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Caregiving expectations and preferences in gay adult men during old age: barriers or difficulties associated with sexual orientation

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ENG **Abstract.** For homosexual adults, ageing presents specific features that professionals should be aware of and take into account in order to provide quality care. The absence of training, awareness of sexual diversity and social and family support can all negatively affect care during ageing in the case of LGBT people. This study aimed to understand the expectations and preferences of 20 homosexual men (aged between 43 and 68 years old) in terms of care during old age and to detect care-related barriers or difficulties associated with sexual orientation. Focus groups and individual interviews were used for this purpose. The results highlight vulnerability to discrimination as the main difficulty that homosexual adult men may encounter in caregiving during situations of dependency and a preference for home care or the collaborative housing model over residential care facilities. In conclusion, there is a need to adjust care services to LGBT needs and to train and raise awareness among professional teams on sexual diversity and equality to ensure that human rights are not violated during old age.
Keywords: Caregiving, living environments, ageing, homosexuality, LGBT.

ENG Expectativas y preferencias de cuidados en hombres adultos homosexuales durante la vejez: barreras o dificultades asociadas a la orientación sexual

Resumen. El envejecimiento de las personas homosexuales presenta diversas particularidades que los profesionales deben conocer y tener en cuenta para ofrecer unos cuidados de calidad. La falta de formación y sensibilización en materia de diversidad sexual, así como la carencia de apoyo social y familiar, pueden afectar negativamente a los cuidados durante el envejecimiento en personas LGTB. Este estudio pretende conocer cuáles son las expectativas y preferencias de cuidados durante la vejez de 20 hombres homosexuales y detectar las barreras o dificultades en los cuidados que puedan estar asociados a la orientación sexual. Para ello, se utilizaron grupos focales y entrevistas individuales. Los resultados destacan que la principal dificultad enfrentada entre las personas participantes fue la discriminación. Estas experiencias ocurrieron mientras recibían cuidados en situaciones de dependencia. De ahí que la preferencia para cuidados fuera a domicilio o bajo el modelo de vivienda colaborativa y no centros residenciales. En conclusión, se destaca la necesidad de adaptar los servicios de cuidado a las necesidades de los hombres homosexuales y de formar y sensibilizar a los equipos profesionales en materia de diversidad sexual e igualdad, de manera que los derechos no se vean vulnerados durante la vejez.
Palabras clave: Cuidados, lugares de vida, envejecimiento, homosexualidad, LGTB.

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Introduction

In Spain, people over 65 years of age already represent 19.65% of the population, 9.3 million people (National Institute of Statistics, 2023). This percentage will grow even more in the coming years. According to the projection of the National Institute of Statistics (INE), in 2035 there could be more than 12.8 million older people, 26.5% of the total population, one out of every four people. Over the next few years, and specifically from 2030 onwards, the greatest increases will be achieved with the cohorts born during the Spanish baby boom reaching old age. Tackling the demographic situation and managing aging well is one of the main challenges for society, and it will be necessary to implement specific strategies and adapt social and healthcare services by providing them with adequate, sufficient resources distributed throughout the country. The longevity revolution must be addressed from an individual, social and political perspective, and prevention and health promotion policies must be of two types: those aimed at society in general and those aimed at vulnerable groups. One size does not fit all (Pinazo-Hernandis, 2021).

According to the World Health Organization (2022), two key factors influence aging: one is the increase in life expectancy, and the other is the increase in survival in old age. Octogenarians account for 6% of the entire population, and there is an increasing over-aging of the older population. In the case of Spain, of the 9.3 million people over 65 years of age, 18,020 of them are centenarians. We are living longer, but it is possible that in some of those years we will need care due to living in a situation of dependency. Long-term care is provided at home or in residential centers. In our country, there are insufficient resources to support dependent older adults and the burden of care is primarily assumed by the family (Tobío et al., 2010). People receiving care at home, in addition to that provided by their families or hired caregivers, can also receive care from home care professionals or social care services at home (Home Help Service) or a distance (home telecare). It is also possible to be cared for in places such as nursing homes, for example.

