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**FINAL PROJECT REPORT**

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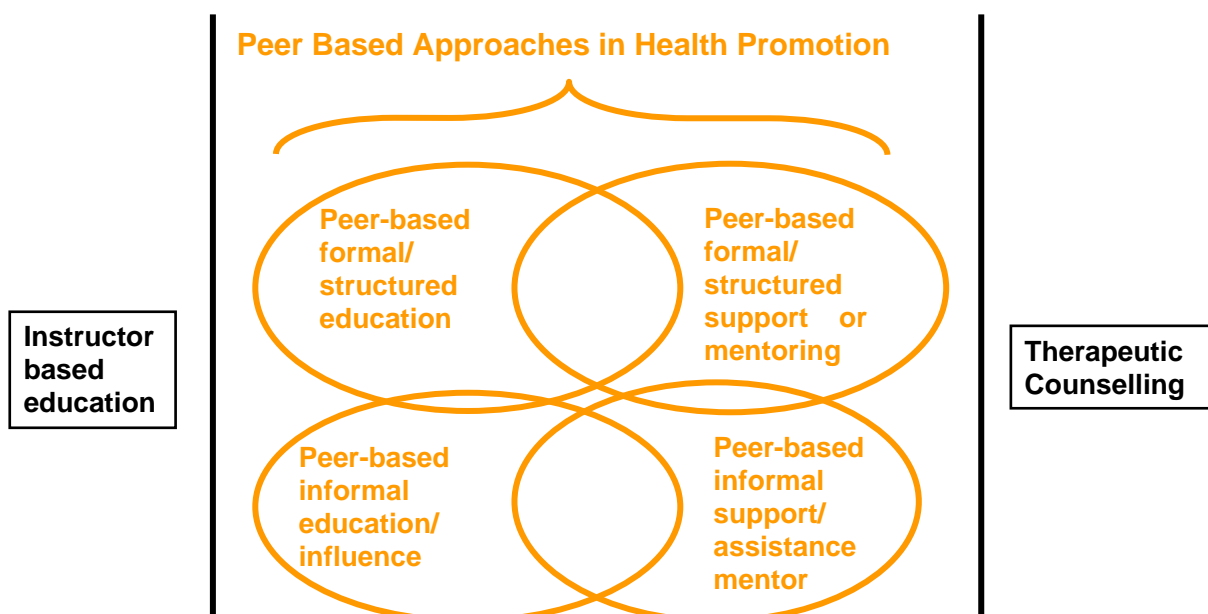
**Appendix A – Group Interview Schedules**

## Summary:

The Peer-based Outreach programs and Same Sex Attracted Youth (POSSAY) project commenced in March 2005 and was completed at the end of June 2006. The purpose of the study was to examine the processes and assumptions underlying the effectiveness and relevance of peer-based programs aimed at same sex attracted youth (SSAY). Of particular interest to the project were the overlapping parameters of different types of peer based programs and the boundaries between instructor based education, peer based programs and therapeutic counselling.

Figure 1 (below) represents the project team’s preliminary ideas on where peer-based approaches in health promotion sit within the wider spectrum of health promotion strategies including instructor-based education and therapeutic counselling. The diagram indicates that peer-based approaches including education and support can be either formal and structured or more informal.

**Figure 1: Peer-based approaches in health promotion (preliminary ideas)**



Peer support and education programs which aim to build coping skills, resiliency and a sense of belonging amongst SSAY were the focus of the POSSAY project. Such programs may be effective in targeting and supporting marginalised youth where friends may not be a positive source of support, or there are no friends available and professional or institutional support services may not be

trusted. Peer support and education can provide empathy, understanding, skills development and practical support (1-5). In most cases, the peer volunteer has had experience of dealing with similar issues themselves.

The POSSAY project reviewed current peer-based and outreach programs targeting SSAY and marginalised youth in WA. Data was analysed from group interviews conducted with peer program staff and volunteers (n=11), SSAY (n=41) and partner agencies (n=9). The overall aim of the project was to produce a clearly documented model of peer-based support and education and guide the further development and reorientation of health promotion services for SSAY.

The findings of the POSSAY project provided further evidence to support the strengths and advantages of peer-based approaches already described in the peer-based literature. These included the approachability of a peer-run service compared to a mainstream specialist support service, the sense of community provided by a peer-based support service for marginalised youth, the opportunity to meet peers facing similar issues or peers who have had similar experiences they can share, the experience of feeling 'normal' amongst like-minded peers and the opportunity to make friendships and create a personal social support network where this does not already exist. Benefits for volunteers running a peer-based service were also very evident including feeling valued, gaining valuable work experience and being able to offer help to SSAY which may help prevent them from developing more serious mental health issues associated with social isolation.

The POSSAY project also identified the following factors for consideration when implementing a peer-based model. To our knowledge these areas have not been discussed in the peer-based literature currently available:

- The role of the coordinator in establishing a strong, supportive team environment for the volunteer group
- The valuable peer support that is evident between volunteers and between SSAY as well as between volunteers and SSAY
- The role of the volunteers in providing an environment for socially isolated SSAY that emulates a natural social group environment as much as possible within the stipulated boundaries

- Boundary management issues between volunteers and SSAY that challenge the concept of the volunteer as a true ‘friend’, e.g. volunteers having to decline social invitations and gifts from clients
- Boundary management techniques which help to establish and maintain boundaries, e.g. referring to SSAY as ‘clients’, limited physical space which serves to inhibit conversations in confidence between individual volunteers and SSAY
- The case for recruiting a diverse mix of volunteers with an emphasis on the capacity (skills, knowledge, experience, personality) of the group of volunteers rather than the capacity of individual volunteers
- The recognition that a peer-based support service is not suitable for every individual in the target population at which the service is aimed. Reasons for this are varied and may include: accessibility, stage of maturity and social confidence of the young person, a young person with existing or developing mental health issues, access to other sources of social support and friendships or a preference for anonymity.

The POSSAY project team firmly believes that the above factors would merit further research and validation, to assess their relevance and transferability to other contexts and target populations of marginalised youth. To this end, a proposal for funding has been submitted to support the consolidation of evidence-based practice from a consortium of peer-based projects. The overall aim of this larger project is to develop good practice standards to support existing and future peer-based support initiatives.

## **Objectives:**

The POSSAY project had three main objectives:

1. To identify consistencies and inconsistencies between the experiences and perceptions of SSAY and the assumptions underlying current peer based initiatives targeting SSAY and marginalised youth. In particular:
  - To synthesise the experiences of SSAY and the role of the presence or absence of protective factors such as sense of belonging, coping skills, resiliency, self-efficacy and health literacy
  - To describe the assumptions and expectations of SSAY of the targeted and general services targeting youth
  - To describe and compare the key models, issues and assumptions underlying peer-based initiatives targeting same sex attracted youth, programs targeting marginalised youth, and these programs' responses to protective and risk factors; and
  - To describe and compare the assumptions and capacity expectations that staff and volunteers from SSAY and marginalised youth programs have of each others' programs and services.
2. To collaboratively identify opportunities for enhancement, reorientation and development of these programs, including joint initiatives between targeted and mainstream youth outreach services.
3. To provide recommendations for further research into peer based youth mental health promotion and service interventions.

