Experiences of LGBTTGNCQ+ Homeless Youth in York Region

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Seneca

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Research Team

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Pronouns: She, Her

Tanya Shute (RSW, MSW, PhD) is currently an assistant professor with Laurentian University's School of Social Work, but at the time of this research project was a faculty member and program coordinator with Seneca College's School of Community Studies. Tanya leads a variety of community-based research projects, primarily in the area of health, mental health, homelessness, and housing.
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Maureen Bornbaum (RSSW, BA Hons, and CACII) is a Registered Social Service Worker, with a Bachelor of Honours in Global Development and Gender Studies from Queen's University. Maureen is currently a community-based addictions counsellor at a community agency. Maureen's passions lay in LGBTQIA2+ rights and quality of life as well as critical intersectional feminism, queer theory, and post-colonial theory.
Pronouns: She/Her

Alexander Minnelli (SSW) is an activist and radical from Ottawa. He was connected with the research team while pursuing his SSW diploma from Seneca. He is currently employed in an emergency housing agency for youth serving York Region.
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Phillip Jang (SSW) teaches in the SSW Program at Seneca College. Phillip is both a passionate teacher and advocate for marginalized individuals. He is co-founder of the Red Dot Project, a Toronto-based program that provides menstrual products to people experiencing homelessness.
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Nancy Sylvain (RSSW, SSW) is a Seneca College SSW alumni and works as a field placement coordinator for SSW program. Nancy is currently continuing her education, working towards her Indigenous Social Work degree through Laurentian University. Nancy also works part-time with Blue Door Shelters in York Region as a Residential Counselor and is a strong advocate for youth homelessness.
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Acknowledgements and Project Background

Most importantly, our team thanks our survey and focus group participants. Honouring lived experience and personal narratives are the most important part of this research and we cannot thank enough each and every participant for trusting us with their stories. After each focus group, team members were often at a loss for words for the innovative ideas, honesty, and vulnerability that all of our participants shared with us. It was an honour that you allowed us to learn from and talk with you. We promise to push our research findings as far as possible and to work to make all the voices of this project louder.

Thank you to everyone involved in making this research and final report a reality. We thank you for your time, support, enthusiasm, and commitment to making York Region a more inclusive space for LGBTTGNCQ+ young adults. We know that the results of this work will lead to much-needed critical and transformative conversations in our community.

Sincerely,

The Research Team

Executive Summary

Project Background

This report documents the results of a community-based needs assessment project undertaken by a small research team from Seneca College's School of Community Studies and with the support of a number of community service organizations. The purpose of the needs assessment was to gather the voices of LGBTTGNCQ+ young adults in York Region in order to investigate the need for the development of an emergency housing service designed expressly to serve LGBTTGNCQ+ youth in York Region.

Terminology

Throughout all stages of the project, the research team attempted to be as consistent as possible in its purposeful use of the initialism *LGBTTGNCQ+* as a respectful umbrella term for sexual orientation and gender identities. This acronym describes the composite members **L**esbian, **G**ay, **B**isexual, **T**ransgender, **T**wo-Spirit, **G**ender **N**on-**C**onforming, and **Q**ueer communities, with the suffix **+** to include identities that fall within a similar consideration of gender and/or sexuality, but may not be sufficiently satisfied by any of the listed identities. The purpose of using such a lengthy term reflects the dynamism, fluidity, diversity, and vibrancy found across the spectrums of sexual orientation and gender expression without assimilating any one into another thus conflating important identity or experiences related to identity expression.

Methodology

This mixed methods study involved an anonymous online survey and focus group methodology. Over a four-month period, 59 unique surveys were received (33 completed fully). Five focus groups were held in social services agencies throughout the Region with a total of 27 participants. It is not known how many of the focus group participants completed the survey aspect of the study.

This project's sample consisted of LGBTTGNCQ+ self-identified youth and young adults (primarily between16-26 years old) with recent or current lived experiences with homelessness, precarious housing, and social service access and use in York Region. Most participants identified as being currently homeless or precariously housed at the time of the data collection.

This study was reviewed and approved by Seneca College's Ethics Review Board.

Results

This project provides detailed recommendations from the voices and experiences of LGBTTGNCQ+ youth that should be utilized by social service agencies that serve and support youth. The stories of the youth participants provide critical commentary on the overall state of service and care experienced by LGBTTGNCQ+ youth with social

services in York Region, their unique perspective on what constitutes safety in a service encounter, and some of the data speaks to the quality of life of youth who experience homelessness in York Region specifically. It is in this regard that this project is most valuable, as social conditions in York Region are rarely studied, and we have very little empirical data about homelessness in this region. The participants' specific recommendations for safe and inclusive service provision conclude the full report but a sample is provided below.

Brief Summary of Overall Findings

Negative social service encounters while trying to manage homelessness and housing precarity were the norm for LGBTTGNCQ+ youth in York Region:

- Most youth experienced inhospitable, intolerant, or unsafe social service settings or service delivery. They reported experiencing service staff with inadequate practice knowledge about LGBTTGNCQ+ peoples and their specific needs, as well as direct experiences of homophobia and transphobia perpetuated by both staff and fellow service users in the service environment.
- Most youth reported that service staff usually tolerated or actively ignored homophobic and transphobic behaviours/attitudes of other service users in the service setting, compounding their experiences of a lack of safety and lack of welcome in mainstream housing/social services settings.
- Youth were forced to constantly scrutinize and assess their service environments to determine if they were safe to be out or live their sexual orientation/gender orientation openly.
- Youth noted that the eligibility screening and intake process at most social service agencies were particularly problematic, with staff and bureaucratic processes often uncomfortably mired in sexual orientation/gender identity binaries.
- The shared/communal living design of most housing and homelessness services imposed particularly unsafe and uncomfortable circumstances on youth as typically these services are strictly gendered and enforced as such for safety and comfort of other service users (i.e. bathrooms, showers, and shared sleeping quarters).

Safety is a primary service concern for LGBTTGNCQ+ youth in York Region who must access social services related to housing and homelessness.
- Participants provided valuable input about safety and its particular meaning in social services and shelter contexts for LGBTTGNCQ+ youth.
- Of particular interest for overall social service design and delivery specific to York Region, participants shared their understanding of service availability, access/barriers, usage and gaps.

Participants provided recommendations for service design and delivery for precariously housed or homeless LGBTTGNCQ+ youth that is particularly relevant to existing services as well as the possibility for a dedicated shelter for LGBTTGNCQ+ youth in the future.

