Living with Your Own Kind at the End of Life:

An Ethnographic Study of Profiled Nursing Homes in Denmark and Sweden

Master's thesis
Nanna Munch Larsen
Social Anthropology
Lund University
August 2015

Supervisor
Steven Sampson

Abstract

This thesis is about the global trend of the profiling of nursing homes, with specific focus on two empirical cases of profiled nursing homes in Sweden and Denmark. The profiled nursing homes, and their social dynamics, are analyzed on the basis of data collected through ethnographic fieldwork and additional documentation. The profiled nursing homes are institutional attempts to satisfy what are believed to be the elderly's individual or cultural 'needs' with the application of a specific profile. Behind this concept of satisfying cultural 'needs' lie two distinct categorical approaches which I call 'enclave-thinking' or 'individuality-thinking'. The thesis highlights the increasing segmentation of the nursing home sector into different client groups, as a result of profiling. Nursing homes must now make decisions about how to brand themselves and the target groups to which they want to appeal. Profiled nursing homes are just the latest incarnation of a general trend towards using the concept of 'culture' and 'individuality', often advertised as either 'inclusion' or 'special needs' in administrative restructuring and rebranding.

Keywords: social anthropology, nursing home, profiling, culture, needs

To my dad,
who always believed in me,
and to the persons
who were there for me
when I needed them the most.

Table of Contents

1. Introduction

Up until recently, nursing homes were places for everyone. There was one kind of nursing home, and the residents mainly belonged to the ethnic majority in each of the countries. A nursing home was just a nursing home, and there was no need to label them, nor the residents, in any other way than in accordance to the aging residents' health status. However, a new trend has arisen in the nursing home sector. The trend is called 'to profile', and 'specialize' the nursing homes, and under the Danish label *profilerede plejehjem*, and the Swedish label *specialinriktade vårdhem*, they have entered the eldercare scene in both of the countries. Specialized and profiled nursing homes are opening in Denmark and Sweden so specific groups of people or individuals can have their specific 'needs' met, these 'needs' are articulated in terms of language, culture, religion, or lifestyle. The issue of cultural minorities' 'needs' has become prominent due to the gradual aging of the immigrant populations in the two countries. What were once foreign workers and their families are now becoming ethnic minority populations of all ages, including pensioners in nursing homes.

Immigrants are not used to putting their elderly family members into nursing homes, as they come from countries where the elderly were cared for at home by relatives. Younger immigrants in the labor market cannot provide the care their elderly relatives need. Many of the immigrants, like a large proportion of Danes and Swedes, view nursing homes with dread, as they do not want their parents and grandparents to live in such places. These new culturally profiled and specialized nursing homes are therefore meant to ease the transition into institutional care for the elderly immigrants. However, it is not just projected cultural 'needs' that have stimulated the rise of the new profiled nursing homes. Another trend has been a focus on 'lifestyles' to meet the specific interests of the elderly in nursing homes. We thus have a segmented nursing home system composed of various cultural or lifestyle groups (LGBT, Jewish, Persian, Music, etc.).

I use the term *profiled nursing home* as a generic term for a set of new eldercare institutions encompassing 'the profiled nursing homes', 'the specialized nursing homes', 'the lifestyle nursing homes', 'the multicultural nursing homes', 'the diversity nursing homes', 'the ethno-linguistic nursing homes', 'the Jewish nursing homes', 'the Muslim nursing homes', 'the LGBT nursing homes', etc.

Focus and Aim

This thesis illuminates the trend of the profiling of nursing homes that has spread throughout the world, with specific focus on two cases of profiled nursing homes in, respectively, Denmark and Sweden. The intention here is not only to compare the profiled nursing homes in the two countries, but also to show that the nursing home sectors in Denmark and Sweden are undergoing major structural changes in organization and in their perception of their 'clients'. I will demonstrate that there is a global trend towards the profiling of nursing homes in order to meet what is constructed as the elderly's specific cultural 'needs'. Behind this concept of 'needs' lie a deeper concept of culture, the individual, and their identity. The nursing home sector is a window to this particular conceptualization of culture.

This study is based on two empirical cases; the profiled nursing home in Rinkeby in Sweden, that has three specialized wards with particular linguistic and cultural focuses, and the 'diversity nursing home' Peder Lykke Centret in Denmark. Through a study of these two nursing homes, I seek to elucidate elements of the rise of profiled nursing home care generally. The cases illustrate two distinctive approaches to the settings for social life in the profiled nursing homes as, respectively, what I call 'enclave-thinking' and 'individuality-thinking'. In Rinkeby the administration divides the people into units according to their ethnic origins. In Peder Lykke Centret they have a 'diversity' approach that mixes residents from different ethnic minorities within the units; the focus here is thus on the individuality of the client. The fieldwork in the nursing home in Rinkeby also provides a valuable insight on the realities they are faced with in a profiled nursing home in general.

With this thesis I focus on the use of 'culture' in regards to the profiled nursing homes. No one questions the assumption that people have a 'right' to have specific 'needs' met in the name of 'culture'. The issue therefore is how these 'needs' are conceptualized and fulfilled. In the process to fulfill these cultural 'needs' the profiled nursing homes act on a discourse of 'reified culture' with different approaches; 'enclave-thinking' or 'individuality-thinking'. Moreover, the two cases lay the ground for a discussion about brands and rebranding of profiled nursing homes, as well as a discussion on integration and segregation of the elderly residents in the nursing homes. In accordance to this, I use the following research question as the framework for this thesis:

In what way is the concept of cultural 'needs' articulated and used in the profiling of nursing homes, and what is the impact of this profiling process on residents, staff, and the nursing home sector generally?

With this research question in mind, I seek to investigate and analyze the concept of profiled nursing homes, with specific focus on my two empirical cases.

Anthropological Context

The profiling of institutions towards users with 'special needs' is hardly new in Western industrialized countries. One sees an oscillation between extreme segmentation followed by extreme inclusion. Denmark now has a tendency to open profiled schools with focus on gifted children, ethnic and religious private schools, private and public international schools, as well as a range of profiles in the City of Copenhagen that focus on music and creativity, science, sports, health, mathematics etc. Conversely, we also see an inclusive vision for the public schools in Denmark, where, under the model of 'inclusion', schools are supposed to bring together diverse groups and pupils with various developmental disabilities into normal classrooms (aided by a support pedagogue); the ostensible benefit being win/win for both the developmentally backward and the normal children who learn about 'diversity'.

Anthropology has always emphasized the fact that people are diverse and cannot be judged and categorized based on a single category such as gender, religion or ethnicity. To use the sociologist Bourdieu's term – everyone is the product of their 'habitus' (Bourdieu 1992). Nevertheless, there is also a wide range of anthropological texts about how people come together in groups, seek like-minded people and feel comfort in somewhat homogenous groups. Bauman (2000, 2001) touches upon this with his texts about 'communities', and Anderson (2006) describes it with the term 'imagined communities'. The consensus of sociological and anthropological literature describes how people feel more trust, more relaxed, and more likely to marry or interact with whomever they perceive as 'their own kind', be it clan, neighborhood, religion or ethnicity. This view that 'living with your own kind' has advantages has also permeated the thinking of social welfare authorities. In Scandinavia, the state routinely supports the establishment of cultural institutions for minorities, from kindergartens, schools, clubs, to radio stations, and now at the end of life, nursing homes.

Gerd Baumann (1997) describes the change in the use of the term ‘culture’ as a process where ‘culture’ has been taken away from being an academic abstraction and instead is used in a new and more concrete way outside academia. Within academia the term ‘culture’ is used as an abstraction from the actions of groups and individuals that serves to explain how people understand and act upon the world. In the academic context, ‘culture’ is neither perceived as normative or predicative but a way of conceptualizing a complex world with an analytical purpose. However, as Baumann points out, ‘culture’ has been borrowed by people outside academia and is then used in a more concrete meaning within ‘the dominant discourse’. In the new context ‘culture’ has gone though a reification that implies that ‘culture’ has a definite substantive content. ‘Culture’ is then associated with something that people ‘have’, ‘belong to’ or ‘are members of’ (ibid.:212). ‘Ethnic groups’ are then, through ethnic labels, defined as groups that share a homogenous ‘culture’. Additionally, Baumann describes that this reification of ‘culture’ is used in the fight for a new kind of ‘rights’ that he defines as:

> a category of rights more collective in conception than the traditionally individualist Civil Rights, but far more exclusive in character than universal Human Rights. These ‘community’ rights are claimed […] on the basis of memberships in a collectivity defined by ‘its’ ‘culture’. (ibid.:212)

By these means, ‘culture’ is a significant part of the ‘ethnopolitics’ where it is

> mobilising ethnicity from a psychological or cultural or social datum into political leverage for the purpose of altering or reinforcing … systems of structured inequality between and among ethnic categories. (Rothschild 1981:2 in Baumann 1997:211)

Moreover, Baumann argues that the ‘ethnopolitical activity’

> stresses, ideologises, reifies, modifies, and sometimes virtually re-creates the putatively distinctive and unique cultural heritages of the ethnic groups that it mobilises. (Rothschild 1981:3 in Baumann 1997:211)

Baumann further describes that the reification of culture often is a necessity in the political contestation if the 'community' wants to effect this kind of mobilization.

According to Baumann (1997:213) 'the dominant discourse' of 'culture' implies that 'ethnic' categories create 'communities' that are then defined by a reified 'culture'. Hence, this form of 'culture' that reduces 'culture' and 'ethnic groups' to reified essences is an important compound in the negotiation of difference (ibid.:209).

'The dominant discourse' about 'culture', the reification of 'culture' and the use of 'culture' in the fight for specific 'rights' is used in this thesis as the theoretical framework to an analytical understanding of the profiled nursing homes. I will thereby use the description of 'culture' from Baumann to discuss the way that the term 'culture' is used in the rebranding of the profiled nursing homes to create a target group and in the argument for the specific group's 'needs'. This theoretical framework opens up to a discussion about the concept of 'needs' and how specific groups have their 'needs' being met. As I discuss in this thesis, 'the dominant discourse' of reified culture is not just used for ethnic politics. It has now been adapted and transformed by the state and even by private companies as a marketing tool. The welfare authorities and the companies are now using the reified culture concept for their own ends and projects. 'Reified culture' becomes market segmentation, culture-bearers become 'clients', or even 'customers'. In this thesis I illustrate how this process takes place, and its impact. In the rest of the thesis I use the term 'reified culture' with reference to Baumann's description of the concept of a reified 'culture' in relation to 'the dominant discourse'.

The study of 'special needs' is a not a new subject of research within anthropology. The discussion of how specific cultural groups of people have their specific cultural 'needs' met, is a central issue of research on the disabled and on cultural minorities. Kulick and Rydström (2015) have explored how persons with disabilities assert their 'rights' to be assisted in fulfilling their sexual needs, and conclude that the conception of these specific 'needs' are met in Denmark, and not in Sweden. While my study of profiled nursing homes is in line with Kulick and Rydström's discussion of 'rights' or 'needs', it also differs in terms of the fact that I find the specific cultural 'needs' to be articulated in both Denmark and Sweden. My study of the conception of cultural 'needs' is thereby related to the study of a variety of differently articulated 'rights' for specific groups of people.

Moreover, as an analytical tool in this thesis I use the terms that have I chosen to call 'enclave-thinking' and 'individuality-thinking' as a dichotomy to illustrate and focus on how

the profiled nursing homes are rebranded into nursing homes that organize and structure their residents and their daily lives in specific ways. I use these terms as a way of organizing the profiled nursing homes that focus on 'lifestyle', 'culture, language and ethnicity', 'religion' and 'diversity'.

Literature About Cultural Considerations in Nursing Homes

Much has been written about the new approach to nursing homes worldwide under the themes of 'culturally congruent care', 'cultural diversity' and 'person-centred care'. With some anthropological exceptions (Heikkilä et al. 2007) most of the literature is written within the academic fields of nursing and caring. As I was not able to find any anthropological works on subjects related to the profiled nursing homes, I have chosen to give a short introduction to what the people within the nursing and caring sciences write about the subject. These articles show how the 'reified culture' has entered the field of nursing and care with a reification of 'culture' and an argument about how different groups of people should have their specific cultural 'needs' met.

Mold et al. (2005) review the international literature concerning minority ethnic elderly residents in nursing homes. First, they summarize how it is critical to acknowledge the ethnic 'diversity' and the importance of good communication between the elderly and the care workers. However, regarding the specialized nursing homes to specifically provide care for ethnic minority elderly, Mold et al. (2005:112) conclude, "[o]n the basis of current international and UK evidence, it is not possible to fully understand whether 'segregated' care is necessary or indeed beneficial, and how best to address the issue of tailored care so that minority ethnic older people feel that their needs are being met".

Heikkilä et al. (2007) introduce the concept of 'culturally congruent care' in a study of a Finnish nursing home in Stockholm, Sweden, that contains both Finnish residents and Finnish-speaking care workers. In the nursing home, the elderly Finns are able to live a life surrounded by Finnish artifacts and books, they are able to watch and listen to Finnish TV and radio, and interact with people who speak Finnish and know about the Finnish customs and traditions. 'Cultural congruency' in this context means that there is a congruency between the residents' lived lives and cultural backgrounds and their lives in the nursing homes. They are, so to say, able to maintain their way of life as they know it; they can speak and be understood in their mother tongue, watch TV and listen to radio from and about their country of origin,

follow their customs and traditions without problems, be surrounded by artifacts that they recognize from their country of origin, and be able to read or be read books in their mother tongue. This is, according to Heikkilä et al., 'culturally congruent care'. In the article they argue that cultural congruency is used as a facilitator for caring in the nursing home, and as a facilitator for well-being amongst the elderly residents. Furthermore they explain how the shared cultural knowledge both enables an individualization of care and creates solidarity between the staff and the residents in the nursing home.

Gorek et al. (2002) also write about the subject of cultural congruency in relation to 'culturally competent care'. The article is based on a study to explain and resolve "the disproportionately high number of complaints by family members of Latino residents" in a nursing home situated in the US (ibid.:272). The solution suggested to reduce the complaints and provide better nursing home care for the elderly and their relatives is presented in the article. They suggest that the staff ought to help the elderly maintain a 'cultural congruency' when they move into the nursing home. In order to do this, the staff needs knowledge and understanding of the elderly Latinos' cultural values, beliefs and practices, and they should involve the elderlies' relatives in the care and gatherings or celebrations in the nursing home.

Notter et al. (2004) do not use the exact words 'culturally congruent care', but they do define the same argument in their article. Notter et al. describe two very different nursing homes in the Netherlands, their attempts to embrace a range of cultures, and how they are "taking the community into the home" (Notter et al. 2004:452). They describe that these two nursing homes stand in opposition to the situation in the late twentieth century where people, when transferred into nursing homes, "lost many of their own cultural patterns of living, a situation that contributed to their sense of loss and distress" (ibid.:448). They then argue that now it is much more common to "acknowledge difference", "recognize cultural patterns and practice", "be culturally sensitive", "culturally competent", or to perform "culturally safe care" within the care sector (ibid.:448). Accordingly, Notter et al. argue that "cultural safety" is practiced in the two nursing homes they use as cases in their article. The first nursing home described is Hogeway that has used a model of 'lifestyle groups' and created 15 wards focused on different lifestyles. The second type of nursing home is De Schildershoek, a multicultural nursing home that helps the residents "retain their cultural patterns and practices whilst living within a safe environment" (ibid.:451). With this article Notter et al. describe how the 'cultural congruent care' is practiced both within the lifestyle nursing home Hogeway

and the multicultural nursing home De Schildershoek as they allow and encourage the elderly residents to live according to their own cultural patterns.

Mullay et al. (2011) have a more general perspective, and do not focus on any specific nursing homes but outline the approaches to 'person-centred care' and 'cultural diversity' in Scottish nursing homes. According to the authors, there are several weaknesses in the contemporary Scottish approaches to 'cultural diversity' within the nursing homes. Mullay et al. (ibid.:718) use the article to criticize the contemporary 'transcultural models of care' for being too "black and white" because they tend to classify 'cultural diversity' as all too "fixed, well-defined, easily visible, and easily addressed". The authors also criticize the Scottish government for only focusing on 'cultural diversity' among the immigrant populations as they thereby treat the rest of the Scottish population as culturally homogenous. Moreover, Mullay et al. explain that skin color should not be the only indicator for multiculturalism, and that all elderly people should have their ethnic/cultural diversity acknowledged, regardless of whether they have been labeled as an ethnic minority or belong to a non-migrant group. In the article, they also emphasize that the cultural and social diversity might be greater within ethnic groups than between ethnic groups because of the differences that might appear between the different generations within the same ethnic group. This issue applies to the assumption that having care workers who are of the same ethnic groups as resident resolves all cultural problems. Rather, "[i]t cannot be assumed that younger members of a given ethnic group are automatically culturally competent as care workers for older members of that group" (ibid.). This conclusion undermines the argument from Heikkilä et al. about the benefits of the use of Finnish care workers for Finnish nursing home residents.

