

# What Queer Youth Experience, Need, and Want from Mental Health Services in the Waterloo Region



## OK2BME Project Evaluation Grant: Final Report

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## Executive Summary

### Summary

This document reports the final outcomes of an evaluation study of the OK2BME program, a support and outreach initiative providing services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) children and youth in Waterloo Region. Transgender issues were not specifically explored and therefore the acronym LGBQ (lesbian, gay, bisexual, queer, and questioning) will be used throughout. Youth between the ages of 15 – 18 were interviewed or participated in focus groups and revealed their experiences with service provision and of being a sexual minority in Waterloo Region. Service providers were also interviewed individually or in focus groups. Key findings revealed youth’s experiences with existing services, perceptions of safety in schools and communities, and what ideal services for LGBQ youth should include. Findings also include the issues and needs of service providers in the Waterloo Region. The findings from this study showed that youth’s need for services and support exists on a continuum from direct clinical services to education and general social activities. Implications and recommendations for LGBQ youth programming are discussed.

### Research Questions

The research questions that guided the evaluation were informed by input from an Evaluation Research Subcommittee and the OK2BME project’s Steering Committee. There were four primary questions:

1. What are youth’s perceptions of services and supports?
2. What are the barriers to using services and supports?
3. What are youth’s outcomes of participation?
4. What are youth’s suggestions for an ideal program service delivery model?

Similar questions were asked of service providers, with the last question using “service providers” in place of youth in its content.

### Findings

#### **i) Youth: OK2BME Individual Counselling**

Youth who participated in one-on-one counselling identified positive experiences. In particular, youth reported feeling calm, less stressed, increased self-confidence and self-respect, along with a greater sense of self-appreciation. Scheduling of one-on-one meetings was identified as a challenge and negative aspect of the program by some youth.

#### **ii) Youth: OK2BME Social Recreational Groups**

Feelings of decreased stress and enhanced self-acceptance were also identified by youth who participated in social recreational groups. Negative aspects of these groups were reported by youth at their location and meeting place.

### **iii) Youth: School-based support groups**

Youth in school-based support groups reported positive experiences as a result of belonging to such a group. Feelings of safety, support, increased self-acceptance, and knowledge of LGBQ issues were identified. No youth in these groups reported negative aspects of their school-based support groups.

### **iv) Youth: Social Support**

#### ***OK2BME Youth***

- Mixed parental social support
  - Positive and negative parental support
- Not all youth had self-disclosed sexual orientation or gender identity to family and friends
- Feelings of isolation, fear and being unsafe
- Some peer relationships were identified as positive and supportive

#### ***School-based Groups***

- Mixed parental support
  - Positive and negative parental support
- Many youth had self-disclosed their sexual orientation to some family and friends
- Feelings of peer support and perceptions of community safety were common

### **v) Youth: Suggestions for Future Programming**

- Across both groups of youth, suggestions for future programming were similar. Key suggestions were:
  - Casual, welcome setting
  - A variety of fun, inclusive, activities (e.g., movies and bowling)
  - LGBQ guest speakers
  - A place to meet similar others and talk about similar experiences
  - Some educational resources and presentations

### **vi) Service Providers**

Service providers identified a number of issues they deal with and needs that exist for LGBQ programming in the Waterloo Region.

#### ***Barriers for youth participation and service delivery***

- Access to visible, comfortable rooms in secondary schools
- Unable to advertise programs in schools
- Fear of participating in OK2BME due to perceived, automatic disclosure of sexual identity (i.e., sexual identity association with queer-friendly service)

#### ***Stigmatization***

- Service providers identified fear of job insecurity if they initiate and/or support LGBQ services in secondary schools

#### ***Needs***

- Greater knowledge of what queer youth need and desire
- Fun activities that are offered to youth in general
- Knowledge and tools to assist youth in the coming out process
- More services of all kinds
- A network of existing services

## **Implications**

The findings of the evaluation provide directions for future programming of LGBQ youth-oriented programs for youth between the ages of 15 – 18.

- A broad range of activities: fun, active activities to guest speakers and educational presentations
- Services that are available in ways and place that do not automatically identify youth as a sexual minority
- Services and resources also need to be directed to “the other” non-queer population to increase awareness of queer rights and to foster positive attitudes

## **Recommendations**

From the findings we recommend that programming for LGBTQ youth continue as designed in the initial OK2BME program grant and be extended to support other types of youth programming. Specifically, recommendations include funding and program development for the following:

- Continue OK2BME individual counselling for LGBTQ youth, ensuring that counsellors can meet youth at a time and place convenient to them
- Continue OK2BME support group programming for LGBTQ youth, specifically groups facilitated by queer positive therapists with some educational programming
- Develop new ways of serving LGBTQ youth (both in counselling and in groups) in ways that do not label (or identify) them as a gender or sexual minority by association or use of the services or by participating in a group. This might be accomplished by expanding youth group programming to provide social, fun activities with occasional guest speakers and educational programming, which may be facilitated by a community youth worker, educator, parent, etc.
- Continue support for area schools providing resources and information for developing school-based youth groups
- Continue community consultation and public education directed to families and peers of LGBTQ youth, as well as the public at large, in order to educate and change the attitudes and behaviours of "others" (i.e., programming for those who are not LGBTQ benefits those who are)
- Develop a speaker's bureau of LGBTQ speakers who will share their "coming out" story and experiences before, during, and after
- Continue OK2BME programming for professional development for service providers, educators, public health nurses, police officers, youth leaders, etc.

## Introduction

This document reports the final outcomes of an evaluation study of part of the OK2BME program, a support and outreach initiative providing service to lesbian, gay, bisexual, transgender, queer, and questioning (LGBQ) children and youth in Waterloo Region. OK2BME is a three-year partnership between K-W Counselling Services (a family service agency serving Waterloo Region) and Family and Children's Services of the Waterloo Region, the local child welfare organisation. The OK2BME program was developed in response to the historic absence of LGBQ-oriented programming available to children and youth in Waterloo Region. OK2BME consists of two separate, but interrelated, parts: (1) direct service to LGBQ children and youth, and (2) community-based change efforts focused on improving the community contexts in which these youth and their families reside. Direct service through OK2BME is comprised of client-directed individual counselling with a professionally trained, LGBQ-affirmative practitioner and social-recreational and psycho-educational group programming. Community-based initiatives include public education, professional development, and community consultation. This report summarizes the findings of an evaluation of only one part of the OK2BME program, direct service to children and youth.

The evaluation explored sexual and / or gender minority youths' experiences with the services that they use, specifically what is liked and most helpful and what is not liked or least helpful. Ideas for future services and programming also were gathered. This information was collected from youth ages 15 to 18 and adults who work directly with sexual and / or gender minority youth. The findings were analyzed around areas defined in advance that addressed the overarching research question, "What is the appropriate service delivery model for LGBQ youth?" The findings were analyzed around the following four issues: (1) youth's perceptions of services and supports, (2) barriers to using services and supports, (3) youth's outcomes of participation, and (4) suggestions for an ideal program service delivery model. The issue of language was given considerable thought in the evaluation. Of particular importance was language centering around the acronym used to identify non-heterosexual populations. For the purposes of the evaluation, the word "queer" was used to represent individuals identifying as lesbian, gay, bisexual, transgender or questioning. In addition to the utilization of 'queer', the term "out" was used in the evaluation to represent the self-disclosure of one's sexual identity and / or sexual orientation to another.

## Method

### *Sample*

A purposeful sampling strategy was used to recruit individuals known to the OK2BME program, either through (the) use of services or through community consultation. Individuals were selected from two groups; those who had experience with the OK2BME program and those who had not used OK2BME services. The entire sample (N = 45) was comprised of 21 youth and 24 adults. A little more than half of the youth had used OK2BME services whereas approximately 25 % of adults had had contact with OK2BME. The youth ranged in age from 15 – 18. The gender identification of youth included transgender, women and men. Descriptive information regarding youths' sexual orientation was not collected. However, it appeared that

some youth were still in the process of developing their sexual identity and naming their sexual orientation.

Of the youth who had participated (or were still participating) in OK2BME (n = 8): 4 were from counselling services and 4 were from group services. The response rate among youth who used counselling services was 40 %. Invited youth who participated in groups had a lower response rate (33 %) due to problems with transportation (33 %) and conflicts with work schedules (33 %). The other youth (n = 13) had not participated in OK2BME and were students who had been meeting regularly with an informal group in their secondary school. The response rate for this group cannot be determined because the invitation was non-specific and group attendance was known to vary week to week.

All the youth participated only once in either an interview or a focus group, with the exception of one person who participated in both. This individual had participated in a focus group and then a friend invited this person to an individual interview. Data were checked to ensure that duplicate responses were not given more weight. In fact, findings showed that the individual reported different information in the two different data collection sessions.

The adult participants (n = 24) were drawn from the following four areas: (1) teachers and educators employed by the public and separate (Catholic) School Boards (n = 4), (2) public health nurses (n = 14), (3) child welfare employees (n = 4), and (4) university LGBTQ program coordinators (n = 2). In the first group four people in the following positions participated: Equity Consultant (Public), Teacher (Public), Chaplain (Catholic), and a Behaviour specialist (Public).