Sample Recommendations for Sheltering and Housing Services

Safety
- Implement specific equity and minority sexual orientation/gender safety policies in order to protect LGBTTGNCQ+ individuals and staff from discrimination, violence, and exclusion.
- Once implemented, these policies must be <u>actively and consistently enforced.</u>
- Review and design service, procedures, and rules that allow LGBTTGNCQ+ service users the safe space and freedom to openly and <u>without question</u> identify: their identity, name, physical appearance, and safety needs as they see fit. Given the contextual and fluid nature of LGBTTGNCQ+ identities as they intersect with being youth or young adults, design and implementation need to have intentional flexibility to suit the unique individual context of identity and identity-related safety.

Service and Agency Environment
- Incorporate visual symbols of inclusion in an agency's physical environment as a crucial factor in creating safe and welcoming spaces for LGBTTGNCQ+ individuals. However, rainbow/safe space stickers and other visuals <u>do not</u> create or guarantee a safe environment. As one participant noted: "simply throwing up a rainbow flag is not enough" – there needs to be a cultural change [in organizations]".

Policies
- In addition to visible and enforced proactive equity and anti-discrimination/anti-violence policies, agencies need to create and enforce a specific policy of service user / client self-determination and self-identification. This means that services users have the inalienable right to self-identify their name, pronouns, gender, sex and sexuality themselves and this is put on all paperwork and used and respected by staff, residents, and community partners who serve on site.

Personal Care Considerations
- Provide options for private, single person washrooms, with a full (floor to ceiling) and lockable door and complete with a toilet, shower, and sink. These bathrooms are not to be gendered in any way and are always accessible to clients without having to ask staff for a key or permission to access.
    - When single person bath and shower rooms are not possible at an agency, the next best alternative is to have multiple, gender neutral washrooms with lockable, private stalls.
    - When gendered, multi-person bathrooms are the only option, a single, lockable bathroom should be made readily available to all service users. The option of this bathroom should be advertised to *all* service users and agency personnel so that a LGBTTGNCQ+ individual accessing it is not identified or targeted for use.

This brief list of recommendations alone, if taken up by all organizations in York Region, would go a long way to providing safe, inclusive, and appropriate services to anyone—adults, youth, children; LGBTTGNCQ+ individuals or otherwise.

Experiences of LGBTTGNCQ+ Homeless Youth in York Region

Project Background

This mixed methods needs assessment focused on the voices of project participants—LGBTTGNCQ+ youth and young adults with lived experiences of homelessness, being precariously housed, and accessing social services in York Region—to present findings and recommendations related to social service provision and recommendations/support for a dedicated LGBTTGNCQ+ youth in York Region. The findings are of significant relevance to policy makers, services providers, health and social service planners, and front-line service deliverers. The findings of this community-based needs assessment follow, and the report ends with participants' recommendations for improving access and providing safe and ethical support and service to LGBTTGNCQ+ youth. These recommendations should inform better, more ethical support to LGBTTGNCQ+ youth in any community.

York Region

The Regional Municipality of York is a vast region comprising nine distinct municipalities, running north of Toronto all the way to Lake Simcoe, with a mix of rural and suburban communities. The 2016 census records a population of 1, 109, 909 people, and with a robust growth rate for the past decade, its population is expected to climb to 1.5 million residents by 2031. Despite its relative affluence of the population, "the percentage of York Region residents on low incomes has grown to 15% of the total population (as of 2013), the highest since 2000" (United Way of Toronto and York Region, 2016, p.12).

Affordable housing is a crisis in York Region, with growing income inequality characteristic of most communities. Homelessness and risk of homelessness is a serious and ongoing crisis here. The United Way of Toronto and York Region's *Count Me In* 2016 report established, among other concerning trends, that:

- Chronic homelessness (individuals who are homeless and have been homeless for six months or more in the past year) in York Region makes up anywhere from 21–33% of the total number of individuals who access homeless services and supports in York Region;
- Youth between 16 to 24 years of age are overrepresented in York Region's homeless population;
- Indigenous peoples/people with Indigenous ancestry are also overrepresented among those experiencing homelessness in York Region;
- 12% of emergency housing users in York Region are children under the age of 16.

(Unfortunately the results from the 2017/18 Point-in-Time counts were not available at the time of this report's release.)

In terms of social services infrastructure, although there have been important service enhancements in recent years, York Region's social services struggle to meet the acuity, chronicity, and continuum of services required by its residents. As a result of a long process of community advocacy, in the past five years we have seen the addition of a comprehensive youth shelter and a shelter for women experiencing homelessness in York Region, however shelter spaces (emergency or transitional) and locations remain inadequate to meet need. Despite its population size and projected growth, York Region only has three small emergency shelters for women escaping violence, one shelter for women experiencing homelessness, one shelter for men, one family shelter, and three youth shelters. There are currently 42 emergency beds and 21 transitional beds in York Region for youth 16-26.

The limitations of data collection specific to LGBTTGNCQ+ community members are important to note here. We are unable to report on the size and depth of homelessness and housing precarity for most sub-populations as these numbers are difficult to capture and limited by service use contact. However, the scope of quantifying homelessness through service use contact for LGBTTGNCQ+ youth in particular is impossible, as many/most LGBTTGNCQ+ people will not identify to service users as such, hide their identities in order to access services, or will prefer to remain un-sheltered as a safer alternative to mainstream service environments and approaches.

Research Goals

The following goals guided the project:
1. Identify any gaps, barriers or inadequacies in emergency housing and related social services for LGBTTGNCQ+ youth in York Region,
2. Identify the available services, practices and programs that are successful in housing and related social services for LGBTTGNCQ+ youth;
3. Obtain feedback from LGBTTGNCQ+ youth regarding their lived experiences of social- and housing-related services;
4. Reflect the data to develop comprehensive recommendations for best practices for the development of a LGBTTGNCQ+ specific emergency and/or transitional shelter;
5. Disseminate recommendations for best practice based on the voices of LGBTTGNCQ+ youth for York Region social service agencies, community partners, and stakeholders.

Participants

This project's sample consisted of self-identified LGBTTGNCQ+ youth between the ages of 16-26 years old with historical or current lived experience of homelessness, precarious housing, and social service access and use in York Region. All participants reported spending most of their time in York Region. This convenience sample of research participants was recruited through various York Region community housing

services organizations, through community flyers and social media and snowball sampling as participants brought interested peers to the study.

Most participants identified as being currently homeless or precariously housed at the time of the data collection. This mixed methods study involved an anonymous online survey and focus group methodology. Over a four-month period, 59 surveys were received, with 33 completed in their entirety. Five focus groups were held in social services agencies throughout the Region with a total of 27 participants. It is not known how many, if any, of the focus group participants also completed the online survey. Demographic data is only available for the survey participants, as no demographic data was collected about focus group participants in order to promote a safer environment for this method, as participants were together in service settings and may experience some lack of comfort regarding disclosure. What was known was their age and their shared lived experience of being self-identified as youth, as LGBTTGNCQ+, and with current or recent experience of homelessness or immediate risk of homelessness in York Region.

