, were rated as **neutral**, they present opportunities for further development.

10. Other long-term care (LTC) providers

To assess the impact of CCCs on community services, a qualitative approach was adopted. Qualitative semi-structured interviews were conducted with representatives from long-term care communities to gauge their perceptions of the intervention and its observed effects.

In total, 11 interviews were carried out, involving 17 stakeholders from the long-term care provider group. In Austria, four interviews were conducted, with two in Vienna and two in Hartberg, engaging four participants. In Montenegro, two interviews took place - one in Bar and one in Bijelo Polje - with a total of five participants from this stakeholder group. The majority of interviews, five in total, occurred in Serbia, with three in Sombor and two in Pirot, engaging eight participants (five in Sombor and three in Pirot).

12.2. IMPACT OVERVIEW

TABLE 58: IMPACT OVERVIEW OF OTHER LTC PROVIDERS (IMPACT RANGE VERY NEGATIVE TO VERY POSITIVE)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 Relief / Additional offer that can be provided if needed	Positive	Positive/Neutral	Very Positive	Positive
Deadweight	Partly	High	Partly	Partly
Impact 2 Professional exchange	Positive	Positive/Neutral	Positive	Very positive
Deadweight	Partly	High	Partly	Partly
Impact 3 Access to new information, new expertise	Positive	Not observed	Positive	Positive
Deadweight	Partly	/	Partly	Partly
Impact 4 Better resolving for individual cases (case and care management)	Very positive	Not observed	Very Positive	Very positive
Deadweight	Partly	/	Low	Partly
Impact 5 Newly established framework for co-operation/meetings on a local level	Positive	Not observed	Positive	Positive
Deadweight	Partly	/	Partly	High
Impact 6	Negative (considered positive)	Negative/Neutral (considered positive)	Negative (considered positive)	Negative (considered positive)

Disadvantage: "New player"				
Deadweight	Partly	High	Partly	/
Impact 7 Disadvantage: Competition for funding	Negative (considered positive)	Negative (considered positive)	Negative (considered positive)	Neutral
Deadweight	Partly	High	Partly	Partly
Impact 8 Disadvantage: Competition for customers	Negative (considered positive)	Negative (considered positive)	Negative (considered positive)	Negative (considered positive)
Deadweight	Partly	High	High	Low
Impact 9 Disadvantage: Higher load due to increased number of People with De- mentia in mobile care (long-term)	Negative (considered positive)	Neutral	Negative (considered positive)	Negative (considered positive)
Deadweight	Partly	High	Low	Low

Impact 1: Advantages through cooperation or networks: Relief / Additional offer that can be provided if needed (possibility to refer informal carers)

AUT: Positive/Neutral

In Austria, 3 out of 4 interviewees recognised the tablet training as very valuable and very positive. Two said that they often referred their clients to this service. One interview partner mentioned the experience of a volunteer tablet trainer who was very impressed by the intensity with which the client participated in the exercises, how much joy it gave them, and the interaction that arose from it. Tablet training had been introduced in both regions prior to the I-CCC but had only been used on a case-by-case basis. The novel approach and advantage that the I-CCC brought was to deliver it in a structured long-term volunteer-supported way. The preventive home visits in Styria were criticized as an additional task for the home care nurses, who were already lacking time resources. With regard to the overall activities of the I-CCC, one interviewee was critical of the fact that it did not offer any services that were not already being provided in the region. Another interviewee also recognised this, but saw the advantage, summarizing "what makes [the I-CCC project] so valuable, is that it combines everything. There are these offers but they are just very fragmented". (Interviewee #7, Austria)

MNE: Very positive

Interviewees recognised that the Red Cross plays a pivotal role in comprehensively assessing the situations of older individuals, many of whom grapple with severe socioeconomic deprivation. They align their mission, when delivering a range of essential services, including one-time or multiple financial assistance, care allowances, and residential care for older people, wherever feasible. Additionally, the Red Cross extends its

support to clients and informal caregivers when dealing with administrative procedures, medical examinations, transportation, COVID testing, and other formalities proves challenging for older individuals or their families. Interviewees stated that they refer clients to different services within the project. For instance, since the introduction of I-CCC, they are attempting to refer people who are at risk of dementia to the Red Cross. The challenge here is that most users are already at the advanced stages of dementia. Having the ability to refer informal carers is an important new development, as there are many instances in which informal carers visit the interviewees organisation in difficult psychological and physical circumstances, along with their older relatives.

In coastal Montenegro, a significant number of individuals arrived as middle-aged individuals decades ago and acquired houses initially meant for vacation homes and now desired for permanent living. It is often the case that people who arrive in Montenegro in this manner lack the required documentation to access social rights. Due to the scarcity of residential care facilities, the Red Cross's community services have become essential for their well-being.

SRB: Positive

All the interviewees recognised the cooperation with I-CCC as very useful and fruitful, underlining the importance of cooperation both on the managing level as well as on the operational level in service delivery to the same beneficiaries they are working with.

Total: Positive

The total impact score for the impact "Advantages through cooperation or networks: Relief/Additional offer that can be provided if needed" across Austria, Montenegro, and Serbia is positive. In Austria, the responses are mixed, with acknowledgment of the value of tablet training, yet concerns about redundancy in services. Interviewees from Montenegro express a very positive sentiment, highlighting the Red Cross's pivotal role in assessing situations comprehensively and providing essential services. To have a service, where people with dementia and informal carers can be referred to, is considered crucial. In Serbia, there is unanimous recognition of the cooperation with I-CCC as useful and fruitful, emphasizing the significance of collaboration at both managerial and operational levels in delivering services to shared beneficiaries.

Impact 2: Advantages through cooperation or networks: Professional exchange

AUT: Positive/Neutral

The professional exchange of the interview partners with the I-CCC was assessed as neutral to positive. For some interview partners it was only limited to specific services and for one it was a one-sided exchange in the way, that they offered a lot of support to the I-CCC staff as they covered the same activities and were already more established in the region. A very positive initiative resulting from the project's networking efforts is the creation of the "Promenz" group, a dementia self-help group, which was set up in collaboration with other providers.

MNE: Positive

"[Our organisation] and RC cooperation is excellent on many levels. Often older people or their caregivers come to exercise some other rights, when, after assessing their family situation, we see that it is necessary to refer them to some of the Red Cross services. It is our responsibility to do this even when the client does not ask because they are not aware that there are mechanisms for support." (Interviewee #1, Montenegro)

SRB: Very positive

This is a very highly marked impact by all the representatives, since the possibility for enhancing knowledge among partners is raised by the I-CCC. There is high interest for joint trainings and the need for future knowledge and skills development for practitioners dealing with people with dementia is recognised. Also, it is recognised that there are a lot of new possibilities for knowledge and skills development when those more experienced will support those who just starting in service delivery. "To contribute to the regulation of policy in this area, we are very interested in understanding how different carer support systems work." (Interviewee #8, Serbia)

Total: positive

In summary, the overall assessment indicates a positive impact of the professional exchange facilitated by I-CCC across all three countries. In Austria, the professional exchange is assessed as neutral to positive, with limited engagement for some interview partners but notable collaboration resulting in the establishment of a dementia self-help group. In Montenegro, the cooperation is described as excellent, emphasizing the responsibility to refer clients to relevant services they might not be aware of. In Serbia, the impact is very positive, marked by high interest in joint trainings, recognition of the need for ongoing knowledge and skills development, especially for practitioners dealing with people with dementia, and a strong desire for contributions to policy regulation in the field.

Impact 3: Advantages through cooperation or networks: Access to new information, new expertise

AUT: Not observed

This impact was not observed by the Austrian interview partners.

MNE: Positive

Participants reported that their learning focused primarily on providing support to informal caregivers, identifying and supporting people at risk of dementia, as well as providing innovative services such as the use of tablets. More opportunities should be provided for building competencies and strengthening multi-sectoral responses to older clients and their caregivers, according to interviewees.

One of the representatives previously served as a volunteer with the Red Cross. They stated that multiple public institution leaders have demonstrated RC volunteering experience, which undoubtedly indicates the positive impact that volunteering has on career development in the field of social and health care for older people and other vulnerable groups. At the project level, this effect has not yet been realized, however, it is probably too early to see these impacts, particularly in Bar, where the majority of the volunteers are very young. In spite of this, it can be concluded that volunteering significantly improves the competences of project volunteers in the area of social and health protection as well as their employability.

SRB: Positive

This impact is recognised positively by all interviewees. If any education or knowledge sharing is organised by any partner, they invite each other. Also, the visibility and a stronger focus on informal carers are recognised very valuable by all. Also, some interviewees rated the possibility offered by the Red Cross and I-CCC programme to expand their competences as positive. "A woman suffering from Multiple Sclerosis - her daughter-in-law has been taking care of her for years. Before cooperating with I-CCC, and NGO associates

did not think that it was important that the daughter-in-law also needed support." (Interviewee #2, Serbia)

Total: Positive

In summary, the overall impact on access to new information and expertise through cooperation or networks is positive in Montenegro and Serbia, while it was not observed in Austria. In Montenegro, the impact is positive, with participants reporting that their learning focused on critical aspects of care, including support for informal caregivers and identifying people at risk of dementia. The experience of volunteering with the Red Cross is highlighted as positively impacting career development and improving competencies among project volunteers. In Serbia, the impact is also positive, with all interviewees recognizing the positive effects of education and knowledge-sharing opportunities, emphasizing the increased visibility and stronger focus on informal carers, and rating the potential for expanding competences through the Red Cross and I-CCC program as positive.

Impact 4: Improved multi-professional cooperation: Better resolving for individual cases (case and care management)

AUT: Not observed.

This impact was not observed by the Austrian interview partners.

MNE: Very positive

As a result of the project, professionals make more informed decisions about specific cases, e.g., one interviewees organisation is preparing individual support plans for older people together with the representatives of RC: "By working together, we have been able to see the user's situation in a more comprehensive manner and to remain focused on their interests despite sometimes challenging life circumstances." (Interviewee #8, Montenegro)

Interviewees reported that mutual communication facilitated the resolution of individual cases involving older people with different requirements daily. "It is often not possible for them to follow all the administrative and other procedures to exercise some of their rights, so Red Cross volunteers, working together with us, find solutions to these problems. Two cases have been successfully referred and placed in the Old People's Home in the last few months, thereby providing permanent assistance to fellow citizens incapable of taking care of themselves due to health conditions and other factors." (Interviewee #8, Montenegro)

SRB: Very positive

This impact is recognised as very positive by all Serbian interviewees. The Red Cross and the I-CCC project connected professionals from the social care sector with professionals from health care. Also, it is extremely important that all sectors, thanks to this project, jointly "cover" older people from rural areas.

Total: Very positive

Overall, the impact on improved multi-professional cooperation and better resolution of individual cases is positive in Montenegro and Serbia, while it was not observed in Austria. In Montenegro, the impact is very positive, with professionals making more informed decisions about specific cases through collaborative efforts, including the preparation of individual support plans. The mutual communication is highlighted as facilitating the resolution of individual cases, particularly for older people facing various requirements and challenges. In Serbia, the impact is also very positive, recognised by all interviewees, with professionals

from the social care and health care sectors being connected through the Red Cross and I-CCC project. The collaborative approach is seen as crucial for jointly covering the needs of older people in rural areas.

Impact 5: Improved multi-professional cooperation: Newly established framework for cooperation/meetings on a local level

AUT: Not observed

This impact was not observed by the Austrian interview partners.

MNE: Very positive

Aside from regular communication between the Red Cross and the organisation of an interviewee, the project also provided information regarding newly established sources of support for informal caregivers, as well as enhanced collaboration and referrals for people with dementia. All employees of the interviewee's organisation working with the older population have participated in some of the RC's activities.

"There was a lot of information and inspiration from the I-CCC international conference, especially the part on non-formal carers, regarded as an essential part of the older people's support system, yet an untapped area in social work. To contribute to the regulation of policy in this area, we are very interested in understanding how different carer support systems work" (Interviewee #9, Montenegro)

SRB: Positive

Due to the widely recognised importance of more developed services and different kinds of support for the informal carers' needs, all partners on the local level realize that regular meetings and stronger cooperation are imperative for the protection of older people with care needs. In the context of I-CCC activities, a more robust collaboration with the health sector was established specifically for older individuals with dementia.