### ***Procedure***

Participants were identified by the OK2BME Coordinator and through the Coordinator's contacts with area schools. Invitations to potential participants were initiated by the OK2BME Coordinator via email as that was the generally used mode of communication (Appendices A – D). In cases where the Coordinator was also the youth's therapist, youth were notified by the therapist/Coordinator that a research assistant would be contacting them to extend an invitation to talk about the OK2BME program. Research team members made follow-up contacts and scheduled times to meet. For the youth who had received services from OK2BME the data collection strategy was matched to the type of services that had been used. Specifically, for youth who had been in one-on-one therapy individual interviews were used to collect data (Appendix E), and for youth who had participated in an OK2BME group data were collected via focus groups (Appendix F). Data from adults were mostly collected using focus groups, with the exception of the university program Coordinators (n = 2) who were interviewed individually because they direct and serve two different programs and university populations. A service provider focus group guideline was used (Appendices G & H).

Interviews and focus groups were held in locations negotiated with the participants. All of the OK2BME participants met in places where they had been receiving services. In Cambridge this location was the basement of a church and in Kitchener data were collected from youth at K-W Counselling Services (KWCS). All participants signed a consent form and received some form of compensation. Youth received a \$25 gift certificate to a local retailer that sells music and videos. Adults were compensated by their employers and received their normal wage while participating in research; snacks or lunch also was provided. When adults were not compensated (i.e., "on the clock") they received a \$25 gift certificate. The duration of interviews ran from 20 to 45 minutes and focus groups were 75 to 90 minutes.



## Findings

### *Overview*

This overview presents the findings from all research participants side by side in Tables 1 through 4, providing a snap-shot of themes reported by each group. The first research question was about youth’s perceptions of services and supports used, including OK2BME and other resources. Table 1 shows the main themes that emerged were positive, although participants also reported some areas of dissatisfaction with current services. Next, findings on barriers to using services and supports (Table 2) show that scheduling, location, and fear of being “out-ed” are the most constraining factors. In Table 3 youth’s self-report on personal outcomes. Then, suggestions for an ideal program service delivery model are reported in Table 4. Finally, this study resulted in additional findings about youths’ natural support systems and their environment: specifically youths’ social support and feelings of safety. A detailed account of participants’ responses in all these areas follows Overview Tables 1 – 4.

**Table 1: Overview of Themes from Youth’s Perceptions of Services and Supports**

Youth Participating in OK2BME		Youth Participating in School-Based Support	Adults Retelling Youth’s Stories as told to them by youth
<i>Individual Counselling</i>	<i>Groups</i>	<i>School-Based Groups</i>	<i>Service Providers</i>
Respectful	Open, Comfortable	Good	Anonymous services ease disclosure
Supportive, accepting	Supportive, accepting	Safe	OK2BME website is an excellent resource
Comfortable setting	Able to meet similar youth	Supportive	Services in schools are accessible
Helpful/Good	Can be oneself	Reliable	Web, in general, is a first resource
Needs met	Disorganized, unclear objectives		Need more counsellors, different genders
Good accessibility, school			Mixed positive and negative experiences

Youth Participating in OK2BME		Youth Participating in School-Based Support	Adults Retelling Youth's Stories as told to them by youth
<i>Individual Counselling</i>	<i>Groups</i> Scheduling	<i>School-Based Groups</i> (none reported)	<i>Service Providers</i> Stigmatization, Fear of being "outed" by using services
Scheduling	Geographical location  Meeting place		Fear of being "hit on" by other youth wanting to "hook-up"

Youth Participating in OK2BME		Youth Participating in School-Based Support	Adults Retelling Youth's Stories as told to them by youth
<i>Individual Counselling</i>	<i>Groups</i>	<i>School-Based Groups</i>	<i>Service Providers</i>
Feel and remain calm Less stressed	Lack of change Relief, less stressed	Feel safe Educated on LGBTQ issues	(none reported)
Increased self-confidence		Enhanced supportive environment	
Enhanced self-respect Self-appreciation		Feel supported Self-acceptance	

Youth Participating in OK2BME		Youth Participating in School-Based Support	Adults Retelling Youth's Stories as told to them by youth
<i>Individual Counselling</i> (not asked)	<i>Groups</i>	<i>School-Based Groups</i>	<i>Service Providers</i>
	Closer proximity to house Everyday	Educating others on LGBTQ issues Raising awareness	General activities, not queer-focused Formal networking of service providers
	'Normal' activities (i.e., bowling, movies) LGBTQ guest speakers Less structured Meet people you can relate to	Educating parents	Access to more expert consultants

## Youth

The following sections report detailed findings by four different groups: (1) youth in OK2BME counselling services, (2) youth in OK2BME group services, (3) youth in school-based groups, and (4) service providers who work directly with youth.

### **OK2BME Counselling Services**

The issues that led these youth to counselling were different for most everyone, although 50 % identified family and sexuality issues as reasons for entering. Other issues identified include problems at school and in life, loneliness/isolation, a sense of being overwhelmed, depression and self-injurious behaviour. Some youth attended without the knowledge of their parents, either hearing about OK2BME from a guidance counsellor or a friend. In some cases, youth had the help of a parent who was aware of the OK2BME program.

Youth in individual counselling highly valued the service and reported several positive personal outcomes. The two overarching themes of therapeutic outcome were the respecting and accepting characteristics of the counsellors and the convenience and frequency of sessions. Table 5 reports youths' quotations on this topic. Youth were very satisfied with the way that issues were handled during individual counselling sessions. In particular, many perceived the lack of judgement as an immensely important factor contributing to the success of their counselling. One participant (P9) stated that the counsellor with OK2BME was different from previous counsellors in this respect. This participant consequently became less depressed, and reported less self-injurious behaviour. Generally, youth were pleased with the support and acceptance they received from the counsellors. Participants reported that their experience with the counselling made them feel respected and treated as an individual. Along with the support and acceptance provided by the counsellors, youth commented on the safe and comfortable setting, stating that it was a helpful aspect of the program. The accessibility of the program was also identified as an important factor.

Accessibility of the program had multiple dimensions of meaning. In particular, accessibility of the program had two meanings for youth: a) delivering services to youth and providing frequent, regular meetings, and b) scheduling of the program. Very little was said in the way of negative comments about one-to-one counselling accessibility except for the topic of scheduling. Scheduling of one-to-one counselling was reported by some youth to be a negative aspect of the program. For some youth, scheduling became troublesome due to their concerns of missing out on their favourite classes. For other youth, concerns of falling behind in schoolwork were a primary conflict with scheduling one-to-one meetings. No participant offered suggestions of what could be done to diminish this inconvenience; however, some did concede that although the scheduling was bothersome, it was probably as convenient as possible. Having sessions during school hours allowed some anonymity, particularly from parents. Despite the negative experiences of scheduling one-on-one counselling sessions, youth reported positive experiences of the process and outcomes of participating in OK2BME.

Youth who participated in individual counselling reported on both the process and outcome of their counselling sessions. The outcomes youth reported (Table 6) included an increased sense of self-respect and self-appreciation, as well as feeling less stressed. Some mentioned that the experience allowed them to become more self-aware and mature about their sexuality. The sessions helped them to gain a better perspective of the issues affecting them, and helped them

feel and remain calm. For others, the counselling sessions allowed them to feel confident enough outside of their counselling sessions, so as not to “give up or give in” (P6).

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**Table 5: OK2BME Youth’s Perceptions of the Therapeutic Process**

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**Respectful**

*“I’m respected. And treated as an individual. I don’t feel like I’ve been put into like a category or a stereotype or something like that.” (P6<sup>1</sup>)*

*“It gave me like a chance to show that not everybody’s going to be all like, rude about people trying to talk about their problems, like some of my other counsellors have been. And it just shows that. . . you can trust people to . . . let you talk to them.” (P9)*

**Supportive, accepting**

*“Well, [the counselor is] gay too, so he, he’s real easy to talk to about that stuff and he’s, I don’t know he’s just really extremely supportive about everything. He’s, not too stereotype, but a lot of counsellors that I’ve had are always like, yeah life is so great, and it kind of sets you off; but he’s more realistic about everything.” (P8)*

*“He was very supportive. I found him extremely easy to talk to. It wasn’t like you were talking to some person that’s, like some high authority figure, you were like to talking to like one of your friends kind of.” (P8)*

*“I know that my counsellor wouldn’t be because she’s in a program that supports [LGBQ lifestyles], so it leaves me without the fear of having somebody sit there and like be disgusted with me or make comments towards me that are rude.” (P9)*

**Helpful/Good**

*“Um, well I actually have no complaints. I didn’t go to K-W Counselling and get it from him. He came actually here. So I found that extremely convenient; that was really nice of him. I’m grateful for that. There hasn’t been anything negative, really. I, I really enjoyed my time with John. I found it extremely beneficial.” (P8)*

*“My counsellor told me I have ‘til I don’t want to come any more. So, like that’s a positive thing, ‘cause, like, gives me time to work through stuff.” (P9)*

*“Well, she [the counselor] doesn’t sugar coat things. Like, if she wants to say something she says it. She doesn’t like beat around it and say oh well, blah, well, blah and just like go on like that. She just says it outright and she doesn’t say things in a fake tone. She makes sure they sound sincere. Instead of like oh well, she says it, like, with meaning. So it’s good.” (P9)*

**Needs met**

*“I have more respect for myself. I like who I am a lot more.” (P6)*

*“Sometimes it’s, things happen and it’s hard to wait to talk about them, or like you feel like you need to talk about them now but you don’t know who you can talk to. So like, I don’t know, I get, I see [her, the counselor] every two/three weeks. Usually two. So it’s not that bad for me, like I can write it down and remember what it was. But like some other people, like my friend, only get to see their counsellor like once every month or two months.” (P9)*

**Good accessibility, school**

*“If it’s in their school it’s easy to get to, it’s easy to lie about and it’s just, it’s there and it’s on your way to wherever you’re going. . . . Like, sure if there’s someone in the community you can go too, but it’ll be a problem . . . with rides and parents knowing and stuff like that.” (P8)*

*“I didn’t find any problem with accessing the program. It was pretty much handed to me.” (P9)*

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<sup>1</sup> Participants’ quotations are reported both within the text and within tables. Following each quotation is a code that identifies the participants.

