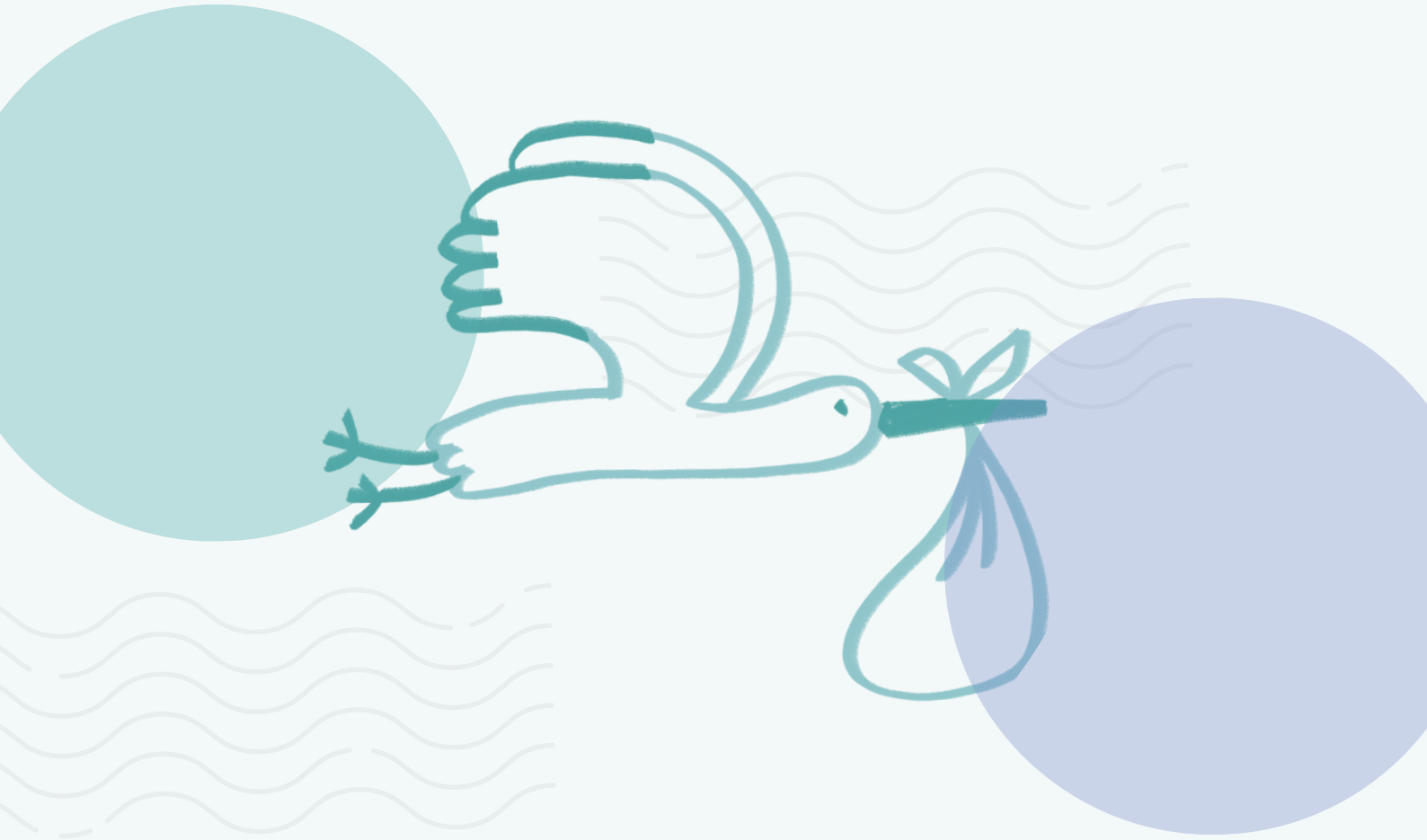
STARTING LGBTIQ+ FAMILIES IN SCOTLAND:

A QUICK GUIDE



Created by the Queer Families and
Queer Future Families community groups

Queer Families Project

www.otbds.org/projects/queer-families

@queerfamsglasgow on instagram

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This guide was created to share and build on the knowledge of community members in the Queer Families group, and people taking part in the new Queer Future Families work helping set up supportive spaces for LGBTIQ+ people starting families in different ways. The Queer Families project facilitated by Outside the Box has been running since 2018, and is supported by an award from The National Lottery Community Fund, made possible by National Lottery players. The Queer Future Families work is supported by funding from Corra Families Supporting Families fund and TSDG.

Queer Families Project

outsidethebox

COMMUNITY FUND

CORRA FOUNDATION

THIRD SECTOR Dumfries and Galloway

PAGE 3: ABOUT THIS GUIDE

This is a broad guide to help people start to think about how they'd like to start a family, work out their options, and get some supportive tips from LGBTQIA+ people about starting families in different ways.
It can be confusing trying to find out what's possible, and take lots of research. Starting a family is always a big journey, and for people who feel society doesn't see or encourage their hopes of starting LGBTQIA+ families, it can take extra determination.

Why we created it
We hope this guide will help save you time, help you understand the options, and most importantly let you know you're not alone in it. This guide has been created by LGBTQIA+ parents and people hoping to start families, because we care about your experience and want everyone to feel more support and community, from the very beginning.

What this guide doesn't include
This guide can't give any legal or medical advice - the truth is everyone's situation is unique, and for some questions only a doctor or lawyer will be able to give you the answers that apply to you. At the end we have links to more resources around starting families in different ways.

How to use the guide
You could start with the 'useful language' page, or the flowchart that shows the different pathways. Then there are pages about specific ways to start families (assisted conception, surrogacy, adoption, etc.) - you can focus on what is most relevant to you. Near the end of the guide, we have tips from community members about choosing an option that works for you, and taking care of yourself along the way.

The language of the law
Legal terms have specific meanings, different to what words mean outside the law. Legal language often doesn't match the language we use for ourselves in LGBTQIA+ communities. We'll say what words mean in Scots Law, and won't assume that's what they mean for you. We'll put these legal terms in blue. We hope this puts some space between our language and legal terms, so it's easier to read for anyone misgendered or excluded by these terms.

Queer Future Families started in 2024 to address a gap and create more space for peer-support, community and connection for LGBTIQ+ people trying to start families in Scotland. We hold in-person and online events open to all LGBTIQ+ people, anywhere in Scotland, at any stage of your journey.

Instagram: www.instagram.com/queerfamsglasgow
Webpage: www.otbds.org/projects/queer-families

PAGE 4: SOME USEFUL LANGUAGE

'Parent': the legal status that determines lifelong legal rights and obligations. This can be determined at birth, or afterwards. Most legal 'parents' have 'parental responsibilities and rights' but some do not. In some contexts the law says 'parent', in others it says 'mother' or 'father'.

Parental responsibilities and rights: the legal powers and duties that allow someone to make decisions about a child's life during childhood. These can be possessed by both legal parents and by other people (e.g. step-parents, family members, etc.).

'Become a parent at birth': a situation where someone becomes a baby's parent as soon as they're born. For example, this is the case if you're the person giving birth, and isn't the case if you adopt.

'Registered relationship': in a marriage or civil partnership - a relationship between 2 people that's legally registered in Scotland.

'Assisted conception': a broad term for conceiving a child and becoming pregnant, other than by conceiving through intercourse. Sometimes this term is used to include 'DIY' conception at home with donor sperm, sometimes it means conception with the assistance of a licenced fertility service (NHS or private). This could involve IVF (in vitro fertilisation) or IUI (in utero insemination), as well as fertility treatments and gamete storage.

'Gamete storage': where gametes (eggs or sperm) are collected from a person, and stored by a NHS or private fertility service. This can happen as part of assisted conception, or earlier in life. For example if age, medical conditions or transitioning may affect their gametes and fertility.

