



www.best4older-lgbti.org

Methodology Guidelines

Deliverable 2.10

METHODOLOGY GUIDELINES

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The Project

The "[Best4OlderLGBTI – Best Interest for the Older LGBTI](#)" project intends to fight against discrimination based on age, sexual orientation, gender identity, gender expression and sex characteristics of older people, and to promote the rights of older LGBTI people, through raising awareness of different target groups contributing for a more equal and inclusive society.

The aim of the project is to contribute to the decrease of inequalities and discrimination faced by older LGBTI people when attending public services, as well as health and social care, and to encourage the reporting of cases of discrimination.

Main Activities:

- Development of an awareness-raising campaign in 6 EU Member States (Italy, Greece, Ireland, Portugal, Netherlands, Romania) that will include both online and face-to-face actions. The actions will target different groups in society, namely: Health and social professionals; Professionals of public services; Teachers; Employers; General Public; University students.
- Adaptation and development of an innovative face-to-face intervention programme targeting health and social professionals with the aim of mitigating stereotypes and negative attitudes regarding sexuality and gender in old age, including LGBTI;

Expected Results:

- Changes in attitudes and behaviours of professionals and the general public towards older LGBTI people.
- Raise awareness about age discrimination and sexuality of older people, including LGBTI.
- Encouragement of political and social discussion.
- Encouragement of reporting of cases of discrimination.

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- Reduced inequalities and discrimination in attendance of public services and health and social care for older LGBTI people.

Partners:

- Anziani e Non Solo (Italy)
- KMOP - Social Action and Innovation Center (Greece)
- Age Action Ireland Ltd (Ireland)
- Stichting Roze 50+ (Netherlands)
- CAS050+ Centro de Atendimento e Serviços 050+, Associação (Portugal)
- Fluxphera (Portugal)
- European Association for Social Innovation (Romania)

Associate Partners

- ILGA Europe
- European Network of Social Authorities
- AGE Platform Europe
- IAM – Intersectionalities and more

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Target groups

The face-to-face awareness actions to be implemented based on these methodology guidelines will be aimed at the following six target groups:

- Health & Social Professionals
- Professionals of public services
- Teachers
- Employers
- General public
- University Students

The differences among these target groups in terms of educational background, professional experience and (possibly) age create the need for partners to organise separate events in order to better cover the needs of each target group and encourage the equal involvement and active participation of all groups.

Each action will target 6-8 participants.

Learning Outcomes

The face-to-face awareness actions aim to transfer to participants some key-messages related to sexuality and gender in older age. The main goals of the face-to-face awareness actions are to familiarise participants with the main myths and stereotypes against older LGBTI people, the discrimination they face on different contexts, as well as to aid participants in identifying and responding to them in their living and working contexts.

Through the face-to-face awareness actions participants will be able to:

- Understand key LGBTI concepts and issues
- Understand gender identities, sexual orientations and sex characteristics, and make clear distinctions between them

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- Identify and avoid stereotypes based on age
- Identify and avoid stereotypes based on Sexual Orientation, Gender Identity and Sex Characteristics (SOGISC)
- Understand the ways in which ageism and anti-LGBTI stereotypes create unique challenges for older LGBTI people
- Respond to such stereotypes and prejudices with true facts

Reach Out & Organisation

Although the number of participants for each event is limited (6-8 participants per action) difficulties in finding potential participants may still arise. To ensure that the total number of participants is reached partners may take some measures, for instance:

- Conduct a mapping of relevant stakeholders. The official support from universities, schools, professionals' associations, hospitals, companies, etc., could facilitate the organisation of the awareness actions, by promoting them to their students/members/employees and encourage them to take part;
- Distribute of Certificates of Participation after the end of the events, to motivate potential participants. This could work as an important motivation especially for university students, who may be trying to enhance their CVs;
- Utilise their own networks and connections to further promote the awareness actions and reach the total number of participants.

As proof of conducting the awareness actions, partners should provide a signed participants' list, with the names, profession/roles and contact information (email) of the participants.

Partners are also encouraged to take pictures during the actions as proof of conducting the events and also for promotion purposes (to use on the project's official website and social media accounts). Participants must sign an informed consent regarding the use of their pictures. In case participants do not give their clear consent,

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partners should avoid showing participants' faces (by taking pictures from the back or by blurring the faces).

