

“Sorry, We Don’t Have Any LGBTQI+ Service Users”: Bridging Gaps Towards Inclusion in Social Services

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Abstract

This article addresses the persistent gap between the ethical foundations of social work—rooted in human rights, social justice, and anti-oppressive practices—and the exclusionary experiences of LGBTQI+ people within Slovenian social work and care services. It examines how these services respond to LGBTQI+ needs, identifies the typical patterns of practice, and explores how general equity principles can be more effectively translated into everyday work. The article draws on a narrative synthesis of three research projects conducted between 2018 and 2021, focusing on the experiences of LGBTQI+ older people, children, and youth in Slovenian social and care services. These include two European projects and a small-scale qualitative study during the Covid-19 epidemic. Based on these findings, the article identifies recurring themes and patterns in the response of services, including instances of openly inappropriate treatment, denial through universalist approaches, the “transparent closet,” and examples of inclusive and affirming practices. While exclusion remains widespread, the article highlights promising practices—particularly within NGO-led initiatives—and calls for systemic change.

Keywords

human rights; LGBTQI+ children and young people; LGBTQI+ older people; professional conduct; social care services; social justice; social work

1. Introduction

Recent history in Europe has demonstrated that shifts in the political climate, combined with other challenges, can result in the deterioration of fundamental human rights, with the rights of the LGBTQI+ community and reproductive rights being typically the first to be threatened. The adoption of progressive

approaches in various professional fields is often met with resistance in the context of anti-gender populism, turning advocacy for LGBTQI+ equality into “gender ideology” (Paternotte & Kuhar, 2018). While the political climate is not the only factor preventing the successful integration of social work approaches and policies categorised as “social justice,” “anti-oppression,” “human rights,” “critical ethics of care,” and “gender equality policy” into social work practice, the political context in which professionals work should not be overlooked. There is solid evidence that negative political trends and neoliberal shifts in social welfare have caused traditionally critical, social justice-oriented helping professions to shift closer to the political far-right (Fazzi & Nothdurfter, 2021; Gille et al., 2022), or to adopt the bureaucratic practices of “new public management” (Banks, 2014). Nevertheless, even in a positive political climate, the experiences of social workers and social care practitioners working with LGBTQI+ people suggest that gender diversity remains a challenging terrain for translating equality policy into practice.

Human rights are declared to be “fundamental” and “foundational” to social work, and part of the “DNA” of the profession. This understanding is central to the profession’s self-image, and it reflects how social work portrays its ethical base to the general public and wider world (Garrett, 2024). However, the theoretical basis of human rights—including their approaches, principles, and values—and related concepts such as social inclusion, social justice, and anti-oppression present considerable challenges for practical implementation. Nonetheless, these concepts are important as they form a basis for promoting inclusive practices and protect against racism, sexism, homophobia, transphobia, and managerialism in professional conduct. In times when political conditions are less favourable, they allow social work professionals greater autonomy in their judgements (Staub-Bernasconi, 2010). They are contained in a code of ethics drawn up by international social work organisations such as the International Federation of Social Workers. This organisation’s policy, for example, explicitly states that “the social work profession’s commitment to human rights must entail protecting and upholding the rights of LGBT people” (International Federation of Social Workers, 2014). It is therefore crucial to defend human rights, especially when they are under threat, for example when they are caricatured as “criminal rights” by right-wing populists and when within social work, regulatory bodies see fit to erase the profession’s commitments to these rights, as Garrett (2024, p. 2115) reports. At the same time, more effective ways need to be found to implement these concepts in social work and wider social welfare practices involving different minority groups (see also Bennwik et al., 2023a, for similar findings on critical disability perspectives in social work). In Slovenia, two codes of ethics—one adopted by the Social Chamber of Slovenia (Socialna zbornica Slovenije, 2014), and the other by the Slovenian Association of Social Workers (Leskošek et al., 2021)—place social justice, anti-oppressive practices, and diversity at the heart of social workers’ ethical conduct. These documents reference human rights throughout as a universal concept that enables critical reflection on the theory, ethics, and practice of social work, and provide universal norms for all professions in the social sector.

Our study draws on the narrative synthesis of findings from two European projects with a strong training element and a small-scale research study conducted during the Covid-19 epidemic in Slovenia, which addressed the LGBTQI+ older people, children, and young people. The authors were involved in these studies in various roles, including national coordinator, lead researcher, and researcher. Drawing on the existing literature and the findings of these projects, we aimed to first understand the needs and experiences of LGBTQI+ people when using social services in Slovenia, and secondly to identify the gaps in the provision of accessible and inclusive LGBTQI+ social services in everyday practice. Thirdly, we have sought to consider how we can more effectively translate the concepts of social justice, human rights, and

anti-oppressive approaches into social work and social care practice, as many professionals consider these ideas to be too abstract and general.

Of course, the LGBTQI+ community is not a homogeneous group: They differ according to gender identity, age, class, disability, ethnicity, race, lifestyle, and life history, among other categories. An intersectional approach that focuses on life stories as well as resilience, strengths, and collaboration with the LGBTQI+ community was recognised as a guiding principle throughout all three research projects. With respect to language and terminology, we have used the acronym “LGBTQI+” in this document, which stands for lesbian, gay, bisexual, transgender, queer, and intersex. The “+” sign refers to several other gender and sexual expressions that do not support the heteronormative and cisnormative logic. By heteronormativity, we mean social norms and everyday practices that have developed around heterosexuality throughout history and are based on a binary, biologically determined opposition between women and men, while cisnormative logic assumes that all people are cisgender, meaning that their gender identity corresponds to the gender identity assigned to them at birth (Sándor, 2020). Language and terminology are constantly evolving and changing. The terms that were once part of everyday vocabulary may now have negative connotations or are no longer used. In particular, our experience of working with older LGBTQI+ people on research projects has taught us that older generations may have a different understanding of sexual orientation and gender identity, shaped by historical and cultural contexts. They may perceive themselves as homosexual, but terms such as “gay,” “lesbian,” “trans,” and “non-binary” may not be familiar to them. It is also important that we are open to young people and their own definitions of themselves, their bodies, and their relationships (Kutassy et al., 2023).

