

The social impact of I-CCC



I-CCC evaluation team:

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Belgrade, 23.10.2023

Agenda

1. Conceptual basis: social impact analysis

2. Methodology

3. Evaluation results: clients, people w. dementia

4. Evaluation results: informal carers, volunteers

5. Evaluation results: community stakeholders

5. Conclusio

Conceptual basis: social impact analysis



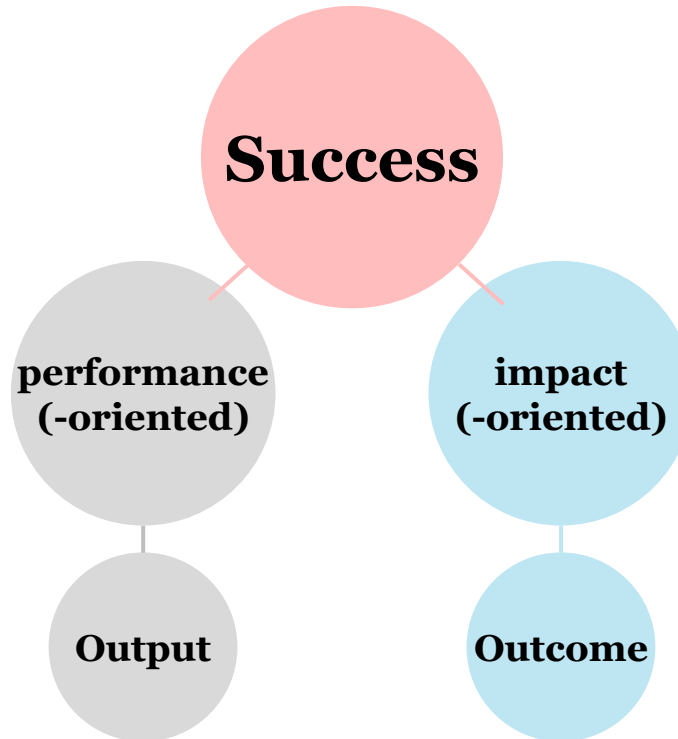
Social impact refers to the **additional social effects** that NPOs, companies or other actors produce.

The **effects stem from** positive and negative **changes seen in beneficiaries, affected groups**, and the **environment** after an intervention has taken place

Success on the basis of...

... performance

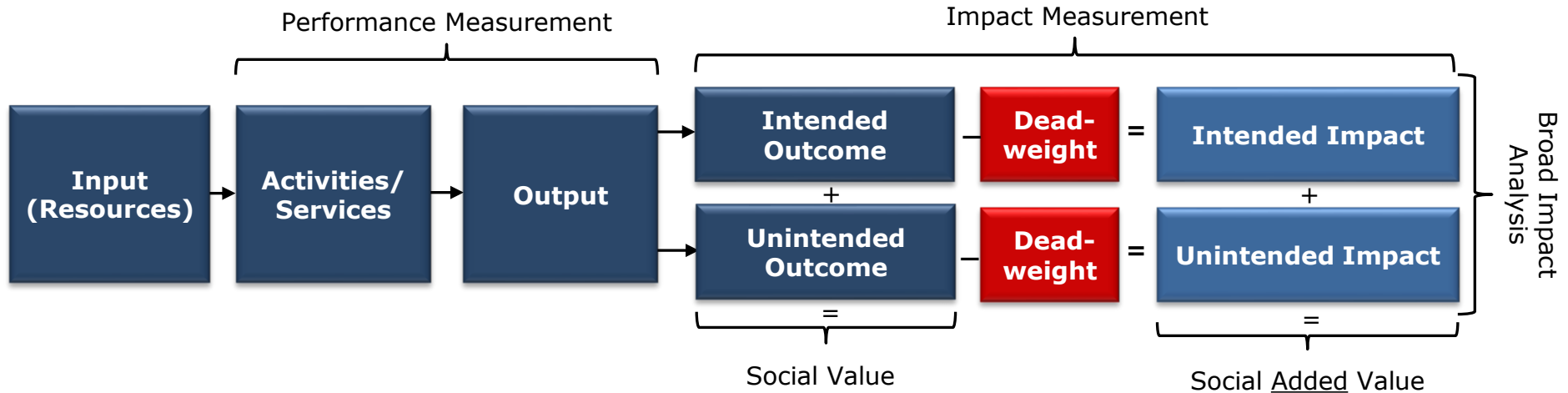
- Number of clients advised
- Number of volunteers
- Number of preventive home visits carried out
- Hours of trainings for informal carers
- ...



... impact

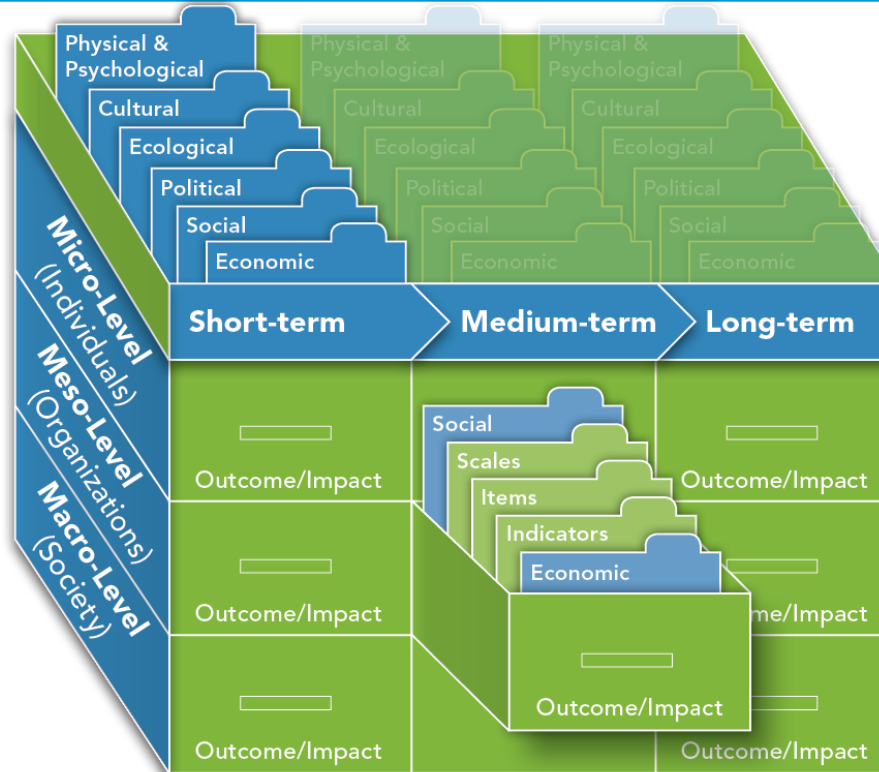
- Physical, psychological and time relief
- Prevention of functional losses
- Reduce sense of isolation
- Supportive environment for healthy ageing
- ...

Impact chain



Source: Grünhaus, Christian, Rauscher, Olivia. 2021. Impact und Wirkungsanalyse in NPOs, Unternehmen und Organisationen mit gesellschaftlichem Mehrwert. Impact Paper, NPO & SE Kompetenzzentrum der WU.
 Download: <https://short.wu.ac.at/impact-paper>

