

# At this age...

Participatory research  
on life of the elderly in Serbia:  
problems and potential solutions

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## Introduction

Almost a quarter of the entire number of the poor in Serbia are elderly people over 65 (*Poverty Reduction Strategy Paper*, Belgrade, 2003). In order to recognize and better understand their problems and problems of their families, *Philanthropy, Caritas* and *Novi Sad Humanitarian Center* (NSHC), with the support from *Catholic Relief Services* (CRS), started a joint project in November 2004 named **“Wise Policy: NGOs and FBOs Improve Elderly Care”**.

Within the scope of the project, participatory research of needs and potentials of elderly persons was carried out. Also comparative analysis of best models of protection of elderly persons in Serbia was done. Active cooperation of partner organization “*Catholic Union of Elderly*” from Netherlands in this project contributed to sharing experience and information, mutual promotion and development of innovational models of care for elderly persons. At the same time, joint activities of religious organizations like Caritas and Philanthropy and NGO-s like NSHC will present foundation for new partnerships and welfare of society in all.

We hope that this Report is going to contribute to a better understanding of the problems elderly people face, but also of their potentials and capacities for improvement of their position in a society. We also hope this Report to be a valuable source of information for designing and planning future assistance programmes for the elderly, and therefore for improvement of the quality of their lives.

Novi Sad, September 2005

Project associates

## Background of the project

According to The World Bank and The Ministry of Labor, Employment and Social Policy of Republic of Serbia there is over 1.240.505 persons older than 65 years living in Serbia (around 16,5% of population). Total number of pensioners in Serbia is around 1,5 million or 20% of population. More than 10% of population in Serbia and Montenegro live in absolute poverty. On the scale of social endangered people elderly persons are in the second place.

There is a slightly higher number of poor people among pensioners than compared to entire population (10.9% vs. 10.6%). On the other hand, much larger number of poor people is found among total elderly population (older than 65) than among those who are pensioners (19.8% vs. 10.9%). (...) Poverty rate in elderly population over 65 is 14.8%.<sup>1</sup>

The Ministry of Labor, Employment and Social Policy is the only governmental institution responsible for implementation of social policy. All institutes relevant for social care of elderly operate under supervision of Ministry. Institutional forms of social care are carried out through Centers for social work and Homes for elderly and weak. Quality of services in these institutions depends on funds reserved for this purpose in state budget, but also on funds provided by local, municipal budgets that should cover part of the expenses. Because of lack of clearly defined roles and responsibilities between central and local government (and due to unfinished process of decentralization) central government often covers all expenses. This additional burden to central budget result in lower level quality of services for elderly persons and the others who depend on insufficiently financed system of social protection.

Aware of the problems that elderly people face, local NGOs and religious organizations in Serbia developed different activities in

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<sup>1</sup> Poverty Reduction Strategy Paper, Belgrade, 2003

order to improve quality and dignity of their everyday life. Non-institutional care for elderly is directed primarily on health care and other services that are provided to beneficiaries in their home. Lately, these caregivers are providing another kind of support by trying to enrich their social life. All these activities are not coordinated or supported by government, or are they coordinated between the NGOs and religious organizations that carry them out. The project are rarely based on the existing rights and needs of the elderly.

## Basic information about the research

### **The goal of the research**

Main goals of participative research and comparative analysis were to identify adequate models of social protection for elderly persons, to recognize problems that they face and to find possible solutions for those problems.

### **Participative approach**

Participative approach enables in creative way full participation of persons in process of learning about their needs and possibilities. It also provides their participation in necessary actions needed so the change could take place. By using this approach, it is possible to explore the problems of poor and to plan, implement and evaluate developing programs, projects and activities.

Participative research provides a possibility for learning new skills and knowledge which could be used in solving everyday problems. Also it offers people a chance to take part in future activities, it creates a feeling of ownership over project, it motivates them and it gives them strength for actions which lead to change. Those

involved in the research gain respect, an opportunity to promote their own development and importance. They participated in decision-making process and developed a responsibility during the course of action.