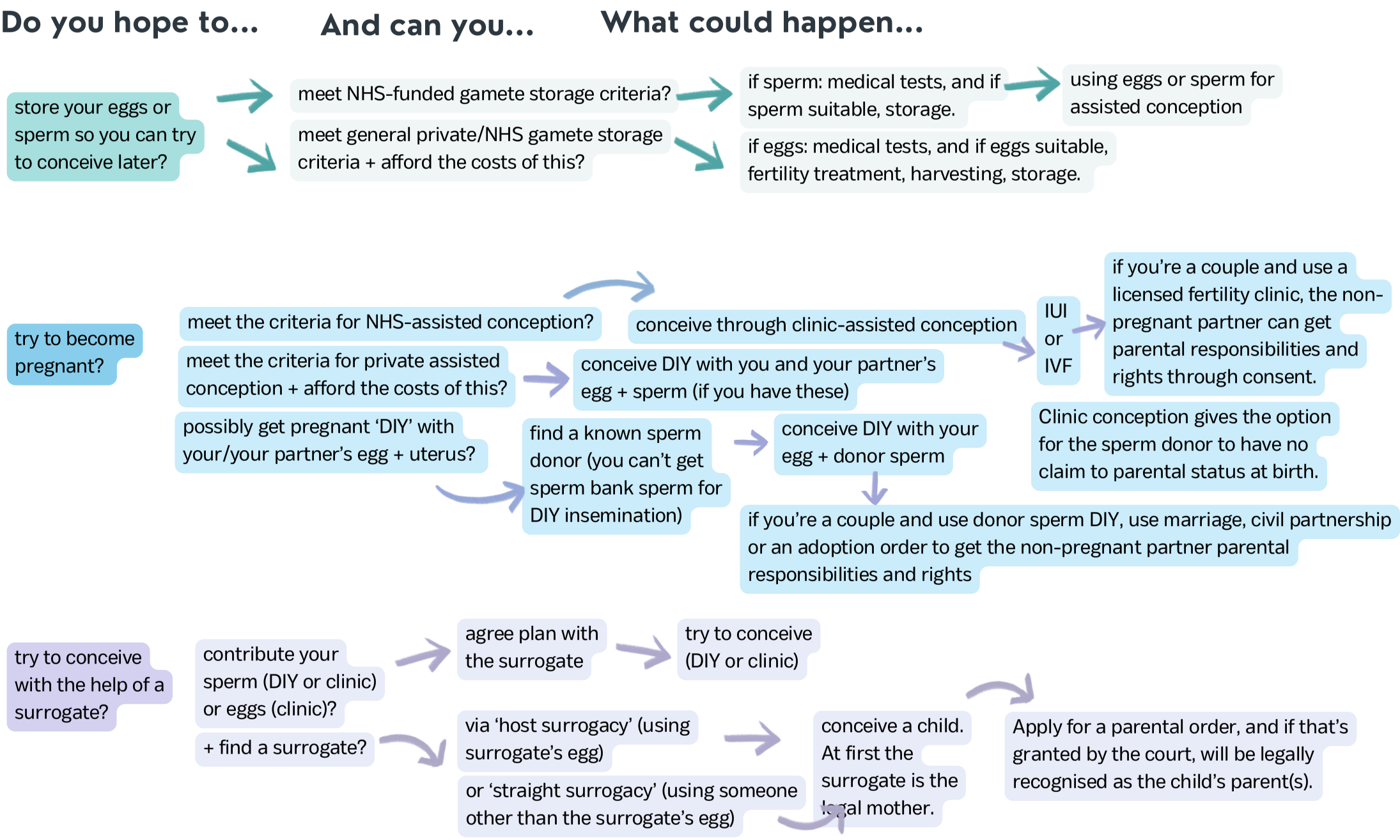
'Surrogacy': where someone who does not intend to be the parent conceives, carries and gives birth to a baby. Legal parenthood and parental responsibilities and rights are then passed to those intending to be the parent(s), using a 'parental order' in a court.

The sources of law

In Scotland law comes from several places: legislation from the Scottish Parliament (Holyrood), legislation from the UK Parliament (Westminster), cases judged by Scottish courts using the principles of Scots case law, and some cases judged by UK courts using English common law. Each of these applies to some areas of law - and parts of all of them can be relevant to starting a family in Scotland. We'll try to make the main laws applying to different ways to start a family clear, so you can focus on what's relevant.

WAYS TO START FAMILIES IN SCOTLAND

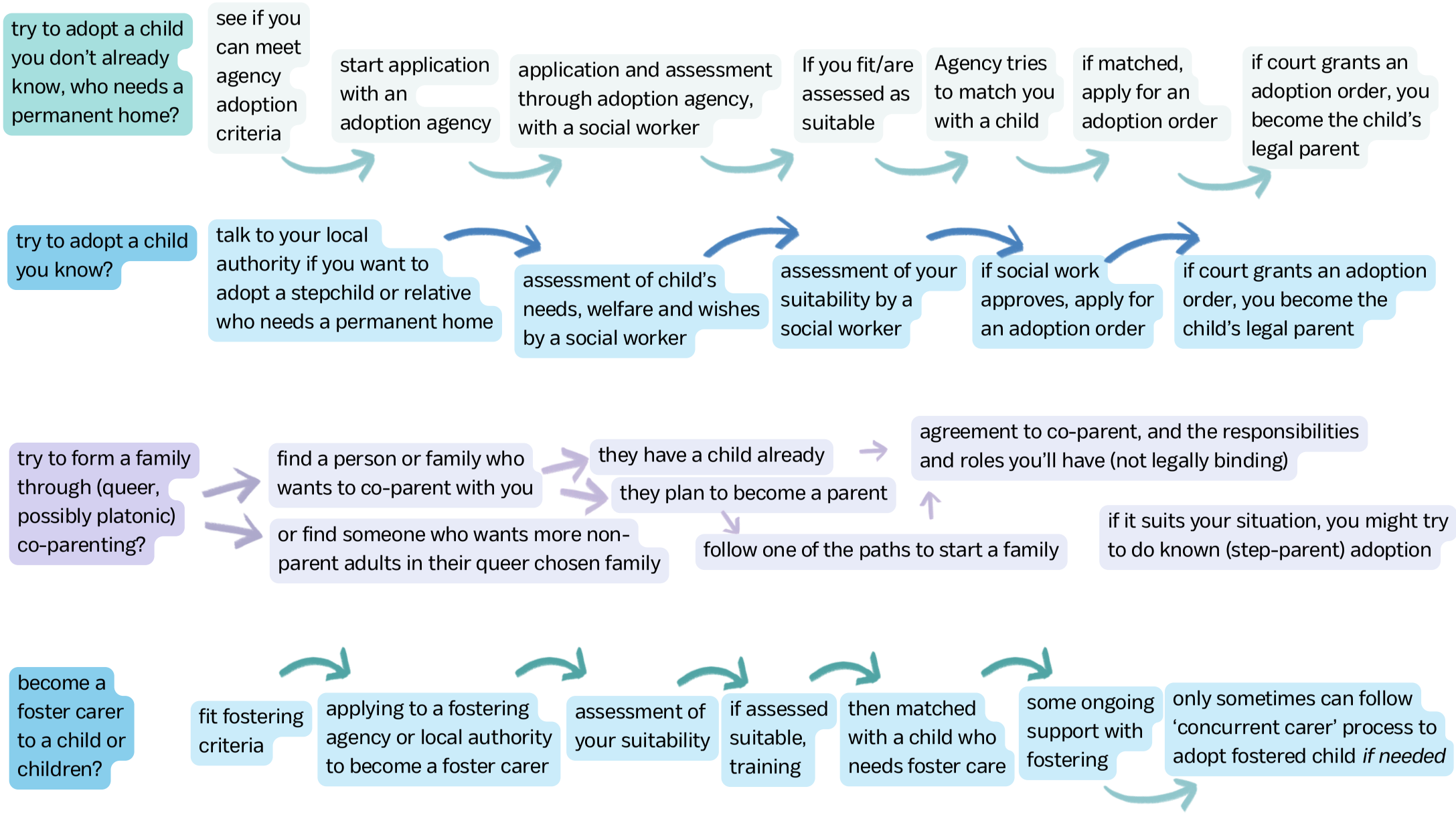
FLOWCHART PART 1



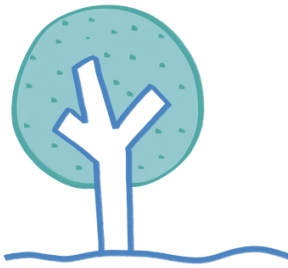
WAYS TO START FAMILIES IN SCOTLAND

FLOWCHART PART 2

Do you hope to... **And can you...** **What could happen...**



PAGE 7: 'MOTHER' AND 'PARENT'



To us, parenthood, motherhood and fatherhood aren't about whose genetic material created a child, or who's married to whom, or what the law says. There are lots of ways to create and be family, and it's about care and love. But understanding who's the parent legally can be important - it determines who will gain parental responsibilities and rights for a child, and when. Here is how it works in Scots Law when someone gives birth to a child (most of the time - but for the parenthood rules for assisted conception, see pages 9-10).

The 'default' rules, when a child is conceived through intercourse, is that gestation (who is pregnant) and who contributed the sperm determine the legal parenthood. Of course, when a child is born, it's not necessarily known whose sperm created the child. So there are 'default rules' in Scots law, with presumptions about who the parents are.

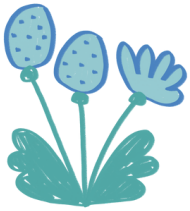
Default motherhood rule
The 'default rule' for motherhood is that it's determined by gestation - the person pregnant becomes the legal 'mother', upon giving birth to a child. (The legal principle is in Latin: mater est quam gestatio demonstrat).

