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## **Ethnically profiled nursing home care in Sweden – from culture to lifestyle**

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# **Ethnically profiled nursing home care in Sweden**

**– from culture to lifestyle**

## Abstract

The paper investigates presentations of ethnically profiled nursing homes in Sweden, and in particular what categories these nursing homes target and what problems they are suggested to solve. The findings relate to the construction of older immigrants and to shifting ideas on responsibilities of the Swedish welfare state. Data consisted of 68 articles from newspapers and journals between the period of 1995 and 2015 that were analysed using qualitative method. Guided by a social constructionist approach focussing on claims-making, two comprehensive “problem frames” were identified: the *language and culture frame* and the *choice of lifestyle frame*. The main finding of the paper was that, since about 2007, descriptions of ethnically profiled nursing homes have come to be included in a broader category of profiled nursing homes such as “all inclusive” and “hotel-concept”, within a system that focusses on choice based on special needs, lifestyle and interest. The paper concludes that, although this way of framing ethnically profiled nursing homes works against the construction of older immigrants as a problematic category, there is a risk that the emphasis on choice of lifestyle conceals or justifies inequalities based on social class.

Words: 190

## Keywords

Eldercare, ethnicity, choice, migration, marketization, social policy

## Introduction

Ethnically profiled care arrangements have been a small but visible part of Swedish eldercare for many years in the form of nursing homes for minority groups such as Sami, Jews and Sweden Finns and later for immigrants coming from Latin America, former Yugoslavia, Iran or the Arab-speaking countries. The development mirrors the fact that Sweden is a multi-ethnic society. In 2014, 16 % of all Swedes and 12 % of everyone 65 years of age or older had been born outside the country.

Integration has been the explicit aim of social policy and social work in Sweden, expressed as an ambition to combat segregation and the othering of immigrants, while acknowledging differences in language and culture (cf. prop. 1997/98:16). In the eldercare sector, Sweden has faced a somewhat contrasting trend, in which some care arrangements have been exclusively designed for certain ethnic groups. Despite their separating character, sometimes referred to as “enclave thinking” (Munch Larsen, 2015), media descriptions of these care arrangements have been very positive. The media have portrayed ethnically profiled care as a successful alternative to “mainstream” eldercare (Olsson, 2003), and have introduced reports on facilities with headlines such as: “I feel like I’m in heaven” (*Dagens Nyheter* 8.10.2001) and “Finnish language and tango makes the everyday life safe” (*Kommunaktuellt*, 2002:36). The positive interest in ethnically profiled eldercare stands in contrast to the descriptions of “older immigrants” as isolated and in need of special attention (Ronström, 1996). A 1986 report from the National Board of Health and Welfare (*Socialstyrelsen*) described older Finns as worn out, poor, passive and isolated due to a lack of knowledge of the Swedish language (Haavisto-Mannila, 1986). The broader category of older immigrants

was also associated with non-take up and strained informal care relations and helping them use the system of eldercare was described as a challenge. Even though the dark images of the late 1980s were questioned in several studies in the 1990s (Heikkilä, 1996; Linde, 1996; Ronström, 1996), stereotypical descriptions of older immigrants have continued to flourish (Torres, 2006). A well-established idea is that the category constitutes a problem and has “special needs” that should be handled through innovative solutions by the welfare authorities (Lindblom & Torres, 2010).

Ethnically profiled nursing home care has been presented as a prominent *solution* to the special needs of older immigrants in a way that is typical for social problems (Loseke, 2002; Bacchi, 2009). A category that is the target of interventions has been identified and typified, responsibilities and blame has been assigned and claims about a solution – ethnically profiled nursing home care – have been presented. In this paper we will take the established construction of older immigrants as a problematic category with special needs as the point of departure for the analysis. The aim is to investigate what specific problems ethnically profiled care is suggested to solve or address, how these descriptions resonate with established constructions of older immigrants as a category and shifting ideas on responsibilities of the Swedish welfare state.

