



Innovative Community Care Centers

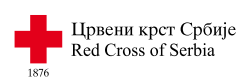
Case Studies

Austria, Serbia, and Montenegro



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Introduction

Within the framework of the EU and ADA-funded project „Addressing and preventing care needs through innovative Community Care Centres“ (I-CCC) with a duration of 3 years, innovative „Community Care Centers“ (I-CCC) were established and tested at 6 locations in Serbia (Sombor, Pirot), Montenegro (Bar, Bijelo Polje), and Austria (Hartberg, Vienna).

The aim of these „competence centers „ was to provide advice and training to older people in need of support and their families, as well as to offer health-promoting activities. Another focus was to support informal carers and to strengthen network activities with various partners in the field of long-term care and health care. In addition, new volunteer services to support people with dementia and cognitive impairments were tested and established.

This presentation of case studies from all three countries is a project outcome within the work package „Evidence-based LTC dialogue with national decision-makers to influence policy reform“ within the I-CCC project. To promote new approaches and ultimately policy changes in the long-term care sector, individual stories of clients, volunteers, and staff are explained in the form of case studies. The publication of personal experiences, particularly those of people with dementia and their caregivers, illustrates the services and benefits of the Community Care Centers.



Case Studies from Austria

1. Individual and Long-term Support in Care

The following case study illustrates the benefits of having a dedicated contact person in local advisory, networking, and coordination centers for people with care needs and their relatives. Due to the long-term support, the staff member of the CCC in the following example was familiar with the individual situation - she knows all her clients and their needs and desires, supporting the caregiving relatives in their daily lives. This consistency builds trust and provides relief for those involved.

The Background

Mrs. F. suffers from advanced dementia, exhibiting abnormalities in orientation, memory, language, and behavior. As a retired educator, she relies on assistance in daily activities but is reluctant to accept help. Participation in familiar social and cultural activities is important to her, although it is now limited. The pensioner is primarily cared for by her husband and a caregiver. Mr. F. is also retired but remains active in his former professional environment. The behavioral changes pose challenges for Mr. F., especially in public settings. The husband became aware of the counseling services through participation in the I-CCC online training “Validation for Family Caregivers,” attended by the couple’s three children and the caregiver.

The Accompanying Process

Over the course of 10 months, Mr. F. avails himself of four personal counseling sessions. Additionally, he and his daughter are in contact with the I-CCC staff via email. The family’s wish and goal are to care for and support Mrs. F. at home with the help of family members and extramural care for as long as possible. At the same time, Mr. F. wants to continue engaging in important social activities. Together with the I-CCC staff, measures are discussed and solutions sought. Initially, a network map is created, as the social fabric is an important resource. Children, grandchildren, friends, Mrs. F.’s caregiver, and even the family dog are considered in the discussions and involved in the process as needed. For example, when Mr. F. expresses concern that his wife is overfeeding the dog, contact is made with the Red Cross Training Center for Search and Therapy Dogs to find activities that Mrs. F. can do with her dog instead. Mrs. F.’s caregiver also attends three counseling sessions, helping to eliminate communication problems and strengthen the interaction between Mrs. F. and her caregiver. The caregiver is increasingly perceived by the family as a relief. The couple’s past social and cultural activities, such as concert and restaurant visits, are also considered in the counseling. Mr. F. is advised to ask the regular restaurant to only provide the necessary cutlery for each course. This enables Mrs. F. to eat almost independently and maintain her status and dignity in public areas. Due to the implementation of dementia strategies and dementia-friendly initiatives in Vienna, more and more service companies are open to such concerns. When Mr. F. inquires about care allowance and part-time care for his wife in a day center during counseling, the I-CCC staff can refer

him to the Vienna Social Fund, while he can continue to take advantage of the support and relief services for family caregivers offered by the I-CCC.

The Insights

Caring for and supporting Mrs. F. presents a complex situation. The more information available, and the more individuals and institutions involved in a care situation, the more important a structured approach becomes. Establishing a contact person who takes on the case long-term and is familiar with the respective care situation has proven effective:

„Thank you for today’s conversation - like all the conversations before, it was incredibly helpful for us/me and is once again a perfect basis for planning the next steps.“ (Mr. F., personal communication 2022)

A significant advantage of the I-CCC is that the support and counseling services are not subject to the usual time pressure prevalent in health care. Mr. F. was able to repeatedly take advantage of the free and local counseling and training services, thus receiving the necessary psychosocial support in caring for his wife (a measure also advocated by the Interest Group for Family Caregivers (IG Pflege)). The online offering for family caregivers (consultations and training) and the adapted opening hours during off-peak times also provided flexibility and relief for Mr. F. in his daily life.

