

PURPOSEFUL PARENTING: AN EXPLORATION INTO LGBTQ+ PARENTAL  
DECISION-MAKING

by

Lowri Wyn Evans

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## ABSTRACT

The increasing number of LGBTQ+ families in the UK, driven by more inclusive legal rights and access to reproductive technologies, offers a unique opportunity for research into how these families form and navigate parenthood. LGBTQ+ families tend to be more egalitarian and less bound by traditional gender roles compared to heterosexual families, presenting a unique demographic for research. Whilst there is substantial literature on lesbian and gay parent family formation, existing models are outdated, largely overlook the broader spectrum of parental decisions beyond the initial choice to start a family and there is limited research on LGBTQ+ parents beyond gay and lesbian identities. Furthermore, although research on heterosexual parents' work-home decision-making exists, similar studies focusing on how LGBTQ+ parents navigate parenthood through their work and family lives are lacking. Alongside what decisions these parents make, this thesis explores the factors that influence LGBTQ+ parents' initial decision to start a family, through to decisions around *how* to start a family, and finally through to work-home decisions beyond family formation. Understanding both family formation and work-home decisions, and the factors that both enable and constrain them, can enhance our knowledge of the decisions LGBTQ+ parents make when navigating parenthood, and increase understanding around how organisations and government can account for this when creating policy.

Through semi-structured dyadic and follow-up individual interviews with 20 LGBTQ+ parents, this research delves into the pivotal family formation and work-home decisions made throughout their parenting journeys and the factors that influence them. An intersectional intracategorical approach is employed to explore the diverse lived

experiences across various identities within the LGBTQ+ community. Additionally, this study adopts a Queer Theory lens to challenge hetero- and homonormative assumptions within both queer studies and the wider literature on parenting, reflecting on the impact this perspective has on both the research and the researcher.

This thesis makes several significant contributions to the existing body of knowledge on LGBTQ+ parental decision-making and the broader literature on work-home decisions. It updates existing models of lesbian mothers' ART decision-making by incorporating modern technologies and legal challenges. It also introduces a comprehensive decision-making model for LGBTQ+ family formation, encompassing diverse identities and methods of family creation. By conceptualising parental leave as a temporary role exit decision, this research brings LGBTQ+ voices into the conversation on work-home decisions. Finally, the findings of this thesis deepen our understanding of the factors influencing family formation and work-home decisions among LGBTQ+ parents, extending these considerations to decisions beyond initial family formation and beyond the decisions of lesbian mothers and gay fathers. These insights have profound implications for policy and practice, providing actionable recommendations for industry professionals and policymakers to better support LGBTQ+ families.

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*Diolch o gallon i chi gyd.*

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## **ABBREVIATIONS**

**ART** – Assisted Reproductive Technologies

**IUI** – Intra Uterine Insemination

**IVF** – In Vitro Fertilisation

**LGBTQ+** – Lesbian, Gay, Bisexual, Transgender, and Queer identities

**SPL** – Shared Parental Leave

**SPP** – Shared Parental Pay

**TA** – Thematic Analysis

### **A note on LGBTQ+ language:**

Throughout this thesis, you will notice that different terms are used to refer to members of the LGBTQ+ community. Following APA guidance, the term LGBTQ+ is used throughout this study to refer to its participants, since this term is representative of the participant sample (American Psychological Association, 2022). However, other terms such as LGBT, LGBT+ or specific identities including lesbian women and gay men are used when discussing literature, ensuring that I use language that is representative of that particular piece of research. In doing so, the language used to refer to the LGBTQ+ community throughout this thesis may change but this is done so to be representative of the research and participants it is discussing and to use the most accurate abbreviation or description as possible at any given moment.



# 1. INTRODUCTION

## 1.1. Research Aims

In recent years, the number of same-sex couple families in the UK has risen dramatically, increasing by 40% between 2015 and 2019 from 150, 000 to 212, 000 families (ONS, 2019). Alongside this increase, studies have also found that about 25% to 50% of transgender individuals are currently parents (Stotzer et al., 2014) and we are also seeing a significant proportion of trans and non-binary people expressing an interest in becoming parents in the future (Riggs et al., 2016; Chen et al., 2018). With the help of assisted reproductive technologies (ART) and legislative changes in access to adoption and fostering in the UK, parenthood has become a viable option for LGBTQ+ individuals who previously believed they could not be parents (Berkowitz and Marsiglio, 2007).

Within these LGBTQ+ families, research has found that same-sex family dynamics are more likely to be based on egalitarianism (Dunne, 2000; Patterson, 1995) and less subject to gendered constructions in both paid and unpaid work (Goldberg et al., 2012b). Research in the US also suggests that same-sex couples have higher rates of dual employment compared to heterosexual couples (Mendez-Smith, 2020). Whilst dual-earner heterosexual couples tend to make decisions within their family structure and working hours based on gender and gender role expectations (Kaufman and Bernhardt, 2015), LGBTQ+ couples are less likely to be influenced by gender roles and place more importance on factors such as personal circumstances, finances, career interest, and desire to spend time with children (Perlesz et al., 2010).

Since LGBTQ+ couples' relationships are less heteronormative and more egalitarian, these couples have a "distinct pattern of equality and sharing compared to heterosexual parents" (Dunne, 2000: 31). These LGBTQ+ parents represent a unique demographic which is not necessarily subject to the traditional gender roles that might dictate how heterosexual couples make decisions around work and family life. As such, the aim of this thesis is to increase our understanding of the varied experiences and decision-making processes of LGBTQ+ parents at work and home through an examination of pivotal family formation and work-home parental decisions. In doing so, we can begin to consider how the diverse experiences of LGBTQ+ parents can be enacted into policy and practice at both an organisational and statutory level, allowing the experiences of parents beyond heterosexual (and heteronormative) parents to be included in both research and practice.

There are several gaps in the literature around family formation and work-home decisions of LGBTQ+ parents, which will be discussed further in the literature review. Much of the literature around both heterosexual and LGBTQ+ family formation decision-making is underdeveloped and undertheorized. The majority of literature on heterosexual parents focuses on medical family formation decision-making theories and parents facing pregnancy decisions around medical issues such as contraception, infertility, illness and fertility preservation (see Madden et al., 2015; Downey et al., 2017; van Loendersloot et al., 2013; Hansen et al., 2013; Hershberger et al., 2012; Reid et al., 2009; Portaccio et al., 2018; Wolters et al., 2021; Logan et al., 2019). As such, there is a distinct lack of formal models of decision-making (Klann and Wong, 2020) that focus on family formation outside of medical settings.

Within the literature on LGBTQ+ family planning, there has been a growing body of research that focuses on the social and relational aspects of this decision-making (Chabot and Ames, 2004; Somers et al., 2017; Nordqvist, 2012; Donovan and Wilson, 2008; Palmer et al., 2023; Jacobson, 2014; Ishizawa and Kubo, 2014). Within this literature, there is a strong focus on lesbian motherhood and the use of ART technologies (Chabot and Ames, 2004; Somers et al., 2017), with a small section of the literature examining gay adoptive fatherhood family formation (Ishizawa and Kubo, 2014; Jacobson, 2014). There is therefore a clear gap in the literature and scope for research to examine how different groups of parents under the LGBTQ+ umbrella make decisions around family formation and conception. Additionally, many of these existing models of lesbian motherhood decision-making are now dated, and with the rise of ART usage and progression around same-sex adoption (HFEA, 2020; New Family Social, 2022), there is a clear need for continuous and updated research on these family formation decisions within LGBTQ+ families.

Through this research, this thesis will address these gaps in the existing literature on LGBTQ+ family formation, which focuses mainly on middle-class lesbian and gay couples. This in-depth examination of LGBTQ+ family formation decision-making also raises questions about existing heterosexual models, allowing the research to add to broader debates around parental family formation decision-making for *all* parents.

Although current models of lesbian and gay parenthood outline decision-making around the initial decision to start a family, there is a distinct lack of literature that examines the subsequent decisions that parents have to make once they have formed their family. This thesis is therefore also interested in the work-home decisions that

LGBTQ+ parents make following family formation. There is a growing body of literature on work-home decision-making that explores the career decisions that parents make that subsequently impact their family lives (Greenhaus and Kossek, 2014; Greenhaus and Powell, 2012; Powell and Greenhaus, 2010; Radcliffe and Cassell, 2014; Radcliffe et al., 2023). Such research is important as it broadens our understanding of employees' career decisions and the consequences those decisions have on family life (Greenhaus and Kossek, 2014). However, the literature tends to either focus on heterosexual couples or fails to account for sexual identity or gender within these decision-making processes. There is therefore a clear gap in our understanding of how LGBTQ+ parents specifically make work-home decisions and this thesis is interested in exploring what these work-home decisions look like for LGBTQ+ parents, so that we can begin to understand how parents outside of heterosexual parents make decisions around work and family. With LGBTQ+ parents representing a growing population in the workforce and who are not subject to traditional gendered norms and notions of paid and unpaid work, research on what work-home decisions they make would allow their experiences to be included within future research, policy and practice that is more inclusive of *all* parents.

Having considered the different decisions that LGBTQ+ parents make around family formation and work-home, we then must consider what factors influence such decisions. Extant literature explores the factors that impact the parental decisions of LGBTQ+ parents, with Gato et al. (2017) detailing the sociodemographic, personal, relational and contextual factors that influence parents' decision-making. However, these studies tend to explore the initial decisions around whether to become parents,

with some research exploring the influencing factors on family formation decisions and very little existing research examining the influencing factors on the work-home decisions of LGBTQ+ parents. As such, this thesis intends to put forward a comprehensive model of the factors that influence both family formation and work-home decisions of LGBTQ+ parents, using Gato et al.'s (2017) factors as a guide. In doing so, we can better understand the range of factors that can both constrain and enable LGBTQ+ parents across their parenting journeys, with this new knowledge acting as a guide for practitioners who can begin to work towards eliminating challenging factors and barriers that LGBTQ+ parents might face at work.

The aim of this thesis is to increase our understanding of the varied experiences and decision-making processes of LGBTQ+ parents at work and home through an examination of pivotal parental decisions with the intention of filling these gaps in our understanding and knowledge. It will expand upon existing research and explore any additional factors that can majorly impact such pivotal decisions. In addressing this aim, the following specific research questions will be addressed

1. *What family formation decisions do LGBTQ+ parents make?*
2. *What work-home decisions do LGBTQ+ parents make?*
3. *What factors influence family formation and work-home decisions made by LGBTQ+ parents?*
  - *How do these factors influence LGBTQ+ parents' family formation and work-home decision-making processes?*

## **1.2. Organisation of Thesis**

Having introduced the thesis' aim and research questions, the following sections briefly outline the thesis' structure, beginning with its literature review.

### **1.2.1. Literature Review**

The literature review includes an overview of key models of both heterosexual and LGBTQ+ family formation and work-home decision-making as well as a discussion of the key factors that influence LGBTQ+ parental decisions. It begins with an outline of key theories of heterosexual family planning decision-making, exploring the different conception decisions that heterosexual couples must make throughout their lives. This discussion begins with planned and unplanned pregnancy decision-making, exploring contraceptive and voluntary childlessness decisions that heterosexual individuals must make. Following this, intentional pregnancy decisions are discussed, exploring the breadth of literature that looks at medical models of family planning. Heterosexual models of conception decisions often revolve around healthcare decisions such as fertility and infertility, fertility preservation during illness, and pregnancy for people with chronic illnesses.

Following this discussion of heterosexual family planning decisions, I move on to examine the family formation decisions of LGBTQ+ parents. Parents with children from previous heterosexual relationships are first discussed, exploring how parents come out to their partners and in turn parent their children. The experiences of trans and non-binary parents who come out to their partners and children are also discussed. As previously mentioned, the majority of literature on LGBTQ+ family planning decisions focuses on lesbian motherhood via ART. These models will then be discussed, exploring

the existing key conceptual models of lesbian motherhood (Chabot and Ames, 2004; Somers et al., 2017) alongside a discussion of how trans and non-binary parents fit into these models. Surrogacy as a method of conception is then discussed through an examination of existing literature on both gay fathers in couples and single gay fathers using surrogacy as a pathway to parenthood. Finally, adoption and fostering as methods of family formation will be discussed, exploring the multitude of decisions that LGBTQ+ parents face when using these pathways to parenthood.

The literature review then moves on to outline the existing literature on work-home decision-making which largely focuses on the decisions that heterosexual couples make as a means of balancing work and home life. Using (Powell and Greenhaus, 2010) three forms of work-home decisions (role entry, role participation and role exit), I examine the literature on how parents engage with these decision-making processes. Building on existing literature on parental work-home decisions, I identify potential avenues of research that focus on the work-home decisions of LGBTQ+ parents which this thesis intends to explore. In examining the role entry, role participation and role exit work-home decisions of parents, I build on existing literature and explore the use of parental leave as an additional role exit decision.

Finally, the literature review turns to explore existing literature on the factors that influence LGBTQ+ parental decision-making. This focuses on the four categories of influential factors outlined by Gato et al. (2017) that impact LGBTQ+ parents: sociodemographic factors such as gender, age and ethnicity; personal factors such as an internalisation of homophobia; relational factors such as social support and parental motivation; and contextual factors such as access to support networks, legal, medical

and social barriers, and workplace conditions. In doing so, I will highlight the major factors that impact the initial decision for LGBTQ+ parents of whether to start a family, exploring whether these factors also influence the subsequent family formation and work-home decisions that parents make.

Finally, I outline the gaps in the literature discussed above that this piece of research will address.

### **1.2.2. Methodology**

The methodology chapter begins by discussing the ontological underpinning of this research. I first discuss the social constructionist perspective towards gender taken by this research, which views gender as socially constructed, concerning normative and hegemonic conceptions of men and women, varying across time, ethnic groups and social situations (West and Zimmerman, 1987; Deutsch, 2007). Moving on to examine theories of sexuality, the methodology chapter discusses how sexuality has been socially constructed, setting out how sexuality is ontologically understood in this piece of research. The chapter moves on to discuss this piece of research's epistemology, exploring Queer Theory as a research method and how it can be used alongside a social constructionist perspective. Following this, I consider the challenges of conducting Queer Theory research as a queer researcher.

The chapter then moves on to discuss the methodology of this piece of research. As will be discussed, an intersectional intracategorical complexity exploration (McCall, 2005) of the different lived experiences of parents who identify as LGBTQ+ was undertaken, using the named category of LGBTQ+ whilst exploring the diversity and differences within this group. As such, participants spanned several different identities

across the LGBTQ+ umbrella and other demographics. As will be discussed in the methodology chapter, this is important within an intracategorical complexity approach to research as it often focuses on social groups of people "whose identity crosses the boundaries of traditionally constructed groups" (Dill, 2002: 5) to explore the diversity and differences in lived experiences within such groups.

Following this, I discuss data collection and analysis methods, using semi-structured dyadic and individual interviews with 20 LGBTQ+ parents. The chapter then outlines the methodological choices and research design, detailing participant recruitment, data collection, and thematic analysis processes. Finally, the ethical issues of this research will be discussed.

### **1.2.3. Findings and Discussion**

The findings are presented and discussed alongside previous literature in Chapters 4, 5 and 6, drawing on data from dyadic and individual interviews. Chapter 4 focuses on family formation decision-making of LGBTQ+ parents, building on previous models of lesbian motherhood decision-making and exploring the family formation decision-making processes of parents under the LGBTQ+ umbrella. Chapter 5 explores the work-home decisions of LGBTQ+ parents alongside a discussion of current literature, exploring what role entry, role participation and role exit decisions parents made. Chapter 6 then explores the wide variety of factors that both enabled and constrained the family formation and work-home decision-making processes outlined in Chapters 4 and 5, exploring sociodemographic, personal, relational and contextual factors that influence parental decision-making.

#### **1.2.4. Significance and Contributions**

Finally, Chapter 7 concludes the thesis, presenting the key contributions and implications of the research. I develop an updated decision-making model for lesbian mothers using ART, enhancing Chabot and Ames' model by incorporating new ART options and considering legal and political issues. This new model reflects the contemporary context for lesbian mothers in the UK and addresses the need for legal recognition of non-biological mothers. Building on this work on lesbian motherhood, I then develop a comprehensive decision-making model for LGBTQ+ parents, inclusive of various identities (e.g., lesbian, gay, bisexual, transgender, non-binary) and family formation methods (e.g., ART, adoption, blended families, children from previous heterosexual relationships). This holistic model extends existing literature, enabling better understanding and support for diverse LGBTQ+ parental experiences, and influencing policies and workplace practices to be more inclusive.

Thirdly, the thesis conceptualises parental leave as a temporary role exit decision, which can influence further decisions such as whether or not to return to work or leave the workforce entirely. This new perspective integrates the impact of family-domain decisions on work-domain outcomes, offering insights into the complex decision-making processes of LGBTQ+ parents, especially lesbian mothers who used ART and gay fathers who adopted. This contribution challenges traditional work-home decision-making literature, which typically focuses on heterosexual parents. In doing so, this contribution emphasises the unique experiences of LGBTQ+ parents and considers the importance of home-work decisions, family decisions which in turn influence work life.

Finally, the thesis makes several contributions to existing research on the factors that influence lesbian and gay parents' conception decisions by finding new factors that impact family formation and work-home decisions and exploring the greater complexity of previously recognised factors. By expanding on existing research, the findings offer a nuanced understanding of how these factors affect LGBTQ+ parental decisions beyond the initial decision of whether or not to become parents and includes the experiences of LGBTQ+ parents beyond lesbian mothers and gay fathers.

These contributions provide valuable insights for industry, policymakers, and researchers, fostering a more inclusive and supportive environment for LGBTQ+ families. Limitations of the research as well as avenues for future research are also discussed at the end of this chapter.

## 2. LITERATURE REVIEW

### 2.1. Introduction

This literature review examines previous research and literature on family formation and work-home decision-making to explore the numerous processes that LGBTQ+ parents go through when making decisions that impact their families, and the multitude of factors that influence them. This review begins by exploring the first key decision prospective parents have to make: the decision to become parents. The chapter first examines existing literature on heterosexual parents' family formation decisions before moving onto explore the family formation decisions of LGBTQ+ parents, exploring the numerous conception and family formation options available to prospective parents including children from previous heterosexual relationships, ART, surrogacy, adoption and fostering. The review then moves on to explore key decisions that take place after these family formation decisions have been made, addressing existing literature that examines work-family decisions that impact family life including role entry, role participation and role exit decisions. Finally, this literature review will explore previous research that addresses the multitude of factors that impact and influence LGBTQ+ parental decision-making. This section explores the sociodemographic, personal, relational and contextual factors that influence LGBTQ+ family formation and work-home decisions.

Through this account, the review outlines where this research fits within the existing literature and how this thesis' research aim seeks to address existing gaps in the literature by answering its three research questions:

1. *What family formation decisions do LGBTQ+ parents make?*

2. *What work-home decisions do LGBTQ+ parents make?*
3. *What factors influence family formation and work-home decisions made by LGBTQ+ parents?*
  - *How do these factors influence LGBTQ+ parents' family formation and work-home decision-making processes?*

## **2.2. Family Formation Decision-Making**

Existing theories of work-home decision-making outline the pivotal, anchoring decisions parents make that impact their daily lives (Radcliffe and Cassell, 2014; Radcliffe et al., 2023) and the decision to become a parent is arguably the first pivotal decision that they can make. It is therefore important, before examining existing literature on work-home decisions, to explore theories and models of family formation decision-making as the primary initial decision made by parents from which all other decisions originate.

The literature around family-planning and family formation decision-making for heterosexual and LGBTQ+ families differ greatly. The following section outlines key theories and models of family formation decision-making by heterosexual couples, which particularly focus on medical models of decision-making with key themes of fertility, health and unexpected pregnancy. Following this, family formation decision-making by LGBTQ+ families will be explored. This literature particularly focuses on lesbian mothers using ART, and this section will examine the seminal texts and models from this area of literature before examining the limited literature on the decision-making processes of adoptive parents and trans and non-binary parents.

### **2.2.1. Heterosexual Family Planning**

Research on heterosexual families often focuses on the taken-for-granted nature of heterosexual family planning. Meyers describes such reproductive decision-making as “automatic childbearing” (2001: 747), whilst Fennell labels it as “passive decision making” (2006: 1127). Furthermore, Alvarez (2018) argues that choice within heterosexual family planning was heightened through the introduction of contraception which gave adults the choice between having or not having children. As such, a body of research explores the contraceptive decisions that women and girls face across their lifetimes (see (Madden et al., 2015; Downey et al., 2017; Caddy et al., 2023). There is also limited literature on the decisions that men make within these contraceptive decisions, although these mainly concern contraceptive use for STI-control (Woodhams et al., 2018) or shared contraceptive decisions in long-term relationships (Gilliam et al., 2017; Sharp et al., 2015). Whilst this research is concerned with those parents who make conscious and planned decisions around family formation, it is important to also consider research on parents who make conscious and planned decisions *not* to have a baby. Blackstone and Stewart (2012) distinguish two separate terms used in the literature to refer to adults who are childless, emphasising the difference between those who are childless-by-choice and those who are childfree. Whilst adults who are childless-by-choice have chosen childlessness voluntarily, those who are childfree have chosen so involuntarily (Blackstone and Stewart, 2012). Lee and Zvonkovic (2014) put forward a theoretical model of couples’ decision-making processes when choosing to remain voluntarily childless. This process consists of three phases: agreement, acceptance, and closing of the door. These three key stages are influenced by two

factors: the importance of the relationship and the strength of the conviction. The model highlights the dyadic nature of the decisions, with both partners of a couple needing to engage with the model. The theoretical model builds on previous models of voluntary childlessness (Cooper et al., 1978; Veevers, 1973) but extends this work to examine the continuous nature of the process rather than focusing on the initial decision (Lee and Zvonkovic, 2014).

Whilst the decision to remain childless prevents adults from engaging with models of intended pregnancy, heterosexual parents may face decisions around unintended pregnancy. Contraceptive methods and decisions are not always effective, with nearly half (45%) of all pregnancies in England unplanned or associated with feelings of ambivalence (Public Health England, 2018). Klann and Wong (2020) highlight a lack of formal models of pregnancy decision-making within the empirical literature on family planning. They set out a model of pregnancy decision-making that outlines the factors that impact decisions in the context of unintended pregnancies (Klann and Wong, 2020). Prospective parents evaluate their capital in terms of social, financial and health capital, and the resources available to them for any decision. They also examine their values, evaluating their moral and ethical attitudes towards abortion, adoption, parenting and childbearing. Finally, prospective parents evaluate narratives, considering how a potential pregnancy fits into the vision of their life trajectory and any cultural ideas of pregnancy (Klann and Wong, 2020). The model is hypothetical since prospective parents do not all have access to the same pregnancy or termination options, with barriers to access posing as the largest constraint on such decisions, including legal, information, financial and logistical access (Klann and Wong, 2020).

Dalmijn et al. (2024) highlight how complex decision-making around unintended and unwanted pregnancies can be. They outline a model of the entangled layers and factors that can impact the decision-making process: feelings and beliefs; interrelatedness; care providers and policy; norms and social pressure; and a sense of knowing (Dalmijn et al., 2024). They argue that these entangled decisions must be navigated simultaneously by the pregnant person, emphasising the complex nature of these significant decisions (Dalmijn et al., 2024). For those adults planning intentional pregnancy, they face a plethora of decisions regarding pregnancy and childbearing. Riggs and Bartholomaeus (2016) explore the decision-making processes of heterosexual couples planning for their first child. Their longitudinal study highlights the complex ways in which heterosexual couples articulate their desire for a child (Riggs and Bartholomaeus, 2016). Ray et al. (2020) discuss men and women's differing pregnancy desires and intentions. They find that women's desires are most strongly related to having a first child, but that men have a stronger influence when couples are already parents (Ray et al., 2020). Such research on planned pregnancy decision-making in heterosexual couples tends to focus on childbearing and parenthood desires. Alvarez (2018) explains this simply by highlighting the two key reproductive decisions that heterosexual parents make: whether and when to have children.

Whilst researchers have highlighted a lack of formal models in the literature on heterosexual family formation decision-making, there is an extensive body of literature that explores this decision-making through a medical and fertility lens. Much of this literature explores heterosexual family planning and pregnancy decisions within medical settings, exploring the decisions of couples and adults experiencing infertility

or illness, with these decisions often made together with medical professionals. For men and women suffering from infertility, ART is increasingly used (Asazawa et al., 2023). Sol Olafsdottir et al. (2013) set out a three-phase model of the ART decision-making process in heterosexual couples. Phase one sees couples recognise what decisions they need to make around continuing or terminating ART, with one member of the couple needed to be the driving force. The second phase involves couples gathering information, knowledge and experience about the options available to them. Here, couples engage with fertility clinics and physicians, building information around what they want from the process. The third stage sees couples adapt their decisions to the possible options available to them, incorporating strategic planning and often considering new possibilities beyond ART such as adoption or third-party donation. It is common to see adoption considered as a last resort for couples facing infertility (Behjati Ardakani et al., 2022). Fertility treatment decisions include not only the decision to begin or continue with treatment, but also to terminate treatment after unsuccessful cycles (Chan et al., 2019). The decision to terminate treatment often forces women to face their infertility (Peddie et al., 2005). Prospective parents may decide to end fertility treatment for a variety of reasons. In their systematic literature review, Gameiro et al. (2012) find 117 different reasons across 14 studies for discontinuation of fertility treatment, including but not limited to: the physical and psychological burden of treatment; marital or personal problems; rejection of treatment including fear of complications and fear of the effects of treatment; financial issues; and health problems (Gameiro et al., 2012).

There is a burgeoning literature of research that examines the fertility and reproductive decisions of women experiencing or following an illness. Benedict et al. (2020) outline a decision-making process that young female cancer survivors considering family-building engage with. The model highlights the multiple sources of uncertainty that follow cancer related to fertility, reproductive potential and family-planning options including medical, personal, social and financial uncertainties (Benedict et al., 2020). The model results in family building decision-making that is often delayed, more likely to be carried out by women with partners, and decisions that often need to be reconsidered and reframed to account for changing priorities (Benedict et al., 2020). Often the decision-making process for prospective parents with long-term illnesses is different to those without. Habal and Huang (2012) detail a decision-making algorithm for women with inflammatory bowel disease (IBD), exploring the decisions these women must make regarding fertility, conception, pregnancy and treatment. The first question these IBD patients must ask is whether it is safe for them to become pregnant and what the risk is for the foetus. There are key differences depending on whether the patient is in remission or active disease stages, and IBD can impact decisions from conception through to delivery and breastfeeding (Habal and Huang, 2012). Women facing illnesses such as cancers may decide to delay pregnancy and instead look to decisions around fertility preservation. Treatment for cancer such as chemotherapy, radiotherapy and surgical interventions can all affect female fertility (Jones et al., 2017). For men diagnosed with cancer, sperm freezing is a highly successful fertility preservation strategy often offered to patients (Peddie et al., 2012). With survival the primary focus and priority for many cancer patients, fertility

preservation is sometimes rejected (Crawshaw et al., 2009; Lee et al., 2011). Such fertility preservation decisions are often guided by clinical staff, who withhold information from patients under the guise of urgent treatment and prioritisation of survival (Peddie et al., 2012). As such, female cancer patients are not able to fully and independently make fertility preservation decisions which impact their future family-planning options (Peddie et al., 2012).

Existing models of heterosexual family planning and conception decisions are mainly focused within medical literature and on decision-making processes that examine shared decisions involving the patient-doctor relationship rather than dyadic couple-led decisions. Additionally, the majority of literature around heterosexual family planning decision-making outside of medical literature appears to be descriptive rather than conceptual, with a lack of formal models of family planning (Klann and Wong, 2020). The following section will explore existing literature and models of family planning decision-making in LGBTQ+ families, examining whether more conceptual models of conception and family planning decision-making exist in this area of research.

### **2.2.2. LGBTQ+ Parenthood**

Extant literature on queer parenting and queer experiences has found that many LGBTQ+ individuals experience the coming out process alongside a realisation that they will never be parents (Berkowitz and Marsiglio, 2007; Mallon, 2004). However, over time these LGBTQ+ individuals often discover that parenthood is a viable option in the present day (Berkowitz and Marsiglio, 2007), and with the help of modern ART as well as changes in legal access to adoption and fostering (National Foster Care Association,

1999b, 1999a; Department for Education, 2011) the number of same-sex couple families has increased significantly in the UK in recent years (ONS, 2019).

The number of same-sex couple families in the UK has increased exponentially in recent years, increasing 40% from 152,000 families in 2015 to 212,000 in 2019 (ONS, 2019). It should be noted here that 2023 data for these figures is unavailable as they have been reported combined with figures for the number of opposite-sex married couples in the UK since 2020 (ONS, 2024). The number of adoptions by same-sex couples in England has increased by 17% from 2021 to 2022, with same-sex couples adopting now accounting for more than 1 in 6 of all adoptions in England (New Family Social, 2022). This data does not include statistics for single LGBTQ+ adopters, bisexual people in different-gender relationships, or trans people in different-gender relationships.

With parenthood now an option available to many LGBTQ+ parents, LGBTQ+ individuals may become parents through a variety of pathways including children from previous heterosexual relationships, ART such as IVF and sperm donation, surrogacy, and adoption and fostering. As such, the following sections will explore existing literature on the family formation and decision-making processes of LGBTQ+ parents pursuing each of these pathways to parenthood.

### **Children from Previous Heterosexual Relationships**

Research on lesbian mothers in the 1990s and early 2000s focused on lesbians who had become mothers in the context of former heterosexual relationships (Hequembourg, 2004a; Patterson, 1992; Bos et al., 2005). Often, lesbian mothers went through a divorce after coming out to their husbands and subsequently had to fight for

custody of their children (Bos et al., 2005). More recently, research has been undertaken exploring lesbian mothers in Italy who had children within former heterosexual relationships. Lesbian mothers who decided to come out after having children often discussed not being aware of their sexuality when they married or became parents (Giunti and Fioravanti, 2017). Whilst mothers reported getting married for love or to follow societal expectations, they were often motivated to become mothers out of a desire to have children and a family (Giunti and Fioravanti, 2017).

Much of the early research on gay fathers focused on men who had children in heterosexual relationships before coming out (Benson et al., 2005). A study on gay fathers with children from previous heterosexual relationships found that these fathers report that they originally married in order to enact the role of “traditional husband/father”, often feeling huge external and internal pressure to conform to traditional gender roles and expectations (Benson et al., 2005: 9). Often these men also believed that getting married to a woman would “erase their homosexuality”, with heterosexual marriage a means of denying their sexuality (Benson et al., 2005: 12). The birth of children in these heterosexual partnerships often triggered self-reflection and forced these men to acknowledge their homosexuality, yet fathers sometimes remained closeted either due to pressure from their wives and families or out of a belief that their children would not accept them (Benson et al., 2005). However, the majority of these fathers developed a new belief system that viewed sexuality as less important than they had previously thought, with these fathers deciding that their homosexuality was not an obstacle to a positive relationship with their children. Bozett (1987) finds that single gay fathers with children from previous relationships experience guilt and shame as a result

of the breakdown of their relationships. These gay fathers often struggle to find acceptance and belonging within gay subcultures due to being parents (Bozett, 1987) and face different challenges compared to those single gay fathers who have children through adoption or surrogacy, leading to further isolation within gay parenting communities (Carroll, 2018).

Whilst contemporary research on LGBTQ+ parents tends to focus on planned parenthood, a small number of studies more recently have been carried out exploring LGBTQ+ parents with children from previous heterosexual relationships. An explorative study on gay men and lesbian women with children from former heterosexual relationships in Italy found that the main fears of coming out to their partner included losing custody of their children, being hurt by their partner, and losing their approval (Giunti and Fioravanti, 2017). Fears of coming out to their children included children refusing them, traumatising their children, feelings of shame, discrimination and disappointing their children (Giunti and Fioravanti, 2017).

More recent research on LGBTQ+ parents with children from heterosexual relationships has focused on trans parents. Studies on trans parents with children tend to focus on one of two pathways to parenthood; trans parents who have children before a social/medical transition, and trans parents who have children after a social/medical transition. Tornello et al. (2019) found that the majority of transgender parents in their sample conceived children before their gender transition. However, there were distinct gender differences, with women (assigned male at birth) especially likely to report they conceived children before transition, whilst men (assigned female at birth) were more likely to report becoming parents after transition (Tornello et al., 2019). In their sample,

most parents were still in a relationship with their partner and co-parent (65%) whilst the remainder had children with a former partner (35%) (Tornello et al., 2019). With the majority of participants in their sample having a partner who had a different sex at birth, biological parenthood with children conceived through sexual intercourse was the most common pathway to parenthood, with adoption and fostering very rare (5%) (Tornello et al., 2019). Many trans parents have a desire to have children biologically but express frustration that this may come at the cost of stopping hormone treatment or having the “feminizing experience of pregnancy” (Tornello and Bos, 2017: 118). Whilst uncommon, trans men who stop testosterone therapy have successfully conceived and carried pregnancies (Ellis et al., 2015; Mitu, 2016). Trans parents report fears of transphobia and stigmatisation due to their trans status, and worried that these might negatively impact their children which in turn impact their disclosure practices (Haines et al., 2014). Coming out as trans can lead to the dissolution of relationships with partners (Boyd, 2007), with trans parents also concerned about maintaining good relationships with their children (Haines et al., 2014). Trans parents face decisions around how and when to tell children about their transition and must help children come to terms with their gender transition (Hines, 2006).

Studies on trans parents who have children after a social/medical transition tend to focus on family formation (Petit et al., 2018). Trans parents often perceive and experience barriers for every pathway to family formation including traditional sexual intercourse, artificial insemination, surrogacy, and adoption/foster care (Tornello and Bos, 2017). Having explored the decisions both heterosexual and LGBTQ+ parents make when conceiving children biologically, the following sections discuss the family

formation decisions of LGBTQ+ parents, including trans and non-binary parents, using these alternative methods of conception including ART, surrogacy, and adoption and fostering.

### **Assisted Reproductive Technologies**

The literature on heterosexual couples using ART examines this from a medical and fertility perspective, viewing ART as a treatment option when couples face issues of infertility. Contrastingly, the literature on lesbian mothers using ART as a method of conception views this as a considered decision that lesbian mothers make as a means to having a child that is biologically related to them rather than as a method of conception for any (known) infertility (HFEA, 2020). Donovan and Wilson (2008) discuss the ‘considered’ decisions that lesbian mothers must make when forming a family, which can include a multitude of decisions, from the choice to become parents, to the method of conception, to the choice of biological mother, and donor choices (Somers et al., 2017). A seminal text in the decision-making of lesbian motherhood is Chabot and Ames’ (2004) article which sets out a 7-stage decision-making model that lesbian mothers engage with through this journey to becoming parents.

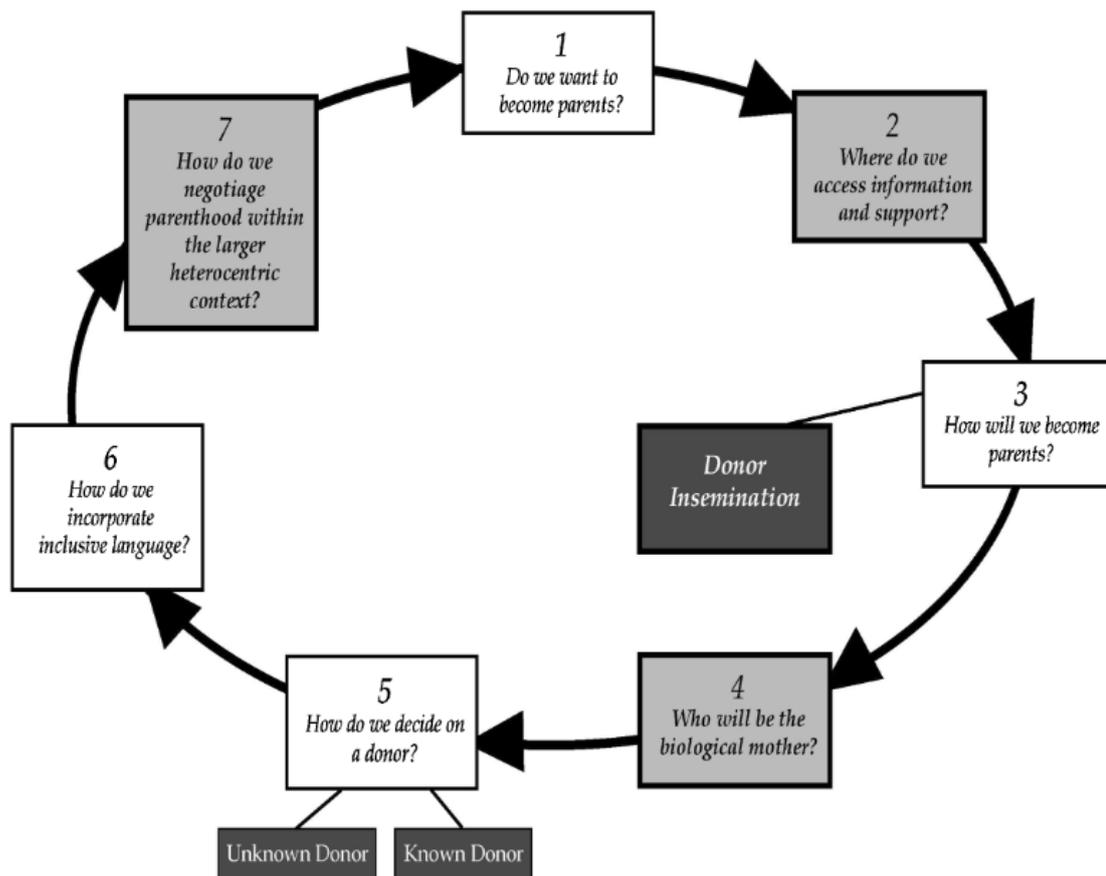


Figure 1: Chabot and Ames' decision-making model for lesbian couples planning motherhood via donor insemination (Chabot and Ames, 2004: 351)

Stage one involves the decision of whether or not to become parents. Sometimes mothers had not considered motherhood until meeting their partner, whilst some might have always harboured a desire to have children (Chabot and Ames, 2004). Stage two sees women ask themselves where they can access information and support if they choose to become mothers, with these support services and resources essential for lesbians considering parenthood (Oswald, 2002). Stage three involves deciding how to become parents, such as adopting or ART such as donor insemination, IVF or IUI (Chabot and Ames, 2004). Nordqvist (2012) explores the explicit “reproductive decisions” that lesbian mothers must make when choosing donor conception, having to

consider a host of options from self-arranged conception to IUI to IVF. Chabot and Ames' (2004) study examined mothers who had chosen donor insemination as a method of conception, with mothers often choosing this because it offered experiences with pregnancy, birth and genetic links. Decision four of their model sees women choose who will be the biological mother. These decisions may be based on several factors including age, employment benefits, the desire to become pregnant, health and finances, as well as social factors such as family acceptance (Chabot and Ames, 2004). Whilst not included in their model (Chabot and Ames, 2004), more recent research has looked at lesbian mothers using reciprocal IVF as a form of ART. Some mothers might choose to go through reciprocal IVF, where one mother donates her eggs while the other mother carries the embryo and may choose to swap roles when having a second child. Mothers who choose this often do so out of a desire for both parents to be recognised equally as mothers in the partnership, where both mothers can experience childbirth and pregnancy (Eriksson Kirsch and Evertsson, 2023; Shaw et al., 2023). Reciprocal IVF is also chosen for medical reasons in cases of low egg count in the birth mother, advanced maternal age, or a history of unsuccessful ART treatment (Shaw et al., 2023).

Stage five of Chabot and Ames' (2004) model looks again at the donor insemination process and focuses on how mothers will decide on a donor. Lesbian mothers may decide to use sperm banks to access unknown donors or might choose someone they know as the donor (Chabot and Ames, 2004). Decisions around sperm donors can be influenced by a multitude of factors including health history, ethnicity, eye colour, hair colour or height (Seibel and Crockin, 1996). If choosing a known donor, mothers may need to consider how involved they are and what legal rights they might

have as a parent (Chabot and Ames, 2004). Stage six asks how lesbian mothers can incorporate inclusive language into their parenting and family practices (Chabot and Ames, 2004). Nordqvist (2012) claims that the naming of children who are conceived via donor insemination within lesbian-headed families is extremely significant. A shared surname can represent a connection between the family members, which is significant when these families may not be viewed as institutionally legitimate, with this shared connection rendering the family unit a recognisable social institution (Nordqvist, 2012). Finally, stage seven involves considering how lesbian parents “negotiate parenthood within the larger heterocentric context” (Chabot and Ames, 2004: 354). This stage refers to how lesbian mothers manage disclosing their identity and whether to hide their sexuality or ‘come out’. Mothers might consider family safety or the role of educating others about same-sex parenting when making this decision (Chabot and Ames, 2004). Since these lesbian mothers must make considered and intentional decisions around their motherhood, this research is particularly interested in understanding how lesbian mothers make these decisions and how different factors might affect these processes.

Somers et al. (2017) also put forward a similar model of decision-making that highlights five key decision-making areas that lesbian mothers encounter when using ART. The first stage sees prospective mothers ask themselves whether they want to become parents, mirroring the first stage of Chabot and Ames’ (2004) model. Stage two sees mothers decide how they want to form their family, combining stages three and four of Chabot and Ames’ (2004) model. Prospective mothers may consider adoption, or informal or formal insemination as a means of family formation. This stage also involves couples deciding who will be the biological mother. The third stage is similar to the sixth

stage of Chabot and Ames' (2004) model where mothers have to make decisions around language and what titles each parent will be given (i.e. mummy, mom etc.). Stage four sees lesbian mothers negotiate tasks and roles in daily parenting and family life. Finally, stage five looks at the legal context and sees mothers make decisions around legal arrangements such as second-parent adoption. As discussed, Chabot and Ames' (2004) seventh stage looks at how lesbian mothers negotiate parenthood within a heteronormative society. Whilst this is not a defined stage within Somers et al.'s (2017) model, this theme is present throughout the whole model. Somers et al.'s (2017) model builds on previous models of lesbian motherhood decision-making by examining more in-depth questions including decisions on whether mothers go through treatment together and how to negotiate decisions between biological and non-biological mothers. Whilst these questions provide a more in-depth understanding of these decision-making processes, they are at times overly specific, asking questions such as "who will be celebrated on Mother's Day?" (Somers et al., 2017: 13).

For transgender individuals, ART often acts as a means of fertility preservation or conception (James-Abra et al., 2015). Fertility preservation options for trans women include cryopreservation of testicular tissue and/or sperm, whilst preservation options for trans men include cryopreservation of ovarian tissue, embryos, and oocytes (James-Abra et al., 2015). Studies examining trans parents' experiences with ART providers generally report negative experiences with issues around documentation, cisnormative and heteronormative assumptions, and refusal of services to prospective trans clients (Ellis, Wojnar and Pettinato, 2015; James-Abra et al., 2015; Epstein, 2018). Whilst a limited number of studies have been carried out on the use of fertility preservation

among prospective trans parents, Jones, Reiter and Greenblatt (2016) found that some barriers to use may include financial constraints, the low likelihood of successful pregnancy, and psychosocial barriers, with the take-up of fertility preservation techniques particularly low in trans men (Amir et al., 2020; Alpern et al., 2022).

Whilst several previous studies had discussed the multitude of decisions that lesbian women face when contemplating motherhood (Lewin, 1994; Dunne, 2000; Perrin, 2002), Chabot and Ames' (2004) model was the first study to address how these decisions connect together and are experienced as a process. Their study is a seminal text in lesbian motherhood decision-making which scholars have built on over the two decades since its publication (Somers et al., 2017). As such, this study also uses Chabot and Ames' (2004) model as the template for lesbian motherhood decision-making, and intends to build on these theories to expand our understanding by both bringing the model up to date to include any new decisions that lesbian mothers now face when contemplating parenthood, as well as including the decisions and experiences of LGBTQ+ parents beyond lesbian mothers using ART.

### **Surrogacy**

Whilst previous research on gay fatherhood had tended to focus on gay men with children from previous heterosexual relationships, more recent literature has begun to focus on gay men who have "proactively" chosen to become parents through means of adoption, fostering, co-parenting or surrogacy (Murphy, 2013), which Biblarz and Savci distinguish as "planned gay parenting" (2010: 486). Research on surrogacy as a family formation option has generally focused on heterosexual couples experiencing infertility in the United States and United Kingdom (Van den Akker, 2003; Bromfield, 2016). Gay

men pursuing fatherhood are limited in their “biological possibilities” (Norton et al., 2013: 272) which require a “deliberative approach to parenthood”, including a large amount of planning and decision-making (Bergman et al., 2010: 131).

Prospective parents have two key forms of surrogacy to choose from: traditional surrogacy which involves spermatozoon from the intended biological father and an oocyte from the surrogate mother; and gestational surrogacy which involves implantation of an embryo using an oocyte and spermatozoon from the prospective parents using in-vitro fertilisation (Norton, Hudson and Culley, 2013). Prospective parents must make decisions around the selection of the oocyte donor, gestational carrier and which father will provide a spermatozoon (Greenfeld and Seli, 2011). When making decisions around gestational carriers, prospective parents have been found to select surrogates based on a number of factors including prior successful pregnancies, attitudes towards gay men, health, and ethnicity (Ressler et al., 2011).

Whilst the majority of these studies focus on couplehood and surrogacy, a few studies have examined the choice to pursue single parenthood via surrogacy. Tsfaty and Segal-Engelchin (2022) argue that on their journey to parenthood, single gay men pursuing parenthood via surrogacy must make two key decisions: the decision to parent on their own and the decision to use surrogacy. Since these parents negotiate parenthood around the two-parent heteronormative family model, they must detach parenthood from couplehood when making these decisions (Tsfaty and Segal-Engelchin, 2022). In their study, participants’ reproductive and family planning decisions were shaped by the discourse of the “family of choice” (Weston, 1991) which they argue is central to queer reproduction (Tsfaty and Segal-Engelchin, 2022). Carone, Baiocco and

Lingiardi (2017) detail the four key motivations for single gay fathers pursuing parenthood via surrogacy. The first motivation is desire to be genetically related to their child. The second is that they view surrogacy as easier or more secure than adoption as a family formation method. The third is that the father wants to raise a child from birth. And the fourth and final motivation is that there is a risk of confused parenting roles within co-parenting arrangements (D'Amore et al., 2023).

Whilst there is literature that explores the decisions that LGBTQ+ parents make when choosing surrogacy as a method of family formation, this literature is largely descriptive. This thesis intends to conceptualise the decision-making processes of LGBTQ+ parents, expanding on existing conceptual models of planned lesbian motherhood (Chabot and Ames, 2004).

### **Adoption and Fostering**

Another common method of family formation for LGBTQ+ couples is adoption. Both heterosexual and LGBTQ+ couples face a multitude of decisions when adopting a child. At the initial stages of the adoption process, prospective parents face decisions on whether to pursue domestic foster care, domestic private adoption, international adoption or domestic state adoption (Ishizawa and Kubo, 2014; Jacobson, 2014). Prospective adopters then face decisions around preferences of race, age and ability status (Jacobson, 2014). Adopters may choose to adopt harder-to-place children such as older children, siblings or children with known health conditions (Jacobson, 2014; Palmer, Coffey and Rees, 2023). Ishizawa and Kubo (2014) posit that the decision-making process for prospective adoptive parents is not only shaped by these preferences but also by structural opportunities such as the availability of adoptee

children and constraints in the form of adoption-related policies and practices.

Jacobson (2014) notes that often parents' decisions are constrained by their financial means, with international and private domestic adoption often only available to parents with greater resources. She argues that wealthier parents therefore have greater choice and economic freedom in finding an adoption type and match that meets their preferences (Jacobson, 2014).

Despite progress in legal rights for LGBTQ+ parents, they still report expecting to be discriminated against based on their sexuality when looking to foster or adopt (Mitchell, Dickens and O'Connor, 2009). More recent research has found that whilst fewer LGBTQ+ parents expect to face discrimination in the adoption assessment process, many LGBTQ+ parents expect to be matched with hard-to-place children (Costa and Tasker, 2018) and same-sex parents still express concern that they will face higher barriers to adoption than heterosexual couples (Mitchell, Dickens and O'Connor, 2009; Stonewall, 2013). Much of the literature on LGBTQ+ adoption decision-making focuses on the motivation behind why parents decide to adopt (Gato, Santos and Fontaine, 2017; Costa and Tasker, 2018; Zhang and Chen, 2020) or the barriers parents face when adopting (Messina and D'Amore, 2018). However, unlike the literature on lesbian motherhood decision-making, there appears to be a gap in the literature and in our understanding of the specific decision-making processes that LGBTQ+ parents go through when deciding to adopt. The intentional and considered decision-making seen in lesbian motherhood (Donovan and Wilson, 2008) is also seen in LGBTQ+ adoption decision-making (Costa and Tasker, 2018), with parents making informed and carefully planned decisions around family formation. There is therefore a clear gap in the

literature around how adoptive parents and particularly LGBTQ+ adoptive parents make considered family formation decisions which this thesis intends to fill.

Whilst much research has been carried out reviewing access to fostering and adoption to gay and lesbian families (Hicks and McDermott, 1999; Baron C., 2004; Mallon, 2004; Mitchell, Dickens and O'Connor, 2009; Golombok et al., 2014), research on the experiences and voices of trans and non-binary people within the adoption and fostering process has been neglected (Brown and Rogers, 2020). Brown and Rogers (2020) undertake an exploration into the workings of cis-genderism within the adoption and fostering process. They define cis-genderism as a “prejudicial ideology [...] that incorporates the view that those individuals whose gender identity differs to that which was ascribed at birth, and defined by social conventions, are atypical and less valid” (Brown and Rogers, 2020: 594). Hicks (2000) writes an analysis on how LGBTQ+ parents are often encouraged to prove that they are a ‘sufficient’ substitute for a heterosexual carer within adoption and fostering assessments, thereby “desexualising” and “depoliticising” their identities and pressuring them to act in a way which fits with the expected characteristics of heterosexual parents. Brown and Rogers state that this is “heteronormativity in operation” (2020: 596) and serves to distinguish between non-heteronormative and heteronormative families, disadvantaging those who do not comply with the established norms, especially for trans and non-binary people (Stryker, 2008; Sycamore, 2008). In doing this, cis-genderism coerces trans and non-binary people to fit themselves into gender normative roles (Rogers, 2019) and insinuates that in order to be accepted as a “suitable” parent for adopting or fostering a child, your identity must neatly fit and comply with the gender binary (Prosser, 1998). Studies on

attitudes towards LGBTQ+ parents have found discrepancies between the different levels of acceptance towards the LGBTQ+ population. Gay and lesbian parents are often seen in a significantly more positive light than trans parents (Apperson, Blincoe and Sudlow, 2015), with trans parents reporting negative reactions from people in relation to their suitability as parents (Hines, 2006; Ryan, 2009). Despite the barriers that trans and non-binary people face when seeking to become parents, be that through ART, adoption or fostering, a significant proportion of trans and non-binary people report an interest in becoming parents in the future (Riggs, Power and von Doussa, 2016; Chen et al., 2018), and studies have found that about 25% to 50% of transgender individuals are currently parents (Stotzer, Herman and Hasenbush, 2014).

Whilst there exist several conceptual models of decision-making in lesbian motherhood, there is a gap in the literature regarding how other LGBTQ+ parents engage in decision-making processes when deciding what pathways to parenthood they might pursue. As such, this thesis intends to explore how LGBTQ+ parents who have formed families using a variety of conception methods have engaged in this decision-making process, examining whether the existing models of lesbian motherhood are still relevant today, and how other non-heteronormative families' experiences fit into these models.

### **2.3. Work-Home Decision-Making**

Alongside conception and family formation decisions, working parents also face work-home decisions around balancing their careers with their home lives. Greenhaus and Kossek (2014) argue that organisational careers have traditionally been studied in isolation from other areas of employees' lives such as their home and family life, highlighting the need for more research that examines the intersection between work

and family life. Within contemporary careers, they argue that work and home lives have become intertwined (Greenhaus and Kossek, 2014). Indeed, much of the research on work-home decision-making argues that family factors are inextricably linked to work decisions, with the family domain influencing decisions made at work (Powell and Greenhaus, 2010; Greenhaus and Powell, 2012; Greenhaus and Kossek, 2014; Radcliffe and Cassell, 2014; Radcliffe, Cassell and Spencer, 2023).

The literature discusses work-home decisions under a plethora of different categories and titles. Powell and Greenhaus (2010) examine the impact of family factors on three key work-home decisions; role entry, role exit and role participation decisions. Role entry decisions include decisions such as relocation, expatriation or repatriation. Role exit decisions include the decision to leave or interrupt paid employment, or the decision to leave a profession. Finally, role participation decisions revolve around decisions to participate in either work or family life such as organisational citizenship behaviour decisions, requesting more managerial support, or greater involvement in work activities (Powell and Greenhaus, 2010).

De Hauw and Greenhaus (2015) put forward two sets of sustainable career decisions that people must make within contemporary careers; decisions to “enhance employability by increasing job resources” (De Hauw and Greenhaus, 2015: 226) and decisions to “stimulate physical and mental health by reducing job demands” (De Hauw and Greenhaus, 2015: 227). Decisions involving an increase in job resources include increasing responsibility (such as taking on a promotion) and changing tasks (such as making a lateral career move). Decisions that reduce job demands include lowering responsibility, reducing working hours, interrupting work experiences (such as

withdrawing from the workforce), and taking up flexible working arrangements (De Hauw and Greenhaus, 2015). The latter set of decisions, they argue, can lead to less exhaustion and strain, and improve employees' physical and mental health (De Hauw and Greenhaus, 2015).

Examining more specifically the work-home decisions that parents face, (Radcliffe and Cassell, 2014) discuss major work-home decisions under the title of "anchoring" decisions. They define anchoring decisions as major life or career decisions that are made at key points in people's lives (Radcliffe and Cassell, 2014). These decisions are made within an approach to improve and reduce work-life conflict (Radcliffe, Cassell and Spencer, 2023). Alongside anchoring decisions, (Radcliffe and Cassell, 2014) discuss the daily decisions that parents must make which are frequent and deal with regular work-family conflict and immediate problems (Greenhaus and Powell, 2003; Radcliffe and Cassell, 2014; Radcliffe, Cassell and Spencer, 2023). These daily decisions are impacted and shaped by anchoring decisions, with anchoring decisions providing a framework against which daily decisions are made. Anchoring decisions can include a host of major career decisions including decisions around promotion, moving jobs, reducing working hours, moving to more flexible jobs, returning to work after having children, working from home, changes to work to accommodate family and childcare, and changes to working hours after having children (Radcliffe and Cassell, 2014; Radcliffe, Cassell and Spencer, 2023).

Using Powell and Greenhaus' (2010) overarching role entry, role participation and role exit decision-making categories, the following sections examine the literature around the many anchoring career decisions (Radcliffe and Cassell, 2014; Radcliffe,

Cassell and Spencer, 2023) that parents in particular face throughout their working lives.

### **2.3.1. Role Entry Decisions**

Role entry decisions (Powell and Greenhaus, 2010) can comprise a host of different decisions that employees might make across their lifetimes including; re-entering the workforce, relocation, repatriation, promotion, moving jobs, changing tasks and returning to work after children.

Extant literature examines the career decisions of employees when changing job roles, employers, and responsibilities. Kirschenbaum (1991) presents a model of corporate transfers made by employees within multi-plant organisations which highlights the various decision-making processes employees must make during voluntary transfers. The framework outlines the corporate constraints, job opportunities and perceived cost-benefits that employees must consider which ultimately lead to an employee's decision to leave or stay within one organisation plant or another (Kirschenbaum, 1991). When conducting a cost-benefit analysis of the voluntary transfer, employees must consider a variety of work-related, destination and non-work factors. Work-related factors include employees' job satisfaction, job expectation, organisational commitment and career advancement (Kirschenbaum, 1991). Destination factors to be considered include the distance, their spouse's work and the character of the potential destination (Kirschenbaum, 1991). Finally, non-work factors employees must consider include family ties and community bonds, housing help, career change, health and children's future (Kirschenbaum, 1991). Exploring complex career changes, Higgins (2001) finds that the decision to change careers is socially

embedded and influenced by factors beyond individual demographics and job history. She finds that the greater the diversity of the individual's network of advisors on which they rely on for career advice, the greater the likelihood that they will change career (Higgins, 2001).

The literature examining the decision to re-enter the workforce explores decisions by retirees to re-enter the world of work, individuals returning to work following career breaks, and parents returning to work after having children. Research has found that HR practices such as giving recognition for employees' contributions and being treated with respect as key influential practices in encouraging retirees to return to work (Armstrong-Stassen, 2006). Many studies focus on the reasons why individuals choose to leave retirement for employment. Older workers might decide to return to work through a desire to be engaged or to develop a second career. Lahey, Kim and Newman (2006) find that retirees deciding to return to work are significantly influenced by the availability of health insurance, whether they were forced into retirement, and the degree to which they are satisfied with retirement. More recently, research has focused on the need to retain and recruit retirees to deal with skill and labour shortages (Wöhrmann, Deller and Wang, 2014).

Other literature examining the decision to return to work looks at workers returning to work following illness. Gragnano et al. (2018) outline four facilitators of returning to work following an illness (common mental health disorders, cardiovascular diseases or cancers); job control, work ability, perceived good health and high socioeconomic status. Support from supervisors and co-workers was also a predictor for returning to work for common mental health disorders and cancers but not for

cardiovascular diseases (Gagnano et al., 2018). In their systematic review of the literature on returning to employment after critical illness, McPeake et al. (2019) find 17 out of 22 studies report that patients have to return to different employment following critical illness, with most returning with reduced activity and capacity.

There is large body of literature that examines returning to work following long periods of leave or a career break. The majority of this research on career breaks tends to focus on female-dominated industries and motherhood-related career breaks. Exploring the experiences of nurses in the NHS who have taken career breaks, Durand and Randhawa (2002) argue that flexible working practices, increased salaries and valuing staff may help the NHS recruit nurses on career breaks back into work. Further research examining re-entry into occupational therapy practice following a career break found that conditions that influence workers' return to work include a strong sense of belonging and connectedness to their profession and professional identity, accessibility to resources, and flexible employment options (Dodds and Herkt, 2013).

Having a child can lead to drastic changes in employment and working hours, with many mothers returning to work part-time or leaving the workforce entirely after giving birth to their first child (Fitzenberger, Steffes and Strittmatter, 2016). How quickly a parent returns to work following childbirth depends on accessibility and availability of parental leave policies, with parents with little to no access to these policies returning to full-time employment quickly (Brough, O'Driscoll and Biggs, 2009). Ericksen et al. (2008) put forward a conceptual model of mothers' re-entry into the workforce which argues that the key driving forces to mothers' return-to-work are; financial, environment, self-image, skills and abilities, and interests. These driving forces are

presented to mothers through filters including; family demands, support, education level, experience, self-concept, and cost versus benefit (Baxter, 2008; Ericksen et al., 2008). Through these driving forces and subsequent filters, women must make decisions around returning to work, considering whether to return to work in some form (full-time, part-time, job share etc.), whether to enter into skill development (e.g. education or training), or whether to delay her re-entry into the workforce (Ericksen et al., 2008). Baxter (2008) argues that women may return to work for a variety of reasons including financial reasons, a preference to work, to avoid potential job loss, and to develop career-specific skills. Winston et al. (2019) find that low-income mothers return to work after childbirth for a variety of reasons including the need for income and financial independence, a preference to combine work and childcare, supportive workplace policies and practices, and accessible childcare and family support.

Whilst most literature on parents returning to work after long periods of leave focuses on motherhood, there are a few studies that examine the experiences of fathers returning to work after having a child. New fathers returning to work after the birth of their first child report feelings of guilt, changes to their worker identities and feelings of vulnerability and distress in the postnatal period (Hodgson et al., 2023). Fathers who take extended parental leave and thus feel like a co-parent with their partner have been found to struggle with the return to work, whilst parents who take shorter periods of leave create a manager-helper relationship that sees the return to work as easier and establishes the mother as primary caregiver (Rehel, 2014).