## **Media constructions of social problems**

Public discourse on solutions that target different groups is a source of information on how to define the responsibility of the Swedish welfare state towards “vulnerable” groups and in the paper we will investigate whether descriptions of ethnically profiled care (abbreviated EPNC) have changed during the last 20 years in the light of the changes towards

marketization that Swedish eldercare has undergone. Municipalities are the traditional providers of nursing home care in Sweden, and before the 1990s for-profit care was a marginal phenomenon. In 1993, the liberal/conservative government introduced a law that made it possible for municipalities to invite private entrepreneurs to serve as providers of care for older people, and a second law in 2009 made it possible for municipalities to decide on having a system where care users deemed to have sufficient need could choose among providers in a tax funded care market (Szebehely & Meagher, 2013). In 2013, about 25% of nursing homes in Sweden were run by for-profit corporations. In some municipalities, such as Stockholm, for-profit corporations dominate and some care corporations specialize in profiled care for particular language groups.

Numerous studies have emphasized the importance media play in the construction of social problems, as part of a landscape that includes common knowledge and professional reasoning (Gamson & Modigliani, 1989; Hall, 1997; Loseke, 2002; Bacchi, 2009). Given this influence we will base our analysis on a strategically chosen sample of articles that are particularly likely to be read by decision makers, professionals and semiprofessionals like social workers, nurses and nursing assistants. The analytical approach that we use has proven useful for the investigation of discursively constructed problem categories and subject positions in arenas such as print media where different versions of problems compete for public interest.

## Ethnically profiled care

In this paper, we refer to ethnically profiled nursing homes as care facilities that have been specifically designed to cater for care users who speak a particular language or belong to a specific ethnic or religious group that is different from the majority of the country. The international literature on ethnically profiled eldercare reflects the diversity of populations that have been defined as target groups for this type of care in different western countries, for instance Korean (Kim et al., 2014) Japanese (Hikoyeda & Wallace, 2002) Finnish (Heikkilä et al., 2007) Greek, Indian and Chinese nursing homes (Westbrook & Legge, 1992). A review reveals a tendency to portray ethnically profiled eldercare settings in a positive light and as a growing trend that meets the current and future needs of different ethnic groups (Andrews, 2012; Mold, Fitzpatrick & Roberts, 2005). Several studies have focussed on resident or family member satisfaction, generally concluding that ethnically profiled eldercare is a better option for older immigrants compared to mainstream care settings, and as an alternative that could reduce the non-take up of formal care within some ethnic groups (Jewson, Jeffers, & Kalra, 2003). Already in 1986, Pensabene and Wilkinson reported very high rates of satisfaction in ethnically profiled settings and claimed that mainstream nursing homes “are generally unresponsive to the special needs of the ethnic aged and are perceived negatively by ethnic communities and the ethnic aged themselves” (Pensabene & Wilkinson, 1986, p. 57).

In Sweden, single cases of ethnically profiled eldercare have been present for many years. Homes for older Sami were in use until the late 1940s, as part of the unpopular poor-law system. A nursing home for Jews opened in 1945, and was in part organized for Holocaust



survivors coming to Sweden from central Europe. Finnish-speaking care settings appeared in the 1980s and 1990s, and a Spanish-speaking unit for Latin Americans opened at a nursing home in Gothenburg in 2000. During the last ten years, care units and nursing homes for Persian and Arabic speaking residents have opened in Stockholm.

In public discussions on ethnically profiled care, particular attention has been devoted to the category of Sweden Finns, constituting 3-400 000 people out of the 9 600 000 people residing in Sweden. Sweden Finns are also one of five ethnic minority populations with rights that primarily concern language: the others being Sami, Tornedal Finns, Roma and Jews. According to the Act on National Minorities and Minority Languages (2009:724), a number of municipalities where many Sami, Tornedal or Sweden Finns reside should offer public services in the minority language.

It is difficult to assess how many ethnically profiled facilities exist in Sweden today, partly because no up-to-date-statistics are available, and partly because a common definition is yet to be decided. Many Swedish mainstream nursing homes, without an ethnic profile, could be regarded as de-facto profiled since they have a significant number of staff of foreign descent that enables them to understand the language and the culture of a particular resident (SOU 2007:37; Lill, 2007).

## **Method, theory and data**

In order to capture discursive patterns and change within problem framing that is particularly likely to influence professionals, semi-professionals and decision makers, articles

from the database *Artikelsök* (Article search) were selected for the period of 1995–2015.<sup>1</sup>

*Artikelsök* lists articles in Swedish newspapers and journals that specialists of the database have considered to be of public interest, since they concern a particular topic, problem or theme (excluding news articles). Based on these criteria for selection, the database will tend to include many articles from professional and thematic journals, as well as longer newspaper articles where reports from nursing homes are accompanied by comments from scientific experts.