The example of the F. family also highlights the importance of networking and cooperation with existing organizations and structures. Many affected individuals do not know where to turn when a care situation arises or when to apply for care allowance or access extramural care services. In the case of the F. family, the I-CCC was able to act as a mediator and refer the couple to relevant health and care service providers.

2. Sometimes, It Doesn't Take Much

As the previous example illustrated, a Community Care Center can complement existing counseling services and focus on the concerns and questions of family caregivers - individually, according to needs, and without bureaucracy. The availability of additional counseling and support services should not be underestimated even in a residential setting. Family caregivers do not cease to be „family members“ when the family member being cared for moves to a nursing home and receives care in the institutional setting. Studies show that the decision to move to a nursing home is one of the most difficult and is often questioned by those affected for a long time (Cole et al., 2018). Family members are usually significantly involved in the decision to move and then become advocates who observe and assess the care provided by the nursing staff (Hayward et al., 2022; Seiger Cronfalk et al., 2017). Family caregiving is therefore a highly complex process that requires flexible and easily accessible services throughout the entire care process.

The Background

Ms. L., the daughter of a nearly 100-year-old woman, contacts the I-CCC with an inquiry. For some time now, the daughter has noticed her mother's motor restlessness. Her mother resides in a nursing home. The once very strong-willed woman, who can no longer get up and walk independently, constantly moves her legs in the wheelchair and tries to push tables and chairs away. When sitting in the armchair, she is at risk of slipping out. The option of using a Cosy Chair, a mobile nursing and rest chair, is being considered. However, the daughter feels that this restricts her mother's mobility. She inquires about options for floor-level positioning.

The Accompanying Process

After receiving the inquiry from the family member via email, a phone appointment is scheduled to discuss the situation in detail. The I-CCC staff member takes the person's feelings seriously and listens attentively. They acknowledge the client's sense of responsibility and invite Ms. L. to empathize with her mother. Through this process, Ms. L. comes to realize that at nearly 100 years old, with limited vision and osteoporosis, transferring

to and from the floor may be perceived as frightening and painful, and that at this age, one also has the right to rest. Collaboratively, the I-CCC staff member and Ms. L. explore options for sensory stimulation tailored to the mother's needs.

After three emails, the consultation is concluded, and the family member can accept the approach of the nursing home. They are informed that they can always avail themselves of the services of the I-CCC again if needed. In her final email, Ms. L. expresses gratitude to the I-CCC staff member for their support:

“Thank you very much for your comprehensive and prompt professional information. I find it simply great how you empathize with an unfamiliar 100-year-old woman! We will gradually take up your various suggestions and try out what resonates most with mom.” (Ms. L., personal communication 2023)

The Insights

This example demonstrates that a long-term consultation process is not always necessary to support caregiving family members in their role and alleviate their daily life burdens, especially when the consultation is problem-centered and offered at the right time. It has also proven beneficial to document the outcomes of the consultation sessions in an email and provide them to the clients afterward, as the abundance of information in a consultation can often be overwhelming and difficult to absorb all at once.

Furthermore, this highlights the need for additional support and relief measures for caregiving family members. The trained staff of the I-CCC can neutrally mediate between various care arrangements and settings from an independent, factual perspective, without bias or taking sides. They address the very personal concerns of their clients, which often correlate closely with those of the individuals they care for and may arise after transferring a person with care needs to institutional settings. While acknowledging the feelings and needs of caregiving family members may seem insignificant to outsiders at first glance, for the individuals involved, their own perceptions can be unsettling and burdensome. Through relief discussions, emotional burdens can be prevented, and personal resilience can be strengthened.

3. Case Description from a Social Work Perspective

The case presented here delineates a gap in the care of older individuals, despite adequate coverage in the realm of healthcare and all associated services, particularly in the domain of social work. This emerges as a significant outcome of the I-CCC project, as the social work component may extend beyond the original goal of a competence center for older adults primarily focused on support needs.

The need for social work in the Hartberg area is exemplified through the case of Mr. K. This underscores the necessity and benefits of a Community Care Center in this locality.

The Background

Mr. K. suffers from an advanced stage of dementia, which, in addition to health-related issues such as memory loss, forgetfulness, and disorientation, primarily manifests in the simple daily tasks. Moreover, the former construction worker's routine is complicated by an artificial bowel outlet and a bladder catheter.

While the mobile home care service that visits him weekly adequately covers the entire range of physical care (assistance with personal hygiene, wound care, medication administration, mobilization, etc.), it does not address the necessary support for financial and organizational matters (debts, rent, bills, fees, administrative formalities, etc.).