There is limited research on the experiences of LGBTQ+ parents returning to work after childbirth or adoption. Goldberg and Perry-Jenkins (2007) argue that in lesbian

couples, non-biological mothers may return to work sooner than biological mothers out of financial necessity. Their study mirrors findings in heterosexual couples, finding that lesbian biological mothers also reduce their working hours after childbirth, with non-biological mothers returning to work quickly (Goldberg and Perry-Jenkins, 2007).

Much of the literature on returning to work following parental leave focuses on heterosexual mothers returning after maternity leave (Brough, O’Driscoll and Biggs, 2009; Fitzenberger, Steffes and Strittmatter, 2016; Winston et al., 2019), with limited research on the experiences of fathers (Rehel, 2014; Hodgson et al., 2023) and little research on LGBTQ+ parents (Goldberg and Perry-Jenkins, 2007). Consequently, there is a gap in our understanding of how parents outside of birth mothers return to work following parental leave, including heterosexual fathers, lesbian mothers, non-birth mothers, and adoptive parents.

### **2.3.2. Role Participation Decisions**

Powell and Greenhaus’ (2010) role participation decisions generally revolve around decisions workers make around how to participate in either work or family life. As such, much of the literature on role participation decisions examines *how* workers engage with their role, particularly focusing on working hours and flexibility. These decisions are made with consideration for family life since they will ultimately have an impact on an employees’ participation in home life (Greenhaus and Powell, 2012; Greenhaus and Kossek, 2014).

Much of the literature on the decision to change working hours and or improve flexibility at work focuses on achieving work-life balance. An increase in the work-family conflict felt by employees (Bennett, Beehr and Ivanitskaya, 2017), increases in dual-

earner couples and a disintegration of work-life boundaries for many employees has led to a greater focus on issues around work-life balance (Jang and Zippay, 2011). Work-life balance is the integration of work and home life with minimal conflict (Clark, 2000; Ungerson and Yeandle, 2005) and is often discussed under the terms of work-life balance, work-life conflict or work-life integration. Flexible working arrangements form a set of working arrangements often used by employees to achieve work-life balance. Formal flexible working arrangements can include flexitime, schedule variability, job shares, part-time work, and remote or telework (Putnam, Myers and Gailliard, 2014). These arrangements are often used by parents or those who have or who are caring for someone with a disability or health condition (Wilkinson, Tomlinson and Gardiner, 2018). As such, much of the literature around flexible working arrangements focuses on their use by parents, and more specifically, mothers (see Wilkinson et al., 2018; Atkinson and Hall, 2009; Teasdale, 2020; Chung and van der Horst, 2018; Kim, 2020).

Mothers often use flexible working arrangements in order to organise their time more flexibility and give them time to carry out childcare and housework (Rafnsdóttir and Heijstra, 2013; Wheatley, 2017). Specific flexible working arrangements such as flexitime and remote working have also been found to be associated with reduced working hours alongside an increase in the likelihood of mothers staying in employment after childbirth (Chung and van der Horst, 2018). For fathers, the use of flexible working arrangements and flexible schedules allows them to be more involved parents (Kim, 2020). For parents generally, flexible working arrangements can reduce negative spill over from work to home and reduce work-family conflict (Baxter, 2011).

However, parents may experience negative effects when boundaries between work and home are blurred. In a study exploring the personal and relational consequences of such blurred boundaries, mothers who took time out of family life to deal with work issues reported experiencing higher levels of anxiety and depression (Paulin, Lachance-Grzela and McGee, 2017). Interestingly, in contrast, the more fathers reported they brought work into their family lives, the more they were satisfied with their relationship with their partner (Paulin et al., 2017). During the COVID-19 pandemic and its subsequent lockdowns, parents faced decisions around how to balance parenting and working from home. Whilst men and women both increased their domestic labour during this period (Chung et al., 2021, 2022), women were found to be more likely to reduce their working hours to achieve a better balance between family and work responsibilities (Garcia, 2022). Bernhardt, Recksiedler and Linberg (2023) argue that the increase in working from home as a result of the COVID-19 pandemic may have reinforced gendered patterns of childcare. Since much of this research explores the gendered patterns of work and childcare in heterosexual relationships, it would therefore be interesting to explore in this thesis how the COVID-19 pandemic and its lockdowns impacted the work-home decisions of LGBTQ+ parents.

Richardson, Moyer and Goldberg (2012) posit that LGBTQ+ parents may use similar strategies to heterosexual parents to reduce work-family conflict. Confirming this, both lesbian mothers and gay fathers have been found to reduce their working hours or leave employment after having children (Bergman et al., 2010; Gartrell et al., 2006), mirroring findings in heterosexual mothers who often reduce working hours after childbirth (Abele and Spurk, 2011; Kuhhirt, 2012). As highlighted by Gartrell and Cooper

(2016), the stereotype of men as the primary earner and women as the primary caregiver is becoming irrelevant to many men and women who are not parenting within the heteronormative nuclear ideal. As such, there is a need for work-family research and initiatives to account for these changing family units and practices. Whilst there is limited research on how LGBTQ+ parents divide caregiving responsibilities (Rawsthorne and Costello, 2010), take parental leave (Ranson, 2012; Evertsson and Malmquist, 2023) or reduce work-family conflict (Gartrell et al., 2006; Bergman et al., 2010; Richardson, Moyer and Goldberg, 2012) there remains a gap in the literature around how LGBTQ+ parents specifically engage with flexible working arrangements.

As this research took place in the midst of the COVID-19 pandemic, we should also review the research that has been undertaken on changes to working patterns in the pandemic and its subsequent lockdowns. The COVID-19 pandemic saw a dramatic increase in home-working in the UK, with many employees forced to work remotely from home (ONS, 2022). This change to working practices had profound effects on employees across the UK, presenting several benefits and challenges that they had to navigate throughout the pandemic years. With home-working acting as a form of flexible working throughout the pandemic and its lockdowns, the different context in which this happened altered the way in which employees experienced home-working. Adisa et al. (2022) found a host of challenges that employees faced when met with this imposed mandatory remote working. Removal of structural support such as childcare or social gatherings, coupled with increased work demands such as intensified workloads, blurred boundaries between work and home, and an increase in monitoring practices all contributed towards negative experiences with home-working during the COVID-19

pandemic (Adisa et al., 2022). Working parents in particular have faced struggles balancing demands from both work and home, with parents' mental health worsening from both an increase in financial insecurity and greater time demands spent on childcare and homeschooling children (Cheng et al., 2021). Research across Europe has found that employees generally experienced working from home during lockdowns more positively than negatively, finding the main advantages of homeworking to be a greater work-life balance, improved work efficiency, greater work control (Ipsen et al., 2021), and greater hourly productivity (Deole, Deter and Huang, 2023). An increase in the frequency of working from during the pandemic is also associated with higher intentions to work from home in the future (Deole, Deter and Huang, 2023), suggesting that working from home is a working pattern that will continue.

### **2.3.3. Role Exit Decisions**

#### **Leaving Work**

Powell and Greenhaus (2010) discuss role exit decisions as a key career decision workers make with regards to their work-family lives. Much of the literature around role exit decisions examines older workers' decisions to retire or exit the workforce early. Feldman and Beehr (2011) put forward a three-phase model of retirement decision-making that employees engage with: imagining the future; assessing the past; and transitioning into retirement. In a study exploring the reasons for unemployment among older people, Mackenzie et al. (2011) found that being financially able and ready to leave work, feelings of unhappiness about workplace re-organisations, disability, partner's retirement or partner's poor health all presented as reasons for exiting the workforce. Intentions to retire earlier often differ among different demographics. Research by

Solem et al. (2016) found that older workers in ill-health, with low education and blue-collar workers often retire earlier than they would like or had planned.

Other literature on role exit decisions focuses on parents' decisions to exit the workforce after having children. Intentions to quit work are often created when work-family conflict (sometimes called work-life conflict) occurs, with work responsibilities impeding family responsibilities such as childcare (Russell, O'Connell and McGinnity, 2009; Radcliffe and Cassell, 2014). Employees who place high importance on their personal lives or those with higher levels of work overload are more likely to quit or intend to quit their jobs (Hsieh, Pearson and Kline, 2008; Gray and Muramatsu, 2013). Looking at gender differences, female breadwinners are more likely to quit their jobs compared to male breadwinners and non-breadwinners as the number of children they have increases (Kim, 2020). Research by Lim and Mohd Rasdi (2019) finds that married women are "pushed out" of the workplace by factors including workplace inflexibility, long working hours, and a high volume of work. Other studies have found that work-life balance is not the only factor that influences women's intentions to quit, with Frkal and Criscione-Naylor (2021) finding that an ability to be oneself and contribute value to an organisation can also trigger the decision to exit the workforce. A study by Fox and Quinn (2015) focused more closely on the exit decisions of pregnant women, finding that stigma plays a strong mediating role between increased job satisfaction and decreased intentions to quit. With much of this research focusing on the role exit decisions of women in the workplace, it would be interesting to examine how gendered norms around breadwinners, primary caregivers, and family roles and responsibilities impact the intentions to quit of LGBTQ+ parents.

## **Parenting Policy**

Whilst Powell and Greenhaus (2010) do not explicitly discuss exiting the workforce to include the use of parenting policy as a role exit decision, further literature discussing anchoring career decisions includes other parent-focused changes to working hours such as changes to working hours after having children or returning to work after childbirth (Radcliffe and Cassell, 2014). As such, this thesis expands the definition of role exit decisions to include the temporary exiting of the workforce using parental leave since these decisions include those that interrupt work experiences and paid employment (Powell and Greenhaus, 2012).

Javornik and Kurowska (2017) argue that the birth of a child represents a turning point in a family's life, most significantly affecting women because the childbearing years correspond with years of core economic activity. Saxonberg (2009) argues that family policies influence almost every aspect of our daily lives, and access to statutory and organisational parenting policies, therefore, has a big impact on the earning power of both men and women and the time they can take off from work to take care of a child. The following sections explore the statutory policies available to parents in the UK before exploring the literature on how parents make decisions around parental leave.

## **Statutory Policies**

Within the UK there are several forms of family policies that parents can make use of when having and raising children; parental leave including maternity leave, paternity leave, Shared Parental Leave (SPL), unpaid parental leave and adoption leave. This section discusses statutory leave policies available to all parents, including LGBTQ+ parents, in the UK, contextualising the environment in which the participants of

this study are working. It should be noted that many of the participants of this study worked for organisations that offered enhanced parental leave policies, whilst some were self-employed or unemployed and therefore not eligible for these policies.

Maternity and paternity leave are by default gender-specific, but within the UK fathers are not offered the same period of leave as women. In the UK, Statutory Maternity Leave is 52 weeks, made up of Ordinary Maternity Leave for the first 26 weeks, followed by Additional Maternity Leave for the last 26 weeks. Statutory Maternity Pay is paid for up to 39 weeks, receiving 90% of your average weekly earnings (before tax) for the first 6 weeks, followed by £184.03 or 90% of your average weekly earnings (whichever is lower) for the remaining 33 weeks. As a father, you can take Paternity leave for either 1 or 2 weeks to care for your child after their birth. The statutory rate of Paternity Pay in the UK is £184.03 per week, or 90% of your average weekly earnings (whichever is lower).

In the UK, you may be eligible for Adoption Leave and Pay. Statutory Adoption Leave is 52 weeks, made up of 26 weeks of Ordinary Adoption Leave, followed by 26 weeks of Additional Adoption Leave. Only one person in a couple can take this adoption leave, however, according to the UK Government, the other partner could take paternity leave instead (UK Government, 2023). Statutory Adoption Pay in the UK is paid for up to 39 weeks, with the first 6 weeks paid at 90% of your average weekly earnings, and the following 33 weeks paid at £184.03 or 90% of your average weekly earnings (whichever is lower) per week. This is the same as Maternity Pay and Leave in the UK. Before taking Adoption Leave, prospective adoptive parents in the UK also have the right to paid time off for 5 adoption appointments before they are matched with a child (ACAS, 2023b).

Employees may also be eligible for SPL and Statutory Shared Parental Pay (SPP) when having a baby or adopting. Partners can share up to 50 weeks of leave and up to 37 weeks of pay between them in the first year after the child is born or placed with the family. Statutory Shared Parental Pay sees the parent receive £184.03 a week or 90% of their average weekly earnings, whichever is lower. This differs slightly from Statutory Maternity Pay and Adoption Pay where you receive 90% of your weekly earnings for the first six weeks with no maximum. This leave can be taken in blocks separated by periods of work or taken all in one go. The creation of SPL allowed for non-biological as well as biological parents to be allowed parental leave, recognising both the rights of same-sex as well as heterosexual couples who have adopted children (Atkinson, 2017).

At the moment, neither heterosexual nor LGBTQ+ parents have the right to paid time off for fertility treatment or related sickness (ACAS, 2024a). However, a bill has recently been introduced in the House of Commons that would give employees the right to take time off for fertility treatment appointments, with the bill currently in its second reading (UK Parliament, 2023).

Parents going through ART, having children through biological conception or adopting may also need to access leave in the case of miscarriages and stillbirths. In the case of stillbirths, the birth mother can take up to 52 weeks of statutory maternity leave or pay if the child is stillborn after 24 weeks of pregnancy (UK Government, 2024b, 2024d). Birth fathers, partners of the birth mother or the adopter can get up to 2 weeks of paternity leave or pay (UK Government, 2024d). Both parents are also entitled to 2 weeks of parental bereavement leave after finishing maternity or paternity leave (ACAS, 2023a). Whilst there is no statutory requirement for maternity, paternity or parental

bereavement leave after suffering a miscarriage in the first 24 weeks of pregnancy, any sickness absence taken by the birth mother should be considered a pregnancy-related illness which is protected under the Equality Act 2010 under the protected characteristic of 'pregnancy and maternity' (ACAS, 2023a). As such, any sickness absence related to miscarriage or pregnancy should be recorded separately from other sickness absences and employees must not be treated less favourably because of this (ACAS, 2023a). Despite no statutory requirements for bereavement leave following a miscarriage, the UK Government has recently introduced certificates that recognise baby loss before 24 weeks of pregnancy (UK Government, 2024a). This is a voluntary scheme that parents can apply for, allowing parents to receive a free-of-charge certificate that provides recognition and a record of their loss (UK Government, 2024a).

### **Deciding on Parental Leave Policies**

The majority of the literature around parental leave decision-making focuses on heterosexual parents' maternity and paternity leave decisions. Women who take longer or extended periods of maternity leave discussed gendered-parenting ideologies that emphasise the importance of the mother-child bond as well as uncomfortableness with childcare options as two common influences in these decisions (Barnes, 2014). Similarly, Singley and Hynes (2005) find that finances, a spouse's relative structural position, and parenting role ideologies play key parts in the ways in which parents take leave. Differences have been found between first-time mothers and second-time mothers deciding on maternity leave lengths. Federal leave policies in the United States have a strong influence on the leave decisions of first-time mothers, whilst individual family needs including finances, parenting ideologies, and comfort level with available

childcare playing a much larger role in shaping the decisions of second-time mothers (Barnes, 2012).

The decisions around parental leave in heterosexual couples are often “mother-led” (McKay and Doucet, 2010: 307). Mothers have a stronger influence over parental leave decisions compared to fathers, with UK workplaces generally holding different and gendered expectations regarding parental leave for women and men (Kaufman and Almqvist, 2017). Gender norms and stereotypes play a pivotal role in parental leave decision-making in men, with negotiations often revolving around gendered expectations of mothers and father (Cannito, 2020).

Research comparing the parental leave of biological versus adoptive parents found that whilst going through pregnancy increases the initial period of parental leave taken by mothers, the impact is minor (Moberg and Van Der Vleuten, 2023). Moberg and Van Der Vleuten (2023) find that persistent gendered stereotypes of mothers as primary caregiver and fathers as breadwinners are more likely to shape parents’ use of parental leave far more than financial factors or factors linked to biological parenthood.

With the introduction of SPL in the UK in 2015, there is a limited but growing area of literature examining how parents decide to split their leave. Fathers decide to use SPL as a means of performing as “super dads” and to unsettle gendered expectations of work and care (Banister and Kerrane, 2022: 11). Mothers emphasise the importance of parent care when making the case to their partner to use SPL (Twamley, 2021). However, despite the intention for SPL to disrupt gendered expectations around early childcare (Banister and Kerrane, 2022) and improve gender equality (Birkett and Forbes, 2019), couples have still been found to rely heavily on arguments of heteronormativity in

SPL negotiations (Twamley, 2021). Despite its ambitions, the take up of SPL in the UK is extremely low (CIPD, 2022a), with numerous barriers to use facing parents, including financial barriers, cultural barriers, parental gatekeeping and policy barriers (Birkett and Forbes, 2019).

Published research which looks at the experiences of LGBTQ+ parents accessing organisational and statutory parenting policies in the UK is incredibly limited. Gay fathers who conceived through surrogacy have been found to share parental leave equally, although they tend to arrange leave so that the genetic father takes leave first before the adoptive father (Evertsson and Malmquist, 2023). King, Huffman and Peddie (2013) examine access to parenting policy for LGBTQ+ parents. Their research highlights the issue that some LGBTQ+ parents face when accessing policy in having to 'out' themselves. The need to disclose sexual identity when requesting access to these policies may deter LGBTQ+ parents from seeking such policies in the first place (Ryan and Kossek, 2008). King, Huffman and Peddie (2013) recommend that organisations implement procedures and policies which do not require employees to provide details of their family structure, thereby avoiding any requirement to disclose sexual identity.

Languilaire and Carey (2017) call for future work-life research to explore the voices and perspectives of LGBT people. They argue that current work-life research tends to take a narrow and heteronormative view of the family, highlighting the lack of research that explores the perspectives of LGBT employees despite their "increasingly legitimate presence in organisational and societal discourse" (Languilaire and Carey, 2017: 101). As such, this thesis intends to expand the current research on the work-home decisions of heterosexual parents, by exploring the work-home decisions that

LGBTQ+ parents make in a bid to bring LGBTQ+ voices into the discourse. Expanding on the first research question which aims to explore the conceptual models that LGBTQ+ parents engage with when forming their families, this thesis intends to develop these models further by exploring what work-home decision-making processes LGBTQ+ parents engage with beyond the initial decision to become parents.

#### **2.4. Factors that influence LGBTQ+ parental decision-making**

Having outlined the literature on family formation and work-home decision-making, we turn now to examine the factors that influence these decisions for LGBTQ+ parents. Much of the literature examining the factors that impact decision-making in LGBTQ+ parents focuses on the initial decision of whether or not to become parents alongside decisions around pathways to parenthood. Gato, Santos and Fontaine (2017) describe how the factors that shape these parental decisions of lesbians and gay men are categorised into four key areas; sociodemographic (gender, age and cohort, and race/ethnicity), personal (internalisation of anti-homosexual prejudice and openness about one's non-heterosexual orientation), relational (one's partner's parental motivation and social support), and contextual (work conditions, access to LGBTQ+ support networks, information and resources, and social, legal and medical barriers). The following section explores these factors and their impact on the decision of whether or not to have children in more depth, whilst bringing in further literature on factors within these categories that also influence family formation and work-home decisions.

##### **2.4.1. Sociodemographic Factors**

Gato et al.'s (2017) study explores the factors that influence lesbian mothers' and gay fathers' decision to have children. They first explore the sociodemographic

factors that impact these decisions, exploring the influence of gender, age and cohort, and race and ethnicity. The following sections will explore the literature around these three key sociodemographic factors and how they influence the family formation and work-home decisions of LGBTQ+ parents.

## **Gender**

Gato, Santos and Fontaine (2017) claim that gender stereotypes and gender performance can affect the decisions of LGBTQ+ parents. To understand the gender roles and stereotypes that exist within both heteronormative and non-heteronormative relationships, and how these in turn impact parenting roles and parental decision-making, we must first understand how gender is viewed and constructed. The following section summarises some of the key positions within gender theory so that we can understand how these in turn impact gender norms and stereotypes. Since the 1960s and 1970s, gender has often been used as an interchangeable term for the sex of a person, and whilst it became a euphemism for sex in the latter half of the last century (Diamond, 2002), not all theorists see these as interchangeable terms. Foucault (1980) argues that gender, unlike sex, should be recognised as a fluid variable that shifts and changes in different societal, cultural and historical contexts. Additionally, other gender theorists argue that sex is not the fixed category that it has been assumed to be, with de Beauvoir claiming that ‘woman’ – and by extension ‘man’ – is a historical idea and not a natural fact, underscoring the distinction between sex as biological truth, and gender as the cultural interpretation of that truth (De Beauvoir, 1974; Butler, 1988). Butler, amongst other scholars, argues that even sex is a socially constructed phenomenon and is not biologically fixed (Butler, 1988, 1990). Contrastingly, feminist new

materialists argue that gender theory has devolved too far from biology and that the importance and role that biology plays in gender still needs to be included in the conversation (Wilson, 1998; Hird, 2004; Alaimo, 2008; Sullivan, 2012). Finally, Trans Theory has differing perspectives on gender, following two main concepts; beyond-the-binary and a binary model of gender, both of which are competing with other contemporary gender theories (Schilt and Westbrook, 2009; Connell, 2010). The following sections address these differing gender theories in greater depth within the wider theory of social constructionism that they fall under.

### ***Doing Gender***

Two pivotal theories of gender within social constructionism have been Butler's theory of gender as a performance and West and Zimmerman's theory of 'doing gender'. Butler's (Butler, 1988, 1990) theory of gender adopts the analogy of the theatre; she argues that gender is an act that has been rehearsed, much like a script that survives the particular actors making use of it, but also requires individual actors to reproduce this reality again and again. This repetition becomes a re-enactment and re-experiencing of a socially established set of meanings, with such repetition becoming an ordinary, practised and ritualised form of legitimation (Turner, 1974; Butler, 1988). Within this social performance of gender, individual bodies publicly put gender into 'action', with this public performance maintaining gender within its binary frame. According to Butler's theory, if the 'reality' of gender is constituted by this performance, then there can be no essential gender that these gender performances supposedly enact. She writes that "gender reality is performative which means, quite simply, that it is real only to the extent that it is performed" (Butler, 1988: 527), which is to say that

gender can neither be true nor false, neither real nor apparent. Butler's book *Gender Trouble* further separates biological sex from gender, writing that:

*“When the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that man and masculine might just as easily signify a female body as a male one, and woman and feminine a male body as easily as a female one”.*

(Butler, 1990: 10)

Within this theory, a transwoman's gender is as real as a cis-gendered woman's gender. Holding this to be true, Butler argues that “one is compelled to live in a world in which genders constitute univocal signifiers, in which gender is stabilized, polarized, rendered discrete and intractable” (Butler, 1988: 528). In other words, gender is made to comply with a model of truth and falsity that both contradicts its performative fluidity, but also serves to regulate and control gender. Performing one's gender incorrectly can initiate a set of punishments both obvious and indirect, and the successful performance of one's gender provides the reassurance that there is an essentialism of gender identity after all.

Whilst Butler's theory of gender is rooted in post-structuralism, other theories of 'doing gender' such as West and Zimmerman's (1987) have emerged from ethnomethodological approaches (Kelan, 2018). West and Zimmerman's (1987) theory of “doing gender” is a seminal work (McDonald, 2013) described as one of the “most celebrated concepts to enter the sociological lexicon” (West and Emmison, 2007: 813). West and Zimmerman's (1987) theory maintains that gender is an enduring omnirelevant and inescapable construct that can be “done” (Hirschauer, 1994, 2001).

This theory of gender moves away from the realist and reductionist understanding of sex as a set of fixed biological characteristics. Gender is seen as an outward reflection of this and this theory of gender shifts towards the concept of gender as an evolving feature produced by social interactions (West and Zimmerman, 1987; Fenstermaker and West, 2002). West and Zimmerman's (1987) model of doing gender is based on the work of Garfinkel (1967), Kessler and McKenna (1978) and (Goffman, 1976, 1977, 1979), and develops around a core argument that society perceives essential natures of manliness and womanliness as being extrinsic to particular contexts, operating with an understanding that two genders exist (West and Fenstermaker, 1995; Kelan, 2010). Building on Goffman's (1976) notion of 'gender displays' played for an audience, they argue that scholars must move beyond this towards a theory of "doing gender as an ongoing activity embedded in everyday interaction" (West and Zimmerman, 1987: 130).

From the ethnomethodological approach that they adopt, gender does not exist *a priori* but rather is produced through interaction. The stability and objectivity of the two genders is an *a posteriori* product of these social interactions. West and Zimmerman define their theory of gender as "a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine 'natures'" (1987: 125). Ethnomethodologists study how interactional activities such as gestures, body language and speech create gender and help it to reach reality (Kelan, 2010). West and Zimmerman argue that gender is not something that can be entered and exited, but is a "ritualized performance" that occurs "in the nooks and crannies of interactions", and one which is embedded into the minutiae of everyday life (West and Zimmerman, 1987: 130). How such constructs of

gender are 'done' in relation to gender roles, masculinity and femininity, and within both heterosexual and LGBTQ+ parenting will be discussed later in this section.

### ***Feminist New Materialism***

In response to such theories of gender, feminist new materialist perspectives criticise social constructionist views of gender for ignoring matters of biology (Ahmed, 2008; Alaimo, 2008). Labelled by Sara Ahmed as feminist new materialists, these academics often criticise feminism for being “routinely anti-biological” and “habitually ‘social constructionist’” (Ahmed, 2008: 24). In this case, materialism refers to living versus non-living matter rather than the definition often associated with materialism as social and economic relations between men and women (Hird, 2004; Davis, 2009). New materialism rests on the critique that feminism and social constructionism have fixated on culture, discourse and language to the detriment of ‘matter’ (Sullivan, 2012). Barad, identified as a feminist new materialist by Ahmed, writes that:

*“Language matters. Discourse matters. Culture matters. There is an important sense in which the only thing that does not seem to matter anymore is matter”* (Barad, 2003: 801).

Similarly, Alaimo and Hekman assert that whilst poststructuralist feminists attest to deconstruct binary logic, “there is one dichotomy that they appear to embrace almost without question: language/reality” (Alaimo and Hekman, 2008: 2). Wilson (1998) argues that feminist analyses of corporeality have been entirely reduced to cultural discussions, calling for feminists to consider matters of biology, bodies and matter as the important but often disregarded details of corporeality.

In response to these critiques of post-structural feminism, Sullivan writes that what makes her uncomfortable is “the distinction between ‘culture’ and ‘matters’ (as discernible elements) that are produced by the feminist new materialist perspective of poststructuralist feminism that is comprised of what it claims to “merely ‘observe’” (Sullivan, 2012: 301). Sullivan goes so far as to equate feminist new materialism with quasi-religion, and an ability to see the all-important truths of science that (post-structural) feminists have “unwittingly missed, or blindly refused to see” (2012: 302).

Van der Tuin (2008) argues that this new materialism confirms that bodies are constituted in encounters instead of merely affirming the biological or cultural body, going beyond ‘pure’ materiality and allowing a transdisciplinary perspective that draws upon both feminist science studies, feminist postcolonial studies and Deleuzian feminism. This, she argues, results in third-wave materialism, a feminist epistemic realm where “we do not find the constitution of a (historical) materialism ‘proper’ or the uncritical celebration of feminist standpoint theory, nor do we find feminist biologies of the past. What we find here is feminist generation” (van der Tuin, 2008: 415). It is important to understand theories of feminist new materialism and theories of socially constructed gender when turning to Trans Theory, which offers two competing themes that draw from both of these camps.

### ***Trans Theory***

This section now turns to examining theories within Trans Theory and defining terms within transgender research in order to better understand how these different theories of gender relate to Trans Theory. The term “transgender” entered the public lexicon in the mid-1980s (Ekins and King, 2002), generally replacing the earlier term

“transsexual”, which is now used specifically when referring to people who have had or desire surgical and medical procedures which will result in a match between their sex and their gender (Connell, 2010). The term *transgender* is then used to refer to individuals who deliberately reject their original gender assignment and can be used regardless of surgical or medical status (Connell, 2010). The category of transgender includes people who label themselves as transwomen (or male-to-female), transmen (or female-to-male), or genderqueer, with genderqueer generally referring to gender identification other than that of “man” or “woman” (Connell, 2010). The term transpeople has then become the generic category used to describe everyone in these various categories. When discussing parenting, the term trans and non-binary parents will be used throughout this thesis, referring to the broader category of transwomen, transmen and genderqueer individuals.

Much of Trans Theory talks about the link between the sex/gender/sexuality system (Schilt and Westbrook, 2009; Elliot, 2010; Nagoshi and Brzuzy, 2010; Bettcher, 2014; Westbrook and Schilt, 2014). Trans Theory challenges heteronormativity as the collection of cultural, legal, and institutional practices that maintain the normative assumptions that there are only two genders which are reflective of biological sex, and that only sexual attraction between these ‘opposite’ genders is natural (Kitzinger, 2005b; Schilt and Westbrook, 2009). Men and women’s assumed psychological and embodied distinctions are widely held to be complementary ‘opposites’ that require particular relationships with one another (Connell, 1995). The taken-for-granted assumption that heterosexuality and gender identity follow from genitals produces this heteronormativity, despite genitals not being visible in most social interactions (Schilt

and Westbrook, 2009). People assume that gendered appearances reflect a biologically sexed reality (West and Zimmerman, 1987), however, transpeople disrupt these cultural expectations that gender identity is an undisputable derivation of biology (Garfinkel, 1967; Kessler and McKenna, 1978), successfully ‘doing’ masculinity or femininity without having the genitalia that are presumed to follow from their outward appearance (Schilt and Westbrook, 2009).

Within many social interactions, the genitalia and private bodies of transpeople do not matter; if they ‘pass’ in their desired social gender then their appearance is taken as proof of their biological sex (Schilt and Westbrook, 2009). Sexual encounters disrupt this assumption that people who look like women have vaginas and people who look like men have penises. This can often lead to violent reactions particularly in men (Schilt and Westbrook, 2009) as it calls the heterosexuality of cisgender people into question. Heterosexuality plays an important role as “the heterosexual framework that centres upon the model of penis-vagina penetration undoubtedly informs the genital division of male and female” (Bettcher, 2007: 56). Whilst genitalia are often used to determine another person’s gender in (hetero)sexual and sexualised interactions (Westbrook and Schilt, 2014), within non-sexual interactions and settings such as the workplace, visual cues and implicit rules on an interactional level are used to act as proxies for biological criteria which are invisible in many interactions (Westbrook and Schilt, 2014). Trans theorists have argued that transpeople – as all people – have ‘cultural genitalia’ that derive from their gender presentation (Kessler and McKenna, 1978) which supports their social identity; for example, men sporting facial hair (Schilt and Westbrook, 2009). In non-sexual environments such as the workplace, it is this identity-based determination

of gender which is more likely to occur as opposed to the biological criteria-based determination of gender which most often occurs in (hetero)sexual and sexualised interactions (Westbrook and Schilt, 2014).

These two determinations of gender feed into the two main and often competing positions within Trans Theory; one within the gender binary, termed the “wrong body” model by Bettcher (2014), and one which goes ‘beyond the binary’. The term *transgender* was originally used as an umbrella term for those beyond the gender binary (Bettcher, 2014), with this engagement in the subversion of the apparent essentialist gender binary celebrated by scholars in a ‘post-queer’ landscape for resisting gender norms (Butler, 1990, 1993; Noble, 2006; Serano, 2007). Butler argues that transsexuality should be a challenge to “reigning biological descriptions [rather] than an acceptance of received biological descriptions” (in More, 1999: 292), contending that doing so would reduce transpeople to “strategic players in a gender order they would otherwise refuse” (Elliot, 2010: 47) rather than considering individual experiences with gender. According to Salah (2006), transpeople position themselves within the binary categories of this system in order to maintain congruence between sex and gender. Scholars argue that in praising transpeople’s opposition to sex/gender congruence, other invisible aspects of the experiences that many transpeople claim are specific to them are rendered invisible (Namaste, 2005; Salah, 2006). Whilst gender theorists such as Butler do not intend to deny transsexual realities which may lie on the binary, her ideal gender landscape beyond this binary is one which denies the desires and experiences of many transpeople.

As opposed to the concept of “doing gender” outlined previously which draws on West and Zimmerman’s (1987) framework of gender, arguments surrounding Trans Theory and the doing of gender posit whether gender can be ‘redone’ or ‘undone’ in relation to both cisgender and transpeople. Some feminist sociologists have called for greater attention on the undoing of gender (Deutsch, 2007; Risman, 2009), suggesting that undoing gender might happen “when the essentialism of binary distinctions between people based on sex category is challenged” (Risman, 2009: 83). However, West and Zimmerman (2009) responded to this interpretation of their theory, arguing that “undoing” implies the abandonment of accountability to sex category, instead contending that gender is “not so much *undone* as *redone*” (West and Zimmerman, 2009), with accountability structures shifting to allow for challenges to the sex category. This results in less oppressive ways of doing gender that is never entirely eradicated. Looking at this argument through a Trans Theory lens, transpeople are seen by one side of the argument as disrupting the gender binary through their blending of their current and forming gender biographies. By drawing attention to their disruption of the sex/gender/sexuality system, they are argued to be undoing gender (Risman, 2009).

Conversely, West and Zimmerman (2009) offer the competing view that transpeople are evidence for the impossibility of gender’s undoing, enacting a hybrid of gender performance and ‘redoing’ the accountability structures that maintain the rigid boundaries between men’s and women’s gender presentations. They maintain that whilst this redoing of gender may challenge the essentialist notions of masculinity which support men’s power in society, it does not eliminate gender entirely. Connell (2010) extends this engagement with Trans Theory further, arguing that the unique

interactive challenges and insights experienced by trans people result in them “doing transgender” regardless of whether they decide to mask or highlight the discordance between their sex/gender/sexuality system. Connell (2010) suggests that there is a separate way of ‘doing’ gender for transpeople and that transpeople ‘do transgender’. However, this appears to only distinguish the rift between trans people and cisgender people further and suggests that transpeople are not really ‘doing gender’ properly. What this then means for trans and non-binary parents and how they experience parenting and gendered parenting norms will be discussed further in this chapter.

Within Trans Theory and research on trans people, there has been a particular focus on how trans and non-binary people experience gender dysphoria (Beischel, Gauvin and van Anders, 2022). Gender dysphoria is a sense of distress or unease that a person may feel because of a mismatch between their biological sex and their gender (NHS, 2024a). This sense of gender dysphoria can be accompanied by physical and emotional manifestations (Pulice-Farrow, Bravo and Galupo, 2019) but can also be social (Galupo, Pulice-Farrow and Lindley, 2020). Gender dysphoria can sometimes be eased by transition, however this may not always be possible or even wanted by the individual in question (Galupo, Pulice-Farrow and Lindley, 2020; Beischel, Gauvin and van Anders, 2022). On the other hand, trans and non-binary people can experience gender euphoria, although this is not as widely studied (Beischel, Gauvin and van Anders, 2022). The converse of gender dysphoria, gender euphoria involves the “distinct enjoyment or satisfaction caused by the correspondence between the person’s gender identity and gendered features associated with a gender other than the one assigned at

birth” (Ashley and Ells, 2018: 2). Both of these concepts highlight the importance of gender and gender theories within Trans Theory.

## **Gender Roles**

Having taken into account the different theories of gender that exist and the different ways that individuals might engage with them, the following section builds on this and explores normative gender roles. In doing so, we will explore how gender acts as an influencing factor on LGBTQ+ parents as outlined by Gato, Santos and Fontaine (2017). Building on the previous sections on theories of gender, this section examines the literature on gender roles, what it means to perform femininity, masculinity, and gender hegemony in Western culture.

Early arguments on the differences between men's and women's performances of masculinity and femininity rested on the assumption that there were innate underlying differences in the traits, characteristics and temperaments of men and women (Stets and Burke, 1992). However, we now understand that femininity and masculinity are the results of differences in the socialisation of men and women, and the different cultural expectations which are held for each gender (Stets and Burke, 1992). Whilst numerous gender discourses ascertain what is constructed as “masculine” or “feminine”, these constructs are culturally, historically and socially specific (Pini and McDonald, 2008). The pluralistic terms “masculinities” and “femininities” are used throughout gender scholarship, with a variety of socially constructed gendered identities seen to exist within this dichotomy. Within these pluralities of masculinities and femininities, the notion of “hegemonic masculinities” and “hegemonic femininities” are ones that are culturally exalted (Connell, 1990, 1995,

2000). The following sections will examine what it means to perform hegemonic femininity and motherhood, hegemonic masculinity and fatherhood, followed by a discussion on how LGBTQ+ couples subvert gender hegemony. In doing so, we explore how gender roles impact how LGBTQ+ individuals make decisions around family formation, work-life balance, and parenting.

### ***Doing Femininity and Motherhood***

According to De Beauvoir (1974), one learns to become a woman, with femininity imposed upon women from wider society in the form of cultural stereotypes. In conforming to these stereotypes and through their performance, women normalise their subjugation and position in these cultural norms. But what is typically seen as a performance of femininity within these cultural stereotypes? The following section will explore what has typically been seen as women's role in society, the workplace, and the home, and how women have been expected to perform femininity in accordance with these norms.

Connell writes that within this hegemonic femininity, there is an emphasis on "compliance, nurturance, and empathy as womanly virtues" (1987: 188). Women have typically been seen as natural mothers who are able to care for children, rendering the role of carers and nurturers ideal for women (Woollett and Marshall, 2000). Historically, motherhood has been interwoven with the notion of femininity and women's gender identity (Chodorow, 1989; Glenn, 1994; McMahon, 1995), with motherhood presumed to be the primary or predetermined identity for women (Arendell, 2000). This ideology can lead women to not feel this 'natural' bond to their children, feeling as though they are 'unnatural' carers or 'bad mothers' (and by extension 'bad women') (Woollett and

Marshall, 2000; Choi et al., 2005). Conflict with this ideology and expectation is associated with depression following childbirth as a result of not being able to meet this ideal (Mauthner, 1999) as well as linked to women feeling as though their status as a woman has changed (Oakley, 1980; Nicolson, 1998).

As well as a normative pressure for women to perform as natural mothers, women have also reported feeling pressure to perform as “superwomen”, able to handle many competing demands on top of caring for a new-born baby, including domestic tasks and caring for others (Choi et al., 2005). Women are so fearful of showing any failure to meet these cultural standards that they are then shown to work harder towards meeting these expectations (Mauthner, 1999; Walkerdine V., Lucey and Melody, 2001; Choi et al., 2005) and thus perpetuate and reinforce the harmful ‘superwoman’ ideology of femininity (Butler, 1990). This pressure to perform as a ‘superwoman’ is exacerbated by the theory of intensive mothering (Hays, 1996) which declares mothering as “exclusive, wholly child-centred, emotionally involving and time-consuming” (Arendell, 2000: 1194). Within this concept of intensive mothering, the mother is self-sacrificing, putting the needs of others above her own (Bassin, Honey and Kaplan, 1994). Mothers are then responsible for the needs of their children and ultimately accountable “for shaping the kinds of adults these children will become” (Hays, 1996: 108). Within the ideology of intensive mothering, there is a consistent view amongst working-class and affluent mothers that mothering should be child-centred and emotionally involved, however, the way this is interpreted and then practised varies (Hays, 1996; Bell, 2004). The practices of intensive mothering are used as a normative standard against which all mothering is measured (Hays, 1996). This notion of the ideal

mother is entwined with the idealised notion of the White, middle-class, heterosexual nuclear family (Arendell, 2000). Those family units or mothers who do not conform to this ideal narrative are judged by others (Arendell, 2000; Bell, 2004). Since family law and social policies are often written alongside this ideology of intensive mothering and the presumption of the White, middle-class, heterosexual nuclear family (Fineman, 1995; Abramovitz, 1996; Arendell, 2000) deviations from this norm are marginalised or forced to fit with it. In more recent years, academics have examined ‘good mother ideology’ which refers to the belief that mothers only qualify as ‘good’ if they adhere to the ideals of intensive mothering (Williamson et al., 2023).

Whilst many of these studies took place almost two decades ago, more recent findings suggest that this stereotype still prevails, with women still acting as the primary caregivers in UK households (Wheatley, 2017). In keeping with this, when women do enter the labour market they make up the majority of part-time workers in the UK (Francis-Devine and Hutton, 2024) and are more likely to make use of flexible working arrangements (Wheatley, 2017) which allows them to carry out their caring roles. Notably, since the COVID-19 pandemic there has been a strong increase in the number of women in full-time work whilst the number of women working part-time has decreased (House of Commons, 2020). Women are still more likely than men to work part-time, with 38% of working women in part-time employment, but this decrease in the number of women working part-time has been put largely down to an unknown impact of the coronavirus pandemic (House of Commons, 2020).

### ***Doing Masculinity and Fatherhood***

Connell defines hegemonic masculinity as “the configuration of gender practice which embodies the currently accepted problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women” (1995: 77). Much of the literature on masculinity argues that paid work is central to men’s construction of their own masculinity (Fitzsimons, 2002). The part of being a man within society, therefore, is done through playing the role of breadwinner, with(Acker, 1992) taking this further by arguing that the terms “worker” and “job” are not gender neutral, but rather refer to men and their domain.

Connell (1987) argues that hegemonic masculinity is defined through its difference to femininity. She writes that “there is no femininity that is hegemonic in the sense that the dominant form of masculinity is hegemonic among men” because “all forms of femininity in this society are constructed in the context of the overall subordination of women to men” (Connell, 1987: 186-187). Schippers (2007) disputes this, arguing that a “hegemonic femininity” exists as the expression of feminine characteristics which “establish and legitimate a hierarchical and complementary relationship to hegemonic masculinity and that, by doing so, guarantee the dominant position of men and subordination of women” (2007: 94). Thus, the cultural stereotype of women as a natural carer within femininity is both perpetuated by and feeds into the stereotype of men as breadwinner within hegemonic masculinity.

Turning from socially constructed masculinities towards fatherhood, recent years have seen an increase in interest both publicly and academically in “new fatherhood” (Gregory and Milner, 2011). Hegemonic masculinities encourage traditional gendered parenting roles, with “new fatherhood” challenging these constructions

(Lewington, Lee and Sebar, 2021). With a rise in dual-earner families and a cultural shift towards gender egalitarianism, there has also been a shift in expectations and ideals of fatherhood (Lewington, Lee and Sebar, 2021). Traditional gendered parenting models see the father as the main provider for the family, with the mother's role as the main caretaker for the home and children (Suwada and Plantin, 2014). Whilst the notion of 'good' fatherhood is arguably still connected to ideals of fathers as breadwinners (Gottzén and Kremer-Sadlik, 2012), contemporary fathers are also expected to be caring and involved in family life (Pleck and Masciadrelli, 2004). Contemporary fathers have been found to incorporate inclusive masculinities (Anderson, 2009) into their caring, whilst still adopting traditional masculine constructions (Lomas, 2013) into their fatherhood (Brandth and Kvande, 2018). These fathers are found to integrate the values and practices of care into their fathering and masculinities (Brandth and Kvande, 2018), moving from conventional fatherhoods towards more caring masculinities (Elliott, 2016). How LGBTQ+ parents and other non-heteronormative parents fit within these new definitions of fatherhood and parenthood more broadly will be discussed in the following section.

### ***Against the Gender Hegemony***

Butler (1990) views heterosexual desire as what binds masculinity and femininity within the male/female binary and hierarchical relationship. Heterosexual desire is therefore defined as the basis of hegemonic masculinity (Connell, 1987; Dowsett, 1993; Fejes, 2000; Anderson, 2002; Garlick, 2003; Kimmel, Hearn J. and Connell, 2005), with heterosexuality acting as the normative constitution of a naturalised relation between "male *active* dominance" and "female *passive* receptivity" (Budgeon, 2014: 323).

Schippers (2007) writes that within contemporary Western societies, this difference within the gender hegemony is what heterosexual erotic attachment is defined in relation to, bringing hegemonic masculinities and femininities together as complementary opposites which reinforce this heterosexual binary. Foucault (1980) goes so far as to argue that this link between heterosexuality and gender hegemony exists in a bid to serve reproductive interests.

Hegemonic masculinities and femininities reinforce the gender hegemony and power relations between men and women (Schippers, 2007). What Schippers (2007) labels as 'pariah femininities' and Connell (1987) terms 'subordinate masculinities', that is, those femininities and masculinities which lie outside of the gender hegemony, serve as direct challenges to it. Women who engage in 'pariah femininities' include women who exhibit a sexual desire for other women, women engaging in promiscuous behaviour, or women exhibiting overtly aggressive behaviour (Schippers, 2007). These characteristics, which often are associated with masculinity, are not perceived to be masculine characteristics when performed by a woman (Budgeon, 2014). Conversely, Butler's (1993) theory of 'the lesbian phallus' theorises how the Lacanian symbol of masculine power, the penis, can be detached and used to dismantle masculinity by women, especially lesbian women. Gardiner (2012) writes about female masculinity as a paradoxical and unstable concept which can never successfully undermine masculinity whilst it relies on its existence. Whilst many of these theories of pariah masculinities and femininities discuss both heterosexual and LGBTQ+ individuals' challenging of gender hegemony, some academics focus solely on how LGBTQ+ people go against traditional or normative gender roles. Halberstam praises Butler's theory of

the lesbian phallus for depicting the “possibility of a female body both being and having phallic power” by dissociating “the phallus from the penis” (1998: 356-357). He argues that this female masculinity performed by many lesbians is a gender independent from authentic masculinity performed by men, arguing that female masculinity “offers an alternative mode of masculinity that clearly detaches misogyny from maleness and social power from masculinity” (Halberstam, 2002: 345).

These theories, whilst trying to dismantle patriarchal and masculine power, rest on the assumption that there are only two genders or two natural states for bodies: having a phallus or not having one (Gardiner, 2012). Gardiner (2012) critiques both theories for the way in which they reinforce the gender binary of Lacanian logic that they are trying to dispute, disregarding alternative categories, such as androgyny and the experiences of other women performing femininity. She argues that the concept of female masculinity presented by both Butler and Halberstam “continues a broader devaluation of femininities, and reinforces the cultural failure to develop alternative, nonbinary genders and un- or less gendered identities” (2012: 596).

Schippers (2007) argues that the subordinate masculinities that Connell (1987) writes about could actually be argued to be hegemonic femininity performed by men. She postulates that there are no pariah masculinities, but rather these performances are decidedly feminine. Attempts to embody masculinity and subordinate femininity by gay men can be seen in the power relations within queer culture. Gay men have been found to claim their status as ‘real men’ performing ‘real masculinity’ by shaping their gay identity in juxtaposition to lesser feminine forms such as “bear” in contrast to “twink” (Hennen, 2005), “top” in contrast to “bottom” (Lambeviski, 1999; Kippax and

Smith, 2001; Underwood, 2003) or as a “straight gay” in contrast to an effeminate gay man (Connell, 1992; Smith, Kippax and Chapple, 1998). In this, masculinity maintains its superiority over femininity through the subordination of these male femininities. Gardiner (2012) writes how the performance of masculinity is often a source of insecurity for men. Chodorow (1978) argues that internalised masculinity is therefore defined negatively through the denial of femininity, heightening the division between men and women.

It is important to note that these frameworks of hegemonic masculinity and femininity are Western and white social constructions (Butler, 1990; Choi et al., 2005; Schippers, 2007). Schippers (2007) highlights how this gender hegemony is culturally specific and based largely on the experiences of white, middle-class men and women. She argues that hegemonic masculinities and femininities bend and change through the lenses of race and class difference and posits that we should try to identify hegemonic masculinities and femininities in both white, middle-class culture *and* non-white, middle-class culture. She argues that “gender hegemony benefits from race and class hegemony when the gender practices of subordinate race and class groups are defined as problematic” (Schippers, 2007: 100). In doing this, the ideals of hegemonic femininity and masculinity are embodied and legitimised.

Gato, Santos and Fontaine (2017) highlight the impact that gender and gender roles can have on the decisions of LGBTQ+ parents. Within the literature, we can see extant studies that highlights how egalitarianism features heavily in LGBTQ+ relationships. As highlighted in models of lesbian motherhood decision-making (Chabot and Ames, 2004; Somers et al., 2017). LGBTQ+ parents must make decisions within

their family structure around the division of labour. Within dual-earner couples, couples must make decisions about working hours and how to balance work and family, and within heterosexual couples decisions around working hours might be based on gender and gender role expectations (Kaufman and Bernhardt, 2015). Within LGBTQ+ couples however, couples have been found to have more egalitarian relationships in the way they split parental leave split parental leave (Barcus, Tigges and Kim, 2019), household labour and decision-making (Patterson, 1995; Sullivan, 1996; Goldberg et al., 2012; Dunne, 2000). Instead of basing these decisions on gender roles, same-sex couples have been found to make decisions based on factors such as personal circumstances, finances, career interest, and desire to spend time with children (Perlesz et al., 2010). Goldberg, Smith and Perry-Jenkins (2012) argue that LGBTQ+ couples have greater egalitarianism within their relationships since heteronormative and gender constrictions of paid and unpaid work are less present. Similarly, Dunne (2000) claims that lesbian mothers have a “distinct pattern of equality and sharing compared to heterosexual parents” (Dunne, 2000: 31), with Patterson (1995) arguing that lesbian-parented families more evenly share household responsibilities such as household labour, childcare and family decision making. Perlesz et al. (2010) argue that these family roles can be negotiated within same-sex relationships since there are no socially assigned gender roles.

Key to these egalitarian relationships is the way in which LGBTQ+ couples communicate with each other. Open and clear communication is seen as a key element of both heterosexual and LGBTQ+ romantic relationships (Epstein et al., 1993; Nicotera, 1993; Olson, 1993; Walsh, 1993, 1998; Fowers, 1998) with extant literature examining

the importance that same-sex couples place on good communication in their relationships (Rostosky et al., 2006). Communication in these relationships is used to resolve conflicts (Berzon, 1988; Riggle et al., 2016), make decisions (Kurdek, 1998) and as the basis of egalitarian relationships (Goldberg, Smith and Perry-Jenkins, 2012; Barcus, Tigges and Kim, 2019). Communication is used as a means for couples to negotiate with each other (Connolly and Sicola, 2005) and is often seen as the key to a long and successful relationship (Rostosky et al., 2006; Riggle et al., 2016). Whilst heterosexual parents have been found to communicate with each other around daily decisions (Radcliffe and Cassell, 2014), the literature on LGBTQ+ parents clearly indicates that this communication is ongoing and continuous.

### **Race and ethnicity**

In discussing race and ethnicity as influencing factors on the parental decisions of LGBTQ+ individuals, Gato, Santos and Fontaine (2017) highlight how previous research on LGBTQ+ parents has mainly focused on the experiences of white lesbians and gay men. Studies in the USA have found that Black, indigenous and Latinx LGBTQ+ people to be more likely than other LGBTQ+ individuals to be raising children (Kastanis and Wilson, 2014). Kastanis and Wilson (2014) study also found that same-sex couples are more likely to be interracial and create families that comprise of parents and children from different racial/ethnic backgrounds compared to heterosexual couples. Tasker and Rensten (2019) suggest that having children from a previous heterosexual relationship is the most common method of family formation among LGBTQ+ people of colour. Moore (2011) finds that Black lesbians are less likely than White women to use alternative methods of conception. She argues that the high costs associated with ART

combined with Black lesbian couples' lower incomes compared to White lesbians acting as a major reason for this difference (Moore, 2011). For LBQ women of colour who do use ART as a method of conception, often there are limited sperm donor options available to them if they wish to select a donor who is the same ethnicity as them. Karpman, Ruppel and Torres (2018) found that Korean LBQ women worried that their children would be genetically related to other children in the Korean queer community due to only one Korean sperm donor available at a sperm bank. They suggest that often LBQ women of colour choose known donors to avoid worries such as this (Karpman, Ruppel and Torres, 2018). Karpman, Ruppel and Torres (2018) warn against the risks associated with known sperm donors, arguing that if LBQ women of colour disproportionately use known sperm donors, they are opening themselves up to legal vulnerabilities and custody disputes that are avoided when using anonymous sperm donation. Much of the literature on queer families of colour focuses on Black lesbian motherhood. Whilst there are one or two studies that examine the experiences of other LGBTQ+ parents of colour, these are mostly carried out alongside an examination of other demographics (see Carroll, 2018).

Research examining the experiences of LGBTQ+ parents of colour after becoming parents has found that LGB people who are ethnic minorities experience significantly more racial and ethnic prejudice than white LGB individuals in both major life events and through everyday discrimination (Meyer, Schwartz and Frost, 2008). Compared with White LGB parents, ethnic minority LGB parents experienced increased levels of strain relating to finances, parenting and relationships (Meyer, Schwartz and Frost, 2008). When taking part in family events and rituals, Black lesbian couples have

been found to de-sexualise their relationships to accommodate stigma towards same-sex relationships within their communities (Glass, 2014).

### **Age and cohort**

Gato, Santos and Fontaine (2017) include age and cohort as their final sociodemographic factor that influences the parenting decisions of LGBTQ+ individuals, although only a small number of studies have examined this impact on decision-making. Age has been found to be a statistically significant predictor of both parenting desires and intentions in LGBTQ+ individuals (Riskind and Patterson, 2010). A study examining the parenting decisions of gay men found that younger gay men are more likely than older men to report that they could use adoption or foster care as a pathway to parenthood (Riskind, Patterson and Nosek, 2013). Tornello and Patterson (2015) argue that generational cohorts of LGBTQ+ individuals may have distinctly different experiences to other cohorts. They find that generational shifts in pathways to parenthood occur within LGBTQ+ individuals, with younger generations of gay men more likely to become parents through adoption, foster-care, and surrogacy within same-sex relationships whilst older generations are more likely to have children from previous heterosexual relationships (Tornello and Patterson, 2015).

### **Financial influences and social class**

Although Gato, Santos and Fontaine (2017) do not discuss finances and class as a separate influencing factor, they do discuss it alongside other demographics such as gender, age and ethnicity, as well as calling for future research to examine how class and wealth impact the decisions of LGBTQ+ parents. Other research does examine financial resources as a key contextual factor that impacts the decisions of LGBTQ+

parents when forming a family, with studies finding that financial security impacts same-sex couples' parenting decision-making (Berkowitz and Marsiglio, 2007; Mezey, 2008; Rabun and Oswald, 2009). With the cost of family formation particularly high for LGBTQ+ parents looking at ART or adoption, many LGBTQ+ parents use their savings and risk their financial security on these processes (Levitt et al., 2020). Rabun and Oswald (2009) found that young gay men intend to delay parenting until they are financially stable, considering their early thirties to be the optimum time to become a parent. Whilst heterosexual couples are also found to wait until they are financially secure before trying to conceive (Budds, Locke and Burr, 2016), they may also be faced with decisions around unintended pregnancies (Klann and Wong, 2020). Whilst some heterosexual couples may use ART, this is often for infertility treatment, and they are more likely to have this treatment funded by the NHS (HFEA, 2020). As such, the financial strain of adoption or pregnancy presents a significant challenge and stress for prospective LGBTQ+ parents (Ross, Steele and Epstein, 2006; Wall, 2011).

As well as financial resources, social and financial class can impact the decisions and access to family formation decisions of LGBTQ+ parents. Mezey (2008) compares the mothering decisions of middle-class lesbians and working-class lesbians, finding that middle-class White lesbians have access to race and class privilege which makes it easier for them to come out to their families, be accepted by them and access their support, thus making it easier for middle-class White lesbians to decide to become mothers. Similarly, Berkowitz and Marsiglio (2007) find that the financial stability and privilege afforded to middle-class gay men facilitate family

formation when seeking to become parents, allowing them to overcome financial barriers which they may face.

#### **2.4.2. Personal Factors**

The personal factors that influence the parental decisions of LGBTQ+ parents outlined by Gato, Santos and Fontaine (2017) consist of the degree to which LGBTQ+ parents have internalisation of anti-homosexual prejudice and the degree to which they are open about their sexuality. In order to understand the degree to which LGBTQ+ individuals may have internalised homophobia around their sexuality, we must first understand concepts of heteronormativity and heterosexism.

Heteronormativity is a term widely used in contemporary political, social, and critical theory to describe a set of practices which are derived from and reinforce the assumptions within the sex/gender/sexuality system (Kitzinger, 2005a). These taken-for-granted assumptions are based on the presumptions that there are only two sexes; that people of different sexes are sexually attracted to one another and that this is “natural”; that these sexual relations can be celebrated and displayed through social institutions such as marriage and family; and that those who deviate from this norm through same-sex relations are ‘other’ and a variation on the heterosexual norm (Kitzinger, 2005a). Suter and Daas (2007) define heteronormativity as “an ideology that assumes heterosexual experience is the normal human experience” (2007: 178). Nielsen, Walden and Kunkel (2000) discuss how the term “heteronormativity” is used in an increasing body of literature which problematises heterosexuality (Kitzinger, Wilkinson and Perkins, 1992; Wilkinson and Kitzinger, 1994; Maynard and Purvis, 1995; Adkins and Merchant, 1996; Richardson, 1996). This body of literature attempts to highlight the

heteronormative expectations which have been institutionalised within what Rich (1980) calls “compulsory heterosexuality”. That is to say that as well as heterosexuality seen as ‘default’ and taken-for-granted, it also maintains cultural dominance over deviations to this norm through the compulsory character of institutionalised heterosexuality (Nielsen, Walden and Kunkel, 2000).

Elia argues that a ‘certain type’ of heterosexual relationship is seen as more respectable and healthier than others, with the ideal traditional heterosexual family revolving around marriage, procreation, property ownership, and middle-class and white values (Elia, 2003). Organised religions such as Christianity have helped to create and valorise the ideal of a heterosexual, marital couple (Elia, 2003). Chevrette (2013) writes that families act as the primary vehicle for heteronormative ideologies, being a site of both biological and cultural reproduction. Despite recent changes to family structure in the West such as acceptance of same-sex relationships, higher divorce rates, and a greater number of people choosing to marry later in life or not at all and with the majority of families not even fitting within this nuclear family ideal (Elia, 2003), heteronormative relationships pervade and continue to be “valorized as ‘normative’” (Jackson, 2006:105). Heterosexuality remains as the taken-for-granted “normal” within family communications (Elia, 2003; Chevrette, 2013), continuing as “the unmarked, presumed to be universal category of sexuality” (Lovaas, 2003: 94) with the ideology of the “heterosexual, nuclear, white, middle-class family” (Chevrette, 2013: 174) pervading.

Gato, Santos and Fontaine (2017) argue that an internalisation of homophobia and lack of openness around one’s sexuality could represent major barriers among

LGBTQ+ people in pursuing parenthood. LGBTQ+ individuals are aware of and parent within parenting and procreative frameworks designed for heterosexuals (Berkowitz and Marsiglio, 2007). Goldberg (2013) discusses how same-sex couples operate within a “larger (heteronormative) societal context”, thus making them aware of heteronormative discourses (Goldberg, 2013: 87). In their study examining how gay fathers negotiate different identities, Berkowitz and Marsiglio (2007) found that gay fathers were negatively affected by the “prevailing heterosexist ideology” and worried about perpetuating societal myths and stereotypes about gay parenting (Berkowitz and Marsiglio, 2007: 375). In a study exploring the experiences of gay men and lesbians adopting, a small number of parents were found to have doubts about their ability to parent, with internalised homophobia and oppression causing parents to question whether their sexually meant that they would not be “good parents” (Brown et al., 2009: 238). DeMino, Appleby and Fisk (2007) find that lesbian mothers experience more internalised homophobia than childless lesbians, arguing that having children makes them vulnerable to internalising the societal homophobia that “questions the legitimacy of their families and their competence as mothers” (DeMino et al., 2007: 170). Furthermore, Riskind, Patterson and Nosek (2013) argue that older LGBTQ+ individuals are more likely to view their non-heterosexual identity as incompatible with parenthood compared to younger generations. However, other studies have found that LGBTQ+ couples experience discomfort in replicating and perpetuating heteronormative arrangements (Gabb, 2005; Downing and Goldberg, 2011) and this thesis is therefore interested in exploring further how heteronormative assumptions and expectations

influence the family formation and work-home decision-making process of LGBTQ+ parents.

