



Health and wellbeing for lesbian, gay, bisexual, trans, intersex, queer [LGBTIQ+] people and sexuality, genders, and bodily diverse people and communities throughout Australia.

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2026 Census Topic Consultation

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SUBMISSION: 2026 CENSUS TOPIC CONSULTATION PHASE ONE

About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals.

LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

Executive summary

Current data collection does not adequately count LGBTIQ+ people and communities. This results in a lack of data to monitor and report on national strategies, and insufficient data at the national, jurisdictional, and local level for targeted policy development, service delivery and resource allocation.

LHA recommends that the 2026 census include an integrated set of questions that address the topics of sex, gender, variations of sex characteristics and sexual orientation. These topics meet the ABS census assessment criteria, most importantly in relation to their national importance, the need at a national and local level, and the ongoing need for the data.

The existing Australian Bureau of Statistics (ABS) Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (ABS 2020 Standard) demonstrates the capacity for these topics to be collected in an effective and efficient way.

This submission focuses on *gender* and *sexual orientation*, noting that the ABS identifies *sex* and *variations of sex characteristics* are existing census topics, and that the next stage of ABS census consultation will consider changes needed for existing Census topics.



Context of this submission

In 2019, the ABS identified sexual orientation, gender identity and sex characteristics for further testing and potential inclusion in the 2021 Census of Population and Housing (the Census). LGBTIQ+ Health Australia developed a Joint Statement calling for LGBTIQ+ inclusion in the Census, supported by 140 stakeholders nationally with expertise spanning mental health, suicide prevention, social services, disability, ageing and aged care, family violence, human rights, and research.

The final topics for the 2021 Census did not include appropriate questions on sex, gender, variations of sex characteristics and sexual orientation sufficient to adequately count LGBTIQ+ populations and support funding and investment in a range of areas, including healthcare and social services planning.

The Australian Bureau of Statistics (ABS) is undertaking a multi-stage consultation process ahead of finalising content for the 2026 census. This current stage (28 February to 28 April) focuses on information needs (topics) not currently collected by the ABS in the Census. The next stage will consider the full range of topics being considered for inclusion, change or removal from the 2026 Census.

In this context LHA notes that:

- The ABS is not currently considering specific questions and this submission does not make recommendations about the detail of questions that may be asked or the variables that should be used for the Census. This submission refers to the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables¹ (ABS 2020 Standard) as current good practice for collecting information on these topics. LHA acknowledges that the ABS 2020 standard may be updated and supports a continued collaborative process for any revisions.
- The ABS has stated that it will consider during this *gender identity* and *sexual orientation* as topics shortlisted for consideration and testing in the 2021 Census, but not included on the form. LHA notes that the ABS has stated that it will consider input from previous consultation, and it is not necessary to restate or resubmit previous information.
- The ABS has stated that *sex* and *variations of sex characteristics* are existing census topics that will be considered during later stages of consultation. This submission will focus on *gender identity* and *sexual orientation*, while noting that effective data on LGBTIQ+ communities require use of all four variables in the ABS standard in an integrated manner.
- At the time of the 2021 Census, inadequacies were identified around the capacity of existing questions to adequately collect data about LGBTIQ+ populations in a way that reflects diverse family structures, is comprehensive and can be meaningfully used for research, planning and program development. This includes 2021 responses on *non-binary sex* as part of the question on *sex*, which did not yield meaningful data. This submission does not make recommendations on changes to existing topics, which will be addressed at the later stage of ABS consultation.

¹ <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>



Current lack of LGBTIQ+ data

Current data collection does not adequately or accurately count LGBTIQ+ people and communities. There are no comprehensive and reliable data on the number of LGBTIQ+ people, nor their basic demographic profile such as age, income, and household arrangements.

Since 1996, the Census has collected information on the relationship status of cohabiting same-sex couples. As the ABS reported in its 2021 findings, this only measures household relationships, not couples who are not living together. Parent/child relationships can be missed when children live across households and the data does is not able to disclose the full range of relationships.²

The 2021 Census collected responses on non-binary sex as part of the question on sex. The ABS reported that this addition to the sex question did not yield meaningful data.³

Data on gender, sexual identity and variations of sex characteristics are currently collected in some national surveys of the general population such as the General Social Survey (GSS)⁴ and National Study of Mental Health and Wellbeing⁵. These do not provide the same robust data as the census and may not include a sufficient sample of lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse people to disaggregate by intersectional characteristics to understand the needs of specific populations and subpopulations.

Most current LGBTIQ+ health and wellbeing data is provided by research surveys using sampling approaches to provide more targeted information on LGBTIQ+ Australians, such as Private Lives⁶, Writing Themselves In⁷, Trans Pathways⁸ and SWASH⁹. While these provide important understanding about the health and wellbeing of LGBTIQ+ populations, they do estimate population size and do not benefit from being weighted through population-level census data. They do not provide targeted information sufficient for work at the local level or for small population groups.

