



Funded by the
European Union

With funding from

Austrian
Development
Cooperation



www.communitycarecenter.eu

5th PARTNER MEETING I-CCC

LESSONS LEARNED & RECOMMENDATIONS

Date: 24th October 2023; Location: Belgrade, Serbia



C oncluding 3 years of I-CCC and final project deliverables

On 24th October 2023 the final partner meeting took place in Belgrade, Serbia. The aim of the meeting was to **share the experiences and knowledge** gained throughout the project and briefly update on the final project deliverables.

In Austria all project activities were finalized end of October 2023. In Serbia and Montenegro, the core activities of the innovative community care centres, such as: volunteer visits, home-help service, preventive home visits, counselling services for informal carers and people in need of care, as well as the self-helping groups and the healthy ageing activities, will continue until end of March 2024.

Montenegro will focus on advocacy since the challenging political situation in the country contributed to the delay in certain advocacy activities. Ivana Smolović, national project coordinator from Montenegro Red Cross, underlined the importance to raise awareness of informal carers in Montenegro. She stressed that the 4 videos ([see here](#)) which were produced within the project contributed to create a better understanding of the innovative community care centres and helped to draw attention on the challenging situation of older persons & informal carers in Montenegro.

Natasa Todorović and Milutin Vračević from the Red Cross of Serbia, shortly presented the guide for informal carers (In Serbian language: *Ja, Neformalni Negovatelj vodič za neformalne negovatelje*), which was developed within the I-CCC project, and which will be adopted for Montenegro. The guide for informal carers and the 15 educational videos ([see here](#)) about personal care at home were produced within the project. The guide and the videos will provide valuable information not only for informal carers but also for health care workers.

Almost all activities will be finalized in due time in Serbia and Montenegro. However due to the project extension in Montenegro the national final conference has been rescheduled for March 2024 and in Serbia the trainings for informal carers are delayed but will be finalized within the extension period. Both countries will present their Case Studies (a collection with good practice examples) in the upcoming months.

In Austria, by the end of this project, all activities will be finished on time. Dr. Gabriele Detschmann from the Austrian Red Cross Health & Social Service Department concluded that even though the two branches in Vienna and Hartberg were confronted with several challenges, especially over the first 1,5 "pandemic years", they found creative solutions to reach the target group and to catch-up on lost time. Good practices and lessons learned were collected and published in German (cf. Case Studies). Person-centred counselling and dementia training for informal carers was particularly well received by clients. The tablet-based training was also a huge success. Clients, i.e. people in need of care, their caregivers as well as volunteers enjoyed this new volunteer service and are convinced of its effectiveness. Thus, they appreciate that this service can be continued with a new (but similar) application ("Magic Minutes") thanks to the funding provided by the AutRC foundation "Aus Liebe zum Menschen".

At the final I-CCC conferences in Vienna (19. Sept 2023) and Belgrade (23. Oct. 2023) the national project coordinators presented the community care centres and concluded on the project deliverables. The NPO Competence Centre WU and the evaluators from Serbia and Montenegro provided a detailed overview on the impact of the community care centres in the six project regions at the international final conference in Belgrade. The most important conclusions & recommendations from the End-Evaluation Report are presented at the end of this report, to provide a comprehensive overview of all lessons learned & recommendations developed within the last three years.

Sharing experiences & lessons learned at the 5th Partner Meeting

The aim of this session was to share the experiences and knowledge gained through the implementation of the I-CCC project. To harvest the knowledge gained from the team we discussed project related questions in different formats, such as: **groups** and **sub-groups**. The main idea was to create a comfortable working environment and promote discussion among partners. During this session we were focusing on **5 different topics (1. Lessons Learned, 2. Good Practice Example; 3. Expected Policy Follow-Up, 4. EU-Added Value and 5. Networking with other Stakeholders)**. In a first step we discussed in a big cycle on the different topics to ensure we have a common understanding. In a second step we divided the group into three sub-groups. Each group had 15 minutes to work on each topic. After all sub-groups rotated among the different stations, we finalized the session in the big group and reviewed all questions.