How this works for trans people:
The motherhood presumption applies to cisgender women, and to anyone assigned 'F'/female at birth including trans men, transmasc, nonbinary and/or intersex people assigned F at birth.
The fatherhood presumptions apply to cisgender men, and to anyone who was assigned 'M'/male at birth - including if you're a trans woman, transfeminine, non-binary and/or intersex person assigned 'M' at birth. The fatherhood assumptions don't apply to anyone assigned 'F' at birth, e.g. trans men. These rules are the same whether a trans person has a Gender Recognition Certificate or not - parenthood is treated as an 'exception' in the Gender Recognition Act. So if a trans man and trans woman conceive a child, on the birth certificate the trans man will be 'Mother' and the trans woman 'Father'. This is the case for this piece of paperwork, but in practice these gendered parenthood titles don't shape anything else once the child's parentage is conclusively known. And whatever legal documents say, there is community here who will respect and celebrate your parenting identity, and understand the experience of being misgendered in this kind of way.

Becoming a child's parent later on

After birth, it's also possible for someone to become a legal parent and obtain parental responsibilities and rights for a child through a 'Declarator of Parentage' (if their sperm gametes created the child), a 'Parental Order' in the case of surrogacy (see pages 12-13), and through different kinds of adoption (see pages 14-16).

PAGE 8: 'FATHER' AND 'PARENT'



Default fatherhood presumptions
For legal fatherhood, there is a set of presumptions - in the Law Reform (Parenthood and Child) (Scotland) Act 1986.

Being in a registered relationship with the mother

- Presumption that someone* in a registered relationship (marriage or civil partnership) with the mother is the father. If the marriage or civil partnership existed at 'any time in the period beginning with the conception and ending with the birth' of a child, this presumption applies. This means it applies even if you got married once already pregnant, or divorced once already pregnant. It applies even if it's not possible that the child was made with the married/civil partner's sperm (e.g. didn't have that kind of intercourse, doesn't have sperm or fertility). *This presumption applies only if the person in the registered relationship was assigned M at birth. It doesn't apply to people assigned female at birth.

Registering as the father on the child's birth certificate

- For people not in a registered relationship, there's a presumption that fatherhood is based on registration on the child's birth certificate. This requires 'both he and the mother of the child have acknowledged that he is the father'. In this case, the father's legal parenthood starts when the birth certificate is registered with him as the father. *As only people assigned M at birth can be registered as 'father', this doesn't apply to someone assigned F at birth, even if the person is a trans man or has a Gender Recognition Certificate.

Disproving the default assumptions

- The possibility of displacing the presumptions. The presumption that being in a registered relationship or being registered on the child's birth certificate make someone the father can be displaced, if it's proven someone else is in fact the genetic father of the child. So if the child was created with someone else's sperm, this can displace a fatherhood status established based on the above presumptions. This isn't automatic, and only happens if a legal process is followed - applying for a 'Declarator of Parentage' or a 'Declarator of Non-Parentage'.

What if there's not going to be a 'father' on the birth certificate?
There are scenarios where the fatherhood presumptions won't apply - where a child is conceived other than through intercourse. The law around fertility treatments and assisted conception is UK-wide, and set out in the Human Fertilisation and Embryology Act 1990, and the Human Fertilisation and Embryology Act 2008. Under certain conditions the rules in the Human Fertilisation and Embryology Act 2008 (the '2008 rules' or '2008 Parenthood Provisions') apply instead of the 'default' rules. The next page sets out where these 2008 rules apply. (Note - the 2008 Act updates the 1990 Act, and the law on surrogacy, so read it alongside them).

PAGE 9: ASSISTED CONCEPTION & PARENTHOOD

THE LEGAL 'MOTHER' WHEN ASSISTED CONCEPTION IS USED

When the 2008 'Parenthood Provisions' apply, legal motherhood status is determined by gestation, not by whose egg was used. This applies whether the assisted conception treatment happened in the UK or in another country. This gestational mother (who was pregnant and gave birth to the child) has legal parenthood status from the moment of birth.

The law says: 'The woman who is carrying or has carried a child as a result of the placing in her of an embryo or of sperm and eggs, and no other woman, is to be treated as the mother of the child.' (Section 33 (1) of the 2008 Act).
So if a donor egg is used, the egg donor doesn't have a claim to being a legal parent of the child (s.47 of the 2008 Act).

AND THE OTHER POSSIBLE FATHER, MOTHER OR PARENT?

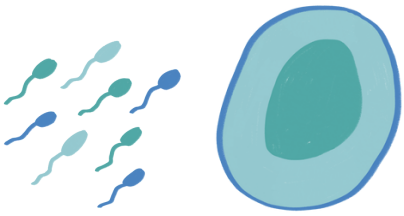
It's quite a straightforward rule that gestation determines motherhood. The law around the non-gestational legal parent is a little more complex. It depends on whether they're in a 'registered relationship' or not, and whether conception happened at a licensed clinic, or was DIY (e.g. at home).
See the table on the next page for more details.

FATHERHOOD WHEN ASSISTED CONCEPTION IS USED

Under the 2008 Act, when a child is created with assisted conception, someone assigned M at birth can become the legal father on the basis of consent. This is rather than it being based on whose sperm is used.

- For someone in a registered relationship with the Mother: consent is presumed.
- For someone not in a registered relationship with the Mother: consent must be provided in the form the 2008 Act sets out.

This makes it possible to become the legal father from birth, without your sperm gametes being used.



SPERM DONORS

The 2008 Act says the sperm donor 'is not to be treated as the father of the child' (s.41) if they consented to becoming a sperm donor in the way the legislation requires. This is important for DIY conception methods - for example, if a friend agrees to be your sperm donor informally, they may be the legal father when a child is born, even if that's not the plan or intention.

If someone becomes a sperm donor through a sperm bank, they have consented in the legal way to being a donor and not being a legal parent or having any parental responsibilities and rights in relation to any child created.

See page 14 on acquiring parental responsibilities and rights after birth for more info.

PAGE 10: ASSISTED CONCEPTION & PARENTHOOD

IF YOU'RE NOT PREGNANT AND NOT THE FATHER, BUT ARE A PARENT

The 2008 Act also covers the partner of the gestational mother if they're assigned F at birth. They are similar to the fatherhood rules, making it possible to become a legal parent at birth when a child is created by assisted conception. The legal basis for the 2nd mother or parent's parenthood is also consent.
The law calls this person a 'parent'. So in this case the law would call these 2 parents a 'mother' (gestational) and a 'parent' (sometimes called the 'second female parent'), rather than calling them both 'mothers' - another quirk of how the law talks about parenthood and gender. Registered relationship status, and whether conception is DIY or at a licensed clinic, also shape whether the 2008 Act rules or 1986 default rules apply to who becomes a legal parent at birth.

WHO	ASSISTED CONCEPTION - WHAT RULES APPLY?
A single person becoming pregnant via DIY insemination	**1986 Act - default rules.** The default rules apply - if the sperm donor has not consented in the way the 2008 law requires, they may be legal father at birth.
A single person becoming pregnant via assisted conception at a licensed fertility clinic	**2008 Act - parenthood provisions.** The 2008 'parenthood provision' applies. If a single person becomes pregnant with donor sperm at a licensed clinic, a child would be born with 1 legal parent only, the gestational mother.
A couple in a 'registered relationship' where one becomes pregnant via DIY insemination	**2008 Act - parenthood provisions.** The parenthood provisions of the 2008 Act apply.
A couple in a 'registered relationship' where one becomes pregnant at a clinic	**2008 Act - parenthood provisions.** **T**he parenthood provisions of the 2008 Act apply. Fathers: Section 35 of 2008 Act. 2nd (non-father) parent: Section 42 of 2008 Act.
A couple not in a 'registered relationship' where one becomes pregnant via DIY insemination	**1986 Act - default rules.** The default rules apply. The 2008 'parenthood provisions' don't apply. Sperm donor may be legal father.
A couple not in a 'registered relationship' where one becomes pregnant at a clinic	**2008 Act - parenthood provisions.** The parenthood provisions of the 2008 Act apply. Fathers: Sections 36 and 37 of the 2008 Act. 2nd (non-father) parent: Sections 43 and 44 of the 2008 Act.

DIY + unregistered relationship: For people not in registered relationships, the 2008 Act only applies if the treatment takes place at a licensed fertility clinic. This impacts some LGBTQ+ couples (who are more likely than straight couples to use DIY assisted conception), and some choose to get married or enter a civil partnership (a registered relationship) so that the 2008 (rather than default) rules apply, and the non-pregnant partner can become the child's parent at birth.