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**Table 6: OK2BME Youth Self-Reported Therapeutic Outcomes**

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**Feel and remain calm**

*“And then just like, it would be like stress free after, like the rest of the day. Or like the rest of the week.” (P7)*

**Less stressed**

*“And then just like, it would be like stress free after, like the rest of the day. Or like the rest of the week, just like to talk about all the different things that happened like the week before. And then, so I didn’t really like gain something, as in like I got like a friendship back or something; but like, it was just less stressful and easier to cope with.” (P7)*

*“It gave me a clear mind to like deal with my friend issues and like the stress with my friends, it like, it helped me step back and like realize like what is actually going on. And like it just, I don’t know it more like gave me like a sense of like, maturity I guess, to deal with my friends, so. I didn’t really like, there wasn’t like a certain stress; it just, I don’t know, I don’t really know how to explain it.” (P7)*

**Enhanced self-respect**

*“I’m respected. And treated as an individual. I don’t feel like I’ve been put into like a category or a stereotype or something like that.” (P6)*

**Self-appreciation**

*“I have more respect for myself. I like who I am a lot more.” (P6)*

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## **OK2BME Group Services**

Youth in the OK2BME social recreational groups reported positive perceptions and mentioned areas for improvement (Table 1, Column 2). Of the positive perceptions, youth reported an open, supportive environment where one could feel comfortable and be oneself. Meeting similar youths was another positive aspect of group participation. The OK2BME groups provided opportunities for meeting a peer who would understand what it was like being a LGBTQ identified youth. The negative perceptions were that the group meetings sometimes had unclear objectives, were disorganized, and had poor youth turnout. These negative perceptions were similar in nature and related to some of the barriers youth encountered to participation.

Three main barriers to participation (Table 2, Column 2) were evident in the data. Scheduling of group meetings was a predominant barrier to participation. Whether groups should meet once a week, biweekly, or everyday and during what times was an important issue to youth who participated in OK2BME social recreational groups. Busy schedules, conflicts with school, and transportation issues were all challenges to scheduling a group. The location of the groups was raised as a barrier of participation by some youth. To some youth, the group was too far from where they lived or went to school, and the building in which the group took place was another reported barrier. Some youth reported dissatisfaction of the group meeting in the basement of a local church. In addition to reporting barriers to participation, youth disclosed outcomes (or lack thereof) of participation in OK2BME social recreational groups.

Youth reported mixed outcomes of participation (Table 3, Column 2). As a result of one OK2BME social recreational group experiencing difficulty in participation rates, one youth stated that little change had occurred in him. In contrast to the latter experience, another youth reported positive self-change. Feelings of relief and less stress were reported by this youth as a result of participation. Suggestions for how to improve the social recreational groups were asked

to the youth. In particular, what they thought an ideal support group for LGBQ youth would involve.

Youth reported a variety of suggestions (Table 4, Column 2) for an ideal LGBQ youth-oriented service. Location and schedule were two suggestions reported by youth. A location that is easily accessible to youth in proximity to where they live was stated as being important. In addition to physical location, the type of building was reported as being important as well. Avoiding old, ‘sterile’ buildings and rooms was reported as being important by one youth. In a similar vein, scheduling of an ideal group would be such that the group would run daily at a time people would be able to attend. In terms of more social characteristics of an ideal LGBQ service, suggestions focused on activities, content, and space. Including ‘normal’ activities such as bowling and movies were reported as being important. In addition to activities, the content of an ideal service would include LGBQ guest speakers and the service would not follow a too rigid, structured format. Some youth reported the importance of such a service being a space where youth could meet people who can relate to them.

### **School-based Groups**

Youth across both school-based groups reported positive perceptions of services and supports (Table 1, Column 3). These groups represent informal gay-straight alliances. Youth reported that their groups are good and safe and that group members are supportive and reliable. These positive perceptions of peers in school-based groups were similar to their self-reported outcomes stemming from their participation, which were overall positive (Table 3, Column 3). Youth reported feeling safe and supported. Other youth expressed that school-based group participation led to feeling educated on LGBQ related issues as well as to feeling more supported by the school environment. Feelings of increased self-acceptance were also reported by youth. Youth in school-based groups main suggestion for ideal services (Table 4, Column 3) was to have educational materials and programs for non-LGBQ youth and for parents of both LGBQ youth and heterosexual youth. In particular, youth reported the importance of raising awareness of LGBQ issues. No barriers to participation in school groups were mentioned.

### **Service Providers’ Retelling Youth’s Stories as told to them**

Accounts of youth’s experiences as told to service providers had mixed findings – both positive and negative (Table 1, Column 4). Most of the positive stories reflect youth having an opportunity to connect with someone outside of their family and receive support. Sometimes it was a friend of the youth, such as the time when one boy offered to another youth that maybe his supportive mother could talk to the other youth’s unsupportive mother about some of the issues that the second youth was experiencing (Group 2). At other times the OK2BME website was a helpful tool for service providers and clients to begin having dialogue on sexual interests (Group 1), or the web in general was a place youth went alone for information and developed questions and brought those questions to the service provider (Group 3).

Negative experiences with supports and services also were reported. For example, one service provider reported a youth who wanted access to a counsellor by gender matching. Specifically, the client wanted to see a woman counsellor and thought that only a man was available from OK2BME. The service provider addressed the issue by negotiating with the client to try and give OK2BME therapy with a male counsellor an attempt. Despite the clients willingness to try this approach, a therapist-client match did not develop and the youth quit going

to OK2BME (Group 3). Another case was provided where a particular group of youth were unsatisfied with a presentation of the program offered by OK2BME. The main criticism was the presenter did not connect with the youth and came across as nervous (Group 3).

### **Additional Findings on Youth’s Social Support and Feelings of Safety**

In addition to the programming themes presented above, youth from both groups (OK2BME and school groups) reported on social support and feelings of safety (Tables 7 and 8).

For the OK2BME youth two subcategories of social support were apparent from the data, parental and peer support. Parental support among youth using OK2BME services reported a range of support. Youth experiences of parental support included negative language and rejection of the youth to complete acceptance. For example, a young man (A1) who was not out to his father discussed the negative experiences of having a parent who was unsupportive. In contrast, his mother was very supportive and possibly the sole support. Another youth (A3) spoke about his mother as supportive, even though what was said conveyed a mixed message. The findings demonstrated a blend of parental support. Some youth reported negative experiences with their family and a lack of support, whereas others reported positive experiences of support from at least one parent. Along with parental support, peer support was reported by youth.

Not all youth had self-disclosed their sexual identity (being “out”) to their peers. Of the four youth in the OK2BME social recreational groups, one youth was not ‘out’ to all of his friends, and one youth was not out to any of his friends. Of the youth were out to their peers, they reported positive and supportive relationships. In particular, youth reported the role of their friends in being accepting and supportive of their sexual orientation. One youth (A4) commented on his best friend who played a supportive role in his life and felt the friend accepted his sexual orientation. Another youth (A2) commented on feeling supported and protected by her friends. The roles of support and acceptance by peers were not only mentioned in friendships. These roles also emerged from youth’s experiences of safety in their schools and communities.

Youth talked about feeling both safe and unsafe at school. Specifically, two youth (A1 and A2) reported concerns about being bullied, verbally and physically, at school. There also was a fear that coming out would result in alienation (A1). In spite of concerns about bullying, one young woman (A2) reported that her school is safe because her friends protect her. Feelings of safety at school were similar to youth’s feelings of safety in the community.

Feelings of safety in the community were mentioned by two youth. Of the two youth who did not discuss community safety in detail, both were not out to anyone (including family and peers). Of the two youth who did discuss feelings on community safety, one reported not feeling safe and the other youth reported feeling safe. Not feeling safe in the community was reported by one youth who did not feel safe in school. For this reason, and along with not being out to his friends, he stated he did not feel very safe in his community. In contrast, one youth did report feeling safe in her community (A2). She reported knowing people as a primary reason behind this feeling. The same youth however, reported not feeling safe in other communities. Similarly, a young woman stated not feeling safe in particular parts of the city in which she lived.