Demographics of Survey Participants

Fifty-nine LGBTTGNCQ+ individuals participated in the survey, however just over 50% of the sample completed the entire survey (n=33). Most participants were between the ages of 16-26 however 15.3% of survey respondents identified as being 27 or older, but were answering the survey as a reflection of their youth experiences in York Region.

Figure 1: Ages of Survey Respondents
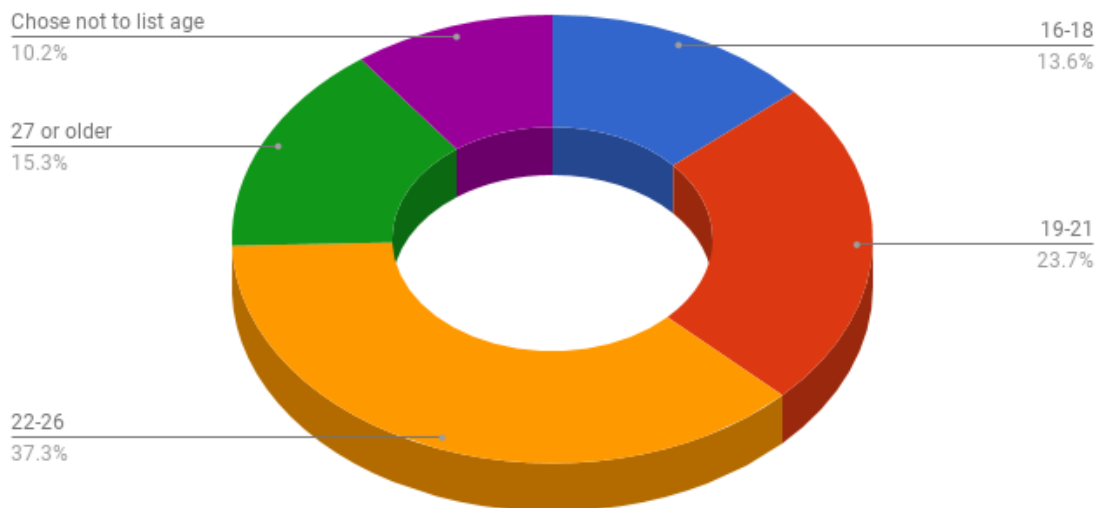
Thirty-seven percent of participants reported spending most of their time in Newmarket or Richmond Hill, with the remainder being spread throughout the region. This is likely so because youth consider these cities as most youth-services concentrated.
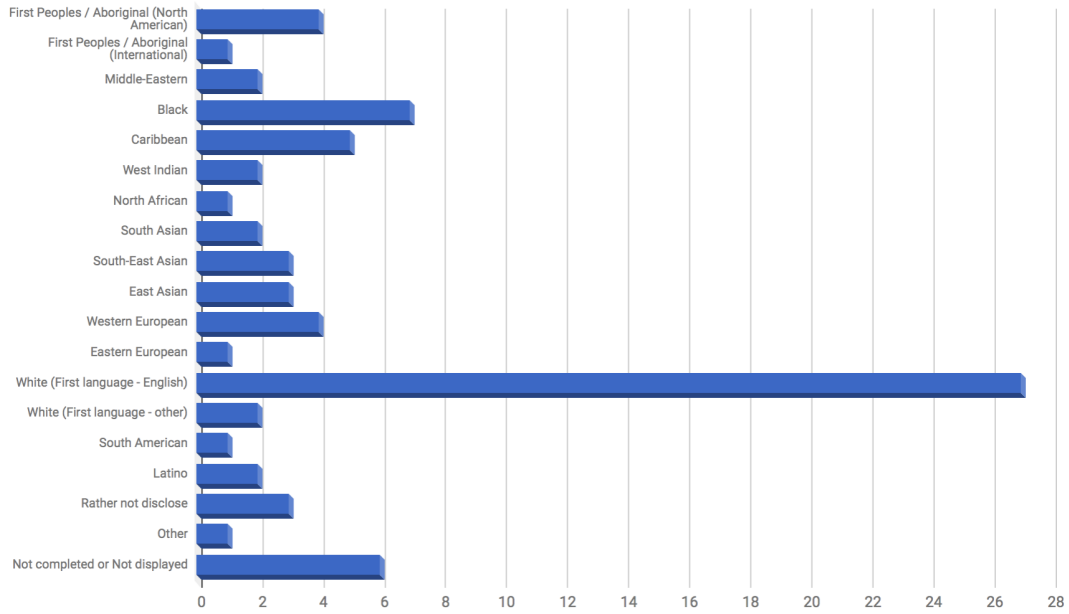
Figure 2: Racial and Cultural Identity of Survey Respondents
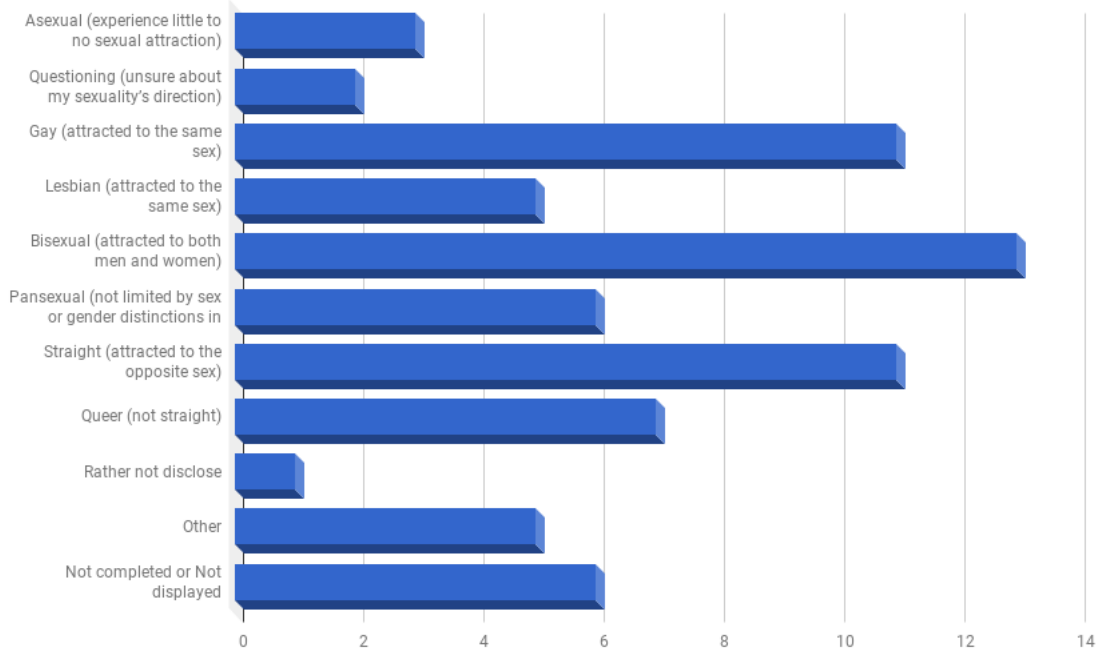
Figure 3: Self-reported Sexual Orientation of Survey Respondents
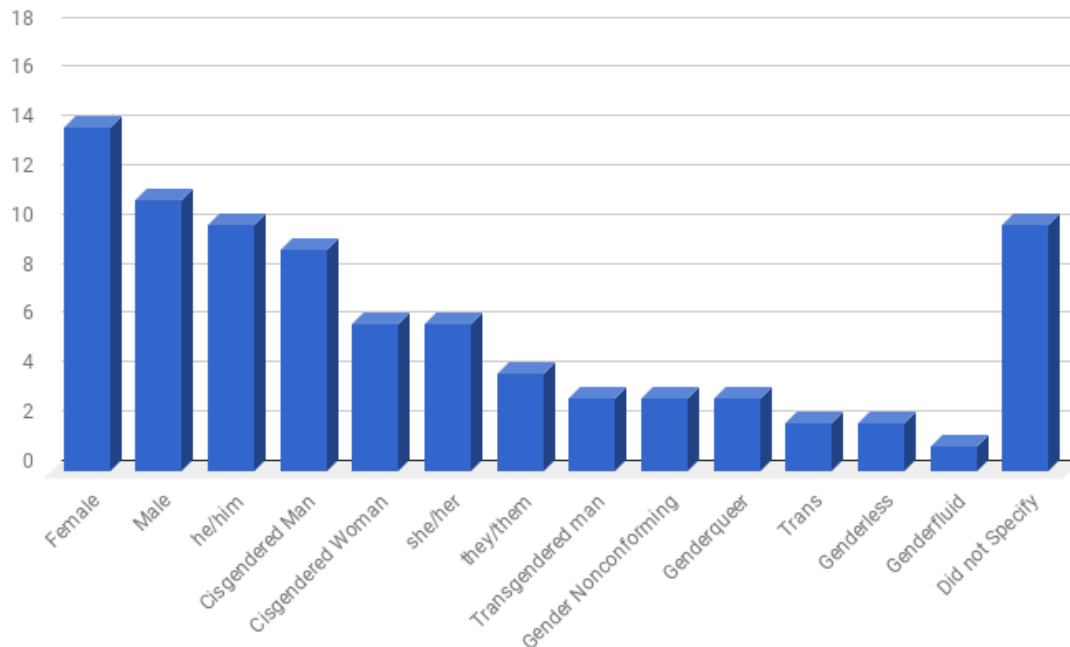
Figure 4: Self-Reported Gender Identities of Survey Participants

