

thorneharbour health*

Submission: Australian Bureau of Statistics 2026 Census Topic Review

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About Thorne Harbour Health

Thorne Harbour Health is one of Australia's largest LGBTIQ+ community-controlled health services for people living with HIV, and lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) communities. Thorne Harbour Health primarily services Victoria and South Australia, but also leads national projects. Thorne Harbour Health works to protect and promote the health and human rights of LGBTIQ+ people and all people living with, and affected by, HIV.

Executive summary

Current data collection methods fail to accurately represent LGBTIQ+ individuals and communities, resulting in insufficient data to monitor and evaluate national, state and local-level strategies. This data inadequacy also hinders policy development, service planning and delivery, and resource allocation at all levels.

Thorne Harbour Health recommends incorporating an integrated set of questions in the 2026 census that address sex, gender, variations of sex characteristics, and sexual orientation. These topics align with the ABS census assessment criteria, particularly in terms of national importance, the demand for data at both national and local levels, and the continuous need for such information.

The existing Australian Bureau of Statistics (ABS) Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables¹ (ABS 2020 Standard) illustrates the feasibility of collecting these topics effectively and efficiently.

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

This submission primarily focuses on gender and sexual orientation, recognising that sex and variations of sex characteristics are already included in the census. The subsequent stage of ABS census consultation will address the necessary changes to existing census topics.

Introduction

Australia's population is diverse in terms of gender, sexual identity, and individuals born with variations of sex characteristics. However, population surveys, including the census, often fail to include questions that accurately and adequately gather data on these individuals. Presently, there is no comprehensive understanding of the number of LGBTIQ+ individuals in Australia, their location, or their specific circumstances, including essential demographic details such as age, income, occupation, housing and family structures. Many jurisdictions are shifting toward national data collection on this population, and there is increasing demand for addressing the lack of data as a priority in countries where it is not yet collected.

In 2019, the ABS considered sexual orientation, gender identity, and sex characteristics for additional testing and potential inclusion in the 2021 Census of Population and Housing (the Census). Thorne Harbour Health endorsed a Joint Statement² advocating for LGBTIQ+ inclusion in the Census, which was backed by 140 national stakeholders with expertise in mental health, suicide prevention, social services, disability, ageing and aged care, family violence, human rights and research.

However, the final topics for the 2021 Census did not incorporate suitable questions regarding sex, gender, variations of sex characteristics, and sexual orientation that would sufficiently account for LGBTIQ+ populations and facilitate funding and investment in various areas, including healthcare and social services planning.

Current lack of LGBTIQ+ data

Current data collection methods do not adequately count LGBTIQ+ people, nor effectively capture information on the LGBTIQ+ population in Australia, such as basic demographic information including age, income, and household data.

The Census only collects data on the relationship status of cohabiting same-sex couple, which does not account for other types of relationships, such as those not living together, or parent/child relationships where children live in different households.

The addition of non-binary sex in the 2021 Census did not produce useful data³. While some national surveys, like the Gender Social Survey (GSS)⁴ and National Study of Mental Health and Wellbeing⁵, collect data on gender and sexual identity, they do not provide robust data and may not include a sufficient sample of LGBTIQ+ people.

Current LGBTIQ+ health and wellbeing data is primarily derived from research surveys, which estimate population size but are not weighted through population-level census data. These include Private

² https://www.lgbtiqhealth.org.au/joint_statement_in_support_of_lgbti_inclusion_in_the_2021_census

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>

Lives⁶, Writing Themselves In⁷, Trans Pathways⁸ and SWASH⁹. Recurrently funded studies that provide ongoing longitudinal data on Australian LGBTIQ+ populations do not exist.

However, the release of the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables in 2020 is a positive development in standardising the collection and dissemination of data relating to LGBTIQ+ populations. Including gender, variations of sex characteristics, and sexual orientation in the census will result in more representative and accurate data on the LGBTIQ+ population in Australia.

The need for data

Estimates suggest that the LGBTIQ+ population in Australia ranges from 3.5% to 11% with a higher proportion among younger Australians. However, these estimates vary due to differences in terminology and methodology. The health and wellbeing of LGBTIQ+ individuals tend to be worse than that of the broader population, with disparities largely caused by structural prejudice, stigma and discrimination.

Individuals with multiple marginalised identities may experience compounded health inequities due to factors such as racism, ableism, and other forms of discrimination. The Australian Research Centre in Sex, Health and Society (ARCSHS) has found that LGBTIQ+ Australians generally face poorer general and physical health, mental health, higher rates of discrimination and violence, substance abuse, homelessness, housing insecurity, and lower average incomes and high poverty rates, especially among trans and gender diverse people, and lesbian and bisexual women.

There are significant differences in health and wellbeing among various subpopulations within LGBTIQ+ communities, including differences among cisgender and transgender people; endosex and intersex individuals; gay, lesbian, bisexual, pansexual, and queer people; people with and without disabilities; and individuals from different cultural and linguistic background and Indigenous Australians.

ARCSHS has also highlighted barriers to accessing health and social services for LGBTIQ+ population. These include underutilisation of services, delayed treatment-seeking, inability to afford care due to unemployment or low wages, and isolation or distance from services, particularly for the trans community.

The inclusion of gender diversity, sexuality, and intersex variations in census data can help develop a more comprehensive understanding of these differences and intersections among subpopulations, leading to more effective health and social policy interventions. Improved understanding of the population distribution of these communities could provide crucial information for increasing earlier engagement with and retention in social and health services, supporting localised targeted strategies to engage specific communities based on population estimates.

