

# Ngala

Parenting with Confidence

## **Ngala LGBTQI Strategy Plan**

**2017-2022**

## Background

In August 2014, Ngala launched its Access and Inclusion Framework, connecting human rights and responsibilities to our existing values and service delivery principles. The Framework guides Ngala services in ensuring equality, social justice, participation and the removal of exclusionary assumptions and practices, both internally and externally.

The Access and Inclusion Framework outlines the broad principles, strategies and processes required to achieve equality of access and inclusion to Ngala services and a workplace culture that embraces diversity. It also informs the development of policies and plans to assist in meeting the needs of specific groups, including lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) people.

An LGBTQI Access and Inclusion Plan outlines Ngala's specific commitments and strategies for ensuring access and inclusion for LGBTQI community members and staff.

## Policy statement

Ngala aims to provide LGBTQI people with the same opportunities and rights as other people in the community. This means ensuring that Ngala services are designed and delivered in a respectful, inclusive and non-judgemental manner that meets their needs. Access and inclusion strategies will involve service planning, policy development, reporting and evaluation, promotion and marketing, and employment and training.

Ngala is committed to achieving the three desired outcomes of this plan. These are:

1. Ngala's culture and public profile demonstrates a commitment to LGBTQI inclusion.
2. Ngala's policies, processes and practice are inclusive and appropriate for LGBTQI staff members and clients.
3. Ngala staff demonstrate increased awareness and understanding of LGBTQI people, particularly issues around parenting.

These desired outcomes provide a guide for improving access and inclusion for LGBTQI community members, including parents and children.

## Current context

The size of the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) population in Western Australia (or, indeed, the whole of Australia) is unknown<sup>1</sup>. The 2016 Census counted 46,800 same-sex couples across Australia<sup>2</sup>. A quarter (25 percent) of female same-sex couples had children, while 4.5 percent of male same-sex couples had children<sup>2</sup>. These children may have been conceived within previous heterosexual relationships, or raised from birth by a co-parenting same-sex couple or a single gay or lesbian parent.

Societal attitudes towards, and acceptance of, same-sex relationships are steadily improving; public support for equal rights between same-sex and heterosexual couples has increased from 38 percent in 2005 to 51 percent in 2011<sup>3</sup>. However, parenting by LGBTQI people challenges many deeply entrenched social norms and values around sexuality, reproduction and parenting<sup>4</sup>. LGBTQI families

reflect growing family diversity and research shows that children from same-sex parented families progress emotionally, socially and educationally at the same rate as other children<sup>3,5</sup>.

However, LGBTQI parents embark upon parenting roles within a hetero-normative society, where they may face personal prejudice or institutional discrimination<sup>4</sup>. They need non-judgemental support in how to prepare for and adapt to the parenting role. **“Misconceptions and assumptions, overt disapproval, and lack of understanding will not dispose LGBT[QI] parents towards services purporting to support parenting”<sup>5</sup>.**

Policy, practice, staff development, and evaluation are all critical in preventing systemic discrimination and reducing client anxiety<sup>4</sup>. Specific training, awareness raising and reflective processes around LGBTQI parenting issues are essential tools to enable staff members to provide responsive, strengths-based support.

Parents may also need support and information when their child’s sex, gender identity or sexuality does not conform to their expectation. The former does not refer to an error in ultrasound prediction of a child’s sex. Rather, it refers to instances where a child is born with atypical or ambiguous reproductive or sexual anatomy; this is known as intersex<sup>6</sup>.

Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male, a combination of female and male, or neither female nor male<sup>7</sup>. It is estimated that intersex differences occur in approximately 1.7% of live births; this is very similar to the occurrence of natural red hair in the general population<sup>8</sup>. Parents of intersex babies are often pressured to choose whether to raise their child as a boy or girl soon after birth and to consent to surgical intervention to reflect this choice at a cosmetic level<sup>9</sup>.

Both intersex and non-intersex children may express thoughts and feelings about gender identity or contested sexuality from a young age. Research indicates that when parents are supported to gain parenting skills to manage issues around gender and sexuality, children with a non-conforming gender identity have improved long-term adjustment, self-esteem, and social integration<sup>10</sup>.

## Initial consultation

In April 2016, a Director and staff member attended an LGBTQI playgroup in the northern suburbs to meet with parents, find out what they know of Ngala, listen to their experiences, and ask what would make Ngala’s services more accessible for the LGBTQI community. The perception of those present was that Ngala was for parents with very young children and those who have sleep issues, with little awareness of our other services. A number of the playgroup families had used Ngala services, mainly Helpline (now Parenting Line) and residential services. One parent had been to two workshops (nutrition and sleep) and had positive feedback. Overall, positive experiences were reported, although one parent did not have a good experience around staff’s unexpected response to her child’s extreme behaviour.

Playgroup parents expressed a need for sensitive antenatal and postnatal support for same sex parents who have adopted a child or used a surrogate; for example, not focused on the birth and breastfeeding. Overall, parents wanted to receive holistic parenting information that focuses on the needs of the child and the couple together.