Overall, survey participants reflected the ethno-racial diversity of York Region in general, and the research team was deliberate in its recruitment efforts in order to make sure this representation was realized in the sample. Of the 52 respondents to this question, 25 participants identified as racialized, 5 identified as Indigenous, with the remaining respondents identifying as white/Caucasian.

Based on self-reporting, 33.9% were employed, 13.56% parents/caregivers provide money, 11.86% said they receive social assistance, 5.08% said other, 3.39% engage in sex work or rather not disclose, respectively and 27.12% did not answer or complete the questions. Two participants wrote in answers: one wrote *"drugs"* and one wrote *"online surveys"*.

All survey respondents responded that they had current, recent, or past experiences of homelessness as a youth in York Region. However, when asked to define their housing situation at the time of the survey specifically just under 12% of the sample reported being homeless at the time of the survey, acknowledging episodic or occasional homelessness or chronic homelessness. No one reported this was their first event of homelessness if they were homeless at the time of the survey. The data then on current housing status is difficult to establish, and likely reflects the inability of any survey tool to reflect accurately highly individual circumstances of housing/homelessness for LGBTTGNCQ+ individuals.

Survey participants were asked where they slept/stayed most often in the last 6 months and the response was as follows: 33.95% said at home, 8.47% said they stayed at a friend/ally's, 6.78% said emergency housing, 3.39% said transitional housing, supportive housing, rooming house and hotel/motel respectively. For the participants

who answered "at home" it is not known whether they are referring to their own independent housing or if they return to family homes at times.

LGBTTGNCQ+ homeless/precariously housed youth are also dealing with other challenges that intersect with their housing status and tenure. Of the participants who chose to answer this question, 14 reported experiencing mental health challenges, 4 reported physical disabilities, 6 with chronic physical health concerns, and 11 reported having learning disabilities. (16 participants did not answer this question, and 5 chose to not disclose.)

Strengths of this Data

To the best of our knowledge, this is the first study to explore the needs and experiences of LGBTTGNCQ+ youth in York Region specifically. Little is known about homelessness in this area, and even less is known about the experiences of living as an LGBTTGNCQ+ youth here. Our sample was relatively large given the nature of the phenomenon under study, and was relatively diverse, reflecting more accurately the diversity of York Region's population than studies in other regions. The findings from the qualitative data significantly agree with and reinforce the findings from the quantitative data, providing some degree of triangulation of findings.

Limitations

As a small-scale community-based study exploring the experiences and service needs of LGBTTGNCQ+ youth with lived experiences of homelessness, trustworthiness was the priority for the research team. Although the sample size is adequate to draw conclusions given the nature of the population studied, there are limitations to its findings. The sampling method, although necessary, did not allow for non-service using youth to participate in the study unless invited by a fellow service-using participant. Also, as a long survey, it is assumed that survey fatigue was a factor as many participants skipped over questions or did not complete the full survey.

As a small-scale study, the research team is satisfied with their efforts to make sure the experiences of racialized and Two Spirit youth were included in the data collected. The community report has aggregated the experiences and recommendations of all participants, and as such this report cannot speak to the specific context that racialized and Two Spirit youth experience at this time.

Findings

Housing Insecurity

The majority of youth who participated in the focus groups and survey described their living conditions as either presently living in emergency housing, such as shelters or transitional housing, presently experiencing unsafe or precarious housing situations, or having had experience with homelessness and/or being precariously housed in the past. Following from this, the majority of focus group participants stated that if they were to discuss their LGBTTGNCQ+ identity openly at home, this would put their safety, and current housing security with their families at risk.