Total: Positive

In summary, the overall impact on the newly established framework for cooperation and local-level meetings is positive in Montenegro and Serbia, while it was not observed in Austria. In Montenegro, the impact is very positive, with the project providing valuable information on new sources of support for informal carers, fostering enhanced collaboration, and facilitating referrals for people with dementia. The international conference is particularly highlighted as a source of inspiration and information. In Serbia, the impact is positive, emphasizing the importance of regular meetings and stronger cooperation on the local level for the protection of older people in need of long-term care. I-CCC contributed to a strengthened collaboration with the health care sector relating to activities addressed to people with dementia.

Impact 6: Disadvantage: "New player"

AUT: Negative/Neutral (considered positive)

3 out of 4 interviewees consider it very positive to have a "new player" in the field of long-term care. The o-tone was that with the growing number of people in need of care, there cannot be enough services. They also recognised that specialized and/or multifaceted services are beneficial for clients to find the right fit for their specific care needs. One interviewee did not see the need to implement the I-CCC as the services provided are already available in the region and other care services are lacking.

MNE: Negative (considered positive)

The interviewees state that in the absence of some of the I-CCC services targeting older people, results would likely be similar, but at a smaller scale, due to perhaps less coverage among older populations, particularly those living in poverty and in remote areas. Informal carers, on the other hand, would be left behind without adequate minimum support.

The interviewed individuals believe that the existence of alternatives does not diminish the significance of the project, but that competition opens the door to improving quality and level of services. Furthermore, when older individuals have multiple service provider choices, it enhances provider accountability and shared responsibility among social protection institutions, service providers, and clients.

SRB: Negative (considered positive)

Although there are plenty of providers of home care and other services for older people, there is still a need for more, the interviewees recognise. The capacities provided by the local self-government does not suffice. "The need is too big, so we are still missing some new players in this area. There is enough space for all of us. And especially if we work by using the best expertise of each other accordingly." (Interviewee #2, Serbia)

Total: Negative (considered positive)

The hypothetical negative effect of the "new player", I-CCC, seen as a disadvantage for other LTC providers is assessed negative by the three countries, which can in turn be interpreted as a positive result. In Austria, the majority of interviewees view the introduction of the I-CCC as positive, recognizing the need for additional long-term care services and the potential benefits of specialized offerings. Conversely, one interviewee in Austria questions the necessity of the I-CCC, citing existing services. In Montenegro, the "new player" is welcomed, emphasizing the project's importance in reaching vulnerable populations and promoting healthy competition. They view the I-CCC as a valuable addition to the long-term care landscape, fostering competition and improving service quality. In Serbia, interviewees also recognise the need and room for more providers.

Impact 7: Disadvantage: Competition for funding

AUT: Negative (considered positive)

There was no competition observed by the Austrian interview partners.

MNE: Negative (considered positive)

The services provided by different providers are complimentary and there are several sources of funding at local, national and mostly EU level. If licensed, the services developed by I-CCC would secure state funding on a regular basis.

SRB: Neutral

There is some level of competition, but there is more cooperation and agreement. And it is widely recognised that "good planning, based on real needs, available resources, and respected expertise of all actors on the local level eliminates any kind of unfair situations, mostly connected with financial resources." (Interviewee #4, Serbia)

Total: Negative (considered positive)

The hypothetical negative effect of competition for funding is assessed negative by the three countries, which can in turn be interpreted as a positive result. In Austria, there is no observed competition for funding according to the interview partners. Interviewees from Montenegro see this similarly, stressing that there are a lot of sources of possible funding. The potential for state funding for I-CCC services is acknowledged. Serbian interviewees recognise some level of competition but emphasise the importance of good planning, collaboration, and efficient resource allocation to prevent unfair situations.

Impact 8: Disadvantage: Maybe competition for customers

AUT: Negative (considered positive)

There was no competition for customers observed by the Austrian interview partners.

MNE: Negative

Individual providers do not have many mechanisms to support older people independently, so it is important to combine resources with other local and national service providers. "Volunteers learn more about the condition of older people through their visits and inform us so we can take concrete steps in the field. The Red Cross plays an important role in advocating for older people in need. Based on an RC request, we recently encountered an old gentleman in a difficult state of health who lives in a rural area and is not reachable by public transportation. This man would never have been able to reach us on his own to ask for help." (Interviewee #9, Montenegro)

SRB: Negative (considered positive)

No representative recognised the existence of competition for customers.

Total: Negative (considered positive)

The I-CCC is not viewed as competition for customers by this stakeholder group in all three countries. In this context, Montenegrin interviewees emphasise the importance of combining resources with local and national service providers to support older people effectively.

Impact 9: Disadvantage: Higher load in mobile sector due to increased number of people with dementia

AUT: Neutral

The interview partners see a general lack of care options for people with dementia. There is a need for more, but especially more specialized services, specialized long-term care and support, more funding, more living options, more care homes with specialized staff, much more funded services in the overall landscape.

MNE: Negative (considered positive)

The load is not significantly higher.

SRB: Negative (considered positive)

This impact is not recognised by the interviewees.

Total: Negative (considered positive)

There is not (yet) a higher load detected in mobile care due to an increased number of people with dementia by the interviewees. However, interviewees from Austria see a pressing demand for specialised services for people with dementia.

Deadweight: Alternative services that would achieve similar effects

AUT: High

All the services provided by the I-CCC are already established by other organisations in both regions, but no organisation provides all the services in this combined way. One interviewee believes that although there are sufficient counselling services, there is a need for resources in clients' homes and day care centres to relieve informal carers. Another interviewee also sees a need for further counselling, especially more intensive, regular 1:1 counselling.

MNE: Low

Persons with dementia and informal caregivers do not have access to any other comparable service. Even though the other I-CCC services are not unique, they are recognised by the interviewees as high quality offers and provide all the necessary professionals and integrated services timely to the clients by combining social and health protection, which is not the case with other providers.

SRB: Low

The interviewees do not distinguish much between the specific I-CCC programme and other activities of the Red Cross with older people, so it is difficult to separate the specific activities of this programme from the Red Cross in general. Also, the pensioners' club has some similar activities. Home Care is an activity that is different but can provide support to older people at their places of residence. Nevertheless, there is a shared belief that "there is a space for much more service providers since the needs are getting bigger and bigger day by day." (Interviewee #7, Serbia)

12.3. CONCLUSION

Other LTC service providers recognised the I-CCC as a very useful programme that brings a lot of **opportunities for sharing and enhancing knowledge and skills** among different service providers dealing with older people, especially when it comes to older people with dementia. Also, a very positive impact of the I-CCC is that it **highlights the societal value of informal carers**, who in turn become more visible in the communities. Also, other LTC providers recognised the importance of **multi-professional cooperation**, which **was established or became stronger** in Montenegro and Serbia (not observed in Austria), especially concerning people with dementia. Despite some concerns in Austria about potential redundancy in services, the overarching sentiment is appreciative of the unique combination and comprehensive approach provided by the I-CCC. Additionally, the introduction of the I-CCC as a "new player" is viewed positively, **promoting healthy competition, and improving service quality** across the board. Potential disadvantages, such as competition for funding and customers, are deemed not applicable or are mitigated by efficient resource allocation and collaboration. The overall verdict from the evaluation suggests that the I-CCC serves as a catalyst for positive change in the long-term care landscape, fostering collaboration, knowledge-sharing, and service quality improvement among various stakeholders in the assessed regions.

The **deadweight assessment** for alternative services that would achieve similar effects **varies across Austria, Montenegro, and Serbia**. In Austria, the deadweight is considered high, as existing organisations offer similar services individually, but none provide the comprehensive combination offered by the I-CCC. There is a recognised need for additional resources in clients' homes and day care centres to relieve

informal carers. In Montenegro, the deadweight is low, as there are no comparable services for persons with dementia and informal caregivers, and the I-CCC's integrated approach is seen as high-quality and unique. In Serbia, the deadweight is also low, with some overlapping activities with the Red Cross and pensioners' clubs, but a shared belief in the need for more service providers to address the increasing care demands of the older population.

11. Health service providers

To assess the impact of the CCCs on the available services in the communities, a qualitative approach was employed. Qualitative semi-structured interviews with community representatives from health services shall show how the intervention is judged by them and which effects are seen.

In total 5 representatives of this stakeholder group were interviewed in 5 interviews. One was conducted in Austria (Hartberg), three in Montenegro (one in Bijelo Polje and two in Bar) and one in Serbia (Sombor).

11.1. IMPACT OVERVIEW

TABLE 59: IMPACT OVERVIEW OF HEALTH SERVICE PROVIDERS (IMPACT RANGE VERY NEGATIVE TO VERY POSITIVE)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 Time and psychological relief	Positive	Positive	Positive	Neutral/Positive
Deadweight	Partly	High	Partly	/
Impact 2 Increased demand for services (e.g. therapy) that would otherwise remain unknown	Positive	Positive	Very Positive	Positive
Deadweight	Partly	High	Low	/
Impact 3 Better knowledge about the system and possible partners → leads to better coordination	Positive	Positive	Positive	Positive
Deadweight	Partly	High	Partly	/
Impact 4 Early diagnosis by People with Dementia has increased → better monitoring → increased Quality of Life for clients	Positive	Not observed	Positive	Positive
Deadweight	/	/	Low	/
Impact 5 Increased knowledge on the topic of dementia and other health and care aspects	Neutral/Positive	Neutral/Negative	Positive	Neutral/Positive

and thus also profiling opportunities (e.g. pharmacies)				
Deadweight	Partly	High	Low	/
Impact 6 Increased sensitivity to the issues and the possibility to refer to competent services	Positive	Positive	Positive	Not observed
Deadweight	Partly	High	Partly	/
Impact 7 Possibility of exchange with regional providers	Positive	Neutral/Negative	Positive	Positive
Deadweight	High	High	High/Partly	/
Impact 8 Increased workload that is not compensated financially (there are many networking opportunities)	Neutral/Negative (considered positive)	Negative (considered positive)	Neutral/Positive (considered negative)	Negative (considered positive)
Deadweight	Partly	High	Partly	Low

Impact 1: Time and psychological relief (through more accurate counselling/information; the "right" customers/clients come to the "right" services)

AUT: Positive

In Austria, the interviewee states that the I-CCC is very valuable "especially for chronically ill people and their relatives who keep coming back for medical support but don't really need care yet, as you can clarify a lot of things in advance, provide information and the like" (Interviewee #2, Austria). They state that it lowers the barrier for patients to seek support as they have the chance to familiarize themselves and connect with an organization.

MNE: Positive

In Montenegro, interviewees agreed that the I-CCC enabled relief to both older people and their informal carers. "In my opinion, the I-CCC makes our work easier since it makes the information and services, we provide to our patients more accessible and timelier." (Interviewee #3, Montenegro)

As a result of the project, informal carers received significant support that helped them create a positive living environment and reduce stress levels for themselves and their care recipients. "As an example, in cases of memory disorders, it is helpful to be aware of what to expect, how to behave, what is expected and what is not in their behaviour, and how to avoid conflict." (Interviewee #3, Montenegro)

In many cases, patients dealing with dementia or other ailments often consult a psychiatrist primarily to exercise their social protection rights (e.g., accessing social transfers) rather than solely to maintain their health. During these consultations, professionals assess the possibility of dementia and make referrals for further evaluations if necessary.

SRB: Neutral/Positive

"It is too early to say..., but it looks like we are on very good path" (Interviewee #1, Serbia)

Total: Positive

Overall, the impact of I-CCC activities on time and psychological relief for health service providers appears to be positive and the programme well-received across the evaluated regions. In Austria, the I-CCC is deemed highly valuable by the interviewee, providing essential support, especially for chronically ill individuals and their families, offering information and lowering barriers to seeking assistance. Interview partners from Montenegro emphasize the project's positive impact on both older individuals and their informal carers, facilitating timely access to information and support, contributing to a positive living environment and stress reduction. In Serbia, there is a positive sentiment, indicating that the I-CCC could potentially lead to relief for health service providers.