Hudak and Giammattei (2014) argue that within heteronormativity is “the heteronormative presumption that everyone is heterosexual unless proven otherwise”, best represented by people’s openness about their sexual identity (Hudak and Giammattei, 2014: 50). Studies have also found openness about one’s sexual identity to impact parenthood. Tornello and Patterson (2015) found that gay men who had children after coming out had less difficulty coming to terms with their sexuality, experienced less uncertainty about their sexuality, were less sensitive to gay-related stigma, and had less motivation to conceal their sexuality compared to gay men who had children before coming out. Additionally, men who had children in the context of gay relationships were found to be more open about their sexuality and received more social support (Tornello and Patterson, 2015). It would therefore be interesting to explore whether openness about one’s sexuality impacts decisions beyond pathways to parenthood and permeates the work-life decisions that LGBTQ+ parents must make.

#### **2.4.3. Relational Factors**

Relational factors such as support from a partner or social support can also impact family formation decision-making (Gato, Santos and Fontaine, 2017). The following sections explore how social support and partner’s parental motivations and aspirations can influence decisions for LGBTQ+ parents on their pathway to parenthood.

### **Partner's parental motivation**

Whether or not one's partner has the motivation or desire to become a parent can influence the decisions on LGBTQ+ individual's pathway to parenthood (Gato, Santos and Fontaine, 2017). As highlighted in the models of lesbian motherhood decision-making, the desire for pregnancy and childbirth impacts decisions lesbian mothers using ART as a pathway to parenthood around who will be the biological mother and who will carry the pregnancy (Chabot and Ames, 2004; Somers et al., 2017). Studies have found that whether or not someone wants to bear children acts as a determining factor in lesbian couples making decisions on pregnancy and childbirth (Goldberg, 2006). In cases where both mothers want to be pregnant, other factors such as health, fertility, age and career are used to make a decision (Goldberg, 2006). Within gay couples, individuals consider their partner's desires and goals when making decisions around whether or not to become a parent as well as *when* to become a parent (Goldberg, Downing and Moyer, 2012). With partners' desire and motivation to have children so important to LGBTQ+ parents, it is no surprise that studies have found LGBTQ+ couples discussing shared desires to parent very early on in relationships (Stacey, 2006).

### **Social support from family, friends and LGBT networks**

Social support acts as a large influence on the lives of LGBTQ+ parents, with studies finding that social support during the transition to parenting has an influence over the psychological wellbeing of prospective parents as well as influencing the quality of parents' relationships with different support networks (Leal et al., 2021). These influences can occur from the first decision prospective parents make around

whether or not to have children, with Riskind, Patterson and Nosek (2013) finding that lesbian and gay men who interacted regularly with same-sex parents were more likely to express a desire and intention to one day have children. Research by Sumontha, Farr and Patterson (2016) suggests that support from parents' families of origin might be an important influencing factor associated with positive co-parenting for lesbian and gay adoptive families, as well as heterosexual adoptive couples. Bergman et al. (2010) find that gay fathers through surrogacy receive overwhelming support when they become parents from their families of origin. DeMino, Appleby and Fisk (2007) posit that lesbian mothers may shift their source of social support after the birth of a child towards families of origin, drawing away from friends (including gay and lesbian friends). They argue that these lesbian mothers may no longer need to rely on the support of the lesbian community (DeMino, Appleby and Fisk, 2007). In fact, research has found that lesbian mothers' social support networks often include more parents than non-parents, and a high number of heterosexual people (Gartrell et al., 2005). Whilst some LGBTQ+ parents may choose to socialise more with other parents due to a greater focus on their parental identity (Rawsthorne, 2009; Bergman et al., 2010), studies have found that those who do remain engaged with LGBTQ+ networks after becoming parents experience benefits such as moderation on the negative impact of homophobic stigma and positive feelings towards family diversity (Bos et al., 2008).

#### **2.4.4. Contextual Factors**

The final group of factors that influence LGBTQ+ parental decision-making outlined by Gato et al. (2017) are contextual factors. This group of factors includes the

influence of access to LGBT support networks, information, and resources, working conditions, and social, legal and medical barriers.

### **Access to LGBT support networks, information and resources**

Whilst Gato et al. (2017) discuss social support from LGBT networks under the category of relational factors, they simultaneously discuss the impact of access to these LGBT support networks, their information and resources, although these fall into the category of contextual factors. Having explored the impact of social support from LGBT networks, we will now explore the impact that access to these groups has on the parental decisions of LGBTQ+ parents.

Support throughout pathways to parenting as well as throughout parenting can be found among the LGBTQ+ community through LGBTQ+ networks (Weston, 1991). More organised information and support groups were found to be very important resources to lesbians who became mothers through artificial insemination throughout their transition to parenthood (Chabot and Ames, 2004). Additionally, in a study by Brown et al. (2009), adoptive lesbian and gay parents reported that they would have become parents earlier had they known about gay-friendly adoption agencies sooner. Parents who live in areas with larger queer parenting communities have been found to have greater access to knowledge and support groups (Mallon, 2004). In her study exploring privilege among lesbian mothers, Mezey (2008) found that white middle-class lesbians were more likely to become mothers due in part to greater access to lesbian mother support networks compared to those less privileged by race and class. Much of the research on the influence of LGBT networks on parental decision-making took place over a decade ago, therefore this thesis is interested in exploring whether access to

such networks still act as an influence on the decisions of LGBTQ+ individuals on their pathways to parenthood, and to explore whether this factor also influence those parents' work-home decisions.

### **Workplace conditions**

Social and workplace support is another key factor that can impact family formation and work-home decisions made by LGBTQ+ parents (Gato et al., 2017). As highlighted by Languilaire and Carey (2017), limited research has been carried out examining the work-life decisions of LGBTQ+ employees. Of the research that has been carried out, workplace support seems to be very important to the decisions of LGBTQ+ parents. Higher workplace support is related to lower depression and anxiety throughout the adoption process (Goldberg and Smith, 2011). For gay fathers, work-related considerations have been found to impact decisions around parental leave (Evertsson and Malmquist, 2023). Such work-related concerns might include access to parental leave, unsupportive employers, and work demands (Evertsson and Malmquist, 2023).

As well as workplace support, a growing area of literature on the workplace conditions for LGBTQ+ people examines authenticity and openness about one's sexuality in the workplace. Fletcher and Everly (2021) find perceived LGBT supportive practices to be positively associated with disclosure and authenticity in the workplace. They also find that identity centrality is key to the relationship between disclosure and authenticity, finding that for those LGBT employees whose LGBT identity is central to their identity, disclosure is seen as a necessary condition for authenticity (Fletcher and Everly, 2021). However, for those whose LGBT identity is not central to their identity,

disclosure is not as relevant to their experiences of authenticity (Fletcher and Everly, 2021).

### **Legal, medical and social barriers**

LGBTQ+ parents face a host of legal, medical and social barriers when making family formation decisions across a range of conception methods including ART, surrogacy and adoption. Concerns regarding same-sex parenting arose in the 1970s (Tasker and Golombok, 1995; Golombok and Tasker, 1994). Lesbian mothers had to fight for the parental rights of their children in custody disputes, with many divorce proceedings arguing that lesbian mothers' sexual orientation would cause behavioural, emotional and gender development issues for their children (Kleber et al., 1986). Following this period, issues of same-sex parents being allowed to adopt, foster, or use ART began to arise in the 1990s. Whilst LGBTQ+ parents who have children from previous heterosexual relationships existed (Benson et al., 2005; Patterson, 2004), changes in adoption law allowed LGBTQ+ individuals to pursue parenthood outside of heterosexual marriage (Mallon, 2004). By the early 2000s in most of the UK, fostering and adoption law operated from an equality position which made it illegal to discriminate against applicants based on their sexuality. This Act, which came into effect in 2005, allowed unmarried couples (including same-sex couples) to apply for adoption (Stonewall, n.d.). However, there was still evidence of adoption and foster applicants being rejected and discriminated against because of their sexuality (Hicks and McDermott, 1999), with this hostility and discrimination pervading into the press, where multiple newspapers ran stories which suggested that lesbian and gay parents 'make a mockery' of family life (Hicks, 2005: 42), continuing the rhetoric from the 1980s

that gay parents are unable to provide children with the correct experience of family life (Hicks, 2005; Baron C., 2004).

Both heterosexual and LGBTQ+ families may use ART as a way of overcoming fertility issues, but they are also used by those who intend to form families outside of the couple paradigm, either as a single parent or as a family with more than two parents (Surtees and Bremner, 2020). Defined by Bremner (2017) as ‘reproductive collaborations’, this arrangement is used within gay and lesbian co-parenting collaborations in which all parties involved intend to play a parental role in the child’s life. Whilst in the UK the possibility of three legal parents has not been written into legislation, there have been some instances where gay and lesbian families with more than two parents have been afforded some recognition (Smith, 2013). However, since there is no legislation to allow for multiple legal parents to be recognised, a less-than-satisfactory approach has been adopted in the courts where parenthood is not legally recognised (Harris and George, 2010).

Under UK law, heteronormative assumptions about parenting are applied to who is afforded legal parenting status (Boyd, 2007; Brown, 2019; McCandless and Sheldon, 2010) with the woman who gives birth to a child assigned legal parent automatically. Within this law, a child might be assigned one other legal parent (either male or female) but no more than two legal parents, following the ‘two-parent model’ which is rooted in the heteronormative traditional ideology of the family (Surtees and Bremner, 2020). The Human Fertilisation and Embryology Act 2008 (HFEA) regulates legal parenthood alongside the use of ART such as surrogacy and sperm donation (Human Fertilisation and Embryology Act 2008). Within their regulation, there is a discrepancy between how

the HFEA 2008 assigns legal parenthood to male and female parents. In the case of single women or female couples, it is possible for these parents to be the child's legal parent from birth. However, whilst the HFEA 2008 allows single men to be a child's legal parent from birth, this is not afforded to both partners in a male couple. This difference is derived from the common law principle (*Amphill Peerage Case (1977) AC 547, 577*) which is contained within the HFEA 2008 which identifies a child's birth mother as one of the child's legal parents from birth. In accordance with the HFEA 2008, in cases of two male parents conceiving through assisted reproduction, a child can initially only have one other legal parent alongside the birth mother. However, a section of the HFEA 2008 (section 54) allows male couples to apply for a parental order between 6 weeks and 6 months after birth, which makes them and not the birth mother (with her consent) the legal parents of the child. These couples must be either civil partners or in an 'enduring family relationship' and one of whom must be the child's biological father (Surtees and Bremner, 2020).

This legal position has been criticised for its reinforcement of dyadic parenting norms which are based on heterosexual reproduction, and for protecting lesbian families whilst ignoring male couples (Smith, 2013). The amendments to the HFEA 2008, whilst accommodating for those parents who wish to form (homo) nuclear families, exclude those who seek to form families outside of this dyadic structure and engage in collaborative co-parenting (Surtees, 2011). Brown (2019) argues that these changes to legislation, whilst they have allowed for the possibility of two female parents and made the HFEA 2008 more accessible to lesbian families, have done so without deviating from the heteronormative two-parent model.

Whilst surrogacy is an option available to trans parents as means of family formation, very few studies have examined surrogacy as a parenthood pathway for trans parents, with those that have included trans parents in their study having too small a sample size to analyse (Horseley et al., 2022). They outline barriers to parenthood for trans people in current UK Law, which sets out that single trans women seeking to become mothers through surrogacy cannot be a legal parent unless their spermatozoa are frozen before transitioning (Horseley et al., 2022). Current laws on surrogacy require the gametes of at least one intended parent, thereby ruling out prospective trans surrogate parents who have medically transitioned, the consultation paper puts forward a proposal for double donation to be made legal if medically necessary, potentially opening up this pathway to single trans parents who have already transitioned (Law Commission, 2023). The Law Commission of England and Wales' and the Scottish Law Commission's proposed changes to the law on surrogacy does note that transgender people could be disproportionately and inappropriately affected by a "requirement for medical necessity" on the basis that their infertility is structural or related to their gender identity (Law Commission, 2023: 156). Alongside a host of other reasons and arguments, they make a recommendation that "there should be no requirement that a surrogacy agreement has been used because of medical necessity", thereby opening up the use of surrogacy to trans parents as well as single parents and same-sex parents (Law Commission, 2023: 158). Despite their small numbers, Horseley et al. (2022) emphasises that trans parents accessing surrogacy should still be included in any future law reform.

Whilst most studies of adoptive decision-making processes focus on heterosexual adoptive parents, several studies examine barriers to LGBTQ+ adoption. As Ishizawa and Kubo (2014) argue, there are several structural barriers to adoption, and we can see this clearly when examining LGBTQ+ adoption. Downing et al. (2009) highlight how broader systems at national and international levels can impact the decision-making of same-sex couples looking to adopt. With many international adoption countries closed to same-sex couples adopting, couples must often be willing and comfortable to hide their relationship to adopt internationally (Downing et al., 2009; Gato et al., 2017). If parents live in a country where same-sex adoption is illegal, parents are then faced with deciding who will be the legal parent and who will be the non-legal parent and be hidden during the adoption process (Goldberg, 2012). If parents live in a country where same-sex adoption is legal, they are faced with the challenge of finding LGBT-friendly adoption agencies (Goldberg, 2012) and birth parents who are happy placing their child with a same-sex couple (Downs and James, 2006).

Whilst Gato et al. (2017) put forward a comprehensive set of influential factors that can impact the decision whether or not to have children, this thesis intends to explore how LGBTQ+ parents experience the influence of these factors through their family formation decision-making processes and whether this set of factors can be expanded on. Through exploring the multitude of factors that influence the family formation decision-making processes of LGBTQ+ parents, this thesis also intends to further examine whether these factors influence the work-home decisions made by LGBTQ+ parents. In doing so, this thesis will explore how these factors influence the decision-making processes of LGBTQ+ parents in their initial decision to start a family,

through to decisions around *how* to start a family, and finally through to work-home decisions beyond family formation.

## **2.5. Research Rationale**

This review of the existing literature on family formation decision-making, work-home decision-making, and factors that influence decision-making has identified a number of gaps which this study endeavours to address. These gaps exist in LGBTQ+ family formation literature which focuses mainly on middle-class lesbian and gay couples and more broadly in parental research, which focuses mostly on heterosexual couples. Additionally, gaps in the literature around key work-home decisions (role entry, role participation and role exit decisions) tend to either focus on heterosexual couples or fail to adopt a lens of sexual identity or gender at all. Finally, literature on the factors that influence LGBTQ+ parental decision-making focuses largely on the initial decision of whether or not to become parents, with some literature exploring conception methods and very little literature exploring work-home decisions. As such, this study offers an in-depth exploration of the family formation and work-home decision-making processes of LGBTQ+ parents, expanding current knowledge on LGBTQ+ parental decision-making and parental decision-making more broadly. In exploring the family formation and work-home decisions of LGBTQ+ parents, this thesis explores major decisions made at important junctures in parents' lives that impact both work and family life.

As will be discussed in Chapter 3, this study uses dyadic interviewing to explore these dyadic decisions, examining what decisions these LGBTQ+ parents make and the

factors that impact them. Through this exploration, this thesis aims to answer the following research questions:

1. *What family formation decisions do LGBTQ+ parents make?*
2. *What work-home decisions do LGBTQ+ parents make?*
3. *What factors influence family formation and work-home decisions made by LGBTQ+ parents?*
  - *How do these factors influence LGBTQ+ parents' family formation and work-home decision-making processes?*

The following chapter will now examine the methodological approach to this research, including the ontological and epistemological assumptions which underpin the research methodology which will help to answer these research questions.

### **3. METHODOLOGY**

#### **3.1. Introduction**

Whilst much of Social Science research takes basic philosophical issues for granted (Della Porta and Keating, 2008), reflection on the foundations of knowledge surrounding the phenomena discussed in this thesis must be preliminary to the research. The purpose of this chapter is to discuss the philosophical underpinnings and methodological choices made in undertaking this research in endeavouring to address the research questions. Each decision taken is influenced by the ontological and epistemological stances adopted that are discussed in this chapter.

This chapter builds on the social phenomena discussed in the literature review, first discussing the idealist ontological position and social constructionist epistemological position underpinning this research which leads to the design of a qualitative method of data collection. The data collection, in the form of semi-structured interviews, the abductive approach towards the analysis of interview data and my position within this exploration will also be discussed. Finally, the ethical implications of this method will then be examined.

Delanty and Strydom (2003) define methodology as a systematic investigation of the various rational and procedural principles and processes guiding scientific inquiry, specifically concerning the structure and procedures of the discipline with regard to social science. The philosophy behind much of social science concerns the principles which regulate the acquisition of knowledge about reality (Delanty and Strydom, 2003). Additionally, however, the very nature of reality and how we view it, define it and think

we can study it is influenced by our own ontological and epistemological views which will, in turn, impact our methodology.

### **3.2. Ontological Underpinnings**

Searle's (1995) account of social ontology suggests that three elements account for the construction of social reality: the assignment of function, collective intentionality, and constitutive rules. The first two of these elements are essential to the construction of social facts generally. Social reality is constructed by collectively imposing functions on physical reality such as assigning some trees the function of lumber (assignment of function) or collectively assigning the function of a 'table' to certain objects (collective intentionality) (Thomasson, 2003). The third element, constitutive rules, deals with the construction of institutional facts more specifically. These facts are created by collectively imposing a new function on an entity that it could not perform based solely on its physical features, for example, imposing the function to a piece of paper of serving as a valid unit of exchange in the form of money (Thomasson, 2003). These latter functions are 'status functions' as the object cannot perform solely based on its physical properties (Searle, 1995). This marks the difference between social facts and properly institutional facts which involve functions beyond those that the physical properties endow it with, and those which can only be acquired through the collective acceptance of these constitutive rules which stipulate what 'counts'.

Searle's social ontology has, however, been critiqued for its narrow view (Thomasson, 2003) which focuses mostly on institutionalised facts and neglects the underlying notion of social institutions (Balzer, 2005). The idea that all social concepts are self-referential is that for any social concept, F, "x is F" implies "x is used as F, or

regarded as F, or believed to be F...” (Searle, 1995: 32). Thus, for all social facts created by collective intentionality, their existence logically dictates that they are believed to exist. However, many of the phenomena studied within the social sciences are capable of existing even if no one believes that they exist, for example, economic cycles, class systems, and power structures. Thomasson uses the example of racism in her critique of Searle's theory, arguing that it is a phenomenon that depends on certain beliefs (e.g., the abilities of people of different races) and practices (e.g., differential legal, housing or employment practices) but someone or something can still be racist without anyone regarding anything as racist. She argues that “racism clearly existed long before anyone took any activity or pattern of behaviour to be racist” (Thomasson, 2003: 276). The same argument could be applied within this thesis to homophobia or transphobia, with these phenomena, along with racism, class systems, and power structures such as the patriarchy, able to exist without anyone having any beliefs about power structures of that kind. Risjord neatly sums up social ontology when he writes that “we often have different ways of describing a single thing” (Risjord, 2014: 126). Based on Searle’s social ontology as well as drawing from some of its critiques, this thesis is underpinned by ontological definitions of the phenomena it discusses. The following section briefly outlines the ontological position I have adopted in terms of the two key concepts of this thesis: gender and sexuality.

This research adopts an idealist understanding of gender, an everchanging concept that is both individually and socially constructed. Gender can be argued to be a construct based on both anatomically biological differences (sex) and also perpetuated by the society and cultures in which we live (Hines, 2018). Rejecting a realist,

reductionist and dichotomous approach to gender, gender can be viewed as a social construct that changes across time, race, culture, location, class and individuals. Biological sex may play a part in gender's construction; however, this is also not a fixed construct. This ontological perspective of gender is best summed up by Hines (2018), who writes that "gender is not fixed by biology, but shifts according to social, cultural and individual preference". Whilst some theorists such as feminist new materialists criticise social constructionism for ignoring matters of biology concerning gender (Hird, 2004; Davis, 2009; Alaimo and Hekman, 2008a; Wilson, 1998; Barad, 2003), the purpose of this thesis is not to pinpoint a definition of gender but to understand individuals' experience of gender and the gendered assumptions and expectations that come with this.

This project adopts a social constructionist approach to sexuality through the lens of Queer Theory. Plummer (1981) argues that whilst homosexual experiences may be argued to be universal, homosexual roles are not, and whilst homosexuality has existed throughout history in all types of society and among all social classes, how various societies have regarded homosexuality has varied enormously (Weeks, 1977). By adopting a Queer Theory lens, we can begin to deconstruct and challenge the very notion of sexuality and how it is defined even today. Through an engagement with Queer Theory, we can move away from the "white, middle-class, heteronormative" values that have previously dominated sexuality studies (Seidman, 1995) towards a challenging of the ontological definition of sexuality which is based on sexual preference or gender over all other aspects of identity (Sullivan, 2003). In doing this we can, as Sullivan puts

it, begin to “denaturalise heteronormative understandings of sex, gender, sexuality, sociality, and the relations between them” (2003: 81).

### **3.3. Epistemology**

When it comes to epistemology, two key dualities are often presented to researchers (Bernard, 2011). Firstly, do you subscribe to the philosophical principles of rationalism or empiricism? Secondly, do you subscribe to the assumptions of the scientific method, falling into the camp of positivism, or do you favour the competing methods of humanism or interpretivism? I will endeavour to tackle the first question by exploring the philosophies of rationalism and empiricism.

Rationalism argues that human beings achieve knowledge because of their capacity to reason, with *a priori* truths which exist, and if we just prepare our minds adequately these will become evident to us (Bernard, 2011). The competing theory of empiricism which this thesis adopts believes that human beings are born *tabula rasa*, with what we come to know being a result of our experience which has been written on that slate. Hume elaborates this empiricist philosophy of knowledge when he wrote;

*“We see and hear and taste things, and, as we accumulate experience, we make generalizations. We come, in other words, to understand what is true from what we are exposed to.”* (Bernard, 2011: 3).

Empiricism holds that individuals learn values and that values are thereby relative (Bernard, 2011).

The second question posed to researchers asks whether they subscribe to positivism or the competing philosophical views of humanism and interpretivism. Positivism rests on three fundamental ideas: that the scientific method is the surest way

to produce knowledge about the natural world; that scientifically produced knowledge is effective; and that effective knowledge can be used to improve human lives (Bernard, 2011). The traditional approach in positivism is that the social sciences are similar to other physical sciences, with the world existing as an objective entity outside the mind of the observer (Della Porta and Keating, 2008). The assumption is that in the social sciences, as in the natural sciences, the researcher can be separated from the object of their research, observing in a neutral way that does not affect the observed object. These assumptions are relaxed in neo-positivism and post-positivism, with reality still considered to be objective and external to the researcher's mind, but only imperfectly knowable (Della Porta and Keating, 2008). Critical realism takes this approach further, holding that there is a real material world, but our knowledge of this world is often socially conditioned and therefore subject to challenge and reinterpretation (Della Porta and Keating, 2008). However, in the social sciences, we are not dealing with the natural world, leading some scholars to argue that positivism is inappropriate when examining mental phenomena rather than material facts (Bernard, 2011). Hayek (1952) insists that the social sciences should not be treated as if they were data from the natural world.

Contrastingly, the interpretivist approach views objective and subjective meanings as deeply intertwined. Since human beings are 'meaningful actors' according to this philosophical view, scholars should aim to discover the meanings that motivate their actions rather than relying on universal laws external to the actors (Della Porta and Keating, 2008). With subjective meaning at the core of this knowledge, it is impossible to understand historical and social phenomena without looking at the individuals' perceptions of the world. This belief holds that the world can be understood as a series

of interpretations which the social scientist, in turn, interprets, feeding back through literature and the media, influencing people yet again in what Giddens (1976) calls the "double hermeneutic". Social constructionism is a sub-section within interpretivism that does not go so far as to argue that the physical world itself is the product of the imagination of the social scientist, but rather that it is the social scientist who puts order into it. Hacking explains this when he writes that "social constructionists tend to maintain that classifications are not determined by how the world is but are convenient ways to represent it" (1999: 33). Theories are therefore not descriptions of a discoverable reality but are partial ways of understanding the world (Kratochwil, 2008).

The humanist philosophical approach shifts the emphasis even further towards the subjective, arguing that what distinguishes human science from the natural sciences is that human behaviour is always filtered by the subjective understandings of the external reality of the researcher. Social science is, therefore "not an experimental science in search of laws but an interpretive science in search of meaning" (Geertz, 1973: 5). In the most radical humanist approaches, reality does not exist beyond the images that various actors have of it, rendering the knowledge of reality an impossibility, and imploring scholars to instead focus on the meaning through empathetic knowledge (Della Porta and Keating, 2008). Since this research is interested in how LGBTQ+ parents make decisions, including decisions around workplace policy, it must also engage with the external realities of organisational policy and behaviour. Therefore, the more radical approach is deemed unsuitable for this research.

### **3.3.1. Queer Theories**

Adopting a Queer Theory approach to research influences not only the research itself, but also me as a researcher. The following sections discuss the Queer Theory approach adopted by this research, how this fits alongside a social constructionism approach to research and what the implications of this are for this piece of research, including how this impacts my theorisation of gender and sexuality. By adopting a queer lens to research, this research can analyse the ways in which LGBTQ+ people 'queer' everyday experiences (Wozolek, 2019) such as parenting, relationships and work. Finally, I will consider how Queer Theory research impacts me as a queer researcher, examining how my own sexuality may impact the research as well as effects that the research may have on me.

#### **Queer Theory**

The gay liberation movement of the 1960s and 1970s aimed to fight against romanticised, marital, genital and singularly male penetrative desires as the prescriptive norm of sexuality. Seidman writes that the gay movement of the 1970s intended to create "civic inclusion by means of gaining equal rights and normalizing or purifying a gay identity" (2001: 321), with Altman sharing this belief and writing that gay liberation was "concerned with the assertion and creation of a new sense of identity, one based on pride in being gay" (1972: 109).

The models of identity and politics that arose from the gay liberation movement have, however, been criticised for "exhibiting white, middle-class, heteronormative values and liberal political interests" (Seidman, 1995: 124), with people challenging the assumption from the movement that sexual preference or gender should be assumed to

take precedence over all other aspects of identity (Sullivan, 2003). Sedgwick puts this best when she writes:

*“It is a rather amazing fact that, of the very many dimensions along which the genital activity of one person can be differentiated from that of another... the gender of the object choice, emerged from the turn of the century, and has remained, as the dimension denoted by the now ubiquitous category of ‘sexual orientation’”* (1990: 8).

Queer Theory came about as a means of challenging the ethnic model of sexual identity, and whilst Sullivan (2003) argues that it cannot (nor should not) be defined, many prominent theorists have attempted to explain what is understood to be Queer Theory. Halperin argues that there is nothing in particular to which ‘queer’ necessarily refers, but that it is “by definition whatever is at odds with the normal , the legitimate, the dominant” (1995), with Jagose writing that “queer itself can have neither a fundamental logic, nor a consistent set of characteristics” (1996: 96). Halperin (1995) posits that since queer is a positionality not an identity, it can be taken up by anyone who feels marginalised as a result of their sexual practices and is not limited to gay men and lesbians. Pilcher and Whelehan argue that if we are to adopt the view that sexuality is socially constructed, then we are able to explode the hetero/homo binary and “embrace the playful resistances of Queer Theory” (2004: 159). They write that Queer Theory shows the unstableness of heterosexuality, since it is dependent on ongoing, continuous and repeated performances by individuals “doing heterosexuality”, producing an illusion of stability (Pilcher and Whelehan, 2004; Richardson, 2000). Former editor of *Outweek*, a gay and lesbian magazine in New York, Gabriel Rotello,

argues the benefits of 'queer' denoting an identity, writing that "when you're trying to describe the community, and you have to list gays, lesbians, bisexuals, drag queens, transsexuals (post-op and pre), it gets unwieldy. Queer says it all" (cited in Duggan, 1992: 21).

However, a main critique of Queer Theory hinges on this use of queer as an umbrella term. Anzaldúa contends that queer is used as a "false unifying umbrella which all 'queers' of all races, ethnicities and classes are shoved under", and whilst this encompassing umbrella can be used to "solidify our ranks against outsiders" it also "homogenizes, erases our differences" (1991: 250). Sullivan (2003) argues that Queer Theory can at times lead to an overly simplistic distinction between who is deemed to be queer and who is not, leading to dichotomies of us versus them, queer versus heterosexual. Jakobsen suggests that in order to avoid this, we should "complete the Foucauldian move from human being to human doing" (1998: 516), meaning that rather than thinking of queer as a noun (an identity or positionality), we should think of it as a verb and set of actions (Sullivan, 2003). Warner takes this further in arguing that queer not only resists the norm, but also protests against the "ideal of normal behavior" (1993: 290). Queer is therefore understood as a deconstructive practice that has not been undertaken by an already constituted subject (Sullivan, 2003).

Queer Theory has been criticised for largely ignoring heterosexuality "except as the starting point against which Queer Theory's concern with non-normalization constitutes itself" (Beasley, 2015: 143). Rumens et al. (2019) argue that queer theorists often neglect to explore the queering of heterosexuality, conflating heterosexuality with heteronormativity (Beasley et al., 2015) and leaving little room to consider how

heterosexuals do not all stand “shoulder to shoulder as the guardians of heteronormativity” (Rumens et al., 2019: 595). This produces an unhelpful heterosexual/queer binary that nullifies Queer Theory’s own antinormative objective (Cohen, 1997). In keeping with Warner’s position that queer is “itself against the normal rather than the heterosexual” (1993: 26), Queer Theory can contribute substantially towards the queering of heterosexuality (Heasley, 2005; Renold and Ringrose, 2012; Thomas, 2000, 2009). By adopting this approach, we can then begin to challenge, not just the queering of non-heteronormative practices, but also heteronormative practices and assumptions (Sullivan, 2003). In adopting a Queer Theory approach, this research will examine how LGBTQ+ parents engage with heteronormativity, gender and sexual identity through an exploration into how they ‘queer’ everyday experiences such as parenting and work (Wozolek, 2019).

### **Social Constructionism and Queer Theory**

This thesis adopts a social constructionist view of the phenomena it discusses. Whilst there is no one school of social constructionism, social constructionism broadly comes from a place concerned with meaning and understanding as the central feature of human activities (Lock and Strong, 2012). This rests on the view that meaning and understanding begin in social interactions and that ways of meaning-making are inherently embedded in sociocultural processes that are specific to particular times and places. Based on this, the meanings of particular events and our ways of understanding them vary across different situations (Lock and Strong, 2012). Social constructionism comes from an anti-essentialist position and takes issue with realism, taking a critical perspective on topics and seeking to reveal the operations of the social

world. Hoffman describes social constructionism as an attempt to “replace objectivist ideal with a broad tradition of ongoing criticism in which all productions of the human mind are concerned” (1991: 1), with social constructionism as part of the movement of post-modernism which enforces an awareness of how we perceive and experience the world (Galbin, 2014). The essence of social constructionism is best summarised by Boghossian when he writes:

*“To say of something that it is socially constructed is to emphasize its dependence on contingent aspects of our social selves. It is to say: This thing could not have existed had we not built it; and we need not have built it at all, at least not in its present form. Had we been a different kind of society, had we had different needs, values, or interests, we might well have built a different kind of thing, or built this one differently”* (Boghossian, 2001: 6).

Social constructionism is not an individual movement, theory, position or approach; there is no ‘one size fits all’ label that fits all the social constructionisms that exist. Galbin (2014) defines social constructionism as a label which represents a series of positions influenced, adapted and refined by other intellectual movements such as ethnomethodology, feminism, post-structuralism and narrative philosophy amongst others.

### **Critiques of Social Constructionism**

Brickell (2006) outlines some of the main criticisms that scholars have presented of social constructionism, the first being that it is nominalist and has been accused of being concerned primarily with the naming of people, categories, situations and social forms (Chambers, 2002). Some theorists contend that social constructionism is unable

to deal with 'real' individuals or the collective experience, offering solely a discursive analysis (Ussher, 2000) whilst ignoring the 'real' existence of gender and sexual identity (Brickell, 2006). This argument is exemplified in language that talks about the binary opposite such as "reality or social construction" (Brickell, 2006; Weinrich, 1992), implying that there is something more stable and more 'real' than the social; biology (Vance, 1998). Other scholars critique social constructionism's lack of a theory of systematic social inequality, arguing that it lacks clear grounding and does not pay sufficient attention to the social relations of dominance and subordination (Weber, 1995). Macro-social relations are underplayed, with theorists claiming that some forms of social constructionism retain a functionalist inclination that pays little attention to change, challenge, conflict and resistance (Weber, 1995; Thorne, 1995).

### **Implications for this thesis**

A social constructionist approach to both gender and sexuality has been adopted in this research. A social constructionist perspective towards gender argues that gender is socially constructed with regards to normative and hegemonic conceptions of men and women, and that view of gender varies across time, ethnic groups and social situations (West and Zimmerman, 1987; Deutsch, 2007). This position is also extended towards Trans Theory, and whilst some academics maintain that transpeople have a separate way of 'doing' gender (Connell, 2010), this thesis would suggest that we all 'do gender' in accordance (or at dissonance with) the sex/gender/sexuality system. This gender can be done, undone and even redone not only by transpeople but by all who seek to distort the gender binary (Deutsch, 2007; West and Zimmerman, 2009). It is not the place of researchers to dictate which theory is the 'right' one as to do this is to deny

the lived experiences of trans people. Gender can be 'done' in an infinite number of ways by trans, queer and cisgender individuals.

### **Conducting Queer Theory Research as a Queer Researcher**

Adopting a social constructionist philosophy through a Queer Theory lens means that the researcher is involved in the "double hermeneutic" which Giddens (1976) writes about, with the world understood as a series of interpretations which are in turn interpreted through the researcher. With this subjective meaning at the core of knowledge, social phenomena are therefore impossible to understand without first understanding my perspective of the world. It is pertinent when trying to understand the position from which this research is approached and then interpreted within this double hermeneutic. Social science research often concerns itself with the biographies and identities of the researchers who conduct it, with studies discussing the presence of male researchers in feminist studies (Digby, 1998), white researchers conducting anti-racist work (Jensen, 2005), or heterosexual researchers within Queer Theory (Allen, 2010). These investigations debate how researchers' identities can impact the production of knowledge. It is important to acknowledge that whilst I am a member queer researcher, I am a white, cisgender, bisexual woman whose identities frame my experiences as a researcher.

Theories of insider status within qualitative research often argue that it is beneficial for researchers involved in Queer Theory research to identify as part of the LGBTQ+ community themselves (Allen, 2010; Nelson, 2020). Studies propose that LGBTQ+ researchers can produce 'truer' knowledge and 'better' accounts of their participants' experiences through a shared (sexual) identity (Allen, 2010; Valentine,

2002). However, this theory assumes that all members of the LGBTQ+ community share a sexual identity and therefore share experiences with their sexuality. Nelson (2020) discusses how there is no one unifying identity under the LGBTQ+ umbrella and therefore, even if researchers are part of the LGBTQ+ community, they will not necessarily be able to empathise and understand the experiences of all participants. Whilst it could be argued that when interviewing bisexual women, I may benefit from 'insider status', this is not guaranteed and does not necessarily extend to my relationships with participants who identify as gay, lesbian, asexual, pansexual, demi-sexual or other sexual identities under the LGBTQ+ umbrella.

My identity as a cisgender woman comes with its own bias and privilege when interviewing trans and non-binary participants. Monosexuality is often assumed when researching those who do not identify as heterosexual (i.e., those who are attracted to only one gender such as lesbian or gay identities) rather than including the experiences of plurisexual individuals (i.e., those who are attracted to more than one gender such as bisexual or pansexual individuals) (Galupo et al., 2015). Furthermore, cisgenderism is often assumed when researching those who do not identify as heterosexual with Galupo et al. (2015) suggesting that both normative (cisgender) and non-normative (transgender or non-binary) identities must be explored and examined when researching sexual minorities. Galupo (2017) notes that her experience as a cisgender woman conducting transgender research influences her entire research process, from how she formulates her research questions, to the way she phrases questions in interviews, to how participants communicate with her, through to how she interprets her data.

It is also important to acknowledge the impact that researching the LGBTQ+ community might have on me. Queer Theory researchers have written about the impact that conducting queer research has had on their own identities (Rooke, 2010; Nelson, 2020). Nelson (2020) notes how the interview process can leave researchers open to being questioned about their own experiences and how her involvement with LGBTQ+ research prompted her to question both her sexual and gender identities, leading to a shift in identities as her research took place. The emotion work required within qualitative research (Dickson-Swift et al., 2007) is also amplified within Queer Theory research as participants deal with distressing topics such as discrimination, homophobia, and violence (Nelson, 2020). Examining these distressing topics may lead researchers to internalise trauma or become re-traumatised (Connolly and Reilly, 2007; Johnson and Clarke, 2003) and can be particularly distressing for LGBTQ+ researchers as they may resurface traumatising experiences in their past as a queer person (Nelson, 2020). Connolly and Reilly (2007) discuss the impact on the researcher when they are the first person to hear about a traumatic experience from a participant and are left to hold onto that account. They describe the research as becoming a "repository for the participant's emotions and feelings" (2007: 529) and suggest that to overcome this emotion work and re-traumatisation, researchers should cultivate alliances with colleagues (or in the case of this thesis, supervisors) to create a safe "unloading zone" (2007: 534).

### **3.3.2. Intersectionality**

Considering the identities of both me and the identities of all my participants is important when conducting research within an intracategorical approach, especially

considering the intersecting identities that participants may have. Intersectionality acts as an important framework through which we should understand different dimensions of inequality within the social world. Windsong (2018) notes that there is limited guidance for academics on how to translate the fundamental components of intersectionality theory into empirical social science research. As a theory, intersectionality is generally attributed to Kimberlé Crenshaw, who critiqued mainstream feminism for being dominated by the perspectives of white women, and race/ethnic studies giving primacy to men of colour (Crenshaw, 1991, 1989; hooks, 2000). She argued that neither feminism nor race/ethnic studies accounted for the experiences of women of colour and in this, women of colour were asked to separate their identities and align themselves with either their gender or race. Collins (2000) posits that intersectionality refers to "particular forms of intersecting oppressions" since there is not one single, core form of oppression, with the matrix of domination referring to "how these intersecting oppressions are actually organized" (Collins, 2000: 18). As such, intersectionality may encompass several factors and identities including race, gender, class, religion, sexuality or disability (Windsong, 2018).

To carry out intersectional social science research, Windsong (2018) suggests researchers shift their focus away from additive analysis and move towards relationality and social constructionism. Drawing on Collins' critique of additive analysis and how people assess their own victimisation within a system of oppression, it is argued that often individuals score their identities to reveal an oppressed/privileged status but are unable to see "how their thoughts and actions uphold someone else's subordination" (Collins, 1993: 287). In doing this, Collins (1993) argues white feminists point to

oppression based on their gender but fail to see their own white privilege and 'eloquent' African-American women view poor White women as symbols of white power.

Windsong (2018) claims that the matrix of domination does not contain clear-cut victims and oppressors, but rather individuals experience different forms and levels of oppression and privilege from multiple systems of oppression. Building on Glenn's (2002) definition of relationality, Windsong (2018) refers to how categories of race and gender are constructed in relation to one another, arguing that the gendered meanings of woman and femininity are obsolete without their corresponding opposites in man and masculinity. Glenn (2002) sets out the three ways in which relationality are important: dominant categories like whiteness or masculinity are problematised; it draws attention to the systematic relations between-group differences; and it provides a stable foundation for analysis to take place whilst still acknowledging the changeable nature of analysis. By engaging with relationality, researchers are then able to examine both privilege and oppression together. Finally, Windsong (2018) advises researchers to adopt a social constructionist perspective of race and gender when engaging with intersectionality. From a social constructionist stance, Ore (2009) argues that no human is born with an understanding or sense of what it means to be male, female, black, white, gay, straight, working-class or middle-class. Instead, she argues that "we learn about these categories through social interaction" (Ore, 2009: 5). The social constructions of race and gender are impacted by systems of power and dominance and therefore, Windsong (2018) argues, reinforce the other fundamental aspects of intersectionality. Furthermore, she claims that there is variation within these categories

of social identity, with intersectionality theory recognising that "not all social identities are prominent in all contexts" (Windsong, 2018: 137).

McCall (2005) discusses the complexity and multi-dimensional nature of intersectional research and the methodological issues it poses for researchers. In addressing these issues, McCall outlines three approaches to intersectional social science research; anticategorical complexity, intracategorical complexity, and intercategorical (or categorical) complexity. The anticategorical complexity seeks to deconstruct analytical categories, deeming social life to be too complex to be sorted into fixed categories. The intercategorical complexity lies at the other end of the continuum and requires researchers to temporarily adopt existing analytical categories in order to explore interactions of inequality. This thesis adopts the third approach, an intracategorical complexity approach towards intersectional research; one which falls in the middle of the continuum between the anticategorical and intercategorical complexities. This approach queries the boundary-defining process of categorisation and holds a critical stance towards categories, whilst acknowledging the established nature that social categories might represent at a given point in time (McCall, 2005).

Research within the intracategorical complexity approach often focuses on social groups of people "whose identity crosses the boundaries of traditionally constructed groups" (Dill, 2002: 5) as a means of exploring the diversity and differences in lived experiences within such groups. Whilst intersectionality as a theory and much of intersectional research focuses on the domains of race and gender, this thesis will explore the categories of sexuality and gender and the identities of those who identify as LGBTQ+. As such, this thesis conducts an intracategorical complexity exploration of the

different identities and lived experiences of parents who identify as LGBTQ+, using the named category of LGBTQ+ whilst exploring the diversity and differences within this group. Despite interest in the deconstruction of social categories, I must acknowledge the use of social categories within organisations and policies and therefore recognise that the intracategorical complexity approach is more appropriate within this piece of research. Heterosexual parents can remain the point of contrast and the diverse lived experiences of LGBTQ+ parents can be explored whilst remaining sceptical of the homogenous generalisations that go hand in hand with categorisation. McCall reiterates that the point of intracategorical complexity is not to deny the importance of categories but rather to "focus on the process by which they are produced, experienced, reproduced, and resisted in everyday life" (McCall, 2005: 1783).

### **3.4. Methodology**

Having acknowledged my own position and identity within the research's philosophy, it is now important to acknowledge how this philosophical position and identity influence the research's methodology. Qualitative interviewing is often used to explore the meanings within people's lives, routines, behaviours and feelings (Rubin and Rubin, 1995). Brinkmann and Kvale (2015) argue that the rationale for using interviews as a method of data collection should match the subject matter of interest, for example, when this subject matter concerns asking *how* something is experienced. In the case of this research, I am trying to seek knowledge about subjects' typical experiences with their sexual identity and parenting. Taking a social constructionist approach to research aligns with Brinkmann and Kvale's (2015) 'Seven Features of Interview Knowledge' which sees interview knowledge as produced, relational,

conversational, contextual, linguistic, narrative and pragmatic. This interview knowledge is socially constructed, actively created and co-authored by both the interviewer and interviewee. Viewing knowledge as contextual acknowledges its production within interpersonal contexts, emphasising the contextual nature of both human life and understanding, allowing researchers to examine the context of thought, feeling and action (Arskey and Knight, 1999). Brinkmann and Kvale (2015) argue that interviews pose as a method in which descriptions and narratives of everyday experiences can be produced through these conversations. Qualitative interviews as a research method allow for these descriptions, narratives and meanings to be explored in-depth (Arskey and Knight, 1999). In doing this, both interviewer and interviewee can explore the meaning of the questions, answers and phenomenon involved within the interview, which other research methods may not allow (Brenner et al., 1985). Engaging with interviews as a form of data collection allows me to produce rich interview knowledge that gives insight into the lived experiences of the participants.

#### **3.4.1. Participant recruitment**

The sampling method for participants used was purposeful sampling, with Marshall (1996) arguing that random sampling is unsuitable for qualitative research as it is not an effective way to develop an understanding of human behaviour. Also known as judgement sampling, purposeful sampling method is the most common within qualitative research (Marshall, 1996), whereby participants are selected based on a framework of the variables influencing the participants' ability to answer the proposed research questions.

Extant literature documents the challenges of recruiting LGBTQ+ participants for research (see Meyer and Wilson, 2009; McCormack, 2014; Guillory et al., 2018; Bauer and Giles, 2020). Gay fathers have been found to fear the potential unintended consequences of social stigma including harmful consequences such as having their adoptive privileges revoked should they participate in research (Bauer and Giles, 2020). Bauer and Giles (2020) outline the difficulties they faced in recruiting single, stay-at-home gay fathers as two heterosexual women with no children. They suggest that researchers who match the participant criteria with strong social networks from which to recruit participants might find the recruitment of this hard-to-reach group more successful. As such, this research involves a small sample size which contains participants who identify as lesbian, gay, pansexual, asexual and transgender, with children of any age and who became parents through any means of family formation. A detailed description of the participants can be seen in Table 1.

As can be seen from the table, thirteen of the participants identified as female, five as male, one as a transwoman and one as a non-binary gender identity with a preference for female pronouns. Of the twenty participants, thirteen identified as lesbian, five as gay, one as pansexual, and one as asexual. All but three of the participants were white, with the remaining three being South American, White/Asian and Caribbean. Using Savage et al.'s (2013) model for social class, participants are grouped using the seven social class categories that came out of the Great British Class Survey (GCBS) using household income and occupation as markers. The seven social class categories are; elite, established middle class, technical middle class, new affluent workers, traditional middle class, emergent service workers, and precariat. The

majority of households fell into the elite or established middle-class categories, with one falling under new affluent workers and the other being the only couple to be classified at the lower level of the class structure, under emergent service workers. All but one of the participants were in monogamous, long-term relationships (M / P denotes marriage or partnership in the table), with the remaining participant a single father. From this we can see that Tamsin and Sarah are the only couple who do not have normative genders (male or female) or normative sexualities (gay or lesbian), and Tim is the only participant not in a monogamous, long-term marriage or partnership. Whilst Megan's wife, Alison, initially agreed to take part in the study, she later withdrew and Megan took part in an interview by herself. The final column denotes whether participants took part in a dyadic (D) or individual (I) interview. Most couples took part in both dyadic and individual interviews, although some opted to just take part in the dyadic interview. Donna and Christina opted for both of their interviews to be dyadic, whilst Megan's wife, Alison, opted out of the study and Alison opted to take part in an individual interview. The total number of interviews was 23, made up of 10 dyadic and 13 individual interviews.

Participants spanned a number of different identities both across the LGBTQ+ umbrella and other demographics, including but not limited to, participants who identify as transgender, gay, lesbian, pansexual, working class, middle class, elite class, and mixed-race. Participants worked for a range of organisations including both private and public sector, small and large organisations, were self-employed or out of employment. Several of the participants worked for organisations which operate in both English and Welsh.

Name	Partner	Status	Age	Ethnicity	Sexuality	Gender	Household Salary	Social Class	Interview	
Debbie	Laura	M / P	45	White / Asian	Lesbian	Female	£100 000	Elite	D	I
Laura	Debbie		41	White	Lesbian	Female				I
Tamsin	Sarah	M / P	32	White	Asexual	Non-binary (preference for female pronouns)	£24 000	Emergent service workers	D	
Sarah	Tamsin		32	White	Pansexual	Transgender - female				
Christina	Donna	M / P	40	White	Lesbian	Female	£21 000 - £42 000	New affluent workers	D	D
Donna	Christina		39	South American	Lesbian	Female				
Olivia	Thea	M / P	41	White	Lesbian	Female	£114 000	Elite	D	I
Thea	Olivia		42	White	Lesbian	Female				I
Richard	Nathan	M / P	48	White	Gay	Male	£160 000	Elite	D	I
Nathan	Richard		50	White	Gay	Male				I
Vivian	Eleanor	M / P	57	White	Lesbian	Female	£210 000	Elite	D	
Eleanor	Vivian		58	White	Lesbian	Female				
Tim		Single	34	White	Gay	Male	£80 000	Established middle class		I
Karl	Steve	M / P	42	White	Gay	Male	£91 000	Elite	D	I
Steve	Karl		37	White	Gay	Male				I
Molly	Diane	M / P	40	White	Lesbian	Female	£84 000	Established middle class	D	I
Diane	Molly		51	White	Lesbian	Female				I
Chloe	Louise	M / P	30	White	Lesbian	Female	£77 000	Established middle class	D	I
Louise	Chloe		31	Black Caribbean	Lesbian	Female				I
Megan	Alison	M / P	36	White	Lesbian	Female	> £24 000	Established middle class		I

Table 1: Participant information

To gain a rounded view of the use of parenting policies within organisations, participants worked in a range of private and public sector organisations. Having worked as a Research Assistant at the University of Birmingham on the Equal Parenting Project with Dr Holly Birkett and Dr Sarah Forbes, I had access to links with third-sector organisations such as CIPD, Business in the Community and Adoption UK. I was part of

a project in collaboration with the University of Amsterdam recruiting lesbian mothers who had used ART and gay fathers who had used surrogacy as conception methods through which I was also able to advertise for participants. Additionally, I drew on the links developed through my work with Birmingham LGBT Centre, NHS Fertility Clinics, Aviva, and Welsh Government. Participants were also asked to advertise the study among any suitable participants that they knew of as a means of snowball sampling.

Participants were recruited via recruitment emails (Appendix A) and posters (Appendix B and C) sent out through employee LGBTQ+ networks and online parenting groups. Each organisation providing access provided consent and approval for access to be gained. Participants were asked to self-select to take part in the research if they identified as LGBTQ+ and were a parent (with children of any age and through any means of family formation). Participants were asked to contact me directly so that no details were passed on to their organisation. Participants were sent a copy of the screening questions (Appendix D) along with a copy of the information sheet (Appendix E) for me to confirm whether they met the criteria of the study. If a participant did self-select to participate in the study and met the screening criteria, they were sent a copy of the information sheet/consent form (Appendix E) via email asking them to read and complete it. If they still wished to participate, the participant then let me know and a first interview was arranged.

### **3.4.2. Data collection**

In line with the ontological approach taken, qualitative semi-structured interviews were used as a method of data collection as they were deemed appropriate to examine the proposed research questions. Researchers are often advised to follow a

plan of interview inquiry such as the one Brinkmann and Kvale (2015) present to help guide researchers through the process. However, this method often does not leave room for flexibility and reflexivity within the research process and so whilst this research follows Brinkmann and Kvale's (2015) seven stages, it is less prescriptive to allow for an iterative process where the researcher can adopt an iterative response to data collection. The first step of the guide involves thematising and considering the why, what and how of the investigation and its research purpose. This stage has been discussed at length within the research rationale and discussions on my ontological and epistemological positions, framing the research questions and themes to be investigated. The second stage of Brinkmann and Kvale's (2015) guide involves the designing of the interview study.

Semi-structured dyadic interviews with each couple were conducted to explore themes as a pair, allowing each couple to "co-construct" their own version of the themes (Morgan, 2012; Morgan et al., 2013). Dyadic interviews consist of joint interviews with two participants, interacting and responding to open-ended research questions (Morgan et al., 2013), and are used as a qualitative interviewing method which allows for participants to stimulate ideas from each other that may not have otherwise been remembered (Seymour et al., 1995), generating data that might not have been created from individual interviews and allowing for direct observation of interactions between spouses (Allan, 1980). However, since the nature of the interview themes may be sensitive or private, participants may not always feel comfortable discussing certain issues in front of their partners. Interview data collected in the presence of a spouse has been found to sometimes be less valid than data collected from an individual interview,

as partners may be reluctant to criticise their spouse or divulge disputing information (Boeijs, 2004). Studies on dyadic interviews with heterosexual couples have also found that women often dominate the conversation when discussing pregnancy or childbirth as they are seen as the most appropriate reporters of these experiences (Seale et al., 2008). I was, therefore, cautious that this dynamic may also appear when conducting dyadic interviews with LGBTQ+ couples, especially where one partner is the biological parent. To combat these issues within dyadic interviews, each partner was then invited to a further semi-structured individual interview at a later date, giving space for each partner to speak openly and privately, potentially allowing for some themes to be expanded on or accounts retold. Individual interviews also provided a space for participants to talk more in detail about their experience with policy and parental identity at work. While not all participants chose to take part in an individual interview, all were given the option to. Within both the dyadic and individual interviews, themes were investigated as they occurred throughout the interview process, allowing me to consider and explore themes that have not yet been realised.

Whilst several studies in the field of medicine have identified the use of dyadic interviewing when exploring dyadic medical decision-making (Lin et al., 2021; Habermann et al., 2020; Gray et al., 2022), few have explored the role of dyadic interviewing in family planning decision-making (Underwood et al., 2020; Lee and Zvonkovic, 2014). Dyadic interviews with couples engaging in family planning can allow researchers a greater understanding of how couples communicate and make decisions together (Underwood et al., 2020). Through the use of dyadic interviewing, the complex

decision-making processes that participants engaged with were able to be fully explored and communication processes between couples could be observed.

Brinkmann and Kvale' (2015) third stage of the interviewing process revolves around the actual interview and how it is conducted. At the beginning of each interview, I provided an overview of the research project and defined the purpose of the interview before running through the information sheet and consent form with each participant (Appendix E). Whilst conducting each interview, I sometimes referred to the interview schedule (Appendices F and G) to help guide each discussion. The questions within the interview schedule and any others asked by the interviewer should be brief and simple, and the interviewer should avoid leading questions (Brinkmann and Kvale, 2015). It is recommended that researchers follow the nine types of interview questions outlined by Brinkmann and Kvale (2015); introductory questions, follow-up questions, probing questions, specifying questions, direct questions, indirect questions, structuring questions, silence, and interpreting questions. At the end of each interview, I offered up an opportunity for the participants to ask any questions that they may have had or discuss a topic they had not yet been able to. The interviews examined topics that may have caused participants to become emotional or distressed, so time was written into the end of each interview to debrief with the participant and direct them towards any relevant links to external support if needed.

The sixth stage of Brinkmann and Kvale's (2015) guide to interviewing is concerned with verifying and ascertaining the reliability of the interview findings. The individual interviews following dyadic interviews acted as a form of participant validation where participants were able check for accuracy in the interpretation of data

(Birt et al., 2016; Lincoln and Guba, 1985) and change or add to any discussions had with their partner. This was especially important when I am analysing and interpreting data about topics or identities I do not identify with myself as I do not wish to speak on behalf of others within the LGBTQ+ community.

### **3.4.3. Thematic Analysis**

The fourth and fifth stage of Brinkmann and Kvale's (2015) *Seven Stages of an Interview Inquiry* is concerned with the transcribing and analysis of interview data. To do this, I engaged with Braun and Clarke's (2006) approach to Thematic Analysis (TA) and followed their guidance on how to best transcribe and analyse qualitative interview data. Braun and Clarke's (2006) seminal piece of work on TA sought to outline what TA is and how researchers go about undertaking it to frame it as a named method of analysis, defining TA as a method for "identifying, analysing, and reporting patterns (themes) within data" (Braun and Clarke, 2006: 79). Since TA is not theoretically bound, it can be carried out within different theoretical frameworks and within both realist/essentialist and constructionist paradigms as opposed to other analytical methods such as IPA or grounded theory. Since this thesis adopted a social constructionist philosophy, it engages with TA from a constructionist perspective, seeking to theorise the socio-cultural contexts of the data rather than focusing on motivation or individual psychologies that an essentialist/realist perspective might engage with. Braun and Clarke argue that TA does not reflect the passivity of some qualitative research where researchers "give voice" to participants, and researchers should acknowledge that carrying out analysis "involves carving out unacknowledged pieces of narrative evidence that we select, edit, and deploy to border our arguments" (Fine, 2002: 218).

Often this passivity is seen within research where researchers claim that themes “emerge” as if they were already “within” the data, however, this denies the active role of the researcher in identifying themes, selecting which themes they are interested in, and reporting these to the readers (Taylor and Ussher, 2001). Ely et al. claim that “if themes ‘reside’ anywhere, they reside in our heads from our thinking about our data and creating links as we understand them” (1997: 205-206).

Reflecting upon their seminal TA article, Braun and Clarke (2019) outline their developed thinking and expand their theory on TA into a reflexive approach. This reflexive approach to TA argues that researchers should be aware of their own philosophical sensibility and theoretical assumptions within a process which is constantly reflecting on itself and involves querying any assumptions made when interpreting and coding the data. Themes within this form of TA are creative and interpretive, with data produced at the intersection between “the researcher’s theoretical assumptions, their analytic resources and skill, and the data themselves” (Braun and Clarke, 2019: 594). Other approaches to TA view researcher subjectivity as a potential threat to knowledge production (see Boyatzis, 1998), however, Braun and Clarke’s (2019) reflexive TA views this as a resource. They argue that qualitative research is about telling stories, creating and interpreting. Within this, research is always context-bound, reflective and situated, and therefore the researcher’s subjectivity adds to these meanings and interpretations. Adopting this view that qualitative data is about meaning and meaning-making rather than about finding the ‘truth’ from the data allows for active research where themes do not passively emerge from the data, rather they are created within a socio-culture context. Braun and Clarke

(2019) advocate for the use of terms such as “developing”, “constructing” or “generating” to capture this reflexive process. They argue that assumptions and positionings are constant parts of qualitative research, with reflexive practice integral to understanding and unpacking these.

#### **3.4.4. Thematic Analysis Process**

A step-by-step guide is provided in Braun and Clarke’s (2006) original article to provide an outline of the six phases of TA researchers should engage with. Despite providing this guide, they indicate that these guidelines are not rules to be followed precisely, and researchers should be flexible with the practice, acknowledging that analysis is a recursive rather than linear process where you are able to move back and forth between phases as necessary. I initially used an inductive form of TA, with themes emerging directly from the data, however, through this reflective process I eventually returned to existing theory and frameworks to help guide this analysis, resulting in an abductive approach to TA.

The first step of the TA process is to familiarise yourself with the data. Since I collected the data myself, I came to the analysis of the data with prior knowledge and initial thoughts. Before I read through the data, the interview recording was transcribed into written form. Braun and Clarke’s (2006) article on TA argues that even constructionist TA does not involve detailed transcriptions but instructs that a verbatim account of all verbal utterances (and even some nonverbal utterances) is created to provide a rigorous transcript. Once the verbal data has been transcribed, the researcher should then immerse themselves in the data, reading and re-reading through the entire data set whilst noting down ideas for coding. Some of the dyadic interviews were

transcribed by a professional transcriber, with the remaining individual interviews and two dyadic interviews transcribed by me. Both sets of transcriptions were written up as verbatim accounts of all verbal utterances in line with this guidance.

Phase two of the TA process involves the generation of initial codes from the data. Braun and Clarke (2006) direct researchers to work systematically through their entire data set to ensure that equal attention is given to each data item. This research looks for latent meanings within the analysis rather than semantic themes which are within the surface meanings of the data. TA at the latent level goes further and begins to examine the underlying ideologies and assumptions which shape and inform the data. This level of TA involves interpretive work and analysis which goes beyond mere description and aligns with my constructionist positioning (Braun and Clarke, 2006; Burr, 1995). Codes were created as all dyadic interviews were analysed and again when all individual interviews were analysed, to make sure that no coding was guided by previous sets of interviews and to allow new themes to emerge. NVivo software was used to code the data, using the software to highlight and categorise data into different codes by tagging and naming selections of text within each transcript.

The third phase of the guide focuses on a broader level of analysis and involves sorting different codes into overarching themes (Braun and Clarke, 2006). It is suggested that researchers use visual aids such as tables or mind maps to help sort these codes into different themes. I used thematic mind maps to help organise the codes and overarching themes from my data set and to help distinguish between the different levels of themes. As previously highlighted, whilst I began this process using an inductive approach to TA, this quickly shifted to an abductive approach in order to

better understand and engage with both the data and existing literature (Thompson, 2022).

As demonstrated in the Figures 2 through 7, the TA process was incredibly iterative. The initial set of codes generated from the dyadic and individual interviews focused on broad themes of work and parenting which was reflective of the original research focus of policy, parenting and heteronormativity. Further themes from these broad themes were established, shown in Figure 3, which expanded upon the key codes. These themes were inductive, developed directly from the data without guidance from existing frameworks or theories (Thompson, 2022).

The fourth phase involves reviewing and refining themes and begins once a set of candidate themes has been developed. This step contains two levels of refining. Level one involves reviewing at a coded data level where candidate themes are reviewed as to whether they form a coherent pattern. If candidate themes did not form a coherent pattern, I had to consider whether the theme needs to be reworked, a new theme created, extracts worked into another existing theme, or extracts discarded from the analysis entirely. Level two of this process required me to deliberate the validity of individual themes within the data set, as well as deliberate as to whether the thematic mind map created accurately reflects the meanings within the data set as a whole.