2. Navigating the Margins: LGBTQI+ Experiences With Social Services Across a Lifespan—An International Perspective

The intersection of LGBTQI+ identities and social services represents a growing and important area of research and practice. This literature review brings together recent international research into the experiences of LGBTQI+ individuals throughout their lives in relation to social services, with a particular focus on child welfare, homelessness, and residential care. Particular attention is paid to intersectionality and resilience, while also incorporating perspectives from social work education and systemic reform.

LGBTQI+ individuals often encounter systemic barriers, discrimination, and marginalisation within the support systems that are supposed to help them. These barriers can be categorised as institutional, interpersonal, and internalised. Examples of *institutional barriers* include service designs, eligibility criteria, and protocols that implicitly or explicitly reflect heteronormative and cisnormative assumptions (Fish & Karban, 2015). An important yet frequently overlooked barrier is “invisibility”—the erasure of LGBTQI+ identities in service design, outreach, and data collection. Transgender individuals, in particular, report disproportionately high rates of discrimination and invisibility in welfare and healthcare services (McCann & Brown, 2019). As Craig et al. (2016) argue, services that do not explicitly recognise or support LGBTQI+ individuals contribute to a climate in which they feel their identities are irrelevant or unwelcome within social care systems. Intake forms, assessment tools, and service documentation often fail to provide inclusive options for gender identity or relationship status, thereby rendering LGBTQI+ service users invisible in official records. *Interpersonal barriers* involve prejudiced attitudes, microaggressions, and discrimination by frontline workers and service providers. For example, Formby (2017) documented the reports from service users of discomfort, misgendering, and assumptions of heterosexuality in encounters with social workers.

Internalised barriers are the kinds of obstacles that LGBTQI+ people carry within themselves—often without even realising it—because of years of living in a society where their identities have been ignored, questioned, or rejected. These barriers can show up as fear of coming out to a social worker or doctor, avoiding certain services altogether, holding back in conversations, or even feeling ashamed of who they are.

In child welfare systems, LGBTQI+ young people are often invisible or misrepresented. At the same time, they are overrepresented within these systems and face unique challenges in residential care. Mallon et al. (2022) emphasise that LGBTQI+ young people frequently experience neglect and abuse within systems intended to protect them. Despite being at higher risk of abuse and neglect, they are excluded from child protection discourses. Dettlaff et al. (2018) reported that LGB young people are overrepresented in the US child welfare system, yet their specific needs are rarely considered when it comes to placement. They also experience higher rates of mental health issues compared to non-LGB peers. Schaub et al. (2023) provide an in-depth and rare insight into the experiences of LGBTQI+ young people in residential care in England. Their interviews reveal widespread discrimination, a lack of affirming relationships, and unmet health needs among this group. González-Álvarez et al. (2022) examined resilience among LGBTQIA+ young people in out-of-home care in the Netherlands, identifying supportive relationships and identity affirmation as significant protective factors.

The literature identifies homelessness among LGBTQI+ youth as a critical issue. Côté et al. (2023) conducted a qualitative study with LGBTQI+ young people experiencing homelessness in Canada, revealing how intersecting systems of oppression—heterosexism, cisgenderism, racism, and sexism—shape their daily experiences of violence, police profiling, and housing exclusion. Many of these young people actively avoid shelters due to anticipated stigma, harassment, or violence. Similarly, Robinson (2021) highlights how intersecting minority stressors—such as racism and anti-LGBTQ+ bias—not only contribute to pathways into homelessness, but also negatively affect mental health and access to essential services. These findings underscore the urgent need for LGBTQI+-specific support systems and trauma-informed approaches that address the compounded vulnerabilities of this population.

Discrimination by service providers remains a persistent barrier for LGBTQI+ individuals throughout their lives. For instance, older LGBTQI+ adults in home care settings frequently feel pressured to hide their identities due to their personal histories of discrimination and social exclusion, and due to concerns about mistreatment, which leads to emotional isolation (Almack, 2019; Burton et al., 2020; Duffy et al., 2024). Westwood (2019) notes that in the case of organisational abuse, LGBTQI+ older adults may be potentially mistreated by both service providers and other residents.

Intersectionality is a recurring and critical theme across the literature, highlighting how overlapping social identities shape individuals' interactions with social service systems. It significantly influences access to care, the quality of support received, and the outcomes of service engagement. McCurdy et al. (2023) found that LGBTQI+ young people in foster care—particularly those assigned male at birth or identifying as Asian or Pacific Islander—are at increased risk of substance misuse and mental health issues. These intersecting vulnerabilities are often overlooked in standard service provision. Marlow et al. (2023) examined how young women with histories of out-of-home care navigate (in)visibility and manage their intersecting identities in order to avoid stigma. This strategy, however, can further hinder and complicate their access to appropriate support. In related studies, Bennwik et al. (2023a, 2023b) employed institutional ethnography to explore how young people with disabilities transitioning out of care in Norway experience systemic institutional neglect.