Impact 2: Increased demand for services (e.g. therapy) that would otherwise remain unknown

AUT: Positive

"Basically, I think this project is very good, with the preventive home visits and the fact that you start before people need care. Tablet training is very well received. I-CCC programmes for caring relatives or on the topic of care in general are also well received by the population. Other services already had but accessed in a more coordinated way through the I-CCC." (Interviewee #2, Austria)

MNE: Very positive

Interviewees believe that some patients have become more aware of services that they did not realize were available to them prior to the CCC activities. Most importantly, the I-CCC has contributed to providing a broader range of timely therapeutic options that can be implemented both in the hospital and in the patronage system. "Usually, several therapeutic options, such as pain management, sedation therapy, and coping with hallucinations and other psychiatric symptoms, remain unutilized as a result of procedural errors." (Interviewee #3, Montenegro)

SRB: Positive

"It is very important that informal carers are recognised and, in a way, approved by this I-CCC project. With a future and a bit stronger education they will become even more valuable actor in supporting older people" (Interviewee #1, Serbia)

Total: Positive

The impact "increased demand for services that would otherwise remain unknown" is assessed positively across Austria, Montenegro, and Serbia. In Austria, the I-CCC is recognised for its overall excellence, preventive home visits, tablet training, and well-received programs related to caregiving and general care topics. The initiative enhances the coordination of existing services, ensuring a more comprehensive approach to care. Montenegro reports a significant positive impact, emphasizing increased awareness among patients regarding available services. The I-CCC contributes to a broader range of timely therapeutic options,

addressing procedural errors and expanding the scope of services in both hospital and patronage settings. In Serbia, informal carers are acknowledged and approved by the I-CCC project, highlighting their increasing value with potential for further education.

Impact 3: Better knowledge about the system and possible partners → leads to better coordination

AUT: Positive

The interview partner mentioned that there was constant mutual exchange with the I-CCC colleagues about various offers.

MNE: Positive

The interviewees recognise that a collaborative approach to information exchange and learning activities related to dementia and other important aspects of care is essential. Enhancing service quality of long-term care requires better coordination and cooperation among all participants, and they state that the project has made a valuable contribution in this regard. However, there is still room for further and more intensive cooperation between the hospital, primary healthcare, social work centres, the Red Cross, and other service providers.

SRB: Positive

"The I-CCC and our home care service jointly increased coverage of older people in the villages and I consider it as the greatest achievement of this project" (Interviewee #1, Serbia)

Total: Positive

Overall, the I-CCC had a positive impact on the coordination within the system. In Austria, constant mutual exchange with I-CCC colleagues is reported, indicating effective collaboration and information sharing. Interview partners from Montenegro recognise the importance of a collaborative approach to information exchange and learning activities, highlighting the project's valuable contribution to enhancing service quality in long-term care. However, there is acknowledgment of room for further and more intensive cooperation among various stakeholders. In Serbia, the I-CCC and home care service jointly increased coverage of older people in villages, identified as the greatest achievement of the project.

Impact 4: Early diagnosis by people with dementia has increased → better monitoring → increased quality of life for clients

AUT: Not observed

This impact was not observed by the interview partner.

MNE: Positive

The interviewees stated that an enhanced monitoring system has been implemented, ensuring that medical staff receives comprehensive information about the health status of patients along with valuable insights into their needs. Additionally, they are in contact with project representatives who assist with administrative tasks such as managing medical prescriptions and other logistics. By serving as a kind of mediator between patients and institutions, the I-CCC facilitated communication between the two. Concrete contribu-

tion to early diagnosis and monitoring of cognitive performance and depression scales in people with dementia was given by introduction of Mini Mental Questionnaire (MMSE) and the General Depression Scale (GDS).

SRB: Positive

The health care system acknowledges the pivotal role of informal carers and the significance of their on-site presence. "Even in some cases we realized that some of the cases named by informal carers were some kinds of "false alarm" it is very useful to be informed on time, so we doctors can act on time." (Interviewee #1, Serbia)

Total: Positive

The total impact score for "Early diagnosis by people with dementia has increased, leading to better monitoring and increased quality of life for clients" is positive. In Montenegro, a positive impact is reported, emphasizing the role of the I-CCC in the implementation of an enhanced monitoring system and the introduction of assessment tools contributing to early diagnosis of dementia. Similarly, in Serbia, the pivotal role of informal carers and the usefulness of timely information for doctors are recognised, indicating a positive impact on early diagnosis and monitoring. In Austria, the impact was not observed by the interview partner.

Impact 5: Increased knowledge on the topic of dementia and other health and care aspects and thus also profiling opportunities (e.g. pharmacies)

AUT: Neutral/Negative

The interview partner did not learn anything new per se but was able to transfer knowledge and experience to I-CCC staff.

MNE: Positive

The interviewee mentioned that the workshops for informal carers were well attended, and many people expressed interest and motivation to participate, indicating that the I-CCC is highly relevant to the needs of the target audience. Also, "the training sessions I conducted for volunteers left me very impressed with the way RC organised volunteering, and also with the dedication, and knowledge they showed. As a result of all the questions the group asked, we worked one day longer than planned." (Interviewee #3, Montenegro). Moreover, volunteers had the opportunity to consult with the lecturer during their field work at the homes of the clients in case they were unsure of how to proceed, which enhanced their learning process and self-confidence.

The interviewee emphasized the positive impact of the I-CCC in facilitating knowledge sharing. However, they highlighted the need for more extensive training programs for medical professionals, specifically tailored to supporting individuals and their families dealing with dementia. The interview partner also proposed comprehensive training for patronage service technicians, emphasizing essential topics such as effective communication, recognizing patient needs, conducting capacity assessments, and prioritizing services. While there is a heightened risk that the elderly population may be susceptible to violence, it is imperative to provide medical personnel with education on how to recognise and respond appropriately to such situations.

SRB: Neutral/Positive

Despite the educational offers provided by I-CCC, there remains a greater need for the continued development of the capacities of those working with older people. "Yes, I know that there was some education, but it is not enough. We still need to organise educations which will be very practical and joint both for medical staff and informal carers and Red Cross volunteers." (Interviewee #1, Serbia)

Total: Neutral/Positive

Overall, the impact assessment varies, showing positive outcomes in Montenegro and Serbia and a more neutral/negative assessment in Austria. In Montenegro, the impact is positive, evidenced by well-attended workshops for informal carers, strong interest, and motivation among participants, highlighting the relevance of I-CCC to the target audience. In Serbia, the impact is neutral/positive, acknowledging the educational offers provided by I-CCC but emphasizing the need for more practical joint education for medical staff, informal carers, and Red Cross volunteers. In Austria, the impact is neutral/negative, with the interview partner not learning anything new but contributing knowledge and experience to I-CCC staff.

Impact 6: Increased sensitivity to the issues and the possibility to refer to competent services

AUT: Positive

The interview partner actively uses the option to refer to the I-CCC's services, which proved to be a good place to start for a certain group of patients, "chronically ill people and their relatives who keep coming back for medical support but don't really need care yet, as you can clarify a lot of things in advance, provide information and the like" (Interviewee #2, Austria).

MNE: Positive

One interviewee states that a variety of events and workshops on healthy aging and dementia have been organised in cooperation with RC. They stress that apart from the training of informal caregivers and volunteers, a very important aspect of the programme is educating the community about the support systems available to the older population within the CCC and public institutions in charge for health and social protection of older population. "Just today in the clinic, I had a situation where the health, above all, the mental state of an older person is further deteriorating, because the children are unrealistically asking for something that she can no longer understand or provide. In order to increase family sensibility for family members of older people, it is imperative to continue counselling for families." (Interviewee #2, Montenegro)

SRB: Not observed

The interviewee stated that at this point in time they cannot assess whether there is increased sensitivity to the issues of older people with care and support needs.

Total: Positive

Overall, the impact assessment is positive in Austria and Montenegro. In Austria, the interview partner actively uses the option to refer to I-CCC's services, particularly for chronically ill patients and their relatives. In Montenegro, the impact is positive, stressing the important role of the I-CCC in educating the community about available support systems for the older population. In Serbia, this impact could not yet be observed.

Impact 7: Possibility of exchange with regional providers

AUT: Neutral/Negative

This impact was not seen by the interviewees due to I-CCC, it was already given prior to I-CCC with networking meetings twice per year.

MNE: Positive

All interviewees agreed there is a need for more networking at all levels, from local to regional. The regional conference was viewed as very useful and relevant by the participants.

SRB: Positive

The experience gained so far is recognised as very valuable and there is interest to spread the idea to a wider community. "We are very eager to be a kind of regional leader in future development of a local CCC which will be shared with neighbouring cities". (Interviewee #1, Serbia)

Total: Positive

Overall, the impact assessment varies, with a neutral/negative outcome in Austria and positive outcomes in Montenegro and Serbia. In Austria, the impact was not seen by the interviewees, as the networking meetings were already established prior to I-CCC. In Montenegro, all interviewees agree on the need for more networking at all levels, and the regional conference is viewed as very useful and relevant. In Serbia, the experience gained is recognised as valuable, and there is interest in spreading the idea to a wider community.

Impact 8: Increased workload that is not compensated financially (there are many networking opportunities)

AUT: Negative (considered positive)

The interview partner did not recognise the exchange with I-CCC staff as increased workload, they mentioned the services as a relief for the stakeholder group of chronically ill people, who don't have a care need yet but need help orienting in the care landscape.

MNE: Neutral/Positive (considered negative)

The project did not significantly increase the workload of the interviewees. As a result of the collaboration with the Red Cross, to whom some citizens initially had more trust and direct communication, trust in health institutions has grown from the side of informal carers and clients. There has been an increase in demand as a result of this factor.

"As a result of our users being aware of what services we can provide, and those services becoming more accessible and used, we receive a patient treated and cared for on time. Over time, it will be more convenient for us, since, despite the initial increase in workload, we will benefit from the process in the long run. In other words, it is better not to neglect a patient, as this will lead to a much more complex request for resources to resolve the problem that arose as a result of not providing timely care to the patient." (Interviewee #3, Montenegro)

SRB: Negative (considered positive)

The interviewee from Serbia did not recognise the exchange with I-CCC staff as increased workload.

Total: Neutral/Negative (considered positive)

The impact assessment of "increased workload" is varied. In Austria, the impact is negative, as the interview partner did not recognise the exchange with I-CCC staff as increased workload and considered the services a relief for the stakeholder group of chronically ill people. In Montenegro, the impact is positive, with interviewees stating that while the project has not led to a significant increase in their workload, it led to an increase in demand. In Serbia, the impact is also negative, as the interviewee did not recognise the exchange with I-CCC staff as increased workload. The negative assessment of this impact actually refers to a positive result, as it is phrased as a hypothetical negative effect.

Deadweight: Alternative services that would achieve similar effects

AUT: High

According to the interviewee, the current service mix within I-CCC is perceived to have excessive overlap with existing services. To ensure its long-term viability, a unique specialization, such as care prevention, is necessary. As of now, this specialized focus is absent but is deemed to be a meaningful and sensible addition in the region.

MNE: Partly

Several important aspects of care and support are incorporated into the project services, while the focus on dementia represents a comparative advantage. No comparable services are available for people with dementia and their family members or carers. It is recognised that the use of tablet computers is beneficial for slowing down the progression of the disease at an earlier stage. Aside from I-CCC, none of the interviewees identified any similar service or support for informal carers in the municipality or country.

SRB: Partly

"Some pieces of training, or regularly organised counselling for family members of senior citizens, especially those with dementia, would significantly improve the timeliness and quality of support provided to people with dementia and their family members." (Interviewee #1, Serbia)

11.2. CONCLUSION

The impact analysis of I-CCC on the stakeholder group of health service providers reveals mostly positive outcomes across multiple dimensions. The programme demonstrates **positive effects on time and psychological relief** for health service providers in Austria, Montenegro, and Serbia, **offering valuable support and expanding the scope of care services**. Increased demand for services, particularly therapy, is noted as positive, reflecting the programme's success in **raising awareness and offering diverse therapeutic options**. Better knowledge about the system and possible partners, leading to **improved coordination**, is positively acknowledged, with indications of ongoing collaboration and potential for further enhancement.

The impact on early diagnosis of dementia receives a positive score, highlighting the I-CCC's contributions to an enhanced monitoring system in the institution of a representative in Montenegro and its role in strengthening the position of informal carers in Serbia. While there is some variation in the assessment of **increased knowledge** on health and care aspects, the overall sentiment is **neutral/positive**, emphasizing

ing the programme's relevance and the **need for practical education**. The impact on **increased sensitivity to issues of the older population** and referrals to competent services is predominantly positive in Austria and Montenegro, while Serbia awaits further observation.

Regarding the possibility of **exchange with regional providers**, positive outcomes are noted in Montenegro and Serbia, whereas Austria reports a neutral/negative assessment. Lastly, the evaluation of increased workload reveals mixed responses, with Austria perceiving a negative impact (considered positive) due to the relief provided, while **Montenegro** sees a positive impact in **increased demand**, and Serbia reports a negative impact, indicating no recognised increase in workload. Overall, the analysis highlights the multi-faceted and region-specific impact of I-CCC on health service providers.