Living alone, Mr. K. has no other relatives besides his brother, with whom he has no contact as his brother resides outside of Styria. There are no neighbors, acquaintances, or friends who regularly support him or check on him.

Recognizing the accumulating financial problems faced by Mr. K. and deeming the situation as highly acute, the mobile home care service introduces him to the I-CCC's offer and establishes contact with the center's social worker.

The Accompanying Process

Despite receiving information from the mobile home care service about engaging a social worker, the situation proves to be challenging for Mr. K. He

harbors fears and demonstrates uncertainty regarding a new contact person, especially concerning the disclosure of very personal data and information. After an initial conversation, followed by subsequent relief discussions and the establishment of a trusting relationship, the concerns, worries, and fears diminish, and the assistance becomes increasingly accepted. The I-CCC and the social worker are perceived and accepted as companions on the journey. Considering Mr. K.'s overall situation, the idea of appointing a legal representative is discussed in agreement with the mobile home care service. After several discussions outlining the advantages and disadvantages of such a significant measure, Mr. K. shows considerable agreement and later appears almost relieved. Additionally, the representation network is involved, and a legal assessment by the court is sought. However, as these processes take some time, immediate necessary measures must be initiated beforehand. These include supporting the application for an increase in care allowance, averting debt collection procedures, settling overdue bills, addressing reminders, clarifying broadcasting fees and church contributions, dealing with administrative matters, organizing meal delivery, considering options for nursing homes or assisted living through Life Aid, etc. Financial issues are particularly pressing, requiring assistance with all banking transactions (handling ATM cards and PIN codes, passwords, etc.). Simply having a conversation with the church contribution office poses a challenge for Mr. K. Filling out forms, applications, submissions, cancellations, and other correspondence are practically impossible for Mr. K. To prevent any major financial damage for Mr. K. until the appointment of a legal representative (the process of which may take several months to complete), social work assistance by the social worker from the Community Care Center is necessary, particularly in the financial domain.

The Insights

The case of client Mr. K. vividly illustrates the complex situation faced by older individuals or those affected by dementia without support from relatives. Especially with the current increases in living costs, many older people face additional challenges alongside their underlying issues. While the realm of care and all associated services are relatively well-covered by existing facilities, there is a gap in the realm of social work, which can be addressed by the I-CCC, as described in the accompanying support process.

Mr. K.'s case also underscores the importance of networking and collaboration with existing institutions and structures. From Mr. K.'s initial skep-

ticism, it is evident that there is a significant barrier to accessing services that require close support and thus a high level of personal information disclosure. Assistance is sought only very late, when there is already an overdue need for social work support and private networks can no longer meet the demand. There is a desire to remain independent of institutions and facilities for as long as possible.

Moreover, the assistance provided by the I-CCC is seen as a substantial enrichment, particularly when social work counseling and support occur over an extended period. The case clearly demonstrates the advantage of the I-CCC as an additional and entirely non-bureaucratic point of contact, providing valuable assistance to older people for short-term problems, as well as for a manageable longer period. Through existing or newly created networks/cooperations with other social institutions, new synergies are formed, creating an additional offering for the population. The I-CCC emerges not only as a significant player but also as a valuable link in the chain.



Case studies Serbia

4. Tailored and long term support in caregiving

The case study illustrates the importance of tailoring services to the needs of clients and their families within Community Care Centers, as well as networking and counseling informal caregivers. It also demonstrates the significance of involving individuals with dementia and their families in other social activities within the Center. The person responsible for work within the Center, in this case, the Red Cross, is familiar with the client's family situation, during the client's illness, and the caregivers' needs, which builds trust and enables interventions that are timely and aligned with the client's changing needs. All of these activities increase trust, knowledge, and create a sense of security and relief for caregivers.

The Background

Mr. S.S. is a retiree who is 72 years old and lives in an apartment with his 71-year-old wife. They have a son who has been living in the United States for the past 13 years and has not visited his parents during this time. His wife was diagnosed with dementia shortly after their son's departure, and her condition has rapidly deteriorated over the last three years. Mr. S.S. believes that his wife's dementia started due to the stress caused by their son's departure overseas. His wife is entirely dependent on him for daily functioning, and before the Center's operations began, Mr. S.S. would always take his wife with him. Sometimes, he would leave her in the car when he couldn't seek help and no one could stay with her at home.