Aging in place

Older adults want to age at home as long as possible. This desire is common to most people. Growing old at home is related to feelings of attachment to home, a sense of security, and a feeling of autonomy and social connections to the community. Aging at home allows older people to preserve, maintain and nurture their social and family networks. It reflects and reinforces attachment to home and neighborhood and this is the reason that leads to improved well-being (Wiles et al., 2012). Participation in community and neighborhood life and social support are essential for successful aging at home (Pinazo-Hernandis et al., 2022).

Growing old at home means that people continue to live in their own home and environment as long as they can and want to. Having autonomy and independence to choose what to do at any given moment, and being able to carry out the activities of daily living, are some of the motivations that influence people's desire to age in place (Lewis and Buffel, 2020). Aging in place means feeling security, freedom, and being able to more easily remain in the community they inhabit (Villar et al., 2018). However, living at home can be difficult when care is needed. The main source of support for older adults in Spain, in situations of dependency, is the family.

If the burden of older adults' care is mainly children based, in the case of LGBT older adults who did not have children, the problem is the absence of descendants who can take care of them in case they need help, as well as smaller family network or social support available (Ribeiro-Gonçalves et al., 2022). Research such as that of Yang et al. (2018) confirms that LGBT older adults are more likely to live alone, and less likely to have offspring, compared to people of the same age who identify as heterosexual and cisgender. In addition, the lack of an immediate family system that can provide support may make them particularly vulnerable to social isolation and loneliness.

Denial of residential care facilities as places of care.

Good care goes hand in hand with dignified treatment, dignity being understood as the value in itself for the fact of being a person, the recognition of the other as a subject. That is, it cannot be treated in any way (for example, in a degrading way) (Amo, 2020). Poor care is related to negative stereotypes, discriminatory attitudes, intimidating environments, poor training of professionals. All of these are risk factors for inadequate care (Pinazo-Hernandis, 2020).

Older gays perceive that the lack of training and sensitization of professionals in nursing homes to the LGBT reality can negatively affect their care and their social and health care (Karakaya and Kulu, 2020). Many homosexual adults believe that they would not be treated in a nursing home by professionals trained in gender diversity, which could result in discriminatory behaviors. In addition, they believe that they could be rejected by other residents because of their sexual orientation. Authors such as Villar et al. (2018) say that many LGBT people hide their sexual orientation so as not to be discriminated and many have to "go back into the closet" for fear of the negative situations that this may cause in their well-being and mental health.

Other studies that collect interesting data on how LGBT seniors perceive the idea of living in nursing homes, such as that of Johnson et al. (2005), point out that 74% of LGBT seniors do not believe that sexual orientation is an aspect that is included in the training of professionals in the facilities, nor are there anti-

discrimination policies in the long-term care facilities. The internal regulations governing the functioning of the nursing homes, the service standards, the evaluation tools, and the knowledge and professional practices of the centers may not sufficiently address the needs of older LGBT people (Roe and Galvin, 2020).

In the absence of available family support, LGBT people are more likely to require professional care at home or in nursing homes, which implies an economic bias in access to care coupled with a situation of risk of discrimination due to the lack of training of professionals on sexual diversity. All these factors can make it difficult to cope well with aging at home.

Cohousing or collaborative housing as places of living and care

The cohousing or collaborative housing model is a possible housing and care alternative for LGBT seniors, as they can offer a suitable place where to share experiences and express themselves in a freer way, as well as prevent unwanted loneliness (Boyer and Leland, 2018). This alternative also favors the possibility of living with a smaller number of people, who may even present related experiences, facilitating the development of common projects and activities and the well-being of the residents. This is argued by authors such as López and Estrada (2016), who state that some of these projects are not so much articulated around the sharing of care resources, but around the construction of a life project based on shared values. For this reason, many of these groups project housing as a space of coexistence for people with common interests and lifestyles, such as LGBT people seeking to live in a safe and respectful environment.

Knowing the problems we encounter, we need to know the considerations that must be taken to provide sensitive care for sexual diversity.

Objectives

The aim of this study is to learn about caregiving expectations and preferences during old age in homosexual adult men and to detect barriers or difficulties in caregiving associated with sexual orientation.

Method

Six individual interviews and three focus groups were conducted. The interview allows inquiring about different topics of interest, collecting information from open-ended questions. Focus groups are a planned group conversation, where several people talk about a common topic led by the interviewer and where the interaction facilitates the narratives (Krueger and Casey, 2015).

