**Challenges in LGBT Inclusion in Nova Scotia's Family Resource Centres**

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## Dedication

Dedicated to my dear friend and mentor, Leighann Wichman (1974-2014),
who always so passionately advocated for LGBT inclusion –
your influence continues to change the world.

And to my own family, Julien, Micah, and Galia,
who were a key motivation for this project – you are my heart.

**Abstract**

Lesbian, gay, bisexual, and transgender (LGBT) families are increasingly benefiting from legal recognition and social visibility in Canada. However, historic discrimination of and lingering negative societal attitudes towards the LGBT community have led to LGBT families who are typically reluctant to access services. Family resource centres (FRCs) provide family life education (FLE) and services to families in Nova Scotia, and they need to ensure that their services are inclusive of this population. This research explores if and how these centres are attempting to include LGBT families in their FLE programming.

This study was guided by the critical paradigm and used both quantitative and qualitative methodologies. First, employees from 15 of the 38 FRCs in Nova Scotia participated in an online questionnaire that explored the current state of inclusion of LGBT families in FRCs through an exploration of existing LGBT resources, organizational policies, and organizational culture. Then, semi-structured interviews were conducted with six FRC employees to explore the roles of FRCs in creating and maintaining LGBT inclusion. Feminist, queer, and conflict theories shaped the research design, data collection, and analysis.

Online questionnaires illuminated that some inclusion efforts were actively underway in many centres with respect to resources, policy, and collaboration with LGBT organizations. Five themes were identified in the semi-structured interviews: (a) challenges faced by LGBT families, (b) challenges faced by FRCs in fostering inclusion for LGBT families, (c), whether or not special programming for LGBT families is needed

in FRCs, (d) specific support needed for LGBT families to feel welcome in FRCs, and (e)

the need for LGBT education within FRCs. These findings have implications for FLE

practice within FRCs in fostering LGBT inclusive programming and services.

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**Chapter 1: Introduction**

Due to widespread historic discrimination of and lingering negative societal

attitudes towards the lesbian, gay, bisexual, and transgender (LGBT) community, many

LGBT families have typically been reluctant to access existing services and/or to

advocate for LGBT inclusive services (Janmohamed & Campbell, 2009; Maurer, 2011).

Yet, as LGBT families move from the invisible fringes of society closer into the

mainstream, centres providing resources to families need to adjust to ensure their services

are accessible to and inclusive of the LGBT community.

Family life education (FLE) is a preventative field of practice that aims to provide

education on family issues (Duncan & Goddard, 2011). It can be carried out in a variety

of settings, including within family resource centres (FRCs). FRCs are present across

Canada, and the centres in Nova Scotia "provide a variety of community-based activities

and resources for children and families that focus on early childhood development and

parenting support" (Capital Health, 2016, para. 1) to a cross-section of Nova Scotians in

both rural and urban settings. These centres provide a wide array of programming,

education, and services for families, and are guided by principles set by the Canadian

Association of Family Resource Programs that outline the need for family resource

programs to help strengthen families, promote wellness, and promote healthy family

relationships (Canadian Association of Family Resource Programs, 2002). The guiding

principles reflect goals of inclusion, diversity, reflexivity, and meeting the needs of

families that fall in their area of service (Canadian Association of Family Resource

Programs, 2002). In particular, one of the core guiding principles states, "family support

programs promote relationships based on equality and respect for diversity" (Canadian

Association of Family Resource Programs, 2002, para. 10). Through these guiding

principles the importance of acknowledging the unique experiences of diverse families

and the need to provide services relevant to these populations is reflected. LGBT families

are one example of diverse families whose unique needs and experiences may require

intentional inclusion by programs providing services to families.

       Although there are some general methods for inclusion within FRCs that can be

extended to the LGBT community, specific needs of this community make the task of

inclusion a deliberate act. In particular, LGBT-parented families have historically faced,

and continue to face, discrimination within the Canadian legal system that affects their

parenting rights (Epstein, 2012; Knegt, 2011), which in turn can negatively affect the

social legitimacy of their roles as parents. Furthermore, despite many positive legal

advances, LGBT families regularly experience social stigma and discrimination in their

everyday lives (Epstein, 2012; Knegt, 2011; Lev, 2004). Both LGBT-parented families,

as well as LGBT families in which at least one family member identifies as lesbian, gay,

bisexual, or transgender (for example, a family with a trans child), may experience these

challenges and be in need of inclusive services.

       A starting point is to determine the current state of services provided by FRCs,

and this research studied this question specifically within the Nova Scotia context. The

intent of this research was to explore the existing level of LGBT-specific inclusion within

FRCs in Nova Scotia, as well as explore what LGBT-specific inclusion looks like from

the perspective of staff members at FRCs across Nova Scotia.

       Employing a critical lens, and drawing from feminist, queer, and conflict theories,

I conducted a mixed methods study. First, I surveyed FRCs across Nova Scotia with

participants representing 21 of the province's 38 centres. Second, I conducted in-depth

interviews with six staff from those centres. The quantitative survey provided an insight

into the current state of inclusion of LGBT families in FRCs through an exploration of

existing LGBT resources, organizational policies, and organizational culture. The survey

findings also highlighted that some inclusion efforts were currently underway in many

FRCs in Nova Scotia.

These interviews provided greater detail on perceptions of the role of FRCs in

creating and maintaining LGBT inclusion. Participants highlighted some of the many

challenges faced by LGBT families, as well as some of the many challenges faced by

FRCs in providing services for LGBT families. They articulated that there is no need for

LGBT specific programming at FRCs, yet also acknowledged that LGBT families need

specific support in order to feel welcome in FRCs. Participants also highlighted the need

for education on LGBT issues within FRCs as being crucial to building LGBT

inclusivity.

In Chapter 2, I review the existing literature as it relates to LGBT families and to

FLE, as well as inclusion approaches in FLE. The third chapter highlights the theoretical

underpinnings for this research, exploring the influence of feminist, queer, and conflict

theories. The methodology is outlined in Chapter 4, which covers data collection,

analysis, trustworthiness, and ethical considerations. Chapter 5 presents the findings from

both the survey and interviews. Finally, the sixth chapter uses the theoretical framework

to discuss these findings within the context of the existing literature and to propose

directions for future research.

**Chapter 2: Literature Review**

To explore the inclusion of LGBT families in Nova Scotian FRCs, I first examine the historical context of LGBT families and the ways in which this community has come to establish itself. I then discuss the context in which FLE has developed more broadly and also in relation to their approaches to diversity. Finally, the specific emerging area of study of LGBT inclusion within the field of FLE and in practice is explored.

**Evolution of LGBT Families**

Despite the fact that the language used to describe LGBT people has changed over time, LGBT families have existed throughout history in various forms (Janmohamed & Campbell, 2009). Although this family form may have been invisible, and at times marginalized, families that exist outside of the heteronormative family structure are not a new phenomena (Janmohamed & Campbell, 2009; Lev, 2004; Sherblom & Bahr, 2008). However, it was not until the simultaneous emergence of the Gay Rights and Trans Liberation movements in the 1950s that LGBT families were propelled into the public consciousness (Epstein, 2012). Indeed, the Gay Rights and Trans Liberation movements were the first significant steps in Canada and the United States towards LGBT visibility, accessing equal rights and creating another significant shift in people's notion of "family" (Epstein, 2012; Lev, 2004).

Although the United States was a significant site of much of these social and political movements (Feinberg, 1996; Stryker, 2008), their effects certainly resonated in Canada, causing Canada's own regionally based movements (Epstein, 2012). This shift was marked by the groundbreaking decriminalization of homosexuality in 1968 in Canada (Graham, Swift, & Delaney, 2003; Janmohamed & Campbell, 2009). Similarly,

the advocacy of and oft-quoted phrase by Prime Minister Pierre Trudeau, "there's no place for the state in the bedrooms of the nation" along with adoption of the Canadian Charter of Rights and Freedoms in 1982 signified significant shifts in Canadian societal views of LGBT rights for individuals and families (Graham et al., 2003, Janmohamed & Campbell, 2009).

The emergence of the Women's Rights or Feminist movement in the 1970s also had important effects on the development of LGBT-parented families in Canada and the US. This movement not only espoused equal rights for women, but also explored the notion of the family in broader terms, including what it meant to be a mother, along with the means of reproduction (Calhoun, 2000; Firestone, 1997). Lesbian feminists, particularly in the radical feminist movement, explored ideas of creating spaces without men, including how to achieve reproduction outside of the typical heteronormative sexual reproduction (Epstein, 2012; Firestone, 1997; Griggers, 1993; Stryker, 2008).

Although lesbians were no doubt finding ways to have children prior to this time, the period of the radical feminist movement in the 1970s and 1980s explored this ability to create their own families in ever-increasing and public ways than ever before in history (Epstein, 2012). There were radical feminist groups organizing their own sperm donor groups in which sperm donors (often gay men) would deliver their sperm donation to one woman who would pass it along to the recipient woman, thereby creating anonymity between donor and recipient in an informal system created outside of either non-existent or discriminatory assisted reproductive centres during that time (Epstein, 2012).

The Gay Rights and Trans Liberation movements brought *cisgender*[1] lesbian, gay, and bisexual (LGB) and trans people together through fighting for their rights side-by-side, however these movements ultimately became fractured with many tensions arising between the groups (Feinberg, 1996; Stryker, 2008). Due to the pervasive transphobia in the LGB community, trans people were often separated out and excluded from further calls to action by the LGB community (Stryker, 2008). Moreover, based on essentialist views of gender, many second wave feminists within the Women's Rights movement encouraged and supported this division and trans people found themselves marginalized within both of these movements (Stryker, 2008).

The 1990s, however, saw a new wave of transgender activism, this time highly integrated in with the third wave of feminism and trans people again came further into the public eye (Stone, 2009; Stryker, 2008). The third wave of feminism allowed a rethinking of a binary view of gender and it was during this time period that the LGB and trans communities began to work together again, with many organizations altering their mandates to specifically include trans people (Stone, 2009; Stryker, 2008). Nevertheless, tensions still continued, with trans issues often overlooked even under the LGBT umbrella (Epstein, 2012; Stone, 2009; Stryker, 2008).

The 1980s and 1990s marked a significant shift not only in LGBT individual visibility and rights, but also in the beginning of the exponential birth of LGBT-parented

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[1] The term cisgender refers to "individuals who have a match between the gender they were assigned at birth, their bodies, and their personal identity" (Schilt & Westbrook, 2009, p. 461).

families (Epstein, 2012; Hernandez, 2004; Janmohamed & Campbell, 2009; Lev, 2004;

Rimalower & Caty, 2009)—henceforth known as the "gayby boom" (Hernandez, 2004).

The increasing development of assisted reproductive technologies (i.e., in-vitro

fertilization, sperm donation, egg donation, and surrogacy) allowed for LGBT persons

and families to explore options previously unknown or closed to those outside of

heterosexual families (Epstein, 2012; Goldberg, Dowing, & Sauck, 2007; Griggers, 1993;

Hernandez, 2004; Janmohamed & Campbell, 2009; Jones, 2005; Lev, 2004; Naples,

2004; Ross et al., 2008). Heightened awareness and visibility of LGBT-parented families

in the greater society allowed many of them to conceive of and become families in an

increasingly supportive atmosphere (Lev, 2004, 2008; Sherblom & Bahr, 2008).

LGBT adoption also came into the forefront in the 1980s and 1990s, with some

mainstream adoption and fostering agencies publicizing directly to the LGBT

community, first in the United States, followed by Canadian agencies (Epstein, 2012;

Ross et al., 2008). Likewise, a distinct trend of mainstream adoption/fostering agencies

that had previously excluded LGBT-parented families now shifted to include LGBT-

parented families as a significant community (Lev, 2004; Ross et al., 2008). Despite this

progress, it should still be noted that many transgender people still face much transphobia

and discrimination within the adoption system and often find themselves excluded from

this process (Epstein, 2012; Lev, 2004; Pyne, 2012; Ross et al., 2008).

Moving forward to the 2000s, many more legal advances were gained in support

of LGBT-parented families (Epstein, 2012; Wilson, 2007). In particular, same-sex

marriage became legal in Canada in 2005, creating a significant shift of legal rights

extended towards LGBT-parented families (Janmohamed & Campbell, 2009; Statistics

Canada, 2013; Vanier Institute for the Family, 2013). Although marriage and parental

rights remain somewhat legally separated in Canada (Epstein, 2012), this legislative

advance ultimately worked to add legitimacy to LGBT-parented families in the overall

social environment in Canada (Graham et al., 2003). Within this increasingly accepting

environment, a growing number of LGBT people began to choose to create families

together (Epstein, 2012; Lev, 2004).

Furthermore, in 2001 the Canadian census documented same-sex families for the

first time (Statistics Canada, 2006), providing a crucial body of data enabling visibility of

one component of LGBT-parented families. This national measurement of same-sex

couples was then followed up with the inclusion of married same-sex couples being

counted in the following censuses in both 2006 and 2011 (Statistics Canada, 2013; Vanier

Institute for the Family, 2010). This change marks another turning point in that LGB

families are now being counted in our country's most significant pool of data. Census

data collected shows same-sex marriages having tripled between 2006-2011 and the

number of same-sex couples raising children increased from 9% to 9.4% (Vanier Institute

for the Family, 2010, 2013).

This census data is significant as it is used to determine policy and legislation for

Canadians (Vanier Institute for the Family, 2013). Whereas LGB families were once

invisible to Canada's highest level of policy collectors and policy-makers, this

demographic is now standing up to be counted, and although it can be safely assumed

that not all LGBT families are represented in this data (i.e. LGBT lone-parent families,

trans parented families, LGBT-parented families not wanting to be "out" in the census, or

families with LGBT children), the data represents a significant shift. LGB families in

particular can be considered to be a visible and present proportion of the "families" being counted and analyzed and thus can also push for the equal but yet unique needs of LGBT-parented families in the mixture of many family forms that exist within Canada.

Most recently, British Columbia made the move to legally increase the number of parents able to be listed on a child's birth certificate from two to four, thus allowing greater flexibility for the LGBT community in particular to construct their families (Findlay & Suleman, 2013). This change will likely help reflect the lived experiences of many LGBT individuals who create families in alternative ways (Findlay & Suleman, 2013). Such a step will not only allow for children to have same-sex parents listed on their birth certificate, but will also reflect all adults who intend to parent to that child at the time of birth.

In summary, combined with the aforementioned factors and through the work of the LGB and Trans movements, LGBT families have become increasingly visible. This visibility has over time lent to some major changes in these families' access to services and legal advances in both Canada and the United States. In Canada in particular, LGBT-parented families are even now being recognized in the government census, a sign of how far the movements have progressed. However, as LGBT families increase in numbers and visibility, they must also be assumed to require and/or demand services for their families.

Many Nova Scotian families use provincially-located FRCs and as such, it is important to explore if and how these centres are approaching and serving diverse populations in general, and LGBT families in particular, which I define as *LGBT inclusion*. Inclusion for LGBT families within family services can be approached in a number of ways, such as by incorporating LGBT-specific content in regular

programming, providing separate programming for LGBT families, or by the assimilation

of LGBT families into mainstream curriculum. Inclusion may also be proactive or

reactive, and it can be subtle or overt. However, regardless of the way in which LGBT

inclusion is carried out, it should be understood within a particular lens that

acknowledges the discrimination and exclusion typically experienced by this

marginalized population (Allen, 2000). This task of exploring LGBT inclusion can

initially be undertaken through an understanding of FLE and FRCs, which the next

section explores.

**FLE and FRCs**

The roots of modern FLE trace back to the mid-1800s with a variety of social-

and family-focused initiatives developing during this time period (Duncan & Goddard,

2011). Notably, the settlement house movement came into existence at this time, first in

Europe and then in North America, forming the underpinnings for FLE (Darling,

Cassidy, & Powell, 2014). Settlement houses served to connect poor and immigrant

families with services, while fostering community and empowerment (Bogenschneider &

Corbett, 2004; Darling et al., 2014; Duncan & Goddard, 2011). These settlement houses

provided opportunities for societal change through social justice (Darling et al., 2014)

and represented a radical shift in social services in the focus on the role of oppression in

creating inequalities (Bogenschneider & Corbett, 2004; Darling et al., 2014). Through

this history, FLE came to assist in addressing problems facing families as well as to assist

in developing strengths within families, and has maintained a critical social justice focus

(Arcus, Schvaneveldt, & Moss, 1993; Darling et al., 2014).

FLE has since evolved over time to assist families in adjusting to major changes

within society, namely industrialization and urbanization (Duncan & Goddard, 2011; Powell & Cassidy, 2001). The field of FLE as we know it today has been rapidly growing and developing over the past century with increasing interdisciplinary academic and theoretical underpinnings. As such, there is much discussion yet little consensus from the academic community on a unified definition of FLE (Arcus et al.,1993; Darling et al., 2014; Duncan & Goddard, 2011; Powell & Cassidy, 2001). In fact, Powell and Cassidy (2001) list 17 different definitions of FLE that were developed between 1962-1989 in an attempt to delineate the field.

The continued development of the field of FLE was necessitated in part through the rapid shifting of the family form in North America over the past two centuries (Duncan & Goddard, 2011; Powell & Cassidy, 2001). The past century in particular has seen higher rates of women working outside of the home, blended families, single-parent families, and same-sex headed families (Duncan & Goddard, 2011; Powell & Cassidy, 2011). These societal changes have had a great influence on families and have led to both the increasing need for and the corresponding development of FLE as it is known today (Duncan & Goddard, 2011).

Professional organizations began to form in the early 1900s. The the most notable organization is the National Council on Family Relations (NCFR) in the United States, which still exists today (Duncan & Goddard, 2011). In Canada, the Canadian Association of Family Resource Programs works to promote and serve FLE across the country (Powell & Cassidy, 2001; Canadian Association of Family Resource Programs, 2013). Through the professionalization of FLE, 10 content areas became defined: (a) families and individuals in societal context, (b) internal dynamics of families, (c) human growth

and development across the lifespan, (d) human sexuality, (e) interpersonal relationships,

(f) family resource management, (g) parenting education and guidance, (h) family law

and public policy, (i) professional ethics and practice, and (j) FLE and methodology

(Duncan & Goddard, 2011). These content areas provide context within which all FLE

takes place. Many of the above content areas are applicable to LGBT families, with

particular emphasis on exploring the family within societal context, human sexuality, and

parenting education.

FLE has also formally existed in the North American school system since 1872

(Powell & Cassidy, 2001), expanding quickly amongst public schools before the turn of

the century. Currently it is practiced in a variety of settings including early childhood

education, preschools/childcare centres, and in FRCs (Beach & Bertrand, 2000). FRCs in

Nova Scotia focus primarily on parenting education and many of these centres do

incorporate a number of other areas of FLE including, but not limited to, human growth

and development across the lifespan, human sexuality, and interpersonal relationships.

FRCs offer FLE through a variety of programs, services, resource distribution,

and/or through providing support(s) to families. They also often provide resources and

programming to the whole family: parents, children, teens, caregivers, and so on (Beach

& Bertrand, 2000). Services range from providing full daycare for children, to drop-in

activities for parents and children, to book and toy lending for families, to support groups

and training opportunities for parents (Battle & Torjman, 2000; Beach & Bertrand, 2000).

As social connectedness is key for overall mental and physical health (Hanvey, 2004),

FRCs can play a crucial role in children's development and wellbeing (Hanvey, 2004).

Additionally, an increasing number of FRCs provide specific programs for both low-

income and high-risk families (Beach & Bertrand, 2000; Williams & Kellerman, 1995).