At the beginning of the Center's operations, Mr. S.S. brought his wife, who engaged in activities with Red Cross volunteers. Initially, she regularly attended the Center. Every Tuesday during these visits, Mr. S.S. could go shopping, pay bills, or take a break, which was a significant relief and assistance to him in his daily functioning. During her time at the Center, volunteers engaged in cognitive exercises, conversations, singing, and light physical exercises with Mr. S.S.'s wife. There was also an attempt to involve her in other Center activities. Participating in activities with other active members proved to be a very beneficial activity as she could interact with other people, albeit with Mr. S.S. present.

However, after a few months, Mr. S.S.'s main problem became his wife's open refusal to take medication. During these instances, she became aggressive, agitated, and fearful, sometimes even spitting out the tablet when he wasn't paying attention. Her aggression became more frequent, posing a significant challenge for Mr. S.S.

Unfortunately, his wife's condition worsened during the project, with her refusal to take medication leading to aggressive behavior and changes in her behavior. Additionally, issues with dressing, specifically her refusal to get dressed, became very challenging for Mr. S.S. Dressing his wife required a lot of time and persuasion, leading to Mr. S.S. being unable to continue bringing her to the Center, despite finding the activities beneficial for himself. He felt tired and exhausted, unsure of how he would care for his wife alone and who would support him in the future. According to Mr. S.S., the Center's services provided him with relief and the assurance that he could leave his wife in a safe place, where she would be cared for. This gave him the opportunity to carry out tasks without pressure, which he experienced when taking his wife with him or leaving her alone in the car to complete

errands. Mr. S.S. was aware that leaving her alone in the car was not a humane or adequate solution, but before the Center, he did not have the means to handle the situation more compassionately, leading to feelings of guilt. Despite the Center's activities being very significant for him, he was forced to discontinue his wife's participation due to her deteriorating condition and seek alternative solutions.

The Accompanying Process

Mr. S.S. asked the staff at the Center to assist him with household tasks because he was no longer able to bring his wife and come to the Center himself, as doing so represented a significant physical and mental burden for him. After seven months of regular activities in the Center, Mr. S.S., together with the Center's staff, devised a plan for regular home visits by trained volunteers from the Center. A volunteer visits once a week, and Mr. S.S. is also in regular telephone contact with the Center's staff.

Mr. S.S.'s desire is for his wife to remain in her environment for as long as possible with his support and care, which is only possible if he receives daily and continuous support as well. Taking into account the well-being of Mr. S.S. and his wife, the volunteer visits their home and engages in various cognitive exercises (primarily memory games) with Mr. S.S.'s wife. The volunteer also stays with her for a while, allowing Mr. S.S. to attend to other tasks (such as bill payments, doctor visits, and shopping).

Additionally, as part of the Center's activities, Mr. S.S. receives support through various training sessions, enabling him to provide better care for his wife. These training sessions include practical information about the progression of the illness, assistance in developing a care plan, information about community services, and communication strategies with a person suffering from dementia. Moreover, when faced with a new problem, such as his wife's refusal to eat, he collaborates with the Center's staff to find the best solution.

An important aspect of the staff's and volunteers' activities at the Center is providing psychological first aid and psychosocial support to Mr. S.S., which is offered via telephone or in person at the Center. A significant next step is reaching out to Mr. S.S.'s son, who lives in the United States and has not participated in the support provided to his mother, Mr. S.S.'s wife.

The Insights

Support for Mr. S.S. involved assistance on multiple levels and constituted a complex intervention that evolves over time, with the Centers providing the opportunity to tailor activities to the changing needs of users and their family members. It is important to note that the Centers are open to providing support to individuals and families through workshops, training sessions, lectures, and respite services. These services are aimed at enhancing the quality of life for individuals diagnosed with dementia and their families.

An important component of the services provided at the Center is their flexibility, which allows them to transform Center-based services into home-based support and assistance. The transformation of services occurs, on one hand, due to the worsening of the disease and the increased needs of the person with dementia. On the other hand, the transformation of services occurs as a result of increased caregiving burden and the growing need for care, which ultimately falls on informal caregivers in 90% of cases.

Each client and their family who utilize the services of the Center have a designated contact person. This contact person provides them with adequate information about the services available at the Center and also connects them with other service providers in the community. During the implementation of the project, it became evident that a significant issue among citizens is the lack of awareness about services available in the local community. This lack of awareness is mainly due to the so-called „cobweb network“ of the system and the fragmentation of services. Therefore, the Center plays a role in informing the community about accessible services and acts as an intermediary, connecting different service providers with family members caring for a person with dementia.