Methods

The methods that will be used in the awareness actions include:

- **Presentation followed by discussion:** The facilitator makes a presentation which includes the main information around the topic of the activity. Right after the presentation a discussion is opened with all participants to provide additional information and/or clarifications.
- **Working in groups:** Participants are divided in small groups (2-3 persons) to discuss a topic and then present their ideas to the other group(s).
- **Discussion followed by presentation:** Participants are encouraged to think about a certain topic and discuss it with the rest of the group. Then, the facilitator makes a presentation which includes the main information around the topic of the activity, answering questions that came up during the discussion and providing further clarifications.
- **Brainstorming:** Participants share their thoughts and ideas on a certain topic. The aim of the activity is to gather as many ideas as possible. The facilitator makes it clear that there are no wrong answers and encourages participants to express themselves freely.

Facilitators may create and use material such as PowerPoint presentations and/or printed material with information, as well as make use of other types of material (e.g. videos with personal testimonies, etc).

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Module

Activity	Estimated Time
Introductions & Presentation of the project	15 minutes
Basic LGBTI terminology	20 minutes
Common myths and stereotypes towards older LGBTI people	40 minutes
Combating stereotypes & Supporting older LGBTI people	35 minutes
Closing & Feedback	10 minutes

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Activities

Activity 1: Introductions & Presentation of the project

Estimated time: 15 minutes

Part 1: Introductions (10 minutes)

Welcome participants and introduce yourself (your name, studies, position in the organisation, role on the event, etc.) You can also provide more information about yourself to break the ice and encourage participants to talk about themselves.

Ask participants to briefly (1 minute) introduce themselves (name, studies, profession) and share their expectations from the Face-to-face awareness action.

Part 2: Project Presentation (5 minutes)

After all participants have introduced themselves, briefly present some basic information about the project's key objectives and activities, and your organisation.

You can prepare a presentation with basic information to use if you find it helpful, but make sure to keep it short and stay on time.

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Activity 2: Basic LGBTI terminology

Estimated time: 20 minutes

Learning Objectives

The aim of this activity is to make participants familiar with the key concepts and basic LGBTI terminology.

After the end of the activity participants will be able to:

- Describe and understand what sexual orientation, gender identity, gender expression and sex characteristics are, as well as the main LGBTI identities and terms.
- Use appropriate, non-discriminatory terminology when referring to or communicating with LGBTI people.

This activity will be structured in the same way and include the same content for all target groups.

Prepare a presentation with the following definitions of key concepts, LGBTI identities and other terms related to LGBTI issues. Make sure participants understand the different terms and provide clarifications when needed.

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Key concepts	
Gender Identity	It refers to a person's inner sense of their gender. It may or may not match with the gender the person was assigned at birth and/or their gender expression (Theofilopoulos & Paganis, 2019).
Gender Expression	It is the external manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behaviour, voice or body characteristics. It may “match” with the gender identity of the same person (eg. A man having a masculine gender expression), but this is not always the case (Theofilopoulos & Paganis, 2019).
Sex characteristics	Sex characteristics include the primary (such as internal and external reproductive organs, chromosomes and hormones), as well as the secondary (such as muscle mass, body hair, breast development and other) characteristics of sex. (PARADISO, 2019)
Sexual Orientation	Refers to each person's capacity for profound affection, emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender (Theofilopoulos & Paganis, 2019).

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<i>LGBTI identities</i>	
Gay	A person that identifies as a man and experiences emotional, romantic and/or sexual attraction to people of the same gender (PARADISO, 2019)
Lesbian	A person that identifies as a woman and experiences emotional, romantic and/or sexual attraction to people of the same gender (PARADISO, 2019)
Bisexual	A person that experiences romantic and/or sexual attraction to people of two or more genders. It is often used as an umbrella term to describe various forms of polysexuality ¹ . (PARADISO, 2019)
Transgender / Trans	It is an umbrella term, which includes those people who have a gender identity, which is different to the gender assigned at birth. It includes multiple gender identities, such as trans man, trans woman, non-binary, agender, genderqueer, genderfluid, etc (Theofilopoulos & Paganis, 2019).
Queer	Queer is a complex term with multiple interpretations. In the past, it was used as derogatory term for gay people, but in the 80's it was reclaimed from activists and academics as a positive and confrontational self-description to challenge social norms around sexuality, sexual orientation, gender identity and/or other forms of normativity. It is often used by people that do not accept the traditional concepts of gender and

¹ Polysexuality is defined as the attraction towards more than one gender. It can include identities such as bisexual, pansexual and others, whereas monosexuality refers to attraction towards one gender (i.e. heterosexual, gay/lesbian).