FRCs have an overlapping history with the rise of FLE in Canada, as the centres themselves were eventually born out of the same identified need to provide education and supports for families. Beach and Bertrand (2000) trace the beginnings of FRCs to the public health initiatives and settlement houses of the late 1800s and early 1900s. Throughout the 1900s, a variety of early childhood education settings began to emerge, with FRC programs appearing in the 1970s. This progression followed a number of social influences including the growing predominance of kindergartens (beginning in the 1880s), through to the first North American daycares during WWII, and then through the Women's Movement in the 1960s advocating for an increase in family services that would allow women to enter into the paid labour force (Beach & Bertrand, 2000). FRCs are one part of a (highly fragmented) system that has thus been established to help support families during this time of social and economic change (Beach & Bertrand, 2000; Hanvey, 2004).

FRCs are now widespread, with 38 centres running in Nova Scotia (Nova Scotia Council for the Family, 2010) and approximately 2000 centres across Canada (Kyle & Kellerman, 1998). These centres are often non-profit, receive funding through a variety of sources, and are not regulated by any singular body (Beach & Bertrand, 2000). As such, the types of programming offered by these centres do vary by region, population, and perceived need.

**Diversity and Inclusion in FLE**

The changing face of the family has been the catalyst for much change in the field of FLE (Powell & Cassidy, 2001). The past five decades in particular have seen a vast

number of changes to the family realm (Zinn, 2000; Lev, 2004). Societal changes

affecting family life include the aging population, increasing ethnic and cultural diversity,

feminism and the Women's movement, and a changing economic climate (Zinn, 2000;

MacNaughton & Hughes, 2007; Powell & Cassidy, 2001). Furthermore, the family

structure has been heavily influenced by the increase in single parents, blended families,

divorce, remarriages, adoptions, alternative reproductive therapies, and LGBT families

(Zinn, 2000; Lev, 2004; Powell & Cassidy, 2001; Webb, 2005). Although it is clear from

the literature that researchers and practitioners need to be continuously expanding the

definition of family in order to encompass these many changes (Zinn, 2000; Duncan &

Goddard, 2011; Hickman, 1999; Lev, 2004; Powell & Cassidy, 2001; Wiley & Ebata,

2004), services also need to be taking this ever-changing definition into account when

providing FLE.

Despite all of the advances and progressions for the LGBT community, LGBT

families continue to experience discrimination and face many social and legal barriers

across North America (Epstein, 2012; Goldberg et al., 2007; Hernandez, 2004; Jones,

2005; Knegt, 2011; Kosciw & Diaz, 2008; Lev, 2004; Naples, 2004; Oswald et al., 2005;

Ross et al., 2008; Vanier Institute for the Family, 2013). In particular, there is a long and

enduring history of LGBT parents being discriminated against in custody disputes and in

adoption processes (Epstein, 2012; Knegt, 2011; Lev, 2004; Pyne, 2012). These barriers

have discouraged and sometimes prevented LGBT individuals from creating families as

well as having had the effect of discouraging LGBT families from accessing other types

of mainstream services.

Dealing with diversity within FLE is important both for inclusion of marginalized

groups and to counteract the social phenomena of discrimination (Ballard & Taylor,

2011; Duncan & Goddard, 2011; Hanvey, 2004; Robinson, 2002; Wiley & Ebata, 2004).

Services are much more effective when families feel included (Ballard & Taylor, 2011;

Hanvey, 2004; Trivette & Dunst, 2005; Wiley & Ebata, 2004). For example, the rapport

that parent support programs have with the families accessing them can be a significant

factor in the outcomes for families (Trivette & Dunst, 2005). As such, families who

belong to diverse groups need to feel welcomed (Ballard & Taylor, 2011; Hanvey, 2004;

Robinson, 2002; Trivette & Dunst, 2005; Wiley & Ebata, 2004).

Duncan and Goddard (2011) acknowledge that there is no set formula available

for dealing with any diverse group, and that much of our cultural knowledge tends to be

based on generalizations and can ignore individual variations within these populations.

As a result, all cultural knowledge must be paired with skilled dialogue in order to create

programs that will work for a diversity of families (Duncan & Goddard, 2011).

Furthermore, when working with families, practitioners are encouraged to identify the

socio/cultural communities that are represented within one's group and tailor one's

approach to acknowledge and welcome their potentially unique experiences (Duncan &

Goddard, 2011). Although this approach makes sense for improving educational delivery

and group climate, it may possibly be problematic with the LGBT population and their

family members as they tend to be an invisible population (Kosciw & Diaz, 2008; Lev,

2004; Rimalower & Caty, 2009; Robinson, 2002). However, a general awareness of how

information delivered may favour some groups over others is considered key in FLE

practice and through efforts to present information thoughtfully may help negate some of

the inequalities traditionally present in education delivery (Duncan & Goddard, 2011).

Within the field of FLE, customized programming is needed to meet the needs of specific groups (Duncan & Goddard, 2011; Wiley & Ebata, 2004). These groups include (a) high-risk families (Beach & Bertrand, 2000; Williams & Kellerman, 1995), (b) people with disabilities (Battle & Torjman, 2000; Friendly & Prentice, 2008), (c) low income families (Hanvey, 2004; Powell & Cassidy, 2001), and (d) multicultural families (Battle & Torjman, 2000; Friendly & Prentice, 2008; MacNaughton & Hughes, 2007; Powell & Cassidy, 2001; Robinson, 2002). Of these specific programming lenses, the one that often has the most emphasis is the multicultural lens, and indeed it is often held as the indicator for whether or not a program is considered diverse (Duncan & Goddard, 2011; Robinson, 2002). Regardless of which diverse group is being addressed however, it is noted that it is important to integrate diversity issues throughout learning and programming rather than simply providing single dedicated sessions (MacNaughton & Hughes, 2007).

When addressing the needs of specific groups within FLE programming and service delivery, the concept of accessibility often arises, as it is acknowledged that programming needs to be accessible to typically marginalized groups. Perhaps the most common form of accessibility is that of physical accessibility for individuals with disabilities (Battle & Torjman, 2000; Friendly & Prentice, 2008). Additionally, accessibility in terms of geographical location can be important especially for low-income families (Hanvey, 2004). Furthermore, service fees—and the subsidization or lack thereof—can come in to play as an accessibility issue also for low-income families (Friendly & Prentice, 2008). Finally, visibility of posters, books, and/or staff reflecting specific groups can determine whether or not a FLE program is accessible to marginalized groups (Friendly & Prentice, 2008).

Additionally, when dealing with diverse groups, it is noted that practitioners engaging in FLE need to practice reflexivity and be aware of their biases (Duncan & Goddard, 2011; Powell & Cassidy, 2001; Wiley & Ebata, 2004). Family life educators also need to explore their beliefs about the family, including how they define the family and who is included, and excluded from their definition (Powell & Cassidy, 2001). These forms of self-reflexivity can be crucial in ensuring that FLE programming is accessible and welcoming to diverse and marginalized populations.

Although FLE has a long history of addressing the need for inclusion of diverse populations, the needs and visibility of LGBT families are a newer phenomenon with specific needs (Calhoun, 2000; Coates & Sullivan, 2005; Hernandez, 2004; Lev, 2004; Rimalower & Caty, 2009). These needs cannot be assumed to be addressed with generic diversity initiatives (Robinson, 2002), but rather require specific knowledge of LGBT issues and need to be given direct attention (Coates & Sullivan, 2005; Janmohamed & Campbell, 2009; Lev, 2004; Robinson, 2002). However, little attention is being given to LGBT families in FLE programming and as such many of the specific needs of this population may be left unmet.

**LGBT Inclusion in FLE**

Despite the growing prevalence of LGBT families throughout North America, LGBT families continues to be largely absent from general FLE literature (Demo, Aquilino, & Fine, 2004; Maurer, 2011; Oswald, Blume, & Marks, 2005). As noted previously, FLE programming needs to adjust to incorporate specialized content reflecting diverse groups in order to be accessible to these populations. Such specialized content would include providing examples of LGBT families and the issues they

experience (Janmohamed & Campbell, 2009; Maurer, 2011), with providers who benefit from experience with LGBT clients, training on LGBT issues, and a thorough understanding of the impacts of heterosexism on LGBT-parented families (Coates & Sullivan, 2005; Janmohamed & Campbell, 2009). LGBT families in particular however may not be receiving such specialized information within FLE.

The specific inclusion of LGBT families is incredibly important within family services focusing on parenting (Burt & Lesser, 2008; Maurer, 2011). Both children and parents within LGBT families are shown to have better outcomes in terms of happiness and success when LGBT issues are specifically addressed (Bos, Gartrell, Peyser, & van Balen, 2008; Maurer, 2011; Vanier Institute for the Family, 2013). However, LGBT issues are often thought to be irrelevant or inappropriate for young children (Kelly & Brooks, 2009; Kennedy & Covell, 2009; Robinson, 2002), with some persistent attitudes that if such issues are taught to children that these children will be influenced to become LGBT when they would not otherwise (Epstein, 2012; Kelly & Brooks, 2009; Kennedy & Covell, 2009; Sherblom & Bahr, 2008; Taylor, 2009). Additionally, many feel that if there are no identified LGBT individuals or families present that it is a topic that does not need to be addressed (Janmohamed & Campbell, 2009; Sherblom & Bahr, 2008). Because children in LGBT-parented families are often invisible unless they identify themselves as LGBT—or "come out"—this problem is compounded as educators and service providers miss the opportunity to support these children (Janmohamed & Campbell, 2009).

Historically, the concepts of family and of queerness[2] have been viewed as being mutually exclusive (Graham et al., 2003), leaving many family programs focused solely on a heterosexual model. The factors influencing this erasure of LGBT families can be understood as being due to both heterosexism (the structures of society that favour heterosexuality over any other form of love/attraction, often resulting in invisibility of the LGBT community), and homophobia (a reaction of discrimination or violence to the LGBT community based in fear, hatred, and ignorance) (Bishop, 2002; Wichman, 2005). Furthermore, less knowledge of LGBT issues corresponds with higher level of prejudice amongst sexuality education educators (Kennedy & Covell, 2009). Service providers working with diverse populations need to be knowledgeable in order to create welcoming spaces (Patterson, 2003).

Many LGBT families may follow social norms and have similar outcomes as other families (Bos et al., 2008; Canadian Psychological Association, 2010; Hickman, 1999; Hicks, 2005; Kosciw & Diaz, 2008; Sherblom & Bahr, 2008). Moreover, LGBT-parented families may experience some added benefits. Partly because in overcoming barriers to becoming parents, these parents end up being highly invested in their families (Bos et al., 2008; Epstein, 2012; Goldberg, 2007; Kosciw & Diaz, 2008; Sherblom & Bahr, 2008). However, although many LGBT families do follow social norms, at the same time many of them may also configure and structure themselves differently from the norm, adhering to alternate scripts outside of traditional family values (Calhoun,

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[2] Queerness can refer to sexual orientations or gender identities that do not follow heterosexual social norms, or are "antiheteronormative" (Stryker, 2008, p. 20).

2000; Huston & Schwartz, 1996; Kosciw & Diaz, 2008; Lev, 2004; Maurer, 2011).

Given, then, that LGBT families may look different and operate differently from the

norm (Green, 2012; Huston & Schwartz, 1996; Janmohamed & Campbell, 2009; Lev,

2004), they may need specific considerations and need to have their families' unique

needs addressed specifically (Coates & Sullivan, 2005; Hernandez, 2004; Janmohamed &

Campbell, 2009; Kosciw & Diaz, 2008; Lev, 2004). LGBT families may also have

different ideas around gender (specifically gender roles, gender norms, biological

determinism, and essentialism) that again fall outside of the norm (Calhoun, 2000;

Huston & Schwartz, 1996; Janmohamed & Campbell, 2009; Oswald et al., 2005). These

pervasive reminders of difference can be challenging for service providers to balance

with an approach of presenting LGBT families as being the same as everyone else

(Folgerø, 2008; Golding, 2006; Janmohamed & Campbell, 2009).

     Despite all of these potential barriers to providing culturally relevant

programming for LGBT families within existing mainstream FLE, there is also some

hope. Maurer (2011) suggests that integrating LGBT specific content into regular

programming can be both easy and effective, thus also ensuring that the content is

received by all participants, regardless of whether or not the educator is aware of the

sexual orientation and/or gender identity of participants. Furthermore providing

accessibility for the LGBT population through visibility may be fairly easy to achieve as

there are many symbols within LGBT community (primarily a rainbow and/or pink

triangle) that can be used to let the population know that they are welcomed (Maurer,

2011).

     Nevertheless, even with all of the advances, both Canadian and American

literature show that services providing programming to LGBT families are for the most part still not inclusive (Epstein, 2012; Maurer, 2011). The need for such services does indeed exist however, as even in populations where there are no identified LGBT individuals or families, it should be noted that children who are (or will grow up to be) LGBT are in every community, and many more have family members and/or friends who are LGBT (Sherblom & Bahr, 2008). Furthermore, all members of society benefit from an atmosphere of LGBT acceptance and therefore inclusion of LGBT material in FLE should be prioritized and implemented (Sherblom & Bahr, 2008). As such, the lack of empirical evidence exploring this issue leaves many gaps in the exisiting knowledge regarding LGBT inclusion within family programming.

Most regular FLE programs are not proactively inclusive of LGBT population (Epstein, 2012; Maurer, 2011). Rather, those that are inclusive have become so reactively due to requests from LGBT individuals (Maurer, 2011). However as the LGBT population is often an invisible one (Kosciw & Diaz, 2008; Lev, 2004; Rimalower & Caty, 2009; Robinson, 2002) and may also be skeptical of services provided to families (Epstein, 2012; Lev, 2004), services need to be identified as safe spaces in order for the LGBT population to access them (Maurer, 2011; Patterson, 2003).

Although some research has been carried out on the methods of how to include diverse populations in the field of FLE, little research has been done to empirically examine such inclusion, with no research examining the particular inclusion of LGBT families. FRCs act as a site of FLE in Canada, and follow guiding principles that value diversity and inclusion (Canadian Association of Family Resource Programs, 2002; Malcolmson, 2002). Therefore exploring LGBT inclusion within the context of Nova

Scotia's FRCs provides some insight into the issue.

**Conclusion**

FLE provided by FRCs is critical to early childhood development and the wellbeing of families, and it needs to be delivered in a way that welcomes, supports, and celebrates LGBT families. The existing literature provides much insight into the existence of LGBT families and their need to have their unique families recognized and have their needs addressed by FLE programming. However, very little literature explores the inclusion of diverse populations in the field of FLE. This research explores this otherwise overlooked topic of LGBT inclusion, using provincial FRCs as the context for FLE program delivery.

**Chapter 3: Theoretical Framework**

This research was informed by the critical paradigm, an apt fit with the research topic given the critical paradigm's focus on the exclusion of marginalized groups (Guba, 1990). A critical lens explores the realities of services available for a marginalized group (LGBT families) while also providing opportunities for social change through employing principles of praxis. Aspects of this research study were congruent with aspects of the critical approach on an ontological, epistemological, and methodological level. This research was also influenced by the following social science and family studies theories, which worked together to shape both the collection and analysis of the data: feminist, queer, and conflict theories.

Ontologically, the critical paradigm takes a standpoint of historical realism (Guba & Lincoln, 1994; Kincheloe, McLaren, & Steinberg, 2001), which suggests that a historically transmitted truth exists and it is shaped by social and political factors. In this manner there is a struggle to question current knowledge (often passed down through social institutions and taken for granted) in order to reframe a sense of knowing. Within this study, such *false consciousness* (Guba, 1990) as a result of systemic heterosexism can be identified and addressed through self-exploration and transformative measures built into qualitative research. In this manner, research has an educational flavour to the process, helping raise consciousness of individuals to come to a better understanding of their lives in the context of society and socially fabricated constructs (Guba & Lincoln, 1994; Kincheloe, et al., 2001). This research study could allow participants to explore and recognize the impacts of false constructs within their workplaces such as

heterosexism, homophobia, sexism, and *cissexism*[3].

Epistemologically, a critical approach values subjectivity and not denying its presence. I acknowledge that my role within this study was that of an "active agent" (Guba, 1990), influencing and co-creating the data throughout all stages of the study. Furthermore, it is important for me to acknowledge and be upfront with my personal interest in the research topic and my reasons for conducting this study. Within this approach, any researcher bias is acknowledged with the intent to address personal standpoints that may influence the final product. I therefore acknowledge my own position as both a parent (therefore eligible for FRC services) and a queer woman, and have attempted to acknowledge my bias as necessary.

Methodologically, a critical approach typically values qualitative data collection, particularly as a reflection of subjectivity being a key concept (Guba, 1990). This research study stepped outside of this parameter somewhat by including some quantitative data collection methods in the methodology. However, the quantitative data gathered focused primarily on descriptive data, thus providing me with one view of LGBT inclusion in FRCs across Nova Scotia which, in turn, informed the qualitative interviews, which were the central feature of the study. As such, this quantitative data does not attempt to provide explanations, but rather it provides an additional perspective on LGBT inclusion in FRCs.

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[3] Cissexism is "the belief that transsexuals' identified genders are inferior to, or less authentic than, those of cissexuals (i.e., people who are not transsexual)" (Serrano, 2007, p. 33).

Additionally, the critical paradigm places a strong emphasis on the potentially political and transformative nature of research within its methodology (Guba, 1990). Research should not just be done for the sake of research, but to actively enhance the lives of those involved. Participation in research is thereby an inherently political act for both the researcher and the researched. A critical approach typically would include some transformative quality to the research study to allow social change to be a byproduct of the research process (Guba & Lincoln, 1994). As such, this research study incorporated praxis, or transformative action stemming from research (Lloyd, Few, & Allen, 2009), into the research design. Based on the findings, I developed a resource list that will be distributed to the participants to be used to address these gaps. In this manner, the research attempts to mitigate the areas of concern prompting the research project in the first place. In addition to the inclusion of this resource list as praxis, the act of participating in the research itself acted as an opportunity for transformative change for the participants. This opportunity for transformative change through research participation is not dictated by the researcher, but rather occurs due to the self-awareness promoted through thinking and reflecting on the topic (Morgaine, 1992).

In addition to being consistent with a critical approach, this research was influenced by feminist, queer, and conflict theories. Each of these theories has key concepts that informed the research design, collection, and analysis.

First, some key tenets of feminist theories influenced this research. Primarily this research incorporates the feminist assertion that inequalities and discrimination based on social location(s) be acknowledged, explored and—when possible—changed (Ingoldsby, Smith, & Miller, 2004). Further to this point is the emphasis placed within feminist

theories on inclusion in areas where marginalized populations have historically and systemically been excluded (in this case from being recognized as families and as such from accessing family services) (Allen, Lloyd, & Few, 2009; Fisher, 1990; hooks, 2000; Lloyd, Few, & Allen, 2007). Consistent with a critical approach, feminist theories hold that social and historical contexts are of great influence, while also recognizing that subjectivity is key to an understanding of human experience (Allen, 2000; Ingoldsby et al., 2004). Furthermore, feminist theories hold that research should be of relevance and use to the population that it studies (Allen, 2000; Allen, et al., 2009; Smith, 1987). Finally, feminist theories encourage expanding the definition of the family outside of the traditional nuclear family—or standard North American family (SNAF)—model (Allen, 2000; Allen et al., 2009; Ingoldsby, Smith, & Miller, 2004; Lloyd et al., 2007; Smith, 1993).

Second, this research was informed by queer theory in its acknowledgement of families that fit outside of the hegemonic heterosexual paradigm and its exploration of how these families are potentially systemically excluded from the mainstream. Queer theory encourages expanding the definition of the family outside of the traditional SNAF model (Blume et al., 2005; Smith, 1993; Wilchins, 2004). Furthermore, key to queer theory is the problematizing of heteronormativity (Blume et al., 2005; Goldberg, 2007; Plummer, 2005; Wilchins, 2004). Additionally, this research study has worked to explore and problematize heteronormative assumptions of family composition, and the perceived homogeneous nature of families' needs within services provided to families.