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**Table 7: OK2BME Youth Talking about Social Support**

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**Social support**

**Parental support**

*“My dad is a homophobe. He makes fun of gays like a lot... he doesn’t have any contact with me and he doesn’t really make any effort to see me. And so even if I was to come out, he would disown me even more to the point of you know, think of me as dead.” (A1)*

*“My mom, she has my back...she said: “I wouldn’t care if you’re gay. I’d only care if you were gay if you were my only child and I want a grandchild”. But she said that she wouldn’t care...wouldn’t love me any less.”(A1)*

*“My mom is probably the only one I have, and not any really friends.” (A1)*

**Peer support**

*“...I have one really close friend in particular... and she has helped me a lot ...socially speaking.” (A4)*

*“...she was the first person I told that I’m gay...so that helped me out a lot like, she was totally accepting of it. So that has helped me accept myself for who I am.” (A4)*

*“...my friends have my back...like if anything...they’re supportive. Even my friends that are straight have my back and they’re like: “oh yeah, we don’t care we got your back anytime”. (A2)*

**School safety**

*“...it’s ‘cause I don’t have anyone to relate to... if I had maybe a couple more, any friends to support me... ‘cause you’re at school most of the day and your mom isn’t there beside you all day so...she can’t be saying you know, “I love you”. So friends to relate to...other gay or queers to relate to”. (A1)*

*“Um, not really... because there’s like lots of...not really like people who might, you know, like physically attack me but verbally and I’ve had some problems with that where I’ve gotten into not fights, but physical confrontations.” (A1)*

*“My one friend she’s like: “Well, I don’t know if I want to come out because like, I’m going to get bullied and I don’t know if I can deal with that”. (A2)*

*“My school, like it’s not, like that. It’s pretty awesome. Like it’s...I’d find it safe ‘cause I know like the group, my friends have my back...” (A2)*

**Community safety**

*“I feel pretty safe, ‘cause like I know a lot of people but still, it’s like it’s not really that bad really...I know a lot of people in our community are non-judgemental.” (A2)*

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Youth in school-based groups reported experiencing negative, unclear, or positive forms of social support from parents, siblings, and friends (Table 8).

Youth who experienced negative parental support, reported having to live elsewhere and experiencing fear of hostile reactions upon parents learning of their sexual orientation. One youth (C2) for example, said her parents lack of acceptance led to her being placed in foster care. Another youth (B5) stated she feared coming out to her parents and that self-disclosure could be fatal.

While some youth reported negative experiences of parental support, (or lack thereof) some youth reported experiencing neutral parental support. Parental support of this type was not overtly hostile or rejecting, but was not accepting and supportive of their child’s sexual orientation either. For example, cases of parents avoiding the subject of sexual orientation were not uncommon among youth. Youth reported feeling uncertainty regarding their parents' stance on the topic when parents did not acknowledge or speak about the issue. One youth (B2)



discussed her family as not talking about her sexual orientation and of the uncertainty that ensues. Two other youths (B1 and C1) reported their parents did not say much about the topic.

One youth (B3) reported his parents as key social supports from which much support was drawn. His relationship with his mother was particularly accepting and supportive. Along with parental support, sibling support was also discussed by youth in school-based groups.

Sibling support was reported as being mixed (B3 and C1), but in the end often provided a source of support and opportunities for sharing. In one case a sibling was not initially supportive but became more so after moving away from home and attending college. Overall, sibling support helped youth to accept their identity and made their home life comfortable.

Peer support also was identified as important for youth in school-based groups. Not all youth were out to all of their friends, which subsequently influenced their peer relationships. One such youth (B1) for example, described his experiences with his friends as being mixed. Some of his friends were supportive whereas others were not. Of those youth who disclosed supportive peer relationships, these relationships appeared to serve youth in multiple ways. One young woman (C1) described that a friend helped her learn about herself. Along with aiding youth with their sexual identification, peers also played important roles in creating feelings of acceptance and normality (C1).

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**Table 8: School-based Group Youth Talking about Social Support**

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**Social support**

**Parental support**

*“My family pretty much doesn’t talk about it so I’m not sure if they’re accepting it or just trying to ignore it. And my friends are pretty much all okay with it”. (B2)*

*“I don’t live with my parents but I have an amazing relationship with my mum now...it’s at the point now where we just joke about it. She will say, um, “I still believe you’re gonna find your big breasted blonde woman”, and I just kinda shrug it off and tell her directly, “mom, unless she’s a drag queen I’m not...going to get involved with her”. (B3)*

*“My mom, I don’t think she’s happy that I am but I don’t think...but I don’t think it bothers her a lot”. (B1)*

*“I have never brought it up with my family before. I know they’d try to kill me in my sleep”. (B5)*

*“I just don’t trust them...if you begin the conversation my mom will be like...like, “Okay, end it right there”. (B5)*

*“I guess my parents...they don’t really have an issue with it...like they’ve never come out and said, “we don’t like that or we don’t like this...” (C1)*

*“My parents...they were really against it at first, I’m living in foster care now because of that...and yeah, um, my sister...I haven’t really told her...but my friends are all like, “whatever, cool” (C2)*

**Sibling support**

*“My sister and I we, we’ve never in our whole lives ever gotten along. I can’t remember one time we’ve ever talked in a peaceful manner...when I came out she wasn’t okay with it, she was very much like my dad in that way, and she kinda ignored it for a bit. But... as of now, her and I are getting like, much closer...we were actually singing together last weekend... and we’ll mention how much we have a crush on Johnny Depp or Jake Gillenhall... she’s kind of ...amazing...and she’s been out of the house for some amount of time. I don’t know if that’s a connection, but as soon as she left the house I guess she kinda, and went to college, been a lot more accepting of it” (B3)*

*“I feel comfortable in my home situation with my family and stuff. My sister is really cool about it...she’s wants to take me to like, Toronto when I’m 19” (C1)*

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**Table 8: School-based Group Youth Talking about Social Support**

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**Peer support**

*“They’re always there anyway...when I told them most of them were okay with it...like a few of them weren’t but they’re generally bible thumpers that weren’t okay with it...Some of my friends choose to ignore it and that’s fine.” (B1)*

*“I think overall um, you meet gay friends just like you meet any other kinda friend whether it’s gay, straight, bi, whatever... I don’t look for a black man or another gay friend, ...I meet them because they are people that I find I have similar interests with and they’re good people and they’re fun to be around and yeah, they’re all the same. I don’t think there’s a way to meet gay people.” (B3)*

*“She actually really helped me figure out really, who I was...and get comfortable with that...she’s a really good friend.” (C1)*

*“My friends,...if they ask me to go out somewhere with them, they’ll be like, “you can bring your girlfriend along with you”, and I was like, “oh, alright...cool, whatever”, they’re just always asking me about it like, it was just like, they don’t really care...it’s just another part of my life that they accepted and it makes me feel good.” (C2)*

*“They don’t treat you like someone different... I don’t want to use the word abnormal, ...’cause nobody is abnormal, but they are different. That’s like saying like I’m different from a straight person because I am different from a straight person, but everybody is different from somebody else. But they don’t treat you... like somebody who is segregated from what... is considered the mainstream kinda aspect of sexuality. They don’t treat you like that.” (C1)*

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In addition to social support youths talked about safety (Table 9). Among youth involved in a school-based group, feelings of safety in schools were generally positive whereas perceptions of safety in communities were mixed. In schools, youth reported these settings as open and accepting environments (B1, B3, B4, C3). In communities, some youth reported feeling safe whereas others felt fearful. Of those youth who felt unsafe, reasons of fear and unwanted negative attention were mentioned. One youth (B3) reported he would feel afraid walking down a street holding his partner’s hand. Another person (B2) commented that feeling unsafe is a result of the neighbourhood, not their sexual orientation. Feelings of community safety (e.g., how youth perceived how safe they were in their community) were expressed by half the youth (B1, B2, B3) in the study. Indeed, these youth discussed feeling safe walking around town and reported not hearing of hate crimes or very negative incidences. It appears then, from the accounts of youth’s experiences, feelings of both fear and safety in the community are experienced. Even though such mixed perceptions are experienced by youth, an overall feeling of safety was evident in their personal accounts.