After a second round of refining themes, decision-making emerged as a theme, shown in Figure 4. Although this first arose as a minor theme, after analysing the codes within the theme I noticed that all other themes seemed to be connected to decision-making in some way. After identifying this, I developed decision-making as a key overarching theme within the data, as shown in Figure 5. This phase identified two key

decisions that emerged from the data; family formation and career decisions. This phase also identified factors that influenced decisions as a key theme, analysing them as internal and external factors. Further iteration developed the decision-making codes into family formation and work-home decisions, as shown in Figure 6. Whilst this research initially intended to use an inductive approach to TA, I returned to existing literature and theory to help guide my analysis, resulting in an abductive approach. After some reflexive practice with peers, I reimagined the influential factors theme under the framework of micro, meso and macro level factors (van Wijk et al., 2019). The final iteration of the themes, as shown in Figure 7, developed the key decision-making codes further. In order to strengthen the codes and themes, I returned to the literature I had engaged with previously and identified frameworks I could use to develop the themes around. Powell and Greenhaus' (2010) role entry, role participation and role exit decisions were used as a framework to analyse the work-home decisions that parents made. Similarly, Gato et al.'s (2017) literature review on the factors that influence lesbian and gay parents' decisions around family formation were used instead of the micro, meso and macro levels to analyse and develop themes around family formation decision-making. This abductive approach allowed me to identify gaps in existing frameworks and generate themes and knowledge based on existing empirical research (Thompson, 2022).

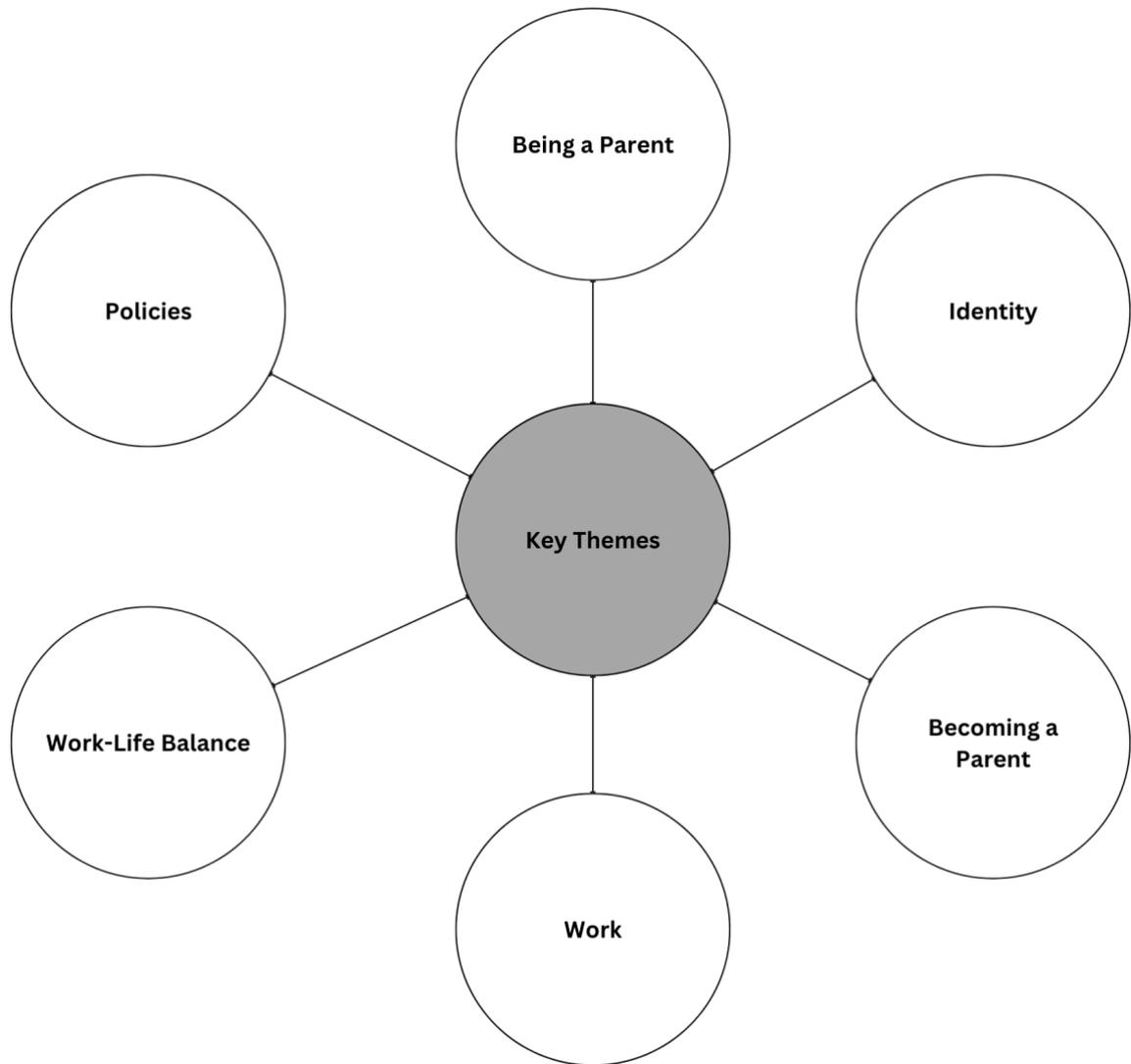
In adopting a reflexive approach to TA and following Braun and Clarke's (2006) guidance, this thesis hopes to address some of the criticisms that Braun and Clarke (2021) highlighted more recently. Additionally, since this research initially set out to use an inductive approach to TA, it could not use Thompson's (2022) guide to abductive TA

from the offset, and instead used this to inform the approach to abductive analysis once it had been adopted . The research and process of this thesis has allowed me to engage with many of the recommendations of Braun and Clarke (2021), by reflecting on my analytic practices, ontological and epistemological approaches, and adopting a reflexive approach to TA. In using both of these guides, I hope to have addressed some of the issues raised around the lack of rigour and structure within many TA processes (Thompson, 2022; Braun and Clarke, 2006).

Phase five of Braun and Clarke's (2006) step-by-step guide involves researching, defining and refining the themes within their analysis before analysing the data within them. I conducted a detailed analysis of each theme before writing them up, identifying the individual story within each theme as well as incorporating it into the overall story of the data. In doing this, I considered each theme individually as well as how each theme relates to others within the data set.

Once this step was completed, the themes and sub-themes were clearly defined, and phase six could begin. The last stage involves the final analysis and write-up of the thesis and Braun and Clarke describe this as an opportunity to "tell the complicated story of your data" (2006: 93). They advise researchers to provide evidence of the themes within the data which I will do through extracts and examples from the interviews. These extracts must be embedded with the analytic narrative of the thesis, and I had to ensure I went beyond mere description. Figure 2 shows the initial coding framework, with keywords sorted into different themes and codes. Figures 3, 4, 5 and 6 show frameworks of key themes and demonstrate the mapping process. Figure 7 shows the final thematic framework. This process demonstrates how I have worked through

phases three to five of Braun and Clarke's (2006) process for thematic analysis, using an abductive iterative process that culminates in a set of refined and defined themes. In doing so, I have been able to develop themes that are grounded in existing literature, building on existing theories and frameworks (Thompson, 2022).



*Figure 2: Initial thematic coding framework*

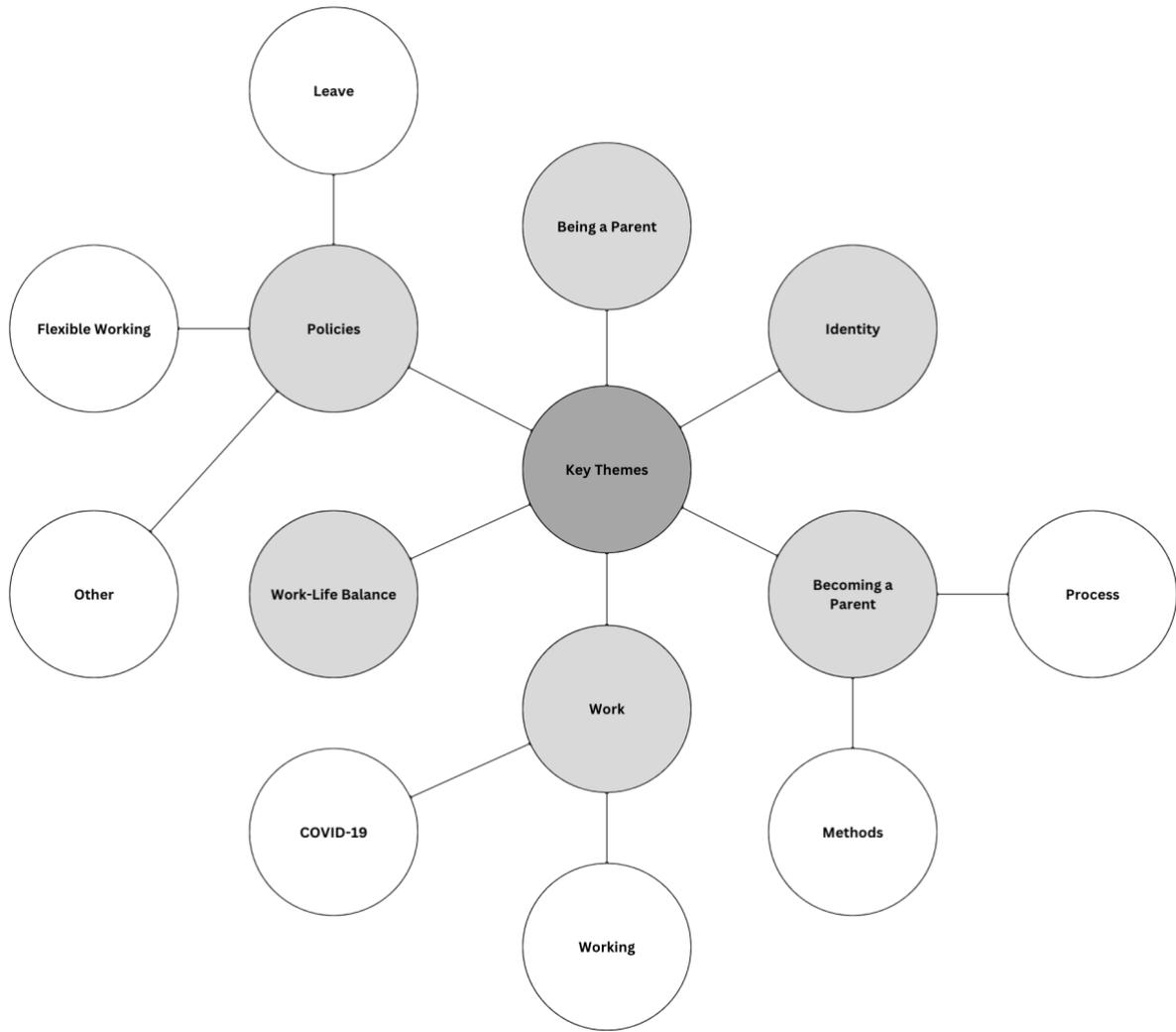


Figure 3: Second version of thematic coding framework

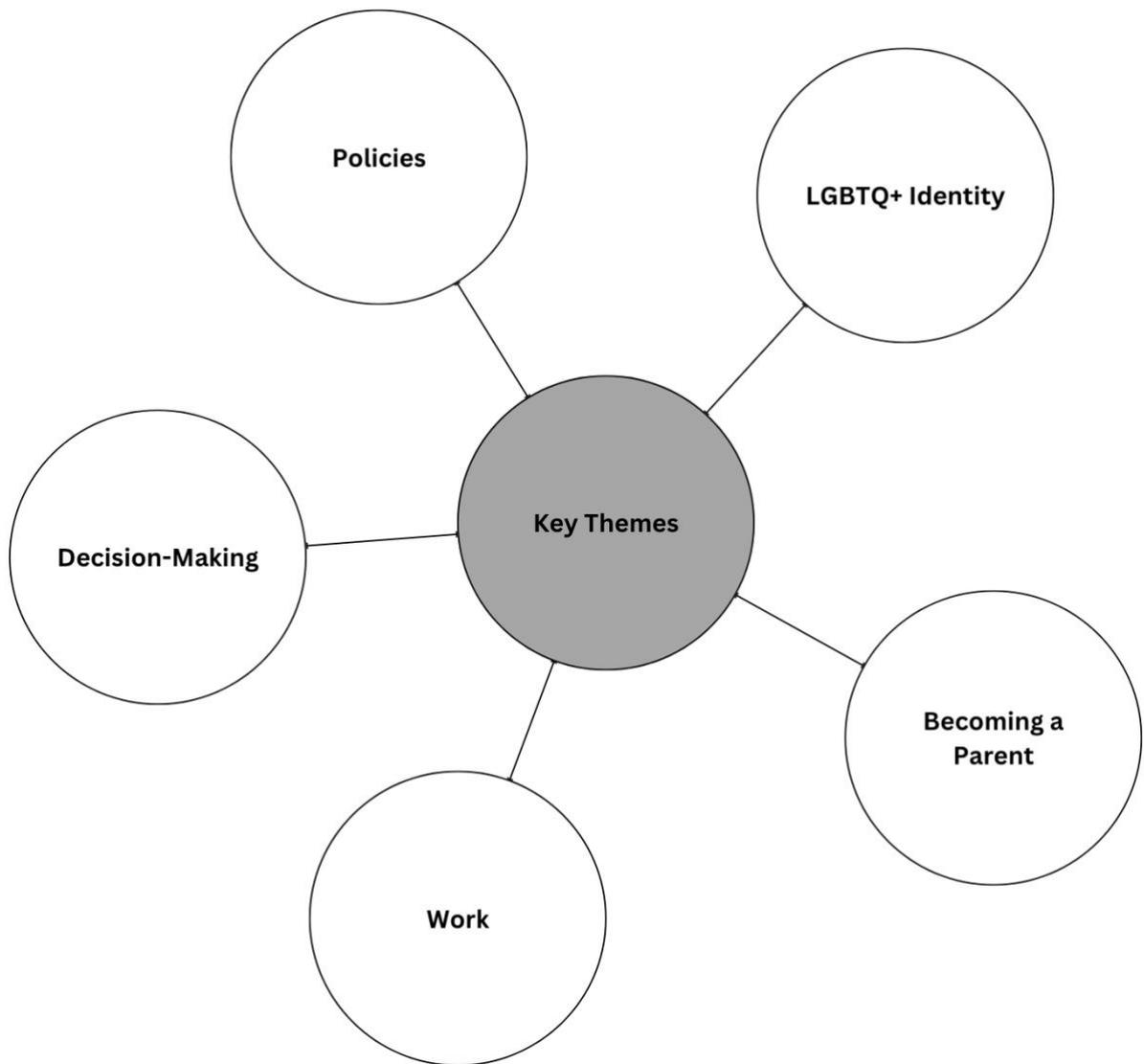


Figure 4: Third version of thematic coding framework

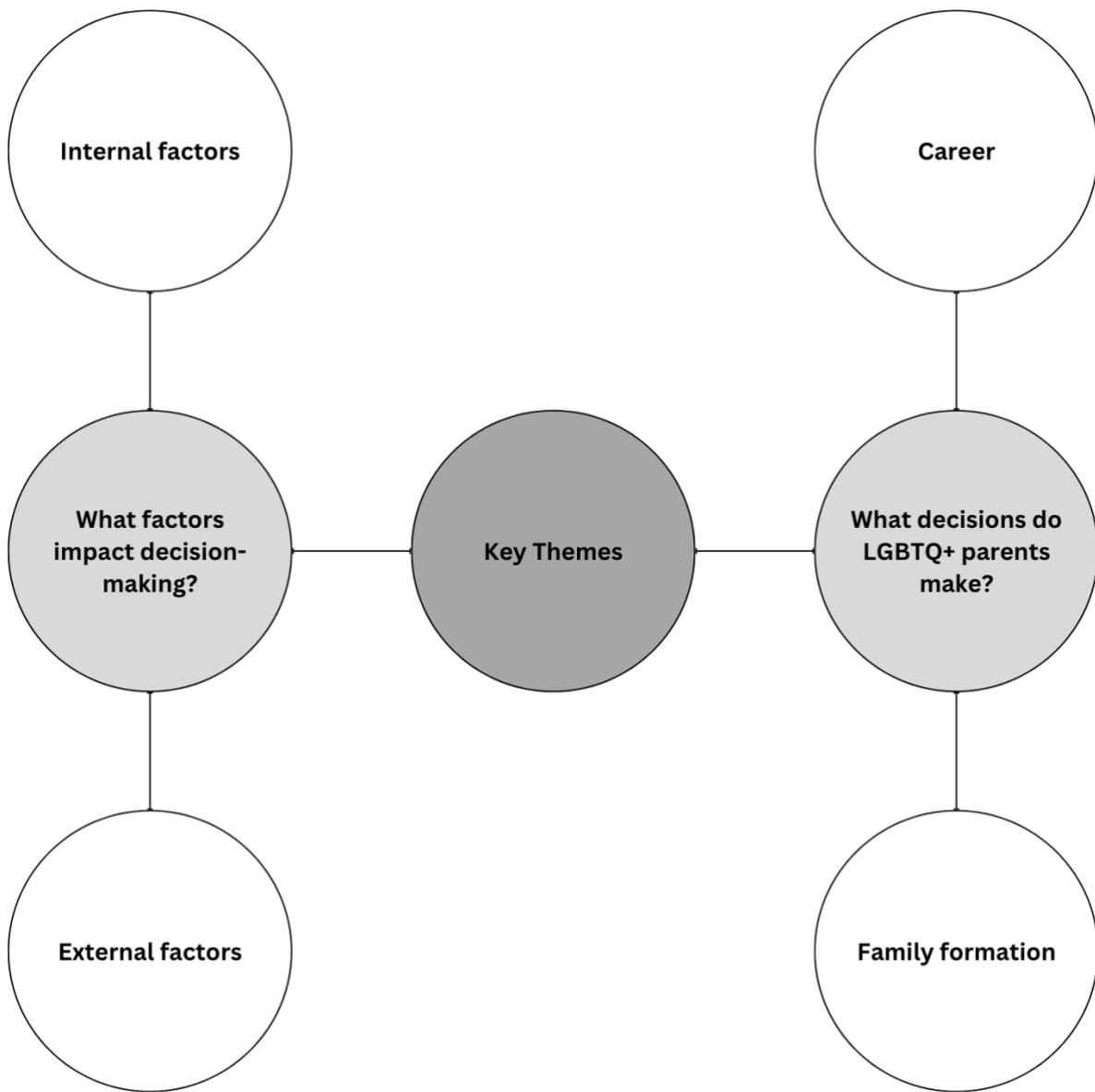


Figure 5: Fourth version of thematic coding framework

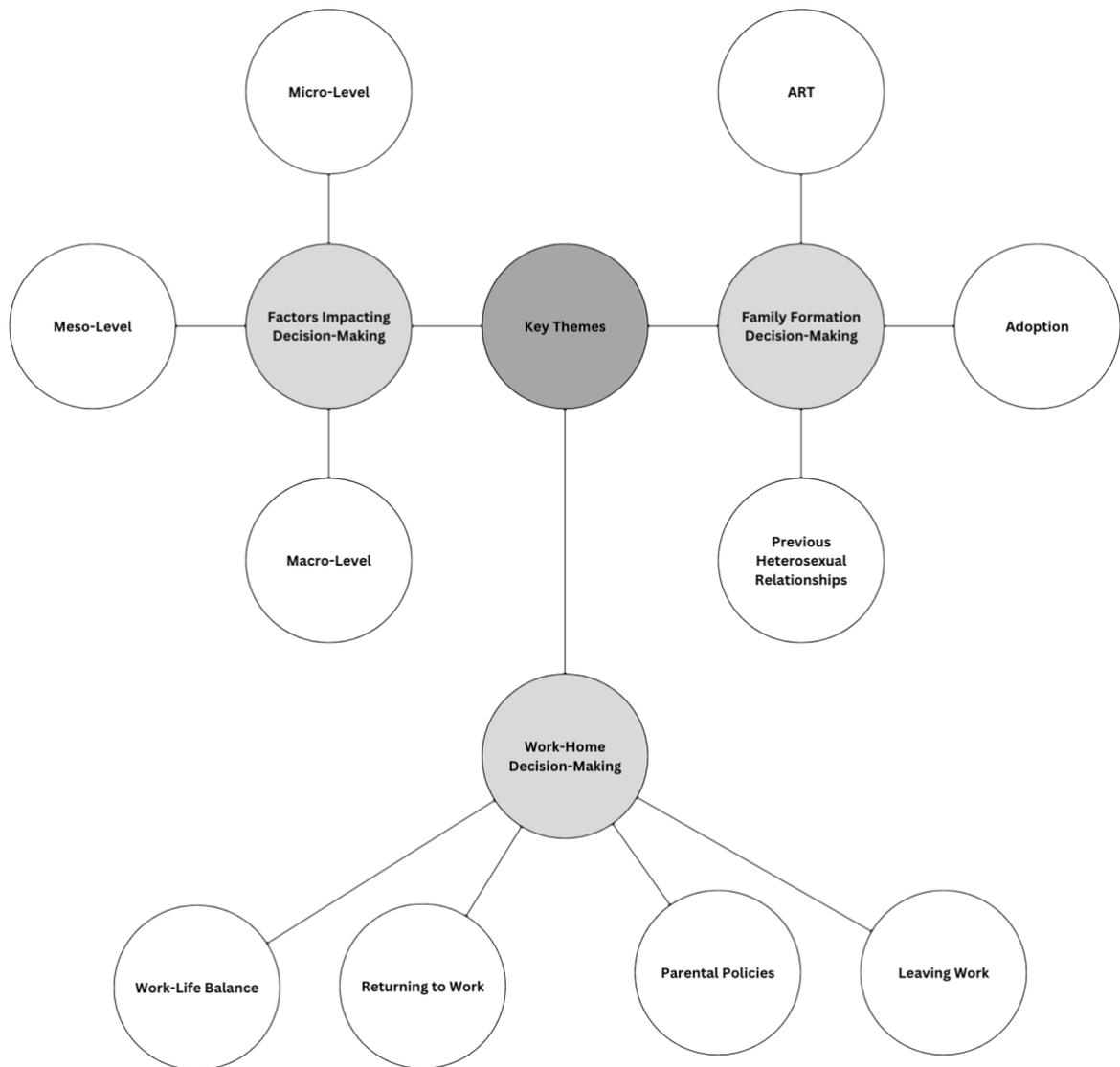


Figure 6: Fifth version of thematic coding framework

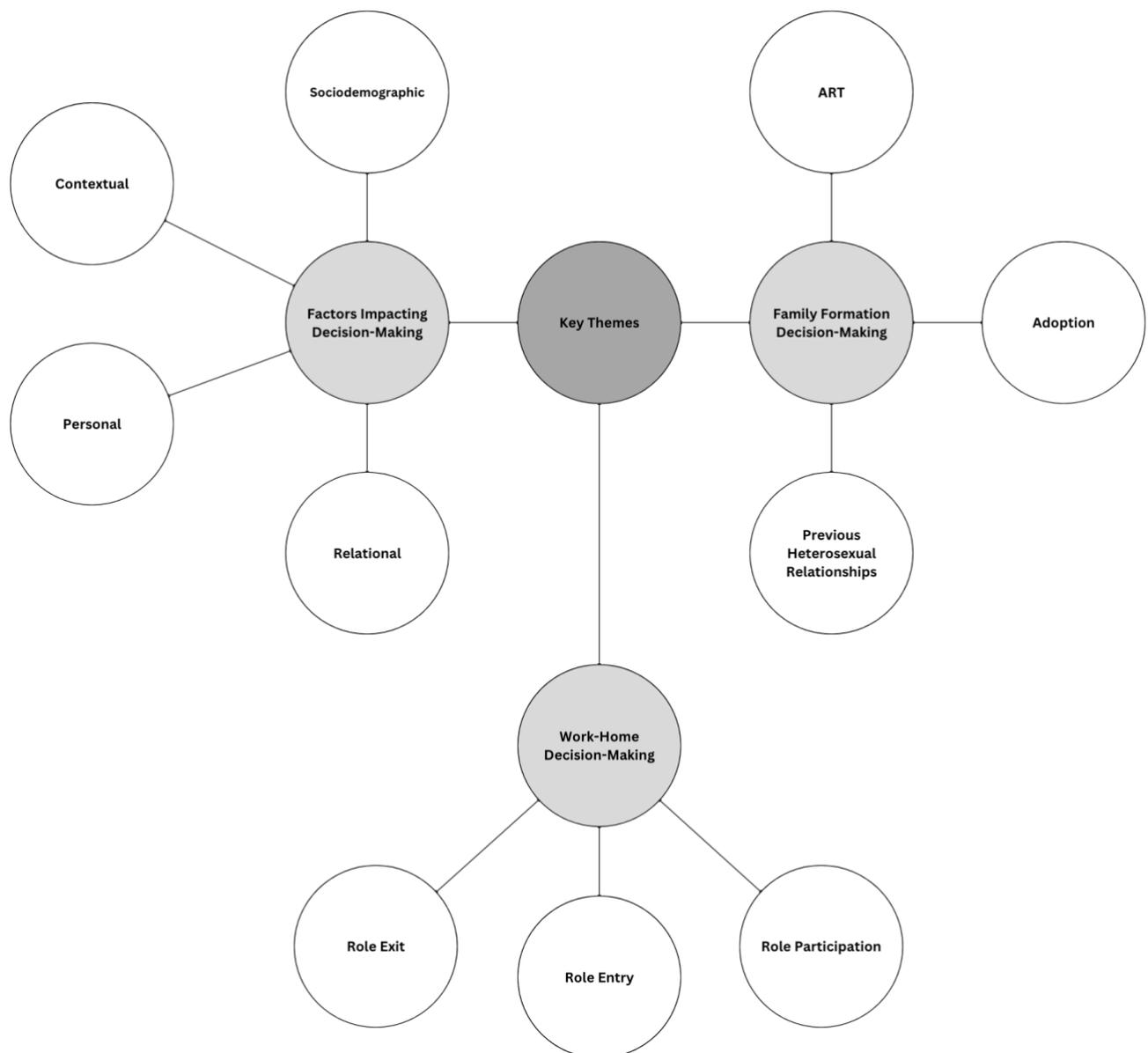


Figure 7: Final version of thematic coding framework

### 3.4.5. Ethics

Ethical approval was obtained from the University of Birmingham. Consent was obtained through the *Participant Information and Consent Form* (Appendix E) which participants were sent via email once they had shown interest in participating in the research in response to recruitment emails or advertisements. Participants were asked to complete the consent form before taking part in the interview. Participants were given

a copy of the *Participant Information and Consent Form* (Appendix E) which provided them with details of the research, and which was also emailed to them for reference after participating.

Participants were informed of their right to withdraw from the project in the *Participant Information and Consent Form* provided to them (Appendix E). Participants were able to withdraw before, during and up to one month after the interview had been conducted at which point their data would have been withdrawn from the study and destroyed. Participants' data was anonymised with an assigned code used instead of the participant's name, and a key was kept on Bear Research Data Store so that I could identify participants' data. These interview recordings and transcripts were stored in Bear Research Data Store on the University Server to maintain data protection. GDPR standards were maintained throughout. Participants' data was anonymised using pseudonyms in any shared data so that all participants' identities are confidential. Anonymity was also maintained by redacting any pronouns, sexual orientations or gender identities that are uncommon, any departmental affiliations, job titles and specific locations.

The interviews discussed LGBTQ+ parents' pivotal family formation and work-home decision-making. These topics had the potential to make the participants emotional or distressed, so I made sure to approach the interviews with delicacy and compassion. Participants were reminded that they were not obligated to answer any questions that came up in the interview. It was unlikely but possible that a participant may wish to terminate the interview early or take a break from the interview should the conversation be too difficult. I ensured that links to external support were made

available to all participants following each interview should they need them (Appendix H).

It should also be noted that the research took place at a time when anxiety levels were already high during the COVID-19 pandemic. Townsend et al. (2020) discuss how to research distressing topics during this global crisis, suggesting that any research that looks at or deals with distressing topics or the COVID-19 situation be reconsidered. Mental health services are currently pushed for resources and therefore any research that may have an impact on participants' well-being may put them at risk of harm. I recognised that I was operating within a state of heightened anxiety and uncertainty, and therefore was vigilant for any distress felt by participants within interviews. Debriefing information was also made available if needed and this time was written into the interview schedule (Appendices E and F). The risk level in conducting this research for me was therefore deemed to be very low.

### **3.5. Summary**

The final stage of Brinkmann and Kvale's (2015) guide to interviewing involves the reporting and communication of findings. The following chapters present the findings of the data collection before discussing the implications for this thesis and its inquiries across three chapters. There are three discussion chapters which each look at a different element of decision-making for LGBTQ+ parents. Each chapter endeavours to present and discuss the findings concerning the research questions of this thesis:

- 1. What family formation decisions do LGBTQ+ parents make?*
- 2. What work-home decisions do LGBTQ+ parents make?*

3. *What factors influence family formation and work-home decisions made by LGBTQ+ parents?*

- *How do these factors influence LGBTQ+ parents' family formation and work-home decision-making processes?*

The first discussion chapter examines the family formation decision-making processes of LGBTQ+ parents, exploring how lesbian mothers using ART, adoptive parents, and parents with children from previous heterosexual relationships and blended families make decisions around starting and forming a family. The second discussion chapter explores the work-home decisions of LGBTQ+ parents once they have had children, looking at decisions around entering and exiting the workforce, and role participation decisions such as the use of flexible working arrangements. Finally, the third discussion chapter will explore the multitude of factors that impact these family formation and work-home parental decisions, examining the sociodemographics, personal, relational and contextual factors that influenced parents' decisions.

## 4. FINDINGS AND DISCUSSION PART I: AN LGBTQ+ PARENTAL DECISION-MAKING MODEL

### 4.1. Introduction

As outlined in Chapter 2, this research examines the decision-making process of LGBTQ+ parents making pivotal family formation and work-home parental decisions. This chapter aims to explore the family formation decisions that LGBTQ+ parents make, which include but are not limited to the use of ART, surrogacy, adoption and fostering, biological conception, and blended families as explained in Chapter 2. Throughout the interviews, parents discussed the numerous pivotal parental decisions that they have had to make on their parenting journey both at home and work, and the factors that have influenced these decisions. Setting out the findings of this research, this chapter endeavours to address the first research question set out at the beginning of this thesis:

#### *1. What family formation decisions do LGBTQ+ parents make?*

In doing this, this thesis endeavours to expand our understanding of previous literature around reproductive decisions for LGBTQ+ parents which mainly focus on lesbian mothers using ART (Carpinello et al., 2016; Almack, 2006; Geerts and Evertsson, 2023). Understanding these decision-making processes is crucial to understanding the complex experiences of LGBTQ+ parents and will help us to better understand both the similarities and differences in decision-making for LGBTQ+ and heterosexual parents, as well as the varied experiences within the LGBTQ+ umbrella.

Donovan and Wilson (2008) outline the ‘conscious’ decisions that lesbian mothers make when considering parenthood, and the following discussion chapter aims to build on this by exploring the conscious and purposeful decisions made by

LGBTQ+ parents across a greater number of sexualities and methods of family formation. In doing so, this chapter aims to build on current understanding of the decisions that LGBTQ+ parents make when forming families. The couples in this study are outlined in Table 2, and each section of the following chapter will introduce each couple and their pivotal family formation decisions when deciding to become parents. Participants became parents in a variety of different ways; through adoption, biological conception within previous heterosexual relationships, blended families with step-children, and ART such as IUI and IVF. The chapter begins by introducing each couple that used ART before examining the literature on ART decision-making processes. Secondly, each couple that adopted will be introduced before discussing the existing literature on adoptive parental decision-making. Finally, couples with children from previous heterosexual relationships and blended families will each be introduced, alongside a discussion of the literature on these family types. Each section will build on Chabot and Ames' (2004) model of lesbian motherhood decision-making introduced in Chapter 2, expanding on and building to an extended model of LGBTQ+ pivotal family formation decision-making. As a reminder, the following table outlines the participants of this study alongside key information relating to their sociodemographic traits, family formation methods and occupations:

Name	Partner	Status	Age	Ethnicity	Sexuality	Gender	Household Salary	Social Class	Interview	
Debbie	Laura	M / P	45	White / Asian	Lesbian	Female	£100 000	Elite	D	I
Laura	Debbie		41	White	Lesbian	Female				
Tamsin	Sarah	M / P	32	White	Asexual	Non-binary (preference for female pronouns)	£24 000	Emergent service workers	D	
Sarah	Tamsin		32	White	Pansexual	Transgender - female				
Christina	Donna	M / P	40	White	Lesbian	Female	£21 000 - £42 000	New affluent workers	D	D
Donna	Christina		39	South American	Lesbian	Female				
Olivia	Thea	M / P	41	White	Lesbian	Female	£114 000	Elite	D	I
Thea	Olivia		42	White	Lesbian	Female				
Richard	Nathan	M / P	48	White	Gay	Male	£160 000	Elite	D	I
Nathan	Richard		50	White	Gay	Male				
Vivian	Eleanor	M / P	57	White	Lesbian	Female	£210 000	Elite	D	
Eleanor	Vivian		58	White	Lesbian	Female				
Tim		Single	34	White	Gay	Male	£80 000	Established middle class		I
Karl	Steve	M / P	42	White	Gay	Male	£91 000	Elite	D	I
Steve	Karl		37	White	Gay	Male				
Molly	Diane	M / P	40	White	Lesbian	Female	£84 000	Established middle class	D	I
Diane	Molly		51	White	Lesbian	Female				
Chloe	Louise	M / P	30	White	Lesbian	Female	£77 000	Established middle class	D	I
Louise	Chloe		31	Black Caribbean	Lesbian	Female				
Megan	Alison	M / P	36	White	Lesbian	Female	> £24 000	Established middle class		I

Table 1: Participant information

#### 4.2. Parents via Assisted Reproductive Technologies

The majority of couples in this study used forms of ART as a method of conception. The following section explores the decisions that these mothers made when choosing this pathway to parenthood, introducing each couple and their

individual journey before exploring how their experiences fit in with previous conceptual models of lesbian motherhood decision-making.

Name	Partner	Age	Ethnicity	Sexuality	Gender	No. children	Age of children	Family formation method	Household Salary	Job title
Debbie	Laura	45	White / Asian	Lesbian	Female	2	5-10	IUI with sperm donor	£100 000	Lecturer / Midwife
Laura	Debbie	41	White	Lesbian	Female					Head of Sixth Form
Christina	Donna	40	White	Lesbian	Female	2	5-10	Reciprocal IVF with sperm donation IVF with sperm donation	£21 000 - £42 000	Writer
Donna	Christina	39	South American	Lesbian	Female					Creative Practitioner
Olivia	Thea	41	White	Lesbian	Female	2	5-10	Reciprocal IVF with sperm donation	£114 000	Deputy Director
Thea	Olivia	42	White	Lesbian	Female					Counsellor / Operational Lead
Molly	Diane	40	White	Lesbian	Female	1	0-4	IVF with sperm donation	£84 000	Management Accountant
Diane	Molly	51	White	Lesbian	Female					Sports Coach
Megan	Alison	36	White	Lesbian	Female	1	0-4	IVF with sperm donation	> £24 000	Music Instructor

Table 2: Participants who used ART

### **Debbie and Laura**

Debbie and Laura have two children through IUI with a sperm donor. IUI is a form of ART and fertility treatment that is carried out by directly inserting sperm into a woman's womb, as opposed to IVF where an egg is removed from a woman's ovaries and fertilised with sperm in a laboratory (NHS, 2024c). Whilst IVF is significantly more effective than IUI (Society for Assisted Reproductive Technology, 2024), many couples choose to use IUI as it is significantly cheaper and certain NHS funding stipulations may require you to use IUI first before being eligible to have IVF funded by the NHS (NHS, 2024b). Debbie and Laura discussed their decision for Debbie to carry both pregnancies:

*Debbie: I just thought, it wasn't so much that I wanted this, it's more the fact that I knew what it involved and entailed. I thought that was the easiest part. Pregnancy. Parenting was harder.*

*Laura: Yes, I always thought I never wanted to be pregnant, so I don't know if I ever envisaged having children. Then, when you offered, I was like "sure, why not. I'm a willing participant".*

Working in obstetrics healthcare, Debbie had extensive knowledge of pregnancy and childbirth and wanted to go through reciprocal IVF with their second child. Unlike IVF or IUI, reciprocal IVF is a treatment option mainly for same-sex female couples (sometimes referred to as shared motherhood). This form of ART involves eggs collected from one partner which are fertilised with sperm in a laboratory before being transferred to the other partner's uterus to carry the pregnancy (Manchester Fertility, 2024). Debbie and Laura discuss the decision they made not to use reciprocal IVF despite initially planning to for their second child:

*Debbie: The second time I was keener to use your egg, but we didn't. I think because of the environment I work in lots of people I know and worked with at the time were like "you'd be mad to mess with the system that worked". Because once you do egg insemination, you run more risk of complications. We were like okay we'll just do it the way we did it before and it worked again.*

They decided against reciprocal IVF after weighing the health risks to Debbie if she were to go through IVF rather than IUI. As highlighted in Chapter 2, lesbian mothers often choose reciprocal IVF for medical reasons (Shaw et al., 2023) and we can see this extends to decisions against using reciprocal IVF as well. Issues with sperm donation also influenced their decision. Since they had acquired the last donation of a sperm donor for their first child and were successful after their first round of IUI, they could use the same sperm donor and the remaining sample for their second child. Laura explains:

*Laura: I think we were more worried if we didn't have enough and we were the last family of the ten, what if there wasn't anymore? And we didn't want the children to be only half biologically related.*

They also discussed being very careful and aware of any legal hurdles they had to jump through as same-sex parents, adamantly making sure “the paperwork was right and correct” since they were not married at the time. They mention LGBTQ+ friends who went through more informal journeys to conception:

*Debbie: But we've had friends that have done it with things like, I don't know if you saw that programme? Three men and 240 children or something. And they basically just turned up at your house, took your Wi-Fi code then came down from the bathroom with some sperm. “All right, see you later”. And that was all just a bit... that's not really who we are. That wouldn't work for us.*

They expressed how they wanted to go through official channels such as going to assisted conception clinics and follow “all the rules to make sure that [they] had done it correctly from the start”.

### **Christina and Donna**

Christina and Donna have two children. Their first child was born through reciprocal IVF with a sperm donor and their second child was born through IVF with a sperm donor. They reflect on the decisions they have had to make along the way in their relationship, beginning with the decision to get married in order to keep their relationship after Donna's work visa expired:

*Donna: Basically if we didn't get married, I would have had to leave the country. And we didn't want our relationship to end. [...]*

*Christina: And we've just had to make those kinds of decisions along the way, haven't we?*

They ended up deciding on reciprocal IVF with sperm donation, planning for Donna to donate her eggs and Christina to carry the pregnancy for their first child, and then for Christina to donate her eggs and Donna to carry the pregnancy for their second child. They chose a lighter course of IVF which involved fewer medications and a smaller price tag. Following the birth of their first child, Christina expressed a wish to be pregnant again. Donna had been unwell during egg collection, suffering from ovarian hyperstimulation syndrome. The couple made the decision for Christina to undergo IVF with their second child, using her own eggs to avoid any further medical complications for Donna. They chose the same sperm donor for both their children, explaining:

*Christina: They both have the same donor; they were both born in the same place. [...] We thought about all that with a lot of love and a lot of care to make sure that they could be a pair when going through the journey together.*

After moving to the United States, they were faced with a decision around whether to adopt their children. Donna was not recognised as their daughter's legal parent in the United States as she is not biologically related to her (she is biologically related to their son as she donated her eggs through reciprocal IVF) and so they made the decision for Donna to adopt their daughter so that both mothers were recognised as their children's legal parents.

*Donna: Yes, we need to make sure that this is tighter than it is just in case anything happens. [...] And as well, to be honest, because we travel a lot. We move around a lot in terms of vacation, and we didn't ever want to be in a position where, let's say, we might find ourselves in a different country and something might happen as well. It made us think "well, if it's a risk in the US, what if we're travelling in another country in another continent and it's a risk there?" So, we did*

*it. Yes, I think if we were still living in [the UK] and we never saw differently, we wouldn't adopt. We wouldn't have needed to.*

### **Olivia and Thea**

Olivia and Thea have two children conceived via reciprocal IVF with a sperm donor, where Olivia donated her eggs and Thea carried both pregnancies. Originally, they attended an open day for same-sex couples wanting to become parents. They describe the event as “a bit of a roadshow” with lots of stands, clinics, adoption agencies and talks on different methods of conception. They initially had no knowledge of reciprocal IVF, but after the open day felt that “all the pieces seemed to fall into place”. Thea explains their decision around this method of conception:

*Thea: We felt well, if Olivia's going through that we'd have her eggs, and then I'm prepped and ready to go on carrying that pregnancy, then that might help us in terms of success rates. And it did. So yes, it was a good option for us, and it worked out really well.*

They decided that Thea would carry the pregnancy as she “fancied being pregnant” and Olivia had no desire to go through pregnancy. They felt that reciprocal IVF was a way for both of them to be involved in the process and “share the workload”.

At the same time Olivia was going through IVF for egg collection, she donated eggs as an anonymous donation. She explains:

*Olivia: It felt like the right thing to do. I was really keen that we were benefitting from the goodwill of the sperm donor, and actually felt like keeping the cycle of goodwill going, I think, to donate at the same time. Which was really lovely.*

### **Molly and Diane**

Molly and Diane have one child together who was conceived through IVF with a sperm donor. Molly explains how there was “no decision” over who would carry the pregnancy:

*Molly: It was always going to be me. I am younger as well, which was probably in our favour. But yeah, there wasn't any conversation. It was just naturally gonna be me.*

They explained that since Diane is a bit older than Molly, it also made more sense for Molly to carry the pregnancy.

### **Megan**

As noted in Chapter 3, Megan and her wife, Alison, initially signed up to the study but Alison withdrew her participation later on. Megan participated in an individual interview following Alison’s withdrawal. Megan and Alison had a child through IVF and sperm donation. After Megan suffered from pre-natal depression and post-partum psychosis, they decided if they were to have another child, Alison would have to carry. However, with Alison earning considerably more than Megan, they no longer see this as an option. They also had a bad experience with their IVF clinic and expressed that they would not wish to return there if they had another child.

*Megan: [Her post-partum illness] made us reconsider, if we want another child, I'm not having it obviously that's not wise, but my partner if she was to, and well, first of all, we don't have the money to do it. But second, we don't want to go back there because they were that horrible.*

*[...]*

*Megan: Our mortgage has just doubled in the last year. So yeah. I don't know, not financially viable.*

After considering all of these issues, Megan says that they probably will not try for another child.

The following section will explore the decisions each of these couples made when choosing to become parents alongside models of lesbian motherhood decision-making from the literature. In doing so, we will explore whether these mothers' experiences mirror those in the literature or expand our understanding of family formation decisions.

#### **4.2.1. Decision-making process for mothers via Assisted Reproductive Technologies**

Even before having children, couples faced key decisions around the future of their relationships including the decision whether or not to get married. Some couples, such as Christina and Donna, decided to get married before having children in order to ensure that they were in a strong legal position around guardianship for their children. Nordqvist (2012) finds that civil partnerships and marriage are closely connected to lesbian families' plans to conceive, representing a connection to their families but also as a means for them to be socially and institutionally recognised as a family.

Nordqvist (2012) explores the explicit choices lesbian mothers have to make throughout their "reproductive decisions", analysing the process of donor conception including self-arranged conception, IUI and IVF. Lesbian parents face several unique decisions when choosing to become parents, from whether they want to become parents, to how to become parents, who will be the biological mother if they choose donor conception, and the choice of donor and the extent of their involvement in the family (Somers et al., 2017).

As discussed in Chapter 2, Chabot and Ames' (2004) seminal text outlines a 7-stage decision-making model that lesbian mothers engage with when deciding to become parents. Stage 1 involves deciding whether they want to become parents or not before moving to Stage 2 where they look for information and support about how to become parents. We can see mothers in this study engaging with these stages through discussions around whether to become parents and seeking out information at events on LGBTQ+ parenting. Stage 3 asks how they will become parents and includes choices around donor insemination (including IUI and IVF). All the mothers discussed so far decided to use ART, but also discussed the choices they made around which ART to use, weighing up options between IVF, IUI, reciprocal IVF or lighter versions of these. Stage 4 sees mothers decide who will be the biological mother of the child, while Stage 5 asks whether they choose a known or unknown sperm donor. Several of the mothers in this study chose to use reciprocal IVF and therefore a decision around who was going to carry the pregnancy as well as who would be the biological mother had to be made. Donna and Christina's initial plan for them to both be pregnant has been linked to the desire for both lesbian women in a couple to experience pregnancy and childbirth to be equally recognised as mothers (Eriksson Kirsch and Evertsson, 2023). Shaw et al. (2023) highlight that reciprocal IVF often presents as a way for both mothers to be biologically involved in the conception of their child even if one has no desire to be pregnant. They describe how some mothers feel 'grateful' to be involved in conception without having to be pregnant and we can see this is mirrored in many of the couples in this study who came to an 'easy' decision around who would carry the pregnancy in reciprocal IVF.

Whilst it is not explicitly mentioned in Chabot and Ames' (2004) model, decisions around legal arrangements such as second-parent adoption might occur at this stage (Somers et al., 2017), displayed here in Donna and Christina's journey when they decided for Donna to legally adopt one of their children in order to be recognised as her legal parent. Further legal barriers will be discussed in Chapter 6 when considering the contextual factors that influenced parents' family formation and work-home decisions. All the mothers chose to use an unknown sperm donor and were not in contact with the donor. Stage 6 looks at incorporating inclusive language into the family such as naming practices (Nordqvist, 2012). Naming practices in LGBTQ+ families will be discussed further in Chapter 6 alongside a discussion of heteronormativity. Finally, Stage 7 asks how the parents negotiate parenthood within the larger heterocentric context which will be explored in greater detail in Chapter 6 when examining how parents engaged with, embraced and challenged heteronormativity throughout their parenting journeys.

Chabot and Ames (2004) found that lesbian mothers discuss and plan at each stage of the journey to becoming parents and this is mirrored by the lesbian parents who chose to become parents via artificial insemination within this study who appeared to engage with each stage of the model. Parents demonstrated how they communicated with each other throughout each of these decisions, discussing options and preferences with each other. This communication will be discussed further in Chapter 6, exploring the importance of language and communication in these decision-making processes. Chabot and Ames' (2004) model is presented as a continuous cycle, and with parents in this study revisiting the model after having their first child, this emphasizes the continuous and cyclical nature of these decisions.

Considering Chabot and Ames' (2004) model of decision-making, we can begin to see how lesbian mothers who used ART in this study engage with the model in similar ways. Figure 8 demonstrates how mothers in this study engaged with the Chabot and Ames' model but also builds on this model by highlighting additional decisions that lesbian mothers in the sample made which were not included in the model. The model in Figure 8 builds on Chabot and Ames' (2004) model of lesbian motherhood decision-making. Whilst the model includes the seven stages of Chabot and Ames' decision-making model, it includes an additional two key decisions based on the findings from the interviews. The first decision takes place once a couple has decided to become parents via ART, they must make a decision around which form of ART to use including IVF, IUI, reciprocal IVF and sperm donation. Chabot and Ames' model includes a decision around who will be the biological mother but does not consider reciprocal IVF where the mother who carries the pregnancy is not the biological mother of the baby. In these instances, a second key decision is added to the model and mothers must make decisions around who will carry the pregnancy and who will donate their eggs, as well as further decisions around the need to adopt children who are not biologically related (Somers et al., 2017). Like the Chabot and Ames model, this model is also cyclical, and parents must repeat the process again when deciding to have further children. However, whilst existing models of lesbian motherhood decision-making emphasise its cyclical nature and briefly discuss how couples might revisit the model when planning their second child (Chabot and Ames, 2004), they do not detail the possible complexity that parents may decide to take one path and not progress, choose another path or leave the family formation process entirely. The data from this research shows that

parents do not always continue engaging with this decision-making process and may choose not to have further children or may exit the process early. As such, the dotted lines in the conceptual model represent the possibility that parents, through choice or constraint, may exit the family formation decision-making process at any time.

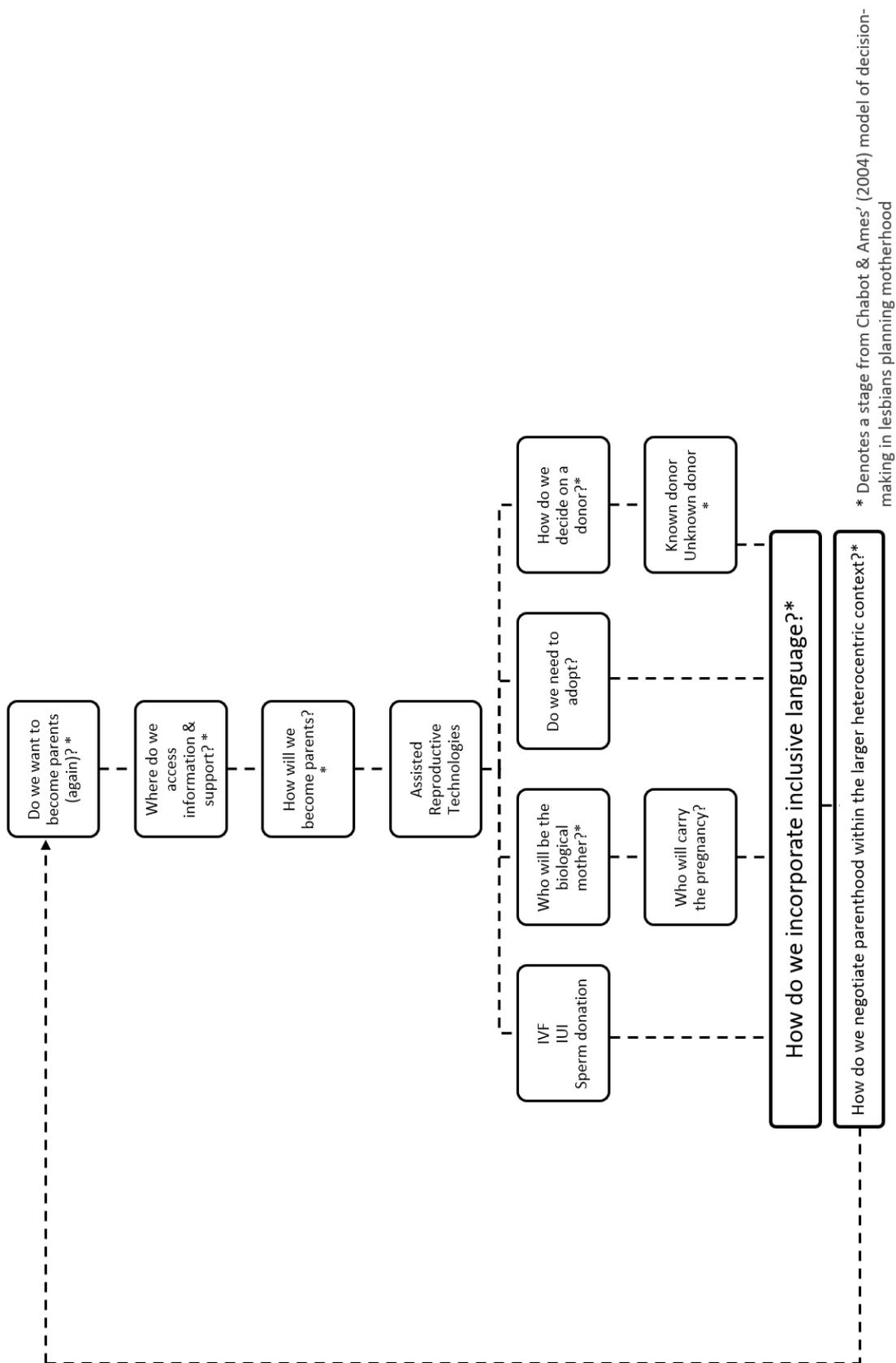


Figure 8: Family formation decision-making process for mothers via assisted reproductive technologies

### 4.3. Parents via Adoption

The following sections will discuss the decision-making processes of adoptive parents, building on Chabot and Ames' (2004) model of lesbian motherhood decision-making and the model outlined in Figure 8. Each iteration of the model will expand our understanding of LGBTQ+ family formation decision-making.

Both gay father couples in this study used adoption as their chosen method of family formation. The following sections explore the decisions that these fathers made when choosing this pathway to parenthood, introducing each couple and their individual journey before examining how their experiences fit in with and build on existing models of lesbian motherhood decision-making in order to build a broader conceptual picture of how LGBTQ+ parents make family formation decisions.

Name	Partner	Age	Ethnicity	Sexuality	Gender	No. children	Age of children	Family formation method	Household Salary	Job title
Richard	Nathan	48	White	Gay	Male	3	11-18	Adoption	£160 000	Director
Nathan	Richard	50	White	Gay	Male					Associate Director
Karl	Steve	42	White	Gay	Male	2	0-4 5-10	Adoption	£91 000	Head of Department
Steve	Karl	37	White	Gay	Male					Manager

Table 3: Participants who used adoption

#### **Richard and Nathan**

Fathers to three children through sibling adoption, Richard and Nathan explain their decision to become parents via adoption rather than surrogacy:

*Nathan: We decided on adoption because there was no way we could have a child that was genetically both of ours. So that would have been perhaps the one thing that might have made you go for surrogacy, if you could have a child that was genetically both of yours then that would be an additional reason for wanting to do that. But given that there is no solution available that would result*

*in a child that was biologically both of ours, then there were a number of options. And the most palatable option was through adoption because, you know, there were kids that were already there and desperately needed families etc. rather than leaving all those kids in the system and sort of creating more.*

Nathan discusses their decision to adopt siblings, explaining that they “consciously made the decision” to only go through the adoption process once rather than several more times down the line had they only adopted one child and then decided to adopt again at a later date.

### ***Karl and Steve***

Karl and Steve had both always wanted to adopt and after discussing adoption for the first time together, started the process straight away. They have two children through sibling adoption. They discussed their decision not to pursue surrogacy as a method of conception. Karl explains how the “unforecastable” cost of surrogacy ruled it out as a potential option. He goes on to explain:

*Karl: I never wanted surrogacy. [...] the world's a terrible place at times. I don't want to be responsible for bringing someone else into it. But I'll happily give a home to or bring other children into the family that need a home rather than making a new one when there's already too many people in the world anyway. [...] I thought actually, we could do something better that actually improves the lives of two other people.*

They started the process after an adoption evening and after nine months of assessments were matched with two adoptive siblings. Unfortunately, they had to pull out of the adoption as they were not made aware of the specific medical and behavioural needs of both children until meeting with a medical advisor late down the line. Steve explains how they both felt guilty after withdrawing from the adoption but

were reassured by a social worker who advised them that it had not been the “right match” for either them or the siblings. Six months later they entered the adoption process again and were matched with another two siblings and the adoption process was successful.

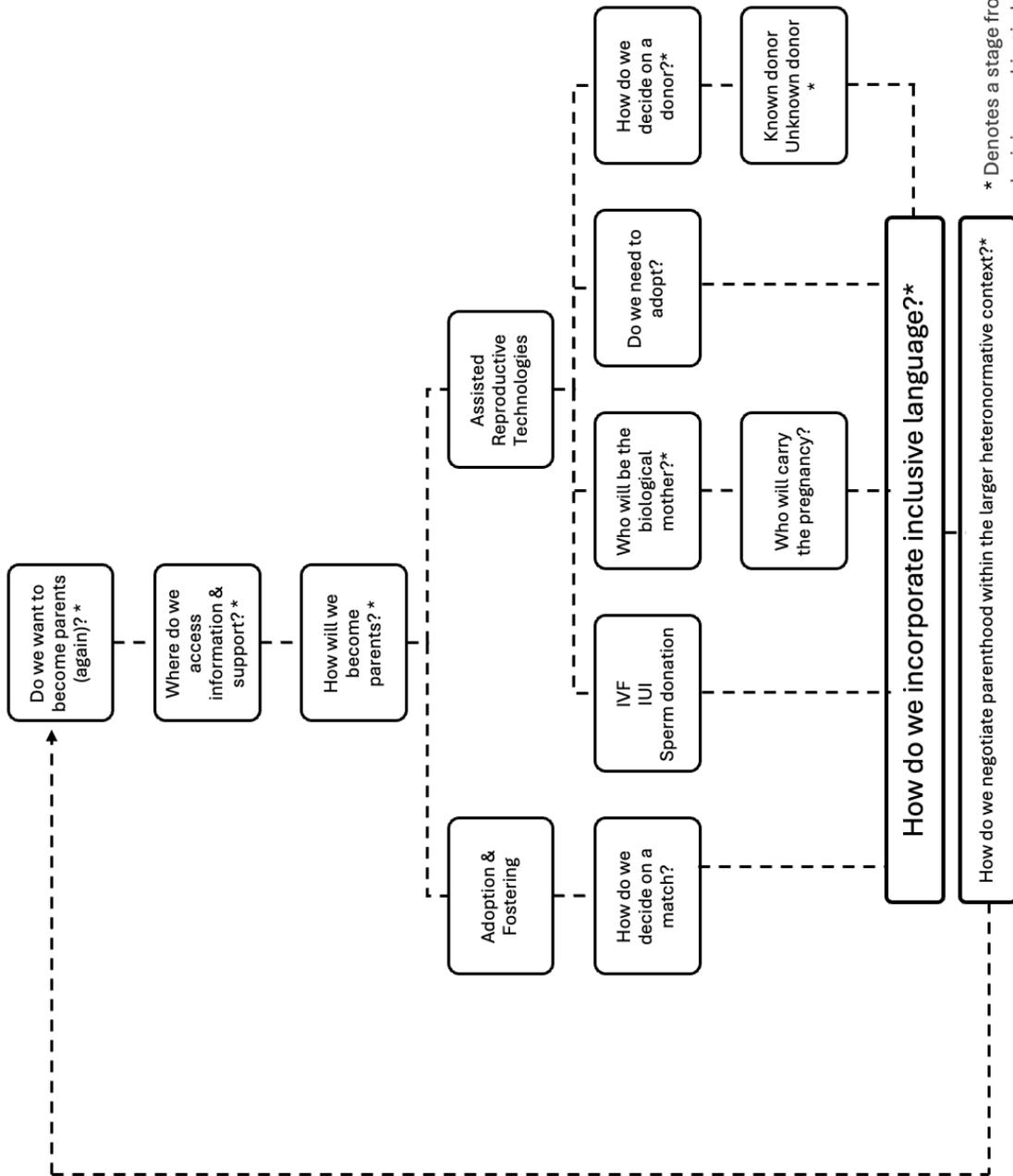
#### **4.3.1. Decision-making processes by adoptive parents**

Whilst most of the literature on the decision-making of LGBTQ+ parents focuses on lesbian mothers, there is some research on gay fathers’ decision-making and negotiations on the journey to parenthood. Downing et al. find that gay men choosing adoption as a path to parenthood often do so as it is perceived as the “closest they can get to having a biological child” (2009: 257), with surrogacy seen as both a complicated and very expensive route to parenthood. They find that gay men frequently choose public adoption as a means of providing “healthy, loving and supportive homes” to children in need (Downing et al., 2009: 260). This is mirrored in both gay couples’ decisions to adopt, with Nathan noting that since there was no way to have a child that was “genetically” both his and his husband’s, adoption was the “most palatable” option. Similarly, Karl explained that due to the “unforecastable” cost of surrogacy, they ruled this out as a potential option and chose adoption instead as a way that also “improves the lives of two other people”. This sense of morality has been found in other studies where same-sex couples have chosen adoption over other routes such as surrogacy (Jennings et al., 2014).

As highlighted in Chapter 2, Jacobson (2014) outlines the decisions prospective adopters face regarding race, age and ability status. In line with this, we can see Karl and Steve make adoptive decisions based on these characteristics, choosing to pull out

of an adoption match when they were told last minute of the children's medical and behavioural needs which they felt unable to meet.