A combination of the search terms *eldercare* and *nursing home* and search terms indicating ethnicity (older immigrants, ethnic, Finnish, Jewish, Roma, Sami, Spanish, Latin, Arabic, Persian, Greek, Turkish, etc.) was used to search titles and subject terms in the database. Articles that did not deal with ethnically profiled nursing home care were excluded, and the final sample consisted of 68 articles (approximately 200 pages). Forty-four of these appeared in thematic journals (on eldercare, gerontology, social medicine and migration), 11 in professional journals (published by unions in care, medicine and social work), 10 in newspapers, and 4 in other journals. Thirty six articles appeared in five special issues on older immigrants in thematic journals (1996, 1999; 2003, 2013, 2014). Articles in special issues are easy to find as they appear in a group and therefore particularly likely to be used by professionals seeking knowledge about the category and its suggested needs.

During the first stage of the analysis, articles were read by the first author in order to identify general patterns that could give direction for the second stage of the analysis.

During this reading it became clear that EPNC in many cases was presented as a positive

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<sup>1</sup> 20.10.2015.

solution to perceived problems of older immigrants. Guided by an analytic framework used in studies of claims-making and public debates (Snow & Benford, 1988; Gamson & Modigliani, 1989; Loseke, 2003; Bacchi, 2009) we identified coherent *frames* that were used to interpret the role of ethnically profiled nursing home care.

During the second stage of the analysis themes and claims were identified using *directed content analysis* (Hsie & Shannon, 2005). The coding was directed by questions generated by the constructionist framework: How is the solution of EPNC linked to proposed problems on different societal levels? Who is described as being responsible for (not) taking action? What causes and consequences are described? What positions are assigned to individuals and groups who are affected by the problem? What type stories and images are used to illustrate the problem? Particular attention was paid to the construction of problems and “problem groups”, claims about responsibilities and reasoning about EPNC as a solution.

During the third stage of the analysis codes and findings were discussed by the group of authors. The process aimed at increasing the reliability and contextualizing findings in relation to the research questions. Questions about broader societal themes were also posed to the data.

Specific interest was devoted to the 24 articles (74 pages) that described visits to ethnically profiled facilities. These articles were rich in detail and described several problem components since they gave staff, residents and relatives the possibility to explain how they perceived ethnically profiled eldercare and the needs of older immigrants.

When data was coded 15 articles (54 pages) that applied a critical approach to the construction of older immigrants as a social problem were identified. These articles did not present EPNC as a solution but were included in the study since they questioned other claims-makers' suggestions for solutions and appeared as a critical voice in special issues on older immigrants.

## Results

Through the analysis, we identified two comprehensive “problem frames” that described specific characteristics, causes, calls for action and affected populations in relation to ethnically profiled eldercare. The two frames, the *language and culture frame* and the *choice of lifestyle frame*, portrayed ethnically profiled nursing homes as a solution on very different kinds of problems affecting different people. According to the language and culture frame EPNC solved the lack of language and cultural competence in mainstream care and addressed special needs for older immigrants. In the choice of lifestyle frame, however, ethnically profiled nursing home care was part of a solution to a more general problem: the lack of adjustment to peoples' preferences, needs and lifestyles within mainstream eldercare. This turned ethnically profiled nursing home care to a general issue about choice and about entitlement to any kind of profiled care based on any kind of lifestyle or preference.

## A language and culture frame

The most prominent problem frame described older ethnic nursing homes as a solution on older immigrants' difficulties with the Swedish language and the inabilities of the Swedish care system to meet their special needs. The frame stressed the differences between the needs of older immigrants and ethnic Swedes, corresponding to differences between ethnically profiled and mainstream nursing homes.

