

“Make me feel at home” | METHODOLOGY FOR INTERVIEWS

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1. Purpose of the interviews

Recalling the position of older LGBTQI+ today

Ageism remains one of the most invisible oppression in Europe. It is defined as the stereotypes, prejudices and discriminations on the ground of a person's age. When it targets older individuals, it contributes to the idea that seniors are socially redundant, incapable and dependent. It deprives them of autonomy and exposes them to ill-treatment. On the other hand, LGBTQI+ phobia is defined by the aversion, hostility, reject and discriminations against LGBTQI+ (Lesbian, Gay, Bisexual, Transgender and Intersex) people. In the EU, the recent advancement of LGBTQI+ rights make less visible the discriminations against LGBTQI+ people and hard for contemporaries to imagine that not long ago, it was very difficult, or even criminalized to be part of the community. Thus, many identified as LGBTQI+ but were not able to live freely and be out. That may sound from another time, but the ambient LGBTQI+ phobia was very much real for people who are today over 65.

How do the dimensions of "sexual orientation" and/or "gender identity" influence aging? Are LGBT seniors so different from non-LGBTQI+ seniors? The issues remain similar: physical and mental health, social isolation, maintaining independence as long as possible, quality of life... Inherently, there is no reason for a LGBTQI+ elder and a cisgender and/or heterosexual senior, to be treated differently. To understand how such differences occur, one must understand that LGBTQI+ elders had experiences shaped their aging process and how they interact with health providers, most of the time with much distrust (Witten, 2003). Though, LGBTQI+ need peculiar medical attention, as they were and subjects to specific afflictions. This paradox results in LGBTQI+ elders aging less well than the general population (Fredriksen Goldsen et al., 2013; Hughes, 2019). To put simply, what elders experience, LGBTQI+ elders face too « but in worse » and with additional difficulties. Their mental health is affected by a lifetime of aggressions and ill-treatment (conversion therapies), which can be aggravated within a care setting environment; their physical health is often not as good as non-LGBTQI+ elders (for example because of the HIV epidemic); their social networks are even narrower as they may have known family and friend's alienation because of their orientation and/or identity. This diversity of experiences creates unique situations one must consider to provide the most inclusive care setting possible.

Even though they have challenges in common, we have to bear in mind that there still are discrepancies between LGB (Lesbians, Gays, Bisexuals) and TI (Transgender, Intersex). While non-heterosexual orientations tend to be more and more accepted, non-cisgender identities and non-dyadic sex characteristics are still very much alienated. Less visible, more discriminated and isolated, it is crucial to recall their ostracization sometimes within the community itself.

That is why LGBTQI+ people are an emerging audience facing not only ageism, but also the damaging consequences of a lifetime of LGBTQI+phobia. While there is little care settings able to welcome them and respond to their specific needs, they are vulnerable people too often forgotten.

A non-exhaustive list of afflictions older LGBTQI+ people encounter, they have summarized them in a board. This intersection of ageism and LGBTQI+ phobia fall into four categories identified by the International Longevity Center (ILC, London): physical health and access to healthcare inequalities, social and access to end-of-life care inequalities, social isolation and mental health and experiences of violence.

Also, the community being in constant evolution, you can find of glossary of terms. The terms to use and not to use will provide a comfortable interview for older LGBTQI+ people and the transmission of respectful terms for care professionals.

Expected information

In order to tackle inequalities, human rights violations and discriminations based on multiple factors targeting LGBTQI+ seniors, the partnership developed the idea of a series of five testimonial videos collected across Europe. As firm believers of the central role of representation and self-determination, the partnership videos interviews showing the stories of older LGBTQI people from their own point of view, through their voices, their memories, their experiences and their hopes for the future. These interviews will make their experiences visible as most of the time, LGBTQI+ are non-existent in the public space. Thanks to storytelling, it also aims at creating empathy for the viewers, especially non-LGBTQI+ and people who have little knowledge of these experiences.