Expanding on the conscious and considered decisions made by lesbian mothers that Donovan and Wilson (2008) discuss, we can begin to see how other LGBTQ+ parents also make purposeful and "conscious" decisions around the decision to become parents. Considering Chabot and Ames' (2004) model of lesbian motherhood decision-making, we can continue to build upon Figure 8 to include the experiences and decisions made by gay adoptive parents on the journey to parenthood. Figure 9 below presents an expanded model of LGBTQ+ parental decision-making, including decisions around whether to adopt and how to decide whether to proceed with an adoption match. There is a risk throughout the adoption process that the adoption may not be successful, with matches falling through or parties withdrawing from the adoption. This again highlights the complex and cyclical nature of the decision-making processes, with parents often having to revisit stages as they go through the journey to parenthood. As in Figure 8, the dotted lines throughout the model highlight the possibility that parents, through choice or constraint, may exit the family formation decision-making process at any time, building on previous models of family formation decision-making which omit this added complexity. As this research included no parents who used surrogacy as a conception method, further research is needed to explore in greater detail the decisions that prospective LGBTQ+ parents make when choosing this option.



\* Denotes a stage from Chabot & Ames' (2004) model of decision-making in lesbians planning motherhood

Figure 9: Family formation decision-making process for adoptive parents

#### 4.4. LGBTQ+ parents leaving heterosexual relationships

Three of the couples and one single parent in this study became parents through biological conception within previous heterosexual relationships. The following sections explore the decisions that these parents made along this pathway to parenthood as well as decisions when leaving their heterosexual relationships and any decisions they made around forming blended families. Each couple or parent and their individual journey is introduced alongside a discussion of the literature, exploring how their experiences fit in with and build on existing models of lesbian motherhood decision-making (Chabot and Ames, 2004) in order to build a broader conceptual picture of how LGBTQ+ parents make family formation decisions.

Name	Partner	Age	Ethnicity	Sexuality	Gender	No. children	Age of children	Family formation method	Household Salary	Job title
Tamsin	Sarah	32	White	Asexual	Non-binary (preference for female pronouns)	2	5-10	Biological conception	£24 000	Customer Manager
Sarah	Tamsin	32	White	Pansexual	Transgender - Female					Carer
Vivian	Eleanor	57	White	Lesbian	Female	4	18+	Biological conception	£210 000	Director / Owner
Eleanor	Vivian	58	White	Lesbian	Female					Blended family
Tim		34	White	Gay	Male	2	11-18	Biological conception	£80 000	Manager
Chloe	Louise	30	White	Lesbian	Female	1	11-18	Blended family	£77 000	Systems Administrator
Louise	Chloe	31	Caribbean	Lesbian	Female					Biological conception

Table 4: Participants with children from previous heterosexual relationships

##### **Tamsin and Sarah**

Tamsin and Sarah have two children whom they conceived biologically as a heterosexual couple before Sarah's transition and before she openly identified as a transwoman. Tamsin discusses their decision to become parents:

*Tamsin: Just like any other straight people, I guess. I was coming towards the end of my university course and because we were getting married that year as well, we thought the next step would be to, perhaps, to start having children. Having been on contraception for a while I figured we'd stop all that because it can take a while after contraception. It didn't take a while. It was instant, and that was how we became parents.*

As outlined in Chapter 2, much of the literature on heterosexual families making decisions around childbearing focus on health, conception and fertility. Literature that does look at heterosexual childbearing finds that these parents often make assumptions and view childbearing as an inevitable occurrence within heterosexual marriage (Morison, 2013). As such, Tamsin and Sarah's experiences highlight often how little planning goes into the decisions of heterosexual couples when becoming parents. Tamsin describes their relationship as a "very normal cis relationship to start with" before Sarah came out as transgender after the birth of their second child. Tamsin explains that Sarah wanted to make sure she had a family first as she "worried that if she came out as transgender that would prevent [them] from having a family".

Tamsin and Sarah discuss some of the difficulties they have faced through Sarah's own transition and since their daughter came out as transgender:

*Tamsin: I think what is difficult is that there's so much negative stuff in the media at the moment about trans people, but not only that, our daughter is transgender as well. So, we have a lot of concerns about what the future was going to hold for her. [...] And not only that, because Sarah is transgender, there's this misunderstanding that people want to be transgender for attention. And people look at us and think that "obviously, you just like the limelight of being transgender so much that you're making your daughter do it as well" which is absolutely crazy because it's so much the opposite.*

She goes on to explain how Sarah being transgender has made them more aware and understanding, making it easier for them to support their daughter through her transition. Whilst there is limited research on the experiences of trans parents raising children who are transgender, research has been done on how trans parents negotiate and communicate gender identities to their children. Open dialogue and reciprocal caring between parents and children is important for parents who are transitioning or have transitioned (Hines, 2006). Instead of parents reversing the parenting nouns of “mum” or “dad”, parents often choose to use a new nickname or their new first name, allowing children to adapt and be reflexive to their parent’s transition. Affirmative approaches for supporting trans children are becoming more common, allowing them to live authentically without attempting to predict their future identity (Horton, 2023; Newhook et al., 2018). Using affirming language and providing support for trans children is important in improving child well-being after social transition, and alleviating stress, anger and frustration (Horton, 2023). More research should be done to examine whether the open dialogue trans parents often use to discuss gender identity with their children has an impact on validation and affirmation for trans children.

Tamsin and Sarah also spoke about their desire to foster but explained that despite the foster agency advertising at a Pride event for LGBTQ+ parents, they were rejected “because being transgender was too much of a change for a child”. Tamsin explains that she had a difficult childhood and wants to foster to provide children with a “safe space” that she did not have access to as a child. They explain that they are going to try to become foster parents again in the future once their children are older and more time has passed since Sarah’s transition. Brown and Rogers (2020) examine the

“silence in relation to the workings of cisgenderism” within fostering and adoption social work in the United Kingdom (Brown and Rogers, 2020: 594). As discussed in Chapter 2, trans and non-binary parents are often asked to fit themselves into normative gender roles in order to be accepted as suitable adoptive or foster parents (Brown and Rogers, 2020; Stryker, 2008; Sycamore, 2008). Awareness, education and training around trans identity within social work are overlooked and lacking both in the UK and the US (Hudson-Sharp and Metcalf, 2016; Kemper and Reynaga, 2015). Whilst trans people have been found to want to adopt when discussing future plans, (Chen et al., 2018; Riggs et al., 2016), this desire does not appear to have been realised, with very few trans people pursuing adoption or fostering (First4adoption, 2017). Brown and Rogers (2020) call for more research on LGBT adoption and fostering social work to include the experiences of trans carers so we can understand the barriers for many trans people. They suggest that social work practitioners require better education around trans and gender identity as well as increased inclusion for trans adopters and fosterers.

### ***Vivian and Eleanor***

Vivian and Eleanor both had children from previous heterosexual marriages when they started their relationship. With a two-year-old and a five-year-old each, they described it as like “having two sets of twins”. Vivian says her biggest worry when they left their marriages for each other was the children, worrying that they would be bullied or ostracised at school. Vivian describes being terrified that her children’s father was slowly cutting her out of their lives as she remembers “crying and crying” that the

children were going to school around the corner from where her ex-husband lived, and she was going to “lose the kids”. Eleanor reflects on the experience:

*Eleanor: It was huge. When you talk about it now, you forget, because we've come on so far now. You forget, actually, the turmoil in your head at that time. And it's like you say, are the kids going to hate us when they understand what's going on here? And how are they going to react to us and how is our relationship going to be with them?*

Negotiating this new relationship within each family had its difficulties. Vivian discusses how her mum was at first “disgusted” at the relationship but eventually accepted it. Eleanor’s family, however, were supportive from the beginning. Vivian describes how Eleanor’s parents treated Vivian’s children as if they were their own grandchildren:

*Vivian: We got great support, and they treated all the four kids the same, and eventually they all had the same Christmas money, the same birthday money, and they loved them all.*

Eleanor explains how they wanted to keep the divorce proceedings and separations from both their husbands “amicable for the children”. They split custody 50-50 with both their ex-husbands, with the children going between all three houses and even sharing Christmas together. Vivian describes how they created their blended family:

*Vivian: There was no big reveal. We didn't sit them down and say “let's try and explain”. [...] We just created this blended family. We got on with it.*

*Eleanor goes on to say:*

*Eleanor: They were just all our children. It wasn't your kids and my kids [...] They were our kids.*

### **Chloe and Louise**

Chloe and Louise have a child from Louise's previous heterosexual relationship. Louise had her daughter at 17 with her boyfriend before they split up when she went to university. She was a single parent for several years before meeting Chloe.

*Louise: I was in a previous relationship quite young. And I got pregnant when I was 17. And almost, I suppose quite soon, actually, after I got pregnant, the relationship kind of started to go downhill.*

After coming out of a heterosexual relationship and finding herself as a single parent and exploring her sexuality, Louise discussed the process of coming out to her mother:

*Louise: I remember coming out to my mum at some points during that, or she'd questioned me about certain things. And I was kind of relatively open with her and I don't think she quite liked that. But then I got into a relationship, and she was kind of completely like I think she really she really struggled with my sexuality and really struggled with me being quite so open about it with her. I don't think she particularly was as fussed that I was out but I think it was the fact that she felt really uncomfortable to have certain conversations with me. And I think that started the beginning of a really difficult time again.*

They are now a blended family, with Chloe and Louise both acting as parents to their daughter. They have researched and considered having another child through IVF but decided that the cost was too high. As previously discussed, Donovan and Wilson (2008) suggest that lesbian parents make "considered decisions" about how to create their family (Donovan and Wilson, 2008: 650). Chloe discusses the "purposeful" decisions she and Louise have had to make as same-sex parents:

*Chloe: Everything that we do has to be purposeful. We have to choose to have a baby. We have to choose to get married, to choose to do this thing and that thing.*

In discussing the purposeful decisions they have had to make, we can see Chloe and Louise's experiences as parents in a blended family mirror many of the experiences of lesbian mothers who conceived via ART. They too have had to make decisions about whether to get married (Nordqvist, 2012) and have had to make intentional and considered decisions about whether and how to parent (Chabot and Ames, 2004; Somers et al., 2017).

Whilst they still have contact with Louise's ex-partner, he does not play an active role as a parent and there have been long periods where he has had no contact with them.

*Louise: We're still like a 'stepfamily', a blended family trying to work out what that looks like.*

Louise discusses some of the issues she faced when she was a single parent, now in a blended family, trying to parent with her daughter's dad who is largely absent.

*Louise: I'm not sure if he's necessarily changed that much, but I've started to realise that the only way that I can kind of manage that relationship between the two of them is by me not having very many expectations and helping her to navigate that space. If I don't particularly expect much then she doesn't.*

As highlighted in Chapter 2, much of the literature on lesbian families focuses on 'planned' lesbian families, that is, lesbian couples who have gone through pregnancy, artificial insemination or adoption with their current partner. Lesbian 'stepfamilies' are then families when one woman has become a mother in a previous heterosexual relationship, disclosed their lesbian identity, and created a stepfamily with a new partner (van Dam, 2004). These blended families may face significant issues when a child's biological father is actively involved in parenting, as the presence of the

stepmother can undermine the biological father (Hequembourg, 2004a). Additionally, involved biological fathers can impede the parenting scripts available to lesbian stepmothers and force lesbian stepmothers to negotiate both their position in the life of their partner's child and their position in relation to the child's biological father (Hequembourg, 2004a). Louise explains that since her ex-partner has been largely absent from her daughter's life and has since had children with another partner, the only issues they have faced have been around managing expectations. She explains that they are trying to have more contact with him and for him to be a more involved father, and thus issues around negotiating roles may still occur. This varies greatly from Vivian and Eleanor's experience, where they were able to split custody 50:50 with both their ex-husbands and co-parent their children together.

### **Tim**

Tim has two children from a previous heterosexual relationship. After coming out as gay and separating from his partner, he is now a single parent.

He discusses the support he received from his partner after coming out:

*Tim: She reassured me that there's nothing wrong with me, that I'm not broken, that I'm not mentally ill. You know what I mean, like, she just did everything in her power to reassure me that everything was normal. [...] I never really appreciated just how difficult that must have been for her, you know, she's in a relationship with someone she's in love with. And we broke up and she's still being emotionally supportive.*

Following his coming out, he remained living with his partner, describing this as down to "inertia" rather than a decision. He eventually moved out "for the sake of the kids", describing the relationship as becoming toxic and that for the children it was like

“growing up in a warzone”. He describes himself at the time as an irresponsible parent acting out of “pure selfishness”. He explains:

*Tim: It was like, "No, I'm 21 or 22 years old, I want to be out having fun. I don't want to be stuck at home sat in front of the TV watching the same old crap over and over again with kids [...]”.*

Further down the line, after he had moved out of the shared house, his children’s mother became unwell, and both his children had to move in with him. Eventually, both children moved back in with their mother after a bad breakup with a boyfriend when he felt he “couldn’t be a single parent”. During the COVID-19 pandemic, his eldest child moved in with him again. He now has a great relationship with his ex-partner.

As outlined in Chapter 2, there is limited literature on the experiences of single gay fathers, with most of the literature available on single gay fathers who have used surrogacy or adoption (Maya and Adital, 2021; Tsfati and Segal-Engelchin, 2022). Carroll (2018) characterises the single gay fathers in her study as “single parents by choice”, that is parents who have embarked on the parenthood journey through adoption or reproduction technologies (i.e. donor insemination or surrogacy). She argues that single gay fathers who have used surrogacy or adoption are more visible than fathers with children from previous heterosexual relationships. The influence of heteronormative and homonormative pressures on single gay dads will be explored further in Chapter 6 alongside a discussion of parenting structures which challenge heteronormativity.

Based on the experiences of the participants who had children in heterosexual relationships, we can build on Figure 9. Figure 10 below presents an expanded model which now also includes the decisions made by LGBTQ+ parents with children from previous heterosexual relationships. These additional decisions begin with the decision

to come out to a partner and family. Whilst Chabot and Ames (2004) discuss the decision for lesbian mothers to come out within their model when parents negotiating parenthood within the larger heterocentric context, they discuss this only in terms of coming out as a lesbian family to outsiders.

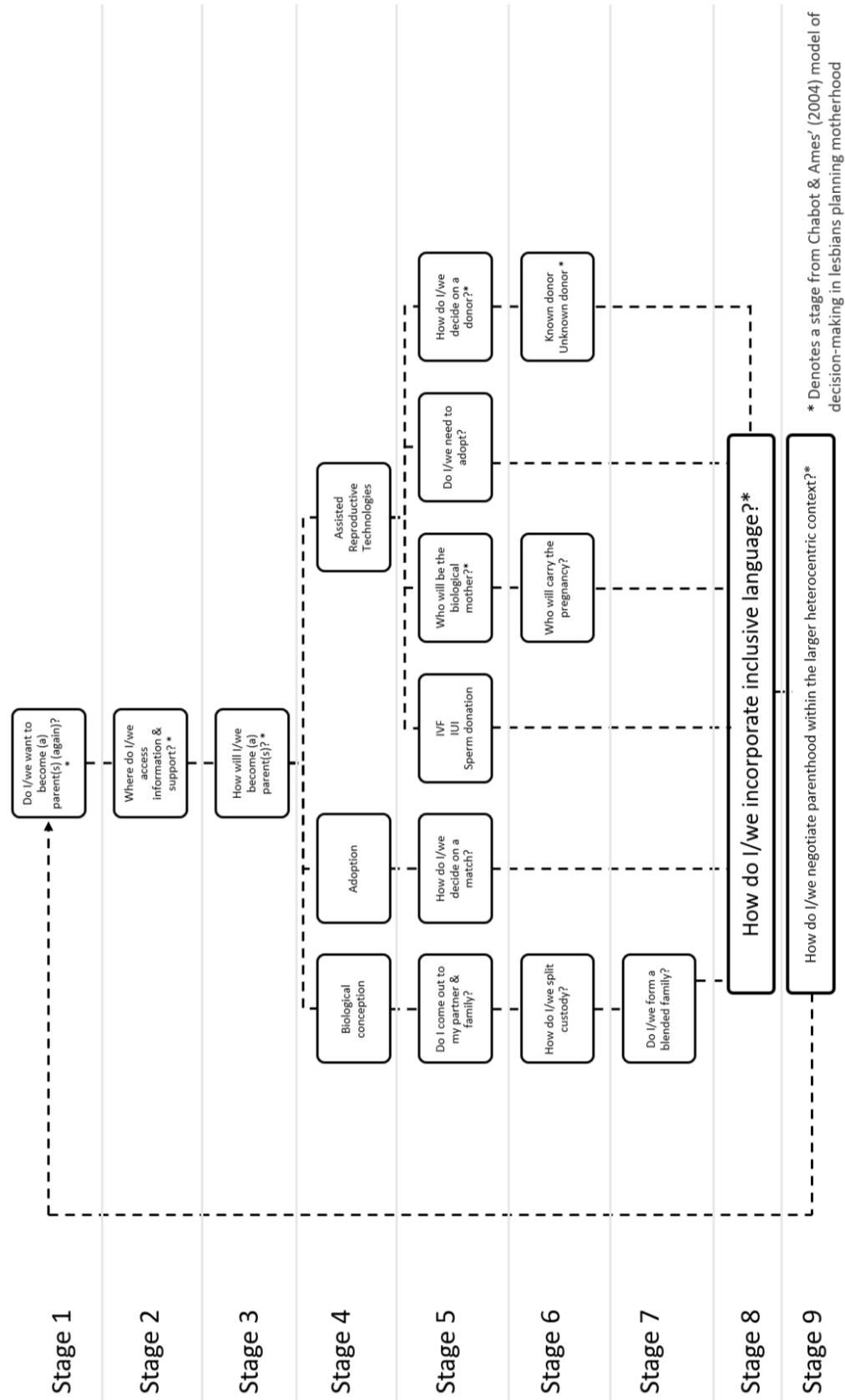


Figure 10: Family formation decision-making process for LGBTQ+ parents

The model in Figure 10 builds on this and includes the decision to come out to one's own partner and family. Once the individual has done this, they might be faced with decisions around how to split custody (if they decide to end the relationship) or form a blended family. Some parents may enter at this stage and form a blended family with a partner who has children from a previous heterosexual relationship. As in Figure 8 and 9, the dotted lines throughout the model highlight the possibility that parents, through choice or constraint, may exit the decision-making process at any time, adding an additional complexity that is omitted from previous conceptual models of family formation decision-making. Additionally, whilst Chabot and Ames' (2004) model uses the first-person plural pronoun "we" to indicate that mothers engaging in the model are in a couple and jointly making these decisions, the model in Figure 10 has updated the language to also include the first-person singular pronoun "I", including the experiences of single parents and highlighting that both single parents and couples can engage with the model.

#### **4.5. Differences between LGBTQ+ and heterosexual parents in family formation decision-making**

Considering the findings of this thesis and existing literature on heterosexual family formation, we can consider several differences between the two groups. Whilst some heterosexual parents do make choices around ART and adoption, we must understand that for many LGBTQ+ parents, these are some of the only options available to them should they wish to have children. In addition to this, lesbian mothers must make reproductive decisions such as how to fund ART since this is often not available on the NHS to couples without fertility issues, and decisions around which mother will

carry the pregnancy and sperm donation (Nordqvist, 2012; Somers et al., 2017; Donovan and Wilson, 2008; Chabot and Ames, 2004). Parents who adopted faced additional decisions that heterosexual couples may not face, such as the choice to legally adopt their children if they were not biologically related to them. Other parents who are trans or non-binary faced issues when they were told that fostering as a transgender parent would be “too much change for a child”, with research findings that education and training on trans identity within social work is often overlooked and lacking (Hudson-Sharp and Metcalf, 2016; Kemper and Reynaga, 2015). For LGBTQ+ parents who came out of heterosexual relationships after having children, they faced considerable decisions around whether and how to come out to their partners and families, how to split custody with their ex-partner, and how to co-parent with any ex-partners and current partners within a blended family (Hequembourg, 2004a). Whilst many heterosexual parents who separate after having children must also negotiate how to parent with previous and future partners, LGBTQ+ parents must battle challenges around sexuality, gender identity and coming out alongside this.

#### **4.6. Summary**

As discussed in this chapter, many of the family formation decisions made by parents in this study differ significantly from the decisions of heterosexual parents looking to start a family. When beginning their parenting journey, all parents had to decide which method of conception to use. Mothers who choose to use ART faced a plethora of decisions, including but not limited to deciding between reciprocal or standard IVF, IVF versus IUI or a lighter version of IVF, choosing which sperm to select for ART, which mother will carry the pregnancy, and decisions around maternal health

and healthcare. Parents who adopted had to choose between adoption and surrogacy, whether to adopt one child or siblings, whether to adopt once or multiple times, and whether to go through with a match. Parents who used ART also faced decisions around whether to legally adopt their children, and other parents faced decisions around whether to foster after having children. Those parents who had children in heterosexual relationships and subsequently had to come out faced decisions around disclosure of a gay or transgender identity, how to split custody with their ex-partners, and how to co-parent with their ex-partners and within a blended family.

The findings from the experiences of lesbian mothers with reproductive and fertility decisions in this research contribute to the existing literature on the complex decisions lesbian mothers make on the journey to parenthood (Nordqvist, 2012; Somers et al., 2017; Donovan and Wilson, 2008; Chabot and Ames, 2004). These mothers appeared to engage directly with the 7-stage decision-making model set out by Chabot and Ames (2004) which details the multitude of complex decisions that lesbian mothers must make on their journey to parenthood. Whilst Donovan and Wilson (2008) suggest that lesbian mothers make ‘considered decisions’ about how to create a family, this chapter has demonstrated that LGBTQ+ parents more broadly engage in considered, purposeful and intentional decision-making processes throughout the journey to parenthood. Building on Chabot and Ames’ (2004) model of decision-making in lesbians planning motherhood, this study puts forward an inclusive and holistic model of decision-making for LGBTQ+ people planning parenthood (Figure 10).

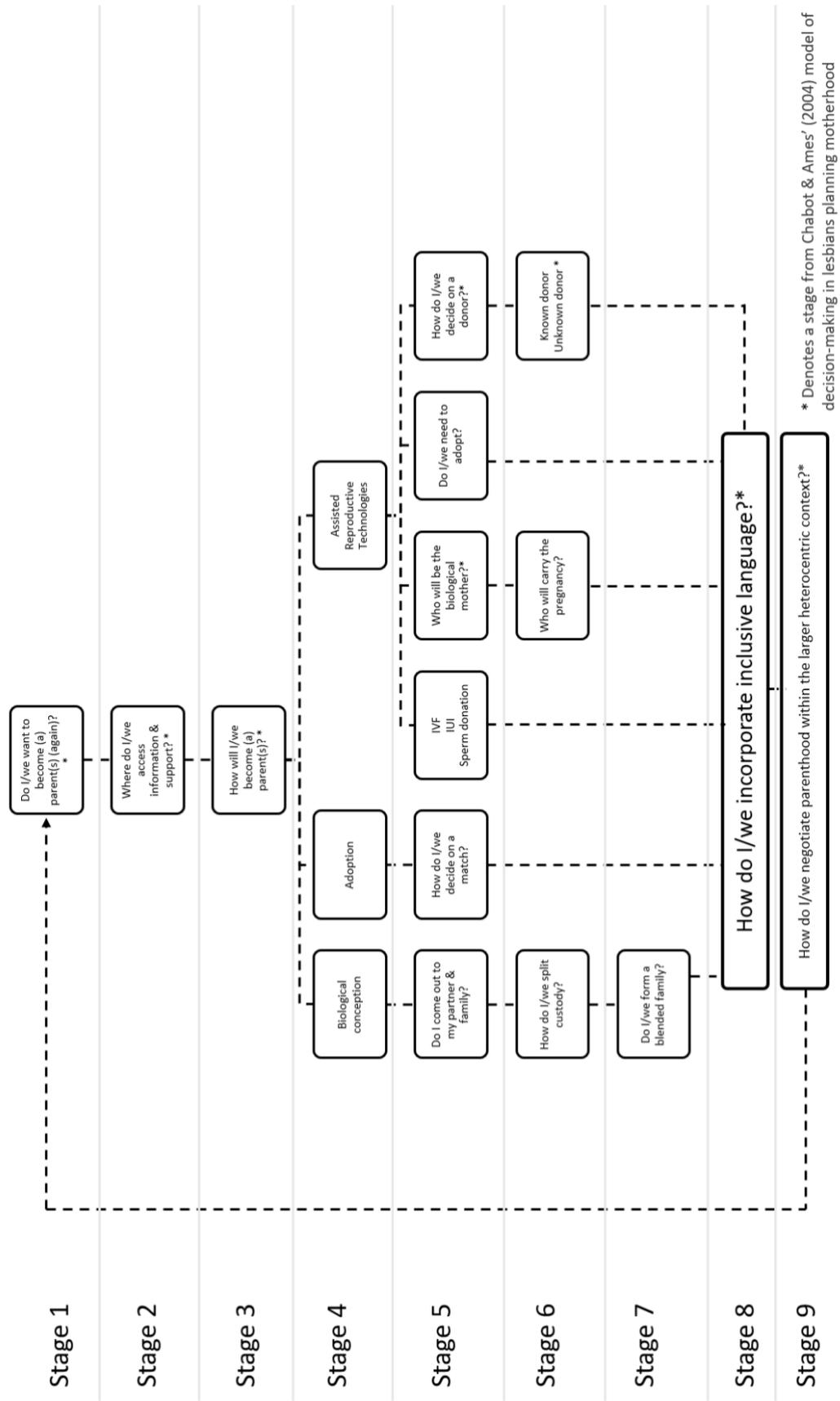


Figure 10: Family formation decision-making process for LGBTQ+ parents

Based on the findings of this research, a model of family formation decision making processes for LGBTQ+ parents has been developed which builds on Chabot and Ames' (2004) model, including the decisions of lesbians but also the decisions of gay fathers, trans parents and non-binary parents, and expands the mode of conception to include adoption, fostering, blended families and biological conception. This model demonstrates the complex and elaborate network of decisions that LGBTQ+ parents must make on their journey to parenthood, building on and updating many of the stages from Chabot and Ames' (2004) original model of lesbian motherhood. Additionally, the model illustrates the iterative and continuous process that parents engage with, having to revisit steps of the model and begin the process over again when making family formation decisions. In creating this model, I have developed a holistic model that adds to the literature on lesbian motherhood decision-making to include the varied experiences of LGBTQ+ parents beyond lesbian mothers by including a greater number of family formation options and family structures. The model builds upon previous models of lesbian motherhood decision-making (Chabot and Ames, 2004) by including added complexities such as the possibility that parents may exit the model (indicated by dotted lines) and to include the experiences of both couples and single parents (indicated by both singular and plural first-person pronouns). The model further develops Chabot and Ames' (2004) model by including further ART decisions that are now available to lesbian mothers through advanced ART such as reciprocal IVF or IUI. Additionally, the model now considers legal and political issues and their impact on lesbian motherhood family formation, including whether mothers using ART may need to adopt their child to be legally recognised as their legal guardian, which has been

conceptualised in more modern models of lesbian motherhood decision-making (Somers et al., 2017). The next chapter will move forward from this model to look at the pivotal work-home decisions that LGBTQ+ parents make once they have made these family formation decisions, examining role exit, role entry and role participation decisions around parental leave, work, and balancing work and family life.

## 5. FINDINGS AND DISCUSSION PART II: AN LGBTQ+ WORK-HOME DECISION-MAKING MODEL

### 5.1. Introduction

Chapter 4 examined the pivotal family formation decisions of LGBTQ+ parents, creating and updating existing models of lesbian motherhood decision-making, and building on previous models (Chabot and Ames, 2004; Somers et al., 2017) to develop a more holistic and inclusive model of family formation decision-making for LGBTQ+ parents. Whilst Chabot and Ames (2004) outline the decisions made by lesbian mothers in becoming parents, their model does not go into detail about parental decision-making following on from this. This chapter moves forward from Chabot and Ames' (2004) original model and examines how LGBTQ+ parents make pivotal work-home decisions once they have decided to conceive or form a family, including moving between organisations, entering or leaving the workforce, reducing or increasing working hours and taking a promotion (Greenhaus and Kossek, 2014; Radcliffe and Cassell, 2014; Radcliffe et al., 2023). Building on the discussion and decision-making model in Chapter 4, this chapter endeavours to answer the second research question:

#### *2. What work-home decisions do LGBTQ+ parents make?*

Whilst literature has begun to examine the key work-home decisions that parents make including the use of flexible working arrangements or the return to work after having children (Radcliffe, 2013; Radcliffe and Cassell, 2014; Radcliffe et al., 2023), these studies tend to examine heterosexual parents and so this thesis is interested expanding this knowledge by exploring the work-home decisions of LGBTQ+ parents. Additionally, in building on existing literature on role exit decisions (Powell and

Greenhaus, 2012) and work-home parental decisions (Radcliffe, 2013; Radcliffe and Cassell, 2014; Radcliffe et al., 2023) this chapter proposes the addition of parental leave policies as a temporary role exit decision that parents make. Using Powell and Greenhaus's (2012) three key work-home decisions (role exit, role entry and role participation), the following chapter examines the pivotal work-home decisions made by LGBTQ+ parents in this study beginning with an examination of how LGBTQ+ parents engage with role exit decisions, including parental leave policies or exiting the workforce. Section 5.3 will then examine role entry decisions parents made when returning to work following periods of parental leave, including decisions around changes to working hours upon return. Following this, Section 5.4 will explore how parents made role participation decisions around balancing work and family life, including choices around flexible working arrangements.

## **5.2. Role Exit Decisions**

### **5.2.1. Parental Leave Policies**

As outlined in Chapter 2, there is a breadth of literature that has begun to examine the intersection between work and home life, taking a perspective that views work and home as inextricably linked and interdependent (Greenhaus and Kossek, 2014; Greenhaus and Powell, 2012; Powell and Greenhaus, 2010; Radcliffe and Cassell, 2014; Radcliffe et al., 2023). Within contemporary careers, employees are now more likely to make work-home decisions whilst being mindful of the consequences of that decision on their personal or family life (Greenhaus and Powell, 2012; Greenhaus and Kossek, 2014). This work-home perspective highlights how anchoring career decisions may be impacted by family considerations and have implications on home life

(Greenhaus and Powell, 2012; Greenhaus and Kossek, 2014). Whilst this work-home perspective includes anchoring decisions such as exiting the workforce, this does not explicitly include parents who temporarily leave the workforce when taking parental leave. As such, this research proposes that the use of extended leave such as parental leave is included in these pivotal work-home decisions since it is an anchoring decision that impacts work and home life and is made with consideration for family life. The following sections explore parents' decisions around parental leave policies, building to a decision-making model of parental leave when using ART as a method of conception (Figure 11) and a decision-making model when choosing to adopt (Figure 12).

### **Assisted Reproduction Technologies**

As discussed in Chapter 4, five of the couples in this study used ART as a means of conception, and these mothers detailed the different ways in which they used leave to attend clinics or antenatal appointments. Molly, who had one child through IVF with her partner Diane, discussed her workplace's policy of time off for antenatal appointments. She explains how she would arrange appointments for the beginning or end of the day so she could use flexitime in order to attend them. Her partner, Diane, works in education and was able to join appointments after her teaching had finished. Molly expressed "regret in hindsight" at telling a lot of people at work of her pregnancy but explains that "it was easier that they knew rather than having to keep making excuses" when she needed to leave work for appointments. Diane, on the other hand, chose not to tell colleagues about Molly's pregnancy, explaining that scheduling appointments for the end of the day made it easier to "just leave work anyway and go about your business and do what you want without having to explain to people where

you're going", telling colleagues and managers instead that she had personal doctors' appointments to attend.

Olivia and Thea, mothers via reciprocal IVF to two children, did not have access to IVF leave with their first child but had five days of leave per cycle of IVF with their second child. With their first child, Thea explains how she carefully managed her leave so that colleagues at work did not know she was pregnant. At the time she was experiencing workplace bullying from her manager. She discusses some of the drawbacks of IVF leave:

*Thea: That's a hard one because you do then have to disclose to your manager that you're having IVF. And then they know you're hoping to go on maternity leave at some point. And I don't know, for a lot of people I can see how you might try and soldier on and not want to reveal that at work.*

Olivia also explains how she used annual leave for IVF appointments as she did not feel comfortable telling her workplace that Thea was pregnant, explaining that she "wouldn't have told anyone that that's what the annual leave was for at that point because you just don't know if it's going to work". After carrying both pregnancies and making use of IVF leave in the second pregnancy, Thea expresses her gratitude and how beneficial she found the policy:

*Thea: Brilliant policy. Because it's a nightmare trying to organise your diary around IVF. You're in the clinic every couple of days over a few weeks. And you're on a lot of crazy drugs, and you're all over the place. So, yes, that as a policy was hugely beneficial to me.*

Olivia explained how she would arrange work meetings around times that she needed to attend IVF clinics for her egg donation. She describes how difficult it was to "carry on with regular working life" whilst going through IVF. Whilst she tried to set some

leave aside for the second round of IVF, she notes that she was also trying to keep leave so that she could “make time off when the baby arrives as long as possible”. This was difficult to do through her IVF as she felt unwell and found it better to be off work before her egg collection.

Debbie, who went through IUI with her wife Laura, described the difficulties of managing leave when going through assisted conception. Working in a senior position in a healthcare setting, she explains:

*Debbie: When you're having assisted conception, it's not that easy. You can't just say, "ah shall I rearrange my IUI according to when I'm not working?" because you have to just go when the time is right. It's pretty much, you have to go now. Go tomorrow, come for a scan, do that kind of thing, at short notice.*

Several mothers who went through IVF or IUI discussed how their seniority meant that they were in charge of their own diaries and able to schedule meetings around antenatal or clinical appointments. Olivia discusses how being in charge of her scheduling helped her in the IVF journey:

*Olivia: It was alright because I was in charge of my own diary and the job I had meant that I was out of the office most of the time. So, I was at different meetings with different clients in different places. So, it was easy enough to be at the clinic for treatment rather than with a client because I could manage my own diary.*

As highlighted by Thea, a key issue in making use of IVF leave is having to disclose to workplaces that you are trying to conceive (Payne et al., 2019). Employees may need to disclose that they are going through fertility treatment to managers and colleagues in order to obtain workplace support (van den Akker et al., 2017). However, potential costs and barriers to disclosing often prevents workers from doing so,

including concerns over stigma (Whiteford and Gonzalez, 1995), gendered assumptions around worker norms and ideals (Holt and Lewis, 2011), and discomfort disclosing personal information (van den Akker et al., 2017). Gatrell (2011) finds that pregnant women feel pressured to “supra-perform”, working harder and to a higher standard than normal to both safeguard their jobs and to meet social expectations around the embodied behaviour of women in the workplace. Whilst lesbian mothers might not be as impacted by gendered assumptions around ideal workers in terms of masculine worker norms, they are subject to gendered assumptions around female, pregnant workers. With uncertainty over the outcome of ART and uncertainty around how disclosing fertility treatment will be received, employees may choose to conceal their ART (Wilkinson et al., 2023). While both heterosexual and lesbian mothers might need to disclose infertility when disclosing ART intentions, lesbian mothers have an additional factor to consider in their disclosure; needing to disclose their sexual orientation, with silence and non-disclosure often the preferred option for both heterosexual and lesbian mothers (Wilkinson, Mumford and Carroll, 2023).

Thea and her wife, Olivia, discussed the use of IVF leave throughout their two pregnancies. Whilst Thea could make use of IVF leave during her second pregnancy, Olivia’s own organisation did not have an IVF leave policy and instead she would have had to use special leave which is granted once annual leave and flexible working have been taken into consideration. She explains the issue with this:

*Olivia: Which is fine except that means that if you’re trying to keep your annual leave for when the baby’s born then you’re not going to be entitled to the special leave because you’ve got enough annual leave to use it. So, it kind of gets a little bit more challenging in that way.*

She suggests that these challenges with these policies may be impacted by a lack of knowledge and understanding around IVF, with many managers and organisations not understanding “what IVF entails and how intense it can be and how physically demanding it is”.

Donna notes that her organisation provided special leave for those experiencing a miscarriage. She adds that the policy provides “inclusion for women and then for queer families”. Thea notes that after experiencing a miscarriage herself she had to take sick leave as her organisation did not have a policy in place to cover this. Now, she says, the organisation has bereavement leave which can be taken after a miscarriage which she sees as a sign of progress that they are now acknowledging the emotional and physical toll a miscarriage can have.

As discussed by several mothers in this study, ART can also take a physical and emotional toll on the body which can lead to absence from work. Studies in the Netherlands have found that on average, women undergoing fertility treatment were absent from work for 23 hours during each treatment cycle. This absence was largely due to clinic appointments, but other factors that led to absence included both physical and emotional problems (Bouwman et al., 2008). There is a breadth of literature examining how fertility issues, ART and involuntary childlessness can impact people in the workplace (Wilkinson et al., 2023; Mumford et al., 2023; Payne et al., 2019; van den Akker et al., 2017). However, much of the discussion around fertility treatment looks at the experiences of heterosexual women using ART for infertility reasons as women in same-sex relationships are more likely to seek treatment to access donor sperm rather than for reasons linked to (known) infertility (HFEA, 2020).

As highlighted by Olivia and Donna, the provision of ART leave can be extremely important to some mothers. Wilkinson et al. (2023) raise several key questions about whether organisations should provide support and leave for ART. They argue that when ART is viewed as a ‘lifestyle choice’, support relating to ART is viewed as a ‘perk’ linked to merit. They ask, “might there be a backlash around further ‘family-friendly’ provisions if there is not similar support (flexibility, etc.) for other non-work issues/priorities”? (Wilkinson et al., 2023). Lord et al. (2001) consider whether ART is a medical illness or a lifestyle, arguing that while contraceptive and obstetric services are provided on the NHS and viewed as reproductive health issues, is it difficult to see why infertility and reproductive technologies continue to be framed as a lifestyle issue. Whilst this article was written over two decades ago and ART treatment is now available on the NHS, the majority of women still choose to access treatment through private clinics (HFEA, 2020). Additionally, viewing ART as solely used for infertility issues frames the issue as heteronormative and a service only needed by heterosexual couples who cannot conceive naturally.

Whilst employers are not legally required to give employees time off work for fertility treatment or any related illnesses (ACAS, 2024a), a bill has recently been introduced in the House of Commons that gives employees the right to take time off from work for fertility treatment appointments (UK Parliament, 2023). In the Chartered Institute of Personnel and Development’s (CIPD) 2022 Health and Wellbeing survey, they found that only 3% of responding organisations offer significant provisions (e.g. policies, guidance, awareness-raising or line manager training) for fertility treatment and issues. Fertility was the second least supported topic, with menstrual health the

least supported health and well-being topic (CIPD, 2022b). When organisations do offer ART policies, these usually include a set number of days off (per year or per treatment cycle) for clinic appointments, setting what Wilkinson et al. (2023) argue is a ‘normative template’ for fertility treatment. Little support is provided for ART which is unsuccessful and may result in ‘involuntary childlessness’ and the emotion work required to navigate this at work (Mumford et al., 2023; Mård, 2020). Whilst much of the literature on work-home decision-making focuses on the impact that anchoring career decisions can have on family life (Greenhaus and Kossek, 2014), the findings here suggest that pivotal family formation decisions such as the decision to conceive via ART can also have equally large impacts on working life.

In the UK, birth mothers are entitled to up to 52 weeks of statutory maternity leave and 39 weeks of statutory maternity pay for a pregnancy loss after 24 weeks (stillbirth) (ACAS, 2023a; UK Government, 2024b). The birth father, partner of the birth mother or adopter is entitled to up to two weeks of paternity leave or pay for a still birth after 24 weeks of pregnancy (ACAS, 2023a). Both parents are then entitled to an additional two weeks of parental bereavement leave after their maternity or paternity leave has finished (ACAS, 2023a). If a woman miscarries before 24 weeks, neither she nor her partner are entitled to any bereavement leave, and instead, a woman is entitled to sick leave for up to 7 days, beyond which a medical certificate is required (Hodson, 2022). Hodson argues that miscarriage and pregnancy loss should be recognised as bereavement rather than sickness, suggesting that introducing a 1-week statutory bereavement leave for a miscarriage occurring after the 12-week scan would “soften the unjustifiable cliff edge at 24 weeks” (Hodson, 2022: 1). Employer-led approaches were

encouraged by the UK Government (UK Government and Parliament, 2021) in response to a petition for miscarriage bereavement leave, stating:

*“The Government has no plans to extend Parental Bereavement Leave and Pay. We encourage employers to support women who have suffered a miscarriage and respond sensitively to each individual’s needs.”*

As highlighted in Chapter 2, the UK Government has recently introduced a voluntary scheme where bereaved parents can apply for a free-of-charge certificate that recognises and records their baby loss following a miscarriage (UK Government, 2024a). This, however, does not alter the lack of statutory provisions around bereavement and miscarriage leave. Whilst some employers have expanded their support and offerings to employees who experience miscarriage, Hodson and Jerram (2023) argue that this creates a two-tier system whereby those in competitive professions or state-sector organisations run by progressive political parties are afforded the ‘dignity’ of bereavement leave for miscarriage, leaving those in low-paid and insecure work dependent on statutory provisions. As highlighted by Donna, leave that acknowledges the bereavement of miscarriage is a way for organisations to acknowledge the emotional and physical toll that a miscarriage can have, and it is therefore important that not only women in progressive organisations have access to this care.

This section has highlighted the numerous policy and parental leave decisions that mothers conceiving via ART must engage with when becoming parents. The below model (Figure 11) demonstrates the decision process that these mothers experience when choosing ART as a conception method. The model (Figure 11) begins with the decision to start ART treatment. During the treatment, the mother might be in good

health or become unwell. If she becomes unwell during treatment, she may decide to take leave (depending on what is available to her) which could include special leave, ART leave, sick leave or annual leave. If the mother is either in good health or unwell during treatment, the treatment could be successful or unsuccessful. If the treatment is unsuccessful, the mother must start the model again and make a decision around whether to use ART another time. If the treatment is successful it results in a pregnancy. However, this pregnancy could result in a loss of pregnancy in either a miscarriage or stillbirth. Depending on what leave options are available to her, the mother may then decide to take a period of leave which could involve maternity leave, adoption leave, paternity leave, special leave, bereavement leave, sick leave, or annual leave. If the treatment is successful and the resultant pregnancy is successful it results in a live birth and the mother must decide which form of parental leave she wishes to take. Following this, the model starts again, ready for the mother to decide whether she wants to engage with the model again in the future, extending from past literature on the decisions of lesbian mothers and the cyclical nature of such decisions (Chabot and Ames, 2004). In doing so, the model conceptualises parental leave as a temporary role exit decision, demonstrating the decision-making process that LGBTQ+ parents conceiving via ART engage with when making this key work-home decision. Whilst heterosexual mothers who choose to conceive via ART will also engage with this policy and parental leave decision-making model, the key difference is that for lesbian mothers, both mothers might engage in the process simultaneously (if conceiving via reciprocal IVF) or may engage with the model individually at different times. It should be noted that the model in its current state presents these decision-making processes as

individual. The collective nature of these processes and the communication and negotiation between parents that influence such decisions will be discussed in Chapter 6, with models of these work-home decision-making processes and the wider context in which they occur presented.



Figure 11: Example of the work-related decision-making process when pursuing assisted reproductive technologies as a method of conception

## Adoption

As discussed in Chapter 4, four gay fathers from this study engaged in the full adoption process, and two lesbian mothers adopted one of their children conceived via ART to ensure both parents were legal guardians. Preparing to adopt involves a lot of time off to attend training days, panels, social worker visits and home visits with the prospective adoptive children. Participants who became parents through adoption detailed the many ways they made use of leave leading up to their adoption. Karl discussed the lack of awareness his organisation had around the adoption process.

*Karl: So no one from any organisation ever sat me down and said “right, you're going through the adoption process. This is what you can have.”*

He discusses how he took it upon himself to find out how the policies and pay would work for him, explaining the policies to his own line manager, creating a spreadsheet of all the things that happened in the adoption process and the amount of time off needed for each one. Adoptive parents interviewed used a combination of annual leave, adoption leave, flexitime and working from home to cover meetings relating to the adoption. In the UK, prospective adoptive parents have the right to paid time off for five adoption appointments after being matched with a child (ACAS, 2023b). However, the adoption process starts long before being matched with a child for adoption, and before this happens, prospective adoptees must attend a series of preparation classes, meet with a social worker on several occasions, attend a full medical examination and attend an independent adoption panel (UK Government, 2023). Prospective parents, therefore, have to make use of other arrangements in order to attend these meetings and appointments within working hours as there are no

statutory provisions. Again, we can see the impact that family formation decisions have on working life, building on previous literature which examines the impact of anchoring career decisions on family life (Greenhaus and Powell, 2012; Greenhaus and Kossek, 2014), with adoptive couples needing to take additional time off after choosing to engage with the adoption process.

Christina and Donna, a lesbian couple with one child through reciprocal IVF with a sperm donor and another through IVF with a sperm donor, ended up adopting one of their children. As highlighted in Chapter 4, after moving to the USA, they found out Donna was not legally their second child's parent as she was not biologically related to them, despite being on the birth certificate. She decided to adopt her daughter after recommendations from friends so that she was legally recognised as the parent of both her children. The organisation she worked for at the time offered days off to plan the adoption as well as reimburse all legal fees that Christina and Donna had to pay (a figure between \$3000 and \$4000). The company also offered adoption leave for adoptive parents to create bonds with their children, something Christina and Donna said they did not necessarily need to do. Christina reflects on their decision to take this adoption leave:

*Christina: We were like, you know what? If this country's going to make us adopt our own kids, then we're going to take the three months as well, so we did.*

Providing benefits for employees adopting can lead employees to view organisations as supportive of their adoption and leads to greater commitment (Quade et al., 2021). Organisations might provide financial reimbursement for related adoption expenses, paid and unpaid leave, or could provide benefits in the form of support such

as adoption networks, support groups and workshops to educate other employees (Quade et al., 2021). Flexible scheduling might be provided to support employees who have adopted to balance post-adoption challenges such as medical appointments, legal proceedings, language barriers, development challenges and counselling for both children and parents (Quade et al., 2021). Saronen and the National Council for Adoption (2018) argue that providing adoption benefits is a low-cost benefit for organisations (since few employees are eligible) that increases employee loyalty and retention and adds a ‘competitive edge’ when recruiting new employees.

Although their leave was discussed under the umbrella of adoption leave, both adoptive gay couples interviewed made use of SPL after the adoption of their children. Karl and Steve faced issues around SPL, with a lack of understanding and knowledge around the policy at both their organisations. Both fathers had to explain the policy and how they were going to use it to their respective organisations. Whilst both organisations were within the public sector and therefore had similar policies, mistakes were made which led to miscommunications and misunderstandings around payments. Karl explains:

*Karl: So I met with workforce colleagues, two or three of them, actually over the course of a couple of months beforehand, [...] And the outcome of the conversations were after about a month or so that I would be paid full time or full pay for the three months that I was off because I was taking an element of shared parental leave that allowed me to have full pay. What actually happened was the Friday that I then left for the adoption leave that Monday or that Friday night, the workforce colleague who I was dealing with sent me an email to say “actually we’ve made a mistake. You shouldn’t be paid anything at all.” And of course I didn’t pick that up until I came back three months later, because they’d made the*

*decision the day or day after that I'd actually left for parental leave. And being a sort of worst-case scenario planner, my forecast, my budget was on the basis that I wouldn't be paid anything so that if that did happen, and because of the uncertainty within the policy and workforce colleagues, I made sure that we were able to cope with that it just meant we had a little bit less money at the end of it than we otherwise would have had.*

Karl suggests that the organisations did not understand two parents taking SPL at the same time, with all worked examples on the intranet consisting of partners taking time off in turns. Steve talked about the difficulties he and Karl, faced in the interpretations of the policies, with each HR department interpreting SPL policy in a different way:

*Steve: With our HR team as well in particular, it seems to be whoever you speak to, you'll get an answer from but it won't necessarily be the same answer that someone else would give. So although the policy is set down, they interpret it in different ways. Which is kind of annoying because it means that whoever you speak to it, you know it's up to whoever you're dealing with to interpretate it which isn't the way it should ideally work.*

The four fathers who used SPL all spoke about the lack of understanding and clarity around the policy. Using the policy early on in its creation, Richard spoke about some of the issues his workplace had in interpreting it:

*Richard: The policy was written in a way that it was very much written at the time into "Person A or Parent A or Parent B can do this". And it didn't, it didn't really cater for sharing things. [...] So I think the wording in the policy was clear. But the bit where we kind of started scratching our heads, and I started to talk to my manager about it was, "but what if I do that bit? And Nathan does that bit? Because actually, I'm then losing out." [...] So yeah, yeah, the policy, we did look at it. It was helpful, but it wasn't clear as it could be on how to manage the sharing.*

He suggests that policies should include some examples of scenarios in which parents might split SPL, criticising organisations' use of unhelpful terminology which is not understood by the average user.

Several other participants discussed their decision not to use SPL. Olivia explains how she feels SPL would not have worked for them as Thea was breastfeeding and Olivia did not feel able to take an extended period of time off at that point in her career. Other couples where one partner worked in education felt that SPL was unnecessary for them, with Debbie explaining that since her partner, Laura, is a teacher with 13 weeks off a year, they chose not to share their parental leave.

Research has found SPL to be a misunderstood and poorly communicated policy (Kaufman, 2018; Birkett and Forbes, 2019). Studying why fathers in heterosexual relationships do not use SPL, Kaufman (2018) finds that there are often misunderstandings of the policy, particularly with regards to pay. This reflects Karl and Steve's experience with SPL where their HR departments' lack of knowledge and understanding of the policy led to the couple being misled and given false information about pay. Birkett and Forbes (2019) found the perceived complexity of SPL policies to be a key deterrent to use. Parents are more familiar with policies such as maternity and paternity leave, finding SPL difficult to understand and more complicated to implement. A lack of knowledge and poor communication from both managers and HR departments were also found to be key barriers to using SPL, whereby organisations are unable to properly assist families who wish to use the policy (Birkett and Forbes, 2019). These findings are mirrored in the experiences of all four fathers in this study who used SPL and in the experiences of those who decided not to use SPL.

This section has highlighted the complex policy and parental leave decisions that LGBTQ+ parents who choose to adopt must engage with when becoming parents. The below model (Figure 12) conceptualises the policy and parental leave decision processes that these parents experience when going through the adoption process.

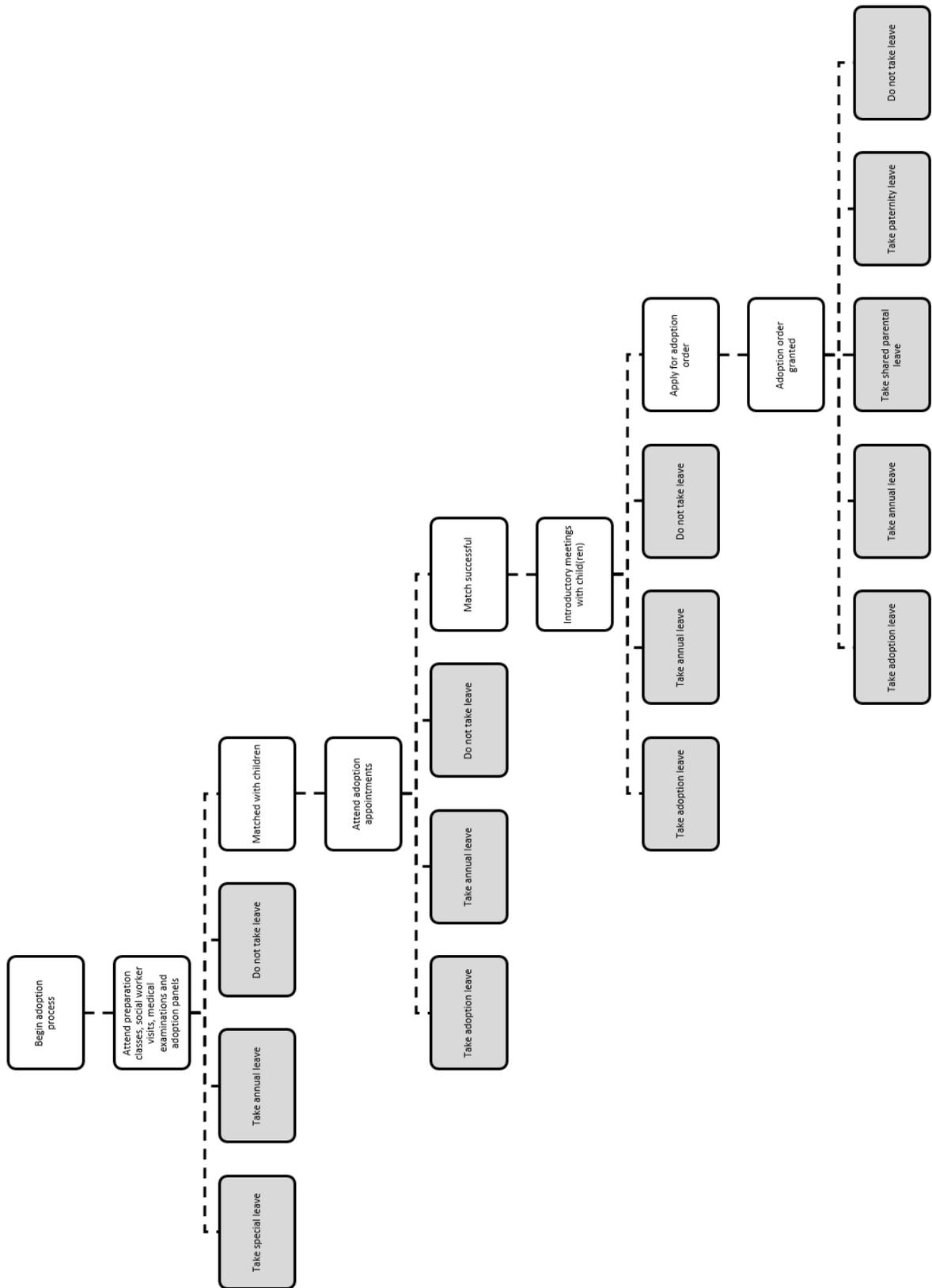


Figure 12: Example of the decision-making process when choosing to adopt

Whilst heterosexual parents who choose to adopt will also engage with this decision-making model, the key difference is that for LGBTQ+ parents, this process may not always be accessible to them (if engaging in international adoption or if their home country does not allow for same-sex adoption). Additionally, some LGBTQ+ parents may be pushed to engage in this decision-making process if they are not legally seen as their child's parent or guardian. Following the adoption process, both heterosexual and LGBTQ+ parents must decide what length of leave to take, and which parent will take adoption leave, paternity leave or whether to use SPL. Whilst these decisions must be made by both heterosexual and LGBTQ+ parents, we could argue that as with other parental leave policies, these decisions are less likely to be based on traditional gender roles as in heterosexual relationships (Kaufman and Bernhardt, 2015; Abele and Spurk, 2011; Kuhhirt, 2012; Scott, 2010), and instead based on personal circumstances and preferences such as career ambition, health, finances, and a desire to spend more time with children (Perlesz et al., 2010). The impact of gender roles and how these LGBTQ+ parents made parental leave decisions as a couple will be discussed further in Chapter 6.

The decision model outlined in Figure 12 begins with the decision to start the adoption process. Prospective adoptees must attend preparation classes, undergo social worker visits, medical examinations and sit in front of an adoption panel. Since parents are not entitled to any statutory adoption leave before they are successfully matched with a child (ACAS, 2023b; UK Government, 2023), parents may make use of a variety of different leave types in order to attend these appointments such as special leave or annual leave, or they may decide to do this in their own time. As outlined in

Chapter 4, once the prospective parents have been matched with children they might decide against this match and begin the process again or ask to be matched with another child(ren). During this matching process, prospective adoptees must attend adoption appointments which they may choose to take adoption leave or annual leave to do so. Once successfully matched, parents have introductory meetings with the child(ren), either doing this in their own time or using leave such as adoption leave or annual leave to do so. Prospective adoptees must then apply for an adoption order and once this order has been granted, the child(ren) is placed with them. Once this has taken place, parents may choose to take a longer period of leave, using adoption leave, annual leave, paternity leave, or SPL to do so (or they may decide not to take any leave). Parents like Donna and Christina, where one parent has to adopt a child they are not biologically related to in order to be recognised as their legal guardian, are not eligible for statutory adoption leave (UK Government, 2024c). These parents can still engage with the model, but the decisions and leave available to them will depend on company policy. The model highlights how an adoption may fall through or be unsuccessful at any point, forcing the parents to start the entire process again. In doing so, the model conceptualises parental leave as a temporary role exit decision, demonstrating the decision-making process that adoptive parents engage with when making this key work-home decision. As previously mentioned, the model in its current state presents these as individual decision-making processes. Chapter 6 will discuss how these processes are collective, involving negotiation between parents that influence such decisions, with models of these work-home decision-making processes and the wider context in which they occur presented in Chapter 7.

### 5.2.2. Leaving Work

Whilst parental leave might be conceptualised as a temporary role exit decision, many parents made the decision to leave their workplace or the labour market entirely, a role exit decision already established in the literature. A few participants chose to leave work after becoming parents and spoke about this decision. After moving to the Canary Islands, Donna decided to leave her job:

*Donna: It got to the point where, in the pit of my stomach, I just didn't want to go back to work. It's not that I didn't want to do the work, I just didn't want to have to leave the house for 11 hours every day because that includes the commute and everything. Just being outside of the house for 11 hours, I just didn't want that.*

She and her wife, Christina, discussed the factors that led to this decision, including the low pay and long hours at Donna's job. The Canary Islands also has a lower cost of living, and the school days are shorter so Donna can now be home with their children during the day. Research on work-family conflicts has theorised the different motivations that may impact people's intentions to quit work. This conflict occurs when work demands impede family responsibilities such as childcare and family time. Conversely, family-work conflict happens when responsibilities at home interfere with work (Levy et al., 2012). As explored in Chapter 2, Greenhaus and Powell (2010) categorise the decision to leave work as a role exit decision that can be influenced and in turn influence someone's family life. Hsieh et al. (2008) find that employees who place high importance on their personal lives are more sensitive to work intrusions on their time, often reacting by quitting their jobs. Stressed workers and those with higher levels of work overload are more likely to intend to quit their jobs (Gray and Muramatsu,

2013), with younger workers more likely to quit. Gray and Muramatsu (2013) argue that this may be explained by their greater economic flexibility and lower family responsibility. Studies on work-family conflict and intentions to quit are often limited by their focus on intentions rather than actually leaving an organisation (Levy et al., 2012). Research on female breadwinners has found that they are more likely to quit their jobs as the number of children increases compared to male breadwinners and non-breadwinners who are less likely to quit (Kim, 2020). Female breadwinners were found to be especially more vulnerable in work-family conflicts compared to both non-breadwinner women and men (Kim, 2020). As previously highlighted, the couples in this study appear to be very proactive and reflexive in their decision-making and communication. What is interesting here is that Donna was not the birth mother of either of her children, providing a new perspective to consider when examining how gender and gender roles play a part in intentions to quit work. Sociodemographic factors and their influence on the decision-making processes of LGBTQ+ parents including gender, egalitarian relationships and financial factors will be examined further in Chapter 6.

Tamsin and Sarah also discussed their decisions to leave work at different points. Tamsin decided not to return to work after the birth of their daughter. She eventually returned to work after her wife, Sarah, came out as transgender, was made redundant and began to suffer from depression. Sarah is now a full-time carer for their son, who has muscular dystrophy, a genetic condition which causes muscles to weaken progressively over time:

*Tamsin: When Sarah came out and her depression set in, and after being frustrated about the process, we again swapped over at that point.*

*Sarah: I was made redundant.*

*Tamsin: You were made redundant, and your depression kicked in and you didn't want to work and then I've been at work since. And Sarah is a carer for our second child because he is disabled.*

In a study looking at the experiences of parent caregivers of children with life-limiting illnesses, Cadell et al. (2012) found that almost half of their participants changed their employment status as a result of their role as a caregiver. Women made up the vast majority of participants who changed their employment status. They also found that parents had turned down promotions that would have led to a higher salary but would have taken time away from their caregiving responsibilities (Cadell et al., 2012). Studies on the parents of children with special needs/disabilities (SND) have found that these parents are more likely to turn down promotions or accept demotions (Working Families and Unum, 2018) and be in low-paid or low-skilled jobs (CONTACT, 2018) due to caregiving responsibilities. Stefanidis et al. (2022) argue that parents of children with SND are more likely to experience increased family strain. Being a primary caregiver of children with disabilities often leads to changes in parents' plans to return to work. Studies have found that mothers are more often the parent whose plans to return to work and career trajectories are changed by caregiving responsibilities (Murray, 2007; Scott, 2010).