The **deadweight assessment varies** across the three countries. In Austria, the interviewee perceives a high deadweight, emphasizing an excessive overlap between the current service mix within I-CCC and existing services, calling for a unique specialization like care prevention. In Montenegro, there are a few services that could achieve similar effects, acknowledging that important aspects of care are covered, but the focus on dementia represents a comparative advantage with no comparable services available. The Serbian interviewees also assesses deadweight as partly, suggesting that additional training could enhance existing services, indicating room for improvement and specialization.

12. Politics and administration

To consider the impact of the CCCs on community services and policy, a qualitative approach was used. Qualitative semi-structured interviews with community representatives from politics and administration shall show how the intervention is judged by them and which effects are seen.

In total, 10 interviews were carried out, involving 12 stakeholders from politics and administration. In Austria, two interviews were conducted, one in Vienna and one in Hartberg, engaging two participants. In Montenegro, five interviews took place, three in Podgorica, one in Bijelo Polje and one in Bar, with a total of five participants from this stakeholder group. Three more interviews were carried out in Serbia, with two in Sombor and one in Pirot, engaging five participants.

12.1. IMPACT OVERVIEW

TABLE 60: IMPACT OVERVIEW OF POLITICS AND ADMINISTRATION (IMPACT RANGE VERY NEGATIVE TO VERY POSITIVE)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 (Improved and/or enabled) access as well as (better) accessibility and higher quality of long-term care services (MNE, SRB)	Positive		Positive	Positive
Deadweight	Partly		Low	Partly
Impact 2 Improved availability of care and support services	Neutral/Positive	Negative	Positive	Positive
Deadweight	Partly	High	Low	Partly
Impact 3 Better understanding of the needs of people with dementia and older people in need of care and their informal carers	Positive	Negative	Very positive	Positive
Deadweight	Partly	High	Partly	Partly
Impact 4 Recognition as socially useful services that create social value and	Neutral	Negative	Positive	Neutral

bring positive economic impacts (in the short term)				
Deadweight	Partly	High	Partly	/
Impact 5 Long-term cost reduction through preventive activities. Currently, the target group generally uses medical services only in the case of an acute event or illness	Neutral	Neutral	Neutral	Neutral/Positive
Deadweight	Partly	Low	Partly	/
Impact 6 Sustainable establishment of services → application of the concept of I-CCCs and voluntary services for People with Dementia in the long-term care policy of the 3 countries	Neutral	Negative	Positive	Neutral
Deadweight	Partly	High	Partly	/
Impact 7 Possibility to profile oneself regionally as a health-promoting region/community/ Profiling "photo for politicians"/ dementia as a stigma and therefore not suitable, especially in CEE?	Positive/Neutral	Not observed	Neutral	Positive
Deadweight	Partly	High	Partly	/
Impact 8 Reduced unemployment by creating new/additional jobs (MNE, SRB)	Neutral		Positive/Neutral	Neutral
Deadweight	Partly		Partly	/
Impact 9 Willingness of sustainable funding of services (long term)	Neutral/Positive	Negative	Positive	Positive
Deadweight	Partly	High	Partly /Low	/

Impact 10 Relief for politics ("there's someone who does it and we don't have to fi- nance it")	Neutral/Negative	Negative	Neutral	Not observed
Deadweight	High	High	High	/

Impact 1: (Improved and/or enabled) access as well as (better) accessibility and higher quality of long-term care services (MNE, SRB)

MNE: Positive

One interview partner reported that for older people's protection integrated services are very important, and they are recognised in the latest strategy for the Development of the Social Protection System for older people (2018-2022). It was intended that the law on social and child protection would prescribe integrated services, the method by which they would be provided, and standards for their delivery. As a result of the current political climate in the country, this law has not yet been amended, but it is anticipated that it will be amended by the end of the year or the beginning of next year.

The services developed are particularly beneficial to older people who do not have family members nearby. One interviewee stated: "The project provides a whole range of social and health services, and in addition uses innovative technological solutions for working with people at risk of dementia. The introduction of complete teams to work with older people in synergy with other service providers has significantly improved the care of older people in our municipality" (Interviewee #5, Montenegro)

"We recognise that I-CCC is a very important project for our municipality, which includes a significant number of older residents, both in the city and in the countryside. With the development of innovative services provided by social workers, nurses, gerontological housewives, and volunteers, the project contributes to a healthier and more productive aging process." (Interviewee #7, Montenegro)

SRB: Positive

Even though both cities in Serbia offer a variety of social services for older people, the I-CCC programme was recognised as a positive initiative expanding the range of services as well as the coverage of the older population. However, the care needs and increasing demand for various forms of support are still not met. "The needs are, unfortunately, due to the very negative natural increase and the aging structure of the population, so great that this project of the Red Cross, although significant and very good, is actually just a drop in the ocean in relation to the growing needs." (Interviewee #2, Serbia)

Total: Positive

The overall impact score for the improved access and quality of long-term care services, assessed in Montenegro and Serbia, is positive. In Montenegro, interviewees highlight the project's significant contribution to integrated services, especially for older individuals without nearby family support, emphasizing the positive effects on the care of older people in the municipalities. Similarly, in Serbia, the I-CCC program is viewed as a positive initiative that expands service offerings and coverage, yet there is a recognition of the substantial and increasing care needs in the context of population aging.

Impact 2: Improved availability of care and support services

AUT: Negative

The interviewees in Austria emphasized that a wide range of similar services had already been established in both regions, so that the project activities did not bring any added value. One criticism was that the I-CCC's wide range of services was too superficial and did not allow for a comprehensive, individualized approach to care.

MNE: Positive

The interviewees find that through the establishment of services in rural areas and municipalities with significant numbers of older people, I-CCC supports a better quality of life for older people. The project included home visits and preventive measures for people suffering from dementia, which were implemented for the first time in Montenegro. The absence of a national dementia registry presents a challenge in improving targeting efforts.

The tasks of the representative's institution are to create various health promotion measures and prevention of various diseases and to maintain the functional abilities of older people population as long as possible. This includes the creation of measures for active aging. To meet these goals, it is necessary to mobilise a large number of resources and to tackle the problem from a multi-sectoral perspective, and this is precisely where the I-CCC plays an important role. As a result of the project, older people have access to additional services beyond those provided by geronto-housekeepers on a periodic basis. In addition, I-CCC ensured that a full team of volunteers, nurses and social workers is available. The fact that these services were available during the COVID crisis is particularly significant.

SRB: Positive

The protection for older people with dementia has seen some improvement, but, like the situation for the broader older population, it remains insufficient. Notably valuable within this programme is the education and advice offered to informal carers. Additionally, there is a growing recognition of the significance of providing respite care, allowing informal carers to attend to their daily activities while ensuring the well-being of their relatives with dementia. This aspect has garnered attention and become a focal point for local stakeholders.

Total: Neutral/Positive

The impact assessment of "improved availability of care and support services" is varied. In Austria the impact is negative, as interviewees stress that the I-CCC's services did not bring added value, with criticism directed at the perceived superficiality and lack of individualized care in the wide range of offerings. In Montenegro, the impact is positive, focusing on the establishment of services in rural areas and municipalities with a notable impact on the quality of life for older people. The project's introduction of home visits and preventive measures for people with dementia is highlighted as particularly significant, addressing a gap in the absence of a national dementia registry. In Serbia, the impact is also positive, with recognition of the improvement in protection for older people with dementia, emphasizing the valuable education and advice provided to informal carers and the growing acknowledgment of the importance of respite care for this demographic.

Impact 3: Better understanding of the needs of people with dementia and older people in need of care and their informal carers

AUT: Negative

In Austria, this impact was not observed, as the interviewees did not recognise the I-CCC's activities as a valuable addition to the already established services.

MNE: Very Positive

As part of the project, the Montenegrin Institute for Health conducted research on the status of older people in Montenegro, which was directly related to a better understanding of their needs and provided sufficient inputs for the implementation of evidence-based policies and educational components of I-CCC. In addition, individuals from health and social protection institutions attended a variety of meetings and exchanged information, experience, and knowledge with each other. The lesson learned was that in order to properly care for older adults, the health system and social protection systems must be connected, especially for those with dementia, psychiatric patients and other vulnerable groups of older people.

Interviewees reported that as a result of the I-CCC project, deeper insight was gained into the problems faced by older people, informal carers, and other family members. This will serve as an input for the preparation of the new local action plan for the development of social protection services, which is currently in progress. "Collaborating with the Red Cross, which is active in the field, helps us gain a deeper understanding of the needs of older people, enabling us to undertake appropriate interventions within the jurisdiction of local authorities. Furthermore, the project offered numerous opportunities for representatives of politics, administration and other actors to gain new knowledge and information about the topic through participation in various events." (Interviewee #7, Montenegro)

SRB: Positive

Interviewees perceive that, in the wider public, the understanding of the needs of older people, but above all the needs of informal caregivers, has been expanded. Possible ways of working with people with dementia are indicated. The issue of violence and neglect of older people is particularly highlighted. "Somehow the role of informal carers got more visible. It is still not fully recognised nor validated, but for the first time we started to think about some solutions to support them." (Interviewee #1, Serbia)

Total: Positive

The overall impact score for "better understanding of the needs of people with dementia and older people in need of care and their informal carers", assessed across Austria, Montenegro, and Serbia, is mixed. In Austria, the impact is negative, with interviewees failing to recognise the I-CCC's activities as a valuable addition to already established services. In Montenegro, the impact is very positive. The project facilitated meetings and information exchange among health and social protection institutions, fostering deeper insights into the problems faced by older people and their caregivers. In Serbia, the impact is positive, with interviewees noting expanded public understanding of the needs of older people and informal caregivers, indicating possible ways of working with people with dementia, and bringing attention to the issue of violence and neglect against older individuals.

Impact 4: Recognition as socially useful services that create social value and bring positive economic impacts (in the short term)

AUT: Negative

One Austrian interviewee did not see any economic added value of the I-CCC, as there was already comprehensive coverage of care needs in the region where it was established. They stated that, hypothetically, if such a project were to be relaunched, there would need to be more cooperation from the beginning in setting up the project in order to fill identified gaps in care. They emphasized the value of having a single point of

contact for clients and that these services shouldn't be too fragmented. Also, the way the offer is set up, that a client goes to a counsellor and then uses the services offered by that same provider, could lead to clients receiving services that are not exactly tailored to their needs.

MNE: Positive

The project contributed to the affirmation of social values that are important for the community, such as that of caring for older people and those with disabilities. "Despite the fact that healthcare and the economy are closely related, a high priority is not placed on economic benefits. Therefore, the major advantage of the I-CCC project would be its social and human benefits rather than its economic value." (Interviewee #4, Montenegro).

Many older individuals suffer from chronic illnesses, necessitating continuous care and support. Implementing preventive measures can help mitigate long-term health consequences and reduce the occurrence of acute conditions. While a thorough financial analysis is needed in the short term to obtain precise data, the interviewees are certain that the government can achieve budget savings by investing in preventive activities in the long run. By prioritizing prevention, the government can improve overall health outcomes and effectively manage healthcare costs.

SRB: Neutral

Given the current limited coverage of the I-CCC service, assessing its economic viability proves challenging. However, prioritizing prevention remains paramount. Looking ahead, the legal acknowledgment and evaluation of informal caregivers could yield significant economic benefits. This approach has the potential to employ individuals who were previously unable to work due to caregiving responsibilities for older family members.

Total: Neutral

The overall impact score for the recognition of socially useful services that create social value and bring positive economic impacts in the short term, assessed across Austria, Montenegro, and Serbia, is mixed. In Austria, the impact is negative, with one interviewee expressing scepticism about the economic added value of I-CCC due to comprehensive care coverage in the regions and concerns about fragmented services. In Montenegro, the impact is positive, emphasizing the project's contribution to social values and the care of older people and individuals with disabilities. Economic benefits could be yielded with the implementation of more preventive measures. In Serbia, the impact is neutral, with challenges in assessing economic viability due to limited I-CCC service coverage. However, there is recognition of the potential economic benefits of prioritizing prevention and legal acknowledgment and evaluation of informal caregivers in the future.

Impact 5: Long-term cost reduction through preventive activities

AUT: Neutral

One Austrian interviewee recognises that if preventive measures were introduced nationwide, they would lead to savings for the public budget, but this is not yet the case. The other interviewee argues that people without care needs are an unreachable target group, as they will only deal with the issue of care when they need it.

