



WORKING WITH LGBTI PEOPLE

PEOPLE & FAMILIES



LGBTI families, like all families, come in many different forms.

LGBTI families might include two parent households, single parent households, or co-parenting arrangements across two or more households.

LGBTI families may have fostered or adopted children or may include children who have been birthed by one of the parents. Some LGBTI families may have children from a person's previous heterosexual relationship, and there may be children from different parents in one household.

Children may have been conceived through involvement of a known or unknown donor, or surrogacy, and there may or may not be ongoing involvement from a known donor or surrogate. There could be LGBTI grandparents, or other relatives, as primary or shared caregivers, living with or apart from the family.

As with any family, the membership and structure of LGBTI families can change over time. For example, parents may have separated from a co-parent or partner, or a parent may have come out as lesbian, gay, queer, bisexual or as transgender part way through parenting. LGBTI people often identify the importance of "chosen families", referring to people not biologically related but who are family in addition to, or instead of, biologically related family.

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WHY IS IT IMPORTANT?

LGBTI families face stigma in society and sometimes from healthcare providers. This can include a lack of recognition of LGBTI families, or debate about the validity and rights of LGBTI families in the media, in politics and the law. This has an impact on individuals and families, and can lower people's confidence in accessing mainstream services for fear of discrimination.

Studies have shown that children raised with same sex parents are just as resilient, educated and healthy as those raised in heterosexually-parented families. Even so, children are particularly vulnerable to stigma and discrimination in communities, the school system, or when accessing services. This may include instances where parents are not recognised as parents, a lack of positive representations of LGBTI families, or LGBTI-focused bullying not being adequately addressed.

Families may identify as an LGBTI family due to any of their family members being LGBTI, not just parents and primary caregivers being LGBTI. For example, families may be seeking LGBTI sensitive health care, or experience barriers to accessing care, due to any of the parents or primary caregivers, or children (including adult children), being LGBTI.

A lack of inclusive service delivery can serve to challenge the 'validity' of the family and can create barriers in accessing appropriate health care and other services.

WHAT DO THE STATISTICS TELL US?

Like the great majority of Australian families (96%), most same-sex couples live in single family households (99%).

Most same-sex couples live together without children or other relatives in their family. This is the living arrangement of 86% of same-sex couples, more common for male than female same-sex couples (95% compared with 75%). A further small proportion of same-sex couples had no children living with them but had other relatives living with them (2.3%). Most of these other relatives were a sibling or parent of one of the partners (81%).

Just over one in ten same-sex couples had children (of any age including adults) living with them in their family (12%). It was much more common for female than male same-sex couples to have children living in the family (22% compared with 3%). Children in same-sex couples may come from a previous opposite-sex relationship of one of the partners or may have been conceived (often with assisted reproductive technology), adopted or fostered in a same-sex relationship.

Australian Bureau of Statistics, Same Sex Couple Families, 2011.

Same-sex couples with children on average had fewer children living with them in their family than opposite-sex couples.

Well over half of male and female same-sex couples with children had only one child in the family (59% and 52% respectively) while one third had two children. In contrast, opposite sex couples were more likely to have two children than one child in their family (42% compared with 36%).¹



59% of male same-sex couples had one child in the family

WHAT CAN WE DO

WHAT CAN HEALTH PRACTITIONERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Validate families across diversity of structure or formation, and each family's history
- ✓ Listen for the language that the person uses to describe themselves and/or their family, and take cues from this
- ✓ Refrain from assuming who parents are, who lives in the family home, or from using presumptive language such as husband / wife, mum / dad if you don't know if these are preferred
- ✓ Ask open questions to find out who the caregivers are, and who is able to make decisions and provide consent
- ✓ Clarify who can legally make decisions for a child, or for their partner, regardless of whether or not the adults are married
- ✓ Respect privacy and only ask questions that are necessary in the provision of a service
- ✓ Refrain from asking questions out of curiosity, such as "who was the birth mother" or "who was the sperm donor" if it is not necessary for you to know
- ✓ Recognise that where a person donated sperm, they may or may not be a known donor
- ✓ Don't assume that a person who was a surrogate or donated sperm is referred to as a mother or father or that they are active in the child's life
- ✓ Be aware of your own values and opinions and manage these so that they don't undermine your ability to deliver a respectful, equitable service
- ✓ Recognise the unique and shared pressures that may affect LGBTI people and families but don't assume their being LGBTI is 'a problem' or 'the presenting issue'
- ✓ Learn about the differences between lesbian, gay, bisexual, transgender and intersex, and also the intersections that may occur between them

WHAT CAN ORGANISATIONS AND SERVICE PROVIDERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Support an organisational approach that treats people equitably. This does not mean treating everyone the same, but does mean making the same effort to respect and meet each person's health needs
- ✓ Design registration or intake forms that are appropriate and inclusive of many family structures and individuals; for example, use 'parents or guardian/s' rather than 'father, mother' and not just for gender options 'male or female'
- ✓ Embed practices that are inclusive and non-judgmental into policies and protocols
- ✓ Organise basic training and updates for staff and volunteers including understandings of LGBTI people, including the differences between these and how they may overlap
- ✓ Make visible your service's welcoming of diversity, such as in waiting rooms, websites, printed materials: this could include in words, images, symbols that reflect LGBTI families and people

WHERE TO FIND OUT MORE

SUPPORT FOR SERVICE PROVIDERS AND HEALTH PRACTITIONERS



MindOUT supports the professional development of the mental health and suicide prevention sectors to practice and implement strategies that ensures inclusive and accessible services to LGBTI people and communities.

The network connects members to stay informed about resources, activities, initiatives, professional development training and research that is pertinent to LGBTI mental health and suicide prevention.

Go to <http://lgbtihealth.org.au/mindout/> to find how MindOUT can support you.



LGBTI Ageing and Aged Care Awareness Training This project is delivering lesbian, gay, bisexual, transgender and intersex (LGBTI) aged care awareness training to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally.

Go to <http://lgbtihealth.org.au/ageing/> to find a local training provider near you.

SUPPORT FOR INDIVIDUALS



QLife counselling services are available 7 days a week, 365 days a year between the hours of 3:00 pm to 12:00 am Australia wide.

Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff members. Mental Health and Referral information is available via the web 24 hours a day, 7 days a week.