



RESEARCH

# Work, love, play: Understanding resilience in same-sex parented families

**Dr Jen Power**

Lead researcher

The Bouverie Centre

La Trobe University

*Work, Love, Play* is a research project focusing on the health and wellbeing of same-sex attracted and transgender parents living in Australia and New Zealand, conducted between 2008 and 2014.

## Introduction

Anecdotally, there has been a massive increase in the number of LGBT-parented families in recent years. Reasons for this may include: changing societal attitudes; an increasing visibility and acceptance of non-traditional families; increased legal recognition of same-sex attracted couples; the changing culture within the LGBT community, wherein having

children is more accepted; greater awareness of surrogacy services; and decreased legal impediments to same-sex couples accessing fertility treatment.

## The research

For this study, LGBT parents were surveyed on three separate occasions and asked about:

---

family formation, household organisation, parental wellbeing, social connectedness, experiences of discrimination and general challenges and strengths of family life.

The study also looked at the experience of LGBT parents in accessing health and welfare services. This involved focus groups with LGBT parents and also with mainstream service providers.

The study looked at what kind of training and information would be required by service providers to enable them to be more inclusive and better meet the needs of LGBT-parented families. This aspect of the project led to the development of a set of guidelines for working with LGBT-parented families<sup>1</sup>, as well as a training program for health and welfare staff.

## What we found

### Parents

Some possible experiences of LGBT parenting had already been identified by service providers and in previous studies. Non-birth mothers may experience insecurity or feel excluded when young children are highly dependent on the biological mother – during breastfeeding, for example. LGBT parents may feel the pain of family rejection more intensely when they have their own children. LGBT parents may have difficulty acknowledging they are not coping, and may feel pressure to be 'better than the rest'.

The Work, Love, Play study also identified other experiences amongst LGBT parents. The research confirms that the experience of LGBT parents is, in many ways, similar to that of heterosexual couples: there is less time for the parents' relationship as the couple suffers tiredness and fatigue and faces new and difficult challenges. In addition, the study identified the following:

- LGBT-parented families are diverse and include single parents, couples, step and blended families, as well as families where three or more adults share parenting together.
- Co-parenting relationships involving more than two parents are increasingly common within the LGBT community.
- Some bisexual parents are raising children with an opposite sex partner but still identify strongly with the LGBT community.
- The language used to define parents is often very important to LGBT parents.
- LGBT parents may – but certainly not always – have less support from their extended families, although children may also draw families together.
- LGBT couples manage household tasks more evenly and experience less relationship tension related to division of household labour than heterosexual couples.
- LGBT-parented families do not necessarily live in 'gay' areas. Many LGBT parents raise their children in the outer suburbs or regional/rural areas.
- While LGBT parents and their children encounter some homophobic discrimination or bullying, most families experience a lot of support and openness from their local communities and other (heterosexual) parents.

### Service providers

LGBT parents were asked about concerns or problems they had when using service providers. The study identified concerns about the following:

- How and when to come out to new service providers, particularly in relation to home visits.
- A lack of acknowledgement by the service provider of their relationship and family status.

---

1. The Guidelines can be downloaded from : <https://www.vichealth.vic.gov.au/media-and-resources/publications/guidelines-for-health-care-providers-working-with-same-sex-parented-families>

- Being asked invasive or insensitive questions about how children were conceived or their children's biological heritage.
- Misunderstanding of the parental role played by both partners, for example, the service providers not recognising the non-biological mother as a parent.
- Dealing with wrong assumptions, for example, that their partner is a sister or other family member.
- Anxiety or frustration about having to educate service providers about their lives.
- In some cases, dealing with obvious discomfort, judgement or discrimination.
- Providers not considering whether other services are LGBT-friendly when making referrals

Service providers were asked about their concerns in relation to working with LGBT families. The study identified the following:

- Feeling they had a lack of 'cultural competence' in working with LGBT families which led to anxiety about asking the right questions or 'messing up'.
- Not having sufficient knowledge about LGBT relationships and parenting, particularly the role of non-biological parents and how best to include them.
- Feeling confronted or challenged by motherless or fatherless families and confused about how to deal with this.
- Not having space in the workplace to talk openly about these concerns for fear of offending people.