5. The evolving nature of caregiving

This example clearly demonstrates that Community Care Centers can complement existing advisory and other community services, primarily focusing on addressing the needs and providing support (both practical and psychosocial) to informal caregivers. Thanks to their flexibility and resources, these Centers are able to meet the needs and adapt their activities to the changing nature of the users' and their families' needs in a short period of time. Advice and support are important for users even when they decide to receive support at home, and each intervention is individualized and tailored to the context and current needs.

The Background

Mrs. J.P., a 63-year-old retired civil servant, lives with her husband, and their children are grown and living in their own families. For the past few years, she has been caring for her mother, Mrs. P.A., who is 91 years old and lives alone in the same city. Several years ago, Mrs. P.A. was diagnosed with dementia, but neither Mrs. P.A. nor her family, apart from the diagnosis and prescribed medication, has received support from the community.

Over the years, Mrs. P.A.'s condition has worsened. She no longer recognizes any of her family members, not even her own daughter. J.P. visits her mother every day, who behaves aggressively towards her. The only person Mrs. P.A. recognizes and talks to is a neighbor who often comes to help Mrs. P.A., partially alleviating her aggressive behavior towards J.P.

These behavior patterns and the continuous care, which requires more and more time and dedication from Mrs. J.P., became quite burdensome. Her mother does not cooperate, refuses to change clothes, refuses to eat, and constantly shouts. J.P. is exhausted, withdrawing from society and constantly worrying about her mother, especially when she leaves her alone at home. J.P. heard about the activities provided at the Community Support Center through the Pensioners' Association and decided to inquire about the activities offered, as well as to see if she could receive any support.

The Accompanying Process

Mrs. J.P. came to the Center after discussing with her husband and children. She needed support and came seeking help for her mother. She spoke with the staff at the Center to establish the best possible support for her mother, but the staff also recognized that she needed support herself.

Through the discussion, it was concluded that Mrs. J.P. was heavily burdened by caregiving, affecting both her physical and mental health. In line with her needs and in agreement with her, a support plan was developed. Firstly, it was agreed that Mrs. J.P.'s mother, Mrs. P.A., would participate in cognitive exercises on tablet computers, with volunteers conducting sessions with her every week. The second agreement focused directly on Mrs. J.P., encouraging her to regularly visit the Center and participate in activities according to her preferences.

The plan also included scheduling a visit to the doctor to address the issues Ms. J.P. is experiencing with her spine. In addition to the work plan,

a list of activities and skills that Ms. J.P. enjoys was created. After the plan was developed, Ms. J.P. consulted with her family and decided to accept all the offered activities at the Center.

The Insights

Ms. P.A. practices cognitive exercises on tablet computers once a week with a volunteer. This method involves using modern technology to support individuals with dementia while engaging in social interaction with another person. The application used for these exercises has various sections, and the cognitive exercises on tablet computers aim to achieve the following objectives:

- Promote perception
- Improve concentration
- Enhance attention
- Promote associative thinking
- Improve short-term memory
- Enhance long-term memory
- Improve language skills
- Promote logical thinking and problem-solving
- Stimulate creativity and imagination
- Increase range of motion

These exercises stimulate existing mental capacities and slow the progression of the disease, providing individuals with diagnosed dementia with engaging activities and social contact. The exercises consist of different parts: images, finding differences in pictures, solving puzzles, following numbers, arranging numbers in sequence, problem-solving, and a section involving songs.

The tablets were provided free of charge, and all volunteers and staff at the Center have undergone training on tablet computers and on how to communicate with individuals with dementia. Ms. P.A. regularly performs the exercises, which captivate her attention, and she is happy when the volunteer arrives with tasks.

The involvement of Ms. P.A. has had a positive impact on her daughter, Ms. J.P, as she now has a little more free time and no longer feels the guilt

she previously experienced due to not having enough time and patience. Now, someone else can provide quality care for her mother.

Ms. J.P. has also joined the Center's activities and attends every Wednesday, participating in various activities. One of the activities is handicrafts, which are later sold by Center members at different bazaars, with the proceeds going to charitable purposes. An important aspect of her involvement is the opportunity to be with people who have similar problems and talk to them about the challenges and feelings of sadness because her mother does not recognize her, or feelings of anger because her mother behaves aggressively and „irrationally,“ so this feels therapeutic as she is aware that others have similar fears and problems and knows she is not alone. Also, based on an agreement with her family, Ms. J.P. found a caregiver who helps her mother 24/7, so she no longer has to worry about what will happen when her mother is alone.