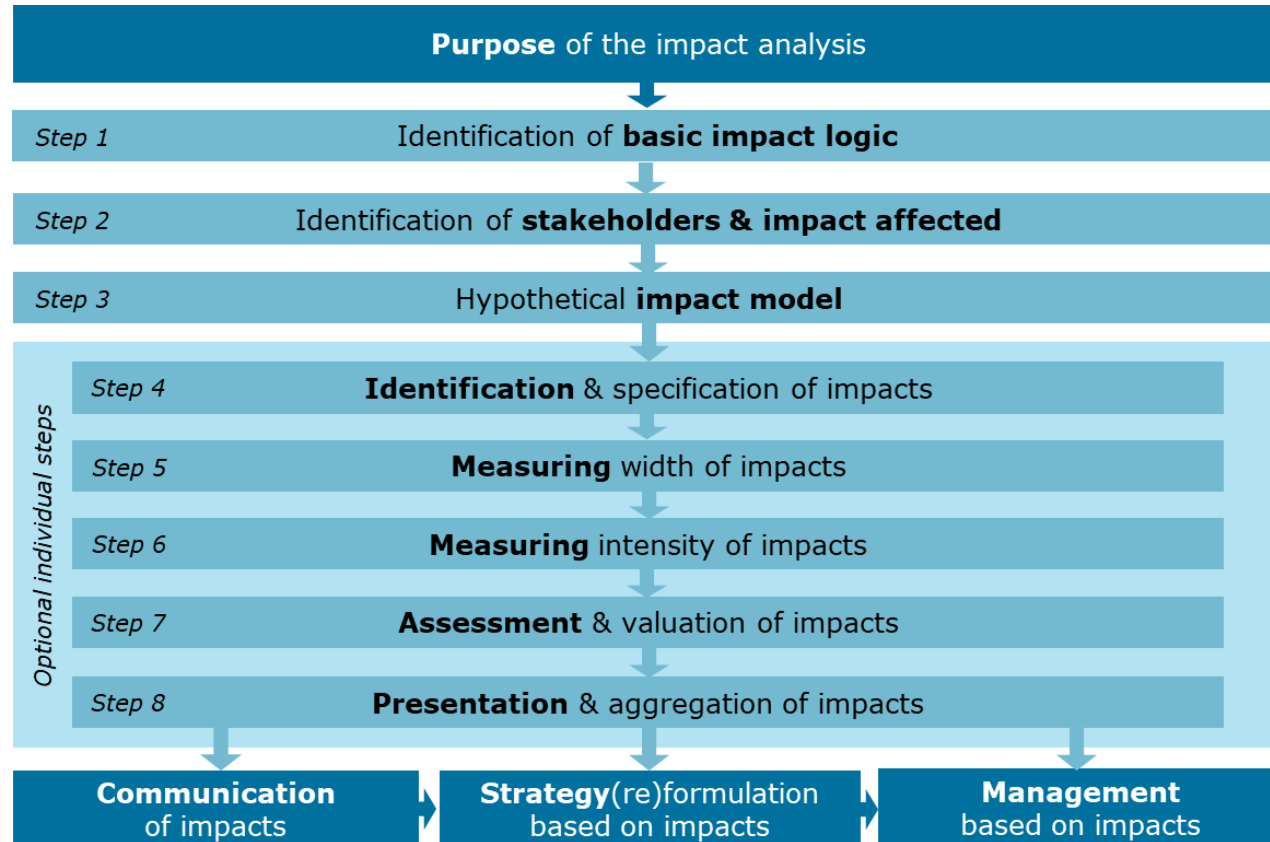
Impact box – levels of impact (measurement)



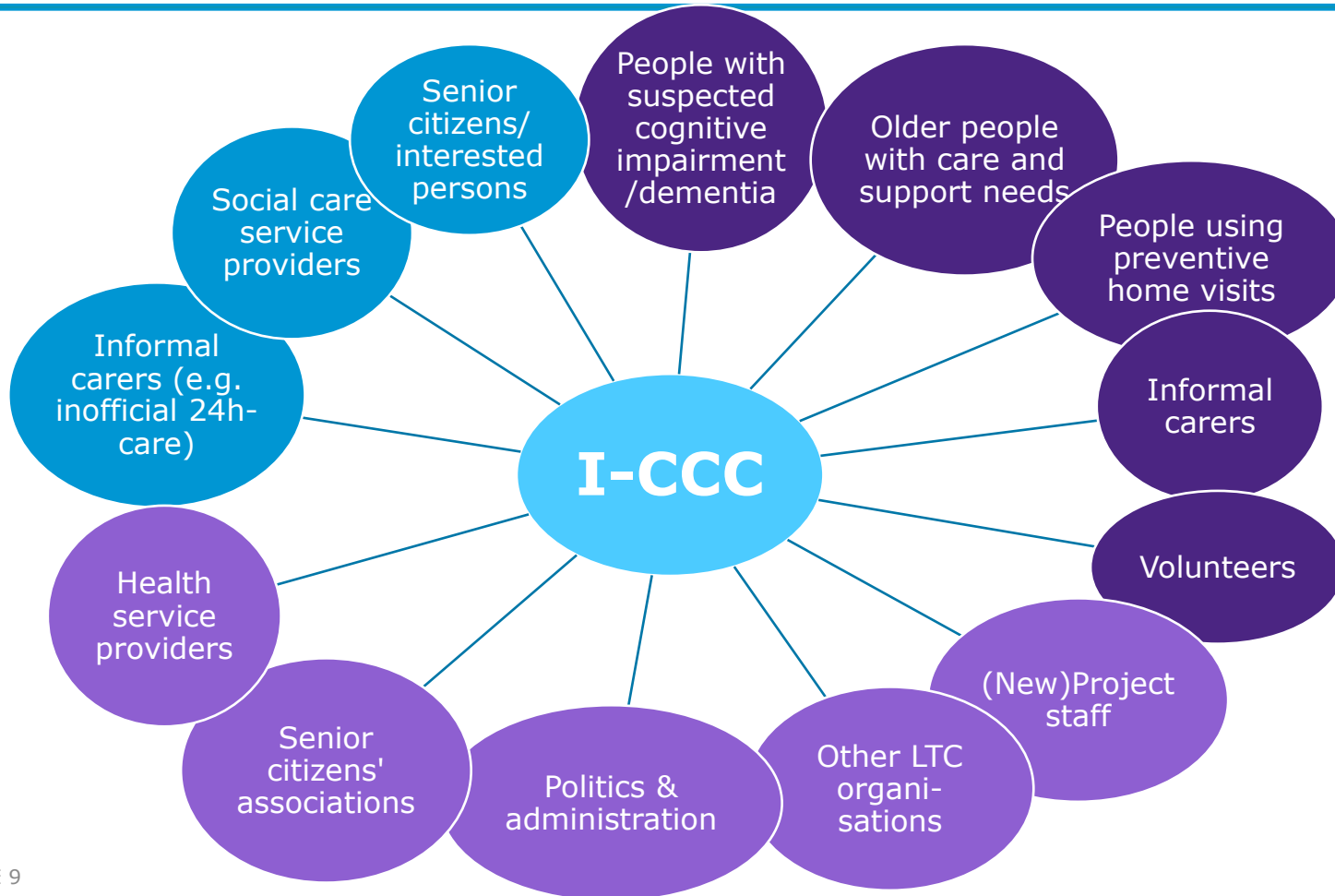
IMPACT = OUTCOME – DEADWEIGHT

Source: Then, Volker, Grünhaus, Christian, Rauscher, Olivia, Kehl, Konstantin. 2017. Social Return On Investment Analysis. Measuring the Impact of Social Investment. Cham: Palgrave Macmillan.

Steps and purposes of an Impact Analysis



I-CCC stakeholder and impact affected groups



Impact chain example: older people with care and support needs

Input	Programme activity	Output	Outcome	Deadweight
<p>Willingness to participate in the project activities</p>	<ul style="list-style-type: none"> • Counselling on care, health and social issues, financial matters, organisational matters • Providing home help services (MNE) 	<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 • Strengthening self-help skills and health literacy (e.g. can use blood glucose meter correctly) • Promotion of healthy ageing • Prevention of functional losses • Accepting the illness/ compliance available • Increased/stabilised well-being • Support in everyday life activities • Psychosocial support 	<p>Alternative services that would achieve similar effects</p>

Methodology



Methodology

Stakeholder groups	Methods of data collection
Quantitative	
All	<ul style="list-style-type: none"> Monitoring Tool
Older people with care and support needs, informal carers, volunteers	<ul style="list-style-type: none"> Questionnaire with project- and person-related questions (QPPQ) Quality of life measuring w. WHOQOL-BREF
Older people with suspected cognitive impairment / dementia (tablet-based training)	<ul style="list-style-type: none"> Mini-mental state examination (MMSE) Geriatric depression Scale (GDS)
Project partners	<ul style="list-style-type: none"> Process evaluation survey
Qualitative	
Project partners	<ul style="list-style-type: none"> Semi-structured qualitative interviews (process evaluation)
Community Stakeholder Other LTC organisations, health service providers, politics and administration, senior citizens' associations	<ul style="list-style-type: none"> Semi-structured qualitative interviews

Longitudinal study

Mixed methods



Quantitative

Mean of respective item scores assigned by evaluation team



Qualitative

Interview contents coded according to the hypothetical impacts

Evaluation results: clients

- older people with care needs
- people with dementia



Older people with care and support needs

Sample description: population, sample & response rate of clients

- Total number of clients: **781**
 - 110 Austria
 - 369 Montenegro
 - 302 Serbia
- Response rate: **21% or 163 clients**
 - 21% Austria
 - 18% Montenegro
 - 24% Serbia