PAGE 11: ASSISTED CONCEPTION PATHWAYS

Who this might apply to: A single person or couple where at least one of them has a uterus and could potentially become pregnant. Assisted conception could happen using your, or donor, eggs and sperm, depending on the circumstances. However, assisted conception isn't an option for every person or couple with a uterus - for some it isn't medically possible, or suitable for their health, and there are eligibility criteria that shape who is offered this option through the NHS.

How assisted conception works in Scotland:

- NHS: There is a limited amount of funded NHS treatment in Scotland for people meeting certain eligibility criteria, including age, weight and health.
- If you don't meet funding criteria, but do meet health criteria, private treatment can take place in licensed private or NHS clinics in the UK and other countries.

NHS & private

People who meet the criteria can get a set # of rounds of NHS assisted conception treatment. The # depends on if you're over/under 40.

There are strict criteria to access NHS (funded) assisted conception. Both people in a couple are screened at the start, to see if one/both meet the medical criteria.

Most GP doctors don't know much about LGBTQ assisted conception. You can ask around to see if anyone knows a supportive GP in your area. Even if a GP doesn't know much about LGBTIQ+ conception, they could still be helpful. Think about whether you feel comfy speaking to them, and if they are proactive about finding out the answers to questions when they don't know the answer.

Many people start with the NHS then go private later if the first (funded) rounds of IVF/IUI don't work out.

Before appointments, write down questions you want to ask your GP, and fertility provider, and bring those to ask them.

It does take extra time and effort if you don't meet the health or BMI/weight criteria for NHS-funded treatment, as there's no specific NHS support to help people find ways to meet them. Quite a lot of people have the assisted conception access on pause for a while then resume when they meet the criteria.

IVF (in vitro fertilisation)

For IVF, there are some more medical steps than IUI - more attention will be given to hormone levels, more doctors, scans, injections, etc. The egg is harvested and goes to the lab - the egg and sperm are washed and combined in a test tube/dish, then left in the incubator to see how they get on - and hopefully an embryo is formed. At this point the embryologist will keep you up to date and there'll be a fast-paced, time-sensitive process over several days.

IUI (intrauterine insemination)

IUI can be a less invasive process medically than IVF, though it still takes time, but isn't an option or best for everyone.

For IUI, the doctors monitor the egg count, send the sperm in (up towards the uterus), and hopefully the sperm fertilise an egg.

Whether IUI or IVF is the best option depends on the person, and what's likely to work. The medical advice will be tailored to you.

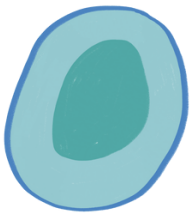
www.nhsggc.scot/hospitals-services/services-a-to-z/assisted-conception-service/referral-acceptance-criteria/

PAGE 12: RECIPROCAL IVF

Who this might apply to: A couple who are both assigned Female at birth, where they hope for one partner's egg to be used to create the embryo, and the other partner to become pregnant and carry the child. It might be relevant if you both want to be involved in a genetic or physical way in creating a baby.

How it works: If you do IVF assisted conception, first an embryo is created from sperm and an egg (that's been collected from your ovaries). Then it is implanted into the uterus of the person hoping to carry the child. Often, the egg comes from the person trying to become pregnant through IVF - but the egg can come from a donor, and in the case of 'reciprocal IVF' it's from their partner. In reciprocal IVF, eggs are collected from one person, fertilised with donor sperm and inserted in the womb of the other person who will carry and give birth to the baby.

Asking if you can do reciprocal IVF: Reciprocal IVF can be done through NHS and private assisted conception fertility clinics. If this method interests you, make sure to ask about it at the fertility clinic. We know from community members' experiences that when first accessing a clinic couples are not always told they have the option to try reciprocal IVF. Even if it's an option the clinic might not always mention it or give you information about it.



When it may be an option: It's only an option where one partner wants to be pregnant, and the other wants their egg to be used. It also requires both people to meet the health and other criteria for accessing (NHS-funded or self-funded) IVF at the clinic you're using, e.g. not smoking, being within the weight/BMI criteria. If both partners are eligible for IVF, they should be eligible for reciprocal IVF. It works where both people have the health and fertility for it to work - one is likely to be able to be pregnant, and the other's eggs are viable and genetically compatible with the sperm they'll be using. Medical and fertility tests will be done on both partners, to find out whether it's an option physically.

Accessing reciprocal IVF in Scotland: The same rules apply to reciprocal IVF as apply to other forms of IVF - see Page 11 and the criteria for NHS treatment: www.nhsggc.scot/hospitals-services/services-a-to-z/assisted-conception-service/referral-acceptance-criteria/

PAGE 13: SURROGACY

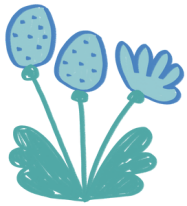
Who this might apply to: A single person, or people in a relationship, who intend to have a baby without becoming pregnant (due to not having a uterus, choice, infertility, medical reasons, etc.). Surrogacy can make it possible for someone of any gender to have a baby using their egg or sperm, and become the legal parent after birth. Conception must use your or your partner's egg or sperm, for there to be a claim to parenthood and to make it possible to transfer parental status from the gestational mother (the surrogate who was pregnant) to the intended parents in the way done for surrogacy.

Surrogacy in Scotland: Is legal, as long as it's 'altruistic' and not 'commercial' - meaning it's done without payment. Reasonable pregnancy expenses can be paid (like travel costs, treatment costs, loss of earnings, etc.). A person might ask someone they know, or might use an agency like Surrogacy UK to match them with a possible surrogate. People often write and sign a Surrogacy Agreement so the surrogate and intended parent(s) are in agreement - this is not enforceable by a court however. Intent and consent to become a parent via surrogacy aren't currently recognised in law, so until the surrogate transfers legal parenthood to you after birth, they have the parental responsibilities and rights.

The law that applies: the Human Fertilisation and Embryology Act 2008. There aren't specific legal rules that make it possible to decide in advance who the parents will be for a baby born after surrogacy. So the 'parenthood provisions' of the HFEA 2008 apply - and the legal mother at birth is always the surrogate. A surrogate's partner may be the legal father at birth - if he was the sperm donor, in a registered relationship with the surrogate, or consents to becoming a parent (if he wasn't the sperm donor, and another sperm donor was used).

Parental orders:
These isn't a surrogacy-specific set of legal rules around who the parents will be at birth, so the HFEA 2008 'parenthood provisions' apply - making the person who was pregnant with the child the legal mother. This makes it necessary to use a decision from a court called a Parental Order to transfer parental responsibilities and rights, from the birth mother to the intended parent(s).

If the conditions for a Parental Order are met, the surrogate agrees and the court agrees it's appropriate for the welfare of the child, a Parental Order (HFEA 2008 s.54) can transfer legal parenthood, and end the surrogate's legal motherhood status. See more about who the parent(s) at birth are on the next page.



More information about surrogacy in Scotland can be found at: www.mygov.scot/surrogacy-parents

PAGE 14: SURROGACY

SURROGACY (PAGE 2)

Who are the legal parents at birth? (before a Parental Order)

This can seem complex. The surrogate is always legal mother at birth. Fatherhood depends on whose sperm is used and if the surrogate is in a 'registered relationship'.

A single person using their own sperm: will have a claim to legal fatherhood at birth, and may also use a Parental Order after birth.
A single person using their own egg and donor sperm: they may use a Parental Order to become the legal mother after birth.
A couple using their own sperm (and their own or a donor egg): the person whose sperm it is will have a claim to legal fatherhood from birth. The couple may use a Parental Order after birth. A couple using their own egg (and donor sperm) - and • The surrogate is in a 'registered relationship': The surrogate's husband/civil partner will be presumed to be the father. They may use a Parental Order. • The surrogate is single/not in a 'registered relationship': There will be no legal father at birth. They may use a Parental Order. The person whose sperm was used also has a claim to legal fatherhood at birth.
A single person or couple using donor sperm and a donor egg: the surrogate will be the legal mother (and her husband/civil partner may be the registered father). As the intended parents have no genetic connection, a parental order will not be available, and an adoption order would be needed to obtain legal parenthood.
(For surrogacy, a 'couple' includes married couples, civil partners, and people 'living as partners in an enduring family relationship' (s.54(2)) of HFEA 2008)).

Getting parental responsibilities and rights after birth (parental orders)

A 'Parental Order' (sections 54 and 54A) is then needed to make the intended people the child's legal parents, after birth. These surrogacy Parental Orders are only an option where the genetic material (sperm or egg) of one of the applicants (e.g. the single person applying, or 1 person in a couple applying for it) was used to create the baby. The process is less involved/intrusive than adoption generally, though the decision to make a Parental Order is made by a court. The 'welfare of the child' is a key criterion, as it is for adoption. The Parental Order must (usually) be made within 6 months of the baby's birth, with the surrogate (& her partner if relevant) giving consent 6 weeks or more after birth. The HFEA 2008 conditions (in sections 54-55) need to be met for a Parental Order to be possible.