Finally, this research was informed by key concepts from conflict theory. Key to conflict theory is the idea that when resources are scarce, competition—and thus

conflict—arises while striving to access those resources (Ingoldsby et al., 2004; Sprey,

1999). FRCs operate within an environment of limited resources, in which they have

limited funding and are therefore limited in the number of staff that are employed and the

number of services that can be provided to families. As such I asked: In a climate of

scarce resources for families, what is the extent to which an effort is made to include

specific groups and their unique needs? Furthermore, conflict theory considers the

phenomenon of people ultimately acting in their own self interest (Ingoldsby et al., 2004;

Sprey, 1999). These concepts informed the research design of this study as I was curious

to explore the ways in which both heterosexual staff and queer staff reacted to and

prioritized queer families within their services. I anticipated that LGBT inclusion would

be more important to staff who had a personal connection to the topic (such as LGBT

staff), and less important to those who did not themselves feel connected to the

community.

**Chapter 4: Methodology**

This critical study was exploratory in its scope (Bernard, 2013; Greenstein &

Davis, 2013; Richards & Morse, 2007), taking a look at an under-researched social issue

with the aim of gaining insight into the issue of LGBT inclusion in FRCs. Methods and

considerations that complemented feminist, queer, and conflict theories were used, with

data collected through both quantitative questionnaires and in-depth, qualitative

interviews. Consistent with the critical paradigm, the qualitative interviews were dialogic

and dialectical in nature, introducing conversation on structures of social inequality with

the intent of creating social change (Guba & Lincoln, 1994). The use of qualitative

research methods combined with elements of praxis reflected the critical paradigm

informing this research and also complemented the theoretical underpinnings of feminist

and queer theories. Furthermore, the discussions from within these interviews addressed

components of conflict theory.

**Data Collection**

I utilized two methods of data collection: online questionnaires and semi-

structured in-depth interviews. These two data collection methods provided method

triangulation that help lend credibility and trustworthiness to the study (Neuman, 2003).

Additionally, employing a mixed methods approach deepened the understanding of the

topic by exploring the subject through multiple lenses (Daly, 2007; Neuman, 2003;

Richards & Morse, 2007). This approach allowed me to gain a sense of the broad surface

reality of the topic across the province as well as the more in-depth perspectives of a

small group of individuals.

Both the questionnaires and the interviews began with information about the

nature of the research, including information on confidentiality and contact information

of the researcher and institution. Participants in the on-line questionnaires were asked to

confirm their consent, while participants in the interviews were given an Informed

Consent Form to review and sign (Appendix A). Participants in the interviews were given

an opportunity to ask any questions about the research before the interviews began, and

participants in both the interviews and the survey were provided with my contact

information for both myself and the MSVU Research Office. Additionally, participants in

both the survey and the interviews were informed of their ability to withdraw from

participation at any point and had the opportunity to ask any questions about the research

before the interviews began. All respondents were informed about the considerations

made in storing the data collected, with participants in both the questionnaire and

interviews assured of the confidentiality of their participation.

The online, anonymous questionnaire (see Appendix B) consisted of 13

questions that I developed in consultation with my thesis committee. Both closed- and

open-ended questions, and the survey was hosted on the Canadian web-based survey

website, Fluid Surveys (www.fluidsurveys.com). The quantitative information gathered

in these questionnaires was used to obtain a surface understanding of the way in which

LGBT inclusion was or was not present in a wide-array of FRCs from the perspective of

staff members. Questions included asking about visible representations of LGBT families

in resource materials, inclusivity policies, LGBT training for staff, and collaboration with

LGBT organizations. The questionnaire was also was used to generate interest in the

qualitative part of the study. Because these questionnaires were anonymous, they were

likely not influenced by response effects that can come from participants attempting

(either consciously or subconsciously) to provide answers that would please a researcher (Bernard, 2013).

The qualitative interviews (see Appendix C) were used to gain an in-depth understanding of what inclusion looks like and how FRC staff view and feel about LGBT inclusion in FLE centers. Interviews with participants from across the province took place by phone. Interviews were semi-structured, utilizing probes to encourage responses and/or elaboration (Bernard, 2013). Conversations covered broad topics related to inclusion in FRCs, with questions addressing the concept of inclusion in FLE, the role that FRCs could play in helping LGBT families feel supported, and the types of support that FRCs might need in supporting LGBT families. Although interview questions focused on FRCs generally, all participants did refer to their own centres at various points in the discussions.

While completing the interview process, I added a disclaimer at the beginning of each conversation asking participants to not worry about using "correct" terms when talking and to not worry about not having the correct answers when asked about LGBT specific issues. I found through these conversations that there was indeed a discomfort with language, with participants occasionally using incorrect and/or made-up words when referring to LGBT individuals. Participants did discuss their discomfort with the terminology and consistently highlighted this as an area in which they would like more information and/or training.

**Participant recruitment**

All 38 FRCs in Nova Scotia were contacted and invited to participate. For the surveys, all FRCs in Nova Scotia) were contacted. I had hoped for a 50-70% response

rate (participants from 19-25 centres) for the surveys and 4-6 participants for the in-depth

interviews. I was able to meet this goal with 21 FRCs represented in the questionnaires

and 6 participants interviewed, with representation from both rural and urban settings

from across the province achieved through both methods.

One participant was sought from each of the FRCs, with preference expressed for

a staff member in either a programming or director role. Participants were required to

have worked at the FRC for a minimum of one year to ensure that they had enough

experience in that particular workplace to have a working knowledge of the types of

services provided by and the types of families accessing the FRC. Having some

experience in this work environment ensured that participants had a fairly good idea of

the ways in which various populations were included and/or not included within their

services. Furthermore, through expressing a preference for program planners or directors,

I ensured that those interviewed would have an intimate knowledge of the centre in all

aspects of its work.

A geographic limitation of Nova Scotia was placed on the population sought in

this research study to acknowledge any localized interpretations of identity, inclusion,

language usage, regional resources, and so on, so that the final research product could

reflect a regionally relevant perspective. Furthermore, through placing a geographic

limitation on the sample, I ensured that a sense of the existing communities and supports

for the LGBT population in Nova Scotia would be obtained and reflected. Effort was

made to ensure that responses from both rural and urban participants were received.

Finally, all participants were required to be of the age of majority (18 years old) or older

and English-speaking.

Staff at centres were sent an introductory email, inviting them to participate or to recommend another staff at their centre who would be knowledgeable and appropriate. Emails were sent to either the main organizational email account or directly to the Executive Director (when this contact information was readily available). The email (Appendix D) provided information about the research study, including both methods of participation (the online questionnaire and the in-depth interview), contact information for myself and my advisor, and an electronic link to the on-line questionnaire. Anticipating that many of these staff members may have been quite busy in their day-to-day work and may have needed more than one invitation to draw their attention to the study, I followed up this initial communication with a secondary reminder email two weeks later. This second message reminded them about the research and encouraged them to complete the questionnaire if they had not done so already.

The online questionnaire included a paragraph at the end inviting each participant to participate further in the in-depth interviews. Although there was some initial response from these methods, responses slowed shortly after each email recruitment. As such I followed up both of these email recruitments with a phone call to each FRC. I spoke with individuals who answered the phone at each FRC, describing the research and inviting staff at their centre to participate in the online questionnaire and/or the in-depth interviews. Many of these phone calls were followed up by one more email to the individual I spoke with, which contained the original information about the research. All of the interview participants came from this final method of recruitment.

**Analysis**

Data from the online surveys was imported into SPSS where it was cleaned,

organized, and analyzed (Chambliss & Schutt, 2009; Gravetter & Wallnau, 2009; Neuman, 2003). Data was descriptive in nature, showing basic counts of the type of resources that were available at centres. Thus, findings from the quantitative questionnaires are in the form of descriptive statistics (Chambliss & Schutt, 2009).

The qualitative data was examined though first topic and then analytic coding, utilizing both open and axial coding techniques (Richards & Morse, 2007). This process thus primarily involved inductive coding to allow me to identify themes in the data (Bernard, 2013). In open coding, an initial overview of the data was conducted with numerous concepts identified allowing for a basic understanding of the data (Richards & Morse, 2007). These initial codes were numerous and included concepts from strategies to LGBT inclusion in FRCs, to recommendations identified by FRCs. I then employed axial coding techniques by which similarities and differences in the identified themes were addressed, codes created and recreated, and finally the themes broken down into a handful of key codes and subcodes (Richards & Morse, 2007).

I employed constant comparison techniques throughout the coding process to evaluate the usefulness and significance of codes I created, to allow fluidity in the data analysis process (Dey, 2004; Strauss & Corbin, 1990). The use of constant comparison techniques also worked to reduce the potential of redundancy within the final results (Dey, 2004). Recognizing that the coding process is still an interpretive act, I relied on my knowledge and understandings to effectively and meaningfully identify significant themes from the data (Richards & Morse, 2007).

MAXQDA qualitative data analysis software (version 12), was used to organize the qualitative data throughout the coding process. This program helped me efficiently

analyze the data for similarities and differences, and organize the data into codes and

subcodes. Throughout the data analysis process, a logbook was kept in MAXQDA to

document changes made to the codes. The use of a logbook allowed me to reflect on the

developing codes and provide an audit trail (Lincoln & Guba, 1985; Rogers & Cowles,

1993).

**Trustworthiness**

Within qualitative research, the trustworthiness of research design is critical to the

integrity of research results (Bernard, 2013). The use of constant comparison techniques

during the data analysis stage allowed for a complex level of analysis to take place and

reduce redundancy (Dey, 2004; Strauss & Corbin, 1990).

As a critical framework values the notion of subjectivity, the acknowledgement of

researcher positionality (Acker, 2000) and corresponding bias is indeed an act of

practicing a subjective standpoint. As a researcher, I practiced reflexivity throughout the

research process through constantly evaluating how my own assumptions and biases

affected my interaction with or interpretation of the data. This was accomplished through

the use of a reflexive journal where I recorded my thoughts and ideas throughout the

research. This act of reflection provided me with insight into my own reactions to the

research process and the findings and informs the reflexive component to the research

later addressed in the Discussion chapter.

**Ethical Considerations**

Even though this research posed minimal risks for participants, a number of

ethical considerations were enacted. First, participants were informed of both the nature

and the goals of the research study. They were also informed that their participation in the

research was voluntary and that they had the ability to withdraw from the research study

at any time. Additionally, they were informed that they had the right to choose to not

answer any question.

      Participation in the online questionnaire was anonymous. Potential identifying

factors were linked to the small population from which the participants were recruited, in

that some geographic areas only had one centre, and some of these centres only had a

small number of staff who could potentially be identified through their description of

their role in the centre (for example, many FRCs had only one director). However, the

data was not analyzed for the purposes of identifying participants. Additionally, the

information for the staff structure at each FRC was not cross-referenced with the

information gathered in the questionnaire.

      I knew the identity of the participants in the in-depth interviews and therefore

their participation was not anonymous. However, all interview participants were assured

that their responses were kept confidential, with all documents marked with pseudonyms,

and all recordings and transcripts safely stored. Efforts were made to remove all

potentially identifying information from the final research results to ensure

confidentiality of participants.

      My contact information was available to all participants in case of any questions

or concerns. Furthermore, participants for both the online questionnaires and the in-depth

interviews were notified that all informed consent forms and audiotapes of interviews

would be destroyed within one year following the completion of the research study, with

transcripts of interviews destroyed five years later. Through embedding these ethical

considerations within the research study, it was my intent for the research to pose

minimal risk to the participants.

Consideration was given to ensuring confidentiality of participants in the study, recognizing that the pool of FRCs in Nova Scotia was a relatively small one (with only 38 centres), many of whom likely have staff that know of and/or work with each other. As such, I anticipated that participants could have been reluctant to criticize their workplace and/or a colleagues workplace, especially if their comment could be tracked back to them. Due to this anticipation, it was important for me to be clear about the level of confidentiality embedded within the research process, and to ensure that no identifying information was included in the final results. Questions in the interviews also asked participants to speak to broad issues around LGBT inclusion in FRCs, rather than their own centre, specifically (although respondents did, at times, refer to their own place of employment).

**Chapter 5: Findings**

In this chapter, the data is presented in two stages. The first section presents data from the quantitative online questionnaires, and the second section describes themes from the qualitative interviews. The quantitative findings provide descriptive data on the climate of inclusion for LGBT families in FRCs, indicating that some inclusion efforts are actively underway in many centres with respect to resources, policy, and collaboration with LGBT organizations. The following five themes are discussed from the qualitative analysis: (a) challenges faced by LGBT families, (b) challenges faced by FRCs in fostering inclusion for LGBT families, (c) whether or not special programming for LGBT families is needed in FRCs, (d) specific support needed for LGBT families to feel welcome in FRCs, and (e) the need for LGBT education within FRCs.

**Online Questionnaires**

All 38 centres in Nova Scotia were invited to participate in the online questionnaire, and 15 complete responses were received from FRC Executive Directors and programming staff. Due to the fact that some of them oversaw more than one centre in their position, however, a total of 21 FRCs were represented in the sample. This provided representation from 55% of FRCs in Nova Scotia.

A wide representation from across the province was achieved, with 13 of 17 counties represented, or 76.5%. Within each county represented in the sample there were responses from between one to five centres. The majority of these centres served either rural populations ($n = 6$) or both rural and urban populations ($n = 7$), with only two centres solely serving an urban population. This sample is reflective of Nova Scotia's

population, with Statistics Canada reporting 43% of Nova Scotia's population as living in

rural communities (Statistics Canada, 2011).

Basic information was gathered about participants' positions within their agency

and how many years they had worked in their current agency as it was possible that both

of these factors could influence the participants' responses. Participation was sought from

individuals working in either director or programming roles within their agencies, and for

the most part the respondents from this sample reflected this desired population, with

only one respondent identifying as holding a position outside of these roles (identifying

as a "Co-ordinator"). Respondents had worked at their FRC between 3 to 30 years (with

an average of 11 years), representing a diversity of experiential knowledge from within

the group.

Respondents reported working with anywhere between 2.5 to 30 staff. In some

cases, these numbers would have involved staff at more than one FRC location.

Additionally, the number of families served by the centres that the respondents worked at

varied greatly from 45 families to 2500, with the majority of responses ($n = 9$) falling

between 100-1000 families. The high number of 1000 families reflects the fact that some

staff were overseeing more than one centre.

The bulk of information gathered from participants explored the general climate

of the FRCs with respect to LGBT inclusion. Table 1 provides data about LGBT

resources in respondents' FRCs, Table 2 outlines LGBT inclusion efforts at the

organizational level (policy, training, and collaboration), and Table 3 explores

programming and program evaluation for LGBT inclusion for these FRCs. In addition to

the quantitative data gathered within this questionnaire, participants were given the

option of providing additional qualitative responses throughout the questions. Some of

these comments are included within this chapter to provide context to the quantitative

data.

The questionnaire began by focusing on resources that FRCs had available to

families within their centre (Table 1). These resources were broken down into two

categories: (a) visible LGBT resources displayed in the centre (e.g., posters, display

boards, rainbow stickers, ally cards), and (b) materials showing LGBT families (e.g.,

books, pamphlets). Only a third of the respondents reported having visible resources

within their centre, and just over half of respondents reported having materials showing

LGBT families. Of the materials showing LGBT families that FRCs appeared to have

available to service users, a main theme was books, and two respondents specifically

mentioned that they had children's books available within their centre. Of the books

described, some were general resource books on parenting that show LGBT families,

whereas others were books specifically about LGBT-parented families. One participant

added that the books they had purchased came from a recommended resource list from

their local LGBT group.

In further exploring the climate of LGBT inclusion in FRCs, I wanted to get a

sense of how comfortable LGBT staff and service users felt in being "out" within the

centres. The majority of participants ($n = 11$) indicated that there were either former or

current service users at their FRCs who identified as being LGBT (two responding that

there were none, and two others responded that they did not know). Meanwhile nine

participants indicated that to their knowledge there were no LGBT staff at their centres,

while equal numbers ($n = 3$ each) responded either that they did know of LGBT

Table 1

*LGBT Resources in FRCs*

| Variable | *n* | % |
|---|---|---|
| Resources | | |
| Materials with LGBT families are displayed | | |
| Yes | 5 | 33.3 |
| No | 10 | 66.7 |
| Types of materials displayed[a] | | |
| Posters | 3 | 42.9 |
| Display boards | 1 | 14.3 |
| Rainbow stickers | 1 | 14.3 |
| Ally cards | 2 | 28.6 |
| Has resources showing LGBT families | | |
| Yes | 8 | 53.3 |
| No | 6 | 40.0 |
| No answer | 1 | 6.7 |
| Types of resources showing LGBT families[a] | | |
| Books | 6 | 66.7 |
| Pamphlets | 3 | 33.3 |

[a]For those who answered "yes" to the previous question.

staff or that they were unsure. These were difficult questions to answer for many

respondents, based on some qualitative comments provided in the survey. Comments

were mixed, from respondents giving insight into who was "out" in their agency (e.g., "I

am the only one") to what came across as distain for having been asked (e.g., "We do not

explore people's sexuality in our places of work").

The questionnaire addressed policies that dealt with inclusion generally as well as

harassment and discrimination (Table 2). The majority of participants ($n = 12$) reported

that their centres had inclusion policies, and all of them reported that their centres had

harassment and discrimination policies. With respect to policies on inclusion, many

respondents commented that their centres did not need to define what constitutes a family

and that all families were welcome at their centre. However, five centres did indicate that

their inclusion policies mentioned LGBT inclusion specifically.

Considering that a well-informed staff might play an important role in creating a

welcoming and inclusive environment for LGBT families, respondents were asked about

training opportunities on LGBT inclusion. Approximately two-thirds of respondents ($n =$

10) indicated that there had been no training for staff and/or volunteers specifically about

LGBT families. One person commented that they did not know of any training available

on the topic but that their centre staff would be very interested in learning more about

LGBT issues if training were available.

Participants were also asked whether or not they collaborated with LGBT

organizations. Respondents were fairly evenly split between those whose agencies did

collaborate with an LGBT organization, those who do not, and those who were not sure if

their agency did or not. Among the five respondents who indicated that their centre did

collaborate with LGBT organizations, reference was made to partnerships with six

different organizations. PFLAG, PrideHealth, and The Youth Project were identified

once. Respondents added that they also worked with additional organizations that

addressed LGBT issues, including a Sexual Health Centre, an Ally Centre, and a Youth

Health Centre committee.

Table 2

*Policies and Training at FRCs*

| Variable | $n$ | % |
|---|---|---|
| Policies | | |
| Inclusion policies at FRC | | |
| Yes | 12 | 80.0 |
| No | 2 | 13.3 |
| Not sure | 1 | 6.7 |
| Inclusion policies are LGBT specific[a] | 5 | 41.7 |
| Inclusion policies are visible to staff and/or service users[a] | 4 | 33.3 |
| Discrimination and harassment policies at FRC | | |
| Yes | 15 | 100.0 |
| No | 0 | 0.0 |
| Not sure | 0 | 0.0 |
| Discrimination and harassment policies are LGBT specific[a] | 6 | 40.0 |
| Discrimination and harassment policies are visible to staff and/or service users[a] | 8 | 53.3 |
| Training | | |
| Staff/volunteers have had LGBT training | | |
| Yes | 3 | 20.0 |
| No | 10 | 66.7 |

| Variable | *n* | % |
|---|---|---|
| Not sure | 2 | 13.3 |
| Collaboration | | |
| Agency has collaborated with LGBT organizations | | |
| Yes | 5 | 33.3 |
| No | 6 | 40.0 |
| Not sure | 4 | 26.7 |

[a]For those who answered "yes" to the previous question.