Participants were 20 homosexual men living in the province of Valencia, age: 43-68 years (M=56.5; SD=7.47). Inclusion criteria were: identifying as a homosexual person and being over 40 years old. 6 of the 20 participants were interviewed individually and 14 participated in focus groups, forming two groups of five participants and one of four. Several sessions were conducted with each group. The total number of hours of recorded interviews was 18 hours.

Fourteen of the participants belonged to the Older Adults Group of the Lambda Association of the LGBT+ collective in Valencia, so their collaboration was obtained through contact with the association; the other 6 men were contacted through the snowball method.

The study complies with the COREQ Guidelines for research using qualitative methodology (Tong et al., 2007). The confidentiality of the data and personal information of the participants was assured. The interviews were stored with an alphanumeric code indicating EI (individual interview, in Spanish) and FG (focus group) followed by the assigned order number (EI1, EI2... FG1, E1; FG2, E1...). The ethical criteria established in the 64th General Assembly of the Declaration of Helsinki were taken into account. All the security measures provided for in the Regulation for the Development of the Organic Law 3/2018, on Personal Data Protection and Guarantee of Digital Rights, were also followed.

Based on the scientific literature published on the subject, an interview script was made with a series of topics that served as a reference for the development of the sessions. The questions were open-ended, allowing greater adaptation to the needs of the exploratory research and to the characteristics of the participants so that they could express their opinions freely, and thus, obtain higher quality data.

A thematic analysis was performed. For data extraction, the Atlas-Ti 8.4.24 program was used. The narratives were analyzed with a deductive-inductive procedure, described by Glaser and Strauss (1967): familiarization with the data, generation of initial codes coding the initial ideas, search for themes, review, definition and selection of the narratives (verbatims) that best reflect each theme.

Results

In the analysis of the interviews, different categories and subcategories emerged in relation to the expectations towards caregiving in a possible situation of dependency in old age, the preferences of places to live and the possible barriers or difficulties in caregiving due to sexual orientation and discrimination.

Three categories emerged and were named as follows: 1. Living and aging at home; 2. Being cared for, by whom, and where; 3. Being cared for, how? Barriers or difficulties in caregiving due to sexual orientation.

1. Living and aging at home

In general, the first preference of the interviewees was to live at home for as long as possible and during old age, provided that no health problems or dependency prevented them from doing so:

> I think that most of us, until when we can, are going to want to be in our space with our partner or alone, whatever, but at home (FG1, E2).
> And I don't want to go to any nursing home, I want to be at home until the last moment (EI6).

2. Be cared for, by whom? where?

2.1. Family caregiving

Some participants, when they think of care during old age in general, visualize it as being linked to families through mutual and reciprocal support, being cared for by their relatives and being caregivers for them in turn. However, they also recognize that, nowadays, care provided by family members themselves and, in particular, from children to parents, is becoming less and less frequent.

> What I would really like and what I am working on is to be able to grow old with my sisters, that we take care of each other, that we have to go through a kind of process, because the truth is that, given how society works today, care by children for their parents, it is clear that nowadays it is not done. It is not foreseen within the family. I would like to take care of my sisters or my family, my generation or friends. I would also like to be taken care of, of course. I would prefer to take care of... [she did not finish the sentence] but I don't know how to do it (EI5).

2.2. Professional care

Regarding professional home care, they clearly expressed the economic bias of access, so that, despite being detected as a desirable option, it could only be possible in the case of having the economic resources required for it:

> If we both have an economic position, well, we can have someone, pay that person to take care of us at home, obviously (EI4).

2.3. Care in a nursing home

Regarding nursing homes for older adults, most of the interviewees report their fear of rejection and discrimination for reasons of sexual orientation in this type of centers:

> That really scares me, because I do not want to be discriminated against, neither me nor anyone else, in a residence or wherever I am, because of my sexual condition (FG2, E8).

Thus, many of the people interviewed have a negative perception of nursing home care and, as a result, do not see it as a desirable option for residence during their future aging. In fact, one of the participants, who worked as a nurse in long-term care facilities, related the following experience:

> I told you that I was in a nursing home in Manises. And well, that seemed worse than the military service, imagine that older adults, they got up in the middle of winter at 7:00 in the morning to take a shower, with the cold. And, well, like that, military type, ta-ta-ta-ta-ta, everybody to the shower, I don't know what, then to the dining room. It was... I said: I don't want to go through that when I grow up. Because it's worse than the military service, I didn't do the military service, but... when you do the military service you're still young. But imagine at that age (EI3).