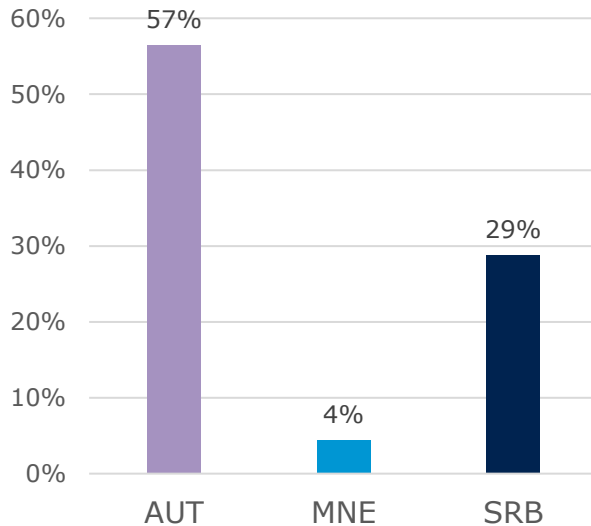
Clients	Overall	Austria	Montenegro	Serbia
Population	781	110	369	302
Sample	163	23	67	73
Response rate	21%	21%	18%	24%

Sample description: gender, age & education of older people with care and support needs

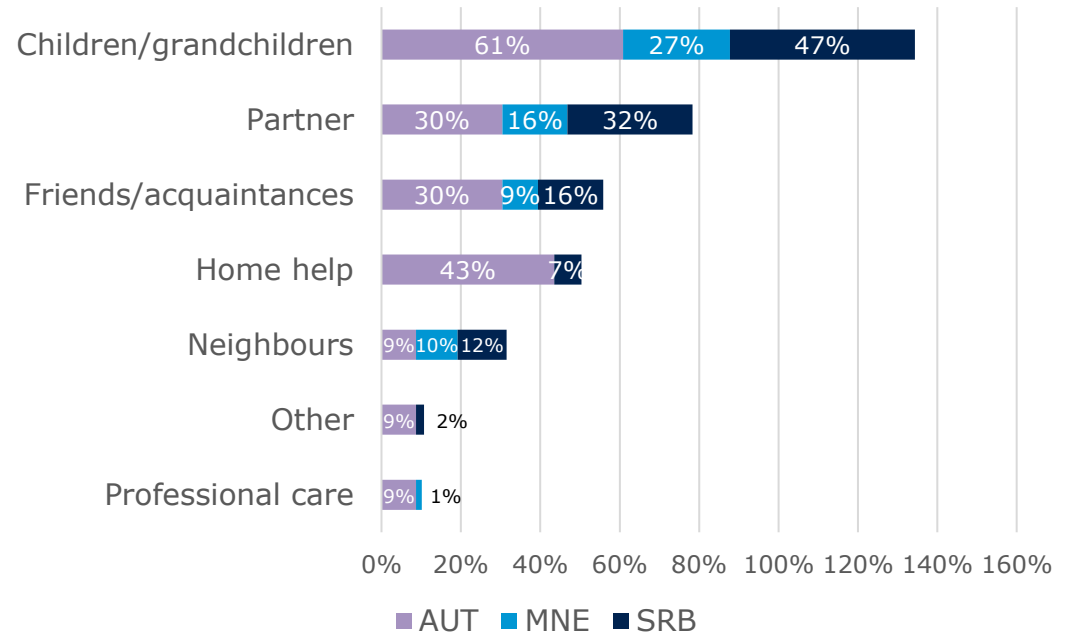
Variable	Variable description	All countries	AUT Prop	MNE Prop	SRB Prop
Gender	Female	74%	74%	78%	71%
Age	80+	32%	45%	33%	26%
	70- 79 years	45%	32%	39%	54%
	60-69 years	21%	14%	24%	19%
	les than 60	3%	9%	3%	0%
Education	Compulsory school leaving exam & without	56%	65%	72%	40%
	Apprenticeship, Secondary vocational school, Grammar school	40%	35%	28%	52%
	Higher vocational school, University	4%	0%	0%	8%

Base line: items of interest

Use of other support services



Support person in everyday life



Interactive ranking: Assessing the I-CCC's impacts on older people with care and support needs in all 3 countries

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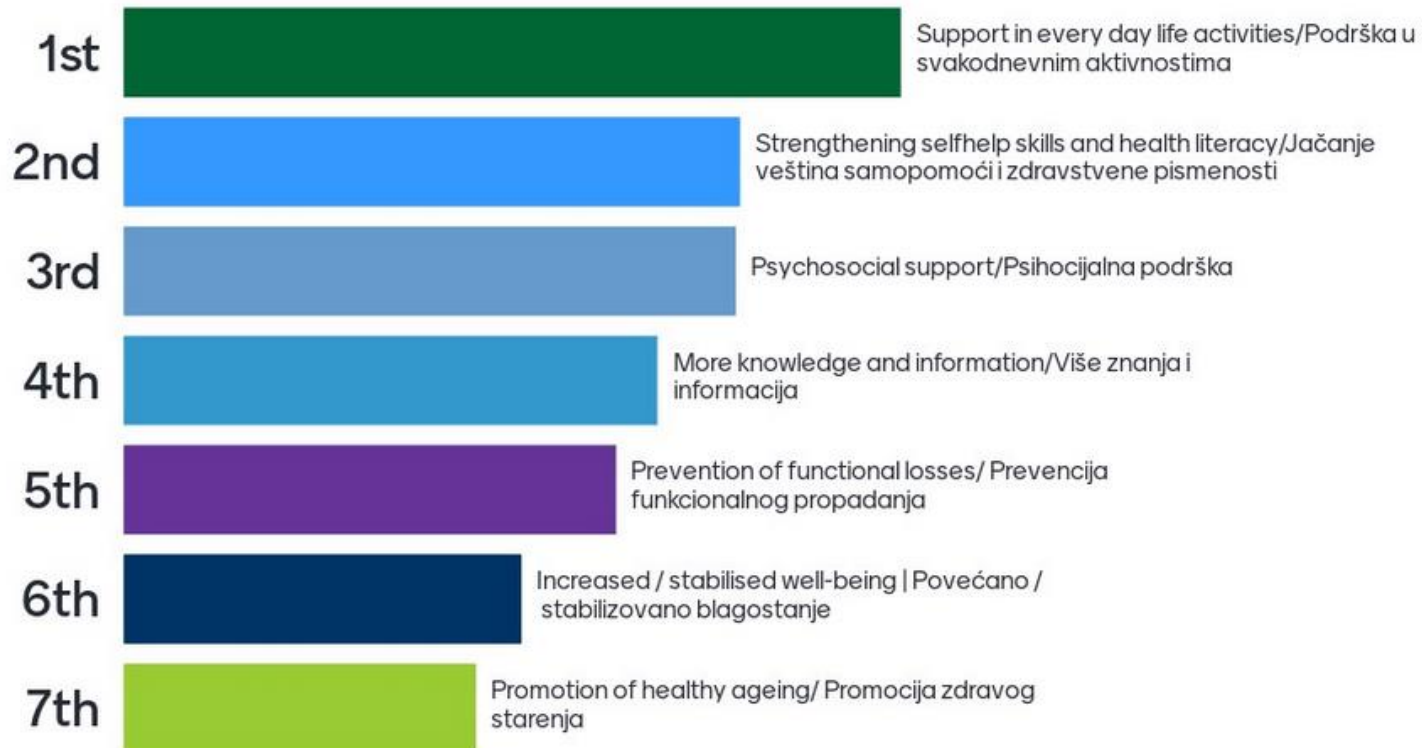
Please keep the application open on your mobile phones, you will be polled more often.