Sexual Identity, Gender Expression, and Being Out

Survey participants were asked specifically about to whom they were open about their sexual and gender identity. The purpose of this question was to assess the level at which LGBTTGNCQ+ youth are able to live their identities freely and openly as well as to gain insight into being out and accessing services. The top 5 answers were: close friends (28.81%), people at school (23.73%), "everyone" (20.34%), and immediate family (16.95%). Therefore, there is a significant level of hiding or not expressing identity for most LGBTTGNCQ+ youth, and the strain of not being able to live openly cannot be underestimated.

Of particular concern is that only 10.17% of survey participants are out at the agencies that they visit, which is an important context to establish in light of this study's findings. This survey data correlates with the sentiment that many youth in the focus groups expressed regarding the difficulties and risks of speaking openly about their sexual and gender orientation with service providers. For participants in this study who reported that when they did disclose at service locations, it was usually only with select staff. Overall, as this these findings demonstrate, LGBTTGNCQ+ youth do not feel supported or able to disclose their sexual or gender identity while accessing services.

For those who chose to answer this question, survey participants noted that when they did not disclose their identity to services providers, it was primarily out of fear for being emotionally/psychologically harmed (n=10), fear that it would go disrespected/disregarded by others (n=10), fear of physical violence (n=4), bullied by staff or other service users (n=6), or fear of being kicked out (n=3).

> Others don't because:
> *"I will have to continuously explain my pronouns and definitions of non-binary and the repeated explanation of who I am is emotionally exhausting*
> *I'm afraid my answers will elicit judgement and change the nature of services I am able to access."* (survey participant)

Services

Focus group participants revealed concerning service access and use experiences: staff incompetence and lack of knowledge about LGBTTGNCQ+ experiences and needs, acts of homophobia/queerphobia/transphobia perpetuated by both staff and/or fellow service users, as well as demonstrations of staff tolerance of service user's bigotry and discrimination.

One participant talked about their fear in coming out to service providers and to other service users while staying in emergency shelter:

> *"I live in a shelter, I can be open with who I am but cannot openly speak about sexuality. I cannot tell my roommate about my sexuality because of their fear. There is a lot of distrust."* (focus group participant)

Another participant shared their experiences regarding how service providers react to demonstrations of homophobia in service settings:

> *"There are a lot of double standards. Staff are not treating homophobic remarks equally to other remarks such as race."* (focus group participant)

LGBTTGNCQ+ inclusion was experienced as an afterthought and was highly inconsistent across staff members and service settings. A common theme expressed by participants was that they were constantly attempting to determine if an environment was safe to 'come out' and that this was an on-going and exhausting conflict. One participant described her experience accessing service:

> *"Staff say it's a safe space, people were saying they wanted to go on a gay killing spree and staff was laughing. If they say it's a safe space, but I don't want it to be just a rainbow sign."* (focus group participant)

To underscore this point, only 23.5% of survey participants recall being asked what their preferred pronouns were when accessing service, and 76.5% said reported that they were not asked about this important dimension of service.
Participants reported common experiences of staff being reluctant to or failing to actively create a space for individuals to be able to discuss their gender or sexual orientation openly and freely. Often participants stated that individuals who attempted to express their identity were shut down by staff, not engaged genuinely by staff, or even bullied by other residents of housing or shelter services for their gender expression or sexual orientation. Participants stated that there were troubling inconsistencies across staff members regarding their response to LGBTTGNCQ+ discrimination and their knowledge and understanding of the experiences of LGBTTGNCQ+ service users. Often there was no direct action observed by participants on behalf of staff. One participant spoke about their experiences while living in a group home:

"I've been around people that are understanding but I've lived in a group home for a few years where people don't really understand. The person that was running it denied that I was Trans. So, I learned to not bring it up with them." (focus group participant)

"If we even speak about LGBTQ community around some clients, they get upset, so we cannot talk about it." (focus group participant)

Intake is an especially troubling process for LGBTTGNCQ+ youth. The common themes that emerged were that there was often no room on forms for chosen pronouns, gender or sexual orientation or gender identities beyond the male/female binary.

"When applying. I was seen as a black youth but never seen or asked about being queer. When I asked, they fumbled and didn't have an answer....it was always in the back of my mind that I am not able to talk about being LGBT." (focus group participant)

"I had mixed feelings being placed in a women's shelter as an out queer person who is non-binary. I felt totally out of place." (survey respondent)

Shelter and Service Environments as Exclusionary

Participants were very clear about their needs not being met by the physical environment of services. Common themes regarding the environment were the need for uncomplicated access to single rooms and individual bathrooms, LGBTTGNCQ+ supportive visual elements that actively convey to all that an environment is LGBTTGNCQ+ inclusive. Other responses stemming from this question were: inconsistency in rules, lack of staff action against violence resulting in safety concerns in public areas, certain shelters being more homophobic than others, general homophobia among both staff and other service users, and a lack of public education and programming that is LGBTTGNCQ+ inclusionary or specific.

"There are not enough gender-neutral washrooms." (focus group participant)

"When I asked about not being comfortable with using showers, I was asked to change my gender." (focus group participant)

"I asked a staff to use the gender free washroom. I was told "why can't you use the male washroom?" (focus group participant)

Non-affirming service experiences were reported as the norm for most LGBTTGNCQ+ youth services users. Although a few mentioned positive experiences, they were noted as not the norm for most.

Safety

The context of homelessness for LGBTTGNCQ+ is especially troubling. Survey participants were asked to rate their feelings of safety during periods of homelessness in York Region, and out of the 22 participants that answered, 36% reported that: 'I do not feel safe at all".

LGBTTGNCQ+ youth in this study also identified significant experiences with violence associated with their LGBTTGNCQ+ identities. Although 12 participants chose not to disclose, 7 reported having experienced violence as a result of their LGBTTGNCQ+ identity, with 3 also reporting violence associated with their racialized identity.

Safety in the context of accessing services was a dominant concern for all participants, and reflected not only physical safety but also had social, emotional, and mental dimensions. Not only do LGBTTGNCQ+ youth who need services have to consider complex assessment in terms of a tradeoff between needed services and safety of a space and other services users, but many participants also revealed that they had experienced anti-LGBTTGNCQ+ comments and actions from staff directly.

In discussions of safety, participants also noted that in housing services specifically, safety in bedrooms and bathrooms was a significant area for concern. In terms of bedrooms, participants noted that private, lockable, single stall, gender-neutral bedrooms on gender-neutral floors was the best practice to ensure the safety of LGBTTGNCQ+ youth. Shared bedrooms or non-lockable doors presented a significant risk to safety and exposure to anti-LGBTTGNCQ+ violence and discrimination. Participants noted that having a small number of gender-neutral washrooms that were only accessible by staff key was a step forward, but forced youth to continuously 'come out' to staff in order to access the washroom. This was an exhausting experience for participants and deterred LGBTTGNCQ+ youth from accessing this washroom, and instead, placed them at risk in the shared, larger washrooms.