There are no recurrently funded studies of Australian LGBTIQ+ populations that provide ongoing longitudinal data to measure the impact of policy, programmes, and funding over time. Without Private Lives and Writing Themselves In (which remain unfunded for future iterations) there would be no longitudinal national LGBTIQ+ health and wellbeing data for planning.

² <https://www.abs.gov.au/articles/same-sex-couples-living-together-australia>.

³ <https://www.abs.gov.au/articles/analysis-non-binary-sex-responses>.

⁴ <https://www.abs.gov.au/methodologies/general-social-survey-summary-results-australia-methodology/2020>

⁵ <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

⁶ <https://www.latrobe.edu.au/arcshs/publications/private-lives/private-lives-3>

⁷ <https://www.latrobe.edu.au/arcshs/publications/writing-themselves-in-publications/writing-themselves-in-4>

⁸ <https://www.telethonkids.org.au/projects/trans-pathways>

⁹ https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020_Final.pdf



In January 2021, the ABS released the current Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020 Standard) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation.¹⁰

Inclusion of gender, variations of sex characteristics and sexual orientation in the census will enable more representative data and a significantly more accurate picture of LGBTIQ+ populations.

The need for data

Various estimates of the size of the LGBTIQ+ population range from 3.5% to 11% of the Australian population due to variations in terminology and methodology. International and Australian research suggests the figure is higher among younger Australians. Estimates of the subpopulations are uncertain and vary.¹¹

There is clear international and Australian evidence of disparities in LGBTIQ+ health and wellbeing in comparison with the broader Australian population. The poorer health outcomes can primarily be attributed to the impact of minority stress—the chronic stressors to which LGBTIQ+ people are uniquely exposed because of sexuality, gender and bodily diversity being socially stigmatised. For LGBTIQ+ people who live at the intersections of additional marginalised identities and experiences, these health inequities can be compounded by racism, ableism, and other forms of discrimination.

LHA supports the submission to the ABS 2026 Census Topic Review from the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University which identifies research showing LGBTIQ+ Australians experience poorer general and physical health; poorer mental health; discrimination and violence; higher rates of alcohol, tobacco, and other drug use; homelessness and housing insecurity; lower average incomes and high rates of poverty, particularly among trans and gender diverse people as well as lesbian and bisexual women.

The ARCSHS submission provides evidence from Private Lives 3 showing key differences in health and wellbeing among subpopulations within LGBTIQ+ communities: between cisgender and transgender people; endosex and people with intersex variations; gay and lesbian people and bisexual, pansexual, and queer people; people with and without disabilities; Anglo-Australians, people from culturally and linguistically diverse backgrounds, and people who are Aboriginal and/or Torres Strait Islanders.

The ARCSHS submission also summarises research that shows barriers in access to health and social services. LGBTIQ+ populations underutilise services and delayed seeking treatment; are less likely to be able to afford care due to higher rates of unemployment and lower wages; are affected by isolation or distance from services, particularly the trans community.

Recognising the significant health and wellbeing disparities, LGBTIQ+ people are identified as a priority population in a range of national strategies, including the National Preventive Health Strategy 2021-

¹⁰ <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

¹¹ <https://www.rainbowhealthvic.org.au/media/pages/research-resources/research-matters-how-many-people-are-lgbtqi/4170611962-1612761890/researchmatters-numbers-lgbtqi.pdf>



2030¹², National Men's Health Strategy¹³, National Women's Health Strategy¹⁴, National Action Plan for the Health of Children and Young People¹⁵, National Drug Strategy¹⁶ and National Mental Health and Suicide Prevention Plan¹⁷.

The 2021-2030 National Preventative Health Strategy highlighted the health disparities in cancer detection, tobacco and alcohol use, and mental health and suicide prevention. The National Preventative Health Strategy sets important goals to improve the physical and mental health of all Australians and has acknowledged that to improve health outcomes across the board, different strategies and responses are needed for those that have specific health needs.

In March 2023, the Australian Government committed to a 10-year national action plan for LGBTIQ+ health and wellbeing.¹⁸ The 10-year action plan will consider existing priorities in national strategies, identify gaps, and establish a coordinated program for change. It is intended that the action plan will include specific objectives and performance indicators to track progress against agreed goals to address disparities in LGBTIQ+ health and wellbeing.

Comprehensive census data on sex, gender, variations of sex characteristics and sexual orientation is essential and urgently needed at the macro and micro level in delivering change and tracking progress.

