

# Elderly Roma

## BETWEEN TRANSITIONAL AND SOCIAL JUSTICE

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# **Elderly Roma between transitional and social justice**

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## List of Abbreviations

CLRAE	Congress of Local and Regional Authorities, Council of Europe
ECRI	European Commission against Racism and Intolerance
EU	European Union
EVZ	Foundation Remembrance, Responsibility and Future
FHP	Humanitarian Law Centre
FRA	European Agency for Fundamental Rights
ICTJ	International Center for Transitional Justice
IHRA	International Holocaust Remembrance Alliance
KM	Kosovo and Metohija
LAP	Local Action Plan
MICS	Multiple Indicator Cluster Study, Serbia; and Serbia Roma Settlements
MIPAA	Madrid International Plan of Action on Ageing
MOP	Material family assistance
NGO	Non-governmental organisation
OFER	Roma Youth Education Forum
RFPIO	Serbian National Pension and Disability Insurance Fund
RS	Republic of Serbia
RSD	Serbian dinar
RZS	Serbian Office of National Statistics
SDG	Sustainable Development Goals
SILC	Statistics on Income and Living Conditions
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund

# SUMMARY



TOMISLAV STANOJEVIĆ, BEOGRAD

**E**lderly Roma are completely invisible in Serbian society, both as a multiply vulnerable elderly population and as part of the Roma minority that has experienced World War II and the conflicts in the former Yugoslavia. Their obscurity is the product of a lack of information and the unwillingness of policymakers and society in general to look more deeply at the features of the various subgroups of the Roma community. As such, this paper is a unique attempt to address or remedy some of these deficiencies by collecting the relevant information and drawing up policy recommendations in accordance with the New EU Roma Strategic Framework 2020-2030, which envisages combining standard social policy measures with efforts designed to recognise and confront current and historical antigypsyism and, in particular, the Roma Holocaust. The data presented in this study were collected using quantitative and qualitative survey methods with the aim of shedding light on the circumstances in which Roma aged over 65 live and their current socio-economic position, health, access to social protection, and social lives. The survey was conducted in five largest urban centres in Serbia. The analysis employed the life course approach, which allowed tracking the life trajectories of these individuals and the obstacles they faced at various stages in their lives. The findings reveal that the elderly Roma population was at much greater risk than both the general public and the general Roma population, indicating that policies ought to focus closely on this issue. The labour



transitions of this population were more frequent and intermittent, and included periods of informal labour. Many of them receive no pensions and lack any other income, making them highly dependent and vulnerable. Their material living conditions are far below average, whilst social protection services usually fail to reach those who need them the most. As a result, this population faces lower life expectancy and greater health risks. Even though the group as a whole is highly vulnerable and deprived, women are particularly threatened, as are those with no formal education or elementary schooling only, single-member households, and the very elderly, with all these categories facing elevated risk of poverty and material deprivation. The study concludes by suggesting a set of measures adapted to Serbia's circumstances. These recommendations were developed in consultation with social inclusion experts and civil society organisations that support elderly Roma Holocaust survivors.

# INTRODUCTION

Transitional justice of the 21st century is increasingly turning to holistic approaches that broaden its field of action to include the healing of long-standing socio-economic injustices, so transcending its original promise of ascertaining truth and imposing retributive justice (Miller, 2008, Walldorf, 2012). At the same time, modern-day understanding of social policies allows inclusion of elements of transitional justice. Examples of this broadening of the scope of action of transitional justice come not only from countries only now embarking on the complex task of facing up to mass human rights violations, but also from those with strong democratic traditions. In this context, the European Union's (EU) new strategic document for Roma inclusion covering the period from 2020 to 2030, entitled 'A Union of Equality: EU Roma strategic framework on equality, inclusion and participation'<sup>1</sup> (referred to throughout as the 'New EU Roma Strategic Framework 2020-2030'), for the first time combines traditional social policies with those designed to recognise

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1 A Union of Equality: EU Roma strategic framework for equality, inclusion and participation, 2020, COM(2020) 620 final.



and confront current and historical antigypsyism<sup>2</sup> and, in particular, the Roma Holocaust, and suggests that EU Member States contemplate their approaches to the social inclusion of the Roma minority through the lens of historical relations with this community, raise public awareness of Roma history, and promote reconciliation.<sup>3</sup> This approach is linked to work done by the European Commission (EC) in other areas, including the recently enacted EU Anti-Racism Action Plan 2020-2025,<sup>4</sup> which states that '[e]nsuring remembrance is an important part of encouraging inclusion and understanding'.<sup>5</sup>

In the Poznan Declaration, signed in 2019, countries of the Western Balkans committed to continuing alignment of their Roma social inclusion policies with the European framework as part of the European Union enlargement process,<sup>6</sup> and this expectation is re-iterated in the introductory chapters of the New EU Roma Strategic Framework 2020-2030 referred to above.

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2 'Antigypsyism/anti-Roma discrimination is a manifestation of individual expressions and acts as well as institutional policies and practices of marginalization, exclusion, physical violence, devaluation of Roma cultures and lifestyles, and hate speech directed at Roma as well as other individuals and groups perceived, stigmatized, or persecuted during the Nazi era, and still today, as "Gypsies." This leads to the treatment of Roma as an alleged alien group and associates them with a series of pejorative stereotypes and distorted images that represent a specific form of racism.' International Holocaust Remembrance Association (IHRA, 2020). Cited from [holocaustremembrance.com/resources/working-definitions-charters/working-definition-antigypsyism-anti-roma-discrimination](http://holocaustremembrance.com/resources/working-definitions-charters/working-definition-antigypsyism-anti-roma-discrimination).

3 COM(2020) 620 final, Annex 1.

4 A Union of Equality: EU anti-racism action plan 2020-2025, 2020, COM(2020) 565 final.

5 Ibid.

6 Representatives of the Republic of Serbia signed the Declaration of Western Balkans Partners on Roma Integration within the EU Enlargement Process at the sixth summit meeting of Western Balkan countries held within the Berlin Process in Poznan, Poland, on 4 and 5 July 2019. Signatories to the Declaration of Western Balkans Partners on Roma Integration committed themselves to continue and further enhance efforts to achieve equality and full integration of the Roma, especially through implementation and monitoring of the Joint Conclusions of the Roma Seminars and all other strategic documents. The parties also undertook to continue and enhance efforts for full equality. <http://socijalnoukljucivanje.gov.rs>, <https://www.mgsi.gov.rs>.



Even though the Poznan Declaration does not explicitly refer to the Holocaust, this study attempts to explore this approach to considering the social inclusion of the Roma minority in Serbia. In this context, we have paid particular attention to the issue of elderly Roma who are completely invisible, both as a multiply vulnerable group of elderly people and as part of the Roma minority with experience of World War II and the conflicts in the former Yugoslavia. As far as the Authors are aware, this is the first study done in Serbia focusing on these issues.

The first question this study poses is if, and whether, the experiences of two wars have affected the socio-economic position of the elderly Roma population and how this legacy has determined their life outcomes. Secondly, the study examines the measures of social and transitional justice that policymakers have at their disposal to address the situation. Lastly, and most importantly, it gives insights into the needs of elderly Roma that may contribute to the body of knowledge about this under-investigated population.

For the purpose of this study, a quantitative and qualitative survey was conducted to examine the living circumstances of Roma aged 65 and above and their current socio-economic position, health situation, access to the social protection system, and social life. The survey covered two groups of Roma, those whose lives were directly affected by the Holocaust,<sup>7</sup> on the one hand, and the post-war elderly generation, on the other, who are both assumed to have had their life courses powerfully shaped by two wars. The survey was conducted in five major Serbian cities, namely Belgrade, Novi Sad, Niš, Kragujevac, and Požarevac. The findings were complemented by interviews with civil society organisations (CSOs) active

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<sup>7</sup> This study uses the term to denote Roma survivors of Nazi persecution who were born before 9 May 1945, in accordance with the definition employed by the German Foundation Remembrance, Responsibility and Future (*Erinnerung, Verantwortung, Zukunft*, EVZ).



in addressing the needs of Roma Holocaust survivors and relevant institutions and research organisations dedicated to issues of access to social protection and healthcare for Roma and elderly and vulnerable groups in general.

The objective of this study is to fill the large gap in data on the socio-economic position of Roma aged 65 and above whose needs are not recognised in the current Strategy for the Social Inclusion of Roma in the Republic of Serbia, 2016-2025, and related strategic documents that concern poverty, health, and aging. It also looks at how transitional justice can be established at a time when the last witnesses to this time of tribulation, little spoken of in Serbian society, are fading away.

The conclusion and recommendations which close this study stress the importance of introducing a number of general social welfare measures for improving the position of Roma over 65 years of age and the need to amend the current Strategy, and suggests the option of developing a specific set of national and local measures that combine features of transitional and social justice.

## **The theoretical framework: Broadening the concept of transitional justice to incorporate social justice**

The year 2020 marked the 75th anniversary of the end of World War II and the 21st since the end of the conflicts in former Yugoslavia, which were 'marked by gross violations of human rights and serious violations of international humanitarian law that had not been witnessed in Europe since the Second World War' (Council of Europe, 2012), including ethnic cleansing whose victims included Roma (ibid).

Transitional justice is an attempt by society to respond to the legacy of systemic and widespread human rights abuses on their way either



from war to peace or from authoritarian government to democracy (International Center for Transitional Justice (ICTJ), 2008), and its roots can be traced to the Nuremberg Holocaust trials and even further back (Freeman, 2007). In a narrower sense, transitional justice is an attempt to re-establish justice and ‘repair’ society after it was faced with frightening violence (Walker, 2006), primarily through judicial responses to the crimes that had been committed (Teitel, 2003). Since the 1980s, when this concept began to see rapid theoretical evolution, the first and oldest approach to establishing transitional justice, which amounts to retributive justice (prosecution of perpetrators and re-establishment of the rule of law, as well as reforms to the security and justice systems) was broadened to also include restorative justice (collection of testimonies about the past, healing of victims, and renewal of communities through reconciliation and nurturing of collective memory), and, in recent years, to comprise social justice as well. The latter is an attempt to eliminate or mitigate economic, political, and social injustices that may have affected the outbreak of the conflict and an endeavour to re-define social values as the foundation of the stability and democratic development of the society (Andrieu, 2010).

The temporal distance from the events subject to measures of transitional justice need not matter for its achievement. The latest trial for crimes committed in World War II was held in 2011 in Germany (Huysse, 2015). In the Netherlands, for instance, a memorial to Roma and Sinti victims of World War II crimes was unveiled only in 1978 as the first of its kind anywhere in the world (Romijn, Schumacher, 2014); Germany created its first such site only as late as 2012.<sup>8</sup> Some European countries, such as Norway, introduced reparations programmes for Roma Holocaust victims only in the

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8 For more details, see [coe.int/en/web/roma-genocide/virtual-library/-/asset\\_publisher/M35KN9VVoZTe/content/georgia-recognition-of-the-genocide?inheritRedirect=false](https://www.coe.int/en/web/roma-genocide/virtual-library/-/asset_publisher/M35KN9VVoZTe/content/georgia-recognition-of-the-genocide?inheritRedirect=false), accessed on 12 October 2020.

21st century<sup>9</sup> as their societies made a reckoning with racial hatred, discrimination, and antigypsyism.

Reparations are a transitional justice mechanism involving a series of economic and intangible measures in response to damage caused by conflict, repression, and political violence (Hainer, 2001; Miller, 2008) that usually include monetary compensation to victims and their families, together with privileged or special access to some public or private services, such as healthcare, pensions, and education (Freeman, 2007). These initiatives are very frequently accompanied by various symbolic forms of reparations, such as erecting memorials to commemorate the victims (ibid).

Especially relevant for this study are considerations of measures that are not exclusively aimed at indemnifying individuals and their families but also promote policies enhancing the welfare of broader social groups (Colvin, 2008) and/or seek to align responses with the victims' current needs, such as access to education and the labour market, or better-quality housing or clothing, that mitigate the exclusion and inequality of these victims in relation to other members of society (Robins 2011b; Pham et al., 2007; Vinck and Pham; 2008, Leplante, 2014).

This widening of the transitional justice concept is not unanimously accepted as being beneficial for addressing the deep injustices caused by human rights abuses. Critics consider this an unnatural broadening of the transitional justice approach that gives it uncharacteristic features of distributional justice, so undermining its original notion (Leplante, 2014; Yepes 2009; Waldorf, 2012a). These detractors also believe that theoreticians and practitioners of transitional justice possess only limited knowledge of social justice

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9 Norway to pay reparations to Roma for racist policies and suffering under Nazis, *Guardian*, 9 April 2015, available at [theguardian.com/world/2015/apr/09/norway-to-pay-reparations-to-roma-for-racist-policies-and-suffering-under-nazis](https://www.theguardian.com/world/2015/apr/09/norway-to-pay-reparations-to-roma-for-racist-policies-and-suffering-under-nazis), accessed on 15 August 2020.



and should refrain from pursuing it (Waldorf, 2012b). Finally, when reparations and indemnity schemes for victims or affected groups are introduced long after the crimes had been committed, their equity is open to question as they are funded by taxpayers who would otherwise have no legal liability for human rights abuses (Segovia 2006).

In short, the concept of transitional justice is fertile ground for critical review of various approaches to righting social wrongs that are the cause, pretext, or result of conflict (Miller, 2008), but also creates scope for new injustices if not carefully thought-out.

**CONTEXT:  
LINKING HOLOCAUST  
AND SOCIAL INCLUSION**



RADMILA PERIĆ, POŽAREVAC



The introduction to this study draws attention to the topicality of linking transitional justice and the design of contemporary European policies for social inclusion of Roma from 2020 to 2030. These policies have, for the first time, identified antigypsyism as a major cause of Roma exclusion and encouraged member states to make efforts, whilst taking their national differences into account, to raise awareness of historical discrimination, segregation, and persecution of Roma, of which the Holocaust was the most drastic manifestation.

This approach has been promoted for some time by the EU Agency for Fundamental Rights (FRA), an independent body that seeks to promote access to basic rights. Its reports advocate giving prime of place in European Roma integration strategies after 2020 to measures designed to combat antigypsyism as a form of racism that can lead to structural/institutional discrimination. In this context, EU member states have been advised to develop awareness-raising campaigns that would both aim at informing the Roma community of their guaranteed rights and target the broader public to enhance understanding of historical discrimination, segregation, and persecution of Roma (Carrera et al., 2019; FRA, 2019), a suggestion taken up in the EU New Strategic Framework, 2020-2030.

This new approach to Roma inclusion policies is based on five interlinked pillars. Two existing ones, equality and non-discrimination, and local Roma inclusion plans, book-end the process, with



three new interconnected pillars at its centre, namely: (1) truth and reconciliation (promoting dialogue in European societies of historically-rooted racism and discrimination, including post-World War II); (2) rule of law (facing up to institutional/structural discrimination); and (3) Roma civic and political participation (Carrera et al., 2019).

At the same time, the Council Recommendation on national Roma strategic frameworks for equality, inclusion and participation<sup>10</sup> (referred to throughout as the Recommendation) makes **the fight against antigypsyism the key cross-cutting/horizontal priority of all sectoral policies (education, employment, quality healthcare, and desegregated housing).**

This approach lends **additional complexity to understanding and co-ordinating Roma social policies at the European level** and also reflects the multi-dimensional nature of the concept of social inclusion, which comprises a wide range of issues of individual involvement in the community that go beyond a narrower or broader understanding of poverty and involve perceived social inclusion or deprivation in terms of a person's being able to meet a variety of needs (Babović et al., 2018; Atkinson et al. 2002).

### **From nurturing collective memory to re-examining the social position and human and collective rights of Roma in Europe and Serbia**

It would be pertinent to here give a brief overview of the history of links between the Roma Holocaust and access to human and social rights in the European context, draw some possible parallels between developments in Europe and the former Yugoslavia, and, finally, contemplate some aspects specific to the national context.

The Holocaust, genocide, *Porajmos*, *Samudaripen*, and holocaust (written with a lower-case initial letter to reflect its use as a broader

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10 A Union of Equality: EU Roma strategic framework for equality, inclusion and participation and its accompanying proposal for a revised Council recommendation on national Roma strategic frameworks for equality, inclusion and participation, 2020, SWD(2020) 530 final.

definition) are terms used by historians to describe crimes against Roma<sup>11</sup> and covers the period from 1934 to 1945, that is to say from the introduction of the first anti-Roma decrees in Nazi Germany to the end of World War II.

The number of Roma who died in World War II has never been accurately determined, either in Europe or in the former Yugoslavia (Jakšić, Bašić, 2005; Pissari, 2014). There are multiple reasons why Roma victims have been 'silent', and only some of them will be mentioned here, with the understanding that any choice may be subject to criticism. Firstly, the study will highlight some common points in societal responses to the establishment of transitional justice that could suggest possible responses, and will then very briefly touch upon some issues that are crucial for an understanding of the Roma Holocaust and the place it occupies both in the memories of Roma and in the development of demands by the Roma community for a re-assessment of their social position and their human and collective rights and freedoms in the European and national context.

**In general, victims face lengthy waiting times for public recognition and for societies to begin to deal with their suffering** (Greenstein, 2020). For instance, in an attempt to avoid paying reparations or other aid to victims, some countries resort to reducing transitional justice to its ethnic, racial, or religious dimension and attempt to portray brutal human rights abuses as the consequences of individual action, which therefore attract personal accountability that cannot be tied to the state where the conflict occurred (Miller, 2008). In these

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11 There are diverging opinions as to whether Roma were subjected to genocide as defined in the Convention on the Prevention and Punishment of the Crime of Genocide (UN 1948). In the mid-1990s, the Roma linguist and activist Ian Hancock introduced the term *Porajmos* ('destruction') to denote the Nazi policy of exterminating Roma and Sinti in World War II, but this phrase is not accepted in Eastern Europe, where the linguist Marcel Courthiade has proposed *Samudaripen* ('mass killing') instead. In Serbia, Roma authors generally use the word 'holocaust' (with a lower-case initial letter), in contrast to 'Holocaust' (capitalised), which is employed to describe the genocide against the Jews. Milovan Pissari provides a detailed discussion of terminological variations and usage by Roma historians in Serbia (Pissari, 2014).



cases, victims are often subjected to complicated, humiliating, and lengthy procedures to prove their entitlement to indemnification.

Moreover, **victim recognition may be selective** (Huyse, 2015). In the context of the establishment of transitional justice in the wake of World War II, Huyse notes that the most tragic result of a competition of sorts between various victim groups has been the exclusion of Jewish, Roma, and homosexual victims until long after the war had ended.

**Access by victims to transitional justice greatly depends both on the position occupied by the victims in society and on the strength of groups that advocate their rights** (Greenstein, 2020). In West Germany, for instance, the issue of reparations for Roma Holocaust victims was raised as late as the 1980s (Huyse, 2015), whereas in Japan the matter of sexual slavery was first broached only four decades after World War II (Suzuki 2012).

Reasons for the delay in acknowledging Roma victims can be sought amongst all the considerations listed above. Long after World War II ended, the mood of European society, already not well disposed towards Roma, was not conducive to raising the visibility of this issue in broader public discourse (Wolf 1982). Holocaust and genocide scholarship was itself weighed down by prejudice against Roma, and, according to Huttenbach, ignored the plight of Roma or merely consigned it to a footnote (Huttenbach, 1999). **Several decades were to elapse before a new Roma elite emerged that raised the issues of both the suffering of Roma in World War II and payment of reparations to victims, and then the broader questions of their access to various human rights.** It was thanks to the activism of this elite, which took shape in the 1960s, 1970s, and 1980s, that there began to appear a group of historians who first included testimonies of Roma victims in their works on genocide and the Holocaust (Huttenbach 1999; Mirga, 2005; Kapralski, 2007). This need (to develop a written history for Roma) was the result of, on the one hand, theoretical and critical awareness in the



humanities and historical science, and, on the other, critical awareness and desire of Roma themselves for a re-examination of their social position and their human and collective rights and liberties (Đurić, 2009). Slowly these efforts overcame the often-cited reason for leaving Roma Holocaust victims out of both academic papers and written discourse – the lack of written Roma history (Yoors 1988 [1971]) which had primarily been preserved orally (Kapralski, 2007) – and a relative wealth of papers emerged dealing with the suffering of Roma in a number of concentration camps. Fewer articles were published on arrangements to protect Holocaust victims, including ones in which the suffering of Roma was treated only superficially or left out altogether (Kapralski, 2007).

In a practical sense, **historical records of the Roma Holocaust were used in the 1970s by Roma and Sinti organisations in Germany, and later in other countries as well, to seek recognition of Roma victims' rights to reparations** (Mirga, 2005). At the same time, **understanding of the Holocaust as the central event in the history of pogroms against the Roma since their first arrival in Europe became the basis for the development and construction of a new, shared transnational Roma identity** (Kapralski, 2007) used by these Roma groups to **advocate a common European Roma policy**. These continuous efforts, made by both European civil society organisations and Roma groups and intellectuals, including the International Holocaust Remembrance Alliance (IHRA) and the Central Council of German Sinti and Roma, contributed to the decision by the European Parliament to declare 2 August the annual European Roma Holocaust Memorial Day to commemorate the 500,000 Roma murdered in Nazi-occupied Europe. The initiatives have also led to the enactment of various European-level policies, including the New EU Roma Strategic Framework 2020-2030, which treats the memorialisation of the Roma Holocaust as an integral part of policies designed to fight antigypsyism and structural discrimination and strengthen social inclusion.



Events moved similarly in Yugoslavia, albeit in a much more different socialist context. Many authors contend that, apart from causing huge casualties, World War II also extinguished the nascent Roma elite and slowed down or precluded the economic empowerment of Roma families in the region (Jakšić, Bašić, 2005; Radovanović, Knežević 2014; Pisarri, 2014). 'Their establishment of associations, a sedentary lifestyle, and their neighbours' interest in their lives, customs, and origins indicate that Roma in Serbia occupied a social position that could have given impetus to future collective prosperity' (Bašić, Jakšić, 2005, p. 23), but World War II interrupted this tangible progress and emancipation and led to pogroms and extermination of Roma (Milošević, 1983; Bulajić, 1992).

Even though evidence had been collected to substantiate reparations requests for victims, including Roma ones (Pisarri, 2014), indemnification was never made in the former Yugoslavia for reasons that had nothing to do with Roma. Initiatives to re-assess German war reparations to Yugoslavia following World War II were launched on multiple occasions (Đorđević, 1994); the latest attempt to re-open discussion of appraising the war damage caused to (all) Serbian victims of World War II was made in 2008, but the commission tasked with the matter was dissolved two years later without having made public any specific proposals for addressing the issue.

As was the case in Europe, **a new Roma elite emerged in the former Yugoslavia starting in the early 1970s and into the 1980s, beginning to contribute to the development of historical records of the suffering of Roma in World War II** (Pisarri, 2014) and documenting their plight, previously little visible in public discourse. Moreover, this elite slowly became more involved in shaping Roma inclusion policies (Acković, 2001), which reached a peak with **the official recognition of Roma as a national minority immediately before the break-up of Yugoslavia** (Marushiakova, Popov 2008).

The dissolution of the former Yugoslavia, accompanied by armed conflict, caused a mass wave of migrations that the Roma could not

escape. Most Roma were either displaced from or forced to flee Croatia, Bosnia-Herzegovina, and Kosovo, and a substantial number were murdered. The total number of Roma victims of these conflicts also remains unknown (Jakšić, Bašić 2005). And, whilst retributive justice (in the form of trials for crimes committed in this period) may have been slow, it has been administered much more quickly when compared to the recognition of (all) victims, especially as Serbia has adopted a rather narrow definition of reparations and has thus nearly precluded their payment (FHP, 2016).

Some authors contend that the persecution of Roma in Serbia never really ended and that it continues to this day through the economic and social marginalisation of this community.<sup>12</sup> One reason for this is the **exceptionally negative attitude of the non-Roma population towards displaced Roma, and Roma in general, which cannot be interpreted only as an expression of racism and xenophobia characteristic of any patriarchal society, but also as the result of the overall impoverishment of the population of former Yugoslavia and Serbia** (Jakšić, 2002).

Regardless of their ethnic origin, refugees from the former Yugoslavia were integrated very slowly, as borne out by the fact that, in 2018, there remained registered some 68,514 refugees and displaced persons. This figure included many Roma who were forced by the conflicts of the 1990s to leave the territories in which they lived and emigrate to other parts of the former Yugoslavia or abroad.<sup>13</sup> Some of them still lack personal documents to this day, even though these are a prerequisite for access to all other human rights, including the right to social protection and healthcare (Kovač, Jakobi, 2019).

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12 See Nikola Radić Lucati, Centar za istraživanje i edukaciju o holokaustu, in: 'Zaboravljena uloga Srbije u holokaustu Roma' BIRN 17.12.2018, available online at [balkaninsight.com/2018/12/17/zaboravljena-uloga-srbije-u-holokaustu-roma-12-14-2018/?lang=sr](http://balkaninsight.com/2018/12/17/zaboravljena-uloga-srbije-u-holokaustu-roma-12-14-2018/?lang=sr), accessed on 18 October 2020.

13 Stanje i potrebe interno raseljenih lica, Komesarijat za izbeglice i migracije, septembar 2018, available online at [http://kirs.gov.rs/media/uploads/Dokumenti-i-publikacije/Izvestaji/Stanje\\_i\\_potrebe\\_IRL\\_2018\\_SR.pdf](http://kirs.gov.rs/media/uploads/Dokumenti-i-publikacije/Izvestaji/Stanje_i_potrebe_IRL_2018_SR.pdf) [in Serbian].



As Roma communities that Roma refugees joined were often facing even more difficult circumstances, the integration of these newcomers proved to be a highly complex issue (Jakšić, Bašić, 2005) as the assistance was lacking.

In brief, this chapter has attempted to provide the broader context needed for understanding the linkages between recognising and confronting historical and current antigypsyism, and especially the Roma Holocaust, on the one hand, and European Roma social inclusion policies. It has also endeavoured to present the specific features of the Serbian context in the light of the expected continued harmonisation between EU and Western Balkan policies.