Furthermore, Mullay et al. focus on 'person-centred care' inspired by Kitwood (see Kitwood 1997), but point out that if 'person-centred care' is to be performed in a contemporary context, it is important that care workers take into consideration the social and cultural background that "shaped" the individual resident, and learn about their social, cultural and historical context (Mullay et al. 2011:720). Mullay et al. also define the importance of specialized nursing homes in Scotland that will help the residents to be able to continue their life in a nursing home as it was before, regardless of ethnic background. The authors find the creation of these kinds of nursing homes to be highly relevant because people with dementia lose the normal ability to adapt to changing "social and cultural contexts" (ibid.:716,719).

This argument by Mullay et al. does, even though it is put under the label of 'person-centred care', also seem like an encouragement of the concept of 'culturally congruent care'.

The buzzwords in the literature about profiled nursing homes within the academic fields of nursing and caring are then, as illustrated above, 'culturally congruent care', 'cultural diversity' and 'person-centred care'. Even though the discussions focus on different factors and solutions, they all focus on how individuals and groups of elderly get their 'needs' met. In these arguments they use the concepts of 'culture' in order to underline the importance of, and suggests ways in which, these elderly can get their 'needs' met in order to get a good experience in a friendly nursing home milieu. However, the approaches are different. While Heikkilä et al. argue that the shared cultural knowledge between Finnish staff and residents can provide the needed 'culturally congruent care', Mullay et al. have a more critical perspective on the issue and question whether an ostensible shared background actually makes them 'culturally competent', whereas Gorek et al. mainly focus on knowledge and understanding about cultural values, beliefs and practices among the care workers. Regardless of their arguments, they all use the word 'culture' in their approach to better nursing home care. In this context, 'culture' is something you can "recognize", you can provide "culturally safe care", and "cultural contexts" can change, there are "transcultural models of care", cultural backgrounds "shape" individuals, and Mullay et al. tell us that 'cultural diversity' is neither "fixed", "well-defined", "easily visible" or "easily addressed".

Method

This thesis is based on ethnographic fieldwork in a culturally and linguistically profiled nursing home in Rinkeby, Sweden, field visits to a 'diversity' profiled nursing home in Copenhagen, Denmark, and documentation about the global profiled nursing home sector from Danish, Swedish, and international sources.

Early in the process of brainstorming for this thesis I became interested in elderly immigrants in Denmark in relation to nursing homes. At that time I had only been to nursing homes a few times, but during those visits I had only seen immigrants working and none living in the places, and so I wondered if they never went to nursing homes and had other arrangements. After my interest had been awakened, I started researching the field within Denmark, but soon I was led in the direction of a nursing home in Sweden that had specialized its profile towards different ethnic minorities, both as residents and as employees.

I did some background research on this institution and was invited by the head of the nursing home to perform fieldwork there. I conducted the fieldwork in the nursing home, Rinkeby vård- och omsorgsboende, in Stockholm from mid-September 2012 to the end of October 2012. Later, in February 2013 I returned to Stockholm for a short follow-up visit.

I rented a room close to the nursing home, so my fieldwork was based upon daily visits to the location. This gave me the chance to get to know every ward in the nursing home and to move freely between the wards. It was clear to me from the beginning that it would not support my research if I were to live in one of the wards. I wanted to get to know every ward and do fieldwork all over the institution, be able to get away from the nursing home to get to know the surroundings, and felt that it would be enough to stay at the nursing home in the daytime, so the decision to rent a room outside the nursing home, as opposed to getting to live in the nursing home, was obvious to me. This also felt like a good opportunity to get away from the field each day to reflect on my experiences.

My focus in the fieldwork was to learn about the everyday life and the work routines and then see in what direction this would lead me and my thesis. I was particularly interested in following how the concepts of culture and language were articulated and acted out in the nursing home setting. To be able to obtain this kind of data, I found that participant-observation was suitable. I used four days in each of the nursing home wards, and for each of these four visits I made sure they took place at different times of the day, so all in all, I would have a sense of the work routines and everyday life for an entire day at each ward. I did not come to the nursing home at night, for several reasons: my pregnant body ached for sleep, I did not think I could see anything at night that I would not be able to see in the daytime, and just covering all of the hours of the day in each ward was all I had time for during the limited time period.

The form of participant observation I did can be viewed as somewhat relative. I did not obtain the role of an employee or a resident – I did not have to change diapers nor get them changed. My role was somewhere in between. Often I had my food served as a resident, other times I went out to the kitchen (only entrance for employees) to get something myself as any other employee. I watched when the employees and the residents interacted, and even more private things in the apartments, such as diaper changes etc., and I was there at the table when the employees chatted behind the back of the residents. I followed the staff around in and out

of wards, or stayed in the living room, hallway, kitchen, or dinning room, but never went into the apartments or the offices alone.

During an average day in the wards I followed the staff around, attended meals with the elderly and/or the staff, listened to their conversations, participated in their conversations, and was told stories. Sometimes I tried to let everything pass without my intervention, and at other times I asked some of the questions that had come to my mind while watching.

Some of the staff members were very talkative while others were quieter, but they were all very open and helpful towards my questions and me. On the other hand I was not able to do the traditional deep ethnographic interview with the elderly residents, as many of them suffered from severe dementia and did not even know where they were. I did not do any formal interviews with the staff or the elderly; however, I did ask more direct questions to the staff to enlighten my knowledge about certain subjects. In some situations, I did also try, in a discreet way, to lead the conversations in specific directions, or to get them to stick to the subject they were talking about if I heard things that were valuable for the collection of my empirical data. But more often than not the staff just started talking to me about everything from their personal lives, the work routines, the good and bad parts of the job, the situation of the institution, or stories about the elderly, or their relationship to them, without me asking.

Because I know Swedish and Spanish I could follow most of the conversations that took place in the Swedish and Spanish-language sections of the nursing home, but in the Turkish and the Persian wards I did not understand some of the conversations, which I then had summarized in Swedish afterwards, as well as a few other conversations in the other departments spoken in Finnish, Romani and other languages.

Other than observing daily routines in the different wards of the nursing home I attended the monthly staff meetings and the different activities they had at the institution while I was there, such as the meeting of a theater group for employees and coffee gatherings for the elderly. I also followed a nurse and a physiotherapist around the institution for one day each. Additionally, I did recorded semi-structured interviews with some of the administrative staff in their offices to obtain some more overall information about the institution and routines. Moreover, I read press accounts and reports about the nursing home before, during and after the fieldwork.

Regarding my field notes I sometimes sat in the dining room or living room and wrote down what happened when the employees and the elderly interacted, or made notes about the

surroundings in the ward, the food etc. When I talked to people I never took notes during our talks, as I found it to be too formal and disturbing for the conversation when I did. Instead, I would write up things when our conversation was over, or when I was sitting in the living room or dinning room by myself. At other times, I would write things down that I had experienced the day before, or add some details when I had forgotten to write it down the day it had happened. I also wrote the notes into my computer to have a back up if something would happen to my notebook after my fieldwork, or during my maternity leave.

My presence and the purpose of my stay was always open, and I tried to introduce myself briefly when I noticed a new person in my presence, to let them know who I was, and what I was doing there. After having received a few questions about my project from the staff, they often seemed more relaxed and talkative around me. Because the first staff meetings took place only a few days after the beginning of my fieldwork, the head of the nursing home made me introduce myself, my focus, and the structure of my fieldwork at the meetings. I know that the people involved in my fieldwork were aware of my participation. As an example, the head of the nursing home presented a long summary of the history of the institution over the last years at the beginning of the first staff meeting I attended. This was not part of the protocol, and he also mentioned to the attending staff and me, that he primarily was doing this in order to tell me about the current situation and the processes leading up to it. Another example on how the staff was aware of my presence is that the employees often started telling me stories from the past days, or about things that had happened years ago, which seemed to be more for my sake than it was what they usually talked about. However, I think that their awareness of my presence has been to my benefit because it made them reflect and tell stories that I would not have been able to hear if they had just seen me as another employee.

Since beginning this study in the summer 2012, quite a lot has happened in the field of profiled nursing homes. In order to set the Swedish experience in a larger perspective, I contacted Peder Lykke Centret in Copenhagen and went for a study visit to do an interview with the head of the nursing home, and got a tour around the nursing home. Additionally, I attended the official opening of ‘the intercultural room’ and had informal talks with the staff and the deputy mayor of health and care in Copenhagen during the event. The short research I have done in Peder Lykke Centret in the fall 2014 does not equal the fieldwork I have done in Rinkeby. I do, however, think it is beneficial to use Peder Lykke Centret in the discussion of

the nursing home in Rinkeby, because the differences between the two nursing homes in their 'ideologies' and institutional projects opens up a discussion about the profiled nursing homes in general. I also tried to get into the Jewish nursing home in Copenhagen, and the Persian nursing home run by Kavat Vård in Stockholm, but was unable to gain entry. They did not feel they had the time in either of the places to let me do an interview nor to give me a tour of the nursing homes. The empirical data I have collected from the Danish and Swedish nursing homes is supplemented by secondary sources about profiled nursing homes worldwide, with specific focus on Denmark and Sweden. Several news articles and Internet sources are thereby also part of the data I use in this thesis.

Looking at the ethical considerations, I, as stated above, received the permission to do, respectively, fieldwork and field visits in the two institutions from the head of the nursing homes. I never found it to be necessary to ask the specific employees for permission to write about them, as I had the permission from the head of the nursing home, and as no one opposed to my fieldwork, I have never found it to be a problem. I am referring to no one by name and the only specifications I use are the wards they work in, their nationality and/or their profession.

My methodological approach for this thesis has, as described above, been explorative and inductive. However, there is always the chance to miss something in a fieldwork. When you focus on something specific you naturally become blind to something else. My focus during the fieldwork was to explore the everyday life, the structure, and the routines in the institution. This was a broad focus, which I found to be a benefit and a weakness at the same time. It has let me follow the data instead of some predetermined paths during the fieldwork, but also made me realize that there were gaps that needed to be filled. The end result is that a study of two nursing homes becomes a window to understanding the general idea of profiled nursing homes in general and the way culture and lifestyle are integrated into the logic of the welfare state.

Thesis Overview

In chapter 2 I present an overview of the multiplicity of profiled nursing homes around the world, as well as a presentation of the profiled nursing homes in Denmark and Sweden. The two main empirical cases, the profiled nursing home in Rinkeby in Sweden, and the nursing home Peder Lykke Centret in Denmark are presented in chapter 3. In chapter 4 I discuss the

social dynamics of the profiled nursing homes in terms of approaches, ‘needs’, brands and social effects. Eventually, in chapter 5, I conclude the findings of the thesis and discuss the future and implications of profiled nursing homes in general.

2. Profiled Nursing Homes

The creation of profiled nursing homes is a global trend that is present in European countries such as the Netherlands, and Germany, as well as in Canada, USA, and Australia that has now spread to the welfare states of Denmark and Sweden. In this chapter, I present an overview of the profiled nursing homes in the international scene that I have been able to find through several Internet searches. I also give a more detailed description of the profiled nursing homes in Denmark and Sweden and the debate about them as well. As will be shown, these nursing home profiles focus on everything from cultures, ethnicities, languages, religions to lifestyles and sexualities.

Profiled Nursing Homes Around the World

In The Hague, the Netherlands, there is a public nursing home called De Schildershoek where the diversity in religious, cultural and ethnical differences amongst the residents is supported. There is not just one minority group but residents "from almost every community present in the Netherlands" (Notter et al. 2004:451) and according to *The Japan Times* (Prideaux 2005), "Schildershoek is one giant ethno-socio-linguistic Babel". Notter et al. (2004:452) note that because it was difficult for the staff to communicate with the residents who had lost their second language, they have begun to actively recruit employees from the minority ethnic communities represented in the nursing home. Due to this, many of the residents can now communicate in their mother tongue with the staff, and those who cannot are encouraged to use the translated material they have at the nursing home. All religions are equal in the nursing home and they even have a 'multi-faith prayer room' so Hindus, Catholics, Protestants and Muslims have a room for their religious practices (Prideaux 2005). The curtains and religious objects in the room go back and forth according to the ceremony, and likewise, markers on the floor point to Mecca. In the kitchen they provide meals for everyone in an '''intercultural menu cycle' designed to keep everybody as happy at mealtimes as possible" (ibid.). In the menus they operate with everything from different kinds of meat and ritual slaughter to exotic vegetables to please the 60% of residents from another country of origin (ibid., De Schildershoek). Notter et al. (2004:451) also describe that it is standard in the nursing home to try to explore how the residents have lived, their social history, hobbies, interests and care needs to be able to get as close as possible to the to the individual's life with

their care packages. They also describe that "respect" and "to listen" are some of the ground rules in the nursing home. Booij (2006:22) explain that De Schildershoek has an idea based on 'diversity' in which they focus on the individuals and the cultures.

In the Netherlands there is another profiled nursing by the name Hogeway. It is a lifestyle nursing home with special orientation towards people with dementia. The nursing home is split into 15 'lifestyle groups' which are based on seven different lifestyles. Before the groups were created, a detailed study was performed to identify the different cultural patterns and practices that existed across the Netherlands (Notter et al. 2004:450). From this study evolved seven lifestyle groups detached from geographical orientation. The lifestyles are:

> *Gooise* or aristocracy, a term origination in a very wealthy area of the Netherlands; *Culturele*, a term that has no literal translation, but refers to a lifestyle based around the arts, classical music, history and other cultural events, *Amsterdamese*, based on the type of life lived in the crowded urban areas such as Amsterdam; *Indische*, referring to people from Indonesia, a former colony from which many people immigrated to the Netherlands; *Christelijke*, referring to those who have always followed strict Christian religious observance; *Ambachtelijke*, meaning those used to a particular type of working class lifestyle; and *Huiselijke*, meaning those whose main focus was homemaking, working as housekeepers or what was regarded in the past as being in domestic service.
> (ibid.)

Additionally, Notter et al. (ibid.) describe that it is important in the nursing home to identify the residents' previous work, religious beliefs, social class, cultural patterns and practices, hobbies and interests in order to help them get into the right unit and to help them facilitate it "to keep them anchored in reality".

Germany got its first multicultural nursing home in 2004, the Haus am Sandberg in Duisburg. The residents choose a meal, and each day the kitchen makes sure to have a non-pork dish for the Muslim residents. One third of the staff in the nursing home are from another country of origin and in this way they make sure that someone knows the native languages that the residents speak. The nursing home has a Christian chapel and a Muslim

mosque for the residents to use. However, in an article in with the German newspaper *DW* (Ballweg 2004) the head of the nursing home admits that the mosque is not used very often.

In Canada, the phenomenon of the concept of nursing homes for people from specific countries of origin is well established. The Canadian newspaper *The Toronto Star* (Kay 2012) names some of the nursing homes in Toronto for "specific cultural groups": "Yee Hong and Mon Sheong for the Chinese population, Hellenic Home for the Greek community, Villa Colombo in North York for those with Italian heritage, Suomi-Koti in Leaside for the Finnish population and Baycrest Centre for the Jewish community, just to name a few". Additionally, they indicate that the waiting lists are so long that it takes years for people get in.

In Australia they too have a lot of focus on the increasing number of aging immigrants. However, nursing homes there present both of the strategies to meet elderly immigrants in the long term care. The nursing home Illawarra is multicultural, and they advertise how they are open to all cultures (Illawarra). An example of a nursing home dedicated to a specific cultural and linguistic background is the Hispanic nursing home called Parque Habitacional, which is located in Sydney (Residential Gardens, Parque Habitacional).

There even is a Danish nursing home in USA in the state of New York by the name The Danish Home, a home that also has been represented in a documentary about the specific nursing home and its Danish profile (The Danish Home, TV2).

Sweden

In this chapter I describe the assemblage of profiled nursing homes that I have been able to find in Sweden. In Sweden, the general tendency among the profiled nursing homes is to focus on culture, language, ethnicity and religion.

Profiled Nursing Homes as a Business Niche

Kavat Vård, a private eldercare company in Stockholm, has opened several nursing homes for different minority ethnic groups. They have opened Persikan, a Persian nursing home; La Casa, a Hispanic nursing home; and Bejtona, an Arabic nursing home.