Some interviewees made interesting comments about why they consider that nursing homes in Spain are not prepared or adapted to the needs of the LGBT collective, arguing why they would not like to live in a center with these characteristics:

> I think that, initially, it is the aim of the nursing home as organization. They are made to make money, so it is true that they absolutely annihilate all the possibility of social life, affective life and sexual life of older adults (FG1, E5).
> And I... I don't see myself... of course I wouldn't trust them very much, as is happening with nursing homes... I wouldn't trust them at all. I would take all the flak. And then imagine, if the fact that you are old makes you weaker, imagine if they know you are gay on top of that... I don't know, I don't know if they would take it out on us. I hope not, but come on, I wouldn't like it very much (FG2, E9).
> I think it's a closet ticket for everyone who enters a nursing home. I tell you, because I think that freedom in the expression of sexuality is very restricted. And, taking into account LGBT people, even more so. I think that most of the nursing homes are not prepared (EI5).

2.4. The need to build lgbt-friendly care facilities

For some interviewees, considering discrimination in long-term care facilities as a practically inevitable and inherent reality, they consider that a possible solution would be, in the event of needing to be admitted to a nursing home, to have LGBT nursing homes or, at least, LGBT-friendly facilities. This would provide safe spaces during old age:

> The LGBT collective needs it urgently. That is, it does not need it in 10 or 20 years. It needs it now. We are getting older and there are already gay people who need to be in a place or a center (...). These centers are already urgently needed, because there are already gay or lesbian or LGBT people or whatever you want to call it, older, who are in centers or who need help from third parties, and who, probably, are not comfortable where they are or are discriminated against (EI6).
> In fact, I thought about it a few years ago and I thought about it, and I said: I would not set up a residence for older adults, but for the LGBT community, because we are going to be discriminated against in those centers (EI6).
> And well, it would also be good if there were an option of specific LGBT nursing homes for people who are more comfortable there (...). They should be open structures, because it is true that here in Spain geriatrics is not prison-like, but almost (EI3).

On the other hand, many agreed in expressing the need for care professionals during old age to have previous training related to the adequate treatment and respect for LGBT persons:

> Training is extremely important, training for the care of LGBT people, of older adults in general, but LGBT even more so. So that people's freedoms or freedom of expression are not restricted (EI5).

2.5. Cohousing or shared living model

Moreover, as other alternatives to living at home or living in a residence, some people had also heard about the cohousing model, so one of them defined this alternative as follows:

> So what you are looking for is to define spaces, which is what I was referring to before, on the horizontal plane, a centralized house that you don't have to go up stairs or down stairs where you have the services, gym, laundry, kitchen, I don't know what and then some small bungalows around so you can live with your partner even or just or have one or two rooms with the guest room, whatever (FG1, E1).

This way of living was also associated with the possibility of shared cohabitation with like-minded or LGBT people, with the objective of guaranteeing a safe space, free from discrimination and with greater mutual support and understanding.

> Only that tomorrow you can be living with more people who are similar to me, to my partner... and that's it, until the time comes (FG2, E7).
> It is very complicated for me, I don't know how I am going to do it, but I want to grow old in the most dignified way possible and above all to feel alive, but I don't want to get any ideas. Which is a lie, yes you do, but what you want is at least to be at ease, with people with the same condition as you, that without words we can understand each other openly, that you don't have to justify anything, that you can talk openly and feel free, with the best possible quality (FG2, E8).

Some interviewees even raised the possible ways of carrying out this type of project, as well as the need for self-management and self-organization:

> In short, we have to organize ourselves and the way to do it is self-organization. And we have to work to generate our own spaces, either by creating a cooperative among older adults who want to share this model of a central service building with laundry, kitchen and then in small bungalows, or houses around horizontally, so as not to hinder the issue of mobility linked to age or any other type of proposal (FG1, E1).
> I think that, as a collective and as an association, we should start thinking about cooperatives, foundations that, well, that develop, with subsidies and with contributions from the people when they pass away and so on (FG1, E2).