It is worth noting that efforts made by the new European Roma elite to link the Holocaust with access to human and social rights by the broader Roma community have remained largely unknown to most Roma, whose socio-economic conditions remained exceptionally poor and who considered the memory of the Holocaust as just another occurrence of repression and discrimination against the Roma (Tyrnauer 1991). This ought to be borne in mind for the interpretation of respondents' answers to the survey and in interviews about the impact of World War II and conflict in the former Yugoslavia on their socio-economic position.

**SOCIO-ECONOMIC  
CHARACTERISTICS OF ELDERLY  
ROMA HOUSEHOLDS:  
AVAILABLE DATA**



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There are very scant data about the position and features of Roma aged over 65. This chapter will primarily rely on information collected in the 2011 Serbian population census (RZS, 2011). These data inform most strategic documents that directly or indirectly affect the Roma population or were subsequently analysed in studies of the Roma and the characteristics of the elderly population of Serbia. Information about the structure of the Roma population by age will be presented first, followed by data on educational attainment, access to social insurance (pensions), and healthcare. The conclusion will summarise the available findings.

**Ageing.** For decades, Serbia has been ageing at a rapid pace, due to both an increasing share of the elderly and a decline in the proportion of children. Owing to these developments, the country's population is amongst the oldest in Europe, and the underlying trends are deeply unfavourable. In early 2020, more than one in five (21 percent) of Serbians were older than 65, and as few as one in seven (14.3 percent) were aged under 15 (RZS, 2020). Elderly people outnumbered the young population by 463,000, or 46 percent, with average age reaching a record 43.4 (RZS, *ibid*).

In contrast to the majority population, young people account for a far greater proportion of Roma (in common with Bosniaks and Albanians), as a result of diametrically opposed demographic trends, since the Roma community faces no issues with generational renewal (Radovanović, Knežević, 2014). According to the latest (2011) census



data, Roma represented 2.05 percent of the total population, but accounted for only 0.47 percent of all elderly individuals (Devedžić *et al.*, 2015). Only 3.96 percent of those who self-reported as Roma were aged 65 and above, as opposed to 40 percent in the self-reported Serbian population, 29.31 percent in the Croatian community, and 21.51 of Hungarians (Devedžić *et al.*, 2015). The small proportion of Roma aged 65 and above is probably a consequence of both the preponderance of the younger population and lower life expectancy.

As few as 1 percent of Roma have a life expectancy of more than 60 years (Antić, 2005). Even though the number of centenarians is not a sufficiently reliable indicator of an ethnic group's social and health status, **the absence of any Roma in the over-100 population could be interpreted as a consequence of their poor living standards and social position** (Devedžić *et al.*, 2015).

As already noted, the Roma population is youthful and has only now reached the average age for Serbia (without Kosovo and Metohija) recorded in 1931 (27.7) (RZS, 2011). Nevertheless, the Roma community is also ageing. This is primarily due to the fact that young Roma women now have fewer children than older generations of Roma women did, as well as the increasing life expectancy of elderly Roma. Hence, the Roma population is also faced with what is termed 'total demographic ageing', the decrease in the proportion of younger Roma and an accompanying increase in the share of older individuals (Radovanović, Knežević, 2014).

**Health status.** The available data suggest that elderly Roma suffer from the same conditions and illnesses as the general population, including high blood pressure, coronary heart disease, and diabetes (Radovanović, Knežević, 2014). Chronic obstructive pulmonary disease is the only illness more likely to afflict the Roma population (*ibid*). In addition, according to the 2011 census, the first to collect disability information, the share of Roma with disabilities in the overall Roma population was close to the national average (at 7.9 percent). There are also no differences between the majority and Roma populations by



disability status (Radovanović, Knežević, 2014). Still, papers suggest that these indicators should be treated with caution, as **very few assessments have looked at the health status and broader living conditions of the elderly Roma** (Dinkić *et al.*, 2009; Centar za prava manjina, 2013).

**Educational attainment.** According to the 2011 census, the Roma population contained the highest share of illiterate individuals aged over 65, at 38.9 percent, which is a major indicator of poverty. **As many as 81.5 percent of elderly Roma have little or no elementary education, and only 6 percent of Roma aged over 65 have higher educational attainment than this.** In contrast, 37.6 percent of the elderly in the majority Serbian population have not completed elementary education, whereas 23 percent hold secondary school diplomas (Devedžić *et al.*, 2015). This makes the elderly Roma an especially vulnerable group.

**Coverage by pension insurance.** The period after World War II and the 1990s were a time of gradual emancipation and social inclusion of Roma and their increasing participation in the active labour force. At this time, there were Roma artisans, factory workers, members of the armed forces, and trained musicians (Radovanović, Knežević, 2014). It is believed that **very few Roma now have pension insurance coverage** (RZS, 2010), but no detailed data are available.

## What we do not know about Roma aged over 65

The literature lacks detailed data about many key indicators, such as the **proportion of elderly Roma residents of urban and other communities**, a key piece of information for assessing the availability of various social and healthcare services. We can draw only indirect conclusions about these issues based on data that show the Roma population of urban areas is slightly younger than that of non-urban communities (Radovanović, Knežević, 2014). Simi-



larly, there are no appropriate data on the appliances and home furnishings of elderly Roma households, their sources of income, household size, and other aspects that can both serve as important indicators of poverty and be a source of informal support in old age. Household size may suggest that elderly Roma, whose ethnic group has higher birth rates, are better-off than other elderly groups as they are more likely to be cared for by younger family members (Devedžić *et al.*, 2015), especially given the widespread respect in Roma households for age hierarchy and seniority, particularly of older male family members. Nevertheless, studies have shown that the structure of Roma families is changing, leading to increasingly common instances of separation between younger and older family members, in particular in urban settings (Petrović, 2014).

Even though the scant available data on over-65 Roma indicate they are multiply vulnerable – based on ethnicity, age, wealth, health status, and other indicators – Roma policies generally do not target this group separately.

The authors are also unfamiliar with any aggregate information about cases where Roma Holocaust survivors were able to **secure reparations**, either before foreign courts which are still hearing such cases,<sup>14</sup> or domestically, where access to this right is highly limited when it comes to the 1990s conflicts.

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14 These cases are still being heard, as evidenced by the following piece of news: 'Nemački sud presudio da Romkinja nema pravo na penziju za rad u getu', published on 22 May 2019, available at [euractiv.rs/10-ljudska-prava/179-vesti/13813-nemaki-sud-presudio-da-romkinja-nema-pravo-na-penziju-za-rad-u-getu](https://euractiv.rs/10-ljudska-prava/179-vesti/13813-nemaki-sud-presudio-da-romkinja-nema-pravo-na-penziju-za-rad-u-getu), accessed on 26 September 2020.

# **INTERNATIONAL AND NATIONAL LEGAL FRAMEWORK**



VERKA MILJKOVIĆ, POŽAREVAC

## International framework

The belief that transitional justice is associated chiefly with more recent conflicts is mostly due to the fact that the concept came of age only in the late 1980s, when an international legislative framework was created, and institutions and mechanisms introduced, to implement regulations designed to achieve transitional justice (Huyse, 2015). Examples of European countries still addressing the Holocaust, and, in that context, the relationship between their majority populations and minority ethnic and other communities, reveals the relevance of transitional justice even for countries with long-standing traditions of respect for the rule of law that face the legacy of crimes committed in the distant past (Freeman, 2007).

The experiences and practices of countries dealing with the legacy of widespread human rights abuses have consistently contributed to both the evolution of this concept and new legislative solutions for achieving transitional justice. Instruments employed to establish or restore democratic order and the rule of law in countries that have experienced mass crimes include criminal prosecution, truth and reconciliation commissions, lustration, opening of police and government archives, public apologies, commemorations, burial of victims, development of arrangements for reparation payments, promotion of literary and historiographical contributions to uncovering crimes, and group or individual amnesties.

As this study primarily deals with the social dimension of transitional justice, the highly technical legal framework that underpins



it lies beyond its scope. This study will, rather, examine international instruments that deal with general safeguards of human and minority rights and social inclusion, and will sporadically refer to transitional justice documents.

## Human rights

A key instrument for this topic is the Universal Declaration of Human Rights (1948), which mandates universal access to the right to social security and the realisation, through national effort and international co-operation and in accordance with the organisation and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality (Article 22). It also stipulates that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (Article 25).

One obligation introduced by the International Covenant on Economic, Social and Cultural Rights (1966)<sup>15</sup> is that governments must take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realisation of rights.

The International Convention on the Elimination of All Forms of Racial Discrimination (1965)<sup>16</sup> provides the framework for the exercise of human rights without distinction as to race, colour, or national or ethnic origin (Article 5) and consistently combating all forms of discrimination (Article 7).

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15 Law Ratifying the International Covenant on Economic, Social and Cultural Rights, *Official Gazette of the Socialist Federal Republic of Yugoslavia*, No. 7/71.

16 *Official Gazette of the Socialist Federal Republic of Yugoslavia*, No. 31/67.



The Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (1992)<sup>17</sup> builds on Article 27 of the International Covenant on Economic, Social and Cultural Rights to protect the existence and the national or ethnic, cultural, religious and linguistic identity of minorities and encourage conditions for the promotion of that identity without any discrimination based on personal characteristics.

Similarly, at the European level, the Convention for the Protection of Human Rights and Fundamental Freedoms (1951) provides the foundation for the exercise and protection of human rights for all, without discrimination on any grounds, whilst the European Social Charter (1961), considered the ‘social constitution’ of the Council of Europe, requires countries to create conditions for everyone to have the opportunity to practise an occupation freely entered upon, and have the right to a fair remuneration for their work without discrimination, social and medical assistance, decent housing, and protection against poverty and social exclusion.

Also significant are recommendations for eliminating racism and discrimination against Roma adopted by the European Commission against Racism and Intolerance (ECRI),<sup>18</sup> and, in connection with the exercise of Roma rights at the local level, by the Congress of Local

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17 *Official Gazette of the Federal Republic of Yugoslavia – International Treaties*, No. 6/98.

18 ECRI General Policy Recommendation N°13 on combating antigypsyism and discrimination against Roma; ECRI General Policy Recommendation N°3 on combating racism and intolerance against Roma/Gypsies.



and Regional Authorities of the Council of Europe (CLRAE).<sup>19</sup> These rights are also enshrined in the Strasbourg Declaration on Roma.<sup>20</sup>

## Social inclusion

The EU Roma Strategic Framework up to 2020<sup>21</sup> defined the objectives of Roma integration in four priority areas of access: education, employment, healthcare, and housing. Particularly important for this study are objectives related to closing the health gap between Roma and the rest of the population through: a) provision of quality healthcare to Roma and preventive care and social services under the same conditions to Roma as to the rest of the population; and b) involvement of qualified Roma in healthcare programmes targeting their community, where possible. Measures to promote non-discriminatory access to housing, including social housing, are also important for the elderly Roma population. These objectives (equal and non-discriminatory access to education, employment, health, and housing) were retained in the New EU Roma Strategic Framework 2020-2030.

The new Strategic Framework and its accompanying analytical document contain a number of innovations compared to the

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19 Recommendation 315 (2011) of the Congress of Local and Regional Authorities of the Council of Europe on the situation of Roma in Europe: a challenge for local and regional authorities; Resolution 333 (2011) of the Congress of Local and Regional Authorities of the Council of Europe on the situation of Roma in Europe: a challenge for local and regional authorities; Resolution 44 (1997) of the CLRAE on 'Towards a Tolerant Europe: the contribution of Roma'; Resolution 16 (1995) of the CLRAE on 'Towards a Tolerant Europe: the contribution of the Roma (Gypsies)'; Recommendation 11 (1995) of the CLRAE on 'Towards a Tolerant Europe: the contribution of the Roma (Gypsies)'; Resolution 249(1993) of the CLRAE on Gypsies in Europe: the role and responsibility of local and regional authorities; Resolution 125(1981) of the CLRAE on the role and responsibility of local and regional authorities in regard to the cultural and social problems of populations of nomadic origin.

20 The Strasbourg Declaration on Roma, 2010, CM(2010) 20.10.2010.133 final.

21 An EU Framework for National Roma Integration Strategies up to 2020 – Council Conclusions adopted by EPSCO on 19 May 2011.



previous strategic document (up to 2020) that merit being highlighted due to their relevance for the topic. The EC suggests that **Roma inclusion measures should acknowledge the diversity and needs of specific groups within the Roma population, including women, children, and elderly Roma; representatives of the Roma community ought to be involved in their development, implementation, monitoring and evaluation; target setting, data collection, and monitoring and reporting should be improved; and mainstream policies ought to be more sensitive to Roma equality and inclusion.**<sup>22</sup> As a review of the relevant national strategies demonstrates, this is not always the case.

Even though the **EU Strategy for Smart, Sustainable and Inclusive Growth (Europe 2020)** has no direct bearing on the EC's Roma policy, its objectives – poverty reduction, greater reach of education, and more employment – make it relevant to the context of this study as it determines policies and legislation for Roma inclusion in member states and countries seeking to join the EU. This document states that the EC will endeavour to meet these goals by working to undertake an assessment of the adequacy and sustainability of social protection and pension systems, and identify ways to ensure better access to healthcare systems. At the same time, **at the national level, EU member states will need to define and implement measures addressing the specific circumstances of groups at particular risk, including Roma, to ensure appropriate support is in place with regard to livelihoods and access to healthcare.**<sup>23</sup>

World Health Organisation (WHO) strategies with the most relevance for **access to healthcare for the elderly population** are Active Ageing: A Policy Framework (World Health Organisa-

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22 {SWD(2020) 530}.

23 EUROPE 2020 A strategy for smart, sustainable and inclusive growth, p. 18.



tion, 2002)<sup>24</sup> and the Global Strategy and Action Plan on Ageing and Health (World Health Organisation 2015).<sup>25</sup> The Active Ageing instrument establishes six key groups of determinants of active ageing, related to economics, behaviour, personal factors, social environment, health and social service systems, and physical environment, whilst the Global Strategy provides recommendations for putting into practice measures that promote active ageing. Other strategies include the Madrid International Plan of Action on Ageing (MIPAA), which includes the Regional Implementation Strategy (RIS) (United Nations, 2002) and is the primary international global policy document on ageing. This instrument recognises three priorities: 1) older persons and development; 2) advancing health and well-being into older age; and 3) ensuring enabling and supportive environments.

The Dublin Declaration, signed in 2011, commits its signatories to take action to enhance the quality of life as people age, strengthen systems and services across all sectors, and promote a culture of innovation in response to adaptations by communities to the needs of the elderly. This document builds upon the principles of active ageing and the eight priority areas as defined by the WHO, as well as the UN Principles for Older Persons, which include independence, self-fulfilment, participation, care, and dignity.<sup>26</sup>

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24 World Health Organization. (2002). Active ageing: a policy framework. World Health Organization. [apps.who.int/iris/handle/10665/67215](https://apps.who.int/iris/handle/10665/67215).

25 Resolution WHA 69.3. The global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life. In: Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016. Resolutions and decisions, annexes. Geneva: World Health Organization; 2016. Available from: [apps.who.int/gb/ebwha/pdf\\_files/WHA69-REC1/A69\\_2016\\_REC1-en.pdf#page=27](https://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf#page=27) [cited 2018 Mar 7].

26 United Nations Principles for Older Persons, General Assembly Resolution 54/262, 1991 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

## Relevant strategic documents: Serbia

Most European documents have been transposed into national policies and regulations addressing Roma issues or relevant to the exercise of their rights. That being said, the strategies and their accompanying action plans rely on scant data about the various groups that make up the Roma population and their needs. Moreover, strategies covering issues of ageing, poverty, social and health policies, and transitional justice either do not refer specifically to Roma or treat them as a vulnerable group but do not elaborate more deeply on the specific needs of the various age cohorts of the Roma population.

Roma human rights and social inclusion are part of EU *acquis communautaire* **Chapter 19, Social policy and employment**, and **Chapter 23, Judiciary and fundamental rights**. As already noted, a section of Chapter 23 is devoted to issues of transitional justice.<sup>27</sup> Here, to meet a set of requirements under Chapter 23, Serbia has adopted a **National Strategy for the Prosecution of War Crimes, 2016-2020**.<sup>28</sup>

Chapter 23 is the umbrella document for the position and rights of minorities, and progress with Roma integration is a priority for EU enlargement negotiations. This chapter requires Serbia to align its policies with the Council of Europe Framework Convention for the Protection of National Minorities and other European policies. The EC and the EU Delegation to Serbia consider Roma social inclusion seminars as the key platform for discussing these issues with the Serbian authorities. The operational conclusions from these seminars (adopted in 2015 and 2017; official conclusions for 2019 are still pending) and the Chapter 23 Action Plan are the primary com-

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27 Screening Report Serbia, Chapter 23 – Judiciary and fundamental rights, available online at [europa.rs/upload/2014/Screening-report-chapter-23-serbia.pdf](http://europa.rs/upload/2014/Screening-report-chapter-23-serbia.pdf).

28 National Strategy for the Prosecution of War Crimes, 2016-2029.



ponents of the Serbian legislative framework for Roma inclusion. The seminars have taken place every other year since 2011, but lack measures specifically targeting elderly Roma.

In addition to negotiating Chapter 23 in its efforts to join the EU, Serbia has also signed the Poznan Declaration of Western Balkans Partners on Roma Integration within the EU Enlargement Process, which commits the country to continuing and advancing efforts to achieve complete equality and integration of Roma.

Issues addressed as part of Chapter 19 include social inclusion and social protection and anti-discrimination in access to social services, recognising the Roma as a vulnerable group but, once again, not dealing specifically with the elderly Roma population. The Screening Report for Chapter 19 calls for efforts to be stepped up in order to ensure social inclusion of vulnerable groups, such as Roma, people with disabilities, youth, elderly and others socially and economically disadvantaged.<sup>29</sup>

The key anti-discrimination instrument was the now expired **Anti-Discrimination Strategy, 2013-2018**,<sup>30</sup> the Serbian Government's first strategic document dedicated to comprehensively tackling discrimination. The Strategy envisaged a system of measures and policy instruments aimed at preventing or reducing all forms and instances of discrimination, in particular against specific persons or groups with protected personal characteristics. The Impact Assessment of the Strategy noted multiple improvements, especially in education. Citing other research, the impact assessment concludes that Roma remain exposed to discrimination in all aspects of social life, and particularly to institutional discrimination. Nevertheless, the impact assessment adds that 'in spite of legislative improvements, an appropriate statutory framework for

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29 Screening Report Serbia, Chapter 19 – Social policy and employment, 2014, available online at [ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/serbia/screening-reports/screening\\_report\\_ch\\_19\\_serbia.pdf](https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/serbia/screening-reports/screening_report_ch_19_serbia.pdf), accessed on 28 September 2020.

30 *Official Gazette of the Republic of Serbia*, No. 60/13.

registering ethnicity is still pending (...) in other fields (such as social protection, education, housing etc.), and remains a prerequisite for special measures to be introduced (Beker, Jovanović, 2017). The new strategy, to cover the period from 2020 to 2025, is yet to be adopted.

## Social inclusion

The fundamental national strategy dealing with issues relevant to this study is the **Strategy for the Social Inclusion of Roma in the Republic of Serbia, 2016-2025**,<sup>31</sup> and its accompanying Action Plans. In line with the EU framework for Roma social inclusion, the Strategy focuses on access to education, employment, healthcare, and housing, and its policies focus on children and the working-age population whilst neither specifically analysing nor acknowledging the needs of the elderly Roma population.

The needs of older Roma can be said to have been identified only tangentially (for instance, the Strategy refers to the lack of access to third-party care, poor coverage by preventive medical examinations for non-communicable diseases such as chronic illnesses affecting the elderly population, and the like). Other policies have to do with the overall improvement in the position of Roma (better housing conditions, greater coverage of healthcare and social protection, reduction in institutional and other forms of discrimination), including the over-65 Roma population.

The **Serbia Poverty Reduction Strategy, 2003–2009**,<sup>32</sup> deals separately with poverty of Roma and the elderly, but does not specifically review the position of Roma by age group.

The **Serbia Public Health Strategy, 2016-2025**<sup>33</sup> notes that the most common health conditions are directly linked with economic

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31 *Official Gazette of the Republic of Serbia*, No. 26 of 10 March 2016.

32 Poverty Reduction Strategy, Government of Serbia, 2003.

33 *Official Gazette of the Republic of Serbia*, No. 22/09.



determinants of health and disproportionately affect poverty-afflicted populations. In addition to citing the country's poor indicators of overall health, the Strategy briefly refers to positive developments with regard to life expectancy at birth and lower death rates of Roma children aged under five.

The **Strategy for Permanent Improvement of Quality in Health Care Protection and Safety of Patients**<sup>34</sup> sets the objective of improved co-operation between the Ministry of Health and the Ministry of Labour, Employment, Veterans' and Social Affairs to ensure better access to and affordability of healthcare for vulnerable groups, including Roma, and identification of at-risk populations in each local authority area.

The draft **Social Welfare Strategy, 2019-2025** does not acknowledge elderly Roma as a specific vulnerable group either, but is relevant for this study as it considers introducing social (non-contributory) pensions for older individuals who do not qualify for a standard pension for any reason.<sup>35</sup> Social pensions are envisaged as a type of financial social assistance and are intended to help address old-age poverty.

Finally, the **National Strategy on Ageing to 2015** was intended to help develop integrated and co-ordinated policies to help adapt Serbian society and economy to challenges posed by demographic changes, especially with regard to healthcare, social protection, employment, and education, and create a society for all ages that seeks specifically to meet the needs of the elderly. The Strategy was aligned with the Poverty Reduction Strategy and the MIPAA RIS and for the first time mooted the introduction of social pensions as a poverty reduction measure. A new document to replace this expired strategy is yet to be enacted.

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34 *Official Gazette of the Republic of Serbia*, No. 15/09.

35 UNDP Serbia (2018). Human Development Paper on Income Inequality in the Republic of Serbia. Reduced inequality as part of the SDG agenda.

## Laws

### SOURCE OF NATIONAL LAW

The Constitution of Serbia sets out the country's fundamental values, which include **social justice, civil democracy, and human and minority rights** (Article 1). National minorities enjoy special attention for the purpose of achieving complete equality (Article 14); discrimination is banned (Article 21), as is the incitement of racially, ethnically, and religiously motivated hatred (Article 49).

Also relevant for **Roma social inclusion** are Constitutional articles that guarantee human dignity and personal development (Article 23), promote respect for diversity (Article 48), and acknowledge the right of citizens to participate in the management of public affairs (Article 53), right to work (Article 60), right to special protection for families, mothers, single parents, and children (Article 66), and healthcare, social protection, and education (Articles 68, 69, and 71), as well as the right to participate in administering public affairs and assume public positions under the same conditions as other citizens (Article 77).

Finally, in the context of powers to effectuate Roma social inclusion policies, it ought to be noted that the Constitution divides responsibility for implementing public policy between national authorities (Articles 97, 99, and 123), bodies of autonomous provinces (Article 183), and bodies of local authorities (Article 190).

Below is a brief overview of the relevant legislative framework for human rights, social inclusion, ageing, and transitional justice.

### HUMAN RIGHTS AND TRANSITIONAL JUSTICE

The **Law on the Protection of the Rights and Freedoms of National Minorities**<sup>36</sup> acknowledges the status of Roma as a national

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<sup>36</sup> *Official Gazette of the Federal Republic of Yugoslavia*, No. 11/02; *Official Gazette of Serbia and Montenegro*, No. 1/03 – Constitutional Charter; and *Official Gazette of the Republic of Serbia*, Nos. 72/09 – Other Law and 97/13 – Constitutional Court Ruling).



minority with the aim of ‘ensuring complete and effective equality between national minorities and the majority population’, and, particularly, ‘improving the position of the Roma national minority’ (Article 4).

The **Anti-Discrimination Law**<sup>37</sup> imposes a blanket ban on discrimination and defines the types and instances of discrimination and anti-discrimination procedures. This piece of legislation prohibits any type of discrimination against a person based on their personal characteristics, including financial position, age, and ethnicity.

Early 2020 saw the entry into effect of the **Law on the Rights of Service Personnel, Disabled Veterans, Civilians Disabled in War-time and their Families**<sup>38</sup> which governs the rights and eligibility of service personnel, disabled veterans, civilians disabled in wartime, and family members of service personnel killed on active duty, disabled veterans, and civilians killed or deceased whilst employed by the Yugoslav/Serbian Armed Forces during World War II and armed conflicts in the former Yugoslavia. The law gives veterans and their immediate families a range of social and healthcare rights, but does not reference any specific ethnic community.

## **SOCIAL INCLUSION**

The **Social Welfare Law**<sup>39</sup> is the primary legal instrument that governs social protection. Article 4 stipulates that the right to social protection is extended to ‘every individual and family in need of social assistance and support to overcome social difficulties and challenges in life and create preconditions for meeting their basic needs’. The law also sets out a comprehensive list of services aimed at the elderly population, which includes accommodation, day care,

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37 *Official Gazette of the Republic of Serbia*, No. 22/09.

38 *Official Gazette of the Republic of Serbia*, No. 18/2020.

39 *Official Gazette of the Republic of Serbia*, No. 24/11.



and help in the home. Its Article 41 states that persons aged over 65 may benefit from social protection services if their security, welfare, and productivity are threatened by ageing, illness, disability, or similar risks.

According to the **Social Housing Law**,<sup>40</sup> persons entitled to housing assistance are those who 'lack a home altogether or a home meeting the appropriate standards, and whose income does not allow them access to housing at market rates'. Article 10 of the law gives elderly Roma preferential access to sheltered social housing due to both age (being over 65) and vulnerability.