Language difficulties were commented on in all the articles in the dataset, and described as caused by two conditions: a) people who have dementia tend to lose the language that they have acquired as adults and become dependent on their mother tongue, and b) some older immigrants speak little or no Swedish. Articles articulating this frame described *needs* that the formal system of care failed to meet; shortcomings of mainstream care – and ultimately the system of care in Sweden – were presented as a *cause* of the problem, and ethnically profiled care as the *solution*. A Swedish expert on the subject, Professor Sirkka-Liisa Ekman was interviewed or explicitly mentioned as an authority on findings about language in ten articles. In a special issue on older immigrants, Ekman (1996) referred to her research on older Finns as basis for the conclusion that older people with dementia tend to lose the language they have acquired as adults, and that their well-being will increase when they are cared for by Finnish-speaking staff and decreases when the staff only speak Swedish. The relationship becomes more reciprocal, care users can voice their opinions and, as a result, frustration and aggression decreases and quality of life increases. In an interview in the newspaper *Göteborgs-Posten* (2.5.2008), Ekman backed her claims about the connection between language and well-being with cases that she has witnessed:

She has seen older Finns coming from Swedish nursing homes and as overnight becoming calm and harmonious. She mentions an example. There was a man who came from a Swedish facility and he hadn't said a word for an entire year. He started talking the first day, and it was incredible to watch how great the effect of moving was on him. Many who have behaved aggressively have become peaceful and harmonious when they come to the Finnish nursing home.

In our dataset, stories on positive change with a similar content and structure described older care users who had moved from Swedish care facilities (the problem) to facilities with Spanish and Persian profiles (the solution). For instance, an interviewee in one article described that the move into a Persian speaking dementia unit constituted a "turning point" for her grandmother: "She became a completely different person. It was as if she became ten years younger" (*Expressen* 7.2.2009).

### **Entitlement and responsibility**

Articles framing ethnically profiled care as an issue about language and culture relied on a discourse of entitlement and responsibility. This discourse was based on the reasoning that older immigrants were *entitled* to special care arrangements that the welfare state was *responsible* to provide. No articles contained claims that members of the group were responsible for causing the problem, for instance by failing to learn Swedish despite living in the country for many years. On the contrary, the inability to speak Swedish was described as the effect of dementia or other causes beyond the control of the individual. When residents were portrayed, articles described their background in ways that explained the need for care in their native language, for example in comments that an older person had been "left alone in Teheran" (*Expressen* 7.2.2009) or "alone left behind in Chile" (*Dagens Nyheter* 8.10.2001)

before finally moving to Sweden. Several articles (*Dagens Nyheter* 9.10.2001; *Äldre i Centrum* 2003:2) described a system where Finnish immigrants who arrived in Sweden in the 1960s and 1970s in order to work never learnt to speak Swedish since they spent their entire working life in Finnish-speaking work teams in a factory.

The importance of having a shared language was in many cases expanded into claims about the importance of having a culturally suitable environment, and this expansion included the suggestion that the organization of formal care constituted the *cause of the problem*. In an article in a special issue on older immigrants (*Äldre i Centrum* 2003:2), representatives of a network for immigrant organizations argued that the Swedish *Social Services Act* was not applied in relation to older immigrants: “The system of eldercare does not take the needs of ethnic minorities or older immigrants into account. It’s traditional Swedish food, Swedish celebrations and Swedish language all the way.” In a similar manner, Ekman (1996) introduced the solution to the language and quality of life problem as living in a Finnish nursing home, and described a particular facility where the feeling of “being at home” was achieved through the architecture, the food, the music and the library. To provide such care was, according to Ekman, not only a matter of nursing ethics, but also a matter of *entitlement* and a way of reducing costs, since care users who feel well demand less care.

### Community and difference

Two characteristics of descriptions within the *language and culture frame* were a sense of community within the ethnic nursing home and a sense of difference in comparisons to mainstream “Swedish” facilities. Reports based on visits to specific care facilities were present in 24 of the articles in our dataset. These articles communicated a very positive view

of the facility, described the importance of being able to speak one's own language, contained interviews with and photos of named residents (and/or their relatives) and staff or other representatives of the facility and described customs/habits, attributes and arrangements that set the facility and its residents apart from a "Swedish" nursing home.

Several of the articles reported from the same nursing homes. Three reports about the Spanish-speaking nursing home La Dalia, run by Gothenburg municipality since 2000 were included in the dataset. An article from the newspaper *Svenska Dagbladet* (23.4.2003) included comments from several residents and staff and introduced La Dalia from the point of view of a visitor who enters the facility and notes its special character:

When coming inside you clearly notice the Latina American influence. A tape-recorder plays salsa. From the kitchen comes a scent of Oregano. And on the television a Spanish speaking journalist reads the latest world news.

