

LGBT Parenthood survey **Confidential**

Please see the attached word document with information about the survey and the Glossary. This can be used as a reference as you are filling in the survey.

If you are filling in the questionnaire on your computer as a word document your cursor will take you to the areas that you need to fill in. Please save the document when you have completed it and email it to us (see email address at the end). If you are filling in the questionnaire by hand please return the completed form to LGBT Diversity (see address at the end).

Consent to participate in the survey

Your participation in the study is entirely voluntary and all information that you provide is confidential. There will be no information used that will identify you to where you live or by your name. Before you proceed to complete this questionnaire, we would be grateful if you could indicate your consent to take part in the study.

Please read the consent below and consider whether to take part in this study. Your participation is voluntary and you are free to withdraw from the research at any time. To complete the survey you must be over 18 years of age, living in the Republic of Ireland and identifying as an LGBT person.

Consent: As this survey is anonymous, you are not required to sign this form. By putting today's date on this form, you are indicating that you agree to take part in the survey.

Please insert today's date below

SECTION 1: TO BE COMPLETED BY ALL LGBT PARENTS AND THOSE PLANNING TO BE PARENTS

This section should be completed by all LGBT parents and people who are planning to be LGBT parents

1. What is your age? (please put your age in the box)

2. How would you describe your sexual orientation? Please tick the box that is relevant to you.

- Lesbian
- Gay man
- Bisexual
- Heterosexual
- Questioning / not sure
- Something else (please tell us in the box below)

3. What is your sex or current gender identity? Please tick the boxes that apply to you.

- Male
- Female
- Male-to-Female / Trans Woman
- Female-to-Male / Trans Man
- Gender-queer
- Something else (please tell us in the box below)

4. What sex were you assigned at birth? Please tick the relevant box.

- Male
- Female

5. What is your current relationship status? Please tick the relevant box.

- Same sex marriage or civil partnership
- Same sex relationship
- Single
- Heterosexual marriage
- Heterosexual relationship
- Separated
- Dissolved civil partnership
- Divorced
- Something else (please tell us in the box below)

6. Which of the following best describes the total annual income for your household? Please tick the relevant box.

- Under €10,000
- €10,000-€29,999
- €30,000-€49,999
- €50,000-€69,999
- €70,000 or more
- I prefer not to say

7. Do you currently have any of the following? Please tick the relevant box.

- Medical card
- Private health insurance
- Neither

8. What County do you currently live in? Please tick the County you live in.

Carlow	Kerry	Louth	Tipperary
Cavan	Kildare	Mayo	Waterford
Clare	Kilkenny	Meath	Westmeath
Cork	Laois	Monaghan	Wexford
Donegal	Leitrim	Offaly	Wicklow
Dublin	Limerick	Roscommon	I would prefer not to answer
Galway	Longford	Sligo	

9. Please could you give some more information about whether you live in a city, suburb, town or village. Please tick one box that most describes where you live.

- A city (e.g. Dublin, Galway, Limerick, Cork, Waterford)
- Suburb of a city
- A town with a population of 5000 or more
- A town with a population of less than 5000 people
- A village
- Rural area outside of a village
- Something else (please tell us in the box below)

10. What is your current employment situation? Please tick all relevant boxes.

- I am a full-time parent / carer
- I am in full-time paid employment
- I am in part-time paid employment
- I am self-employed
- I am a student in full-time education
- I am a student in part-time education
- I am retired
- I am unemployed
- I am unemployed, but actively volunteering
- I do not work because of a sickness or disability
- Something else (please tell us in the box below)

11. What is your educational background? Please tick one box indicating the highest level of education that you have attained.