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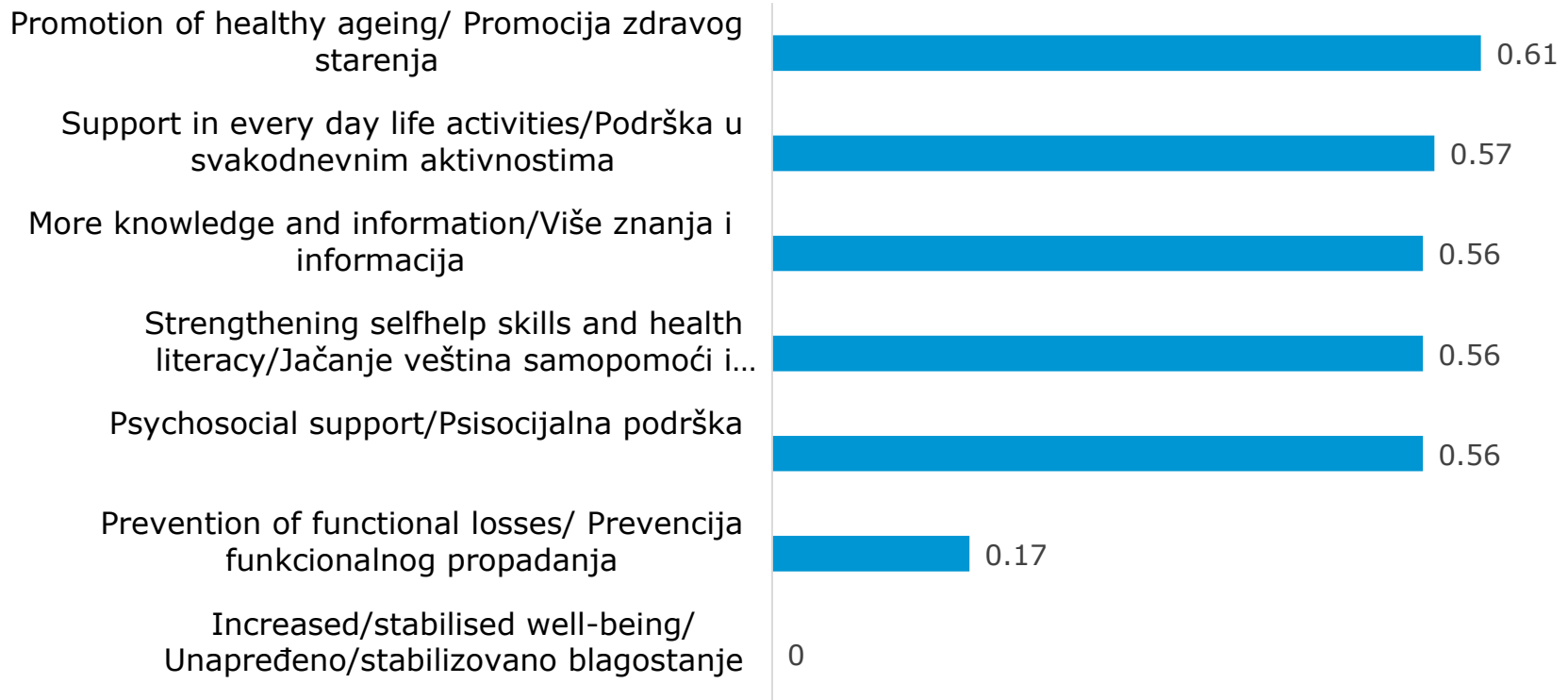
Mentimeter/audience results

Please rank the I-CCC's impacts on older people with care and support needs:

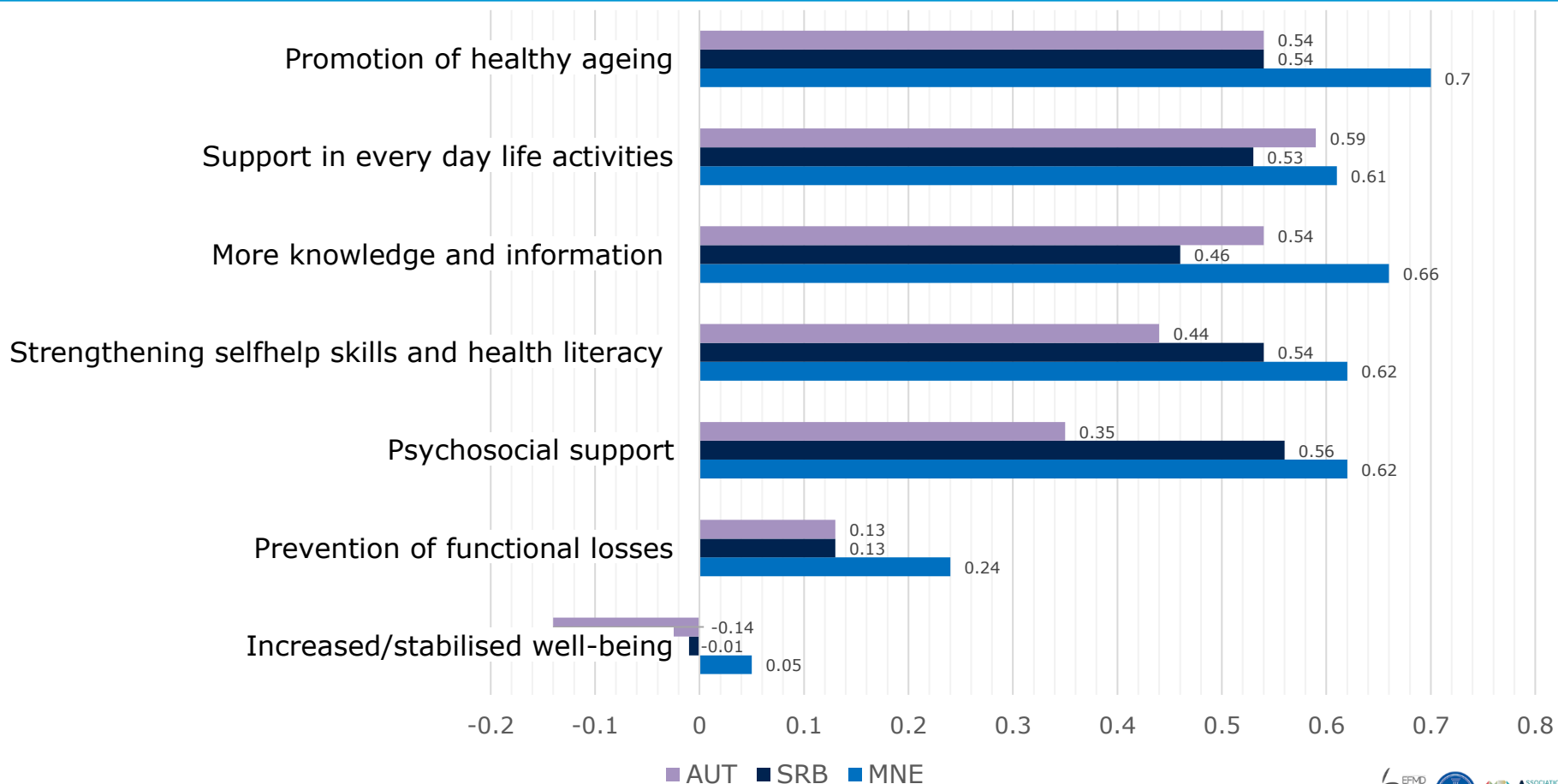


Evaluation results: impacts on older people with care needs overall – mean

Impact range -1 to 1



Evaluation results: impacts on older people with care needs by country – mean



Evaluation results: clients

- older people with care needs
- people with dementia



People with dementia

Evaluation results: people with dementia

Geriatric depression scale (GDS)

Country	GDS Results			Scoring	Scale 1-30
	Wave 1	Wave 2	W2-W1	Score	Assumed cognitive status
Overall	13.94	13.34	-0.60		
AUT	9.84	9.00	-0.84	0-9	normal
MNE	17.76	16.60	-1.16	10-19	mild depression
SRB	14.14	14.11	-0.03	20-30	severe depression

Evaluation results: people with dementia

Mini mental state examination (MMSE)

MMSE per Country	Wave 1	Wave 2	W2-W1	Scoring	Scale 1-30
Overall	22.22	21.49	-0.73	25-30	no cognitive impairment
AUT	23.44	22.52	-0.92	24-18	mild cognitive impairment
MNE	19.88	20.84	0.96		
SRB	23.03	21.23	-1.80	17-0	severe to most severe cognitive impairment

BASE LINE GDS & MMSE DATA

- On average, clients from all 3 countries showed mild cognitive impairment (MMSE baseline) and mild depression (GDS baseline)
- The prevalence of depression and cognitive status differs across countries
- Austria has the lowest rate of depression/best cognitive status
- Montenegro has the highest rate/worst cognitive status
- Serbia is between MNE & AUT on both indicators