LGBT inclusion within programming and program evaluation at each person's

FRC is presented in Table 3. No clear pattern emerged here, as an equal number of

respondents indicated that their centre did address LGBT families within their

programming versus those that did not. The remaining centres indicating that they were

either unsure or did not answer. One respondent wrote that although the topic had not

come up in their programming, no family would ever be excluded from participating in

their programs. In terms of program evaluation, the majority of respondents reported that

their centre did not evaluate their programs for LGBT inclusion ($n = 11$). Some

respondents indicated that because their centres were inclusive to everyone that such

targeted evaluation would be unnecessary. Meanwhile, while one respondent commented

that their programs were evaluated based on whether or not they met the participants'

needs, thereby implying that programs may be evaluated for LGBT content if LGBT

families were participating in the program.

Table 3

*Programming and Evaluation for LGBT Inclusion*

| Variable | *n* | % |
|---|---|---|
| Programming/Evaluation | | |
| LGBT issues addressed in programming | | |
| Yes | 6 | 40.0 |
| No | 6 | 40.0 |
| Not sure | 2 | 13.3 |
| No answer | 1 | 6.7 |
| Programs evaluated for LGBT inclusion | | |
| Yes | 3 | 20.0 |
| No | 11 | 73.3 |
| Not sure | 1 | 6.7 |

As noted earlier, participants also provided some qualitative comments in the

online questionnaire, and two subjects were commonly mentioned. The first topic related

to the idea that inclusion meant including everyone and not separating out people by

specific subgroups or populations (including the LGBT population). This topic was

evident in participants' comments on centre climate, policy, and program evaluation, and

often framed within the idea that "family is family". This idea is discussed further in the

section on the in-depth interviews, as it was a theme that emerged in the qualitative

analysis.

The second subject repeatedly raised was that there was a desire for more

information on how centres could improve their climate to be more inclusive to LGBT

families. This arose in comments in policy, training, collaboration, and program

evaluation, as well as in the final general comments section provided to participants. For

example, one respondent commented, "We don't know of any specific trainings to

support LGBT families, but our staff are interested in learning more". This expression of

interest in further learning on the topic of LGBT families fits well with the goal of praxis

that was built into this research study. Moreover, it also echoed one of the major

themes—the need for LGBT education—within the qualitative findings that now follow.

**Interviews**

Five women and one man were interviewed on the general topic of LGBT

inclusion in FRCs. All participants worked at FRCs in Nova Scotia, and reported having

worked in their particular field (identified sometimes as "human services" or "early

childhood education") between 10 to 30 years. Individuals held a variety of positions in

their centres: two held director positions; three were program coordinators, instructors, or

supervisors; and one was a home visitor. Three participants reported that their centres

served rural communities, two characterized their centres as serving both rural and urban

communities, and one identified their centre as urban. Nobody came out to me as being

LGBT (they also were not asked). However, two people did disclose that they had

children who identified as LGBT. One child identified as transgender and the other child

was still exploring where their identity fit.

Five themes were identified in the data. First, participants discussed some of the

many challenges faced by LGBT families. Secondly, through these conversations it

became clear that FRCs faced their own challenges in providing appropriate services to

include the LGBT community. A third theme was that they felt there was no need for

special programming for LGBT families within FRCs. Yet at the same time, all

participants also expressed the need for FRCs to provide specific support to adequately

include LGBT families (the fourth theme). The final theme discusses the need for LGBT

education within FRCs and the many potential benefits such education might have for

both FRC staff and service users.

**LGBT families face many challenges.** Participants mentioned many challenges

that LGBT families face. A wide variety of challenges were discussed, and these included

difficulties faced by LGBT families that were both general in nature (faced by all

families) as well as challenges specific to being LGBT. Additionally, participants

discussed the challenges faced by LGBT families in accessing FRCs in particular, with

these challenges directly relating to being LGBT.

Five participants expressed the belief that LGBT families experienced the same

general challenges that non-LGBT families experience. These general challenges were

ones experienced by all types of families, regardless of the sexual orientation or gender

identity of the family members. When asked about what these general challenges were,

answers focused primarily on finances, employment, and parenting challenges.

All of the participants mentioned that economic pressure was a major source of

stress for families in Nova Scotia today. Participants talked about this stress coming in

the form of finances, employment stress, and/or stress over food security. They spoke

about the struggle that many (especially young) families have in securing employment,

even for those with high levels of education, with two participants linking the lack of

availability of work specifically to the state of the economy. Angela commented that,

"the economy is not great and people of childbearing age are in that demographic where

lots of people are having trouble finding jobs and so lots of families are really struggling

financially". Related to the struggle of income and employment, many discussed the

stress of families trying to put food on the table every night. Having enough money for

housing, transportation, and their children's programs were additional subjects

highlighted by participants.

> There's a lot of things for families to really be worried about and concerned about
>
> where their food is going to come from, money to pay bills or housing, uh
>
> transportation to get to and from work or programs for their children, money for
>
> their children's sporting events. (Brenda)
>
> Financial stress was seen as creating additional stresses within Nova Scotian

families. This was primarily discussed in the ever increasing need for many families to

have two breadwinners in the household in order to maintain family finances, and how

this factor has the potential to impact family dynamics. For example, they described how

some families experienced stress around renegotiating family roles within this system,

with the added stress of trying to balance increased work responsibilities with the high

societal expectations of parenting. Angela discussed this stress faced by families, saying:

> People are having trouble finding jobs and so lots of families are really struggling
>
> financially, but at the same time the expectation for parenting is also really high
>
> and lots is known about the importance of early development. . . [and] people
>
> have personal high expectations for the good job that they want to do for their
>
> kids, and so it's hard when those two interact and it's really hard to find work-
>
> family balance.
>
> Additional parenting challenges identified related to discipline and

communication with children. Half of the participants noted that the internet presented a major parenting challenge, as families try to place boundaries on its use and attempt to gain an understanding of new and ever-changing technologies. For example, Chris said, "Challenges. . . so far as. . . young people having more advanced on [*sic*] technology, social media, and just a greater connection to their friends without the oversight of their parents would be one big one that I specifically encounter a fair bit".

Many participants had difficulty thinking about challenges *specific* to LGBT families, however. Nearly all of the participants commented that they simply did not feel that they had the knowledge to speak to the experiences of LGBT families in Nova Scotia. One participant commented quite simply, "I don't feel like I know enough to answer" (Elizabeth). However, throughout our discussions, all of them did eventually name a number of challenges faced by LGBT families. These were either examples from direct experience with LGBT families or issues that they believed families would face when they imagined themselves in their shoes. These challenges centered primarily on issues arising from homophobia/transphobia and heterosexism.

Participants made comments about the potential difficulty for LGBT families in finding services to meet the needs of their family. Participants referenced a lack of common knowledge about where to go for supports on LGBT issues, and the likelihood that families might only know or find out about existing services if they happen to know someone who is already involved in those services in some way. Jamie said, "[If you're not already connected] you might not necessarily know. . . there are any [groups] going on". One participant mentioned that knowledge about existing services might be higher among students at schools where there are existing and active LGBT groups.

Furthermore, participants remarked on how important services can be in aiding family understanding as well as an individual's journey to self-discovery. Elizabeth noted while speaking about her own transgender child, "it's been quite the journey figuring out who they are and what they want and what makes them happy. . . [and I think it's important to have] supports for that."

Nearly all of the participants spoke directly about the stigma faced by LGBT families. Stigma was discussed in a number of ways, primarily with respect to a lack of understanding about LGBT issues and the resulting harmful stereotypes about LGBT people. They described how these stereotypes lead to misunderstandings of LGBT populations and often shape the ways that LGBT people are perceived with respect to their parenting abilities. For example, Chris elaborated that "stereotypes surrounding [LGBT families]. . . [lead to people] not recognizing LGBT parents as being effective parents."

The stigma surrounding LGBT populations was discussed as presenting a particular challenge to LGBT families in feeling unwelcome or judged in many settings, thus potentially leading to the isolation of an LGBT family. Fear of this stigma can contribute to the fear of exclusion and/or the expectation of negative bias that many LGBT families may experience and potentially act as a barrier to accessing services. For example, Isabelle imagined "that [LGBT families] feel. . . not. . . welcome [in family programming]. Like I think there may be some stigma around that, right? So they're like 'oh you know I'm not going to go there because I know maybe I'll be judged'". Furthermore, they felt that such issues could result in LGBT individuals not coming out or disclosing their sexual orientation and/or gender identity, thereby contributing to the

invisibility of these families within communities and also within FRCs.

Two participants who both worked with rural communities noted how Nova Scotia's large proportion of rural communities could present a challenge for LGBT families. Isabelle stated, "I think because we are rural [challenges for LGBT families are] more of an issue". They commented that many rural areas have smaller communities and therefore often have proportionally smaller numbers of LGBT individuals. They further discussed that issues of difference could be more intense in rural settings where a more connected community can be a downside for LGBT populations in that gossip and a fear of being outed can be real concerns, especially when combined with less knowledge among the general rural population compared with urban populations. Furthermore, they noted how, due to these factors, smaller numbers of out LGBT individuals are present to build a positive and visible community within rural communities. This, in turn, results in a lack of common knowledge within the general community on LGBT issues. Chris felt that a rural setting provided more of a challenge for LGBT families than in urban centres, "there's sort of a whole urban versus a rural divide in [that in] some of the more urban settings some of the issues [faced by LGBT families] are perhaps not as intense".

Finally, four participants noted that gender identity could be an additional issue with its own complexities and specific issues that can complicate LGBT families' ability to access services. Difficulties in terminology and pronoun uses—especially the non-binary pronoun "they"—can create added challenges for transgender individuals and their families in accessing services. Jamie noted that, "the different terms, things now they are changing to 'them' and 'theirs' and it would be a challenge to get yourself your mind to wrap around how to speak to people who identify themselves as a 'them'". The presence

of gendered spaces such as washrooms and gender-specific group programs was also

identified as additional potential sources of anxiety and exclusion for transgender

individuals who might worry about whether or not they would be included in such

gendered spaces. However as Chris noted, "There's [*sic*] now more individuals that are in

the public eye that are identifying as transgender or two spirited or non-binary and I think

that that is making it more manageable [for trans people]", thereby helping to make

improvements to these challenges.

      **FRCs face challenges in LGBT inclusion.** Participants identified how FRCs

experience challenges in providing adequate and appropriate services for LGBT families.

These challenges compounded the challenges faced by LGBT families because they

could provide barriers in FRCs' abilities to provide LGBT-inclusive environments.

      Participants mentioned the fact that FRC staff may not always be able to

recognize LGBT individuals or families when they access FRC services. Angela

commented on this potential difficulty:

> We don't have huge numbers of people who are falling into [the] category [of
>
> LGBT families]. . . or that we know of. They may be but haven't identified that.
>
> They don't come with a tattoo or anything. . . that information may not be shared
>
> right away. Sometimes it's obvious, sometimes it's not so obvious.

 Because this is the case, participants noted that many FRCs may not be aware of a need

to address LGBT topics and inclusion within their programming. Additionally,

opportunities for staff to actively address LGBT issues and appropriate services with

FRC service users may be lost if the user is assumed to be heterosexual and/or cisgender.

Furthermore, one participant noted that the onus is often placed on the marginalized

individual to identify themselves in order to access appropriate services, which relates to

the theme previously discussed in LGBT family challenges on self-identification.

Participants spoke at great length about the lack of knowledge that they and their

colleagues had on LGBT issues. One participant, Brenda, was sharing an office with a

co-worker during the interview and commented, "Yeah, and [my co-worker] is sitting

here talking and said too, [we need more knowledge on] just the appropriate words,

terminology words, like [we] really don't know what [we're] talking about". This lack of

knowledge was particularly acute with respect to language and the complexities of LGBT

terminologies, which is addressed in further detail in the final theme). Participants

acknowledged that this lack of knowledge can affect the services they provide to LGBT

families and in turn can present a challenge for LGBT families in accessing the FRC

services they need.

Some participants mentioned that small numbers of LGBT families, especially in

rural settings, was the reason for so few LGBT related resources being available to

service users within FRCs. Brenda commented that she had "been [working] here for 10

years and I think we have had one family. . . with two moms." With relatively small

LGBT populations being identified within FRC service users, they discussed that LGBT

specific resources and programming would not be seen as being feasible or needed by

many FRCs.

Participants mentioned that there were not many images of LGBT families within

the resources in their FRCs, and that this could pose as a barrier for LGBT families in

accessing their centres. Some participants made reference to the difficulty in including

representations of all diverse groups within images and yet acknowledgement was made

that it is also important to make efforts do so. Angela elaborated on this point:

> . . . Posters, photographs on the walls, you know it's always nice to see pictures,
> images that look like you, to help you feel, to know that you are welcome here.
> And we try and do that. [But] we don't have any thing that I can think of that is
> specific to lesbian families or gay families or bisexual families or transgender
> families.

Some participants expressed that there was a lack of visibility within their centres simply because the need to had not yet come to their attention. However, nearly all participants discussed a desire to increase the visibility of LGBT related resources within their FRCs. Chris pointed out that in his centre, "it's not pictured enough, it's not put out there enough that everybody's welcome. I mean it's sort of said, it's sort of done but it's not really visible as it should be".

**No special programming is necessary for LGBT families.** Even though many comments centered on the challenges unique to LGBT populations, paradoxically, there was also much discussion on the importance of treating LGBT families the same as other families. All interview participants expressed a clear opinion that LGBT families should be treated equally to other families and discussed the factors affecting the equal treatment of diverse families within FRCs. The notion of equality as discussed focused primarily on treating all families the same, regardless of differences. Within these discussions, focus was placed on how to create an environment that allowed families of a variety of backgrounds to all be treated the same, as Isabelle stated, "family is family. . . everyone [should be] treated on the same playing field".

Instead of separate programming, interview participants discussed the importance

of FRC staff having an overall non-judgmental attitude and accepting service users from all backgrounds. Elizabeth stated that "when you create a safe and healthy environment for people. . . they become more open and they are willing to express themselves in how they feel and who they are". This approach includes attempting to address all biases, and not exhibiting any judgements or favouritism towards any groups or individuals. Isabelle described this approach for FRC staff as "just no favouritism, you know, you don't bring your judgements in, when we walk in this door in the morning, our own personal beliefs and all of that are out the door". In particular, the importance of treating all families as equal was discussed in benefiting service users by helping families feel comfortable in the FRCs, allowing service users to express themselves freely. Furthermore, this non-judgmental inclusive approach was discussed as allowing everyone to participate fully, and leaving no individuals out based on whether or not they had identified themselves as belonging to a certain group.

Participants felt that service users who felt treated equally and did not feel judged were also more likely to encourage others within their community to access that space. Elizabeth noted that simply seeing other LGBT people taking part in services might make LGBT families feel more comfortable in accessing services themselves:

> And people are aware of other people too and if someone is welcome and they
>
> know it and then say someone else came along and recognized that person and
>
> saw that the comfort level in your resource centre they are going to be more likely
>
> to join in, you know.

Finally, half of the participants referenced using empathy when working with LGBT families as a tool for gaining understanding of LGBT issues and experiences, with many

making references such as "this is just me putting myself in somebody else's shoes, you

know?" (Angela) while discussing their perceived experiences of LGBT families. This

understanding was further used by these staff in creating and maintaining a non-

judgmental atmosphere in FRCs.

One participant suggested that having LGBT facilitators (and/or facilitators with

LGBT family members) leading groups within FRC programs would help to create

inclusion within programs and services. Such an initiative would not only serve to create

visibility of LGBT issues, but also potentially work to increase the comfort of LGBT

families accessing FRC services whether or not they self-identified themselves as such.

However, some people acknowledged that biases do exist in some FRC staff, with

one participant mentioning that this issue could be particularly relevant with respect to

some staff who have worked in the field for a long time and might have a biased point of

view. As Chris remarked:

> There's a generational gap [amongst FRC staff]. . . I think there's a certain
>
> amount of individuals who have been working with people [for a long time] and
>
> they've been working from one lens. . . and you know they think that family is a
>
> mother a father and 2½ children and that's the way that it goes.

Thus, participants noted that biases needed to be identified and addressed to be more

inclusive of LGBT families in FRC programming.

Similar to the sentiment expressed by some questionnaire respondents, five

participants discussed the need for LGBT families to be integrated into regular

programming rather than having separate services specifically for them. Much of the

discussion focused more on a philosophical belief that services should be welcoming and

inclusive of all families. In particular, the term "segregation" was frequently used by participants in explaining why separate programming would not be appropriate for diverse families. As Jamie stated quite simply, "the whole idea of segregation is usually a negative one".

This assertion was frequently backed up by participants through the emphasis on LGBT families being the same as non-LGBT families and LGBT families experiencing the same challenges as all families face (discussed in the first theme). Additionally, participants felt that programs should be welcoming to all families and therefore there should be no need for separate programs by any group, including LGBT families, because considerations should be made within group programming for people of all different backgrounds. One participant stated that all families have different parenting challenges, and LGBT families represent just one variation on those challenges. Therefore regular family group programming would be the most appropriate place for these families to be coming forward to discuss family challenges, and many participants agreed with the sentiment expressed by Chris, which was that "inclusion is the number one priority rather than having separate programs".

Additionally, some logistical reasoning were given for not providing LGBT-specific programming. Because the LGBT population is small, especially in rural areas, participants noted that there simply would not be the numbers to warrant a full program dedicated just to LGBT families. A number of participants remarked that other small populations (e.g., homeschooling communities, parents of children with Attention Deficit Hyperactivity Disorders) sometimes approach FRCs seeking specific programming for their demographics and that most FRCs found that they had to refuse and offer

programming open to everybody. That being said, some FRCs did occasionally offer

programming specific to sub-genres, the most popular being gender-specific groups for

teens. Groups for specific topics such as mothers and post-partum depression were also

mentioned. Participants noted that so far there were no known programs provided by

FRCs only for LGBT families, and some remarked that they simply did not see the need

for such a group.

     Some potential pitfalls of offering programming specifically for the LGBT

population were mentioned. One participant was concerned that service users would have

to "out themselves" (reveal their sexual orientation and/or gender identity) to others if

there were a group offered specifically for the LGBT population, and that not all potential

group members would feel comfortable enough doing so to attend a group. Furthermore,

people who were questioning their own sexual orientation and/or gender identity might

not know where they fit into (or if they fit in at all) a LGBT specific program, especially

due to the complexity of LGBT terminologies. Participants made the point that when

LGBT issues are brought up in general inclusive spaces then non-out and questioning

individuals will have access to information and hear themselves reflected.

     Participants also discussed the importance of including LGBT families in regular

programming with respect to the benefit of having diverse participants within group

programming. Having participants from a variety of family structures could diversify

parenting groups thereby allowing everyone to learn from each other's experiences.

Isabelle stated:

> You know I just feel that everyone needs to come together, everybody you know
>
> talks about their own experiences and that's where they get their information

from, from each other. Right? And I think it would help other families understand

more too. You know, [rather] than having them separated.

Finally, several participants noted that, as with all families, anyone who did not feel

comfortable within a group setting for any reason could access FRC services on an

individual basis instead of within a group.

**LGBT families need support to feel welcome in FRCs.** Despite their focus on

treating LGBT families the same as others, many participants still felt that LGBT families

needed either extra or specific support in order to feel welcome in FRCs. Isabelle noted

how LGBT-specific support can help reduce the stigma expected by LGBT families,

helping them know that "family resource [centres will] help them get through anything

they need to just like we would any other family". Participants acknowledged that LGBT

families are looking for inclusion and acceptance, and most participants expressed the

opinion that inclusion should be a priority within FRCs.

Some participants mentioned the importance of having policies addressing LGBT

issues. Existing FRC policies were mentioned, including non-discrimination policies

addressing homophobia, with one participant noting a policy in place to protect against

allowing hateful speech by other service users. Another participant spoke about the

importance of policies regarding washroom accessibility in terms of who is permitted to

enter gendered washrooms as well as policies on providing non-gendered washrooms.