The **Healthcare Law**<sup>41</sup> guarantees healthcare provided by the state under equal circumstances throughout Serbia, including healthcare for Roma who lack permanent or temporary residence in Serbia due to their traditional way of life. In accordance with Article 11 of the law, seeking to enhance healthcare for groups at elevated risk of illness, the Ministry of Health has since 2008 introduced Roma health mediators into the national health service. The role of these mediators is to keep track of the health of residents of informal communities, work with them to raise awareness of the need to vaccinate children and the importance of adequate nutrition and personal hygiene. Health mediators ought to allow healthcare institutions to better understand the health issues faced by these communities and to ensure local residents are aware they should seek medical assistance promptly when needed.

The **Health Insurance Law**<sup>42</sup> allows Roma who lack registered permanent or temporary residence in Serbia due to their traditional

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40 *Official Gazette of the Republic of Serbia*, No. 72/09.

41 *Official Gazette of the Republic of Serbia*, Nos. 107/05, 72/09 – Other Law, 88/10, 99/10, 57/11, 119/12, 45/13 – Other Law, and 93/14.

42 *Official Gazette of the Republic of Serbia*, Nos. 107/05, 109/05 – Correction, 57/11, 110/12 – Constitutional Court Ruling, 119/12, 99/14, 123/14, and 126/14 – Constitutional Court Ruling.



way of life to access mandatory health insurance even if not eligible otherwise (grounds for eligibility include employment, being a pensioner, or being a family member of an insured person). Roma aged over 65 can also qualify for health insurance under Article 22, which deems those older than 65 at particular risk of illness and grants them automatic eligibility in the absence of other grounds for insurance coverage.

The **Patients' Rights Law**<sup>43</sup> guarantees all patients equal access to healthcare, without discrimination based on wealth, place of residence, type of illness, time of admission, or any other protected characteristic that may cause discrimination.

The **Public Health Law**<sup>44</sup> regulates the attainment of public interest in health by stipulating activities aimed at safeguarding the physical and mental health of the population and the living and working environment, in particular with regard to the health of vulnerable groups. Public Health Agencies are required to co-operate with other public health stakeholders to adopt and implement programmes that promote public health and raise awareness of health issues.

## AGEING

The **Pension and Disability Insurance Law**<sup>45</sup> regulates voluntary and mandatory pension and disability insurance. Its Article 19 states that an individual becomes eligible for old-age pension 1) upon turning 66 (men) or 63 (women), provided they have at least 15 years of pensionable service; and 2) once they achieve 45 years of pensionable service.

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43 *Official Gazette of the Republic of Serbia*, No. 45/13.

44 *Official Gazette of the Republic of Serbia*, No. 72/09.

45 *Official Gazette of the Republic of Serbia*, No 142/2014.

The **Mandatory Social Contributions Law**<sup>46</sup> governs the assessment and collection of mandatory social contributions, which cover pension and disability insurance. As discussed above, very few Roma benefit from pensions.

## Brief overview of the application of regulations relevant for elderly Roma

The consultations that preceded the development of action plans to implement the Strategy for the Social Inclusion of Roma in the Republic of Serbia, 2016-2025, **did not specifically address the needs of Roma aged over 65**. The 2017-2018 Action Plan does not envisage measures specifically targeting elderly Roma. The 2019-2020 Action Plan is yet to be adopted.<sup>47</sup>

The delivery of the Strategy is fraught with numerous deep-rooted challenges, including the precise designation of institutions tasked with co-ordinating, managing, and implementing measures envisaged under the Action Plan; the need to strengthen local mechanisms and inform and empower holders of rights; the requirement for greater efficiency of measures aimed at alleviating Roma vulnerability; the need to ensure greater involvement of Roma, especially Roma women, in professional capacities in the public and civil sectors; and the need to enact missing regulations relevant for implementing the measures envisaged by the Action Plan and address

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46 *Official Gazette of the Republic of Serbia*, No. 113/2017.

47 The proposed Action Plan to Implement the Strategy for the Social Inclusion of Roma in the Republic of Serbia, 2019-2020, was unveiled in August 2019 but has since been withdrawn from public consultation. It is available online at [minrzs.gov.rs/sites/default/files/2019-08/%D0%90%D0%9F%20%D0%A0%D0%BE%D0%BC%D0%B8%20-%20%D0%A0%D0%B0%D1%81%D0%BF%D1%80%D0%B0%D0%B2%D0%B0.pdf](http://minrzs.gov.rs/sites/default/files/2019-08/%D0%90%D0%9F%20%D0%A0%D0%BE%D0%BC%D0%B8%20-%20%D0%A0%D0%B0%D1%81%D0%BF%D1%80%D0%B0%D0%B2%D0%B0.pdf) [in Serbian], accessed on 21 September 2020.



the issue of disaggregating data by ethnicity (Bašić *et al.*, 2017). The latter requirement would allow the authorities to determine the number and socio-economic status of Roma aged over 65, which would then better inform research and design of measures aimed at this population and allow progress in their implementation to be assessed.

As noted above, the EC views Roma inclusion seminars as the key instrument for monitoring compliance with requirements of the Action Plan. **The seminars' operational conclusions and implementation reports<sup>48</sup> do not explicitly refer to the needs of elderly Roma, and no proposed measures target this group directly.** Neither the housing statistics attached to the reports nor the **activity reports for mobile teams and health mediators make it clear whether these have worked with Roma aged over 65, although this is likely to have been the case.** Health mediator reports refer to adult Roma, but do not specify their age.<sup>49</sup> The same holds true for measures designed to prevent family violence, where no data indicate whether these target the violence against and neglect of the elderly. Even though the reports cite various projects active in promoting the cultural identity of Roma, **there are no data as to whether the projects which received funding included commemoration of Roma victims of the Holocaust.**

The key recommendations of the most recent, fifth report of relevance for this study include the provision of data segregated by ethnicity in the Database for Monitoring Roma Inclusion and all other relevant systems and records, as well as the creation of a Roma Cultural Institute patterned after existing cultural bodies of other national minorities in Serbia. An institution of this type

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48 All reports are available online at [ljudskaprava.gov.rs/sr/node/21717](http://ljudskaprava.gov.rs/sr/node/21717), accessed on 28 September 2020.

49 Second Implementation Report of 18 June 2013, available online at [ljudskaprava.gov.rs/sites/default/files/fajlovi/drugi\\_izvestaj\\_o\\_implementaciji\\_operativnih\\_zakljucaka\\_final\\_eng.pdf](http://ljudskaprava.gov.rs/sites/default/files/fajlovi/drugi_izvestaj_o_implementaciji_operativnih_zakljucaka_final_eng.pdf), accessed on 28 September 2020.

could also be tasked with memorialising the suffering of Roma in the two conflicts.

Aggregate local authority data on Roma social inclusion measures for 2018<sup>50</sup> and 2019<sup>51</sup> input into the **Database for Monitoring Roma Inclusion provide abbreviated information about the actions of the local authorities and do not reference the elderly Roma** in the context of either mobile Roma social inclusion teams or health mediators. The available reports focus on activities in support of children and the working-age population.<sup>52</sup> However, the powers of local Roma co-ordinators, local authority officers monitoring Roma inclusion at the local level, and mobile Roma social inclusion teams are sufficiently broad for them to cover the needs of all age groups, so they may in fact provide appropriate services to elderly Roma as well but do not keep records of doing so.<sup>53</sup>

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50 Overview of data from towns and municipalities on measures for the social inclusion of Roma in 2018, available online at [inkluzijaroma.stat.gov.rs/sites/default/files/files/Overview%20of%20data%20from%20towns%20and%20municipalities%20on%20measures%20for%20the%20social%20inclusion%20of%20Roma%20in%202018.pdf](http://inkluzijaroma.stat.gov.rs/sites/default/files/files/Overview%20of%20data%20from%20towns%20and%20municipalities%20on%20measures%20for%20the%20social%20inclusion%20of%20Roma%20in%202018.pdf), accessed on 29 September 2020.

51 Pregled podataka gradova i opština o merama za socijalno uključivanje Roma i Romkinja u 2019, available online at [inkluzijaroma.stat.gov.rs/sites/default/files/files/pregled.pdf](http://inkluzijaroma.stat.gov.rs/sites/default/files/files/pregled.pdf) [in Serbian], accessed on 29 September 2020.

52 The Database for Monitoring Roma Inclusion is hosted online at [inkluzijaroma.stat.gov.rs/sr](http://inkluzijaroma.stat.gov.rs/sr).

53 Vodič za koordinate za romska pitanja i službenike u lokalnim samoupravama koji prate inkluziju Roma na lokalnom nivou, available online at [sociojalnoukljucivanje.gov.rs/wp-content/uploads/2017/09/Vodic-za-koordinatore-za-romska-pitanja-i-sluzbenike-u-lokalnim-samoupravama-koji-prate-inkluziju-Roma-na-lokalnom-nivou.pdf](http://sociojalnoukljucivanje.gov.rs/wp-content/uploads/2017/09/Vodic-za-koordinatore-za-romska-pitanja-i-sluzbenike-u-lokalnim-samoupravama-koji-prate-inkluziju-Roma-na-lokalnom-nivou.pdf) [in Serbian], accessed on 29 September 2020. Also see Sprovođenje Akcionog plana o zdravstvenoj zaštiti Roma 1802 projekat 0006, Rezultati rada zdravstvenih medijatorki u naseljima od 01.01.2009 do 31.05.2014, Ministry of Health web site detailing information as of 25 June 2014, available online at [zdravlje.gov.rs/show-page.php?id=73](http://zdravlje.gov.rs/show-page.php?id=73) [in Serbian].



## Application of local instruments designed to improve the position of Roma aged over 65

This section provides an overview of current local-level documents for the cities where the survey was conducted, namely Belgrade, Novi Sad, Niš, Kragujevac, and Požarevac, and looks briefly at the examples of other communities in Serbia.

**The principal local strategy document for Roma inclusion** is the Multi-Sectoral Strategy for Improving the Position of Roma, enacted by the local legislature for a period of between 5 and 7 years. This local strategy is commonly structured so as to set priorities and make actionable recommendations for each sector (education, employment, housing, healthcare, and social protection for the Roma community).

Local Action Plans (LAPs) are operational documents designed to improve the position of Roma and cover shorter timeframes, usually of three years. The LAPs of the cities surveyed only sporadically reference the needs of elderly Roma.<sup>54</sup> For instance, the City of Niš LAP for 2017 to 2019<sup>55</sup> goes only so far as to note that elderly individuals account for 4 percent of the Roma population, and does not directly earmark any assistance for this group. The LAP for the Belgrade municipality of Zvezdara states that elderly Roma are much more likely to suffer from chronic obstructive pulmonary disease and asthma and are less aware of social protection policies they may be eligible for. It also notes that elderly Roma women are especially vulnerable as they make far fewer visits to doctors. One measure designed to address this issue envisages greater involvement of mobile healthcare teams in Roma settlements in collaboration with

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54 The City of Novi Sad is the only local authority surveyed not to have enacted a LAP. In Belgrade, LAPs are adopted at the municipal level, and this study examines a number of the city's constituent municipalities with large Roma populations.

55 Lokalni akcioni plan za unapređenje položaja Roma na teritoriji grada Niša za period 2017-2019, available online at [gu.ni.rs/wp-content/uploads/LAP-za-Rome-2017-2019-ceo.pdf?pismo=lat](http://gu.ni.rs/wp-content/uploads/LAP-za-Rome-2017-2019-ceo.pdf?pismo=lat) [in Serbian], accessed on 5 October 2020.

local outpatient clinics that also ought to target elderly Roma. Additional measures are also set out that seek to educate elderly people in tracking their own needs, accessing a variety of rights, making productive use of their free time, and receiving protection from family violence. One source of information that informed these measures was a survey of Roma households that included respondents aged over 61.<sup>56</sup> The LAP for Mladenovac, a suburban municipality of Belgrade, envisages the option of introducing new social protection services based on the Belgrade Ordinance on social protection rights and services for individuals aged over 65,<sup>57</sup> which would also target the elderly Roma population.<sup>58</sup> The City of Požarevac LAP identifies elderly refugee households as especially vulnerable, and references older people as a group to receive more attention (from mobile teams and health mediators) as part of efforts to increase healthcare coverage.<sup>59</sup> The sole reference to older individuals in the Kragujevac LAP is a mention of the lack of capacity at the Adult and Senior Persons Shelter.<sup>60</sup> No LAP envisages any activities designed to commemorate Roma victims of the Holocaust.

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56 Lokalni akcioni plan za unapređenje položaja Roma na teritoriji opštine Zvezdara (Beograd) 2015 – 2020, available online at [inkluzijaroma.stat.gov.rs](http://inkluzijaroma.stat.gov.rs), accessed on 5 October 2020.

57 Odluka grada Beograda o pravima i uslugama u socijalnoj zaštiti, „Službeni list Grada Beograda”, br. 55/11, 8/12 – ispravka, 8/12, 42/12, 65/12, 31/13, 57/13, 37/14, 82/15, 4/16, 37/16, 56/16, 114/16, 102/17, 50/18, 103/18 i 101/19

58 Lokalni akcioni plan za socijalno uključivanje Roma i Romkinja u GO Mladenovac za period 2019 – 2021, available online at [gu.ni.rs/wp-content/uploads/LAP-za-Rome-2017-2019-ceo.pdf?pismo=lat](http://gu.ni.rs/wp-content/uploads/LAP-za-Rome-2017-2019-ceo.pdf?pismo=lat) [in Serbian], accessed on 5 October 2020.

59 Lokalni akcioni plan za socijalno uključivanje Roma i Romkinja za grad Požarevac 2016.-2020, available online at [inkluzijaroma.stat.gov.rs](http://inkluzijaroma.stat.gov.rs), accessed on 5 October 2020.

60 Lokalni akcioni plan za socijalno uključivanje Roma i Romkinja u Kragujevcu za period 2019 – 2021, available online at [inkluzijaroma.stat.gov.rs](http://inkluzijaroma.stat.gov.rs), accessed on 5 October 2020.



The Local Government Law<sup>61</sup> allows local authorities to establish temporary working bodies for particular policy areas. Kragujevac and Kruševac have taken advantage of this provision by creating local Boards to Improve the Position of Roma, which are attached to local legislatures and/or city councils. The Boards are not directly involved in co-ordinating service delivery, but are rather tasked with developing and monitoring local policies designed to improve the position of Roma and are able to propose measures to address the variety of challenges encountered by the Roma population, including elderly members of this group. Local authorities' web sites do not provide sufficient information about these bodies to permit an assessment of their performance.

## Missing primary and secondary legislation relevant to the elderly population

The Impact Assessment for the Anti-Discrimination Strategy, 2013-2018, notes that amendments to the Criminal Code have failed to make family violence against an elderly and/or helpless person a qualified form of the offence of family violence. Moreover, the planned Law on the Elderly is yet to be enacted, and (at the time the impact assessment was prepared) no planned secondary legislation had been adopted to better regulate the position of older people in the context of the health service, healthcare, and social protection. The Impact assessment concluded that 'there has evidently been **no improvement of the strategic framework and primary and secondary legislation with the aim of preventing discrimination against the elderly**' (Beker, Jovanović 2017).

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61 *Official Gazette of the Republic of Serbia*, Nos. 129/07, 83/14 – Other Law, 101/16 – Other Law, and 47/18.

# RESEARCH APPROACH



LJUBINKA OMERVIĆ, NIŠ

## Life course, accumulation of inequalities

This section presents the findings of the quantitative and qualitative survey of the over-65 Roma population conducted for this study. The assessment of the findings relies on the life course theory and approach, which allows analysis of individuals' life pathways and the opportunities and obstacles they face at various stages in their lives, which made it a good fit for this study that aims at making recommendations for greater social inclusion and appropriate solutions for attaining transitional justice.

The life course approach is primarily used in sociology, demographics, and psychology and is a conceptual and analytical tool that permits an understanding of the life pathways of individuals or groups (e.g. age cohorts and/or ethnic groups) that unfold within a particular social and cultural context. The context can be enabling or limiting for some choices, and as such may determine the types of trajectories. Life course pertains to a set of roles, activities, and events that follow one another in the life of an individual over time and that may proceed from one another (for instance, courtship is generally followed by marriage, which is in turn followed by forming a separate household and parenting), and may also take place concurrently with or even independently of one another (Elder *et al.*, 2003).

Life course researchers recognise multiple structures that impact life events and trajectories. Social structure is reflected in the position occupied by an individual or group in social hierarchy, which



may be manifested through class, political power, wealth, social capital, cultural capital, gender, and the like. One's available options will depend on their position within social structures. Another key structure is institutional support, which may entail a greater or smaller range of services, and may cover a larger or smaller target population, and as such have a varying impact on the reduction of inequality. Culture, the third structure, comprises values and behavioural norms. Any culture (or cultural group) thus has a particular set of standards of 'when something ought to happen', what is acceptable and what is not (and for whom), and how to behave at which stage of life. The fourth structure is an individual's 'accomplished life course', which reveals how previous life events affect subsequent ones by determining the range of possible choices and outcomes. If someone leaves education early and moves away from their parents, it is highly unlikely they will go back to school and earn a university degree. If a woman has a child and marries early (say, before turning 18), there is little likelihood that she will be able to have a professional career, and a much greater probability that she will be a housewife or work in the shadow economy.

The objective of this approach is to describe and explain the synchronous and diachronous positioning of an individual within social structure, in view of the order of sequences and their relative duration, as well as the individuals' age in each (Mayer, 2002:2). This approach is most commonly applied in qualitative studies but also has its uses in research using quantitative methods. The latter employs group averages for particular life events as indicators of the characteristics of the ethnic, age, gender, or stratum group involved. These events may be leaving school, entry into the labour market, first permanent job, marriage, birth of a child, retirement, and the like.

Two approaches highly relevant for this topic, were developed in parallel with the life course theory, are the theory of cumulative disadvantage/advantage and the cumulative inequality theory.



The former holds that those born in privileged circumstances accumulate opportunities over the course of their lives (to have better health, live longer, enjoy greater material security, have better jobs, etc.) relative to others, whilst those born in less favourable settings accumulate problems, challenges, and disadvantages (George, Ferraro, 2016; Dannefer, 2003). Research has shown that this theory can apply to many aspects of life and many societies (social groups), but that intends to reveal limitations in some cases (for instance, at times of major social change), as individuals are able to make up for inequalities suffered early on, or these simply lack significant impact (e.g. on health in later years).

In view of these limitations, the cumulative inequality theory broadens the perspective by introducing five key axioms (Ferraro, Shippee, Shafer, 2009). The first is that social systems generate inequality.<sup>62</sup> This approach is based on the idea that structures determine inequality through demographic and developmental processes. Demographic processes refer to cohort-linked stimuli, events, and experiences, whilst developmental processes refer to age-linked stimuli, events, and experiences that can be observed in individuals (ibid: 415). This is where the concepts of 'generation' and 'age' intersect. For instance, all generations share the experience of war that determines their opportunities in life, but people of different ages will react to this experience in different ways. For example, the experience of World War II may have affected a younger person's ability to get an education, as the family may have needed another pair of hands to work and contribute to income, whilst middle-aged indi-

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62 1. Childhood conditions are important to adulthood, especially when differences in experience or status emerge early in the life course; 2. Reproduction is a fulcrum for defining life course trajectories and population aging; 3. Influenced by genes and environment, family lineage is a key source of life course inequality, especially for the early stages of the life course; 4. Cohorts provide the context for development, structuring risks, and opportunities; 5. Investigators should consider the inter- and intraindividual processes that lead to cumulative inequality and seek to explain variability on multiple levels and/or in multiple domains (Ferraro, Shippee, Shafer, 2009: 419).



viduals, on the other hand, faced a different set of challenges. The second axiom is that disadvantage increases exposure to risk, but advantage increases exposure to opportunity. Research has shown that being underprivileged in one aspect rarely comes alone, but is rather associated with other facets of life (such as employment, housing, education, and health), thus multiplying risks faced by individuals. A situation typical of the population surveyed in this study involves the lack of personal identity documents, precluding access to social and healthcare rights, which in turn means the only jobs are available in those in the informal market, leading to high risks in the workplace, low incomes, and inadequate living conditions. The third axiom is that life course trajectories are shaped by the accumulation of risk, available resources, and human agency. Even though social structures (class, ethnicity, gender, region, and place of residence) and available resources affect the shape of personal trajectories, they also depend on human agency. Staying in school, moving, receiving additional training, and the like can all be inspired by an individual's strong desire and agency to alter their situation in opposition to significant objective obstacles. The fourth axiom is that the perception of life trajectories influences subsequent trajectories. One's perception of one's own life (or some part of it) and its comparison with a social ideal and/or relevant individuals will determine one's thinking and further action. If the standards of life trajectories in a community entail early marriage, this event will also be accompanied by leaving school and entering the job market early. The fifth axiom may reveal a contradiction at later stages of life, as it has been observed that cumulative inequality may lead to premature mortality, which may give the appearance of decreasing inequality in later life. As such, all analyses call for caution (ibid: 419-421).

Studies have found that ethnic minorities often exhibit different life trajectories to those of majority populations. These differences are primarily caused by poor systemic integration, primarily into



the education system (Field, Leicester, 2000) and the labour market (Wilson, 1996), significant reliance on informal support networks, leading to disadvantage in later life (Williams, Wilson, 2001), and particularly poor health (Worobey, Angel, 1990). Multiple Serbian authors (Jakšić, Bašić, 2002; Babović *et al.*; Savić *et al.*, 2001) have corroborated not just that Roma are disadvantaged relative to the majority population, but also that they occupy a significantly poorer position in relation to other ethnic minorities. The Roma population remains under-integrated into institutional frameworks. Challenges persist in many areas, especially education, including a generally deficient approach to education, institutional discrimination, early dropping out, and poor educational outcomes (Jakšić, Bašić, 2002; UNDP, 2017). There are also major challenges in the labour market, including a tangible lack of integration that includes informal and undeclared employment and working in hazardous environments (UNDP, 2017). Roma also face an extremely unfavourable housing situation, being highly unlikely to own homes and encountering poor living conditions. Last, but by no means least, this population generally suffers from poor health and limited access to healthcare.

As the study deals with a population aged 65 and above, which is now entering old age, the life course approach will allow it to identify how the trajectories of these individuals have affected their current circumstances. It will show the key features of the personal and group histories of this cohort which are believed to have affected their life chances and which may explain the position they find themselves in. As such, the findings will be divided into four sections, of which the first three will examine respondents' life courses, and the final one the current situation.

1. ***Experiences of two wars.*** Firstly, the study will present the experiences of Roma through their eyewitness testimonies of World War II, including the persecutions, murders, destruc-



tion of property, insecurity, and fear that marked both their early childhood and their adulthood, causing family trauma for many Roma who have never received either financial or symbolic indemnification. It will then attempt to present the experiences of this population during the conflicts of the 1990s, which were traumatic for those who lived outside Serbia (excluding Kosovo and Metohija) and proved tragic for many.

2. **Migrations.** The physical movements of this population will be examined in the context of forced migrations (during and outside of war years) that opened new horizons and created opportunities for many, but involved much financial and social loss for others. Migrations are here taken to include both movements towards Serbia from other former Yugoslav republics and Kosovo and Metohija and those within Serbia, and attention will also be paid to returnees from abroad.
3. **Work trajectories.** This section will attempt to reconstruct respondents' working arrangements and years of service. Work trajectories are key for understanding accumulated advantages/disadvantages in old age. They offer a picture of respondents' relationships with the Serbian Pension and Disability Insurance Fund and the losses they incurred due to working in the informal economy.
4. **Current situation.** This section will focus on the partial or decisive impact these processes may have had on the personal lives of Roma aged 65 and above in the following areas:
  - a) wealth and housing;
  - b) access to social protection services; and
  - c) health and access to healthcare.

## Research methodology

Given the complexity of the objectives of the study, which includes both cognitive and practical policy aspects, the research methodology also included multiple complementary approaches, as shown in Table 1 below.

Table 1. *Overview of research methodology employed*

<i>Topic</i>	<i>Method</i>	<i>Sample frame</i>
Life trajectories and current situation	Survey	Roma aged 65 and above
Remembrance of the Holocaust	In-depth interviews	
Legal framework, national and international strategies and standards	Desk review	Laws and strategies
Perceptions of experts in the field	In-depth interviews	Experts either directly or indirectly dealing with the elderly and/or Roma populations

A combined sequential approach was used to study the position of Roma aged 65 and above that included both a quantitative and a qualitative methodology. As such, a survey was conducted first that identified key topics and selected respondents for interviews, which was followed by the qualitative stage where in-depth interviews took place with a number of respondents. The first stage of the research was conducted in August and September 2020 in Belgrade, Novi Sad, Niš, Kragujevac, and Požarevac. The target population here were Roma aged 65 and above. Data were collected by associates of the Serbian Roma Forum using a survey questionnaire; 503 valid questionnaires were obtained. The questionnaire instrument comprised the following dimensions: respondents' socio-demographic characteristics; housing conditions; income and material living conditions; losses in World War II; losses during conflicts of the 1990s;



respondents' labour transitions; access to social protection; and access to healthcare.

The *sample* was constructed using a combination of *systemic sampling* (the systemic selection of a number of local authority areas for prospective interviews with the entire population of over-65s living there) and *convenience sampling* (where respondents were identified using local organisations' networks and 'snowball sampling'). This design was based on both methodological and practical considerations. Firstly, the available data, including those of the 2011 census, offer only rough approximations of the numbers and structure of the Roma population, in particular of elderly Roma. According to census data, Roma account for some 2.1 percent of the population (Radovanović, Knežević, 2014), but estimates indicate a much larger proportion of Roma not detected by the census (Baucal, Stojanović, 2010), revealing that the population remains largely invisible. The online Roma database of the Serbian Office of National Statistics unfortunately does not provide sufficient information at either the national or the local level and mainly relies on the 2011 census. There are also no appropriate registers of individuals that could be used for random selection of the target population. Secondly, any use of random methods to seek out the target population would be prohibitively costly and lengthy. For these reasons the survey was conducted in a number of local authority areas where an attempt was made to cover the entire local target population. Census data indicated relatively dissimilar numbers of potential respondents but the figure nowhere exceeded 50, which influenced the choice of seeking to cover the entire over-65 Roma population in these local authority areas.