„Caring for Mom was hard; I was constantly emotionally drained and questioning myself, and now, in this Center, I feel rejuvenated. I can talk about my problems, I can vent, and I immediately feel better.“ - J.P

6. Opportunities for intervention within the Community Care Center

This case illustrates the significant potential for intervention and inclusion that centers possess. Individuals diagnosed with dementia not only engage in regular exercises of varying complexity but also have the opportunity to socialize with volunteers and engage in conversations, which, as seen with Ms. A.V., can lead to mood changes, decreased aggression, and increased interest in exercises. Thanks to these exercises, firstly, each day becomes meaningful for her, and she also has the opportunity to converse with trained center volunteers, which represents a significant aspect of her involvement.

Another important aspect of the Center is its role as a foundation for providing psychosocial support and improving the mental health of informal caregivers. The Center serves as a refuge for them, where they can openly discuss their problems.

A third crucial aspect of these Centers is undoubtedly strengthening the bonds among family members because it involves all members, and deci-

sions concern everyone, with joint planning of interventions. Over time and in line with the context, family members collectively adapt this plan according to the needs and capacities and in response to changes occurring in the individual with dementia.

The Background

Mrs. A.V. is 81 years old, living alone in a rural area. She has two sons, one of whom lives in a nearby town, and the other in a city 100 kilometers away. She has experienced five strokes, which left her unable to move. Following the latest stroke, she became immobilized but refused to be placed in a nursing home. Instead, she went to a spa where, through exercises and working with physiotherapists, she managed to regain her ability to walk. Her sons visit her regularly, with the one living nearby visiting daily. They do not push for institutionalization as she does not desire it. However, she feels lonely, and her son does not have much time to devote to her due to work and his own family. She learned about the Center and its activities through the Pensioners' Association. Her son called to explain her situation, hoping that the Center's activities could provide her with assistance in various ways.

The Accompanying Process

Mrs. A.V. came to the Center with her son, struggling to move and experiencing speech difficulties. A plan of activities was devised according to her capacities, abilities, and desires, taking into account the Center's offerings. Her son brings her to the Center every Wednesday, where her activities primarily involve active participation in workshops with other active seniors.

Mrs. A.V. begins creating various items (boxes, pictures, bottles, masks), never missing a workshop. These delicate movements involved in crafting serve as physical therapy, gradually restoring her movements lost after the stroke. Furthermore, her speech improves through communication with others, serving as a form of therapeutic exercise during her recovery. Mrs. A.V.'s cheerful spirit impacts other Center users as well, as she is always smiling and takes on challenges

with ease.

If her son is unable to bring her, Mrs. A.V. calls a taxi. She never misses workshops, lectures, or the sales bazaars introduced as part of the Center's activities. Mrs. A.V. has motivated another neighbor from her village to start attending the Center. For her, the Center signifies a battle against loneliness, integration into the community, and the opportunity to learn new skills and acquire new knowledge.

The Insights

On days when there's an issue preventing Mrs. A.V. from coming, the staff or volunteers from the Center drive to her and check her health status. During the organization of outings by the Center, Mrs. A.V. insisted on going despite having experienced another minor stroke. With consultation from the doctor and other Center members, Mrs. A.V. went on a two-day excursion with significant support from all Center members, who brought along a wheelchair for her. However, she chose not to use it and instead walked with the assistance of other members.

Mrs. A.V.'s son expresses gratitude for the support, acknowledging that the activities are not only significant for his mother, who now has regular engagements, but also for him. He now has more time for his family and children, feels less pressure, and when he visits his mother, the time spent with her is now of higher quality.





Case studies Montenegro

7. Ease of access to services and availability of information

This case illustrates how the Community Care Center provides accessibility to available services and offers information about social and healthcare rights. With resources, trained staff, and service availability, the Center can create a support plan tailored to the needs of the users, thus ensuring comprehensive support.

The Background

Lj. L., an 80 year old widow from the village of Sutivan near Bijelo Polje, has been living alone for 40 years following her husband's death. As a refugee

from Bosnia and Herzegovina, she came to Montenegro in the early ,90s. Without children or close relatives nearby, she faces the daily challenges of loneliness. Weeks go by without her talking to anyone, which further complicates her already difficult life.

Health problems, such as high blood pressure and diabetes, further burden Lj. L. Her financial situation is extremely difficult, with an income of only €80 per month from her pension from Bosnia and Herzegovina, which is far below the minimum consumer basket in Montenegro. She is extremely worried about how she will provide heating during the cold winter months.

Since there is no public transportation in the village, Lj. L. rarely goes to the city, and only does so when necessary, such as visiting the doctor. She lives isolated, far from information about available services and rights that could improve her life. Thanks to the initiative of her neighbors, the Community Care Center in Bijelo Polje was contacted to provide support to Lj. L.

