

GUIDELINES FOR HEALTHCARE PROVIDERS WORKING WITH SAME-SEX PARENTED FAMILIES



These guidelines are designed to assist healthcare and counselling practitioners working in the community, hospital and counselling settings to provide inclusive and sensitive care to same-sex attracted parents and their children, and to prospective same-sex attracted parents.

WHY IS A RESOURCE NEEDED?

Healthcare providers should be alert to the needs of gay, lesbian, bisexual and transgender (GLBT) parents and their children. Research shows that parents and prospective parents in these population groups self-select or 'shop around' to find healthcare providers with a reputation for taking their concerns

seriously and being knowledgeable about issues important to their health. It is likely many service providers have received little or no training in this area. In the absence of effective training and appropriate resourcing service providers may fall back on ill-fitting traditional heterosexual family frameworks when working with same-sex parents and their children or same-sex attracted people thinking of starting a family.

There is much service providers can do to enhance the services offered to same-sex parented and gender diverse families. Research shows that health outcomes are linked to the ability of services to meet the needs of different

population groups. This resource is part of a multi-faceted approach to help services identify ways to be more welcoming and sensitive to same-sex and gender diverse families. This set of guidelines is best read along side *A Guide To Sensitive Care For Lesbian, Gay and Bisexual People Attending General Practice*, which can be found at [www.racgp.org.au/clinicalresources/az#](http://www.racgp.org.au/clinicalresources/az#under%20Sexuality) under Sexuality.

'Same-sex parented families' is used in this resource to describe families parented by people who identify as non-heterosexual, this may include gay, lesbian, bisexual, transgender or other non-heterosexual identities.

SAME-SEX PARENTED FAMILIES

The make up of same-sex and gender diverse parented families in Australia varies immensely: blended families with children from previous, sometimes heterosexual, relationships; families created through surrogacy, in Australia or overseas; families with children conceived through artificial insemination, with known or unknown donors; co-parented families with more than two parents; families with two mums or two dads; families headed by a sole parent who is same-sex attracted or transgender; or a parent in an opposite-sex relationship who identifies as bisexual or transgender.

A recent Australian study of GLBT people revealed that 33% of women and 11% of men had children. Close to 40% reported wanting to have children or have more children.⁽²⁾ The 'gayby boom' as it has been called, has been facilitated by changes in community attitudes and laws, including access to artificial reproductive treatments for lesbian and single woman and recognition of same-sex couples as legal parents.

ACKNOWLEDGEMENTS: These guidelines have been developed as part of a broader research project, *Work, Love, Play: Understanding Resilience in Same-Sex Parented Families*. This project is being run by the Bouverie Centre, La Trobe University. It is funded by an Australian Research Council Linkage Grant in partnership with Vic Health, Relationships Australia (Victoria and National), ACON, Gay and Lesbian Health Victoria and the Queensland Association for Healthy Communities. For their generous support in production of these guidelines we are grateful to The Rainbow Families Council of Victoria, Gay Dads Australia, Gay Dads Alliance, Transgender Victoria and Goulburn Valley Pride. Many thanks also to the parents and clinicians who gave up their time to share their experiences and give feedback on this resource. More information about the Work, Love, Play project can be found on the Bouverie Centre website, <http://www.bouverie.org.au>.

COMMON TERMS ASSOCIATED WITH SAME-SEX PARENTED FAMILIES

Being familiar with the terms associated with same-sex parented families and using appropriate language helps create a welcoming and affirming healthcare environment.

ART – Assisted reproductive treatment. The Victorian Assisted Reproductive Treatment Act (2008) (ART Act) removed discrimination against lesbian and single women with regard to fertility treatment, recognised parenting status for non-birth mothers and also effectively legalised 'altruistic' surrogacy.

CLINIC-RECRUITED DONOR – a man who is a sperm donor recruited by a fertility clinic to donate to clients of the clinic and whose identity remains unknown until it can be sought by a child once the child reaches the age of 18.