### Progress:

This is the final project report for the Peer-based Outreach programs and Same Sex Attracted Youth (POSSAY) project and covers the period March 2005 – June 2006. During this period, administration, consultation and research tasks scheduled for all four phases of the project have been completed (see Research Timeline below).

### Research Timeline: POSSAY

Phase	Month	Administration and Consultation tasks	Research Tasks
1: Establishment	February 2005	Formalise research stakeholder committee and 1 <sup>st</sup> meeting	Review Research action plan
2: Program review and focus groups	March to July 2005	Recruit research assistant	<ul style="list-style-type: none"><li>• Desk top review of current programs</li><li>• Group interviews with coordinators, peer volunteers and facilitators</li></ul>
		Stakeholder Committee 2 <sup>nd</sup> meeting: present progress to date	
	<b>August 2005</b>	<b>Annual Progress report to Healthway</b>	
3: SSAY Interviews and Data Analysis	August to December 2005	Stakeholder Committee 3 <sup>rd</sup> meeting: Present progress to date	Interviews with SSAY and Analysis
4: Report writing and distribution of findings and recommendations	January – June 2006	Research assistant contract complete	Additional interviews with facilitators & SSAY
	<b>July/Aug 2006</b>	<b>Final Report to Healthway</b>	

#### Phase 1: Establishment

- The research stakeholder committee was formalised in February 2005.
- A working document for the POSSAY project was produced as a central repository for storing key findings.
- First stakeholder committee meeting held.

#### Phase 2: Program Review and Focus Groups (March 2005 – August 2005)

- Second stakeholder committee meeting held to discuss and schedule planned research activities
- Interview schedules developed for agency staff and peer program volunteers. Interview questions framed around components of the behavioural models considered relevant to understanding peer-based interventions such as the Health Belief Model, Social Cognitive Theory and Diffusion of Innovations (6-8)
- Group interviews with peer volunteers from the Perth Freedom Centre and staff from agencies working with SSAY and other marginalised youth during May and July 2005
- Analysis of the group interview data using the NVIVO qualitative data analysis software tool.

Please refer to the annual progress report submitted to Healthway on 31 August 2005 for further details of the activities completed during phases 1 and 2 of the POSSAY project (9).

### **Phase 3: SSAY Interviews and Data Analysis (Jan 2006-May 2006)**

During Phase 3 of the project, further group interviews were conducted with agency staff and members of a peer support group for parents and friends of same sex attracted youth. In addition, focus groups were conducted with SSAY recruited through the Perth Freedom Centre and by a range of advertising and snowball recruitment methods including flyers, word of mouth, peer groups and informal email lists.

The interview schedule for SSAY was informed by the results of the Phase 2 group interviews with volunteers and agency staff (see Appendix A). A regional needs assessment of SSAY was being conducted by a partner agency at the same time as the POSSAY project. Due to the opportunity and timing of this initiative, the POSSAY project agreed to participate in the data analysis of these regional focus groups allowing a more diverse range of SSAY to be involved, i.e. both urban and regional SSAY. This additional data complemented the dataset collected by the POSSAY project team during the data analysis process.

Interviews were tape recorded and transcribed verbatim. The transcripts did not record any names or other details that could identify participants. All computer files were protected by password access



known only to the principal researcher. The NVIVO software package was used for data management of transcripts and other relevant data.

Volunteer procedure manuals and training manuals were obtained from the Freedom Centre and reviewed to identify any inconsistencies or gaps in content based on the data collected during the focus groups and interviews. This desk top review was documented for use by the Freedom Centre Coordinator.

A gap analysis was completed to compare responses from peer volunteers, peer support staff and agency staff with those given by SSAY. The similarities and differences arising from the gap analysis are described in the Results section of this report. A theoretical framework using social cognitive theory, symbolic interaction and systems theory (7, 8, 10) was used during the data analysis in order to understand the data and formulate conclusions and recommendations.

Finally, a 3<sup>rd</sup> stakeholder committee meeting was held to present progress and discuss findings from the project.

### **Phase 4: Report writing and distribution of findings and recommendations (June-July 2006)**

The final project report was written during Phase 4 and an executive summary will be distributed to the Freedom Centre and the agencies who participated in the POSSAY project. The stakeholder committee met for the last time to discuss the findings, develop recommendations for further research and identify actions to address the issues raised by the POSSAY project.

## **Results:**

The results section is divided as follows:

- Summary of consultation
- Gap Analysis
  - Similarities across groups
  - Differences across groups
- Comparison with desk top review
- Revised model for peer-based approaches.

### **Summary of consultation**

Table 1 summarises the number of people who provided data for analysis by the POSSAY project. They include peer program staff, peer volunteers, agency staff and members of a peer support group for friends and families of SSAY as well as SSAY themselves.

**Table 1: Summary of people consulted for data**

<b>Group Interviews and Focus Groups</b>	<b>Number</b>
Peer program coordinators	2
Peer volunteers	9
Agency staff	9
Peer support group for friends and families of same sex attracted youth	5
SSAY recruited through Perth Freedom Centre, flyers and email lists	19
SSAY recruited via other agencies (including some who had accessed the Perth Freedom Centre)	22
<b>Total consulted</b>	<b>66</b>

For the purposes of the results section, the following symbols will be used to identify comments made by a particular group:

V = Volunteers and peer program staff

A = Agency staff

S = SSAY

## **Gap Analysis**

Overall, the gap analysis showed different emphases or perspectives from the different groups consulted rather than disagreement.

### **SIMILARITIES ACROSS GROUPS**

There was a high degree of consensus across all groups concerning the reasons why young people may come to Freedom Centre, how Freedom Centre helps people, and the qualities of good volunteers. Comments relating to each of these areas are discussed in turn below.

#### **Reasons why young people may access Freedom Centre**

The main reasons given by young people for first coming to Freedom Centre were feeling isolated, feeling alone and wanting to meet other queer<sup>1</sup> young people:

*‘Before I came to Freedom Centre, I felt like I was the only gay youth in the world’ (V)*

*‘I went through high school feeling very alone. I couldn't share my experiences with anyone. I didn't know any other gay people. I felt very isolated because there wasn't really any place I could go’ (V)*

*‘We refer a lot of people to Freedom Centre as a way of overcoming their isolation’ (A)*

Peer staff/volunteers and agency staff agreed with these reasons. However, agency staff also suggested other reasons for first coming like needing support, feeling desperate, still questioning sexuality, not being out to family and friends and living in unsafe conditions, e.g. using drugs, homelessness

*‘I quite firmly think when people first access Freedom Centre they go there with the expectation they could get some support’ (A)*

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<sup>1</sup> A colloquial term commonly used by the gay and lesbian community to describe a person who is same sex attracted

### Reasons why young people continue to access Freedom Centre

Young people gave many reasons for continuing to come to Freedom Centre including: the friendly atmosphere, having fun, feeling relaxed, not feeling self conscious or judged, peer support, having the opportunity to meet new queer friends.