> *"I feel like passability is also something to consider. You are way more of a target for violence if someone doesn't see you as passable. Also I feel like half the time I would either just not explain parts of my sexual or gender identity because people didn't get it and I didn't want to have to explain or people the priority for me wasn't to address my sexual or gender identity - it was to prioritize safety first so I avoided talking about it for safety purposes. I also think emotional and physical safety should be separated as the experience of both bring very different experiences."* (survey respondent)

Unmet mental health and emotional well-being needs

Given the precarious nature of their housing tenure, it is logical that there would be impacts on mental health and emotional well-being for LGBTTGNCQ+, especially over time.

In addition to experiencing homelessness, many people require supports in other areas that are not solely focused on their housing needs. Fourteen of survey participants noted that they experience difficulties managing their mental health (or 24% of those

who responded to this question) but only 9 (approx.15%) of the participants stated that they attempted to access mental health support in the past 6 months. Two participants noted that they had experienced involuntary admission into hospital for suicidal thoughts/behaviours. Six youth reported problematic substance use related to their experiences.

As noted in the sample description, LGBTTGNCQ+ youth reported also facing some significant health and mental health challenges. The gap between the need for service and people choosing to access service is significant. For those who are accessing service, 30% reported that the health services and or social events are not relevant to their identity. Eight participants (14%) reported that mental health counselling did not meet their needs.

Access

To underscore the relevance of this particular experience, 82% of survey respondents were unable to name any LGBTTGNCQ+ specific services in York Region. Services that were known to them were in Toronto, such as EGALE or SOY. This can speak to any number of alarming factors, but the reality is that York Region LGBTTGNCQ+ youth are significantly under-served by the existing social services infrastructure, and that where LGBTTGNCQ+ focused services do exist in York Region, youth are not aware of the very few programs available in York Region (including My House Rainbow Resources, The Free to Be and the Transgender support drop in group at FSYR, and the York Rainbow Network). This important information is not getting out to precariously and un-housed youth.

Participants were asked if they had ever been able to access queer, transgender or gender non-conforming-specific community services and or programs that they needed or wanted in York Region and the results indicated that only 5.8% said yes. One participant's written response to the question was: *"I go to Jacob Gal's GSA, but that is the only program there is."*

Instead, most participants sought out LGBTTGNCQ+ specific services in Toronto such as: Access Alliance Multicultural Health and Community Services, Supporting Our Youth (SOY), The 519 Community Centre, and Egale Canadian Human Rights Trust. Given participants noted they spent most of their time in York Region, traveling back and forth for safe and inclusive services might be too burdensome for most, and the reality that they are accessing services so far away with so few resources available to them speaks to the importance of local LGBTTGNCQ+ designed services. Speaking directly to service gaps here in York Region, participants identified services that were lacking or missing in York Region:

- 10 participants reported social activities relevant to my identity were lacking or missing,
- 8 participants reported health services relevant to my identity
- 3 indicated legal services were lacking
- 8 participants reported mental health counselors appropriate to my specific needs

Others focused on what was missing or lacking in existing services:

- 7 noted sleeping arrangements and 6 noted bathroom arrangements that were adequate and safe
- 5 reported physical safety or emotional safety was not being provided, respectively, and 4 reported "respect for how I define myself" (chosen name, gender expression, sexual orientation)
- (24 respondents chose not to answer this question, perhaps due to the complexity of the question or survey fatigue.)

Barriers to accessing services in York Region according to the participants included:
- staff not knowing what resources are available,
- homophobic and transphobic services users in the service setting
- concerns with their safety (emotional safety n=5 and physical safety n=5),
- events not being relevant to their identity or needs

"I think people who have not experienced homelessness personally can appreciate the need for more affordable/subsidized housing for homeless individuals. I also think many of us have had friends or family members (mostly queer) who have experienced homelessness. Same goes for accessing services. Sometimes, apprehension generated from a negative second hand experience is enough to reduce our likelihood of accessing services." (survey respondent)

Participants were asked to speak to their service use experiences and needs in order to explore the need for a LGBTTGNCQ+ specific emergency shelter/housing service in York Region. Not unexpectedly, they were overwhelmingly convincing that such as service was immediately needed.

Support for LGBTTGNCQ+ dedicated Shelter/Transitional Housing

Most LGBTTGNCQ+ youth who are homeless can attribute their gender or sexual expression/identity as contributing to their homelessness or housing precarity. Although only 16 survey participants chose to answer, 6 out of the 16 respondents reported that their homelessness (past or current) was wholly or in part due to their identity (or 37.5%). An additional 5 respondents reported that they felt their housing with family would be put at risk if they were out to their family members.

Participants were clear that York Region required a dedicated shelter designed to meet the needs of LGBTTGNCQ+ youth. Participants who all identified from the LGBTTGNCQ+ community and also had lived experience in accessing services such as emergency housing, long-term transitional housing, health and mental health services had a lot of knowledge and experience to draw on for recommendations. Some of the participants who had lived experience in accessing a shelter stated that the physical space should consider the safety of bedrooms and washrooms specifically, justifying that shelter spaces and services need to be designed with their specific needs as priority:

"Single bedrooms are best." (focus group participant)

> *"Single bedrooms are important, I don't feel safe to sleep close to people who I don't know."* (focus group participant)

> *"I feel like they should have washrooms in their room…"* (focus group participant)

Staffing is also a crucial dimension of the service environment and needs to be considered as intentionally as physical design. Some participants spoke about how staff who also identify as LGBTTGNCQ+ could contribute to dismantling the heteronormative environment that presently exists in most service settings. A few participants stated that ideally staff would identify as members of LGBTTGNCQ+ communities or at least, be very knowledgeable and intentional allies:

> *"Be supportive and non-judgmental, it would be nice if all identified."* (focus group participant)

> *"If you work in a store, you should wear the clothes. Or if you work in a hardware store, you should know how to use the tools."* (focus group participant)

Participants talked about existing organizational literature, intake materials, artwork, and similar service aspects as reflecting and reinforcing heteronormativity and gender binary orientations. The physical space must reflect a broad range of LGBTTGNCQ+ experiences and beyond this, the space must be a safe, supportive, and knowledgeable environment. Participants stated that rainbow stickers and other visuals were valuable, but that the normalization and support of LGBTTGNCQ+ individuals must also be deeply embedded in all aspect of the environment, staffing, and policies and procedures. One participant stated that:

