Submission No 30

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

Organisation: Rainbow Families NSW

Name: Ms Vanessa Gonzalez

Position: Co Chair

Date Received: 17 November 2017

rainbow families
connecting • supporting • empowering

SUBMISSION

Enquiry into support for new parents and babies in New South Wales

The experiences of new LGBTIQ-parented families and their babies in NSW, and proposes ways to improve physical health, mental health and child protection outcomes for this community.

November 2017

Contents:

INTRODUCTION

Families come in all shapes and sizes and are made in lots of different ways. Each family has value and each is built on love.

Children in NSW are being raised in families with same-sex parents, single-parents, grandparent or other kinship carers, or in foster homes. Some children are raised in co-parent relationships, with multiple parents and homes (sometimes referred to as poly-parenting). Some families do not have children in them at all, but are no less valued.

This submission focuses on the experiences of lesbian, gay, bisexual, transgender Queer and Intersex LGBTIQ new parents and their babies. These parents and babies – broadly defined as rainbow families - access the same services as the general population, and share the same needs and desires to raise healthy, safe and happy children.

The research and the experienced shared by our community indicate that children share the same health and wellbeing as the general population. An increased public health risk exists as a result of homophobic campaign messages for the entire lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community, including a mental health risk for same-sex couples, and their babies.[1]

About Rainbow Families

Rainbow Families NSW was formed in 2015 as the peak body for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) families in NSW. The mission of Rainbow Families is to build a community that fosters resiliency by connecting, supporting and empowering LGBTQI families. Rainbow Families has a growing membership and includes people from across NSW.

Its volunteer Board consists of committed LGBTIQ members who share the common experience of raising families. Rainbow Families is in the final stages of registering as a charity under the Australian Charities and Not-for Profits Commission Act 2012.

What is a rainbow family?

In a rainbow family, one or both parents identify as lesbian, gay, bisexual, transgender, intersex or queer. For the purpose of this submission, rainbow families will be referred to as LGBTIQ families so as to distinguish from Rainbow Families NSW, the organization.

LGBTIQ families are made in many ways – through surrogacy, adoption and fostering, co-parenting arrangements, gamete donation, because parent/s have a child or children from a previous marriage, or by parent/s' transitioning gender. All families have value: families with two mums, two dads, and families led by single parents or by grandparents and families with no children at all. Family diversity - understanding and respecting that families come in all shapes and sizes – is at the core of Rainbow Families' work.

[1] **The kids are OK: it is discrimination, not same-sex parents, that harms children**. Knight K, Stephenson S, West S, Delatycki M, Jones C, Little M, Patton G, Sawyer S, Skinner S, Telfer M, Wake M, North K and Oberklaid Medical Journal of Australia v. 207 no. 9 23 Oct 2017: Article 1

While there have always been LGBTIQ families, there has been a growth over the past two decades due to:

- Increased visibility and social acceptance of LGBTIQ people and communities;
- Greater visibility and social acceptance of non-nuclear family structures;
- Advances in legislation promoting equality and inclusion, including in adoption and fostering law; and
- Improvements in Assisted Reproductive Technology (ART).

About 11% of Australian gay men and 33% of lesbians have children. Children may have been conceived in the context of previous heterosexual relationships, or raised from birth by a co-parenting gay or lesbian couple or single parent.[2]

Rainbow families face prejudice and are susceptible to negative portrayals in the media. Importantly, many may face particular exclusions from accessing basic services, including the health system, and participating in school and broader mainstream communities. Families can feel isolated and alone.

Rainbow Families offers support by connecting and empowering LGBTQI families. We coordinate social gatherings for our members and provide a space for LGBTIQ+ families in broader cultural events. We offer educational resources to assist LGBTIQ+ people to become parents and to assist LGBTIQ+ parents foster their own and their children's resiliency. We provide a voice for our members by contributing to public debates around issues with special impact on them.