This particular participant spoke about the importance of such policies being promoted

and implemented at all political and community levels, not just within FRCs, because

such widespread policy could make it easier to have and implement effective policies

within FRCs. Finally, they also noted that general policies needed to be internally

consistent, as well as be consistently enforced while employing a LGBT-knowledgeable

lens. Chris elaborated on this point by saying:

> If you have policies [they need to be] enforced on an equal level. . . having the
>
> same standards and the same enforcement across the board so if you have co-
>
> workers who are. . . dating and they are able to display [affection] well then two
>
> homosexual coworkers who are dating should have the same rights.

One strategy of including LGBT families currently being widely employed by

many FRCs was having an intentionally broad definition of family at the centre. This

strategy works to create a positive and welcoming atmosphere for a number of diverse

family structures, and also specifically influences the inclusion of LGBT families.

Participants were passionate in wanting FRC service users to know that self-identification

of family is not only acceptable but encouraged. This includes family as being defined

not only by legal and blood relations but also in terms of who individuals identified as

their support networks, and that no one could decide for anyone else who comprises that

person's family. "[Family is] a group of people who love and care for each other. We

accept that in all kinds of families, they. . . can look very different" (Angela). This

message of a broad, self-determined definition of family was mentioned as being an

important one to be both heard and felt by service users in all aspects of their interactions

with FRCs, although participants did not mention specifically how this could be

communicated (e.g., either verbally or on their website).

Inclusive language was also discussed as being a key tool in ensuring that LGBT

families are, and feel, included in programming and service delivery. Elizabeth talked

about some examples of what inclusive language could look like, such as "when you're

using the wording for programming scheduling, maybe keep the words more general

rather than Mom or Dad, keep it as parenting. . . making sure your language is inclusive".

Angela also remarked, "we refer to families and partners that are not gender specific" in

order to allow for LGBT inclusivity".

LGBT inclusion was also discussed as being implemented within programming to

ensure that programs are accessible to all members of the LGBT community. In

particular, it was mentioned that, when possible, a person's social location should not be

a prerequisite for participation in services. A common exception to this is the gender-

specific groups previously mentioned, often aimed at adolescents. A participant discussed

the usefulness of sometimes segregating groups by gender (as an example) and also

asserted that when these gender-specific groups are run by FRCs, they should be open to

self-identification of a service user's gender identity. Chris stated,

> If you are offering programs and somebody says, "Well I don't feel comfortable
>
> being in this group because you know it's not an inclusive environment for um
>
> you know say, transgender individuals", well then you ask them where they think
>
> they would fit.

Furthermore gender self-identification should be both encouraged and respected by FRC

staff, and supports should be in place to ensure that service users are aware of this

provision.

Additionally, participants discussed the active inclusion of LGBT content within

programming as being a potentially beneficial tool. Within groups that currently discuss

sexuality, such as groups for adolescents, participants mentioned that content about

LGBT families should automatically be included. For all other programming, one

participant noted that LGBT content could be brought to programming across the board should the need present itself. It was noted that this is a strategy already implemented for some other topics, and could easily be expanded to include LGBT information within programming as well. Jamie explained:

> [LGBT topics] would be something that we would bring in, it would be something like what we do with children's ADHD you know we would bring that in to every group so that anybody, even if they haven't come forward and said 'I have a child. . .' that they would still get the information.

The existence of visible LGBT support within FRCs was raised by all participants as a means through which to create and promote LGBT inclusion. Main tools identified to achieve LGBT visibility within centres were rainbow materials posted in visible locations (sometimes with an accompanying "safe space" message), posters portraying LGBT individuals and/or discussing LGBT issues, and visible LGBT representation in books. However, participants expressed that many Nova Scotian FRCs did not currently have much in the way of visible LGBT support and that there was a desire to increase such visibility, and they mentioned that this lack of visible LGBT support was often in part due to a lack of awareness and knowledge on this issue. Brenda, for example, noted that this issue was simply not on their radar, stating, "I don't think we have any resources for the LGBT families at all. . . basically just because we've never thought about it, not because we don't want it". Furthermore, many participants expressed that although there is a desire to increase visible LGBT support within their centre, they are unsure of how to do it and of what resources would be most helpful.

The resulting benefits of such LGBT visibility within centres was discussed

widely within the interviews. Participants discussed that visibility can do so much to help

people feel comfortable and welcome in the space, particularly when such visibility is

prominent in entryways, allowing potential service users to know that they are welcome

before even entering the space. Mention was also made that visibility can make it easier

for service users to open up and talk about LGBT issues, knowing that there may be

acceptance and some basic knowledge by staff members. One participant noted that even

if LGBT inclusivity is currently practiced within a FRC that visibility is still important in

making sure that service users know they will be welcomed and accepted right from the

start. Reflecting on the importance of visibility for a potential service user, Isabelle

remarked:

> [You would think] "No, I won't go in to that [building]". But as soon as I'd see
>
> that [rainbow] sticker I'd think, "Oh, I know it's going to be okay". . . I can just
>
> feel that tension just go from them I bet.

Notably, online visibility (i.e., on the organizations' websites) was not mentioned.

Participants made particular mention about the importance of having information

on LGBT issues and supports readily accessible and visible so that service users do not

have to self-identify and seek out the information, because those who are not "out", or are

not comfortable being out are unlikely to do so. Furthermore, they discussed the

additional importance of having visible LGBT representation in regular FRC resources

(the "Nobody's Perfect" parenting books were given as an example), so that LGBT

visibility is consistent and normalized in all areas of services provided. Angela

commented, "it's always nice to see pictures, yeah images that look like you, to help you

feel - to know - that you are welcome here".

Furthermore, one participant mentioned that LGBT-visibility within resources (stickers, posters, books, and so on) must be complimented by active LGBT support by FRC staff through the use of non-judgmental language and attitudes. Chris elaborated on this point stating, "it's showing it and saying 'yeah, we're inclusive' and then actually being inclusive". This point highlighted the ways in which visible support could be enhanced by corresponding and consistent LGBT inclusive action by staff and throughout programming initiatives.

Participants also stressed the need for FRCs to incorporate LGBT-specific support to service users within their centres. Advocacy was brought up as one way that FRCs can provide LGBT-specific support. Angela said, "I think we can advocate on their behalf and I think we can certainly create an accepting, welcoming atmosphere", suggesting that FRCs doing that work would be helpful to LGBT families.

Participants discussed the role of FRCs advocating on behalf of LGBT families on-site within programming, so that LGBT service users would not always have to self-advocate for their own interests. Furthermore, they mentioned the potential role of FRCs advocating on behalf of LGBT families at the organizational level, advocating to funders for more resources and training for FRCs on LGBT topics and issues.

It should be noted that, in contrast to the opinions expressed by the rest of the participants who did not see the need for separate programming, one participant (Elizabeth) expressed the potential positive impact of providing separate programming for LGBT families. Such programming was discussed as potentially being beneficial, as "they may feel more heard and included and a part of the body as a whole" (Elizabeth). This programming would be specific to the unique challenges of being a LGBT family,

and would benefit from having a LGBT facilitator (or a family member of an LGBT person). Elizabeth acknowledged that a needs assessment within the LGBT community would be required to understand the best way for FRCs to support LGBT families in their communities before embarking on LGBT-specific programming. Such a needs assessment would help clarify the particular challenges faced by LGBT families, and could identify what supports could be implemented for their needs to be met.

Regardless of the method of providing LGBT-specific support, participants were in agreement about the need for more information for FRCs on LGBT issues. The final theme addresses this in more detail.

**LGBT education is needed in FRCs.** All of the participants noted the need for FRC staff to be educated about LGBT issues. Participants expressed that LGBT education within FRCs would help them know how to best support LGBT families in their communities.

Many participants acknowledged this lack of LGBT knowledge for FRC staff (and in turn, for many non-LGBT families accessing services at FRCs) in large part due to the complexity of terminology surrounding LGBT identities and issues. Isabelle described her struggle with some of the terminologies, explaining:

There's the word "queer", I didn't know you could say that, you know!? And trans true-spirit [*sic*], I have no idea what that is. [My colleagues and I] were on this subject and did talk about [LGBT] language as a barrier and we [identified that we needed] some sort of a training course or something on it.

As discussed previously, a lack of knowledge about LGBT issues among FRC staff was identified as being a challenge—and sometimes a barrier—for LGBT families

in accessing FRCs. Participants acknowledged this lack of knowledge among themselves and their colleagues and expressed a sometimes very enthusiastic desire for more education on the topic. They spoke passionately about the desire for education on LGBT issues and topics, particularly for frontline workers, identifying such educational opportunities as being a key part of providing an inclusive environment for LGBT families within their centres. As Angela said, "well I think family resource centres. . . could have. . . access to information to help us meet the needs of families and their perspectives and what they would like from family resource centres. So some educational opportunities would be wonderful!" Brenda was so enthusiastic about the idea of training for FRC staff on the topic that she expressed that the majority of her staff would likely participate in future training on LGBT issues together, stating "I know that would be something that we would be interested just if there was going to be a training for family resource centres we certainly would if not if we didn't send all of the staff, we would send a large portion".

Much of the lack of knowledge discussed by participants centered on the complexities and lack of common knowledge of LGBT terminologies, as Jamie stated, "just the language alone is confusing enough". The number of different identities related to sexual orientation and gender identity were mentioned as being overwhelming at times, and some of the terms were completely unknown to staff members. Isabelle talked about the potential barrier she faces with respect to the language, "[a student and I] were talking [about LGBT issues] and he used this word and I had no idea what he was talking about. None! Nothing!. . . Definitely the language is you know for myself, is a big barrier".

The complexity of LGBT terminologies was also discussed. Some words could have multiple meanings and other words may have been reclaimed by some members of a population but not others. One participant remarked on the term "queer" as being one that they were unsure if they could use. Participants noted that it can be difficult to know all of the nuances surrounding LGBT terminology and to know what to say or not to say to communicate acceptance and respect to LGBT service users. Combined with the challenges experienced by these FRC staff (all of whom were presumed to be cisgender and some of whom specifically identified themselves as heterosexual) in navigating LGBT terminologies, participants also discussed the important role of language in creating a welcoming and supportive environment. Isabelle remarked on this challenge:

> You hear things but what do you say? Sometimes if they are okay using that type of word but it's not okay for you, right? And I don't want to offend anyone! Right? But then I don't want them to think that I'm ignoring them because I'm not, you know.

As a result, many participants spoke not only about the desire to have training on LGBT issues, but also to specifically receive training on LGBT terminologies.

Additionally, some participants identified the need for FRC staff to be educated about how to facilitate programming with diverse families. Brenda mentioned the need to "have an education piece for family resource centres on how to deal with issues coming from other families that maybe wouldn't be as accepting or inclusive of [LGBT] families joining groups with them". Participants expressed difficulty in attempting to explain LGBT issues or identities to non-LGBT service users who might be expressing negative or closed-minded points of view but feeling unable to do so without the proper education.

Interviewees also discussed encountering homophobic, transphobic, and/or heterosexist and cissexist views from non-LGBT families in FRC programming, and as such they also expressed the need to provide education for families.

Interview participants discussed the importance of potentially offering education for non-LGBT service users on LGBT issues. This type of education was discussed as only being able to be provided either by a knowledgeable facilitator from outside of the organization, or by a FRC staff member who has been properly trained in issues related to LGBT families and in LGBT terminologies. Some participants felt that this type of education for families could be built into regular programming or addressed when the need arose (e.g., comments made in a group setting, and/or LGBT families participating in a group). One participant suggested providing a special open house event within their FRC to specifically address LGBT topics. Such an event would allow all members of the community to come together and learn about LGBT issues, terminology, and about the services available to the community. Jamie explained the potential benefit of such a program for families:

> Just to get the language down, break down that barrier. . . that would be an asset
>
> for. . . families who I imagine it would be very difficult to. . . be empathetic to
>
> what your child is going through if you don't even understand what
>
> 'transgendered' is or anything like that.

Furthermore, participants acknowledged that increased LGBT visibility within FRCs could both spark useful conversations between service users and FRC staff that could contribute to the education of families, as well as provide resources and materials for families to educate themselves with. Finally, since such training would have widespread

benefits within FRCs, both for LGBT families and non-LGBT families alike, one

participant noted, "we could advocate to our funders that we would like to have some

training and resources".

**Summary**

Both methods of data collection provided an insight not only into the current state

of LGBT inclusion within FRCs in Nova Scotia but also into the approaches that FRCs

take to inclusion and what types of supports are needed to increase LGBT inclusion. The

quantitative data helped illuminate the current types of efforts provided by FRCs in

providing LGBT inclusion, namely with respect to displaying LGBT resources, inclusive

policies, and collaboration with LGBT organizations. The majority of centres did report

having had service users who were LGBT, and more than half of the centres reported

having some LGBT materials in their centres. The qualitative interviews showed a clear

desire from FRC staff to increase LGBT inclusion efforts within their centres. Yet, at the

same time, participants acknowledged lack of knowledge and understanding of LGBT

issues that left many staff unclear on the best way to support this population. These

findings suggest two things. First there are a number of challenges faced in implementing

LGBT inclusion in FRCs, due in part to larger societal challenges facing both LGBT

families and FRCs themselves. Second, inclusive measures are important to ensure

LGBT families feel welcome in FRCs.

**Chapter 6: Discussion**

In this research many aspects of LGBT inclusion were explored, including the challenges experienced by LGBT families and FRCs and to how FRCs can best support LGBT families. The findings highlighted the many ways in which FRCs are currently working towards LGBT inclusion as well as the many challenges faced by FRCs in providing LGBT inclusive spaces. Additionally, results identify some of the challenges faced by LGBT families and the need for specific support to help LGBT families feel welcome in FRCs. Participants asserted that no special programming would be necessary for LGBT families, but instead identified types of resources, support, and education that FRC staff would find helpful in working to provide LGBT inclusive services.

This discussion focuses on three topics: (a) challenges related to LGBT inclusion in FRCs, (b) the concepts of LGBT visibility and assimilation as related to LGBT inclusion, and (c) the importance of a proactive approach to LGBT inclusion. Because the topic of LGBT inclusion in FRCs is one that was previously unexplored, the literature that I draw on to discuss the findings comes from three other areas: (a) literature that discusses the specific experiences and needs of LGBT families, (b) literature from the field of education that discusses the need for LGBT inclusion in both curriculum and the classroom, and (c) literature from a variety of practice-oriented disciplines that provide strategies for including LGBT issues. Additionally, a discussion of the both the praxis and reflexive components to this research is included in this chapter. Finally, the limitations of this study are noted and opportunities for future research are explored.

First, challenges faced by LGBT families are well documented in the literature, and not surprisingly it was a main theme from the analysis. Although the interview

participants had difficulty in answering when asked directly about challenges faced by

LGBT families, many were able to provide many concrete examples of challenges

throughout our discussions. Much of the literature addresses these same challenges faced

by LGBT families, from feeling pressure to "fit in" to experiences of outright legal and

social discrimination (Ballard & Taylor, 2012; Epstein, 2012; Goldberg et al., 2007;

Hernandez, 2004; Jones, 2005; Kelly & Brooks, 2009; Kennedy & Covell, 2009; Knegt,

2011; Kosciw & Diaz, 2008; Lev, 2004; Mandell & Duffy, 2011; Maurer, 2011; Naples,

2004; Oswald et al., 2005; Robinson, 2002; Ross et al., 2008; Vanier Institute for the

Family, 2013). The exploration of the challenges faced by this marginalized population is

in keeping with feminist theories that encourage marginalized experiences to be

acknowledged and addressed within research (Fisher, 1990; hooks, 2000; Lloyd et al.,

2007).

Programs providing services to children and families may be resistant to

including LGBT topics in their programming for a variety of reasons (Burt & Lesser,

2008; Epstein, 2012; Janmohamed & Campbell, 2009; Kelly & Brooks, 2009; Kennedy

& Covell, 2009; Maurer, 2011; Sherblom & Bahr, 2008). This resistance from people

working in the field tends to stem from a fear of funding being cut, or from a fear of

parents complaining about the topic not being appropriate for a setting with young

children (Janmohamed & Campbell, 2009; Mandell & Duffy, 2011; Maurer, 2011).

However within this study, such resistance did not present itself centrally from these FRC

staff members. Instead, their challenges centered more on the logistics of providing

adequate inclusion strategies with staff who do not feel knowledgeable on the topic, and

within a setting that has additional time and funding constraints. Conflict theory sheds a

light on this in that it acknowledges that competition over scarce resources (in this case

primarily time and funding) can leave space for some issues or topics being left under

addressed (Ingoldsby et al., 2004; Sprey, 1999). This competition for resources can be

seen in the needs of many underrepresented groups competing for representation within a

FRC program. As many participants noted, FRCs are unable to provide specific

programming for many separate populations and/or are unable to have all populations

represented visually in resource materials.

   In many ways, participants' assertions that LGBT families should be treated the

same as non-LGBT families within FRC spaces echoes writing on diversity and inclusion

within both FLE literature and from other fields. For example, Knochel, Quam, and

Crogahn (2011) assert that no separate programming should be provided for older LGBT

adults in the health care field. Furthermore, as noted in the literature review, much of the

FLE literature discusses diversity and the inclusion of diverse families in a manner that

tends to unintentionally make LGBT families invisible through leaving diverse

populations undefined (Duncan & Goddard, 2011; Robinson, 2002). Therefore, this

research is important in singling out LGBT specific issues within approaches to inclusion

in FLE settings. Many participants' comments further cemented this point by

acknowledging that before being asked to participate in this research that they had neither

thought about the specific needs of LGBT families nor about how to ensure that the

services in the FRC are inclusive for this population. This lack of attention to LGBT

issues reflects the prevalence of heterosexual privilege amongst these (presumably)

heterosexual FRC employees. Indeed such privilege stemming from heterosexist attitudes

can be understood from a queer theory perspective as contributing to a valuing of

heterosexual norms over LGBT ones (Simoni & Walters, 2001). This privilege

specifically feeds into one of the challenges that FRCs face in creating LGBT inclusive

spaces.

Two of the interview participants discussed having an LGBT family member, and

the other four had no difficulty in giving examples of LGBT families who they and their

colleagues had worked with. However, despite these personal and professional

connections to the topic, many participants in the research expressed some discomfort

about their level of knowledge on both LGBT terminology and issues. Yet again, this

identified lack of knowledge presents a challenge for FRCs in determining the best ways

to serve the LGBT community.

Similarly, participants identified a lack of knowledge on LGBT issues as being a

barrier to developing inclusive practices. These participants, however, did note that their

lack of knowledge did not translate to a lack of interest in serving the population. Indeed,

all participants expressed a strong desire to include LGBT families, which is reflective of

the increasingly accepting social climate towards LGBT individuals and families in

Canada (Knegt, 2011; Kuvalanka, Goldberg, & Oswald, 2013). There was some concern

that such a lack of knowledge on LGBT issues could impact LGBT families' perceptions

of whether or not a service or program was indeed LGBT inclusive. As such, participants

expressed a desire to gain more knowledge on LGBT issues to be able to have a greater

understanding on the population and to be able to more effectively meet their needs in the

future.

Participants in this study still identified a fairly low number of LGBT families

known to FRCs as accessing their services. This is not surprising, given that Nova Scotia

is a province with many small, rural communities (Knegt, 2011; Statistics Canada, 2011) and given that many of them worked with rural clients. Despite these small numbers, however, participants certainly did still see the need for increasing FRC staff knowledge on the issues, recognizing the unique challenges that can arise even from just a small number of service users. As an example of this, one participant described the experience of a FRC in NS that had a participant begin a gender transition mid-way through a group program and the staff realized that they simply did not have the skills or knowledge to know the best manner of addressing these issues.