MNE: Neutral

A general observation of the interviewees is that early detection and treatment contribute to a reduction in the cost of hospitalisation and treatment of illnesses at a later stage.

SRB: Neutral/Positive

Presently, older individuals typically seek medical services only in the event of acute illness. The interviewees emphasise and recognise the significance of preventive initiatives introduced by I-CCC for active aging, encompassing recreation, social engagement, and diverse educational activities. The longer older individuals stay active, the diminished or briefer the necessity for long-term care becomes. While emphasizing the cultural norm of familial care, interviewees express concern that these values are at risk of fading. There is an urgent call to preserve and promote these values among the younger generation to ensure that the ethos of caring for older individuals remains a societal cornerstone.

Total: Neutral

The overall impact score for long-term cost reduction through preventive activities, assessed across Austria, Montenegro, and Serbia, is neutral. While the value of preventive measures is recognised in all three countries, the challenge lies in their effective implementation.

In Austria, the impact is negative, with one interviewee expressing the view that preventive measures would lead to savings but are not yet implemented nationwide, and another emphasizing that individuals without current care needs are an unreachable target group. In Montenegro, the impact is positive to neutral, with interviewees acknowledging that early detection and treatment contribute to cost reduction in hospitalization and later-stage illnesses. In Serbia, the impact is neutral to positive, as interviewees acknowledge the I-CCC's role in promoting preventive initiatives for active aging. There is recognition of the potential to reduce the necessity for long-term care through prolonged activity among older individuals. However, there is also expressed concern about the fading cultural norm of familial care.

Impact 6: Sustainable establishment of services → application of the concept of I-CCCs and voluntary services for people with dementia in the long-term care policy of the 3 countries

AUT: Negative

The interviewees consider the sustainable establishment of these services in the I-CCC regions to be largely unnecessary. However, they mention that the larger Austrian provinces could benefit from the establishment of these services, with the problem that there is currently a lack of human resources for this and therefore the gaps will most likely prevail there.

MNE: Positive

One representative proposed to consider establishing a public-private partnership for older people care. In this model, older individuals could contribute a portion of the required funds, while the government subsidises the remaining portion. By funding care centres for older people, supported by public authorities, numerous benefits can be achieved. This approach can alleviate the burden on the healthcare sector and older people homes, allowing individuals to reside in their own homes for longer periods. Additionally, mobile services can provide a range of assistance options to cater to the needs of older adults. This integrated approach would enable older individuals to receive various forms of support while maintaining their independence.

In Bijelo Polje, as part of the local policy for older people, there are two action plans: the Local Plan for Social Protection (2017-2021) and the Local Plan for Protection of Persons with Disabilities (2018-2021). All

older people measures were implemented with the assistance of the Red Cross, making them one of the municipality's top strategic partners. As part of the preparation of the new local policies, they will continue to work with Red Cross to determine whether they can continue some of the activities of the I-CCC. In that context, the financial situation of the municipality continues to be a major concern. Therefore, they rely on cooperation with national authorities and international donors.

In Bar, The Red Cross has been an important partner in the development and implementation of the Local plan for social and child protection and improvement of inclusion (2022-25). In this segment, the primary goal is to encourage the development of innovative services for older people in order to provide a systemic response to their needs and to ensure their satisfaction with their living environment. Along with social services, the document emphasizes the importance of intersectoral cooperation. Therefore, the activities conducted by the I-CCC are in accordance with local policies concerning the protection of older people.

SRB: Neutral

Insufficient financial resources of the local self-government, as well as limited financial support from the level of the republic, encourage the search for other sources of financing. Both cities are applying to various donors who support the development of local social services and hope that, with adequate cooperation of institutions in the public sector and NGOs at the local level, they will be able to secure the necessary funds for the further continuation of the activities that were started in the I-CCC.

Total: Neutral

The assessment of the sustainable establishment of services reveals varying perspectives, with Montenegro recognizing positive opportunities through public-private partnerships and integration into local policies, while Austria expresses reservations and Serbia navigates financial challenges in its pursuit of continued activities initiated by the I-CCC. In Austria, the impact is negative, with interviewees expressing the view that the sustainable establishment of these services in I-CCC regions is largely unnecessary – it would benefit larger provinces however it is unlikely to be implemented due to human resource shortages. In Montenegro, the impact is positive, with representatives suggesting the consideration of public-private partnerships for older people care and emphasizing the integration of the I-CCC activities into local policies for social and child protection. However, financial constraints remain a significant concern, relying on cooperation with national authorities and international donors. In Serbia, the impact is neutral, with local governments seeking alternative funding sources due to limited financial resources at the local and republic levels and applying to various donors for support.

Impact 7: Possibility to profile oneself regionally as a health-promoting region/community/ Profiling “photo for politicians”/ dementia as a stigma and therefore not suitable, especially in CEE?

AUT: Not observed

This impact was not observed by the interviewees. Both Austrian regions are already health-promoting through existing organizations and initiatives.

MNE: Neutral

A combination of favourable climate, natural surroundings, and a leisurely lifestyle positions Montenegro as an excellent destination for health tourism. However, the interviewees believe that while the positioning is ideal, it is currently premature, so they have focused on local recognition. Municipalities express interest in enhancing their capacity to adequately address the needs of older people and seek new partnerships to establish themselves as age-friendly destinations. Unfortunately, Montenegro faces a shortage of experts in

gerontology and geriatrics, leading to an insufficiently trained workforce to assist the growing older population. As the proportion of older individuals rises, the demand for professionals in this field is expected to surge. In essence, the country lacks the necessary resources for adequate care and support for its aging population.

SRB: Positive

As the biggest local governments in their regions, both cities in Serbia are considered exemplary models for other smaller local self-governments. However, the collaboration among various local communities is still underdeveloped, primarily due to the absence of clearly defined procedures for cost-sharing. Despite some attempts, there is an impending need to identify the most cost-effective solution for care of the older population in the coming period. One intriguing proposal involves establishing respite care that would serve at least three neighbouring local self-governments. This idea aims to address the challenge by creating a shared resource that benefits multiple communities.

Total: Positive/Neutral

The assessment of the possibility to profile regions as health-promoting reveals varied perspectives, with Austria not observing a significant impact, Montenegro acknowledging potential while addressing a shortage of professionals, and Serbia positioning its cities as models despite challenges in collaborative efforts and a proposed innovative solution for shared respite care.

Impact 8: Reduced unemployment by creating new/additional jobs (MNE, SRB)

MNE: Positive/Neutral

In addition to benefiting medical professionals, the project also contributes to enhancing the employability of social workers and volunteers. Through training and hands-on experience with older individuals dealing with specific health conditions, including dementia, they can better position themselves in the job market once the project concludes. The interviewees, when reflecting on the broader context, noted that during the establishment of home help services, many recipients of social transfers were employed as associates to provide the service. Recognising the challenge of finding jobs for these individuals, their activation proved beneficial in alleviating the burden on social protection systems.

To tackle this challenge, collaboration is recommended among the Ministries of Social Protection, Education, and Science. Their collective efforts could concentrate on encouraging and training young individuals with middle and high education levels to offer services to older people. There's a specific concern about high staff turnover in care centres. Despite recent wage increases for health workers in the health sector, this hasn't been extended to staff in social care or homes for older people, leading to nearly twice as low wages. The shortage is most pronounced for carers and medium-educated health staff. Moreover, doctors in nursing homes receive lower salaries compared to those in public health centres. Addressing these discrepancies is crucial for maintaining a well-supported and stable workforce in the care sector.

SRB: Neutral

While informal caregivers are widely recognised as crucial players in long-term care, the absence of formal regulations governing their status poses a significant challenge. There is a pressing need for normative regulation and comprehensive financial planning – ensuring allocation through the budget of the Republic of Serbia and local self-government budgets – for the establishment of a system where informal caregivers are duly compensated for their invaluable work.

Total: Neutral

The assessment of reducing unemployment through creating new jobs reveals half positive, half neutral impacts in Montenegro, where the project enhances employability and addresses workforce challenges, and a neutral impact in Serbia, as the I-CCC is not currently perceived as a direct factor in reducing unemployment. However, its value in emphasizing the crucial role of informal caregivers is acknowledged. There is a recognised need for regulatory and financial measures to support this group.

Impact 9: Willingness of sustainable funding of services (long term)

AUT: Negative

One interviewee mentions that in general they see it as the role of public administration to fund this type of service, they also mention that this would allow for better coordination with someone responsible for keeping an overview. However, both see that there is no additional need for this particular service in their regions and therefore show no willingness to fund it on a sustainable basis.

MNE: Positive

The Law on Social and Child Protection does not recognise integrated services for older people, so they cannot currently be financed from the national level. The services that fall under the social protection umbrella, such as home care and counselling, can be financed regularly. The ministry's regular tender process provides an opportunity for NGOs to apply, but only on a project-by-project basis, for piloting innovative services and implementing licensed services.

"The professionals who provide care for older individuals are the everyday heroes who ensure their well-being. Without them, the system would not be able to function effectively. It is crucial for the state to prioritize the retention of these dedicated professionals and take steps to hire more employees. By recognizing the importance of their roles and investing in workforce expansion, we can ensure the continued provision of high-quality care for older people." (Focus group #1, Montenegro)

SRB: Positive

Both local self-governments in Serbia already started some discussions among all sectors to find the best suitable solution for future support of the activities and services which have been established by I-CCC. "Informal caregivers as a target group are not recognised anywhere. And we must recognise them in both systems. They need integrated services. Perhaps as advisory services." (Interviewee #1, Serbia)

Total: Neutral/Positive

The overall impact score for the willingness of sustainable funding of services (long term) indicates a negative assessment in Austria, and positive assessments in Montenegro and Serbia. In Austria, interviewees express a lack of willingness to fund the particular service provided by I-CCC on a sustainable basis, citing the absence of additional need in their regions. In Montenegro, positive sentiments prevail, recognizing the Law on Social and Child Protection's limitations but emphasizing the essential role of professionals in caring for older individuals. The call is made for state prioritization to retain and expand the workforce for continued high-quality care. Similarly, in Serbia, local self-governments are engaging in discussions across sectors to find suitable solutions for supporting the established activities and services of I-CCC, recognizing the need for integrated services for informal caregivers.

Impact 10: Relief for politics ("there's someone who does it and we don't have to finance it")

AUT: Negative

Both interviewees mention to have not observed any effects from the I-CCC activities.

MNE: Neutral

Human rights protection represents a relevant component of the project, since it contributes indirectly to the implementation of policies on discrimination against persons with disabilities in the following areas: social protection, adequate living standard, independent living and living in the community; discrimination in health protection and access to adequate assistance. Interviewees suggested that the services developed could contribute to the prevention of violence against older people, since they are provided with a safe environment to discuss this issue.

SRB: Not observed

This impact was not observed by the interviewees.

Total: Neutral/Negative

The overall impact score for the relief for politics ("there's someone who does it and we don't have to finance it") is neutral to negative, as it is negative in Austria, neutral in Montenegro, and not observed in Serbia. In Austria, both interviewees express that they have not observed any effects from the I-CCC activities, indicating a lack of relief for politics. Montenegro provides a neutral stance, acknowledging the project's contribution to human rights protection and potential prevention of violence against older people.

Other remarks on I-CCC

MNE:

Representatives from various institutions actively participated in the majority of events organized throughout the project. Those officials not directly engaged in project activities mentioned learning about the regional conference, the use of tablets in working with persons with dementia, and the introduction of support for informal caregivers from their colleagues. However, they expressed uncertainty about the specific project name and details. This uncertainty is partially attributed to the Red Cross's extensive involvement in various activities, making it challenging for individuals to recall specific project titles.

SRB:

The interviewees recognise specific activities, particularly those designed for informal caregivers. They attended various educational sessions, events, and activities that fostered connections with public health initiatives.

Deadweight: Alternative services that would achieve similar effects

AUT: High

"There are many organizations that advise on care, the general overview is good, but going into depth, determining needs and getting a coordinated offer, that's the fine art, and we don't notice that when there

are only individual offers" (Interviewee #9, Austria). "Fine-tuning in the region would have been necessary to see what could be offered that wasn't there yet" (Interviewee #8, Austria).

MNE: Low

"The need for services is much greater than the number of services we currently provide. The development of both existing and new services should be continued, particularly integrated services that provide comprehensive protection for users by interconnecting different sectors." (Focus group #1, Montenegro).

"The number of older people living alone is increasing. The small things that make a significant difference in their daily lives are things such as having someone take them to the store, lift them up to the second floor, help them get to bed, or provide them with a glass of water. Therefore, projects such as I-CCC are irreplaceable, and the demand will always exceed the number of services available." (Focus group #1, Montenegro).