This footage will also allow us to hear what type of care older LGBTQI+ people need, considering they faced specific challenges during their lives and that their experiences with society shaped how they interact with health providers once seniors. The videos will also show care professionals, ask them about their relation with LGBTQI+ elders to identify what is needed for them in terms of (in)formation. In this sense, it constitutes a need assessment for both target groups.

Being careful with a vulnerable audience

The goal of the interviews is indeed to learn about the specific needs of older LGBTQI+ people. However, one must be careful not to be intrusive and indiscreet. Being LGBTQI+ is not only about difficulties, but their experiences are necessarily linked to hard and intimate memories, which can be painful to remember. That is why one must not insist too much and let them speak freely, as specified in the following methodology, on the semi-directive and qualitative mode.

However, it is also essential to hear about the points of view of care professional to identify where the shortcomings concerning this population originates from. Still, we must ask questions without making them feel incriminated or accused. Reactions one may encounter are more rooted in a lack of knowledge than in visceral reject. What is sought is not their experience with care in general but rather their experience with LGBTQI+ older people. If not applicable, their reactions in case of providing care to such older people.

2. Methodology

What is a qualitative interview?

Qualitative interviews are sometimes called intensive or in-depth interviews. These interviews are considered semi-structured because the researcher has a particular topic for the respondent, but questions are open-ended and may not be asked in the exact same way or order to each respondent. The primary goal of an in-depth interview is to hear what respondents think is important about the topic at hand and to hear it in their own words. The questions are designed by a researcher to elicit information from interview participants on a specific topic or set of topics. These topics are informed by the author's research questions.

Qualitative interviews use open-ended questions, which are questions that a researcher poses but does not provide answer options for.

In a qualitative interview, the researcher develops a guide in advance that they can refer to during the interview or memorize the interview takes place. Participants are asked to provide answers in their own words and to raise points they believe are important, so each interview is likely to flow a little differently.

How to conduct the interview

During the data collection process, it is useful to take field notes, including before, during, and after interviews. Field notes help researchers to document their observations and they form the first draft of data analysis. Field notes may contain many things, including but not limited to observations of body language or environment, reflections on whether interview questions are working well, and connections between ideas that participants share.

Upon consent of the respondent, we advise to create audio recordings of the interviews you conduct. Recording interviews allows the researcher to focus on their interaction with the interview participant rather than being distracted by trying to write down every word that is said.

Keep in mind that the purpose of a qualitative interview is not to get the informant to answer the interview questions. Rather, the purpose is to listen to their stories so that you can acquire an understanding of how their experiences unfolded, and the meanings that they associated with these experiences. Try to make the shift to an “informant-centered” attitude and embrace the idea that the informant is the expert on their experiences. The informant alone possesses the knowledge necessary to answer the research question. Try to adopt an open stance, as well as oversight to remain aware of your personal biases and approach each interview with an attitude of discovery.

You should start the interview by using a short summary statement to state what the interview is about and ask respondents if they are comfortable to proceed with it. Prior to the interview, you should have sent them an email with this basic information and confirming interview length, style of questions and location.

We suggest including a few minutes of talk to help put the research participant at ease. Try to show interest in what is being shared, convey that there are no expectations as far as how to answer the interview questions, show respect for their role as expert, and make sure that the interview feels natural rather than an interrogation.

Interviews can be conducted face-to-face or online. Online interviewing can be done by your mobile phone or through your laptop using audio-visual interfaces such as Skype or Zoom.

When you’ve asked your last question, ask respondents if there is anything more they would like to add. When you have both finished the conversation, thank your respondent for his/her time and let him/her know what you will do with this knowledge they have provided you.