The Accompanying Process

Staff from the I-CCC arranged a visit from a social worker and a nurse to Lj.L. During this visit, the social worker and nurse informed Lj.L. about available services and rights in the field of social and health care and together with her created a support plan. To alleviate her loneliness, Lj.L. was proposed to participate in healthy aging workshops at the Community Care Center. To facilitate her access to the service, the Center provided free transportation to and from the Center. This support greatly improved Lj.L.'s mood, allowing her to actively participate in the life of the local community and establish new friendships. Additionally, Lj.L. was included in preventive home visits in the village conducted by the social worker and nurse. Over the next 29 months, Lj.L. utilized these services. The social worker and nurse visited her once a month to monitor her condition, provide counseling, and ensure a better quality of life. Both workers are available for telephone consultations and support. The nurse performs basic health checks and provides advice on nutrition and medication, while the social worker helps Lj.L. access rights in the field of social protection. The social worker assisted Lj.L. in gathering the necessary documentation and applying for a caregiver allowance. Thanks to the support of the Center, Lj.L. managed to obtain the caregiver allowance, significantly improving her financial situation. Additionally, regular medical check-ups and advice from the nurse have contributed to maintaining her health and quality of

life. L.J.L. now feels supported and secure with the Center's assistance, actively participating in the local community, which contributes to her positive attitude towards aging and overall well-being.

The Insights

The analysis of the case of Ljubica L. (L.J.L.) highlights key factors in providing support to an elderly person living in isolation and facing poor financial and health conditions. It particularly emphasizes the importance of providing information about available services and rights in the field of social and health care, as well as the mediation of a professional in accessing these rights. The availability of a social worker and a nurse, along with continuous support, is something that distinguishes the Community Care Center from other service providers. Without the support of the social worker, L.J.L. would not have obtained the right to caregiver allowance, which would have led to an extremely difficult financial situation. Free transportation to the Community Care Center significantly improves the accessibility of services, enabling L.J.L. to actively participate in the life of the local community and maintain her health. Without this measure, she would have struggled to participate in workshops, and this service would have remained only on paper. Integration into the local community, with the support of medical staff and social workers, further empowered L.J.L., reduced her loneliness, and improved her attitude towards aging and life in general. The overall support provided by the Center makes her feel like she belongs to the community and is not alone.

"The most important thing for me is to have someone to talk to... Everyone takes care of me, and I feel like I can handle everything more easily..." - L.J.L.

8. Multisectoral collaboration in providing comprehensive support to the client

This case illustrates how the Community Care Center responds to the needs of its users by connecting relevant stakeholders, primarily social and health sector. From this example, it is evident how important it is to follow through with users in fully realizing their rights and addressing their needs

The Background

I.A. is 75 years old and lives in Sutomore. He has children from a previous marriage with whom he is not in contact. He lives in a barrack of 40 square meters with poor living conditions. I.A. lives in loneliness. He has difficulty maintaining hygiene in his living space, he cannot cook, and he does not feel confident going for walks alone. He rarely visits the doctor and believes he does not need it. However, I.A. has hearing problems and often experiences severe headaches and weakness. He spends most of his days in his barrack and his neighbors rarely visit him. He finds it extremely difficult not being in contact with his children. His poor financial situation means not only that he does not have enough money for food but also that he lacks access to social and health care.

The Accompanying Process

I.A. is registered in the Red Cross Bar database as a person in need of humanitarian aid. After the opening of the Care Center, he was contacted by the staff and informed about the available services at the center. Together with I.A., a social worker and a nurse created a support plan, immediately including him as a user of the home care service. Within this service, a geronto-houswife visits I.A. twice a week for 2 hours each time, helping him maintain hygiene, prepare food, and accompany him on walks. The role of the geronto-houswife is crucial as she introduces healthier lifestyles, and her support enables a better quality of life. The geronto houswife informed the health center about I.A.'s condition, and the health center visited him for basic examinations. The doctor determined that I.A. has hearing problems and issued a referral to a specialist. However, I.A. lacks the money for transportation and the confidence to navigate on his own in another city. The Care Center provided free transportation and accompaniment for I.A. to the „Danilo Prvi” hospital in Cetinje, where he received a hearing aid and a report that will be used to apply for home care assistance, which was submitted to the competent Social Welfare Center. Considering his difficult financial situation, the social worker also helped him receive one-time financial assistance from the Red Cross of Montenegro twice, as well as several times with food and hygiene assistance through solidarity actions of the Red Cross Bar and other organizations in Bar. After 24 months of using this service, I.A. feels safer, goes out for walks alone, experiences reduced fatigue, and his overall health and mental state have improved. Within this

service, a volunteer also visits I.A. once a week to play social games and help with small tasks. The social worker assisted I.A in gathering the necessary documentation to access social welfare benefits. They successfully obtained family material security, electricity subsidies, as well as one-time financial assistance.