The aging population is constantly increasing in the municipalities, which is accompanied by rapid depopulation in the north and rural areas. In consequence, there is an increase in the demand for social and health care services and a need for adequate response from the local authorities and community providers, such as the Red Cross.

SRB: /

The representatives did not provide any insights on potential deadweight.

12.2. CONCLUSION

The assessment of the ten impacts of I-CCC on politics and administration reveals a mixed picture. While the project's **contribution to improved access, quality and availability** of long-term care and support services is **positively acknowledged in Montenegro and Serbia**, **Austria** reports a negative impact, citing a **lack of added value** and superficiality in the I-CCC's service offerings. A better understanding of the needs of people with dementia and older individuals, as well as their informal caregivers, receives a varied assessment. In Austria, this impact was not observed in Austria, while **Montenegro and Serbia** present positive impacts, **emphasizing deeper insights, educational components, and expanded public understanding**.

The **recognition of I-CCC as a socially useful service bringing positive economic impacts** in the short-term also receives mixed evaluations, with Austria expressing scepticism about the economic added value due to **comprehensive care coverage** in the regions and **concerns about fragmented services**, Montenegro highlighting social and human benefits, and Serbia acknowledging potential economic benefits but facing challenges in assessing viability. The **potential for long-term cost reduction** through preventive activities receives a **neutral** assessment overall, with recognition of the value of prevention but challenges in effective implementation across all three countries.

The **sustainable establishment of services** reveals diverse perspectives. Austria expresses reservations, Montenegro sees positive opportunities through partnerships and integration into local policies, and Serbia faces financial challenges but seeks alternative funding sources. The potential for **regional self-profiling as a health-promoting region** or community is not observed in Austria, while municipalities in Montenegro strive to establish themselves in this field, yet the shortage of professionals in this field remains challenging, and the municipalities in Serbia serving as role models despite challenges in collaborative efforts.

Regarding reduced unemployment and the creation of new jobs, **Montenegro** reports **positive impacts on employability**, while Serbia acknowledges the crucial role of informal caregivers but presents a neutral impact. The **willingness for sustainable funding** of services receives a negative assessment in Austria, emphasizing a lack of need in their regions, while Montenegro and Serbia express positive sentiments, recognising limitations in underdeveloped legislation and professional procedures and calling for state prioritisation. Finally, the **relief for politics** is **neutral to negative** overall, with Austria reporting no observed effects, Montenegro acknowledging potential human rights protection, and Serbia not observing any specific impact.

The varied assessments reflect the complex and context-dependent nature of the I-CCC's impact on politics and administration across Austria, Montenegro, and Serbia.

Deadweight assessments vary across the three countries. In Austria, the deadweight is deemed high, with lots of other comparable services available. Concerns about the lack of fine-tuning for coordinating offers and determining specific needs were mentioned. In Montenegro, the deadweight is low, emphasizing the need for continued development of both existing and new services, particularly integrated services. The demand for services is seen as exceeding the current capacity, and projects like I-CCC are considered irreplaceable. In Serbia, no specific insights on potential deadweight were provided by the representatives.

13. Senior citizens' associations

To assess the impact of the CCCs on the available services in the communities, a qualitative approach was used. Qualitative semi-structured interviews with community representatives from senior citizens' organisations shall show how the intervention is judged by them and which effects are seen.

In total 7 representatives of this stakeholder group were interviewed in 7 interviews. Two of them took place in Austria, both times in Vienna, three of them in Montenegro, one in Bijelo Polje and two in Bar and two in Serbia, one in each region (Sombor and Pirot).

13.1. IMPACT OVERVIEW

TABLE 61: IMPACT OVERVIEW OF SENIOR CITIZENS' ASSOCIATIONS (IMPACT RANGE VERY NEGATIVE TO VERY POSITIVE)

Impacts	Overall	Austria	Montenegro	Serbia
Impact 1 Improved advocacy activities (topic is important for own advocacy activities)	Positive	Positive/Neutral	Positive	Positive
Deadweight	Partly	High	Partly	Partly
Impact 2 Supplementary offer for own members to which reference can be made	Neutral	Negative	Positive	Neutral
Deadweight	Partly	High	Partly	/
Impact 3 Being aware of the I-CCC services	Positive	Positive	Positive	Positive
Deadweight	Partly	High	Partly	/
Impact 4 Act as a multiplier	Neutral	Neutral/Negative	Positive	Positive
Deadweight	Partly	High	Partly	Partly

Impact 1: Improved advocacy activities (topic is important for own advocacy activities)

AUT: Positive/Neutral

For one interviewee the I-CCC's advocacy activities have no direct effects on their own advocacy activities, for the other interview partner I-CCC played a key role insofar as being a cooperative partner and supporting part of establishing the new initiative "Promenz group", a self-help group for people with dementia.

MNE: Positive

The I-CCC and the Red Cross are widely acknowledged by the interviewees for their advocacy efforts in support of older people. Presently, their emphasis is primarily directed towards alleviating poverty through advocacy for increased social transfers and investments in housing.

The interviewees appreciate the I-CCC's efforts in spreading the voice of the older population and promoting intergenerational cooperation and equality between generations. "It would be beneficial for young people to know that there are some older generations who have devoted their entire lives to building everything this country enjoys today". (Interviewee #3, Montenegro)

SRB: Positive

Improved collaboration between the Red Cross and the association of an interviewee has resulted in more frequent joint activities. Additionally, advocacy efforts with the municipality for more active aging activities have become stronger and better coordinated.

Total: Positive

Overall, the I-CCC contributed positively to advocacy activities of this stakeholder group across Austria, Montenegro and Serbia, with varying degrees of contribution from I-CCC. In Austria, the I-CCC played a key role in supporting the establishment of a self-help group for people with dementia. In Montenegro, the focus is on advocacy efforts to alleviate poverty and promote intergenerational cooperation, earning positive recognition. Serbia highlights strengthened collaboration resulting in more coordinated advocacy for active aging activities with positive outcomes.

Impact 2: Supplementary offer for own members to which reference can be made

AUT: Negative

Both interviewees mentioned have been informed on the I-CCC's activities but have not directly referred their clients/visitors to these services. One interviewee mentioned that there could have been more exchange and cooperation within the region, when it comes to the I-CCC's services.

MNE: Positive

A significant number of I-CCC clients are members of senior citizens' associations.

SRB: Neutral

The interviewees mention they refer to some of the I-CCC activities addressing the cultural needs of older people. "We need to fight against the self-isolation of older people." (Focus group 1, Serbia) Also, the significance of having a diverse range of organizations providing older individuals with various services and activities within the community is acknowledged.

Total: Neutral

The overall impact assessment for a supplementary offer for own members, to which reference can be made, varies across Austria, Montenegro, and Serbia. In Austria, the impact is negative, with interviewees not directly referring their clients to I-CCC services and suggesting a need for more regional exchange. In Montenegro, the impact is positive, as a significant number of I-CCC clients are members of senior citizens'

associations. Serbia shows a neutral stance, with interviewees referring to some I-CCC activities addressing cultural needs but without a strong positive or negative inclination.

Impact 3: Being aware of the I-CCC services

AUT: Positive

In Austria, both interview partners were aware of the I-CCC's activities. One interviewee deemed the tablet training an especially interesting service offered, which they had not heard about before. The other interviewee stressed that facilitating access to these kind of projects within small areas and communication/networking within these is key, in this aspect lies the innovative part of this project, "we do what we have always done but we try to take a different path than before" (Interviewee #1, Austria) while also recognizing the central problem for these services is getting close to the target group.

MNE: Positive

Both interviewees were informed of the services offered by I-CCC. A high level of satisfaction was reported by their members, especially with respect to the preventive home visits and the dedicated project staff (social workers, volunteers, and geronto-housewives). As a result of providing timely information and support to help older people with care and support needs exercise their various social rights, community care centres are regarded as a useful way to make other available services more accessible.

SRB: Positive

The interviewees mention that they share a common beneficiary base with the Red Cross organizations. This familiarity extends to all Red Cross initiatives, including the I-CCC programme, which is widely embraced. "Our members who are using other Red Cross activities got better informed and shared information with others. We also have been invited to some seminars and lecturing on a topic which are very useful for us - such as seminars related to vision and the purchase of glasses, or related to dementia...Some of them were so emotional, I almost cried..." (Interviewee #1, Serbia)

Total: Positive

The overall impact is uniformly positive, indicating a successful awareness and engagement with I-CCC services in all three countries. In Austria, interviewees acknowledge the innovative aspect of the project, particularly emphasizing the importance of communication and networking in small areas. In Montenegro, a high level of satisfaction is reported among members, especially with preventive home visits and dedicated project staff. Serbian interviewees express a positive sentiment, with shared beneficiaries being well-informed and participating in various Red Cross initiatives, including the I-CCC programme.

Impact 4: Act as a multiplier

AUT: Neutral/Negative

While recognizing the I-CCC as an exciting concept and services for dealing with bureaucracy as central, the interview partners did not actively refer their clients/visitors to the I-CCC's activities – other than to the self-help group for people with dementia that was newly established in cooperation with the I-CCC in Vienna. While one interview partner praised the I-CCC staff for networking well, seeing what is available within the district and tailoring their services accordingly, they also stated that they did not have information material from the I-CCC itself, "a little more aggressive promotion wouldn't have hurt" (Interviewee #3, Austria).

MNE: Positive

One interview partner values that the project took inspiration from community centres, their association aims to organise a variety of social activities and participate in advocacy campaigns. The I-CCC helped them to consider shifting from traditional areas of cooperation with the Red Cross, which have mostly focused on existential needs (food, medicine, clothing, etc.) to community-based services.

SRB: Positive

The interviewees see a mutual positive outlook and a readiness for collaboration, with a proactive approach to extending invitations for various activities from both sides. The impact of the pandemic has posed some challenges, slowing down the process of establishing these connections.

Total: Neutral

The varied responses suggest a nuanced impact, with positive outcomes in Montenegro and Serbia and room for improvement in Austria. Austrian interviewees, while recognizing the I-CCC as an exciting concept, express reservations about actively referring clients. In Montenegro, the project is seen as valuable for spreading the voice of the older population and promoting intergenerational cooperation. Serbian interviewees note improved collaboration with the Red Cross, resulting in more frequent joint activities and better-coordinated advocacy efforts.

Deadweight: Alternative services that would achieve similar effects

AUT: Partly

While one interview partner recognised that there can never be enough supply, they see an urgent need in a variety of areas in care that are not covered by the I-CCC's services. This is for example the very old age group, as the accessibility to this group is severely limited and there is no willingness for interventions, and also migrant communities, which cannot simply be reached by multilingual folders and are hard to reach because of the closed nature of the communities. The other interviewee stressed that anything that helps to keep people fit and healthy for as long as possible makes a lot of sense and could certainly be easily linked to other areas of care. In there lies the identified gap, for this interviewee, that could be filled with a more specified focus of I-CCC on tablet-supported trainings.

MNE: Low

The interviewees recognised that compared with other providers the Red Cross provides a higher level of quality. Whether it is poverty, illness, distance from the city, or being marginalized by poverty, the Red Cross reaches out to all those in need.

SRB: Partly

Despite the existence of similar services, the interviewees acknowledge the Red Cross activities as a superior-quality service.

13.2. CONCLUSION

The assessment of the CCC activities by senior citizens' associations in Austria, Montenegro and Serbia also reveals diverse outcomes. **Advocacy activities** of the interviewees **benefit positively from I-CCC** involvement, notably in Serbia where collaboration is strengthened. Montenegro's representatives consider

CCC activities as a **supplementary offer** for their visitors, while in Serbia, referrals are limited to specific activities, and Austrian representatives do not directly refer visitors. The positive impact of **being aware of I-CCC services** is evident in all three countries, emphasizing **successful engagement**. The role of acting as a multiplier shows nuanced responses, with Austria indicating potential for improvement, while **Montenegro and Serbia** showcase **positive collaborative** and advocacy **outcomes**.

In Austria, deadweight is high with a lot of alternative services achieving similar effects recognised by interviewees. The interview partners also note gaps in I-CCC's coverage, especially for the very old and migrant communities, suggesting a need for more targeted services, such as tablet-supported training. In Montenegro, other services cannot keep up with the quality of RC services, resulting in low deadweight. In Serbia, despite similar services, the Red Cross is also recognised for superior quality, indicating that other services could partly result in similar effects.