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**Table 9: School-Based Youth Talking about School & Perceptions of Community Safety**

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**School safety**

*“...I’ve never seen a school like this where it’s...so open and so accepting.” (B3)*

*“In [another local secondary school] it’s not really out there...you don’t know if people are gay or not, and it’s not really talked about, but on the other hand, I haven’t seen any homophobia much other than...the normal, “oh, that’s so gay” comments. But, other than that, there’s really been nothing.” (B4)*

*“Here at the school, not a problem. Only a few issues but dealt with immediately, and no trouble... For the most part, there is no trouble...and we’ve got many friends to back us up.” (B1)*

**Perceptions of Community safety**

*“I live in Waterloo. I love Waterloo... I think it’s an extremely safe place, I’ve never once in my life*

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**Table 9: School-Based Youth Talking about School & Perceptions of Community Safety**

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*felt... in danger and I walk through the little alley ways in between the little buildings...” (B3)*

*“I’ve never heard of there being a really big issue in Kitchener-Waterloo maybe it’s just ‘cause I’ve never heard about it...but I’m pretty sure there’s never been... a hate crime towards... gay or lesbian youth...it’s... violence in general.” (B2)*

*“I’ve pretty much felt safe everywhere that I go, ‘cause I really don’t think that people would try something like beating you up ‘cause you’re in gay in public...” (B1)*

*“My boyfriend and I we haven’t held hands in public. . . . there’s like a little...inside of me um, that has a fear that...something might happen.” (B3)*

*“I don’t...I know my mom is concerned about it, and I know that things can happen, but...I don’t know...I don’t feel a reason to be as afraid as everyone wants me to be...” (B1)*

*“...like walking home at night by myself or something...I do feel safe, I have my keys if I don’t...and also because of my friends.” (C1)*

*“I feel safe in this school and Hespeler in general, branching off into like Galt and Preston and it kinda gets iffy down there... ‘cause then, you have like, people and they look at you funny and then you’re like, “ummm, I didn’t do anything”...and they’re like muttering things under their breath.” (C2)*

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### ***Service Providers’ Needs & Vision: Additional Findings***

Although the focus of this study was youth’s experiences, in the process of asking service providers to recount youth’s experiences, service providers also told about their own experiences and needs in providing services. Discussions were engaged on existing supports and services along with troubles faced and of additional needs. Service providers mentioned their experiences with existing supports (Table 10). Anonymous services were discussed by one service provider to be important so youth could be themselves and not worry about their identity (Gr4, 1). The OK2BME website was also reported to be an important resource by service providers as a means for people to gather information at their own comfort (Gr2, 3). Supportive spaces and groups were also mentioned. Specifically, such groups were discussed as being places of peer support (Gr2, 1). Along with these comments on existing services, service providers offered accounts of issues surrounding access and barriers, stigmatization and needs.

Accounts of barriers to providing accessible services, stigmatization, and desired needs in providing services were discussed (Table 11). Barriers for youth to participate in existing services along with obstacles faced by service providers were mentioned. One service provider recounted an experience of a male youth who feared going to OK2BME services out of fear of automatic ‘outing’ of his sexual orientation as a result of going to a queer-friendly service (Gr1, 1). Another service provider told of a different experience of not being able to provide her service in a manner that would maximize its potential for youth (Gr3, 1). In midst of these negative barriers, some service providers told of positive encounters with youth and programming (Gr3, 2). Issues of stigmatization were also discussed. Some service providers felt that their own safety and job security were jeopardized by providing services to LGBQ youth in particular settings (Gr2, 2). Service providers also raised topics where they felt improvement should be made. These ‘needs’ included offering more services (Gr2, 3; Gr4, 1) and offering opportunities where service providers could learn what youth want and how to help youth face current struggles (Gr3, 5; Gr3, 4). Along with stating what needs should be worked toward, service providers also offered their thoughts on how needs could be addressed in the future.

All service providers reported a vision of multiple services and networked formal and informal supports for youth. For example, each service provider group commented that not one agency or organization can provide all the services youth need. Specifically, youth have a variety of needs from activities and access to similar youth with no mention of sexual orientation to specific ‘coming out’ groups or individual therapy. Needs of the professionals also were highlighted with the primary need being to belong to a network that provides tangible resources and referral opportunities. The vision for this network was that OK2BME would act as the hub and coordinating component as well as provide funds for snacks, yet professionals from different sectors would take turns hosting a monthly networking meeting. Meeting at various sites also would fill an additional need. The additional need was identified as seeing first hand, the settings where youth services are delivered and learning of to whom the referral of youth from one service to another was being made. Sometimes when a referral is not needed the network may serve as an informal resource for service provider consultations.

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**Table 10: Service Provider’s Reports of Existing Services**

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**Anonymous services**

- *“We had one individual referred to us last term who just wasn’t comfortable being queer identified and being apart of the space. They came in twice and then they stopped and stopped talking to anyone from the centre. They said they were uncomfortable and didn’t want to be identified as a part of the Rainbow Centre. I think there’s a fear for some people that they’re going to be “outed” as soon as they walk into the space.” (Gr4, 1)*
- *“There’s a few volunteers who have become more involved and for them it was just a place where they can be safe where they don’t have to worry about what people think about them or their identity. Those who I have talked to have found the space to be very, very positive and affirming.” (Gr4, 1)*

**Website is resourceful**

- *“Well... the website... if you're a parent and you're struggling and you want information ...the website is so excellent for that, it's just, it's a starting point.” (Gr2, 4)*
- *“...it's very necessary. It's such a nice anonymous way for people to check out the things they need to know.” (Gr2,3)*

**Supportive spaces & groups**

- *“... we started meeting in my office and ...we... talk about current issues and they can share their stories and their struggles...the example I wanted to use, where, let's say Boy A was having a really hard time with Mom...finally decided to come out fully and she just became very emotionally violent with him and really struggled. While Boy B was listening to that, he says well, “my mom has been really wonderful, I was wondering if your mom would like to talk to my mom”. And I of course got all teary-eyed because I thought what a great example of why we need to have these support groups” (Gr2, 1.)*
  - *“Everyone I’ve talked to has said that they absolutely love it. I haven’t really had any negative feedback other than just when they first came it was a little overwhelming because everyone knows each other. When I spoke to that person later they said that everyone knows each other but everyone’s open to making new friends so it doesn’t feel ‘cliquie’. I think that’s very important so that while everyone is close there’s always room for more people. So we try to keep everything as open as possible. We try to have strategies in place so they all feel welcome...” (Gr4, 1).*
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**Table 11: Troubles and Needs of Service Providers**

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**Accessibility & barriers for youth**

- *“It's hard for him to end with me because he doesn't have anybody, and really what I'm looking at is maybe a guidance counsellor because he feels so stigmatized around if he is gay or not, I don't think he will access the OK2BME program. He's quite scared to go there, even though I said it's a generic agency, like people don't know why you're going... that there's still this barrier if he's so afraid that somebody will know he's going to see this person for those reasons... it's really scary for him...” (Gr1, 1)*
- *“...three youth came in who had met at Rainbow Youth and they all go to the same high school, and they were very proactive at trying to get a group in the school, came to me about that, and we met with the principal and they did start a group in the school because of Rainbow Youth. So that was a positive. The school was very open to that. So, that's very positive in that school. So I think it depends on the school, personally...” (Gr3, 2)*
- *“it's evolved... we've had some ups and downs and I think the frustrating part is around... not feeling as though we can stand up tall and be proud of our group... we're constantly being asked to keep it quiet... can't make any announcements... can't be a full group, you know, so, the kids were finding that... very frustrating... and so we were never able to really move forward with it. And so that's why now a lot of the kids have just sort of dropped off” (Gr2, 1).*
- *“I also find the location in the school makes it difficult for students to come. At least in my school, I'm in a guidance area where I'm plunked into a conference room, so I can't even hang out my signs, my posters indicating that it would be in a, you know a positive space for young people to come and talk if they're questioning.” (Gr3, 1)*
- *“... the only counsellor... that deals with... those issues is [the OK2BME Coordinator]... a lot the young women I work with would prefer a female counsellor.” (Gr1, 2)*

**Stigmatization**

- *“Just from, I have a son who is in senior public and, just from some of the stories that he's come home with, I think there's still a lot of teasing around the issue in schools and I don't know whether or not teachers hear that going on in the halls. But I think it still exists. And I think it probably still makes some students feel very uncomfortable. I don't know, I don't think it's ever dealt with. It's just allowed to happen.” (Gr3, 3)*
- *“... our gay staff...we all know their partners and they talk about their partners openly, and...but yet they still don't feel, it doesn't feel safe in our school... they don't feel safe from the board...I remember...trying to fight for benefits and I was quietly trying to work with somebody to get the benefits for her lifetime partner and it was just so secretive and it drove me crazy... she was awarded the benefits but she wasn't allowed to jump around with fliers or flags or anything like that...Like they don't feel safe? Like if I knew a family member didn't feel safe to be who they were in my family, that would make me feel very sad” (Gr2, 3).*
- *“I don't know about your system, but in our system, they're worried about losing their jobs, which is so ridiculous” (Gr2, 2).*

**Needs**

- *“Well I need to know what the queer youth as a community wants. In individuals, 'cause most of my interaction is one on one in a clinic setting. But, I'd like to know...is there a common theme happening within the community; what do they even identify as community today? Because you know a generation ago... the gay bar was the community. Today, you know there's virtual communities, people date online, hook up, have sex, and they don't actually go anywhere, where there's other, other than the person they're having sex with. You know they don't go anywhere as a community.” (Gr3, 4)*
- *“...trying to engage in conversations with as many people as possible. One of the... discussions I had I was talking about OK2BME and the person that was chatting with me said “that's*

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**Table 11: Troubles and Needs of Service Providers**

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amazing”. He said, you know, “I experienced such hell in high school” and he actually... said “whatever one can do to provide support so no kid has to live through what I did... “because it’s just, it’s too traumatizing for me to go back to that space.” (Gr2, 3)