*'At Freedom Centre you are not judged or made to feel self conscious. It's relaxed' (S)*

*'It's a nice place to talk to people with similar experiences' (S)*

The opportunity provided by Freedom Centre to meet the right sort of people was also valued. This included meeting queer young people with a positive outlook on being gay and people who wanted to be friends rather than relationship partners:

*'From my experiences [at other spaces/venues], people were very cold and bitter and really not much into friendships' (S)*

*'I knew that coming to Freedom Centre wasn't about being hit on or looking for a boyfriend it was more a peer support thing' (S)*

*'Being able to see that there's other young people who are having similar experiences, they have a sort of bond, they seem to get that support from each other' (V)*

*'They [SSAY] don't think it is predatory' (A)*

Agency staff and SSAY also noted there was nowhere else like Freedom Centre that SSAY could go to for friendly support or to meet other queer young people:

*'I think it's one of the few support networks for same sex attracted youth' (A)*

*'If you didn't come here you'd have no place to go...there's a lack of youth in other places' (S)*

*'People might not access for support or information but because they want to connect to other young queer people through art, theatre, etc' (A)*

Volunteers and SSAY agreed on the fact Freedom Centre provided a safe space to talk about being gay and issues concerning same sex attraction

*'That's the biggest thing, safe space to be whoever they are and be accepted for that in the capacity they want' (V)*

*'Going somewhere where you can talk about being gay but without having a shadow over you like being cautious about what you said' (S)*

*'Openness, just being able to talk about whatever you want to talk about' (S)*

### **How Freedom Centre helps SSAY**

All groups agreed that Freedom Centre represented the preferred choice compared to counselling or psychologists when first seeking help.

*'The people here [Freedom Centre] have a better perspective on what you are talking about than a counsellor' (S)*

*'...people can learn to trust volunteers a lot more than they would perhaps professionals or a service, because it is just drop in and they don't have to give us any of their details' (V)*

*'Volunteers have had a very similar background and experiences so young people feel more comfortable opening up to them' (A)*

For some SSAY, it is likely they did not need counselling anyway, just access to supportive peers and friends. The volunteers played an important role in directing young people to the resources they needed and helping them to open up by sharing similar experiences and offering empathy and understanding. The lack of hierarchy or power imbalance enabled clients to be open and created an atmosphere of trust:

*'Without the authority young people feel a lot more safe and a lot more understood feeling like they're coming to people and talking to people who are more like friends than authority figures' (V)*

*'I think I would come here first to find out information about where to go for help' (S)*

The strong preference for peer-based support compared with professional counselling might however represent a difficulty for volunteers when trying to help those SSAY who actually needed counselling or more specialist help:

*'I've had bad experiences with psychs, I don't trust them, they never believed me, they didn't understand' (S)*

*'If it was something really really personal that I wanted expert advice with I would probably come here' (S)*

All groups shared the view that the Freedom Centre has an important role to play in making young queer people feel normal, and accepted by others. It also builds young people's confidence to make new queer friends and start relationships

*'Freedom Centre has helped me heaps to come out of my shell and understand we are normal' (S)*

*'It's a place where they can feel normal with like minded people' (A)*

SSAY said Freedom Centre helped them to reduce feelings of internalised homophobia, they found the coming out stories on the website really helpful too.

*'I had felt alone, shattered, trying to get rid of gay feelings. If Freedom Centre hadn't been here then I probably wouldn't be here today either' (S)*

*'The website had coming out stories and it really helped with telling my Dad knowing what to expect and everything' (S)*

### **Qualities of good volunteers**

All groups were in agreement that having a mix of skills and qualities in the volunteer group was important to reinforce the acceptance of diversity and to make it more likely that new SSAY accessing the Freedom Centre would find someone they could relate to and to ensure a range of SSAY needs could be catered for:

*'They are very different, definitely a mix of personalities with some similar qualities...it's part of Freedom Centre we embrace people from different forms, their gender their education, etc' (V)*

*'There are quite a range of volunteers...people who are bisexual...also gay and lesbian volunteers...you have more chance of finding someone you can relate to' (S)*

The social support evident within the volunteer group itself was very strong and often given as a key reason by volunteers for continuing to volunteer along with gaining valuable work experience:

*'Because it is such a close group... they've got this real sense of belonging and this real kind of focus and passion and this major friendship and social group and that becomes quite intoxicating' (V)*

*'Some people see it as a career, like it's potentially employment...if you're a young person and you want work in a queer human services fields there's not too many to choose from and not many you can volunteer in' (V)*

However, from a management perspective, the diversity was a very volatile and dynamic entity. Problems within the core group of volunteers influenced how smoothly the centre ran, if volunteers left etc, therefore accepting new volunteers into the group could be difficult to handle.

*'When there's a really close group the idea of new volunteers coming in is a bit tricky because they end up being part of your social group, then there's a shift in the friendship group which is constantly evolving, people move on. If the core group changes, the centre can stop running smoothly' (V)*

The age of peer volunteers did not seem to matter. The same sex attraction was more important and the ability to relate to young people and their issues no matter what age you were as well as a perceived capacity and desire to help.

*'Just being same sex attracted is a common link' (S)*

*'I don't really care about the age thing...some people might look older than they are anyway' (S)*

*'Age is not as important as practical experiences' (A)*

Age was only perceived to be a potential barrier for the peer model where it created a hierarchy. One of the advantages of having peer volunteers was thought to be having a similar experience base and no power imbalance. Too much training and knowledge could also become a barrier if volunteers lost some of their "peer-ness" as a result.

*'I don't think it would be as safe a setting for them if they were dealing with older people, there would be a power imbalance' (V)*

*'Too much training and knowledge may detract from a person's "peer-ness"' (A)*

## **DIFFERENCES ACROSS GROUPS**

Different perspectives from SSAY and peer volunteers/staff and agency staff emerged particularly in discussions about the role of Freedom Centre, reasons why SSAY do not access Freedom Centre, the management of boundaries between peer volunteers and SSAY, the role of the volunteers and the coordinator and suggestions for improving Freedom Centre. Comments relating to each of these areas will be reviewed in turn.

### **The role of the Freedom Centre**

All groups agreed that the main role of Freedom Centre was to provide a safe space for SSAY to talk about their sexuality, meet new friends and feel uninhibited. However, agency staff and peer volunteers also saw other important roles for Freedom Centre like community education, advocacy and training provider. These roles for the Freedom Centre were not mentioned by SSAY.

*'A service that advocates on behalf of same sex attracted young people' (A)*

*'I think they also have a broader role in educating other organisations... schools, youth agencies, medical students, counselling services' (A)*

*More training courses like a drop in day for parents who could meet other parents in a similar situation (V)*

*'I see the community development and community education as a really important role because there are a lot of people who don't know about the centre' (V)*

### **Reasons why SSAY do not access Freedom Centre**

Some of the reasons given for why SSAY may not access Freedom Centre were consistent across all groups and included: fear of fitting in, feeling daunted, not knowing about the centre, not being able to find the centre, difficult location to get to if non metropolitan, having other commitments (work, school). Fear of being accepted by a same sex attracted group and feeling daunted by going in to Freedom Centre alone were mentioned particularly frequently.