CO-PARENT/S – two or more adults, not necessarily in a couple, who share significant parenting responsibilities. Currently neither Victorian nor federal laws allow for equal recognition for more than two parents. The legal parent's of a child will be its birth mother and her partner at the time of the birth. The law is therefore clear that a sperm donor is not a parent. Some donors however might see themselves as a father (donor dads) or might be seen that way by the child/ren for which they donated. All men who donate through a clinic are required to have counselling so they can reflect on the short and long-term implications of their decision to donate.

HOME INSEMINATION (ALSO CALLED 'SELF-INSEMINATION') – attempted conception outside a clinic through artificial insemination using fresh semen or frozen semen that has been screened. This may be done with a cup/other receptacle and disposable syringe. The level of involvement a donor may have with the mother(s) is up to each person involved. Counselling in the early planning stages of a pregnancy is recommended because expectations of mother(s) and donors can change after a baby is born. In some cases documents are drawn up to record the current and future expectations and responsibilities of each party.

IN-VITRO FERTILISATION (IVF) CONCEIVED CHILDREN – children conceived through an artificial conception procedure carried out at a clinic. This can be with a known or unknown donor and is different to artificial insemination.

KNOWN (SPERM) DONOR – a man who is a sperm donor, known to the lesbian couple or single woman and who donates to them through a direct donation made at a clinic or through home insemination.

PARENT – an adult who has parental responsibilities for a child. This includes the birth mother and non-birth mother (for lesbian couples who are parents) and the biological and/or non-biological father (for gay male couples who are parents). Gay dads are parents even when they are not currently recognised as legal parents, for example if their child/ren were conceived via overseas surrogacy. It may include a nonresidential donor dad.

RAINBOW FAMILIES – a term used to describe the many different forms of families parented by GLBT people.

SURROGATE – a woman who carries and gives birth to a child with the intention that the child will be raised by another person or couple.

THE COMMISSIONING PARENT/S – a couple or single person who engages in an arrangement with a surrogate to bear a child. In Victoria this must be unpaid (altruistic) and involve a known egg donor. Overseas surrogates can be paid and may involve an egg donor.

*These definitions are adapted from [Rainbow Families and the Law \(7\)](#)