- “I had a student that was just sort of in the beginning stages of disclosing and I think as a nurse I could have used more, like I need more skill to help sort of direct her. I mean there’s lots of resources out there and you can refer to those, but for me, I needed more skill in helping her to figure out where she was going.”(Gr3, 5)
  - “I think it’s a need (supporting youth coming out) that’s being met in the University community but not in the rest of the community. We’ve had people from high schools contact us and ask us to participate. I think that there needs to be more gay-straight alliances. We’ve had 4-5 e-mails and phone calls since the Rainbow Centre opened 7 months ago. They’ve seen it in the paper or seen it in the Web. A lot of the stuff Laurier gives out has our contract information in it.” (Gr4, 1)
  - “There just needs to be more available. There’s some counselling services and youth groups but they’re not always accessible to everyone. There needs to be more fun. There’s queer positive day camps in different parts of the country. Kids 5 and up can go and talk about what it likes to be gay identified or have gay parents. They just need more resources and more stuff so that they feel like they fit in. I think a lot of what is offered is mental health focused instead of just fun and relaxing. I think kids and youth sometimes just want to have fun.” (Gr4, 1)
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## Discussion

The primary purpose of this study was to explore youth’s experiences of mental health and support services, particularly those services designed to support individuals who are a sexual minority (lesbian, gay, bisexual, queer or questioning-LGBQ). Findings cannot be generalized to youths who identify as transgender (as described in more detail below). The findings from this study showed that youth’s need for services and support exists on a continuum from direct clinical services to education and general social activities. Another important finding is that some youth want access to activities with other LGBQ youth, but do not want the group or activity to be clearly identified as something for queer youth. The labelling of services and programming as specific to LGBQ youth keeps some youth who are not “out”, or who are questioning, from using services or participating in support activities. Also, some youth highlighted that services need to be made available not only for queer youth, but also for changing attitudes and behaviours of non-LGBQ individuals. This finding reinforced the need for community consultation and public education and awareness specified in the original grant proposal for the development of the OK2BME program. The central findings from this study reveal youth’s experiences in individual counselling and participation in a support group as well as their vision for ideal services and programming for queer youth.

Youth using OK2BME services have had many positive experiences with counselling and group meetings. In OK2BME counselling, youth felt respected, supported, and had their needs met which they related to positive outcomes of enhanced self-respect, self-appreciation, increased confidence, and decreased stress. Youth participating in OK2BME groups were happy there was a place to come and meet similar others, but there was disappointment over some of the group sessions being unorganized and lacking clear objectives. Also, youth who met in a church basement complained about meeting there. The geographical location was convenient, but the place was considered lacking in character and comfort. Overall, OK2BME group

members felt that the potential of the groups had not been fully realized yet they were interested in having an OK2BME group.

Of youth not directly involved with OK2BME findings showed that school-based, informal groups provided a source of support for some queer or questioning youth. In these groups youth had experiences similar to youth in OK2BME, reporting that school meetings are safe and supportive. Another important finding among youth not participating in OK2BME groups is that not all youth had access to school-based resources or were comfortable going to something explicitly for queer youth. The main concern of young people not interested in participating in supports and services is fear of having their sexual orientation disclosed. Specifically, youth were afraid that attending an OK2BME group meeting would “out” them.

Across two groups of youth in the sample (OK2BME and those sampled from schools, not those discussed by service providers) other sources of support and stressors coming from family, friends, and the broader community were found. Most young people felt safe at school and in their neighbourhoods. This feeling of safety often came from their friends. Although youth report they feel safe, their descriptions of those feelings suggest that are not safe without their friends. A lack of security is evident among some of the service providers in this study as well; some felt that disclosing one’s sexual orientation in their work environments or advertising student meetings for LGBQ youth at school were not safe.

The findings of this study are bound by limitations of the research. One limitation of this study is the relatively small sample size across all groups. Consequently, the generalizability of the findings is limited. Also, the self-selected sample may have affected the findings. For example, it may be that only youth who had benefited and were satisfied with the services volunteered to participate in this study. There is anecdotal evidence to support this self-selection sampling bias as two of the service providers in the study reported that two youth said the program was not for them and they did not want to talk about it (i.e., participate in an interview or focus group about OK2BME). Another limitation of this study was having a relatively short timeline of 12 weeks from participant recruitment through data collection, which ended up being about 9 weeks once winter holidays, snow days, a week for students’ standardized testing in schools, professional development days, and March Break were taken into account. The short duration of the study resulted in the sample representing participants most likely to volunteer because there was not enough time to do multiple follow-up calls for youth who were not as readily accessible. Consequently, some of the youth who had dropped out of OK2BME are not represented in the sample.

Two other limitations of this study are the limited age range and lack of individuals who are transgender in the sample. The youth in this sample were ages 15 – 18 and only one participant mentioned being transgender. These findings cannot be generalized to reflect the needs and experiences of younger persons who are LGBQ or transgender. Future research needs to specifically sample these populations. As a result of the sampling limitations in the current study, the findings do not address issues of children or gender minority issues.

Limitations notwithstanding, findings from this study provide implications for future directions for providing mental health services and support programming for sexual minority youth ages 15 – 18. Youth in this study who did or would participate in OK2BME services want activities ranging from fun (e.g., bowling, discussion movies and music) to educational. Having guest speakers also is of interest, particularly speakers who share their experiences of being a sexual minority. For some youth, services need to be made available in ways and places that do

not automatically identify youth as a sexual minority. Youth also reminded us that services need to be directed to “the other” non-queer population to increase awareness of queer rights and to foster queer positive attitudes. In conclusion, findings from this study do the following: (1) confirm a need for services specific to queer youth, (2) provide examples of how OK2BME individual counselling and group services benefit youth, (3) reveal that OK2BME group programming has promise and shows need for further development, and (4) highlight youth’s desire for services directed not only to LGBQ youth, but also to their families and peers at school as well as the public at large in order to educate and change the attitudes and behaviours of “others.”

Part of educating others will be disseminating the findings of this study to several audiences in various formats. Findings from this study will be combined with descriptive information on the OK2BME program into a fact sheet and a manual for program developers. This information will highlight some of the OK2BME program impacts, present the program model in graphic form, and identify the program components reported by youth as linked to positive outcomes. These resources will be written for youth, parents, service providers and policy makers, and will be available in paper and electronic form. Both of these resources will be publicly available on the OK2BME website ([www.OK2BME.ca](http://www.OK2BME.ca)). Finally, the fact sheet will be disseminated to research participants (via email or post as they have individually requested) and to community partners via post. Disseminating these findings publicly will help increase awareness of the needs of sexual minority youth, as voice by them. In this way, the research contributes to solutions needed for enhancing professional and social support and fostering protective factors for queer youth.

Findings from this study have implications for program recommendations, specifically continuing existing OK2BME programming as well as expanding these services. Youth in this study report that their needs are more variable and have a broader range of activities and focus than current programming. We make the following program recommendations:

- Continue OK2BME individual counselling for LGBTQ youth, ensuring that counsellors can meet youth at a time and place convenient to them.
- Continue OK2BME support group programming for LGBTQ youth, specifically groups facilitated by queer positive therapists with some educational programming
- Develop new ways of serving LGBTQ youth (both in counselling and in groups) in ways that do not label (or identify) them as a gender or sexual minority by association or use of the services or by participating in a group. This might be accomplished by expanding youth group programming to provide social, fun activities with occasional guest speakers and educational programming, which may be facilitated by a community youth worker, educator, parent, etc.
- Continue support for area schools providing resources and information for developing school-based youth groups
- Continue community consultation and public education directed to families and peers of LGBTQ youth, as well as the public at large, in order to educate and change the attitudes and behaviours of "others" (i.e., programming for those who are not LGBTQ benefits those who are)
- Develop a speaker's bureau of LGBTQ speakers who will share their "coming out" story and experiences before, during, and after



- Continue OK2BME programming for professional development for service providers, educators, public health nurses, police officers, youth leaders, etc.

In closing, findings from this study confirm the need for services provided by OK2BME and a need to expand and further develop those services.

## Appendix A: Invitation to Youth participating in an OK2BME Group

Hi:

I hope that you're doing well and that you're looking forward to the upcoming holidays!

In the New Year, the OK2BME Project is going to be reviewing its programs and projects. One of the things we are doing is studying what works and what doesn't in OK2BME. We want to learn these things by talking with you, and all of the young people who have participated in our groups. This is an opportunity for you to tell us what types of programs and support local LGBTQ youth want!!!

Here's how we plan to learn how to improve OK2BME. An important part of our learning from you is your talking with someone other than me (John) about the project. That way you can say whatever you want and I (John) will not know who said what. We will accomplish this by asking a research team from Wilfrid Laurier University to help us. You can tell Laurier researchers what you think (good and bad!) about OK2BME. Your name will not be attached to your feedback. We want to hear from you.