## **Sample**

Two hundred and sixty two participators took place in the research (159 female and 103 male). Those were elderly persons from both urban and rural environments, especially those from socially endangered category, consumers of social well fare, elderly persons from Homes for elderly persons, refugees.

Comparative analysis included 10 NGO-s, 7 governmental institutes and 4 religious communities that act in Serbia.

## **Methodology**

### **Focus groups**

Focus groups are specially organized groups of people who have similar socio-demographic characteristics and they are gathered in order to discuss about specific topics. Members of the group share their experiences about the discussed topic, and they try to compose trough the process of dialog the ideas and recommendations that could easily transform into actions that will bring changes in the future.

In the period between November 30 2004 and February 28 2005, NSHC, Philanthropy and Caritas carried out 27 focus groups:

- 19 in urban milieus – Belgrade (4), Novi Sad (3), Kragujevac (2), Kruševac (2), Kraljevo (2), Sremska Mitrovica (2), Vranje (1), Titel (1), Žabalj (1), Bela Crkva(1), Topola(1), Kula (1), and
- 8 focus groups in rural milieus – Kucura (2), Mošorin and Vilovo (Titel municipality), Đurđevo (Žabalj municipality), Mitrovčić

(Topola municipality), Surčin (Beograd) and Petrovo selo (Home for elderly persons).

Moderators of focus groups were Branka Kresoja (NSHC), Olga Pavasović, Maja Vranić (Philanthropy) and Katarina Crnjanski (Caritas).

Focus groups were organized in local offices of Homes for elderly persons, in one of the participators house and in facilities of Novi Sad Humanitarian Center, Philanthropy and Caritas. Atmosphere was good in all groups and participators were motivated and willing to contribute to work. Also they expressed hope that the result of the research will help improve quality of life of elderly persons in Serbia and they were thankful because someone finally asked them about how they live and what kind of problems they face. Most of participators were active all the time during focus group. Work in focus groups lasted in average 2h and 20min.

Different participative techniques were used during the work, like Venovs diagram, force field analysis, 'brain-storming', panel and group discussion.

Realization of focus groups provided data that answers following questions:

- ⇒ Which institutions, departments, organizations and associations provide services for elderly persons,
- ⇒ How available are their services
- ⇒ What kind of services are provided,
- ⇒ What kind of services are being used, what kind are not and why
- ⇒ What are advantages and flaws of existing services,
- ⇒ What quality is life of elderly persons, how would they like it to be, what stimulations do they need,
- ⇒ Elderly person's ideas, recommendations and suggestions for improving quality of life, services, care, help.

The following research methodology was used: Internet research, research of NGO's directory, telephone calls, interviews, analysis of reports from Geriatric Forum meetings. Questionnaires were prepared and e-mailed to the organizations and return information

were checked through telephone conversations.

Comparative analysis of existing models of protection of elderly persons was carried out during April and May 2005. It included 10 NGO-s, 7 institutes and 4 religious communities that act in Serbia. Caritas carried out the analysis of services provided by institutions, NSHC analyzed non-institutional models of protection of elderly persons and Philanthropy analyzed activities of religious communities in support of elderly. There were 9 face-to-face interviews and 16 telephone interviews conducted; contents of six reports from Geriatric forums were analysed, along with three Internet presentations and Directory of Non-Governmental Organizations issued by the Center for Development of Non-Profit Sector (CRNPS).

Following organizations and institutes provided information:

#### **INSTITUTIONS**

Home for old and pensioners, Kula  
LC "Center", Kruševac  
Center for social work, Belgrade  
Health center, Belgrade  
Clinical Hospital center "Bežanijska kosa", Belgrade  
City institute for house care of the elderly Belgrade  
Home for elderly persons, Kruševac

#### **NGO-s**

Red Cross Vojvodina  
Red Cross Novi Sad  
Association of Roma students, Novi Sad  
Malteser Germany, office in Novi Sad  
Progetto Sviluppo, Kragujevac  
Ecumenical Humanitarian Organization, Novi Sad  
Amity, Belgrade  
Lastavica, Pančevo  
Bread of life, Belgrade  
NSHC, Novi Sad