Our work also has indirect impacts on other marginalised groups. Due to social prejudice and internalised homophobia, many LGBTIQ+ people may believe they will not be able to parent or make a family. This can be particularly harmful for young LGBTIQ+ Australians who have been rejected by their families of origin. By creating visibility of diverse families, Rainbow Families counters this stigma. Promoting family diversity also strengthens acceptance of all non-traditional family structures, including single parent families, grandparent carers, blended families and families formed through the multitude of technologies available to assist with fertility. This has a knock-on effect of promoting social harmony, equity and strengthening the self-esteem of kids who might otherwise feel different.

Our submission

This submission has been written by our volunteer-led Committee. It is informed by our community, and the data collected from a two-month long online survey conducted by Rainbow Families via paper submissions and online submissions in April 2017, and a consultation with new parents during Perinatal, Depression and Anxiety Awareness Week in 2017. New parents shared their experiences about what would make a difference.

The submission also draws on follow-up email and telephone conversations with survey respondents, research offered by the NSW Parliamentary Library, academic publications and news reports, which are documented in the *Love Makes a Family; a report into the experiences of discrimination faced by LGBTIQ-parented families when accessing NSW State Government services*."[3]

[2] **Same Sex Parented Families in Australia, A literature review,** Australian Institute of Family Studies

[3] **Love Makes a Family**: A report into the experiences of discrimination faced by LGBTIQ-parented families when accessing NSW State Government services. Rainbow Families NSW, September 2017

1.The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

As is the case in all other families, LGBTIQ parents rely on a robust public health system that sets aside people's differences and treats each and every person with the same level of care and professionalism.

While our survey reveals that this is the case more often than not, unsurprisingly, concerns were raised with the way health staff and professionals interacted with LGBTIQ families.

As our survey demonstrates, while health policy more broadly may be moving towards greater inclusivity, the systems and personnel in place to deliver actual services often fail to keep pace with social progress.

Interactions with health professionals

> *"Overall the staff of health services are wonderful and very interested and helpful. Some may need training, I had one ask 'which one is the real mother?' Of course, it was not intended to offend but just lack of knowledge about appropriate language. I just told her that " now in NSW our son has his 2 mothers in his birth certificate"*
>
> *"Hospital system were ill-equipped to deal with our situation. Legal requirements were unclear and ambiguous."*
>
> *"First, a male Dr at my hospital visit questioned how I had sex. Stating his daughter wanted to know. I filed a complaint and she was reprimanded and made to undertake professional development on LGBT families. After the birth, I had to change the Birth Certificate application to show Mother/Mother as opposed to mother/father that is printed."*
>
> *"GPs often ask about medical history and I sometimes get eye rolls when I say I cannot be sure about my child's paternal line.*
>
> *"When I birthed our second child, he was in NICU and the hospital gave us a hard time about feeding him my partner's breast milk. The excuse they used was that the name on her milk being stored in the NICU fridge would not match the birth mothers' name (me). We called them out on their homophobia and pressed on with giving our sick baby breastmilk. We labelled it with the baby's name so there was absolutely no issue with confused identity."*

While the majority of interactions with health and medical professionals are positive, it is clear from the responses above that specialist training is required in family diversity if LGBTIQ-parented families are to avoid stigmatization and discrimination in our hospitals and health settings.

It is never acceptable for medical professionals to question the private life of a family or individual unless it pertains to their medical circumstances.

While negative interactions may be put down to 'bad bedside manner', they can have extremely serious impacts on patient health and well-being.

Firstly, these negative interactions can result in LGBTIQ-identified people (and parents) not seeking medical attention. A recent report from the United States revealed that 30% of transgender and gender diverse people delayed or did not seek medical care because of fear of discrimination.[4]

Secondly, negative interactions with medical professionals poses the very real threat of exacerbating poor mental health amongst LGBTIQ-patients.

