



Nordic Council  
of Ministers

# **Key messages on older LGBTI people's interactions with health and social care**

Results from a Nordic high-level meeting



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This publication is also available online in a web-accessible version at:  
<https://pub.norden.org/nord2024-010>

# The participating organisations



- The Danish Institute for Human Rights
- The Directorate of Equality (IS)
- The Equality and Anti-Discrimination Ombud (NO)
- FRI (NO)
- Inland Norway University of Applied Sciences
- Local Government and County Employers (FI)
- Ministry of Culture and Equality (NO)
- The National Board of Health and Welfare (SE)
- NIKK
- The Nordic Council of Ministers
- The Norwegian Directorate of Health
- The Norwegian Directorate for Children, Youth and Family Affairs
- Public Health Agency of Sweden
- Regnbågsfyren (AX)
- RFSL (SE)
- Samtökin '78 (IS)
- SETA – LGBTI Rights in Finland
- LGBT+ Denmark (DK)
- Södertörn University (SE)
- THL (Finnish Institute for health and welfare)
- University of Iceland
- ÄK-JÄM, The Nordic Committee of Senior Officials for Gender Equality and LGBTI
- ÄK-S, The Nordic Committee of Senior Officials for Health and Social Affairs



## Introduction

The Nordic population is ageing. This means that work to meet the increased needs of older individuals is becoming more and more relevant for achieving a sustainable society. In parallel, the situation for LGBTI people in the Nordic countries has changed radically in recent decades. This has resulted in increased access to social and legal rights, enhanced protection against discrimination, increased visibility, and more opportunities for building a community.

Nevertheless, studies have shown that a gender identity or sexual orientation that does not follow the conventional norm still significantly increases the risk of ill health. In particular bisexual and transgender people experience a higher degree of vulnerability and poorer mental and physical health compared to the majority population throughout their lives. How do these conditions affect older LGBTI people's opportunities while ageing, and what happens during contact with health and social care?

This publication provides an introduction to the state of knowledge in this area and how researchers and other experts describe pressing concerns and knowledge gaps, and identify measures necessary for change. It summarises key messages from a high-level meeting with experts, that was related to the launch of the Nordic report: *"He went back into the closet": Older LGBTI people's interactions with health and social care in the Nordic countries*. The report's title: *"He went back into the closet"* mirrors the experiences of some LGBTI seniors when moving to care homes where their needs are not properly met.

The report was released in December 2023. It is one key result of a project initiated by the Nordic Council of Ministers, which aimed to increase knowledge about the living conditions and quality of life of older LGBTI people, especially in relation to their encounters with health and social care. In November 2023, NIKK, Nordic Information on Gender, invited experts, key actors, and representatives from the target group in the Nordic countries to an initial high-level meeting in Reykjavik to address older LGBTI people's living conditions. This publication highlights key messages from this expert meeting about these important matters.



## Voices and key messages from the high-level meeting

The high-level meeting gathered together participants representing governmental authorities and ministries, as well as academia and civil society. Over two half-days in Reykjavik, the participants were given the opportunity to hear about the latest research from the Nordic region, based on the new report, share their knowledge and experiences, and discuss challenges, the need for new measures, and the way forward. The aim was for the meeting to help strengthen and deepen Nordic cooperation between national actors to improve LGBTI people's living conditions. The following sections summarise some key messages from the conversations, which were based on the questions below.



## **What is needed for future change: Research and knowledge**

What do we need more knowledge about in order to improve eldercare for LGBTI people? What kind of methods, collaborations, and perspectives do you need in your work to improve knowledge?

During a series of workshops, the participants at the high-level meeting identified a number of concrete knowledge gaps. The workshop groups consisted of meeting participants from different types of organisations with different functions. The topics summarised here are based on their reflections. This summary does not claim to be comprehensive, but these are some groups and themes about which we need more knowledge if we are to improve eldercare for all LGBTI people.

During the meeting, it was stated that this Nordic report is a milestone that it would not have been possible to compile ten years ago due to a lack of data back then. And while there has been a huge improvement, there is still a lack of data in many areas in terms of inequality for LGBTI people, which results in significant gaps in the knowledge that we have. The following are some of the knowledge gaps and suggested measures related to ways of gathering knowledge, such as data and methods, identified by meeting participants.

### **Include minority statuses in mainstream surveys**

An accessible measure for gathering more knowledge and data is to include minority statuses on more mainstream surveys in all the public health surveys in each Nordic country.

### **More knowledge about methodology**

There is a need for more knowledge about methodology, and in particular how to ask questions about sexuality, gender identity, and gender expression in surveys, interviews, and other methods and still follow GDPR and other laws on privacy.