#### **RELIGIOUS COMMUNITIES**

Catholic religious community  
Jewish religious community  
Orthodox religious community  
Islam religious community

## Results of focus groups

### **Institutions, departments, organizations and associations that provide services to elderly persons**

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In every focus group health center was identified, and even more health facilities in the cities. Most focus groups identified Club/home/ association of pensioners, Novi Sad Humanitarian Center, Philanthropy and Caritas, local office/communion, Red Cross. Often are mentioned Homes for elderly persons, Emergency Service, Church and various NGO-s (local and international) and religious communions, Centers for social work (example of researcher: Centers are mentioned in Vojvodina only in places where local Center for social work realize program of care at home as a partner of NSHC<sup>2</sup>).

Regarding number and type of identified institutions that provide services to elderly persons large cities, especially Belgrade, Novi Sad and Kraljevo, are significantly different from smaller cities in which research took place. Beside various associations of pensioners, homes for elderly persons, NSHC, Caritas, Philanthropy, different kind of health institutes (from Health center to Institute in Sremska Kamenica and Military-medical academy), various NGO-s are being mentioned (Amity, Ecumenical humanitarian organization, Humanitarian center for integration and tolerance, Humanitas, Sweet home), also University for third age, Commissariat for Refugees, Association of the disabled workers, City library, UNHCR, Friends club, Lonely souls club, Union of blind and weak sighted, Circle of Serbian sisters, public kitchen, Center for the elderly for house care, Ministry for Social Policy...

In smaller towns, less institutions/organizations deal with elderly persons. Beside NSHC, Philanthropy and Caritas there are Centers for social work, Associations of pensioners, disabled persons, Women

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<sup>2</sup> NSHC's Home Care project "Open Door" is being implemented in municipalities of Zabalj and Titel. Services are provided for 186 old beneficiaries by 45 volunteers and 3 associates of Center for Social Welfare "Solidarity" from Zabalj.

Association, Church, Health center, Red Cross, Society of Singers (within Church)...

In villages, there are no such institutes, or there are only few of them. Beside Health center, local offices, Church, Home or Association of pensioners there is eventually Red Cross, NSHC and Caritas. For example in some villages (Vilovo, Mitrovčić) only place where they can ask for information is local office.

Example of researcher: NSHC, Caritas, Philanthropy are often mentioned because focus groups were mostly organized in municipalities in which this NGO-s realize their programs and projects.

Facilities providing assistance to elderly are Health Centers and other health facilities, Homes for the elderly, center for social work, and local community offices. Institutional models of care for the elderly relate mostly to the health and social protection; health insurance, social protection provided by Center for social work, accommodation and life in Homes for the elderly, benefit from the services provided by the Homes for elderly, organize elderly belonging to a certain local community office.

Non institutional models of care for the elderly are being offered by NGOs, both local (registered in Serbia) and inter-national residing in our country. These services relate, mostly to different programs providing psychological support or actual help in the house, house care, clubs and day centers for the elderly and to providing financial assistance. a smaller number practices advocacy for elderly while providing financial assistance to facilities for elderly practice only international donors.

All faith communities present in Serbia have organized services or projects for providing assistance to the elderly. Catholic community implements its programs throughout Caritas, Orthodox community throughout Philanthropy fund, Jewish community directly helps all elderly members of its community, while in Islamic community directly provides assistance to elderly members of its community in need of such assistance. Services that all the above mentioned provide are house care, center for day care, health protection

(counseling, mobile medical teams providing assistance to elderly coming to their home, house calls by volunteers, case by case assistance during hospitalization), Public kitchen, help telephone line.

## Availability of services

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Health center/ambulance, Red Cross, NSHC, Philanthropy, Caritas (in places where they carry out their programs they are most available), Church, Associations of pensioners are mainly available to everyone. Mainly unavailable are Homes for elderly persons, Pensioners Home/Club, Hospitals, local offices. It is often case that elderly persons do not visit this kind of institutions because they do not know if they could get some help and/or information there.