Together, these studies emphasise the importance of adopting intersectional frameworks in policy and practice, which are sensitive to the complex, layered realities of the most marginalised individuals within care systems. Despite systemic challenges, many LGBTQI+ individuals demonstrate resilience through community support, identity affirmation, and self-reliance. González-Álvarez et al. (2022) identified four resilience pathways among LGBTQIA+ youth in care: supportive relationships, positive identity construction, community involvement, and self-reliance. These findings align with broader calls for strengths-based approaches in social work that recognise the agency and resilience of LGBTQI+ service users. Inclusive, affirming environments and competent professionals are essential for fostering well-being and empowerment.

Recent studies emphasise the inconsistent and often superficial inclusion of LGBTQI+ content in social work education. Gates et al. (2023) conducted a scoping review of social work curricula in the Asia-Pacific region, revealing that LGBTQI+ topics are frequently marginalised or treated as optional. Similarly, Mehrotra et al. (2023) found that many social work programs lack structural integration of queer theory and intersectionality, which limits practitioners' ability to recognise and respond to the layered oppressions that the LGBTQI+ service users may face.

To summarise, the reviewed literature reveals a complex landscape of progress and ongoing challenges in social services' work with LGBTQI+ people. While there is a growing momentum towards inclusive, affirming, and intersectionality-informed practices, structural inequalities and discriminatory dynamics that undermine equal access to care persist. Addressing these issues requires systemic change rather than isolated interventions. The implications for policy, practice, and research include the implementation of LGBTQI+ inclusive policies and services, the provision of mandatory, competency-based training combined with ongoing, reflexive supervisory practice, and the incorporation of the voices of LGBTQI+ people into service delivery (Schaub et al., 2023).

3. Outlining the Slovenian Context

Same-sex sexual activity has been legal in Slovenia (formerly Yugoslavia) since 1977. The LGBT movement began in 1984, and in 2014 the TransAkcija Institute became the first NGO in the country to campaign for transgender rights. Since 2006, same-sex couples have been allowed to enter into a registered partnership, albeit with limited rights. Following two referendums (2012, 2015) that rejected same-sex marriage, the Civil Union Act was passed in 2016. This legislation granted same-sex couples the same rights as married couples, with the exception of joint adoption and IVF. In July 2022, the Constitutional Court declared the ban on same-sex marriage and adoption unconstitutional, legalising both in Slovenia, a first for a post-communist country (ILGA-Europe, 2018, 2020).

Despite many positive changes, Slovenia still has a long way to go in providing better practices and legal protections for LGBTQI+ people. The legal recognition of gender based on self-identification without medical diagnosis is still not possible in Slovenia (Advocate of the Principle of Equality of the Republic of Slovenia, 2021). Regarding intersex people, Slovenia is lacking in both public recognition and visibility of the group as well as intersex-friendly practices, the main problem being the pathologisation and medicalisation of intersexuality in medical practice in Slovenia (Advocate of the Principle of Equality of the Republic of Slovenia, 2020). Another Constitutional Court decision in 2024 also found that the law that prevents the use of IVF or other means of assisted reproduction by single mothers or same-sex couples was unconstitutional,

demanding a change in the law (the bill is currently going through the parliamentary process). And Slovenia still does not have a national strategy and action plan in place for LGBTQI+ people.

Slovenia has a long history of LGBTQI+ rights movement and was recognised in the 1980s and 1990s as one of the most progressive and open-minded republics of the former Yugoslavia and Eastern Europe's socialist bloc. However, this advantage has gradually eroded over the last decade. Namely, right-wing politics, conservative groups, and the Roman Catholic Church played a significant role in the backlash and inhibition of LGBTQI+ rights in Slovenia, particularly during the two Family Code referendum campaigns in 2012 and 2015 (Kralj & Renner, 2024; Kuhar, 2015). So, in spite of the positive changes in legislation, hate speech (Feher & Forjan, 2024) and violence against LGBTQI+ people have increased in Slovenia (European Union Agency for Fundamental Rights, 2020, 2024), and societal acceptance remains uneven. The 2024 EU LGBTIQ Survey III for Slovenia (European Union Agency for Fundamental Rights, 2024) shows that the LGBTQI+ people in Slovenia are less comfortable being open than the EU average (for instance, holding hands with their same-sex partner in public). Furthermore, 8% had been attacked in the five years before the survey; 3% had been attacked in the year before the survey; and 45% say they were harassed in the year before the survey. Despite the disquieting statistics, a report by the European Union Agency for Fundamental Rights demonstrates that these figures are at or below the EU-27 average, and show also other predominantly positive trends for Slovenia in comparison to the EU-27 (European Union Agency for Fundamental Rights, 2024). However, the lived experiences of the LGBTQI+ community should not be ignored. The community has voiced concerns that hate speech and discriminatory rhetoric are intensifying, contributing to a hostile environment that occasionally translates into physical attacks (Vučko et al., 2025).