The group referred Ngala to Living Proud (LGBTI Community Services of WA). In May 2016, staff from Living Proud presented two 'Opening Closets' workshops at Ngala Kensington for service delivery staff and management. These workshops are designed to increase knowledge of the needs of LGBTIQI people.

The presenters provided valuable information around creating an LGBTIQI-friendly environment and supporting disclosure through non-judgemental responses and use of inclusive language. They also emphasised the importance of reflecting on one's responses and being self-aware of one's own attitudes and feelings. Using language such as 'partner' rather than husband or wife and 'they' or 'their' rather than he/she/ his/her (when asking about a partner) can create an open, safe place for disclosure. The workshop also stressed that family violence occurs at around the same level in same sex couples as in heterosexual couples.

Living Proud provided feedback on Ngala's key documents (Service Delivery Model and Access and Inclusion Framework); they generally found them very progressive and comprehensive. They did provide specific suggestions, mainly around implicit and explicit assumptions that all families are led by two people, being a woman who had given birth and her male partner. This is not inclusive of adoption or surrogacy, trans, or same-sex parents; nor does it consider step-families and grandparent or kinship carers. In practice, a simple question such as 'Who is in your family?' has the potential to open the conversation.

Another assumption highlighted is that the biology of a client, i.e. their assigned sex at birth, matches their gender identity. This particularly relates to registration and intake forms where demographic information is collected. The workshop also highlighted the importance of considering homophobia in policies and procedures around discrimination and that a focus on presenting diverse images of families should include LGBTIQI families.

## Responsibility for implementation

Implementation of the LGBTIQI Access and Inclusion Plan is an area of organisational responsibility. This is reflected in the Implementation Plan.

## Review and evaluation

- The Plan is to be reviewed at least every five years. However, it may be amended more frequently to reflect progress and any new issues that may arise.
- Progress towards desired outcomes will be reviewed at the quarterly executive management review meeting.
- An annual status report will be prepared by the Director Strategy and Research and provided to the Executive to be formally endorsed.
- Ngala may seek feedback on the effectiveness of implemented strategies from the community through surveys and/or focus groups.
- Ngala staff members will also be asked for feedback on how well they believe strategies have worked and to make any suggestions for improvement.

## Strategies to improve LGBTQI access and inclusion

### Outcome 1

Ngala's **culture and public profile** demonstrates a commitment to LGBTI inclusion.

Strategy
1.1 Provide communication from Exec to staff re diversity and equal opportunity legislation compliance
1.2 Include clear messages regarding diversity and equal opportunity legislation compliance in staff orientation/induction
1.3 Ensure a commitment to LGBTQI inclusion is evidenced in Ngala's public profile e.g. website, publications, messages on hold
1.4 Include non-discriminatory behaviour towards LGBTQI staff or clients in Staff Code of Conduct
1.5 Encourage Exec and staff engagement and visibility at events and significant days e.g. Fair Day, Pride Week, Wear it Purple Day
1.6 Provide environments that are LGBTQI-friendly and welcoming e.g. rainbow sticker on main entry doors and/or offices; inclusive posters, brochures and literature

### Outcome 2

Ngala staff demonstrate increased **LGBTQI awareness and understanding**, particularly regarding issues around parenting.

Strategy
2.1 Provide workshops and training for managers and service delivery staff
2.2 Develop staff guidelines around non-judgemental responses to disclosure (affirm, listen, normalise, explore, refer) and the potential pitfalls (negative body language, surprise/shock, avoidance, diagnosis/labelling, not using preferred pronouns)
2.3 Provide support to staff to increase self-awareness of their own attitudes and feelings and ability to reflect on their responses to LGBTQI clients
2.4 Identify staff who are willing and able to coach or support other staff as required

### Outcome 3

Ngala's **policies, processes and practice** are inclusive and appropriate for LGBTQI clients and staff members.

Strategy
3.1 Review policy and procedures, including discrimination, bullying and homophobia e.g. same sex relationships included in definition of family members and entitlements in staff contracts and HR policies; include homophobia in procedures around addressing discrimination
3.2 Review key documents regarding inclusion of diverse sexuality and gender identity as relevant e.g. Service Delivery Model, frameworks, curriculum guide
3.3 Review forms and collection of demographic data so that inclusive options are provided e.g. preferred name; Mx as title; M/F/non-binary/prefer not to say; Parent/Carer 1
3.4 Review intake/referral processes e.g. warm referrals to ensure the service being referred to is LGBTQI friendly
3.5 Consider the needs of LGBTQI families in service planning e.g. visuals used in flyers; potential issues of having exclusively male/female groups
3.6 Provide inclusive and tailored feedback processes (e.g. LGBTQI focus group)
3.7 Pursue research opportunities contributing to knowledge and understanding of issues around parenting and LGBTQI families

## References

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