"Persikan is a Persian home for you that are longing home in your old age", they explain on their webpage (Persikan 1, translated from Swedish). They furthermore explain that they are attentive to the Persian traditions and holidays in the nursing home. In addition

to speaking Persian, they also use furniture, carpets, smells and artifacts in the common areas to give the elderly residents a feeling of coming home to Iran. The Persian customs about drinking tea in groups and smoking a hookah are also welcome in the nursing home as well as the elderly have the possibility to watch Persian TV and listen to Persian radio or music. On the webpage Kavat Vård emphasize the fact that they respect and thereby maintain the gender roles they have in the Persian culture so the elderly can be assisted by an employee of the same gender as themselves. They serve homemade Persian meals each day, and note that a Swedish meal can be prepared upon request. Entertainment and lectures in Persian are also arranged frequently.

Kavat Vård has published two videos about Persikan (Persikan 2, Persikan 3) as an introduction to the place. In both of the videos and on the webpage (Persikan 1) the employees and the head of the nursing home express how they feel that they are not just the staff in a nursing home, they are a lot more too - they feel like they are a family. In an interview (Persikan 2) the head of the nursing home explains that body contact is very important in their culture. This is also evident in the two videos where you see how they are very caring, touching and hugging, and how the employees are dancing with the residents to Persian music.

La Casa is the Hispanic nursing home within Kavat Vård. On their webpage they do not have much information about La Casa (La Casa 1), however you find much more information in the flyer in Spanish about the location (La Casa 2). They describe that La Casa is a nursing home for elderly people who wish to live in a place were care and assistance is provided in Spanish. According to the description of La Casa the elderly will also experience a home based on Hispanic and Latino influences with typical food and music and where the festivities are celebrated in a “nuanced atmosphere” with “warm feelings” and “hot flavors” (La Casa 2, translated from Spanish). In La Casa they explain that they bring to mind the country of origin to the elderly with the help from decoration, the smells from the food, paintings, and TV and radio in Spanish. They also explain that music, songs and dances are an important part of the Latino-Hispanic culture and that they have live music and guitar concerts several times a week along with singing and dancing. All of the employees speak both Swedish and Spanish, and they even have a doctor that speaks Spanish who comes to the nursing home regularly. In La Casa they do underline the fact that the employees do not take ownership of the role of the

family but leave room for the family to feel close to the elderly and welcome to keep being a part of their lives. (La Casa 2)

Bejtona is the Arabic profiled nursing home (*arabiskt profilboende*) in Kavat Vård, and from the description on their website it looks like they share many of the same values as Persikan and La Casa. They describe that they make Arabian inspired food, respect when the elderly have gender restrictions in the care they receive and try to create an Arabian atmosphere with the help from TV, music, decorations, tea, fruits and lectures (Bejtona). Bejtona even declares that the nursing home does not have a specific religious profile and that both Muslim and Christian holidays will be celebrated (Kallin 2011, Boije 2009).

Immigrants are not the only ones that are starting to get profiled nursing homes. Kavat Vård has additionally opened another profiled nursing home, Brahem, for elderly people that do not mind paying for extra help and luxury. They profile themselves as a nursing home that has many similarities with hotels and guesthouses and they even have a lounge, café and spa in the common areas as well as serving "Friday drinks", appetizers and desserts (Brahem 2). The head of the company even describes it as the Hilton among nursing homes, aimed at the choosy elderly (Brahem 1). In an interview with a newspaper she correspondingly describes that, until now, anything is possible, and that the residents can order anything they would like at any time a day (Dalqvist).

It is evident that Kavat Vård does not only specialize in nursing homes for a specific group of people, the company specializes in a variety of nursing homes with very different profiles and target groups.

From Finnish to LGBT

Additionally there are profiled nursing homes with Finnish, Jewish, and 'Oriental'[1] profiles in Sweden. The Finnish minority group has a nursing home located in Stockholm called Suomikoti where the employees speak Finnish and a sauna is among the facilities (Suomikoti, Boije 2009, see also Heikkilä et al. 2007). Björnkulla is a nursing home located in the town Huddinge that has three Finnish nursing home wards. This nursing home is decorated with Finnish art, they also have a sauna and prepare Finnish meals in the kitchen (Laestadius 2015). The Jewish population in Sweden has one nursing home in Gothenburg and another in Stockholm (Jewish nursing home Stockholm, Jewish nursing home Gothenburg). The one in

[1] I describe the nursing home as 'Oriental' because it is the emic description of the nursing home.

Gothenburg opened in 1995 with the help from three private donations (Fingal 2013, Jewish nursing home Gothenburg). The Catholic society in Stockholm also has a nursing home, Josephinahemmet (Josephinahemmet).

Additionally, the nursing home Vårbacka Plaza has an 'Oriental' profile, cooperates with the Syrian society, and both Swedish, Turkish, Kurdish, Persian and Arabic languages are spoken there. In the nursing home they serve Arabian and Turkish food but welcome everyone regardless of their religious, cultural, or ethnic background (Vårbacka Plaza, Aleris, Lind 2012).

Moreover, there are some additional initiatives related to the profiled nursing homes. In Stockholm, a home for homosexual, bisexual, transsexual and queer persons opened in the fall of 2013. It is not a nursing home but rather a retirement home for elderly LGBT persons in the outskirts of Stockholm (Regnbågen, The Observer & Information 2014, Landes 2013). Additionally, the two minority groups in Sweden, the Tornedalians and the Sami people are also trying to establish their own nursing homes (Junkka 2014, Linder 2009).

Media Representation in Sweden

In this section I review the public debates about profiled nursing homes in Sweden, and how the opening and rebranding of profiled nursing homes in Sweden has been covered in newspapers and online resources.

In Sweden, Sirkka-Liisa Ekman, professor in nursing at Karolinska Institutet, is one of the co-authors of the article about cultural congruency in a Sweden based Finnish nursing home (Heikkilä et al. 2007), and was involved in the opening of said nursing home (Sillén 2014). Moreover, she has encouraged the opening of more nursing homes directed at the minority elderly in Sweden, and declares it as a 'right' to receive eldercare from people that know the language the elderly speak as well as their culture (Svensson 2008). She even declares, in an interview with Karolinska Institutet, that it is wrong to try to integrate people suffering from dementia, which would only make them isolated, as no one speaks the same language as them (Sillén 2014).

The media has also covered the openings of the profiled nursing homes. In the newspaper *Expressen* (Bäsén 2009) they described the nursing home in Rinkeby and the Danish nursing magazine, *Sygeplejersken* (Andersen 2009) even published an article about the nursing home. Moreover, *Svenska Dagbladet* (Olofsson 2014), *Sveriges Radio P6*

(Landén 2013) and *Sveriges Radio P4 Stockholm* (Sveriges Radio P4 Stockholm) have also described the profiled nursing homes by Kavat Vård. Additionally, *Sveriges Radio P4 Västmanland* (Lind 2012) has published a story about why it is important to provide eldercare in a variety of languages on their website, and *Göteborgs-Posten* (Svensson 2008) has covered a story about how the elderly immigrants get isolated in the general nursing homes.

Denmark

In this section I describe the profiled nursing homes in Denmark. While the majority of the profiled nursing homes in Sweden are focusing on culture, language, ethnicity and religion, the tendency is that in Denmark the profiled nursing homes focus on lifestyles. Also, there are profiled nursing homes that focus on religion in both countries.

Jewish Nursing Home

Deborah Centret is a Jewish nursing home in the center of Copenhagen and is partly run by the City of Copenhagen. It was opened in 2007 and thereby replaced two older and outdated Jewish nursing homes (Westh 2007). The nursing home is upholding the Jewish holidays, Kosher rules and Jewish traditions. All of the food in the nursing home is prepared according to the Kosher instructions, which means that there are two separate kitchens and two of everything from plates to dishwashers, one for diary products, and one for meat. They have Jewish art on the walls and the Chief Rabbi has approved everything according to the Jewish instructions (Rasmussen 2007a). According to the Chief Rabbi in Denmark, the shape of the nursing home also helps with the social interaction because it gives an opportunity for the Jews with a different country of origin other than Denmark to speak Yiddish or Polish with the other residents (Rasmussen 2007b). In an article in *Avisen.dk* (Rasmussen 2007a) the residents also make a point out of explaining how they enjoy the company of like-minded residents in Deborah Centret. On Saturday, the Sabbath, religious Jewish residents cannot ride a car to the synagogue, and so they have decorated a synagogue in the nursing home with all of the Jewish books and candelabras it entails (ibid.).

Lifestyle Nursing Homes

Yet another profiled nursing home, Bonderupgård, has been opened in Copenhagen, and this one is a nursing home for garden and animal lovers. Additionally, the city of Copenhagen has opened three more profiled nursing homes to meet the need for profiled nursing homes for the aging population; Plejecentret Sølund is "a musical nursing home"; Rundskuedalens Plejecenter is a nursing home for "food enthusiasts"; and then Plejecentret Hørgården is a nursing homes for "sports and games" (Pedersen 2014, Bang 2015). All of these openings of profiled nursing homes were the results of rebranding of the nursing homes where the new brands were added.

Recently the LGBT society in Copenhagen joined the trend, and was working towards a profiled nursing home for LGBT persons. They wanted to be able to meet and create communities on the basis of shared interests, goals and values. The argument was that many LGBT elderly found themselves going back into the closet when they moved into a nursing home, as they felt that people would not accept them as they were. The project worked under the catchphrase 'Gay & Grey' (Homotropolis, LGBT Denmark). On the website they explained that they wanted to open an LGBT nursing home, or a single ward, that had an "identity preserving environment" (*identitetsbevarende miljø*) for the LGBT persons. The goal was not to make it exclusively an LGBT nursing home, but to make it into a place that would be open to everyone, and where the employees would be open and understanding towards the LGBT elderly and their situations (LGBT Denmark). In August 2015, in connection with the Copenhagen Pride festival, the first LGBT nursing home was opened after a rebranding of the nursing home Plejehjemmet Slottet in Copenhagen (Bang 2015).

Other Initiatives

In Denmark the Muslim association has been trying to mobilize a Muslim nursing home in Copenhagen, Odense and Aarhus for some years now (Muslimernes Fællesråd, Danskmuslim.dk, Broberg 2010). The Persian Cultural Association does not ask for whole nursing homes or wards centered on the Persian ethnicity nor religion, but they focus on the Persian language, Farsi. What they ask for is that some nursing homes gather the Persian residents in a wing were they could live next to each other, and thereby be able to communicate and interact with other residents in Farsi (The Persian Cultural Association).

The city of Aarhus is also trying to follow the lead with a "multicultural nursing home" in Gellerupparken (Winström 2013a, Information 2).

Media Representation in Denmark

In this section I focus on the public debates about the opening and rebranding of profiled nursing homes in Denmark, as well as laying out to what extent the profiled nursing homes in Denmark have been written about in newspapers and other online medias.

In Denmark there are some eldercare experts that are used in the public discussion of profiled nursing homes. Margrethe Kähler counselor in the Danish elderly organization, Ældre Sagen, has expressed, in an interview with the news paper *Information*, that there is a need for 'ethnic nursing homes' because of the rising amount of elderly immigrants (Information 1). Additionally, Christine Swane, cultural sociologist and head of the interest organization Ensomme Gamles Værn is hesitant about the idea of nursing homes specifically for minorities. She underlines the fact that each minority ethnic elderly person is an individual, much like the argument Mullay et al. (2007) present, and she suggests that nursing homes should focus on the fact that all elderly are individual (Søndergård 2013b).

There are also some individual debaters that now and then come out and give his/her view on the cross field between the elderly immigrants and the contemporary nursing homes. In the Danish scene, two female immigrant bloggers, Saliha Maria Fetteh (Fetteh 2014) and Rushy Rashid Højbjerg (Højbjerg 2011), explain how the contemporary nursing homes are not suitable enough for the elderly immigrants and their family patterns and traditions. Fetteh even argues that the Muslims in Denmark should open a private Muslim nursing home inspired by the Jewish nursing home in Copenhagen. Fetteh also refers to the lack of cultural artifacts that she can relate to in nursing homes. She describes how Danish nursing homes are decorated with "art, cheap pictures and paintings", instead of "beautiful, artful and intricate Quran verses in Arabic in nice frames with gold, or other Islamic symbols on the walls" (Fetteh 2014).

Moreover, there are the politicians that want to be heard in the debate. The politicians in Denmark are everywhere in the pro-con spectrum in the discussion about profiled nursing homes – and are more prominent than the Swedish politicians in the Swedish debate. They are invited to debate the subject in TV shows (TV2/FYN), and to give their opinion on the subject in different newspapers. For example, the politicians from the Danish People's Party are

against the trend of opening 'diversity nursing homes' (Winström 2013b, Winström 2013c), while Thyra Frank, a politician from the Liberal Alliance Party and a former nursing home administrator (now out of parliament), is more constructive, and explains that the nursing homes need to be equally respectful towards Christian, Jewish and Muslim elderly (Winström 2013a). Lastly, the politician with a minority ethnic background herself, Özlem Cekic (now out of parliament), speaks about her personal concerns about the cultural change it takes for many immigrants to put their elderly relatives in nursing homes (Billie 2013). However, Cekic's contribution to the debate has more in common with the blog posts from the individual debaters than with the politicians.

The newspaper *Information*, among many other newspapers, covered the initiative to start profiled nursing homes in Copenhagen (Information 1). The newspapers *Berlingske* (Engmann et al. 2014) and *Politiken* (Mølgaard 2014) covered the story about how the LGBT society wanted to open a LGBT nursing home, and then *Berlingske* (Bang 2015) also covered the actual opening of the rebranded LGBT nursing home. The opening of Peder Lykke Centret was covered by *The Copenhagen Post* (The Copenhagen Post), *Amager Bladet* and *Kristeligt Dagblad* (Søndergaard 2013a), and a story about the plans to open a profiled nursing home in Gellerupparken in Aarhus was written by the local newspaper *Århus Stiftstidende* (Winström 2013a) as well as *Information* (Information 2). The online newpaper *Avisen.dk* (Rasmussen 2007a), *Kristeligt Dagblad* (Rasmussen 2007b) and *Jyllands-Posten* (Westh 2007) also covered the opening of the Jewish nursing home Deborah Centret back in 2007. The coverage of these nursing homes does not happen by coincidence, and I learned during a study visit in Peder Lykke Centret that the health care administration in Copenhagen did a lot of work to spread the news about Peder Lykke Centret around to the different news platforms. These nursing homes, like any other project in the contemporary world, use the newspapers and media in general to call attention to the specific nursing homes. Even though the media have not taken a specific position regarding the implementation of the new nursing homes, it does contribute to the manner in which the subject is presented, and provide a ground for a public or private discussion about the subject, regarding if the article in the news media allows for the readers to comment directly on the website or not.

3. The Two Cases

In this chapter I describe the two nursing homes that I mainly focus on in this thesis; the profiled nursing home in Rinkeby, Sweden, and the profiled 'diversity nursing home' Peder Lykke Centret in Copenhagen, Denmark.

Rinkeby Vård- och Omsorgsboende

In the outskirts of Stockholm, more specifically in the multicultural subarea Rinkeby lies the public nursing home Rinkeby vård- och omsorgsboende. It is a profiled nursing home, which means that out of six wards, three wards have specific linguistic and cultural focuses, in Swedish; *enheter med språk- och kulturinriktning*. There is a *Spanish ward*[2], a *Turkish ward*, and a *Persian ward*, in the following they are also mentioned as 'the three specialized wards'. The three remaining wards do not have any specific focuses or profiles; however, they do follow the same overall principles for the nursing home as the specialized wards.

The Rebranding in Rinkeby

Before the rebranding of the nursing home in Rinkeby, it was run as a regular Swedish nursing home, despite the growing number of elderly residents with minority backgrounds. The initiative to rebrand the nursing home in Rinkeby came from the head of the nursing home (*enhetschef*), Hossein Ahmadian, a Persian immigrant himself. Before the rebranding could be initiated it required a lot of negotiation between Ahmadian and the local care administration about how they could do the reorganization of the nursing home. An idea like this, to divide different ethnic groups into separate nursing home wards, did not get a welcome start in a country like Sweden, Ahmadian recalled during an interview I did with him. With the suggestion to divide residents and employees into linguistic and cultural groups, the administration in Rinkeby obviously awakened an overall political discussion of nursing home care and integration in general in Sweden. However, Ahmadian got the case through with the following argument; if they were to provide equal care for all of the residents in Sweden, they had to do something to provide nursing home care that met the elderly ethnic minority groups on their own terms. Ahmadian's vision behind the specialized

[2] I describe the ward as the Spanish ward because it is the emic description of the ward and refers to the language spoken there.

wards was to provide “similar eldercare” for ethnic minorities and ethnic Swedes. Ahmadian warned the local eldercare administration that the minority ethnic elderly suffering from dementia were not provided with the same kind of eldercare that the ethnic Swedes were, and used this as an argument to rebrand the nursing home and change the structure of the institution.