The sample as surveyed comprised 503 respondents, of whom 59.6 percent were aged 65 to 69, 24.3 percent between 70 and 74, and 16.1 percent over 75. The gender structure was 49.1 percent men and 50.9 percent women. A total of 19.4 percent reported never having had any formal education; an additional 21 percent had enrolled in



elementary school but never completed it; 35.2 percent claimed to have completed elementary (four-year) school; 14 percent reported graduating from a trade school; 7.4 percent held diplomas from four-year technical vocational schools; 0.2 percent reported graduating from a secondary school ('gymnasium'); and 2.8 percent had college or university degrees. Most respondents, 65.3 percent, reported living in regulated settlements; 18.5 percent lived in semi-regulated communities; 11.4 percent occupied informal settlements; and 4.8 percent lived in sub-standard settlements. A total of 17.1 percent of those polled lived in single-member households; 24.1 percent were (married) couple only households; whilst the remaining households (58.8 percent) comprised both nuclear and extended families.

To facilitate identification of the specific characteristics of the position of elderly Roma, the research methodology was constructed with reference to indicators used in similar studies of elderly populations or those at risk of poverty. Design of the section of the instrument dealing with the position of older individuals relied on *Socijalna zaštita u starosti: Dugotrajna nega i socijalne penzije* by Gordana Matković and Katarina Stanić (2014), as well as research by Nadežda Satarić, Mirjana Rašević, and Sanja Miloradović (2009) published as *Oni ne mogu da čekaju, Studija o siromašnim starijim licima u Srbiji*. Indicators of material deprivation were developed using standard indicators from the Income and Living Conditions Survey (Republički zavod za statistiku, 2020).

The second stage of the survey entailed ten in-depth interviews with respondents identified by the research team as being the most representative of the generation examined. The key idea for this part of the investigation was to use respondents' narratives to collect personal and family memories of World War II and the immediate post-war period with the greatest possible level of detail to facilitate an understanding of the importance of this period in the lives of the over-75 Roma population. The interviews also examined their material living conditions, needs in later life, health status, and access to social services.



The third segment of the research involved a comprehensive assessment of the relevant documents and practices aimed at the elderly and/or Roma population. Here the research effort examined the documents at three levels: the first was comprised of international strategies, the second entailed the national statutory framework and strategic documents, and the third looked at how laws and strategies were implemented nationally and locally.

The fourth aspect of the study aimed at shedding light on the material and social position of Roma aged 65 and above from the perspective of experts who have had direct contacts and extensive practical experience with this group. In-depth interviews were conducted with nine experts from nine organisations on the following topics, each of which was specific to the perspective of the organisation involved: possession of personal identity documents; basic housing conditions; sources of income (pension, social welfare, salary, incomes of other family members); access to social protection measures (one-off assistance, disability support, fuel allowance, and the like); access to healthcare; community support (inclusion teams, health mediators, and the like); key unmet needs of the older population; discrimination; characteristics of the Roma Holocaust survivor population; forms of commemoration of their victims; other measures aimed at elderly Roma and Holocaust survivors; and practical policy recommendations for helping victims and their families.

## Transition pathways and transitional justice

This chapter will look at the major life challenges faced by the surveyed generation. Their memories of World War II and the losses sustained by their families will be presented first. The chapter will then focus on the conflicts of the 1990s, the ways in which the pop-

ulation faced these turbulent events, and the losses they endured at that time. The closing section will examine migrations caused not by conflict but rather by voluntary decisions or community pressure.

## World War II: losses and risks

A large number of respondents reported having had relatives murdered in World War II. One-third cited one or multiple persons from their core or extended families murdered by the occupying forces (see Table 2). One in 20 elderly individuals reported losing their mother and/or father, with slightly fewer citing brothers and/or sisters killed. The greatest proportion of losses was reported for the two generations before the respondent's own (grandparents) and second-degree relatives (maternal and paternal uncles). These data also indicate the gender structure, which shows that significantly more male relatives died than female ones. Drilling deeper into the data reveals that respondent age was correlated with reported losses, where older respondents were more likely to report having lost family members. **Even though the losses must have affected respondents' lives, they were correlated with neither their educational attainment nor their current economic status.**

Table 2. *Proportions (%) of respondents with family members killed or injured in World War II (multiple answers possible)*

	Was anyone in your family killed in World War II?	Did anyone in your family receive disabling injuries in World War II?
Yes	33	14
Father	4	5
Mother	1	1
Brother	2	1
Sister	2	1
Uncle	13	3
Grandfather	17	3
Grandmother	3	1
Other relative	4	2



At one in seven, slightly fewer respondents reported having had relatives injured in the war. One in 20 reported this to have been case with their fathers, 3 percent each cited grandfathers and paternal or maternal uncles; other relatives were less represented. As with deaths in the family, the percentage of respondents citing family members injured in the war increased with age.

Some 3 percent of those polled also reported having lost property in the war. The most common type of assets reported lost were homes and appliances and home furnishings, domestic animals, and land. A negligibly low proportion (0.2 percent) could recall receiving compensation for lost property after the war. Most were required to make up for these losses on their own as best they could.

## Conflicts of the 1990s: experiences and losses

One in eight elderly Roma from the surveyed sample lived outside of Central Serbia and Vojvodina before the outbreak of the 1990s conflicts and had to relocate and lost property due to these wars. Some 12 percent of those polled lived outside of Central Serbia and Vojvodina before the 1990s conflicts broke out. Most of these (71 percent) arrived in Serbia from Kosovo following the 1999 NATO bombing campaign; about 9 percent came from other countries of the former Yugoslavia; and some 20 percent returned from Western Europe. Seven percent of those who settled in Serbia in the 1990s reported having lost relatives (brothers and uncles) in the conflicts. About 8 percent reported family members receiving disabling injuries (all of these respondents cited children). All those who claimed to have lost someone or had a close relative injured denied having receiving any form of reparations for these losses.

More than one-third (38 percent) of all respondents who lived outside of Central Serbia and Vojvodina reported having lost property in conflicts of the 1990s. All cited homes, two-thirds reported appliances and home furnishings, some 60 percent cited savings, 15 percent reported cars, and some 5 percent cited arable land



and market gardens. No respondent received any compensation for property after the conflicts ended.

## **Life course migrations, voluntary and forced**

Slightly more than one-quarter of those polled reported having relocated during the course of their lives (both domestically and abroad). Some two-thirds migrated of their own will, whereas one-third were forced to do so and suffered significant financial losses as a result. About 28 percent of those polled reported having relocated. Of these, 66 percent did so of their own volition in search of a better life. Others were subject to forced migrations to a greater or lesser extent. Some 15 percent claimed they had had to move due to government resettlement efforts, 18 percent reported having had to do so under pressure from the majority population of their former community, whilst some 1 percent reported tensions in the Roma community as the reason for migrating. Slightly more than one-quarter (27 percent) reported having lost property due to relocation, of which some 90 percent cited homes, 64 percent reported appliances and home furnishings, 25 percent cited savings, 14 percent arable land, and 1 percent cars.

Some 9 percent of the total gave accounts of arriving in Central Serbia in 1999 from Kosovo and Metohija. Nearly all respondents (98 percent) had regulated their legal status in Serbia, whilst some 4 percent lacked recognition as internally-displaced persons.

## **Life course labour transitions**

This section will describe the working arrangements during the life courses of the individuals surveyed. The principal aim of the survey here was to identify whether these persons had worked, in what capacity and under which legal arrangements, whether they had been able to exercise rights accruing from employment, and what the consequences of their employment have been to their eligibility for pensions.



**One in two respondents who reported having been employed had open-ended employment agreements, one in five combined formal employment with work in the informal sector, whereas one in three engaged exclusively in undeclared work.** The findings revealed that 82 percent of those polled had at some point worked in either the formal or the informal sector. The remaining 18 percent reported never having worked; this was mainly true of women who were housewives. Nearly one-half of all respondents (49 percent) who reported having worked in either the formal or the informal sector had exclusively open-ended employment agreements, but not all reported the same length of service. An additional 21 percent had combined formal employment with either an open-ended or fixed-term contract and either informal work or informal self-employment; and a final 30 percent reported having worked exclusively in the shadow economy. The relatively high proportion of this generation who experienced formal employment when compared to younger individuals may be explained by the context in which their working lives unfolded: a large part of this population benefited from open-ended employment contracts and all attendant rights in socialist Yugoslavia, and some of today's pensioners spent some or all of their working lives abroad, chiefly in Western Europe.

**Men were more likely to hold open-ended employment agreements and accumulated more years of service under these contracts (see Table 3).** A total of 66 percent of all older men could benefit from open-ended contracts, in contrast to just 31 percent of elderly women. Some 60 percent of those polled reported having worked on open-ended agreements for up to 30 years, and the remainder benefited from them for longer. A comparison between men and women reveals that slightly more women reported employment of up to ten years, and that slightly fewer claimed to have done so for more than 30 years. On average, men remained in open-ended employment for 29 years, and women for 26.<sup>63</sup>

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63 The differences are statistically significant as measured by the t-test, where the results are  $t=2,364$ ,  $p<.005$ , and  $df=243$ .

Table 3. *Years of service under open-ended employment contracts, by gender (%)*

	Gender		Total
	Male	Female	
Up to 10 years	3.7	7.3	4.9
11 to 20 years	19.0	23.2	20.4
21 to 30 years	33.1	35.4	33.9
31 to 40 years	41.1	32.9	38.4
More than 40 years	3.1	1.2	2.4
	100.0	100.0	100.0

Few respondents (some 2 percent) reported engagement under casual employment agreements; those who did so mainly claimed to have worked abroad, where temporary and part-time work was much more common than in the Serbian labour market.

**A significant proportion of respondents reported having done undeclared work, which did not entitle them to any employment or social rights (see Table 4).** Some 11 percent of the elderly claimed to have been in shadow employment, defined as working without healthcare and social contributions being paid in one's name. One-half of all undeclared workers reported spending up to 5 years doing informal work, of whom men accounted for 38 percent and women for 27 percent. About one-quarter of those polled reported spending up to 10 years in informal self-employment, slightly above 11 percent reported 20 years, and just under 30 percent claimed they had been informally self-employed for more than 30 years, or in all likelihood for their entire working lives.



Table 4. *Years of service in the informal economy (%)*

Up to 10 years	26.6
11 to 20 years	28.9
21 to 30 years	14.1
More than 30 years	30.5
	100.0

Respondents who reported having worked in the shadow economy enjoyed no employment rights, such as paid sick leave, vacation, or pension and health insurance. As such, they were much less likely to have been able to access healthcare services, and their pension contributions either went unpaid or were greatly reduced, affecting their current incomes.

**Labour market status data indicated that the respondents were largely inactive and/or unemployed, and, when they did hold jobs, these were positions that required less skills (see Table 5).** The distribution of respondents' latest jobs by gender is shown in the table below. More than one-half of all women were housewives, and, when they were in employment, this was primarily as manual workers, mainly in jobs requiring little skill. Nearly three-quarters of all male respondents were also manual labourers, again in jobs that called for little in the way of skills, whilst one in nine remained formally unemployed all their lives. Relatively few respondents were employed as professionals or office workers.

Table 5. *Latest job, by gender (%)*

	Men	Women	Total
Housewife		53.1	27
Unemployed	12.5	4.3	8.4
Professional or office worker	6.9	4.7	5.8
Manager or entrepreneur	7.7	1.2	4.4
Highly-skilled or skilled worker	19.4	7.8	13.5
Partly skilled or unskilled worker or farmer	51.4	28.5	39.8
Other	2.0	0.4	1.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Some two-thirds of those who suffered a disabling injury in the workplace never received any compensation. About 3.5 percent of those polled suffered an injury in the workplace or developed an occupational illness that caused them permanent disability. Open-ended responses included cardiovascular disease, muscle and bone diseases, mental illness, and occupational injuries. Slightly more than one-third of those polled (38 percent) reported receiving damages, and the remainder denied ever being paid any compensation.

## Pensions, the primary income in old age

Over one-third (38 percent) of elderly Roma received no pension.<sup>64</sup> A total of 62 percent of those polled reported receiving a pension. Most of these (69 percent) became eligible due to having the required length of pensionable service; 23 percent were receiving survivors' pensions, and 8 percent reported being paid

64 In the general population, 87 percent of over-65s receive pensions under some scheme (Republički zavod za statistiku, 2015:75).



disability pensions. An additional 2 percent claimed to be eligible for a survivor's pension but were not receiving one. One in nine individuals receiving pensions (88 percent) reported their pension assessment was based on their total pensionable service, whilst 12 percent claimed some years of service were not included. By way of a comparison, in the general population some 12 percent of the elderly receive no pension (Matković, Stanić, 2014), significantly lower than the figure of 38 percent of the Roma left without income in old age.

**Distinctions for old-age income are driven by both gender and stratum group, as having a pension is more commonly reported by men and respondents with formal education.** Men (at 69 percent) outnumber women who receive pensions (55 percent).

Interestingly, age group was also relevant: 53 percent of the 65 to 69 cohort receive pension, as do 69 percent of the 70 to 74 group; in the oldest cohort (over-75s), as many as 75 percent of those polled reported receiving pensions. This finding reveals that cohorts only just entering advanced age are doing so with less financial security. A total of 37 percent of those without completed elementary education reported being eligible for a pension, as did 71 percent of respondents with elementary education and 90 percent of those with secondary or higher education.

Most men (88 percent) reported becoming eligible for pensions based on employment, and some 12 percent owing to disability. The latter figure is telling and shows just how many hazards this population was exposed to in the workplace. In 48 percent of all cases women became eligible for pensions based on employment; the same proportion (48 percent) could claim a survivor's pension, and a final 4 percent became eligible due to disability. Education was again a significant factor, as greater educational attainment was correlated with an increased likelihood of receiving a pension based on employment (4 percent for respondents with no elemen-



tary education, 74 percent for those with elementary education, and 82 percent for those with secondary or higher education) and a decreased probability of benefiting from a survivor's pension.

## Material living conditions

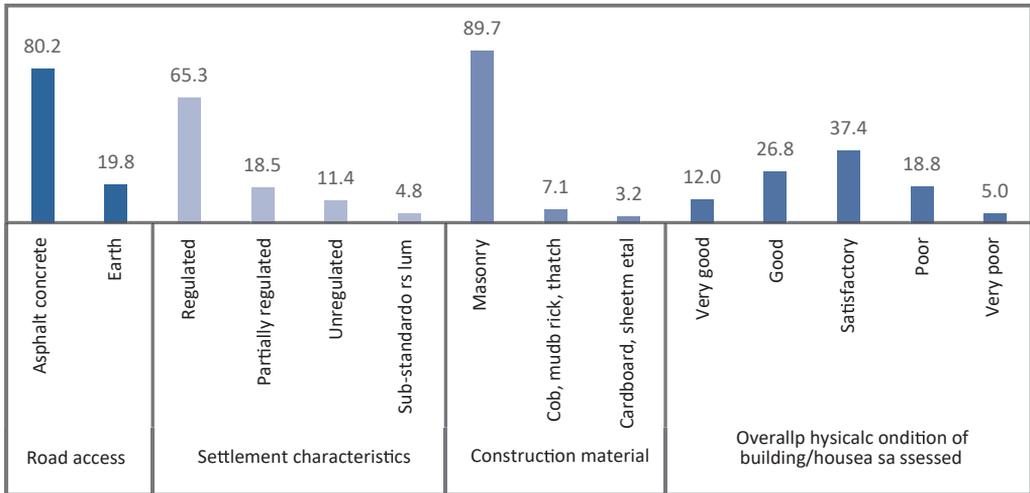
This section will highlight the key indicators of material living conditions and standards of the population examined. It will endeavour to identify the extent to which these individuals face housing and material deprivation and which groups are particularly at risk. The indicators employed in this section are part of the standard package used for the Survey of Income and Living Conditions (SILC) and in the Multiple Indicator Cluster Survey (MICS) for monitoring the situation of women and children. Relying on these research methodologies, the plan of analysis comprised three steps: 1) presenting the findings of the research; 2) comparing the findings with those for the general population; and 3) comparing the findings with the general over-65 population. This permitted identification of the specific characteristics of the Roma over-65 community.

## Neighbourhood characteristics

*One-fifth of Roma aged 65 and above lived in 'very poor' circumstances, whilst the remainder of this population had either 'satisfactory' or 'good' material living conditions.* Figure 1 shows that four-fifths of the households surveyed were reachable by paved road, whilst one-fifth had access only to earth roads. Some two-thirds lived in regulated settlements, one in five occupied partially regulated ones, and the remainder lived in sub-standard or slum settlements. Ninety percent of the buildings these households occupied were constructed of masonry, whilst one in ten elderly Roma lived in houses made of cob, mud brick, thatch, sheet metal, or cardboard. This study assessed one in four houses as being in a 'poor' or 'very poor' state, with the remainder being either in 'good' or 'very good' physical condition.

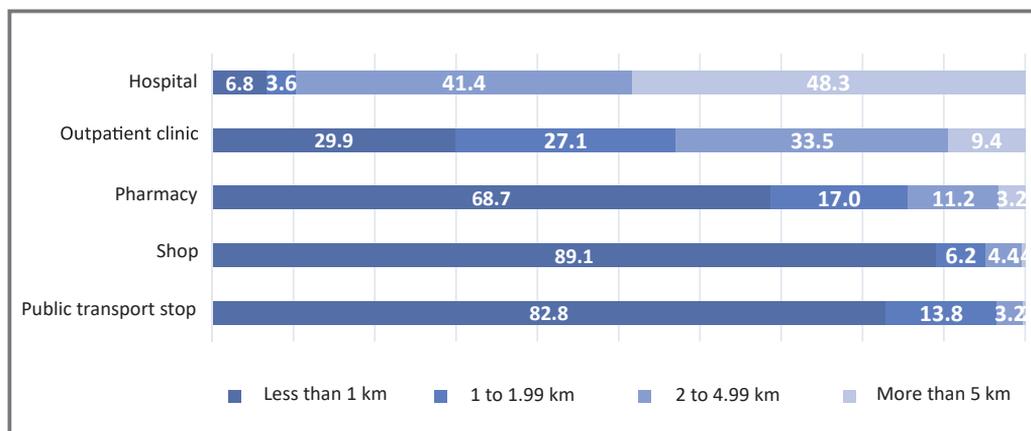


Figure 1. *Characteristics of respondents' settlements and homes (%)*



***Elderly Roma lived far from healthcare facilities.*** Distance to key institutions is a proxy indicator for the ability to access them or need to use additional resources to do so (see Figure 2). One in ten elderly individuals surveyed lived more than 5 kilometres away from the nearest outpatient clinic, one-third lived between 2 and 5 kilometres away, about one-quarter lived between 1 and 2 kilometres away, with the remainder less than one kilometre away from a clinic. Hospitals were even further away for most of those polled: the distance was more than 5 kilometres for nearly one-half, and another two-fifths had to travel between 2 to 5 kilometres to get to a hospital. Pharmacies were further than 2 kilometres away for about one percent of the population surveyed. Most Roma over 65 lived in the immediate vicinity of shops and bus stations, but, nevertheless, one in ten of these elderly individuals faced a walk of more than 1 kilometre to the nearest store, and close to one in five had to travel the same distance to get to a public transport stop. The figures reveal that a substantial proportion of these individuals lived far from healthcare institutions and pharmacies, facilities crucial to maintaining health in old age.

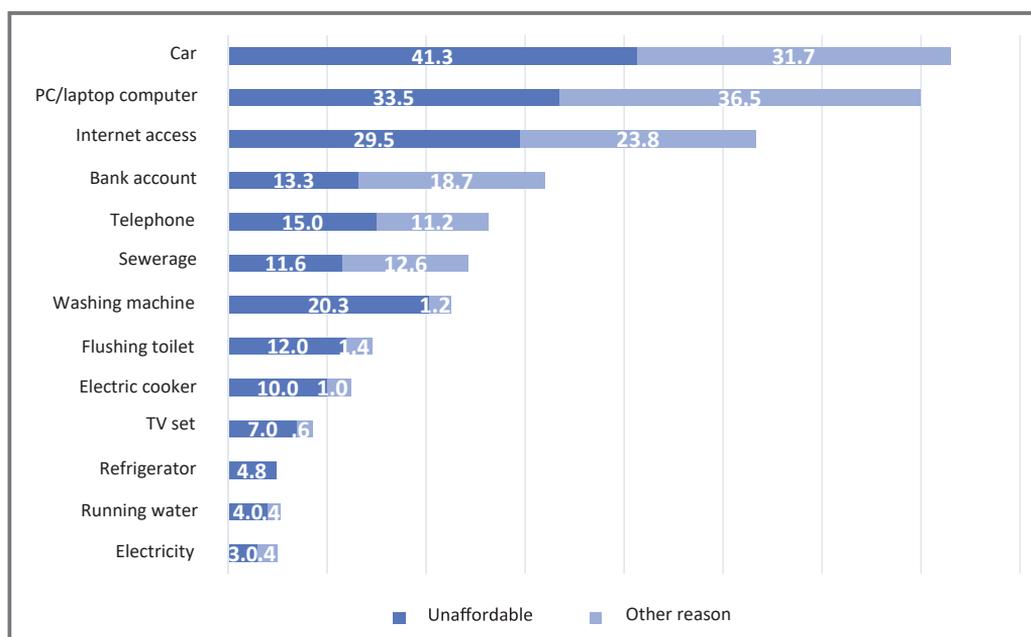
Figure 2. Distance from respondent home to key facilities (%)



## Household characteristics

*A large proportion of elderly Roma households lacked basic amenities or services.* Some did not own or have these amenities at their disposal as they could not afford them, whereas others reported other reasons, such as not having access to or need for them (see Figure 3).

Figure 3. Amenities not owned by households due to unaffordability or for other reasons (%)

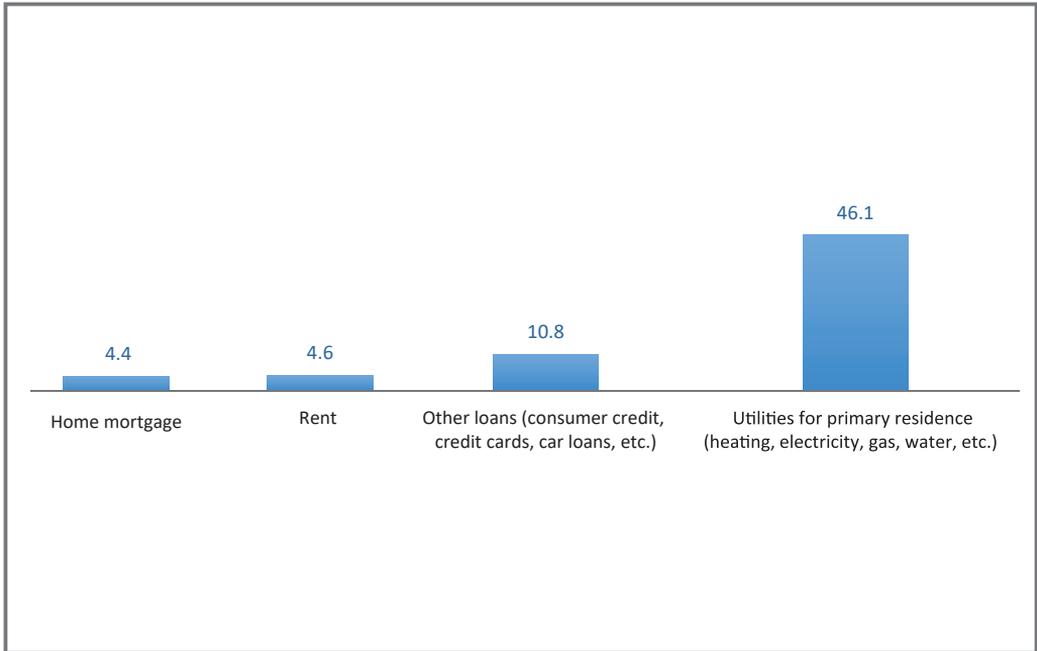




Some 3.5 percent of these households lacked electricity, with some 4.5 also not having running water in their homes. The homes of about one-quarter were not connected to sewerage, with nearly equal numbers reporting this was either not affordable or unavailable due to other reasons (most likely lack of a sewerage network in their settlement). Most households without access to sewerage also reported not having flushing toilets as there was no physical option of fitting one. One in ten households lacked electric cookers, and one in five had no washing machines, with nearly all reporting these appliances were unaffordable. Slightly under one-third of the elderly claimed to have no bank accounts, a fact that made financial transactions difficult. Only one-quarter of the households owned a car; those who did not generally reported this was due to unaffordability, whilst the rest cited other reasons. The findings of this survey indicate that elderly Roma were much less likely to have access to computers and the internet than the general population, whilst differences from the general over-65 population were slightly smaller as computers were owned by 30 percent of households and internet access was available to 46.7 percent of all individuals. Some 21 percent of Roma lacked a separate bedroom but rather slept in the same room as other household members. This figure, and the fact that the Roma population generally lives in overcrowded households, is an indicator of limited housing space.

***Elderly Roma households faced significant expenses and are unable to service them.*** A comparison with the general population and the general elderly population indicates that Roma were much less likely to be able to pay utility bills. For instance, 28.4 percent of the general population and 18 percent of elderly households were unable to pay utility costs regularly (Eurostat), whereas this survey revealed this proportion reached as much as 46 percent in households with at least one elderly Roma member. One in ten households were in arrears for other loans, whilst one-fifth faced delays in paying rent or mortgage on their home (see Figure 4).