The National LGBTI Health Alliance[5] reports that:

> Compared to the general population, LGBT people are more likely to experience and be diagnosed with a mental health disorder, specifically:
>
> - Lesbian, Gay and Bisexual people are twice as likely to have symptoms that the criteria for a mental health disorder in the past 12 months
> - LGBT people are twice as likely to be diagnosed and treated for mental health disorders
>
> Statistics for LGBTI Population
>
> - 41.1% of homosexual/bisexual people aged 16 and over met the criteria for a mental disorder and had symptoms in the last 12 months
> - 37.1% LGBT people aged 16 and over reported being diagnosed or treated for any mental disorder in the past three years
>
> Statistics for the General Population
>
> - 20% of people (22.3% female; 17.6% male) aged 16 and over met the criteria for a mental disorder and had symptoms in the last 12 months.

The Alliance also notes that LGBTIQ Australians are far more likely to experience suicide ideation or to attempt suicide or self harm in their lifetimes. This raises concerns about the greater vulnerability for LGBTQI parents to experience post-natal depression and anxiety.

Negative interactions with medical professionals like those detailed in the survey pose only serve to further isolate LGBTI-parents and their children. They are completely unacceptable.

> *"My Wife was killed in a pedestrian accident in Feb 2016, when I rushed to the scene of the accident the ambulance had already left. The police would not give me any information or help me get to the hospital. At the hospital I was initially not allowed into the hospital and had to jump through hoops to be able to get in and be told what was going on. Even though I was holding our baby in my arms that she had given birth to in the same hospital 3 weeks earlier.*
>
> *"My wife didn't receive proper follow up after our first was born and didn't get treated for Severe PND until months later.*
>
> *"Our child was admitted to hospital at 4 months of age. It was a very stressful time and it was made worse by the fact that we were constantly having to explain that we were both*

[4] www.reuters.com/article/us-usa-lgbt-medicine-idUSKCN11L0AJ
[5] www.lgbtihealth.org.au/statistics/

able to be by his side.

Specialised training in family diversity would serve to improve experiences of LGBTIQ-parents in medical settings.

As is the case with children raised by single parents, or by kinship carers or children in fostering and adoption arrangements, the full medical history of a child raised by LGBTIQ parents might not be known. Ditto their biological family's medical history.

Respondents noted that this caused intermittent issues with vaccinations, care for allergies, the issuing of prescriptions and medications, as well as delaying diagnosis of genetic illness.

Importantly, training might help to identify the supports a child or parent needs when they present for medical attention.

The harrowing story of a woman who was initially denied access to her wife in hospital is heart-breaking and demonstrates the risks and human consequences of failing to understand LGBTIQ family structures. So, too, does the story of the parent who was not diagnosed with postnatal depression.

It is clear that, particularly in hospital settings, an LGBTIQ liaison officer would be well-placed to meet these challenges and lead the kind of cultural change that will lead to more positive health outcomes for LGBTIQ families.

The Gay and Lesbian Liaison Officer (GLLO) program within the NSW Police service provides a workable model. We recommend funding a similar LGBTIQ-focused patient advocate, particularly in larger metropolitan hospitals or health networks with a higher proportion of LGBTIQ residents.

We also strongly recommend a policy of recognising the National LGBTI Health Alliance's Genders, Bodies and Relationships Passport.

> "The passport is available to anyone who wishes to ensure that their genders, bodies, relationships are respected in their interactions with health and social care services. It was developed specifically to support the following groups:
>
> - Intersex, trans, and gender diverse people.
> - Health and social care services that wish to ensure inclusive care and the best possible health outcomes for intersex, trans, and gender diverse people."[6]

Adopting this program and ensuring it is widely understood and recognised at NSW hospitals and health services would acknowledge the specific risks posed to transgender and gender diverse people and their families.

Antenatal Classes

Mainstream antenatal classes can present some challenges for prospective LGBTQI parents. In lesbian couples, the non- birth mother can often feel excluded, and the content of the class tend to assume a mother and a father. Trans parents may also feel excluded or concerned about having to

[6] http://lgbtihealth.org.au/passport/

discuss or explain their gender with other participants.

Gay dads who are having a child through local surrogacy find accessing an anternatal class difficult. They then face other issues in accessing a Medicare card, information about baby care, access to the Blue Book, and follow up child health nurse support.