Additionally, Ahmadian explained to me in an interview that people with dementia often lose their second language and identify with their past, which meant that the minority ethnic elderly living in the nursing home, prior to the rebranding, felt alienated from the people and the place, because they “could not see themselves in their surroundings”, nor did they understand what was said. His vision was to create the same possibilities for the minority as the majority ethnic groups, and his approach to this was to create these cultural and linguistic wards where the elderly immigrants would be able to “identify with the milieu and culture, be able to communicate and get their identity recognized”. Naturally, the local health administration and local politicians saw the idea as a segregation of the elderly according to their backgrounds. However, Ahmadian succeeded in convincing them because he also felt that it was important to have a touch of integration in the nursing home, and he therefore emphasized the fact that the all of the six different wards in the nursing home would be gathered in the same institution, and that they would gather all of the residents for holidays, celebrations and afternoon tea and coffee. This was done so that all of the residents would learn about each of the other minority cultures as well as the Swedish majority culture, Ahmadian explained.

Another of Ahmadian’s arguments of integration was that the three specialized wards in the nursing home would attract minority ethnic elderly. With the elderly relatives living in a nursing home the women in the families would be able to stay in or enter the job market, something they would not have been able to if the elderly had not been enrolled in a nursing home, because then the women would have to provide the daily care for them. This case, where the women were forced to stay at home, and out of the job market, in order to provide care for elderly family members, Ahmadian called “the women trap”.

Around 2004, Ahmadian got the initial permission to rearrange the elderly residents and the staff and regroup them according to their ethnic and linguistic backgrounds. The Spanish ward was the first to go under the rebranding process, and it was done in the way that all of the staff and residents with Latin American backgrounds in the entire nursing home were put

together in the same ward. Then, in 2005, the staff and residents from Iran were selected and moved to the Persian ward. Ultimately, the Turkish ward was created with staff and residents from Turkish or Kurdish origin. Eventually, it took four to five years from when the Spanish ward was decided to the rearranging of the Persian and Turkish wards.

The employees in Rinkeby did not have much influence in the process of the rebranding of the nursing home. The changes were forced upon them from the administration. Many of the Turkish employees even tried to avoid the creation of the specific cultural and linguistic wards. The Turkish employees did not want to work solely with the Turkish residents, as they found them to be too demanding and rude, compared to the rest of the residents in the nursing home. Moreover, they were afraid that they would lose their Swedish language skills if they spoke Turkish all day long in the Turkish ward.

In the beginning, when the nursing home in Rinkeby had just started the rebranding to a profiled nursing home, they had waiting lists with people who were eager to move into the new custom-made nursing home. They also received a lot of attention from people and organizations from all over Sweden and Europe who came to the nursing home on study visits to learn from their experience as a profiled nursing home and their approach to integration and elderly immigrants in general. Even I was pointed in the direction of this nursing home because I talked to a person in the Danish elder care organization Ældre Sagen that had been at the nursing home on a study visit. The head of the nursing home, Ahmadian, also traveled around Sweden and Europe to give lectures about the kind of nursing home he was creating.

The Wards

At the first glance the nursing home in Rinkeby was just an ordinary nursing home. Long wide corridors with broad handrails along the walls created an institution-like feeling. However, the details of the three specialized wards in Rinkeby vård- och omsorgsboende were very different. The Turkish, Persian and Spanish wards had decorated the common areas with a variety of cultural artifacts including posters of tourist attractions and local artifacts that hung on the walls and led the mind to Turkey, Iran and Chile. Alongside these, you would find a variety of Swedish artifacts.

Hispanic artifacts, such as Chilean clay figurines, and a woven wall hanging, decorated the Spanish ward. Chilean artifacts were also placed around the dining room. From the ceiling hung a dreamcatcher and a wind chime, and on the wall was a sketched portrait of Pablo

Neruda accompanied by a quote, a sketched portrait of a Chilean singer, and sketches of men riding rodeo, and a Mapuche indian. In the glass cabinet, you would see decorative Swedish porcelain cups and figurines, and a stack of CDs with tango music in Spanish. From the residents' apartments you would hear voices speaking in Spanish from the TVs airing Chilean, Mexican and Spanish TV-channels. Out into the corridor entered a Peruvian male employee with one of the elderly Chilean female residents supported on his arm. She was clearly suffering from dementia and dragged her slippers along the floor while the employee walked her to her apartment. Along the way they sang old Hispanic songs at his lead. The majority of the residents and the employees in the Spanish ward were of Chilean origin, while a few of them came from Peru.

In the Turkish ward, they had framed posters with Turkish tourist attractions on the walls. There was also Turkish artifacts in the form of an urn, traditional teapots, a hookah, framed art with writings on it in Turkish, a Turkish calendar and metal platters with writings in Turkish to decorate the common areas. Next to these, they had some Swedish artifacts such as porcelain figurines of cats and swans, a Christmas dwarf, and porcelain teapots around the ward. The residents living in the ward were a mix of nationalities and there were one Greek resident, one Korean resident, one Swedish resident, two Kurdish residents from Iraq, and two Turkish residents in the ward. Regarding the employees in this ward, some were Turkish and also knew the Kurdish language, one was Persian from Iran, and another was Swedish but was familiar with the Turkish language and culture. The Greek resident had lost most of her Swedish language skills, and the Korean resident could not communicate verbally with anyone, as she neither understood nor spoke Swedish.

The Persian ward was decorated in a similar style. In this ward you would find framed posters of tourist attractions in Iran and traditional food hanging on the walls in simple wooden frames. They also had prints of Persian drawings. In the drawings was a woman with a birdcage, a woman playing a harp, and a woman surrounded by vases. The rest of the Persian drawings portrayed men with books, pipes and tea. There was also a framed needlework of a man with a woman flying above him. Additionally, they had a few framed prints of light Scandinavian paintings in pastels and a colorful print of the painting of a fishing harbor with houses and mountains in the back. All of the employees in this ward were from Iran and spoke Farsi. Five residents were from Iran and there was one Serbian resident, one Greek resident and one Bosnian resident. The Serbian, Greek and Bosnian residents did

not speak or understand Swedish, so they communicated with the staff through improvised sign language. The main spoken language in the ward was Farsi, and Swedish was only used to say words to the three non-Persian residents, talk to their relatives and to communicate with staff from the rest of the nursing home.

The remaining three wards in the nursing home were decorated with Swedish artifacts, paintings, prints, flags and portrays of the Swedish royal family. Some of the residents in these wards were Swedish, and some of them came from a variety of minority ethnic backgrounds such as Finland, Bosnia, Chile and Eritrea. In these wards the residents were taken care of by people from a similar cultural and linguistic background when possible. This implied that the administration in the nursing home put a great effort into a reorganization of the staff so they worked in the wards that had residents with the same cultural or linguistic background as them.

Celebrations and Interaction

When the administration initiated the process to change the nursing home wards, the following gatherings were implemented because the administration deliberately wanted to stress the fact that they were not only segregating the elderly immigrants, they were also integrating them and teaching them about Swedish culture and how to be open to other cultures. The vision behind the nursing home was that everyone celebrated every holiday or day of celebration in the nursing home regardless of his or her cultural or religious background. The two Turkish holidays of Bayram, the Iranian holiday Nowruz, the Chilean national day, the Swedish national day, the Swedish midsummer celebration, Lucia, Christmas, Easter, as well as the Swedish Semla Day (*Semla Dagen*) and Wafer Day (*Våffeldagen*) were all celebrated in the nursing home.

Unfortunately, due to the time period of my stay in Stockholm, I did not experience any of these celebrations, so my knowledge of these comes from the interviews I preformed, conversations with the staff, and photos from the celebrations that hang in the corridors around the nursing home. Every one of the residents was encouraged to join the festivities and was also allowed to bring visitors. For some of the families it meant that they had the opportunity to celebrate a holiday in the nursing home that they had been celebrating all of their lives with the family member that was now living in the nursing home. In this way they had an opportunity to celebrate this day without any worries about how to bring the elderly

relative to a celebration of said day away from the nursing home. On the other hand, for the families and relatives that were not familiar with the specific celebrations of the day, it meant that they could spend the day at the celebration and learn about another culture and the traditional meals. On these days they served traditional food in accordance to the specific celebration but they also made sure that there was a non-pork dish available if the traditional dish included pork. When I talked to the staff about the celebrations they often, with joy in their eyes, explained how, for example, a Greek resident loved the Persian food. It was clearly a sign of success and joy for the staff when someone from the other wards and cultures liked the traditional food that they had been serving at the celebration. However, as the celebrations not only served as a tool for integration, but also to give the specific cultural groups the opportunity to celebrate 'their' holiday, I also got the impression that they were expected to enjoy them.

Another of the integration initiatives was that each afternoon they served coffee, tea and cake in the common areas in the nursing home, where all of the residents and visitors were encouraged to join. The Swedish word used to describe these afternoon gatherings was *fika*. The afternoons that I spent at the 'fika' I saw very little interaction between residents from the different wards. One of the reasons was clearly the language barrier, because when one of the residents did decide to say something the residents with other linguistic backgrounds did not seem to understand. In these situations the staff would translate for the residents, but a longer conversation never took place between residents in this way. Moreover, the lack of interaction and communication between residents was not an uncommon sight in the nursing home as many of the elderly that did share a common language were not able to communicate with each other due to a suffering from dementia from one or both of the residents.

In one of the wards with no special focus lived a Chilean resident among residents from other countries of origin, so during these afternoon teas the staff would use the opportunity for him to sit with the residents living in the Spanish ward so he could intermingle with them. However, as he and the majority of the residents in the Spanish ward suffered from dementia they were not very conversational. One of the residents in the Spanish ward was very clear minded and usually tried to strike up a conversation with the Chilean resident, but it usually just ended with a friendly nod or a stare from the Chilean resident. However, at times some of the residents did notice each other at the 'fika'. Some times the other residents were noticed in a positive way, like when an elderly sat and smiled at the people around them. However, the

gathering of the residents at the afternoon ‘fika’ was not always a peaceful experience and one day a Swedish resident started barking like a dog every time the staff and residents spoke. Another day the same resident tried to imitate the foreign languages in a mocking way.

The attendances at these gathering were rather limited during the time of my fieldwork. Some of the wards were not able to get any of the residents down to the common areas for the ‘fika’, while other wards did manage to get a few of the residents down there regularly. The reason that the number of participants in the ‘fika’ was low was that not all of the residents were interested in the company of the residents from the other wards or even from their own wards. Additionally, some of the residents were bedridden and could therefore not attend the ‘fika’; some of the residents were asked if they wanted to go down, and declined; while other residents were not asked at all. Yet again, some of the residents that did come down and attended the ‘fika’ were not even asked, but just accompanied down to the gathering by an employee, as they were suffering from dementia and therefore would not be able to decide whether or not to attend. As I have tried to outline the reasons why the residents did not attend the ‘fika’ were varied, and not always decisions that were spoken aloud. One of the residents did come up with very clear answer though; one afternoon I went into the apartment of a blind Latino resident with one of the staff members and she asked him in Spanish if he wanted to go downstairs for the ‘fika’. He then declined with the question “What am I supposed to do down there? I don’t know the other [residents], and I cannot see them”.

In addition to the aforementioned gatherings, volunteers who came to the nursing home arranged additional events. During my fieldwork I attended a Catholic mass and two different afternoon gatherings. The Catholic mass took place an afternoon where they came up to the Spanish ward to invite the Catholic residents to attend the mass and receive blessings, but only one resident wished to attend. Nevertheless, the Pastor and two volunteer helpers completed a short mass in Spanish for the Spanish resident and me.

A common trait for all of the gatherings in the nursing home I attended during my fieldwork was the lack of attendees. The head of the nursing home also described to me that the administration in the nursing home had been subject to numerous ideas for events during the past years. The staff and the relatives were all very creative at times and wanted there to be as many things happening in the nursing homes as possible. However, over time they always found it difficult to maintain an acceptable number of attendees among the residents as the interest in the events and gatherings seemed to come from the staff and the relatives

and not from the residents. One of the nurses also complained regularly to the administration that not enough activities took place in the nursing home and explained it with the following words: “the only activity here is waiting for the food”.

Language and Communication

Even though a lot had been done in the nursing home so the residents could communicate easily with the staff, I got a mixed impression of the everyday communication, not just between the residents and the staff, but also among the residents and among the staff. In the following I present different cases of communication with different outcome.

The Spanish ward was the only one that was linguistic homogenous in its execution. Each of the elderly residents was from Latin America, and so was the staff, which means that every word spoken in this ward was in Spanish. They did come from different Latin American countries nevertheless, as the majority was from Chile and then a few of them were from Peru. This meant that even though they shared the same language, they came from different countries and very different ethnic and cultural areas. As an example, one of the residents, originally from Peru, spoke a native language at times that no one knew or understood. So, even though they had been able to fill up one of the wards with Latinos, there was still a variety in the employees’ and the residents’ cultural and linguistic backgrounds and origins, which meant that they were far from a homogenous group.

In the nursing home they did their best to make sure that the residents had someone in the staff that were able to communicate with them in their mother tongue. As an example, an Ethiopian employee was working in the ward that had an Eritrean resident living there. They did not have the same first language, but the employee was able to communicate a bit with the resident because she knew the language that the resident spoke. A Chilean couple was living in another ward, and in the same ward the administration had employed a native Swede that knew Spanish, so at least one of the employees in the ward understood their wants and wishes. Moreover, the administration had made sure that there were Finnish employees working in the wards where there lived Finnish residents. This meant, that besides the three cultural and linguistic wards for residents with Latino, Persian and Turkish origin, they did everything to meet the residents’ specific ‘needs’ in form of cultural and verbal understanding in the three wards with no specific cultural or linguistic focus. In this way most of the residents had someone in the staff that they could communicate with throughout the day in all

of the six residential wards in the nursing home. However, when talking about the variety of languages spoken in the nursing home, the head of the nursing home also made sure to underline the fact, that even though other languages were spoken in the wards, the official language in the nursing home was Swedish. This meant that staff meetings were held in Swedish, and that every one of the staff members had to be able to communicate with the rest of the staff in Swedish.

The use of professional translators in the nursing home was usually limited to doctor's appointments. When I asked one of the nurses about the communication problems across languages in the nursing home, she told me that she tried to avoid using the staff, family members or herself as translators when the residents had appointments with the doctors – to avoid any wrong translations. However, at times when she had a translator to translate between Swedish and Turkish, two languages she knew equally well, she sometimes found the translations inadequate. So the translators were not always the perfect solutions either. However, translators were never used between the residents and the permanent staff, and by the permanent staff I mean the regular nursing home employees, the nurses, the physiotherapist and the administration. In these situations, in the everyday life in the nursing home, they simply relied on the languages the employees knew in order to communicate with the residents. Because of the structure in the nursing home with focus on which languages the residents and the employees knew, the communication often happened easily, but there were not always people available that knew the right languages, which naturally meant that not all residents were being understood at all times. In the following sections I outline the diverse situations that happened in this multi-lingual institution.

One of the situations where the residents met employees that did not necessarily speak their mother tongue was when the residents had meetings with the physiotherapist and the nurses that worked in the nursing home. The physiotherapist was originally from Iran, and therefore had a natural way of communicating with the residents with Persian origin in Farsi. However, she faced some difficulties in the communication with the remaining residents that did not speak Swedish or Farsi. Typically the physiotherapist used a staff member to translate at the initial conversation she had with a resident, that is, if there was someone in the staff that was capable of translating the conversation. After the first meeting the physiotherapist usually made it on her own with a little help from relatives and employees that knew the specific languages she needed translated.

During the fieldwork I witnessed the following notable scenarios regarding the communication that involved the physiotherapist. One afternoon the physiotherapist took one of the residents from the Spanish ward for a walk in the hallway, and at one point she let her take a break on a couch. After some time the physiotherapist asked her if she was ready to continue, but because the resident did not understand Swedish, the physiotherapist asked an employee from the Spanish ward, that happened to be nearby, to help her translate the conversation. Another day the physiotherapist had an Eritrean resident, who was bound to a wheelchair, scheduled for an appointment. Even though the physiotherapist and the resident were not able to communicate verbally they seemed to get through the program without any misunderstanding or linguistic problems. The resident was clearly aware of the routine when she was picked up from the wheelchair by a lift and put down on a mattress, she was then attached to the mattress before it was flipped upright over to simulate her body in a standing position. When everything was connected and she was standing straight up, tied to the mattress, the physiotherapist put a mirror in front of her. The resident was clearly annoyed with how she looked when she saw herself in the mirror and tried to tell the physiotherapist, in her mother tongue and with gesticulations with her hands, that she wanted her hair covered by the veil that had fallen off at some point during the preparations. Afterwards, the resident started to explain something, however, the physiotherapist did not understand it and tried to tell her that she needed to stay in the upright position for a bit longer. The resident kept complaining, and luckily her son arrived, so the physiotherapist asked him to translate the conversation. There were also the cases where the physiotherapist worked with residents that she could not communicate verbally with, but because they knew the routine when they visited her, they were just put in front of the right machines, and no further communication was needed.