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	sexuality and do not identify with any of the terms of the LGBTI+ acronym, but also as an umbrella term for all LGBTI+ people. As a term, it also identifies with certain parts of the Queer Theory. (PARADISO, 2019).
Intersex	Persons who identify with this term are born with sex characteristics that do not belong strictly to male or female categories, or that belong to both at the same time. This term stands for the spectrum of variations of sex characteristics that naturally occur within the human species. It also stands for the acceptance of the physical fact that sex is a spectrum and that people with variations of sex characteristics other than male or female do exist (Theofilopoulos & Paganis, 2019).
Pansexual	People who experience romantic, sexual or affectional desire for people of all genders (Theofilopoulos & Paganis, 2019).
Asexual	A person who defines themselves using this term is someone who experiences no or very little sexual attraction. Each such person experiences things like relationships, attraction, and arousal somewhat differently. This term also refers to a spectrum of identities of people who experience little or no sexual attraction (Theofilopoulos & Paganis, 2019).
Non-binary	People who do not identify their gender within the male/female binary but somewhere outside or between. Some of them use gender neutral pronouns such as they/them (Theofilopoulos & Paganis, 2019). It is often used as an umbrella term, in which terms such as

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genderfluid, agender and others are included.

<i>Other terms</i>	
Biphobia	The fear, unreasonable anger, intolerance or/and hatred toward bisexuality and bisexual people (Theofilopoulos & Paganis, 2019).
Cisgender / Cis	People whose gender identity is the same as the gender they were assigned at birth. It is used as the opposite of transgender/trans.
Heteronormativity	Refers to cultural and social practices where men and women are led to believe that heterosexuality is the only conceivable sexuality. It implies that heterosexuality is the only way of being “normal” (Theofilopoulos & Paganis, 2019).
Heterosexual	A person who is attracted to people of a different gender. Often, heterosexuality is described as attraction towards the “opposite” gender, however this approach is based on the view of gender as a binary, erasing the existence of non-binary and intersex people.
Homophobia	The fear, unreasonable anger, intolerance or/and hatred directed towards homosexuality (Theofilopoulos & Paganis, 2019).
Legal Gender Recognition	It is the official procedure to change a transgender person's name and gender identifier in official

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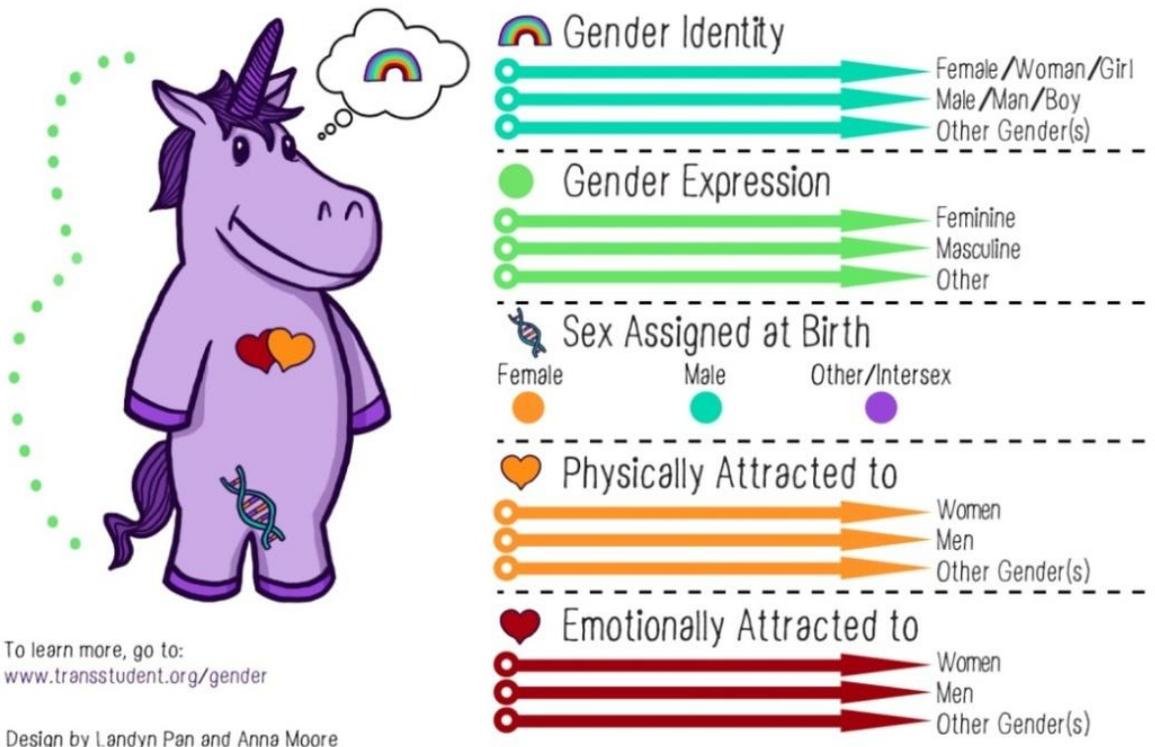
	<p>registries and documents such as their birth certificate, ID card, passport or driving license. In some countries, it's impossible to have your gender recognized by law (Theofilopoulos & Paganis, 2019).</p>
<p>Transition</p>	<p>It includes some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery (referred to as gender reassignment or gender confirmation surgery). The exact steps involved in transition vary from person to person (Theofilopoulos & Paganis, 2019).</p>
<p>Transphobia</p>	<p>A matrix of cultural and personal beliefs, opinions, attitudes and aggressive behaviours based on prejudice, disgust, fear and/or hatred directed against individuals or groups who do not conform to, or who transgress societal gender expectations and norms. It particularly affects individuals whose lived gender identity or gender expression differs from the gender role assigned to them at birth (Theofilopoulos & Paganis, 2019).</p>