In the instance where the baby was born through surrogacy overseas, Gay dads will have difficulty accessing important early childhood support for their baby. This included missing out on the SWISH hearing test and the Newborn Screening Test.

Rainbow Families have fundraised and funded specialist antenatal classes for the LGBTQI prospective parents. These have been popular and require ongoing funding.

It is recommended that a specialist LGBTQI Antenatal Class is held in areas with high numbers of this population group. These classes would ensure that new LBGTQI parents are supported to care for the babies and that their babies receive the early childhood support they need.

Forms

Having forms, information and medical records that reflect the diverse families in NSW not only makes all families feel included, they also ensure that professionals have an accurate people of the significant people in the life of the baby and their history.

> *"When registering for the Child Health Services there was no option for other parent, except to place my details in the allocated spot for 'father'."*
>
> *"I did present to Katoomba emergency (when I lived there) with a sick child. He was born there. They said 'I have someone else listed as mother' and I tried to explain and she was like 'ok ok too hard whatever' I am not sure if the computer system only allows recording one mother and that was the problem or the same sex parent was the problem. I'm resilient and was ok but it would upset others."*
>
> *"On two occasions we have had a child admitted to Westmead children's hospital. Their forms only allow for mother and father, rather than parent 1 and parent 2. The parent whose name goes under the "father" tab is entered as "other relative" which means they cannot give the same consent the parent can. They were constantly seeking out the parent listed under mother, even though the other parent was right there. This had significant impact when my eldest was flown in by Care flight with my partner, who then had to leave to go and get her phone while I stayed with our son. I was told I could not be his mother because my partner was on the form as his mother.*
>
> *"Main issues have been about attitudes and assumptions in health. Mostly a conservative management and the forms are so out of date. I often had to cross out 'father' and write 'mother'. The prenatal class we attended they were very welcoming of us as parents but the commentary often included "hubby" and my partner was included in that. Which is nice in one way but offensive given we can't even maried, and it's the wrong gender reference."*

A key component to ensuring full access to health services for LGBTIQ parents and their children is ensuring that the systems, procedures and forms used to process admissions and medical care in a patient's lifetime reflects the realities of diverse families. Too often, LGBTIQ parents are left to navigate archaic systems that require them to identify as a "mother" and "father," causing offense and more importantly confusion.

As the survey responses above demonstrate, these bureaucratic errors have a real

impact on the well-being of children and parents and must be addressed as a matter of urgency.

Baby Blue Book

> *"sometimes heavily geared towards mother. Our bub doesn't have a mum, only two happy daddys."*

The Baby Blue Book (or Child Personal Health Record) is a cherished part of childhood and of being a parent. This resource was reviewed in 2017 and we were pleased to be consulted.

Small changes to the content would go a long way to making the record more inclusive, including the:

- Depiction of diverse family structures;
- Inclusion of contacts and resources for LGBTIQ parents and families;
- Amending language to not specify "mother" and "father" in instances where it was not necessary to define a gender. This would benefit all parents, including single parents and carers.

Other documentation and publications should be revised along similar lines. For example, many women reported being given pamphlets about "being the dad" following the birth of their children at RPA Hospital.

Antenatal Depression and Anxiety

Conception, pregnancy, birth and bringing a baby home can be an intense time.

In Australia depression affects one in five females and one in eight males. The research stated that post-natal depression effects 16% of new mothers. We don't have stats for gay or trans parents. There is a gap in the research and health information about the experience of LGBTQI parents.

During 2017 Perinatal Depression and Anxiety Awareness Week, Rainbow Families held a focus group with a lovely morning tea as part of the Sydney Rainbow Families Playgroup. There was also an online survey inviting members to share their stories and wisdoms about experiencing depression and anxiety. Members of our communities shared their struggles and also what they found helpful, and what made a difference for them, their relationship and their baby.

Many parents shared their experience of post-natal depression and ways they coped.