> *"Simply throwing a rainbow flag up is not enough. There needs to be a cultural change. I appreciate people using my preferred pronouns. More education on what non-binary is necessary."* (focus group participant)

Shelter environments are one of the most stigmatizing and often inaccessible service environments for LGBTTGNCQ+ people because of their traditionally gendered residential nature. However health care services are also well-documented as inhospitable environments and encounters for LGBTTGNCQ+ people (Shute, 2018). Participants reflected these realities:

> "*For a long time I did not have a GP. My experience is that I am on PEP, Emergency room doctors would not see me. Would not acknowledge my sexuality, or my mental health."* (focus group participant)

> *"I have been seeing a OBGYN. Her mantra has been that I need to maintain my reproductive parts for future potential of giving birth."* (focus group participant"

"We have a number of sexual health clinic. There was one on Prospect Road. I knew I had symptoms and needed services and the place is great but was only open 2 days. When I needed help, I could not access it that week when I need it. I was forced to go to emergency." (focus group participant)

What Works

The discussion of an LGBTTGNCQ+ shelter often transitioned into a discussion about what *is* working and should therefore be implemented in any LGBTTGNCQ+ specific service, program or agency. In one focus group, many participants discussed how public schools in York Region were very positive environments for them because teachers asked pronouns, there were GSA (Gay Straight Alliance) groups, openly identified LGBTTGNCQ+ teachers, announcements stating explicit LGBTTGNCQ+ support, intentional visuals and awareness raising activities. All of these actions helped participants feel welcomed and safe at school and should be taken up as necessary at other services because their evidence shows these are important demonstrations of inclusion and belonging.

Other positive features of services experienced by participants included: neutral, non-assuming service language; staff allowing people the space to define their identity/orientation and the consistent opportunity to talk about it in the way they want to when they want to; the importance of social spaces and clubs; and the importance of having strong, inclusive leaders in these groups; the need for social services, housing services and health care that are queer-specific; the need for more services in general without wait lists and restricted access and above all, the need for highly knowledgeable and trained staff.

Recommendations

Both survey and focus group participants provided input specifically about recommendations for improvements to existing service delivery as well as support for a LGBTTGNCQ+ designated shelter in York Region.

Safety

- Implement specific equity and minority sexual orientation/gender safety policies that are <u>actively and consistently enforced</u> that protect LGBTTGNCQ+ individuals and staff from discrimination, violence and exclusion.
- Review and design service, procedures, and rules that allow LGBTTGNCQ+ service users and participants the safe space and freedom to openly, and <u>without question</u>, identify: their identity, name, physical appearance, and safety needs as they see fit. Given the contextual and fluid nature of LGBTTGNCQ+ identities as they intersect with being young or young adults, design and implementation need to have intentional flexibility to suit the unique individual context of identity and identity-related safety.
- Plan for the unique safety concerns and needs of LGBTTGNCQ+ youth as part of inclusive service and space design planning but also create opportunity for individual safety needs and concerns by explicitly asking at intake/first contact how the service can best protect their safety (physical, emotional, and psychological).
- Every service user should be asked about their preferred pronouns. Where comfortable and safe, staff should also always identify their pronouns and if they are comfortable, their sexual and gender identity. This normalizes non-cisgender and straight identities and breaks down barriers to communication and identity at an agency. In hyper-binary environments, mistakes are inevitable. A simple, genuine apology should be made for mis gendering service users at every instance.
- If for policy or funding reasons, legal names are a requirement it is possible to have a second blank line for chosen name and a check box for which name the client would like to be called while they are accessing services. It is important that this is not considered merely a matter of procedure, but one of safety (thus its inclusion in two sub-sections of recommendations).

Service and Agency Environment

- It is important to note that visual symbols of inclusion in an agency's physical environment are a crucial factor in creating safe and welcoming spaces for LGBTTGNCQ+ individuals. This includes visible references to anti-discrimination and equity policies, visible pamphlets for LGBTTGNCQ+ specific services in the area, messages of welcome explicitly stated in agency brochures and other such methods signaling inclusion. However, rainbow/safe space stickers and other visuals <u>do not</u> create or guarantee a safe environment. As one participant noted:

"simply throwing up a rainbow flag is not enough" – there needs to be a cultural change [in organizations]".

- Education is key. Participants noted that service providers largely denied/ignored their identities and identity-related needs, or were unaware of services that were LGBTTGNCQ+ specific in York Region. Not only did participants note that they would appreciate seeing themselves reflected in the staffing of their services, but they also felt that peer education of other service users was key to enhancing safety and inclusion.
- Understand that maintaining safe space/positive space is a daily process, and requires constant development and maintenance.
- On the survey, participants were given 10 sexual identities and 17 gender identities to choose multiple options from, including a space to self-identify if they did not align with the variety of identities provided. Many respondents chose to identify with multiple identity markers, reflecting the importance of having either a blank line for filling in. One survey respondent wrote that this was a "tough decision". The survey and focus group data all reinforce that identity is not static and many people do not identify in a singular way and the intake procedure must reflect this.
- Staff should be intentionally knowledgeable about any and all LGBTTGNCQ+ specific services in York Region and how to access them. Organizations should create community resources lists for posting and easy distribution, and include this information as resources on organization websites.

Policies

- In addition to visible and enforced proactive equity and anti-discrimination/anti-violence policies, agencies need to create and enforce a specific policy of service user / client self-determination and self-identification. This means that service users have the inalienable right to self-identify their name, pronouns, gender, sex and sexuality themselves and this is put on all paperwork and used and respected by staff, residents, and community partners who serve on site.
- Policies to handle disclosures of unsafe or disrespectful treatment by staff or other service providers, need to be developed and actively enforced. Participants revealed that when they did have the courage to speak out, there was little to no action taken to address their circumstances.
- Implement an LGBTTGNCQ+ specific confidentiality policy and accordingly, LGBTTGNCQ+ confidentiality training with staff. It is crucial to the safety and privacy of service users that if a client does not use their legal name(s), assigned gender or any other identifiers that it not be shared when giving referrals unless an agency is given explicit consent. This is especially pertinent for transgender, Two Spirit, gender non-conforming and gender queer clients. When a staff is providing a referral, they should only provide the identifying information that a client has actively, and clearly, consented to providing and never reveal a client's sexuality or gender identity to other organizations, despite circle of care or other legislation/protocols that allow for the sharing of information with external partners. Generic confidentiality policies do not suffice, and it is crucial to discuss

which aspects of a service user's and other elements of their sexual and/or gender identity can be disclosed and discussed when making a referral.