*'For same sex attracted youth who have been isolated for a while there's that fear of actually interacting with others...will they be accepted by them' (A)*

*'I walked by a few times, turned the corner went home and came back' (S)*

*'I thought about it for a while. Thinking what are these people like? What if I don't fit in?' (S)*

Both volunteers and SSAY who came regularly agreed that SSAY who did not come may not need the services provided if they already had a social support network outside the centre. Further, it was noted that the peer experience was not for everyone while some SSAY may prefer the anonymity and accessibility of online peers:

*'Some people have their own support system so don't need to come' (S)*

*'They develop an outside social support group' (S)*

*'They don't feel they need to access Freedom Centre...they have a lot of peers online' (V)*

Agency staff and SSAY agreed that coming to Freedom Centre represented a real turning point for young people in admitting they were gay, in effect being 'out' to themselves:

*'You're crossing that line between this is my thoughts and this is really me' (A)*

*'It was a huge turning point because it was admitting something to myself just by turning my head and looking at this building...it was almost a confession' (S)*

Agency staff also thought the opening hours or having more complex mental health issues may be reasons for not coming but these were not mentioned by volunteers or SSAY. Volunteers thought the threat of being 'outed'<sup>2</sup> might be a barrier to coming but this was not mentioned by any of the SSAY interviewed. It is possible this would not be the case in more rural or regional areas where homophobia is very evident. Finally, it was noted by volunteers and agency staff that previous or existing relationships between SSAY or between SSAY and volunteers at the Freedom Centre might inhibit access:

*'I think Perth is quite small so one of the disadvantages of the peer model might be that the young person that's going may have a history with one of the people working there' (A)*

### **Management of boundaries between peer volunteers and SSAY**

Effective boundary management between volunteers and visitors to the centre was noted as an inherent challenge of the peer model. Agency staff expressed concerns that volunteers did not have the necessary skills or ongoing supervision and training to establish and maintain effective boundaries with clients (as given to counsellors), especially when faced with young people presenting with complex mental health problems

*'There's the issue of ongoing supervision and training important to keep the boundaries clear and make referrals as needed' (A)*

*'My concern is the model of young peers working with young people in an environment where some really complex stuff can arise. Where the boundaries are and how that's kept safe for all the participants in the process' (A)*

Volunteers felt they received adequate training and support from the Centre coordinator and the volunteer group to be able to deal with most situations. Volunteers did find the boundaries difficult to manage at times, and stated this as a potential reason for stopping volunteering, to have the freedom to socialise with whoever you wanted to or if you developed feelings for a client, but this was not common.

*'If they invite you out to a party or something and you have to say no...that's one of the disadvantages of the peer model' (V)*

*'Going out on the scene it can be quite awkward when there are people there who are clients especially when you need to say or make it clear to them you can't hang out or talk to them' (V)*

*'If you have a 16 year old who's got absolutely no friends the chances are they are going to get confused about whether the volunteers are role models or friends' (V)*

SSAY seemed clear about the boundaries concerning their relationship with the volunteers - friends whilst in the centre, acquaintances outside. SSAY offered no positive or negative assessment of the boundary rules, there was just an acceptance for the way it was:

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<sup>2</sup> A term used to describe the scenario when a person's same sex attraction becomes public knowledge without their consent

*'While I can't be friends with them outside [the Freedom Centre] I see them as good friends that I will be able to talk to about anything' (S)*

*'They [the volunteers] are like a strange sort of friend that you can only have in this building' (S)*

For SSAY who had been accessing Freedom Centre for a long period (more than 12 months), the boundary rules did create some tension, since they had developed close friendships with the volunteers and it seemed unnatural to ignore them or exclude them from significant events (e.g. their birthday party) outside the centre. In order to progress their relationship with a volunteer they were close to, they would have to stop accessing the Freedom Centre or become a volunteer themselves. For one group of volunteers this is what happened, a group of friends accessing the Centre all became volunteers at the same time.

SSAY felt that using the term 'client' for young people accessing the centre was not considered appropriate since it implied a formal power difference between people working at the centre and those accessing it for support. Other terms including 'visitor' or 'guest' were preferred. Interestingly, volunteers only used the term 'client' in discussions with other volunteers, never with the young people accessing the centre. It is possible that volunteers inadvertently created professional boundaries by referring to SSAY as 'clients' rather than friends.

### **The role of the volunteers and the coordinator**

All groups agreed that volunteers were there to welcome, help and teach people. Visitors to the Centre especially appreciated the familiarity of seeing the same volunteers on shifts. The volunteers seemed to take some pride in their perceived role as 'role models' for visitors to the Centre:

*'When I was a client the volunteers represented the possibility of what I could become, someone who has made it through the coming out process and who is healthy and balanced, like a role model in some way' (V)*

*'Be a positive role model, share experiences, show clients there is light at the end of the tunnel' (V)*

However, SSAY were more likely to describe volunteers as ‘friends’ or ‘peers’ rather than role models:

*‘They are just like us. Like peers basically that you can talk to and relate to. ‘The relationships you build with volunteers are the same as you build with anyone’ (S)*

A concern expressed by agency staff was that volunteers may present a biased viewpoint when helping clients that was based on their own personal experiences rather than an objective viewpoint based on the facts at hand:

*‘Having had similar experiences...it relies on a set of assumptions...they also have a set of answers that work for them but that's not to say they would work for someone else in different circumstances’ (A)*

*‘That's my worry, how robust are volunteers, how many of the issues clients present with bring along triggers for them so the advice they give isn't as objective as it could be’ (A)*

However, volunteers seemed clear about their limitations and used the capacity of the volunteer group as a way of addressing any gaps in their personal knowledge:

*‘Clients often look to the volunteers for answers...if we don't know the answer we can hopefully refer them to someone who does have information...between many of us we can hopefully formulate something that's helpful for them’ (V)*

Another role of volunteers considered important to SSAY but not mentioned by other groups was the perceived power and authority volunteers had to maintain an appropriate level of behaviour at the centre:

*‘Volunteers have the authority to say sorry we don't do that round here’ (S)*

*‘Volunteers are the backbone. They keep everything under control’ (S)*

*‘They have to make sure everyone's safe’(S)*

*there's an argument then volunteers would step in’(S)*

*‘If*

Agency staff commented on the role of volunteers as ‘gatekeepers’, assessing the need for specialist support and directing young people to appropriate support.