Whilst some studies have looked at fathers' engagement with caregiving for children with disabilities (Wright et al., 2016), much of the literature on unpaid caregiving looks at it through a gendered lens and focuses on women's experiences

(Wright et al., 2016; Scott, 2010; Zhu, 2016). There are therefore large gaps in the literature around how LGBTQ+ parents make decisions about leaving work and splitting caregiving responsibilities. Tamsin identifies with a non-binary gender but prefers female pronouns, whilst her wife, Sarah, is a transwoman. As such, they are not necessarily subject to these gendered readings of intentions to quit and caregiving roles. Instead, their choice of who remained in employment and who became a full-time carer for their son was based on their own individual abilities to carry out those roles. With Sarah suffering from depression and having been made redundant, she took on the caregiving duties and Tamsin returned to employment. This employment is a low-paid and low-skilled job where she is still able to help with caregiving responsibilities when Sarah is unwell, reflecting the previous findings on the employment trends of parents of children with disabilities and long-term health conditions (CONTACT, 2018). The ways in which gender and gender roles influence LGBTQ+ parents' decision-making was a key theme throughout the interviews which will be explored further in Chapter 6 when exploring the different sociodemographic factors that influence family formation and work-home decision making.

### **5.3. Role Entry Decisions**

#### **5.3.1. Returning to work**

As highlighted in Chapter 2, entering the workforce is defined as a key anchoring career decision that parents make (Greenhaus and Kossek, 2014; Radcliffe and Cassell, 2014; Radcliffe et al., 2023). Extending this, re-entering the workforce and returning to work following a period of leave falls under this definition and can therefore be categorised as a pivotal work-home decision.

After having children and coming back from any leave they may have taken, parents discussed their experiences returning to work, whether they returned to work, how soon they returned, and what working pattern they would adopt once they returned (this might be the same or different to the pattern they worked before going on leave). Debbie discussed issues she had with her manager when deciding how soon to return to work after her maternity leave. She recalls that her manager “put a lot of pressure on her” and that she “buckled” to these demands, returning to work after eight months rather than the twelve months she had planned. When she did return to work, she was pressured further by her manager to keep her working pattern the same:

*Debbie: I wanted to return 34 hours instead of 37½, and she said “oh no, because you’re the matron, you really need to be full-time”. And I said “no I don’t think I do, I can make this work”. And I said “if I do 34 hours, then if I don’t work on a Monday, I can work eight until five, Tuesday, Wednesday, Thursday, Friday”. “No, no people won’t get their heads around it”. And she gave me all this stuff and I said “well, let’s just see”. And it was very clear. I wasn’t there on a Monday, the world did not end.*

She explains that she is a “better parent” for going to work but that it was not an “easy adjustment, not understanding why she “couldn’t have it all”.

Similarly, Megan discussed her return to work and getting a part of her old identity back:

*Megan: It was nice because it was starting to become a little bit lonely after about two years. I did miss work. And it was good to get that side of your identity back because you become a new identity as a mom. You don't want that to be your only identity. You want to reclaim some other parts maybe you put aside and try and forge a balance.*

Before her maternity leave, Molly had been temporarily acting up into a more senior role and applied for a job promotion whilst on maternity leave. She did not get it and discussed how this impacted her return to work:

*Molly: It felt really normal like, you walk back in the office, it didn't feel like I'd been off for a year. It was difficult because I'd kind of been demoted whilst I was off. So I had a bit of a grievance with my boss.*

Thea also had difficulty with her new manager after returning to work from maternity leave:

*Thea: There was an interim person placed and I didn't know her and she came in while I was off on maternity leave and she appointed my maternity cover. And I came back to a really hard situation because [...] I basically had the feeling she would have been happy if I didn't come back because she got on really well with my replacement and she didn't know me and it was working really well for them. So, we had a conversation before I went back and it was a "so are you coming back?" kind of conversation. But I think it was an inconvenience for me to say yes to coming back. However, I did go back and she just basically said to me "you've got to split your job between you and your maternity cover, she's staying". And she left us to it and it was really hard. And looking back, I'm kind of annoyed at myself that I didn't kick up more of a fuss at the time and go to HR and say "I have the right to come back to the post I left". Not to have to just be left to split my job up with somebody else. And we did need more support in the role but that was really horrible to come back to. And I really didn't... I felt really lacking in confidence because they had changed a lot of things while I was off and they'd increased the responsibilities in the role and there wasn't any consultation. I think that I was quite vulnerable coming back and I look back with regret, actually, that I didn't handle that better.*

She explained that the new manager had already fired a colleague who did not "see things her way". Thea felt that her manager gave her an ultimatum: "it's my way or

the highway”. She was threatened by her manager and said she struggled to then find her place in the team on her return. When she returned, her hours had dropped from 35 hours a week to only working four days a week with no phased return:

*Thea: I came back to four full days. That was horrific, it was so hard. There should be some kind of “phase you back in” process.*

Her organisation now has a re-onboarding phase for those returning to work, describing it as something which acknowledges the difficulties of coming back to work after a lengthy absence.

Parents returning to work after parental leave might make requests for job changes in the form of different working hours or responsibilities. However, some parents return to different working conditions that they did not choose, reporting reduced roles and demotions (Borrill and Kidd, 1994; Brough et al., 2009). These job changes have been found to lead to negative reactions from colleagues and managers, as well as having direct negative influences on the job aspirations and commitment levels of parents who experience them, sometimes directly leading to intentions to quit (Brough et al., 2009). This is reflected in Molly’s experience, who had been acting up temporarily before her maternity leave and found herself demoted upon her return to work when she had not got the promotion for the permanent role. Thea also found her hours were reduced upon her return to work when her new manager pressured her into sharing her job with her maternity cover. It should be noted here that anyone taking maternity leave has the right to return to their job on the same terms as before unless there have been significant changes to the organisation (ACAS, 2024b). In Thea’s case, she had the right to return to her previous job with the same working hours as when she

left, rendering her manager's actions and this change as discrimination under the Equality Act 2010.

Thea's wife, Olivia returned to work after Thea gave birth. After a difficult birth where Thea and their baby had to be admitted to the hospital for several weeks, she describes how tough this was for her:

*Olivia: So, I had to go back to work, but we'd only been home for a week. And it had been a difficult birth so Thea was not in a great way, so it was really difficult to have to go back after two weeks, it was really, really rubbish.*

Winston et al. (2019) find that women base their decision to return to work on several factors: a need for income; a desire to be financially independent; a preference to combine work and caregiving responsibilities; supportive workplace practices; family help; and childcare that is both accessible and trustworthy. Many of the participants in this study cited similar reasons for choosing to return to work. Debbie discussed how she wanted to both work and look after her children, and that working makes her a "better parent", whilst Megan described how she returned to work in order to get her identity back. Thea criticised her organisation for not having supportive practices in place for parents returning to work but acknowledged that they have since improved their support and now offer a "re-onboarding" process that recognises some of the challenges of returning to work after becoming a parent. Richard discussed how supportive and flexible childcare helped both him and his husband return to work full-time. This highlights the interdependent and interlinked nature of parenting with anchoring career decisions (Greenhaus and Kossek, 2014; Greenhaus and Powell, 2012) as we can clearly see parents considering the impact that pivotal work-home decisions such as returning to work will have on home life. The need for income and

financial factors that impacted parents' decision-making was a recurring theme throughout many of the decision-making processes of participants and will be discussed in further detail in Chapter 6 as a sociodemographic influencing factor.

Brough et al. (2009) found that many parents returning to work after the birth of a child felt pressure from their manager or organisation to return to their job sooner than had been formally agreed before their leave. This mirrors the experience of Debbie where she felt pressured by her manager to take a shorter period of maternity leave, giving in to her demands and only taking eight months of leave instead of the full year of maternity leave she had planned to take. Richard also experienced pressure and an expectation to return to work full-time, but he suggests that he might have placed this expectation on himself or perceived an unwritten expectation that was not there. Research has found that many parents choose to return to work on a part-time basis following parental leave (Fitzenberger et al., 2016), although this mostly focuses on heterosexual women returning to work after childbirth. Workplace conditions such as managerial support and organisational culture as influential factors on the family formation and work-home decision-making processes of LGBTQ+ parents will be discussed further in Chapter 6.

There is very little research on phased return-to-work processes. Winston et al. (2019) discuss transitional scheduling practices such as "phased-in hours" where employees move from part- to full-time as a potential supportive practice that organisations could offer for parents returning to work after childbirth. They also suggest transitional scheduling for mothers to allow them to "phase-out" of paid family leave. Thea described her return to four full days a week after childbirth as "horrific", whilst

Richard spoke about how he wished his organisation had suggested he return to work on reduced hours as a way of phasing back to full-time work. There is extant literature on phased return-to-work policies for employees following an illness (Yarker et al., 2010; Vossen et al., 2017; Mitchell, 2015) but little to no research on how these policies might benefit parents following a lengthy period of leave. More research is needed to examine transitional scheduling as a supportive practice for parents returning to work as this appears to be something parents would value and benefit from. The below chart (Figure 13) demonstrates the decision process that these parents experience when returning to work.

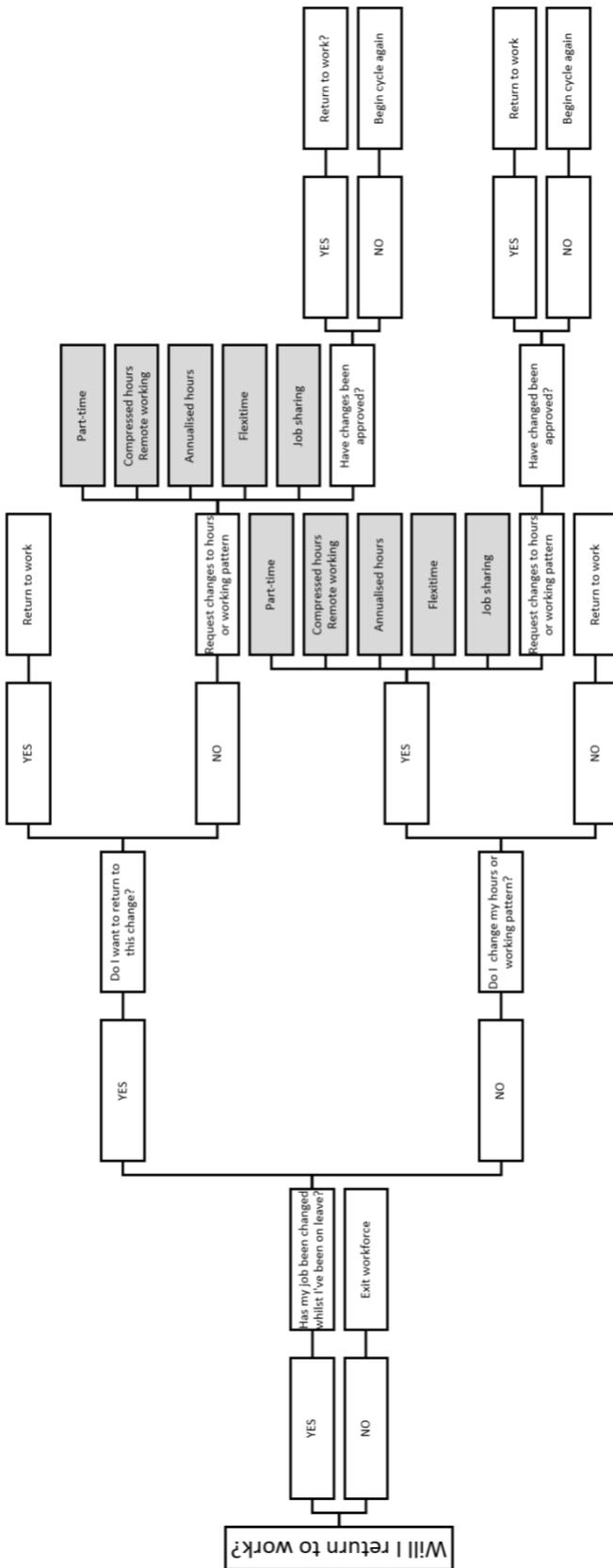


Figure 13: Example of the decision-making process when deciding whether to return to work after parental leave

The model begins with a decision around whether the parent will return to work after their parental leave. If they decide to return to work they must consider whether their job has been changed since they have been on leave and if so, if they want to return to this change. If they are unhappy with the changed job, they may then choose to request a change in working hours or pattern such as working part-time, compressed hours or flexitime. If their work does not approve this change, they must begin the cycle again until they are satisfied to return or to leave the job. This model can also be expanded to include heterosexual parents who might also engage with this decision-making model and split their leave in similar ways to LGBTQ+ parents.

#### **5.4. Role Participation Decisions**

##### **5.4.1. Achieving work-life balance**

Chapter 2 introduced work-life balance policies as key work-home decisions within role participation decisions that employees make (Greenhaus and Powell, 2010). Many parents in this study made use of flexible working policies such as flexi-time, compressed hours, part-time work, or homeworking to balance their work and home life. Parents discussed decisions they made to use a variety of different flexible working policies and working patterns in order to achieve this. Debbie spoke about how different organisations have categorised her working pattern and the ways she has changed it to work for her:

*Debbie: In that job I worked 34 hours a week which was considered part-time because full-time was 37½. But in this job, I work full-time at 35 hours a week. But I don't work on a Monday, and that's because I've got the flexibility to not have to work on a Monday. I will work, but from home.*

Molly and Diane changed their working patterns to compressed hours so that they could spend less money on childcare each week:

*Molly: So initially I'd work five days over four and a half, so that I could have a morning off with [their daughter] a week. And Diane did the same and that effectively saved us one day of childcare.*

Molly decided to stop condensed hours when the COVID-19 pandemic and subsequent lockdowns allowed her to work from home. She admits she found the working pattern difficult to maintain and a “nightmare” trying to juggle work and childcare during lockdown, deciding that trying to manage lockdown and working condensed hours would have been “even harder”. She discussed issues with HR when trying to change her condensed hours working pattern as they only allow changes to working patterns once a year. Molly explains that with the introduction of hybrid working, it is now easier to informally change your working pattern without having to formally request a change from HR. Steve had a similar experience in his organisation:

*Steve: HR were a little bit sort of sticklers for the rules. [...] So they made a big issue that I could only change my hours once in a 12-month period. And the fact that it was basically three weeks short of a 12-month period, and like “well it needs to have approval from the head of service and approval from the Line Manager and this isn't the done thing”. And I'm like, it's three weeks. [...] I'm just shy of the year but that was that was really the most annoying part of it simply because of how petty it was. There was no thought given to the human aspect. It was just “well the policy says this. You must follow the policy. And the policy says 12 months and it's not been 12 months so you're not following the pol-“. I'm like are you kidding me?*

Steve also spoke about his decision to switch from compressed hours back to full-time, struggling to work long 10-hour days from home when he can hear his children downstairs playing after school and he is not “part of it”. He explains that going back to working full-time will be better for his mental health, being able to spread his workload “evenly across a week rather than having a really condensed three days of insanity and two days of relative calm”. Steve discusses the long hours he used to work when he was full-time but working in the office and how working from home has changed that:

*Steve: It's very different now being home, because I used to do long hours to try and avoid the commute, to avoid traffic on my commute. So I'd go, I'd leave the house at half seven, so I'd avoid the worst of the traffic, get into the office before eight. And then it would be the same in the evening, if I left at five, I'd be stuck in traffic. So I may as well leave at six. And it meant that I would be doing really long days.*

Tim spoke about his choice to work compressed hours since his son moved in with him. He talked about needing the weekend to “recover” from work and do house chores. His organisation was very flexible and explained that there was not much of a formal process for him to go through to have this change in working pattern approved.

Compressed hours as a form of flexible working arrangement offer many advantages to employees. They have been found to increase time for leisure, family, recovery and social activities (Bendak, 2003). As Tim reports, working compressed hours have allowed him to have more time to ‘recover’ from work and gives him more time to spend doing household chores. Conversely, compressed hours have been found to produce some negative effects for employees. Longer working days have been linked to greater fatigue (Bendak, 2003; Rosa and Colligan, 1988) and reductions in alertness

(Rosa and Bonnet, 1993). Rosa and Colligan report that some employees are willing to make the sacrifice of sleep for the social/personal gain that compressed hours provides them (1988). It should be noted that most of these studies were carried out on employees who work active jobs such as police officers, train drivers or pilots. Examining the impact compressed hours had on office workers during the COVID-19 pandemic, Spicer and Lyons (2023) found no negative aspects often associated with a compressed work week such as fatigue. However, other studies have found long working hours to have a negative impact on employee mental health, increasing the risk of depressive and anxiety symptoms (Virtanen et al., 2011). These negative experiences of compressed, longer hours are reflected in Molly and Steve's interviews, with Molly discussing how compressed hours made it "even harder" for her to balance work and family responsibilities and Steve explaining that he is changing his working pattern from compressed hours to full-time to improve his mental health.

Richard describes the flexible working policy he uses as more "about agile working than formal flexible working changes". He explains that he will put school drop-offs and pick-ups in his diary, with his employer flexible enough for him to start and finish late some days or start and finish early other days. He acknowledges that he was able to do this without any formal adjustments to his working day as he worked an office-based job, something which might not have been possible had he worked shift work or a job with set working hours.

Chloe describes how she was able to use flexitime informally at her previous job, but that this left her feeling "ostracised" from the rest of her team who worked 9am to 5pm. When moving to a new role in the same company, she negotiated a remote

working contract on the basis that she was co-parenting with her wife and would be moving across the country for Louise's job.

*Chloe: I basically just said to them that I would be moving away from family and would have no support network. And yeah, that was, it was kind of the only grounds I could ask for one if I'm honest. And it was probably like, a blessing that they did allow it.*

Brewer (2000) argues that women using telecommuting should be aware that this form of flexible working might isolate them from colleagues. Much of the literature looking at how flexible working can lead to social isolation and exclusion from the workplace focuses on remote working (Caillier, 2013; Kwon and Jeon, 2020; Donnelly and Proctor-Thomson, 2015). This lack of social interaction in the workplace can negatively impact job satisfaction (Igbaria and Guimaraes, 1999). However, not enough research has been done examining the potential social isolation which Chloe experienced, created by flexitime when employees are working different hours to their team.

Chloe's wife, Louise, explains how she has sought out jobs and a career that have allowed flexibility for families:

*Louise: I'm very aware of my responsibilities as a parent and what that looks like so I've tended to work in spaces that are particularly flexible for families. [...] That was really important for me that wherever I work that there is a recognition that I can have some autonomy over doing that. Which I think was probably another one of the drivers for me wanting to continue doing my PhD and shifting direction because I could have gone into teaching but that doesn't necessarily have, I suppose in the school day, there's not necessarily that flexibility with it.*

Thea explains how she is able to be flexible with her hours, balancing her salaried job with her part-time work in her private practice:

*Thea: I'm not actually part-time. I work 25 hours in my standard job, and then I have a more private practice as a counsellor. So I work Monday, Tuesday, and Wednesday in a substandard role, and then I work Thursday and Friday mornings for myself. So I have a couple of hours to fit everything else in.*

Eleanor chose to drop her hours to part-time, with her wife, Vivian, working very long hours and both their ex-husbands working full-time. She explains why she decided to change her working hours:

*Eleanor: I felt like [their children] needed more support in high school, especially when they grow into teenagers, and I just felt that I wanted to be around a bit more. I think they need you more.*

As established in Chapter 2, the decision to use work-life balance policies falls under Greenhaus and Powell's (2010) role participation decisions, that is how employees choose to engage with a particular work role. As the literature suggests (Greenhaus and Powell, 2012; Greenhaus and Kossek, 2014), often parents make role participation decisions with consideration to their family and home life, with many participants in this study choosing to work flexibly in order to maintain a work-life balance. The literature suggests that mothers and fathers might engage with work-life balance policies differently, with flexible working arrangements generally seen through a gendered lens, with policies created for and used by women (Gatrell et al., 2014; Crompton and Lyonette, 2010; Chung, 2019; Wheatley, 2017; Smithson and Stokoe, 2005). A number of studies have examined the impact of parenthood on women's labour force participation, finding that mothers often reduce their commitment to work after becoming parents (Abele and Spurk, 2011; Kuhnert, 2012). Whilst some studies

have found fatherhood to lead to reduced work efforts (Astone et al., 2010), some have found there to be no effect (Dermott, 2006), and others have found fatherhood leads to an increase in men's working hours (Biggart and O'Brien, 2010). Richardson et al. (2012) argue that gay fathers might draw on the same strategies used by heterosexual parents to reduce tensions between work and family such as flexible working arrangements and reduced working hours. Bergman et al. (2010) find that gay fathers often switch to less demanding jobs, reduce their working hours or leave employment after becoming parents. Similarly, lesbian mothers have been found to reduce their working hours after having children (Gartrell et al., 2006). This is reflected in the decisions of Debbie and Thea to reduce their work hours after having children, or in Eleanor's case, after creating a blended family with her wife, Vivian.

As such, much of the work on flexible working arrangements used by parents focuses on heterosexual couples and individuals (Borgkvist et al., 2018; Huppertz et al., 2019; Kaufman and Bernhardt, 2015), with some research including LGBTQ+ parents in their samples (Gartrell et al., 2014; Goldberg et al., 2021), and very little research focusing on the use of flexible working arrangements by LGBTQ+ parents (Richardson et al., 2012). Since much of the literature on work-life balance policies has looked to challenge gender roles, it has had a heteronormative focus, looking only at men and women in heterosexual relationships and in effect has excluded lesbian, gay, bisexual, and transgender employees (Stavrou and Ierodiakonou, 2016). Whilst some studies have looked at LGBT-friendly supportive practices (Huffman, Watrous-Rodriguez and King, 2008; Wang and Schwarz, 2010) and state-level support (Everly and Schwarz, 2015), there is a clear gap in the literature when it comes to the impact of work-life

balance and family-friendly policies on LGBTQ+ parents. By studying LGBTQ+ parents, this research brings the experiences of LGBTQ+ parents into the conversation, extending previous research which has focused on heterosexual parents. Whilst Stavrou and Ierodiakonou are right to critique the exclusion of LGBTQ+ employees from work-life balance policies, their study appears to omit the existence of LGBTQ+ parents, criticising the discourse around work-life balance for focusing on family-friendly policies such as parental leave. Further research is needed to examine how LGBTQ+ parents engage with flexible working arrangements, going beyond gay and lesbian couples to include the experiences of a broader range of LGBTQ+ identities.

### **5.5. Summary**

As discussed in this chapter, LGBTQ+ parents must make ongoing pivotal decisions around work and family, beginning with how to make use of parental leave policies. Building on Chabot and Ames' (2004) model of decision-making for lesbian mothers (Figure 1) and Figure 10 set out in Chapter 4, this chapter puts forward several models of the decision-making processes that LGBTQ+ parents engage with once they have decided to become parents (Figures 11, 12 and 13). These models highlight the complex and various pivotal decisions that LGBTQ+ parents must make.



Figure 11: Example of the work-related decision-making process when pursuing assisted reproductive technologies as a method of conception

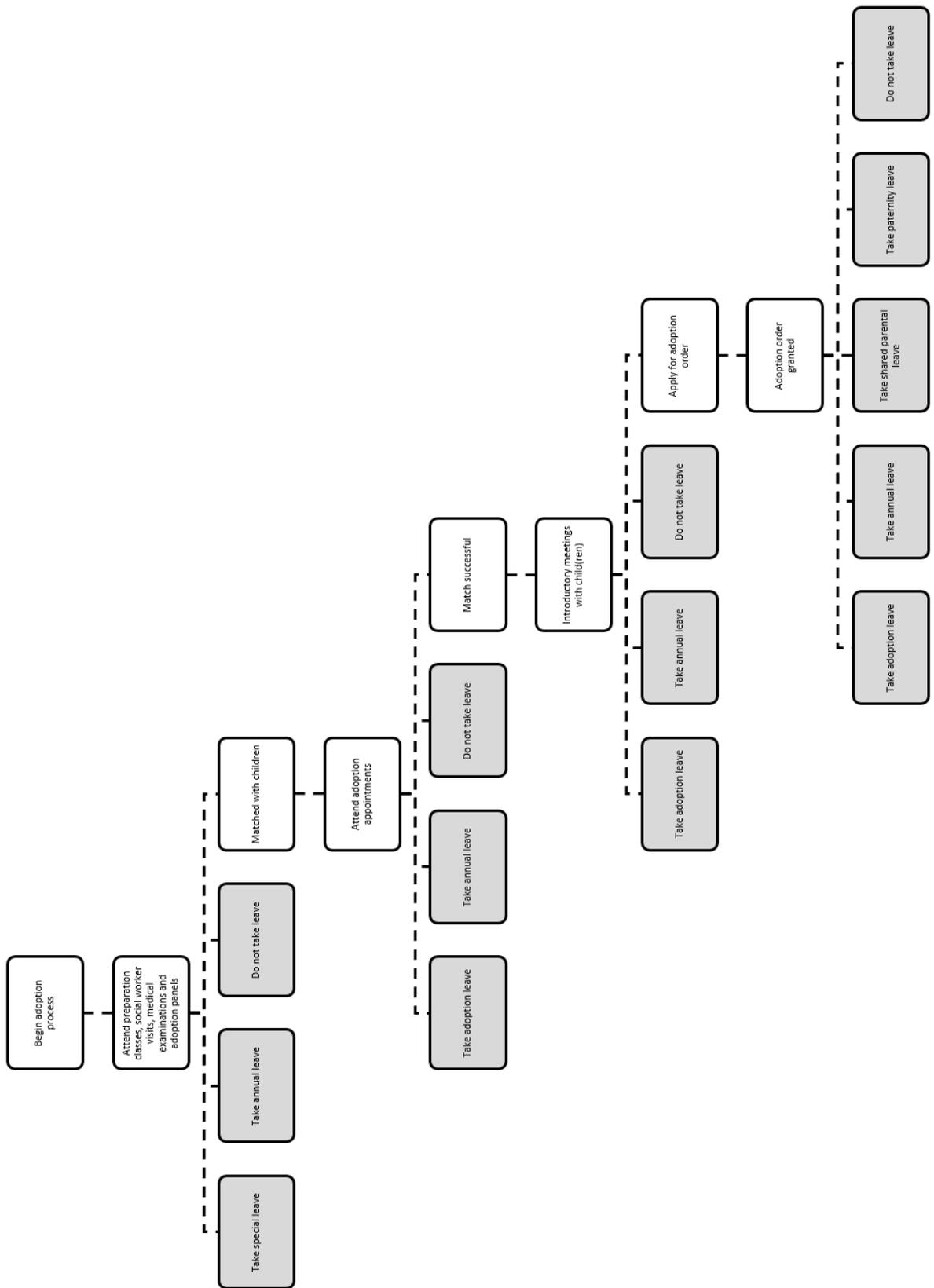


Figure 12: Example of the decision-making process when choosing to adopt

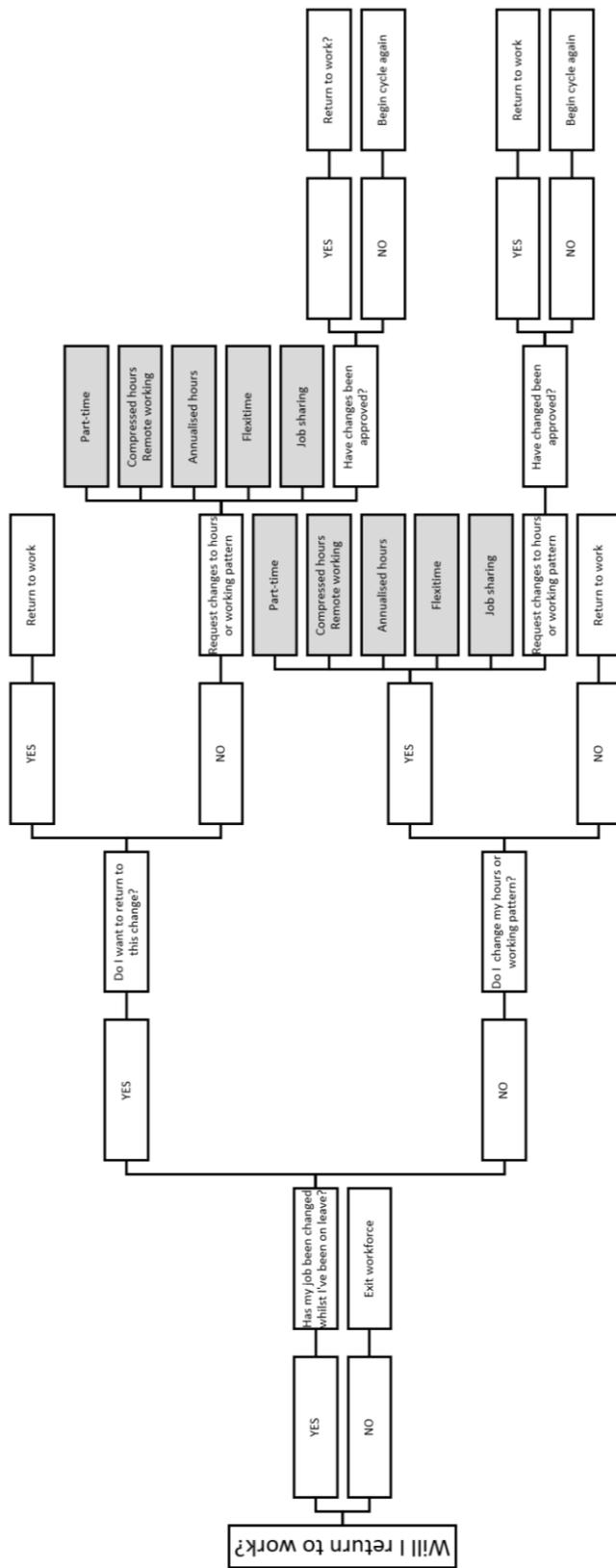


Figure 13: Example of the decision-making process when deciding whether to return to work after parental

leave

When becoming parents and after pregnancy (Figure 11) or adoption (Figure 12), parents had to make decisions about what parental leave to take, often making use of multiple leave policies at once, highlighting the highly complex nature of these processes. Once they had become parents, parents had to make decisions about returning to work and whether to change their working hours upon their return (Figure 13). Parents made choices around balancing work and family, including making use of flexible working arrangements but sometimes leading to a choice over whether to leave work entirely. Much of this confirms the interdependencies between work and family life, demonstrating how many of these pivotal work-home decisions are made with the consideration of family and home life (Greenhaus and Kossek, 2014) including role entry, participation and exit decisions (Greenhaus and Powell, 2010). Whilst much of the literature on work-home decision-making focuses on the impact that career decisions can have on family life (Greenhaus and Kossek, 2014) these findings demonstrate that the converse is also true, and pivotal family formation decisions can in turn largely impact working life. These models also raise questions about the theorisations for decision-making processes of heterosexual parents which is also an area of underdeveloped research. Many of the processes identified in these models are likely to be relevant for heterosexual parents and so future research may want to explore similar decision-making processes for heterosexual parents which would allow the two groups of parents to be compared for similarities and differences in their work-home decisions.

This chapter and Chapter 4 have begun to unpack the numerous family formation and work-home decision-making processes that LGBTQ+ parents engage in. Chapter 6

will examine how a range of sociodemographic, personal, relational and contextual factors (Gato et al., 2017) impact and influence the decisions and processes that these LGBTQ+ parents engage with.

## 6. FINDINGS AND DISCUSSION PART III: FACTORS IMPACTING LGBTQ+ PARENTAL DECISION-MAKING

### 6.1. Introduction

This chapter will examine the multitude of factors that influence LGBTQ+ parents' family formation and work-home decisions that were explored in Chapters 4 and 5. Whilst Chapters 4 and 5 addressed the first and second research questions, this chapter aims to address the third and final research question by exploring what affects these family formation and work-home decisions and how these factors in turn influence such decisions. By the end of this chapter, all three research questions will have been addressed:

1. *What family formation decisions do LGBTQ+ parents make?*
2. *What work-home decisions do LGBTQ+ parents make?*
3. *What factors influence family formation and work-home decisions made by LGBTQ+ parents?*
  - *How do these factors influence LGBTQ+ parents' family formation and work-home decision-making processes?*

Understanding influencing factors is crucial to understanding the complex decision-making processes that these LGBTQ+ parents engage in and what impacts these pivotal parental decisions throughout their relationships and parenting journeys. Chapter 2 introduced the multitude of factors in the literature that shape LGBTQ+ parental decisions (Gato et al., 2017). This chapter is organised around Gato et al.'s (2017) categories of factors that influence lesbian and gay parents' decisions, including sociodemographic, personal, relational and contextual factors. In doing so, I will examine whether these factors influenced the family formation and work-home

decisions that participants made, exploring whether these factors influence decisions beyond the decision to become a parent and beyond decisions made by lesbian mothers and gay fathers. Section 6.2 begins by exploring the sociodemographic factors that influenced parents' decisions, including gender, race and ethnicity and personal finances. Section 6.3 then discusses personal factors such as internalised homophobia and experiences with heteronormativity. Section 6.4 explores relational factors including engagement with the LGBTQ+ community. Finally, Section 6.5 examines contextual factors such as workplace conditions, political and legal barriers, and COVID-19. As previously highlighted, Table 1 sets out some of the sociodemographic factors of each participant to help contextualise and create a picture of each couple and parent.

## **6.2. Sociodemographic Factors**

### **6.2.1. Gender**

As discussed in Chapter 2, Gato et al. (2017) claim that gender stereotypes and gender performance can affect the decisions of LGBTQ+ parents. Within heterosexual couples, Kaufman and Bernhardt (2015) argue that deciding who reduces their hours within a couple is likely to be based on gender and gender role expectations. Examining the work adjustments of heterosexual couples with egalitarian attitudes in Sweden, they found that when both partners have egalitarian attitudes, it is significantly more likely that they will both adjust their work. Turning to same-sex relationships, Goldberg et al. (2012b) argue that same-sex relationships are less likely to be subject to heteronormative and gendered constructions of both paid and unpaid work, leading to greater egalitarianism within the relationship. Research has found that women in same-

sex partnerships often take shorter periods of parental leave than heterosexual women (Barcus et al., 2019) and that both gay fathers and lesbian mothers reduce their working hours after having children (Bergman et al., 2010; Gartrell et al., 2006), in a similar way to heterosexual mothers (Abele and Spurk, 2011; Kuhhirt, 2012). Whilst these behaviours may somewhat mirror the behaviours of heterosexual parents, LGBTQ+ parents do not have assigned gender roles to indicate which of them will play the role of the mother or father. Instead, research has found these partnerships to be based far more on egalitarian values and behaviours (Barcus et al., 2019; Patterson, 1995; Dunne, 2000; Sullivan, 1996; Goldberg et al., 2012b).

What was clear throughout the interviews was not the influence that gender had on parents' family formation and work-home decisions, but rather the *lack* of influence that gender had over such decisions. Throughout the study, participants demonstrated how they reject traditional gender norms and instead adopted a more egalitarian approach in their relationships. This egalitarian approach led to more open communication which in turn influenced decision-making, with parents making family formation and work-home decisions *together* through negotiation and conversation. When making decisions around careers and work, the couples in this study often had conversations and made joint decisions about the roles each of them took on in order to balance family responsibility. This might come in the form of sharing household chores, choosing who was at work full-time, or who would be going for promotions while the other took a back seat. As such the following sections will explore how egalitarianism and a rejection of gender norms and stereotypes influenced the family formation and work-home decisions of LGBTQ+ parents in this study.

We can also see egalitarianism and a rejection of gender norms' influence on the role exit decisions that parents made such as parental leave or exiting the labour market. Mothers undergoing ART treatment engaged in various leave policies including annual leave, bereavement leave, special leave, sick leave and IVF leave. Whilst existing literature briefly discusses heterosexual mothers who also make use of different policies when conceiving via ART (Tippett, 2022), the key difference in lesbian mothers is that both mothers in a partnership may undergo ART either simultaneously or consecutively. As such, we can see how a rejection of gender norms and indicators allows lesbian mothers to choose which of the couple will go through pregnancy, or in the case of reciprocal IVF, they may both choose to engage in the ART process in some way. Those parents who adopted and made use of SPL faced decisions around how to split the leave since gendered roles and stereotypes do not dictate a primary caregiver. In these ways, we can see egalitarianism and a lack of gender norms' influence on the family formation decisions of LGBTQ+ parents as well as work-home decisions.

Further to the temporary role exit decision of parental leave, we can also see the influence of egalitarianism and a lack of gender norms on the role exit decisions parents made around leaving the workforce. Eleanor explained her decision to leave her job working for her wife, Vivian, after coming out and going to work in education:

*Eleanor: I wanted to work school time so I was with the children, yes. And I did want a change, actually, I couldn't work for Vivian anymore. And I wasn't really sure if I wanted to stay in the NHS, so trying to find a job that gives you those hours, it would have to be a school. So, that's where I got a job and it worked out perfectly really.*

When Nathan and Richard were preparing to adopt, they planned for Richard to take the majority of the SPL. However, when the time came, Richard was dealing with some difficult projects at work while Nathan was in a “stable period”. They explain how it became apparent it would be easier for Nathan to “step away and not be present” for a year while Richard might have missed an opportunity to get the career progression he wanted if he had taken an extended period of leave. It is clear from their testimony that they held no assumptions about whose job would take priority, again demonstrating a reflexive and fluid egalitarian relationship.

As seen in Chapter 5, couples like Tamsin and Sarah made decisions around who would leave paid employment after having a child with SND, but these decisions were not based on gender and gender role expectations as has been found in heterosexual couples (Kaufman and Bernhardt, 2015) and instead were based on individual ability to carry out a caregiving role. Similarly, parents making decisions around how to balance work and family had to decide whether one parent would be the primary caregiver and how to adjust their working patterns in an equitable way. Whilst some heterosexual couples may do this (Abele and Spurk, 2011; Kuhnert, 2012; Murray, 2007; Scott, 2010), LGBTQ+ couples are not subject to assumed gender roles which may dictate working patterns and the division of household labour. Rather, couples negotiated work and family roles based on personal circumstances such as career ambition, a desire to spend more time with children, health and finances (Perlesz et al., 2010).

Whilst some studies have found biological mothers within same-sex relationships work fewer hours (Rawsthorne and Costello, 2010), this finding was not supported in this study. Other factors such as family finances, career interest and a

desire to stay at home with children were much more important to parents, supporting findings of previous studies on the negotiations of work and home by same-sex couples (Perlesz et al., 2010). Vivian and Eleanor, who were both biological mothers, negotiated a balance where Vivian was the 'breadwinner' and Eleanor took on the 'caregiver' role. Tamsin is the biological mother of her and Sarah's children, having conceived their children before Sarah transitioned, but they do not conform to these gender roles as Tamsin works while Sarah is a full-time carer to their son. Considering the Queer Theory approach adopted by this thesis, we can consider that these parents are not 'swapping' or taking on the gendered roles of mother and father but are instead assuming worker and carer roles without attaching gendered meanings or assumptions to these roles. The focus for LGBTQ+ parents here is far more on flexibility and pragmatism around role swapping and role adoption in order to achieve egalitarianism within their relationships. In this way, we begin to see through a Queer Theory lens how LGBTQ+ parents queer everyday experiences such as parenting, and how in turn, this impacts how they make decisions as a couple around family formation and work-home decisions. Participants' individual approaches towards heteronormativity and its influence on these decision-making processes will be discussed further in Section 6.3.

Role participation decisions such as decisions around work-life balance were also impacted by egalitarianism and a rejection of gender norms. Tamsin and Sarah "swapped roles" after Tamsin had their first child, with Tamsin leaving work and Sarah returning to employment. After Sarah was made redundant, they swapped again and Tamsin returned to work, with Sarah becoming a full-time carer for one of their children who has a disability. Similarly, Christina and Donna discussed how all the childcare

responsibilities used to fall on Christina, but they have since swapped roles. During the pandemic and subsequent lockdowns when their children had to be home-schooled, Nathan took on the “teacher role” as he had a background in education. His husband, Richard, would take over if Nathan had a meeting that he could not move, describing his role as a “caretaker, supply teacher role”. Molly and Diane discussed how they have changed their working patterns to fit around childcare, with Diane taking off Friday afternoons and Molly taking off Tuesday mornings, effectively saving them a day a week of childcare fees. During the pandemic, however, since Diane works in sports education and was unable to teach, she “bore the brunt of the childcare” as Molly worked full-time from home.

Debbie and Laura talked about how they take it in turns to stay at home when their children are sick, and share day-to-day childcare responsibilities:

*Debbie: What we would do is, tonight, I cook dinner and Laura put the kids to bed so that usually involves a bath and bed but holidays we're a bit more lax. And then tomorrow night, I would do the bath and bed and Laura would cook dinner, and we've pretty much done that since we've had [their first child] really. And sometimes people say, you've got it sussed, that's because you're two women, you sorted it out. And I find that insulting. It's not, it's because we communicated. We had a conversation. And also, the best bits were the bath time. And actually, I don't think that that should solely be any one parent's job. I think that both parents should have that enjoyment. It shouldn't be a one-parent job only.*

Debbie describes their partnership as a “well-oiled machine” where they both have to pull their weight. They discuss how they have taken it in turns to go for promotions at work:

*Debbie: The idea now is that I'm in a position where I can be around more, so why shouldn't Laura have a chance to progress her career?*

Olivia and Thea discuss their choice for Olivia to prioritise her career while Thea focuses on her salaried job as well as her private practice:

*Thea: Olivia's more senior than I am in my work. And the prospects for promotion for Olivia are there, as you've risen up the ranks, and they're still there. Whereas I've reached the top of where I can go in my organisation with my particular expertise I suppose. So it makes sense for you to have the time to go where you want to go with it.*

Debbie and Laura discuss how they take turns putting themselves forward for promotions in their jobs:

*Debbie: I had a more senior job than you at the time didn't I, we prioritised my job because Laura was, would you describe yourself as middle manager then?*

*Laura: Yes, I was a middle leader and didn't feel ready at the time to step up. And I was in a comfortable position at that school that I could drop the kids and still just about get in.*

They explain that now Debbie is in a position where she can be around more to look after their children, it is now Laura's turn to have a "chance to progress her career". Debbie remarks that it will be her turn again in a few years and she is planning to start a PhD.

Chloe and Louise discuss conversations they have had around career decisions. Louise explains that as two women, they recognise that "often women don't earn as much in the workplace" and so they are "really encouraging to each other to push each other outside our comfort zones when it comes to our careers". Later on in her

individual interview, Louise describes the “conscious decisions” they are making about their careers:

*Louise: I think we're at a point in our relationship now where we're making conscious decisions about what our career paths are going to look like. And we don't necessarily have an assumption that one person like we're not planning to have any more kids but like, we're kind of both like, okay, where, what direction do we want to take our careers in? Which I imagine, or at least from my experiences with friends, they don't necessarily have those conversations.*

In a study examining how same-sex couples organise work and home responsibilities, paid work and family roles were negotiated based on personal circumstances such as finances, career interest, and desire to have time with children (Perlesz et al., 2010). If couples did not have a clear ‘breadwinner’ in the relationship, this decision was based on which partner was more career-driven than the other. This mirrors the decisions of many of the couples in this study such as Eleanor’s choice to leave work to be home for their children while Vivian prioritised her career, Olivia climbing the ladder in her workplace while Thea focused on her private practice, or Richard’s decision not to take a long period of adoption leave as he needed to focus on his career. Since there is no assigned breadwinner role based on gender for couples in this study, some have found that they have had to be more purposeful in their career decisions, as discussed by Chloe and Louise. Studies have also found same-sex couples go through renegotiations of these arrangements as their children grow up (Perlesz et al., 2010) which is reflected in Debbie and Laura’s experience, taking it in turns to prioritise their careers so each has access to equal promotion opportunities. Much of the literature on heterosexual parents’ renegotiations of household

arrangements focuses on how the COVID-19 pandemic ‘forced’ these parents to renegotiate roles rather than actively initiating these conversations (Garcia, 2022; Hutchinson et al., 2023; Nagy et al., 2023). The renegotiations undertaken by the parents in this study highlight this key difference between heterosexual and LGBTQ+ parents, demonstrating how these LGBTQ+ parents are particularly reflexive and proactive about parenting engaging in ongoing negotiations and discussions around relationships and decisions throughout their parenting journeys. Throughout these interviews, we can begin to see how egalitarianism and a lack of gender roles within these relationships influenced the role participation decisions parents made when trying to balance work and home, such as taking it in turns to prioritise one’s career, making use of work-life balance policies, and equally sharing both work and home responsibilities.

As discussed in Chapter 2, much of the literature on LGBTQ+ couples and the division of labour focuses on the performance of traditional heteronormative gender roles, with one partner acting as the breadwinner and playing the role of the man while the other acts as the caregiver, playing the role of the woman (Downing and Goldberg, 2011; Goldberg et al., 2012b). This was not the case for most of the couples in this study. Most couples were dual-earner couples, and neither could be classed as the only breadwinner or caregiver. Dunne suggests that lesbian-parented families have a “distinct pattern of equality and sharing compared to heterosexual parents” (2000: 31). Patterson (1995) finds that lesbian mothers more evenly share responsibilities such as household labour, childcare and family decision-making, with Sullivan arguing that they reconcile these responsibilities through “an egalitarian principle of self-conscious

mutual understanding” (1996: 757). This conscious awareness of equality is reflected in the relationships of many of the couples in this study, where they take it in turns to go for promotions, split work and home responsibilities or take on caregiving responsibilities. Within these egalitarian relationships, communication was key factor in the decision-making of LGBTQ+ parents around both family formation and work-home decisions. Louise explains how her and her wife, Chloe, have had to be “intentional” throughout their relationship:

*Louise: We have to be really purposeful with the decisions that we make. Whether that's getting married or moving house. We have to be really open and honest with each other about what it is we're doing and why we're doing it.*

This highlights the deliberate and intentional decision-making that couples in this study engaged in. Couples continuously demonstrated their agency, with communication a key facilitator in this decision-making. This open and honest communication was a recurrent enabling factor in the decision-making processes that parents spoke about, and it was clear through the interviews that parents placed great importance on this communication.

Christina and Donna recall their first date when Donna told Christina that she wanted to have a family one day. Christina remarks that she did not think being a parent was a possibility for her, creating a narrative throughout her 20s that she did not want children. She says she based this narration around “wanting it to be [her] decision as opposed to a decision that was put on [her]”. Throughout their relationship, they highlight conversations they had around key events. After Christina gave birth to their first child, their initial plan was for Donna to carry their second child. They had discussed wanting their children to be close in age:

*Donna: Well, the thing is Christina always wanted to. So, I was like, yes, go for it, and then I'll go second. And then as soon as Christina gave birth to our son, that same day she's like, "I want to be pregnant again". And was like, "yes, cool". And then we talked about it. And we knew we wanted the kids close in age. So, if you want your kids only two years apart when your first one is a tiny baby, you've got to start thinking about the second one. And then Christina was really keen to be pregnant again. And by that point, I'd seen the whole labour and giving birth, so I was like, "you go for it". I didn't want to. And of course, if she wouldn't have wanted to, maybe we wouldn't have had a second, or maybe I would have toughened up. But we never needed to know the answer to that.*

Christina discussed their decision for her to go back to work after giving birth to their children, making it very clear to Donna that she was never going to be a "full-time, stay-at-home mum". She explains that they had a conversation about whether Donna would become a stay-at-home mother or if they would split the childcare and both work. They decided to split it.

Debbie and Laura also talked about how they communicated with each other about the choice to become parents. Debbie reflects on sitting in a coffee shop early on in their relationship where Laura told her she did not want to carry a child. Laura explains that she never envisaged herself having children and jumped at the opportunity when Debbie offered to carry their baby.

Chloe and Louise discuss conversations they had towards the beginning of their relationship about Louise's daughter and responsibilities as a parent:

*Louise: I think that was really important at the beginning because I was a single parent, there were things that I was dealing with that for the first time I had, like, I had to be really honest and open with you about what the realities were of parenting. And I kind of set my boundaries really clear that if I didn't feel like I*

*could share these things with you, then we wouldn't be able to kind of progress [...]*

*Chloe: Yeah I think we were like 6 - 7 months in and you were like, "This is the reality. It's not easy. Like it's horrible. It's this thing and that thing, like if you want to go, go now", to be honest, you kind of gave me an out if I wanted it, obviously didn't take 'cause I'm still here. [...]*

*Louise: Yeah. And I guess it was really important as well, that I was really open with you about all the different hats I was wearing at the time as well.*

Parents revealed the conversations they had around parenthood and pregnancy, with Christina noting that as lesbians, they “debrief about everything” and talk through all their decisions, highlighting the importance they place on conversations and communication. Following a difficult period in parenting, They reflect on how they dealt with their differences and disagreements:

*Donna: I didn't agree with Christina's way of dealing with the situation. So, now we could talk a lot about in hindsight [...] And because lesbians talk a lot, it's just a lot of fun as well. You get to chat about everything.*

*Christina: Yes, we debrief about everything and pre-brief about everything.*

The gay fathers who adopted in this study also discussed how they used communication to make decisions around family formation. Richard and his husband, Nathan, spoke about how they discussed their family formation options when considering both adoption and surrogacy, eventually deciding to start the adoption process. Both gay couples who adopted spoke at length about conversations they had with other LGBTQ+ couples who had gone through or were considering the adoption process. Karl spoke about how he and his husband, Steve, met another couple who had recently adopted to help guide them through the process:

*Karl: The couple we met before we adopted, we met them in Costa Coffee and we thought we'd be there for like half an hour, we ended up being there for two hours talking about the process and we ended up with because they had twins, each ended up with a twin feeding the twin with a bottle [...] it was good to have a conversation about what they went through, to understand little hints and tips or things that maybe to understand, you know, how it went.*

Communication was also important to emphasise understanding around particular topics. Sarah recalls feeling safe to come out as transgender to her wife, Tamsin, after they discussed an article about a transgender girl in America where Tamsin made a supportive comment:

*Tamsin: Sarah saw that I was being positive towards [the article] and that triggered her to come out to me.*

Since there are not necessarily any assigned gender roles within LGBTQ+ relationships, family responsibilities can be negotiated (Perlesz et al., 2010). Chapter 2 highlighted how relational factors can play a large role in decision-making in LGBTQ+ relationships (Gato et al., 2017). Research has found that lesbian couples use communication to convey meaning and manage conflict through negotiation (Connolly and Sicola, 2005). Open and clear communication is seen as an important feature in both heterosexual and queer romantic relationships (Fowers, 1998; Walsh, 1998, 1993; Nicotera, 1993; Olson, 1993; Epstein et al., 1993). Extant literature examining the communication processes of lesbian couples has found they possess clear relational strengths such as decision-making abilities (Kurdek, 1998), the formation of egalitarian relationships (Barcus et al., 2019; Goldberg et al., 2012b), and the implementation of conflict resolution methods (Berzon, 1988). Research has found lesbian couples to view communication as “the backbone” of a relationship, vital to whether a relationship is

successful or not (Connolly and Sicola, 2005). Both gay men and lesbian women have been found to view good communication as key to a healthy and committed relationship (Rostosky et al., 2006). A long-term study of same-sex couples in the US found that couples often view communication as a central component of their relationship's longevity and success (Riggle et al., 2016). This communication included talking as a means of conflict resolution, in-depth 'check-ins' and daily communication. What is particularly interesting in the couples of this study is how early these conversations start, with some couples discussing whether or not they want children on the first date.

As discussed in Chapters 2 and 4, lesbian mothers often have to make explicit reproductive decisions and face unique choices when choosing to become parents (Nordqvist, 2012; Somers et al., 2017; Donovan and Wilson, 2008; Chabot and Ames, 2004). Research has found that often lesbian birth mothers and stepmothers have diverging expectations about the parental role the stepmother will play (Hequembourg, 2004a). Chloe and Louise's open communication about Louise's responsibilities as a parent and the realities of parenting that would become Chloe's allowed them to discuss their expectations and eliminate any conflicts or misunderstandings.

This emphasis on communication and discussion is reflected in the interviews from this study, with parents reflecting on how often and successfully they communicate with each other. Christina notes that she and her wife "debrief about everything", Debbie suggests that she and her wife are such a strong team because they communicate with each other, and Tamsin explains how their open communication about supporting trans rights led her wife, Sarah, to come out as transgender. Communication from the beginning of relationships around the decision whether to

have children are particularly interesting. Whilst heterosexual parents have been found to negotiate and communicate with each other around *daily* decisions (Radcliffe and Cassell, 2014), they also make assumptions around childbearing; assuming it is an inevitable occurrence within heterosexual marriage (Morison, 2013). Conversely, the parents in this study are making conscious decisions and communicating clearly with each other around childbearing decisions. We can clearly see throughout the interviews how parents used open communication within their egalitarian relationships to negotiate and discuss both family formation and work-home decisions. This open communication allowed Christina and Donna to discuss whether or not they wanted children on their first date, Chloe and Louise to discuss the responsibilities that come with being a parent and forming a blended and family, and for Tamsin and Sarah to discuss gender identity to the point where Sarah then felt comfortable enough to come out as transgender. Additionally, open communication facilitated work-home decisions such as Christina and Donna's conversations around return-to-work and their decision to split the childcare and both return to work after the birth of their first child. As a result, we can see how open and honest communication facilitated and aided parents in *how* they engaged with the models put forward in Chapters 4 and 5, helping parents to make family formation and work-home decisions based on egalitarianism and open conversation.

Whilst Gato et al.'s (2017) model of influential decision-making factors highlights gender as a key influence on LGBTQ+ parents, it largely looks at gender differences. This section has expanded on this by exploring how same-gender relationships are often more egalitarian than heterosexual relationships and less

influenced by gender roles. This section also takes our understanding of gender within same-sex relationships further by highlighting the importance of communication as a key driver within these egalitarian relationships, exploring the different family formation and work-home decisions that were influenced by gender, egalitarian relationships and resulting open communication.

### **6.2.2. Race and ethnicity**

As argued by Gato et al. (2017), race and ethnicity is another key sociodemographic factor that influences the decisions of LGBTQ+ parents. Ethnicity has been found to be a factor that influences multiple stages of family formation decisions (Figure 10) from conception choices through to how parents negotiate parenthood within the larger heterocentric context. Same-sex couples are more likely to be interracial (Kastanis and Wilson, 2019), with children from previous heterosexual relationships the most common method of family formation among LGBTQ+ people of colour (Tasker and Rensten, 2019). In Chapter 4, Louise's experience as a British-Caribbean lesbian in coming out to her family was discussed. Louise discusses the difficult conversations she had with her mother when coming out:

*Louise: I remember coming out to my mom at some points during that, or she'd questioned me about certain things. And I was kind of relatively open with her and I don't think she quite liked that. But then I got into a relationship, and she was kind of completely like I think she really she really struggled with my sexuality and really struggled with me being quite so open about it with her. I don't think she particularly was as fussed that I was out but I think it was the fact that she felt really uncomfortable to have certain conversations with me. And I think that started the beginning of a really difficult time again.*

Literature examining the coming out experiences of African Americans has found that LGBTQ+ individuals face additional hurdles that their White counterparts do not. Trahan and Goodrich (2015) argue that with African American communities generally engaging with the traditional Baptist church which views LGB identify as a sin, LGB individuals in these communities often hide their sexuality or adopt a secret lifestyle. They find that often there is a unique reasoning for African American LGB individuals to disclose their identity to family members or the community. Moore (2011) argues that motherhood allows Black lesbian women to perform a respectable LGB sexuality. However, Adams-Santos (2020) argues that this respectability does not apply to women who have had children prior to coming out, with their LGB sexuality undercutting this respectability. She argues that this respectability becomes precarious when norms of motherhood and sexuality conflict. The deployment of 'intimate candour' by explicitly discussing sexual desires or pleasures in the process of coming out reinforces the stereotype of the hypersexual Black woman (Adams-Santos, 2020) and conjures images of the lascivious Black woman (Collins, 2004). In Louise's case, her mother came to terms with her daughter's sexuality but was uncomfortable having open conversations with Louise about her sexuality when she started to actively date women. Whilst there is extant literature on how coming out can have a positive impact on the lives of LGBTQ+ individuals (Ryan and Ryan, 2019; Fletcher and Everly, 2021), disclosure is an incredibly stressful process that can have damaging effects on well-being following negative reactions to coming out (Ryan et al., 2015). Research has found that negative reactions from close family members such as parents can have a significant lasting impact on well-being (Ryan et al., 2015). Louise suggests in her interview that her mother's

discomfort with her LGB identity initiated the beginning of a “really difficult time” for her. We can see here how race and ethnicity can influence the coming out experiences of LGBTQ+, directly influencing the Stage 5 in the model of family formation decision-making for LGBTQ+ parents (Figure 10) which sees parents ask whether or not they will come out to their partner or family.

Chloe and Louise discuss some of the assumptions they face around their relationship. They explain that they do not feel they are treated differently because they are in a same-sex relationship, but rather they are treated differently because they are an interracial couple.

*Louise: I don't necessarily feel like I experienced certain things differently because we're in a same-sex couple, I actually think it tends to be more to do with the fact that I'm black and you're white. [...] So I think I think that's, it's, that's been kind of my experience of, yeah, of like "Why are you two here? And what is your kind of capacity here?"*

*Chloe: I don't even think they have the like brain space to get beyond the fact that we're different races before they even question that we're together.*

Couples in interracial relationships can face prejudice and racism, and if one partner is from a dominant culture or ethnicity, this may be the first time they have experienced racial prejudice (Long, 2003). Interracial lesbian couples may feel that they are more easily identifiable as a couple (Greene and Boyd-Franklin, 1996; Pearlman, 1996), thus making them more identifiable for discrimination and prejudice. Through joint experiences of racial prejudice and a heightened awareness of racism, interracial couples may be able to communicate more and speak openly about issues around race (Pearlman, 1996). Rostosky et al. (2006) find that in their sample of interracial gay and lesbian couples, the majority of the couples experienced both race and sexual identity-

related stress, with many of couples perceiving the sexual identity prejudice they faced to be more intense than the racial prejudice. Interracial couples who use sperm donation as a method of concept often attempt to find a donor who represents both partners' racial backgrounds (Newman, 2019). Newman (2019) argues that this desire to have children who are reflective of both parents' ethnicities, reflects an assumption of monoracial identity that interracial couples often face (Johnston and Nadal, 2010), with participants being mistaken for the nanny when out with their child who is a different ethnicity to them. Chloe and Louise explain that Chloe's presence is often questioned when they are out as a family, as Louise and her daughter are both British-Caribbean, and Chloe is white. As such, we can see how ethnicity impacts Stage 9 of the model of LGBTQ+ parents' family formation decision-making (Figure 10), as it has a clear impact on how both Chloe and Louise parents negotiate parenthood within the larger heterocentric context in which we operate, with ethnicity adding a new complexity to the way in which they experience their lesbian identities and experiences as a family.

Since meeting her now wife, Chloe, they have moved out of Louise's hometown and away from her family. They discuss how they tried to travel back to visit family more often when they first moved as an obligation to family, but this has since declined. They explain that it has taken 6 years for some family members to acknowledge their relationship as a same-sex couple and blended family. Research has found that black lesbian couples de-sexualise their relationships around family in order to accommodate for stigma around same-sex relationships in their communities (Glass, 2014). Glass and Few-Demo (2013) find that when black lesbian couples are rendered socially invisible by

communities by negating the sexualities, relationships and families built between lesbian partners, the couples respond by limiting access and time spent with their families. The support received from families was usually on an individual basis to those biologically related to each partner, mirrored by Chloe's experience with Louise's family as it took her years to be accepted and acknowledged as Louise's wife. We can see throughout Chloe and Louise's experiences how ethnicity has impacted the way parents negotiate parenthood within the larger heterocentric context in which they live, influencing decisions they make at Stage 9 in the model of LGBTQ+ family formation decision-making (Figure 10).