For most of them organizations that charges for membership, field trips or other activities are unavailable. In several groups as completely unavailable were mentioned Center for social work, Homes for elderly persons and Pensioners Home.

- ❖ "Center for Social Welfare, Pensioners' Association and medical patronage services are most available."
- ❖ "Among people, the best known is Pensioners' Association, but lot of the old people does not use their services because they have to pay a membership fee."
- ❖ "In Mitrovica village, beside local community building, there is no other place where the elderly could go. For everything we need, we have to go to Topola."

## Types of services that are used

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Every focus group identified medical services: basic checkups and supply and/or distribution of medicines in pharmacies. Most of groups identified installment paying for wood or food, companionship, distribution of humanitarian packages (food, hygiene, clothes). There are more services in larger cities. Beside already mentioned

exist: home care, help in home and house calls of voluntaries, psychosocial support and help (Caritas and NSHC are mainly mentioned). There are also cultural services mainly organized by NGO-s: cultural programs, literary evenings, entertainment, balls, music, visit to monasteries, theatre, concerts, reading of newspapers or books. There are all kind of health services, checkups, various educational programs (engraving, informatics...), legal help, material /financial help, free hairdresser, manicure, pedicure, bathing, free clothes washing, annual ticket for public transport, financial help for burials (Association of pensioners), installment paying for spa treatments...

Homes for elderly persons (in cities or villages) also provide larger offer of services. Beside already named there are lectures on various topics, organized transport to specialist checkups, trans-~~port~~ to other Homes for socializing, organized trips, they also provide infor-~~mation~~ about their rights, documentation...

In villages beside medical checkups, medicines and providing information trough Local communities, there are no other services. Only in several villages, additional services are provided mainly trough NGO programs. In some places it all comes to distribution of humanitarian help, but also in providing spiritual help (Serbian Orthodox Church).

- ❖ "I have benefits for local bus tickets, people older than 70 do not for bus transport pay at all."
- ❖ "In Pensioners' Association we can purchase low-price food and firewood, and they also organize trips and social gatherings..."
- ❖ "A volunteer (NSHC) is visiting me, she measures my blood pressure, brings me medicines... she is very good to me, she means a lot to me..."
- ❖ "Home visits and help in keeping a household, measuring blood pressure and blood glucose, provision of clothes and food, socializing, celebration, transport... (Caritas)"

## Types of services that are not being used

Participators mentioned services that exist but they do not use them, and they also provided reasons for this:

- Services of Homes for elderly persons – because they are expensive;
  - Services of Pensioners Home – because of various reasons: rooms are small and smoky which makes it difficult for chronic patients to pass time in them, they do not have a habit of going there, they do not have time for it, they are not going to the celebrations because they can not afford to participate, they feel bad because they can not afford to buy themselves a drink, coffee...;
  - Medical checkups and other health services – because they have to wait too long for them, administration is slow, appointments are necessary, most exams have to be paid for and they can not afford it;
  - Clothes washing services – because they do not have the strength to carry wet clothes home, in some places they charge for this services and they can not afford it;
  - Theatre, promotions, concerts – because they do not have anything to wear;
  - They do not use some services because they do not know that they exist or they find out about them too late. Part of the problem is that they are uninterested and uninformed.
  - They believe that others need some services more so they give advantage to those who are socially endangered (free meals, house care, medical treatment, free heating supplies, free theatre and movie tickets...)
- ❖ "They asked me to sign some papers in the hospital; later on I noticed that I signed my consent to cover all the costs of the medical treatment by myself."
  - ❖ "I can not bring wet laundry back home, it is too heavy for me and I live far away..."
  - ❖ "I don't use aid because it is for the most vulnerable,

- people, refugees, handicapped."
- ❖ "I know there are many people who are more poor than I am, and that is why I'm not asking for material aid."
  - ❖ "The waiting is very long (for medical check-ups), it is expensive, each examination must be scheduled..."

## **Advantages of existing services and models**

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Main advantage in cities is that these services exist, there is various numbers of them and they make life of elderly persons easier. Many services that NGO-s provide function better, especially in the field of social work because people who work there are educated, they have experience, they are well informed, interested and some services are better organized. They provide access to education to elderly persons.