*'Young people who are presenting with fairly complex issues...to what extent are the volunteers able to do some assessment of how they might be going, how they might be coping...it puts a lot of pressure on volunteers...they need to be skilled and trained in recognising some of the signs for poor mental health' (A)*

Volunteers and SSAY relied on the coordinator in these instances. SSAY had a perception of the coordinator as a more experienced person, with more authority than the volunteers. This raises the question as to how realistic it is to be a peer in order to fulfil the coordinator role:

*'If you've got someone you're worried about or someone who feels a bit worried they know they can always go and talk to the coordinator' (V)*

*'If I had something really personal to discuss I would be more willing to go to her [coordinator] because she is wiser and she is from the AIDS Council'(S)*

*'The coordinator is someone to talk to about private problems, give advice and be helpful' (S)*

Linking the peer support model to other support services and support specialists was considered especially important when dealing with complex mental health issues in young people:

*'It's not realistic to expect that with this particular client group the peer model will be sufficient with the very particular issues they present with...they are over-represented in a whole range of risk areas...there needs to be accountability with other organisations too...collaboration is the way to go' (A)*

Having a more collaborative and coordinated set of support and referral services was also considered important to avoid 'burnout' amongst volunteers:

*'It is really valuable to have young people working in those roles [as volunteers] but you risk burnout without support' (A)*

## Suggestions for improving Freedom Centre

Overall, SSAY were very pleased with the services provided by Freedom Centre. Suggestions for improving the centre mainly concerned making it available more regionally, having a bigger space and having more structured social events planned. The need to make high school children more aware of Freedom Centre was also considered important.

*'There should be more information about Freedom Centre available in high schools' (S)*

*'Pamphlets given to year coordinators, school psychologists, school chaplains' (S)*

*'It would be a really good resource for country areas, a place where people in regional areas can come in and express their feelings and stuff' (S)*

Suggestions from agency staff, peer staff and volunteers were focused more on having a stable location for the centre and access to more funding. This would enable more services to be offered and ensure adequate support, training and supervision for volunteers:

*'Having a stable location. It's a big drawback they've had to move so often. It becomes a barrier for people accessing' (A)*

*'I think funding is the core problem. In the present model, the core activities are probably sustainable but anything else would be pushed back' (A)*

*'To be more holistic in what we do we need extra staff people' (V)*

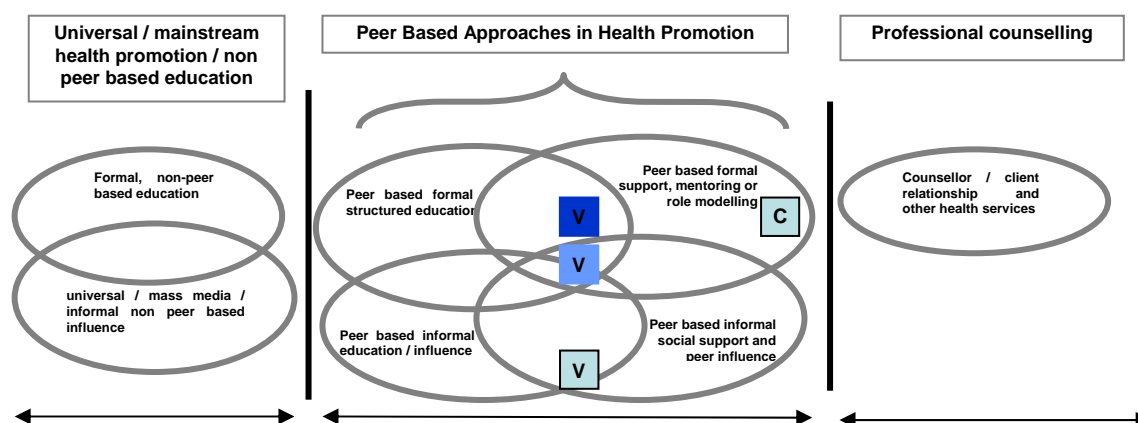
### **Comparison with desk top review**

A comparison of the volunteer group interview data with the desk top review of the training manuals and procedure manuals provided by the Freedom Centre showed that the perspectives of the volunteers were very consistent with the information they had received during their volunteer training. In particular, the important messages concerning boundary management with SSAY and the role of the volunteers were very well and consistently received.

## Revised model for peer-based approaches

The gap analysis of the POSSAY project findings has enabled the project team to further develop the model of peer-based approaches introduced earlier in this report (see Figure 2 below).

**Figure 2: Peer-based approaches – revised model**



**Key:**

- C Role of coordinator – all groups
- V Role of volunteers - SSAY
- V Role of volunteers - volunteers
- V Role of volunteers – agency staff

The diagram positions peer-based approaches in health promotion between the parameters of universal or mainstream health promotion and professional counselling. As shown in Figure 2, peer-based approaches are very varied and encompass activities including education, mentoring, role modelling, social support and peer influence. In addition, some of these activities may be formal or informal, e.g. education and support.

Peer-based support provided by the Freedom Centre is consistent with the formal and informal peer-based activities towards the right hand side of the model, i.e. peer-based support, mentoring, role modelling, social support and peer influence. Currently, there is a lesser emphasis on education although some training courses are run. With increased funding, the role of the

Freedom Centre may change to encompass more formal and informal community and educational activities.

Figure 2 also shows that the different groups consulted during the POSSAY project have a consistent view of the role of the coordinator of a peer-based model such as the Freedom Centre. The role is perceived to be a more formal type of peer support, with close links to professional counselling.

However, there was some discrepancy regarding the role of the volunteers across the different groups consulted. SSAY see the peer volunteers very much as friends, albeit only within the Centre, who are able to provide social support. The volunteers themselves perceive both a formal and informal aspect of their role. Formally, they deliver training courses and offer advice on where to seek help; they also perceive themselves as role models for SSAY. Informally, they provide social support to SSAY. Agency staff see the volunteers as having a slightly more formal role still, potentially acting as ‘gatekeepers’ to identify mental health problems amongst SSAY. The social support role of volunteers is less emphasised by agency staff who perceive this to come more from other SSAY accessing the Centre.



## **Conclusions**

The following conclusions are based on the experience of the POSSAY project and complement existing literature on the strengths and limitations of peer-based support for marginalised youth which should be considered by any practitioner aiming to implement a peer-based support intervention.

### **1. Recruiting a diverse group of volunteers**

Effective peer support relies on individuals building rapport and friendships through some commonality of experience or identity. A diverse group of peer volunteers (gender, sexuality, experience, interests, age, etc) make it more likely that people accessing a peer support service will be able to identify with someone on a personal level. The collective capacity of the group of volunteers is more important than the individual capacities of group members. In effect, the volunteer group has the potential to become a high performing team in achieving its objectives helping SSAY. Individuals may have different or multiple roles within the team which all contribute to team performance. As a group, the team is able to achieve more than any single individual is able to. However, the diversity of volunteers is limited by the available number of willing resources.

A diversity of volunteers also makes the peer model less vulnerable to group member dynamics and turnover since the required skills are present in the group not a single type of individual. To our knowledge, these findings have not been discussed in the health promotion literature on peer-based approaches before.

### **2. Boundary management**

Boundary management issues are evident in any peer model perhaps because there is no power imbalance identified by a significant difference in age, education or qualifications between peer volunteer and peer participant. Clear guidelines for appropriate boundaries need to be defined and communicated to volunteers and peer participants.