A second area often addressed in the findings is LGBT visibility. This visibility played out in a number of ways, from participants being visible within the centre to LGBT families being visibly welcomed in FRCs.

Participants noted the need for LGBT individuals and families to self-identify to be seen and/or access appropriate information and services, which can provide its own challenge to LGBT families. As an example, transgender individuals may have to come out in order to access regular gender-specific programming. In the field of early childhood education, Janmohamed and Campbell (2009) note that individuals may be assumed to be heterosexual unless they mention a same-sex partner, and/or that they themselves or a member of their family is LGBT. These assumptions could likely also be true of the service users of FRC programs, which in turn could impact the perceived need of program participants by FRC staff members. As critical theory asserts, the prevalence of heteronormativity results in the invisibility of queer people and relationships (Rayside, 2008; Wichman, 2005).

Furthermore, people may be unsure of their own identities, and need both space

and support to figure it out. Such individuals cannot be expected to readily self-identify

themselves as being part of the LGBT population and are therefore not recognized as

being a member of this group. LGBT service users may be uncomfortable with their

identity and may not self-identify. As a result, they may miss out on appropriate

programming or services.

Participant discussion about the positive impact of LGBT specific resources

mirrors the existing research that outlines the benefit of having LGBT visibility (Friendly

& Prentice, 2008; Lev, 2004, 2008; Sherblom & Bahr, 2008). This concept of visibility

was expressed in a number of ways. Some participants discussed it in terms of having

visible LGBT representation in resources (books, posters) within their centres. Other

participants felt strongly about having materials explicitly welcoming LGBT individuals

and families such as rainbow and/or safe space stickers. Moreover, more than half of the

questionnaire respondents signified that their FRC currently displayed LGBT resources.

Having explicit representation of LGBT individuals and families is important to a queer

theoretical perspective that demands that heteronormativity is challenged (Blume et al.,

2005; Kuvalanka et al., 2013; Wilchins, 2004), in this case through visible representation.

As noted by researchers in the gerontology field, such visible representation using

commonly recognized LGBT symbols can be a key step towards creating a welcoming

environment for members of the LGBT population (Croghan, Moone, & Olson, 2015;

Maurer, 2011; Toronto Long-Term Care Homes & Services, 2008).

The final point to be discussed is the need for services to take a proactive approach

to LGBT inclusion, rather than a reactive one. Previous research has noted that LGBT

inclusion is commonly not acted upon unless the need arises, and/or that LGBT inclusion

is commonly not addressed by services because the population of LGBT families is so small that they are seen as not warranting their own inclusion efforts (Janmohamed & Campbell, 2009; Mandell & Duffy, 2011; Sherblom & Bahr, 2008). Perhaps unsurprisingly these concerns around the relevance of LGBT inclusion to FRC practice were brought up almost exclusively while attempting to recruit participants, and did not present with any regularity within the interviews. Multiple potential participants commented that the research topic was simply not relevant to the population that their FRC served. In other words, they felt there were no LGBT families they knew of who needed the support of their FRC. Given Canadian demographics, these FRCs likely provide services to LGBT families, or have LGBT families within their region, whether they realize it or not (Sherblom & Bahr, 2008). In this manner a feminist critique would additionally point out that an intersectional perspective is missing (Brah & Phoenix, 2004).

MacNaughton and Hughes (2007) assert that FLE programs can proactively address the issues of diverse populations in all aspects of their programs and services, regardless of the identified service users. Kuvalanka et al. (2013) also illuminate the strategies many family educators take in incorporating LGBT issues throughout university-level family courses, such as using real-life LGBT examples and opportunities to learn from LGBT individuals themselves. The participants in this study echo this point when reflecting on how to incorporate LGBT inclusion within their FRCs. Incorporating LGBT issues throughout all programs—or at the very least amending language used in program promotion and delivery to reflect the possibility of LGBT individuals and/or families as service users—can be one way in which LGBT inclusion can be achieved.

This was not something already undertaken by most of the FRCs, again due to the fact that LGBT issues were not on their radar. However, it was an idea that stemmed from their participation in this study, which will be revisited in the praxis section. Furthermore, Few-Demo, Humble, Curran, & Lloyd (2016) discuss a framework for integrating content on LGBT-parented families into family theories curriculum. Within their article they propose multiple phases through which LGBT issues and content can be included, moving from non-existent LGBT content, through proactive LGBT inclusion, and arriving at a full integration of queer and intersectional theoretical perspectives throughout course material. A similar "queering" of FRC services may be an approach worth exploring.

LGBT individuals have unique experiences, and yet they are often overlooked by most mainstream inclusion efforts (Mandell & Duffy, 2011; Maurer, 2011). "Generic approaches to inclusion by assimilation" (p. 149) are often interpreted as addressing race and sexism, but yet leave LGBT individuals issues out (Mandell & Duffy, 2011). When such generic approaches to inclusion are used, LGBT individuals may receive "the message that 'respect for all' means 'respect for all but them'" (Mandell & Duffy, 2011, p. 149). Others expound on this concern by pointing out that few services and programs proactively address LGBT inclusion and instead wait until an issue arises (Janmohamed & Campbell, 2009; Mandell & Duffy, 2011; Sherblom & Bahr, 2008). The interview participants expressed the need to ensure that LGBT families see themselves specifically welcomed within their centres, however, the majority of participants maintained a clear position that LGBT families and issues should not be singled out for separate programming. In this manner FRCs seem to be taking an approach that walks a fine line

between explicitly acknowledging the different experiences of the LGBT population (through the recognition of the need for specific supports for LGBT families in order for them to feel welcome) while also attempting to minimize these differences through focusing on approaches that value assimilation of these differences.

Promoting one's centre as open to *all* families is an additional example of proactive LGBT inclusion. Some of the participants spoke (sometimes quite passionately) about having open definitions of family within FRCs so that individuals accessing services could define family for themselves in whatever way possible. A review of Nova Scotian FRC websites showed that this inclusive language was commonly used. However, because the literature outlines the importance of addressing LGBT issues specifically instead of being lumped in with generic inclusion terminology (Burt & Lesser, 2008; Mandell & Duffy; Maurer, 2011), whether or not such references to "all families" is read by LGBT families as including them remains to be seen.

The quantitative findings demonstrated that only one third of respondents reported that explicit LGBT symbols and/or resources (such as posters or rainbow stickers) were currently displayed in their centre, and as previously noted, no participants discussed how their websites actively showed to LGBT families that they were welcomed. It therefore appears as though most of these FRCs are currently attempting to welcome LGBT families through forms of passive acceptance (through using broad, inclusive language) rather than proactive methods that explicitly welcome and include LGBT families.

Proactive strategies are addressed by literature exploring LGBT inclusion in services for older adults. Fredricksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, and Hooyman (2014) propose ten core competencies for practitioners working with LGBT seniors,

which include an emphasis on practitioners using language appropriate for the LGBT

population, and understanding the impact that societal homophobia/transphobia, laws,

and institutional policies have on the LGBT population. Croghan et al. (2015) explore

strategies to welcome LGBT seniors in service provision, such as visible rainbow signs,

the use of inclusive language, and the presence of LGBT staff. A toolkit developed by

Toronto Long-Term Care Homes & Services (2008) provides a framework for creating

LGBT culturally competent care for long-term care facilities, providing strategies for

fostering a welcoming environment for LGBT seniors and provides guidance for both

governance and human resources practices. These studies emphasize the value in

proactively understanding the needs of LGBT populations and in actively showing them

that they are welcome.

**Praxis**

I anticipated that many centres would be interested in receiving more information

on how to better inform themselves on LGBT issues. Thus, in keeping with the critical,

feminist research theoretical underpinnings of this study (Allen, 2000; Guba, 1990;

Smith, 1987), I incorporated the principle of praxis within this research project (Freire,

1986) through the development of a resource list on LGBT families that will potentially

enrich their work and/or increase levels of inclusion for LGBT families. This resource

allowed me to both give back to the participants as well as help create meaningful

change. Additionally, the offer of the resource helped encourage participation in the

study.

A list of up-to-date resources (Appendix E) was developed in response to

feedback received by both online survey and interview participants, who described what

kinds of support would be useful in supporting FRCs in increasing their LGBT

inclusivity. Types of support identified by participants included training for staff, tools

for visibility (posters and stickers), and written materials providing definitions on

terminology.

Developed in consultation with staff at The Youth Project (a provincial

organization working with youth ages 25 and under and their families), this resource list

provides (a) a sample list of LGBT-themed posters available online, (b) online documents

related to LGBT inclusion, youth, and families, (c) links to websites for Nova Scotia

organizations that work with LGBT populations, and (d) a list of Nova Scotia

professionals who offer training and education on LGBT issues. In addition to these

electronic links, participants are provided with a reference list of common current LGBT

terminologies. Finally, the resource includes a poster welcoming LGBT families into

FRCs designed by my five-year-old daughter, with drawings based on LGBT families she

knows.

The implications for practice are built into the resource list, which focuses on

aspects of policy creation, staff training, programming, and service delivery within FRCs.

Based on the interest expressed by participants in learning more about LGBT families, I

anticipate that many centres will take the results of this research and find ways to

increase LGBT inclusivity within their own services. This may be in the form of (a)

policy revision/clarification to ensure that LGBT families are reflected, (b) staff training

on LGBT issues and/or terminologies, or (c) increased visibility of LGBT support within

centres (e.g., posters, books, safe space rainbow stickers). Additionally, to further

facilitate potential opportunities for change within FRCs, the resource list also will

include a summary of the research findings.

In this manner, participants will benefit from the research in ways that are both

relevant to their work, and are defined by their own responses and the responses of their

colleagues. This aspect of the research adds a potentially transformative quality to the

project, thus further aligning the study both within the critical paradigm (Guba, 1990),

and within feminist theory which holds that research should be of practical use to the

population it studies (Allen, 2000; Smith, 1987).

Interestingly, many interview participants mentioned that the very process of

engaging in the online questionnaire helped them realize that they could be doing more in

their centre on LGBT inclusion. This point echoes the suggestion by Morgaine (1992)

that the very act of research can create change through a process of self-reflection. By the

time I was conducting the in-depth interviews, one participant noted that her FRC had

already ordered "safe space" rainbow stickers for their centre to help aid inclusion efforts

for LGBT families through visible symbols of support. Additionally, this same

participant recalled a discussion that had occurred at a recent professional development

workshop where many FRC staff and directors from across the province began having

discussions on this research project and talking about various opportunities for change

within their centres, as well as a common desire for training on the topic. It is therefore

possible that change stemming from this research has already begun to happen even

before the research process was completed.

**Reflexivity**

Reflexivity is a key concept in critical family research, and I practiced reflexivity

throughout the study to explore the ways in which my own interests, experiences, and

potential biases may have influenced the data and/or the ways in which I interpreted the

data (Allen, 2000; Daly, 2007). Practicing reflexivity is an important part of any

qualitative research study, as the act of qualitative research itself is indeed a subjective

one (Allen, 2000; Daly, 2007).

   Throughout the data collection process, I kept a reflective journal to record my

own interpretations of the data collected. I used this journal to explore my subjective

thoughts arising from the data collection process, and critically examine my biases and

beliefs on the subject matter (Jasper, 2005). This journaling process allowed me to ensure

reflexivity was practiced throughout the research process, and was used to inform my

coding and analysis. Additionally, my journal has become part of the audit trail to be able

to show and/or explain my research and analysis processes to an outside academic party

if required. This audit trail is a key aspect of reflexivity within the research project and

will add an element of trustworthiness to this proposed research study (Bernard, 2013;

Jasper, 2005; Lincoln & Guba, 1985; Rogers & Cowles, 1993).

   Within my practice of reflexivity with respect to this research I realized that I

came in to the research with an inherent bias from being both a member of the LGBT

community as well as a former advocate working in a LGBT organization. This bias

came to my attention through my reaction to the majority of interview participants'

assertion that no separate programming should be offered for LGBT families. My

expectation was that most respondents would state that it would be beneficial for LGBT

families to have their own specific programs due to their unique experiences, but that

most centres would report low numbers of LGBT families and therefore would not be

able to offer such programs for a small population. I expected this to be especially true

for rural FRCs that would be likely to have much lower numbers of LGBT families than

in urban centres.

I recognize that my bias in expectation was in part due to my review of the

literature and in part due to my previous professional doing outreach and advocacy work

for and within the LGBT community in Nova Scotia for a decade. Within that work, we

had been sensitive to the unique experiences of a variety of groups that we either were

serving (or were hoping to serve) and would regularly try out specialized programming

for these groups to provide an opportunity to connect with other people with similar

experiences to their own. Although this strategy may have been partly in response to

being an organization run by staff who all came from various marginalized vantage

points, I was unaware that other similar organizations, such as FRCs, would operate so

differently.

In some manner, interview responses did follow part of the assumption I had

made in that the two participants from urban centres were the only ones who expressed

support for the idea of separate LGBT programming, although one of them changed their

mind after discussing the issue (deciding that separate programming would not be

appropriate). However, for the participants who did not support separate LGBT

programming it was their reasoning that surprised me the most, with nearly all of them

explaining that they simply did not support the idea of providing separate programming

for any identity-based group. There were some contradictions in our discussions on this

topic with two participants stating that they would occasionally do separate programming

for groups based on special topics but not based on participant identity. Although I found

myself curious about this topic, I also did not want my own bias to influence their responses too heavily. Being aware that many participants had already expressed feeling self-conscious about their lack of concrete knowledge on LGBT topics, I did not want to risk participants feeling further self-conscious about taking a stance that they could tell I did not agree with. As such, I did not probe participants too heavily on this topic, allowing them space to provide their answers on their own terms.

**Limitations**

There are a number of limitations to this study. First, various staff members of FRCs have acted as gatekeepers. Those who received the invitation to participate in the research (for example the staff who checked the main email account) may have decided whether or not to distribute the information to others. As I approached a variety of FRCs to recruit participants for both the online questionnaires and the interviews, I had many conversations with staff and directors from FRCs across the province. Many of these first contacts were the ones who decided whether to participate in the research themselves, to pass the information along to coworkers, or in some cases, to determine that their FRC would not participate at all. Through my conversations with these gatekeepers it became clear that many individuals did not think that the topic was of relevance to the work that they did at their FRC. In one phone conversation, for example, the staff member listed off a variety of diverse groups that accessed their services and stated that LGBT families simply were not within the population that they served. This reflects again the heterosexual privilege inherent in the inability to acknowledge the likely existence of LGBT families who may simply not be on the radar due to not feeling welcome or included within the centre. It also suggests the urgency for needs assessments to be

carried out, so that FRCs can gather accurate data about the diverse groups that may be in their communities.

Second, due to the relatively small pool of participants, alternative experiences and voices may be missing from the analysis. Because the participants are all self-selected, the voices included within this research may be more likely to represent individuals with an existing interest and/or personal investment in the topic.

I was limited in my ability to collect demographic information from participants. Part of this limitation came from the wording of some questions in the online questionnaire, with some questions not being specific enough to provide accurate information. When analyzing the data, it became clear that not all participants were answering in the same way. For example when asked how many staff were at a FRC, some respondents gave whole numbers, some with fractions (e.g., 2.5) indicating that they were referring to at least one part time staff member, and others listed part time and full time staff members separately. As a result I was unsure if the numbers received by participants were comparable or not. Due to the anonymous nature of the questionnaire, I was unable to clarify responses with participants.

Similarly, prior to recruiting participants for the online questionnaire, I was unaware that there were some FRCs in the province with overlapping directors. After the responses started to come in it became clear that some of the respondents were referring to more than one FRC and combining the statistics from all of the FRCs that they work at to give one response. Again, I was unable to clarify the responses with participants and therefore had to accommodate this factor.

I also chose to not ask some types of demographic questions. These unexplored

areas related to participants' gender/sex, ethnic/racial identities, age, and membership in

the LGBT community. I intentionally avoided including questions that would ask people

about these areas of identity because I wanted participants to feel comfortable in

answering questions. However, I also knew the potential difficulty in both defining these

terms and in drawing conclusions from this information. While carrying out the analysis,

I came to realize how having more in-depth demographic information about the

participants would have provided a greater depth of understanding. However this

limitation was also compounded simply due to the small population from which

responses were sought. Some of the collected demographic information (for example,

position titles, sex/gender of participants, geographic location of participants, and

ethnicity of participants) was not incorporated into my findings chapter in an effort to

ensure confidentiality of the participants.

Because I approached this research through a critical paradigm lens, I recognize

my social position as influencing my own biases to the topic (Guba, 1990). As such, I

entered into the research with the intent to acknowledge my own positioning in relation to

the topic. Yet, I did not explicitly identify myself as a member of the LGBT community

in any of the interviews. In recruiting participants I found much hesitation from potential

participants who did not feel that they had enough knowledge on LGBT issues to speak

to the topic. This trepidation was echoed in the interviews themselves with the

participants, and as such I ended up not actively acknowledging my own positioning in

relation to the topic because I did not want participants to by influenced by the response

effect (Bernard, 2013) and potentially feel self-conscious about their responses.

Regardless, I could not control this factor fully as I do not know what assumptions

participants were making about me and my connection to the research and how that could have influenced their responses.

**Future Research**

Several possible future research topics emerge from this study. First, research could explore how the social identity of the participants possibly affects their approach to inclusion. For example, research could explore whether or not the lived experiences of a participant within a marginalized group has an impact on what approach they take to inclusion. Such research would explore issues of intersectionality (Brah & Phoenix, 2004), further exploring how one's various social positionings may come into play in their own experience of the world. For example, does being a member of an ethnic minority or another marginalized community change the way that someone views inclusion?

Perhaps one of the most logical directions for future research would be research that centres the voices of LGBT individuals. Such research could explore what their needs are for their families and how these needs could be met by FRCs. Additionally, such research could explore whether or not these families are using FRC programs and services, and further probe into the reasons of why they do or do not access FRCs. Furthermore, such research could explore what would help them and their families feel (more) included within FRC programs and services. Providing opportunities for these marginalized voices to be heard would also be congruent with a critical approach to research (Guba, 1990).

Additionally, studies could focus on the development of an assessment tool for evaluating LGBT inclusion in FRCs. Such research could review existing templates for

assessing family programs and specifically those that evaluate programs for diversity. This tool could be created with input from FRC staff (and possibly from LGBT families as well) and could then be made available for future use by FRCs. The applicability of such a study and its emergent assessment tool to the work of FRCs would be immediate and impactful.

Furthermore, future research on this topic could work to explore the differences in experiences and needs between different types of LGBT families (notably LGBT-parented families, and families with LGBT children), and between different types of LGBT identities. Participants in this research mentioned lesbian parented families, transgender parented families, families with transgender children, and gay children, yet each of these populations would have very different experiences. Thus, research that takes a more in-depth look at these identities and their experiences could have much to add to the discussion on this topic.

Finally, additional research could further explore the topic at the organizational level, with an exploration of any existing programming that actually does address LGBT community needs (such as the programs offered by the LGBTQ Parenting Network in Toronto). This applied research could look at various evaluation processes, such as how the need for the program was identified (needs assessment), how it was developed, how it was carried out, and whether or not it had any short-term outcomes and long-term impacts on the participants.

**Conclusion**

LGBT families (both families headed by LGBT parents, as well as families with an LGBT family member) have always existed, and yet they continue to face stigma and

discrimination in our society. These families need to have access to much needed

services, yet stigma and discrimination contributes to potential challenges in providing

LGBT-inclusive services and programs. These challenges are due mostly to the forces of

structural heterosexism that assimilate LGBT families and their unique issues into the

umbrella of "all families". This research helps illuminate some of the challenges in

including these families into FRC programming in Nova Scotia, as well as providing a

sense of how LGBT families are currently included in FRCS, and how FRCs can

continue to adapt to increase LGBT inclusion within their centres.