During the workday when I followed the nurse who was originally from Turkey, I got to experience some of the different communicational situations and alternative solutions firsthand. One of the situations that surprised me was when she tended to a Greek resident and started talking to him in Turkish. When I asked about the use of Turkish she told me that a few years ago, when the resident was in better conditions than now, she had discovered that he knew some Turkish. This day he did not answer the nurse but she still spoke to him in Turkish in the hope that he would better understand what was happening when she did so. I later found out from his wife, that he had been good at Swedish and many other languages

and worked as a translator, but had lost most of it after a stroke. Later the same day the nurse checked up on a Chilean resident and tried to give her a few instructions but failed because the resident did not understand Swedish and no one in the ward was able to explain it to her as the resident did not live in the Spanish ward. The nurse then called a relative to help her translate the message for their mom. Then I followed the nurse over to the Spanish ward. In the ward, during a check-up on one of the Chilean residents, the Chilean employee translated the conversation back and forth between Swedish and Spanish. The nurse also asked the employee to warn the resident that she had to inject her, so she did not risk shocking the resident. Then, on our way into another resident's apartment the same care worker turned to me and wanted me to translate what he said in Spanish into Swedish so the nurse would understand what he was trying to describe because he did not know the exact words in Swedish. Later, on an errand in the Turkish department the nurse talked to one of the Turkish residents in Turkish and was later taken aside by the resident's daughter who was complaining about something in Turkish. Before leaving, the nurse also made sure to have a short conversation in Turkish with another Turkish resident.

During a staff meeting a nurse complained about the difficulties in communicating in Swedish with the personnel in the Spanish ward. According to her, many of the employees in that specific ward lacked sufficient Swedish skills in order to be able to communicate clearly with her and the remaining personnel in Swedish. She gave an example of such situations. One day the nurse had needed a pillow and asked the employee in Swedish to hand her a pillow so they could adjust the lying position of the women she was tending to. However, the employee handed her a scarf instead and clearly did not understand the word pillow in Swedish, to much frustration to the nurse. According to the head of the nursing home, the reason that the employees could get away with a job in the nursing home with insufficient Swedish skills was that they had a hard time finding any qualified workers who spoke Spanish fluently, and therefore they often employed whichever Latin American applicant had a suitable education.

Additional alternative uses of languages were that the Turkish and Kurdish residents and employees often talked to each other in each of their languages because they are somewhat similar. However, I also experienced that some issues came up between the Turkish and Kurdish residents and employees because they misinterpreted each other. Some of the employees from Eritrea were also able to communicate with the residents from Ethiopia

because they knew some languages that were related, and likewise the other way around with employees from Ethiopia and residents from Eritrea.

However, there were quite a few residents in the nursing home that only spoke languages that no other resident or employee spoke in the wards. The examples include a Vietnamese resident, a Korean resident, Bosnian residents, and Greek residents. The Vietnamese resident, who was suffering from severe dementia, could not communicate verbally with the staff as she did not speak any Swedish and they never really seemed to understand her gesticulations either. No one in the staff knew Vietnamese, so a relative had written a paper with translations from Swedish to Vietnamese. The paper had Swedish words such as "breakfast" written on the left side and then on the right side you could find the Vietnamese translation written in the Vietnamese alphabet. An employee was showing me the paper and explained to me; "You know, I cannot pronounce this. I don't even know what this means" while she was pointing at one of the Vietnamese characters in a word. Instead they tried to communicate basic messages to her with the use of an improvised sign language. Then, when they failed at getting her to do something, they would trick her into doing it, like when she did not want to swallow her pills and then got them mixed into her meals.

In the nursing home it was not only the communication between the staff and the residents that could be difficult, but also most of the residents were not able to communicate with each other because there were so many residents that did not only speak distinctive languages, but they also suffered from dementia. The results of dementia and different languages were mostly seen in the lack of social interaction between the residents, as two residents rarely understood each other. Some interaction did happen on the basis of nonverbal communication as seen in the following two examples of situation in the nursing home. A Bosnian and a Vietnamese resident lived in the same ward. None of them spoke Swedish and could not in any way communicate verbally with anyone in the nursing home. The Bosnian resident sat in her wheelchair out in the corridor, and when the Vietnamese woman came too close, she waved her hand and started speaking Bosnian to make her go away. Simultaneously, the Vietnamese woman started speaking Vietnamese while she walked off in a new direction. In the Turkish department lived a Chinese resident and a Swedish resident. Neither of them spoke Turkish, and because the Chinese resident did not speak Swedish they could not communicate verbally. However, the Chinese resident loved to help out the very tiny and very old Swedish resident so she frequently helped her sit properly at the meals. One

day the Chinese resident got up and stood behind the Swedish resident with an elastic band for her hair and arranged her hair into a ponytail. The Swedish resident did not notice it and just sat and waited for dinner to be served. The Chinese resident sat down again and looked proudly at the new hairdo before she started to eat.

In addition, the communication between the staff and residents that spoke the same languages was not always effortless. In the nursing home I experienced that when the residents suffered from severe dementia they even became unreachable in their mother tongue. This was most notable to me when the staff spoke Swedish or Spanish to native Swedes and Latinos because those were the instances where I understood what was being said, and also noticed the lack of appropriate answers from the residents. However, I experienced that those people who had become unreachable even in their mother tongues included Chilean, Peruvian, Finnish, Romani and Swedish residents. For example, one day the staff came into the apartment of a Swedish resident after they had heard a loud bang, and found her lying on the floor next to a fallen television. The communication with her was limited, the staff always had to talk very slow and articulated, and her answers usually just contained "Yes, yes, yeeeeees", "No, no, noooo" or simply a lack of response no matter the question or message. The limited communication with her meant that they never found out what had happened, and it stayed a mystery how such a small woman could tip over such a big television without any bruises.

In my experience, there was a stronger bond between the residents and the employees with the same linguistic backgrounds as a result of the strong emphasis on languages in the nursing home. When, for example, the nurse who knew Turkish walked by the physiotherapist's room and saw one of the Turkish residents in there she stopped by to have a chat with her in Turkish. It also seemed that the Persian physiotherapist had a strong connection with the Persian residents because she could easily speak with them and relate to their past in Iran. Through my interviews and participant observation I found that the employees were drawn to the residents with the same linguistic backgrounds. The employees usually talked about how rewarding it was for the residents to be able to speak to someone in their mother tongue. I also witnessed several times that the staff made an effort to speak the mother tongue of the residents to them regardless of the mental and physical health of the resident, and this was a crucial tool in the care in the nursing home. Several employees told me about how the residents' eyes would light up when they heard someone speaking to them

in their native language, even though they were unable to respond. As an example, I experienced several unrelated cases of Finnish employees that rushed over to Finnish residents "to talk to them in Finnish" because they knew that no one had talked to them in Finnish for a while as no Finnish speaking employee had been to work for a while. This was regardless of how mentally aware or disabled by dementia the Finnish residents were.

Music and television also played a big part in the everyday in the nursing home. In the Spanish ward the residents were often put in front of the TV in their apartments to watch Chilean TV programs or a CD with songs in Spanish would be played in the dining room. In another ward the employees played the same Finnish CD regularly to a bedridden Finnish resident with no verbal language. A Swedish employee in the same ward also used to put on a CD with songs in Spanish that she and the Chilean resident knew so they could sing along to them. Another employee also played "gypsy music" for one of the residents and told me that during that time "she was fully aware" and how she "lit up".

During my time in the nursing home I also heard several stories about how good it was for the residents to come to a nursing home where the staff spoke their mother tongue. One of the reasons was that the elderly suffering from dementia usually lose any language they have learned through life, while they remember their mother tongue longer. Another of the reasons was that they had experienced how residents had been reported as irritable or withdrawn where they lived before, and immediately after arriving to the nursing home in Rinkeby, where the staff and maybe even the other residents spoke their mother tongue, they had lightened up and become much more sociable than what had been documented of their former behavior.

Food

The nursing home did not have a legal permission to cook in the facility and such a permit would require an immense renovation of the nursing home, so they used catering to feed the elderly residents. The dinners arrived frozen, packed in sealed plastic boxes, for a week at the time. Lunch arrived each morning packed in foil trays, in meal sizes, ready to be reheated. They then served breakfast that did not require cooking such as yoghurt and Swedish bread with cheese.

Even though they did not have the facilities to prepare meals for the residents, they tried to make sure that the residents got the kind of food that they wanted regardless of religious,

cultural or personal preferences. Each week the employees would order specific meals of what they thought that the residents would like to eat. This meant that if they knew that a specific woman only ate fish, then they made sure that there was a meal with fish available for her every day. They ordered an alternative dish for the residents that did not eat pork, and for the residents that did not have teeth they would order meals that were easy to blend. Some of the residents also had very different tastes and while some wanted the food salty, other residents preferred the opposite. Moreover, they always made sure that the residents got yogurt or jam (*lingonsylt*) as a supplement to their dish, if they wanted that. So, all in all, the residents did not have a lot of options for their meals, and they were not able to order any specific traditional dishes, if that was what they wanted. It was more a question of how the staff found the dish that was most suitable for the residents' wants and wishes. The food usually resembled classic and plain Swedish dished with fried meat, potatoes and gravy in variations.

Moreover in the Turkish ward they tried to please the residents and give them a touch of Turkey through the meals they served for them. Freshly brewed Turkish tea was served everyday, and then they occasionally made homemade traditional Turkish dishes for the elderly because they wanted them to experience the smells that come with cooking, and hopefully to awaken some of their memories of eating traditional Turkish food, or just for them to have a home cooked meal now and then. One weekend the employees had spent most of the Saturday cooking a huge pot with a mix of different dolma – stuffed eggplant, cabbage rolls and stuffed green peppers. The next day when they were about to serve the meal, one of the residents, Kurdish of origin, claimed that she did not wish to eat the food and that she was angry that they had spent so much time cooking it the day before. The reason she was mad was because they did not serve raw onions with it like she was used to in the Kurdish variation of the dish. I was also told that they occasionally cooked in the Persian ward as well. When the Turkish or the Persian wards cooked traditional meals they usually made enough for both of the wards, and in this way they could take turns in cooking, as many of the traditional meals from the two cultures resemble each other. Moreover, as I mentioned above, they served traditional Turkish, Persian and Chilean food at the specific holidays and celebrations.

Culture and Individuals

People cannot be put in boxes, and just because the elderly residents had the same cultural, linguistic or ethnic background did not mean that they were treated in the same way. During my fieldwork I saw that the rebranding into specialized wards in the nursing home in Rinkeby only created the framework for the care and interaction that happened in the wards. Beside the common language or ethnicity the care workers got to know the residents and their customs – because the elderly from the same ethno-linguistic group did not necessarily want the same things in life. This was true in both the interaction between Swedish residents and employees, as well as it was between everyone else in the nursing home. It was, of course, important that the residents and the employees could communicate, and if they spoke the same language, it made it a lot easier for them. When the employees and the residents came from the same ethno-linguistic group, they might have had a better initial understanding and avoided certain cultural and customary pitfalls.

In the end, however, it was all about the individual persons and their preferences. Some of the female residents in the nursing home were only taken care of by female employees, and some of the men preferred male employees, regardless of their cultural background. Moreover there were the little details that the employees had adapted in their care procedures in order to meet the 'needs' and wants from the residents. One of the residents would get hostile and reject wearing the diaper if the employees called it a diaper, and therefore the employees had memorized to call it his 'underpants' (*kalsonger*) instead. This is an example of how the employees adjusted their work and care routines in a way that met the residents' personal preferences. Other and more notable examples were as follows. A Swedish resident was served a glass of wine for dinner each day to enhance her "joy of life" as one of the nurses described to me, because she had been drinking all of her life, while other Swedish residents were served a can of light beer with their lunches.

Far From the Plan

The future had seemed bright and blooming for this nursing home in the beginning of the rebranding process, however, the nursing home was having a difficult time recruiting and attracting residents and employees with the 'right' cultural and linguistic backgrounds at the time I did the fieldwork. In a mix of economic downsizing, the closing of other public nursing homes, and no new residents, the nursing home had a hard time executing their plans for the

nursing home. The fact that a lot of other public nursing homes were being closed meant that the nursing home in Rinkeby had to regularly take on employees, which meant that they could not hire the employees with the 'right' linguistic or cultural backgrounds to provide care in the nursing home. When they were handed over employees from other nursing homes they just had to make it work with them. Moreover the interest in the nursing home from future residents and families had disappeared and left a vacant waiting list. They then had to take in all residents possible regardless of their minority or majority background. All in all this made the wards into cultural melting pots in opposition to the more homogenous cultural and linguistic plans for the specific nursing home wards. The Persian and Turkish residential wards were both the results of this inability to keep the wards full with the people with the right cultural and linguistic backgrounds. The Persian ward had five Persian residents from Iran, but then they also had one Serbian, one Bosnian and one Greek resident living there. In the Turkish unit, the Turks were even less, as they had two Turks, two Kurds, one Korean, one Greek, and one Swedish resident.

Peder Lykke Centret

In this section I describe the 'diversity' profiled nursing home Peder Lykke Centret located on Amager in Copenhagen, based on interview and field visits.

The Rebranding in Peder Lykke Centret

In 2013 the nursing home Peder Lykke Centret was rebranded into a 'diversity nursing home' (*mangfoldighedsplejehjem*). This was done as part of the opportunity to open profiled nursing homes within the city of Copenhagen with permission from The Health and Care Administration. The head of the nursing home (*centerchef*), Mette Olsen, told me in an interview that prior to this, there had been a lot of requests from different groupings of people to get a nursing home or activity center in accordance with their religion etc. However, the politicians in the city of Copenhagen had always been rejecting these kinds of requests, she explained. "The intention in Denmark is that we work towards an integration of people, and this means that we do not help people towards being grouped and isolated. This is the basic idea, so to say", the head of the nursing home explained. The deputy mayor Ninna Thomsen had been eager to create a profiled nursing home, and the head of the nursing home had then

agreed to rebrand the nursing home into a 'diversity nursing home'. However, in my interview with the head of the nursing home she added; "I think each of us have our own profiles" and explained that even though there are different profiled nursing homes for 'diversity', 'sport and play', 'music' and 'animals', it did not mean that Peder Lykke Centret was exclusive of the interests that the other nursing homes had branded themselves under. "We have a lot of animals here in the nursing home as well, so it is difficult this thing with profiles", she added. Nevertheless, the nursing home went through with the rebranding process and became a 'diversity nursing home'. The head of the nursing home also told me that she, after all, in the bigger picture found the 'diversity' profile suitable for the nursing home because it is located within the large apartment complex called Urbanplanen[3], "a very diverse place", as she put it. "We did this because we knew that the need was here, we know that at least in Copenhagen there is a need", she added. With this rebranding process the original nursing home was turned into a 'diversity nursing home' that tried to meet any specific 'needs' that the residents might have whether they were cultural, religious or personal. As part of the preparations regarding the rebranding, the group of employees had been on a study visit in the Netherlands, where they visited the innovative and specialized nursing homes for inspiration, and the head of the nursing home also told me that they had read a lot about "the way they do it in Sweden", and how it was a conscious choice not to rebrand the nursing home in the same way that the nursing home in Rinkeby had been rebranded.

In association with the rebranding, they held an open house reception for anyone interested in the new 'diversity' profile. The press was invited, and they had done a lot of work to attract elderly with minority ethnic backgrounds. "People with other ethnic backgrounds than Danish have even more pride and vulnerability about nursing homes [than ethnic Danes], and they often picture it as a hospitalized prison were you do not get to decide for yourself", the head of the nursing home said as an explanation on why it was important to get the elderly with the minority ethnic background to come and experience the nursing home for themselves. In order to attract all of these people they had arranged bus transfers from the major train stations in Copenhagen so they could come back and forth easily. The mission was successful, and half of the attendees were from minority ethnic backgrounds. Brochures

[3] Urbanplanen is a public housing area, originally a model of social democratic housing estate, but where now almost half the residents receive welfare benefits, and every third resident is from a minority ethnic background (DAC, The City of Copenhagen).

about the nursing home had also been printed in nine different languages. The wards had been decorated in themes according to the elderly residents living there with Catholic, Thai, Pakistani and Danish decorations in the hallways, the head of the nursing home explained. There was entertainment with Russian dance, a gospel concert and a buffet with "food from all over the world". In Peder Lykke Centret the target group is minority ethnic elderly. Even though Peder Lykke Centret is a 'diversity nursing home' with no specific focus, it was clear, when I attended the ceremonial opening of 'the intercultural room', and the deputy mayor Ninna Thomsen held a ceremonial speech, that the goal was to attract more immigrants. She enthusiastically noted that more minority ethnic elderly had moved into the nursing home during the year that the nursing home had been under the brand of a 'diversity nursing home' than during the past five years.