14. Verified impact model

This chapter provides an easy-to-navigate graphical overview of all 60 impacts assessed across 8 stakeholder groups including deadweight. In the verified impact models below, the degree of achievement of each impact is indicated by a tick (✓) for an achieved impact, a tide (~) for a neutrally assessed “almost/half achieved” impact, an x (X) for an unachieved impact.

TABLE 62: VERIFIED IMPACT MODEL OF OLDER PEOPLE WITH CARE AND SUPPORT NEEDS

Stakeholder	Impacts	Degree of achievement
Older people with care and support needs	More knowledge and information on offers and services regarding the different topics and their affordability	✓
	Supportive environment for healthy ageing	✓
	Prevention of functional losses	~
	Increased/stabilised well-being	~
	Strengthening self-help skills and health literacy	✓
	Support in everyday life activities	✓
	Psycho-social support	✓
Preventive home visit clients (AUT, MNE)	Needs of people who received preventive home visits identified	✓
	Increased sense of safety	✓
	Reduction of loneliness	✓
	Referral to „proper“ institutions/case management carried out	✓
	Adaption of living space to increase safety	✓
	Reduced risk of persons being institutionalized	~

TABLE 63: VERIFIED IMPACT MODEL OF INFORMAL CARERS

Stakeholder	Impacts	Degree of achievement
	In-depth knowledge of care and health aspects	✓

Informal carers	Increased system knowledge (financial, access to aids, etc.)	✓
	Physical, psychological and time relief	✓
	Relief/strengthening of the family system	✓
	Reduce sense of isolation	✓/~
	Better understanding of the needs of people with dementia/older people with care and support needs	✓/~
	Increased/stabilised well-being	✓

TABLE 64: VERIFIED IMPACT MODEL OF VOLUNTEERS

Stakeholder	Impacts	Degree of achievement
Volunteers	Positive influence on health	✓
	Increased social participation	✓
	Increased job opportunities for younger people who volunteer (MNE, SRB)	✓
	Gaining expertise among younger people who volunteer (MNE, SRB)	~
	Strengthen in-depth knowledge of care and health aspects as well as digital competences	~
	Better understanding of the needs of people with dementia/older people with care and support needs	✓
	Good feeling of doing something meaningful for the society	✓

TABLE 65: VERIFIED IMPACT MODEL OF OTHER LTC PROVIDERS

Stakeholder	Impacts	Degree of achievement
Other LTC providers	Relief / Additional offer that can be provided if needed	✓
	Professional exchange	✓
	Access to new information, new expertise	✓
	Better resolving for individual cases (case and care management)	✓
	Newly established framework for cooperation/meetings on a local level	✓

	Disadvantage: "New player"*	X
	Disadvantage: Competition for funding*	X
	Disadvantage: Competition for customers*	X
	Disadvantage: Higher load due to increased number of people with dementia in mobile care (long-term)*	X

*Hypothetical negative impact assessed negatively is considered a positive impact.

TABLE 66: VERIFIED IMPACT MODEL OF HEALTH SERVICE PROVIDERS

Stakeholder	Impacts	Degree of achievement
Health service providers	Time and psychological relief	✓
	Increased demand for services (e.g. therapy) that would otherwise remain unknown	✓
	Better knowledge about the system and possible partners → leads to better coordination	✓
	Early diagnosis by People with Dementia has increased → better monitoring → increased quality of life for clients	✓
	Increased knowledge on the topic of dementia and other health and care aspects and thus also profiling opportunities (e.g. pharmacies)	~ / ✓
	Increased sensitivity to the issues and the possibility to refer to competent services	✓
	Possibility of exchange with regional providers	~ / ✓
	Increased workload that is not compensated financially (there are many networking opportunities)*	~ / X

*Hypothetical negative impact assessed negatively is considered a positive impact.

TABLE 67: VERIFIED IMPACT MODEL OF POLITICS AND ADMINISTRATION

Stakeholder	Impacts	Degree of achievement
Politics and administration	(Improved and/or enabled) access as well as (better) accessibility and higher quality of long-term care services (MNE, SRB)	✓
	Improved availability of care and support services	~ / ✓

	Better understanding of the needs of people with dementia and older people in need of care and their informal carers	✓
	Recognition as socially useful services that create social value and bring positive economic impacts (in the short term)	~
	Long-term cost reduction through preventive activities. Currently, the target group generally uses medical services only in the case of an acute event or illness	~
	Sustainable establishment of services → application of the concept of I-CCCs and voluntary services for People with Dementia in the long-term care policy of the 3 countries	~
	Possibility to profile oneself regionally as a health-promoting region/community/ Profiling "photo for politicians"/ dementia as a stigma and therefore not suitable, especially in CEE?	~
	Reduced unemployment by creating new/additional jobs (MNE, SRB)	~
	Willingness of sustainable funding of services (long term)	~ / ✓
	Relief for politics ("there's someone who does it and we don't have to finance it")	X

TABLE 68: VERIFIED IMPACT MODEL OF SENIOR CITIZENS' ASSOCIATIONS

Stakeholder	Impacts	Degree of achievement
Senior citizens' associations	Improved advocacy activities (topic is important for own advocacy activities)	✓
	Supplementary offer for own members to which reference can be made	~
	Being aware of the I-CCC services	✓
	Act as a multiplier	~

15. Conclusion

Background/Task/Objective

The project “I-CCC – Addressing and Preventing Care Needs Through Innovative Community Care Centres” was a three-year project implemented by the Red Cross of Austria, Serbia and Montenegro running from November 2020 to October 2023, funded by the European Commission and the Austrian Development Agency. The NPO Competence Centre of the Vienna University of Economics and Business was supporting and evaluating this project, thereby particularly focusing on impact. The primary objective of the project was to establish six Community Care Centres, two each in Austria, Montenegro, and Serbia. The CCCs offer support for older people in need of care and for informal carers offering diverse activities as well as counselling. Furthermore, they offer volunteer-based services for people with dementia and cognitive impairments. By strengthening community-based services, the I-CCC project seeks to contribute to national policy reforms in long-term care.

Methodology

The I-CCC’s activities are evaluated using an impact model-based approach and a mix of qualitative and quantitative methods of evaluation in a pre-post design. The impact analysis is based on a hypothetical impact model that includes an impact chain for each identified stakeholder group, outlining various potential impacts. The most relevant stakeholder groups for the purpose of this project evaluation were older people with care and support needs, people with (suspected) dementia, informal carers and volunteers, as well as the following community stakeholders: other LTC organisations, health service providers, politics and administration and senior citizens’ associations. For 7 of these 8 stakeholder groups¹, 58 hypothetical impacts were assessed. This process included an array of quantitative and qualitative methods, tailored to the respective stakeholder groups to achieve a comprehensive analysis from different perspectives. What would have happened anyway (contrafactual analysis) is included in the evaluation process by considering the capacities of similar comparable services to the CCCs.

Results

The broad impact analysis of I-CCC on the seven stakeholder groups – comprising older individuals with care and support needs, informal carers, volunteers, other long-term care organisations, health service providers, politics and administration, and senior citizens’ associations - along with 58 hypothetical impacts, reveals **predominantly positive outcomes**. Specifically, **71% of the impacts were rated as positive or very positive**, while 28% were considered neutral, and only 2% were identified as negative² considering all three countries. A more differentiated picture by country is drawn in Figure 21.

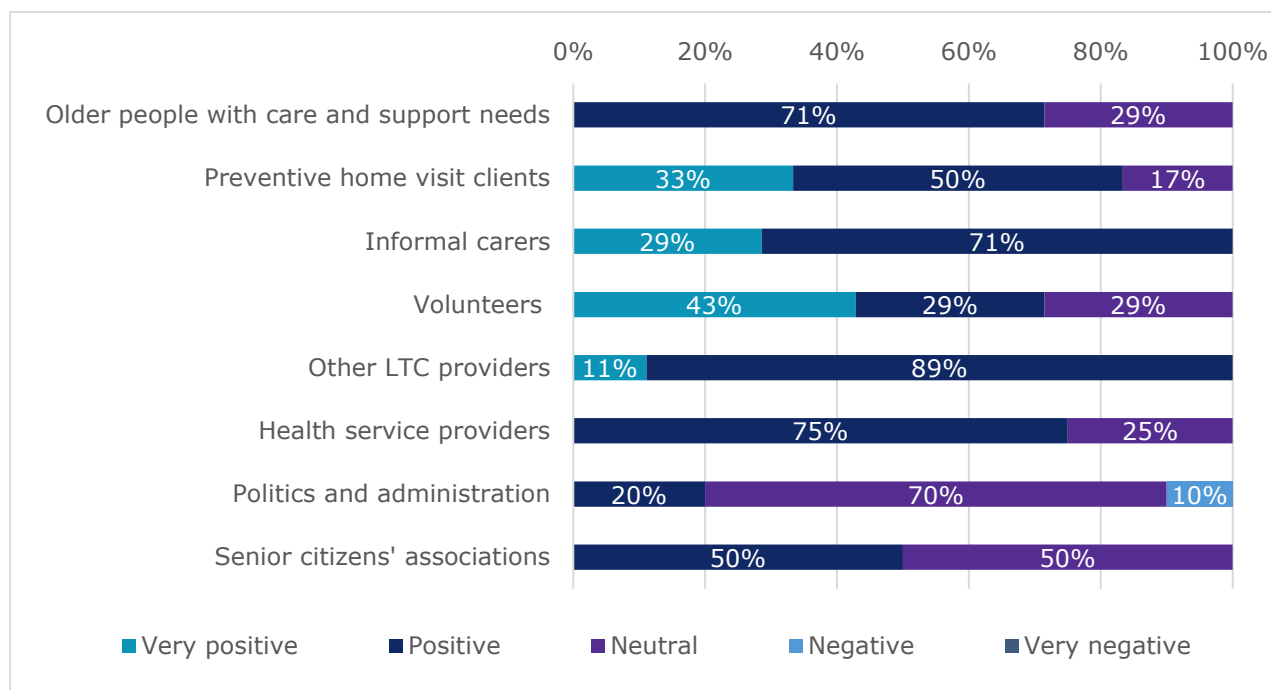
Among the main stakeholder groups, the results were notably **most favourable** for **informal carers**, closely followed by **preventive home visit clients**, a subgroup of older people with care and support needs. Examining the perspectives of community stakeholders, other **long-term care providers** offered

¹ For people with (suspected) dementia no impacts were assessed, rather the changes in results of the employed standardised instruments over time were analysed.

² Hypothetical negative impacts which were assessed negative are already considered as positive impacts in this breakdown.

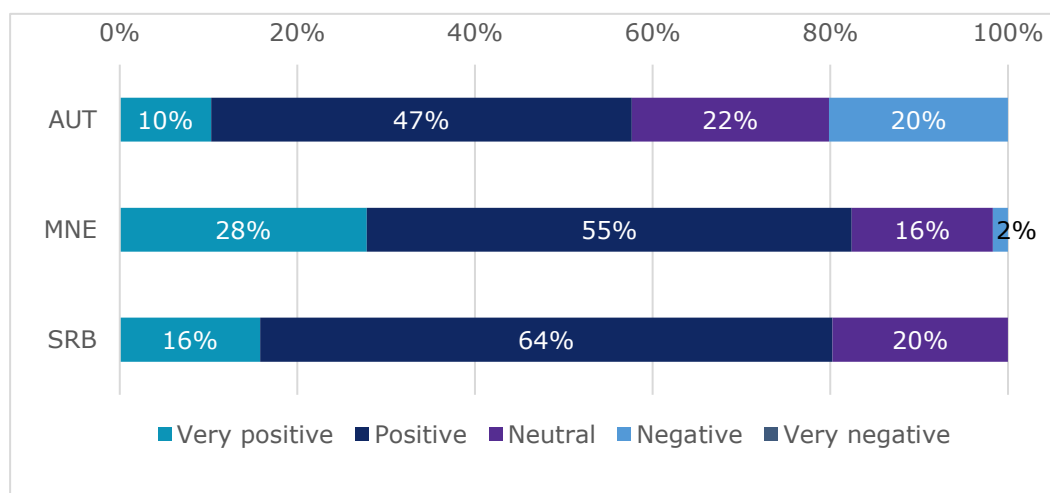
the **most positive assessments of I-CCC's impacts**, trailed by health service providers. The most critical assessment stems from representatives in politics and administration.