> "When I carried our first child, depression set in whilst pregnant and then worsened post birth. No-one did anything despite me 'failing" all the post-natal quizzes. All they did was hand out pamphlets and remind me motherhood was hard and my emotions normal. It was horrific and definitely put my child at risk. It's like the system and society wanted me to pretend that I loved it and was a "natural mother"." Lesbian mother

Whilst the experience were similar to other new parents, many spoke about the invisible need of the non-birth mother or the assumption that dads are not able to experience depression following the arrival of their baby.

> "My partner experienced a lot of trauma also, pre-birth during and post birth. My wife had the drama with our baby having to be resuscitated. It was not like she had imagined. No-one asked how she was going, because she wasn't the birth mother" lesbian mother

Gay fathers also spoke about the failure of health professionals to offer post-natal depression screening or information.

> "I went to my GP when she was 8 months old, and whilst talking about my sleep deprivation and feeling lonely, he said, 'I never did the screen on you'. And I thought, 'it's too late now'. I was through the worst of it." A gay dad

Many also spoke about the impact of discrimination and homophobia.

> "As a lesbian I feel that people question how good we can be as parents. I tried extra hard to cope and be a perfect parent. I put too much pressure on myself. And it was harder to reach out for help. I wanted everyone to know I was doing a good job. I didn't want them to confirm the stereotype that we are not good parents." Lesbian mother.

The experiences shared by the community indicate that there is need for more specific information targeting the LGBTQI community, and greater training of health professionals.

Recommendations

Establish and fund Gay and Lesbian Liaison Officers at major NSW public hospitals to assist with providing health care to LGBTIQ-parent families.

Provide specialist LGBTQI Antenatal Classes in key metropolitan hospitals.

Develop material about Post Natal Depression and Anxiety for the LGBTQI community.

Raise awareness of the needs of gay fathers in relation to depression and anxiety.

Provide specialist training to medical professionals and health workers on family diversity.

Continue to review the Baby Blue Book (or Child Personal Health Record) and other key maternal health publications to make it more inclusive of family diversity.

Adopt and promote the National LGBTI Health Alliance's Genders, Bodies and Relationships Passport in all NSW public health settings.

Update all medical records and health-related forms to be gender neutral where feasible, including removing "mother" and "father" in instances where it is not necessary to know the sex of a parent.

2. Changes to current services and structures that could improve physical health, mental health

2.1 Gender Neutral Forms

The Commonwealth Government is moving towards gender neutral government, whereby:

> "The Australian Government recognises that individuals may identify and be recognised within the community as a gender other than the sex they were assigned at birth or during infancy, or as a gender which is not exclusively male or female. This should be recognised and reflected in their personal records held by Australian Government departments and agencies."[7]

The 2013 Guidelines on the Recognition of Sex and Gender seek to collect gender information only when required, and to privilege the collection of data on gender over the collection of data on sex where noting a person's physical sex is not necessary.

A similar framework could be adopted in NSW, and issue a similar directive across NSW agencies and departments.

Doing so would:

- Eliminate confusion arising from forms where gendered language is unnecessarily gendered, including but not limited to school enrolment forms, registration of land, property and vehicles, or on application for licenses etc;
- End the need for transgender and gender diverse residents to nominate a gender that does not match their gender as presented;
- Remove the need for transgender and gender diverse people to undergo sex reassignment surgery before changing their gender markers on government issued identification;
- Remove the need for intersex residents to "choose" a gender when completing forms or accessing basic services;
- Contribute to positive cultural change to improve inclusion, health and social benefits.

2.2 The Office of Births, Deaths and Marriages

> *"Registering for BDM the hospital did not have the "special form" so we rang and ordered it. There shouldn't be a special form but every registration able to record all births."*
>
> *"Couldn't fill out birth certificate, needed to go into Births deaths marriages with new/born in tow to get a special form"*
>
> *"I had to have an interview to prove my 'status' in order to get the birth certificate amended for my son, so that I could be put on as his parent."*

7 www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.pdf

“Births Deaths and Marriages required paperwork from our IVF clinic confirming we were in a partnership at the time of undergoing IVF. The fact that we completed relevant questions on the application for the birth certificate, that our child had two parents, didn't suffice.”