### **6.2.3. Finances**

Whilst Gato et al. (2017) do not include financial factors as a specific influence over LGBTQ+ parental decision-making, the topic of finances was raised repeatedly and therefore served as a key influence over parents' family formation and work-home decisions. Financial factors often acted as a constraint for LGBTQ+ parents in their decision-making. With assisted conception methods coming with high costs, and the support needed from work, family and friends and healthcare professionals so vital in many of these processes, money was a key factor in influencing decision-making.

Debbie and Laura discuss their choice to have children over a wedding:

*Laura: Because we have to pay for children, we would rather have children and then figure out getting married rather than blow a load of money on the wedding.*

They reflect on the amount of money they spent on IUI, remarking that they are "really lucky" considering the amount of money other parents spend on assisted conception. Similarly, Olivia and Thea chose to put their "deposit money into IVF

instead”, delaying buying a house to prioritise starting a family. IVF was available to them on the NHS but reciprocal IVF, which they opted for at a private clinic, was not an option. Thea recalls that they were unable to receive IVF on the NHS “as a same-sex couple unless one of you had fertility issues” and whilst she believes this has changed, the waiting list is incredibly long.

Christina and Donna planned to have their children via IVF on the NHS. They started the process but had a bad experience at the clinic and chose to move to a private clinic. Although Donna’s employer offered private healthcare which would have covered their treatment, they chose to pay using their own money:

*Donna: We never took out private healthcare because Christina thought that’s a diss on the NHS. Right?*

*Christina: Yes, absolutely.*

*Donna: She’s like “we are not paying for private”, even though it was like £10 a month for each of us. That’s it. Compared to the US, that’s nothing.*

*Christina: Yes, I have an issue with...*

*Donna: Christina was really adamant that we didn’t get it, so we didn’t have the private insurance, which is fine, yes.*

*Christina: Otherwise it’s going to end up like the education system in the States where you’ve got the people that can pay in these incredible schools and the people that can’t in really bad, terrible schools. Exactly what would happen. So, yes, I was against it. Yes.*

*Donna: So, yes, we could’ve. We just used our own money.*

As such, we can see again how finances influenced the family formation decisions of lesbian mothers using ART. Availability of ART on the NHS influenced the type of ART mothers used or whether they self-funded or used private health insurance, often making sacrifices in other areas to be able to afford the treatment.

As highlighted in Chapter 4, Megan and her wife, Alison, were considering going through IVF again to have another child. However, Megan suffered from post-partum psychosis after the birth of their first child which made them reconsider:

*Megan: [Her post-partum illness] made us reconsider, if we want another child, I'm not having it obviously that's not wise, but my partner if she was to, and well, first of all, we don't have the money to do it. But second, we don't want to go back there because they were that horrible.*

*[...]*

*Megan: Our mortgage has just doubled in the last year. So yeah. I don't know, not financially viable.*

With Alison earning considerably more than Megan, they do not see Alison carrying their second child as an option. After considering all of these issues, Megan says that they probably will not try for another child. We can see here a direct influence of finances on the model of family formation decision-making process for mothers via assisted reproductive technologies (Figure 8), as the affordability of ART is preventing Megan and her wife from engaging with the model again and conceiving again via ART.

Several of the participants who had used forms of ART discussed how they felt 'lucky' to have been able to afford the treatment and even discussed the decisions and plans they had made to be able to do so. Olivia spoke about how they were able to afford private treatment to undergo reciprocal IVF, choosing to put money into starting a family instead of putting a deposit on a house. She says:

*Olivia: We're really fortunate that we were able to afford the private treatment. And we made choices not to buy a house, for example, at that time but put the deposit money into IVF instead. So we were really fortunate we could afford to give it a try. We're really fortunate that it worked because plenty of people who would have taken that option and it not work out [...] So we're really*

*fortunate everything has worked out for us, and that's... Yes, I feel lucky about that every day.*

Whilst literature is beginning to examine the concept of luck alongside conversations around privilege and class (Farris, 2020; Edgley, 2021; Power et al., 2016), there is an avenue for future research to explore feelings of luck among parents who have been able to afford and access ART when starting a family compared to those LGBTQ+ parents who might not have the resources to access these treatments and family formation options. As such, finances are again seen as a key influence in whether parents could engage with the model of family formation decision-making process for mothers via assisted reproductive technologies (Figure 8) in the first place, with financial means a key enabler in whether mothers could access ART.

Tim, the only single parent in the study, spoke at length about how his finances and job had constrained his decision-making throughout his parenting journey. He spoke about his decision to send his son to a Catholic school despite feeling uncomfortable with their stance on homosexuality:

*Tim: As a non-religious person, it really bothers me to my core outside of being gay or whatever, but it really bothers me that I have to send my child who was also an atheist to a school that preaches religion and shoves it down their throats. But, you know, again, you accept it, because ultimately, I don't earn enough money to send them to a £30,000 a year private school. But equally, that comes with its own challenges as well.*

Several studies have looked at the challenges for same-sex parents in whether to disclose their sexuality to their children's schools (Tasker and Patterson, 2007; Leland, 2017). Gay fathers have been found to purposefully select the areas they live and schools they send their children to, seeking out progressive and 'gay-friendly' areas

(Leland, 2017). Leland (2017) notes that the fathers in his study were able to do so due to their high financial statuses. This strategy is not accessible to all LGBTQ+ parents seeking out safe schools and neighbourhoods as they may not have access to the financial means necessary, as demonstrated in Tim's case where he has felt forced to send his son to a religious school where his sexuality is seen as sinful. Whilst several studies have looked at the decision-making of families representing minority groups such as children with special needs (Glenn-Applegate et al., 2011), immigrant parents (Byrne and De Tona, 2012); and families of colour (Vincent et al., 2012), few have examined the decision-making of LGBTQ+ parents. Goldberg et al. (2018a) find that for LGBTQ+ parents, decisions around schools are made based on three key factors: practical resources such as financial and geographical constraints; children's and family's intersecting identities such as racial diversity, special educational needs and gay friendliness; and school quality. Their study took place in the US, with a very different educational landscape to the UK, and whilst parents were able to avoid religious private schools that did not fit within their needs regarding financial constraints and gay friendliness, Tim did not feel that this option was available to him. As found in Goldberg et al.'s (2018) study, his choice of school was based on a variety of factors – ultimately choosing to send his child to a high-quality non-fee-paying religious school rather than fee-paying secular school or lower quality non-fee-paying secular school. As such, Tim feels unable to socialise and fit in with parents at his son's school, acting as a barrier to him engaging with other parents and the school community. As such, we can see how finances have influenced the way in which Tim engages with Stage 9 of the model on family formation decision-making process for LGBTQ+ parents

(Figure 10) as it impacts how he engages with heteronormativity and homophobia as a single gay dad.

As highlighted in Chapter 2, Gato et al. (2017) do not list financial or social class factors within their key influential factors. Whilst finances and class are discussed alongside other sociodemographic factors such as gender and ethnicity, their model fails to examine the large role that finances can play in LGBTQ+ parents decisions. Levitt et al. (2020) found that LGBTQ+ parents often drain their savings when becoming parents, risking their financial security on processes that may not be successful. The cost for LGBTQ+ couples to become parents is often extremely high, with surrogacy, donor conception and adoption all coming with their own financial costs. IVF is increasingly used by women in same-sex relationships, with patients in female same-sex relationships making up 6.4% of patients who used fertility treatment in 2018 (HFEA, 2020). Only 14% of patients in female same-sex relationships had their treatment funded by the NHS, compared to 39% of patients in heterosexual relationships (HFEA, 2020). These figures change dramatically when you look at the figures for NHS funding in England, Scotland and Wales. In 2018 in England, only 11% of patients in female same-sex relationships had their treatment funded by the NHS. This rises to 21% in Wales and 40% in Scotland (figures for Northern Ireland were not available) (HFEA, 2020). Wall (2011) outlines financial strains as one of the key factors lesbian mothers consider when deciding whether or not to become parents. Many women in her study who chose to become parents through donor insemination (e.g. IUI or IVF) found the associated costs “overwhelming”. The costs associated with donor conception have been found to present as a significant stress for prospective lesbian mothers (Ross et al., 2006).

Research examining how gay fathers negotiate the path to parenthood finds that finances act as a barrier to becoming parents, with middle-class status a key resource that privileges gay couples seeking to become fathers (Berkowitz and Marsiglio, 2007). Berkowitz and Marsiglio (2007) argue that becoming a father through “non-heterosexual means” (i.e. adoption or surrogacy) requires substantial financial resources. As previously highlighted, whilst many of the parents in this study spoke about finances as a constraint on their decision-making, many of them did not address how their finances had enabled them to become parents, with their middle-class status privileging them in ways which other LGBTQ+ parents may not have access to. We can see again here the strong influence that financial factors hold over the family formation decisions of LGBTQ+ parents, often enabling them to become parents or outlining which pathways to parenthood are available to them.

Financial factors also play an important role in the conception decisions of heterosexual parents. In unintended pregnancies, parents are faced with a decision around whether they have the financial means to a) access abortion in a safe environment or b) raise a child (Klann and Wong, 2020). Research has found financial factors to be a key reason why couples choose not to repeat IVF after a failed first cycle (Goldfarb et al., 1997). Financial factors are also key to parental readiness, with parents often waiting until they are financially secure before pursuing parenthood (Budds et al., 2016). Whilst some heterosexual couples may need to use ART to address fertility issues and problems conceiving, the key difference is that ART is often the only option for lesbian mothers to have biological children. With the NHS not funding many same-sex couples’ ART, this cost can be enormous and pose another barrier for LGBTQ+

parents to having children. It should be noted that whilst many of the parents framed financial factors as a constraint on their decisions when becoming parents, finances were also an enabling factor when making decisions around family formation, since these parents were ultimately able to afford ART treatment whereas other LGBTQ+ individuals may not have the finances to even consider this option. These experiences highlight the influence that finances have on the family formation decisions of LGBTQ+ parents and demonstrate what an important and influential factor finances are in these processes. As such, these findings highlight the need to include finances as a key sociodemographic factor that influences the decisions of LGBTQ+ parents, adding to Gato et al.'s (2017) previous research.

As previously highlighted in Chapter 5, many parents' work-home decisions around working patterns and hours have revolved around the affordability of this coupled with the cost of childcare. Several parents made role participation decisions around how they balanced work and home life with regards to personal finances and the cost of family life. Debbie and Laura discussed their decision to both remain in employment whilst juggling the cost of living:

*Laura: We had to work to keep the mortgage. We don't have an extravagant lifestyle in any way, shape, or form but just to have the things that we do have. Unless it was going to be I earned more for you to earn slightly less, we still had to reach a certain income for those things. Because partly, where we live, the childcare isn't cheap. Therefore, we needed to make sure that going to work wasn't going to just cover the childcare, otherwise one of us might as well stayed at home.*

Debbie reflects that they make sure they invest the money they earn into "fun times with the kids to make up for time" spent working.

Before starting a family, Olivia chose to leave her profession for a lower-paying public-sector job. She explains how she came to this decision after reading some of her organisation's bereavement policies:

*Olivia: I remember it clearly because I remember thinking, as if. It was "if your child dies you're entitled to two days bereavement leave". And I'm like, that's insane. I remember looking at it and thinking it's just inhumane. Whereas I work in the public sector now and things are definitely better. You might get paid less, but you benefit in lots of other ways.*

Despite the pay cut, she spoke about wanting greater security from her job, in an organisation where she could make a difference and away from a company that "put a price on wellbeing". Finances also had an influence over the temporary role exit decisions of LGBTQ+ parents such as parental leave. As discussed in Chapter 5, Karl and Steve took SPL after the adoption of their children. They decided to split the leave where Steve took the majority and Karl took three months. Karl explains why they made this decision:

*Karl: Money. I get paid a bit more so that was otherwise we would have split it half and half or done it a different way.*

Finances also had an influence over the role entry decisions of several parents. When Thea returned to work after having her daughter, she and her wife, Olivia, discussed whether Thea should return to work full-time or part-time. Before her maternity leave, Thea had been working four days a week but planned to return to full-time work:

*Thea: We must have talked about it. I think... I was planning to go back full time though. I think it wasn't until the last few weeks we realised, hang on a minute, this isn't going to work.*

*Olivia: I think we realised we were going to spend more every month on childcare for that day than we would lose in your salary.*

*Thea: It just wasn't worth it.*

After adopting their children, Richard discussed how difficult he found returning to work after a long absence:

*Richard: The bit that was harder when I reflect back, is that sort of first 12 months, all our leave's done, it's the first year of kind of normal life now. We're both working full-time, we've got childcare. Incredibly supportive and flexible when one of the kids were ill, or there's more extremes, but actually just juggling everyday life, and learning how to do it... I almost wish my boss had said "just work 30 hours", you know, "stuff the money, Richard, you're gonna have to find a way around it. Why don't you work 30 hours rather than 35? Buy yourself an hour a day".*

He explains how he felt an unwritten expectation (that he suggests he placed on himself) that he needed to go back to working full-time and be “completely on it all the time”. Parental decision-making around childcare is often influenced by financial resources, with parents citing financial reasons as a key reason for choosing to provide parental care at home rather than pay for childcare (Ferguson et al., 2022). However, in one study looking at the childcare decisions of middle-class and elite parents, the financial cost of childcare was not found to significantly influence parents’ choices (Chen and Bradbury, 2020). The researchers note that this might be explained by the affordability of childcare for middle-class and elite parents, and the accessibility of free childcare for less affluent parents. Research examining low-income families has found that accessing childcare can be difficult when you are constrained by limited financial and social resources (Sandstrom and Chaudry, 2012). Whilst the parents in this study were mostly middle-class or elite, earning well-above the threshold set by Sandstrom

and Chaudry (2012), they did not all have access to free childcare and thus the affordability of childcare influenced their working hours, as reflected in the interviews of Thea, Olivia, Debbie and Laura. With LGBTQ+ parents already facing significant financial costs when becoming parents (Levitt et al., 2020), further financial costs are likely to have a large impact on their decision-making.

Examining the work-family balance of parents following childbirth in Australia and New Zealand, Brough et al. (2009) find that parents financial concerns are one of the main reasons parents return to paid employment. Finances can often act as a constraint for parents when deciding how much leave to take (Rehel, 2014), with parents who have access to greater financial resources taking longer periods of parental leave (Barcus et al., 2019). Heterosexual couples have been found to base their decisions on work-family strategies according to their financial situation and access to workplace policies, often choosing for the mother to take a longer period of leave because it “made sense” since she had better access to parental leave policies (Singley and Hynes, 2005). Heterosexual couples using SPL have been found to place high importance on finances when making decisions about leave (Banister and Kerrane, 2022). Parental leave length was not always chosen based on gender roles, with men taking longer leave than their partner if this was the more financially beneficial option (Banister and Kerrane, 2022). Where this differs between LGBTQ+ and heterosexual couples is the impact of gender roles on finances; since women tend to have access to higher paid longer leave (Earle et al., 2023) and to earn less (ONS, 2023), these financial decisions can be gendered and influenced by gendered norms. Karl and Steve decided for Steve to take a longer period of parental leave as Karl earns a higher salary, basing

this decision on individual circumstances rather than gendered norms around working hours and pay.

The findings of this thesis highlight the important role that finances play in both family formation and work-home decisions. Whilst Gato et al. (2017) call for greater recognition of the influence of class on LGBTQ+ parents' decisions, their model omits financial and class factors as key influences. As such, this thesis builds on this model and suggests that finances and social class are recognised as a key influencing factors that have a clear and strong impact on the family formation and work-home decisions of LGBTQ+ parents.

### **6.3. Personal Factors**

#### **6.3.1. *Internalised homophobia and outness***

Gato et al. (2017) argue that the degree to which LGBTQ+ parents have internalised homophobia and are open about their sexuality are key personal factors that influence their decision-making. They argue that this internalisation of homophobia and a lack of openness about their sexuality can present major barriers for LGBTQ+ people pursuing parenthood who may be worried about perpetuating stereotypes about gay parenting (Berkowitz and Marsiglio, 2007) or that their sexuality might render them bad parents (Brown et al., 2009). In this study, five of the parents had children in previous heterosexual relationships before coming out to their partner and family about their sexual or gender identity. Tim spoke in detail about the difficulties he has faced as a closeted gay man growing up, suppressing his sexuality until he was in his twenties with two young children. He spoke about the struggles he has faced throughout this time and as a single dad and dating in his thirties:

*Tim: It's tough from just being a dad in general. But it's tougher being a gay dad because when you are straight, in the closet, growing up hiding who you are, and then you finally figure out who you are, you don't have the opportunity to explore who you are, right? So when we're all kids [...] we have the opportunity to explore our sexuality and you know, date and do whatever. And I think when you're an adolescent, and you're gay, you hide that, you suppress it. So you can't experience those happy, joyful, loving feelings. Meaning that you suppress it until you're in your 20s. And then when I was in my 20s, I had a kid so I couldn't then really express it. I had a boyfriend great, but it wasn't the same as going off and dating other people. And now that I'm 34, that situation is still playing itself out, because I still can't go off and explore that side of me because I've got a child here.*

He goes on to explain some of the difficulties he has faced in socialising with other parents, feeling uncomfortable in the schoolyard of his children's Catholic school and choosing to hide his sexuality from other parents:

*Tim: I actively, perhaps to the detriment of my children, actively avoided other parents, because similar to being at work, you almost have to be very wary about who you tell you're gay, you know. Because you don't know what's going to happen. [...] So it's like, as a gay parent, you again have a choice to make, you can either be out and proud and open about who you are. but you run the risk of some potentially negative side effects as a result of that because this society that we still live in, even in 2022. Or you hide it, and you protect your children.*

He explains that his eldest son chose not to disclose his father's sexuality to anyone at his Catholic school where a lot of his friends "have deeply, devoutly religious parents". He describes his upset upon finding this out:

*Tim: [His eldest son] and I had a conversation once where he was like, "no one at my school knows that you're gay, are you mad?" And I was, like, really hurt by that statement. And so "I don't say it to hurt your feelings, I'm saying it to you to*

*be honest, because ultimately, you know, they are homophobic, and they do believe that you are a sinner, they do believe that you are going to hell, and I don't want to deal with that. I don't want to get bullied because of you."*

Tim chooses not to socialise with other parents at his son's school, hiding his sexuality and feels as though he cannot be his "true self" around other parents.

As discussed in Chapter 4, Tamsin and Sarah had two children through biological conception before Sarah came out as a trans woman. Tamsin explained that Sarah wanted to make sure she had a family first as she "worried that if she came out as transgender that would prevent [them] from having a family". Again, we can see how parents made the decision to come out *after* having children, in Sarah's case because she was worried she would lose her partner and subsequently lose the opportunity to have children if she came out as trans first.

Whilst it is not my place to decide whether these experiences amount to degrees of anti-homosexual prejudice within these parents, we can clearly see how the degree of openness about their sexual or gender identity influenced their family formation decisions. Considering the model of family formation decision-making process for LGBTQ+ parents (Figure 10), we can see how parents' concealment of their sexual orientation and gender identity influenced Stage 1 and 3 of the model, when deciding whether and how to become parents, and we can also see its influence over Stage 5 of the model, where parents made decisions around whether to come out to their partners. Whilst Gato et al. (2017) argue that internalised homophobia and closeted queer identities represent major barriers to parenthood for queer parents, they mainly focus on same-sex parents' parenting desires within same-sex relationships. The findings of this thesis show that we should also look at internalised homophobia and

outing as influential factors among LGBTQ+ parents who have children within heterosexual relationships as we can see that occasionally parents choose to have children *before* coming out to their partners and families.

### **6.3.2. Approach towards heteronormativity**

Whilst Gato et al. (2017) discuss the degree to which pervasive heterosexism within society might impact the internalised homophobia that lesbians and gay men may experience, they do not account for engagement with such heteronormativity as a separate influential factor. The model of family formation decision-making processes for LGBTQ+ parents (Figure 10) incorporates how parents negotiate parenthood within the larger heterocentric context within Stage 9 but does not consider individuals' approaches to such heteronormativity. As such, the following section explores how parents in this study adopted nuanced and differing approaches towards heteronormativity in their family formation and work-home decision-making.

Many of the couples in this study discussed themes around heteronormativity and heterosexual parenting when talking about their own experiences as LGBTQ+ parents. Christina and Donna discussed how they made choices in their journey to becoming parents that would help them as a lesbian couple. Christina explains:

*Christina: How do we in a heteronormative world make it feel like we as a lesbian couple feel equally as parents? Because of course, we were equally as parents in our house and in our minds, but in the world.*

Donna and Christina decided for their children to have Welsh forenames (Christina's first language) and were given Donna's surname, wanting their children's names to "represent both [their] cultures". Nordqvist (2012) argues that the naming of children conceived via donor conception within lesbian couples is incredibly important,

with a shared surname representing a connection between the family members. He argues that couples are aware that their family might not be viewed as institutionally legitimate and so this shared family connection makes them recognisable to social institutions (Nordqvist, 2012). We can see here that in challenging heteronormativity, Donna and Christina are negotiating parenthood within the larger heterocentric context, with an engagement with heteronormativity an influencing factor in how they navigate Stage 9 of the family formation decision-making model (Figure 10) by incorporating inclusive language into their parenting.

Debbie and Laura discussed how they have worked hard to not let heteronormative and heterosexual gender norms creep into their relationship and parenting. Debbie talks about some examples of gender stereotypes she has witnessed:

*Debbie: I see with some of my friends, some of them that don't work or don't work very many hours and things whose husbands work in London, and they earn a shed ton of money, but they don't get home till 7 or 7:30 at night. The woman in the relationship has done all the stuff that is required, and the husband comes home, and the kids stay up just to say good night to him. And regardless of whether you're in a heterosexual or homosexual relationship, I think that that's a stereotype that people allow to happen in their households. And I think we've worked hard to make sure that didn't happen.*

As previously discussed, the parents in this study appear to create egalitarianism proactively and reflexively within their relationships, as demonstrated by Debbie and Lauren's fight against heteronormative gender roles. Debbie explains how friends often remark that they have managed not to fall into these stereotypes and gendered roles because they are a lesbian couple, but she disputes this. Despite highlighting here how they reject and challenge heteronormative gender norms in their relationship, later in

the interview, talking about why they do not socialise much with other same-sex couples or the wider LGBTQ+ community, Debbie reflects:

*Debbie: I would actually say our life is quite straight.*

She reflects further on how she feels about her LGBTQ+ identity:

*Debbie: If I told you five things to describe me, my sexuality wouldn't be in those five words, because I don't think it defines who I am.*

Similarly, Diane describes herself and her wife, Molly, as “boring” in comparison to other same-sex couples. When asked how they feel their sexuality might impact their identity as parents, Molly and Diane distance themselves from their LGBTQ+ identity:

*Diane: I don't class myself as an LGBT parent. I just class myself as a parent. I don't associate with it. Not in a bad way, I just don't see myself as, I just see myself as a parent.*

*Molly: That's just part of our personalities though, we don't hinge a lot on being LGBT. We're just Dianne and Molly. We have our daughter, and we just live our lives. [...] We're just doing our own thing, living our own lives. And it's not, it's not really anything we really consider is it?*

After being asked whether they socialise with other LGBTQ+ parents or engage much with the LGBTQ+ community, Diane goes on further:

*Diane: I find the use of the word “LGBT community” a bit odd. Because it's almost like saying “right, you're African. Do you go and talk to any African you meet?” Like, just because you're gay doesn't mean that you're going to get on with gay people. But it just so happens a lot of our friends are women with children as well.*

Olivia also describes her and her wife’s lives as “really boring” and “very normal”. She explains:

*Olivia: I don't think they see us as particularly different either because we're not. Like I said, we're really boring. Maybe if we were uber-flamboyant or something, but we're really just the same.*

Reflecting on why she does not engage with any LGBTQ+ networks or communities, she explains:

*Olivia: I'm just the same as my pal who's got two kids and a wife, there's no difference, really.*

Discussing their relationship before Sarah's transition, Tamsin describes it as a "very normal cis relationship" where they were "just like any other straight people".

Vivian reflects on how upset she was following the split from her ex-husband, describing the relationship he had with his new partner as "what's normal", leading her to fear that she would lose her children. Later on, once she was more comfortable in her new family set-up, she explains feeling normal in their blended family:

*Vivian: I don't think it was the norm as they were growing up, but it just felt so normal [...] We felt so normal as a family and actually, it's not normal but in a nice way.*

Chapter 2 introduced theories of heteronormativity in relation to heterosexuality and homosexuality. Duggan's (2002) seminal text describes a process of homonormativity whereby lesbians and gay men assimilate themselves into heteronormative culture through monogamy and domesticity. Hudak and Giammattei (2014) argue that all of the key milestones of adulthood – dating, marriage and parenting – are inextricably linked to heterosexuality, with key markers of adulthood revolving around traditionally heterosexual behaviours and gender roles. Same-sex couples may also adopt a familiar, 'gendered' template to appear more normative (Goldberg, 2013). Berkowitz (2009) argues that gay and lesbian parents use language to align themselves

with this heteronormative culture. Gabb (2004) finds that lesbian mothers may downplay their sexuality in comparison to childless 'real' lesbians, describing themselves as 'parents who happen to be lesbian' (Gabb, 2004: 178). Many academics might argue that this language, alongside an engagement with heteronormative institutions, is used by parents from this study, with parents describing their lives as "quite straight", "the same" as straight parents and "very normal", in an effort to assimilate themselves into heteronormativity

However, Goldberg (2013) warns us against reading these behaviours as LGBTQ+ parents as "mirroring heterosexual norms" (Goldberg, 2013: 93) as the process is more complex. She argues that LGBTQ+ parents are often torn between normativity or 'queering parenting', feeling pressure to perform heteronormatively to fit in (Goldberg, 2013) whilst at the same time facing pressure to achieve egalitarianism within their relationships (Gabb, 2004). Additionally, Goldberg argues that it is "overly simplistic" (Goldberg, 2013: 93) to claim that same-sex couples are free from heteronormative expectations. She argues that LGBTQ+ parents are aware of gender roles and thus actively navigate these traditional gender roles within paid and unpaid work (Gabb, 2004; Goldberg, 2013; Downing and Goldberg, 2011). This is mirrored by Debbie and Laura, who discuss the concentrated efforts they have gone through to achieve egalitarianism in their relationship. To assume that same-sex couples automatically adopt egalitarian roles is to remove their agency.

What is interesting is that the same parents in this study who have shown agency and active participation in creating egalitarian relationships and engagement with the LGBTQ+ community also distance themselves from their queer identity when talking

about parenting as a same-sex couple. Several of the parents do use language which compares and aligns themselves with heterosexual parents, whilst at the same time highlighting how they actively navigate gendered norms and scripts through conscious decisions and open communication. Conversely, other parents in the study such as Diane want to be seen as *just* parents, removed from their sexuality or gender. Whilst other literature has focused on LGBTQ+ parents who embrace their queer identity (Vaccaro, 2010; Padavic and Butterfield, 2011), it is very interesting to see LGBTQ+ parents who are reluctant to view themselves as queer parents. Just as some LGBTQ+ people do not want to be pigeonholed by expectations and pressures of how a queer person should be (Lamont, 2017; Burchiellaro, 2021), who they should befriend (Morris, 2018), and how they should present (Reddy-Best and Pedersen, 2015; Valentine and Skelton, 2003), these parents are similarly reluctant to box their parenting into one thing or another. Berkowitz (2009) may argue that the parents in this study use language to describe themselves as ‘just like straight parents’ as a means of assimilating into heteronormativity. However, this is not the only possible interpretation of this. As highlighted in Section 6.4.1, parental identity becomes much more salient and important to LGBTQ+ parents compared to their sexuality once they have become parents, impacting their identity and social groups. In using normative language, they are rejecting the label of being different, instead saying that they are no different to other parents and trying to position themselves as simply *parents*. As Goldberg (2013) argues that it is too simplistic to claim that heterosexual couples are free from heteronormative expectations, perhaps these parents are challenging conventional heteronormativity, representing a move towards a general parental ‘normativity’. Just as the traditional

norms and expectations of parenting do not resonate with many heterosexual parents anymore (Preisner et al., 2020), it is no surprise that queer parents do not want to be measured against outdated models and expectations either. As demonstrated by the couples in this study, parents may embrace and align themselves with traditional notions of heteronormativity, they may actively challenge these heterosexual norms, or they may outrightly reject notions and labels of heterosexual versus queer parenting in favour of simply *parenting*. By exploring these concepts through a Queer Theory lens, we can begin to understand the nuanced ways in which LGBTQ+ parents engage with or reject notions of 'queer' parenting, and the experiences and interviews with these LGBTQ+ parents highlight just how complex their relationship with heteronormativity is. Whilst Queer Theory allows us to challenge heteronormative practices and assumptions (Sullivan, 2003), we take this even further by beginning to challenge assumptions around non-heteronormative parenting as well. In doing so, the findings of this research demonstrate how an engagement with heteronormativity influences how parents engage with Stage 9 of the model of family formation decision-making process for LGBTQ+ parents (Figure 10), influencing how parents negotiate parenthood within the larger heterocentric context.

We should acknowledge that when talking about parenting as heteronormative, there is an implicit assumption that there is a 'correct' way to parent. Heteronormativity is often associated with a specific brand of heterosexual (Elia, 2003) which involves nuclear family values organised around a white, middle-class, monogamous, married, heterosexual, co-habiting, two-parent family model. This nuclear family has become the norm and therefore informed heteronormativity, with the heterosexual nuclear family

situated as “the prevailing and morally superior version of the family” (Crabb and Augoustinos, 2008: 304). Considering the Queer Theory approach that this research adopts, single parents, non-monogamous parents, co-parenting arrangements and LGBTQ+ parents are a few parenting and family units which defy and challenge this heteronormative nuclear family ideal.

Tim discusses his anxieties about dating when he is older, explaining his fears of being a single father:

*Tim: But by the time I'm 36, or 38, or whatever, people in my age bracket have already done the settling down. Do you know what I mean? [...] I feel personally like I'm gonna be perpetually single because I don't have the time to focus on relationships and dating and everything else. But equally, I don't want to be single forever. I would like to get married before I lose my hair, do you know what I mean? I would like to get married. I would like to get married before my grandma dies. You know, there are things like this that to me just feel that they're almost impossibilities because of having children.*

Chapters 2 and 4 highlighted that the majority of literature on fatherhood does not differentiate this from ‘couplehood’, intertwining the two constructs whereby single parents are left out (Maya and Adital, 2021). Gay single fathers, therefore, disrupt the notion of fatherhood as heteronormative even further (Maya and Adital, 2021), demonstrating the unstableness of heterosexuality that Queer Theory research is often conducive to. Their study on the experiences of single gay fathers via surrogacy revealed that often these fathers feel ‘othered’, stigmatised and lonely as a result of them not fitting into the norm of parenthood and ‘couplehood’, leaving single gay fathers feeling vulnerable and deficient.

Both heterosexual and LGBTQ+ single parents have been found to face both social and self-stigma because of their single status (Kim et al., 2023; Wilson and McGuire, 2021; Carroll, 2018; Byrne and Carr, 2005; Bozett, 1987). However, there are some differences in how heterosexual and LGBTQ+ single parents experience this stigma. Bozett (1987) finds that gay fathers who have children from previous heterosexual relationships often experience shame and guilt following the break-up of their relationships, struggling to find a place and acceptance within gay subcultures due to their status as parents. Carroll (2018) found that single gay fathers are more likely to be faced with heterosexist and heteronormative assumptions when alone in public with their children, leading to a constant ‘coming-out process’ that they found tiring. She finds that single gay fathers with children from previous heterosexual relationships face different challenges compared to single gay fathers via adoption or surrogacy, leading to segregation within gay parenting groups and communities. Notably, gay fathers with children from previous heterosexual relationships sometimes reported exploring their sexuality following the breakdown of their marriages, but this was often coupled with feelings of guilt and shame. Gay fathers with children from heterosexual unions were also reported to struggle more financially despite a public perception that gay parents are financially well-off (Carroll, 2018). These findings are reflected in Tim’s experiences, feeling that being a single parent negatively impacts his ability to date and being a gay parent negatively impacts his ability to socialise and be open about his sexuality with other parents at his son’s Catholic school.

In considering how parents’ approaches towards heteronormativity influence their family formation and work-home decisions, we can see that parents adopt

nanced and complex approaches towards heteronormativity, with parents embracing, challenging and engaging with heteronormativity throughout their parenting and relationships. As such, I put forward ‘approach towards heteronormativity’ as an additional personal factor alongside internalised homophobia and outness as a factor that influenced the family formation and work-home decisions that parents make. In doing so, I extend Gato et al.’s (2017) paper by also considering how single parents and parents beyond gay fathers and lesbian mothers are influenced by their approach towards heteronormativity. In particular, this factor influences how parents engage with Stage 9 of the model of family formation decision-making process for LGBTQ+ parents, impacting how they negotiate parenthood within the larger heterocentric context.

#### **6.4. Relational Factors**

##### **6.4.1. LGBTQ+ Community**

Gato et al. (2017) set out support from social networks and the LGBTQ+ community as a key relational factor that influences the decisions of LGBTQ+ parents. Exploring how parents engaged with the LGBTQ+ community in their spare time, parents were divided in whether or not they still engaged with the community after becoming parents. Discussing how they do not engage with the LGBTQ+ community much since having children, Laura reflects:

*Laura: I think about this a lot more in my head, whether we should make more of an effort or not. And then when we do, it’s more for the kids because I don’t feel like we need that for us. It’s more for the kids and actually, the kids, [their daughter] doesn’t see our family as really any different to anyone else’s family. But then in my mind when I think about all the Black Lives Matter stuff I wonder if we should make more of an effort, so she does see us differently.*

Her wife, Debbie, explains that time constraints as a parent prevent her from engaging with the community:

*Debbie: Now there's just no time. By the time I go to work, I come back, I do all the things that, take them all the places they need to go for all their various activities, there's just no time. There's just about enough time to go to bed and sleep and start again.*

Explaining how they have not engaged much with the LGBTQ+ community, Thea explains that she and her wife, Olivia, tried to socialise with another lesbian couple who had children at the same school as their children. They explained that they had “very little in common” with them other than all being same-sex parents. Thea explains that friendships need to be based on more than “the fact that we have sexuality in common”. Olivia discusses how she would like her children to be friends with people who come from a similar family to theirs:

*Olivia: If they could have friends who have similar families to ours, that will be nice for them, because to be able to talk to somebody else who kind of understands the types of questions you get from your friends and that sort of thing. My sister has Down's Syndrome and growing up we used to catch up with other families where one of the children had Down's Syndrome. And I remember talking to other siblings and getting a lot out of that [...] and knowing that other people are in that same position is quite comforting, and makes you feel less weird, I think. So I think it'd be good for the kids if they could have some of that.*

However, she discusses how she simply does not have time to engage in any LGBTQ+ events and that she would be much more interested in events organised by a parent's network because they are all “dealing with similar issues”. Her wife, Thea, describes herself as “time poor” and lacking the head space and time to put into any engagement with other LGBTQ+ parents or the LGBTQ+ community.

Vivian and Eleanor sought out LGBTQ+ communities after leaving their ex-husbands to pursue a relationship with each other. Despite being too young, they joined a network for older lesbian women and met other lesbian women with children, going on holiday with one of the couples and all their children. They explain how the community was beneficial for their children:

*Vivian: We got to know them, and we did family stuff with them, and that was quite nice, wasn't it? And that was good for our kids to see another family that's got two women as parents.*

*Eleanor: And we got to meet other friends as well.*

*Vivian: Through there, yes.*

*Eleanor: Some with children and some not.*

*Vivian: Yes, that was quite nice, and I think that was quite nice for our kids to see other families a bit more like us.*

After having children, many parents must go through a renegotiation and realignment of relationships with extended family members (Carter and McGoldrick, 2005). Both heterosexual and LGBTQ+ parents may go through restructurings or reprioritisation of different identities, with the transition to parenting creating new identities (Messina and D'Amore, 2018; Saxbe et al., 2018). Heterosexual mothers have been found to struggle with integrating into their new identity as a mother, feeling confused and questioning their identity, values and priorities (Williamson et al., 2023). However, LGBTQ+ parents face additional challenges as they have multiple-minority identity status as both gay parents within heterosexual parenting communities and parents within the LGBTQ+ community (Cao et al., 2016). Chapter 2 highlighted the importance that social support can have on LGBTQ+ parental decision making (Gato et al., 2017; Riskind et al., 2013). Goldberg (2006) suggests that lesbian mothers'

parenthood may alienate them from their LGBTQ+ community and friends if they do not also have children. Cao et al. (2016) discuss some of the pressures LGBTQ+ parents face when juggling their parental and LGBTQ+ identities within the LGBTQ+ community, arguing that the prevailing heteronormative model of families alongside the belief that LGBTQ+ subculture is non-procreative leads to tensions for LGBTQ+ people during the transition to parenthood. In a study examining the transition to parenthood for gay fathers via surrogacy, Bergman et al. (2010) found that most fathers in their study experience changes in their social life and friendships following becoming fathers. Before having children, the fathers primarily socialised with gay and straight people with no children. After becoming parents, gay fathers were found to socialise more with heterosexual parents, finding that they have 'more in common with them' (Bergman et al., 2010: 128). Many of the parents in the study lost friendships with single gay friends due to a lack of leisure time in which to socialise, as well as having different values and ability to engage in activities regarding children (Bergman et al., 2010). Similarly, a longitudinal study examining lesbian mothers' transition to parenting after using sperm donation found that a quarter of mothers in their study lost friendships after becoming parents, typically with other lesbian women who were not mothers (Gartrell et al., 1999). Lesbian mothers in the study also reported having less time to socialise and seeing friends less frequently than before parenthood (Gartrell et al., 1999).

These findings are in keeping with the testimonials from parents within this study. Many parents report that they do not engage much with the LGBTQ+ community as much as they did when single due to a lack of time and not having much in common other than their sexuality. Goldberg et al. (2018b) suggest that LGBTQ+ parents'

parental identity becomes more salient and more central to their identity compared to their sexuality after having children. The findings of this study are consistent with Goldberg et al.'s (2018), who find that LGBTQ+ parents may not see friendship with other LGBTQ+ parents as a priority and would rather prioritise friendships with those they had a 'natural' connection with rather than a friendship based on a shared sexuality. Additionally, LGBTQ+ parents may not feel they 'fit in' to queer spaces anymore since these are often childless (Cao et al., 2016) and instead feel they have more in common with heterosexual parents as their parenting identity now takes precedence. In engaging with the LGBTQ+ community, we can see how this relational factor influences the way in which parents engage with Stage 9 of the family formation decision-making model (Figure 10) which sees parents make decisions around negotiating parenthood within the larger heterocentric context.

## **6.5. Contextual Factors**

### **6.5.1. Workplace conditions**

Gato et al. (2017) argue that workplace conditions are a key contextual factor that influence the decisions of LGBTQ+ parents. The following sections explore how workplace conditions such as LGBTQ+ identity at work, managerial support, organisational culture, and policy language impacted decisions of LGBTQ+ parents in this study, largely impacting their work-home decisions.

#### **6.5.1.1. LGBTQ+ identity at work**

Whilst the previous section explored support from the LGBTQ+ community outside of work, parents in this study were also influenced by LGBTQ+ networks and

their own LGBTQ+ identity in the workplace. Parents discussed more explicitly how they engaged with their LGBTQ+ identity and LGBTQ+ communities at work.

Whilst Molly talked about how she should be “more in tune” with her LGBTQ+ identity and that her identity does not hinge on her being a lesbian, she is currently chair of the LGBTQ+ network at her organisation. Her organisation is at the forefront of best practice for LGBTQ+ employees, previously topping the Stonewall list of most inclusive employers. She expresses some of the difficulties organising LGBTQ+ events through work networks:

*Molly: It always ends up being “Let’s go out for a drink”. And not everyone wants to drink and then it tends to be a lot of white middle-aged men. So again, even like you can be kind of exclusive even with like even within a group of people. So like a young, gay female may not want to go out with a load of 50-year-old gay male men. So you have to be a bit careful about how you arrange these things.*

LGBTQ+ employees and inclusive practices are very visible at her organisation. She explains how they have just had new pride lanyards delivered and are planning to march in Pride.

Nathan and Richard discuss how they have both helped to form LGBTQ+ networks at previous organisations they have worked for. Richard is still very involved with larger LGBTQ+ organisational networks and explains how he has always been very involved and “encouraged others” to get involved.

Karl and Steve discuss how they still maintain some involvement with the LGBTQ+ community. Both are involved in their organisations’ LGBTQ+ networks and Karl planned to march in Pride that year after a period of not attending. Steve explains that

although he is a member of his organisation's Pride network, he is not a "particularly active member" and although he would like to be more involved, he does not "have time" to be. Steve discusses how his small public sector organisation is very inclusive and LGBTQ+ friendly:

*Steve: It's quite normalised in work actually to just, for it to just be, to not be a thing. It's not even an issue worth mentioning. The organisation has been in the Stonewall top 100 for the last decade.*

Participants also spoke about how their organisations support and treat LGBTQ+ employees. Donna talked about being an inclusion and diversity ambassador at her place of work, involved in organising in-store LGBTQ+ events as well as part of internal meetings of LGBTQ+ people across the company worldwide. She went on to speak about the Orlando nightclub shooting which took place in Pulse, a gay nightclub in Orlando, Florida in 2016. 49 people were killed in the mass shooting, leaving a further 53 injured. She discussed how her previous organisation provided counselling for all employees if they needed it:

*Donna: It's a really wonderful place to work at in that sense, and then every few months, a counsellor comes in, and it's open to everybody. You don't need to be queer. So, yes, it's a sign-up sheet, and you can go in and chat to them, and it's like a therapist.*

Her wife, Christina, works in the theatre industry and describes her experiences with heteronormativity:

*Christina: TV's definitely different, it's much, much more heteronormative, but yes, there's an awful lot of queerness in theatre.*

She explains that although the theatre is a more "queer" space, this has not translated into more accessible policies:

*Christina: I think we get away with it a bit more and think: “oh, there are loads of us here that’s queer. Surely, it’s fine?” but in terms of policy, I’m not sure how much of that is actually down on paper.*

Chloe spoke about her previous organisation’s approach towards LGBTQ+ issues and Pride events, with some dissonance between how some staff members wanted to support LGBTQ+ employees and issues:

*Chloe: One year we did we got like a budget and one of the women spent an absolute fortune on balloons to go in the office. And she was really hell-bent on getting balloons in the office and putting them up, filming them being put up, and then they can be part of this film and, and when stuff like that happened, it kind of became really obvious that it actually wasn't for the reasons it was more to do with like “oh, we can put this on LinkedIn like we can make it, like spin it a certain way”. [...] I think some people saw it as people's lives and other people saw it as something to sort of shout and scream about.*

When Vivian and Eleanor came out to their husbands, friends, family and children, they also had to come out to colleagues, as Vivian was Eleanor’s manager. They discussed being worried that they were going to lose their jobs. In the end, Eleanor chose to leave her job to work in education while Vivian remained in her post. Eleanor discusses some of the fears she had around being LGBTQ+ working in a school:

*Eleanor: I did worry about that because I thought if they found out then they’re going to think I’m some weirdo because I had to do all the first aid at school, and the kids would come in and I would administer the first aid. And I thought they were probably going to think of anyone whose kids had been near me. And I did speak to the head teacher about that, and she said don’t worry about that, it’s not an issue and if it was an issue then we’d call the parents in, but nothing ever happened.*

For Vivian, she has been very open about her sexuality at work since her coming out. She discussed being authentic at work:

*Vivian: Career-wise, I thought it would finish my career, potentially, but it didn't. In fact, I think it strengthened my career and now I think if you can authentically be yourself and be able to role model for other people, that you can actually have an affair with your PA and marry her and still go on to be a [Senior Leader]. I think, in a way, that's been a really positive thing, for me. It's made me stronger and I think I've probably got some of the jobs I've got because I've been stronger and more me than otherwise I would've been.*

She is now a public LGBTQ+ figure who is invited to give talks on her journey and experience coming out and being openly LGBTQ+ at work all across the country. Eleanor adds to this discussion, remarking that Vivian now helps “other people who are frightened in similar situations” and gives them the “courage” to come out.

For LGBTQ+ employees, disclosure at work involves being open about their sexual and/or gender identity to colleagues and managers within the work environment (Fletcher and Everly, 2021). This disclosure, often referred to as “coming out”, can be experienced on a continuum which ranges from explicit disclosure to non-disclosure (Ragins et al., 2007). Fearing the anticipated risks of disclosure is a key underlying factor that individuals consider when deciding whether to “come out” at work or not (Ragins et al., 2007; Clair et al., 2005), fearing a range of negative consequences from job loss to harassment to social isolation (Griffin, 1992). Disclosing one’s sexual/gender identity at work allows for the authentic expression of self (Ryan and Ryan, 2019) but this varies for different individuals. For those whose LGBTQ+ identity is central to their sense of self, they may experience stronger authenticity when disclosing their sexual/gender identity (Fletcher and Everly, 2021). Conversely, for those individuals whose LGBTQ+ identity is

not as central to their identity, feelings of authenticity might not be as greatly impacting when disclosing their sexual/gender identity (Fletcher and Everly, 2021). Authenticity at work was incredibly important to Vivian, who notes that being authentic has strengthened her career, making her more 'her' than she previously was. However, for some people whose LGBTQ+ identity is not central to their identity, such as Molly, these LGBTQ+ inclusive practices and the ability to be authentic and openly out at work are not as important.

Henehan et al. (2007) suggest that lesbian women and gay men may become more open about their sexuality after having children. Bergman et al. (2010) found that lesbian mothers became progressively more open about their sexuality at work, engaging in political and educational initiatives in a bid to decrease homophobia and increase awareness and acceptance of different forms of parenting. The importance of being authentic and able to be their 'true selves' at work was reflected in the interviews with parents from this study. We can see here how authenticity and being 'out' at work influences the ability for parents to access parenting policy and therefore make work-home decisions since often parents must be out in order to access parenting policies. Working for inclusive and LGBT-friendly organisations was emphasised by parents, often discussing the different ways organisations had supported LGBTQ+ staff.

Whilst many participants discussed how a lack of time or things in common with other LGBTQ+ parents prevented them from engaging with LGBTQ+ communities outside of work, several participants were heavily involved members of their organisation's LGBTQ+ network. These differences once again demonstrate the nuances within LGBTQ+ communities and individuals who have complex and often

contradictory beliefs and actions around engagement with the LGBTQ+ community and their LGBTQ+ identity.

#### **6.5.1.2. Managerial Support**

Several parents discussed how their managers treated them when trying to access parental leave or other family-friendly policies. There was a common consensus that how a policy was interpreted and how someone was treated depended entirely on the manager. Debbie explained how the amount of time she took off and how flexible her hours were “was down to managers’ discretion” and their “interpretation of the policies”. Molly echoed this thought, explaining that in her organisation the amount of discretion you allow your staff to have over their own hours and flexi-time “depends on the type of manager you are or the type of manager you have”. Thea had different line managers in both her pregnancies which resulted in completely different experiences:

*Thea: I was having a difficult time with my line manager, so I didn't want to let work know anything about the pregnancy until we were past the 12-week scan which isn't unusual. But when you have IVF, I think we mentioned before, it's a bit more complicated. You've got lots of appointments... I think it's helpful to have some support and to want to know ideally what's going on. So, on the first pregnancy I kept it a little under my hat and the second pregnancy I was in a completely different situation with the support of my manager. So, I let them know everything that was going on and they gave me IVF leave so I had five paid days of IVF leave which was really helpful.*

Karl took it upon himself to explain the SPL policy he would be using to his manager when he adopted his children as he found this a better solution than “them trying to read it and interpret it”. Nathan found that his line manager was “really empathetic” as she was a single mother who was already using the organisation’s

flexible working policy herself. He explained that because of this, she fully understood the benefits of the policy and was happy to make it available to him.

Chapter 2 discussed workplace support as a key factor that can impact LGBTQ+ parental decision-making, with higher support linked to lower levels of depression and anxiety throughout the adoption process (Goldberg and Smith, 2011). The support of a manager can also be integral to how parents experience work and family-friendly policies. Yu (2019) finds that favourable actions from a manager can increase employee job satisfaction and reduce turnover. Yu also finds that by providing family-friendly policies, managers show they care about employees' work-family conflict which then results in perceived managerial support (Yu, 2019). Examining the effects of family-friendly practices on job attitudes, Kim et al. (2013) find that managerial support plays an integral role in the job attitudes and job satisfaction of female employees. Family-supportive supervisors have been found to be positively related to the use of flexible hours and take-up of family leave (Breugh and Frye, 2008) and to have a mitigating role in work-family conflict (Allen, 2001). Less supportive supervisors can lead to less time spent with family and more strain on work-family conflict (Mansour and Tremblay, 2018). The experiences of the participants in this study suggest that managers whose families do not fit into the 'ideal' or 'traditional' heteronormative structure are more understanding. Molly, Thea, Nathan and Karl's interviews reflect the impact having a supportive and unsupportive manager can have on employees' role participation decisions and their use of parenting policies, leading to both highly negative and highly positive experiences.

### 6.5.1.3. Organisational Culture

A few participants spoke about the culture of their organisations and how this had impacted their work-home decision-making. Karl spoke about how the culture in his previous NHS organisation changed from department to department, and the level of support provided for family-friendly policies depending on the sector you were in:

*Karl: There were different cultures, and each have different sets of services. So if you worked in stores then I have no doubt we wouldn't have had any support, other than the statutory stuff, our legal, well the legal teams as well, there was lots of people being, signed off stressed, because of, you know, people pushing work onto them. So the cultural, you know, the external culture of the organisation is very friendly, the culture of the finance department I was in was friendly because of the director, but then you had pockets of sort of differences.*

He expressed that the current NHS organisation he works for is set up in such a way that “flexibility will be there no matter what” and that being flexible is innate within the organisation’s culture. He explains how they have employed people who fit or have adapted to the culture of the organisation. His husband, Steve, works for another public sector organisation which has won awards for its inclusive culture:

*Steve: [The organisation] is really family-friendly, [...] we've got like family-friendly policies, one of the things they kind of really champion so inclusivity, diversity, inclusion, they're big kind of culturally.*

Tim discussed his surprise when his workplace accommodated his flexible working needs “at every stage of the process”, having previously worked in a call centre where the culture was completely different, with a focus more on presenteeism. Similarly to Karl’s organisation, he expresses doubt that this flexible and inclusive culture runs throughout each sector of the organisation:

*Tim: I don't know that I could say that that culture of, you know “family first” and “you've got to have a work-life balance”, you've got to have this that and the other, HR obviously promote that message, but I don't know if that culture exists outside of [his department].*

Research has found that while the provision of policies which improve work-life balance is important, the culture of an organisation needs to facilitate their use and how the policies are translated into practice (Weale et al., 2020). Positive attitudes towards work-life balance and support should be embedded into an organisation's culture to close the gap between work-life balance policies and practice (Brough and O'Driscoll, 2010; Wook, 2009). Men's take-up of parental leave is significantly affected by organisational culture in Sweden (Haas et al., 2002) where company support, organisational values and working norms were found to be associated with fathers taking paternity leave. In a study examining the factors that impact men's and women's parental leave use, Barcus et al. (2019) suggest that workplace culture is significant in encouraging longer paternity leave. Throughout the literature, organisational culture is an important factor which can enable or constrain parents' use of family-friendly policies such as flexible working arrangements (Smith et al., 2019; Oyewobi et al., 2019). Turning to LGBTQ+ parents, Languilaire and Carey (2017) argue that organisational culture is central to LGBTQ+ people's work-life management, highlighting the importance of LGBT-friendly climates in organisations. Organisational culture, therefore, was a key factor in whether or not parents engaged with work-life balance policies and therefore directly influenced the work-home decisions of parents in this study. In this study, Karl, Steve and Tim all emphasised the importance of organisational culture and how integral it was to work-life balance policies, noting that some

departments lacked an inclusive culture and therefore the policies were more difficult to use. As such, we can see the influence that organisational culture had on the role participation decisions parents made around work-life balance and how they engaged with different organisational policies.

During her PhD, Louise had varying support from the university. She explains that whilst her PhD supervisor was understanding of her situation as a parent, the university as a bureaucratic institution was not supportive.

*Louise: My supervisor was really understanding and suggested various avenues to be able to support me. [...] But there wasn't really any caring, there wasn't really any support for me as a parent with caring responsibilities. And when I did reach out to the university for support [...] they rejected my application for any kind of after school clubs or any well the summer clubs or anything. So I had to fork that out from my own pocket and as a student you don't really have that much money.*

She explains that a lack of knowledge and understanding from staff led to her feeling unsupported:

*Louise: The research councils didn't know what the process everything was and then I'm also trying to parent whilst also micromanaging these things that shouldn't really have been my responsibility. [...] But yeah, I think the university could have done a lot more and it wasn't just that they didn't have the support in place, it was that when I was trying to explain things to people, most of the time, they just looked at me confused, or as if I was making it up, or "well you knew what you were getting into". And that was the most difficult bit.*

Research by the National Union of Students (NUS, 2009) found that student parents are an at-risk group, with survey responses suggesting that 60% of student parents have thought about leaving their course, rising to 65% for single parents. These

students are “at the mercy of beneficent tutors” (NUS, 2009: 3), often relying on individual staff for support rather than on the wider institution. Trotter (2023) argues that since no data is collected by UK universities on whether students are parents, academic departments may be unaware of individuals’ circumstances and thus students rely on the support of individual academic or pastoral staff rather than support at an institutional or national level. Lindsay and Gillum (2018) recommend that universities obtain information on the number of student parents at the institution so that they can engage properly with this population. Higher education institutions may develop policies for student parents such as allowing them to view class schedules early, considering the unique time commitments and responsibilities that these parents have, and providing financial aid and housing support (Lindsay and Gillum, 2018). Andrewartha et al. (2023) suggest that since student parents are ‘time poor’, special considerations for childcare emergencies should also be made, with extensions easily and quickly granted. Low-cost campus accommodation and reserved parking bays may also be potential avenues of support (Andrewartha et al., 2023). For Louise, we can see how a lack of support and poor organisational culture negatively influenced her engagement with Stage 9 of the model of family formation decision-making process for LGBTQ+ parents, which sees parents such as Louise negotiate (single) parenthood within a heterocentric context which marginalises both heterosexual and queer single parents.

#### **6.5.1.4. Policy Language**

Several parents spoke about experiences with language when trying to use organisational policy leading up to becoming parents. Olivia spoke about how

“frustrating” it was to find that all the parenting policy and parental leave forms had “father” on them which she had to change. Karl and Steve also expressed their frustrations with their public sector organisations for the heteronormative gendered language on forms. Karl explains an issue he came across when filling out forms for adoption leave:

*Karl: There was a form that you had to fill in, that talked about sort of criteria to be able to take time off and in there were four or five boxes. And one of the boxes said something along the lines of “I am the biological mother” or “I will be the adoptive mother of this child”. That was a box you had to tick. Obviously, I’m not the biological or adoptive mother of those children. I couldn’t actually tick it and therefore I raised that with workforce colleagues.*

He refused to fill in the form and asked the HR department to change the language on the form, feeling that they were “passively” discriminating against him. They changed the language two years later. Karl’s husband, Steve, had a similar experience with his organisation’s SPL Policy:

*Steve: The shared parental leave policy was again, very sort of, “you’re either the father or the mother”. There wasn’t the option. I basically rewrote the form and sent it back to them with just gender neutral, you know, “parent one, parent two”, because I didn’t want to fill out a form incorrectly. Because it would have been incorrect saying that “Yes. My wife was going to be taking...” Well, no. Contrastingly, Christina and Donna spoke about the inclusive language in*

policies at Donna’s organisation:

*Donna: They don’t call it parental leave anymore. They call it non-birth parent leave. How cool is that? Yes, so it included obviously the dads or the moms that didn’t give birth. Non-birth parent leave. I love that.*

Research on gender-neutral and non-heteronormative language has become more prevalent in recent years (Braun et al., 2005; Motschenbacher, 2014; Sczesny et al., 2016; Lindqvist et al., 2019). Neutralisation is recommended as the most effective strategy in achieving non-heteronormative language in policies, but it should be noted that this is generally only possible in languages with a 'natural gender' such as English (Motschenbacher, 2014). Several of the participants worked for Welsh organisations where policies were provided in both English and Welsh and it is important to note here that Welsh is a language with a grammatical gender and thus achieving gender-neutral language and reducing heteronormativity in policy language may be challenging. The Welsh Government, in fact, do not recommend the use of neutralisation when drafting policies in Welsh (Welsh Government, 2019), in stark contrast to their guidance for achieving gender-neutral policies in English.

Using paired forms of pronouns such as 'he/she' is also offered as a strategy to overcome androcentrism within policy language (Lindqvist et al., 2019). However, some critics deem this to be awkward and distracting (Madson and Hessling, 1999; American Psychological Association, 2009), whilst others criticise them for being androcentric by placing the male pronoun first (Willis and Jozkowski, 2018). This paired form may also be criticised for its reinforcement of a gender binary (Ansara and Hegarty, 2013; Hyde et al., 2019) and instead gender-neutral pronouns such as 'they' may be introduced to refer to non-binary individuals as well as acting as a generic pronoun (SAOL, 2014). Whilst this may be possible in English as the pronoun 'they' is readily available, those using Welsh policies will still be met with language that highlights this dichotomous ideology of gender as there is no third pronoun. Policy language should be careful not to

use language that reinforces this heteronormative ideology that heterosexuality is a given and that “there are two separate and opposing genders with associated natural roles that match their assigned sex” (van der Toorn et al., 2020: 160).

Wong et al. (2020) argue that organisations can increase gender equality for both heterosexual and LGBTQ+ couples by removing gendered and heteronormative language that assumes women to be primary caregivers. Parental identity can be constrained by gendered language which assumes every family is made up of one mother and one father (Padavic and Butterfield, 2011). Gendered language does not only exclude LGBTQ+ parents from using certain policies; it also renders these relationships invisible and can have a powerful impact on identity construction when parents are left out of the conversation (Padavic and Butterfield, 2011). As such, policy language acts as an influence on how parents engage with certain policies and also influences how LGBTQ+ individuals feel about their organisation. Gendered policy language or language that is too complicated or not understood can clearly influence the work-home decisions that LGBTQ+ parents make, including use of parental leave and work-life balance policies. As we can see from the parents in this study, they felt strongly when they came across gendered or heteronormative language, feeling frustrated and discriminated against when engaging with parental leave policies which this thesis has conceptualised as a (temporary) role exit decision.

### **6.5.2. Political and legal barriers**

As highlighted in Chapter 2, contextual factors such as legal conditions can also impact decision-making for LGBTQ+ parents (Gato et al., 2017). Christina and Donna initially wanted to go through international adoption from Donna’s home country,

Colombia. However, these plans were hampered as same-sex couples are not allowed to adopt from Colombia. They discussed their deliberations over this:

*Christina: And I think you could have adopted as a gay person, as a gay woman. But you couldn't have been in a relationship, or something was the rule. It was quite bizarre. Anyway, we thought about that idea for a day, and then it didn't sound right to us, it didn't fit right.*

They eventually decided to conceive via IVF with sperm donation and have two children. Their first child was conceived via reciprocal IVF with sperm donation, with Donna donating her eggs and Christina carrying the pregnancy. Due to medical complications, their second child was born through IVF with Christina's eggs and carrying the pregnancy again. After moving to the United States, they then had to decide on adopting their children after Trump was elected president and they felt their rights as LGBTQ+ parents were under threat.