The *Svenska Dagbladet* article on La Dalia emphasized the community among staff and residents through the statement that "It's not just the language that we have in common with the residents. We understand each other since we come from the same culture and have similar experiences." A nursing assistant explained that several residents had experienced horrible things in their Latin American home countries and, even if those events are way back in time, they surface from time to time. "Since many care workers have also come as refugees, they understand the problems of the residents", argued the nursing assistant. This type of shared experience was in some articles – as in the three articles on Jewish facilities – described as part of a specific ethnicity. Similar to other articles on ethnically profiled nursing homes, the *Svenska Dagbladet* article on La Dalia informed the



reader about the cultural specificities of the facility and its inhabitants: about special food, smells, talk and joyful interaction in a particular language, television programmes, music, art, celebrations, religious acts, premises and attributes. Descriptions were used to emphasize community and to set the facility apart from what was being regarded as Swedish. Two nursing assistants suggested that care users spent more time in their own rooms in Swedish facilities, but at La Dalia everyone spent the entire day out in the common areas. The nursing assistants also commented on gender differences, and the Swedish food that residents at La Dalia did not like because “in general, you Swedes seem to use more milk and cream than we are used to”. Articles from other nursing homes contained similar statements about differences in relation to the typical Swedish nursing home. Staff at the Persian nursing home Persikan explained that the television was always on and although this would be considered bad in a Swedish nursing home but “it’s the way we socialize in Iran” (*Tidningen Äldreomsorg* 2014:6).

The special treatment of relatives was mentioned in articles on nursing homes for Persian and Arabic speaking residents; “that is something that really sets this facility apart from a Swedish nursing home” said a nursing assistant in an article about Persikan in *Tidningen Äldreomsorg* (2014:6). The nursing assistant also explained that, for people coming from Iran, a parent moving in to a nursing home is associated with guilt. This theme of cultural trouble, developed in statements on guilt, non-take up, diverging expectations and strained relations within families, was frequent in the articles of our dataset, and was also used by staff members to illustrate their own difficulties in caring for older parents when living in Sweden. In relation to these problems, ethnically profiled nursing homes were presented as a way of helping a challenged group by providing a familiar environment that mitigated the

clash between two established ways of caring for older persons. When commenting on the role of relatives, a nursing assistant at Persikan stated: “I know that for most of them we are the only alternative.” This and other statements on community and difference communicated a message that mainstream Swedish nursing homes were not a suitable form of care for some immigrants.

### **Ethnically profiled care as stereotyping**

The data-set included fifteen articles that were critical or cautious towards the type of descriptions that justified ethnically profiled care as a solution. Critical articles were typically written by researchers within fields like ethnology and sociology. In a 1995 special issue of the popular science journal *Socialmedicinsk tidskrift* (Journal of Social Medicine), several articles questioned the creation of the category of “older immigrants” and warned that stereotypical presentations would equate ethnicity to language and reduce culture to a matter of food and festivals. Ethnologist Owe Ronström (1995) argued that demands to create Finish and Greek care units during the late 1980s and early 1990s were top-down initiatives, driven by “social engineers” with a personal interest in immigrant issues, and leaders of some immigrant organizations. In articles in the journal *Äldre i Centrum* (2003) and in the Newspaper *Dagens Nyheter* (2001-10-09) Ronström suggested that: “some solutions seem to express their perceptions of how older immigrants wants to be treated rather than the opinion of older immigrants themselves.” A main claim in the critical articles was that serious investigations of the actual needs and preferences of older immigrants should be undertaken before deciding on solutions.

## The choice of lifestyle frame

While articles during the entire period discussed ethnically profiled care as a matter of language and culture, later articles broadened the matter to a case of introducing nursing homes with *any* profile as desirable. Articles containing these descriptions placed ethnically profiled nursing homes in a *choice of lifestyle frame* that concerned the right to choose one's care provider based on interest or need. An article titled "Nursing homes with a profile is the new trend" in the thematic journal *Äldreomsorg* (Eldercare) from the year 2013 described arrangements for "people with special needs that cannot be met within the normal range" for example older homeless people, care users who only speak Persian, care users with a particular diagnosis and older LGBT persons. The author of the article had visited two out of the 23 nursing homes in Stockholm that had a profile – a facility for older people with hearing impairments and a facility for care users with "a Spanish speaking background". He suggested that "these are two examples of many that show a continuously growing number of specialized nursing homes for older people." The report on the home for people with hearing impairments contained an interview with 72 year-old Gunilla Axelsson, who compared her increased quality of life at the new facility (solution) with that of her previous housing where she could not really talk to her neighbours (problem): "I have already got to know many of the neighbours and made new friends. There is a different joy in the everyday life and we can laugh together."