“In 2011 when we had our first daughter at a Sydney hospital the hospital did not have the forms for same-sex parents and we needed to visit the office of birth deaths and marriages. It took them four staff members to find the forms we needed.”

“NSW birth registration doesn't recognise actual adults undertaking parenting duties.”

“Our international marriage is recorded on our second sons birth cert, but not our first. I wonder if legislation will allow retrospective changes and waiting of fees?”

“The awkward moment of striking out 'father' on the form and replacing it with 'other mother' is something I do constantly.”

“The registration of the birth of our three children was pretty smooth and straight forward, however last year my partner and I got married in the Netherlands. On advice from some friends I tried to register this marriage at the department of birth-death-marriages. I'm fully aware that Australia is not recognising gay marriage however you would think they would need to acknowledge what happens overseas. For us to be able to marry we were required to obtain a certificate single-status. One would hope that now that we are married we would not able to get this certificate again. We were offered a registered partnership for $280 (I think) however the person informed us this has very little value and is mainly used by couples for immigration reasons. This is not a request for gay marriage (although it is sad we had to go to Holland for this) more a request for a proper system to make sure me or my partner can't get a single status certificate again :)”

Government issued forms are inconsistent and continue to cause offense and confusion for new parents seeking access to basic government services. Adopting a gender-neutral framework would eliminate many of these concerns.

In the meantime, specialised training is clearly required at the Office of Births, Deaths and Marriages given the large number of complaints about the poor quality of services and the complexity of processes.

We recommend enabling same-sex parents to register births online, ending the need for a special paper form. It is simply discriminatory that same-sex parents be required to go through extra steps to register the birth of a child. There is no need for the process to be different.

Similarly, we also recommend changing the form to read “parent 1” and “parent 2.”

2.3 Baby Care Classes for Dads

Many gays dads, much like many other heterosexual fathers, feel that the majority of parent and baby care health information assumes that the primary carer is a mother.

There are also structural public space designs which reinforce this. In public places, it is the female toilets that have a baby change table. Male toilets do not have a baby change table. Only in private shopping centres, and some commercial places can fathers find a place to change their babies’ nappies.

This is not only discriminatory to gay fathers but fails to support all fathers to be an active parent in the life of their children.

Recommendations

Issue government-wide guidelines on the Recognition of Sex and Gender

Provide specialised training for staff at the Office of Births, Deaths and Marriages around family diversity and non-traditional family structures

Remove the need for same-sex parents to complete a special registration of birth form; standardise all forms and make them available online.

Public design to ensure that male toilets are also fitted with baby change tables, or that appropriate parent's room are available in public spaces, like parks and community centres.

Baby care classes are designed and available for fathers.

CONCLUSION

Having a baby can be an exciting and challenging time for many parents. New parents need sensitive and accessible supports to help them and their babies thrive, be safe and healthy.

LGBTI people have a higher prevalence of mental health issues than the general population, and new parents in this community are thus at higher risk of post natal depression and anxiety. LGBTI parents are also affected by discrimination. This may affect their self esteem, their confidence, their access to familial support, self seeking behaviour, their ability to get support when they and their baby most need it.

Universal services and government processes could be developed to better access LGBTQI parents and their children. As the face of Australian families is changing, so should government and service forms and processes, information and resources for parents. Having gender neutral forms that are able to reflect diverse family structures is a good start.

There are areas where LGBTQI parents would benefit from specialist tailored services; in the provision of antenatal care classes, baby care courses for fathers would benefit all heterosexual and gay father's attachment to their babies and care skills, and the provision of good public space designed so fathers can adequately care for their children.

There are also some structural issues for babies born through surrogacy which impact on the babies directly, with the risk of some missing out on receiving health care they require.

All parents and babies have a right to receive caring and sensitive support. Training services and professionals to better understand and support LGBTQI parents will ensure that parents engage and seek support, and that their babies grown to thrive, be safe, healthy and happy.