

# SNAPSHOT: SITUATION OF ROMA IN EUROPE

## OLD AGE INCOME AND PENSIONS

The Roma have a **10-year shorter life expectancy** compared to other groups.

Roma women live, on average, 11 years less, and Roma men live 9.1 years less.

**10  
YEARS**

**55%**

of Roma women aged 50+ are in **bad health** compared to of non-Roma women.

**29%**

**13%**

of Roma aged 65+ reported **discrimination experiences when accessing health services.**



A significant number of Roma never reach old age, and those who do face disproportionately harsh living conditions and a much worse quality of life compared to their non-Roma peers. Lifelong exposure to poverty, substandard housing, inadequate nutrition, and hazardous or informal working conditions has led to significant health disparities for older Roma. These include lower life expectancy, higher rates of chronic illness, and increased vulnerability to infectious diseases and poor mental health outcomes.

Due to a lifetime of exclusion from stable employment and overrepresentation in low-paid, precarious, or informal work, many older Roma receive minimal or no pension entitlements. At the same time, their health conditions generate greater needs, and greater costs, for care and medical services. As over 80% of Roma live in poverty and social exclusion, and 48% experience material deprivation, the same is valid for their elderly.

Additionally, limited or no health insurance coverage, gaps in care provision (particularly in rural or segregated areas), and the partial nature of what insurance covers further impede access to healthcare and long-term care. Facilities are often physically unavailable or economically inaccessible to Roma communities, leaving most older Roma reliant on informal care provided by relatives, who are themselves often in economically precarious situations.

Moreover, older Roma frequently face compounded discrimination, on the basis of both their age and ethnicity, with older Roma women particularly exposed to additional misogyny. Deep-rooted stereotypes, linguistic and cultural barriers, and widespread institutional antigypsyism, ageism, ableism, and sexism erode trust in healthcare and social protection systems, including social services, further discouraging them from seeking formal care or support.

The EU Council Recommendation on Roma Equality, Inclusion and Participation rightly calls on Member States to ensure equal access for older Roma to health and social services, including community- and family-based care, supported housing, development services, and financial assistance.

It also urges action to prevent institutionalisation and support families providing informal care, through tools like food aid, home assistance, and inclusive community outreach.



The umbrella term “Roma” encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.), in accordance with terminology used by the [European Commission](#).

**ERGO**  
N E T W O R K

## Recommendations:

- **Adopt a lifecycle approach to Roma inclusion**, by designing and implementing support measures that address the specific needs of Roma individuals at every stage of life, with tailored interventions that reflect the distinct challenges faced by different age groups.
- **Introduce and maintain statutory minimum pensions** that are accessible to all older people, regardless of prior employment history, to prevent older Roma from falling further into poverty and social exclusion. These pensions must be sufficient to ensure a dignified standard of living, and they must be made accessible through inclusive and simplified procedures.
- **Prioritise older Roma in health and emergency responses**, by ensuring that they are explicitly included in public health strategies, with guaranteed access to sanitation, personal protective equipment, health insurance, quality healthcare, vaccines, essential medicines, and long-term care services.
- **Promote lifelong learning and active ageing** and facilitate access to adult education and meaningful employment opportunities for older Roma through targeted initiatives such as second-chance education programmes, skills training, and workplace adaptations that meet their specific needs.
- **Address the needs of older Roma women**, who often face compounded disadvantages due to poor health, fragmented or absent employment histories, exposure to gender-based violence, and intersectional discrimination, and hence require targeted measures to support their wellbeing and inclusion.
- **Tackle ageism, antigypsyism, and intersectional discrimination** in both policy and public discourse, as well as promote positive representations and ensure older Roma can fully access their rights, participate in society, and live with dignity and respect.