I know that you're busy and we're hoping to make sharing your ideas as painless as possible. Two undergrad students from Laurier are hoping to meet with everyone (one-on-one) for 30 – 45 minutes during the first couple of weeks of January. I think you will find these Laurier students easy to talk to. They are supervised by Dr. Colleen Loomis. She and her team are trained researchers and very interested in helping OK2BME learn how to make it better. The researchers will email you the first week of January and ask if you are interested in sharing your thoughts by participating in an individual (private) interview. The Laurier students can meet you at the Wesley United Church (where the group met), K-W Counselling Services, or even somewhere in the community (whatever's easier for you!). As compensation for your time, you will get a \$25.00 gift certificate for HMV music stores.

Separate from the conversations with the researchers, I'm also pleased to let you know that the Cambridge group will be starting up again in mid-January. We'll be meeting at the "Z beside the Y", the youth space beside the YMCA on Hespeler Rd. (roughly across from the Cambridge Centre). I'll send more information out in the New Year and I hope to see you there!

Happy holidays,

John.

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John Wilson  
Coordinator, OK2BME Project

## **Appendix B: Invitation to Kitchener Group**

Hi:

I hope that you are doing well and that you're still enjoying your holidays. I know that it's been a while since I've been in touch but I'm excited to let you know that the Kitchener OK2BME group is ready to launch in the New Year!

Things have been busy here at OK2BME over the fall. We've decided to review our programs and projects as a way of improving our service to local LGBTQ children and youth. One of the things that we're looking at is what services and supports LGBTQ children and youth want and need and how can we be most helpful. In order to do that, we're looking to you - this is an opportunity for you to tell us what types of programs and support local LGBTQ youth want!!!

Here's how we plan to learn how to improve OK2BME. Our first Kitchener group meeting is scheduled for January 23, 2007 (6:00 PM – 7:30 PM) at K-W Counselling Services (480 Charles St. E. in Kitchener (there's a map attached)). We'd like to invite all of you to come out and participate in a focus group to chat about what you're experiences have been and what you're looking forward to getting out of participating in a group. I'll be at that meeting, as will the woman who will be facilitating the group on a weekly basis. We'll be recording the suggestions that you make at that meeting but don't worry, your name won't be attached to your feedback. As compensation for your time, we're offering you a \$25.00 gift certificate for HMV music stores.

Even though we'd like your feedback, we recognize that not everyone may be comfortable or able to participate in the focus group. If that's the case, then I'd like to invite you to the next OK2BME Kitchener group which we'll be held on January 30, 2007 from 6:00 PM – 7:30 PM.

I look forward to seeing you all soon!!!

Have a good day,

John.

## Appendix C: Invitation to Teachers and Educators

Hi everyone:

I hope that you've all enjoyed your March Break!

I'm not sure if all of you are aware, but the OK2BME Project received a grant to do some community-based research in order to determine what type of supports LGBTQ young people in this community need. Part of that research is asking adults who have significant interactions with youth what their thoughts are about this issue. Given the focus of the Coalition, I thought that some of you might be interested in participating. What I'd like to do is hold a focus group on March 26th or 27th at 4:00 PM (to 5:30 PM) at K-W Counselling Services. The focus group will be audio recorded, though the information will be used "anonymously". We're partnering with WLU on this one, so all of the ethics stuff is above board! ;- ) We're also offering a \$25.00 gift certificate to HMV as compensation for participating (I realise this is "off the clock").

I've cut and pasted the universal invitation into the email below. It includes some additional details.

Please let me know if you have any additional questions,

Thanks!

John.

*Original invite:*

### ***Invitation to share your experiences!***

Hello Everyone,

As an educator you are the expert on the services and supports your students need. We want to learn from you. Would you be willing to share your experiences and thoughts with a third-party (someone outside of FACS) in a focus group?

The third-party is a research professor from Wilfrid Laurier University, Dr. Colleen Loomis. She is interested in learning from you what services are used by and needed for lesbian, gay, bisexual, transgender, and youth questioning their sexual orientation (LGBTQ) need. The project has received approval from the university ethics review board.

As you know, your work puts you in contact with LGBTQ youth, although a client's sexual orientation is rarely known. Even if you do not have knowledge of working directly with someone who identifies as LGBTQ we invite you to participate in this focus group. Please talk to your supervisor about attending before accepting the invitation.

We would like to have the focus group March 26th or 27th. It should take between one hour and one hour and a half to complete. Please let me know if you are willing to participate on one of those dates from 10:30a.m.-12:00 p.m.; (the focus group will be held at K-W Counselling Services). We will select the date that most people are available on. If you prefer to have your participation in the group not known by me (John) then please contact Colleen directly ([cloomis@wlu.ca](mailto:cloomis@wlu.ca) or 519-884-0710, ext. 2879).

*This research is to inform service development for the OK2BME Project ([www.ok2bme.ca](http://www.ok2bme.ca)), which serves LGBTQ youth, ages 5 - 21. The research is funded by Centre for Excellence at The Children's Hospital of Eastern Ontario.*

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Coordinator, OK2BME Project  
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[www.kwcounselling.com](http://www.kwcounselling.com)

## **Appendix D: Invitation to Family & Children's Services**

### ***Invitation to share your experiences!***

Hello Everyone,

You are an expert on the services and supports your clients need. We want to learn from you. Would you be willing to share your experiences and thoughts with a third-party (someone outside of FACS) in a focus group?

The third-party is a research professor from Wilfrid Laurier University, Dr. Colleen Loomis. She is interested in learning from you what services are used by and needed for lesbian, gay, bisexual, transgender, and youth questioning their sexual orientation (LGBTQ) need. The project has received approval from the university ethics review board.

The workers you supervise are in contact with LGBTQ youth, although a client's sexual orientation is rarely known. Even if you do not have knowledge of working directly with someone who identifies as LGBTQ we invite you to participate in this focus group.

We would like to have the focus group March 13<sup>th</sup>. It should take between one hour and one hour and a half to complete. Please let me know if you are willing to participate on March 13<sup>th</sup> from 9:00-10:30 a.m.; (the focus group will be held in room 214). If most people are not available at that time, we will reschedule. If you prefer to have your participation in the group not known by me (Carrie) then please contact Colleen directly ([cloomis@wlu.ca](mailto:cloomis@wlu.ca) or 519-884-0710, ext. 2879).

Thank you,  
Carrie

This research is to inform service development for the OK2BME Project ([www.ok2bme.ca](http://www.ok2bme.ca)), which serves LGBTQ youth, ages 5 - 21. The research is funded by Centre for Excellence at The Children's Hospital of Eastern Ontario.

## Appendix E: OK2BME Group Guideline (Interview and Focus Group)

### Rapport Building

Begin with some casual conversation. Could be about the weather or about transportation to the interview. Spend some time making the youth feel comfortable.

Interviewer self disclosure. Explain your own background/sexual orientation if you are comfortable.

Discussion about language.

“There’s lots of different language around this topic. I would like to use words that you are comfortable with. Some people say LGBTQ others use the word queer. What would you like me to use?”

### Study Purpose

Review the purpose of the interview. Explain that we want to know what services and supports LGBTQ children and youth want and need and how we can be most helpful.

### What will happen today

Explain the interview process.

You’ll be asking some questions about their experiences with OK2BME, what they like, what they don’t like.

The interview will be recorded.

Their answers will be kept confidential – their name won’t be attached to their answers.

Can stop at any time.

Can refuse to answer any questions.

It should take between 45 minutes to an hour.

Ask if they have any questions.

“Are you ready to start the interview? Can I start recording?”

### Interview

#### A) OK2BME

Tell me about OK2BME. What has it been like for you?

Probe:

- What’s the first thing that comes to your mind?
- How would you describe it to your friends?

What do you like about OK2BME?

Probe:

- What did you gain?
  - Can you give me an example?
- Any other benefits?

What don’t you like about OK2BME?

a) What changes would you make to OK2BME?

b) Why is this/are these change(s) important to you?

Probe:

- Are there any specific programs or supports that you would want added? Why would this be important to you? What would it look like?

Can you remember a challenge that you experienced while participating with OK2BME? Please explain.

Probe:

- Did you experience any challenges accessing the program?

Is community based programming/services/groups for LGBTQ youth something that you think is needed in KW?

Probe:

- What do you think LGBTQ youth need?  
- Are their needs already being met?

## B) Social Supports

“One of the goals of OK2BME is to help queer youth create a sense of community. Can I ask some questions about your family and friends. Is that okay with you?”

Who is in your family?

Who are your friends?

a) Who do you spend most of your time with? How much time do you spend with these people each week?

b) Are you out to these people?

c) If not, do you think coming out would affect your relationship with them?

Is there anything else you would like to say about OK2BME?

Is there anything else that you'd like to share that we didn't ask you about?

Gift Certificate

Thank youth for participating. Give gift certificate and have the sign that they've received it.



## Appendix F: Service Provider Focus Group Guideline

Thanks for coming today. As you know, you were invited here to share your experiences with providing services (either directly or indirectly) for lesbian, gay, bisexual and transgender youth, or those questioning their identity.