- Primary school only
- Some secondary school
- Secondary school completed
- Some 3rd level
- 3rd level completed
- Post-graduate level completed
- Professional qualification
- Technical qualification
- Something else (please tell us in the box below)

12. Please tell us who you are out to? Please tick the relevant boxes

	Yes	No	Out to some	Not relevant
My child/children				
My immediate family (siblings, parents)				
My extended family (grandparents, aunts, uncles, cousins)				
My partner's immediate family (siblings, parents)				
My partner's extended family (grandparents, aunts, uncles, cousins)				
My ex-partner's family				
Friends				
Neighbours				
Work colleagues				
Local community groups / networks				
Informal and formal LGBT support networks and groups				

13. Are you currently a parent?

Yes, I am a parent

(please complete the questions in Section 2 and Section 4 of this questionnaire)

Yes, I am a parent and planning to be a parent to more children in the future

(please complete all questions in this questionnaire)

No, but I am planning to be a parent in the future

(please complete the questions in Section 3 and Section 4 of this questionnaire)

SECTION 2: TO BE COMPLETED BY LGBT PARENTS

This section asks you for some information about your role as a parent (to be completed by all LGBT parents)

14. Are you a biological or non-biological parent? Please tick the relevant box

- I am a biological parent
- I am a non-biological parent
- I am both a biological and a non-biological parent

15. Please tell us your legal status as a parent? Please tick all of the boxes that are relevant to you

- I do not know what my legal status is as a parent
- Sole legal guardian
- Joint legal guardian
- Sole custody, provided by court order
- Joint custody with biological father, mother or adoptive parent by court order
- Access granted by a court order
- Sole adoptive parent
- Joint adoptive parent
- Sole foster parent
- Joint foster parent
- No legal status as a parent
- Something else (please tell us in the box below)

16. Who do you parent with? Please tick the relevant box

- I parent with my partner
- I parent with my partner and another person/people
- I parent with my ex-partner
- I parent with my ex-partner and another person/people
- I parent with another person/people
- I parent alone
- I do not currently have an active parenting role
- Something else (please tell us in the box below)

17. What is your current living arrangement? Please tick the box that describes your current living arrangement.

- I live with my partner and my child/children
- I live with my partner and have my child/children living with me part-time
- I live alone with my child/children
- I live alone with my child/children part-time
- I live with other people and my children
- I live with other people and have my child/children live with me part-time
- I do not live with my child/children as they are grown up and have left home
- I do not live with my children
- Something else (please tell us in the box below)

18. How many children are you a parent to? Please put the number of children you have in the box below.

19. What age(s) are your child/children? Please put the number of children you have under each of the age groups listed below

Age of child/children	Please add how many child/children under each age group
Under 3 years	
Between 3 and 5 years	
Between 5 years and 12 years	
Between 12 years and 18 years	
Over 18 years	

20. Please tell us how you became a parent? (This is for all parents, whether you are a biological parent or not).

	Please indicate how many children you parent in each of the categories below
I became a parent because my partner had a child/children before we became partners	
Child/children from my previous heterosexual relationship	
Child/children from my current relationship that was previously heterosexual	
Child/children from Assisted Human Reproduction through a clinic	
Assisted from Human Reproduction from a private 'known' donor arrangement	
Child/children through adoption	
Child/children through fostering	
Child/children through surrogacy	
Something else (please tell us)	

Some information about your social / support networks

21. Who provides support for you in your parenting role and what level of support do you receive? Please tick all boxes that are relevant.

	A lot of support	Some support	No support	Not relevant
Partner				
Ex-partner				
My immediate family members				
My extended family members				
My partner's immediate family				
My partner's extended family				
Friends				
Neighbours				
Work colleagues				
Local community networks				
LGBT support groups				

Please tell us more about the support you receive, if it is relevant, in the box below.

X

22. Please could you tell us about your experience in the last five years as an LGBT parent in the areas listed below. Please tick the boxes that are relevant.