In the dataset, the first articles to signal a shift in the descriptions of problem kinship, solutions and roles/positions appeared in connection with a law on choice systems (LOV) that made it possible for municipalities to let care users choose among providers in a care

market. The law was introduced in 2009 and was discussed as a matter of “diversity” in a government investigation preceding the new legislation (SOU 2007:37). In two articles in our dataset, the Christian Democratic minister responsible for eldercare suggested that a system of “choice” should meet the needs of older immigrants. The introduction of this system was also the government’s motive for rejecting a bill tabled by the left-wing opposition to develop programmes for using staff with particular language abilities in eldercare (*Dagens samhälle* 2009, 2013). In some articles it was also suggested that municipalities that did not introduce LOV prohibited care users with special requests from being given the care they wanted. Such references to marketization and the broader issue of profiled nursing homes were absent in articles from the 1990s. During that period, it was suggested that municipalities and immigrant organizations could jointly form non-profit foundations in order to run ethnically profiled care facilities (*Läkartidningen* 1998; *Vård* 1999).

The novel way of framing the problem implied a broader problem-group whose interests and needs could be fulfilled by profiled nursing home care. An article in the thematic journal *Äldreomsorg* from 2014 elaborated on the issue of ethnic profiles as a matter of being able to live with people of one’s own kind. The author, who presented herself as a former manager of a Jewish nursing home, used the community among older Jews to introduce a general phenomenon – the urge to be part of a group of likes: “People who understand you and act as friends based on community.” According to the author, such group identities could take very different forms. Some people would not wish to become included in a particular group:

But for those who feel this need, more and more care arrangements will be available, based on different kinds of common denominators. It could be about love: nursing homes for people who live in same-sex relationships. It could be about fate, as in the case of the Catholic nursing home, or about language, as for arrangements in Persian, Finnish or Greek.

The author argued that a “cultural context” did not necessarily have to be ethnic, but could also be based on other ways of identifying a community, for instance as being a “rural” person or having a particular occupational background.

In 2013 and 2014, four articles within the dataset contained reports from the three ethnically profiled care facilities that were run by the private company Kavat: Spanish La Casa for Spanish-speaking care users (Latin American), Persikan for Persian-speaking care users and Bejtona for Arabic-speaking care users. The articles labelled the CEO of the company an entrepreneur who had identified a need, and described the company’s plans to expand in order to cater for a growing population of immigrants who preferred profiled care. An article in *Dagens Samhälle* (13.1.2011), based on reports from Persikan and the hotel concept facility Brahem (literary “Goodhome”), described Kavat as a “comer” that focuses on profiled care. Brahem is an expensive nursing home (fees for care are the same within municipalities but costs for rent and food may differ) that caters for “well-off inner city residents who are used to living in hotels.” Once again, the typical story about residents encountering a solution to a problem acted as a support for the necessity of the facility:

The management keeps the institution-feeling at bay with parquet, Josef Frank-textiles and well-chosen interior fittings. A glass of wine for dinner is included, and you pay extra

if you want more. Or bring a bottle from your room. When his wife suddenly passed away, retired physician Per-Ola Granberg moved into Brahem. “At home I couldn’t sleep and didn’t eat well. I have already gained weight, I like it so much,” he says.

The choice of lifestyle frame placed ethnically profiled care in a system where other profiles were labelled “All inclusive”, “Hotel concept” and “LGBT profile”.

## Discussion

In the final section of the paper, we will discuss the interplay between the language and culture frame and the later choice of lifestyle frame, and argue that the analysis of ethnically profiled nursing home care may provide an understanding of ongoing changes within the Swedish welfare state. These changes concern the tension between special needs and entitlement on the one hand and choice of lifestyle and entitlement on the other.

Ronström (1996) has argued that as a result of Sweden becoming a multicultural society, a traditional definition of equality as the provision of the same service irrespective of social class or income has been complemented by a definition on equality that is based on cultural particularity. In our study, this definition is visible in the argument that older immigrants are entitled to care in their own language or the feeling of “being at home”, culturally speaking (Ekman, 1996) similar to Swedish speaking care users.