In places where projects and programs of home care exist, advantages of this service are especially pointed out:

- ❖ "It's big help when someone opens the door for you (in psychological sense)."
- ❖ "You are assured, you have someone to wait for, someone to hope for."

Also, highly rated are services of transport to medical checkups and to the daily centers within some institutes and NGO-s. Making conversation with their own generation and socializing with them through various associations is also very significant to them.

Tenants in Homes for elderly persons point out that services that they provide makes their life easier. Administrative demands for entering Center are not complicated, and procedure is fast. Several groups mentioned advantages of some medical institutes – hospitals, emergency service – for example doctors are interested, care and kindness of the staff, efficiency.

In the villages elderly persons mostly point out as advantages of medical services – checkups that they receive, injections are provided to them at their homes when they cannot come alone to ambulance, there is a pharmacy in the village.

- ❖ "There is no waiting..."
- ❖ "Free meals are very important for people with low income."
- ❖ "Measuring blood pressure and blood glucose level at home, because I don't have to go to the doctor's and wait in line."
- ❖ "It's good that we have a pharmacy in the village." – the only advantage stated during a focus group in Mošorin village (municipality of Titel).

In addition, they approve installment payment of heating supplies and food because they could not afford to pay it all at once. Significant advantages of services provided by Pensioners Association are cheap voyages, field trips, visits to monasteries. In Đurđevo, they especially point out importance and advantage of the fact that someone is taking care of elderly persons (NSHC project).

Institutional forms of care for the elderly exist and are being implemented all over Serbia and with its range gather the biggest number of the elderly living in our country. Old people are best introduced to this form of care. Programs implemented in continuity are being financed by respective official authorities which guarantees them sustainability.

Non institutional forms of support (programmes implemented by non-governmental organizations) are usually being created in respect to the noticed needs of the elderly in the area of its implementation; these forms are very different between them and are turned to an individual. Based in such way, non institutional programs succeed to adequately respond to the needs and to adopt themselves to the same.

Faith communities exert great efforts to assist the elderly, being aware that programs for elderly are very needed in our society and that we need to develop them as much as possible. Good will and a

wish for mutual cooperation has been already showed with the aim to solve problems of elderly.

## **Flaws of existing services and models**

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A flaw stated most frequently in focus groups (almost in all places) is lack of information, which is the cause of some other problems in many cases.

- ❖ "One needs to know his rights, in order to be able to ask for something."

In cities, elderly person are not informed about available services, funds/donations for services provided by NGO-s are limited and there are no house calls. In addition, they are not informed about services provided by Homes for elderly persons and about the way they are carried out. They are not prepared for this kind of accommodation which create psychic trauma for them, their surrounding, their family and on the other hand it creates bad image for institute it self. Focus group participants living in a Home for the elderly said that they have heard some of their fellow-tenants saying: "I am ashamed to live in a Home".

Especially pointed out are flaws that relate to Health centers – elderly persons have to wait long time for appointments, they have to pay for analysis and medicines, technology is out of date, the staff is impolite. Almost every focus group mentioned that Emergency Service do not respond on calls made by elderly citizens. Inexistence of specialist service within Health Centers is pointed out as a big flaw.

In villages, most of the flaws are related to Health centers because they are beside local offices only institute that provide support to elderly persons. Recipes are handed out once a month, which is not enough for chronic patients, medicines, and checkups are expensive, working hours of pharmacies is to short. Some of participators feel bad because they have to pay for their medicines in spite of being blood donors (they gave blood over 40 times). They have big

expenses because they have to go to Novi Sad for specialist exams.

- ❖ "One has to wait for a long time to get medical services in Health center, sometimes the service comes too late."
- ❖ "Rudeness, corruption..."
- ❖ "The doctors in the hospital refer patients to private ordinations, and everything has to be paid there."
- ❖ "One needs to have connections both in hospital and in local medical center!"
- ❖ "They ask us about our age when we call the ambulance..."
- ❖ "Medical documentation is bad and complicated."