While the majority of national research on violence against LGBTQI+ children and youth in Slovenia has concentrated on schools, institutionalised cis-heteronormativity persists across multiple settings, including healthcare and social services. The largest study so far ($N = 602$) by Sešek and Margon (2021) indicates that LGBTQI+ students are frequently targeted with negative remarks and violence by both peers and educational professionals, such as teachers and school staff. The area of domestic violence is poorly researched, although the family has an important place in the lives of LGBTQI+ children and youth. According to the survey on the living conditions and homelessness of LGBTQI+ youth in Slovenia ($N = 250$), 23% of participants stated that they hide their LGBTQI+ identity from their parents out of safety concerns or fear of violence. This proportion rises markedly to 57% among transgender youth (Štefanec & Morić, 2021). The representatives from LGBTQI+ NGOs interviewed as part of the Diversity and Childhood: Changing Social Attitudes Towards Gender Diversity in Children Across Europe (2019–2021), hereafter addressed as DaC—one of three projects included in this article—reported that young LGBTQI+ people who lack family support often become independent earlier than their peers. They rarely choose to utilise their legal right to family support from their parents, preferring instead to survive on their own. They often slip through the net of schools, social services, and other systems that do not recognise their problems (Koletnik, 2019; Sešek & Margon, 2021; Štefanec & Morić, 2021). Family conflicts stemming from coming out, rejection, and even violence have been identified as significant contributors to youth homelessness. This is often hidden (a young person alternates between living in crisis accommodations, institutions, or “staying” with school friends) and is associated with high-risk behaviour such as “survival sex,” alcohol and drug abuse, and criminal activity. This problem has recently been tackled by the SQVOT programme, run by the Pride Parade Association in Ljubljana, which provides counselling and short-term accommodation to LGBTQI+ young homeless people (Štefanec & Morić, 2021; Urek & Jurček, 2023; Urek et al., 2020).

Compared to research on LGBTQI+ young people, research on LGBTQI+ older people in Slovenia is significantly underrepresented. It has only come to the fore in the last few years (Jurček, 2024; Jurček, Urek, & Sobočan, 2022; Maljevac et al., 2022; Nedeljko, 2024; Rupar & Blažič, 2022; Urek et al., 2022). In the Slovenian study conducted by DIH—Equal Under the Rainbow Association (45+; $N = 163$), respondents report having experienced in high percentage the fear of loneliness and social exclusion, ageism, and stigmatisation of old age in society, as well as health, economic, and social challenges (Rupar & Blažič, 2022). Furthermore, they mostly face these challenges by themselves, with the help of their friends and within their own families, but less so with the help of the LGBTQI+ community or state-provided services. The longstanding hiding of one's identity, fear of coming out, stigmatisation, and social exclusion can have many negative consequences for the health and sense of safety of LGBTQI+ older people (Westwood et al., 2015), but they can also lead to the development of a variety of coping skills and mechanisms, stronger social networks, and resilience (Higgins et al., 2011; Jurček et al., 2022). In the mentioned DIH—Equal Under the Rainbow Association study, older LGBTQI+ individuals report having strong and stable family relationships, identifying their families—particularly children and nephews—as their primary source of support (Rupar & Blažič, 2022). This study confirms the findings of those international studies that find that family is nevertheless more often than assumed an integral part of the support network of older LGBTQI+ people (see Higgins et al., 2011). There is also a discrepancy between the cities and rural Slovenia, where at least some kind of infrastructure for LGBTQI+ people exists (especially in Ljubljana), while the LGBTQI+ community elsewhere is not visible. The largest quantitative research on LGBTQI+ over 50 years old in Slovenia to date, conducted by Nedeljko et al. (2024), confirms this, as it shows that those who live in a large or a small city achieve higher life satisfaction, compared to those living in rural areas. In terms of care, institutional care for older people is the most developed and widespread form of care for older people in Slovenia. Community home care is not sufficiently developed so far and differs from one municipality to another. This means that many people with complex, multiple, and long-term health needs are forced to move to the retirement homes and change their personal lifestyle to fit institutional routines (most of retirement homes have 100–300 residents; Hlebec et al., 2014; Mali, 2019). According to international research (e.g., Fish, 2012; Higgins et al., 2011; Westwood, 2020; Westwood et al., 2015), and given the prevalence of prejudice against the LGBTQI+ population in Slovenia, it can be assumed that many older LGBTQI+ people who haven't come out publicly tend to choose ways of living and support that allow them to hide their sexual orientation and private life from care professionals. They might not seek help and assistance until very late and only in case of emergencies. Despite an evident need for inclusive services, both social and health practice in Slovenia remain—with some exceptions—hetero- and cisnormative. Yet, sexual orientation or gender identity is not mentioned in any national standard or curriculum for health and social care education. None of the secondary schools for nursing in Slovenia offer any learning material, guidelines, or any other information on working with the LGBTQI+ service users. This also applies to the field of higher education, which educates future practitioners in health care. Social work seems a bit of an exception, but there is room for improvement here, too (Urek et al., 2022; Urek & Jurček, 2018).

Finally, we would like to provide a brief overview of the structure of Slovenia's social services and social care system to provide a context for a better understanding of the findings. These services are organised through a combination of public institutions, local municipalities, NGOs, and a few private organisations. The Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia predominantly delivers social welfare services, while the recently created Ministry of Solidarity-Based Future is responsible for long-term care, its accessibility, and deinstitutionalisation. Local municipalities are

responsible for organising social services in their communities and form the backbone of service provision. Centres for Social Work provide local frontline services, including child protection, foster care, adoption, family counselling, homelessness services, and financial assistance. LGBTQI+ service users often receive inadequate support and have limited access to mainstream services (Jurček, Urek, & Sobočan, 2022; for healthcare contexts, see Jerala & Petek, 2024). NGOs complement the public system by providing specialised services that often target specific groups, including the LGBTQI+ population. NGOs collaborate with public institutions to address service gaps, introduce innovative approaches, and advocate for social justice and systemic change (European Social Network, 2023). In Slovenia, the support for LGBTQI+ people is primarily provided by NGOs such as Legebitra, DIH, TransAkcija, Pride Ljubljana, ŠKUC, and Moja mavrica. These organisations offer services such as psychosocial counselling, peer support, community-building activities, advocacy, and educational programmes. As can be seen, the system remains largely dependent on civil society, which sets the priorities for training social work and social care professionals (Jurček et al., 2021; Urek & Jurček, 2023), as well as advocating for a national strategy and action plan on LGBTQI+ equality, in response to the EU's 2020–2025 LGBTQI+ Equality Strategy.