Myths about same-sex parented families

Myth	Reality	Implications for health service
Very few gay or lesbian people have children.	22% of lesbian couples and 3% of gay male couples have a child living with them at home – Australian Census 2011. In the 2011 Private Lives survey of 3835 GLBT individuals, 33% of women and 11% of men had children. Close to 40% reported wanting to have children or have more children. (3)	<ul style="list-style-type: none"> → Avoid the assumption that people who identify as GLBT won't have children. → Recognise that children may be an important future goal for everyone regardless of sexual orientation or gender identity. → Understand that mainstream services may be attended by increasing numbers of GLBT parents and their children and prospective parents. → Assess how welcoming and sensitive your service is for same-sex attracted parents and their children or prospective parents.
Gay families only live in inner-city locations.	Just over 40% of the same-sex parented families who participated in our research lived in the inner metropolitan area. While 35% lived in the outer metropolitan area, 16% of participants lived in regional areas and 7% lived in rural/remote areas. (4)	<ul style="list-style-type: none"> → Regardless of location, your service could be attended by GLBT parented families. → Confidentiality is particularly important for GLBT service users living in regional/remote areas. → GLBT parented families in regional/remote areas may not be as well connected to other same-sex parented families as those living in inner-city areas.
Same-sex parented families mimic traditionally gendered family models, with one person occupying the 'mother/ domestic' role and the other the 'father/ breadwinner' role.	Research tells us that the division of labour in same-sex parented households is more egalitarian than in heterosexual households, and that the roles of primary carer and primary 'breadwinner' are often shared and fluid over time. Same-sex parented families have diverse family structures and household/paid work roles. (5)	<ul style="list-style-type: none"> → Be open to the richness of parenting possibilities that comes with being a same-sex parented family. For example, shared breastfeeding can occur in lesbian parented families. → Listen to parents about the roles that each play in their family, remembering that they are fluid and may change over time. → Families may present with more than two parents.
Children who grow up in same-sex parented families are disadvantaged.	30 years of research has shown that the children of same-sex parented families do equally as well as the children of opposite-sex parents socially, educationally, physically and emotionally. (7)	<ul style="list-style-type: none"> → Avoid assumptions that the presenting problems for children has to do with parents' sexual or gender identities. → Be mindful that dominant ideologies of a two-parent mother/father family structure may influence your own judgement.
Children raised by gay and lesbian parents will grow up to be gay or lesbian.	Research on adolescent and adult children raised by GLBT parents shows that, like their peers, the vast majority grow up to be heterosexual. Most professionals agree that the likelihood of a person being gay or lesbian should not be a source of concern. (4)	<ul style="list-style-type: none"> → Recognise that the children of GLBT people may experience similar negative attitudes as those directed at their parent(s).
Children from same-sex parented families will inevitably experience bullying at school.	All children can experience bullying for various reasons. Children of same-sex parents may be bullied because of their family structure. However children can build resilience by gaining support from their parents and developing strategies to deal with bullying.	<ul style="list-style-type: none"> → Teach children that bullying is not about them. → Positive responses in schools to same-sex parented families is important. → Positive attitudes to diversity can be modelled at every opportunity.
Most children born into lesbian families are conceived from an 'unknown' donor.	Research shows that in the many if not most lesbian-parented families the identity of their donor is known. Children conceived with unknown donors do just as well as other kids. (4)	<ul style="list-style-type: none"> → Some children do not have a father, this requires sensitivity and acceptance. → Be sensitive to the varying roles of donor dads. → Ask questions of children and parents that show an interest in their experiences in their family.

WHAT SAME-SEX PARENTED FAMILIES VALUE WHEN USING HEALTHCARE SERVICES

Their family structure is accepted as normal but at the same time not ignored or minimised

- “Our status as gay dads needs to be acknowledged, a ‘nod’ to it by service providers is essential.”
- “It would be so much easier and so much nicer and so much better for my son if I didn’t have to explain, ‘So we’re from a same-sex family and we...’ There shouldn’t be that automatic assumption that you are from a heterosexual family.”

Accepting and affirming attitudes from service providers

- “When I see the GP at (gay friendly clinic) I don’t ever have to say, ‘Remember my partner is a female and I want to see someone who is gay and lesbian friendly,’ because they remember me. I just don’t have to remind them.”
- “I used my local GP but I suppose I was, as you are every time you meet any kind of health providers, you just sit there and you’re going, ok, when am I going to tell them (I’m a lesbian), how are they going to...you know. It’s just there and you get used to it. I think you manage that the whole time.”

Inclusive environment and (appropriate) language

- “Often they don’t know how to describe the surrogate. I had an occasion where someone was describing her as the mother. In the end I had to say, ‘Look, mother has connotations of a maternal role and this is a woman who already has a family and has no interest in this child.’ At that point she described her as the natural mother, which really pissed me off, then she described her as the birth mother, which in the end

I thought this is as far as this person can go.”

- “Just having access to the non-discriminating kind of stuff like forms that don’t automatically have father on them and stuff like that.”

Straight forward and friendly approach from service providers

- “Service providers need to establish comfort so parents can understand instructions.”
- “If they are just direct and transparent about what they are asking, I think people will respond to that well.”

Knowledgeable service providers.

Same-sex parents are sometimes frustrated having to educate service providers and the general public about their families

- “Yes, it’s [educating people] a cost of being in a minority and it’s very irritating. I don’t want to have to be the one to provide a service to them.”
- “I always used to get asked questions about how I conceived, which is...I don’t ask how a heterosexual couple got pregnant...you know... it was very invasive but I always answered because I believe in education being a powerful tool.”