AFTER INTERVENTION GDS DATA

- Slight improvement and decrease in the average depression score (GDS) across all countries
 - The intervention had a **positive effect on their self-assessed depression levels**
- ➔ Tablet training was an effective tool for the inclusion and engagement of older people at risk of dementia or with dementia

AFTER INTERVENTION MMSE DATA

- On average, clients **stuck to the same category and got a slightly worse** (decrease of -0.73^* points)
- In all three countries, clients with severe cognitive impairment showed improvement on retest
 - Clients from MNE with the worst baseline result showed the best improvement
- ➔ Intervention yielded best results for those with severe to most severe cognitive impairment
- ➔ Results could indicate that cognitive exercises on tablets did not improve the cognitive status of clients or did not stop the process of deterioration

LIMITATIONS

- The observed period is short, and the application very new for clients and volunteers
- More control variables are necessary (age, medical status, change of medical status between two tests, etc)

**Expected deterioration from age 84 onwards half an MMSE point per year (0.5) (Nagaratnam et al. 2020); A deterioration in MMSE score must be greater than five points after 1 year to be suspect for a genuine cognitive decline (Schmand et al. 1995)*

Conclusion on impacts on clients

- I-CCC **positively influenced** lives of older people who used its services in all 3 countries
 - Consultations and activities provided by the I-CCC helped to increase **functional abilities** relevant to daily life in older age and enable clients to **live more healthy**
 - Older people **acquired more knowledge and information**, increased their **self-help skills and health literacy**
 - Older people received adequate **psychosocial support**
- I-CCC had less impact on preventing functional losses and did not increase clients' well-being
- Clients from **MNE** had **less family and less professional support** than clients from SRB and AUT, and impact evaluation showed a **greater impact** in their case
- **Tablet training** was a valuable tool for **involving and engaging** older people at risk of dementia → the intervention had a positive effect on their self-assessed depression levels
 - Regarding cognitive status, on average, clients stayed in the same category and got slightly worse, but clients with severe cognitive impairment showed improvement on retest in all three countries

Evaluation results: informal carers, volunteers



Informal carers

Sample description: population, sample & response rate of informal carers

- Total number of informal carers: **606**
 - 153 Austria
 - 267 Montenegro
 - 186 Serbia
- Response rate: **13% or 78 informal carers**
 - 11% Austria
 - 7% Montenegro
 - 24% Serbia

Informal carers	Overall	Austria	Montenegro	Serbia
Population	606	153	267	186
Sample	78	16	18	44
Response rate	13%	11%	7%	24%

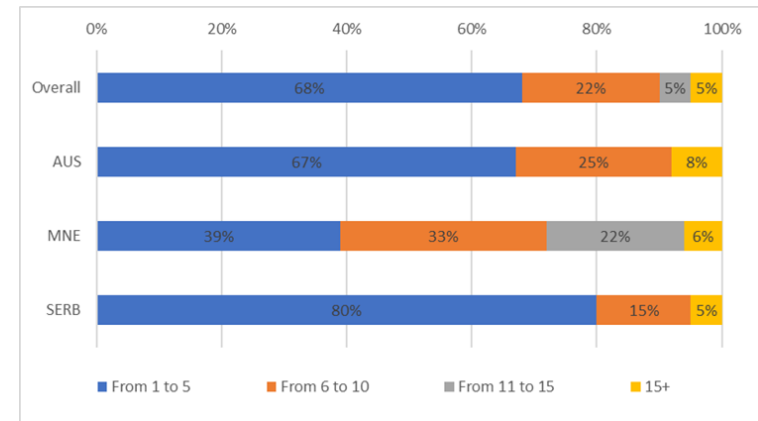
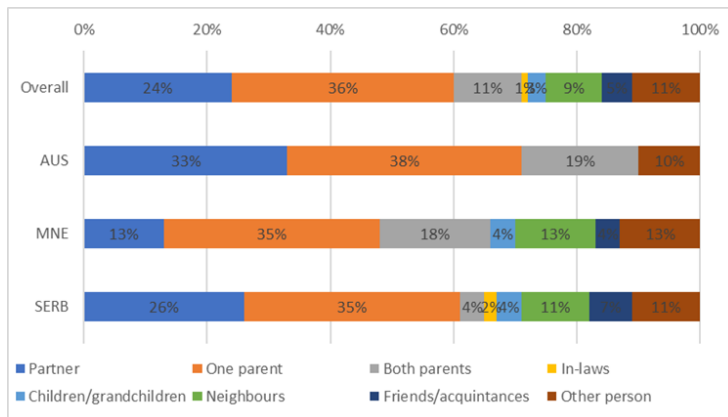
Sample description: gender, age & education of informal carers

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

Providing care and support

- They most often look after **parents** 47% (one parent - 36%; both parents - 11%) and **partner** (24%)
- Least likely to provide care and/or support are parents-in-law (1%), children/grandchildren (3%) and friends/acquaintances (5%)

- Duration of providing:
 - up to 5 years: 68%
 - 6 to 10 years: 22%
 - more than 10 years: 20%



Interactive ranking: assessing the I-CCC's impacts on informal carers in all 3 countries

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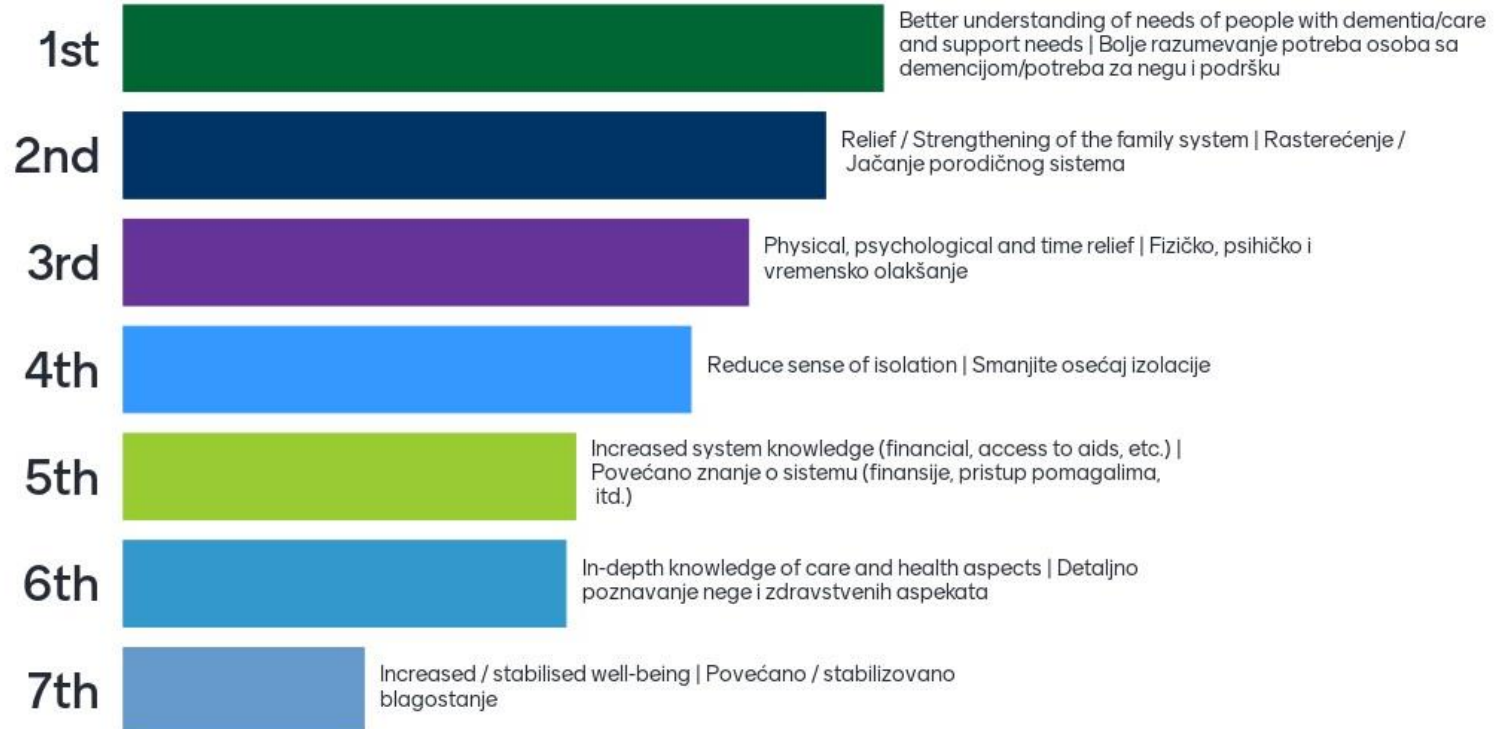