4. Methodology

As previously mentioned, the aim of this article is to examine the experiences of LGBTQI+ people when engaging with social services in Slovenia. It also attempts to identify typical patterns in the way services respond and the gaps in the provision of inclusive LGBTQI+ social services. Furthermore, it discusses how the concepts of social justice, human rights, and anti-oppressive approaches can be more effectively translated into social work and social care practice. It draws on three recent research projects conducted by the authors of this article between 2018 and 2021 that focused on LGBTQI+ inclusive social services and care provision in Slovenia, each characterised by different aims, population groups, and methodological approaches. The two European projects in particular were strongly action-oriented and contained a strong training element.

The study involves a narrative synthesis approach to integrate and interpret the findings from these three research projects. Due to a variety of research designs (World Cafés, qualitative interviews, online surveys, workshops, and training sessions) and mixed populations involved (older LGBTQI+ individuals, practitioners, researchers, teachers, students, professors and training tool developers, and young LGBTQI+ individuals), the narrative synthesis was considered the most suitable method for interpreting the collective knowledge gained from these projects. First, we identified similarities and differences across the findings by using thematic grouping to begin mapping the evidence. This was followed by identification of the patterns and relationships among key themes, and a thematic synthesis (Popay et al., 2006).

Starting with the two projects that aim to explore the needs of the older LGBTQI+ population in Slovenia, we would first like to mention the Erasmus + project Best Practices for Care and Well-Being Education to Support the Needs of LGBT People as They Age—BEING ME (2017–2020: <https://beingme.eu>; No. 2017-1-NL01-KA202-035221; hereafter: Being Me) in which the Faculty of Social Work, University of Ljubljana, cooperated with five more partners from three European countries (the Netherlands as coordinator, along with Ireland and the UK). In the project, innovative participatory methods were used to explore good practice in education and develop online learning materials and tools for social and health care workers. The central participatory method “World Café,” a form of group dialogue method, was used to bring

the stakeholders (i.e., LGBTQI+ older people, practitioners, researchers, students, professors, teachers, and training tools developers) together to document their lived experiences, knowledge, and resources. Two World Cafés were organised in the Netherlands (June 2018) and Ireland (October 2018) with a total of 78 participants (see Hafford-Letchfield et al., 2023). In the first World Café, the participants shared their personal experiences of care, highlighted the role of educators in health and social care, and formulated the initial ideas about the knowledge and skills that future professionals should be equipped with to provide more inclusive care. Smaller group discussions were later presented to the whole group, and the results were documented and collated by members of the Being Me team. The second World Café followed a few months later and was dedicated to exploring the specific methods and useful resources that can be used in professional education and training. Participants, particularly researchers, policymakers, practitioners, and educators, were asked to bring examples of good practice, which were then presented in smaller groups, evaluated, and discussed with other stakeholders. Again, the input from all stakeholders, but particularly LGBTQI+ older participants, was crucial in identifying good practices, which were collected and later disseminated (see Hafford-Letchfield et al., 2023; Jurček & Urek, 2021). The project also involved research into the national contexts of the participating partners and the publication of two systematic literature reviews on approaches to education for LGBTQI+ older people and the impact of such education on health and social care staff (see Higgins, Downes, et al., 2019; Jurček et al., 2021). The key outcomes from the World Café meetings led to the development of online learning materials and principles of good practice for all educators in the field of health and social care (Higgins, Keogh, et al., 2019). Older LGBTQI+ people who collaborated closely with the international project team were members of two LGBTQI+ senior organisations in the Netherlands and Ireland that were partners in the project. Although the Faculty of Social Work at the University of Ljubljana was the only Slovenian partner in the project, one of the researchers brought firsthand experience as an LGBTQI+ person over the age of 55. We also involved teachers from the areas of social work and nursing, and students from Slovenia in the World Café sessions.

The second project regarding LGBTQI+ people is a small-scale research study, *Needs of LGBTQI+ People Over 50 During the Covid-19 Epidemic*, conducted in Slovenia in 2021, in which we explored the impact of emergencies on the daily lives of 14 LGBTQI+ people over 50 (Jurček, Urek, & Sobočan, 2022). The study also documented their broader experiences with health and social services outside of the pandemic period. The interviewees ranged in age from 50 to 63 years, with an average age of 54.3 years. The participants' gender identity was reported as follows: male ($n = 8$), female ($n = 4$), and trans female ($n = 2$). Their sexual orientation was reported as follows: gay ($n = 7$), lesbian ($n = 3$), bisexual ($n = 1$), and asexual ($n = 1$). In recruiting the interview participants, we collaborated with non-governmental LGBTQI+ organisations, disseminated information through our own networks, and promoted the study via online platforms and social media. The additional contacts were obtained through a smaller quantitative study conducted in 2020. We also used the snowball sampling method, which is particularly effective for reaching hidden or hard-to-reach populations. However, it lacks representativeness. The transcribed interviews were analysed thematically using the thematic network approach (Attride-Stirling, 2001). The project emphasised the importance of researching LGBTQI+ older people's experiences and life trajectories in times of emergencies in order to respond more effectively to their needs.