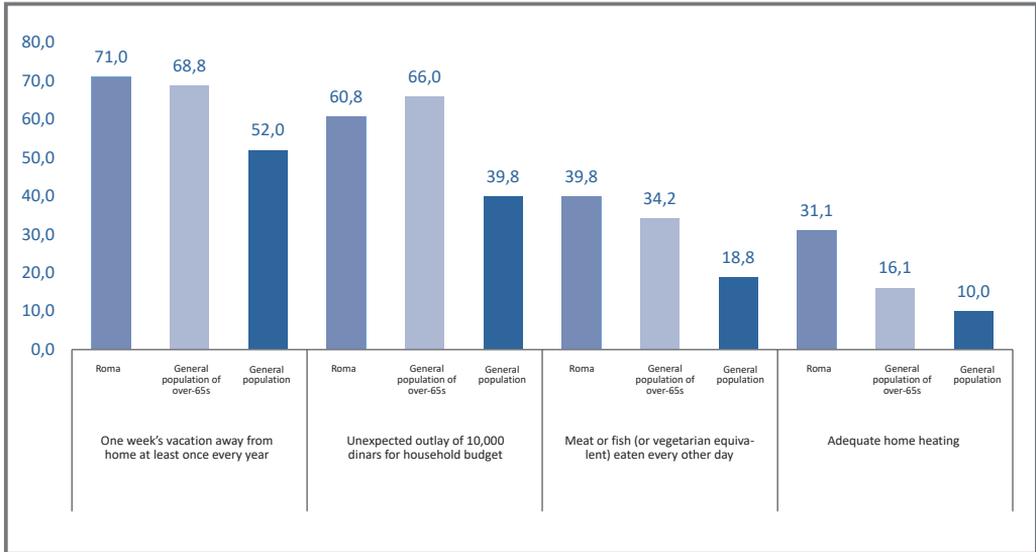
Figure 4. Challenges in servicing recurring financial commitments (%)



Elderly Roma faced greater financial strain than either the general population or the general elderly population (see Figure 5). About 70 percent of the elderly could not afford a week's vacation, much more than about one-half of the general population unable to do so. By contrast, the difference is not as pronounced between the general elderly population and older Roma able to cover unexpected expenses. That being said, older individuals generally had less money at their disposal to meet unforeseen outlays. Adequate protein intake (in the form of meat, fish, or a vegetarian equivalent) was unaffordable for as many as 39.8 percent of elderly Roma, 34 percent of the general elderly population, and 19 percent of the general population. About one-third of elderly Roma were unable to afford adequate heating for their homes, in contrast to twice as many members of the general elderly population reporting this issue and even fewer in the general population.



Figure 5. *Affordability of vacation, unexpected expenses, adequate nutrition, and heating for the elderly Roma population, general population, and general elderly population (%)*



Source: Eurostat and FRS2020.

## Which groups are particularly at risk?

Elderly Roma women had fewer material and financial resources at their disposal. Possession of these assets was gendered in that elderly women (at 79 percent) were more likely than men (64 percent) to live in households that lack a car;<sup>65</sup> women were also less likely to have bank accounts<sup>66</sup> (38 percent vs 25 percent for men) and to be able to afford a week's vacation<sup>67</sup> (33 percent of men and 25 percent of women could afford an annual holiday). It can be concluded that men and women faced approximately the same material circumstances, but that men enjoyed an advantage when it comes to consumption.

65 The difference is significant at the level of  $X^2=11.035$   $p<.001$ ; Cramér's  $V=.149$ .

66 The difference is significant at the level of  $X^2=17.980$ ,  $p<.001$ ; Cramér's  $V=.190$ .

67 The difference is significant at the level of  $X^2=3.967$ ,  $p<.05$ ; Cramér's  $V=.089$ .



**Age is correlated with lower material standards.** Increasing age (in the elderly population) reduces the likelihood having electricity in one's home,<sup>68</sup> a car,<sup>69</sup> computer,<sup>70</sup> and internet access.<sup>71</sup>

**Education was the characteristic that was best correlated with material standards: greater educational attainment was a predictor of greater wealth.** Elderly individuals' educational attainment was correlated with all aspects of household material standards. The less educated a person, the less likely they were to live in a better neighbourhood, have an asphalt concrete road leading to their house, live in adequate housing, have adequate appliances and home furnishings, be able to afford adequate nutrition, clothing, and social life, and not be in arrears for household bills.

## Material deprivation amongst elderly Roma

To present data on elderly persons facing severe material deprivation and compare these against the general population and general elderly population, the study relied on existing methodology used to assess material deprivation in the SILC survey, conducted in Serbia since 2013. Following this approach, the study employed the following indicators: 1) inability of a household to afford adequate heating; 2) inability of a household to afford a washing machine; 3) inability of a household to afford a car; 4) inability of a household to afford a one-week annual holiday; 5) inability of a household to afford unexpected expenses of 10,000 dinars; 6) inability of a household to afford a telephone; 7) inability of a household to afford a colour TV set; 8) inability of a household to afford a meal of meat or fish (or the vegetarian equivalent) every other day; and 9) a household being in arrears on rent, mortgage payments, other loans, or

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68 The difference is significant at the level of  $\chi^2=10.545$   $p<.001$ ; Cramér's  $V=.146$ .

69 The difference is significant at the level of  $\chi^2=17.43$   $p<.05$ ; Cramér's  $V=.187$ .

70 The difference is significant at the level of  $\chi^2=28.776$   $p<.001$ ; Cramér's  $V=.240$ .

71 The difference is significant at the level of  $\chi^2=32.629$   $p<.001$ ; Cramér's  $V=.256$ .



utility bills for its primary residence (Republički zavod za statistiku, 2020). These indicators were used to construct two standard compound material deprivation indicators:

1. inability of a household to afford at least three of the nine indicators constituted material deprivation; and
2. inability of a household to afford at least four of the nine indicators constituted severe material deprivation.

**Elderly Roma faced exceptional material strain, as a much greater proportion were materially deprived or severely materially deprived (see Table 6).** According to findings of the 2018 SILC, slightly under one-third of the general population were materially deprived, whilst one in six lived in households facing severe material deprivation. A closer look at the data reveals that over-65s were at somewhat greater risk of severe material deprivation than the general population. The analysis in this study shows that Roma aged over 65 were under much more material strain than both the general population and the general population of over-65s. More than one-half of elderly Roma lived in materially deprived households, and slightly fewer than one-half lived in severely materially deprived ones. The findings bear out the fact that not only was the Roma population at risk, but that elderly Roma were facing particular stress.

Table 6. *Rates of material deprivation and severe material deprivation for the elderly Roma population, general population, and general elderly population (%)*

	General population	General over-65 population	Roma over-65 population
Material deprivation rate	30.4	34.8	56.1
Severe material deprivation rate	15.9	17.8	44.2

Source: Eurostat, FRS2020.



**Elderly Roma women with no education or only elementary education, as well as those living in single-member households, were at greater risk of both material deprivation and severe material deprivation.** Table 7 reveals that women faced greater strain and that an elderly individual's educational attainment was a key predictor of material deprivation. Nearly two-thirds of elderly women were materially deprived, as opposed to slightly over one-half of elderly men. Even though women also outnumbered men in the severely materially deprived group, this difference proved not to be statistically significant. Age was also demonstrated to not be a significant factor in material deprivation, as equal risk was faced by those just entering retirement age and those who had attained that age five, ten, or more years previously.



Table 7. *Material deprivation and severe material deprivation rates in the elderly Roma population by gender, age, educational attainment, and household structure (%)*

		Material deprivation	Severe material deprivation
Gender	Male	52.6	42.7
	Female	62.9	48.4
$\chi^2$		$\chi^2=5.426$ $p<.05$ ; Cramér's $V=.104$ .	/
Age	65-69	59.3	49.5
	70-74	57.4	41
	Over 75	53.1	38.3
$\chi^2$		/	/
Educational attainment	No elementary education	77.7	68.8
	Elementary education only	57.4	41.7
	Secondary education or higher	27	13.9
$\chi^2$		$\chi^2=80.358$ $p<.001$ ; Cramér's $V=.401$ .	$\chi^2=94.142$ $p<.001$ ; Cramér's $V=.434$ .
Household structure	Single-member	68.6	55.8
	Couple	44.6	40.5
	Complex	60.1	44.7
$\chi^2$		$\chi^2=13.389$ $p<.001$ ; Cramér's $V=.163$ .	$\chi^2=4.974$ $p=.083$ ; Cramér's $V=.083$ .



The greatest differences were apparent for respondents' educational attainment. Nearly three-quarters of elderly Roma without elementary education were deprived, and more than two-thirds face severe material deprivation. Both categories also contained large proportions of individuals with elementary education only, whilst only the group with secondary education showed material deprivation and severe material deprivation rates close to averages for the general population. As expected, education is the key determinant of employment opportunities, job security, and ability to benefit from employment rights, primarily pension.

The structure of households in which elderly Roma lived was also correlated with material deprivation. Elderly single-member households were most at risk. Two-thirds of these were materially deprived and more than one-half were severely materially deprived. Elderly couples were the best off relative to the rest of the population, whilst individuals living in nuclear and extended families were also at significant risk, indicating that larger households were not necessarily a way out of poverty but, rather, allowed only mere subsistence standards for many.

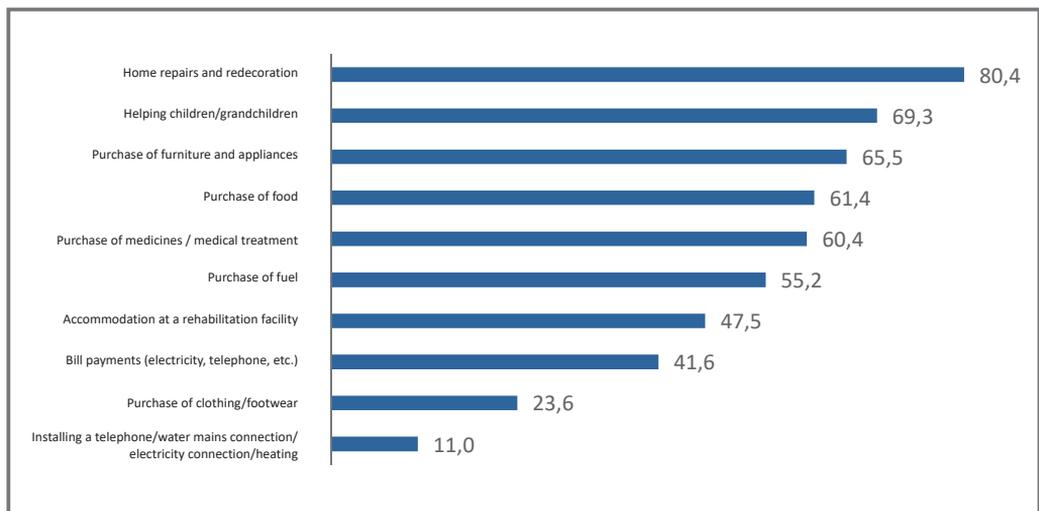
**Individuals receiving pensions were less likely to be materially deprived than those without access to such income.** Material deprivation was closely connected with a person's access to a pension. In the materially deprived category, 49 percent received pensions, whilst the figure for the group not facing deprivation was 79 percent.

**The breakdown of potential expenditures a household would choose to incur if it could afford them reveals that a major proportion of the Roma population did not have its basic needs met (see Figure 6).** If respondents had more money at their disposal, most would choose to spend it on home repairs and redecoration. Many would use the money to help their children and grandchildren. Nearly two-thirds would purchase food, and only slightly fewer would spend the money on medicines and medical treatment. More than one-half would use the money to buy fuel, and two-fifths of the



elderly would choose to pay bills. One in four would purchase clothing and footwear, and one in ten would make improvements to their homes. These findings indicate that a large number of the elderly lack money to finance their basic needs (food, clothing, healthcare), and that any extra money would first be spent on these costs and transfers to younger family members who were in all likelihood facing similarly dire straits.

Figure 6. *Breakdown of expenditures the household could choose to incur if it could afford them, by priority (%)*



Research done to date has also shown that the Roma faced significantly poorer living conditions than the general population. For instance, the MICS survey (Republički zavod za statistiku and UNICEF, 2014) revealed that the Roma were less likely to possess adequate housing (i.e. connected to electricity, water, and sewerage) that was appropriately furnished (meaning they were less likely to have a cooker, refrigerator, washing machine, computer, internet access, mobile telephone, car, or bank account). This survey also showed that 62 percent of Roma lived in overcrowded households (as opposed to 21 percent of the general population), as well as

that 90 percent of the Roma population used coal and wood fuel for heating.

## Social protection: access to and use of services

Nearly all members of this population had personal identity cards, even though one in ten lacked birth certificates (see Table 8). Having personal documents is a key prerequisite for accessing social rights. Relatively few individuals surveyed lacked personal identity cards. Nevertheless, even though nearly the entire elderly population had identity cards, as many as one in ten lacked birth certificates. Some one-half of the population had passports, mainly people who had spent time working abroad.

Table 8. *Lack of personal identity documents (%)*

Personal identity card	1
Birth certificate	9
Passport	51

**Poor living conditions and limited educational attainment were the main causes for the absence of personal documents.** All of those who lacked personal identity cards were severely materially deprived; most had no education, and women were slightly over-represented in this group. Severely materially deprived respondents and those with no schooling or only elementary education were also much less likely to hold passports and birth certificates.

**Although a large proportion of respondents were materially deprived or severely materially deprived, relatively few elderly Roma used core social protection services (see Table 9).** Slightly fewer than one-third reported having regularly used financial social assistance, with even fewer also benefiting from one-off financial transfers. One-quarter



of the elderly used soup kitchens, whilst fewer than 10 percent of those polled reported accessing other social protection services. Worryingly, few respondents reported ever having heard about a many of these services. Some three-quarters of those polled reported being aware of financial social assistance; slightly under two-thirds were familiar with soup kitchens (free meals); about one-half were aware of one-off financial assistance; and awareness of all other services was reported by fewer than one-quarter of all respondents.

Table 9. Use and/or awareness of core social protection services (%)

	Use	Awareness
Personal assistance	0	6
Subsidised utility bills	4	16
Increased allowance for third-party care and assistance	4	23
Subsidised heating	6	16
Allowances and other social income available to socially vulnerable individuals	7	24
Sheltered social housing	7	18
Free meals	24	62
Occasional one-off financial assistance	28	54
Financial social assistance (material family assistance)	30	74

**These findings indicate that a large proportion of materially deprived individuals have no access to or do not use public social services that could enhance their quality of life, even if only slightly. There were no major differences between genders when it came to use**



of these benefits, but age was a differentiating factor. Here, increasing age was linked with lower likelihood of receiving one-off financial assistance<sup>72</sup> (33 percent received this assistance in the 65 to 69 cohort, 24 percent in the 70 to 74 cohort, and 12 percent in the 75 and above cohort). Interestingly, severely materially deprived individuals had better access to some services, whilst other services were more widely available to those not at risk of deprivation. For instance, severely materially deprived persons were more likely to use one-off financial assistance (59 percent vs 26 percent for those not severely materially deprived), free meals (42 percent vs 6 percent), social housing (16 percent vs 1 percent), and allowances and other income (11 percent vs 2 percent). By contrast, individuals who were not severely materially deprived were more likely to benefit from subsidised heating (9 percent vs 1 percent for the severely materially deprived).

**Even though nearly one-half of the population was severely materially deprived, there was relatively limited take-up of public social services aimed at the elderly (see Table 10).** Only a small proportion of respondents reported having used these services. The most commonly reported service was engagement of health mediators, a Ministry of Health mechanism where these mediators directly contact potential beneficiaries.<sup>73</sup> One in ten elderly persons reported using medical care in the home; slightly fewer claimed to have received allowance for third-party care and assistance; and fewer still reported benefiting from elderly care. No more than 1 percent made use of help in the home, and no respondent cited ever contacting a Patients' Rights Ombudsman or using day care. In another worrying finding, most older individuals surveyed reported never having heard of most of these services.

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72 The difference is significant at the level of  $X^2=6.807$   $p<.05$ ; Cramér's  $V=.161$ .

73 This institutional measure was first introduced in 2009 and involves personal mediation between Roma communities and healthcare services to raise the Roma's awareness of their rights and reducing threats to their health.



Table 10. *Use and/or awareness of social protection services targeting the elderly (%)*

	Use	Awareness
Day care	0	20
Patients' Rights Ombudsman	0	20
Help in the home	1	19
Elderly care	4	30
Geriatric assistants	6	39
Senior clubs	9	41
Allowance for third-party care and assistance	9	44
Medical care in the home	10	38
Health mediators	17	35

**Some services, such as geriatric assistants, were more available to persons not at risk of material deprivation.** Similarly to core services provided by Centres for Social Work (CSWs), access to services specifically aimed at the elderly was not significantly dependent on neither gender nor age. There was some correlation with material deprivation, though: severely materially deprived individuals were more likely to use services such as medical care in the home (15 percent vs 6 percent for those not severely materially deprived) and material family assistance (64 percent vs 18 percent). Some services were even used to a greater extent by individuals who were not severely materially deprived: these included help in the home and geriatric assistants (9 percent vs 1 percent for the severely materially deprived group).



Even though nearly all respondents had personal identity cards, lack of documents or information or distance from CSWs was preventing a large proportion of elderly Roma from exercising their rights. When asked about the reason for not claiming their rights and services offered by CSWs, about one-third (34 percent) claimed never to have needed those services, 13 percent reported not having the documents required to apply, and 12 percent cited not being aware that CSWs could help them with an issue. A final 11 percent reported CSWs were in inaccessible locations, and the remainder cited no specific reason.

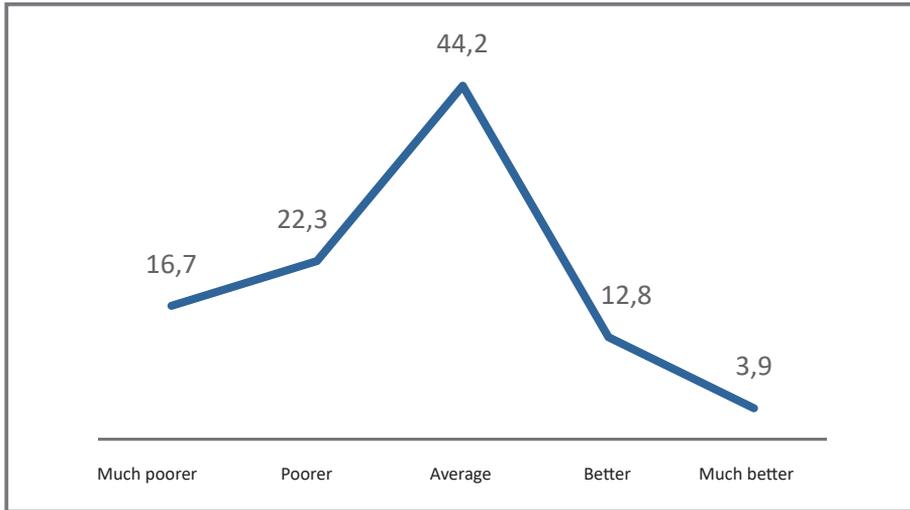
**Severely materially deprived individuals faced a greater need for accommodation at care homes, but also had fewer resources to ensure they were admitted.** Most elderly Roma (57 percent) were certain they would certainly not need accommodation at a care home in the near future. An additional 20 percent reported they were unlikely to face such need, whilst 14 percent believed there was an equal chance of both needing and not needing to enter a care home. As few as 6 percent felt they would likely need to be placed in a care home, and a final 4 percent reported they would certainly need to be accommodated at a facility of this type. No major differences were observed by gender or age, but severely materially deprived individuals were more likely to believe they would need a care home in the foreseeable future. When asked why they would not use a care home even if they needed to, 12 percent responded they lacked the money and an additional 2 percent were unwilling to pay, 9 percent claimed they had a social circle they could rely on, and the remainder either reported no need for a care home or did not answer. Again, severely materially deprived persons were more likely to claim they would probably be unable to afford a care home (23 percent vs 2 percent for those not severely materially deprived).



## Health status and healthcare

### HEALTH STATUS OF ELDERLY ROMA

Figure 7. Self-reported health status (%)



The self-reported health status of elderly Roma is similar to that of the general population of older people. Those who were materially deprived and had lower educational attainment claimed their health status was poorer (see Figure 7). Most respondents felt their health status was 'average' for their age. Two of every five people believed their health was 'poorer' than average, and some 5 percent reported it was 'better' than for those of comparable age. Men were more likely to self-report better health than women, whilst severe material deprivation and educational attainment were correlated with self-reported health status. On average, severely materially deprived individuals reported poorer health, whilst lower educational attainment meant lower self-reported health status.

More than one-half of those polled felt healthy enough to perform all daily tasks independently (see Table 11). The remainder claimed they could do so only with difficulty or required short- or long-term help. Of those who reported having difficulties, the few-

est cited a need for psychosocial support, and the most reported requiring help keeping their homes clean.

Table 11. *Ability to independently perform daily tasks (%)*

	Yes, with complete independence	Yes, but only with difficulty	No, I currently need help due to short-term disability	No, I need long-term help	No response
Keeping home clean	51	34	3	11	1
Culture and recreation	52	24	3	12	9
Grocery shopping	53	33	2	9	3
Healthcare from a doctor or nurse	53	30	2	10	5
Visiting a doctor	53	31	3	10	3
Purchasing medicines	55	31	2	10	2
Food delivery	55	30	2	10	3
Cooking	56	32	1	10	1
Personal hygiene	60	30	1	7	1
Psychosocial support	66	18	2	8	6

**Informal safety nets were key to addressing health risks.** The respondents reported most commonly relying on immediate family members for help: children were cited by 77 percent, followed by spouses at 65 percent, other relatives at 22 percent, and friends and neighbours at 28 percent. Use of paid help in the home was reported by no more than 2 percent of those polled.

More than three-quarters of all respondents reported suffering from a chronic illness (see Table 12), whereas about one-fifth denied any such condition. Increasing age was correlated with greater inci-



dence of chronic illnesses, but so was material status: the severely materially deprived group were more likely to also report suffering from a chronic condition. Slight differences were also observable between men and women, with women being somewhat likelier to report a chronic illness, but the distinction was not pronounced and may be due to women being better aware of their health.

The respondents in this study reported a lower incidence of chronic illness relative to the general population, in which the figure stands at 83 percent (Matković, Stanić, 2014). This finding may be interpreted in three ways. Firstly, the elderly Roma population may be healthier than the overall average, which seems unlikely given Roma living conditions. Secondly, lower Roma life expectancy may reduce the incidence of chronic illness, which increases more rapidly in the general population in older age. Thirdly, the elderly Roma may be less aware of their health than the general population average owing to less frequent visits to medical specialists who could help them see their health status more realistically.

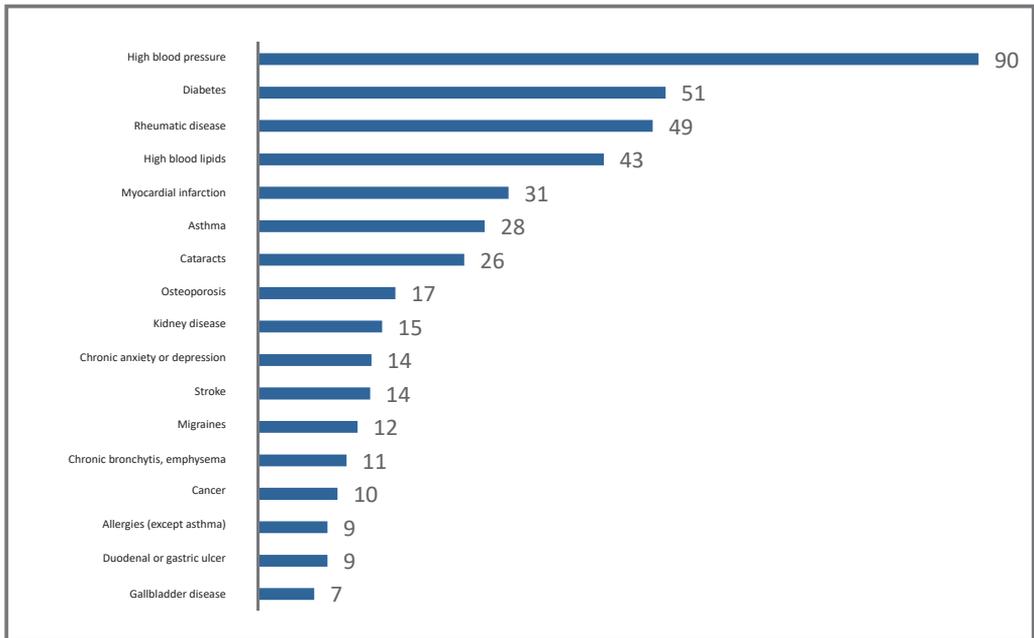
Table 12. *Incidence of chronic illness in respondents by gender, age, and material deprivation*

	Total	Gender		Age			Severe material deprivation	
		Male	Female	65-69	70-74	75+	Yes	No
Yes	78	74.2	80.8	72.6	80.3	91.4	83.3	73.1
No	22	25.8	19.2	27.4	19.7	8.6	16.7	26.9
		X <sup>2</sup> =3.124 p=.077; Phi=-.079		X <sup>2</sup> =13.52 p<.05; Cramér's V=.165.			X <sup>2</sup> =7.416 p<.05; Phi=.122.	

**Over-65 Roma exhibited a greater incidence of serious and fatal chronic illness than the general elderly population (see Figure 8). Nine out of 10 respondents who reported suffering from an**

illness cited high blood pressure, whilst one-half reported diabetes and a nearly identical number cited rheumatic disease. High blood lipids were reported by two out of every five individuals. Worryingly, nearly one-third of those polled reported having had myocardial infarctions, and an additional 14 percent claimed to have had a stroke, which indicates this population is suffering from serious cardiovascular issues. Slightly more than one-quarter of those polled reported having asthma, one in four cited cataracts, whilst osteoporosis and kidney disease were each reported by one in six. One in seven elderly people claimed to suffer from chronic anxiety and/or depression, and, lastly, one in ten reported cancer.

Figure 8. Incidence of chronic illness in the elderly Roma population (%)



A comparison with the general elderly population reveals that elderly Roma faced a higher incidence of serious chronic illness. The respondents were more likely to report high blood pressure,



high blood lipids, diabetes, myocardial infarction, stroke, cancer, and cataracts (Satarić *et al.*, 2009). Other chronic illnesses had similar incidence rates to those of the general elderly population.