What are the most important lessons learned from the project?

We discussed what we have learned during the I-CCC project. In the following, a summary of the most important lessons learned is provided including recommendations for other organizations which are aiming at implementing a similar action.

Lessons Learned 1: Evidence-based data is needed but might be only available at the end of the project due to a complex evaluation procedure.

The evaluation of the I-CCC provided the necessary data for evidence-based advocacy. However due to the delay of activities in the beginning of the project and the complexity to collect the relevant data from all stakeholders the impact evaluation was finalized at the end of the project and therefore the relevant information for evidence-based advocacy could not have been used during the project period to influence relevant stakeholders.

Recommendation 1: Consider the complexity of an evaluation.

Evidence-based data is valuable to demonstrate the impact of the I-CCC. However, when designing an evaluation method, you need to consider that due to the complexity of an evaluation methodology the relevant information you need for your advocacy activity might not be available during the project period. For meetings with stakeholders or at conference the data is still not available, and you cannot use it. When planning a similar action consider the complexity and timeframe of certain evaluation methods.

Lessons Learned 2: A monitoring tool needs to fit to the local context.

For all three countries (Montenegro, Serbia and Austria) the same monitoring tool was used to compare the performance of the I-CCC in different regions. However, during our discussions at the Partner Meetings we found out that the conditions in all three countries are different and a comparison of the data among the countries is not meaningful. For example, we were counting consultations of older persons in all countries. The numbers varied significantly among the countries. However, in Austria for example a consultation was much more time intensive as in Serbia and therefore the number of consultations was not as high as in Serbia.

Recommendation 2: When designing a monitoring tool consider local circumstances; one tool might not work for all project partners.

When designing a monitoring tool for different countries consider local circumstances. A comparison of the data among countries might not be the adequate approach as local circumstances might vary significantly.

Lessons Learned 3: The practicability of a monitoring tool is shown during its use.

During the I-CCC project partners often struggled with the monitoring tool as they had to collect a lot of different data from different sources, involving different people (e.g.: data by the person who does the online consultations, data from the person who does the preventive home visits etc.). Therefore, the wish for a simplified evaluation methodology was raised several times and the monitoring tool was revised and adapted during the project.

Recommendation 3: Include a pre-test phase in the beginning of an intervention when using new tools.

Include a pre-test-phase in your project to ensure the tool works well and all partners understand its procedure and allow space for adaptation. Also schedule individual evaluation/monitoring meetings with evaluation partners and all persons who are involved in the evaluation process.

Lessons Learned 4: Networking & stakeholder meetings are important.

Partners reported that the networking & stakeholder meetings have proven to be very successful to better exchange with other stakeholders in the field of health & social services and to best coordinate the services.

Recommendation 4: Plan networking meetings in your project.

When designing an innovative community care centre include networking & stakeholder meetings on a regularly basis. They have proven to be very beneficial to better cooperate and align services with different stakeholders such as: representatives of the municipalities, Centre for Social Work, Ministry of Labour, Health Centres etc.

Lessons Learned 5: The development of the DigitAAL life application was very time intensive for partners due to the translation of the content & ongoing development.

Partners reported that the development of the DigitAAL life tool app was very time consuming for them. Their satisfaction was very low as they had to invest a lot of time resources for little outcome. They were not very convinced of this offer as the licence for the app was limited and even during the use of the application often there were errors reported. However, the clients enjoyed the tablet-based training, but an economically better option should be used.

Recommendation 5: Consider the (ongoing) costs for licenses & the time resources needed for the development of digital tools.

When using a digital tool within your intervention, consider the cost for the licences & the time resources for its development. For some branches & clients they might not be affordable after the project and without additional funding. Also consider that certain digital tools often require internet access, which most I-CCC clients in rural areas do not have. E.g. many I-CCC clients in Montenegro cannot even access basic needs such as: adequate heating, housing and healthy nutrition.

Lessons Learned 6: Promotion is crucial to attract clients.