The Insights

I.A. is facing significant social isolation and lack of support from family. Living in a modest barrack without the necessary conditions for a decent life, he often feels lonely and helpless. However, collaboration with the Red Cross and other organizations and institutions in Bar has provided him with various forms of support, including healthcare, material assistance, subsidies, and regular visits from a geronto-housewife. Through the collaboration between the Care Center and the Health Center, I.A. gained access to medical services and got a hearing aid, significantly improving his health and quality of life. Creating a support plan tailored to I.A.'s needs, provided him not only with medical care but also emotional support and assistance in daily activities. Through this support network, I.A. received not only basic home assistance but also healthcare and emotional support and attention, resulting in a significant improvement in his overall well-being and quality of life.

9. Psychosocial support for informal caregivers at the Community Care Center

Caring for a family member often involves balancing between family, children, work, society and the one they care for. S.T. from Bar has been an informal carer for 30 years. She sacrificed her career and personal life to take care of her old father and sick brother. This case study illustrates the role of the Center in providing both psychosocial support and timely information in delivering care to a person with long-term health issues.

The Background

S.T. from Bar has been an informal carer for 30 years. She sacrificed her career and personal life to take care of her old father and ill

brother. Her brother's diagnosis is schizophrenia and he is a patient who is not aware of his illness. Her father was 93 years old when he died and she, along with her brother, took care of him for 10 years. S.T. used to work in a forwarding agency and cherished her job deeply. Starting at „Zetatrans“ in Podgorica and later transitioning to „Fešpen“ Belgrade as a customs declarant, she found fulfillment in her role. Known for her sociable nature and enjoyment of social interactions, she thrived in the company of others. However, as her father aged and her brother fell ill, she faced a difficult decision. Unable to balance her work responsibilities with the increasing demands of caregiving at home, she made the heartfelt choice to resign from her job and dedicate herself entirely to her family.

Now she finds herself in a situation where she's uncertain whether she'll ever be able to claim her pension rights. After her father passed away, they were left with only her brother's pension of 170 euros. Unsure of what steps to take next, she reflects on the difficult times they faced after her father's death, when they struggled to put food on the table.

The Accompanying Process

S.T. contacted the Red Cross Bar requesting humanitarian assistance. A social worker and a nurse conducted an interview with her, during which they determined that on a personal level, due to great pressure and lack of support as well as a constant feeling of guilt, S.T. has the so-called burnout syndrome, and that she is at risk of depression and needs psychosocial support. The social worker assisted S.T. in applying for caregiver support and assistance. Additionally, as part of the support for S.T. herself, she was included in a self-help group for informal caregivers that meets weekly at the Community Care Center. During these meetings, informal caregivers share their experiences and support each other. Alongside this service, for the next 20 months, the social worker and nurse provided counseling to S.T. in regard to care for her brother. Furthermore, the Care Center organized three training sessions for informal caregivers, which S.T. attended.

“This moral support means a lot to me as well as the counseling of the Community Care Center and the self-support groups. What means the most to me is that now I feel that I am not completely alone”.

The Insights



The Community Care Center played a vital role in S.T.'s journey, offering comprehensive support, guidance, and a sense of community that proved essential in helping her cope with the challenges of caregiving and navigate through difficult times.

S.T. found invaluable support and guidance from the Community Care Center in her role as an informal carer. The Center played a crucial role in recognizing her immense pressure, lack of support, and risk of burnout and depression. Through counseling and assistance in applying for caregiving benefits, the Center addressed her immediate needs and provided her with much-needed relief and stability.

Moreover, the Center facilitated her participation in a self-help group for informal carers, where she found solace and camaraderie among individuals facing similar challenges. The regular meetings provided a safe space for sharing experiences, receiving mutual support, and learning coping strategies. This sense of community and understanding helped alleviate S.T.'s feelings of isolation and provided her with emotional resilience.

Furthermore, the ongoing counseling and guidance provided by the social worker and nurse from the Center were instrumental in empowering S.T. in her caregiving role. By offering personalized support and advice, they helped her navigate the complexities of caring for her brother while also ensuring her own well-being.

Innovative Community Care Centers

Case Studies

Austria, Serbia, and Montenegro