Furthermore, some also pointed out the need for intergenerational solidarity in the development of this type of model, to cover, simultaneously and through mutual support, the needs of the younger and older generations. This considering that perhaps the younger people could offer some care to the older ones and the older ones could facilitate access to housing to the younger ones:

> Because generation X is going to have needs that we have, but they cannot meet. The issue is that there is an organization that can make the two generations compatible with the needs of each one, I mean, generation X is going to need housing (FG3, E13).

Given the scarcity of public resources detected, at least in the Valencian Community, a problem that emerges is the access to a private residence or cohousing, since they consider that, in most cases, it involves a high cost that many older people could not assume. For this reason, some are beginning to question the need to create accessible spaces for those who do not have sufficient economic resources:

> The problem with these services is that in the end they are affordable to a certain part of the collective that has a certain (high) income. What worries me more is how to solve this precisely in the opposite spectrum, how could we generate spaces for active and healthy aging for LGBT people who do not have resources, who are the ones who need them the most? (FG1, E1).

3. Be cared for how? barriers or difficulties in caregiving due to sexual orientation

In relation to the possibilities of how to be cared for during old age, some interviewees remarked the uncertainty and the impossibility of planning care due to the possibility of experiencing unexpected problems.

> But I do not lose sight of the fact that tomorrow I may have a stroke. And from then on, how am I going to be treated, where and when and by whom, am I going to be able to decide? Probably not. That's the part we have to touch, which is the ugly part (FG3, E14).
> The only thing that is clear to me is that I don't want to be a burden for anyone and even less for the people I want, that's the only thing that is clear to me. I am more in the day to day than thinking about what is going to happen in 5 or 10 years. I have to tell you that I am very practical, I have the paperwork sorted out and now, to continue working until the body holds out and little more (FG1, E1).
> I have been told a story about my heart that will probably end up in an operation; I don't know what will happen to me or what is going to happen to me, right? So life sometimes gives you a slap in the face that does not let you think about the future but about the present, about what is happening to you now and what is going to happen to you (...) (FG3, E1).

Some of the people interviewed, during the 80s and 90s of the 20th Century, were bystanders and survivors of the pandemic caused by HIV/AIDS, and some of the interviewees are even HIV-positive today. This was identified as another reason for living in the present without planning too much for the future:

> I learned many years ago, after being 31 years HIV-positive... I understood that waiting for something like it was not coming was absurd. In those days, life expectancy was 5 years once you caught the virus; then 5, 6, 7, 8... and, waiting... well, here we are. And it will last longer, I hope, no shit (laughs). It's true that I learned a long time ago that waiting is absurd. I dedicate myself to live my day by day... That I'm old? Of course. I'm old, but I'm alive, which is very important. So, as it comes, I will do what I do (FG3, E13).

The interviewees also detected a series of possible differences in the aging of LGBT persons that may cause barriers or difficulties in caregiving.

> Yes, there are factors that make growing old being LGBT have some particularities that the heteronormative majority does not have (FG1, E1).
> What happens when you get to a nursing home? Well, currently, there is a heteronormativity that is foreseen for the people who are in the residence. And it is also foreseen as a kind of lowering of the libido. When it is clear that it is not. It is not only that it is not seen with good eyes that someone in a residence has homosexual desires, but I think that, in many nursing homes, that older people have sexual desire is like an impediment to the functioning of the residence and I think it will be more incisive if the person has a homosexual sexual desire, or if he/she is a LGBT person (EI5).

Some people remarked the double vulnerability of older LGBT people to discrimination and violence during old age, motivated by being older and being LGBT. This situation was identified as the main barrier to care based on sexual orientation.

> If you are an LGBT person, a gay man, a lesbian woman, or a trans person, imagine, of course the vulnerability is much greater and there is a danger of receiving these aggressions (EI5).
> The lack of sons or daughters, a fairly frequent situation in the LGBT community, was also detected as a major barrier to the possibility of being cared for by family members during old age.
> It is not the same to grow old in a family with children, to be supported by everything that is socially established, as it is to grow old as a homosexual. At the very least, it is a little bit different and even very different" (FG1, E3).