Census collection every five years provides an essential tool to track changes and ensure that policies, programs, and resources are informed by current population data. Incorporating these topics in the 2026 census will enable the subsequent census in 2031 to measure progress on the 10-year national action plan and the range of national strategies.

There is growing and widespread recognition of the need for the collection of LGBTIQ+ data in the census. Gender and sexual orientation are now included in the national census of England and Wales (since 2021) and Aotearoa New Zealand (from 2023). Canada has included gender since 2021, with indications it is considering sexual orientation for inclusion in the next census. Ireland is considering gender and sexual orientation for its 2026 census. Northern Ireland introduced sexual orientation in its 2021 census.

¹² <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>.

¹³ <https://www.health.gov.au/sites/default/files/documents/2021/05/national-men-s-health-strategy-2020-2030.pdf>.

¹⁴ <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>.

¹⁵ <https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-of-children-and-young-people-2020-2030>.

¹⁶ <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>.

¹⁷ <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>.

¹⁸ <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-for-health-and-aged-care-and-assistant-minister-for-health-and-aged-care-press-conference-1-march-2023>



Response to Census topic assessment criteria

This submission recommends the inclusion of an integrated approach to sex, gender, variations of sex characteristics and sexual orientation, with the specific inclusion of the topics of *gender* and *sexual orientation* in the 2026 census to align with existing topics of *sex* and *variations of sex characteristics*.

PUBLIC VALUE OF COLLECTING DATA ON GENDER AND SEXUAL ORIENTATION

1. The topic is of current national importance

- The data is needed to support delivery and monitoring of the Australian Government's commitment to a 10 Year National Action Plan for the health and wellbeing of LGBTIQ+ people.
- The data is needed to guide delivery and strengthen monitoring for national strategies that prioritise the health and wellbeing of LGBTIQ+ populations.
- The data is needed to support the development, delivery and monitoring of policy and programs to reduce health and wellbeing disparities for LGBTIQ+ populations.
- LGBTIQ+ health and wellbeing researchers need Census data to provide reliable comparative analysis with the broader Australian population and increase understanding on subpopulations.

2. There is a need for data at the national level, and either the local level or for small population groups.

- The data is needed at a national level to support development, implementation and monitoring of national health and wellbeing strategies targeting LGBTIQ+ people as priority populations.
- The data is needed to overcome the 'invisibility' of LGBTIQ+ people in some areas where adequate demographic data is not available to drive policy and program development.
- The data is needed to better understand the population distribution of LGBTIQ+ communities to enable programmes for early engagement and intervention for priority populations.
- The data is needed to support more effective, localised, and nuanced strategies to engage and work with specific communities, especially in relation to intersections among sub-populations.

3. There is likely to be a continuing need for data on the topic following the Census.

- There is need at a national and local level for longitudinal data to demonstrate the effectiveness of policy interventions, service delivery and resource allocation.
- Continued levels of stigma and discrimination mean that ongoing data will be needed to address continued health and wellbeing disparities.

IS THE CENSUS THE MOST APPROPRIATE WAY TO PROVIDE THIS DATA?

4. There are no other suitable alternative data sources or solutions that could meet the topic need

- There are no comprehensive and reliable data on the number of LGBTIQ+ people, nor their basic demographic profile such as age, income, and household arrangements.



- Most current data is provided by research surveys using sampling approaches which don't estimate population size or provide targeted information sufficient for the local level or for small population groups.
- There are no recurrently funded studies of Australian LGBTIQ+ populations that ensure ongoing longitudinal data to measure the impact of policy, programmes, and funding over time.

5. Data on the topic can be collected efficiently

- The ABS has an existing Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, that allows for collection of the relevant data.
- International experience and the adoption to date of the ABS 2020 Standard in some surveys can provide guidance on the use and processing of these topics for the Census.

6. A representative of the household would be willing and able to answer questions on the topic for each member of the household.

- The ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, provides a set of question to collect data on sex, gender, variations of sex characteristics and sexual orientation.
- There is a risk of underreporting whether in circumstances both where an individual filling out the form conceals their sexual orientation or gender, and where a household member completing the census does not know or acknowledge another household members' gender or sexual orientation.
- Underreporting does not invalidate the value of the national collection of sexual orientation and gender information. Inclusion of these topics in the census will allow for much better estimates and data on LGBTIQ+ populations.
- A range of strategies can be adopted by the ABS to support more accurate reporting, including consultation with LGBTIQ+ community groups, public education, and training for census enumerators. An opportunity exists for increased individual confidentiality through promoting individual completion of a census form online or via paper form.
- During the 2021 Census, a significant number of people actively sought the opportunity to disclose their sexual orientation and/or gender, as demonstrated by the significant community campaign at that time. Inclusion of these topics in the census provides an opportunity to overcome the invisibility and marginalisation experienced by LGBTIQ+ populations.

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