Appropriate questions asked by service providers

- “Asking questions is one of the best things they (service providers) can do.”
- “Silence is always bad because it always makes you feel uncomfortable. Silence is worse than a muck-up question because no one knows where to go with silence.”

However, unnecessary questions can sometimes be intrusive and alienating

- “The biggest thing is whether they are asking a curiosity question or whether

they are asking a question that is necessary. And that’s what it comes down to, when it’s a curiosity question couples pick it up.”

- “People are always wanting to know who the biological parent is, but at two in the morning when you are changing a nappy, who cares who is the bio one.”
- “That’s right, there has to be a differentiating between, are you asking this because you need to know for medical purposes or whatever or are you asking this because you just want to know what we do in bed kind of thing.”

Trusted referrals – knowing that referrals will be to GLBT culturally sensitive service providers (where they exist)

- “When I started a family and needed a referral, it came from them (trusted gay and lesbian friendly clinic) I just trusted these referrals and didn’t consider to suss it out myself.”
- “...to be able to give couples or families specific referrals to counsellors or training sessions/parenting sessions which are already pre-sensitised to GLBT couples could be a great service.”
- “It’s not just about what they provide in the centre, but the service they offer outside should be equally non-discriminating. So if they are going to have their rainbow sticker they are going to have to live up to it. It’s like the national tick for the heart.”

The quotes above are from GLBT parents who shared their experiences to inform these guidelines.

REFERENCES*

1. Assoc. for LGBT Issues in Counseling (2012) *Competencies for Counseling Lesbian, Gay, Bisexual and Transgendered Clients*, ALGBTC, Alabama
2. Leonard et al. (2012) *Private Lives 2: The Second National Survey of the Health and Wellbeing of GLBT Australians*, The Australian Research Centre in Sex, Health and Society, Melbourne
3. McNair, R (2010) *A Guide to Sensitive Care for Lesbian, Gay, Bisexual People Attending General Practice*, <http://www.racgp.org.au/clinicalresources/az#>
4. Patterson, C (1992) *Children of Lesbian and Gay Parents*, *Child Dev*, 63(5):1025-1042
5. Perlesz et al. (2010) *Organising work and home in same-sex parented families: Findings from the work, love, play study*, *Aus NZ J Fam Ther*, 31(4):374-391
6. Power et al (2010) *Diversity, tradition and family: Australian same-sex attracted parents and their families*, *Gay Les Iss Psych Rev*, 6(2):66-81
7. Rainbow Families Council of Victoria (2010) *Rainbow Families and the Law*, RFC, Melbourne, <http://www.rainbowfamilies.org>
8. Victorian Dept. of Health (2011) *Well Proud: A Guide to Gay, Lesbian, Bisexual, Transgender and Intersex Inclusive Practice for Health and Human Services*, DoH, Melbourne, available online at <http://www.glhv.org.au>

WHAT YOUR ORGANISATION CAN DO TO WORK EFFECTIVELY WITH SAME-SEX PARENTED FAMILIES

CREATE A WELCOMING ENVIRONMENT

GLBT people have a long history of exclusion. There are many ways an organisation can show it's welcoming to same-sex parents and their children:

- Display GLBT (family)-inclusive signs in waiting rooms or other key areas (see Referrals and Resources).
- Have books in the waiting rooms that represent diverse family structures.
- Review intake forms and use inclusive language and questions allowing for a range of responses and options on intake forms. For example, use **relationship status** rather than

marital status; **Preferred contact for emergencies** rather than next-of-kin; **Parent 1** and **Parent 2** rather than Mother and Father or **Gender and/or name of partner. (3)**

- Include images and stories of same-sex parented families when producing family-targeted resources.
- Promote your organisation in the GLBT community.
- Use sensitive 'door opening questions' when seeing a client/families for the first time – sometimes GLBT clients will be unsure about how safe the organisation is and how much information to disclose. You can

encourage dialogue and create rapport by asking well placed questions (See Door Opening Questions).