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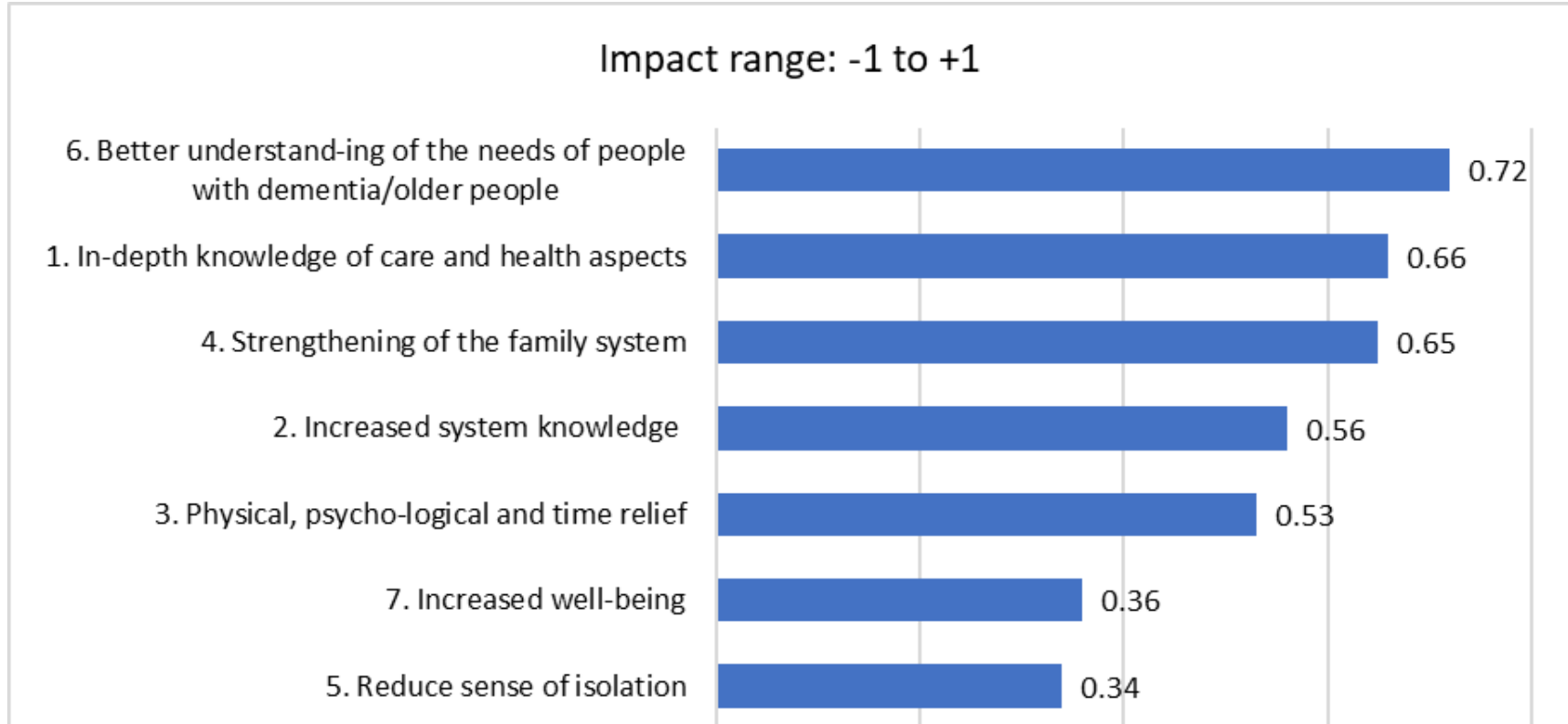
Mentimeter/audience results

Please rank the I-CCC's impacts on informal

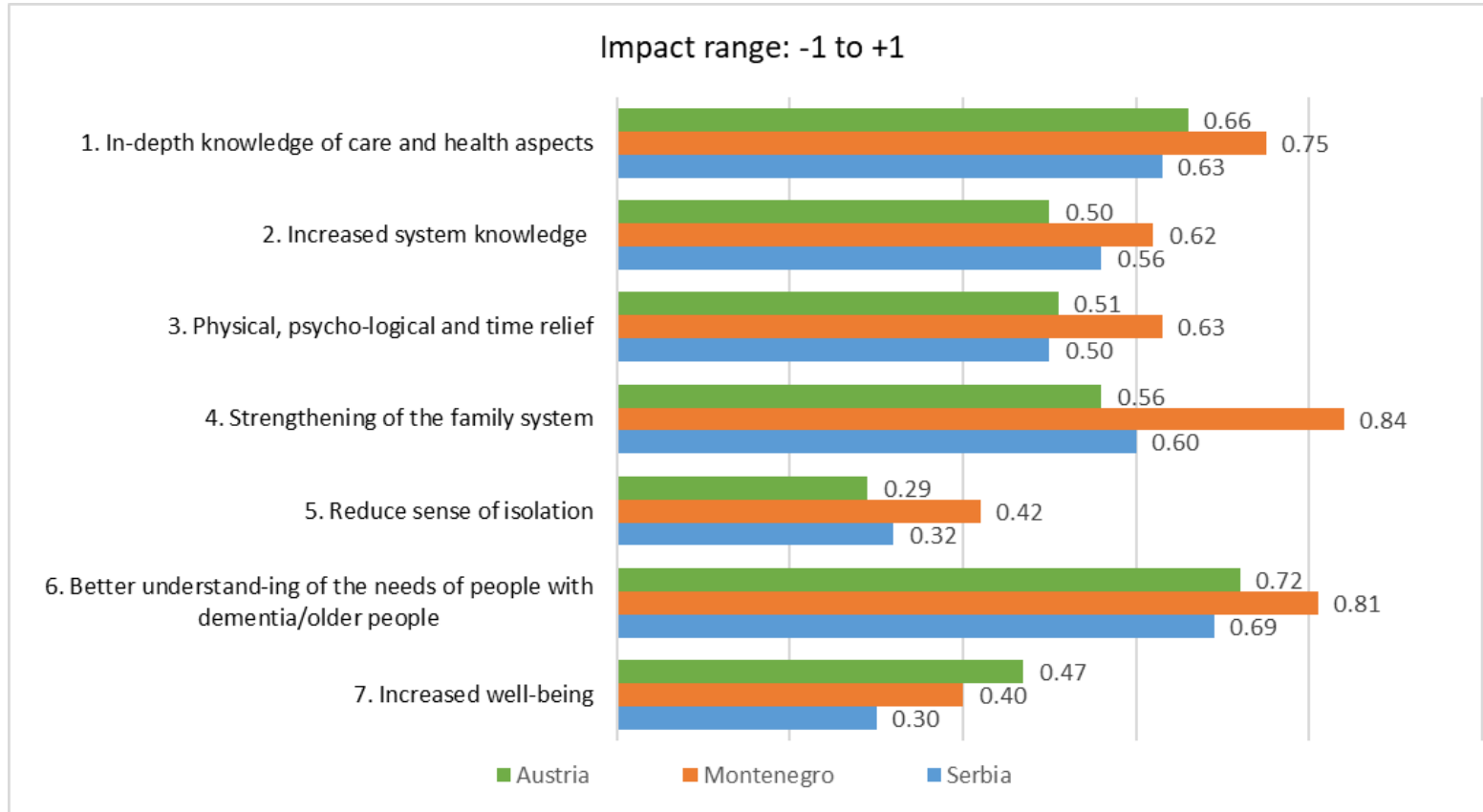
carers:



Evaluation results: impacts on informal carers overall – mean



Evaluation results: impacts on informal carers by country - mean



Conclusion on impacts on informal carers

- Most of the impacts measured were **positive** (5 out of 7) and **very positive** (2 out of 7), with the highest positive effects are observed in:
 - **Better understanding of the needs** of people with dementia/older people with care and support needs (mean 0.72)
 - Increased **knowledge of care** and health issues (mean 0.66)