Maintenance of desired behaviours may be reinforced by group cultural norms where new members to the peer group become aware of appropriate and non-appropriate behaviours through observing others. Volunteers may also inadvertently create a hierarchy as a protective measure by using terms such as 'client' when referring to peer participants. The

coordinator may inadvertently create professional boundaries through physical space, e.g. occupying a separate office.

The peer model does not seek to support young people presenting with complex mental health issues. However, given the trusting relationship between young people and a peer-based support service, and the fact that marginalised young people are more likely to turn to peer-based support before professional support, the peer model could act as a 'gatekeeper' function to direct young people to relevant specialist support services.

On a day to day basis, boundary management issues can be complex since they are often driven by issues of emotional importance to both the peer participant and the volunteer, e.g. the volunteer declining gifts or social invitations from peer participants, discouraging friendships between volunteers and peer participants outside of the peer model context. This finding represents another avenue worthy of further research to determine if these day to day boundary management issues occur in the context of other peer support models.

### **3. Peer support provides social support not therapeutic support**

The POSSAY findings are consistent with the notion that peer-based support represents an early intervention to **prevent** mental health problems from developing. It does not seek to provide any form of treatment. As such, the skills, training and supervision required by volunteers are based on the expectations of the volunteer role, i.e. one of social support and empathy, not specialist support and assessment.

Peer participants enjoy the social aspects of the peer model: the opportunities to meet like-minded people who are facing similar issues and to have fun. The social support they receive in this way may actually help prevent more serious mental health problems associated with isolation, depression and anxiety from developing. Peer-based support has a role to play in emulating the natural social networks that occur for most young people but that may not exist for marginalised youth like SSAY.

The notion of having better access to more specialist support or counselling needs to be carefully considered in the context of a peer model. If more specialist services were available on site, or the volunteers had more specialist skills (counselling or social work

backgrounds for example) it may change the nature of the client group accessing the peer-based support service, attracting young people with more complex mental health issues to attend or putting pressure on skilled volunteers to provide more specialist help. Ideally, specialist services would need to be very clearly physically separated from the peer-based service to avoid any confusion in what young people can expect from either service. Housing the two services in the same building but on two different floors may be a viable option for example.

#### **4. The role of the volunteers and the coordinator**

The POSSAY findings indicated some discrepancy between agency staff and the volunteers regarding the role of the peer volunteers. These differences need to be discussed to position the volunteer role correctly on the model and determine resulting training, support and supervision needs accordingly. If volunteers are acting in a mentoring capacity, they require training and support to ensure they are coping with the demands of their role.

Hearing distressing accounts of harassment, discrimination, internalised homophobia and family conflict can be difficult for peer volunteers. Whilst they can be empathetic during a session, they are also aware that the young person will have to face the same issues at school or home the next day and volunteers may feel powerless to offer real practical help as a result. Introductory training will not address these difficulties, however, volunteer debriefing following peer group sessions, support from the coordinator, established referral pathways, supervised probationary periods for new volunteers, a focus on group work with young people rather than 1:1 interactions and a strong sense of team amongst the core group of volunteers act as protective measures to avoid early burnout and prevent problems from developing within the volunteer group. Volunteers have a role to play in being vigilant of other volunteers' interactions with young people to ensure they are coping well and do not need some additional support.

The coordinator also has an important role to play in continually assessing the wellbeing of the volunteers and investing time and effort to build a strong supportive team environment for the volunteer group. This focus on the importance of good teamwork

amongst peer volunteers has not been discussed in the literature on peer-based support to our knowledge.

Given the role of the coordinator in this context, it may not be realistic to expect that the coordinator can also be a peer. However, the coordinator does require strong skills to be able to engage with young people and avoid any hierarchical barriers from developing as a result of a difference in age or experience. In smaller peer-based models, e.g. in a rural context, where the coordinator is required to be a manager as well as a peer, this may be problematic.

### **5. Peer support exists at many levels**

Peer support provided by the peer model may emulate the social support networks that naturally occur between non-marginalised groups outside of the peer model context. They may be effective because they emulate the benefits and characteristics of these normal social support networks.

Peer support is not limited to that which occurs between volunteers and peer participants. Peer support is also evident amongst the peer volunteer group and between peer participants. Indeed, peer volunteers seek support from other peer volunteers, not peer participants. There is a very close bond amongst the group of volunteers. The peer support evident amongst the peer volunteer group has been noted as a reason for volunteering.

Whilst this can be supportive in times of stress, it also makes the peer model very vulnerable to changes in dynamics amongst the peer volunteer group. Conflict within this group can lead to premature departure of volunteers if not resolved quickly. New volunteers also need to be accepted by the core group of volunteers.

### **6. Peer-based support is not for everyone**

It is worth noting that peer-based support will not be appropriate for everyone in the target group at which it is aimed, for a variety of reasons. As discussed, some SSAY already have social support networks or may prefer to interact with online peers owing to anonymity, transport and accessibility considerations. Some SSAY may find the open social space offered by the Freedom Centre intimidating and unable to offer them enough

privacy or confidentiality, especially in the early stages of coming out. The peer-based model at the Freedom Centre is also not designed to meet the needs of SSAY seeking relationship partners.

Other SSAY may have more complex mental health issues which the peer model is not designed to address. The peer-based model employed by the Freedom Centre does not provide comprehensive one-on-one support. However, as a trusted and approachable service run by gay volunteers, the Freedom Centre has an important function in directing these young people to appropriate sources of specialist help.

The age at which young people first access Freedom Centre may also determine the expectations and needs of young people. Younger SSAY (aged 14-16) who may be 'coming out' for the first time, or feeling very socially isolated or confused, may access the Freedom Centre to seek out other peers, advice, and acceptance that they are 'normal'. They may continue to access the centre until they have developed more social confidence and a personal network of friends.

Slightly older SSAY (aged 17-20) may already have a good social support network but enjoy coming to the Freedom Centre as a safe social space, to be accepted for who they are and to find out information about sexual health and the local 'gay scene'. A peer-based support service therefore needs to determine who its target group is and be prepared to meet a variety of needs as well as understand its limitations in providing support.

## **Effect of research on professional development**

This study has provided opportunities for several new researchers to gain experience in taking notes during group interviews, observing group interview facilitators and transcribing data. In addition, a consortium of peer-based projects has been established (see next section) to extend the POSSAY research to other marginalised groups and it is anticipated that this venture will provide several opportunities for PHD or Masters theses in future.

## **Implications for health promotion / linking research to health outcomes:**

The research findings and experience of the POSSAY project have been used to establish a consortium of peer-based projects involving WACHPR, Government and Non-Government Organisations with an interest in marginalised youth and the role of peer based approaches. When funding is secured, the focus of the consortium will be to conduct simultaneous participatory action research projects with a broad range of peer based programs. The primary goal will be to develop a more unified theory and process of peer based programs targeting marginalised youth based on the evidence collected.

In particular, the consortium will seek to:

- Consolidate the strengths and limitations of peer based programs
- Develop a rigorous theory base for the application of peer based programs across different settings, issues and target groups.
- Clarify the relationship between peer-based approaches and referral to and from clinical and welfare services
- Develop good practice guidelines for the selection, training and supervision of peer volunteers and staff
- Develop pragmatic, usable, and sustainable evaluation and development protocols that look at all three key components – peer program participants, the peer volunteers and the agency staff.