PAGE 15: CO-PARENTING AND KNOWN ADOPTION

Queer platonic co-parenting

Many people want to start families in which the parents may not be in a romantic relationship, or may not be a couple. The law isn't set up to support this well, but there are various ways it's possible. As well as co-parenting families where parents have separated or are not together, there are queer platonic families planned and started through conception, or formed when people join families in parenting roles (where 'step-parent adoption' may be relevant). Co-parenting arrangements might be more based on informal agreements between the people involved. In some cases additional parenting adults in a family are able to gain parental responsibilities and rights for a child they parent by getting a court order.

The legal context for co-parenting

Depending on the circumstances, there are different ways to become a legal parent and to acquire parental responsibilities and rights after birth (in cases where you don't automatically get them when a child is born). People in platonic planning-to-coparent relationships might use any of the ways to start families in this guide. As there's not specific law addressing this, people use various paths - like entering a 'registered relationship' for conception or using known adoption.

Known adoption

For situations other than surrogacy, the method for transferring/getting legal parenthood status is through adoption. Non-agency adoption can be of the kind that ends the former legal parent's parental responsibilities and rights (e.g. if they have died or are unable to care for the child). Here the adopter wouldn't go through an agency, as they already know the child, but the process of assessment by Social Work would be similar to in agency adoption.

There is also a form of adoption (sometimes called 'step-parent adoption') where the legal parent's parental responsibilities and rights and relationship remain intact and don't end - the additional person (in a relationship with the legal parent) just gains parental responsibilities and rights too. This is covered by section (30)(7) of the Adoption and Children (Scotland) Act 2007. The decision and adoption order are made by a court.

Transferring parenthood status may be relevant for:

- Someone who is in a parenting role to a (their partner's) child, and wants this to be recognised in law
- Someone whose partner was pregnant and had a baby, using donor/other sperm, and they were not married or in a civil partnership
- Someone starting a family through DIY conception, where the person pregnant and the person whose sperm is used are intending to be parents, and one or more of their partners is also intending to be a parent

PAGE 16: ADOPTION

Scotland has agency adoption and non-agency adoption. Agency adoption is through an agency run by a Local Authority or a charity. You're assessed and if they approve you as a potential adopter you're added to a list, and then matched with a baby or child (or siblings). Non-agency adoption is where you adopt a baby or child you already know, like a child in your family.

NON-AGENCY ADOPTION

For situations other than surrogacy and agency adoption, non-agency adoption can be a way to transfer/get legal parenthood status (and parental responsibilities and rights). For example, for a child in your family or a partner's child who you parent. Depending on the situation, there's a form of non-agency adoption that ends the former legal parent's parental status, and there's a form that leaves the former legal parent's parental status in place.

Non-agency adoption that ends the former parent's status
The adopter wouldn't go through an adoption agency, but otherwise the process of being assessed by social work would be largely the same as agency adoption (an assessment how suitable someone is to adopt, and whether they fit the criteria). This adoption process might be used if the former parent is unable to care for the child.

Non-agency adoption that keeps the former parent's status as it is
This is sometimes called 'step-parent adoption', and is used by someone in a relationship with the child's legal parent. It adds you as an additional legal parent without ending the existing parents' status or parental responsibilities and rights. This makes it possible for a child to have more than 2 legal parents. It's not yet clear how many legal parents is possible, and how courts would apply this law to different co-parenting structures and relationships with more than 2 people. This is covered by section (30)(7) of the Adoption and Children (Scotland) Act 2007. The decision and adoption order are made by a court.

AGENCY ADOPTION

The law that applies is The Adoption and Children (Scotland) Act 2007.

Who this might be relevant for: Adoption is open to couples (of any genders) (section 29) and single people (section 30). 'Couples' can be married, civil partners, or 'living together as if' husband and wife or civil partners, 'in an enduring family relationship' (section 29(3)). You need to be aged 21 or older, and there's no upper age limit. You don't need to be born in Scotland, but need to have lived here for 1 year or longer. You can be a parent already, or not be a parent, however you can't go through agency adoption at the same time as assisted conception. Beyond the legal criteria (age, resident in Scotland, etc.) prospective adopters will be assessed on anything that may shape their suitability and capacity to parent, including things like income, housing, illness, disability and health conditions, etc.

PAGE 17: ADOPTION

AGENCY ADOPTION (PAGE 2)

The application process
The adoption agency will do checks to decide if they find you suitable adoptive parent(s). A social worker will speak and work with you through this, do home visits, likely speak to your friends and family, and check things like your home, medical history, criminal record and financial situation. After this, the adoption agency may approve you to adopt. If you're not approved to adopt, you can appeal the decision, and can apply to other adoption agencies (you must tell them about the previous unsuccessful application).

If approved the agency will try to match you with a child (or siblings) who need a permanent home. This can take from months to years. Agencies provide training and different kinds of support to prospective adopters and adopters. After 3 months you can also be added to the Scottish Adoption Register, if not already matched with a child, to look for children to adopt.

Adoption orders
After being matched with a child, the key step is applying for and getting an Adoption Order. A court decides and grants this order, which gives the adoptive parent(s) the status of legal parenthood. It also ends the legal parenthood status of the prior or birth parent(s). Section 40(1) of the Adoption and Children (Sc) Act 2007 says 'An adopted person is to be treated in law as if born as the child of the adopters or adopter'. The 'paramount consideration' and priority of a court making this decision is 'the need to safeguard and promote the welfare of the child throughout the child's life' (section 14(3)).

Things people think about when considering agency adoption
A child's needs and experiences. Generally when a child is placed for adoption, it's not voluntary on the part of the parents, but is a decision made by Social Work if they decide the parents are unable to meet the child's needs, and have removed the child from their care because of risk or harm. Voluntary adoption is possible, but is not common in Scotland any more. Care and understanding around trauma and other needs may be especially important.

How you feel about the assessment process. There is more scrutiny of prospective adoptive parents (facilitated by adoption agencies and local authorities) than any other parents face. For some people this scrutiny and assessment feels like an invasive process, because the agency will want to know lots about you and speak to people in your family and life, to find out about everything that could shape your suitability and capacity to parent, so they can find the best home possible for a child. For some the experience of this process becomes worth it if they do go on to adopt, and for others it's not right for them.

How you feel about supervision from a social worker afterwards.

PAGE 18: FOSTERING AND CARING

Fostering

People of any gender, single or in couples, and who are LGBTQIA+ can foster. Like adoption, becoming a fosterer involves going through a service which will assess your suitability, match you with a child who needs foster care, and support you to foster them. It involves a similar level of scrutiny to adoption at the assessment/application stage, and similarly takes some months or over a year to match you with a child (or siblings). There are generally more children in Scotland who need foster carers than who need a permanent home (and adoption), as social work and courts try not to remove a child from their existing family unless it is necessary and the best option for the welfare of the child. Children in need of foster care have generally had Social Work and Children's Hearings Scotland interactions because of worries about their wellbeing and care. Some children need foster care where they live with you for a period of time, or multiple times, or on and off (for example for some days of the week, and overnight or daytimes). There are local authority and other fostering agencies you can go through, which provide training and different forms of support through the process. You receive a payment while a child is placed with you, to help cover the costs of caring for them.

The law: Various laws affect foster caring, like the Children (Scotland) Act 1995, Children (Scotland) Act 2020, The Adoption and Children Act (Scotland) 2007, Looked After Children (Scotland) Regulations 2009, Children's Hearings (Scotland) Act 2011, Children and Young People (Scotland) Act 2014, and The Continuing Care (Scotland) Act 2015. As fostering involves going through an agency, the agency generally deals with the legal side of things. Guidance and good practice for foster carers will be the key things to learn about and follow. You can find out more about the process by signing up for information sessions with a fostering agency in your area. For finding out whether you are likely to be assessed as suitable or not, the quickest way is also to get in touch with the fostering agency.

More info available at: https://www.thefosteringnetwork.org.uk/

Becoming a host family to an unaccompanied minor

There's a need for 'Host Family Supported Carers' for Unaccompanied Asylum-Seeking Young People (age 16-18), who need safe, supportive host families to live with. You can do this while working (unlike fostering, where you may need to be at home in the day). For Glasgow, there's info at: www.glasgow.gov.uk/hfsc

Mentoring, befriending, and other ways to share care and support

There are many non-profit and community organisations who welcome volunteers who can be safe, supportive adults in the lives of children and other adults. This of course is different to parenting, and this kind of thing may not suit you, but for many people support-giving roles are very rewarding.