- Provide training for staff about the issues faced by same-sex parented families.
- Provide appropriate referrals – create and regularly review a directory of GLBT family-friendly services to which consumers can be referred.
- A personal warm and welcoming attitude can make all the difference.
- Use a standard introduction that tells all new clients that inclusive, non-discriminating practice is part of your organisation's ethos.

REFLECTIVE PRACTICE

- Understand that heterosexual norms (heterosexism) pervade the social and cultural foundations of many institutions and may foster negative attitudes to same-sex families. Understand that, through no fault of your own, you too may have absorbed these negative beliefs or assumptions

and therefore your implicit or explicit values may at times be at odds with the values of your GLBT clients. **(1)**

- Clients should not have to educate you. Become familiar with some of the traditions and rituals of GLBT culture generally, and with same-sex parenting specifically.
- Be aware of diversity within and between families; all gay men are not the same,

all lesbians are not the same and all rainbow families are not the same.

- Remember your attitude to diverse populations makes a difference. Be a leader in your workplace, challenge others' assumptions and negative attitudes.
- Allow time for reflection in a supportive team setting for staff working with same-sex parented families.

BE SENSITIVE TO THE EFFECTS OF STRUCTURAL BARRIERS

- Assess GLBT clients and families without presuming that their presenting problem is to do with their sexual identity.

- Differentiate between the effects of oppression, stigma, reaction to stress and psychopathology. Depression and anxiety can be the real effects of living with a minority sexual identity. **(1)**
- Be aware of additional barriers that can enhance poor health outcomes,

including ethnic minority status, age, disability, economic status. **(3)**

- Recognise the potential impact on the whole family of negative social attitudes directed towards GLBT people.

TRANSGENDER PARENTS

In this resource we have used the term same-sex parented families to describe parents who don't identify as heterosexual. We are aware this has limitations. Same-sex parented does not necessarily include sex and gender diverse parents, who may or may not be same-sex attracted but who experience many of the barriers that GLB parents can experience when using mainstream services, and some additional unique barriers.

A person who is transgender does not identify with their gender of birth. They may or may not have had surgery as part of their gender affirmation process. They may be same-sex or opposite sex attracted. **(8)** While there is increasing acceptance of gay and lesbian parenting, there is a cultural reluctance to speak about transgender people as parents which leaves the practices of transgender parenting largely invisible.

Service providers need to be sensitive to the limitations of binary gender when it comes to including transgender clients. Inclusive intake forms, for example, might include

options for **Male** and **Female** and **Other sex**. Service providers need to be mindful of correct pronoun use when working with sex and gender diverse parents. If unsure about correct pronouns when asking door opening questions, use a person's name, but as you get to know them better you can ask which pronoun they prefer. For further information visit www.transgendervictoria.com.au

DOOR OPENING QUESTIONS

Service providers who attended our focus groups wanted to know how to ask parents questions in ways that are inclusive and encouraging for everyone. We have called these questions Door Opening Questions. The following scenarios illustrate door opening questions and encouraging responses that invite clients to talk about their family structures in a safe way.

SCENARIO 1 – Two men bring a baby to the hospital emergency department. The triage nurse is unsure if both or either of the men are the child's father or have another relationship with the child. The nurse wonders if the men are gay dads but is worried about offending them by asking the wrong questions. Because they don't identify their roles immediately, the nurse seeks clarification but is unsure about the best approach.

Effective door opening questions might be:

- "Tell me about your family"
- "Are you both parents?"

Same-sex attracted parents told us that in their experience interactions with service providers go better when service providers have all the information and can plan in advance the types of questions they need to ask and how they want interactions to unfold. Spend a few minutes before you see a same-sex or diverse parented family to think about the questions you will need to ask. Part of this pre-planning might be to prepare a standard introduction that tells all new clients that inclusivity and non-discrimination is important to the way you practice, and mention that your service sees a lot of gay and lesbian clients if this is so.