The study identified a number of practical things service providers could do to make their practice more inclusive of LGBT families. These included:

- Provide indications that the service is LGBT-friendly, such as stickers and posters in the foyer, or advertising the service in LGBT publications.

- Create systems that make it easy for clients to 'come out', for example, intake forms that are inclusive and provide an opportunity for people to disclose their sexuality and/or gender of their partner.
- Make a habit of telling new clients a little about the service to indicate it is LGBT-friendly, for example, 'We regularly see all sorts of people: parents, non-parents, LGBT people, heterosexual people'.
- Guard against heterosexual assumptions, but also don't assume a LGBT person has never had heterosexual relationships or sex.
- Use gender-neutral language when referring to partners.
- Have conversations with the staff about working with LGBT people and give them an opportunity to raise their concerns without judgement.
- Provide staff with appropriate training.
- Spend time preparing for new clients.

### **'Door-opening' questions**

One of the concerns identified in the study was that service providers were anxious about saying the wrong things or asking the wrong questions, especially at intake interviews. The following 'door-opening' questions were identified as helpful:

- Tell me about your family life? Do you both work? Do you use childcare?
- Who are the significant people or caregivers in your child's life?
- How are you both adjusting to parenthood?
- How are you going with establishing a sleep routine for the baby?
- How is it going with the breastfeeding?
- How about we draw a genogram of significant people in your child's life?
- What do the kids call you both?

---

Finally, the study identified some broad, general advice for service providers:

- Don't be scared about 'messaging up'. LGBT parents will generally notice and appreciate it if you just assume they are a family and treat them as such.
- Don't underestimate how powerful it can be for LGBT parents when a service provider makes some simple gestures that indicate they acknowledge and respect their relationship.
- Don't worry if you don't know who is a biological parent or who isn't. In most cases, it is not important, and some people will feel judged or belittled as a parent by your asking. If a client feels it is important, they will tell you.
- If you need to know about biology, then explain why it is important. For example, 'We like to keep track of the health of both parents, but we also need to check up on the physical health of the birth mother. Which of you carried the baby?'
- As much as possible, create opportunities for people to tell you about their families, including the names and language they use, for example, 'Do you call you donor "the donor" or "dad" or something else?'

For more information about the *Work, Love, Play* study, visit the Bouverie Centre website, [www.bouverie.org.au/research/current-bouverie-research-projects](http://www.bouverie.org.au/research/current-bouverie-research-projects), or email Dr Jen Power at [jennifer.power@latrobe.edu.au](mailto:jennifer.power@latrobe.edu.au).



[jacquitolins.com](http://jacquitolins.com)

Researched and written by Jacqui Tomlins.

Also available:

## Topics

- Lesbian mums and known donors or dads
- Telling the kids: What? When? How?
- Talking about how your family was created
- Non-biological parents
- Pregnancy and antenatal classes
- Birth, midwives and nurses
- Maternal and child health nurses and new parents' groups
- Starting kinder or day care
- Rainbow families and primary school
- Mother's Day and Father's Day
- Teasing, name-calling, and bullying
- Older kids and adolescents
- Rainbow families in rural and regional areas
- Educating the community
- Rainbow families: The challenges
- Rainbow families: The rewards

## Research

- Child health and wellbeing in same-sex parent families: The evidence from Australia
- Work, love, play: Understanding resilience in same-sex parented families
- Transgender men and women and parenting
- Intersex status and parenting: Organisation Intersex International

## Case studies

- Corin: 12 years of wisdom
- Julie and Marg, Noah and Georgia: Talking with teenagers
- Fiona and Hamish: A response to teasing
- Frances and her mums: Transgender parenting