PAGE 19: GAMETE STORAGE

This may be NHS-funded or self-funded, depending on the circumstances and whether you meet NHS criteria for preserving your gametes. For example, when certain diagnoses are made or before certain medical treatments which may affect fertility, the NHS may ask if you would like your gametes preserved, and assess whether you meet the criteria for this. Outwith these contexts, it is legal and possible to choose to preserve your gametes privately. This is governed by the Human Fertility and Embryology Authority, which has info for LGBTQ+ people: www.hfea.gov.uk/i-am/fertility-treatment-for-lgbt-people/

Egg storage

To be eligible for NHS-funded egg storage, other than there being a medical need (or a reason fertility may be affected), someone will need to meet health and physical criteria including being within the service's BMI (weight:height ratio) limits, age limits, and not being a smoker or using certain other substances or medications. To store eggs, the process is similar to what people go through to start IVF, including medical tests, fertility medicine and hormones to prepare eggs for harvesting. To use the eggs later, you access NHS or private assisted conception services, and again meet health, BMI (etc.) criteria.

Sperm storage

This can be done through (and funded by) the NHS where there is a medical need, after some health and fertility tests assess your suitability. Private sperm storage is also possible.

If embryos are created

If in a couple at the point of gamete storage, it may be possible to create and store embryos. During assisted conception embryos may also be stored. If via the NHS, you (or the person they will be implanted into) will need to meet NHS criteria at the point of use.

Transition and gamete storage

For trans people whose transition includes hormones or surgery, if they want to conceive a child later with their sperm or eggs, they would first need to store gametes (as above). When starting transitioning through a Gender Identity Clinic (GIC) in Scotland, you may store your gametes with the NHS before starting hormones. To do this you need to meet the NHS criteria (such as being within the BMI/weight limit, being a non-smoker for a length of time beforehand, being approved by the doctors as generally healthy enough and having viable eggs or sperm), and not yet being on hormones, or stop them if you're already on them. The process of storing gametes takes time, which can be difficult for people who have been waiting to access gender affirming healthcare. It may be a hard decision, often long before someone wants to try to have a child.

For those who store gametes and later use them to conceive, it's seen as a necessary and worthwhile step. Those who don't store gametes might start a family a different way, or later pause their hormone treatment for long enough to try to reverse reproductive effects (e.g. to start menstruating or producing sperm again) to see if conception is possible. There's limited research on trans people conceiving after taking hormones, and conception is never guaranteed for anyone (as everyone's fertility is different to start with), but there are trans people who have been on hormones, stopped taking hormones, and then conceived. See info from the HFEA here: www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/

PAGE 20: MORE LAWS AND CRITERIA

For some people the process can be a bit more complex, with some additional medical, practical or legal steps. If this is you, know there are families who've been through it, and a community who wants to support you.

Connections with other countries
Where a parent is from another country, or assisted conception, surrogacy or birth happens in another country, that other country's laws might be relevant too. For example, different countries have different rules around nationality and citizenship which could affect what nationality a child will have. Sometimes it's based on the parents' nationality, sometimes dual nationality is possible (or not), and sometimes it's based on where they're born. As it's different in each jurisdiction we can't give a simple answer here, and people are likely to need to talk to a family law or immigration law specialist.

Disability, health and size (BMI)
Disabled people, people with certain health conditions and illnesses, and people whom doctors class as underweight or overweight, find these affect how long it takes or whether it's possible to access Assisted Conception. NHS services do require you to be within their BMI-based limits to access gamete storage or assisted conception. Private services sometimes have slightly higher BMI limits. For health generally they consider the impact of any conditions you have on the health and welfare of a potential child, and of pregnancy on your health. That said, people with a range of conditions do access it, and many conditions don't automatically rule you out. Everyone's health is different, and only the doctors can say whether you're eligible for assisted conception. Something to consider or talk to the doctor about is whether you'd need to change the medication you take before assisted conception and during pregnancy. Some medicines aren't suitable for pregnancy, but there may be other options you can take.

For adoption through an agency, health, disability and fitness are also taken into account. Similarly, disability and illness don't automatically rule you out, but will be considered as part of your capacity. These are criteria that people becoming pregnant in a DIY way don't need to meet, so even if they're meant to protect health, if they are barriers for you it's understandable if you find it difficult or unfair. Know there are people who'll understand how you feel.

Age For NHS-funded assisted conception, there are specific eligibility rules for 40-42 year olds, who can get at most 1 funded IVF cycle (rather than 3).

Housing For NHS-funded IVF, couples need to live together for 2 years first. To adopt or foster your housing situation will be assessed for suitability.

Assisted conception criteria: Check the local assisted conception service e.g. Greater Glasgow: www.nhsggc.scot/hospitals-services/services-a-to-z/assisted-conception-service/referral-acceptance-criteria/

PAGE 21: IF A PATH DOESN'T WORK FOR YOU, OR DOESN'T GO AS PLANNED

It's worth knowing that many people start one path, find out it doesn't work for them for some reason, and then need to adapt and find another way forward. For example, with IVF the NHS offers up to 2-3 tries, so if those don't work out people often go on to use a private fertility clinic.

Dealing with disappointment, delays, and loss - You're allowed to feel whatever emotions you feel. It can help to talk about what you're going through and get support, whatever that support looks like to you

You might find it helps to take it one step at a time. Because of how unpredictable the process can be, most people find they need to adapt and make new decisions along the way. Knowing this is coming, and not counting on anything until it's happened might make the process a bit easier emotionally.

WHAT HAPPENS IF YOU SEPARATE OR DIVORCE

Emotionally - this is generally unexpected, at a time where you already have lots to think about. Try not to feel bad if you need to take time to focus on it.

Legally - this might be a situation where you need to talk to a Family Law solicitor who can explain how the law applies to your specific situation.

For assisted conception, if an embryo has not been created, and you are the person planning to become pregnant, you may be able to carry on alone. If an embryo has been created it's likely a Family Law solicitor might be needed before.

For adoption, if you've been assessed as a couple you'll need assessed as a single person.

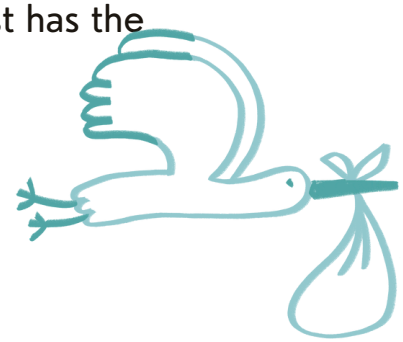
PAGE 22: TIPS ON CHOOSING WHAT TO TRY

How to decide which option is for you?

People near the start of their journeys often ask for advice on how to decide between options. These are tips from LGBTIQ+ people who've been through the process of working out how to start a family.

Finding information and stories

- Set aside some time to do some research. It can be easier to know what's right for you when you know the relevant options and what they involve. This can be whatever research looks like for you - reading, listening, talking to people.
- Listening to other people's stories in a way where you can connect to them - like listening to podcasts with people sharing their experiences.
- Social media, with caution and a sprinkling of salt. There's really good information and online groups, as well as bad information!
- Gather the info you find most helpful so you know how to find it again. If you need to re-write it in your words so it's clear and just has the information you need.



Checking in with yourself

- You could start by ruling out options that don't work for you, so you have less to worry about.
- Thinking about your budget and finances - this can be a factor shaping the choices.
- Knowing there may not be one 'right option' for you - the right option is the one you end up picking.
- Journal or talk to someone trusted about how you feel, and what your hopes or worries are for the different options you could take.
- Give yourself time to think and feel what you want to do.

Find community spaces

- Finding a community resource or group you can join. LGBTIQ+ and wider communities you're in might be spaces where you can find people happy to listen as you talk through your thoughts.
- If you're in Scotland and at any stage of planning or taking steps, come along to the Queer Families events. A lot of people come along because they're thinking about where to start. There are lots of people happy to talk to new people and offer peer support, and who might have some of the answers.
- Remember there are no silly questions! Someone in an offline or online community will have asked the same thing before, and will have the answer or be able to help you find the answer.

PAGE 23: TIPS ON PREPARING

Looking after yourself in the preparation stage

People often need to take time at the start to prepare in different ways. For people looking into assisted conception, or fostering or agency adoption, they might need to take steps to meet the criteria. And generally people do things to feel more ready. People mention having to prepare in ways that include things like stopping smoking if they smoke, getting into suitable housing, nesting and feeling as comfy as possible in their home, finding healthy ways to gain or lose weight, saving money, pausing transition-related healthcare and hormones, getting good nutrition, finding ways to reduce stress, having conversations and building community.

Preparing can take quite a lot of time, months or years. Try to mentally prepare yourself for this, so you can treat it as part of the bigger journey and take care of yourself through it.