1. Services you received	Positive	Some positive/some negative	Negative	Not relevant
Maternity services				
Assisted Human Reproduction Services				
Health services for myself				
Health services for my child/children				
Fostering services				
Adoption services				
Child/children's crèche / pre-school education				
Child/children's primary and secondary education				
Social Welfare				
Information providers (e.g. Citizens Information Service, Money Advice and Budgeting Service)				
Landlords or social housing				
2. Your local community/ neighbourhood	Positive	Some positive/some negative	Negative	Not relevant
Local community centre or group				
Neighbours / local people				
Local church or religious institution				

Please tell us more about your experiences, if it is relevant, in the box below.

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23. Have you ever experienced discrimination or negative attitudes towards you as an LGBT parent?

- Yes
 No

24. If you have experienced discrimination or negative attitudes to you as an LGBT parent in the last five years could you tell us about it.

25. In the last five years, if relevant, could you tell us about your experiences of the assistance or services to enable you to become a parent. Please tick all relevant boxes.

	Inside Ireland					Outside Ireland				
	Very good	Good	Neither good nor bad	Poor	Very bad	Very good	Good	Neither good nor bad	Poor	Very bad
Adoption										
Fostering										
Assisted Human Reproduction Services										
Known donor										
Surrogacy										
Other (please tell us)										

If there are any other issues you would like to tell us regarding these services or the assistance you received, please use the box below.

26. If you considered accessing Assisted Human Reproductive Service, Surrogacy or Adoption services at any time, was the service accessible to you? Please tick the relevant box.

- Yes
- Somewhat
- No

27. If you have used Assisted Human Reproductive Services, Surrogacy or Adoption Services, could you tell us how you funded these services? Please tick the relevant box.

- Savings
- Loan
- Health insurance
- Assistance from friends or family members
- Something else (please tell us in the box below)

28. In the box below please could you give us the approximate cost of Accessing Assisted Human Reproductive, Surrogacy or Adoption Services, for your most recent child?

29. If you do not live with your child/children could you tell us about your experiences. For the purposes of this survey living with your children means that they reside with you in your home on either a full-time or part-time basis. Please tick the boxes that are relevant.

If you do live with your child/children, go directly to question 30.

	Positive	Some positive / some negative	Negative	Not relevant
Relationship with child/children				
Relationship with child/children's immediate family				
Participation in decision-making about child/children's welfare, schooling and other matters				

If relevant, please give us some further information about your experiences in the box below.

30. Could you also tell us a bit more about your role as a parent if you are not living with your child/children. Please tick the relevant boxes.

	Yes	Somewhat	No	Not relevant
I have legal custody / access				
I provide maintenance and financial support for my child/children				
I have regular access to my child/children				
I have regular contact with my child/children's immediate family				
I do not have regular contact with my child/children				

31. If you are no longer parenting or do not have access/regular contact with your child/children, please could you tell us about the circumstances that led to a change in parental status? Please tick the relevant boxes.

- It was never my intention to have a parenting role / regular access
- No parenting rights
- No cooperation with former partner
- Opposition from child/children's other parent(s) / family
- I am in new relationship that has made contact difficult
- Something else (please tell us in the box below)

32. Do you believe that your sexual orientation and/or gender identity influenced the custody decision? Please tick the relevant box

- Yes
- Possibly
- No
- Don't know

Please tell us more in the box below, if relevant.

33. If you are a transgender parent please could you tick the boxes that are relevant to you as a parent.

If you are not a transgender parent, please go directly to question 34.

	Yes	No	Somewhat	Not relevant
Is your child/children aware that you are trans?				
If so, are you accepted as trans by your child/children?				
Does your child/children's other family members aware that you are trans?				
If so, are you accepted as trans by your child/children's other family members				
Have conditions been put in place for being with your child/children?				
Do you <u>or</u> have you had to hide your identity from your child/children?				

If you would like to tell us more about your experiences as a transgender parent, please do so in the box below.

34. What do you see as the most important legal changes for you as an LGBT parent today? Please rank the top five in order of importance to you (1 is the most important).