Although a certain level of quality of institutional forms of protection has been regulated by law, in practice sometimes these services are not being conducted as regulated, due to the lack of the interest of the service provider (small salary) and due to poor functioning of the institution itself and its control authorities. Elderly people are not adequately introduced with rights they can achieve in health or social care (neither are the services available, nor the prices of the same have been displayed in public places). Institutional form of the care is subjected to corruption and misuses and is very slowly subjected to changes.

In the area of non institutional care, which in Serbia exists in the wider range only for the past 10-15 years, the duration of the program is therefore limited and dependable of donations provided mostly by international organizations. That is why these programs don't have secured sustainability and what contributes to this is these non institutional models are not entirely accepted by government institutions and don't have financial or infrastructural support and are not a part of the overall system for providing support to the elderly.

Certain faith communities (e.g. Islamic) do not have organized programs for solving the problems of the elderly members of their community, due to the lack of the capacity for organized work. There is no existence of coordination between these kind of programs on the level of faith communities, and sadly the potentials

this kind of cooperation would create are not being used enough or are being wasted.

## **Sources of flaws of existing services**

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As sources of these flaws they mention: bad organization and inefficiency of these institutions, lack of funds, unqualified staff and incomprehension of needs and problems of elderly persons. Poverty in the country, bad political and economic state, various social problems in society, insufficient social help are also being mentioned. In addition, lack of solidarity, cooperation, communication and organization between the institutions are named as problems.

- ❖ “Elderly persons are neglected and they represent burden to the country.”
- ❖ “(Flaws are) ...within people – both those who use services and those who provide them.”
- ❖ “There is big demand for these services which result in people who provide them being without energy and impolite.”

Capacity of Homes for elderly persons is small and accommodation is expensive. Irresponsibility of individuals in certain places, lack of motivation, good will and solidarity towards elderly persons is also part of the problem.

In Health centers sources of problems are recognized in bad organization of work, insufficient number of doctors (in villages exist only one doctor which result in long lines), pauses are being made too often, staff is irresponsible and slow, medical administration is bad and hard to deal with, it is hard to make an appointment in the hospitals without references, corruption exists. Health funds are empty, even though employees have great responsibilities they are badly paid but “impoliteness is not always caused by small wages, it is part of character”.

## Quality of elderly persons life: how it is...

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Elderly persons' life is, how they say, hard and full of worries. They mostly suffer from chronic diseases; they do not have enough funds for medicines that are expensive as are laboratory analysis. Pensions are ("terribly") small, they cannot live on them and additional problem is that they are not being handed out regularly (*in villages pensions are mostly between 2.000 and 4.000 dinars, except for one participator*).

- ❖ "With 3.000 dinars I can buy wood, oil, half kg of sugar and I can pay electricity – that's all".
- ❖ "We have worked all our lives and now we cannot live normally"
- ❖ "It's good when we are not sick".
- ❖ "Life is no good – those who can stand on their feet can manage because they can work, those who are sick can only die".

Even when they are 80 years of age elderly persons are forced to work in fields, mostly for others, or to cattle breed.

- ❖ "Nobody will hire me because I am 82 years old. I used to drive tractor and I could still make some money but nobody calls me"

Refugees especially, often mention that they lack accommodation, their children pay their rent that they cannot afford or they live with whole family (sometimes even 10 members). It is common that even their children cannot help them because they lost their job so they have to borrow money from their neighbors that they pay back in installments. They cannot sleep because of their problems or illness. They are isolated, sad, hurt, without hope and all those things results in them retreating into themselves ("their own place"):

- ❖ “We are morally degraded; we lost our identity as refugees”
- ❖ „In my home town I was appreciated, I finished three faculties, I was a university professor, and here I have to go through garbage cans”

In places where house care programs exist (Žabalj, Đurđevo) support they get from NSHC is pointed out:

- ❖ “You have someone to hope for; you know that someone will open you the door”
- ❖ “Old age is beautiful but hard, especially when kids turn their back to their parents” “Those who are not satisfied with small things will not be satisfied with big ones to”
- ❖ “When people feel helpless they do not ask for anything”
- ❖ “You need to know your rights in order to ask for something”

In villages people are more turned to one another – they help each other, they socialize, visit each other, inform each other, they give each other gifts when they can, they often help each other in the house, they bring up each others pensions...