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[My “To Do” list

- Review the consent form and obtain signatures.
- Ask for confidentiality within the group and once discussion ends
- Ask how individuals not to use names or to use pseudonyms for self and others.
- Ask for permission to turn on the recorder

End of my “To Do list]

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Before we get started I’d like to say something about terminology. There are many different terms to refer to sexuality such as queer, straight, LGB, LGBTQ, LGBTTTIQ, which stands for lesbian, gay, bisexual, two-spirited, transsexual, transgender, intersex, and questioning. I often use the word “queer” because it is easier to say than LGBTTTIQ and because in a university setting (and other contexts) this term has been reclaimed by individuals who identify as a sexual or gender minority and is an inclusive term. For the purposes of our conversation today, I encourage you to use the terms you’re most comfortable with.

1. Let’s begin by your sharing something about **what you do in your day-to-day work**.

Probes / listening for

- A. degree of direct contact with youth
- B. experiences with queer youth
- C. resources used in serving queer youth
- D. concrete examples

2. Based on **resources** mentioned in response to #1, probe for the following

A. Service provider’s experiences with resource

- a. how did you learn about [resource] (probe for each resource mentioned)?
- b. specifically what types of services does this resource provide youth?
- c. how many youth have you referred to each resource?
- d. Most frequently used / referred resource and why?
- e. Tell me about a particular referral that you think worked out well.
  - i. Referred where
  - ii. Referred how - was the referral made (e.g., to a parent or guardian, directly to youth)
  - iii. what was the course of use of it, outcome, etc.
- f. Tell me about a particular referral that did NOT work out well.

B. **Youth’s experiences** (as perceived by the service provider) with resource

- a. how would you describe the youth’s experience with [the resource]?
- b. what types of services were used (individual counseling, group meetings)
- c. how was the youth’s privacy handled (did guardian know / consent)?
- d. accessibility (convenient location, transportation)
- e. what can you tell us about the satisfaction with experiences?
- f. what benefits did you see from this resource?

### 3. If **OK2BME**

If **OK2BME was mentioned** probe as above (#2)

for the other resources, including probes below.

If **OK2BME was not been** mentioned above:

You may know of another resource that has not been mentioned yet, **OK2BME**. Let's talk about that program. **OK2BME** is a program started by collaboration between K-W Counselling and FACS. The program is housed at KWCS and provides resources for queer youth and training and education for individuals who work with youth.

- A. Tell me about **OK2BME**?
  - a. **How did you learn about OK2BME** (posters, website, coworker)
  - b. **Used OK2BME?** - If not already mentioned in #2,
    - i. Tell me about an **OK2BME** referral that worked well.
    - ii. Tell me about a time when the referral to **OK2BME** was unsuccessful.
  - c. **What have you heard** (therapy only, or groups only, new, not working yet, etc.)
    - i. Which services are being used?
    - ii. Which services do youth report as most helpful?
    - iii. What changes need to be made to **OK2BME**
    - iv. Are there barriers to making referrals to **OK2BME**?
    - v. Are there barriers for youth accessing **OK2BME**?
  - d. **Your (service provider) experience interacting with OK2BME** (website, coordinator, John Wilson, FACS staff involved with **OK2BME**)
  
- B. Let's shift topics from the specifics of what you do with referrals and service use and dream about what you would like the Waterloo Region to have.
  - a. What types of supports / services do you think queer youth need?
  - b. How would you make these supports accessible?
  - c. How would you advertise or raise awareness about these services?
    - i. To service providers
    - ii. To parents
    - iii. To youth

## Appendix G: Service Providers Focus Group Guideline for Educators

1. What is everyone's role within the School Board? In what context do you work with youth?
2. Tell me about your experience working with LGBTQ youth in a school context.
  - a. Tell me about a concrete situation when you supported an LGBTQ youth that worked out well
  - b. Tell me about a time when it did not work out well

*What resources / where referred to?*

*What barriers did they encounter?*

2. How do you perceive the climate in your school(s) for LGBTQ young people?
  - a. What experiences / information is that perception based on?
  - b. Are you able to provide support (directly, through integrating curriculum, staff-supporting groups, etc) to LGBTQ young people in your school? If so, how? If not, why not?
3. What resources (documents, websites, and programs) do you find helpful in supporting LGBTQ youth in your classroom?
  - a. Where did you find them? How did you learn about them?
  - b. Why are they helpful?
4. Do you encounter barriers in your work that make it challenging to support LGBTQ young people?
  - a. What are the barriers?
  - b. How are they overcome?
  - c. If not, why are they not overcome (what prevents?)?
5. What additional support and / or resources would improve your ability to support LGBTQ young people in your schools?
  - a. Why would they be helpful?
  - b. What would be the best format for them?
6. What programs / services do you think LGBTQ young people would access? Why?
  - a. How would you go about promoting those programs to youth in your school? In the community?
7. What role, if any, do you see external programs / services playing in supporting LGBTQ young people?
  - a. Collaboration
  - b. Keeping up to date on programming?

## Appendix H: Interview Guideline - University Centres

Thanks for coming today. As you know, you were invited here to share your experiences with providing services (either directly or indirectly) for lesbian, gay, bisexual and transgender individuals, or those questioning their identity.

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[My “To Do” list

- Review the consent form and obtain signatures.
- If a focus group (rather than interview), ask for confidentiality within the group and once discussion ends
- Let research participant(s) know they may use names or pseudonyms for self and others, and that names will be changed in research reports.
- Ask for permission to turn on the recorder

End of my “To Do list]

---

If it feels appropriate, you may want to say something like the following before asking the questions: Before we get started I’d like to say something about terminology. There are many different terms to refer to sexuality such as queer, straight, LGB, LGBTQ, LGBTTTIQ, which stands for lesbian, gay, bisexual, two-spirited, transsexual, transgender, intersex, and questioning. I often use the word “queer” because it is easier to say than LGBTTTIQ and because in a university setting (and other contexts) this term has been reclaimed by individuals who identify as a sexual or gender minority and is an inclusive term. For the purposes of our conversation today, I encourage you to use the terms you’re most comfortable with.

**1. What’s Happening Now:** Let’s begin by your sharing something about **what you do in your day-to-day work** at \_\_\_\_\_ (The Rainbow Centre or GLOW).

Probes / listening for

- E. degree of direct contact with youth
- F. experiences with queer youth
- G. resources used (in-house and off-campus) in serving or supporting queer youth
- H. concrete examples (e.g., can you tell me about a time when someone new came to the centre?)

**2. Resources being used:** Based on **resources** mentioned in response to #1, probe for the following

- C. Service provider’s experiences with resources
  - a. how did you learn about [resource] (probe for each resource mentioned)?
  - b. specifically what types of services does this resource provide youth?
  - c. how many youth use the various resources you’ve mentioned?
    - i. Probe for clarity looking to understand which resources are used most often and why, as well as why some resources are not used very often or only in specific circumstances.
  - d. **What works:** Tell me about a particular referral that you think worked out well.
    - i. Referred where
    - ii. Referred how - was the referral made (e.g., to a parent or guardian, directly to youth)
    - iii. what was the course of use of it, outcome, etc.
  - e. **What doesn’t work:** Tell me about a particular referral that did NOT work out well.

**D. Youth’s experiences** (as perceived by the service provider) with resource

- a. how would you describe the youth's experience with [the resources]?
- b. what types of services were used (drop-in, individual counselling, group meetings)
- c. how was the youth's privacy handled (did guardian, teacher, etc. know / consent)?
- d. accessibility (convenient location, transportation)
- e. what can you tell us about the satisfaction with experiences?
- f. what benefits did you see from this resource?

### 3. If **OK2BME**

If **OK2BME was mentioned** probe as above (#2)

for the other resources, including probes below.

If **OK2BME was not been** mentioned above:

You may know of another resource that has not been mentioned yet, **OK2BME**. Let's talk about that program. **OK2BME** is a program started by collaboration between K-W Counselling and FACS. The program is housed at KWCS and provides resources for queer youth and training and education for individuals who work with youth.

#### C. Tell me about **OK2BME**?

- a. **How did you learn about OK2BME** (posters, website, coworker)
- b. **Used OK2BME?** - If not already mentioned in #2,
  - i. Tell me about an **OK2BME** referral that worked well.
  - ii. Tell me about a time when the referral to **OK2BME** was unsuccessful.
- c. **What have you heard** (therapy only, or groups only, new, not working yet, etc.)
  - i. Which services are being used?
  - ii. Which services do youth report as most helpful?
  - iii. What changes need to be made to **OK2BME**
  - iv. Are there barriers to making referrals to **OK2BME**?
  - v. Are there barriers for youth accessing **OK2BME**?
- d. **Your (service provider) experience interacting with OK2BME** (website, coordinator, John Wilson, FACS staff involved with **OK2BME**)

#### D. **Perfect World Scenario - Future Services and Support:** Let's shift topics from the specifics of what you do with referrals and service use and dream about what you would like the Waterloo Region to have.

- a. What types of supports / services do you think queer youth need?
- b. How would you make these supports accessible?
  - i. Probe for "networking resources" or "centralizing" resources (e.g., should the Rainbow Centre or GLOW have all that youth need or is outsourcing (so to speak) a good solution? Ask "why" either way (e.g., why is networking your preferred solution? Why is centralizing your preferred solution?)
- c. How would you advertise or raise awareness about these services?
  - i. To service providers
  - ii. To parents
  - iii. To youth