- Best practice for sleeping arrangements in a shelter setting is to have non-gendered, single occupancy and lockable room/sleeping arrangements. When sleeping arrangements and/or bedrooms have existing gendered separations, <u>always</u> allow each client to choose which area that feel safest and most comfortable. When service users feel safe and comfortable, this will increase those dimensions for all service users. Designing for LGBTTGNCQ+ specific needs benefits all services users.
- Create and enforce shelter environments that allow clients to share rooms with their partners and/or families. Participants in both the focus group and survey stated on multiple occasions that shelter settings where they could share rooms or beds with their romantic partners are an underutilized tool by agencies. Allowing an individual to share sleeping arrangements with their partner(s) allows for personal dignity, companionship, and acknowledgement of a client's self-determination. Denial of this in a shelter setting acts as a significant deterrent in access for LGBTTGNCQ+ individuals. This recommendation is of particular relevance for family shelters.

Personal Care Considerations

- Best practice for service bathrooms is the provision of private, single person washrooms, with a full (floor to ceiling) and lockable door and complete with a toilet, shower, and sink. These bathrooms are not gendered in any way and are always accessible to clients without having to ask staff for a key or permission to access.
  - o When single person bath and shower rooms are not possible at an agency, the next best alternative is to have multiple, gender neutral washrooms with lockable, private stalls.
  - o When gendered, multi-person bathrooms are the only option, a single, lockable bathroom should be made available readily available to all clients and remain unlocked and accessible to all clients. The option of this bathroom should be advertised to *all* clients so that a client using it is not targeted.

The common practice of having single bathrooms locked as to prevent substance usage or harm to clients, forces clients to find to tell staff every time they want to use the washroom and risk outing themselves to staff in this process. When not possible, the default policy/practice should always prioritize and enforce client self-determination and choice. Service users know which circumstances are safest and most comfortable for them and the agency and staff should do everything possible to ensure these wishes are actively respected and enforced at all times.

Services

On multiple occasions, research participants discussed very negative experiences with health/social services professionals. The common themes were: not being able to access service due to the limited nature of LGBTTGNCQ+ specific health care, being forced to use drop ins or emergency services, as well as health care professionals not wanting to discuss their identity and how it impacts their health and interactions with the health care system.

- All organizations should consider how they can compensate for and provide health and mental health services in their safe environments
- Explicit efforts should be made to hire and make readily available peer support and/or staff that openly identify as LGBTTGNCQ+ to conduct / facilitate services and programs.
- Create support and social groups for LGBTTGNCQ+ youth that are initiated and led by staff with input from participants' / service users.
- A common theme raised in focus groups was that the onus was always placed on residents / service users to create supportive groups themselves which places an unfair burden on individuals attempting to access services.
- If an agency provides counseling services, it should offer LGBTTGNCQ+ specific and competent counseling services specifically, and if this is not a competency, note that this is a limitation of counseling services, so it is not expected, and pursue competency actively.
- Research respondents shared that explaining their identity and needs repeatedly to service providers was exhausting, and a deterrent to accessing services. Knowledgeable staff prevent this necessity and makes services more welcoming and easier to access.
- Programs and services need to be actively aware and educated on the intersectional experiences of individuals and groups who are LGBTTGNCQ+ and racialized communities or are Two Spirit.

Recommendations for all service providers

For feedback to all service provider organizations to consider, survey respondents identified the following as the most needed programs and services (in order):

- social activities and groups
- health programs
- better quality sleeping arrangements
- mental health counselors and counseling that is appropriate to a user's needs and,
- safe bathroom arrangements (in all service settings

Survey respondents noted what was most important to them when accessing programs and services (in order):

- safety
- open and non-judgmental atmosphere
- support groups
- sexual health care
- social opportunities
- a commitment to harm reduction.

Focus group participants discussed very poor experiences with health professionals. The commons themes were not being able to access service due to the limited nature of LGBTTGNCQ+ specific health care in York Region, participants being forced to use drop-ins or emergency services. They also noted that in general, health care professionals were unwilling to discuss their identity and how it impacts their health and interactions with the health care system.

Prevention

Survey participants were asked: If you have little to no contact with your family, do you attribute this to your gender/sexual identity? A quarter of the survey respondents who stated that they have no contact with their family attributed it to their ability to be out with their family. This is significant and reinforces the impact of family on LGBTTGNCQ+ youth homelessness and overall stability. Family interventions, involvement in the system and early-prevention efforts through the schools and other family services is a crucial tool to both preventing LGBTTGNCQ+ youth homelessness and supporting youth who are accessing services as a direct, or related, result of their inability to be open about their identity at home.

Accessibility

- Provide a variety of transportation options, resources and links to connect individuals to services both inside the organization as well as external events. This may require significant partnership and collaboration on the part of York Region's highly silo-ed social service agencies and across a vast geography. This includes but is not limited bus tickets, client van pick up and drop offs and assistance navigating York Region's transportation services.
- Transportation and transportation assistance should also be focused on connecting LGBTTGNCQ+ youth to social events. There are minimal LGBTTGNCQ+ specific social events, programs and groups in York Region, and this social support/network development is crucial to participants.
- Service providers should consider transportation services as part of their prevention and safety efforts. As transportation or the lack thereof is often a situation in which racialized, Two Spirit, and LGBTTGNCQ+ identified community members may find themselves vulnerable to predatory violence.

- Participants were largely unaware of local LGBTTGNCQ+ services and were often accessing supports in Toronto, which may be physically, socially, emotionally, or financially inaccessible or not accessing services at all. Developing and extending services locally in York Region is absolutely necessary and was an ongoing theme of all focus groups and survey respondents, however, until such time, it is important that organizations and service providers consider the enhancing need for transportation services for LGBTTGNCQ+ people.

Final Words

The research team took great care to present all recommendations provided by participants. It is also our responsibility to remind our community of services providers that implementing any and all recommendations will enhance the safety and inclusion of all members of our community, not only for LGBTTGNCQ+ youth. This commitment must be genuinely undertaken by all service providers, but it is acknowledged that without broader significant socio-economic, political, and legal transformation that protects the human rights of all LGBTTGNCQ+ people and recognizes the historical and contemporary structures of colonialism, heteronormativity, CIS normativity, and hetero-patriarchy that continue to perpetuate forces of marginalization and colonization, these services will regrettably always be needed. These forces will also present the rationale as to why organizations are unable to address these needs partially or fully. The research team challenges all community service providers to resist funding austerity rationales for not implementing these recommendations. Even if efforts to develop a LGBTTGNCQ+ shelter are not realized as part of this process, any improvement to the safety and inclusivity of our community services will have been worth the effort.

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