The promotion of the activities at the community care centres is crucial. The partners from Serbia and Montenegro reported that the promotional videos were a success as they attracted clients and informed people on the community care centre offers.

Recommendation 6: You can use promotional videos as they are easy to share.

When planning a similar action, you could also include the development of promotional/educational videos. They are easy to share via social media; they can attract new clients and are also an excellent tool to sensitize for the challenging situation of older people and their informal carers.

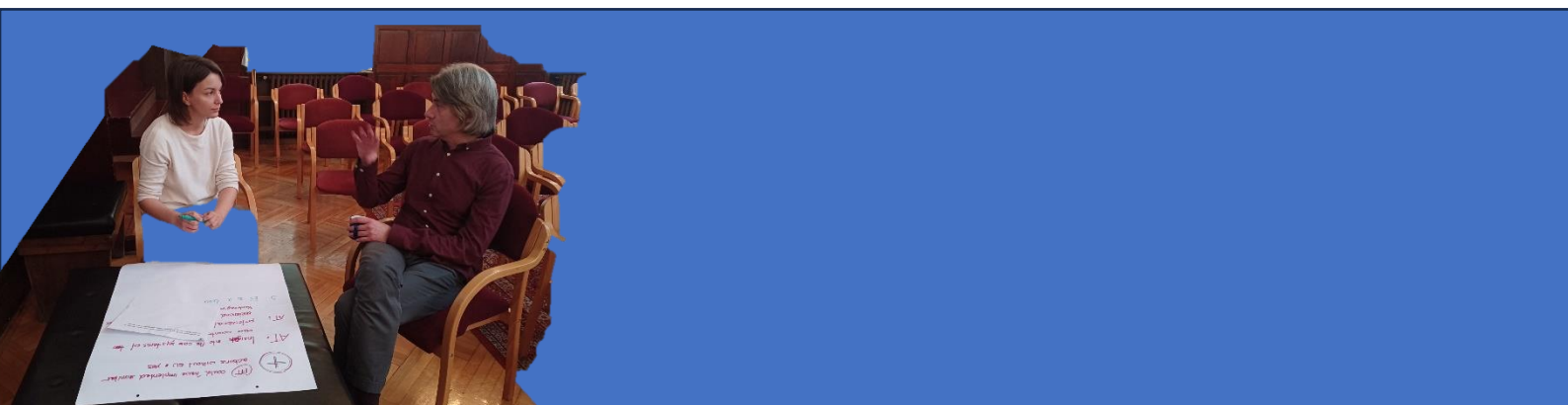
Lessons Learned 7: The establishment of a community care centre is very time intensive.

The timeframe of such an intervention should be longer (4-5Y). The services need to be adopted to the specific local contexts and the establishment of a community care centre is time intensive in

the beginning. Further it needs a certain period that people are aware of the offers, especially in the case of informal carers. For this group some services provided were totally new such as: workshops for informal carers, self-helping groups, assisted vacations, consultations, trainings etc.

Recommendation 7: Plan a longer period of the development of a community care centre.

When designing a community care centre consider that local circumstances vary significantly, and the development & establishment is time intensive. Therefore, plan a longer period for its development and do not expect that you can reach your target values in the first years.



What are our good practice examples?

We discussed which process/methodology has been proven to work well and we would therefore recommend.

Good Practice Example 1: Monthly zoom meetings

Within the I-CCC project we organized monthly zoom meetings with the core project partners and the project lead to discuss on: project activities; challenges & deadlines; upcoming tasks & administrative questions. These zoom meetings were very beneficial to reflect each month on the I-CCC project and to have an ongoing communication among the project partners. As we were meeting every month “virtually” we also developed a very good relationship in the project team. After each zoom meeting, the project lead prepared a summary on the project progress and the minutes were shared with all partners. This was very helpful to have a good overview on all project activities and to ensure that all partners have a common understanding and meet their deadlines.

Good Practice Example 2: Preventive home visits

Within the I-CCC project in all countries preventive home visits were conducted. Partners rated them very positive as they help to prevent the onset of an illness. The preventive home visits in the I-CCC project included: health check-ups, physical activities, information on healthy diet, fall prevention, social activities etc.