In relation to the rebranding of Peder Lykke Centret, there had been no major physical changes for residents, they had not been moved around, and the same employees provided care for them. However, as they now found themselves living in a profiled nursing home centered on the concept of 'diversity', they did face some changes. A rising number of residents from minority ethnic backgrounds were beginning to move in. The staff was much more aware of racism and the acceptance of 'diversity', and therefore there were higher demands for the social behavior among the residents. There was a bigger focus on the individual dietary 'needs' of the residents, so the residents then had a wider spectrum to choose from.

'Diversity'

"Every human is unique", is a quote from the head of the nursing home in an interview I held with her about the nursing home in general after the rebranding. She said this to emphasize the fact that in the nursing home they did not have any set categories for the elderly, because they were all different. In this nursing home, they follow the vision that every one of the elderly residents are individual, and that everyone's individual 'needs' should be met equally, respected and taken care for. The head of the nursing home even described that the theory about 'person-centred care' by Tom Kitwood (see Kitwood 1997) serves as the framework behind the nursing home.

Before the rebranding of the nursing home they had employees from 26 different countries, a few of the residents were from minority ethnic backgrounds, and it was located in

the middle of Urbanplanen, which made it a nursing home with a somewhat diverse profile even before the rebranding. However, the process to becoming a 'diversity nursing home' also involved some work, and the administration went through many evaluations and meetings with the staff about the rebranding of the nursing home. This was done to include the employees in the process and to make them speak up about their worries regarding the new profile. But it was also done to eliminate any prejudice and racism that might have been evident among the staff members. The permanent employees had to go through three 'courses about intercultural knowledge' for three days. The head of the nursing home explained the necessity of the course in the following way:

> We have a lot of knowledge and books where we can look up things about Christianity and Buddhism etc. But when you stand in the situation it is not important that you know the Quran or The New Testament, but that you have the intercultural angle to ask about your life story, or what ever you want now, what kind of life you want to live, in accordance to your traditions, culture, religion, sexuality, or what might be the reason for what you are doing now.

Ultimately it meant that the staff had been trained to be able to embrace, respect and help people no matter their background.

In an interview with the head of the nursing home she announced that they are open to all nationalities, cultures and religions and do not limit their intake based on the residents' cultural, linguistic or personal preferences. Nevertheless, she emphasized the fact that because the nursing home had the non-racist and non-judgmental 'diversity' profile, they also expected the residents to share their philosophy. If any one of the elderly residents were to act judgmental or racist in the nursing home, they would immediately be corrected, according to the head of the nursing home, and she even declared that if those persons would continue this behavior, they would be evicted from the nursing home.

They were open to celebrate all of the holidays and festivities that the residents would ask for. If the elderly needed assistance for a private ceremony in their apartment they could do that, if the special occasion was more festive they could do it in the common areas, or they could use 'the intercultural room' (see description in the chapter 'The Intercultural Room'). It

was also important to the head of the nursing home to stress the fact that the nursing home was a place for all kinds of elderly Danish citizens, she explained to me in an interview.

In the common areas they had installed a bookcase with a variety of cultural artifacts to show the different cultures represented in the nursing home and to show that it is a diverse nursing home that is open to all cultures. In the bookcase they had lined up the Italian flag, the Norwegian flag, the Canadian flag, the English flag and the Danish flag along with different books and cultural artifacts. There were books about Islam, the Bible, the Danish Folk High School's songbook, and books with H. C. Anderson's fairy tales. The cultural artifacts were; a babushka doll, Catholic Mary statues, a copy of the statue of The Little Mermaid located in Copenhagen, an urn with Asian flower paintings, a gold painted glass candleholder, a Thai Buddha statue, a brass pitcher, blue painted porcelain figurines, three figurines of women wearing veils, an abacus (counting frame) in wood, angel figurines and house figurines.

In Peder Lykke Centret they served food for every taste, and could even come up with halal meals upon request. However, according to the head of the nursing home, kosher food was not an option because it would require for them to have two kitchens as it was "the only group we think we cannot handle". She also explained how their approach to food in relation to becoming a 'diversity' nursing home had been a big issue for the media, as she felt like they wanted to make up a big "meat ball case" (*frikadellesag*), with reference to a case in the media in 2013 where none of the children in a Kindergarten were served pork because some of the children were Muslim (see Sæhl 2013). Nevertheless, this was not the case in the nursing home. They served a very international and differentiated menu, and then some of the elderly residents got something special because of religion, lifestyle, allergies, traditions etc., if the meal of the day did not respond to their dietary preferences. "It will never become a Muslim nursing home. It will still be a Danish nursing home with people from all over the world" the head of the nursing home told me to emphasize the profile of the nursing home.

Language

The focus in Peder Lykke Centret is not on the residents' linguistic backgrounds. The minority ethnic elderly residents in the nursing home do not necessarily have staff members working with them that have the same ethnic or linguistic backgrounds. Head of the nursing

home, Olsen, explained that this was a conscious choice they had made within the administration.

When an elderly was about to move in, they would find out what language the person spoke, and then ask around in the staff to get to know if any of the employees spoke the same language. “We usually have someone that knows the language”, she said, with reference to the many nationalities represented in the staff. Those employees that knew the specific language would then be used as translators when needed, first of all to get to know the life story of the residents, but also if any translations would be needed in the everyday life in the nursing home. However, these employees would be working anywhere in the nursing home, which meant that they would have to be called in from the kitchen or another ward to translate. In more serious situations, they would use professional translators. The employees that spoke the same languages as some of the elderly residents would never become contact persons for those residents, and would most likely not work with them on an everyday basis. This was done to prevent the employees from falling back on the way that eldercare was performed in their home countries. All of the employees had received the proper education in Denmark as to how elderly were supposed to be doing as many things as they could by themselves (*hjælp til selvhjælp*). In this approach to Danish elder care the elderly were supposed to brush their teeth by themselves, if possible, which, according to the head of the nursing home, could be clashing with the way eldercare was taken care of in the country of origin of the minority residents and employees. In these countries the traditions of eldercare might suggest that the elderly received help in as many ways as possible. She then added:

> It can be very challenging if there is a Pakistani contact person for a Pakistani gentleman. Then it can be demanding not to get into the rituals and the traditions there is to how to take care of the elderly in Pakistan. We demand that they keep their professionalism, and it is not fair to put the employees in a situation where there is a danger that they will fall into some kind of situation. And at the same time, these people that have moved to Denmark, have also chosen to live in Denmark, [which is a country] that motivates people to help themselves, so that is what they have to do, because they have also chosen to live here.

In order to keep this professionalism in the nursing home, the elderly residents were simply taken care of by whoever was working in the nursing home's ward regardless of their ethnicities or linguistic capabilities.

However, the head of the nursing home also admitted to me that they experienced the language barriers as a big obstacle in order to provide the right care and nursing as well as to understand their 'needs'. Usually they would try to use non-verbal communication with the minority ethnic elderly in the nursing home, but at times they would also call in employees from other wards to help them translate minor things. They have around one or two employees that know the same languages as the 11 elderly residents with minority ethnic backgrounds.

Because I did not have the time to do extensive fieldwork and participant observation in Peder Lykke Centret, I was only told about how they usually handle these situations, and did not experience them myself. However, I also got to talk to the physiotherapists in the nursing home about the linguistic obstacles. They told me that they sometimes used family members as translators in situations were the physiotherapists did not speak the same languages as the patients. However, it was always a problematic situation. They never felt certain that everything was translated, and they sometimes had the feeling that they did not get to hear everything that the patients would answer, and that their own questions were also narrowed down to just a few words. The physiotherapists also explained that they felt that some things were left unspoken, and that it might be because the elderly were not perfectly honest or talkative about the specific situation with the family member translating the conversation. Lastly, the physiotherapists had many problems conducting tests with the elderly from minority ethnic backgrounds, regardless of whether they used professional translators or relatives as translators, because it would require a thorough briefing of whoever was translating so they would not interrupt or mess up the result in any other way.

'The Intercultural Room'

One of the bigger changes that the nursing home went through with the rebranding was that they had created an "intercultural room" or "quiet room" in the common areas. The room could be used to perform different religious ceremonies or serve as a peaceful place to pray, meditate or do yoga. Visual projections, ambient sounds recordings and music, and the ability to move the furniture around created the different functions of the room. One of the walls had

large windows looking out on the courtyard, but blinds could be used to make the wall all white and suitable for projections.

In the fall 2014 I attended the ceremonial opening of this room led by the head of the nursing home and the deputy mayor Ninna Thomsen. During the opening they had a demonstration show of the uses of the room. The chairs were lined up when we entered the room, the ceiling and the walls were all white and all you could hear was the sound of the people in the room. Then, as everyone became silent, we were told that the first projection would be put on. All of us suddenly we all stood in the middle of a church, we listened to organ music and looked around at the three walls with projections of a church, complete with an alter, mosaic windows, statue of Jesus, cross on the wall etc., and on the ceiling there was even a projection of a chandelier. We all stood and gazed for some minutes until the next stage change. Then, all of the projections and the music changed – we were now inside a Mosque full of bright colors. The room that moments before had been an all white room in the nursing home was now projected on the walls with circular glass mosaics, columns, mosaic-decorated vaults in the ceiling and Arabian rugs. The ceiling had a projection of a colorful rosette. Once again we all stood and gazed at this while listening to the Arabian background music. Records of the ambient sounds and video footage from two different neighboring locations on Amager made up the next two themes that were projected and played in the room. Both of the themes were recorded at places that made it possible to recreate a feeling of being outside. In both of the themes we were looking out on the open water and the surrounding nature. However, this time it was not just still recordings, we were watching and listening to the waves in the water, the swaying of the plants and the trees, a car driving by, the seagulls playing around in the wind and the clouds passing by over the bright blue sky. The final theme was a video recording from the same church that was represented in the very first theme. However, this time it was a video with a choir standing in front of the altar while performing a gospel concert.

The head of the nursing home and the deputy mayor both made sure to emphasize that the themes that we were presented at the opening were timely. The idea was that the residents could use it however they wanted it, and that they would add the kinds of themes that were requested amongst the elderly residents. In her opening speech the deputy mayor also suggested that the room was a place “to remember”, “to get the imagination in play”, “to come to think of” and could be used “for everyday” and “for festivities”.

4. Social Dynamics

In this chapter I discuss the social dynamics of the two nursing home cases, the nursing home in Rinkeby and Peder Lykke Centret, as well as the profiled nursing homes in general. In the discussion I characterize the profiled nursing homes according to the terms 'enclave-thinking' and 'individuality-thinking' as a classification of the structural outlines, and moreover, I discuss the implications and social dynamics of these with focus on the uniting and dividing factors in Rinkeby, as well as a the inclusive approach in Peder Lykke Centret. Then I argue that the trend of profiled nursing homes can be seen as the result of a 'reified culture' and the elderlies' 'rights' to have their specific cultural 'needs' met. Additionally, I discuss the introduction of brands and branding in the nursing home sector, and end the chapter with a discussion about whether or not the profiled nursing homes integrate or segregate the elderly.

'Enclave-thinking' or 'Individuality-thinking'

In an overall and structural perspective, all of the profiled nursing homes that I have discussed in this thesis fall into one of the following categories; 'lifestyle', 'culture, language and ethnicity', 'religion' and 'diversity' (See Model 1 on page 55). In the category of the 'lifestyle' nursing homes are the LGBT nursing homes in Denmark and Sweden, the profiled nursing homes in Copenhagen that focus on garden and animals, music, sports and games, and food, Kavat Vård's Bra Hem in Sweden, and Hogeway that focus on lifestyle groups in the Netherlands. Then there are the ones that focus on 'culture, language and ethnicity', which are the nursing home in Rinkeby in Sweden, the Finnish nursing homes in Sweden and Canada, Vårbacka Plaza in Sweden with an Oriental profile, and Kavat Vård's Arabic, Hispanic, and Persian nursing homes in Sweden, the Chinese, the Greek, and the Italian nursing homes in Canada, The Danish Home in USA, the Hispanic nursing home in Australia and the initiatives to open a Persian ward or nursing home in Denmark, the Sami and Tornadalian initiatives in Sweden. The nursing homes that go under the categorization of 'religion' are the Jewish nursing homes in Sweden, Denmark, and Canada, the Catholic nursing home in Sweden, and the initiatives to open Muslim nursing homes in Denmark and Sweden. Then, Peder Lykke Centret in Denmark, De Schildershoek in the Netherlands, Illawarra in Australia, Haus am Sandberg in Germany and the initiative to open a 'diversity

nursing home' in Gellerrupparken in Denmark, are the 'diversity' nursing homes that focus mainly on a multicultural approach to individuality.

Model 1: Profiled Nursing Homes

Nursing Home	Brand	Category	Approach
Rinkeby vård- och omsorgsboende, Sweden	Persian, Turkish, Spanish		
Bejtona, Kavat Vård, Sweden	Arabic		
La Casa, Kavat Vård, Sweden	Hispanic		
Persikan, Kavat Vård, Sweden	Persian		
Björnkulla, Sweden	Finnish		
Suomikoti, Sweden	Finnish		
Tornedalian initiative, Sweden	Tornedalian		
Vårbacka Plaza, Sweden	Oriental	**'Culture, language and ethnicity'**	
Sami initiative, Sweden	Sami		
The Persian initivative, Denmark	Persian		
Hellenic Home, Canada	Greek		
Mon Sheong, Canada	Chinese		
Yee Hong, Canada	Chinese		
Villa Colombo, Canada	Italian		
Suomi-Koti, Canada	Finnish		**'Enclave-thinking'**
The Danish Home, USA	Danish		
Parque Habitacional, Australia	Hispanic		
Deborah Centret, Denmark	Jewish		
Muslim initiative, Denmark	Muslim		
Josephinahemmet, Sweden	Catholic		
Judiska hemmet, Stockholm, Sweden	Jewish	**'Religion'**	
NB Hemmet, Gothenburg, Sweden	Jewish		
Muslim initiative, Sweden	Muslim		
Baycrest, Canada	Jewish		
Plejecentret Bonderupgård, Denmark	Garden and animals		
Plejecentret Hørgården, Denmark	Sports and games		
Plejecentret Sølund, Denmark	Music		
Plejehjemmet Slottet, Denmark	LGBT	**'Lifestyle'**	
Rundskuedalens Plejecenter, Denmark	Food		
Brahem, Kavat Vård, Sweden	Luxury		
Hogeway, Netherland	Lifestyle		
Peder Lykke Centret, Denmark	Diversity		
Initiative, Gellerupparken, Denmark	Diversity		**'Individuality-thinking'**
Haus am Sandberg, Germany	Multicultural	**'Diversity'**	
De Schildershoek, Netherland	Multicultural		
Illawarra, Australia	Multicultural		

Despite the proliferation of brands and categories, a similar classification of the nursing homes can be of those that promote ‘enclave-thinking’ versus those whose approach to ‘diversity’ is characterized by what I call ‘individuality-thinking’. Hence, nursing homes that consider themselves focused on ‘lifestyle’, ‘culture, language and ethnicity’, and ‘religion’ could by seen as following the communitarian ‘enclave-thinking’, whereas, nursing homes that focus on ‘diversity’ follow the ‘individuality-thinking’ approach.

Moreover, it is then evident that the nursing home in Rinkeby is approaching the ‘enclave-thinking’ in respect to their rebranding and the division into Persian, Turkish and Spanish wards within the nursing home. While, contrastingly, Peder Lykke Centret has applied the ‘individuality-thinking’ to the nursing home with its rebranding into a ‘diversity’ nursing home. The two nursing homes thereby represent to very different models of how the elderly residents in nursing homes should embrace everyday life.

Overall, the profiling of the nursing homes create a segmentation of the nursing home sector, but moreover, the ‘enclave-thinking’ and ‘individuality-thinking’ approaches create certain social dynamics. In Rinkeby, the elderly residents are united into the little enclaves in the wards based on their backgrounds. But this is simultaneously a dividing factor, as it separates the elderly according to the same ever so emphasized backgrounds. The remaining profiled nursing homes that I describe in this thesis that share the same structural traits as the nursing home in Rinkeby as ‘enclave-thinking’ unite the elderly residents into similar internal groups, while dividing them into the different enclaves, leading to the segmentation of the nursing home sector. Peder Lykke Centret, is a contrast here. With its ‘individuality-thinking’ approach, it focuses on the inclusion as a tool to serve the elderly residents’ personal cultural ‘needs’. By inclusion is meant that the ideology is that they bring together the elderly residents in the nursing home and treat them as individuals with equal ‘rights’ to have their individual cultural ‘needs’ fulfilled.