      With a grounding in the critical paradigm, and with guidance by feminist, queer,

and conflict theories, I collected data from FRC staff on the current state of LGBT

inclusion within FRCs in Nova Scotia through an online questionnaire. The data from this

questionnaire provided backdrop information on the types of resources, organizational

policies, and climate of LGBT inclusion that currently exists in FRCs. The quantitative

data showed that a majority of the FRCs have LGBT families accessing their centres and

that some inclusion efforts are currently underway with respect to LGBT resources,

inclusive policies, and collaboration with LGBT organizations. This data was then further

enriched by discussions with six FRC staff who shared their opinions on and attitudes

towards the inclusion of LGBT families in FRCs. These conversations lead to the

identification of five themes: (a) challenges faced by LGBT families, (b) challenges faced

by FRCs in providing inclusive spaces for LGBT families, (c) no need for special

programming for LGBT families within FRCs, (d) the recognition that LGBT families do

need specific support in order to feel welcome in FRCs, and (c) a need for education on

LGBT topics within FRCs.

The data collected and analyzed within this research study allowed for a further exploration and discussion of some of these topics within the context of the existing literature. These topics included (a) a further probe into the challenges related to LGBT inclusion in FRCs, (b) a discussion on LGBT visibility versus assimilation as methods to LGBT inclusion, and (c) the importance of a proactive approach to LGBT inclusion.

This work was grounded in the critical paradigm, and was influenced by feminist, queer and conflict theoretical perspectives. Indeed, this research on the challenges faced by a marginalized population (in this case, LGBT families) with a commitment to transformative social change was highly influenced by the ideals of feminist theoretical approaches to research. A queer theoretical perspective provided understanding to LGBT families as being distinct from the mainstream, thereby necessitating deliberate inclusive actions (such as inclusion through visibility). Additionally, conflict theory helped give context to LGBT inclusion efforts as existing within resource-strapped FRCs, thus giving understanding to a desire by many participants to take a reactive (rather than proactive) approach to LGBT inclusion.

Further reflection on both the findings of this research, combined with the exploration of the current research available on this topic, helped inform ideas for directions for future research on this topic. Because this research was exploratory in nature, there is still much that can be explored with respect to providing inclusive services to LGBT families, and this research plays an important role in adding to this conversation.

I was encouraged to see that as a result of participating in this study, conversations on LGBT inclusion were sparked both within and between some FRCs,

further enacting a transformative quality to this feminist research. These conversations were also supplemented by the actions undertaken by some FRCs in efforts to increase their inclusion efforts for this population (for example, the purchasing of rainbow stickers to add LGBT visibility at one FRC). Hopefully, further potential change may result through the dissemination of the resource list to the FRCs. Following an approach consistent with a critical paradigm, this research is thereby providing opportunities for change.

The guiding principles of family support emphasize the inclusion of diverse families (Canadian Association of Family Resource Programs, 2002). As such, LGBT families need to be able to access inclusive, non-judgemental supports, and this notion was indeed echoed by participants in this research. It is clear that FRCs in Nova Scotia are beginning—and in some cases, continuing—the work of making their centres more inclusive spaces for LGBT families. It is my hope that the impact of the completed research can be amplified by the distribution of resources to FRCs, with the goal of assisting FRCs create the change that they want to see, and help LGBT families feel (even more) welcome in their spaces.

# References

Acker, S. (2000). In/out/side: Positioning the researcher in feminist qualitative research. *Resources for feminist research/DRF, 28*(1-2), 153-172.

Allen, K. R. (2000). A conscious and inclusive family studies. *Journal of Marriage and Family, 62,* 4-17.

Allen, K. R., Lloyd, S. A., & Few, A. L. (2009). Reclaiming feminist theory, method, and praxis for family studies. In S. A. Lloyd, A. L. Few, & K. R. Allen (Eds.), *Handbook of feminist family studies* (pp. 3-17). Thousand Oaks, CA: Sage.

Arcus, M. E., Schvaneveldt, J. D., & Moss, J. J. (1993). The nature of family life education. In M. E. Arcus, J. D. Schvaneveldt, & J. J. Moss (Eds.), *Handbook of family life education: Vol. 1, The foundations of family life education* (pp. 1-25). Thousand Oaks, CA: Sage.

Ballard, S. M., & Taylor, A. C. (2011). Best practices in family life education. In S. M. Ballard & Taylor, A. C. (Eds.), *Family life education with diverse populations* (pp. 1-18). Thousand Oaks, CA: Sage.

Battle, K., & Torjman, S. (2000). *A proposed model framework for early childhood development services within the national children's agenda: An agreement between the Government of Canada and the Governments of the Provinces and Territories.* Ottawa, ON: Caledon Institute of Social Policy.

Beach, J., & Bertrand, J. (2000). *More than the sum of the parts: An early childhood development system for Canada.* Toronto: Childcare Resource and Research Unit, University of Toronto.

Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches.* (2nd ed.) Thousand Oaks, CA: Sage.

Bishop, A. (2002). *Becoming an ally: Breaking the cycle of oppression in people* (2nd ed.). Halifax, NS: Fernwood.

Bogenschneider, K. & Corbett, T. (2004). Building enduring family policies in the 21st century: The past as prologue? In M. Coleman & L. H. Ganong (Eds.), *Handbook of contemporary families: Considering the past, contemplating the future* (pp. 451-468). Thousand Oaks, CA: Sage.

Bos, H. M. W., Gartrell, N. K., Peyser, H., & van Balen, F. (2008). The USA national longitudinal lesbian family study (NLLFS): Homophobia, psychological adjustment, and protective factors. *Journal of Lesbian Studies, 12,* 455-471.

Brah, A., & Phoenix, A. (2004). Ain't I a woman? Revisiting intersectionality. *Journal of*

*International Women's Studies, 5*(3), 75-86.

Burt, T., & Lesser, L. K. (2008). Lesbian, gay, bisexual and transgender (LGBT) families: Tools for directors in supporting staff discussion dealing with fears. *Exchange Magazine*, 62-65. Retrieved from: https://secure.ccie.com/ library/5018362.pdf

Calhoun, C. (2000). *Feminism, the family, and the politics of the closet: Lesbian and gay displacement.* New York, NY: Oxford University Press.

Canadian Association of Family Resource Programs. (2002). *The guiding principles of family support.* Retrieved from: http://www.frp.ca/_data/n_0001/resources/live/ guiding-e.pdf

Canadian Association of Family Resource Programs. (2013). FRP Canada website. *About Us.* Retrieved from: http://www.frp.ca/index.cfm?fuseaction=Page.view Page&pageId=471

Canadian Psychological Association. (2010). *Gays and lesbians make bad parents: There is no basis in the scientific literature for this perception.* Policy position paper. Retrieved from: www.cpa.ca/cpasite/userfiles/Documents/old%20press %20releases/GayParenting-CPA.pdf

Capital Health. (2016). *Family Resource Centres*. Retrieved from: http://www.cdha.nshealth.ca/public-health/family-resource-centres

Chambliss, D. F., & Schutt, R. K. (2009). *Making sense of the social world: Methods of investigation* (3rd ed.). Thousand Oaks, CA: Sage.

Coates, J., & Sullivan, R. (2005). Achieving competent family practice with same-sex parents. *Journal of GLBT Family Studies, 1*(2), 89-113.

Croghan, C.F., Moone, R. P., & Olson, A. M. (2015). Working with LGBT baby boomers and older adults: Factors that signal a welcoming service environment. *Journal of Gerontological Social Work, 58,* 637-651.

Daly, K. J. (2007). *Qualitative methods for family studies and human development.* Thousand Oaks, CA: Sage.

Darling, C. A., Cassidy, D. & Powell, L. (2014). *Family life education: Working with families across the lifespan.* (3rd ed.). Long Grove, IL: Waveland Press.

Demo, D. H., Aquilino, W. S., & Fine, M. A. (2005). Family composition and family transitions. In V. Bengsten, A. Acock, K. Allen, P. Dilworth-Anderson, & D. Klein (Eds.), *Sourcebook of family theory and research* (pp. 119-134). Newbury Park, CA: Sage.

Dey, I. (2004). Grounded theory. In C. Seale, G. Gobo, J. F. Gubrium, & D. Silverman (Eds.), *Qualitative research practice* (pp. 80-93). Thousand Oaks, CA: Sage.

Duncan, S. F., & Goddard, H. W. (2011). *Family life education: Principles and practices for effective outreach.* Thousand Oaks, CA: Sage.

Epstein, R. (2012). LGBTQ parenting in Canada: Looking back, looking forward. *LES Online, 4*(1), 13-19.

Feinberg, L. (1996). *Transgender warriors: Making history from Joan of Arc to Denis Rodman.* Boston, MA: Beacon Press.

Few-Demo, A. L., Humble, A. M., Curran, M. A., & Lloyd, S. A. (2016). Queer theory, intersectionality, and LGBT-parent families: Transformative critical pedagogy in family theory. *Journal of Family Theory and Review, 8,* 74-94.

Findlay, B., & Suleman, Z. (2013). *Baby steps: Assisted reproductive technology and the B.C. Family Law Act.* Vancouver, BC: Continuing Legal Education Society of British Columbia.

Firestone, S. (1997). The dialectic of sex. In L. Nicholson (Ed.), *The second wave: A reader in feminist theory* (pp. 19-26). New York, NY: Routledge.

Fisher, L. (1990). Feminist theory and the politics of inclusion. *Journal of Social Philosophy, 21,* 174-183.

Folgerø, T. (2008). Queer nuclear families? Reproducing and transgressing heteronormativity. *Journal of Homosexuality, 54*(1/2), 124-149.

Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, & Hooyman (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work, 57,* 80-107.

Freire, P. (1986). *Pedagogy of the oppressed.* New York, NY: Continuum.

Friendly, M., & Prentice, S. (2008). *From vision to action: Early childhood education and care in 2020.* Toronto, ON: Childcare Resource and Research Unit. Retrieved from http://www.childcarecanada.org/sites/default/files/BN_visiontoaction.pdf

Goldberg, A. E. (2007). (How) does it make a difference? Perspectives of adults with lesbian, gay, and bisexual parents. *American Journal of Orthopsychiatry, 77,* 550-562.

Goldberg, A. E., Downing, J. B., & Sauck, C. C. (2007). Choices, challenges, tensions:

Perspectives of lesbian prospective adoptive parents. *Adoption Quarterly, 10*(2), 33-63.

Golding, A. C. (2006). Redefining the nuclear family: An exploration of resiliency in lesbian parents. *Journal of Feminist Family Therapy, 18*(1/2), 35-65.

Graham, J. R., Swift, K. J., & Delaney, R. (2003). *Canadian social policy: An introduction* (2nd ed.). Toronto, ON: Prentice Hall.

Gravetter, F. J. & Wallnau, L. B. (2009). *Statistics for the behavioral sciences.* Belmont, CA: Wadsworth.

Greenstein, T. N., & Davis, S. N. (2013). *Methods of family research* (3rd ed.). Thousand Oaks, CA: Sage.

Griggers, C. (1993). Lesbian bodies in the age of (post)mechanical reproduction. In M. Warner (Ed.), *Fear of a queer planet: Queer politics and social theory* (pp. 178-192). Minneapolis, MN: University of Minnesota Press.

Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17-27). Newbury Park, CA: Sage.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 105-117). Thousand Oaks, CA: Sage.

Hanvey, L. (2004). *Investing in social infrastructure in Canadian communities to benefit children and families*. Ottawa, ON: National Children's Alliance.

Hernandez, A. (2004). Two mommies? Two daddies? Helping lesbian and gay families feel visible and welcome in preschool programs. *Children's Advocate, 41*(5), 6.

Hickman, L. A. (1999). Making the family functional: The case for legalized same sex domestic partnerships. *Philosophy of the Social Sciences, 29,* 231-247.

Hicks, S. (2005). Is gay parenting bad for kids? Responding to the 'very idea of difference' in research on lesbian and gay parents. *Sexualities, 8,* 153-168.

hooks, b. (2000). *Feminist theory: From margin to center*. Cambridge, MA: South End Press.

Huston, M., & Schwartz, P. (1996). Gendered dynamics in the romantic relationships of lesbians and gay men. In T. J. Wood (Ed.), *Gendered relationships* (pp. 163-176). Mountain View, CA: Mayfield.

Ingoldsby, B. B., Smith, S. R., & Miller, J. E. (2004). *Exploring family theories.* Los

Angeles, CA: Roxbury.

Janmohamed, Z., & Campbell, R. (2009). *Building bridges: Queer families in early childhood education.* Toronto, ON: Atkinson Centre for Society and Child Development, OISE/University of Toronto.

Jasper, M. A. (2005). Using reflective writing within research. *Journal of Research in Nursing, 10,* 247-260.

Jones, C. (2005). Looking like a family: Negotiating bio-genetic continuity in British lesbian families using licensed donor insemination. *Sexualities, 8,* 221-237.

Kelly, D. M., & Brooks, M. (2009). How young is too young? Exploring beginning teachers' assumptions about young children and teaching for social justice. *Equity and Excellence in Education, 42,* 202-216.

Kennedy, C., & Covell, K. (2009). Violating the rights of the child through inadequate sexual health education. *International Journal of Children's Rights, 17,* 143-154.

Kincheloe, J. L., McLaren, P., Steinberg, S R. (2001). Critical pedagogy and qualitative research: Moving to the bricolage. In Denzin, N. K., & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed.; pp. 163-177). Thousand Oaks, CA: Sage.

Knegt, P. (2011). *About Canada: Queer rights.* Halifax, NS: Fernwood.

Knochel, K. A., Quam, J. K., & Croghan, C. F. (2011). Are old lesbian and gay people well served? Understanding the perceptions, preparation, and experiences of aging services providers. *Journal of Applied Gerontology, 30,* 370-389.

Kosciw, J. G., & Diaz, E. M. (2008). *Involved, invisible, ignored: The experiences of lesbian, gay, bisexual and transgender parents and their children in our nation's K-12 schools.* New York, NY: Gay, Lesbian, & Straight Education Network.

Kuvalanka, K. A., Goldberg, A. E., & Oswald, R. F. (2013). Incorporating LGBTQ issues into family courses: Instructor challenges and strategies relative to perceived teaching climate. *Journal of Family Issues, 62,* 699-713.

Kyle, I., & Kellerman, M. (1998). Case studies of Canadian family resource programs: Supporting families, children and communities. *Interaction, 12*(1), 28-30. Ottawa: Canadian Child Care Federation.

Lev, A. I. (2004). *The complete lesbian & gay parenting guide.* New York, NY: Berkley Books.

Lev, A. I. (2008). Family matters: A time of reflection. *Journal of GLBT family studies,*

    *4*(1), 125-132.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Thousand Oaks, CA: Sage.

Lloyd, S. A., Few, A. L., & Allen, K. R. (2007). Feminist theory, methods and praxis in
        family studies: An introduction to the special issue. *Journal of Family Issues, 28,*
        447-451.

MacNaughton, G., & Hughes, P. (2007). Teaching respect for cultural diversity in
        Australian early childhood programs: A challenge for professional learning.
        *Journal of Early Childhood Research, 5,* 189-204.

Malcolmson, J. (2002). *Putting the pieces together: A conceptual framework of family
        support practice.* Ottawa: FRP Canada.

Mandell, N., & Duffy, A. (2011). *Canadian families: Diversity, conflict, and change.*
        Toronto, ON: Nelson Education.

Maurer, L. (2011). Family life education with lesbian, gay, bisexual, and transgender
        families. In S. M. Ballard & A. C. Taylor (Eds.), *Family life education with
        diverse populations* (pp. 255-284). Thousand Oaks, CA: Sage.

Naples, N. A. (2004). Queer parenting in the new millennium. *Gender & Society, 18*,
        679-684.

Neuman, W. L. (2003). *Social research methods: Qualitative and quantitative
        approaches* (5th ed.). Toronto, ON: Allyn and Bacon.

Nova Scotia Council for the Family. (2010). *Parenting resource centres.* Retrieved from:
        http://www.nscouncilfamily.org/parenting/

Oswald, R. F., Blume, L. B., & Marks, S. R. (2005). Decentering heteronormativity: A
        model for family studies. In A. C. Acock, V. L. Bengtson, K. R. Allen, P.
        Dilworth-Anderson, & D. M. Klein (Eds.), *Sourcebook of family theory and
        research (*pp. 143-165). Thousand Oaks, CA: Sage.

Patterson, C. (2003). *Outreach to under-served populations project: Final report.*
        Wolfville, NS: Horizons Community Development Associates.

Plummer, K. (2005). Critical humanism and queer theory: Living with the tensions. In N.
        K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd
        ed.; pp. 357-373). Thousand Oaks, CA: Sage.

Powell, L. H., & Cassidy, D. (2001). *Family life education: An introduction*. Long Grove,
        IL: Waveland Press.

Pyne, J. (2012). *Transforming family: Trans parents and their struggles, strategies, and strengths.* Toronto, ON: LGBTQ Parenting Network, Sherbourne Health Centre.

Rayside, D. (2008). *Queer Inclusions, Continental Divisions*. Toronto, ON: University of Toronto Press.

Richards, L., & Morse, J. M. (2007). *Readme first for a user's guide to qualitative methods* (2nd ed.). Thousand Oaks, CA: Sage.

Rimalower, L., & Caty, C. (2009). The mamas and the papas: The invisible diversity of families with same-sex parents in the United States. *Sex Education, 9,* 17-32.

Robinson, K. H. (2002). Making the invisible visible: Gay and lesbian issues in early childhood education. *Contemporary Issues in Early Childhood, 3,* 415-434.

Rogers, B. L., & Cowles, K. V. (1993). The qualitative research audit trail: A complex collection of documentation. *Research in Nursing and Health, 16,* 219-226.

Ross, L., Epstein, R., Goldfinger, C., Steele, L., Anderson, S., & Strike, C. (2008). Lesbian and queer mothers navigating the adoption system: The impacts on mental health. *Health Sociology Review, 17,* 254-266.

Schilt, K., & Westbrook, L. (2009). Doing gender, doing heteronormativity: 'Gender normals,' transgender people, and the social maintenance of heterosexuality. *Gender & Society, 23,* 440-464.

Serrano, J. (2007). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity.* Emeryville, CA: Seal Press.

Sherblom, S. A., & Bahr, M. W. (2008). Homosexuality and normality: Basic knowledge and practical considerations for school consultation. *Journal of Educational and Psychological Consultation, 18,* 81-100.

Simoni, J. M., & Walters, K. L. (2001). Heterosexual identity and heterosexism: Recognizing privilege to reduce prejudice. *Journal of Homosexuality, 41*(1), 157-172.

Smith, D. (1987). *The everyday world as problematic: A feminist sociology.* Boston, MA: Northeastern University Press.

Smith, D. (1993). The standard North American family: SNAF as an ideological code. *Journal of Family Issues, 13,* 50-65.

Sprey, J. (1999). Family dynamics: An essay on conflict and power. In M. B. Sussman, S. Steinmetz, & G. W. Peterson (Eds.), *Handbook of marriage and the family* (2nd ed.; pp. 667-685). New York, NY: Springer.

Statistics Canada. (2006). *2006 Census information on same-sex common-law and married couples.* Retrieved from: http://www12.statcan.ca/census-recensement/2006/ref/info/same_sex-meme_sexe-eng.cfm

Statistics Canada. (2011). *Population, urban and rural, by province and territory (Nova Scotia).* Retrieved from: http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62d-eng.htm

Statistics Canada. (2013). *Portrait of families and living arrangements in Canada.* Retrieved from: http://www12.statcan.gc.ca/ census-recensement/2011/as-sa/98-312-x/98-312-x2011001-eng.cfm

Stone, A. L. (2009). More than adding a T: American lesbian and gay activists' attitudes towards transgender inclusion. *Sexualities, 12,* 334-354.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Thousand Oaks, CA: Sage.