### **Skewed samples, and a lot of groups we know little about**

When surveys are sent out, there is always a risk of skewed samples. Who are the people responding within small groups and who are the people who do not respond? For instance, respondents tend to come from large

organisations in big cities, and hence less is known about LGBTI people in rural areas. This calls for more diverse research methods and creative research designs in order to gather more, broader, and much-needed knowledge.

### **Include the LGBTI community in the research design**

Many LGBTI people can feel survey fatigue and become tired of answering questions about their lives, especially if they are not involved in the research design. It is important to involve the community in research projects from the start.

### **Do more research focused on care staff**

There is a lack of research on healthcare professionals in relation to LGBTI issues. More research is needed, and this can also be a way to challenge attitudes and raise awareness among care staff.

### **Give knowledge back to the community**

It is important to find effective ways to communicate knowledge to the community, not just to gather knowledge from the target group but also to give knowledge back to the LGBTI community in communicative ways, especially because there are a lot of people who do not know their rights.

Due to the lack of knowledge and insufficient ways of gathering it, there are many groups and themes that we do not know enough about. These are some examples identified during the conversations between meeting participants. It is crucial that we develop ways to gather data and knowledge in order to improve people's living conditions.

### **People with an intersex variation**

In existing Nordic research there is a lack of research on intersex people in eldercare. In an international context as well, research about older intersex people in care is scarce. Many intersex people struggle to find healthcare providers who are knowledgeable about intersex variations and who are sensitive to their needs. More research is needed, as well as knowledge and awareness-raising measures in practice.

### **Transgender health and care**

Transgender healthcare is negatively affected by the fact that trans people are still pathologised in all of the Nordic countries. Another issue is transphobia among healthcare professionals, as well as a lack of knowledge about how to treat trans people correctly. Trans women's situation should be highlighted specifically, as this group is often specifically targeted in hate speech and discrimination.

## **LGBTI people with minority backgrounds**

An intersectional approach is needed, for instance on LGBTI and ethnicity: For example, what happens when you lose your second language and are LGBTI? For example, in Sweden you are entitled to eldercare in your native language if you belong to a national minority, but in practice this is often a resource issue.

## **Those who come out late**

There are often specific circumstances for those who come out late in life, which we know is common among transgender people who now belong to the older generation. This is another issue about which more knowledge is needed.

## **Diseases and intersections between different health issues**

There is a need for more knowledge about older LGBTI people's specific health issues and diseases. There is also an issue that measures such as testing for HIV and other STIs rarely target older people. It is also important to take geographical differences into account. For instance, some people in smaller cities are worried that tests will not be kept confidential and that information that they have been tested will leak out.

## **Nursing homes vs at-home care**

More knowledge is needed about differences and similarities between circumstances and needs in nursing homes and when receiving at-home care.

## **Circumstances for public and private care respectively**

Less is known about how LGBTI seniors are cared for in private care than in public care, and it is more difficult to gain insights. One suggestion from meeting participants is to use LGBTI inclusion as a benchmark in purchasing processes when private care companies are contracted by public care.

## **LGBTI eldercare inclusion at the municipal level**

More systematic knowledge is needed about if, and if so how, municipalities in the Nordic region work with these issues. Sweden seems to be an exception here, with more knowledge available about what is being done at the municipal level, because this is being reported due to the fact that older LGBTI people are a prioritised area in the national LGBTI action plan. This is also a prioritised area in Norway's national action plan.



## **How can healthcare staff's LGBTI knowledge be strengthened?**

How can continuing education programmes for health and social care staff be organised and strengthened?  
What are the conditions, opportunities, and obstacles?

When talking about health and social care staff, two tracks can be identified: Those studying basic education programmes in health or social care, and those who already work in health and social care and receive continuing professional development (CPD) courses. These key messages, which are derived from group discussions and meeting participants' discussions, mirror that. Some focus on measures relating to education curricula and others focus on everyday practices and CPD in different ways.

### **Improve healthcare professionals' working conditions**

It is important to acknowledge the specific circumstances and conditions experienced by healthcare professionals in eldercare. Eldercare is a sector that is marked by a lack of resources, poor working conditions, and little time for training. The importance of decent working conditions in eldercare cannot be stressed enough. Healthcare professionals need time to talk to the recipients, reflect, and implement proper care. This is often

not the case today, with a lot of healthcare professionals finding themselves on very tight schedules with little or no time for either reflection or continued training. In order to improve healthcare for older LGBTI people, the general working conditions for healthcare professionals must be improved.

It is also important not to push the responsibility for implementing LGBTI knowledge onto individual healthcare workers, but that structural changes are made.

### **Pay attention to other structural aspects of eldercare**

A lot of eldercare is performed by private actors, and there are very few opportunities to follow up these actors with questions about how they handle issues such as the risk of discrimination. More insights and follow-up measures are needed.