The third project used in our study is the aforementioned EU project DaC, which was coordinated by the University of Girona and brought together 10 partners from nine European countries with the main objective of changing the attitudes and beliefs of professionals to better respond to violence against LGBTQI+ and

gender non-conforming children. Between 2019 and 2021, the project engaged children, young people, and various stakeholders involved in their development, including social and healthcare professionals, families, NGOs, and the media. A participatory assessment examined the current situation of violence against LGBTQI+ children and young people and identified the training needs of professionals, which guided the design and delivery of practice-oriented training modules. The empirical data collection in Slovenia included 10 stakeholder interviews, an online survey on five key areas, a workshop with LGBTQI+ youth, and a compilation of good practice examples (see Urek et al., 2020). A non-probability sampling method was employed as the recruitment of participants relied on existing professional networks. A thematic analysis of the transcribed interview material was employed, which involved identifying patterns and creating codes that were then arranged into themes. A total of 72 professionals representing a range of occupational sectors completed the online survey. At the beginning of the project, a workshop was conducted with nine young people aged 15 to 18 who identify as LGBTQI+. In addition to the empirical data collected, the study drew on observational notes, vignettes, and personal experiences recorded during five professional training sessions in April and May 2021. More than 170 people attended these training sessions, most of whom were professionals working in family and social services, education, LGBTQI+ and youth, NGOs, and healthcare.

Ethical approval was obtained for each project to ensure the protection and the rights of participants. In the Being Me project, the Ethics Committee at the School of Nursing & Midwifery, Trinity College Dublin granted approval (dated 27 April 2018) to collect data from the World Café participants at various stages of the programme, with informed written consent obtained in advance, and verbal consent reaffirmed on the day of the World Café. Similarly, for the study Needs of LGBTQI+ People Over 50 During the Covid-19 Epidemic, the Ethics Committee of the Faculty of Social Work, University of Ljubljana granted approval (dated 20 November 2020), with all participants receiving full information about the study and providing written informed consent prior to participation. In the DaC project, high ethical standards were maintained through the development of the shared Ethical Guidelines of the Project (dated 5 November 2019) and a dedicated Child Protection Policy (signed 11 July 2029 by the Faculty of Social Work), both of which were endorsed by all partners to protect the best interests of the children. All participants—none of them under the age of 15—provided written informed consent, with verbal consent re-obtained at the start of interviews and workshops. All ethical documents, including consent forms, received approval from the European Commission, the project's funding organisation.

Across the three projects, four cross-cutting themes emerged: LGBTQI+ individuals consistently faced exclusion from safe and affirming spaces; a lack of inclusive education and training; barriers to healthcare access; and various forms of discrimination and violence. Despite these challenges, community resilience—often supported by NGOs—played a key role in coping. All studies also pointed to systemic gaps in policy and research, underscoring the need for structural change. The synthesis revealed key patterns: Older LGBTQI+ people are often invisible, while youth face overt discrimination; training improves knowledge but rarely shifts practice; NGOs fill critical service gaps; intersectional factors shape experiences; and participatory methods enhance relevance and acceptance. The findings from different sources were additionally mapped onto three thematic pillars identified as relevant: (a) the typical patterns of service responses to LGBTQI+ people and barriers to inclusive services; (b) the training needs and organisational support needs of professionals working in social work and social care fields; and (c) policy level. The findings organised under the first pillar are presented in Section 5, while those organised under the second and third pillar are integrated into the conclusions in Section 6.

5. “We Treat Everyone the Same”: LGBTQI+ People in the Whirlwind of Social Services

5.1. *The Most Characteristic Responses of Social Services to LGBTQI+ People’s Needs*

To summarise the typical responses of services and social care practitioners to the needs of LGBTQI+ people in Slovenia, as they emerge from our research studies, they can be roughly divided into four groups: openly inappropriate treatment, denial, “transparent closet,” and effective responses. This categorisation has already been used in the DaC project to classify the responses of services to the needs of LGBTQI+ children and young people (cf. Urek & Jurček, 2023), but the present study shows that it can be extended and applied to analyse the responses of services to the needs of the older LGBTQI+ population.

5.1.1. Openly Inappropriate Treatment

Some of the experiences reported by interviewees in the research study about the experiences of the older LGBTQI+ generation during the Covid-19 pandemic are found in both times of crisis and times of normalcy. The respondents reported that they have experienced many subtle forms of openly inappropriate treatment, such as remarks, bullying, a feeling that they are being talked about behind their backs, indiscreet treatment, and so on. The social status was found to be an important factor (one respondent with a respectable profession decided to file a complaint; Jurček, Urek, & Sobočan, 2022). Our research projects have revealed evidence of interpersonal barriers to inclusive services (Fish & Karban, 2015), showing how professionals’ personal attitudes, beliefs, assumptions, and unconscious biases can limit the accessibility of services for LGBTQI+ people. The stories illustrating poor experience of care in international research also include examples of disapproval of same-sex relationships in retirement homes, barriers to affection and intimacy, threats of forced coming out, cases of neglect and physical violence, exclusion of partners, etc. (Fish, 2012; Guasp, 2010). The perceptions of gender identity in mainstream social services in Slovenia are still largely founded on a binary system and a biological understanding of gender, but there might have been a slightly positive shift towards the respect for social dimensions of gender in some mainstream organisations. This shift was partly visible in our survey in the DaC project, in which the respondents from the areas of health and social/family services shared views on gender, such as: “Basically there are two genders, but there are people who do not feel they belong to either of them” (survey, DaC project, social worker in family service).