- ❖ “If we had no neighbors we would probably die”.

In focus groups realized in villages it was often mentioned that they rarely visit doctor, only when it is urgent or very dangerous.

In Homes for elderly persons picture is different. Elderly people describe their life as carefree, better, they have everything – there are in warm, clean facilities, everything is in order, food is good, they have their peace and quiet, and they have their own room. Their families are also satisfied because they are well. Homes are good for those who are able to move because they can go somewhere, but those who cannot move have little to do and city is unapproachable to them.

- ❖ “It’s better than I thought it would be when I grow old, and I had a good life”.

## **Quality of elderly persons life: what they would like it to be**

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Elderly persons want peace, unity in society, mutual respect, better political situation, they want roof over their heads, suitable accommodation, and most important for them is that them and their children are healthy.

They also want social help provided for elderly; they want to be free of medical expenses, to get services without harassment. They want elderly persons to have advantage in getting appointments, to be able to go to spa when they are very ill. They want to be respected, for medical staff to be more polite, they do not want to be alone. They want to socialize, visit and help each other; they want to play chess without heaving to think what they will have for dinner. Many of them worry if they will have the money for food, and what will happen if they cannot afford it.

- ❖ “Dissent and dignified life should not be luxury”
- ❖ “Man should have normal life, he should not lack basic things”
- ❖ “We should not go mad because of the problems”
- ❖ “When you have your health then you have everything”
- ❖ “We should have funds for normal life – better and more regular pensions – we should not torture until we die”

Elderly in Homes for elderly persons say that they do not want higher prices of accommodation, and they want bigger pensions. They want more parties, more fun, to have better communication with “outside world” and between tenants, better mutual help for those who are sick, who cannot move...

- ❖ “At this age nothing is special”

- ❖ “It’s one thing to wish for something, reality is something else”

*Example or researcher: going to spa or to the sea is considered in most focus groups as great luxury, so they do not even dream about it.*

## The needed incentives

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Considering what should be done most focus groups consider that state and local governments should be leaders in process of solving these problems, as well should NGO-s. They also point out that elderly persons should help themselves in search for better life:

- ❖ “We should not let go, we should help each other, think about others, always question ourselves”
- ❖ “We and community - agreement, there is nobody else”
- ❖ „We (elderly persons) must help ourselves – if you expect something possible you will be satisfied”.

Participators said that they need financial funds, at least for persons older than 80 years and for farmers who do not have pensions. They also said that they need cheaper medicines, house calls and house care and they need support.

As an example of self-organization as a way of stimulation action of elderly persons from Home for elderly persons in Novi Sad was mentioned. They’ve send an appeal to Mayor of Novi Sad for lower buses that are easier to enter so they could be used by elderly persons who have difficulties to move, as well as disabled persons. A group of tenants in a Home for the elderly self-organized themselves around the issue of unavailable bus transportation, and as a result an appeal to the city Mayer was sent out.

Participators also highlighted that more mutual respect is necessary, that young should respect elderly and that elderly should not

interfere in young people lives. Building new apartments for refugees was suggested, also assigning farms or deserted land where they could built their new houses was suggested for older members of refugee population.

## **Obstacles**

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Obstacles specified by participants, which make their life different from what they want it to be, are difficult political and economic situation (empty pension municipal funds, high unemployment rate...), too long transition period, war, conflicts, and poor organizational skills and passive attitude of the elderly.

Refugees specify violation of human rights in Croatia, where due to active laws they can not re gain the ownership over their property – which disables them to solve their housing status in Serbia.

It is emphasized that obstacles for developed village surrounding can be found in slow dying of the village itself, state's indifference towards rural areas - lack of investments in its infrastructure, no presence of the youth.