Characteristics of a successful interviewer

A Successful Interviewer is:

1. Knowledgeable: is thoroughly familiar with the focus of the interview; pilot interviews of the kind used in survey interviewing can be useful here.
2. Structuring: gives purpose for interview; rounds it off; asks whether interviewee has questions.
3. Clear: asks simple, easy, short questions; no jargon.
4. Gentle: lets people finish; gives them time to think; tolerates pauses.
5. Sensitive: listens attentively to what is said and how it is said; is empathetic in dealing with the interviewee.
6. Open: responds to what is important to interviewee and is flexible.
7. Steering: knows what he/she wants to find out.
8. Critical: is prepared to challenge what is said, for example, dealing with inconsistencies in interviewees' replies.
9. Remembering: relates what is said to what has previously been said.
10. Interpreting: clarifies and extends meanings of interviewees' statements, but without imposing meaning on them.
11. Balanced: does not talk too much, which may make the interviewee passive, and does not talk too little, which may result in the interviewee feeling he or she is not talking along the right lines.
12. Ethically sensitive: is sensitive to the ethical dimension of interviewing, ensuring the interviewee appreciates what the research is about, its purposes, and that his or her answers will be treated confidentially.

Storytelling

Essential to storytelling is that it seeks to convey an experience in such a way that it seems real. There is appeal in storytelling because it often presents information incorporated within a personal account that engages the reader and may validate their own experiences.

Whether smoking cessation, obesity, health-related climate change or cancer screening, many of the key issues in public health today require the sharing of information in a meaningful way that resonates with the receiver and triggers a positive change in knowledge, attitudes and ultimately behaviours.

Some suggestions to elicit a story from your respondent are:

- Use “echo” questions to probe more deeply. If you hear, “It’s all a matter of respect,” you might ask, “Respect?..”. But if you hear, “It’s all a matter of respect,” and nod solemnly and go on to another question (or let the interviewee simply continue talking), you’ve lost whatever is important there.
- Draw out significant but brief comments: “Could you say a bit more about ...?” “Can you give me more details?”
- Never lose sight of the story that you’re creating. You must help the interviewee to help you. At various points, you will need to intervene to gently guide the interviewee back from a tangent to the story or to ask questions to help make the story richer, more complex and more detailed.

Use of pronouns

When interviewing a person identifying as LGBTQI+, it is advisable to start by asking “what pronouns do you use?” It can provide an opportunity for someone to offer their gender pronouns for you to use. Other options include: “how would you like me to refer to you?” or “how would you like to be addressed?”

Another option is to begin by offering the pronouns you use. Try: “I use he, him, his pronouns. Do you mind if I ask what pronouns you’d like me to use when referring to you?”

The best thing to do if you use the wrong pronoun for someone is to say something right away, such as “I’m sorry, I meant they.” If you realize your mistake after the situation, apologize and move on.

3. Questions for older persons

We aim to interview at least 3 older persons per country identifying as LGBTQI+. Ideally, at least one should be a trans-gender or an intersex person.

Research question: which are the features of a LGBTQI+ friendly residential care facility from the perspective of the user?

Introduction

- Do you want to start by introducing yourself and give us a sense of how you would describe who you are?

Experience with care

- Your actual care needs: do you need any support in your activities of daily living? If yes, which one and who provides that?
- Have you ever had the experience to receive care for yourself in a residential care service? Please tell me more about it
- Have you ever had the experience of someone close to you (friend, parent, partner...) living in a residential care service? Please tell me more about it
- If you have never had experiences (nor directly, neither indirectly), how do you imagine life in a care home?

Ideal care home

- If you had to describe your ideal care home, how would it be? How do you think this can translate into practice? Can you make examples?
- What would make you feel safe in a care home? How do you think this can translate into practice? Can you make examples?

- Is there something you would be afraid/ashamed of, if living in a care home? What? Why? Which kind of actions could help you coping, reducing or preventing those feelings?
- If entering a care home, would you disclose yourself as LGBTQI+? When? To Whom? In which way/setting would you like to do it?
- How would you like sexuality and intimacy to be addressed in a care home? How do you think this can translate into practice? Can you make examples?

4. Questions for professionals

We aim to interview at least 6 professionals working in residential care services for older persons.