Nevertheless, I wish to emphasize that the distinction between the nursing home in Rinkeby and Peder Lykke Centret between, respectively, ‘enclave-thinking’ and ‘individuality-thinking’ are not all black and white. The nursing home in Rinkeby do to some extent respect and seek out the individuality of the residents, and I am aware that they do not think that all of the residents within, for example the Persian ward, are exactly the same. What I wish to illuminate with the term ‘enclave-thinking’ when I apply it to the nursing home in

Rinkeby is how they, as an overall model, have created a nursing home that emphasizes the communitarian 'enclave-thinking' in the structure of social life and care in the nursing home.

Reification of 'Culture' and Cultural 'Needs'

In this chapter I explain how the conceptual traits of 'reified culture' described by Baumann are highly relevant in the analysis of the nursing home in Rinkeby as well as in the analysis of the additional 'enclave-thinking' profiled nursing homes with focus on 'culture, language and ethnicity'. I show how the effects of this change in the use of 'culture' also can be seen in the other 'enclave-thinking' profiled nursing homes that focus on 'religion' and 'lifestyle'. Moreover, I argue that Peder Lykke Centret, as well as the other profiled nursing homes with an 'individuality-thinking' approach to 'diversity', also can be perceived as a result of the use of the concept of a 'reified culture'. Additionally I demonstrate how all of these profiled nursing homes are based on the consumption that different cultural groups have specific 'needs' to be attended to.

The Spanish, Turkish and Persian wards in Rinkeby are created with focus on culture and language as an institutional outline of the interaction, experience and daily life in the wards. The 'culture' does in this regard seem to be referring to an ethnic group and is used as a point of reference to a specific country, language, ethnicity, values, traditions, beliefs, rituals, dietary customs and artifacts. In this context, the term 'culture' is used in a reified meaning and organizes the elderly residents into enclaves where they are assumed to belong or be members of a shared culture. This means, for example, that the residents and the employees in the three specialized wards were expected to enjoy the celebrations and the food at the specific holidays that were connected to the profiles on the ward. It was also assumed that the residents in the Persian and Turkish wards would enjoy the eventual home cooked traditional meals that the staff would prepare once in a while. The word 'culture' is then used as a significant tool to obtain the new kind of 'right' that can be characterized as cultural 'needs'. These 'needs' are seen in the form of requirements for specific cultural customs to be put into consideration in the nursing home wards. More specifically, the 'needs' are traditional food, ritual celebrations, the ability for the residents to communicate in their mother tongue with the staff and the fellow residents, the presence of cultural artifacts, and that the staff act in accordance to and respect the values, traditions and beliefs that are associated with the specific 'culture'.

Moreover, these requirements are also evident in Peder Lykke Centret, with the 'individuality-thinking' approach to 'diversity', because even though the elderly residents in the nursing home are not treated as members of one single 'culture', these specific 'needs' in relation to the term 'culture' are still evident in the nursing home. I find that this reification of 'culture' and the matter of cultural 'needs' do not only concern the 'enclave-thinking' nursing homes regarding 'lifestyle', 'religion' and 'culture, language and ethnicity', it is also reflected in the 'individuality-thinking' nursing homes as it has influenced the discourse of 'culture' and 'needs', whether or not they relate to specific individuals or groups.

However, in the case of the nursing home in Rinkeby, it also appears that the cultural 'needs' can be taken into account regarding individuals, much like in Peder Lykke Centret. In relation to the fact that the nursing home in Rinkeby did not turn out according to the plan, since many of the residents in the three specialized wards did not reflect the brands of the wards, and that many minority ethnic elderly residents were living in the remaining three wards, the reality of the wards was a far from homogenous mix of minority and majority ethnic elderly residents. But, with the focus on the individual's cultural 'need' to have someone in the staff that speaks the same language as the resident, as they do in Rinkeby, it appears that the attitude towards meeting the elderly residents' cultural 'needs' concern both groups as well as individuals in Rinkeby. This attitude towards the individual cultural 'needs' of the residents is not necessarily evident in the remaining profiled nursing homes that I describe as 'enclave-thinking', as Rinkeby must be seen as a deviant due to the eventual mix of cultures regardless of the 'enclave-thinking' wards.

In accordance to this, the two main cases of profiled nursing homes in this thesis, Peder Lykke Centret and the nursing home in Rinkeby, are based upon the assumption that the elderly residents have the 'right' to be provided care and nursing in accordance to their 'culture'. However, the daily routines and focus points, in order to follow this turn in a focus on cultural 'needs', are diverse in the two nursing homes.

A notable difference between the two nursing homes and the fulfillment of these specific 'needs' is the topic of language. In Rinkeby they have structured the wards around the different languages and cultures, as they lay the groundwork for the 'enclave-thinking' division of the residents. Whereas, the administration in Peder Lykke Centret has made the conscious choice to do the opposite. This means, that regardless of the inclusive approach at

Peder Lykke Centret, they fail at communicating with the residents with a different mother tongue than Danish, as became evident in my interview with the head of the nursing home.

Another of these cultural 'needs' to be attended is the requirement for traditional food. Regardless of the cultural settings in the specialized wards in Rinkeby, they only occasionally serve traditional food, and only in some of the wards, and in Peder Lykke Centret the appearance of traditional food for the elderly with minority ethnic backgrounds are also just occasional. However, the fact that it is even a topic in these nursing homes shows that it is perceived as a kind of 'right' to be able to eat according to your 'culture'. The fact that some of the Swedish residents in Rinkeby were served wine and beer at their meals, something that was not protocol in the nursing home, could also be seen as an attempt to meet the individual elderly's specific cultural 'needs'.

The marking of the different cultural celebrations in the nursing home in Rinkeby, and the possibility for the elderly to have these celebrations to take place in Peder Lykke Centret, is another activity that comes under the argument of specific 'rights' and 'needs'. The elderly are entitled to be supported in the execution of a holiday that can be labeled as 'cultural' in these profiled nursing homes. In addition to the celebrations of holidays comes the take on religion in the nursing homes. While Rinkeby have no special arrangements for religious acts, other that the volunteer Catholic group's visit, Peder Lykke Centret, has created 'the intercultural room' in relation to their rebranding. 'The intercultural room' is, among other things, a place for the elderly residents to be able to perform religious rites or other such cultural 'needs' that need to be performed in a quiet and undisturbed setting.

The requirement to assist the elderly according to their cultural background not only dictates how the people should be provided care, but also who should provide the care in the nursing home in Rinkeby. Hence, there are male employees for male residents, and female employees for female residents, and employees are expected to have the same cultural (ethnic and linguistic) backgrounds as the residents whom they are caring for.

The reification of 'culture' is also very literally evident in the two nursing homes. Both of the nursing homes use cultural artifacts to emphasize the presence of specific cultures. The cultures are expressed as little trinkets, tourist posters and artwork. In Rinkeby the artifacts add to the atmosphere in each of the wards and can be seen as an instrument to show that this 'culture' is present in this ward. Moreover, in Peder Lykke Centret, the gathering of the artifacts that represent all of the 'cultures' in the nursing home do also signal a political

statement of multiculturalism, which recognizes diverse cultural communities, while it also emphasizes the distinction between the individual residents and their cultural heritages. However, this also ends up reducing the people to be members of a 'culture' with firmly established traits. The fact that Fetteh also calls for the presence of these cultural artifacts that she can relate to in Danish nursing homes is also an element that definitely adds to the reification of 'culture'. It serves as an example that shows that the reification of culture into artifacts is not only a tool used by the profiled nursing homes to create a specific cultural atmosphere, it is also a 'need' that is evident among the people with minority ethnic backgrounds, in this case, Fetteh. In Rinkeby, the use of CDs, radio and TV channels that represented the elderly residents' 'cultural' backgrounds could also be seen as the result of a 'reified culture' where music and TV shows in the mother tongue of the residents are seen as a cultural 'need'.

However, as is shown above, and in my presentation of the two cases, not all things are covered with the cultural 'needs'. Even though the focus is on the fact that the elderly residents in Rinkeby have to be able to communicate verbally with one or more employees, the reality is that the communication between the elderly residents is spare, due to facts like language barriers and residents suffering from dementia. This is also the case in Peder Lykke Centret, where the elderly with minority ethnic backgrounds cannot communicate verbally with the employees or the elderly residents, as none of them know their mother tongue. Moreover, even though certain things have been perceived as cultural 'needs' in the two profiled nursing homes, it does not mean that they are put into consideration all the time in the nursing homes. For example, even though the serving of traditional meals are perceived as cultural 'needs', the elderly residents only occasionally get these meals. Eventually, the purchase and installation of these artifacts, other installations, and special consideration in relation to the cultural 'needs' form part of the institutions' daily operating budget.

Brands and Target Groups: The Process of Rebranding

The appearance of the 'reified culture' and 'profiling' in the nursing home sector has made the profiled nursing homes into institutions that deal with the subjects of branding and target groups, and has thereby added a new dimension to the sector. Prior to this, a nursing home in Denmark and Sweden was mostly just a nursing home for the elderly people that lived nearby. Now, the profiled nursing homes handle subjects that concern determining the 'needs'

of cultural groups, categorizing people into ever more specific groups, and then training or recruiting staff to deal with precisely these groups. There are the marketing aspects in dealing with the decision of a brand and target group, the rebranding process to reach this group, publicity work to reach employees in the care sector, and to inform the general public about the new and rebranded profiled nursing home and its specific focus.

As was evident in the creation of the two cases, the nursing home in Rinkeby and Peder Lykke Centret, the rebranding plays a significant part in the profiling of the nursing home. Both of the nursing homes were existing nursing homes prior to the addition of a profile and then did a great deal of branding to reach their specific target groups. This was evident in Peder Lykke Centret, where it was obvious that, even though the nursing home is for all people regardless of culture, the target group was elderly persons with minority ethic backgrounds. The aim was then to get more residents with minority ethnic backgrounds to move into the nursing home, like the deputy mayor indicated in her opening speech of 'the intercultural room'. Moreover, Peder Lykke Centret and the local Health and Care Administration took care of the publicity work by making sure that the message about the rebranding of the nursing home came out in local and national newspapers, radio programs etc. The buses that collected elderly persons at the major train stations in Copenhagen were also a tool to make sure that as many as possible of the elderly from the target group would come to the open house reception and get to know the nursing home. Regarding the brand, it was also clear that Peder Lykke Centret had used a great deal of administrative work on the process of rebranding on everything from the study visit to the Netherlands and the decision making, to all the time and resources spent on meetings with the staff about the new brand, and the training of the staff in the form of 'the courses about intercultural knowledge'. Even though the staff and residents were not reorganized in relation to the rebranding, a physical rebranding also took place in regards to the creation of 'the intercultural room' and the collection of the multicultural bookshelf with cultural artifacts. Moreover the new 'diversity' brand in the nursing home also meant that the kitchen had to be able to adapt the daily meals for the residents regarding their cultural 'needs'.

In Rinkeby, the process of rebranding was indeed a physical reorganization of the nursing home where the wards were redecorated and the staff and elderly residents were moved around to match the specific brands in the wards. The great amount of study visits and the talks that the head of nursing home gave was also spreading awareness on the nursing

home and served as a tool for publicity. In relation to the rebranding also comes the effort that was made in Rinkeby to recruit future employees to match the cultural 'needs' of the elderly residents in order to live up to the brand.

Eventually, the nursing home sector has, with the turn to profiling, which is based on an assumption of a 'reified culture', with focus on cultural 'needs', ended up in a market segmentation that fosters nursing homes to be strategic in their choice of brands and in the rebranding process. The nursing home sector is undergoing major structural changes in organization and in their perception of the elderly, where 'culture-bearers' become 'clients' or even 'customers'. Moreover, the market segmentation also fosters a competitive market, as some of the brands overlap with similar target groups. In this way, the arrival of profiling with particular brands, categories and approaches has changed the nursing home sector drastically.

Social Effects: Integration or Segregation?

The anxieties that the employees had about the rebranding in Rinkeby were that they would lose their Swedish language skills if they were speaking their mother tongue all day with the elderly residents. This, in turn, is a very relevant issue, as the 'enclave-thinking' approach has some resemblance to a kind of ghettoization of the nursing home structure, which opens up for a discussion about the segregation versus integration. In this way, employees with minority ethnic backgrounds end up spending most of their workdays speaking their mother tongue and get less time to practice their Swedish language skills. If these staff members also spend their time off with family and other people with the same (or different) minority ethnic backgrounds, they become very isolated from the rest of the society. In this way, when the 'enclave-thinking' revolves ethnic groups, cultural groups or even religious groups, they open up to the traditional political discussion about ghettoization and integration versus segregation. However, the 'enclave-thinking' 'lifestyle' nursing homes do not evoke the same discussion, as they are merely seen as addressing people with specific personal interests and lifestyle characteristics, and not something that has to do with some existentially founded culture, language, ethnicity or religion.

This means, that 'enclave-thinking' nursing homes with focus on culture, language, ethnicity, or religion, can lead the employees, as well as the residents, and their relatives, through a pathway between integration and segregation, if they have lived a somewhat

integrated life in their host country before they became employed at the nursing home, or before they moved in. The employees also get an alternative lifeway because, although qualified, they may be employed at this particular nursing home because of their cultural, linguistic, ethnic or religious background. Nevertheless, this does not signify that all of the employees and residents are coming from well integrated backgrounds or that they become less integrated, it is merely a finding that signifies that the risk is there with the 'enclave-thinking' nursing homes.

However, the head of the nursing home in Rinkeby also raised a crucial point against the thought that the 'enclave-thinking' nursing homes are feeding the segregation of societies. With the type of nursing home that they had created in Rinkeby he felt that they were able to make it safer and more transparent for the families with minority ethnic backgrounds to place their elderly relatives in a nursing home. Many families with minority ethnic backgrounds are accustomed to a life where the women stay at home and take care of the elderly, and now that there was a better alternative to them than a traditional nursing home, the women would now be able to go to work, according to the head of the nursing home. With this "women trap", as he called it, the structure in the nursing home in Rinkeby provided more integration, and not the opposite.

The daily gatherings of the elderly residents in the nursing home in Rinkeby, as well as the fact that the three specialized wards are gathered in the nursing home, can, according to the head of the nursing home, Ahmadian, also be seen as a tool for integration. Moreover, the inclusive approach in Peder Lykke Centret also serves as an integration of the diverse elderly residents, according to the head of the nursing home, Olsen.

It can be concluded that the two profiled nursing home cases in specific, and the profiled nursing homes in general, have elements that provide both integration and segregation. Nevertheless, these factors and consequences can be up to discussion like all other topics discussed in relation to integration and segregation.

5. Summary, Conclusions and Implications

In this thesis I began by describing a variety of profiled nursing homes in the international scene, and the profiled nursing homes in, respectively, Denmark and Sweden. Then I described the structures and daily routines in the two main empirical cases, the profiled nursing home in Rinkeby, in Sweden, that has three specialized wards, which focus on culture and language, and the 'diversity' profiled nursing home Peder Lykke Centret in Denmark. We have thus seen a trend of profiling within the nursing home sector, and these nursing homes focus on everything from multiculturalism to Finnish culture and LGBT groups.

Eventually, I conclude that the profiled nursing homes can be put into certain categories based on their brands. These categories are, profiled nursing home where their brands focus on 'culture, language and ethnicity', 'religion', 'lifestyle' or 'diversity'. Moreover, these categories can then be seen in terms of profiled nursing homes that follow the 'enclave-thinking' approach or the 'individuality-thinking' approach. This means that the categories 'culture, language and ethnicity', 'religion' and 'lifestyle' are 'enclave-thinking' because they unite the elderly residents into enclaves that are divided between wards or nursing homes. Also, the profiled nursing homes with brands that go under the 'diversity' category are in terms 'individuality-thinking' in their approach, an approach that I conclude is inclusive.

Additionally, I conclude that the nursing home in Rinkeby and the nursing home Peder Lykke Centret, as well as the other profiled nursing homes, can be seen as the result of the use of the concept of a 'reified culture'. These profiled nursing homes are based on the assumption that different cultural groups have specific 'needs' to be attended to. The profiling of nursing homes has created a segmentation of the nursing home sector where the profiled nursing homes now deal with marketing of their brands, designation of attracting target groups, and publicity, in the process of rebranding. This process has led to both integration and segregation involved in the arrival of profiling within the nursing home sector.