On addition, HIV-positive status was also detected as a possible cause of rejection or discrimination and, therefore, a possible barrier to acceptance or care by third parties:

> My parents left and I never told them I was HIV positive. And my relationship, I confessed it to them, nothing happened... but they left (E13).
> The couple relationship for me is like an abyss, because it scares me a lot to have to say, still, even though it shouldn't be like that, still to be afraid of being rejected for being HIV positive. Because at that time it was like a scourge. I feel alone maybe because I want to or because I can't... or because... I don't know. But I have adapted to being alone (FG3, E13).

In summary, there were several concerns that were raised in relation to care during old age and all of them were shown as possible barriers or difficulties to access a dignified and quality care during aging.

Discussion

In relation to the expectations towards care in a possible situation of dependency in old age and the preferences of places to live, we found that our results are consistent with the available literature. The majority of respondents also state that they would prefer to age at home as long as possible, or develop other care alternatives, rather than aging in a nursing home. Among the participants, it was identified that they would face difficulty in continuing to reside independently if they were managing a dependency situation. The findings of Waling et al. (2019) highlight that participants had a number of concerns related to residential care services. In particular, with perceptions regarding lack of inclusion, discrimination and hostility, loss of access to the community, decreased autonomy, and preoccupations related to quality of care and potential for abuse. Most of these concerns were also detected in our research.

Regarding the strategies or alternatives that participants propose to avoid nursing homes, Wailing et al. (2019) point out some included in our study. These highlighted the need for good and adequate home care services and the preference for LGBT-specific housing, where they can feel accompanied by their peers.

Participants, in general, were hopeful that they would never require the use of residential services. Some believed that being in good health now would ensure good health in their old age or that the support of friends could prevent this situation; that the "chosen family" would provide care and support at various levels.

In relation to possible barriers or difficulties in care based on sexual orientation, the results of this research also validate the available knowledge, which assures that LGBT older adults face barriers in accessing social and health care. This fact affects their ability to receive person-centered care during old age, which is fundamental for the prevention and management of frailty, disability and disease. The opinions of the interviewees in our research also coincide with the barriers already named by Roe and Galvin (2021), who highlighted the lack of adaptation of the operation of long-term care facilities and professional practices to the concrete and specific needs of LGBT people.

A clear example of this is shown in the study by Villar et al. (2015), in which staff of residential centers for older adults in Spain were interviewed about how they would react if a resident told them that he or she had had sexual relations with another resident of the same sex. Although acceptance was a frequent response, only one in four professionals stated that they would try to help the resident by offering a private space or emotional support. In addition, some reactions were not consistent with a respectful approach, such as informing the resident's family or advising them to keep their sexual orientation hidden.

LGBT older people may experience more discrimination and fears when accessing aged care services, in terms of availability and appropriateness, access, loss of sexual identity, lack of privacy, and ignoring same-sex partners (McCann and Brown, 2019). As a result, some older people are reluctant to use health and social care services. This leads to some LGBT people preferring to live and die isolated and alone, rather than "back in the closet" in a space where they feel they might again suffer a violation of their most basic rights.

The fears that emerged in the interviews and the points of view of the participants in this research are reinforced by the knowledge provided by other studies. Chaya and Bernert (2014), assert that the lack of training of professionals, in elder care centers, on sexual health issues, can be detrimental to the health and quality of life of older adults.

But is there evidence that these fears are justified by reality? Well, Neville et al. (2014) explored the perceptions of care staff working in LGB-directed nursing homes and found that the professionals themselves acknowledged that they were largely unprepared to provide care to their residents and that another portion of them would not want to do so.

Regarding the fear expressed by the participants of the present study in relation to discrimination, no longer by professionals, but by the rest of the residents, we also see that it corresponds to the reality and evidence that other studies have shown. Villar et al. (2015) interviewed residents of senior centers in Catalonia exploring how they would react if another resident told them that he/she was sexually attracted to people of the same gender and had had sexual relations with another man/woman in the center. Although some positive and neutral reactions emerged, most residents expressed some type of negative reaction. Reported responses ranged from distancing themselves from the resident in question to extreme rejection. Participants were also reluctant to share a room with that resident.

The solutions that the interviewees provided in the face of this problem largely match with those of the study conducted by Donaldson (2014). Participants in that research indicated that training focused on LGBT residents could help address the ambivalence experienced by professionals in providing sensitive care to some people living there who face stigma and oppression.