The following experience of a mother and her transgender child with elementary school counsellors (of a professional psychology background) and teachers brings a case of inappropriate and harmful treatment:

One of the psychologists at school said that she wished he would speak like a man or neutrally, that she had no intention of talking to him as if he were a she, as she felt this would be harmful for my child...so, my child tries hard to speak with her in a neutral way during their meetings....He was also mocked by other children because of the way he dressed, but he felt that typically boyish clothes were still more awful than being mocked. Of course, the school staff and counsellors did not encourage other children to mock him, but they still told him not to dress like that or else he would be bullied. (interview, DaC project, mother of a transgender child)

This example shows how professionals both disregard the child’s right to self-identify and to the expression of their gender, but also reproduce cis-heteronormative and binary views. Their beliefs about gender led them

to see the child not as a victim, but as responsible for being harassed by other children. Furthermore, as the mother revealed in the interview, the school staff also attributed her child's "problems" to the fact that she is a single mother and "therefore less conforming to gender roles." The psychologist, therapists, and school staff clearly built their intervention on an essentialist assumption of gender, constructed around the male/female binary. However, as stated in the interview, in their interactions with the professionals, mother and child both tried to resist this categorisation and negotiated their own views on gender.

5.1.2. The Denial/Universalist Approach

The denial can be both explicit and implicit; in our studies it was most often hidden behind the apparent neutrality of the universalist framework (Zaviršek, 2008). The most frequent statements we heard from professionals in retirement homes, as well as from the services for children and young people, such as "we treat everyone the same," "all children are our children," express the so-called "universalist approach," which is common among professionals working with minorities, and are intended to emphasise that no person will be rejected based on their personal circumstances. However, this approach merely erases the differences and overlooks the respective specific contexts, structural inequalities, and needs of diverse groups of people. Sometimes, such a stance helps the professionals to hide behind the apparent neutrality or to conceal their responsibility for ignoring specific problems.

The following example observes a lack of understanding of specific barriers that make services less accessible for LGBTQI+ people:

During one of our trainings, a school counsellor expressed that displaying a rainbow flag on her door or desk was unnecessary, as she believed her services were open to everyone. Despite the discussion that followed, she remained confident that her open-door policy ensured accessibility. However, we know that many LGBTQI+ children and youth hesitate to disclose their identities unless they are certain that a trusted adult will respond with acceptance. (research diary, DaC project)

Following Fish and Karban (2015), we can talk about institutional barriers to inclusive services, such as invisibility—the erasure of LGBTQI+ identities in service design, outreach, and data collection. Research shows that staff often justify their opposition to LGBTQI+ training by referring exactly to the so-called "ideology of universalism" ("service users are all the same to us"; Hardacker et al., 2014). A respondent from the LGBTQI+ NGO (DaC project) reports that they often find themselves in a position where they have to defend and justify their approaches to other social services. Even the professionals that they feel are their allies often express doubts about their professional competence that shows in statements such as "you tend to complicate things," "you're too sensitive," "a child is a child," "this is a topic that is not suitable for children of that age," "children have enough other problems," and more (different interviewees from NGOs, DaC project).

5.1.3. A "Transparent Closet"

The third type of response leads to what might be called a "transparent closet," a term originally used in discussions about "coming out" in a family context. Here it is used to illustrate a particular stage of invisibility and non-recognition of LGBTQI+ people's needs in the professional context. The fact that one's homosexuality

or non-conforming gender identity is noticed by services, but minimised, not taken seriously or discussed further, can lead to LGBTQI+ people being pushed back into the closet—a transparent closet (Kuhar, 2011). The examples we have recorded at the World Café meeting (i.e., the Being Me project) range from the situation where a person has to repeatedly come out to the same professional who somehow each time manages to forget or disregard this fact as if it doesn't matter (as accounted by a Slovenian participant, student). Or the staff in a retirement home, or the care workers on a home visit, deliberately disregard the fact that two older people sharing a room or flat who are evidently close are a couple and not cousins. This is an example of persistent misgendering of a person who has repeatedly told us what they want to be called.

5.1.4. An Effective Response

An effective response was, for instance, linked to the visible sign that a particular institution (health centre, retirement home, etc.) is LGBT-friendly. An example from Slovenia is the LGBT-friendly certificate awarded by the Municipality of Ljubljana to all public and private organisations, including retirement homes (Purkart, 2022), that complete the training (a 4-hour seminar for management staff) and share knowledge among their co-workers:

I found it interesting how it worked on me, psychologically. It's those seconds when you're walking down the corridor and you see that poster and it says "LGBT-friendly health centre" or something like that. Immediately you...one tick is made in your head. "Oh ok, it's safe, I'm cool here." You get that sense of safety straight away. You conclude that the people there went through a programme and you don't have to be careful whether something, some discrimination or whatever happens to you. It is perhaps even more important, when one is older. Maybe you are more sensitive, more vulnerable. (interview, research study on experiences of the older LGBTQI+ generation during the Covid-19 epidemic, older gay man).