Research question: how can a LGBTQI+ friendly residential care service be implemented from the perspective of the professional?

Introduction

Do you want to start by introducing yourself and give us a sense of how you would describe who you are and what your work is like?

Knowledge and experience about LGBTQI+ people

- Are you familiar with the meaning of LGBTQI+? If yes, could you please explain it please?
- Do you know the difference between sexual orientation and gender identity? Do you know what intersex means?
- Do you know any persons identifying as LGBTQI+ in your private life?
- Do you have any experience with older persons identifying as LGBTQI+ as a care professional? Please explain.
- Have you ever met with LGBTQI+ individuals during your career as a care professional? If yes, please tell me more about this encounter. If not, why do you think it is the case?
- Are you familiar with specific (physical and psychological) care LGBTQI+ older persons may need?
- Do you feel able to take care of LGBTQI+ older persons? If yes, what would you do differently than with a non-LGBTQI+ individual? If not, what do you need to take care of older LGBTQI+ people?
- How would you react if one of your residents disclosed they were LGBTQI+? Would you tell your colleagues or other residents?
- Do you receive any guidelines in your facility regarding the needs of LGBTQI+ elders?

Making the facility LGBTQI+ friendly

- What would you do to make the facility you work in LGBTQI+ friendly? Among these suggestions, what do you think would be easier to implement? What instead would be challenging? And why?
- What reaction do you think it would create among colleagues and residents if someone disclosed themselves as LGBTQI+?

- Do you think older LGBTQI+ people may be suspicious / worried to disclose in a care setting and why?

5. Reporting the results

This document is a common template for the reports of the interviews with older LGBTQI+ people and professionals. There are 2 sections, one for each target group. Questions are the same as during the interviews. We kindly ask you to write a brief summary, gathering all testimonies with relevant information. So as to facilitate the EU final report redaction, you are asked to use bullet points. We also advise you provide the verbatim of what you consider relevant in terms of storytelling: you can use the content of several interviews to illustrate one bullet points or do a whole paragraph of verbatim extracts. The expected length is 2 pages maximum per section.

[See attachment 1](#)

6. Consent

It is mandatory to collect the consent of your respondent before doing the interview. It is preferable to archive a signed copy of the consent form. Should this not be possible, you can video-record a verbal consent by asking the person to read the consent formula included in the text below and store this.

In attachment you will find a model consent form, however note that it might be necessary to adapt it to comply with national legislation and/or ethical requirements of your organization.

[See attachment 2](#)

ATTACHMENT 1 - Reporting template

Introduction

[Please provide some methodological information: how did you conducted the interviews / focus groups; how did you recruited participants; when were the interviews carried out? Please do not exceed half a page].

Older persons

Demographic information

[Please describe here your participants: age-gender-sexual orientation – educational and professional background... any information you deem relevant to provide some context. Please do not exceed six lines per person.]

Experience with care

[Please make a summary of the replies collected from the group of interviewed persons. Please use bullet points and underline commonalities and differences of replies among respondents. Please do not exceed one page]

[Please include at least one verbatim statement from each interviewed person which in your opinion is relevant to “tell the story” of the respondent in relation to the topic. Please do not exceed half a page per respondent.]

Ideal care home

[Please make a summary of the replies collected from the group of interviewed persons. Please use bullet points and underline commonalities and differences of replies among respondents. Please do not exceed one page]

[Please include at least one verbatim statement from each interviewed person which in your opinion is relevant to “tell the story” of the respondent in relation to the topic. Please do not exceed half a page per respondent.]

Professionals

Demographic information

[Please describe here your participants: age-gender-sexual orientation – educational and professional background... any information you deem relevant to provide some context. Please do not exceed six lines per person.]

Knowledge and experience about LGBTQI+ people

[Please make a summary of the replies collected from the group of interviewed persons. Please use bullet points and underline commonalities and differences of replies among respondents. Please do not exceed one page]

[Please include at least one verbatim statement from each interviewed person which in your opinion is relevant to “tell the story” of the respondent in relation to the topic. Please do not exceed half a page per respondent.]