Good Practice Example 3: Service & trainings for informal carers

Within the I-CCC project offers at the community care centres included services & trainings for informal carers. In the Serbian & Montenegrin context this was very well received as they were almost no other service providers who offer similar services for informal carers. The services which were developed in the project were i.e.: trainings on: mental health, prevention on fall, first aid, changing diapers and bedding, feeding the patient, and maintaining the hygiene of the lying patient, for this purpose the Red Cross of Serbia produced 15 educational videos and a Guide for informal carers which can be used for future trainings. Further, online and in-person consultations were offered and self-helping groups organized to provide advice to informal carers and to support them. Additionally, we arranged assisted vacations which allowed older people and their informal carers to enjoy time together with professional assistance.

Good Practice Example 4: Project webpage

The I-CCC project webpage helps a lot to share project documents with the public and to inform on main activities such as: upcoming conferences, partner meetings & project milestones. Further, it makes the project transparent. On the webpage we uploaded all relevant presentations & reports, and we offer the relevant contacts and the background information about the intervention. It is also beneficial for other organizations if they want to establish a community care centre to access all relevant information.

What is the expected policy follow-up?

In this session we discussed if there are any plans to replicate the action without EU funding. And if other organizations implement a similar action because they have learned from the I-CCC.

The concept of the community care centre was well received in all countries. In Montenegro the services will continue for 2 years but without the tablet-based training. In Austria the community nurses are interested in the counselling concept which was developed within the I-CCC project (person centred, solution oriented) and the tablet-based training service can be continued with a new (but similar) application ("Magic Minutes") thanks to the funding provided by the AutRC foundation "Aus Liebe zum Menschen". In fact, this service has been expanded: tablet-based training is now offered by five AutRC branches as an additional volunteer service. Finally, the new AutRC website for informal carers ("toolbox") was an unplanned yet very useful and sustainable project outcome. The concept of the I-CCC is expected to be implemented in a similar form in the Ukraine

with Austrian Red Cross support. In Serbia the respite service will continue, financed by the local government. Other branches also mentioned their interest in I-CCC offers, especially the new services for informal carers.

What is the EU added value?

We discussed if we could have implemented a similar action without EU funding and where has the EU funding mostly contributed to the action.

According to our discussion the EU added value was that we could pilot totally new services. For example, the offers for informal carers did not exist in Serbia and Montenegro. The concept of an innovative community care centre, which combines health & social services is totally new and without EU funding it would have not been possible to set-up the community care centres in the six branches. Another additional value was also the establishment of the promotional videos & stakeholder meetings which could have been organized within the project. Montenegro and Serbia reported that there were no such mechanisms in place where stakeholders in the field of health & social services could regularly meet. Another important added value is the evaluation. The evaluation of the community care centres was very important to have evidence-based data for advocacy, even though only available at the end of the project. However, this data can be used for ongoing advocacy activities as well as other projects in the field of health & social services. Without EU funding the realization of the impact evaluation would have not been possible. Another added value of the EU funding is also that three different countries cooperated in a field where they would usually not work together. Therefore, during our monthly zoom meetings but also the international regional conference on support of caregivers in Montenegro, we could exchange our experiences and learn from each other. Finally, we also agreed that thanks to the EU funding we could produce useful educational materials, promotional materials and organize conferences to sensitize on the challenging situation for older people and their informal carers. The conferences were very well received, e.g. final international conference in Belgrade with 120 participants. Finally, we agreed that the project resources available dedicated to networking was seen as very essential and an added value by all partners.

How did we improve networking?

During this session we discussed how the networking was improved among other institutions.

Serbia reported that the local cooperation was strengthened, e.g. new member of HumanAs network, cooperation with hospitals etc. Montenegro underlined that now different stakeholder could better network and exchange information because they meet regularly. The networking meetings provided an open space to exchange information and to better understand the work of the other organization. Further a personal exchange was possible, and therefore the facilitation of processes are faster as different stakeholders know each other. They are better informed on different activities.