→ These two aspects of the project were rated as very positive or positive by 93% and 95% of informal carers, respectively.
- **Strengthening of the family system** was rated as very positive (42%) or positive (48%)
- Project activities 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
- Slightly smaller, but still positive impacts were recorded for increased/stabilized wellbeing (13% very positive and 57% positive) and reduced feelings of isolation (18% very positive and 55% positive)
- There are no statistically significant differences in the intensity of impacts on the informal carers across the 3 countries

Evaluation results: informal carers, volunteers



Volunteers

Sample description: population, sample & response rate of volunteers

- Total number of volunteers: **151**
 - 55 Austria
 - 56 Montenegro
 - 40 Serbia
- Response rate: **58% or 87 volunteers**
 - 38% Austria
 - 71% Montenegro
 - 65% Serbia

Volunteers	Overall	Austria	Montenegro	Serbia
Population	151	55	56	40
Sample	87	21	40	26
Response rate	58%	38%	71%	65%

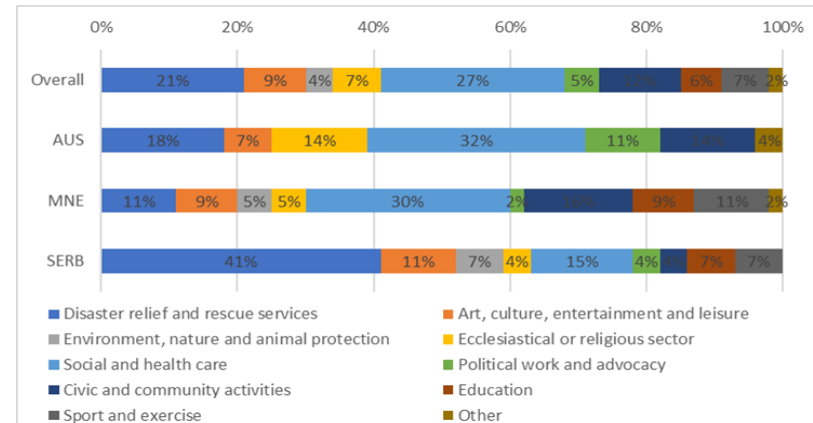
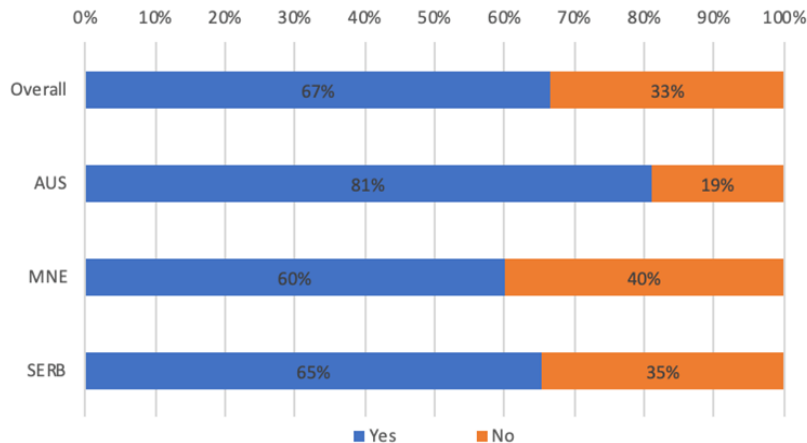
Sample description: gender, age & education of volunteers

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

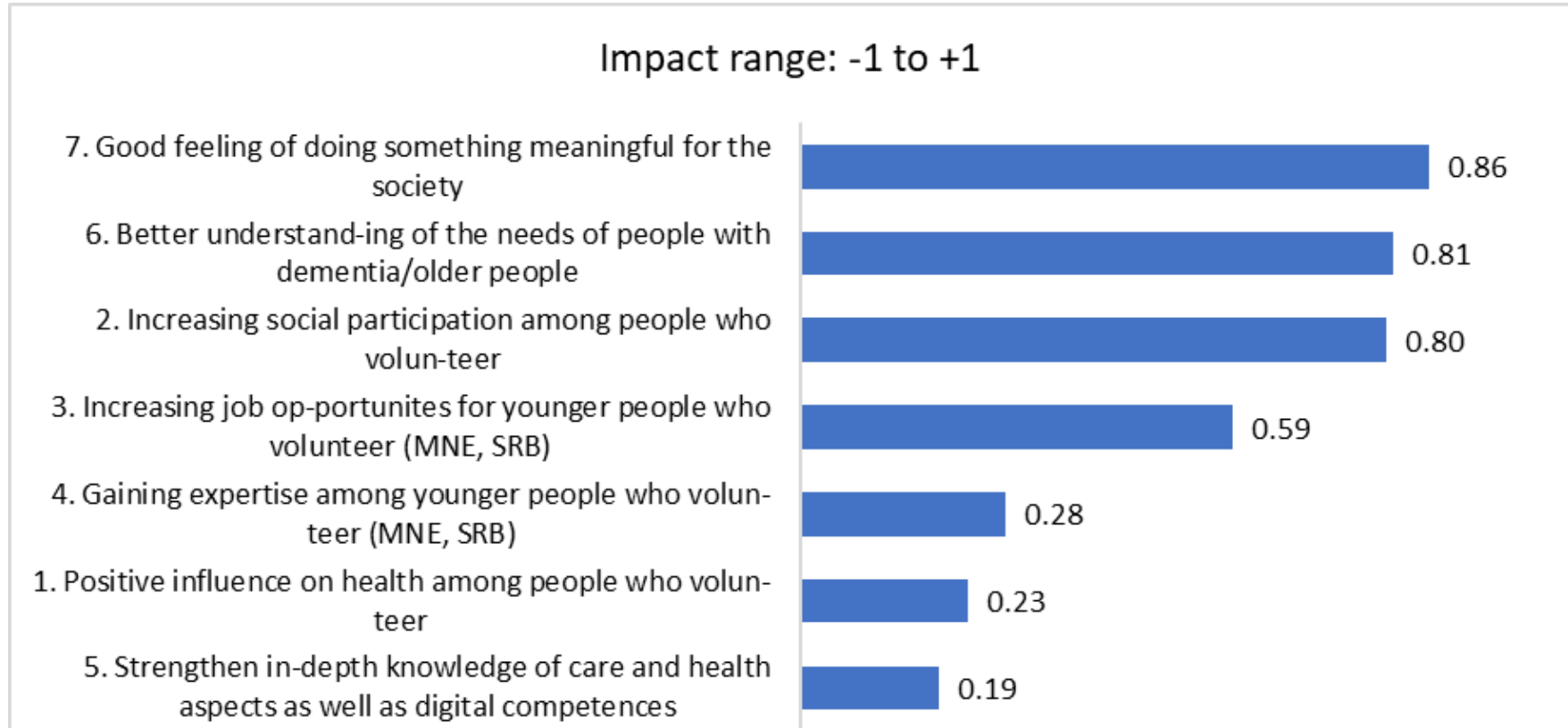
Experience and areas of volunteering

- Volunteering experience:
 - 67% - volunteering before the I-CCC project
 - 33% - volunteered for the first time
 - 81% - volunteerism most represented in Austria
 - 57% - volunteered in the Red Cross