Making the facility LGBTQI+ friendly

[Please make a summary of the replies collected from the group of interviewed persons. Please use bullet points and underline commonalities and differences of replies among respondents. Please do not exceed one page]

[Please include at least one verbatim statement from each interviewed person which in your opinion is relevant to “tell the story” of the respondent in relation to the topic. Please do not exceed half a page per respondent.]

Conclusions

[Please try to draw some conclusions: were there similarities / differences between the two groups? What stroke you the most? How do you think these outcomes should inform the training material? Please use bullet points and do not exceed half a page.]

ATTACHMENT 2 – Information sheets and consent forms

Model information sheet & consent form / OLDER PARTICIPANTS

INFORMATION SHEET FOR THE PARTICIPATION IN THE PROJECT “BESTCARE4OLDERLGBTQI+”

The BESTCARE4OLDERLGBTQI+ project is funded by the European Union under the Erasmus+ program and aims to promote the development of LGBTQI+ friendly residential care facilities for older person. In this context, the project promotes training activities for professionals from the health and social care sector as well as the development of “quality requirements” for a LGBTQI+-friendly service.

The project is promoted by a partnership coordinated by the French organization AFJI in cooperation with:

- Anziani e non solo (Italy)
- KMOP (Greece)
- CASo50+ Centro de Atendimento e Serviços o50+, Associação (Portugal)
- European Association for Social Innovation (Romania)


One of the actions envisaged by the project is the collection of interviews **from over 55 who recognize themselves as LGBTIQ+**. The aim is to carry out qualitative interviews aimed at exploring how a residential care service could become more LGBTQI+ friendly.

Attached to this document you will find the list of questions that, if you decide to participate, will be asked by the interviewer. The interviews will be audio-recorded for transcription. The recording will be deleted after transcription and the transcribed text will be archived as anonymous.

We remind you that you can always decide not to answer to one or more of the questions and that you can also decide to stop the recording and withdraw your consent at any time, until the interview will take place and in the next 5 working days from the date of the recording. This is without prejudice to the provisions set forth below. If you revoke your consent promptly, the registration will be destroyed.

If you decide to participate, your anonymised inputs will be analysed together with those of other people interviewed in the project and summarized in a booklet that will be disseminated with the purpose of describing the experience of **older LGBTIQ+ in relation to residential care services and how these service could be made more LGBTIQ+ friendly**.

Your participation in the project will be voluntary and free.

For any information and clarification on this study or for any need, please contact the national project manager  who is at your disposal for further information or clarification.

ANNEX : QUESTIONS' LIST

INFORMED CONSENT FOR PARTICIPATION IN THE BESTCARE4OLDERLGBTQI+ PROJECT

I confirm that I have read and understood the Participant information sheet related to the BESTCARE4OLDERLGBTQI+ project and that I have had the opportunity to ask questions about the project and discuss about it.

I have understood that my participation is voluntary and free and that I am free to withdraw my consent to the interview at any time and without explanation, until the interview will take place and in the next 5 working days from the date of the recording, after that period and from that moment on I can no longer revoke it. Remains except as provided below. If I revoke my consent promptly, the registration will be destroyed.

I consent to the filming and audio-visual recordings being made and that both static and moving images, words, phrases, periods, expressions, parts, narrations (hereinafter referred to as a Material) to be used by AFEJI and its partners as above, its assignees and assignees (hereinafter for brevity AFEJI et al.) to produce creative works of a creative nature and also scientific or informational publications, made in any format (hereinafter, Output).

I have understood and agree that AFEJI et al., on the Material and on the Outputs, acquire the exclusive ownership of all the copyright.