Eldercare in Sweden is needs tested according to the Social Service Act and wellbeing and quality of life are central to the value foundation of the law. The language and culture frame establishes that older immigrants may have special needs and that their wellbeing and

quality of life depends on the provision of ethnically profiled care. Older immigrants are portrayed as a problem group – a typification that has previously been discussed by Ronström (1996) and Torres (2006) – but the responsibility for acting on the problem is assigned to the welfare state and the system of eldercare. Mainstream eldercare and “Swedish” eldercare are presented as failing to provide equal living conditions in the sense that some care users will receive care by staff who do not speak “their” language and do not know about their traditions.

As we have shown, positive descriptions of ethnically profiled nursing homes have been accompanied by critical articles that focus on the stereotypical construction of older immigrants. These articles have called for serious investigations of the category. Critical articles appeared in all of the five special issues that were part of our dataset and the existence of their critique may actually explain why positive articles on ethnically profiled nursing homes have not been followed by a wide growth of such homes. Existing surveys have not shown any widespread wish to live in ethnically homogenous facilities (SOU 2002:29) and municipality investigations have referred to the critical analysis of Ronström, Torres and other researchers when questioning the need to introduce ethnically profiled care (Södertälje Municipality, 2012).<sup>2</sup> The choice of lifestyle frame implicitly acts as a solution to this criticism by discussing needs and choices of *some* older immigrants alongside needs and choices among other groups with common interests, lifestyles and needs. When the interest and needs of care users are regulated through the mechanisms of the market, there is no need for the government to investigate or associate the broad *category* of older immigrant with special needs.

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<sup>2</sup> Södertälje municipality. Omvärldsanalys och kunskapsunderlag kring mångfald i äldreomsorgen. PM 2012-09-13, Therese Bladh.

There is a risk that this dissociation and the descriptions of special needs as lifestyle preferences undermines the claim that vulnerable groups are entitled to solutions like ethnically profiled nursing home care. But there is also a risk that the rhetoric on special needs, quality of life and entitlement that has been established in the culture and language frame is used to present any lifestyle based care arrangement as a social right. It has been suggested that the increased marketization of Swedish eldercare will result in unwanted social inequalities (Szebehely & Meagher, 2013). The 2011 article describing hotel-concepts like that of Brahem shows how a type of nursing home that could be framed as part of this unwanted development is portrayed as enabling vulnerable elders to live according to an established lifestyle. The article about the retired physician, who did not sleep or eat, had a happy ending describing how he moved to a nursing home with hotel concept and gained weight and enjoyed life. Articles describing older immigrants move to ethnic nursing homes, often end in a similar way, i.e. that quality of life increased when care users moved to a place where they lived with people of their own kind.

Internationally, this way of bringing ethnicity and class into a broader umbrella of lifestyles that are related to needs has been expressed in attempts to organize nursing home care in accordance with “distinct and different patterns of living”. Lifestyles labelled “Indische” (referring to Indonesian immigrants in the Netherlands) and “Christelijke” appear along lifestyles like “Culturele”, “Amsterdamse” and Ambachtelijke (specific type of working class lifestyle). In relation to these lifestyles Notter, Spijker and Stomp (2004: 450) describe the Dutch nursing home Hogeway as attempting to establish for persons with dementia “the type of work they did, their religious beliefs, their social class, their cultural patterns and



practices, their hobbies and interests, and on finding ways to facilitate activities which help to keep them anchored in reality.” This is a vocabulary that links lifestyle to quality of life.

The emphasis on quality of life of residents removes attention from class inequalities and introduces the suggestion that lifestyle-based care is a matter of needs and entitlement – similar to the way the situation of some older immigrants is described in the language and culture frame. What the analysis of this paper reveals is how established ideas on successful care arrangements concerning older immigrants are now being used to promote a system that may also result in care that is based on social stratification and class.

### **Conclusion and implications for future research**

The main finding of the paper is that, since about 2007, descriptions of ethnically profiled nursing homes have come to be included in a broader category of profiled nursing homes within a system that focusses on choice based on special needs, lifestyle and interest. The paper points to a need to investigate how decision makers and social workers involved in planning and assessment in eldercare look upon this development. Is the “need” to live with one kind, in a context that reproduces the particular lifestyle of a group, perceived as a right or as a threat to the traditional aim of providing equal services?

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