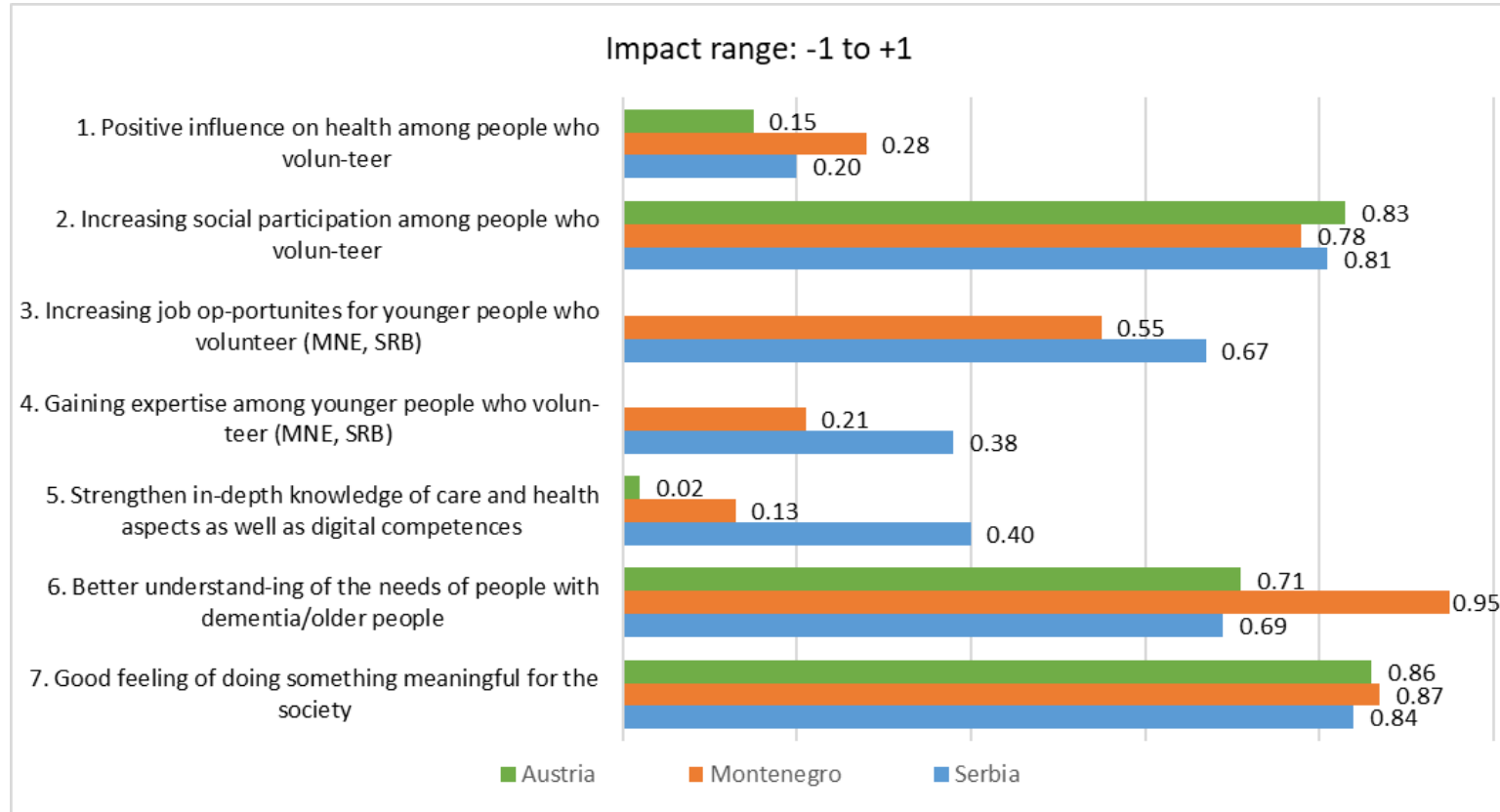
- Areas of volunteering:
 - Social and health care – 26%
 - Rescue activities during a disaster – 21%
 - Civic and social activities – 12%



Evaluation results: impacts on volunteers overall – mean



Evaluation results: impacts on volunteers by country - mean



Conclusion on impacts on volunteers

- 4 out of 7 measured impacts **very positive**, with the highest positive effects observed in:
 - **Good feeling of doing something meaningful** for society (mean: 0.86)
 - **Better understanding of the needs** of people with dementia and older people (mean: 0.81)
 - Increasing **social participation** among people who volunteer (mean 0.8)
- I-CCC volunteering experience also had a positive impact on **increasing employment opportunities for younger people in MNE & SRB** (mean 0.59)
- Gaining expertise among younger people who volunteer and strengthening knowledge of care and health aspects as well as digital competencies had a neutral impact (mean 0.28 and 0.19)
- There are no statistically significant differences in the intensity of influence on the volunteers of the 3 countries

Evaluation results: community stakeholders



Other long-term care organisations
Health service providers
Politics and administration
Senior citizens' associations

Impacts on other long-term care organisations

- I-CCC provides many **opportunities for sharing and improving knowledge and skills** between different service providers working with older people
- I-CCC helps to **highlight the importance of informal carers**
- **Multi-professional cooperation** has been established or strengthened (between the social and health care sectors, especially in the care of people with dementia)
- Even as a “new player” all other LTC deemed it a **positive addition to the care landscape** since the need is too great and there is enough demand for more care providers
 - No competition for funds nor for customers recognized by interviewees
- 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

Impacts on politics and administration

- The representatives of politics and administration consider the I-CCC project as **partly positive**, acknowledging the **need for improved legislation and professional procedures to enhance various services for older people**
- In **MNE & SRB** the I-CCC's activities were seen as **positive** because of the **improved availability of care and support services**
- In **AUT** a **wide range of similar services** had **already been established**, so that the project activities did not bring a lot added value
- Considering that the coverage of I-CCC services are relatively small, it is difficult to assess at this stage how effective it is in terms of relieving other available services and/or relieving families and community
- While **informal carers** are considered the most important actors in long-term care, their status lacks formal regulation → There is a **pressing need** for **normative rules** and **financial planning** to establish a system where these carers are **compensated**

Impacts on health service providers & senior citizens' associations

- Healthcare system representatives are partly **cautious** in their assessment of the impact of the I-CCC programme, even if they acknowledge the positive aspects of the activities
- For increased impact they realize the importance of **future development of the professional capacities** of all actors involved in the care of older people
- Healthcare service providers note an **increased awareness** among patients **about previously unnoticed services**, a vital element of the I-CCC programme is the **education of the community** about the **support systems available** to the older population
- Most importantly, the I-CCC has contributed to **providing a broader range of timely therapeutic options** that can be implemented both in hospital care and home-based care, reducing unnecessary hospital visits
- **Senior citizens' associations** value the I-CCC's **advocacy with municipalities** most, promoting **active aging activities** which become better coordinated by the I-CCC

Conclusion



Conclusion

- Broad impact analysis with **10 stakeholder/impact affected groups** → **greatest impact on informal carers and volunteers**
- **53 impacts** assessed*:
 - **13% Very positive** (SRB: 15%)
 - **53% Positive** (SRB: 58%)
 - 28% Neutral (SRB: 21%)
 - **6% Negative** (SRB: 6%)
 - All impacts that were not achieved were hypothetical negative effects → **positive** result
- Most significant impacts on **clients**:
 - Promotion of healthy aging
 - Support in everyday life activities
 - More knowledge and information on offers and services regarding the different topics and their affordability
- People w. (suspected) **dementia**:
 - Stable scores (slight decrease) for cognitive performance, positive reduction in depression levels across all countries, most pronounced in MNE

- Most significant impacts on **informal carers**:
 - Better understanding of the needs of people with dementia/older people with care and support needs
 - In-depth knowledge of care and health aspects
 - Relief/Strengthening of the family system
- Most significant impacts on **volunteers**:
 - Good feeling of doing something meaningful for the society
 - Better understanding of the needs of people with dementia/older people with care and support needs
 - Increasing social participation among people who volunteer
- Overall highest impacts in **MNE** due to lack of other supporting services, while AUT had opposite situation, with SRB in between
- For the **community stakeholders** the I-CCCs are mostly deemed valuable new service providers supporting older people and might be a good practice example for other, especially smaller local communities

Recommendations

Serbia

- Continue with a combination of different services under one roof
- Develop more specialized services regarding safer living environments and assistive devices
- Continue and expand work with caregivers, standardise different packages of support, and offer to national policymakers
- Continue to use voluntary based services – comparative advantage of RCS to other providers

Montenegro

- Advocate for addressing integrative services in social protection and healthcare, enable licencing
- Advocate for better legal recognition and position of caregivers
- Use comparative advantages of RC: quality of services, exceptional coverage, recognition among older persons and decision makers
- Further develop innovative approaches and tools (e.g. tablets) for work with persons with dementia and other older persons

Austria

- Better linkage of existing services for health promotion, care and support - all services from a single source would be desirable, but it is questionable in terms of quality and cost-effectiveness
- More specialized services for people with dementia, their relatives, and the communities
- Improved prevention activities for older people, e.g. preventive home visit from which you have to actively unsubscribe if you do not want to use it

End report



Available from the end of November on
the I-CCC website:

<https://communitycarecenter.eu/>

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THANK YOU & Further information on impact analysis

- Newsletter
- <https://www.wu.ac.at/npo-infos>



- Videos on impact analysis
- <https://www.wu.ac.at/npocompetence/videos>



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