In particular, although I do not exclusively acknowledge AFEJI et al.:

- the right to present the Material and Outputs to the public in the various forms of communication;
- the right of diffusion, that is the right to carry out the dissemination of the Material and the outputs through telematic networks;
- the right to the use of such Materials and Outputs, in perpetuity, in paper, radio, television, cinema, home and commercial video, in multimedia and interactive form on line (internet) and off line (cd, DVD et similia); including the processing and registration rights with any distribution channel and with any terminal access, the derived rights (by way of example but not limited to, processing, reproduction, translation, etc.) and ancillary rights;

For these reasons, AFEJI et al. may freely use the Material and the Outputs, totally or partially, in any location, form and manner, without limitation of location, form and mode, space, time, passages, in any language, both synchronized and subtitled and with any technical means and / o existing communication technology or broadcasting or of future invention, with any format, on any support, through any channel or distribution platform, technically conceivable and achievable today and / or in the future, with any more extensive processing and reproduction right multimedia.

Except in any case the limits deriving from the illicit or harmful use of personal rights.

I therefore express my free, current, manifest, conscious, complete, free consent

I declare that what will be expressed in the interview concerns only me and when it concerns third parties, I have been authorized by these third parties and in any case, I assume the responsibility for what I express relieving, from now on, in every office - jurisdictional and non-, AFEJI et al. from any and any prejudicial consequences had to suffer for reasons of what I have expressed.

I, the undersigned _____ born in _____ on the _____

DECLARE

- to have read the aforementioned information sheet received, to have understood both the information contained therein and the information provided orally by the staff assigned to the Best4Older LGBTI project and to have had ample time and opportunity to ask questions and obtain satisfactory answers from the staff involved;

Consequently, I

- AGREE
- DISAGREE

To be interviewed in relation to the project in the terms described in this informed consent form

_____, _____

(Place and date)

(Signature)

ANNEX : QUESTIONS' LIST

INFORMED CONSENT FOR PARTICIPATION IN THE BESTCARE4OLDERLGBTQI+ PROJECT

I confirm that I have read and understood the Participant information sheet related to the BESTCARE4OLDERLGBTQI+ project and that I have had the opportunity to ask questions about the project and discuss about it.

I have understood that my participation is voluntary and free and that I am free to withdraw my consent to the interview at any time and without explanation, until the interview will take place and in the next 5 working days from the date of the recording, after that period and from that moment on I can no longer revoke it. Remains except as provided below. If I revoke my consent promptly, the registration will be destroyed.

I consent to the filming and audio-visual recordings being made and that both static and moving images, words, phrases, periods, expressions, parts, narrations (hereinafter referred to as a Material) to be used by AFEJI and its partners as above, its assignees and assignees (hereinafter for brevity AFEJI et al.) to produce creative works of a creative nature and also scientific or informational publications, made in any format (hereinafter, Output).

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For these reasons, AFEJI et al. may freely use the Material and the Outputs, totally or partially, in any location, form and manner, without limitation of location, form and mode, space, time, passages, in any language, both synchronized and subtitled and with any technical means and / o existing communication technology or broadcasting or of future invention, with any format, on any support, through any channel or distribution platform, technically conceivable and achievable today and / or in the future, with any more extensive processing and reproduction right multimedia.

Except in any case the limits deriving from the illicit or harmful use of personal rights.

I therefore express my free, current, manifest, conscious, complete, free consent

I declare that what will be expressed in the interview concerns only me and when it concerns third parties, I have been authorized by these third parties and in any case, I assume the responsibility for what I express relieving, from now on, in every office - jurisdictional and non-, AFEJI et al. from any and any prejudicial consequences had to suffer for reasons of what I have expressed.

I, the undersigned _____ born in _____ on the _____

DECLARE

- to have read the aforementioned information sheet received, to have understood both the information contained therein and the information provided orally by the staff assigned to the Best4Older LGBTI project and to have had ample time and opportunity to ask questions and obtain satisfactory answers from the staff involved;

Consequently, I

- AGREE
- DISAGREE

To be interviewed in relation to the project in the terms described in this informed consent form

_____, _____

(Place and date)

(Signature)

7. Sources:

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