## **Community benefits from the research:**

The Perth Freedom Centre should directly benefit from the POSSAY research project by having access to a gap analysis of the information provided by peer volunteers, SSAY and agency staff concerning the role of the peer-based model at Freedom Centre, its strengths and limitations, and how Freedom Centre has benefited many SSAY.

SSAY youth participating in the project have benefited from having a channel to voice personal opinions and expectations of programs targeting SSAY and having a role in shaping the direction of future services available to them.

### **Partnerships:**

Involvement of youth agencies in the group interview discussions for the POSSAY project has helped to raise awareness and interest in the specific needs of same sex attracted youth. A Diverse Sexuality and Gender (DSG) network has been established with members from various agencies involved in providing services to same sex attracted youth, including the Perth Freedom Centre.

The DSG network meets bi-monthly to discuss issues of common interest, develop and share resources, identify opportunities for joint collaboration on projects and provide project updates. A website is currently being developed on a collaborative basis. It is hoped that the website will provide a focal point of contact for young people with diverse sexuality and gender issues.

The data collection process used by the POSSAY project has also helped to identify agency concerns and understanding around peer-based programs. Agencies involved in the group interviews were:

- GLCS (Gay & Lesbian Counselling Service)
- Trinity Outreach Services
- Youth Link
- PICYS (Perth Inner City Youth Services)
- FPWA (Family Planning WA)
- PFLAG (Parents and Friends of Lesbians and Gays)
- WA AIDS Council

### **Publications:**

1. Peer-based support for same sex attracted youth: boundary management and the birthday party dilemma (under review)
2. Wearing too many hats? The case for diversity amongst peer volunteers (under review)

## **Seminars:**

- Progress of the POSSAY project has been reported at the bi-monthly DSG network meeting attended by representatives of agencies working with marginalised youth.
- Presentations summarising the POSSAY project and the issues under investigation have been given at the:
  - Youth Affairs Council WA Annual Conference, Fremantle, June 2005 – oral paper
  - Australasian Sexual Health/Australasian HIV Medicine Conference, Hobart, August 2005 - poster
  - Australian Public Health Association Conference in Perth, September 2005 – oral paper.

## **Further dissemination:**

This final report for the POSSAY project will be made available to all relevant parties including the Freedom Centre, those agencies who participated in the group interviews and other agencies involved in providing services to SSAY or marginalised youth.



**WA Centre for Health Promotion Research**

CHIEF INVESTIGATOR: Graham Brown  
 Peer-Based Outreach Programs and Same Sex Attracted Youth  
 HEALTHWAY PROJECT NUMBER: 14110  
 FOR PERIOD ENDING: 31 JULY 2006

	\$
Income	
Grant received from Healthway	19,997.00
Expenditure	
Salary/Wages/Oncost (include payroll tax, workers compensation, superannuation etc)	
Travel in WA for survey and field expenses only	
Venue Hire/Catering	
Media/Advertising	
General Office Expenses	
- Postage	
- photocopying	
- stationery	
- courier	
- telephone	
- printing	
Data Analysis	
Equipment (itemise if over \$800)	
Courses Registration	
Total Expenditure	
Surplus / (Deficit)	

I certify that the income and expenditure statement relating to the running of the health project is true and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Responsible Officer

Print Name \_\_\_\_\_

CHIEF INVESTIGATOR: Graham Brown  
Peer-Based Outreach Programs and Same Sex Attracted Youth  
HEALTHWAY PROJECT NUMBER: 14110  
INCOME AND EXPENDITURE REPORT  
FOR PERIOD ENDING: 31<sup>ST</sup> JULY 2006

Notes

1. Recording equipment and consumables have been allocated to Media and Equipment cost centres

Details as follows

Media / Advertising

- |                                                  |        |
|--------------------------------------------------|--------|
| • Dictaphone, micro cassettes, batteries, cables | 287.36 |
| • Microphone adaptors                            | 45.33  |
| • Micro cassettes                                | 30.84  |

Total	<u>363.53</u>
-------	---------------

Equipment

- |                           |        |
|---------------------------|--------|
| • Microphone              | 18.13  |
| • Focus group microphones | 260.00 |

Total	<u>278.13</u>
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2. Courses Registration

This figure includes

- Registration to the Youth Affairs Council of WA conference (\$350)
- Research assistant training in Nvivo Software for qualitative data management (\$209.09)

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## **APPENDIX A - GROUP INTERVIEW SCHEDULES**

### **FOR AGENCY STAFF - FACILITATOR NOTES**

#### **POSSAY Objectives 1 and 2:**

- To identify consistencies and inconsistencies between the experience and perceptions of same sex attracted youth (SSAY) and the assumptions underlying current peer-based initiatives targeting SSAY and marginalized youth
- To collaboratively identify opportunities for enhancement, reorientation and development of peer-based initiatives targeting SSAY and marginalized youth, including joint initiatives between targeted and mainstream youth outreach services

#### **Strategy:**

Group interviews with peer volunteers, clients and agencies

Gap analysis of comments

#### **Points to make to group:**

We are interested in your perceptions of the peer model process at Freedom Centre, its strengths and weaknesses, and a discussion on peer-based programs in general, their advantages and disadvantages

We also want to talk about how your agency collaborates with Freedom Centre to provide a holistic service for SSAY

This is the first of hopefully a couple of group interviews. We only have an hour, so we will focus on your perceptions of how FC is working with agencies and for SSAY currently. A future interview may look at how peer-based initiatives may need to change to better meet the needs of SSAY and marginalized youth

## **APPENDIX A - GROUP INTERVIEW SCHEDULES**

### **Peer model at FC**

How would you describe the peer-based model at FC?

So in the context of SSAY, or even marginalized youth, who would you say is a peer?

How important do you think are things like age, gender and sexual orientation for true 'peer-ness'?

Do you think your idea of a peer-based model is the same as FC's?

What are some of the advantages and disadvantages of the peer-based model at FC?

What would you say have been the major challenges and successes for Freedom Centre in the past few years?

### **Assumptions underlying the Freedom Centre**

What is your interpretation of the role of the Freedom Centre at present?

Why would a young person come to you instead of Freedom Centre or FC instead of you or go to both?

Where would you say FC stops and you start or you stop and FC takes over, is it that serial, or can young people access both services in parallel?

What is the difference between Freedom Centre and the services you provide for young people?

How much overlap is there in the services you provide? Is this confusing to young people?

In your experience, how accurate are young people's expectations of the services available at FC?

How accurate are young people's expectations of the services you provide?

How important is choice in the support services available to young people?

Do most clients know about FC when they come to you or do you provide an important link in raising awareness that FC exists?

Do you stock leaflets / display posters advertising FC?

How well do you think the FC meets the needs of its target audience given the services it is currently able to provide?

What do you think clients would change about Freedom Centre if they could?

How would you change FC if you could?