According to McCann y Brown (2019), professionals who care for LGBT older adults have a professional and ethical responsibility to develop the knowledge and skills necessary for the proper performance of their duties. Such action guarantees inclusive and diversity-sensitive care.

Among the limitations of the study, it should be noted that, as the number of participants was small, only homosexual men, the experiences of other LGBT people were not studied. However, this also facilitates the application of a qualitative methodology that allows us to assess the subjective and specific experience of the specific group of people interviewed. Surely the experience of old age in transsexual, bisexual or lesbian people is different and there is still much to be explored. On the other hand, it was not possible to interview people over 70 or 80 years old and it would be interesting to know their unique experiences and of great value for research in this field.

Conclusions

In conclusion, LGBT people show alternative preferences to care in residential care centers during old age, such as home care, care through the family or social support network, cohousing or shared cohabitation model or the creation of LGBT or LGBT-friendly spaces.

However, for all alternatives they encounter a series of barriers or difficulties that may prevent their access with equality and dignity, such as economic barriers; the lack of children or support from family members; situations of discrimination, stigma or violence by professional teams or third parties; the lack of training or awareness of professionals in sexual diversity; and the impossibility of planning for the uncertainty of the future during aging.

Therefore, it is necessary to address heteronormativity and discrimination in the care system for older adults in order to support all of them and ensure that they enjoy physical and mental health to their full potential. In the same way, to adapt the services provided to the needs of the users, so that none of them should feel fear of receiving inadequate treatment and can age in an environment perceived as safe.

It is also proposed to continue conducting research on the opinions and feelings of LGTBT people in relation to care during old age with the aim of making the existing problems visible, giving voice and value to the solutions proposed by the people involved and, with all this, to start working for a more inclusive society for all people in which well-being and the non-violation of human rights during all stages of life are guaranteed.

References

Amo, R. (2020). Cuidar la dignidad. En R. Amo (Ed.), *Bioética del cuidado en centros residenciales* (pp. 89-107). Universidad Pontificia Comillas y Ballesol.

Boyer, R. y Leland, S. (2018). Cohousing for whom? Survey evidence to support the diffusion of socially and spatially integrated housing in the United States. *Housing Policy Debate, 28*(5), 653-667. https://doi.org/10.1080/10511482.2018.1424724

Chaya, J. y Bernert, D. J. (2014). Considerations for sexuality education and services for LGB elders. *American Journal of Sexuality Education*, *9*(1), 99-113. https://doi.org/10.1080/15546128.2014.883265

Donaldson W. V. y Vacha-Haase, T. (2014). Exploring staff clinical knowledge and practice with LGTB residents in long-term care: a grounded theory of cultural competency and training needs. *Clinical Gerontologist*, *39*(5), 389-409. https://doi.org/10.1080/07317115.2016.1182956

Glaser, B. y Strauss, A. L. (1967). *The discovery of grounded strategies for qualitative research*. Aline.

Instituto Nacional de Estadística. (16 de noviembre de 2023). *Indicadores de Estructura de la Población.* https://www.ine.es/jaxiT3/Tabla.htm?t=1488&L=0

Johnson, M. J., Jackson, N. C., Arnette, J. K. y Koffman, S. D. (2005). Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality*, *49*(2), 83-102. https://doi.org/10.1300/J082v49n02_05

Karakaya, S. y Kutlu, F. Y. (2020). LGBT individuals' opinions about their health care experiences: a qualitative research study. *Journal of Nursing Management, 29*(1), 24-31. https://doi.org/10.1111/jonm.13199

Krueger, R.A. y Casey, M.A. (2015). *Focus Groups: A Practical Guide for Applied Research*. SAGE.

Lewis, C. y Buffel, C. (2020). Aging in place and the places of aging: a longitudinal study**.** *Journal of Aging Studies*, *54,* 100870. https://doi.org/10.1016/j.jaging.2020.100870

López, D. y Estrada, M. (2016). *¿Cómo avanzan las dinámicas de senior cohousing en España?* En S. Ezquerra, M.P. Salanova, M. Pla y J. Subirats (Eds.), *Edades en transición. Envejecer en el siglo XXI* (pp. 227-237). Ariel.

McCamant, K. y Durret, C. (2011). *Creating Cohousing. Building Sustainable Communities*. New Socity Publisher.