## Ideas, recommendations, suggestions to improve the state, services, care and assistance

- ⇒ It is quite necessary for elderly house-call care services to exist with special emphasize to emotional and psychological support;
- ⇒ Humanitarian assistance in food, wood and etc is essential, specially to elderly living in village surroundings;
- ⇒ Elderly should be well informed and keep them in touch with current situation, e.g. issuing bulletin with basic information important to elderly people, broadcast TV shows adopted to their needs, keep them informed of their rights, of new possibilities, models of care, services... ;
- ⇒ Create help telephone lines as a service assisting the elderly;
- ⇒ Motivate people to help each other;
- ⇒ Organize education (organized by NGO mostly) on the subject of providing volunteer assistance to elderly, organize gatherings/sessions in local community office where they could be introduced to all good ways of care for the elderly, teach about proper ways of nutrition, give advice for different types of diseases;
- ⇒ It is necessary to educate persons who are most interested to help the elderly of weak health, disabled or have some psychological crisis, e.g. within a specific Home for elderly care. This will help people to e.g. to get to know this area better and will help them to feel more useful by helping others;
- ⇒ The elderly need to be provided with proper information on facilities pro-viding accommodation to elderly with the aim to erase prejudices about this type of facility;
- ⇒ Children should be taught about the ways of life of the elderly, what are the main characteristics of the old age showing them to be more understanding and to show more respect to the elderly;
- ⇒ Assistance should be provided to the elderly in order to organize themselves better and to provide their services according to their

specific professional orientations and possibilities (on volunteer basis or with minimal fee within the association or NGO...), to organize them around "small actions" e.g. gathering and distribution of food, clothes...;

- ⇒ Actions for providing care to elderly should be organized within local Church, establish orphanages;
- ⇒ Purchase a vehicle in order to transport the elderly (when going to the doctor's...) belonging to a certain Association of Pensioners, provide special buses within public traffic which would be adopted to the needs of the elderly and of the disabled ones;
- ⇒ Provide space where elderly would gather, e.g. in the respective local community office where all sorts of games could be organized, where meals for the poor could be prepared etc;
- ⇒ Provide accommodation for those who can not afford to live in a Home (e.g. deserted houses reconstructed to provide shelter to all elderly without any fees...), „Country house for the elderly“, which would represent a sort of a commune where a certain number of elderly would live and would take care of them selves by themselves (with the organization of the Center for social work), or a part of the town where everything would be adopted to their needs and where they would have to take care of it all...;
- ⇒ Organize different craft workshops, exhibitions of the art crafts where all funds could be allocated to the budget of a certain Association of the elderly;
- ⇒ In every Municipal Assembly one person should be appointed to provide humanitarian and informative support to the elderly;
- ⇒ Encourage youth to stay in the villages – with credit possibilities, better salaries...
- ⇒ Elderly should be introduced with their rights related to health and social care.
- ⇒ Available services, along with prices of the same, should be transparent – clearly placed where they can be made known to their potential future and present beneficiaries and to all other interested sides.

- ⇒ It is necessary to work on improving quality of services in institutions, and to introduce better and efficient control of the provided services.
- ⇒ An improvement should be made in cooperation between institutions, non governmental organizations, and faith organizations dealing with elderly.
- ⇒ Ministries who finance institutional forms of care should be met with the results of the analysis and should be engaged in all activities for the improvement of information access, quality and monitoring.
- ⇒ Elderly should be included in all phases of project realization and implementation (starting from making the draft of the same through implementation to evaluation and monitoring), and to work on strengthening their motivation and capacity in order to actively involve themselves in all projects/programs intended for the elderly.
- ⇒ The results of this project should be used (the results of the participative research, comparative analysis, experiences gained during the cooperation with NGOs and faith based organizations) in order to develop and implement future activities for providing support to the elderly.
- ⇒ Better information access and awareness of the elderly is needed on all important subjects of their own interest.
- ⇒ One should work to make non institutional programs of care for the elderly sustainable in a long term.
- ⇒ It is important to develop mutual cooperation between faith communities by creating joint programs, exchange of experiences and information.
- ⇒ When applying to donors for assistance one should endure to include all faith communities in activities related to the elderly. In this way the resistance of the beneficiaries when assistance is offered by other faith communities.

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