## **APPENDIX A - GROUP INTERVIEW SCHEDULES**

Do you think FC should be a one stop shop, for example providing counseling on site, or should it focus on being a safe drop-in space for SSAY?

FC attempts to be responsive to the changing needs of the people who access its services. How are you kept updated with changes taking place at FC?

### **Referral process**

Why would you refer clients to the Freedom Centre?

How often have you referred clients to FC say in the last 6 months?

What do you think clients get from Freedom Centre?

How often does FC refer clients to you? For what reasons?

Have these referrals always been appropriate?

Is there a referral process, i.e. some discussion between you and FC before referring a client, or are your expectations of one another's services established well enough to enable referrals without prior discussion?

To what extent is there follow up by you or FC on clients you have referred to FC or that FC has referred to you?

What would inhibit you from referring a client?

Can you describe any instances where you have been unable to help or refer a SSA client? What happened?

### **Collaboration**

How much do you collaborate with FC now on events or services for young people? I know you have developed and conducted training courses in the past...

What has worked well in these collaborations? What has not worked well?

Do you think that generally it would be beneficial to collaborate more on retreats, workshops, training etc?

What might help or hinder this collaboration?

## **APPENDIX A - GROUP INTERVIEW SCHEDULES**

### **FOR PEER VOLUNTEERS - FACILITATOR NOTES**

#### **POSSAY Objective 1:**

To identify consistencies and inconsistencies between the experience and perceptions of same sex attracted youth (SSAY) and the assumptions underlying current peer-based initiatives targeting SSAY and marginalised youth

#### **Strategy:**

Group interviews with peer volunteers, clients and agencies

Gap analysis of comments

#### **Points to make to group:**

Purpose is not to provide input to a research project

Purpose is to examine the Freedom Centre today, how it has developed and changed since it began

Understand your experiences of working at the Freedom Centre

Give you an opportunity to voice your opinions about what the Freedom Centre is about or should be about

Determine what adjustments or resources are needed (if any) to ensure Freedom Centre continues to provide a valuable support service for its clients and a rewarding experience for its volunteers

## APPENDIX A - GROUP INTERVIEW SCHEDULES

### Assumptions underlying peer-based programs

What is your interpretation of the role of the Freedom Centre?

The Freedom Centre is run by and for same sex attracted youth. How does the peer model at Freedom Centre work?

What are the advantages and disadvantages of the peer model at Freedom Centre?

Who do you think makes a good peer for clients?

How relevant is age for the peer model at Freedom Centre?

What is the role of a volunteer? *Try to capture formal and informal aspects of role*

What types of things do you do in a session?

Why did you volunteer?

What do you enjoy about being a volunteer? What aspects do you dislike / find difficult?

What support / resources do you receive as a volunteer?

What other support / resources do you think would help in your role as a volunteer?

What would make you consider leaving Freedom Centre as a volunteer?

Who makes a good volunteer? *Ask group to think of a volunteer they admire and consider the qualities of that individual*

What are the most important qualities to be an effective volunteer?

Of your current clients who would make a good volunteer? Why?

Do you refer clients to other support services or agencies? *Which ones?*

What would make you likely to refer a client?

What would inhibit you from referring a client?

How would you like to see Freedom Centre change in the future to provide a better service for clients? What will help / hinder /stop that?

What other challenges does Freedom Centre face in the future?



## **APPENDIX A - GROUP INTERVIEW SCHEDULES**

### **Perceptions of SSAY**

How do you think clients see you? *A peer, an educator, a friend?*

What do you think clients expect of you?

Why do you think clients come to Freedom Centre? *Accessing support/peers, information seeking, friends, sex seeking, relationship seeking, telephone, internet*

What do you think clients get from Freedom Centre? *Confidence, resilience, life direction, support*

What do you think Freedom Centre could provide clients in future?

What do you think clients would change about Freedom Centre if they could?

What is the difference between Freedom Centre and other support services for young people?

### **Experience of SSAY**

Are health risk behaviours common amongst clients? Which ones? *Alcohol, Drug use, Sexual risk, Violence, Sex work, Homeless/street present*

What would you say are the most common stressors affecting clients? *Telling friends/family, getting information, homophobia/harassment, recognizing feelings, relationships*

## APPENDIX A - GROUP INTERVIEW SCHEDULES

### Demographic Questionnaire

*Please fill in this short questionnaire before the group interview begins and return to your facilitator.*

Gender	
Age	
Education level	
Current work / studies	
Previous work experience:	
Postcode:	
Number of years at postcode	
How long have you been a volunteer at Freedom Centre?	

***Thank you!***

## **APPENDIX A - GROUP INTERVIEW SCHEDULES**

### **FOR CLIENTS – FACILITATOR NOTES**

#### **Introduction**

*Thank you for coming along tonight and offering to share some of your thoughts on Freedom Centre and how it has helped you. I am from the Centre for Health Promotion Research at Curtin University and this is my colleague who will be helping me by taking some notes during our discussion.*

*Freedom Centre is a unique place, as you know. It's the only place same sex attracted young people can come to in Perth on a casual drop-in basis to meet other same sex attracted young people, get advice and information or discuss issues they're facing. We call it an example of a peer model since it is run by same sex attracted young people for other same sex attracted young people or peers.*

*We're really interested to hear why you like Freedom Centre, what you get out of it, why you come and why you think some people may not come. All of this will help us make it an even better place for you and other young people like you.*

#### **Questions**

*I'd like to start with your thoughts on the role of Freedom Centre and what you get out of it...*

So why did you first come along to Freedom Centre?

Did you come soon after you heard about Freedom Centre? If not, why not?

What do you think the role of Freedom Centre is? What is it here for?

How has Freedom Centre helped you?

If you hadn't had access to Freedom Centre, what impact might this have had for you?

Are there things you feel Freedom Centre cannot help you with?

Where or who else do you go to for support other than Freedom Centre?

*Let's move on now to your perceptions of the volunteers here and their role*

How would you describe your relationship with the volunteers?

Are the relationships you build with volunteers similar to those you build with other clients or quite different? In what ways are they different?

## APPENDIX A - GROUP INTERVIEW SCHEDULES

How do you find the rules and policies here at the Centre? Appropriate? Difficult?

So in your opinion, what is the volunteer's role?  
What about the coordinator? What is her role?

Would you say you spend more time with the volunteers or with other clients when you come to Freedom Centre? Or 50:50?

Do you tend to spend time with the same people at Freedom Centre or do you tend to talk to different people when you come?

Would Freedom Centre still be beneficial to you if there were no volunteers here, just other clients?

How do you feel confiding in volunteers of a different gender to yourself?

What about age? Do you prefer talking to people younger or older than you or does it not matter?

Are there some things you would only talk to volunteers about?

Are there some things you would only talk to other clients about?

Without mentioning names, who do you think makes a good volunteer? What qualities do they have?

Why do you think people volunteer? Would you consider being a volunteer?

*Okay just to finish...*

What would you say is the best thing about Freedom Centre?

Is there anything you would change about the Centre and the services available?

Given the benefits you've stated, why do you think some people still may not come?

For what reasons would you no longer access Freedom Centre?