You could also use The Gender Unicorn graph, by the Trans Student Education Network, which is a very useful tool to familiarise people with different LGBTQI identities and explore the concepts of sexual orientation, gender identity, sex assigned at birth and gender expression.

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The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



The graph is available online on TSER's website² in multiple languages. There is also an interactive version that you can use to showcase the way different identities can coexist and/or interact with each other. This visualization can aid participants in understanding new terms and concepts.

²<http://www.transstudent.org/gender/>

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Activity 3: Common myths and stereotypes towards older LGBTI people

Estimated time: 40 minutes

Learning Outcomes:

Through this activity participants will be able to:

- Identify and avoid myths and stereotypes against older LGBTI people.
- Respond to such myths and stereotypes with true facts.

This activity will follow the same structure in all face-to-face actions, but the content can be adapted to better suit the needs of each target group (e.g. myths and stereotypes regarding the healthcare needs of older LGBTI people).

Part 1: Brainstorming (10 min)

Facilitators will encourage participants to think of common ideas and images of older people, regarding sexuality and gender and share them with the rest of the group. The facilitator will write down on a flipchart all the ideas expressed. Encourage all participants to take part in this exercise.

Part 2: Presentation and discussion (30 min)

Prepare a presentation with the main myths and stereotypes against LGBTI older people along with facts and evidence to debunk them once the group has come up with a good number of myths and stereotypes. Evidence may include statistics from surveys on LGBTI issues and older age, scientific facts, as well as stories and testimonies from older

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people who identify as LGBTI (e.g. through videos) or from your own experience working with older LGBTI people.

Some examples of common myths that you can include in your presentation are the following:

Myth	Facts
<p>“Older people are not interested in forming romantic and/or sexual relationships” / “Older people are not sexually active”</p>	<p>This is a very common misconception towards older people (not only those who are LGBTI). Existing evidence however shows that sexual relationships are a need present throughout the lifespan of people. Changes associated with ageing, health issues and the use of medication may impact the sexual life of older people (Kazer, 2013), but this is not the same as lack of sexual desire. Medication aimed to treat sexual dysfunction can help people of all genders to remain sexually active later in life. As mentioned by the LTCOmbudsman (2015) “one study revealed 61% of people over 60 said their sex life today was the same or better than in their 40s, and 26% of those over 75 remain sexually active”.</p>
<p>“Being LGBTI is a new trend. Only younger people identify as LGBTI”</p>	<p>LGBTI identities are not at all new. The fact that LGBTI issues have gained more visibility in the last decades does not mean that LGBTI people have suddenly started to exist; LGBTI people have always existed, but homophobic and transphobic societal attitudes, violence and discrimination,</p>