SCENARIO 2 – A maternal and child health nurse is seeing a lesbian parented family with a six-month old boy. Because the nurse has limited information about the family, she wants to find out who the birth mother is but feels nervous about offending or excluding the non-birth mother. There are a number of things she might consider:

- Couples we spoke to told us that the question of who the birth mother is should only be asked if there is a medical necessity or other significant reason to do so. Questions that have no purpose other than curiosity can be alienating to parents who both have equally significant roles in a child's life. The marginalisation of non-biological parents is an ever-present concern for same-sex attracted parents and requires thoughtful sensitivity from those around them.
- If you need to know who the birth mother is, for example, to evaluate the possibility of genetic inheritance in relation to a disease, then it is useful to clarify this. Telling the parents that it is important to ask who the birth mother is to make an assessment about a particular health concern illustrates the relevance of the question you are asking.
- "How are you both adjusting to parenthood? We like to check in on the mental wellbeing of all new parents, but also want to check the physical health of the birth mother. Who is the birth mother?"
- "Is this little one still being breastfed?" Remember biology might not be relevant if the child's not breastfeeding. In some cases both mothers breastfeed.
- "Tell me about your baby's day. Do one or both of you work?" Who the main caregiver is may be more relevant than biology.

SCENARIO 3 – A co-parented family with two mums (who have the primary care of three children) and a dad who does not live with them comes for counselling in a family therapy centre. The therapist is unclear about the parenting roles each has with the child or whether donor issues are relevant. The therapist is also wondering what language to use with the family, how the children refer to their parents and whether or not being a same-sex parented family is relevant to the presenting problem. Door opening responses and encouraging engagement options include:

- Provide sensitive intake forms where clear information about presenting problems are recorded.
- Start where the family is regarding their stated reason for coming to see you, rather than you making assumptions about why they are seeing a counsellor (it may or may not have something to do with being a same-sex parented family).
- Ask the family to describe their own family and perhaps draw a picture or diagram that represents their family and family relationships. Traditional genograms used by professionals can be limiting for diverse families.
- Be clear that you always ask each family coming to see you about the language they use to describe their family relationships both inside and outside the home, and ask for permission to use that 'family language' with them in the session(s).
- "So I can get a picture of your family, can you tell me what your kids call you at home? Is this different when you are away from home?"
- Remind the family that confidentiality is assured.

REFERRALS

RAINBOW FAMILIES COUNCIL
www.rainbowfamilies.org.au

GAY AND LESBIAN HEALTH VICTORIA
www.glhv.org.au

GAY DADS AUSTRALIA
www.gaydadsaustralia.com.au

GAY DADS ALLIANCE
www.gaydadsalliance.com.au

SAFE SCHOOLS COALITION OF VICTORIA
www.safeschoolscoalitionvictoria.org.au

FAMILY RELATIONSHIPS CENTRE
www.familyrelationships.gov.au

GAY AND LESBIAN SWITCHBOARD
1800 631 493

TRANSGENDER VICTORIA
www.transgendervictoria.com

NORTHSIDE CLINIC
www.northsideclinic.net.au

DRUMMOND STREET SERVICES
www.ds.org.au

BISEXUAL ALLIANCE VICTORIA
www.bi-alliance.org

RESOURCES

POSTERS AND PAMPHLETS:
Resources for your workplace can be obtained by contacting the Bouverie Centre or Gay & Lesbian Health Victoria.

BOOKS FOR YOUR ORGANISATION:
A book pack of titles representing rainbow families can be ordered from Hares and Hyenas Bookshop by phoning 03 9495 6589. The pack contains a selection of children's books for waiting room environments and adult titles for staff and clients.

WORKPLACE TRAINING: The Bouverie Centre provides a two-hour training session for organisations: Working with lesbian, gay, bisexual, transgender parents and their children. Contact us at www.bouverie.org.au

REFERENCES*
(Please refer Pg. 4 for References.)