**Health risks were influenced by both gender and social status, so women were more likely to suffer from a wider range of chronic illnesses than men, and severely materially deprived individuals more commonly reported most illnesses compared to those who were not.** Age did not correlate directly with any of the illnesses examined. Looking at gender, the following conditions were more commonly cited by women: osteoporosis (as reported by 24 percent of all women and 9 percent of men); migraines (19 percent vs 5 percent for men); and cancer (5 percent vs 1 percent for men); by contrast, men were more likely to report stroke (20 percent for men vs 8 percent for women). Some illnesses were more reported more often by severely materially deprived respondents, such as kidney disease (25 percent vs 8 percent for those not severely materially deprived); osteoporosis (24 percent vs 12 percent); asthma (42 percent vs 16 percent); anxiety/depression (22 percent vs 8 percent); cataracts (39 percent vs 15 percent); duodenal or gastric ulcers (17 percent vs 2 percent); gallbladder disease (13 percent vs 3 percent); and chronic bronchitis and emphysema (17 percent vs 7 percent). These findings indicate that material deprivation is a major factor in chronic illness.

**The respondents made relatively few visits to medical specialists.** Slightly fewer than one-half (45 percent) of those who reported suffering from a chronic illness claimed to 'regularly' visit a relevant medical specialist, a little over one-third (36 percent) reported doing so 'sometimes', 13 percent claimed they did so 'only when forced to', and 6 percent did so 'never'. Gender and age are not factors in visits to medical specialists, but education and severe material deprivation are. Lower educational attainment<sup>74</sup> means fewer visits to

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74 The difference is significant at the level of  $X^2=26.5136$   $p<.001$ ; Cramér's  $V=.184$ .



doctors, and, conversely, many more individuals who were severely materially deprived visited medical specialists more frequently.<sup>75</sup>

**One cause for concern is that one in six elderly individuals received no treatment for their condition due to a lack of money.** As many as 84 percent of those polled reported 'regularly' receiving prescribed treatment for an existing chronic illness, whilst some 16 percent claimed they were not receiving any such treatment regularly or 'at all'. The most common reason cited by the latter group was a lack of money, not having visited a doctor to prescribe a treatment, and not having received a prescription from their chosen doctor.<sup>76</sup> Some 14 percent of those with a chronic illness reported having been admitted to hospital in the year preceding the survey.

## Healthcare: access to and use of services

**Notwithstanding the large proportion of individuals who have health insurance and validated national health insurance cards, not all elderly Roma are yet covered by the health system.** The survey revealed 98.4 percent had health insurance whilst some 1.6 percent did not. When asked why they had no health insurance, one-half responded this was due to a lack of personal identity documents or registered residence, with the remainder citing other issues. Slightly fewer, 96.8 percent, reported having valid health insurance cards, and 3.2 percent claimed they did not have valid insurance documents. (The latter figure includes both those with no health insurance and those with health insurance but lacking valid insurance cards.) Missing documents were the most commonly reported reason for not having a valid health insurance card, fol-

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75 The difference is significant at the level of  $\chi^2=30.715$   $p<.05$ ; Cramér's  $V=.282$ .

76 Doctor selection is a feature of the Serbian health service whereby an individual is able to choose one general practitioner (GP), as well as one specialist paediatrician or gynaecologist, who will then be responsible for their treatment. This system has the advantage of ensuring the doctor is aware of the patient's medical history and able to provide continuity in treatment.



lowed by ignorance of the necessary procedures and health issues. Having health insurance is correlated with material deprivation and educational attainment, as severely materially deprived individuals and those with no formal education were much less likely to be insured.

**Most respondents reported using the national health service (see Table 13).** Some 15 percent claimed being able to also use private medical practices, whilst one in five elderly relied on traditional remedies. There were no significant differences between respondents in terms of using the national health service, but, by contrast, these were found for access to private medical practices.

Table 13. *Most commonly used healthcare options (%)*

National health service	97.3
Private medical practice	14.6
Traditional / alternative medicine	19.4

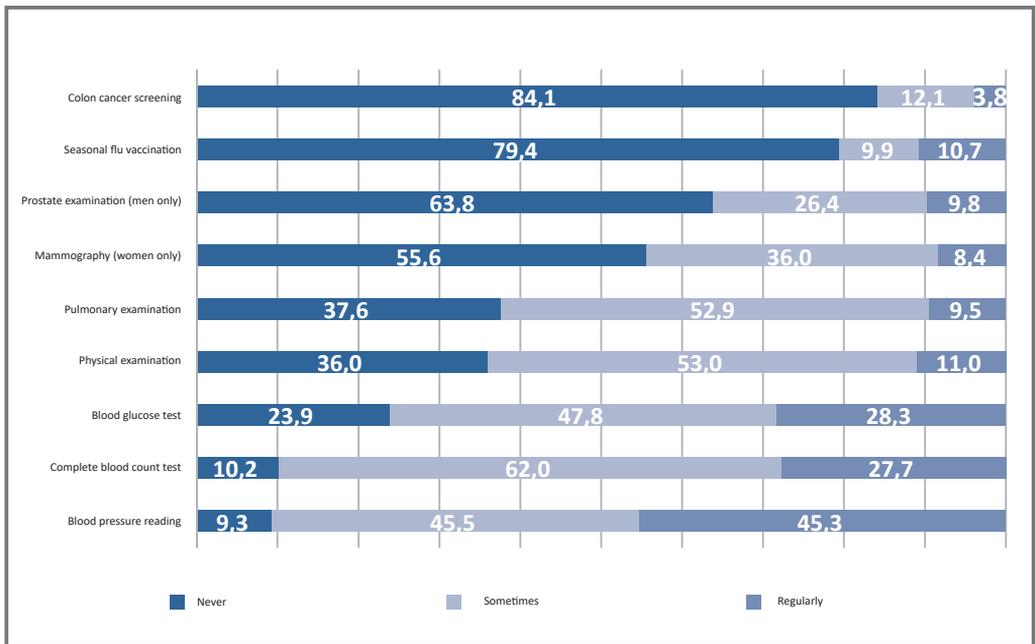
**Access to private healthcare was very much determined by material status, with severely materially deprived individuals having almost no opportunity to use this option.** A total of 23 percent of respondents who were not materially deprived reported also receiving care from private practitioners, as opposed to a mere 1 percent in the severely materially deprived group. Similarly, 33 percent of secondary school and college graduates were able to use private healthcare, as were 12 percent of those with only elementary education, and 8 percent of respondents with no formal education at all. Use of traditional/alternative medicine is also correlated with material status: folk remedies were used by 29 percent of severely materially deprived respondents and some 13 percent of those who did not fall into this category.

The vast majority of 96.2 percent of those polled had a chosen doctor in the national health service. Most of those who

did not were elderly individuals at risk due to being severely materially deprived, more commonly having lower educational attainment, and living in informal and substandard settlements.

A large proportion of elderly Roma did not attend preventive medical examinations that could help detect illness early (see Figure 9). The fewest reported having had colon cancer screenings, followed by seasonal flu vaccination and the two gender-specific evaluations of prostate examination and mammography. Slightly more frequently cited were pulmonary examinations, physical examinations and blood glucose and complete blood count tests; blood pressure readings were the most common type of test, in line with high blood pressure being reported by the largest proportion of those polled.

Figure 9. Frequency of preventive medical examinations (%)





**Materially deprived respondents and those without formal education were less likely to attend preventive screenings.** There were no differences by age and gender in the elderly population in terms of how often they underwent preventive examinations, but material deprivation was a factor: severely materially deprived individuals were less likely to undergo all examinations than those who were not. The same trend was observable for educational attainment, where better-educated individuals were found to be more likely to attend preventive examinations with greater regularity.

**Some 11 percent reported a doctor had refused to examine them at an outpatient clinic.** In this group, some 40 percent felt this was due to their ethnicity (as Roma), about one-third believed the reason was not having scheduled an appointment in advance, one in ten claimed their turn never came, and the remainder cited other reasons.

**Some 8 percent claimed to have been refused emergency assistance by telephone.** Most (38 percent) felt this was due to their complaint not having been assessed as requiring an emergency response, about one-third (30 percent) believed their ethnicity was the reason, 14 percent claimed they had been denied assistance as their household was too distant for the emergency responders to attend, and 11 percent believed the refusal was due to their age (the remainder cited other reasons). The high perceived incidence of refusal due to ethnicity, geographical distance, and/or age indicates discrimination against both Roma and elderly individuals.

# **UNDERSTANDING FEAR AND POVERTY: QUALITATIVE ANALYSIS OF INTERVIEWS**



ZDRAVKO BRKIĆ, BEOGRAD

This section will analyse the interviews conducted with Roma who had immediate memories of World War II or whose families did. The purpose of this assessment was to facilitate understanding of their wartime experiences and understand how the war persisted in their memory and made an impression on their lives. It also sought to gain deeper insight into the challenges these individuals faced in their old age. This chapter is divided into four sections: memories of the war; life after the war; perceived impact of the war on people's lives; and problems faced in old age. The interviews are shared here without having been anonymised and with the consent of the respondents, Petar Bogdanović, Nedeljko Kovačević, Džemila Sadiković, Kariman Salijević, Dragoslavka Salijević, Radmila Radosavljević, Radivoj Marinović, Tomislav Stanojević, Zdravko Brkić, Mija Petrović, and Radovanka Novaković.

## Memories of World War II

All respondents had highly traumatic memories of World War II. Even though they had been children at the time, the conflict made a vivid impression on them. The emotions they felt included fear and uncertainty, in all likelihood in common with the rest of the (Roma) population. Radovanka recalled her family living in very modest circumstances, in a hut next to the Morava River, and fearing the sudden arrivals of both [royalist] *chetniks* and [communist] partisans. 'One night the partisans came, then the *chetniks* some time later.



My mother had to cook food for them, she made them cornmeal with cheese and milk. Then they left. Father warned us never to tell anyone about who'd been here.'

During the war, their greatest fear was of the partisans, who she had heard would kill people and dump the bodies into the Morava: 'Next to the Morava was our field, and there as children we'd herd our sheep and watch the corpses float by.'

Kariman also described the fear he felt due to his frequent need to abandon his home during the war. Some members of his family had been interned as forced labourers in a mine. He recalled being seven at the time of the war, adding that

it was a disaster, it was dangerous, we'd had to leave town and go to Aleksinac. My father and brother worked there at the army barracks, polishing boots so they could feed us. We weren't allowed to stay out in the street for long [...] They never did anything to us, they just entered the town. They interned the elderly in a camp and used younger people as labourers in the army barracks. They warned us not to be out in the street when a patrol came. We children felt we could. My mother took me to see my father who was a lathe operator in the Bor mine. I remember there being a large room with 50-odd beds for the workers to sleep in. They worked all day. After father was released we fled to Aleksinac during an Allied bombing raid on Niš. From Aleksinac we watched Niš burn.

They had to leave all their possessions behind when they fled to the larger city and remembers there being talk of 'many Roma who'd suffered'.

Others' memories were even more haunting, as they involved physical abuse, death threats against family members, and murders. Tomislav was as young as two at the start of the war, but recalled 'living under stress with my family, father, mother, brother. I only remember the Germans once coming and offering me this brown sugar to eat, and they took my mother [...] to Rajka and there beat and abused her for wearing a red headscarf.'



In addition to his mother being physically abused, his father was disabled in the war, and Tomislav also recalled a woman being raped:

My father was an accordion player, he was in a band with five or six others, and at night the partisans would come and drink. In the evening the *chetniks* would also sometimes come with the Germans and abuse us children, they raped a woman, it was miserable. [...] They beat father with a rifle butt and his hearing never came back. They hurt him with a rifle, a German or a *chetnik* did that, because he wouldn't play for them.

The Germans killed his father in the war, and his '[maternal] uncle was killed as a partisan fighter in 1943, we all lived in fear, we children didn't know much. My [paternal] uncle and brother died during the war of pneumonia.'

They lived in fear until 1945: 'We children would always run [...] we hid in this here factory so they wouldn't kill us.'

Even though Petar was only five years old in 1941, he faced a firing squad along with the rest of his family. He recalled that, soon after the country was occupied by the Germans,

all of us Roma were forced into this pond and covered by two machine guns that they pointed at us and wanted to shoot us. There came this Hungarian who rescued us. My father had been giving him money before because he was poor. The Hungarian said we were workers and not local thieves and so he saved us. [...] My whole family was in that pond, the five of us.

Even though they did not lose any property, Petar remembered his father being taken outside the house every day and beaten in front of everyone. 'At least they didn't kill him. Some were shot in 1942, the Danube had frozen over, they cut the ice and shot the Serbs, Roma, and Jews, that was the notorious "Roundup".'

According to him, about a hundred Roma were shot in his village during the war, but the exact number was never determined: 'There was no talk of numbers, just of suffering. Two women and two men disappeared from our street. They're listed as missing. We think



they were thrown under the ice [...] They killed us as if we'd been dogs, especially the local Hungarians, they were out for our blood. [...] We hid in attics.'

Petar's wartime childhood was marked by constant fear and hiding and a struggle for survival. 'Once we'd hear there was going to be a roundup, we'd run away into the marshes and then come back.' Poverty and hunger were a daily occurrence, and he remembered 'not having anything to eat, we'd buy maize and grind it into flour, my father begged everyone to sell him pigs but nobody would. You couldn't move about without a pass.'

Džemila remembered her mother telling her that soldiers had come into the community, entering houses and raping women in front of everyone. To avoid this fate, her pregnant mother had to cut her hair and smear her face with dirt to make herself unattractive. Džemila also recalled the family not having anything to eat and both adults and children going hungry every day. 'My mother had nothing to eat, she went to work for a piece of bread so she could breastfeed me.'

Those with family members who had joined the partisans were at even greater risk. Radivoje's mother had had connections with the partisans and spent some time in the [partisan] National Liberation Army. He remembers having to constantly run and hide: 'we'd run, my mother would take us across the river and we lived in the forest. [...] Mother fled to Deč and was on guard duty there, and left me in the Srem region where the neighbours took care of me.' Like Petar, he also faced death, on two occasions. The first time a German soldier saved his life. 'The Germans wanted to kill me but a German stopped them and took me to my mother. At night we'd hide in maize stacks. A neighbour drove me on a sledge to Deč.' On the second occasion, the Roma neighbour who'd been taking care of him saved him from 'being lined up against a fence and shot.' This was the hardest moment of his life. Radivoje was also unsure of how many Roma had been murdered in the war, but believed



five from his village had been shot. He joined his mother and spent the rest of the war with her, returning to his community only after the country had been liberated.

An even more traumatic memory of the war was shared by Zdravko, who was two when the conflict began. His father had been disabled, 'he'd injured his back and was bedridden in the house.' On one occasion, the Germans entered the village and 'threw my pregnant mother, sister, and me out of the house and set it on fire while father was still inside and he was burnt alive.' His maternal grandfather was also killed, even though no-one in the family was sure exactly how. 'I heard from my mother that her father had been taken to a camp and all trace of him was lost.' Zdravko recalled that poverty was commonplace during the war and that people 'led very hard lives, we were hungry for everything. When I was five a wore a dress and went barefoot, later I wore rubber slippers.'

## Life after the war

Fear for one's life may have disappeared after the war ended, but poverty and precariousness did not. All respondents claimed it took years for families to recover and create somewhat better living conditions. This initial period was difficult for all interviewees; afterwards, those with had more education or were able to find employment with state-owned enterprises fared better than their peers who had to work as wage labourers. Tomislav recalled that

there was poverty because there was no work, we worked peasants' fields, for example, I chopped wood when I wasn't any more than five or six years old to get half a kilo of beans for my mother to cook afterwards [...] We always lived poorly, in Rajka and in Babe, there the nearest shop was six kilometres away. Belgrade was the same, we were poor people, I started first grade then.

Petar remembered that his father would not let him go to school because he had to work to help earn an income for the family. 'My father wouldn't let me, and I wanted to. They made me look after



other people's cattle to help feed the family. After the war I went to a literacy course. In the forest I sawed wood so he could make tubs, and after that I herded sheep because I was the eldest. The others went to school.' Even though he believed there was less hunger after the war and the government stepped in to help, they still had to go without. Radovanka faced a similar predicament: her mother died after the war, so the father made all the children stay home to help with the farming so they could feed themselves. Radovanka was responsible for taking care of the home, cooking, and looking after the family, and her father and two brothers worked the fields and kept livestock.

The other interviewees also recalled the immediate post-war period being very difficult and not being able to meet basic needs, such as food. Achieving the bare minimum needed to survive was a priority, which required that all available hands, including those of children, contributed to the family's income. For most of them, this meant deferring or abandoning education.

## **Impact of the war on lives and victim compensation**

Attitudes towards the war varied. Some respondents were unable to express an opinion, with Radovanka saying 'I don't know, I'm not literate, I don't understand about those things.' By contrast, others, such as Petar, felt the conflict had had a decisive impact on their life courses: 'True, we couldn't grow personally, we were restricted in what we could do, we hid.' Most respondents believed this had been a traumatic experience for their families and themselves personally. Mija, for instance, felt that he had experienced much hardship the war as he had been 'left alone without a father', but that the conflict had also had a broader adverse impact on the Roma community, which suffered major loss of life and declined in numbers: '[...] and in this war now many children were killed. There aren't many Roma around now. When I came back from Germany, I couldn't believe how few were left.'



Apart from human and material losses, the conflict also caused mental anguish. According to Tomislav, ‘yes, we suffered damage and didn’t receive any help [...] It did affect us [...] It stayed in my mind.’ In many cases, the events that caused this trauma were retold and remembered by families or local communities, but were not institutionally memorialised.

All respondents believed the state had not recompensed Roma, either adequately or at all, for the sacrifices they made. They believe they received no compensation, either immediately after the war or to date, in any form, material or otherwise. For example, Radivoj felt that the suffering they had undergone went unremarked by the institutions and the government: ‘We had nothing to eat, the state didn’t care. It was every man for himself. The living was poor and there was all kinds of danger’, whilst Petar believed that some assistance was provided after the war ‘but not financially, they should’ve given us money or fuel or food’.

Even though they felt the public were aware of the wartime suffering of Roma, some respondents believed that their victims were not commemorated properly and that there was a danger they would be forgotten. In this context, Džemila said that ‘Roma specially suffered but now they won’t even mention them, that’s not nice, because they sacrificed themselves same as Serbs, they went to camps, and that’s not mentioned today. Nobody talks about Roma in the war, Roma children were killed then too, the Germans weren’t picky.’

## Key issues in old age

The respondents reported a number of key issues that came with advanced age. Income was the main such problem, as it was insufficient to meet the cost of living and the specific needs, mainly related to healthcare, of the elderly. Most of those interviewed believed this was a major issue. Radovanka reported she was living with her son and grandchildren and they were helping



one another, but that her pension was only 11,000 dinars. 'I paid in [to the retirement fund], my husband paid in for himself and for me. That's my only income and that's what I have to pay the bills, the medicines alone cost 3,000 dinars.' Mija spoke about his circumstances in the same vein: he lived alone and was not receiving any direct help from his children. 'My wife died and I'm alone, there's nothing I can do, the children have their own homes and I'm here alone.' He said it was difficult to make ends meet and that his life was

hard, I worked for 40 years, and my pension is 20,000. The bills keep coming, I have to buy medicines. A family can't survive on less than 2,000 dinars a day. Plus cigarettes [...] It's all expensive [...] I've got a loan [...] They pay your pension in one single instalment now. You can't get anything for free in this country.

Petar's pension, too, was too small to cover the costs of living. At the time of the interview he lived with his daughter and grandchild, and 'when we've got no money my son comes to help out a little. My pension is small, I use it to pay the bills.' He added his household lacked the basic amenities and were unable to heat their home, mostly lacking 'fuel, I can't afford to buy even two cubic metres of wood'. Džemila also reported her income was only 10,000 dinars and that she was lacking 'food, clothing, it doesn't matter, I'm old anyway, I need wood fuel, food, 'cause I'm diabetic, I've got a bad heart too, I've got bronchial asthma.'

Health was the second key issue cited. Radovanka reported having problems with her 'heart, my leg sometimes goes numb, medicines are expensive [...]'. Petar claimed he felt 'good, except my knees and hips', as he had suffered several falls and that finally 'a draught of air caught me and left my face all crooked'. Radivoj said he had chronic health issues as he had 'a sick ear, asthma, a heart condition and fainting fits'. Notwithstanding ill health, he was forced to mostly take care of himself because the grandson he was living with 'doesn't work, he takes care as much as he can. He gives me



medicines.’ Mija also reported being ill: ‘it’s not great, but I’m not giving up. I’ve got high eye pressure and blood pressure’.

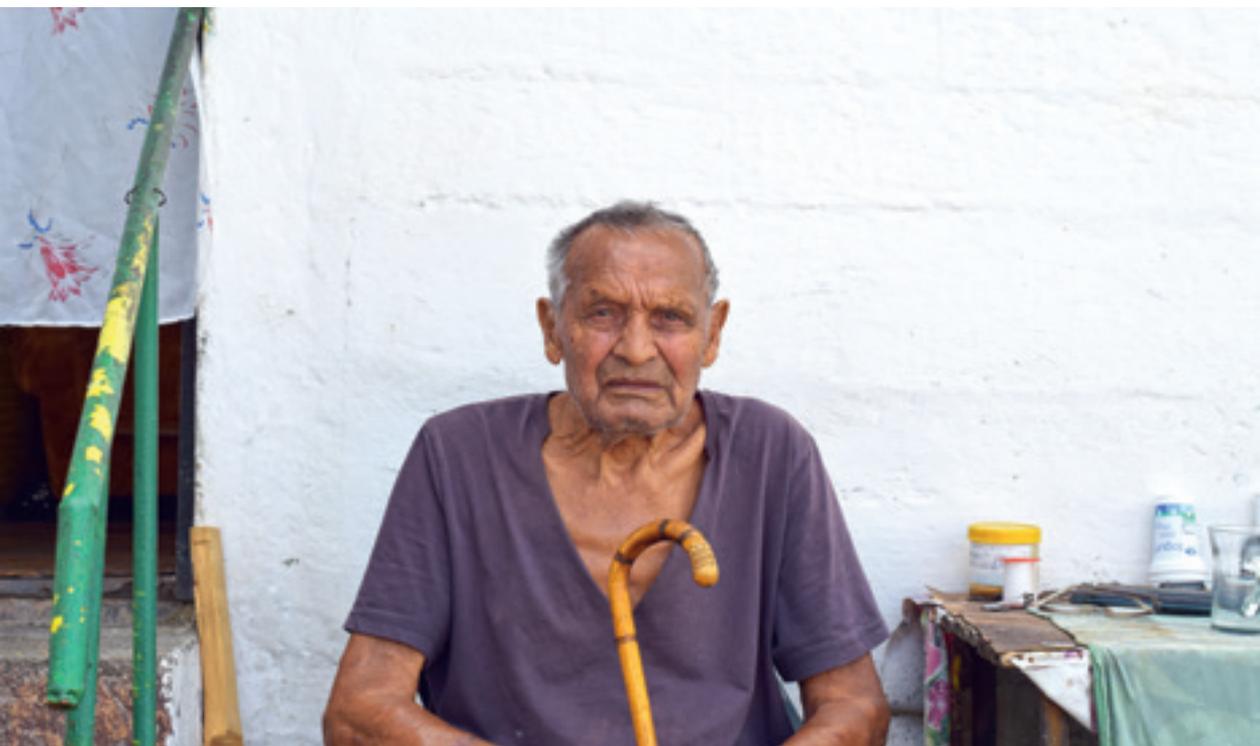
A minority, especially those who had worked abroad, did not cite financial problems. Kariman reported having had both a steady job for many years and part-time work as a musician. ‘We worked, we gave some thought to our old age. We led a charmed life, we played gigs every weekend, I’m a drummer.’ He also claimed he could take care of himself but that his wife was ‘a diabetic, she has poor eyesight and finds it difficult to stand, we have a housekeeper who comes twice a week.’

Loneliness was a problem, especially for those who lived alone. Said Radovanka: ‘Yes, you don’t have anyone to converse with. My son works when he’s got a job, when he hasn’t got one [...]’. Old age generally led to fewer social contacts, and interviewees whose children lived in their own households mainly had few people they could rely on to help and talk to from time to time.

One-half of all respondents reported their key concern was the welfare of their children and grandchildren. Their desire was for their children to lead good lives without worrying about being able to survive. In Zdravko’s words, ‘I want my children to be healthy and happy, that’s it.’ He saw the health of his descendants as a priority, his key wish being for his ‘granddaughter to get well’ and for himself to be able to buy fuel. Similarly, even though she currently did not have the money to meet her needs, Džemila was the most concerned about her grandsons because they were unable to find jobs and gain some stability in life.



# **POSITION AND NEEDS OF ROMA HOLOCAUST SURVIVORS**



PETAR BOGDANOVIĆ, NOVI SAD

This chapter will present the findings of in-depth interviews with Serbian non-governmental organisations active in addressing issues of Roma Holocaust survivors<sup>77</sup> throughout the country. The insights gained in these interviews complemented information on the impact of World War II on Roma life outcomes collected through the survey and interviews and allow a clearer assessment of the needs of this population. Lastly, as these individuals were aged 75 and above at the time of the survey, this effort obtained additional qualitative data on this elderly Roma cohort for comparison with the findings of research collected in the five towns and cities.