Some indicators (e.g., a more respectful attitude toward differences in sexual orientation, more frequent discussions of gender identity issues) show that in recent years there might have been a slightly positive shift towards the respect for the social dimensions of gender in some mainstream organisations. This was partly expressed also in our survey in the DaC project, in which the respondents from the areas of health and family services shared views on gender, such as: "Basically there are two genders, but there are people who do not feel they belong to either of them" (survey, DaC project, social worker in family service). The respondents from LGBTQI+ organisations gave more specific, in-depth responses, mainly informed by the social constructivist tradition, showing that the issue of gender is topical, omnipresent, and affects work in everyday professional practice: "I mean, if I don't consider gender, gender considers me....While we try to avoid gender, we basically work very hard with it" (interview, DaC project, LGBTQI+ activist and social worker in LGBTQI+ NGO).

In the group of effective service responses in the area of LGBTQI+ children and young people, LGBTQI+ NGOs have a leading role. They support LGBTQI+ children, youth, and parents through their social programmes (youth clubs, counselling, support groups, advocacy, programs for the homeless, etc.) and provide training for other institutions. They build their interventions on young people's strengths, resilience, and life stories, and they co-create safe spaces together with them. They fill the very gaps in the net of public services through which LGBTQI+ youth typically fall. They appear to be a corrective to public social services and an incubator

of innovative practices in social care. Given the anti-oppressive orientation of social work, it is not surprising that they are predominantly staffed (and managed) by social workers.

6. Conclusions

Let's go back to the initial thoughts that we started with in this article. As we have seen, the relationship between ethics and practice is neither simple nor straightforward. The concept of social justice on paper alone has never stopped professionals from perpetuating inequalities or acting unethically. Furthermore, even when there is a commitment to ethical conduct, relying solely on codes of ethics is insufficient, since no code can encompass all possible situations or prescribe every aspect of behaviour (Sobočan et al., 2019). As we noted in the introduction, the accessibility and quality of social services for LGBTQI+ people are closely linked to the broader socio-legal and cultural context. In countries where LGBTQI+ identities are criminalised or highly stigmatised, services are often inaccessible or actively rejected (Fish & Karban, 2015). International comparative studies, such as one by Fredriksen-Goldsen et al. (2013), emphasise that inequalities persist even in progressive legal contexts due to local cultural norms and organisational culture.

The DaC project has provided examples of good practice, which show that professionals acting as allies of LGBTQI+ children often actively fight against organisational, bureaucratic, and legal systems to implement more inclusive practices. They do this by adopting moral stances, voicing their opinions, and advocating for what is right, even when it means facing personal criticism. At the same time, participants in our training programmes and interviewees from the DaC project said that although they were motivated to drive change, they often encountered resistance, particularly in the form of subtle or overt prejudice from colleagues.

One of the most prevalent obstacles remains the lack of adequate training regarding LGBTQI+ issues. As interviewees in both projects (Being Me and DaC) pointed out, gaining knowledge on these topics is still largely inaccessible within mainstream education. Both projects' findings also demonstrate that the professionals are aware of the lack of knowledge and of the urgency in adopting tools to be able to support LGBTQI+ service users. Based on our experiences in conducting the trainings as part of the DaC and Being Me projects, using diverse methods might improve the effect that the trainings have on participants, such as co-production with LGBTQI+ people ("nothing about us without us"), including personal stories of LGBTQI+ people, intersectionality, collaboration with local LGBTQI+ associations, encompassing the understanding of broader systems of oppression and the concept of human rights in practice, and building on resilience and a strengths perspective (see the Being Me project's website: <https://beingme.eu>). The latter primarily means moving away from the assumption that LGBTQI+ people's problems automatically lead to negative outcomes and mental health breakdowns, whereas in the face of adversity they may be able to develop a wide range of coping skills, such as forming an effective social network outside of the biological family, self-advocacy, or reconceptualising personal difficulties as a collective struggle (Fish, 2012; Jurček, Keogh, et al., 2022; Urek et al., 2022).

In addition, the training should not be a frontal, "one-way street" passing on knowledge from "above," but rather an ongoing dialogue about common experiences and problems. The same goes for the human rights perspective in social work and related helping professions. It should stay as the original grassroots or bottom-up form that is grounded in the immediate concerns and preoccupations of local communities, and not a state-centric, heavily institutionalised and bureaucratised variant, which is distant from the concerns of

local communities (Garrett, 2024). And to achieve truly good outcomes for students, the whole educational or social work organisation needs to transform into an inclusive and supportive community; otherwise it will fail in effectively sharing knowledge or supporting LGBTQI+ service users.

Conducting training does not automatically lead to better practical skills and change in attitudes (Jurček et al., 2021), changes in organisational cultures, and greater accessibility. It seems that beliefs and attitudes require a constant and articulated plan for educating, monitoring the change, supervision, and mentorship. However, it is also important to understand that training can indeed be a powerful tool, but it is not a magic wand, as it cannot come instead of structural changes in society.

Our study, along with many others, highlights the urgent need for systemic changes within social services to address the needs of LGBTQI+ service users. This requires a shift in focus from passive non-discrimination to proactive inclusion, ensuring that anti-oppressive principles inform all aspects of service delivery (Craig et al., 2016). This involves not only embedding LGBTQI+ content throughout social work education, but also reflexive supervision and implementation of LGBTQI+ inclusive policies and services. Last but not least, we strongly advocate for the adoption of a Slovenian national strategy and action plan for LGBTQI+ people, which should include minimum criteria and standards for social services and training for professionals.

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Data Availability

Due to the nature of the research, data sharing is not applicable to this article. Further inquiries can be directed to the corresponding author.

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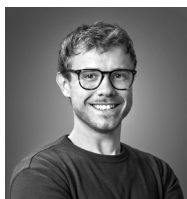
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