The trend of profiled nursing homes produces some implications that go beyond segmentation of the nursing home sector. It is symptomatic of a general institutionalization of people categorized in terms of brands and cultural 'needs'. Profiling is present in many different forms throughout society and people's lives. As I mentioned in the introduction, the schools in Denmark are also experiencing a structural change in the form of profiling, with ever new and visionary brands. These schools could be perceived as having the same characteristics as the 'enclave-thinking' approach to nursing homes. The model of 'inclusion'

in the schools in Denmark is similar to the 'individuality-thinking' approach to nursing homes. 'Diversity' is seen as a value in itself, and has an efficient way of organizing people and staff. Profiling follows people throughout life, and has now even declared its arrival at graveyards, with forest graveyards, and graveyards with different themes. This is yet another example of how the profiling and the importance to meet people's specific cultural 'needs' has entered other sectors than the nursing home sector.

As for future research, it would be interesting to follow the trend of profiling, and the idea of embracing specific cultural 'needs', in order to find out how it develops. Kulick and Rydström, for example, write about disabled persons' sexual 'needs' and the 'right' to have these fulfilled. Could we apply their analysis to the concerns of elderly residents? Would elderly residents at some point be able to have certain 'rights' to have their sexual desires met in terms of their 'needs', including paying for sex, or do these specific 'needs' not classify as legitimate cultural 'needs'? It is questions such as these that make the profiling industry and the use of culture and special individual 'needs' a pressing issue for further research.

7. References

Andersen, R. H.
2009 Vi holder mange fester. Sygeplejersken, vol. 14, pp. 28-31. http://www.dsr.dk/Sygeplejersken/Sider/SY-2009-14-28-1-aeldrepleje.aspx (2015-08-20).

Anderson, B.
2006 Imagined Communities. Verso.

Ballweg, S.
2004 A Multicultural Home for the Elderly. Deutsche Welle. http://www.dw.de/a-multicultural-home-for-the-elderly/a-1218368 (2014-09-05).

Bang, A. N.
2015 Nu får Danmark sit første regnbueplejehjem: >>Her skal være plads til alle<< http://www.b.dk/kultur/nu-faar-danmark-sit-foerste-regnbueplejehjem-her-skal-vaere-plads-til-alle (2015-08-20).

Bauman, Z.
2000 Liquid Modernity. Cambridge: Polity Press.

Bauman, Z.
2001 Community. Seeking safety in an insecure world. Cambridge: Polity Press.

Baumann, G.
1997 Dominant and demotic discourses of culture: their relevance to multi-ethnic alliances. *In* Debating Cultural Hybridity. Multi-Cultural Identities and the Politics of Anti-racism. London: Zed Books.

Billie, N.
2013 En rigtig svær beslutning. Opinionen. http://opinionen.dk/tema/en-rigtig-svaer-beslutning-2 (2014-12-10).

Boije, R.
2009 Demensens påverkan på språket. När orden försvinner blir skratten kvar. http://spraktidningen.se/artiklar/2009/12/nar-orden-forsvinner-blir-skrattet-kvar (2014-09-01).

Bourdieu, P.
1992 The Logic of practice.. Cambridge: Polity Press.

Broberg, M. B.
2010 Muslimske plejehjem på vej. Jyllands-Posten. http://jyllands-posten.dk/indland/ECE4350414/muslimske-plejehjem-pa-vej/ (2014-09-02).

Bäsén, A.
2009 Här får alla tala sitt eget språk. Expressen.se. http://www.expressen.se/nyheter/har-far-alla-tala-sitt-eget-sprak/ (2014-12-09).

Dalqvist, A.
Kavat nytänkare stöper om äldreomsorgen. Tidningen Entreprenör. http://www.entreprenor.se/entreprenorer/kavat-nytankare-stoper-om-aldreomsorgen_500886.html (2014-08-26).

Engmann, T. & F. S. Pedersen
2014 Bøsser og lesbiske får deres eget plejehjem. Berlingske. http://www.b.dk/nationalt/boesser-og-lesbiske-faar-deres-eget-plejehjem (2014-12-09).

Fetteh, S. M.
2014 Muslimske Plejehjem? Fyens stiftstidende. http://blog.salihas-univers.dk/#post10 (2014-12-08).

Fingal, K.
2013 Här följs de judiska matreglerna. Minoritet.se. http://www.minoritet.se/1939 (2015-08-20).

Gorek, B., J. Martin, N. White, D. Peters & F. Hummel
2002 Culturally Competent Care for Latino Elders in Long-Term Care Settings. Geriatric Nursing. Vol. 23, pp. 272-275.

Heikkilä, K., A. Sarvimäki & S.-L. Ekman
2007 Culturally congruent care for older people: Finnish care in Sweden. Scandinavian Journal of Caring Sciences. Vol. 21, pp. 354-361.

Højbjerg, R. R.
2011 Rushy revser: Hvordan er det dog, vi opbevarer vores ældre i Danmark? Politiken. http://www.rushy.dk/default.asp?iID=JLHLK&item=MIEFK (2014-12-08).

Junkka, M. A.
2014 "Vi ska jobba stenhårt för ett eget äldreboende". Minoritet.se. http://www.minoritet.se/GetDoc?meta_id=3157 (2014-12-09).
Kallin, J.
2011 Första äldreboendet med arabisk profil. https://www.vardforbundet.se/Vardfokus/Webbnyheter/2011/2/Forsta-aldreboendet-med-arabisk-profil/ (2014-08-25).
Kay, M.
2012 Toronto's ethnic nursing homes have long waiting lists. The Toronto Star. http://www.thestar.com/life/fashion_style/2012/07/13/torontos_ethnic_nursing_homes_have_long_waiting_lists.html (2014-09-05).
Kitwood, T.
1997 Dementia Reconsidered: The Person Comes First. Buckingham: Open University Press.
Kulick, D. & J. Rydström
2015 Loneliness and its Opposite: Sex, Disability, and the Ethics of Engagement. Durham: Duke University Press.
Laestadius, A.-H.
2015 Björnkulla ger trygghet och omsorg på finska. Minoritet.se. http://www.minoritet.se/2217 (2015-08-20).
Landén, M.
2013 Äldreboenden på andra språk ökar – i Stockholm. Sveriges Radio P6. http://sverigesradio.se/sida/artikel.aspx?programid=3993&artikel=5535820# (2014-12-09).
Landes, D.
2013 Sweden opens first retirement home for gays. http://www.thelocal.se/20131122/first-gay (2014-09-01).
Lind, M.
2012 Syrianer Västerås får äldreomsorg på modersmålet. http://sverigesradio.se/sida/artikel.aspx?programid=112&artikel=5324138 (2014-09-01).
Linder, A.
2009 Kirunabor föreslår samiskt äldreboende. Norrländska Socialdemokraten. http://www.nsd.se/nyheter/kirunabor-foreslar-samiskt-aldreboende-5073060.aspx (2014-12-09).
Mold, F., J. M. Fitzpatrick & J. D. Roberts
2005 Minority ethnic elders in care homes: a review of the literature. Age and Ageing. Vol. 34, pp. 107-113.
Mullay, S., P. Schofield, A. Clarke & W. Primose
2011 Cultural diversity and dementia in Scottish care homes. British Journal of Nursing, Vol. 20, pp. 716-720.
Mølgaard, M.
2014 København får et regnbueplejehjem. Politiken. http://politiken.dk/indland/ECE2445566/koebenhavn-faar-et-regnbueplejehjem/ (2014-12-09).
Notter, J., T. Spijker & K. Stomp
2004 Taking the community into the home. Health and Social Care in the Community. Vol. 12, pp. 448-453.
Olofsson, J.
2014 Äldrevård med hemspråk. Svenska Dagbladet http://www.svd.se/aldrevard-med-hemsprak (2014-12-09).
Pedersen, F. S.
2014 Musik- og madelskere får særlige plejehjem. Berlingske. http://www.b.dk/nationalt/musik-og-madelskere-faar-saerlige-plejehjem (2014-09-02).
Prideaux, E.
2005 Multi-multiethnic Holland grows old together. The Japan Times. http://www.japantimes.co.jp/life/2005/09/28/environment/multi-multiethnic-holland-grows-old-together/#.VAguCWTV9bl (2014-09-04).
Rasmussen, M.
2007a Med jødedommen på plejehjem. Avisen.dk. http://www.avisen.dk/med-joededommen-paa-plejehjem_68283.aspx (2014-09-02).
Rasmussen, M.
2007b Venteliste til Danmarks eneste jødiske plejehjem. Kristelig Dagblad. http://www.kristeligt-dagblad.dk/danmark/venteliste-til-danmarks-eneste-j%C3%B8diske-plejehjem (2014-09-02).

Sillén, A.
2014 Porträtt av professor Sirkka-Liisa Ekman. Karolinska Institutet http://ki.se/nvs/portratt-av-professor-sirkka-liisa-ekman (2014-12-10).
Svensson, B.
2008 Invandrare isolaras på äldreboenden. Göteborgs-Posten. http://www.gp.se/nyheter/goteborg/1.111986-invandrare-isoleras-pa-aldreboenden (2014-12-09).
Sæhl, M.
2013 Bag om frikadellekrigen: Sådan blev halal og svinekød et problem. Politiken. http://politiken.dk/indland/politik/ECE2046323/bag-om-frikadellekrigen-saadan-blev-halal-og-svinekoed-et-problem/ (2015-08-20).
Søndergaard, B.
2013a Plejehjem gør klar til ældreboom blandt indvandrere. Kristeligt Dagblad. http://www.kristeligt-dagblad.dk/danmark/plejehjem-g%C3%B8r-klar-til-%C3%A6ldreboom-blandt-indvandrere (2014-12-09).
Søndergaard, B.
2013b Danmark får sit første plejehjem for nydanskere. Kristeligt Dagblad. http://www.kristeligt-dagblad.dk/danmark/danmark-f%C3%A5r-sit-f%C3%B8rste-plejehjem-nydanskere (2014-12-09).
The Observer & Information. Translated by N. I: Larsen.
2014 For enden af regnbuen ligger et plejehjem for bøsser og lesbiske. http://www.information.dk/507692 (2014-09-01).
Westh, A.
2007 Åbner jødisk plejehjem i København. Jyllands-Posten. http://jyllands-posten.dk/indland/kbh/ECE3882671/abner-joedisk-plejehjem-i-koebenhavn/ (2014-09-02).
Winström, C. T.
2013a Aarhus klar med mangfoldighedsplejehjem. Århus Stiftstidende. http://stiften.dk/aarhus/aarhus-klar-med-mangfoldighedsplejehjem (2014-09-03).
Winström, C. T.
2013b DF vil ikke have tværkulturelle plejehjem. Århus Stiftstidende. http://stiften.dk/aarhus/df-vil-ikke-have-tvaerkulturelle-plejehjem (2014-09-02).
Winström, C. T.
2013c DF vil ikke have tværkulturelle plejehjem. Jydske Vestkysten. http://www.jv.dk/artikel/1635966:Indland--DF-vil-ikke-have-tvaerkulturelle-plejehjem (2014-12-10).

Websources

Aleris
2012 Premiär för nytt äldreboende med orientalisk inriktning – Nya Vårbacka Plaza exempel på framtidens äldreboende (press release). http://www.mynewsdesk.com/se/aleris/pressreleases/premiaer-foer-nytt-aeldreboende-med-orientalisk-inriktning-nya-vaarbacka-plaza-exempel-paa-framtidens-aeldreboende-753974 (2014-09-01).
Bejtona
Bejtona's webpage. http://www.kavatvard.se/vara-boenden/bejtona/ (2014-08-25).
Brahem 1
Movie presentation. http://vimeo.com/24920568 (2014-08-26).
Brahem 2
Brahem's webpage. http://www.kavatvard.se/vara-boenden/brahem/ (2014-08-26).
DAC
Urbanplanen. Dansk Arkitektur Center. http://www.dac.dk/da/dac-life/copenhagen-x-galleri/cases/urbanplanen (2015-08-20).
Danskmuslim.dk
2009 Ældre muslimer. Danskmuslim.dk. http://danskmuslim.dk/index.php?option=com_content&view=article&id=62&Itemid=68 (2014-12-09).

De Schildershoek
De Schildershoek's website.
http://hwwzorg.nl/wcs/hww/nl/4753/de-schildershoek.html (2014-09-04).
Ensomme Gamles Værn
Hverdagsliv på mangfoldighedsplejehjem i København. Ensomme Gamles Værn.
http://www.egv.dk/projekter/2013/hverdagsliv-paa-mangfoldighedsplejehjem-i koebenhavn.aspx (2014-12-09).
Homotropolis
2014 København får LGBT plejehjem.
http://www.homotropolis.com/2014/06/artikler/koebenhavn-faar-lgbt-plejehjem/ (2014-09-03).
Illawarra
Illawarra's website.
http://multiculturalagedcare.com.au/ (2014-09-05).
Information 1
2012 Plejehjem for indvandrere i København. Ritzau.
http://www.information.dk/telegram/300093 (2014-12-09).
Information 2
2013 Plejehjem gør klar til ældreboom blandt indvandrere. Ritzau.
http://www.information.dk/telegram/477376 (2014-12-10).
Islamic center
Verksamhet. Islamic Center's webpage.
http://www.mosken.se/verksamhet.htm (2014-12-09).
Jewish nursing home Gothenburg
Neuberghska Ålderdomshemmet – Bambergerska Vårdhemmet's website.
http://www.nbhemmet.se/ (2014-12-09).
Jewish nursing home Stockholm
Judiska hemmet's webpage.
http://www.fjsh.se/judiska_hemmet.html (2015-08-20).
Josephinahemmet
Om Josephinahemmet. Josephinahemmet's webpage.
http://www.josephinahemmet.se/om.html (2014-12-09).
Københavns Kommune
Udviklingsplan for Urbanplanen. Sammen om byen. Boligforeningen 3B og Københavns Kommune.
http://www.kk.dk/sites/default/files/edoc/ec0a54c0-3309-4df1-a36d-9452a3de03a2/dcbfffb3-fa44-48f6-b0cc-9e642c560192/Attachments/11339804-11918673-1.PDF (2015-08-20).
La Casa 1
La Casa's webpage.
http://www.kavatvard.se/vara-boenden/la-casa/ (2014-08-25).
La Casa 2
La Casa information.
http://www.kavatvard.se/downloads/spansk_lacasa.pdf (2014-08-25).
LGBT Denmark
Gay & Grey
http://lgbt.dk/politik/gay-grey/ (2014-09-03).
Muslimernes Fællesråd
Muslimernes Fællesråd's website. Mfr.nu.
http://www.mfr.nu/index.php/projekter/item/65-plejehjem (2014-12-09).
Parque Habitacional
Parque Habitacional's website.
http://residentialgardens.com.au/ (2014-09-05).
Persikan 1
Persikan's webpage.
http://www.kavatvard.se/vara-boenden/persikan/ (2014-08-22).
Persikan 2
Video report.
http://vimeo.com/48138354 (2014-08-22).
Persikan 3
Vi gör skillnad! Äldreboendet Persikan. Video.

https://www.youtube.com/watch?v=HrhCPXEm330 (2014-08-22).
Regnbågen
Regnbågen's webpage.
http://www.regnbagen.net/ (2014-09-01).
Residential Gardens
Philosophy. Residential Gardens' webpage.
http://residentialgardens.com.au/services/residential-care/philosophy/ (2014-09-05).
SF København
SF ønsker plejehjem med profil.
http://gl.sf.dk/parti/sf-kobenhavn/nyheder/nyheder-fra-sf-kbh/2012/05/15/sf-%C3%B8nsker-plejehjem-med-profil (2014-09-02).
Sveriges Radio P4 Stockholm
2011 Tensta först med arabiskt äldreboende. Sveriges Radio P4 Stockholm
http://sverigesradio.se/sida/artikel.aspx?programid=103&artikel=4347999 (2014-12-09).
Suomikoti
Finskt äldrecentrum.
http://www.finsktaldrecentrum.com/svenska.html (2014-09-01).
The Copenhagen Post
2013 Denmark gets its first elderly home for immigrants. The Copenhagen Post.
http://cphpost.dk/news/denmark-gets-its-first-elderly-home-for-immigrants.5417.html (2014-12-09).
The Danish Home
The Danish Home's webpage
http://www.danishhome.org/ (2015-08-19).
The Persian Cultural Association
Den Persiske Kulturforenings website.
http://www.denpersiske.dk/page10.html (2014-12-09).
TV2
2014 Det danske hjem. Et dansk alderdomshjem i New York. Documentary.
http://play.tv2.dk/programmer/dokumentar/serier/det-danske-hjem/et-dansk-alderdomshjem-i-new-york-92338/ (2015-08-19).
TV2/FYN
2014 Etniske plejehjem. TV2/FYN.
http://www.tv2fyn.dk/article/465904:Etniske-plejehjem (2014-12-10).
Vårbacka Plaza
Vårbacka Plaza's webpage.
http://www.aleris.se/har-finns-vi/stockholm/aldreomsorg/boende/varbacka-plaza/ (2014-09-01).