The interviews were conducted with the Novi Bečej Roma Association, based in Novi Bečej and covering the Vojvodina region; the Roma Youth Education Forum (OFER) of Bujanovac, currently active in Belgrade and previously also present in Southern Serbia;

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77 Assistance to Roma Holocaust survivors is funded by the Latcho Dives programme operated by the Foundation Remembrance, Responsibility and Future (EVZ). This programme was launched in 2016 to provide humanitarian and social assistance to survivors of the Roma genocide in Eastern Europe who ‘often live in poverty and are socially excluded and discriminated against. Until recently, they were among the “forgotten victims” of Nazi persecution. There is little support for this target group in their home countries or internationally.’ The programme covers Roma born before 9 May 1945. A total of 46 projects were approved between 2016 and 2019 in nine countries (Belarus, Moldova, North Macedonia, Poland, Romania, Russia, Serbia, Slovakia, and Ukraine). Detailed information is available online at [stiftung-evz.de/eng/funding/commitment-to-the-victims-of-national-socialism/latcho-dives.html](http://stiftung-evz.de/eng/funding/commitment-to-the-victims-of-national-socialism/latcho-dives.html), accessed on 12 October 2020.



the Association of Roma Intellectuals of Vladičin Han, which covers the neighbouring Southern Serbian communities of Surdulica and Vlasotince; and the Federation of Western Serbian Roma Associations, based in Šabac and active in Western Serbia.

These organisations provided a variety of humanitarian and social assistance services, ranging from senior clubs to free legal aid, support for exercising statutory rights to health protection and healthcare (including entitlement to one-off social assistance, fuel, and other rights), to additional services such as transportation to healthcare institutions, visits by public health nurses, help in the home, psychosocial support, and the like. Elderly Roma covered by this programme were also entitled to one-off urgent financial assistance that may be used to pay medical costs, co-pay for surgical procedures, and purchase hearing aids, chemotherapy drugs, and blood sugar monitors, as well as pay electricity and water bills, purchase essential clothing, beds, cookers, and the like. The programmes also included activities to memorialise Roma suffering in World War II. Organisations that provided these services were active in nearly all parts of Serbia, and as such their experiences were relevant for the broader population of Roma Holocaust survivors and elderly Roma in general.

## Transitional justice

The suffering of Roma is memorialised to a far lesser extent than that of other victims as part of Holocaust commemorations in the communities where these NGOs are active. Rather, a ‘culture of forgetting’ is fostered, in part because Holocaust victims (both Serbs and Roma) live either in areas where their neighbours fought on the side of the occupiers (Interview, Association of Roma Intellectuals) or in communities where racist attitudes towards the Roma minority are present (Interview, Novi Bečej Roma Association). ‘Roma suffering in World War II was never commemorated. On some occasions the young people in Leskovac observed the remembrance day, but this never happened in other municipalities in our region’ (Interview,



Association of Roma Intellectuals). This organisation reported they were unable to secure support to, for instance, collect oral histories about Roma forced labourers in the Mačkatica molybdenum mine in the municipality of Surdulica, and were unsuccessful in advocating the erection of monuments or memorials at sites associated with Roma suffering.

On 8 April 2019, International Romani Day, the Federation of Western Serbian Roma Associations was able to partner with the Šabac National Museum to deliver a lecture on the suffering endured by Roma in the Mačva region. That being said, there were no premises where historical information and artifacts could be displayed, this topic was not taught in schools, and ‘the municipality lacks information about suffering of the Roma, and all they’ve got came from us’ (Interview, Federation of Western Serbian Roma Associations).

This NGO reported previously being able to finance a wreath-laying ceremony at the Zasavica Memorial, but currently lacked the funds to do so. Individual organisations have collected oral histories of Roma Holocaust survivors, but have rarely been able to find someone to finance their publication. ‘Essentially, neither Roma communities nor the broader community recognise genocide as an important topic’ (Interview, OFER).

## **Socio-economic status of Roma Holocaust survivors**

Roma who benefited from services offered by these NGOs mainly led difficult lives, isolated from society at large and quite often without access to social protection and healthcare.

These individuals primarily lived alone, less frequently with spouses or in multi-person or multi-generational households. Many of the NGOs’ beneficiaries were women, but the organisations did not agree as to whether women were at greater risk than men.

‘Roma women are poorer, they have no assets because they’ve transferred title to them to children, they live in extreme poverty,



often have no running water in the home but just a tap outside, frequently have less power, and are exposed to much violence from their nuclear and extended families.' (Interview, Novi Bečej Roma Association)

Some respondents, however, reported women were more vulnerable because they were less likely to be literate than men, which made it more difficult for them to access services. Others drew attention to the legacy of socialist Yugoslavia in that older women were better covered with pension insurance than younger ones and much more emancipated: 'They all have a poor quality of life, but the legacy of communism is still visible' (Interview, Association of Roma Intellectuals).

Beneficiaries who lived in wealthier, more urbanised communities, such as for instance Šabac, generally had better housing conditions as they had access to running water, electricity, and district heating, and generally had proper bathrooms in their homes. By contrast, residents of rural areas, *mahalas* [urban Roma neighbourhoods], and substandard settlements on the margins of urban areas, rarely enjoy these amenities, have houses that are run-down and in disrepair, or rent their homes. This is the case in Vladičin Han, Surdulica, and Southern Serbia in general, but similar cases are also found in the northern region of Mačva. Except for the few cases cited above, most elderly Roma households have poor infrastructure connections, own old appliances and furnishings, and have little or no access to any institutions.

Individuals without personal documents or income were forced to work in the informal economy or beg even in extreme old age. 'We've got two women Holocaust victims who are forced to beg' (Interview, Federation of Western Serbian Roma Associations). Few of these NGOs' beneficiaries received pensions based on prior employment, survivors' pensions, or foreign pensions (for those who have returned from abroad). Most of those who did have pensions used to work in nearby factories and utility companies and



received retirement benefits of between 12,000 and 15,000 dinars monthly. Some also used to serve in the armed forces or worked in public administration. A number of these individuals enjoyed good housing conditions, chiefly because they were able to earn larger incomes as voluntary migrant workers abroad, 'but lack the funds to maintain the houses they've built and can't sell them because they're in *mahalas*' (Interview, Association of Roma Intellectuals). Elderly members of multi-person households relied on combined household incomes which were mainly made up of social welfare and childcare allowance payments (Interview, *ibid*).

Very often these elderly individuals were in effect left to their own devices, even though they had family members that ought to care for them as required by the Family Law,<sup>78</sup> but were hesitant to sue their children for neglect even though doing so could help them get government support.

Some beneficiaries used soup kitchens 'but food quality is often so poor that they only take dry rations' (Interview, Federation of Western Serbian Roma Associations). 'These people are in constant need of social support, they require all kinds of assistance, from basic necessities to personal hygiene kits, especially with this ongoing pandemic' (Interview, OFER).

## Access to social protection and healthcare

Some of the NGOs' beneficiaries were invisible to the state as they lacked personal documents and so could not access any assistance. 'We had this woman who died without having been registered anywhere. When people like those die, the authorities won't pay for the funeral, they're very good at shirking their responsibilities, so we can't even bury them with dignity' (Interview, Novi Bečej Roma Association). Some individuals had documents issued by countries

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78 *Official Gazette of the Republic of Serbia*, Nos. 18/05, 72/11 – Other Law, and 6/15, Article 8.



they fled during the conflicts of the 1990s, but not Serbian ones. In some parts of the country NGOs have been very active in helping people obtain personal documents and there the situation is much better, but some elderly Roma only have expired papers. This is a particular issue with health insurance cards for individuals living away from inner cities.

Even when they had valid documents, elderly Roma often missed out on social welfare, fuel, subsidised electricity, and other benefits they could legally claim owing to lack of awareness, complicated procedures, language barriers, or discrimination.

'It's a stigmatised population, used to getting out of the way [...] There's no co-operation with the local Centre for Social Work. Our people (beneficiaries) wrote them petitions, but they'd just hear them out and then tell them they're not entitled to the service they claimed' (Interview, Federation of Western Serbian Roma Associations).

The respondents reported discrimination was the same everywhere, regardless of how well developed a local community may be, 'and the Roma are exposed to it both based on ethnicity and as elderly people' (Interview, Association of Roma Intellectuals). 'If you're both Roma and elderly, you'll wait three months for an examination that usually has a one-month waiting list' (Interview, *ibid*).

Most elderly Roma in this group suffered from the same chronic non-communicable diseases as the majority population, 'but, unlike them, these are malnourished, more exhausted, and thinner than other older people' (Interview, Federation of Western Serbian Roma Associations). The respondents noted that Roma women in this population were in poorer health than the men, due to exposure to hard labour both during World War II and in later life. The Vladičin Han NGO cited the examples of a female beneficiary who had been taken to Bulgaria as a forced labourer during the war, and three disabled men who sustained bomb injuries in the conflict.

Respondents' views about the coverage of their beneficiaries by healthcare differed. Some reported that coverage was mainly



good, but that beneficiaries rarely visited doctors, mainly because they lacked money for treatment or as the services were physically inaccessible to them. As the project comprised a broad range of services, many individuals found they were suffering from hypertension or diabetes, had surgery they had previously had no-one to take them to, or received devices (such as asthma inhalers) they had been unable to afford. All organisations interviewed claimed psychosocial support was a major unmet need of this population, followed by legal support for protection from family violence. 'Those who live in families are exposed to neglect, deprivation, and family violence, bedridden or too weak to defend themselves' (Interview, Novi Bečej Roma Association).

Why were these individuals unable to access these services through regular procedures, public health nurses, mobile inclusion teams, or health mediators? There were many reasons for this; apart from the missing documents, poor access to institutions, and discrimination referred to above, systemic weaknesses also played a part. In Surdulica, for instance, there were two public health nurses to 21,000 inhabitants; in parts of the country where communities are far apart, financing arrangements for health mediators do not cover their travel to these distant locations; elsewhere, political changes have also done away with good practices instituted previously.

The primary problem cited by the respondents is the complete invisibility of elderly Roma to the system, both as a multiply vulnerable group and as Holocaust survivors. This invisibility starts from the very top, as this category is unrecognised either in the Strategy for the Social Inclusion of Roma in the Republic of Serbia, 2016-2025, or in LAPs. 'Nobody ever accounted for elderly Roma, not even in the new Strategy. They're completely invisible to Centres for Social Work, and when someone's invisible, there's no thinking about meeting their needs' (Interview, Novi Bečej Roma Association). 'Our beneficiaries are completely forgotten by both central



and local authorities, and only the services we provide can extend their lifespan' (Interview, Association of Roma Intellectuals).

Elderly Roma Holocaust survivors are a multiply vulnerable group characterised by poverty, restricted access to social and healthcare rights due to the absence of personal documents, ignorance of their rights, and discrimination. Even though they suffer from the same illnesses as other older people, malnutrition and lack of medicines result in poorer health outcomes. Major unmet needs of this population include social and healthcare services, such as psychosocial support and third-party care.

# **POSITION OF ELDERLY ROMA FROM THE PERSPECTIVE OF INSTITUTIONS AND EXPERTS**



MIJA PETROVIĆ, KRAGUJEVAC

The past two decades have seen increasing interest from institutions and experts across Serbia in the position of the elderly and the needs and challenges they face. This attention has given rise to efforts to collect data on this group's socio-economic position and design measures to reduce poverty, ensure better access to social protection and healthcare, and combat discrimination and violence against older people. A second aspect of this approach has involved deploying active ageing policies and introducing options that would allow the elderly to view old age as a time when they can remain as productive as earlier in life and satisfy a range of needs, including lifelong learning, employment, and development of a variety of talents.

This concept is also reflected in the National Strategy on Ageing, 2006-2015, which envisages a number of principles, including: lifelong development; enhancement and protection of all human rights and basic freedoms; economic and social security and quality of life in old age; full-fledged integration and participation by the elderly in the community; elimination of all forms of social neglect due to functional decline and disability in old age; gender equality; respect for diversity and, consequently, differing needs of the elderly population; promotion of intra- and inter-generational transfer; and solidarity, dialogue, and partnership at all levels, within Government and with NGOs, the private sector, and the elderly population itself.



Numerous well-researched studies have also emerged in the intervening period that deal with social inclusion of the elderly (over-65s) in Serbia, social protection in old age, discrimination against the elderly, financial abuse of older people, best practice and initiatives to improve policies for inclusion of the elderly, and the role of the non-governmental sector in providing services to the elderly population and policymaking at the local level. **Nevertheless, no strategic document nor any of the numerous studies reviewed as part of the desk research effort for this study refer to elderly Roma or devote attention to examining their needs. Moreover, the information available on Roma Holocaust victims is rudimentary at best.**

Interviews were conducted as part of this study with officers of the Ministry of Labour, Employment, Veterans' and Social Issues (MoL), National Social Protection Agency, and the Dr Milan Jovanović Batut Institute of Public Health, as well as with experts at the Centre for Social Policy and the Red Cross who have done research into the protection of older people.

## **World War II veterans and Holocaust memorialisation**

According to the MoL, **there were no Roma amongst individuals entitled to benefits for World War II veterans, including the disabled (who numbered 57); of the nearly 1,000 people entitled to benefits under the scheme for civilians disabled in wartime, only two were Roma.**

The MoL is responsible for multiple events that commemorate the suffering of Serbs, Jews, and Roma in World War II, and one exclusively devoted to memorialising Roma Holocaust victims. The Remembrance Day for Victims of the Holocaust, Genocide, and other Victims of Fascism is observed on 22 April at three sites in Serbia and the region, Staro Sajmište (Serbia), Jasenovac Memorial Area (Croatia), and Donja Gradina Memorial Site (Bosnia and Herzego-



vina), where high-ranking delegations (including cabinet ministers) take part in ceremonies to commemorate the mass murder of Serbs, Jews, and Roma in World War II. All elementary and secondary schools throughout Serbia and a variety of cultural centres also organise events dedicated to fostering remembrance of the victims.

The Remembrance Day for Serbian, Roma, and Jewish Victims of World War II is commemorated annually in the first week of October, with the participation of the President of Serbia, Prime Minister, and Speaker of Parliament, and the **National Remembrance Day for Roma Victims of World War II is observed on 16 December** with a wreath-laying ceremony and a service of remembrance at the memorial site in Jabuka, near the town of Pančevo, attended by a cabinet minister.

## Coverage by social and health insurance

The **lack of data** is the greatest obstacle to monitoring the socio-economic position of Roma, as **such information as is collected is not disaggregated by ethnicity. The current information about the social and economic status of the Roma population is scant, outdated, poorly structured, and incomplete.** Research done to date into old-age poverty has not focused specifically on the Roma, which was only to be expected as the nature of the information available did not allow identification of any data specifically referring to the Roma.

The invisibility of elderly Roma is also rooted in the widespread view that the Roma population is primarily youthful, with individuals rarely living to beyond 65. 'Thus, for instance, we've got positive action measures designed to help younger Roma take part in education, but no similar policies are in place to make care homes more accessible' (Interview, National Social Protection Agency).

**The National Pension and Disability Insurance (PDI) Fund lacks information about the ethnicity of its beneficiaries,** meaning there are no data on the coverage of Roma by pension and disability



insurance and their pension incomes. For the same reason, the MoL does not possess data on the types of and coverage by social protection measures used by elderly Roma.

Data on the extent of coverage by pension insurance are disaggregated by gender and type of pension and are therefore suitable only for drawing indirect conclusions about the population examined here. In late 2019, according to the MoL, 95.9 percent of all men and 85.6 percent of all women aged 65 and above were receiving old-age, disability, or survivors' pensions, whereas 4.1 percent of men and 14.4 percent of women in this group lacked any pension income.

**Issues with pensionable service are widespread in the general population and do not affect the Roma disproportionately.** The MoL estimates that some 10 percent of the elderly population, or about 150,000 people, had been inactive earlier in life. The oldest cohorts contained the largest proportions of uninsured individuals, with women particularly likely to lack coverage due to their shorter employment histories (Communication, MoL).

The interviewees noted that **the social protection system is well designed to recognise vulnerable elderly individuals and their needs.** They felt that, the same as other older people, the elderly Roma were a heterogeneous population with a wide variety of needs. Nevertheless, **structural discrimination and widespread illiteracy** made it likelier that elderly Roma would be denied services they were legally entitled to. This issue was connected with the **'invisibility of laws'**, the poor awareness amongst elderly people in general of the statutory mechanisms that allow them to access services (Interview, Red Cross). One example cited was the under-utilised Article 22(11) of the Health Insurance Law, which allows Roma to receive the broadest possible extent of healthcare.

The experts who took part in interviews agreed that the key issues were the material status of this population; the needs of elderly people for support, based on their individual circumstances; and the



ability of local-level authorities to provide the appropriate services based on the awareness of each beneficiary's specific needs, rather than on considerations of ethnicity. However,

'challenges posed by ageing are all similar but overlie different social foundations, coverage by pension insurance is less extensive due to traditional participation in the informal labour market and lower educational attainment, poorer health, and greater functional decline, and, hence, greater dependence on the family' (Interview, National PDI Fund).

**Some institutions have already drawn attention to their lack of ability to plan policies in the absence of appropriate data on the Roma.** For instance, as early as at the drafting stage of the Strategy for the Social Inclusion of Roma, the Serbian public health authority noted the **lack of appropriate data on the health status of the Roma population** (Interview, Dr Milan Jovanović Batut Institute of Public Health), which precluded effective planning of public health policies and made it impossible to design appropriate monitoring indicators. The Institute of Public Health reported having only a limited set of data which supported the indirect conclusion that, for instance, Serbian doctors had undergone much training for working with ethnic minorities, including the Roma, but lacked information about the health status of elderly Roma, coverage of Roma by preventive screenings, or their satisfaction with healthcare.

**In view of the high-risk lifestyles of the Roma population,** the prevalence of smoking and drinking, irregular nutrition habits and poor-quality food, lack of medicines, and generally poor living conditions, **a broader assessment is warranted of the interplay of these factors and their impact on treatment outcomes** (Interview, Dr Milan Jovanović Batut Institute of Public Health). For instance, more research is needed to understand whether the elderly Roma have a greater incidence of multiple chronic conditions (such as cardiovascular disease accompanied by high blood pressure, blood lipids, and the like), which greatly increases the risk of complications occurring.



**Elderly Roma were reported to be invisible to both institutions and Roma NGOs.** Just as NGOs do not deal with older women and violence, Roma organisations do not deal with the elderly Roma. 'When we did research on Covid-19 and asked Roma organisations and decision-makers about the group facing the greatest risk from the pandemic, we were told it was elderly Roma' (Interview, Red Cross).

Roma older than 65 faced a major issue with **quality of life in old age**. Although all elderly people may be said to have the same problems, the interviewees cited findings of small-scale research that indicated elderly Roma were only rarely involved in social activities in their communities and active ageing programmes such as senior clubs and learning and knowledge transfer programmes. 'It ought to be a two-way street, elderly Roma shouldn't be shut inside their own senior clubs but should visit other ones as well and have guests in theirs, they shouldn't be apart but should be involved in their town's community' (Interview, Red Cross). Similar views were also reported by NGOs looking after the interests of elderly Roma Holocaust survivors that have been organising excursions and outings for these groups.

**Social pensions** were reported as a desirable option to address lack of income in old age. These non-contributory pensions are considered in the draft Serbia Social Protection Strategy, 2019-2025, and were suggested as a possible solution in the Strategy on Ageing, 2006 to 2015, but were never brought in, even though there is broad agreement about such pensions being a major precondition for a dignified life in old age in the absence of other income (Kozarčanin, Milojević, 2016).

There are many ways in which social pensions can be introduced. One that is appropriate to Serbia's fiscal capacity is to create a separate module as part of the material family assistance policy that would target the elderly whilst relaxing eligibility requirements, especially in terms of means-testing. This option would allow older



individuals with no other income to be fully covered by financial social assistance and decisively contribute to reducing poverty. It would also eliminate the current issues with the lack of awareness amongst the elderly of opportunities for accessing social welfare, because the policy would be far easier to administer: once a beneficiary became eligible, the assistance would automatically renew at set intervals.

‘Any universal welfare credit is fine for substandard settlements, even universal pensions, but this creates disincentives for people working in the informal economy to formalise their status’ (Interview, Centre for Social Policy).

To conclude, interviews with institutions and independent experts specialising in issues of the Roma, elderly people, and poverty, revealed there was a shortage of data that could inform clearer conclusions about the needs of elderly Roma. **Non-contributory pensions were seen as the most effective measure for reducing poverty in the older Roma population, as well as amongst the general population of elderly individuals with no other income.** If the amounts involved were set appropriately, this measure would not disincentivise those who currently pay taxes and social contributions from continuing to do so. **Indicators to monitor the health status of the Roma, including elderly Roma, ought to be introduced to allow the design of targeted measures for improving the health of this population.** Transitional justice measures with both a symbolic and a material component should be directed at participants determined to have suffered damage during conflicts.



# **CONCLUSIONS: NEEDS OF ELDERLY ROMA AND THEIR DIFFERENCES FROM THOSE OF OTHER ELDERLY INDIVIDUALS**



LJUBINKA MILUTINOVIĆ, NIŠ

The theoretical framework utilised – life course approach and cumulative disadvantage/advantage and cumulative inequality theory – proved to be a useful analytical tool for assessing the position of the generation of Roma born during or immediately after World War II. The suffering that some of these families were directly exposed to were found to have impacted not only their lives, but also those of all Roma, branded an ‘inferior race’ during the war but also facing some discrimination after the conflict ended.

The review of quantitative data did not reveal a direct connection between family losses suffered during the war and education, material deprivation, and material position of the respondents, leading to two possible conclusions. Firstly, the Roma population was materially and socially vulnerable to such an extent after the war that family losses did not make a major impact on individual life opportunities. This means that greater or lesser poverty constituted nearly identical obstacles for the greatest part of the population examined that individual family losses did not make a major contribution to. Secondly, the sample frame, which was likely to have included more respondents with better than average living standards, did not sufficiently account for the most vulnerable categories. The testimonies collected in the qualitative part of the study bore out the first assumption, as they revealed that all children had been required to work to feed their families in the immediate aftermath of the war, which is why they were unable to get an education (regardless if they



had had a family member killed during the conflict). Not joining the education system meant these children were later unable, or found it less easy, to find employment and access their rights. This then led to an accumulation of inequality that became increasingly difficult to address. In old age, this inequality involved significant material deprivation, low incomes, poor living conditions, health risks, and insufficient access to social services these individuals are entitled to.

## **World War II, conflicts of the 1990s, migrations**

The wars of the 20th century and the migrations these generations participated in reflect both the challenges of the age and the tribulations faced specifically by the Roma population. Their ethnicity as Roma, the group generally at the bottom of the social ladder, greatly increased the risks they faced.

One in three Roma claimed to have had a family member or close relative who was murdered during World War II, and one in six reported a relative who had received disabling injuries. Men were affected much more than women. Even though this was a traumatic time for most Serbians, it was particularly trying for the Roma owing to the persecutions suffered by this ethnic group as a whole. The respondents were able to vividly recall this time 75 years later as they had had to flee and hide, witnessed murder and rape, and themselves faced the risk of torture and/or death. Some directly observed the killing or torture of their parents, and still others faced firing squads only to be spared by pure chance or saved by the kindness of strangers. Such traumas persisted for a lifetime and affected not only the lives of those who lived through them, but remained an anguishing memory for entire families and, more broadly, this whole ethnic group that has never been able to fully articulate its rights and receive redress for its suffering.

The conflicts of the 1990s displaced a part of this generation from their homes outside of Serbia, with the greatest number fleeing Kosovo and Metohija after the 1999 bombing campaign. For all



their cruelty, these wars caused less human suffering to the Roma than World War II, so one in 12 respondents reported having lost a close relative, and a nearly identical proportion claimed to have had a family member wounded. However, these conflicts caused great material loss, as more than one-third of the elderly respondents who had previously lived outside Serbia claimed to have lost property (most commonly homes, furnishings, savings, cars, and the like), and none of them received any compensation for this after hostilities ceased.

Slightly more than one-quarter of the elderly respondents reported having had to move in their lifetimes, either within the country or abroad. The majority of these, some two-thirds, migrated voluntarily, whilst one-third reported having been forcibly displaced. The greatest number of displaced individuals were compelled to leave their homes in wartime, but some were also forced to move as part of government resettlement efforts.

## **Labour transitions and pensions**

The labour transitions identified in this study reveal the vulnerability and highly unfavourable position of the Roma generation targeted by the research. Even though the socialist period resulted in modernisation and allowed many of these individuals to join the education system and the labour market, a large number of these individuals remained outside of institutional coverage, adversely affecting their life courses and impacting their material and social status in old age.

Here, whilst a significant proportion of respondents enjoyed permanent (open-ended) employment contracts, the Roma population was compelled to seek livelihoods in the shadow economy, even under socialism. Of those who did do work, one-half were employed exclusively on permanent contracts, about one-third combined formal employment with undeclared work, whilst one in five worked only in the shadow economy. Men were more likely to



have formal contracts and more stable employment arrangements than women, which revealed a large measure of inequality both in the labour market and in old age, as men were likelier to receive pensions. One in three respondents who claimed to have been in work reported being self-employed in the informal economy, with one-tenth having done undeclared work for an employer. Respondents' latest self-reported jobs were as unskilled and partly skilled workers, which require lower qualifications, are the lowest paid, and entail the most risk to health.

Two of the five elderly did not receive pensions, meaning they lacked basic income in old age and relied either on modest institutional support or on family safety nets. As men were more likely to have worked earlier in life, they were also more likely to receive pensions, whilst women more commonly benefited from survivors' pensions following the death of their husbands. A large proportion of those polled retired due to disability, indicating just how unsafe their working conditions had been, and allowing a glimpse into the health challenges faced by this generation as it ages.

Worryingly, the share of the elderly population receiving pensions has declined with time, meaning that future generations will in all likelihood face even greater financial risks in old age.

## **Material living conditions**

The material living conditions of this population best revealed the position of the elderly. A large proportion of older Roma lived in very poor circumstances. Nearly one in five lived in substandard settlements, with no access to asphalt concrete roads; one in ten occupied homes not built of masonry, and many lacked the basic amenities and appliances (running water, electricity, refrigerator, washing machine, sewerage, telephone connection, and the like). One-half of those polled reported they could not finance monthly living expenses, and were much less able to meet unexpected costs and afford annual holidays and appropriate food and heating, than



the general population. Another key challenge for this group was their distance from healthcare institutions and pharmacies.