### **Mainstream knowledge into everyday practices**

Meeting participants highlighted the need for a mainstreaming approach, whereby LGBTI knowledge is mainstreamed into everyday practices. Due to eldercare being a field of work with tight schedules and little time for specific courses and the like, this is especially important. We need practical knowledge for many different situations, and concrete examples of how concepts used in research can be bridged and understood in practice. For instance, how can a concept such as *non-heteronormative* be transformed into concrete actions? Such improved information and knowledge would help healthcare professionals to do a better job, give more accurate diagnoses, or offer better help and care.

Increased knowledge will also help policymakers to bring about change. Concrete knowledge can help in setting goals and following developments.

### **Mainstream knowledge into education curricula**

During the meeting, experts emphasised that it is important to find strategies to mainstream LGBTI knowledge, especially about older people, and make it compulsory in healthcare education. It can often be difficult to fit new content into existing programmes, and the answer is not primarily new specialised courses, but to mainstream the relevant material into existing content. In social work in Sweden, there are examples of how intimate partner violence has been mainstreamed in this way, with this aspect integrated into all parts of the programme and with strict regulations on following up the course objectives on intimate partner violence. There is now political interest in integrating other issues, such as knowledge about gang crime, in the same way. These examples illustrate that in a system like the Swedish one, but also in Norway, it is

possible to work with the basic structures of the content of educational programmes but it is a matter of political will. The Swedish system, with its national education plans, makes it possible to control content at the national level, but this is not the case in all the Nordic countries; for example, in Finland, all education plans, including objectives, are formulated at university level.

### **Mainstream norm-critical intersectional perspectives in both CPD and healthcare education programmes**

Norm-critical intersectional perspectives work well in both professional training and continuing education because they focus on how “othering” is created and maintained, but can also be broken. Especially in encounters with care workers who have experiences of racism, this becomes a way to reach out with a reflective, critical perspective on care practices. Teaching that focuses on heteronormativity, power, and other issues such as the concept of micro-aggressions is also successful, especially in social work. The participants also talked about including LGBTI issues in professional ethics contexts in education programmes, which is a form of mainstreaming.

### **LGBTI ambassadors**

One suggested measure raised by participants was the idea of ambassadors for change in nursing units, who receive training and can then train colleagues. The point was raised that it is important to also have non-queer people as ambassadors. One idea is that all municipalities should have one ambassador per nursing unit. It should be mentioned that this measure should be implemented in a way that does not place an extra burden on the individual ambassadors, and that the healthcare professionals’ working conditions need to be taken into account. This suggestion might seem to contradict others, which highlight the importance of not making the work for change too individually bound, yet this mirrors the complexity of the question and reflects the fact that some concrete measures are easier to implement immediately, whereas others require structural changes that will take longer to achieve.

### **Allocate funding for research and educational material about older LGBTI people**

Allocate funding for large research projects, as well as smaller grants for master’s and PhD students. It is also important to fund educational material about older LGBTI people’s living conditions at a Nordic level and in the Nordic languages. Nordic collaboration and funds for translations can also be an efficient way to more knowledge.



## About the report

# ***"He went back into the closet":*** **Older LGBTI people's** **interactions with health and** **social care in the Nordic** **countries**

The Nordic Council of Ministers' co-operation body *Nordic Information on Gender* (NIKK), located at the Swedish Secretariat for Gender Research at the University of Gothenburg, carried out this project. The report is in two parts: A research overview that describes the existing research on the living conditions of older LGBTI people and their encounters with health and social care in the Nordic countries, and a knowledge inventory that describes how the LGBTI perspective is taken into account in courses and study programmes for professions that encounter this target group. The report also includes recommendations for health and social care, for professional qualification study programmes, for CPD, and for continued research.

The research overview was written by Anna Siverskog, PhD, project researcher at the School of Culture and Education, Södertörn University, and senior lecturer at the School of Health and Welfare, Jönköping University. The knowledge inventory was written by Janne Bromseth, PhD, researcher at Eastern Norway Research Institute, Inland Norway University of Applied Sciences.

Read the report: ["He went back into the closet": Older LGBTI people's interactions with health and social care in the Nordic countries.](#)

# About this publication

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### Results from a Nordic high-level meeting

Nord 2024:010

ISBN 978-92-893-7825-3 PDF

ISBN 978-92-893-7826-0 ONLINE

<http://dx.doi.org/10.6027/nord2024-010>

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Photos: Silla Páls

Published: 9/4/2024

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Nordic co-operation has firm traditions in politics, economics and culture and plays an important role in European and international forums. The Nordic community strives for a strong Nordic Region in a strong Europe.

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