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	<p>stigmatization, pathologisation and criminalization of non cis and/or heterosexual people, as well as the lack of legal protections have kept them invisible. According to a survey mentioned by SAGE (2013) in 2010 approximately 1.6 million LGB older adults lived in the United States.</p>
<p>“Older LGBTI people don’t have families/partners/children”</p>	<p>For many people being LGBTI (and especially older) is synonymous of living alone, but this is far from the truth. LGBTI people can form satisfying, long-lasting, loving relationship, though the lack of legal protection for same-sex relationships in many countries may mean that these relationships are not officially recognized by the state. Many LGBTI people also have biological or adopted children: bisexual people may be in different-sex relationships and many lesbian or gay people may have come out later in life, after they have been in different-sex relationships and/or marriages (APA, 2012). Also a lot of LGBTI older adults have created “families of choice”: social networks consisting of close friends that offer them a sense of belonging, resilience, and support (APA, n.d).</p> <p>However LGBTI people are, according to SAGE (2018), twice as likely to live alone and four times less likely to have children than their cis-heterosexual peers, thus increasing the risk of social isolation.</p>
<p>“You can always tell if someone is LGBTI”</p>	<p>This common stereotype may not apply only to older LGBTI people, but it is a widespread</p>

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	<p>misconception about LGBTI people. LGBTI people can express themselves (and their identities), in many different ways, the same way cis-heterosexual people do. A person's gender expression (appearance, clothing or mannerisms, etc.) is not necessarily an indicator of their identities.</p>
<p>“Older people are not affected by STIs”</p>	<p>This stereotype is based on the preconception that older people do not engage in sexual activity or that if they do it is always within a long-term monogamous relationship. Furthermore, the progress that has been made on the treatment of HIV has resulted in more people reaching into their older years (SAGE, 2018).</p>
<p>“All people (know they) are LGBTI from a very young age”</p>	<p>There is no specific point in life when people realise they are LGBTI. Some may know their sexual orientation and/or gender identity from a very young age (as children, teenagers or young adults), while others may come out in their 30s, 40s, 50s or even later in life. Intersex people (especially those who have been subjected to sex “normalising” surgeries) may find out later in life or not be aware that they were born with an intersex variation.</p> <p>Some people may have known that they are LGBTI but stayed in the closet for many years, for fear of experiencing stigmatisation, violence and discrimination, and losing their social support. This is especially true for older adults who lived a big part of their lives when being LGBTI was considered a mental disorder or criminalised.</p>

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“LGBTI people are mentally ill”	<p>LGBTI identities are no longer classified as mental health disorders. Homosexuality was first depathologised in 1973 when the American Psychiatric Association removed it from its Diagnostic and Statistical Manual (DSM). On the 17th of May 1990, the General Assembly of the World Health Organization (WHO) decided to remove homosexuality from the International Classification of Diseases (ICD).</p> <p>Trans identities are also depathologised. In 2018, the World Health Organization (WHO) released the new version of ICD (ICD 11) which removed trans identities from the mental health disorders chapter. All trans-related diagnoses have been removed from the chapter Mental health disorders. A new chapter, named “Conditions related to sexual health”, has been added to ICD and it includes a new diagnosis of “Gender incongruence” that replaced the previous “Gender Identity Disorder” diagnosis (Theofilopoulos & Paganis, 2019). The new version of ICD was officially adopted by the General assembly of the WHO in May 2019.</p>
“Older LGBTI people have the same needs and problems that older cis-heterosexual people”	<p>While there are of course issues related to ageing that are common both for LGBTI and cis-heterosexual people, there are also significant differences in the way people with an LGBTI identity experience ageing. Anti-LGBT societal attitudes can impose additional barriers for older LGBTI people on issues such as accessing health care services, social</p>

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support, retirement and finances (APA, 2012). For example LGBTI people may become estranged from their families of origin or their (biological) children, thus limiting their social support. Also women in same-sex relationships may have a smaller joined income compared to women in different-sex relationships (because of pay gaps between men and women), and experience bigger financial problems, due to the accumulate loss of income (APA, 2012). According to the American Psychological Association (2012) “lack of legal protections may raise problems in medical and financial decision making, couple autonomy in health and end-of-life decisions, access to appropriate health care, parenting rights, health care and retirement benefits, inheritances, living arrangements, and property rights.”