The elderly Roma were found to be at much greater risk of material deprivation than both the general Roma population and the general population of over-65s, which shows policies must particularly focus on these issues.

Women were an especially at-risk segment of this already highly vulnerable and deprived group, as were individuals who lacked any formal education or had completed only elementary school, and those who lived in single-member households. All of these categories were increasingly exposed to poverty and material deprivation as they aged.

Pensions have proven to be a major contributor to preventing poverty and material deprivation, even though low pensions are certainly no guarantee of making ends meet. A secure income in old age allows individuals to plan and structure their activities and so take better care of themselves, others, and their households.

## **Social protection**

In the past, access to social rights was often hindered by missing personal documents. This issue has now been resolved to a large extent (or in some cases never posed a problem due to the more inclusive legacy of socialism), but many elderly people still lacked access to or did not use social protection services. Apart from the substantial proportion of the materially deprived who reported not using regular or temporary financial or other assistance, many claimed never to have heard of these types of support at all. The relatively limited use of services targeting the elderly population was found to be an even greater challenge. No social protection service aimed at older individuals was reportedly used by more than 10 percent of those polled; in addition, at least one-half of all respondents claimed to be completely ignorant of any of the existing social policies. Interestingly, some services, such as geriatric



assistants, were reported to be used more commonly by those who were not materially deprived, which may reveal some discrimination when these services are approved. Elderly severely materially deprived respondents reported they could benefit from care homes, but lacked the funds to have themselves admitted.

Key issues faced by elderly Roma with the social protection system are their poor awareness of the available services, the system's limited reach and coverage, inadequate targeting by social authorities when approving access, and lack of funds for some services, such as care homes. Those who these services are actually intended for – the materially deprived and those lacking incomes – were found to be especially at risk.

## Health status and healthcare

The self-reported health status of the elderly Roma was close to the average for the general population, but objective indicators revealed they nevertheless faced elevated health risks. The findings also showed that this population assessed its health as being slightly better than it actually was, which may lead to delays in visiting doctors and receiving appropriate treatment. A little under one-half of those polled reported feeling able to undertake daily chores, whilst informal family-based safety nets were seen as their key form of support.

Three out of every four elderly individuals claimed to suffer from a chronic illness, with the proportion increasing with age. Materially deprived individuals and women were more likely to face risks to their health. The incidence of serious and fatal chronic disease in the investigated group was much higher than in the general over-65 population, with a particularly worrying likelihood of these persons suffering from cancer and cardiovascular diseases such as myocardial infarction, stroke, and the like.

Even though many complained of chronic illness, relatively few reported regularly visiting appropriate medical specialists. One par-



ticular cause for concern was the inability to afford prescribed treatment. Lastly, only a minority of elderly Roma attended preventive medical examinations, even though doing so would greatly reduce risk and allow any conditions to be detected early.

Respondents with lower educational attainment and the materially deprived were less likely to undergo regular physical examinations with their GPs, preventive examinations, and assessments by medical specialists, and were less able to receive appropriate treatment, which meant they faced greater health risks.

## Discussion: social and transitional justice mechanisms available to policymakers for addressing the challenging position of elderly Roma

The choice of decision-makers to select transitional justice measures for a society is a complex issue. When considering these options, countries can rely on best global practices and top-down arrangements, which is commonly the case with states that receive assistance from the donor community in their efforts to institute transitional justice mechanisms. The strength of this option is that it permits transfer of knowledge that is often sorely lacking in societies grappling with such complex issues for the first time, and its weakness lies in its external initiation and design, which can lead to disregard for the voices and communities affected by violence (Miller 2008; Cavallaro and Albuja 2008). By contrast, **local and participatory approaches to transitional justice** entail consultations and **involvement by the civil society and local communities**; these methods are believed to be sound options for ensuring legitimacy of the transitional justice process (Lundy and McGovern 2008; Greenstein 2020).



The New EU Roma Strategic Framework 2020-2030 makes room for discussing the Roma Holocaust, antigypsyism, and discrimination simultaneously, both in historical perspective and as part of on-going social inclusion measures. In Serbia, there exists an opportunity to significantly improve the body of knowledge and social dialogue about the historical suffering of the Roma in the region, the legacy of the Roma Holocaust (Pissari 2014; Cvetković, 2020), and the consequences of the 1990s conflicts on the social inclusion of Roma. The need to do so is all the greater as these issues have yet to be settled conclusively and remain the focus of advocacy by the Roma community.<sup>79</sup>

The EU's Recommendation on Roma equality, inclusion and participation<sup>80</sup> acknowledges the specific historical contexts of member and candidate countries that may differ significantly from one another owing to the legacy of socialism and the pathways to Roma social inclusion in the recent past (Marushiakova, Popov, 2015). If it chooses to align its national framework with that of the EU, Serbia can select measures that will simultaneously address both outstanding issues of transitional justice pertaining to a variety of historical periods and the current needs of the Roma.

The participatory approach suggested by the Recommendation promotes broad-based societal debate about the root causes of the partial failure to socially integrate the Roma, and makes room for victims to be consulted and impose their views (Robins 2011; Pham *et al.*, 2007; Vinck and Pham, 2008; Leplante, 2014). It also entails continued co-operation with the civil sector in designing and implementing social inclusion measures that was also encouraged in the EU's previous Strategic Framework to 2020.

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79 For instance, the latest Roma protests in Belgrade amongst other issues focused on memorials to the [1912-1913] Balkan Wars and World War I. See 'Romi obeležili godišnjicu ubistva dečaka Dušana Jovanovića, održali i protest', N1, 18 October 2020, available online at [rs.n1info.com/Vesti/a662045/Romi-obelezili-godisnjicu-ubistva-decaka-Dusana-Jovanovica-odrzali-i-protest.html](https://rs.n1info.com/Vesti/a662045/Romi-obelezili-godisnjicu-ubistva-decaka-Dusana-Jovanovica-odrzali-i-protest.html), accessed on 19 October 2020.

80 COM(2020) 621 final.

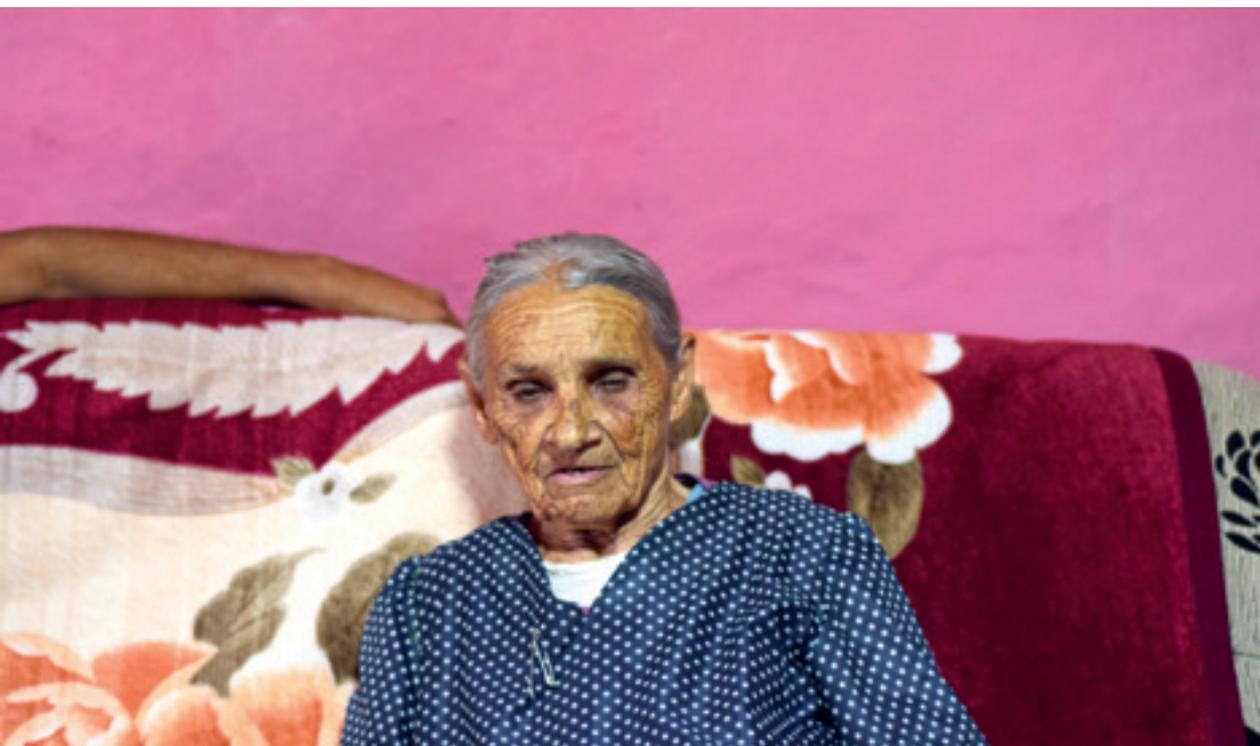


Amongst other considerations, the Recommendation suggests **designing Roma social inclusion measures that reflect the needs of sub-groups and diversity within the Roma population, including elderly Roma**, whose needs are not currently recognised by Serbia's strategies for the social inclusion of Roma.

Lastly, **such a mix of transitional and social justice measures entails a two-pronged approach:** on the one hand, encouraging the Roma community to make use of social inclusion measures at its disposal, and, on the other, promoting tolerance across society as a whole and equal access to rights that have been denied to the Roma throughout history.



# **RECOMMENDATIONS FOR NATIONAL AND LOCAL POLICIES**



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**T**his final chapter will outline proposals for improving the position of elderly Roma (over-65s) at the national and local levels. In designing these policies, we relied on recommendations of the Recommendation on Roma equality, inclusion and participation that accompanies the EU New Strategic Framework, 2020-2030; the existing Serbian strategic framework for social inclusion of the Roma; findings of this study; and experiences of NGOs assisting Roma Holocaust survivors.

Serbian legislation endeavours to adjust social protection and healthcare arrangements to the specific context of each community and to devolve significant powers in this area to local authorities. As such, these policy proposals encompass both the national strategic framework and **measures that may be adopted as part of local social inclusion instruments targeting elderly Roma, such as strategies and LAPs, local councils tasked with improving the position of the Roma, or local health councils.** It ought to be noted, however, that it is quite often impossible to bring such policies down to the local level unless there is national consensus about strategic avenues for action (such as collecting data or identifying vulnerable groups), or if funds are lacking for particular activities, and finance quite often depends on the total available budget envelope. **This study also demonstrated that such an approach is necessary as for many policies, chiefly in social protection and healthcare, greatly depend on the relevant decisions being incorporated into**



national action plans for social inclusion of the Roma, but at the same time necessitate sufficient room for both local initiatives and co-operation between local authorities and the non-governmental sector in the development of specific support measures targeting the Roma aged 65 and above.

In addition to policies directly targeting Roma, there are also range of possible measures aimed at the elderly population in general that would also have positive effects on older Roma. These include amendments to social protection regulations to introduce social pensions, penalise violence against the elderly as a criminal offence, and, in general, better recognise the needs of the elderly, in terms of both protecting them from poverty and discrimination and promoting active ageing and inter-generational solidarity, defined as fundamental support provided by one generation to another through care, attention, and exchange of services, and not limited to one family but extending across communities, societies, and states (Todorović *et al.*, 2019).

As this study was chiefly aimed at assessing the position of Roma Holocaust survivors and the post-war generation of Roma (who are now aged 65 and above) and recommend a mix of transitional and social justice policies targeting this multiply vulnerable group, we believe we ought to now touch upon the reasons that induced us to seek for solutions closer to a view of transitional justice as social rather than restorative justice.

In this study we note the grounds for our belief that respondents were unlikely to receive financial reparations for either World War II or the conflicts of the 1990s, especially as financial or in-kind compensation is a complex issue and entails lengthy procedures, and the intended recipients would probably not live enough to see such indemnification given their advanced age and poor health. Even if these claims could be collected, they would apply to very few Holocaust survivors and their families, so the objective of restorative justice understood in a broader sense – to heal victims’



**wounds – would not be achieved.** As such, we placed emphasis on restorative justice policies that focus on collecting testimonies of the past and nurturing collective remembrance that matter both for all generations of Roma and for society as a whole.

The findings of the survey reveal that life courses of Roma aged over 65 were affected by both human and material losses in two wars and, more generally, difficult living conditions on the margins of society. As such, we felt that it made more sense to design transitional justice measures at the local level that would **ensure the broadest coverage of elderly Roma and match their current needs.** The appropriateness of this approach is borne out by the experiences of the few NGOs focusing on the needs of Roma Holocaust survivors, which corroborate the findings that very few Roma use social protection and healthcare services available to them, either because they are unaware of these opportunities or due to being multiply discriminated against as both Roma and the elderly.

**As noted above, such an extensive approach to transitional justice is open to criticism on multiple grounds.** Firstly, elderly Roma may be viewed as a heterogeneous group with a wide variety of requirements, so it may be unjustified for the whole population to be targeted by a specific set of measures tailored to the needs of the most at-risk individuals in this category. In this case, other members of multiply vulnerable groups in identical or similar positions may be disadvantaged by not being covered by such measures. Moreover, it could be argued that the choice of this approach was an inefficient use of taxpayer money, especially as the taxpayers were not legally liable for the human rights abuses against Roma in the two conflicts.

Indeed, the survey revealed that some elderly Roma are in a position similar to that of other older and poor Serbian nationals. The latter, however, are very few in number, whilst **it is clear that the vast majority of elderly Roma are in an exceptionally poor material circumstances relative to the majority population and**



the general population of the elderly, and are exposed to multiple discrimination on grounds of both age and gender, with Roma women also being discriminated against due to their gender.

Current local mechanisms, such as LAPs, permit needs assessments that inform **specific measures aimed at mitigating the exclusion and inequality of elderly Roma** whilst still giving local authorities sufficient latitude to deploy these policies to address other elderly and poor members of the community as well. Moreover, focusing attention on the distinctions of the various sub-groups of the Roma population that have hitherto been completely invisible, such as older Roma, contributes to both better understanding of their needs and attaining the overall objective of their greater inclusion in society at large.

The measures proposed here may also be combined with other policies that this study does not specifically focus on, such as public calls for applications to co-finance media content at the national and local level,<sup>81</sup> which allow awareness-raising at the community level of historical discrimination, segregation, and persecution of the Roma.

## Data collection

As demonstrated, **elderly Roma are nearly completely invisible to policymakers, social protection and healthcare experts, and Roma NGOs**, resulting in their total exclusion from the **Strategy for the Social Inclusion of Roma in the Republic of Serbia, 2016-2025, and other strategies addressing social inclusion of the Roma**.

As such, this section opens by underlining the **importance of collecting data about the Roma community at all levels of public administration, both centrally and locally**, and promoting research into inclusion, lifestyles and customs, and status and identity of the Roma, which has already been identified as lacking from the Strategy.

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81 Law on Public Information and the Media, *Official Gazette of the Republic of Serbia*, Nos. 83/14 and 58/15.



The objectives of the Strategy acknowledge the need for developing a methodology for collecting data on the exercise of social protection rights disaggregated by ethnicity; establishing regular monitoring of the exercise of these rights by the Roma through review of reporting by the National Social Protection Agency, the MoL, and the authority formally tasked with implementing the Strategy; and annually surveying Roma experiences with social protection services. **These goals, however, do not clearly indicate whether the data would be disaggregated by age, and our proposal is to include this requirement in any future methodology.**

An example of a data collection effort that provides findings suitable for disaggregation by ethnicity that are relevant to the issue examined here is the **National Programme to Safeguard and Improve Health of the Elderly**,<sup>82</sup> which includes the requirement for a database of up-to-date health-related, demographic, economic, and other statistics of the over-65 population.

Additionally, the new **Poverty Reduction Strategy or Strategy on Ageing** ought to **allow more sophisticated analysis of the position of the elderly, especially those without income, including data disaggregated by ethnicity.**

Given the lack of data disaggregated by ethnicity, we believe **current research efforts ought to consider including indicators on elderly Roma**, similarly to the data on Roma women and children collected in the Multiple Indicator Cluster Survey (MICS) conducted by UNICEF and the Serbian Office of National Statistics. Such studies ought to follow a uniform methodology that would allow the indicators to be monitored continuously and consistently and **permit the consideration of affirmative action measures targeting the elderly Roma**, such as preferential access to care homes and rehabilitation facilities.

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<sup>82</sup> *Official Gazette of the Republic of Serbia*, No. 8/17.



**The Ministry of Health and the National Institute of Public Health should monitor and regularly report on the health status of elderly Roma**, including the number of these individuals vaccinated against seasonal flu, receiving regular physical examinations, attending diabetes counselling centres, and undergoing preventive screening for chronic non-communicable diseases, including cancer (colon, breast, and cervical cancer), cardiovascular disease, and diabetes, and also ought to track Roma satisfaction with healthcare and other relevant indicators. These commitments are already part of the Strategy, but have not been met due to the lack of ethnically disaggregated data.

The recommendations outlined above follow the template of the EU New Strategic Framework, 2020-2030, which suggests that **inclusion policies should be aligned with the various specific needs of sub-groups of the Roma population which cannot be identified unless the appropriate data are available.**

## **Access to human rights, antigypsyism, discrimination**

As revealed by both this study and other research, Roma in general, and especially elderly Roma, are **insufficiently aware of their rights and frequently accept discrimination as an established fact that cannot be changed or are afraid of reporting it** (Poverenik, 2020). This is particularly true of discrimination in access to social protection, and, to a slightly lesser extent, healthcare (ibid). This survey has found a number of shortcomings identified as early as in the drafting stage of the national Roma social inclusion strategy that are yet to be addressed, including denial of complete information on beneficiaries' rights and roles, discrimination by social workers on multiple grounds, and lack of appropriate action.

The EU Recommendation suggests that efforts to combat anti-gypsyism and discrimination should be made a key inter-sectoral/horizontal priority across all sectoral Roma inclusion policies. As



such, we recommend **amending the Free Legal Aid Law to recognise NGOs as providers of free legal aid**, alongside lawyers and local authorities' legal aid units,<sup>83</sup> and should also entitle victims of discrimination to free legal representation. Non-governmental organisations specialising in free legal aid for the Roma, including help with applying for social welfare, accessing services (third-party care, one-off assistance, and the like), and lodging discrimination complaints with the Equality Commissioner, have reported substantial success in this regard (Kovač, Jakobi, 2019).

In this context, we also support the proposal set out in the Draft Anti-Discrimination Strategy, 2020-2025,<sup>84</sup> **to introduce explicit anti-discrimination provisions into the Public Administration Law, Civil Service Law, and Local Government Law**, and to continue enhancing anti-discrimination competencies of civil servants with the aim of ensuring appropriate and consistent interpretation of anti-discrimination rules and keep track of discrimination cases at all levels.

Lastly, we would also like to draw attention to the fact that the **Law on the Elderly** is yet to be adopted in spite of being envisaged in the previous Anti-Discrimination Strategy.

## Social inclusion

National strategies of EU member states are up for review in 2021, and Serbia is also highly likely to either revise its Strategy or amend the relevant action plans so as to align its policies with the EU Recommendation. This study has shown that it is **imperative to promote inclusion of elderly Roma, as a particularly vulnerable group**, either in a revised Strategy or a 2019-2020 Action Plan, which is yet to be enacted.

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83 *Official Gazette of the Republic of Serbia*, Nos. 129/07 and 83/14 – Other Law. See also Local Government Law, Article 20[11].

84 Drafting of the Anti-Discrimination Strategy, 2020 to 2025, available online at [minrzs.gov.rs/srb-lat/konkursi/izrada-predloga-strategije-prevencije-i-zastite-od-diskriminacije-za-period-od-2020.-do-2025.-godine](http://minrzs.gov.rs/srb-lat/konkursi/izrada-predloga-strategije-prevencije-i-zastite-od-diskriminacije-za-period-od-2020.-do-2025.-godine) [in Serbian].



As suggested by the findings of this study, future action plans to implement the Strategy for the Social Inclusion of Roma **ought to introduce measures aimed at improving the living conditions of elderly Roma in terms of housing (Objective 2), healthcare (Objective 4), and social protection (Objective 5).**

**Housing.** The variety of initiatives intended to improve housing conditions for the Roma financed at both the central and the local level ought to specifically target elderly Roma households as a particularly vulnerable group. These individuals do have access to entitlements in this regard formally but not in practice.

**Social protection.** Here, **powers of local authorities' teams tasked with implementing the Roma social inclusion strategy ought to be clarified so as to specifically extend to elderly Roma.** Centres for Social Work should also co-operate with civil society to engage directly with elderly Roma in Roma communities by providing accurate information and helping these individuals access their rights.

**The needs of elderly Roma ought to be assessed** to expand the existing range of services or adapt current policies and programmes to the variety of beneficiaries' characteristics and requirements. Experiences of NGOs active in helping Roma Holocaust survivors indicate that this population is in need of psychosocial support, geriatric assistance, and better access to public health nursing. Other social rights also ought to be promoted that are under-utilised by the Roma, such as **social clubs for the elderly and other complementary programmes that promote healthy lifestyles in old age that the Social Protection Law allows to be funded by local authorities.** The design and implementation of these new services are based on the assumption that CSWs play a proactive role and collaborate with other local policymakers. Since CSWs in practice rarely play this role, LAPs for Roma inclusion should promote greater involvement by local Roma co-ordinators and NGOs with long-standing experience in advocating Roma interests (Kovač, Jakobi 2019). Doing so would



allow more consistent delivery of existing services and identification of needs for new policies and programmes targeting elderly Roma.

**The Social Welfare Law could also be leveraged to set up an emergency fund** that could finance elderly households' purchases of essential appliances, partially finance medical devices and medications for elderly Roma unable to afford the required co-payments, and help pay for household repairs. In addition, **inter-generational centres** could also be established (in line with principles of inter-generational solidarity) where people of all ages could gather to share their culture and knowledge (such as traditional arts and crafts, including wooden tub making, a skill passed down from generation to generation in Roma communities) and help one another. Other initiatives could include empowering Roma to master digital skills and/or giving them alternative access to digitalised services; fostering self-help groups where elderly people could help one another; empowering/sensitising Roma families to communicate with and care for elderly Roma suffering from dementia; and training Roma individuals in informal nursing skills.

**Local transitional and social justice measures.** We also recommend that Roma born before 9 May 1945 are given priority access to these services. Further, LAPs should earmark public funds for a variety of ways to commemorate victims of the Roma Holocaust and conflicts of the 1990s, such as memorial plaques, discussion events, research into and arts projects inspired by the Roma Holocaust, and development or construction of dedicated exhibition spaces at existing cultural centres or museums that memorialise the suffering of the Roma interactively, in a manner accessible to young Roma and young people in general.

**Violence against the elderly.** We recommend future inclusion of NGOs dedicated to issues of elderly Roma in local family violence teams, as expected to be envisaged by future amendments to



the Criminal Code,<sup>85</sup> as well as the introduction of family violence against an elderly and/or helpless person as a qualified form of the offence of family violence. Practical experiences related by NGOs working with the Roma minority indicate that elderly Roma are frequently victims of neglect and family violence, and so their protection would greatly benefit from such long-overdue amendments.

**Social pensions.** Even though all measures outlined above would undoubtedly improve the quality of life enjoyed by elderly Roma, **their extremely poor coverage by pension insurance and social protection means social pensions are a key option for lifting these individuals out of poverty.** As noted above, the Serbia Social Protection Strategy, 2019-2025, currently in development, envisages the introduction of these non-contributory pensions that would **target poor older people living in elderly households** and be part of the financial social assistance policy pursuant to a relaxed set of means-testing criteria. According to estimates, social pensions would be slightly greater than current financial assistance extended to the elderly. This measure would allow full coverage of the Roma population by financial social assistance.

**Healthcare.** Elderly Roma should receive better access to health-care services and be allowed to fully exercise their right to care in the Serbian national health service. Measures in this regard include **broadening the remit of health mediators** by explicitly giving them the authority to care for the health of elderly Roma. Moreover, indicators of health status and activities undertaken to improve the health of elderly Roma ought to be captured by the social inclusion database. This change requires **amendments to the Healthcare Law** so that health mediators can formally become part of the national health service, an increase in the number of health mediators, both male and female, in the health service, and greater funding for medi-

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85 *Official Gazette of the Republic of Serbia*, Nos. 85/05, 88/05 – Correction, 107/05 – Correction, 72/09, 111/09, 121/12, 104/13, 108/14, 94/2016, and 35/19.



ators to allow them to travel to distant Roma households away from urban centres.

**The Ministry of Health and the Serbian Institute of Public Health should monitor and regularly report on the health status of elderly Roma**, including on such data as seasonal flu vaccinations, regular physical examinations, attendance at diabetes counselling centres, and preventive screenings for chronic non-communicable diseases, including cancer (colon, breast, and cervical cancer), cardiovascular disease, and diabetes.

**The reach of public health programmes amongst elderly Roma ought to be broadened.** Here, local authorities' public health plans should include objectives related to elderly Roma; mechanisms should be deployed to inform Roma about their rights to health-care services from health institutions and ensure they can access these rights; and group and individual counselling sessions should be offered to elderly Roma to advise them of their rights as patients in the health service.

As demonstrated above, elderly Roma in substandard settlements find it hardest to access healthcare. We therefore propose local authorities take advantage of their newly devolved powers to **introduce measures promoting accessible healthcare** for this vulnerable group. Local health councils, which should also include Roma representatives, should play a key role in proposing such policies.



# A WORD FROM THE AUTHORS



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**W**e conducted this research and produced this report wishing to shed light on a completely invisible Roma group and present convincing reasons why this particularly vulnerable category of elderly individuals needs to be accorded particular attention. We developed a comprehensive range of actionable proposals, based on national and European documents, historical background, and empirical data, that offer solutions for improving the position of elderly Roma, an especially threatened sub-group of the Roma community, which is itself one of the most marginalised and vulnerable minorities in our society. We will be highly satisfied to have at least partly succeeded in attaining this objective.

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