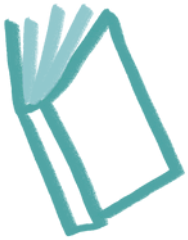
Reach out to chat to people, and find ways to welcome the kinds of support people can give. It's hard to do anything like this in isolation, and talking to people regularly can help lower the stress.

Some people find it helps them to focus on the strong reason and motivation they're working towards. Thinking about a powerful 'Why' can help through hard experiences and waiting.

Try to find people who have had to prepare in a similar way (whether hormones, weight or fitness, finances). They can likely offer empathy for what you're feeling.

It might help to remind yourself you need to take as much time as it takes, build rest periods into your planning, and avoid having too tight a timeline.

PAGE 24: TIPS ON TAKING CARE OF YOURSELF



Read or watch things you find fun and relaxing.

Look after your stress levels - conscious and subconscious

Knowing what the next steps are can help you go through it

Take a break from research when you need to.

Think about what you need now at this stage.

You can also think about boundaries you may want to set with family and people in your life through the process. And how you want to communicate about it with people in your life (e.g. them asking for updates, or not).

Being gentle with yourself and giving yourself more rest than usual.

If it's right for you looking for queer friendly groups, arts, massage therapists, different kinds of social and creative spaces, and wellbeing supports

Giving yourself enough good nutrition

Finding a way to express yourself and be creative can have a big impact on how you feel. Especially when you're doing something which brings up lots of thoughts and feelings. The art or writing doesn't have to be 'good', it just needs to feel helpful for you.

Connect with community

Finding a way to connect with nature or be outdoors

Time with animals and pets can also be relaxing

Spend time with people, in spaces, and doing things that make you feel most good.

Don't be afraid to tell people what you want, and how you want it. For example, if you're having a difficult time - telling people you don't want them to ask you about it, or you need space, or time together.

Accessing other kinds of care you might need - counselling, healthcare, holistic and community support, whatever meets your needs

Taking part in fitness and active activities can feel really helpful

It's normal to feel a variety of emotions at this point. Whether it looks like you'll have a relatively simple path or are dealing with barriers

Chatting to people will help

Even before you start any process, it's helpful to look after yourself. Try to build up support and energy for when things might get more fast-paced (and involve a lot of waiting).

PAGE 25: RESOURCES

LGBTIQ+ organisations in Scotland

Queer Families and **Queer Future Families** (supported by Outside the Box).

- The Queer Families group is for LGBTIQ+ families with babies or children. We meet monthly in Glasgow, and plan to hold events in more areas.
- The Queer Future Families group is for all LGBTIQ+ people in Scotland who are hoping or planning to start a family. We meet in Glasgow and hold online events for relaxed peer-support and conversation.

Website: www.otbds.org/projects/queer-families/
Instagram: www.instagram.com/queerfamsglasgow/

Scottish Trans (www.scottishtrans.org) does work around health inequalities trans and nonbinary people experience in Scotland. They have done research with Equality Network on access to reproductive health and conception services for trans people, and Lesbian and Bi+ women: www.scottishtrans.org/our-work/research/reproductive-health-and-fertility-research/

LGBT Health and Wellbeing is an organisation which works on improving wellbeing and health access for LGBTIQ+ people in Scotland. It runs a 'Rainbow Families' group in Edinburgh for LGBTIQ+ families with children, as well as other groups for different parts of the LGBTIQ+ community.
Website: www.lgbthealth.org.uk/

Equality Network is a national LGBTIQ+ human rights and equalities charity which works to challenge discrimination in Scotland. It does research and policy work, including on families and healthcare. Website: www.equality-network.org/

Exhale.group is an organisation creating spaces for QTIPOC+ (Queer, Trans and Intersex People of Colour) in Scotland to connect. Website: www.exhale.group/

LEAP Sports is an organisation that works for LGBTIQ+ people's inclusion in sports in Scotland. It creates free, inclusive opportunities for LGBTIQ+ people to try different sports and activities. Website: www.leapsports.org/activities

Switchboard LGBTQIA+ Support is a national support hotline, which you can call or email, or contact through a chat on their website, to talk about anything related to gender, sexuality and your feelings and experiences.
Website: www.switchboard.lgbt/

Parenting and family organisations in Scotland

Parenting Across Scotland is a network of charities offering advice and info: www.parentingacrossscotland.org/
One Parent Families Scotland: https://opfs.org.uk/
Home Start supports parents from before birth to school age: www.home-start.org.uk/scotland

PAGE 26: RESOURCES

Legislation

Law Reform (Parent and Child) (Scotland) Act 1986
Human Fertilisation and Embryology Act 2008
Adoption and Children (Scotland) Act 2007

For resources produced in England and Wales, keep in mind that some of the laws are different in Scotland, for example Scots Law around who a child's parents are. Details around services (like waiting times for NHS assisted conception services) are likely to be different in each local NHS area.

Conception

Donor Conception Network: www.dcnetwork.org/
Human Fertilisation and Embryology Authority is the UK regulator of fertility services, and shares information about IVF and conception including for LGBTIQ+ people: www.hfea.gov.uk/i-am/fertility-treatment-for-lgbt-people/ and info on home insemination: www.hfea.gov.uk/donation/donors/home-insemination-with-donor-sperm/. It also has a Fertility Clinic search function: www.hfea.gov.uk/choose-a-clinic/clinic-search/.
Fertility Network is a charity that shares information and support around fertility challenges and journeys: www.fertilitynetworkuk.org/
Fertility Mapper shares information about NHS eligibility for funded assisted conception (IVF and IUI), and has a tool for finding out what's available in your postcode and the likelihood you meet local criteria for NHS-funded treatment: www.fertilitymapper.com/fertility/nhs/am-i-eligible-for-ivf-on-the-nhs/
Fertility Matters At Work publishes reports, info and podcasts on going through fertility journeys while working, and how workplaces can support employees:
www.fertilitymattersatwork.com/resources/
LGBT Mummies is an organisation based in England campaigning and offering support around starting families: www.lgbtmummies.com/
Trans Pregnancy Project is a website sharing academic research on trans conception and pregnancy: www.transpregnancyproject.com/outputs/
Information from NHS Scotland about eligibility criteria for accessing the assisted conception service: www.nhsggc.scot/hospitals-services/services-a-to-z/assisted-conception-service/referral-acceptance-criteria/

Birth

The book 'Supporting Queer Birth' by AJ Silver of Queer Birth Club covers various topics, for parents and professionals www.queerbirthclub.co.uk/about/
Dr Ruth Pearce's website shares free resources on perinatal care for trans and nonbinary people, including a protocol for perinatal care produced with Brighton and Sussex NHS Trust. www.ruthpearce.net/2025/03/31/free-resources-perinatal-care-for-trans-people/
A list of breast and chestfeeding resources for trans and nonbinary parents from La Leche League: www.laleche.org.uk/support-transgender-non-binary-parents

PAGE 27: RESOURCES

Adoption
Information about adoption on the Scottish government's website.
www.mygov.scot/adopting-a-child
Scottish Adoption and Fostering is a charity that runs regular information events, and online parents groups for families formed through adoption.
www.scottishadoption.org/
New Family Social is a charity based in England that's been working to make adoption and fostering more accessible to LGBTIQ+ people in the UK,
www.newfamilysocial.org.uk/
Barnardos has information for LGBTIQ people seeking to foster or adopt:
www.barnardos.org.uk/get-support/fostering-and-adoption/lgbt-foster-adopt
and runs adoption services in Scotland: www.barnardos.org.uk/get-support/services/barnardos-scotland-adoption-service

Fostering
Scottish Adoption and Fostering is a charity that runs regular information events, and online parents' groups for fosterers. www.scottishadoption.org/

Surrogacy
Scottish Government information about surrogacy in Scotland:
www.mygov.scot/surrogacy-parents
Brilliant Beginnings is an organisation that shares information about surrogacy in the UK: www.brilliantbeginnings.co.uk/surrogacy-information/

Queer/Platonic Co-parenting
- The group Queer Platonic Coparenting holds events in England, and shares info on coparenting: https://linktr.ee/queerplatoniccoparenting
- There are some websites people use to match with potential coparents and donors, such as Pride Angel: www.prideangel.com/; Just a Baby: www.justababy.com/; and Co-parent Match: www.co-parentmatch.com/

Podcasts
Here are some general LGBTIQ+ family podcasts - you'll be able to find others by searching specific topics and experiences.
Pride & Joy: www.bbc.co.uk/sounds/brand/p08cklsr
The Proud Parent Club: www.theproudparentclub.com/
The Queer Family Podcast: www.youtube.com/@thequeerfamilypodcast/
New Family Social: https://www.newfamilysocial.podbean.com/