FIGURE 20: DISTRIBUTION OF ASSESSED IMPACTS ACROSS ALL THREE COUNTRIES BY STAKEHOLDER GROUP, %



Analysing the distribution of evaluated impacts across all stakeholder groups by country, **Montenegro** emerges with the **highest proportion of positive and very positive impacts** at 83%, **closely followed by Serbia** at 80%. In contrast, **Austria** records 57% of impacts rated as positive or very positive, and notably, it exhibits the **highest incidence of negatively assessed impacts** (20%) among the countries. This largely relates to impacts negatively assessed by politics and administration. In the combined assessment of the three countries this effect was mitigated by a more positive evaluation in Montenegro and Serbia.

FIGURE 21: DISTRIBUTION OF ASSESSED IMPACTS ACROSS ALL STAKEHOLDER GROUPS BY COUNTRY, %



In the following eight subsections, the main findings on our most relevant stakeholders are summarised.

Older people with care and support needs

In general, the I-CCC seems to have had a **largely positive impact on older people with care and support needs**. Activities offered include counselling, healthy aging promotion, and various home visits. **Discrepancies in service availability** are apparent among the countries, with Austria already featuring a range of existing and comparable services tailored to the target group. In contrast, Serbia exhibits a lesser extent of such services, and the availability is even more limited in Montenegro. Older individuals in Austria and Serbia are mainly supported by family or home help, while individuals from Montenegro exhibit a lack of caregivers. The WHOQOL-BREF results show that the **quality of life remained stable** among this stakeholder group, with a marginal increase detected Serbia. The I-CCC positively affected a supportive environment for healthy aging and everyday life activities, **influencing living conditions, coping mechanisms, social networks, and health literacy**. Education level impacts knowledge gain, with a higher impact on those with lower education. The impacts on prevention of functional losses and on well-being are neutral, aligning with stable results in the quality of life measurement. Bearing in mind that some level of deterioration in the overall status of well-being in this target group can be expected, no change could be seen as a positive result. Despite no significant differences among countries, **Montenegrin individuals** generally experience **slightly higher impacts**, possibly due to less family support and fewer services available.

A subgroup of older people analysed are the individuals who utilised the service of a **preventive home visit**, a service only available in Austria and Montenegro. This intervention proves to be very effective, while also exhibiting a lower deadweight than other activities. The **overall impact of this intervention on older people**, considering factors such as creating a safer living environment, establishing a social network, providing referrals to appropriate institutions, offering financial support, assisting relatives, obtaining and using assistive devices, and coping with stress and conflict, is **notably positive**, with no very negative or negative effects registered.

Older people with (suspected) dementia

The I-CCC's **volunteer-based tablet-training** sessions were tailored interventions for individuals with (suspected) dementia. To evaluate the effect of this activity, two standardised instruments were employed to assess cognitive status and depression levels before and after approximately a year of participation. Baseline results indicated mild cognitive impairment and mild depression levels across all countries, with Austria showing the best cognitive scores and depression levels and Montenegro the lowest. Post-intervention, participants, on average, tended to **remain within the same cognitive category**, with clients from Montenegro showing the most significant improvement. Notably, individuals with severe to most severe cognitive impairment across all three countries demonstrated improvement upon retesting, suggesting that the **intervention may be particularly effective for those with severe to most severe cognitive impairment**. The tablet intervention also led to a **slight decrease in average depression levels**, particularly notable in Montenegro. This suggests that the tablet intervention may have served as an effective tool for the inclusion and engagement of older individuals at risk of dementia or with dementia.

While the observed changes are promising, it's essential to acknowledge the short observation period, the novelty of the technology, and the need for additional time and control variables for a more robust evaluation of the intervention's impact on cognitive decline and depression levels in this population.

Informal carers

The stakeholder group that experienced the **most positive and very positive impacts of I-CCC** comprises informal carers across Austria, Montenegro, and Serbia. These caregivers actively participated in a range of organised CCC activities, including consultations, trainings, education courses, group activities, and respite care. Typically **women**, these caregivers predominantly **look after their parents and partners**, providing care for five years or less, with two-thirds **employed**. WHOQOL-BREF measurements demonstrated **improved perceptions of quality of life and health** upon retesting in this stakeholder group. Informal carers experienced particularly positive improvements in their **understanding of dementia and older people's (care) needs**, as well as a **deepening knowledge of care and health aspects**. Furthermore, the I-CCC initiatives significantly **increased system knowledge**, including information on available assistance and aids, contributing to a better grasp of how these resources can be acquired and utilized. Informal carers also benefited from a **strengthened family system, physical, psychological and time relief**, enhanced well-being, and a reduced sense of isolation. These findings underscore the effectiveness of CCC services in providing comprehensive support and valuable resources for informal carers, ultimately improving their overall quality of life and caregiving experiences.

Volunteers

Volunteers played a pivotal role in the I-CCC project. They, following extensive training, engaged in visiting services, supporting older individuals in daily life, and conducting cognitive training sessions with those at risk of dementia. Volunteers are **predominantly female**, with a **younger demographic in Montenegro and Serbia** and an older one in Austria, reflecting diverse educational backgrounds across all three countries. In Montenegro and Serbia, a significant proportion of volunteers are job-seeking or unemployed, while in **Austria**, the majority of volunteers are **retirees**. WHOQOL-BREF results indicate a generally **high quality of life** for volunteers, which mostly **remained stable**. The impact assessment reveals largely positive outcomes. Notable positive effects include a **sense of contributing to a meaningful societal aim**, a **better understanding of the specific needs of older people** with (and without) dementia, and the **promotion of social participation**. The activities also demonstrate potential in **enhancing employment prospects for younger volunteers**. While some impacts were rated as neutral, such as gaining expertise and enhancing knowledge, they present opportunities for further development. Overall, the I-CCC activities have proven to significantly **enhance the personal and professional growth of volunteers**, emphasizing their valuable contribution to the community and potential for broader societal impact.

Other long-term care providers

Findings drawn from our 11 interviews with 17 stakeholders within the LTC sector in Austria, Montenegro and Serbia show that other providers universally recognise the I-CCC as a highly beneficial program, **fostering knowledge and skill-sharing among providers** dealing with older individuals, especially those with dementia. The programme positively **highlights the societal value of informal carers**, promoting their visibility in communities. Multi-professional cooperation, notably strengthened in Montenegro and Serbia, is acknowledged for its importance, despite not being observed in Austria. While concerns about redundancy exist in Austria, the overall sentiment appreciates the I-CCC's unique and comprehensive approach. The introduction of the I-CCC as a new player is seen positively, **encouraging healthy competition, and improving service quality**. The evaluation suggests that the I-CCC acts as a catalyst for positive change in long-term care, fostering collaboration and service quality improvement.

Health service providers

The 5 interviews conducted with representatives of health service providers in Austria, Montenegro, and Serbia indicate predominantly positive outcomes. The programme positively contributed to **time and psychological relief** for health service providers, **expanding the scope of care services** and generating increased demand for services previously unknown to clients. Improved knowledge about the system and potential partners, leading to **enhanced coordination**, is positively acknowledged. While there is some variation in the assessment of increased knowledge on health and care aspects, the overall sentiment is neutral/positive, emphasizing the programme's relevance and the need for practical education. Positive outcomes are noted in Austria and Montenegro regarding **increased sensitivity to older population issues** and referrals to competent services. **Exchange possibilities with regional providers** are positively recognised in Montenegro and Serbia as a result of the project. There is no increased workload detected among health service providers due to I-CCC in Austria and Serbia, while in Montenegro an increase in demand is recognised. and Serbia reporting a negative impact. Overall, the analysis highlights the multi-faceted and region-specific impact of I-CCC on health service providers.

Politics and administration

The assessment of the impacts of I-CCC on politics and administration reveals a **mixed picture** in Austria, Montenegro, and Serbia, as observed by the 12 stakeholders interviewed. Respondents from **Montenegro and Serbia positively acknowledge** the project's **contribution to improving access, quality, and availability of long-term care services**. In **Austria**, the two respondents **perceived a lack of significant added value** in both regions, and one interviewee expressed concern about the perceived superficiality of the service provision. Understanding the needs of people with dementia and their caregivers receives varied assessments, with Austrian representatives not observing this impact, while interviewees from **Montenegro and Serbia highlight positive impacts on insights, education, and public understanding**. The recognition of I-CCC as a socially useful service and its economic impacts are mixed, with stakeholders from **Austria** expressing scepticism due to **comprehensive care coverage in the regions**, respondents from Montenegro emphasizing social benefits, and Serbian interviewees acknowledging potential economic benefits with challenges in assessment of viability. The **potential for long-term cost reduction** through preventive activities receives a **neutral** assessment overall, with recognition of the value of prevention but challenges in effective implementation across all three countries. Perspectives on the **sustainable establishment** of services vary, with Austrian interviewees expressing reservations, Montenegrin interviewees seeing positive opportunities through partnerships and integration into local policies, and Serbian representatives facing financial challenges but seeking alternative funding sources. The potential for **regional self-profiling as a health-promoting region** or community is not observed by the Austrian respondents, while municipalities in Montenegro strive to establish themselves in this field, yet the shortage of professionals in this field remains challenging, and the municipalities in Serbia serving as role models despite challenges in collaborative efforts. The impacts on **unemployment reduction** and job creation differ, with **Montenegro** reporting positive effects and Serbian representatives presenting a neutral impact. The **willingness for sustainable funding** receives a negative assessment in Austria but **positive sentiments in Montenegro and Serbia, recognizing limitations in legislation and calling for state prioritisation**. These varied assessments underscore the complex and context-dependent nature of I-CCC's impact on politics and administration in the three countries.

Senior citizens' associations

The assessment of CCC activities by 7 representatives of senior citizens' associations in Austria, Montenegro, and Serbia also reveals diverse outcomes. **Advocacy activities benefit positively** from I-CCC involvement, especially in Serbia where collaboration is strengthened. Montenegro's representatives consider CCC activities as a **supplementary offer** for their visitors, while in Serbia, referrals are limited to specific

activities, and Austrian representatives do not directly refer visitors. The positive impact of awareness of I-CCC services is evident in all three countries, highlighting **successful engagement**. The role of senior citizens' associations acting as a multiplier elicits nuanced responses, with Austria indicating potential for improvement, while **Montenegro and Serbia** showcase **positive collaborative** and advocacy **outcomes**.

16. Recommendations

The following recommendations are derived from the results of this evaluation, the advocacy plans of the three countries and the expertise of the local evaluators for the participating countries:

Austria

- Further improve the integration of existing health promotion, care, and support services by exploring the feasibility of consolidating all services under a single roof, while carefully considering potential challenges in terms of quality and cost-effectiveness.
- Introduce more targeted services specifically designed for individuals with dementia, their families, and communities.
- Strengthen preventive activities for older people, such as preventive home visits, which individuals would need to actively opt out of if they do not wish to receive them to reach this target group. Additionally, exploring the integration of Social Prescribing initiatives could enhance the range of options available, allowing healthcare professionals to 'prescribe' social activities and community engagement tailored to the specific needs and preferences of older individuals.
- Further expansion and continuation of support/relief and consultation services for informal carers to meet the increasing demand, e.g. location-independent online services but also person-centred consultations without time pressure.

Montenegro

- Red Cross, in cooperation with partners, to advocate for inclusion of integrative services for older people in both social protection and the healthcare system. Amendments of legislation will enable licensing as a sustainability option for provision of services.
- Advocate for better legal recognition and position of caregivers in legislation, and further development of support services.
- Leverage comparative advantages of RC: quality of services, extensive coverage, recognition among older persons and decision-makers.
- Further develop innovative approaches and tools (e.g. tablets) for working with persons with dementia and other older persons.
- Consider advocating for solutions to address the shortage in the geriatric workforce, encompassing gerontologists, geriatricians, nurses, social workers, and assistants. This might involve developing a Human Resources strategy and facilitating practical knowledge-sharing through internships and volunteering programmes in the RC.

Serbia

- Continue providing a combination of different services under one roof, recognizing the importance of a continuum of support for addressing the needs of older people.
- Develop specialized services, offering consultations with different professionals regarding safer living environments and assistive devices for various target groups, including older people, people with disabilities, and caregivers of both mentioned target groups.
- Continue and expand work with informal carers, standardizing various support packages, and presenting them to national-level policymakers.

- Broaden range of cognitive exercises for people with or at risk of dementia and maintain existing services.
- Continue utilizing voluntary-based services as a comparative advantage of RCS compared to other providers.

The proposals aim to increase the efficiency of existing services and refine them to better meet the challenges faced by older people with care and support needs and their carers.

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