	Rank the top 5
I'd like to have the right to apply for joint adoption of the biological child/children of my partner or foster child	
I'd like my partner and I to be eligible to be considered as adoptive parents (of a child not related to either of us)	
I'd like to be able to seek guardianship of my child/children	
I'd like to be able to gain legal access to my child/children	
I'd like my and my partners name to go on the birth cert of our child/children	
My child/children should have the right to access, maintenance and succession from his/her non-biological parents	
My child/children should have the right to a legal relationship with the people who care for them	
I'd like more accessible and affordable Assisted Human Reproduction services	
I'd like my partner and I to have the same rights to parental leave, adoptive leave and other parental benefits as opposite-sex couples	
I'd like legislation to allow civil partners to gain guardianship and custody rights to their partner's child/children	
I'd like civil marriage for same-sex couples (allowing for joint adoption for same-sex couples)	
Other (please tell us)	

35. What other changes would have the most positive impact for you and your children? Please rank the top three in order of importance to you (1 is the most important)

	Rank the top 3
I'd like to have more contact with my child/children	
I'd like access to schools and other services for my child/children that recognise and respect diversity of families	
I'd like access to health services for myself and my child/children that recognise and respect diversity of families	
I'd like government policies and state services to fully reflect the diversity of family life in Ireland	
I'd like to access to support groups for LGBT parents and families	
I'd like my children to have access to supports/groups for other children in LGBT families.	
Other (please tell us)	

36. If you would like to describe in more detail your current parenting situation, please feel free to do this in the box below.

SECTION 3: LGBT PEOPLE PLANNING PARENTHOOD

Some information about your plans to become a parent (to be filled in only by those planning to become a parent)

**37. Please could you tell us what your plans are for becoming a parent?
Please tick all relevant boxes.**

- Assisted Human Reproduction through a clinic
- Assisted Human Reproduction through a private 'known' donor arrangement
- Surrogacy
- Adoption
- Fostering
- Heterosexual relationship
- Other (please tell us in the box below)

38. Please tell us about your plans for parenthood / your anticipated legal status as a parent. Please tick the relevant boxes.

- I do not know what my legal status will be as a parent
- Sole legal guardian
- Joint legal guardian
- Sole custody, provided by court order
- Joint custody with biological father, mother or adoptive parent by court order
- Sole adoptive parent
- Joint adoptive parent
- Sole foster parent
- Joint foster parent
- No legal status as a parent
- Something else (please tell us in the box below)

39. Who do you plan to parent with? Please tick the relevant box.

- I plan to parent with my partner
- I plan to parent with my partner and another person/people
- I plan to parent with my ex-partner
- I plan to parent with my ex-partner and another person/people
- I plan to parent with another person/people
- I plan to parent alone
- I do not plan to have an active parenting role
- Something else (please tell us in the box below)

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**40. What is your planned living arrangement when you become a parent?
Please tick the box that describes your planned living arrangement.**

- I plan to live with my partner and my child/children
- I plan to live with my partner and have my child/children living with me part-time
- I plan to live alone with my child/children
- I plan to live alone with my child/children part-time
- I plan to live with other people and my children
- I plan to live with other people and have my child/children live with me part-time
- I do not plan to live with my children
- Something else (please tell us in the box below)

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Some information about being 'out' and your social / support networks (for LGBT people planning on becoming parents)

41. Who provides support for you in your planned parenting role and what level of support do you receive? Please tick all boxes that are relevant.

	A lot of support	Some support	No support	Not relevant
Partner				
Ex-partner				
My immediate family members				
My extended family members				
My partner's family				
My ex-partner's family				
Friends				
Neighbours				
Work colleagues				
Local community networks				
LGBT support groups				

Please tell us more about the support you receive, if it is relevant, in the box below.

42. Please could you tell us about your experience as someone who is planning to be an LGBT parent, in the any of the areas listed below that are relevant to you. Please tick the boxes that are relevant.