Apart from the discrimination they may face on the basis of their sexual orientation, gender identity and/or sex characteristics, older LGBTI people may also face discrimination based on their age, within the LGBTI community (APA, 2012). Having limited access to community support and events, together with the gradual shrinkage of peer social support networks (due to health reasons or death) can leave older LGBTI people with very few or no people to turn to.

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These are some of the most common myths regarding sexuality and gender in older age. Partners can include other stereotypes that are relevant to the specific target group (e.g. stereotypes regarding health/mental health, etc.) or the partners' country context.

Activity 4: Combating stereotypes & supporting older LGBTI people

Estimated time: 35 minutes

Learning Outcomes:

Through this activity participants will explore ways in which they can actively support older LGBTI people and raise awareness on sexuality, gender and age.

This activity will follow the same structure in all face-to-face actions, but the content can be adapted to better suit the needs of each target group.

Part 1: Work in groups (15 min)

Divide participants into 2 groups. Give groups 5 minutes to discuss ways in which they can combat stereotypes and support older LGBTI people through their field of work (when relevant). Next, give each group 5 minutes to present their ideas.

Part 2: Presentation (20 min)

After both groups have presented their ideas, make a presentation covering good practices for allyship. Include guidelines focusing on the specific field of work of each target group (when relevant).

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Some examples of guidelines to include in your presentation are the following:

- Avoid making assumptions. Someone's gender identity, sexual orientation and/or sex characteristics is not something you can guess by their appearance.
- Use inclusive language that does not indicate you assume people's sexual orientation or relationship status (e.g use the term "partner" instead of "husband/wife").
- If you know an older person is LGBTI do not share this information with others without the person's consent. Some LGBTI people (especially older) are not out to their friends, family or workplace.
- Always use the name and the pronouns they introduce themselves with or ask you to use. This applies also when you are referring to the period before they came out. If you're not sure what pronouns you should use, just ask.
- Don't ask trans people about their previous or "true" name. It is a rude and invalidating question; the name they use currently is their true name.
- Always use the language the person uses in order to describe themselves. Some LGBTI people may (rarely) refer to themselves with terms that are considered offensive by the majority of the community (e.g a transgender person may identify themselves as a "cross-dresser" or "transsexual", and a gay man may use terms such "faggot" to refer to himself). Use these terms only if the person you talk with identifies this way.
- Try to raise awareness among friends and family, in your workplace, as well as in public (e.g. through social media) about the stereotypes and prejudices based on age, sexual orientation, gender identity and sex characteristics, and the problems older LGBT people face.
- Try to expand your knowledge on LGBTI issues, and on issues regarding older age. You can do this by searching for relevant educational material and information online, and getting in touch with LGBTI and/or human rights civil society organisations that work on these issues.

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The above list of guidelines is not exhaustive. Feel free to add guidelines that are relevant to your country's context or to each target group's field of work.

Activity 5: Closing & Feedback

Estimated time: 10 minutes

After closing the discussion thank again all participants for their presence and involvement and ask them for their general impression and feedback.

This could be done either as a short informal discussion or you could provide participants with post-it notes to write down their feedback. Leading a discussion is preferable, especially when the number of participants is small, since it gives participants the chance to exchange opinions as well, but written feedback can be used when there is not enough time for discussion.

Some questions you could ask participants are the following:

- What did they learn?
- Did they get answers for the questions they had on older LGBTI people?
- Was there anything that surprised them?
- What will they keep from the day?

After participants have shared their thoughts on the activities and the content of the Face-to-Face actions, ask them to fill-in the evaluation questionnaire (see Annex).

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Annex

Evaluation Questionnaire

	Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally Agree
The objectives of the action were met.	1	2	3	4	5
The structure and content was easy to follow.	1	2	3	4	5
The action promoted and facilitated interaction and participation.	1	2	3	4	5
The content covered will be useful for my work/personal life.	1	2	3	4	5
The facilitator had sufficient knowledge on the topic.	1	2	3	4	5
The facilitator had sufficient facilitation skills.	1	2	3	4	5
The time allotted was sufficient.	1	2	3	4	5
The place where the action took place was suitable.	1	2	3	4	5
The place where the action took place was easily accessible.	1	2	3	4	5
Practical issues (equipment, stationery, etc) were sufficiently covered.	1	2	3	4	5
I would suggest to other people to take part in this action.	1	2	3	4	5

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