Stryker, S. (2008). *Transgender history.* Berkeley, CA: Seal Press.

Toronto Long-Term Care Homes & Services (2008). *Diversity our strength: LGBT tool kit for creating lesbian, gay, bisexual and transgendered culturally competent care at Toronto long-term care homes and services.* Retrieved from: http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/08/lgbt_toolkit_2008.pdf

Trivette, C. M., & Dunst, C. J. (2005). Community-based parent support programs. *Encyclopedia on Early Childhood Development.* Asheville, NC: CEECD/SKC ECD. Retrieved from: http://www.child-encyclopedia.com/documents/trivette dunstangxp_rev.pdf

Vanier Institute of the Family. (2010). *Families count: Profiling Canada's families IV.* Ottawa, ON: The Vanier Institute of the Family.

Vanier Institute of the Family. (2012). *By the numbers: Modern families.* Retrieved from: http://vanierinstitute.ca/wp-content/uploads/2015/10/BTN_2013-01-00_Modern-families.pdf

Vanier Institute of the Family. (2013). *Fascinating families: Same-sex families raising children.* Retrieved from: http://www.vanierinstitute.ca/modules/news/newsitem. php?ItemId=500#.UpDFaWSickV

Webb, F. J. (2005). The new demographics of families. In V. L. Bengtson, A. C. Acock, K. R. Allen, P. D. Dilworth-Anderson, and D. M. Klein (Eds.), *Sourcebook of family theory and research* (pp. 101-102). Thousand Oaks, CA: Sage.

Wichman, L. (2005). *Homophobia hurts: A teacher's guide to addressing lesbian, gay, bisexual and transgender issues in the classroom.* Halifax, NS: The Lesbian, Gay and Bisexual Youth Project.

Wilchins, R. (2004). *Queer theory, gender theory: An instant primer.* Los Angeles, CA: Alyson Books.

Wiley, A. R., & Ebata, A. (2004). Reaching American families: Making diversity real in family life education. *Family Relations, 53,* 273-281.

Williams, E., & Kellerman, M. (1995). *1994 status report on family resource programs across Canada.* Ottawa, ON: Canadian Association of Family Resource Programs.

Wilson, A. R. (2007). With friends like these: The liberalization of queer family policy. *Critical Social Policy, 27,* 50-76.

Zinn, M. B. (2000). Feminism and family studies for a new century. *Annals of the American Academy of Political and Social Science, 571*, 42-56.

**Appendix A: Informed Consent Form for Qualitative Interviews**

This research project explores if and how family resource centres in Nova Scotia include LGBT (lesbian, gay, bisexual and transgender) families and related topics in their programming, from the perspective of family resource centre staff.

My name is Sandra Bornemann and I am a graduate student in the Graduate Program (Master of Arts) in Family Studies and Gerontology at Mount Saint Vincent University in Halifax, Nova Scotia. I am conducting this research for my Master's thesis under the supervision of my thesis advisor, Dr. Áine Humble.

I have asked you to participate in an (approximately) thirty minute interview at a date and time that is mutually convenient for both of us. The interview may take place in person, over the phone, or through Skype, with any costs associated with phone calls covered by the researcher. The interview will ask your opinions and experiences about including LGBT families and topics in family resource centres across Nova Scotia. The interview will consist of open-ended questions about your own knowledge and experiences on the topic, and will not focus specifically on the family resource centre where you are employed. I will interview a total of 6-8 family resource centre staff from throughout Nova Scotia.

Your participation in this research project is strictly voluntary. You may withdraw from this research and/or the interview at any time. The interview will be conducted with the use of a digital recorder and transcribed in full by me. A pseudonym will be used, and any identifying information will be removed in the transcription and in the final research results. All electronic files will be password protected. Any hard copies of the transcripts,

along with your informed consent form will be kept in a locked filing cabinet. You will

also be given a summary of findings from the study upon request. One year after the

completion of the study, the digital recording, transcripts and all relevant files will be

destroyed.

There is minimal anticipated risk to participating in this research project. This

research may not provide you with any personal benefits; however, you would have the

opportunity to provide your input on the topic. You will also receive a package of

resources on the topic of LGBT families and family resource centres upon completion of

this resource project. No compensation will be provided for the interview. I do not

foresee any harm caused as a result of participating in this research, as I will do

everything I can to keep your identity confidential.

The findings of this study will be written up in my Master's thesis, and may also be

presented at conferences and/or submitted to an academic journal. A summary of the

findings will be circulated to all 38 family resource centres in Nova Scotia and may also be

sent to relevant professional organizations in Nova Scotia, such as the Nova Scotia

Rainbow Action Project which focuses on advocacy issues related to LGBT individuals.

If you have any questions concerning this research, I can be contacted at (902)

███████ or by email: ██████████████████. I would be happy to discuss any

aspects of the research as well as any concerns you may have. If you have any further

concerns, or would like more information about the conduct of this research and the

interview process, please contact my research supervisor, Dr. Áine Humble, at (902) 457-

6109, or by email: aine.humble@msvu.ca.

If you have questions about how this study is being conducted and wish to speak with someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, at 457-6350 or via e-mail at research@msvu.ca.

Your signature below indicates that you, _____, agree to be interviewed for this study on LGBT families and family resource centres in Nova Scotia. You will be given a copy of this letter for your records in case any questions arise.

☐ I am 19 years of age or older

☐ I have been employed at my current family resource centre for at least one year

Participant's Name _____ (print)

Date (yyyy/dd/mm) _____

Participant's Signature _____

Researcher's name _____ (print)

Date (yyyy/dd/mm) _____

Researcher's signature _____

**Appendix B: Questionnaire**

**LGBT Inclusion in Family Resource Centres in Nova Scotia**

1. How many staff are employed at your centre? _____

2. Approximately how many families does your centre serve each year? _____

3. Does your centre serve clients that live in rural, urban, or both areas?

    ⑧ Rural

    ⑧ Urban

    ⑧ Both

4. Which county is your centre located in?

    ⑧ Annapolis                      ⑧ Kings

    ⑧ Antigonish                     ⑧ Lunenburg

    ⑧ Cape Breton                    ⑧ Pictou

    ⑧ Colchester                     ⑧ Queens

    ⑧ Digby                          ⑧ Richmond

    ⑧ Guysborough                    ⑧ Shelburne

    ⑧ Halifax                        ⑧ Victoria

    ⑧ Hants                          ⑧ Yarmouth

    ⑧ Inverness

5. Does your centre display materials that show lesbian, gay, bisexual and/or

    transgender (LGBT) inclusion?

        Yes                    No

        If yes, which of the following? (please choose all that apply)

⑧  Posters

⑧  Display boards

⑧  Rainbow stickers

⑧  Ally cards

⑧  Other: _____

Comments (optional):

_____

_____

_____

6.  Are there resources (pamphlets or books) displaying LGBT inclusion?    Yes    No

If so, please describe:

_____

_____

7.  *To your knowledge,* are there any staff in your centre who identify as LGBT?

Yes                No                Not Sure

Comments (optional):

_____

_____

_____

8.   *To your knowledge,* are there clients that access your centre who identify as

LGBT?

Yes                No                Not Sure

Comments (optional):

_____

_____

_____

9.  Does your centre have any policies regarding inclusion (for example: cultural

    competency policies, policies outlining accessibility of services, policies defining

    "family")?

                        Yes    No

    a.  If yes, are any of the inclusion policies:

        a.  LGBT specific?

        b.  Visible to staff and/or service users?

    Comments (optional):

    _____

    _____

10. Does your centre have any policies regarding discrimination and/or harassment?

    a.  If yes, are any of the discrimination and/or harassment policies:

        a.  LGBT specific? _____

        b.  Visible to staff and/or service users?_____

    Comments (optional):

    _____

    _____

11. Has your centre staff and/or volunteers participated in any training regarding

    LGBT inclusion?    Yes    No

    Comments (optional):

_____

_____

_____

12. Does your centre collaborate with any LGBT organizations?    Yes    No

    If yes, which of the following? (choose all the apply)

    ⑧  Equality for Gays And Lesbians Everywhere  - EGALE

    ⑧  Parents and Friends of Lesbians And Gays - PFLAG

    ⑧  Nova Scotia Rainbow Action Project - NSRAP

    ⑧  Pride Health

    ⑧  The Youth Project (provincial)

    ⑧  Valley Youth Project

    ⑧  Other:

        _____

        _____

13.  To your knowledge, have LGBT issues and/or inclusion been addressed in any

     programming at your family resource centre (e.g., including an example of a

     lesbian couple in a parenting program)?

            Yes            No            Not Sure

     Comments (optional):

     _____

     _____

     _____

14. Are programs at your family resource centre evaluated for LGBT inclusion?

        Yes            No            Not Sure

Comments (optional):

_____

_____

_____

15. Any additional comments?

_____

_____

_____

_____

_____

In addition to the questionnaire you just completed, I am also looking to interview a total of 6-8 staff members participate in a confidential, in-depth interview on the general topic of LGBT families and family resource centres (i.e., questions will not be specifically about your centre). Questions will not be specifically about your centre, so more than one staff member from each family resource centre can choose to participate in this phase of the study. Interviews will be conducted either in person or by phone or Skype and will take approximately 45-60 minutes. If you are interested in participating in a confidential in-depth interview on the topic of LGBT families and family resource centres, please send an email to ███████████████████ to make arrangements at your convenience. If you are not interested in participating, please let your colleagues

know about the opportunity. Please feel free to pass along my contact information to any

other interested family resource centre staff: Sandra

Bornemann, ████████████████████

Contact information

If you have any questions or concerns for the researcher conducting the study, I can be

contacted via email at: ██████████████████

If you have questions about how this study is being conducted and wish to speak with

someone not involved in the study, you may contact the Chair of the University Research

Ethics Board (UREB) c/o MSVU Research Office, at 457-6350 or via e-mail at

research@msvu.ca

**Appendix C: Interview Guide**

**<u>LGBT Inclusion in Family Resource Centres in Nova Scotia</u>**

1. What do you think are issues facing families today in Nova Scotia?

2. What do you think are issues facing lesbian, gay, bisexual, and transgender (LGBT) families in general? In Nova Scotia?

3. Are there issues that you think are the specific for:

    a. Lesbian families?

    b. Gay families?

    c. Bisexual families?

    d. Transgender families?

    If so, please describe.

4. What resources are needed to support LGBT families?

5. What role do you think family resource centres can play in helping LGBT families access services?

6. Do you feel that LGBT families need separate programs? If so, why and what programs? If no, why not?

7. Do LGBT families face barriers in accessing services? If so, what are these barriers?

8. What does inclusivity mean in family life education programming?

9. What kind of things would help LGBT clients know they are welcome at a family resource centre? (i.e. posters, resources, books, display boards, rainbow stickers, Ally card, publicity)?

10. What challenges might family resource centres face in serving LGBT families?

11. What resources do you think would be useful to you and/or your family resource centre in terms of developing more inclusive programming? (i.e. books, posters, training)

12. Do you have any questions for me or want to make any other comments?

**Appendix D: Email Invitation**

Hello,


I am a graduate student in the department of Family Studies and Gerontology at Mount Saint Vincent University, and I am conducting a research study on the topic of LGBT (lesbian, gay, bisexual and transgender) families and family resource centres in Nova Scotia.

I am sending invitations to all 38 family resource centres in Nova Scotia to participate in this research, with the goal of *one person* who works in a programming or director role from each of those centres to complete an anonymous 10-15 minute online questionnaire on this topic. Following completion of the online questionnaire, all participants will also be invited to participate in a further *optional* 45-60 minute confidential qualitative interview (either in person, by phone, or Skype).

All participants should be 19 years of age or older, and have worked at their current family resource centre for a duration of one year or more.

If you are interested in participating in this research or have any questions, please contact me at 902⬛⬛⬛⬛⬛⬛ or ⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛

Please feel free to pass this invitation along to any colleagues you think would be eligible and interested in participating.

Thank you for your time!

All the best,

Sandra Bornemann

**Appendix E: Resource list**

# LGBT Resources

**Resources for LGBT Inclusion for Family Resource Centres        January 2017**

In the spring of 2016 I conducted research for my master's thesis on LGBT inclusion in Nova Scotia's family resource centres. After receiving feedback from an online questionnaire and from six interviews with family resource centre staff, I gathered together resources that may be useful to family resource centres. The information provided here reflect the types of information that the research participants indicated they would find useful.

The first resource provides a list of *Frequently Used LGBT Terminology* that can be used as a reference sheet. The second resource is a poster created by my 5 year old daughter and I that can be printed and displayed at your centre.

The list of electronic documents include links to posters, a variety of online resources relating to working with LGBT populations, links to Nova Scotian organizations that do work on LGBT issues, and a list of Nova Scotian educators who provide training to workplaces on LGBT topics.

I hope these resources are useful for you and your family resource centre!

Thanks!
Sandra Bornemann



**Contents**

**Resources:**
-terminology list
-poster

**Electronic links:**
-posters
-online documents
-NS LGBT organizations
-NS LGBT trainers

# Frequently Used LGBT Terminology

***Adapted from The 519 Glossary of Terms***
***http://www.the519.org/education-training/glossary***

## Asexual
A sexual orientation where a person experiences little or no sexual attraction.

## Bisexual
A person who is emotionally, physically, spiritually and/or sexually attracted to people of more than one gender, though not necessarily at the same time.

## Cis/Cisgender
Cisgender is used to explain a person's gender identity that is in line with or "matches" the sex they were assigned at birth (i.e., someone who is not transgender). Cis can also be used as a prefix to an assortment of words to refer to the alignment of gender identity and the assigned at birth sex status including; cis female, cis male, cisgender, cissexual, and cisnormativity.

## Gay
A person whose enduring physical, romantic, spiritual, emotional, and/or sexual attractions are to people of the same gender. The term usually refers to men, but can refer to either men or women, although some women prefer "lesbian." Sometimes "gay" is used as an umbrella term for the LGBT community.

## Genderqueer/Gender Non-Conforming/Gender Variant/Gender Non-Binary
Individuals who do not follow gender stereotypes based on the sex they were assigned at birth. They may identify and express themselves as "feminine men", or "masculine women", or as androgynous, outside of the categories "boy/man" and "girl/woman." People who are gender non-conforming may or may not identify as trans.

## Intersex
General term for a range of physiological conditions in which a person is born with biological sex characteristics that do not fit the typical definition of female and male.

## Lesbian
A woman who is emotionally, physically, spiritually and/or sexually attracted to women.

## LGBT
An acronym used to describe individuals who are lesbian, gay, bisexual, and/or transgender. Often used as an umbrella term to describe the community of people who are not heterosexual and/or cisgender. This acronym is often expanded to explicitly include more identities, for example, LGBTTI2QQAP*.

## Queer
Formerly derogatory slang term used to identify LGBT people. Some members of the LGBT community have embraced and reinvented this term as a positive and proud political identifier when speaking among and about themselves. Sometimes used as an umbrella term to describe any sexual orientation that is not heterosexual.

## Questioning
A period where a person explores their own sexual and/or gender identity, reflecting on such things as upbringing, expectations from others, and inner landscape. The person may not be certain if they are gay, lesbian, bisexual, or trans and may be trying to figure out how to identify themselves.

## Trans/Transgender
Umbrella terms that describe people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl/woman or boy/man in society. "Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It includes but is not limited to people who identify as transgender, transsexual, cross-dressers or gender non-conforming (gender variant, gender-queer, or gender non-binary). Trans identities include people whose gender identity is different from the gender associated with their birth-assigned sex. Trans people may or may not undergo medically supportive treatments, such as hormone therapy and a range of surgical procedures, to align their bodies with their internally felt gender identity.

## Two-Spirit
A term used by Indigenous People to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex. It is used to capture a concept that exists in many different Indigenous cultures and languages. For some, the term two-spirit describes a societal and spiritual role that certain people played within traditional societies; they were often mediators, keepers of certain ceremonies; they transcended accepted roles of men and women, and filled a role as an established middle gender.

Our Family Resource Centre Welcomes LGBT Families

# Electronic Resources

**Posters:**

Who's In Your Family Tree
(English) http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/11/Family-Tree-Poster-English.pdf
(French) http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/11/Family-Tree-Poster-French.pdf
Celebrating All Fabulous Fathers
(English) http://lgbtqpn.ca/library/celebrating-all-fabulous-fathers-poster-en/
(French) http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/08/Web_FIRAPoster2010_French.pdf
International Family Visibility Day
(French) http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/08/FamilyVisibilityDayPoster.French.pdf
Rainbow Space poster
http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/09/PositiveSpace_Sign_E_2014.pdf
Gender Neutral Washroom Signs
http://www.rainbowhealthontario.ca/resources/gender-neutral-washroom-signs/
Who is in your family?
http://www.glhv.org.au/sites/www.glhv.org.au/files/Poster_people.pdf
Real Families Rock posters
Version 1 http://www.outforourchildren.org.uk/wp-content/uploads/resources_real_families_rock_1_A3.pdf
Version 2 http://www.outforourchildren.org.uk/wp-content/uploads/resources_real_families_rock_2_A3.pdf
Trans Inclusion Matters & Trans Women Are Women posters
http://www.the519.org/education-training/training-resources/trans-inclusion-matters

**Resources for professionals working with LGBT families and youth:**

LGBTQ Parenting Network
    http://lgbtqpn.ca/
Around the Rainbow: Toolkit for GLBTTQ Parents/Guardians. Creating GLBTTQ-friendly learning spaces for our children ages 0-6
    (English) http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2008/11/Around-the-Rainbow-Family-Services-Ottawa-Parent-Toolkit-2006-EN.pdf
    (French) http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2008/11/Le-Tour-de-lArc-En-Ciel-Parent-Toolkit-2007-FR.pdf
Around the Rainbow: Toolkit for Educators and Service Providers Working with LGBTTQ parents and their children. Creating LGBTTQ-friendly learning spaces for children 0-12
    (English) http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2008/11/Rainbow-Report-TeachersEN.pdf
    (French) http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2008/11/Rainbow-Report-TeachersFR.pdf
Out For Our Children - Foundations Stage Pack (activities for LGBT education for early years)
    http://www.outforourchildren.org.uk/wp-content/uploads/ofoc_foundation-stage-teaching-pack.pdf
Who's In Your Family? A Resource Kit (Rainbow Families Council)
    http://www.glhv.org.au/fact-sheet/"who-your-family"-resource-kit-rainbow-families-council
GLSEN Safe Space Kit
    http://www.glsen.org/safespace
Two Spirits, One Voice
    http://egale.ca/portfolio/two-spirits-one-voice/
LGBT Families - Children's Book List
    http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/09/Childrens-Book-List-current-September-2014.pdf
Transforming FAMILY video
    https://vimeo.com/lgbtqparentingnetwork
The Youth Project - Resource List
    http://youthproject.ns.ca/resources/
Welcoming and Supporting Lesbian, Gay, Bisexual and Transgender Families
    http://www.etfo.ca/Resources/LGBTfamilies/Documents/SupportingLGBTFamilies%20.pdf

**Nova Scotia LGBT Organizations:**

NS PFLAG (Parents and Friends of Lesbians and Gays) Chapters
    http://pflagcanada.ca/pflag-chapters/nova-scotia/
NSRAP (Nova Scotia Rainbow Action Project)
    http://nsrap.ca
prideHealth
    http://www.cdha.nshealth.ca/pridehealth
The Youth Project
    http://www.youthproject.ns.ca

**LGBT Trainers in Nova Scotia:**

Equity Educate, Nolan Pike
    http://equityeducate.com/about.html
prideHealth
    http://www.cdha.nshealth.ca/pridehealth/education-training
The Youth Project
    http://www.youthproject.ns.ca

**Comprehensive LGBT Terminology:**

The 519's Glossary of Terms
    http://www.the519.org/education-training/glossary