Services you received	Positive	Some positive/some negative	Negative	Not relevant
Maternity services				
Assisted Human Reproductive Services				
Health services for myself				
Fostering services				
Adoption services				
Information providers (e.g. Citizens Information Service, Money Advice and Budgeting Service)				

43. Please tell us whether you have accessed / or have plans to access Assisted Human Reproductive Services, adoption or fostering services, in Ireland or overseas? Please tick the relevant box.

- Ireland
 Overseas

Please tell us more about your plans to access any of these services, whether in Ireland or abroad, if it is relevant, in the box below.

44. Have you ever experienced discrimination or negative attitudes towards you as a person planning to be an LGBT parent?

- Yes
 No

45. If you have experienced discrimination or negative attitudes to you as a person planning to be an LGBT parent, please could you tell us about it.

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46. If you are planning to be a parent and you do not plan to live with your child/children could you tell us about your relationships in planning for parenthood. Please tick the relevant boxes.

If this is not the case, please go directly to question 48.

	Positive	Some positive / some negative	Negative	Not relevant
Relationship with planned biological parent				
Relationship with planned child/children's immediate family				
Participation in decision-making about future parenting role				

47. If you do not plan to live with your child/children could you also tell us a bit more about your plans as an LGBT parent. Please tick relevant boxes.

	Yes	Somewhat	No	Not relevant
I plan to have legal custody / access				
I plan to provide maintenance and financial support for my child/children				
I plan to have regular contact with my child/children				
I plan to have regular contact with my child/children's immediate family				

48. What is most important to you as someone planning to be an LGBT parent? Please rank the top five in order of importance to you (1 is the most important).

	Rank the top 5
I'd like to have the right to apply for joint adoption of the biological child/children of my partner	
I'd like my partner and I to be eligible to be considered as adoptive parents (of a child not related to either of us)	
I'd like to be able to seek guardianship of my child/children	
I'd like to be able to gain legal access to my child/children	
I'd like my and my partner's name to go on the birth cert of our child/children	
My child/children should have the right to access, maintenance and succession from his/her non-biological parents	
My child/children should have the right to a legal relationship with the people who care for them.	
I'd like more accessible and affordable Assisted Human Reproduction services	
I'd like my partner and I to have the same rights to parental leave, adoptive leave and other parental benefits as opposite-sex couples	
I'd like legislation to allow civil partners to gain guardianship and custody rights to their partner's child/children	
I'd like civil marriage for same-sex couples (allowing for joint adoption for same-sex couples)	
Other (please tell us)	

49. What other changes would have the most positive impact for you and your children in the future? Please rank the top three in order of importance to you (1 is the most important)

	Rank the top 3
I'd like to have regular contact with my child/children	
I'd like access to schools and other services for my child/children that recognise and respect diversity of families	
I'd like access to health services for myself and my child/children that recognise and respect diversity of families	
I'd like government policies and state services to fully reflect the diversity of family life in Ireland	
I'd like to access to support groups for LGBT parents and families	
I'd like my children to have access to supports/groups for other children in LGBT families.	
Other (please tell us)	

Section 4: ADDITIONAL COMMENTS

50. Is there anything you would like to tell us that you feel is relevant to the LGBT parenthood research? If so, please use the box below.

51. Finally, would you be willing to be interviewed by one of the researchers for this research project? The interview could be carried out face-to-face in a place or location that suits you, or if you prefer over the telephone.

- Yes
 No

If yes, please could you put your contact details, telephone and email, in the box below and one of the researchers will contact you. Please note that this contact information will be kept separately from the survey and will be treated with confidentiality.

Alternatively you can send us an email on:
lgbtparenthoodresearch@lgbtdiversity.com
or
Telephone Paula on 086 347 8037

Please return this questionnaire either by email or post.

By email to:
lgbtparenthoodresearch@lgbtdiversity.com

By post addressed to:
LGBT Diversity, Parenthood Survey, 3/4, 8 North Mall, Cork

Many thanks for completing the questionnaire!