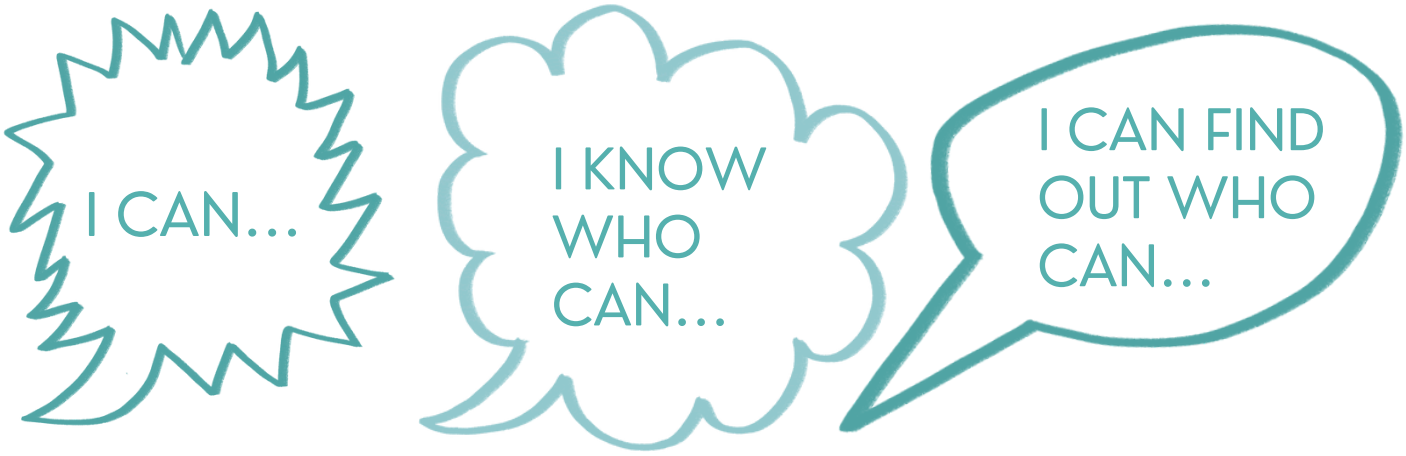
Book lists
Here are a couple of book lists - to find more books that meet your needs you could get in touch with an LGBTIQ+ bookshop or ask a librarian.
https://uk.bookshop.org/lists/new-queer-parents-books-to-read-and-give
https://gayprideshop.co.uk/collections/lgbtq-parent-guides-books

FINDING SUPPORT

A tool to plan ways to find support.

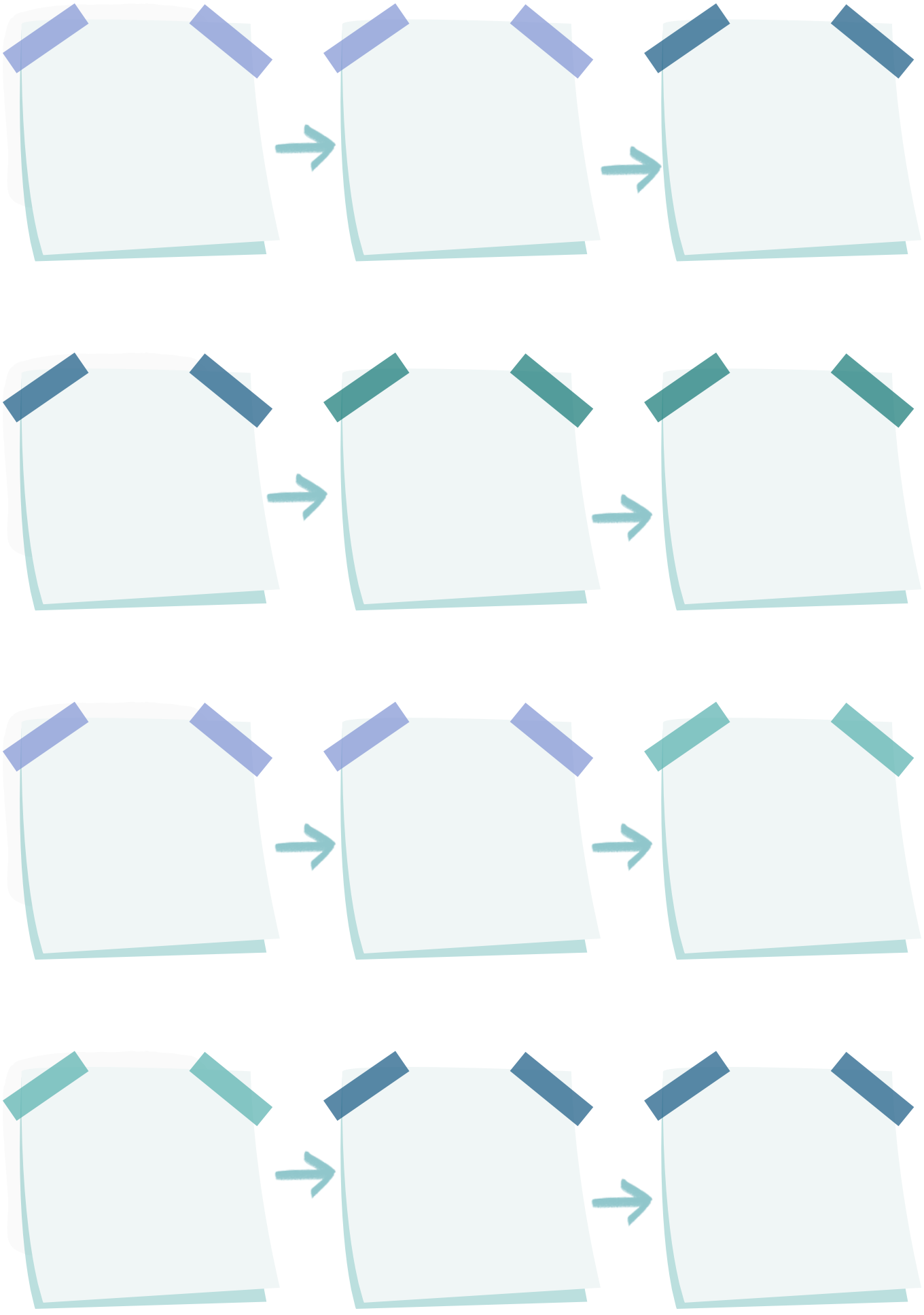
List the different kinds of support you may need while starting a family.

Split this list into things you can do, things people you know can help with, and things you don't know who can help with (but can find out). This can help make ways to build up support clearer.



NEXT STEPS

A space to plan what the next steps might be.



NOTES

A space to write your notes and questions.

ACKNOWLEDGMENTS

Thank you

Thank you to everyone who contributed to this guide! This guide exists thanks to everyone who takes part in Queer Families and Queer Future Families, who had the idea to create this guide, and shared lots of their time and experience putting this together. And special thanks to Dr Alan Brown (Senior Lecturer at Glasgow University School of Law) for all his support and expertise, helping us understand how the laws in Scotland affect LGBTIQ+ people planning and starting families in different ways.

The process of co-creating this guide was facilitated by Outside the Box Development Support. For any questions and for more information about this guide, contact Leon Hamilton (Community Development Adviser, Outside the Box Development Support) by emailing Leon@otbds.org or Admin@otbds.org, or by using our contact form: www.otbds.org/contact/

Help us keep the guide up to date

Thank you for reading our guide on the options for LGBTIQ+ people wanting to start families in Scotland. We hope you find it a helpful starting point for understanding the different ways people can start families here.

We created this guide in 2025, but we aim to update it if the context changes with time. We welcome updates and ideas for making it more supportive and useful. Check our website to see if there are any updates.

If you have a chance, please fill out our survey to let us know:

- What did you think of this guide?
- Any ideas for how we can improve it in the future?
- Has anything changed that makes the info out of date?
- Other resources and organisations we could include links to?

Fill out our quick feedback survey at:
https://forms.gle/kk684qMurRXcScrY6

Support our work

What the Queer Families and Queer Future Families groups can do is driven by the people who take part, and share their experiences and strengths. If you're LGBTIQA+ and you'd like to take part in either of these groups - please come along or get in touch, you'll be very welcome. If these groups aren't for you but you have skills, networks or resources which might help our work on creating more support for LGBTIQ+ families in Scotland, please do get in touch.

Queer Families Project

Get in touch

Website: www.otbds.org/projects/queer-families

Instagram: www.instagram.com/queerfamsglasgow

Email: Admin@otbds.org

outsidethebox

COMMUNITY FUND

CORRA FOUNDATION

THIRD SECTOR Dumfries and Galloway

Queer Families and Queer Future Families (2025). Starting LGBTQIA+ Families in Scotland: A quick guide. www.otbds.org. Glasgow: Outside the Box Development Support.