We agreed that we established an additional network within the project (the evaluation team). We had much more learning from each-other, more exchange among the project partners and the quality of the end-evaluation is higher due to cooperation; joint development of the analysis; special added value (EU added value).



C onclusions & recommendations of the impact analysis

(see: End Evaluation Report by M. Doppler, C. Grünhaus, S. Miloradovic, S. Milojevic & Lidija Brnovic, p 124-129).



"The broad impact analysis of I-CCC on the seven stakeholder groups:

1. older individuals with care and support needs,
2. informal carers,
3. volunteers,
4. other long-term care organizations,
5. health service providers,
6. politics and administration, and
7. 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 negative considering all three countries.

71% of the I-CCC impacts were rated as positive or very positive.

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

Most positive feedback by informal carers & preventive home visits clients.

Analyzing 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%.

Most positive impact in Serbia & Montenegro

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. In the combined assessment of the three countries this effect was mitigated by a more positive evaluation in Montenegro and Serbia.

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.

I-CCC largely positive impact on older people

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.

Stable quality of life

A subgroup of older people analyzed are the individuals who utilized 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 standardized 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.

Short observation period for tablet-based training

I nformal 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 organized CCC activities, including consultations, trainings, education courses, group activities, and respite care.

Improved quality of life for informal carers

Caregivers are predominantly women, who **look after their parents and partners**, providing care for in average 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.

Proven effectiveness of I-CCC services for informal carers

V olunteers

Volunteers played a pivotal role in the I-CCC project. Following extensive trainings, they engaged in visiting services, supporting older individuals in daily life, and conducting cognitive training sessions with those at risk of dementia.

Most volunteers are female

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**, most 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.

Young volunteers in Serbia & Montenegro without employment

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**.

In Austria most volunteers are retired

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.

ther 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 recognize the I-CCC as a highly beneficial program, fostering knowledge and skill-sharing among providers dealing with older individuals, especially those with dementia. The program 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.

The I-CCC is recognized as a highly beneficial program.

H health service providers

The 5 interviews conducted with representatives of health service providers in Austria, Montenegro, and Serbia indicate predominantly positive outcomes. The program 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 recognized in Montenegro and Serbia because 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 recognized. and Serbia reporting a negative impact. Overall, the analysis highlights the multifaceted and region-specific impact of I-CCC on health service providers.

Positive feedback by health service providers

The project 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 recognized in Montenegro and Serbia because 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 recognized. Overall, the analysis highlights the multifaceted and region-specific impact of I-CCC on health service providers.

P olitics 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 skepticism 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 prioritization. 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.

Recommendations

The following recommendations are derived from the results of the end evaluation 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. "

Participants at the 5th Partner Meeting:

1. Ms. Andrea Stöckel- Austrian Red Cross, Vienna Branch
2. Ms. Anya Blum- Austrian Red Cross, International Cooperation
3. Ms. Nataša Todorović, Dr. Milutin Vračević- Red Cross of Serbia
4. Ms. Ivana Smolović- Red Cross of Montenegro
5. Dr. Gabriele Detschmann Austrian- Red Cross, Health, and Social Services
6. Mr. Christian Grünhaus, Ms. Maria Doppler- NPO Competence Center
7. Ms. Barbara Stulik- Austrian National Public Health Institute

Sources:

Impact evaluation of the project "Addressing and preventing care needs through innovative community care centres" (I-CCC) end report by M. Doppler, C. Grünhaus, S. Miloradovic, S. Milojevic & Lidija Brnovic, p 124-129, Vienna 2023

I-CCC Project webpage (<http://communitycarecenter.eu>)

Contact:

Ms. Anya Blum, I-CCC International Program Manager

Anya.blum@roteskreuz.at



With funding from
 Austrian
Development
Cooperation



The Addressing and preventing care needs through innovative community care centers "I-CCC Project" is co-funded by the European Union and the Austrian Development Agency. This report reflects only the author's view and the Commission can not be held responsible for any use, which may be made of the information it contains