*Donna: We'd just moved there, and as a marginalised group or a group that is constantly under threat of getting some kind of prejudice, we were thinking "what's he going to do next?" I remember sitting outside now. [...] And we were like "right, what does he need to do for us to think we need to get the hell out of here to protect our kids?" [...] And I think our line was that if he would separate any kids from their gay parents anywhere in the States, just once, that would be our tipper. We'd just pack up and go [...]*

*Christina: Well, we also just had a lot of people recommend to us [...] "You're both their parents. You're married. You're on the birth certificate, but Donna wouldn't have rights. [...]"*

Chapter 4 outlined models of lesbian motherhood decision-making that include second-parent adoption as a potential choice that some lesbian mothers must make (Somers et al., 2017). Second-parent adoption within same-sex relationships allows the

non-birth mother to be legally recognised as the child's parent in countries where legal parenthood is not granted to both parents following donor conception. In the UK, the Human Fertilisation and Embryology Act 2008 legally recognises a non-birth mother as a child's parent if they are the birth mother's spouse or civil partner (UK Government, 2008). However, other countries such as the US do not afford non-birth parents these rights and they must go through second-parent adoption to be legally recognised as the child's parent. Parents view this adoption as "crucial" to both the child and parents, citing concerns if one parent were to die or if the couple were to separate (Malmquist, 2015). This is reflected in Donna and Christina's decision for Donna to adopt their youngest child whom she is not biologically related to (she was the egg donor for their first child and therefore a legal parent) since they travel for work and have moved to several different countries. As well as the legal barriers that this posed, we can also see how individual politicians and governments influence the family formation decisions of LGBTQ+ parents who may feel their rights as queer parents are at risk or under threat.

### **6.5.3. COVID-19**

I should acknowledge that all of the interviews for this thesis took place following the lockdowns of the COVID-19 pandemic. As such, many parents were still working from home and spoke about how the pandemic and subsequent lockdowns had impacted their decisions around working patterns and work-life balance. Whilst their experiences do not necessarily differ from the general population or heterosexual parents, it is important to acknowledge any impact the pandemic had on them in the context of this research project. Much of the literature focusing on parents balancing work and family during the pandemic takes a gendered focus, looking at gender roles,

gender differences and gender equality (Zamarro and Prados, 2021; Yerkes et al., 2020; Petts et al., 2021; Hipp and Bünning, 2021; Collins et al., 2021; Chung et al., 2021). This section hopes to add to the discussion and bring non-heteronormative families into the conversation around how the COVID-19 pandemic influenced parental decision-making. The influence of the COVID-19 pandemic could largely be seen on the work-home decisions of parents in this study as the majority of parents had children before the pandemic. In doing so, I am expanding the category of contextual influencing factors (Gato et al., 2017) by including influential cultural and contextual events such as the COVID-19 pandemic as factors that can influence the work-home decisions of LGBTQ+ parents.

Karl talked about his return to work at the beginning of the COVID-19 pandemic. Several colleagues had “acted up” whilst he was on leave which made the transition back easier:

*Karl: Because I had people acting up, they'd carried on doing what I was doing, which meant I didn't have a big backlog of work. From a welcome perspective: it was brilliant. You know, it was lovely, and all that kind of stuff. [...] I went back the beginning of March, the middle of March we had lockdown. With lockdown that was interesting, because everyone was told to work from home. But we needed one or two people in the office to sort of man phones and do post and that kind of thing. I came home for a day or two I think it was and it just it was awful because the boys didn't understand why I was upstairs and they were getting upset. It was difficult. So I went back to the office then and I was the one who volunteered for three months. I was in the office three months. [...] So yeah, it was really positive, really good. I managed to get back into it because it was you know, everything was carried on rather than nothing happening when I was gone.*

Karl explains that he needed those three months working in the office to get used to having the children at home. His husband's experience was quite different, returning to work in the middle of a lockdown:

*Steve: Mine was a little less smooth, simply because I'd been off... So I went back in October time but my office was closed to people. Everyone was working from home. So I had to go into the building to pick up my IT equipment because I didn't have anything. [...] I took home two monitors and my desktop computer. Didn't really see anyone. [...] then I brought my stuff home, set it up. And I started back from my desk at home and that's where I've been ever since. [...] But yes, my return to work has been different but that's only because of the pandemic. If that hadn't happened, then it would have been a much more normal sort of return environment.*

He explains some of the advantages and disadvantages of returning to work in the middle of a pandemic:

*Steve: So I didn't do any sort of phased return, I just went back in on Monday at half-seven and logged into Teams. Got to grips with Teams because I hadn't been using it and everyone else had gotten completely used to it and I was trying to figure out how to use it. [...] So I was back into a completely different working environment. But it all went really well. And I found it was really nice because I don't much like people. So it was really nice to not have to be in the office making small talk (that makes me sound horrible). But I was able to focus on tasks rather than being overwhelmed by lots of people.*

Debbie was a key worker during the pandemic and although she was meant to leave her job in April 2020, she chose to stay on through the first lockdown:

*Debbie: I remember meeting with my team in March going "oh this will all be done by Easter". How stupid I was. And then as it looked like it wasn't going to be done, I didn't feel I could leave my team in the lurch. So, I postponed leaving until the August and stayed. Probably the best working time of my life despite the*

*fact it was the most torturous, horrific time. The best leadership and management time, because I really got to lead a team of people as I wanted to. But I got in my car every day and I drove to central London [...] and I went to work. My life carried on. And I left Laura parenting at home.*

Parents who did work from home during the pandemic discussed how homeworking had made their working days more flexible. Nathan spoke about how his organisation became even more flexible during the pandemic, describing it as flexibility that became “infinitely more flexible”. Molly spoke about how she can now do the school runs, nursery runs, and finish early on Fridays since working from home. However, she did highlight the risk of burnout that homeworking posed. With no boundary between work and home, she explained how people were now working “before their kids got up and after they went to bed”. Her organisation eventually realised this and put support in place so that employees could claim special leave or compassionate leave:

*Molly: They kind of realised that they had to put support in place because obviously, you weren't allowed to see anyone you weren't allowed to go anywhere. And people were stuck in a house with all kinds of responsibilities, not just kids. So I think then they said you could claim special leave or compassionate leave so that you didn't work up a big deficit in hours, but also you didn't have to use all the annual leave.*

Several participants spoke about how they struggled to work from home while looking after their children if they were too young to be in school or if schools had been closed down. Molly discussed how the first few months of the pandemic felt like “firefighting”, with it taking a while for people to realise that the pandemic would go on for a long period of time. Olivia’s hours over the pandemic increased. With her wife,

Thea, doing the bulk of the childcare and home-schooling, they ran into some issues as their children are in a Welsh medium school, and Olivia speaks Welsh, but Thea does not.

*Olivia: I would see them in the morning for breakfast, and then I would be working, and I would run downstairs to get a cup of tea or something and have a chat with them. They're in Welsh school, so [their daughter] needed a bit of help with her Welsh, so I would spend the five minutes that I could with her before my next meeting, for example, and help out with that, but then I'd be back in meetings.*

*Really, Thea was doing the bulk of it. Thea would send me a message when dinner was ready, and if I could, I would go join them for dinner, but if I couldn't, I wouldn't. And I made a bit of a rule with myself that I would try and be offline from 6pm until the kids went to bed so that I could spend a bit of time with them. It wasn't always 6pm, but I tried, and I would try and put them to bed, and then I'd be working again. So, I didn't really see them a great deal during that time and that was really hard on Thea.*

Olivia explained that her senior position meant that she could not benefit from all the policies the organisation put in place during the pandemic as she had to be “accountable” for the rest of the team. Thea also spoke about the difficulties they faced during the lockdowns, describing home-schooling their children as “horrific” and a really hard time trying to teach them in a language that she does not speak.

Whilst the experiences of many parents in this study are reflective of both heterosexual and LGBTQ+ parents throughout the pandemic, the gendered lens that has so often been applied to pandemic experiences does not necessarily apply here as parents are not subject to gendered roles. Research has found that mothers took on the bulk of childcare during the pandemic, even when in employment (Chung et al., 2021;

Zamarro and Prados, 2021; Yerkes et al., 2020) although fathers have been found to be taking on more childcare and housework responsibilities than before the pandemic (Yerkes et al., 2020; Chung et al., 2021). Women were found to work fewer hours over the pandemic compared to men (Hipp and Bünning, 2021), perhaps a reflection of the unequal responsibility of childcare and household chores falling on women. Whilst the increase in homeworking across the pandemic may have allowed men to take on a more equal share of unpaid housework and childcare (Chung et al., 2021), this effect was found to wear off over time (Hipp and Bünning, 2021). In some cases, the COVID-19 ‘forced’ heterosexual parents to renegotiate household arrangements (Garcia, 2022; Hutchinson et al., 2023; Nagy et al., 2023). However, gender differences between the way men and women in heterosexual relationships divided work and family responsibilities were prevalent (Garcia, 2022), with the increase in working from home reinforcing gender stereotypes (Bernhardt, Recksiedler and Linberg, 2023).

Whilst across family formation and work-home decisions, parents in this study were found to make decisions in an egalitarian way, the COVID-19 pandemic shifted the way parents made decisions and ultimately the decisions they did make. Parents had to make decisions quickly, often falling into traditional parenting norms with one parent as the primary care giver and the other as the breadwinner. Some of the parents in this study experienced an unequal share of household chores and childcare across the pandemic, but many of these instances can be explained by reasons other than gendered roles. Debbie was a frontline worker during the first lockdown working as a midwife, whilst Olivia’s role as a civil servant was integral to COVID-19 policy and required her to work long hours throughout the pandemic. Whilst the parents in this

study previously spent time and energy negotiating household and work responsibilities, the COVID-19 pandemic imposed strict time boundaries, external demands and barriers towards which roles parents could carry out. Parents no longer had the opportunity or space to negotiate these roles in situations where one partner was a key worker or frontline worker in healthcare, education and government. Future research may wish to explore how time and role constraints impact how both heterosexual and LGBTQ+ parents make family formation and work-home decisions. Whilst these parents are not necessarily reinforcing the traditional stereotypes of primary caregiver and breadwinner as has been found in heterosexual parents (Bernhardt, Recksiedler and Linberg, 2023), the challenges presented by the COVID-19 pandemic and lingering heteronormative structures within organisations may have forced parents into these gendered roles. Future research may also wish to consider the impact of gender stereotypes and the way in which organisational structure validates and legitimises heteronormativity within work and parenting.

Throughout this, we can clearly see how the COVID-19 pandemic impacted the work-home decisions of these LGBTQ+ parents, particularly influencing role entry decisions such as returning to work and role participation decisions such as using work-life balance policies. More research needs to be done examining the pandemic experiences of LGBTQ+ parents who challenge heteronormative family norms and traditional gender roles. As a contextual influencing factor, the COVID-19 pandemic appeared to largely influence the work-home decisions of parents in this study, however it should be noted that most of the parents had already become parents before the start of the pandemic and so further research might want to look at the impact of global

contextual events such as the COVID-19 pandemic on family formation decision-making.

## **6.6. Summary**

This chapter has built on Chapters 4 and 5 which outlined the numerous family formation and work-home decisions that LGBTQ+ parents make. In exploring this thesis' research questions, this chapter has highlighted some of the key sociodemographic, personal, relational and contextual factors which impact the decision-making processes of LGBTQ+ parents.

Sociodemographic factors such as gender impacted the decision-making processes of many parents in the study. Parents engaged in clear communication with each other around pivotal family formation and work-home parental decisions including who will carry the pregnancy, responsibilities as both parents and step-parents, explicit choices made by lesbian mothers about reproductive decisions, how to split tasks in relationships, and gender identity. Ethnicity as an influencing factor added a new complexity to the way in which parents experienced their lesbian identities and experiences as a family, largely influencing how they negotiated parenthood within the larger heterocentric context with parents facing both racism and homophobia at the same time. Building on Gato et al.'s (2017) list of influential sociodemographic factors, the findings of this research identified financial factors as a large factor within LGBTQ+ parents' decision-making processes. Financial considerations were found to influence family formation choices such as accessing ART privately or on the NHS. As such, whilst ART for couples facing fertility issues is often available on the NHS, a lack of NHS funding for lesbian couples with no known fertility issues poses significant barriers for

many LGBTQ+ couples in accessing ART. Couples also faced financial factors once they had become parents.

In exploring the personal factor of internalised homophobia that influences the decisions of LGBTQ+ parents (Gato et al., 2017), the findings examined how parents who had children in heterosexual relationships experienced being closeted and the 'coming out' process which in turn influenced their family formation decisions. Furthermore, parents' approach towards heteronormativity was put forwards as an additional factor that parents were influenced by. Parents seem to be aware of competing expectations on them to perform as normative or live up to ideals of egalitarian queer parenting. The findings reflect the complex dynamics of LGBTQ+ parents and demonstrate the agency these parents have in how they navigate and 'do' parenting within both queer and heteronormative spaces. Parents' challenged, embraced and navigated heteronormativity, with their overall approach to heteronormativity impacting their family formation and work-home decisions.

Contextual factors such as workplace conditions also impacted LGBTQ+ parents. When accessing parental leave policies, parents faced barriers around gender-neutral and heteronormative language which influenced their ability to engage with work-home decisions involving policy. Political landscapes also impacted parents' family formation decision-making, with some parents having to adopt their children in order to be legally recognised as their guardian after moving abroad. The impact of COVID-19 on these parents' working and home lives was also discussed, with the lockdowns forcing parents to make work-home decisions around flexible working arrangements.

The models below demonstrate how these reimagined influential factors can be included in models of LGBTQ+ parental decision-making such as family formation decisions (Figure 14) and models of LGBTQ+ work-home decision-making, including ART parental leave decisions (Figure 15), adoption parental leave decisions (Figure 16), and return-to-work decisions following parental leave (Figure 17).

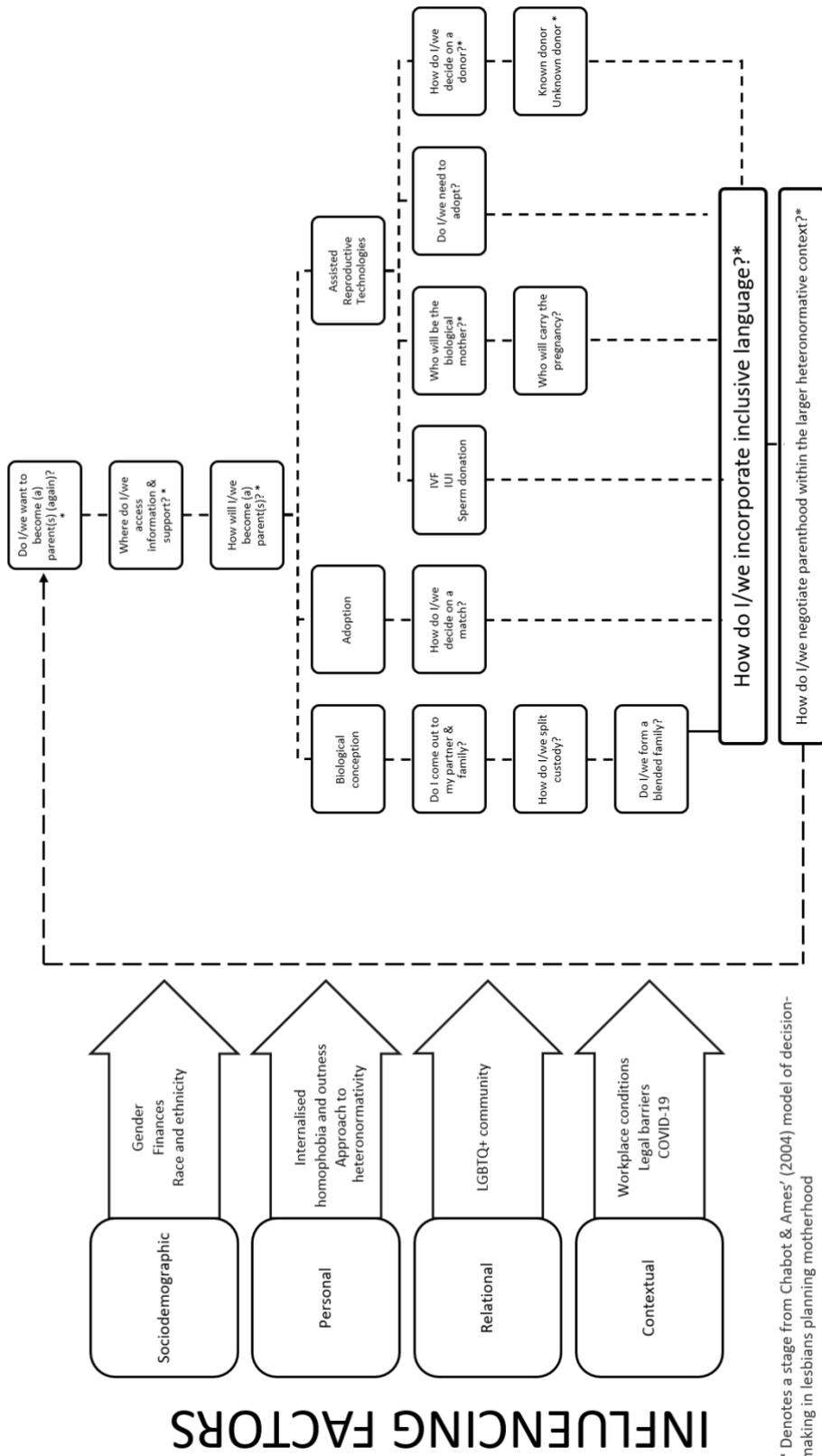


Figure 14: Family formation decision-making process for LGBTQ+ parents and the sociodemographic, personal, relational and contextual factors that influence them

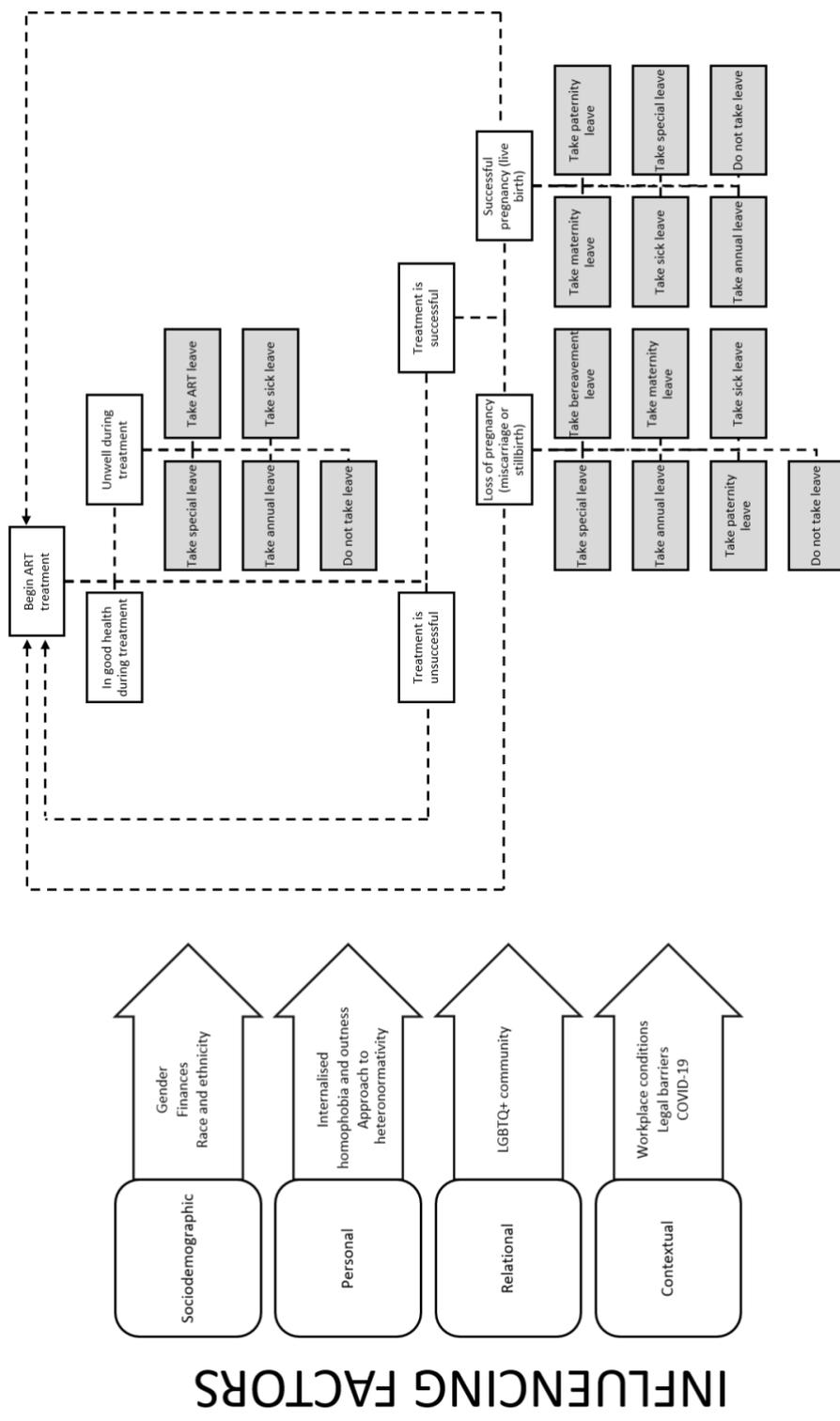


Figure 15: Example of the work-related decision-making process when pursuing assisted reproductive technologies as a method of conception and the sociodemographic, personal, relational and contextual factors that influences these decisions

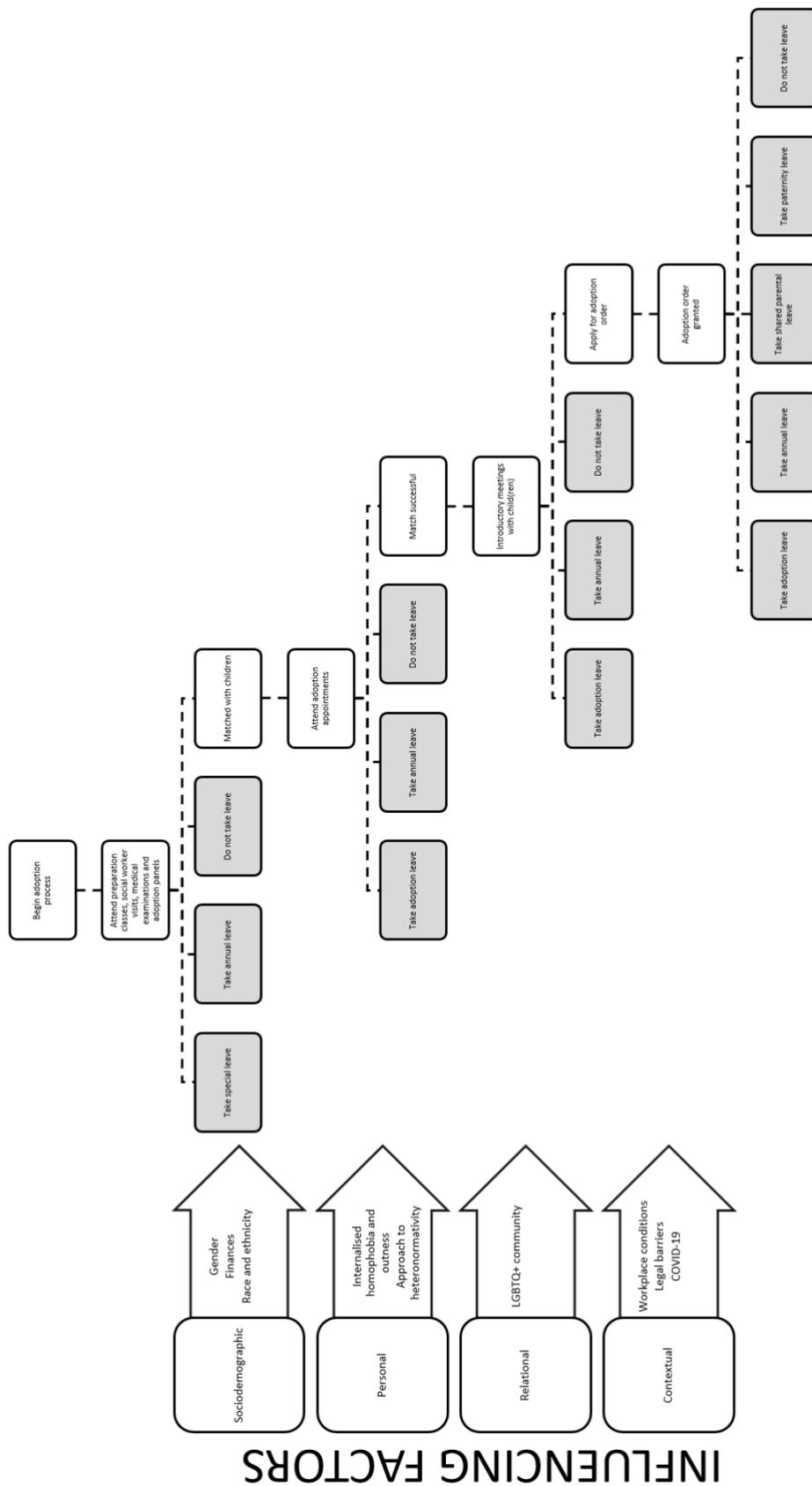


Figure 16: Example of the decision-making process when choosing to adopt and the sociodemographic, personal, relational and contextual factors that influences these decisions

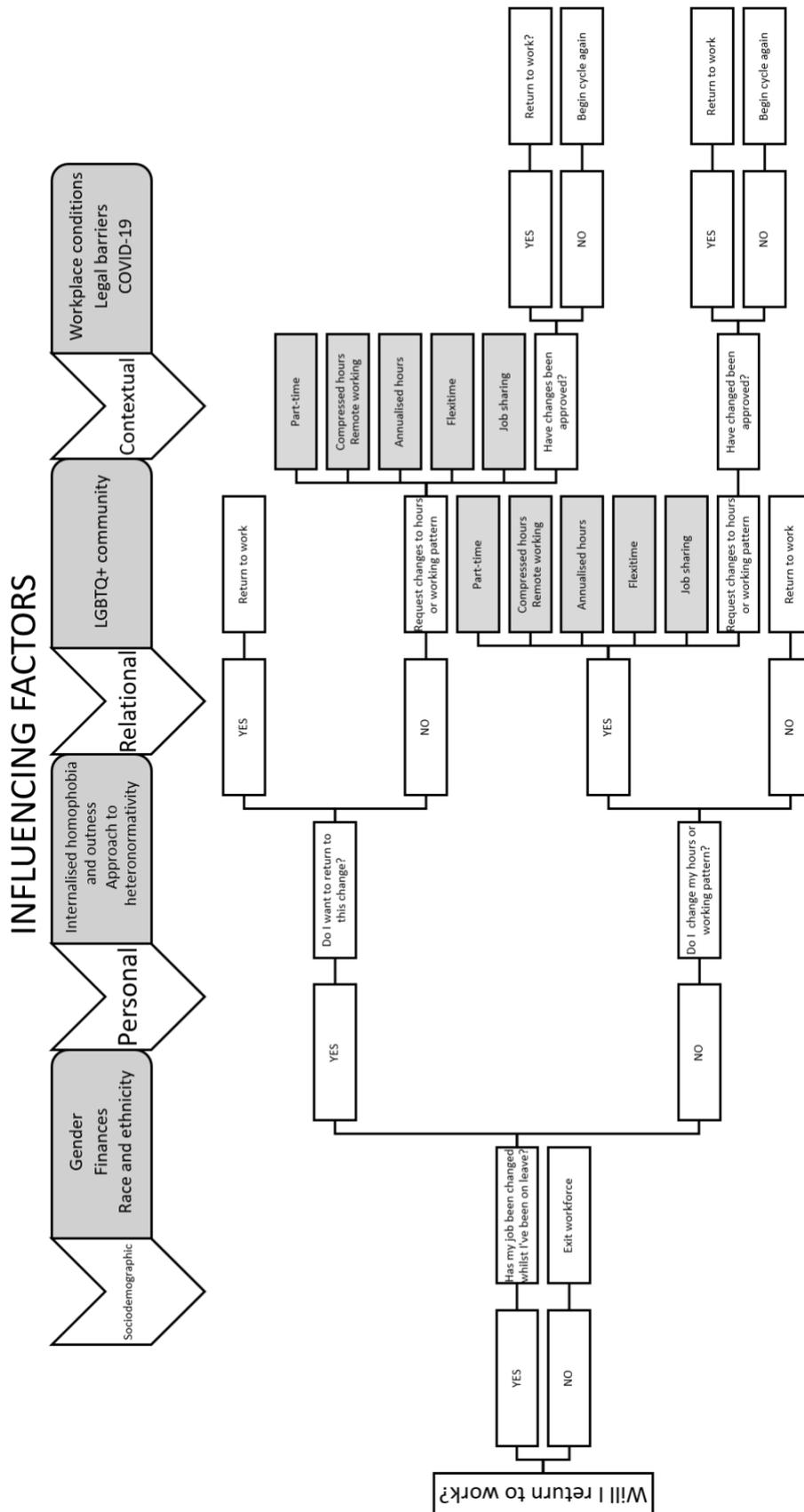


Figure 17: Example of the decision-making process when deciding whether to return to work after parental leave and the sociodemographic, personal, relational and contextual factors that influences these decisions

Chapters 4, 5 and 6 have explored the decision-making processes that LGBTQ+ parents engage with during family formation and in work-home contexts. In examining these processes, these chapters have outlined decision-making processes and models, building on Chabot and Ames' (2004) model of lesbian mothers' decision-making, existing theories of work-home decision making (Greenhaus and Powell, 2012; Radcliffe and Cassell, 2014; Radcliffe et al., 2023), and theories on the factors that influence LGBTQ+ parents (Gato et al., 2017). The final chapter of this thesis will now move on to summarise how this thesis has answered its research questions before presenting its key contributions to both theory and practice. Following this, significant limitations and challenges of this research will be discussed before presenting some important avenues for future research.

## 7. CONCLUSION

### 7.1. Introduction

This thesis aimed to increase understanding of the varied experiences and decision-making processes of LGBTQ+ parents at work and home through an examination of pivotal parental decisions using qualitative dyadic and individual interviews with LGBTQ+ parents. Through the thesis, I have developed new models of decision-making that LGBTQ+ parents engage with and the factors that impact these family formation and work-home decisions. In doing so, the thesis has answered the research questions it set out to address:

1. *What family formation decisions do LGBTQ+ parents make?*
2. *What work-home decisions do LGBTQ+ parents make?*
3. *What factors influence family formation and work-home decisions made by LGBTQ+ parents?*
  - *How do these factors influence LGBTQ+ parents' family formation and work-home decision-making processes?*

Existing literature on the family formation decisions of LGBTQ+ parents mainly focuses on middle-class lesbian mothers and gay fathers, exploring the factors that influence initial decisions around becoming parents. Whilst existing models of lesbian and gay parenthood outline decision-making around the initial decision to start a family, they do not extend to conceptualising the multitude of subsequent work-home decisions that parents have to make. The literature on broader conceptual decision-making focuses mainly on heterosexual couples and medical models of decision-making. Additionally, the growing body of literature that examines the work-home decisions of parents tends to either focus on heterosexual couples or fails to account for sexual identity or gender differences within these decision-making processes.

Finally, current literature exploring the factors that influence the decisions of LGBTQ+ parents focuses on the initial decisions around whether to become parents, with limited research exploring the factors that influence family formation or work-home decisions.

Through exploring the decision-making processes that LGBTQ+ parents engage with throughout their parenting journeys and in an effort to fill these gaps in the literature, this thesis makes several key contributions to the existing literature on family formation decision-making, work-home decision-making, and the literature examining the factors that influence these decision-making processes for LGBTQ+ parents. These include the development of a model of lesbian motherhood family formation decision-making, the development of a new model of LGBTQ+ parent family formation decision-making, the conceptualisation of parental leave as a temporary role exit decision and the extension of research on factors that influence LGBTQ+ parents' decision-making.

This final chapter will begin discussing the key contributions of this study, before moving on to discuss any limitations of this research and recommendations for future research.

## **7.2. Development of a model of lesbian motherhood family formation decision-making**

The first key contribution of this research is the development of an updated decision-making model for lesbian mothers using ART as a method of family formation, put forward in Figure 8. This is significant as it builds upon Chabot and Ames' (2004) pivotal model of lesbian motherhood decision-making by including further ART decisions that are now available to lesbian mothers through advanced ART such as reciprocal IVF or IUI. Additionally, the model now considers legal and political issues

and their impact on lesbian motherhood family formation, including whether mothers using ART may need to adopt their child to be legally recognised as their legal guardian. Other models of lesbian motherhood decision-making have considered actions they need to take to safeguard the legal status of a non-biological mother (Somers et al., 2017) but this had previously not been conceptualised into a wider model of decision-making. In building on the seminal model of Chabot and Ames (2004), I have developed a model that is more relevant today, specifically for lesbian mothers in the UK.

### **7.3. Development of a new model of LGBTQ+ parent family formation decision-making**

Building on my work on lesbian motherhood ART decision-making, I have developed a new model of LGBTQ+ family formation decision-making as seen in Figure 10. This is significant as it facilitates a better understanding of what decisions different parents under the LGBTQ+ umbrella make when starting a family. Whilst aspects of Chabot and Ames' (2004) model apply to other parents beyond lesbian mothers, the model I have developed is more holistic and inclusive of LGBTQ+ parents. The model includes the experiences of LGBTQ+ parents who have formed families through ART, adoption, children from previous heterosexual relationships and blended families, as well as parents from a range of LGBTQ+ identities including lesbian, gay, pansexual, asexual, transgender and non-binary individuals. The findings contribute to the literature on family formation decision-making and LGBTQ+ parents by extending the knowledge on the family formation decision-making processes of LGBTQ+ parents. In doing this, this research allows parents beyond lesbian mothers and gay fathers to be included in models and theories of family formation decision-making and allows us to

begin to look at how trans and non-binary parents and single LGBTQ+ parents make decisions along the pathway to parenthood. Additionally, the intentional and considered decision-making that is often highlighted within the literature on lesbian motherhood (and to a lesser extent in gay adoption), can be seen across all participants, irrespective of their method of family formation. This reveals that LGBTQ+ parents beyond lesbian mothers and gay fathers make purposeful and intentional decisions when it comes to family formation. These contributions have implications for policymakers and organisations who should begin to better understand how LGBTQ+ individuals become parents so that parenting leave and policies or practices for parents in the workplace are reflective of these experiences. Further implications of these findings will be discussed when talking about the wider policy and practice implications of the research.

#### **7.4. Conceptualising parental leave as a temporary role exit decision**

This thesis also contributes to the existing literature on work-home decision-making by offering insights into the role entry, role participation and role exit decisions made by LGBTQ+ parents. I argue that parental leave should be recognised as a significant change and a temporary exiting of the workforce that can lead either to a return-to-work (role entry decision) or leaving the workforce entirely (role exit decision). The findings of this thesis showed that a temporary role exit through the use of parental leave is still an enormous decision for many parents. The models I build and put forward in Chapter 5 demonstrate the complex and numerous decisions LGBTQ+ parents who have formed families via ART (Figure 11) and adoption (Figure 12) must make. In conceptualising parental leave as a temporary role exit decision, this thesis contributes

by building on existing literature on role exit decisions (Powell and Greenhaus, 2010) and adds to the growing conversation around the work-home decisions of parents (Radcliffe, 2013; Radcliffe and Cassell, 2014; Radcliffe et al., 2023). Additionally, whilst much of the literature on work-home decisions discusses the influence that work-domain decisions have on the family-domain (Powell and Greenhaus, 2010; Greenhaus and Powell, 2012), the literature does not consider the converse effect. By including parental leave as a temporary role exit decision, future research can begin to consider the impact that family-domain decisions such as the decision to have a child can have on the work-domain.

These findings add to the extant literature as work-home decisions have previously been studied by focusing on heterosexual parents only and thus this research offers new insights into what decisions non-heterosexual parents make. In doing so, this research allows for future research to consider the differences between the work-home decisions of heterosexual and LGBTQ+ parents. Further implications of these findings for policymakers and organisations will be discussed when talking about the wider policy and practice implications of the research.

#### **7.5. Extending research on factors that influence LGBTQ+ parents' decision-making**

The findings also make several contributions to existing research on the factors that influence lesbian and gay parents' conception decisions by building on Gato et al. (2017). I have done this by identifying additional factors underdeveloped in the extant literature that impact family formation and work-home decisions including sociodemographic factors such as finances, personal factors such as engagement with

heteronormativity, and contextual factors such as the COVID-19 pandemic, and exploring the greater complexity of some of the previously recognised factors for example the influence of egalitarian relationships and communication within the wider sociodemographic factor of gender. I also expand on this existing research by theorising the impact of these new factors on a broader range of LGBTQ+ parental decisions beyond the initial decision of whether or not to have a child and beyond the decisions of lesbian and gay men on which is Gato et al. (2017) focus.

Several of the findings around influential factors contribute to the literature by uncovering new factors that previous theories do not detail, including finances as a sociodemographic factor and the wider contextual factor of the COVID-19 pandemic. In responding to Gato et al.'s (2017) call for greater recognition of the influence of finances and class on LGBTQ+ parents' decisions, the findings of this thesis demonstrate the clear and strong impact that financial factors have on the family formation and work-home decisions of LGBTQ+ parents. Financial factors were found to have a large influence on the conception choices of LGBTQ+ parents in this study, with affordability impacting what family formation method they chose. Following family formation, finances impacted the working lives of parents in this study, with some choosing to cut back their working hours to avoid high childcare costs. By uncovering the additional contextual factors of the COVID-19 pandemic, the findings of this thesis further contribute to the literature on the factors that influence LGBTQ+ parental decisions by extending these factors by considering large contextual events. Whilst Gato et al. (2017) discuss legal, medical and social barriers under the construct of contextual influencing factors on LGBTQ+ parental decision-making, these tend to focus solely on

discriminatory factors within these settings. As such, the influence of large contextual issues that affect all parents, as well as all individuals, are largely ignored. This thesis expands the list of contextual influential factors to include COVID-19 since it was (and still is) a social, political, legal and medical event that had a huge influence over how LGBTQ+ parents in this study made family formation and work-home decisions.

The findings of this thesis make a key contribution to the existing literature on gender as a key influential factor (Gato et al., 2017) and expand previous research by exploring the role that communication and reflexivity have to play in parental decision-making and the formation of egalitarian relationships. This study has found that when making family formation and work-home decisions, parents engaged in open communication early on in their relationships, making explicit choices around reproductive decisions, parenting, careers and family management. The findings expand Gato et al.'s (2017) research by looking beyond the impact of gender differences in decision-making and highlighting the importance of communication as a key driver within egalitarian LGBTQ+ relationships. This finding also contributes by providing deeper insights into how egalitarian relationships and consequently communication influence the family formation and work-home decisions of LGBTQ+ parents. Further findings contribute to existing literature on LGBTQ+ parents' engagement with heteronormativity. Whilst some parents in this study actively challenged heterosexual conventions, others rejected labels of queer parenting in a bid to position themselves as merely parents. Considering this, this thesis contributes to the literature by extending Gato et al.'s (2017) theory and puts forward 'approach towards heteronormativity' as an

additional personal influencing factor that impacts LGBTQ+ parents' family formation and work-home decisions.

Gato et al.'s (2017) research largely focuses on the initial decision of LGBTQ+ parents regarding whether or not to become parents, examining the parental decisions of only lesbians and gay men. In the pursuit of its overarching aim to understand the varied experiences of LGBTQ+ parents at work and home, the findings and contributions of this thesis lead us to a more nuanced and detailed model of LGBTQ+ parental decision-making which accounts for factors that influence both family formation and work-home decisions. Additionally, this thesis has examined the experiences of LGBTQ+ parents beyond lesbians and gay men, as well as exploring the experiences of parents beyond couplehood. In short, the findings contribute to the accumulating body of literature on LGBTQ+ parents by providing a comprehensive understanding of the factors that influence LGBTQ+ parents' family formation and work-home decision-making. Models 14, 15, 16 and 17 introduced in Chapter 6 demonstrate how these reimagined influential factors can be incorporated into the newly developed models of LGBTQ+ family formation and work-home decision-making, emphasising how each of these new, reimagined or existing influential factors can impact every part of the decision-making process.

## **7.6. Implications for policy and practice**

The findings of this research contribute practical insights for both practice and policy, and these recommendations aim to provide organisations with ways to improve the support given to LGBTQ+ parents throughout their journey.

Parents used parental leave in numerous ways when having children through both ART and adoption, using a combination of leave types across their journey to parenthood including annual leave, adoption leave, IVF leave, sick leave, bereavement leave, maternity leave, paternity leave, and SPL. Findings from this research suggest that LGBTQ+ parents would benefit from improved offerings of ART leave, providing parents with dedicated time off for each treatment cycle and additional sick leave, bearing in mind how large an impact ART can have on a woman's health. For parents using ART as well as parents conceiving naturally, organisations should provide miscarriage or bereavement leave, recognising the emotional and physical toll that miscarriage can have on both parents. The UK Government now provides certificates recognising baby loss to parents following a miscarriage, however, they have made it clear that they will not be changing the statutory provisions for miscarriage leave. Instead, the UK Government suggest an employer-led approach and therefore organisations may wish to go above and beyond the statutory requirements and exhibit best practice. For parents adopting, both heterosexual and LGBTQ+, organisations may wish to extend the current adoption leave offer, providing parents with dedicated time off to attend adoption appointments both before and after matching has taken place. Additionally, this research suggests that LGBTQ+ parents would value extended leave for those adopting harder-to-place children such as siblings, older children, or children with SND, and this would be an opportunity for organisations and policymakers to acknowledge that parents may need more time to deal with additional needs and settle children into the family. As both the literature and this research's findings suggest, organisations need a better understanding of SPL and SPP to better serve and support

parents. Examples of how SPL can be split should be included alongside policies and a variety of examples should be given to provide parents with multiple ways of dividing their leave.

The LGBTQ+ parents in this research also experienced gendered and heteronormative language throughout the parental leave policies they engaged with at both statutory and organisational levels. To be more inclusive and prevent unnecessary barriers for LGBTQ+ parents, organisations should adopt gender-neutral language across policies, using third-person pronouns such as “they” or paired forms such as “he/she” or “mother/father”. Many of the participants worked for organisations which operate in both English and Welsh and therefore organisations working with multiple languages should be aware of how to create ungendered and non-heteronormative languages across the board. In languages with grammatical genders, such as Welsh, gender-neutral language can also be achieved using paired or third-person pronouns.

With this research taking place shortly after the COVID-19 pandemic and its subsequent lockdowns, many of the participants spoke about the impact the pandemic had on decisions around working patterns and work-life balance. Much of the literature examining parents’ experiences of the pandemic takes a gendered focus by looking at gender roles in heterosexual couples (Zamarro and Prados, 2021; Yerkes et al., 2020; Petts et al., 2021; Hipp and Bünning, 2021; Collins et al., 2021; Chung et al., 2021). Whilst participants’ experiences may not have differed too greatly from heterosexual parents, LGBTQ+ parents were not necessarily subject to gendered roles which dictated decision-making around work and family responsibilities during the pandemic. Some of the parents in this study experienced an unequal share of household chores and

childcare across the pandemic, but many of these instances can be explained by reasons other than gendered roles such as job type (i.e., key workers) and skills. As such, the findings of this research contribute to the discussion on the impact of COVID-19 on families by bringing LGBTQ+ families into the conversation.

The findings emphasise the need for greater organisational and governmental support for LGBTQ+ parents in the workplace, confirming the findings of existing studies on workplace support. Greater support is needed globally for LGBTQ+ employees as they continue to face discrimination and harassment at work (Ozeren, 2014; DeSouza et al., 2017; Bayrakdar and King, 2022). Workplace support including managerial, co-worker and organisational support for LGBTQ+ employees has been linked to job and life satisfaction (Huffman et al., 2008) and increased financial performance and profitability for the organisation (Pichler et al., 2018). Additionally, research in the US has found that companies with headquarters in more progressive states are more likely to have LGBTQ-friendly HR policies (Everly and Schwarz, 2015), emphasising the importance of not only organisations adopting more inclusive LGBTQ+ policies, but for government as well. As such, the findings of this thesis are of great use to both industry and policymakers. This thesis contributes by providing evidence to support the implementation of inclusive workplace policies at an organisational and national level, and offers guidance for HR professionals, policymakers and legislators to develop more inclusive parental leave and work-life balance policies that will benefit both employees and organisations.

## 7.7. Limitations and challenges

Whilst every effort was made to recruit a diverse group of LGBTQ+ participants, the study is mostly comprised of white, middle-class parents who identify as lesbian or gay, and most participants were privileged through their cisnormativity, mononormativity and homonormativity as well as being highly educated and financially secure. Whilst participants became parents through a wide array of means including adoption, IVF, IUI, children from previous heterosexual relationships and blended families, it would be useful in future to engage with LGBTQ+ parents who have used other methods of conception such as surrogacy or informal sperm donation. Informal sperm donation tends to be less regulated (Bergen and Delacroix, 2019) and is often carried out with a great deal of privacy and discretion (Lavoie et al., 2018) which may explain a lack of research on this topic. Legal barriers surrounding surrogacy in the UK may also make this more of a difficult group of parents to recruit since surrogacy agreements in the UK are not enforceable by law and commercial (for-profit) surrogacy is prohibited (UK Government, 2024d).

Engagement with participants from a wider range of ethnicities, class backgrounds and family structures (such as co-parenting arrangements or polyamorous families) would also allow for greater exploration into how LGBTQ+ parents engage with parental decision-making. It should also be noted that despite a long and timely effort to recruit LGBTQ+ parents for this study, these parents represent a small sub-section of the population and thus proved very difficult to find and recruit. As discussed in my methodology chapter, LGBTQ+ participants are often difficult to recruit (Meyer and Wilson, 2009; McCormack, 2014; Guillory et al., 2018; Bauer and Giles, 2020) making

representative samples difficult to achieve (Savin-Williams, 2001). As such, this research involves a small sample size, limiting the scope of the findings' applicability and generalisability to the wider population. Qualitative research is often critiqued for its lack of generalisability in comparison to quantitative research (Leung, 2015; Smith, 2018; Carminati, 2018). Instead, we should look to qualitative research to provide in-depth explanations and meaning to specific issues or phenomena (Leung, 2015; Carminati, 2018). As such, the findings of this study should be used to offer rich insights and understanding for further research into LGBTQ+ parenting and parental decision-making.

#### **7.8. Recommendations for further research**

Whilst this research has examined LGBTQ+ parental decision-making, further research is needed on how LGBTQ+ parents outside of normative genders and sexualities and traditional monogamous partnerships make decisions on both work and family, including but not limited to polyamorous relationships, co-parenting, transgender parents, and single parents. With much of the literature around the factors influencing parental decision-making such as work-family conflict and working patterns focusing on heterosexual parents, further research is needed examining the experiences of LGBTQ+ parents to better inform our understanding of how and why LGBTQ+ parents make decisions around work and parenting. Additionally, as highlighted in Chapter 2, existing heterosexual family planning literature tends to be descriptive rather than conceptual so future research may look to build conceptual models of heterosexual family formation decisions as well as research that explores

both LGBTQ+ and heterosexual parental decisions to understand further how these compare.

In building on Chabot and Ames' (2004) model, the findings of this thesis expand the model to include a greater number of LGBTQ+ families, with the expanded model (Figure 10) now including the experiences of parents who formed families via ART, adoption, blended families, and previous heterosexual relationships. Future research should look to expand this model even further by engaging with LGBTQ+ families who used other family formation methods including informal sperm donation, fostering, surrogacy and international adoption. Future research may also wish to look in greater detail at stepfamilies and single-parent families, and explore a greater variety of family structures, including co-parenting, polyamorous families, and grandparent families.

As highlighted by Gato et al. (2017), further research is needed on the impact of financial status and social class on the decisions of LGBTQ+ parents. Whilst this thesis did explore finances as an influencing factor on the family formation and work-home decisions of LGBTQ+ parents, the majority of the parents in this study were middle-class and therefore further research should explore the experiences of LGBTQ+ parents across the range of social class categories (Savage et al., 2013). As highlighted in Chapter 6, the concept of luck was mentioned by several parents alongside conversations around wealth, means and privilege. As such, there is an avenue for future research exploring the concept of luck concerning privilege and class, which would add to the growing conversation around these topics (see Brown et al., 2016; Farris, 2020; Power et al., 2016).

Building on the policy and practice implications of this thesis, further research is needed to examine transitional scheduling as a supportive practice for parents returning to work following periods of parental leave as this is something that both LGBTQ+ and heterosexual parents would benefit from.

In conclusion, this thesis expands existing knowledge on LGBTQ+ parents and how they make family formation and work-home decisions. The findings offer insight into LGBTQ+ parental decision-making, offering further contributions to our understanding of what family formation and work-home decisions LGBTQ+ parents make, what factors impact these decisions, and how this differs from heterosexual (and heteronormative) parents. In doing so, the findings of this thesis offer new and re-imagined conceptualisations of the family formation and work-home decision-making processes of LGBTQ+ parents. The practical implications of the findings provide organisations and governments with ways to improve the support given to LGBTQ+ parents throughout their pathways to parenthood and improve inclusion in their organisations. With the number of LGBTQ+ parents growing and LGBTQ+ parenthood far more accessible than ever before, the contributions and findings of this research can and should be used by employers, HR professionals and government to help further a growing part of their workforce who require greater understanding and assistance at work at both an organisational and governmental-level (Ozeren, 2014; DeSouza et al., 2017; Bayrakdar and King, 2022; Everly and Schwarz, 2015).

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## 9. APPENDICES

### 9.1. Appendix A – Example Recruitment Email

Dear colleagues,

I hope this note finds you safe and well during these strange times.

I am reaching out to you as there is a unique opportunity for any Pride Network members, who are parents, to feed into a piece of research being run by the University of Birmingham.

The project aims to examine the experiences of LGBTQ+ parents with heteronormativity through the use of parenting policy at work. The project involves a semi-structured dyadic interview lasting up to 1 hour with each couple, carried out via Zoom. This will be followed by an individual semi-structured interview lasting up to 1 hour via Zoom at a later date. Both interviews will be audio recorded. Participants' data will remain anonymous and any identifiable information will be removed from the data.

The outcome of the project is to better understand the lived experiences of LGBTQ+ parents in the workplace and to provide recommendations for organisations and policy makers in how to move forward and improve parenting policy.

If you are interested in taking part in the above project or would like more information please email Lowri Evans (lead researcher from the University of Birmingham) at [REDACTED]. She will then send you an information sheet about the study before arranging a suitable time that works for you for the Zoom call to take place.

Kind Regards,

[Member of Organisation]

9.2. Appendix B – Recruitment Poster (English)

# LGBTQ+ Parents Study



**We are looking for LGBTQ+ parents to participate  
in a study at the University of Birmingham!**

We are recruiting participants for a qualitative study examining the experiences of LGBTQ+ parents at work. Participation involves a joint interview with your partner and an individual interview at a later date. All interviews will be conducted over Zoom and scheduled at your convenience.

If you are in a single-parent household or another household type, we would still love to hear from you!

If you or anyone you know would be interested in participating, please contact:

Lowri Evans: 



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9.3. Appendix C – Recruitment Poster (Welsh)

# Astudiaeth Rhieni LGBTQ+



**Mae eisiau arnom rhieni LGBTQ+ i gyfrannu mewn astudiaeth gyda Phrifysgol Birmingham.**

Rydym yn recriwtio cyfranogwyr i gyfranogi at astudiaeth ansoddol i holi profeadau'r rhieni LGBTQ+. Pe byddech chi neu eich partner yn fodlon cymryd rhan mewn cyfarfyddiad (trwy Zoom ) fel rhan o'r astudiaeth, fydddech chi mor caredig a fod mewn cysyllt â ni.

Os ydych mewn teulu rhient sengl neu yn rhyw fath arall o gartref, hoffem glywed gennych yn fawr.

Pe byddech chi, neu unrhyw berson arall a ddiddordeb mewn cymryd rhan, gallwch fod mewn cysylltiad â:

Lowri Evans:



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9.4. Appendix D – Participant Screening Questionnaire

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**PARTICIPANT BACKGROUND INFORMATION**

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PERSONAL INFORMATION

Full name:

Date of Birth:

City of Residence:

Gender:

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Trans man	<input type="checkbox"/>
Trans woman	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Sexuality:

Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Pansexual	<input type="checkbox"/>
Asexual	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Ethnicity:

Asian or Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>

Chinese	<input type="checkbox"/>
Any other Asian background (please specify)	<input type="checkbox"/>
Black, Black British, Caribbean or African	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black, Black British, or Caribbean background (please specify)	<input type="checkbox"/>
Mixed or multiple ethnic groups	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed or multiple ethnic background (please specify)	<input type="checkbox"/>
White	
English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Any other White background (please specify)	<input type="checkbox"/>
Other ethnic group	
Arab	<input type="checkbox"/>
Any other ethnic group (please specify)	<input type="checkbox"/>

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**EMPLOYMENT AND EDUCATION**

Job Title:

Company:

Hours per Week:

Salary (annual):

Highest level of education:

Primary School	<input type="checkbox"/>
GCSE	<input type="checkbox"/>
A-level	<input type="checkbox"/>
Vocational Qualification	<input type="checkbox"/>
Undergraduate Degree	<input type="checkbox"/>
Postgraduate Degree (Taught e.g. Masters)	<input type="checkbox"/>

Postgraduate Degree (Research e.g. PhD)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

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FAMILY

Number of children:

Age of children:

0 – 4 years old	<input type="checkbox"/>
5 – 10 years old	<input type="checkbox"/>
11 – 18 years old	<input type="checkbox"/>
18+ years old	<input type="checkbox"/>

Method/Methods of conception:

Adoption	<input type="checkbox"/>
Blended family (step-children)	<input type="checkbox"/>
Previous heterosexual relationship	<input type="checkbox"/>
Sperm donation	<input type="checkbox"/>
Surrogacy	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

## 9.5. Appendix E – Participant Information and Consent Form

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# PARTICIPANT INFORMATION AND CONSENT FORM

### ***What is the study about?***

The project aims to examine the experiences of LGBTQ+ parents with heteronormativity through the use of parenting policy at work. Ultimately, the research is driven to benefit both the LGBTQ+ community and workplaces to ensure parenting policies are more inclusive of all parents and to ensure that the dominant heteronormative parent is not the only parent considered when writing parental policy.

We encourage all members of the LGBTQ+ community to come forward and participate, wanting to hear about as many different experiences and voices of the community as possible (including non-binary, trans, and queer individuals who are often side-lined in this area of research). It is proposed that data is collected through interviews with employees that would be completed via Zoom.

The outcome of the project is to better understand the lived experiences of LGBTQ+ parents in the workplace and to provide recommendations for organisations and policy makers in how to move forward and improve parenting policy.

### ***What does the study involve?***

The project involves a semi-structured couple interview lasting up to 90 minutes with each couple, carried out via Zoom. This will be followed by an individual semi-structured interview lasting up to 1 hour via Zoom at a later date. Interviews will be recorded using an encrypted Dictaphone. Participants' data will be completely anonymised, and any identifying information removed from the data and subsequent outputs. Any data of relevance may also be included in academic publications and may be shared with participating organisations. Any identifiable information will be removed from these publications to ensure anonymity of employees from their organisation.

### ***Should you wish to participate in the study, please know that:***

Your participation is voluntary

You should not feel pressured to answer questions or respond if you do not wish

You may withdraw before, during and up to one month after the interview takes place

Your responses will remain anonymous and confidential

Any information supplied that makes you identifiable will be removed

Participants will be recorded using an audio recorder.

Some of your words may be used verbatim, but you will not be identifiable.

***Statement of understanding/consent:***

I confirm that I have read and understood the participant information supplied for this study.

Yes

No

I have had the opportunity to ask questions if necessary.

Yes

No

I understand that an audio recorder will be used to record responses.

Yes

No

I understand that my participation is voluntary and that I am free to withdraw at any time before, during and up to one month after the interview without giving any reason, at which point my data will be withdrawn from the study and destroyed.

Yes

No

Lastly, I understand that my personal data will be processed for research purposes, in accordance with the Data Protection Act 2018.

Yes

No

Based upon the above, I agree to take part in this study.

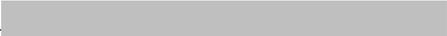
Participant's Name:                      Signature:                      Date:

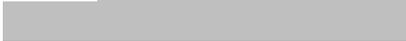
Researcher's Name:                      Signature:                      Date:

**If your partner is happy to be contacted to take part in this study, please provide their contact details below:**

Name:

Email address:

**If you have any questions or concerns following the interview, please contact Lowri Evans**  **or her supervisor, Jo Duberley**



## 9.6. Appendix F – Dyadic Interview Schedule

Check you have both consent forms

Check you have participant information

Run through consent form

How long have you been together?

How many children do you have?

*Talk me through your experience of becoming parents?*

Did you go through the process together?

What considerations, if any, of various methods of becoming parents did you go through beforehand?

Why did you decide on your chosen method of becoming parents?

What influenced the decision behind the timing of when you became parents?

How did you experience this process as members of the LGBTQ+ community?

What support did you have throughout the process?

What role, if any, did your workplace have in the process?

How did your working patterns / work life change throughout the process?

What parenting policies (if any) did you make use of?

What factors influenced your decision to use these policies?

*Talk me through your experience of being parents since the arrival of your child/ren?*

How have you found parenting?

What working patterns have you adopted?

How do you experience parenting together?

How do you experience parenting as members of the LGBTQ+ community?

What support do you have as parents?

How has your workplace been involved, if at all?

What parenting policies (if any) do you make use of?

Have you used any other policies since having children?

What factors influence your decision to use these policies?

How did you both deal with parenting and work throughout COVID and the lockdowns?

Is there anything we haven't spoken about today that you'd like to discuss?

Do you have any questions for me?

Scheduled time for debriefing

## 9.7. Appendix G – Individual Interview Schedule

Go through consent form

Is there anything you'd like to add to or change following our last conversation?

*Talk me through your experience of being LGBTQ+ at work – this can be at your current employer or at previous jobs*

How have you experienced being LGBTQ+ since entering the workforce?

How long have you worked at [current employer]?

Did you become a parent whilst working at [current employer]?

*Could you tell me, to the best of your knowledge, of any policies that are available to parents at [current employer]?*

What did you know about these policies before you were expecting (to adopt/give birth/surrogate)?

*Talk me through the process from expecting (to adopt/give birth/surrogate) and using [current employer]'s parenting policy?*

*How did you find out about the parenting policies?*

How did your organisation react to your interest in these policies?

What sorts of conversations had you had around the use of leave (duration, type of leave etc) or possible use of leave?

How did you decide to engage with these parenting policies?

Did you or your partner have any concerns about these policies?

*How did your (or your partner's) Line Manager respond to learning you were expecting?*

How did your (or your partner's) colleagues respond to you engaging with this policy?

*Did you discuss these policies or your parenting experience with an LGBT Network at [current employer]?*

*What prevents you from engaging with the LGBTQ+ network?*

*Was there a platform for you access these policies, advice and support?*

*Have you used any policies such as flexible working or change in hours since adopting?*

*Would you consider using these policies in the future?*

*What prevented you from using these policies? (if relevant)*

What influenced this decision?

What risks, if any, did you face when deciding whether to engage with these policies?

How were these policies communicated to you?

What in the organisation prevented you from using these policies?

What role, if any, has society had on whether/how you engaged with these policies?

*What would have to change for you to engage with these policies?*

*Do you think barriers exist to using these policies?*

*What could [current employer] have done to be more supportive?*

What has been the most positive aspect of using these policies?

*What has been the most difficult aspect of using these policies?*

*What could be done to improve these policies in [current employer]?*

*What could be done to improve the communication and support for these policies at [current employer]?*

What could be done to improve the communication and support for LGBT employees (specifically parents) at [current employer]?

*How did you experience the COVID pandemic as a parent?*

*Scheduled time for debriefing*

## **9.8. Appendix H – Links to External Support**

### **GIRES**

Works to improve the lives of trans and gender non-conforming people of all ages.

<https://www.gires.org.uk/>

### **LGBT Foundation**

Advice, support and information for people identifying as LGBTQ+.

<https://lgbt.foundation/>

### **London Friend**

Offers a range of services around London to support LGBT health and wellbeing including support groups and counselling.

<https://londonfriend.org.uk/>

### **Mermaids**

Supports gender-diverse young people aged 19 and under, and their families and carers. Offers a helpline and webchat.

<https://mermaidsuk.org.uk/>

### **Stonewall**

Information and advice for LGBT people on a range of issues.

<https://www.stonewall.org.uk/>