McCann, E. y Brown, M.J. (2019). The mental health needs and concerns of older people who identify as LGTBQ+: a narrative review of the international evidence. *Journal of Advanced Nursing*, *75*(12), 3390-3403. https://doi.org/10.1111/jan.14193

Neville, S. J., Adams, J., Bellamy, G., Boyd, M. y George, N. (2015) Perceptions towards lesbian, gay and bisexual people in residential care facilities: a qualitative study. *International Journal of Older People Nursing*, *10*(1), 73–81. https://doi.org/10.1111/opn.12058

Organización Mundial de la Salud. (1 de octubre de 2022). *Envejecimiento y salud.* https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health

Pinazo-Hernandis, S. (2020). *Generatividad y cuidados intergeneracionales.* En R. Amo (Ed.), *Bioética del cuidado en centros residenciales* (pp. 123-146). Universidad Pontificia Comillas y Ballesol.

Pinazo-Hernandis, S. (2021). Ante la revolución de la longevidad, muchos retos para la Comunitat Valenciana. *Revista Saó*, 472, 37-39.

Pinazo-Hernandis, S., Blanco-Molina, M. y Ortega-Moreno, R. (2022). Aging in place: connections, relationships, social participation, and social support in the face of crisis situations. *International Journal of Environmental Research and Public Health, 19*(24), 16623. https://doi.org/10.3390/ijerph192416623

Ribeiro-Gonçalves, J. B, Alexandre Costa, P, Leal, I., de Vries, B. y Pereira, H. (2022). Loneliness, social support, and adjustment to aging in older Portuguese gay men. *Sexuality Research and Social Policy, 19,* 207-219. https://doi.org/10.1007/s13178-021-00535-4

Roe, L. y Galvin, M. (2020). Providing inclusive, person-centred care for LGBT+ older adults: a discussion on health and social care design and delivery. *Journal of Nursing Management*, *29*(1) 104-108. https://doi.org/10.1111/jonm.13178

Tobio, M. C., Agulló, M. S., Gómez, M. V. P. y Martín, M. T. (2010). *El cuidado de las personas. Un reto para el siglo XXI*. Fundación "La Caixa".

Tong, A., Sainsbury, P. y Craig, J. (2007). Consolidated Criteria for Reporting Qualitative Research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349-357. https://doi:10.1093/intqhc/mzm042

Villar, F., Fabà, J., Serrat, R. y Celdrán, M. (2018). Personas mayores LGBT que viven en instituciones de cuidado: desafíos y barreras para el mantenimiento de derechos sexuales. *PSI UNISC, 2*(2), 7-18. https://doi.org/10.17058/psiunisc.v2i2.12088

Villar, F., Serrat, R., Fabà, J. y Celdrán, M. (2015). As long as they keep away from me: attitudes toward non-heterosexual sexual orientation among residents living in Spanish residential aged care facilities. *The Gerontologist*, *55*(6), 1006-1014. https://doi.org/10.1093/geront/gnt150

Villar, F., Serrat, R., Fabà, J. y Celdrán, M. (2015). Staff reactions toward Lesbian, Gay, or Bisexual (LGB) people living in Residential Aged Care Facilities (RACFs) who actively disclose their sexual orientation. *Journal of Homosexuality, 62*(8), 1126-1143. https://doi.org/10.1080/00918369.2015.1021637

Waling, A, Lyons, A, Beatrice, A., Minichiello, V., Barrett, C., Hughes, M., Fredriksen-Goldsen, K. y Edmonds, S. (2019). Experiences and perceptions of residential and home care services among older lesbian women and gay men in Australia. *Health Social Care in the Community*, *27*(5), 1251-1259. https://doi.org/10.1111/hsc.12760

Wiles, J. L., Leibing, A., Guberman, N., Reeve, J. y Allen, R. E. (2012). The meaning of "aging in place" to older people. *The Gerontologist, 52*(3), 357–366. https://doi.org/10.1093/geront/gnr098

Yang, J., Chu, Y. y Salmon, M. (2018). Predicting perceived isolation among midlife and older LGBT adults: the role of welcoming aging service providers. *The Gerontologist, 58*(5), 904-912. https://doi.org/10.1093/geront/gnx092