Acknowledging the substantial health disparities, LGBTIQ+ individuals are designated as a priority population in various national strategies, such as the National Preventive Health Strategy 2021-2030¹⁰,

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

⁷ <https://www.latrobe.edu.au/arcshs/work/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

¹⁰ <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>

National Men’s Health Strategy¹¹, National Women’s Health Strategy¹², National Action Plan for the Health of Children and Young People¹³, National Drug Strategy¹⁴, and National Mental Health and Suicide Prevention Plan¹⁵.

The 2021-2030 National Preventive Health Strategy underscored health disparities in cancer detection, tobacco, and alcohol consumption, and mental health and suicide prevention. The strategy establishes crucial goals to enhance the physical and mental health of all Australians, recognising that distinct strategies and responses are necessary for those with specific health needs.

In March 2023, the Australian Government pledged to implement a 10-year national action plan for LGBTIQ+ health and wellbeing¹⁶. This action plan will review existing priorities in national strategies, pinpoint gaps, and create a coordinated program for change. The plan is expected to feature agreed-upon goals addressing LGBTIQ+ health and wellbeing disparities.

Several state and territory LGBTIQ+ strategies also raise the imperative of improved data collection, including the NSW LGBTIQ+ Health Strategy 2022-2027¹⁷, the Capital of Equality Strategy¹⁸, Pride in Our Future: Victoria’s LGBTIQ+ Strategy 2022-32¹⁹.

Thorough census data concerning sex, gender, variations of sex characteristics, and sexual orientation is vital and urgently required at both macro and micro levels for facilitating change and monitoring progress.

Census collection every five years offers a crucial opportunity to track changes and guarantee that policies, programs, and resources are guided by up-to-date population data. Including these topics in the 2026 census will allow the 2031 census to assess progress on the 10-year national action plan and the array of national strategies.

Comparison to other jurisdictions

Several English-speaking countries have recognised the need for the collection of data on LGBTIQ+ population in their national data collection programs, including censuses. England and Wales²⁰ have included gender and sexual orientation since 2021, while Aotearoa New Zealand²¹ will do so starting

¹¹ <https://www.health.gov.au/sites/default/files/documents/2021/05/national-men-s-health-strategy-2020-2030.pdf>

¹² <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>

¹³ <https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-of-children-and-young-people-2020-2030>

¹⁴ <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>

¹⁵ <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>

¹⁶ <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>

¹⁷ <https://www.health.nsw.gov.au/lgbtiq-health/Publications/lgbtiq-health-strategy.pdf>

¹⁸ https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0005/1378184/Capital-of-Equality-An-ACT-Government-strategy.pdf

¹⁹ <https://content.vic.gov.au/sites/default/files/2022-02/Pride-in-our-future-Victorias-LGBTIQ%2B-strategy-2022-32.pdf>

²⁰ Office for National Statistics. (2023). *Sexual orientation and gender identity: Census 2021 in England and Wales*. <https://www.ons.gov.uk/releases/sexualorientationandgenderidentitycensus2021inenglandandwales>

²¹ Statistics New Zealand. (2021). *2023 Census first to collect gender and sexual identity from everyone in Aotearoa New Zealand*. <https://www.stats.govt.nz/news/2023-census-first-to-collect-gender-and-sexual-identity-from-everyone-in-aotearoa-new-zealand/>

in 2023. Canada^{22,23} has included gender and is considering adding sexual orientation to the next census. Ireland^{24,25} is also considering both gender and sexual orientation for its 2026 census. Northern Ireland^{26,27} has already added sexual orientation to its 2021 census. There has been a general international shift toward a cohesive approach to data collection on LGBTIQ+ populations since the beginning of the decade, although cross-jurisdictional comparative information on census questions is limited.

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.

²² Statistics Canada. (2019). *The 2021 Census of Population Consultation Results: What we heard from Canadians*. <https://www12.statcan.gc.ca/census-recensement/2021/consultation/92-137-x/92-137-x2019001-eng.pdf>

²³ Statistics Canada. (2022). *Canada is the first country to provide census data on transgender and non-binary people*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm>

²⁴ Holland, K. (2019, Mar 28). CSO considers sexual-orientation question on 2026 census. *The Irish Times*. <https://www.irishtimes.com/news/social-affairs/cso-considers-sexual-orientation-question-on-2026-census-1.3841606>

²⁵ Central Statistics Office. (2023). *Pulse Survey Questions FAQ*. <https://www.cso.ie/en/surveys/households-surveys/pulse-surveys/pulse-survey-questions-faq/#:~:text=Sexual%20orientation%20is%20your%20sexual,are%20as%20a%20sexual%20being>

²⁶ Northern Ireland Statistics and Research Agency (NISRA). (2022). *Census 2021 main statistics identity tables*. <https://www.nisra.gov.uk/publications/census-2021-main-statistics-identity-tables>

²⁷ Northern Ireland Statistics Research Agency. (2021). *Research on Measuring Gender Identity*. <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Research%20on%20Measuring%20Gender%20Identity%20-%20Feb%202021.pdf>

- The data is needed at a national level 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 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 do not assist in estimating population size and do not 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.
 - Initial adoption of the ABS 2020 Standard will provide guidance on use and processing of these topics.
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 straightforward set of question to collect data on sex, gender, variations of sex characteristics and sexual orientation.
 - There is a risk of underreporting whether an individual who fills out the form is concealing their sexual orientation or gender or 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 need to be adopted 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 were actively seeking 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.