ROBERT J. ROMANELLI, NATALIE PICKEN, AVERY ADAMS

Counting LGBTQ+ lives in England and Wales

A critical reflection on emerging findings from the 2021 census

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In 2021, the Census of England and Wales,¹ for the first time since its inception in 1801, included voluntary questions about sexual orientation and gender identity to promote equity monitoring for LGBTQ+ populations under the Equality Act 2010² and to inform policy development and resource allocation. If these data on LGBTQ+ populations are to serve their intended purpose, they should be actionable for policymakers; however, limitations related to working with census data and inherent difficulties in counting LGBTQ+ people may restrict their utility.

The census data on LGBTQ+ populations in England and Wales were initially released by the UK’s ONS in January 2023, indicating that 3.2 per cent of the population 16 years of age or older identify as LGB+ (c. 1.5 million individuals)³ and 0.5 per cent of the population report that their gender identity is different from the sex assigned to them at birth (c. 262,000 individuals).⁴ More recently, additional data on health and sociodemographic factors, including education and employment, were released by sexual orientation and gender identity status, presenting an opportunity to assess what the census can tell us about potential inequalities faced by LGBTQ+ people.

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ILGA</td>
<td>International Lesbian, Gay, Bisexual, Trans and Intersex Association</td>
</tr>
<tr>
<td>LGB+</td>
<td>Lesbian, gay, bisexual and other sexual orientations</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>Lesbian, gay, bisexual, transgender, queer and other sexual orientations and gender identities</td>
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<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
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<td>US</td>
<td>United States</td>
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In this perspective, we describe our analysis of health and social outcomes among LGBTQ+ and non-LGBTQ+ groups from the 2021 Census. We highlight where inequalities are prevalent and provide a critical reflection on the interpretation of these emerging findings in light of their limitations.
If the census data are to serve their intended purpose, they should be actionable for policymakers; however, limitations related to working with census data and inherent difficulties in counting LGBTQ+ populations may restrict their utility.

**Approach to the analysis**

Census data files related to the multivariable analysis of sexual orientation/gender identity and health and socio-demographic factors were downloaded from the UK’s ONS website. These data are aggregated at the question response-level by sexual orientation and gender identity for each lower-tier local authority (N=331). Box 1 displays how questions on sexual orientation and gender identity were displayed to census participants in England and Wales. For the purpose of this analysis, we aggregated responses by sexual orientation as ‘straight or heterosexual’ versus ‘gay or lesbian’ or ‘other sexual orientation’ (LGB+) and by gender identity as cisgender (i.e. gender identity is the same as the sex registered at birth) versus transgender (i.e. gender identity is not the same as the sex registered at birth).

Box 1. 2021 Census of England and Wales questions on sexual orientation and gender identity

<table>
<thead>
<tr>
<th><strong>Sexual orientation</strong></th>
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<tbody>
<tr>
<td>‘Which of the following best describes your sexual orientation?’</td>
<td></td>
</tr>
<tr>
<td>• Straight or heterosexual</td>
<td></td>
</tr>
<tr>
<td>• Gay or lesbian</td>
<td></td>
</tr>
<tr>
<td>• Other sexual orientation [write in sexual orientation]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Gender identity</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Is the gender you identify with the same as your sex registered at birth?’</td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td></td>
</tr>
<tr>
<td>• No [write in gender identity]</td>
<td></td>
</tr>
</tbody>
</table>
Our analysis focused on four factors, which were categorised as health outcome measurements (general health and disability [limited daily activity] status) or social outcome measurements (highest qualifications and employment status). Definitions of these outcome measurements from the census and how they were operationalised for the analysis are displayed in Box 2.

Box 2. Definitions for health and social outcome measures

**Health outcomes**

**General health:** Reported as ‘fair’, ‘bad’ or ‘very bad’ (i.e. ‘not good’) versus ‘good’ or ‘very good’.

**Disability status:** Reported as daily activities limited because of a health problem or disability lasting, or expecting to last, at least 12 months: ‘yes, a little’ or ‘yes a lot’ (i.e. ‘limited daily activities’) versus ‘no’. This definition of disability is consistent with the Equality Act 2010.

**Social outcomes**

**Highest qualifications:** Reported as ‘none’ (i.e. ‘no qualifications’) versus ‘level 1’, ‘level 2’, ‘apprenticeship’, ‘level 3’, ‘level 4’ or ‘other training or qualifications’.

**Employment status:** Reported as ‘unemployed’ versus ‘employed’ or ‘economically inactive’ (i.e. retired, student, long-term sickness/disability, carer or other). Unemployed is defined as currently not working but seeking work. Economically inactive is defined as currently not working and not seeking employment.

For each outcome, we examined differences in the percentage of respondents who report having ‘not good’ general health, having limited daily activities, having no qualifications and being unemployed by sexual orientation (LGB+ versus heterosexual) and gender identity (transgender versus cisgender) status across England and Wales.

To explore variation in potential inequalities by lower-tier local authority, percentage-point differences for each outcome were calculated by sexual orientation and gender identity status for each of the 331 local authorities. The distribution of percentage-point differences were summarised using box and whisker plots. The goal of this analysis was not to identify specific local authorities with inequalities but rather to illustrate the degree of variation in inequalities between local authorities.
Findings

Transgender people across England and Wales more often than cisgender people report their general health as ‘not good’ and having their daily activities limited due to an illness or disability (Figure 1). While a similar percentage of LGB+ and heterosexual people across England and Wales report their general health as ‘not good’, LGB+ people more frequently report having their daily activities limited due to an illness or disability compared to heterosexual people.

Figure 1. General health and daily activity status by sexual orientation and gender identity

Percentage reporting ‘not good’ general health

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Reporting 'Not Good' General Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
<td>25.7%</td>
</tr>
<tr>
<td>Cisgender</td>
<td>21.1%</td>
</tr>
<tr>
<td>LGB+</td>
<td>21.5%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>21.0%</td>
</tr>
</tbody>
</table>

Percentage reporting limited daily activity

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Reporting Limited Daily Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
<td>28.1%</td>
</tr>
<tr>
<td>Cisgender</td>
<td>19.9%</td>
</tr>
<tr>
<td>LGB+</td>
<td>28.8%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

NOTES: Percentage-point differences shown next to brackets. LGB+ and transgender groups are not mutually exclusive, nor are cisgender and heterosexual groups.
Transgender people more frequently report having no qualifications and being unemployed compared to cisgender people (Figure 2). While LGB+ people also more frequently report being unemployed than heterosexual people, they less often report having no qualifications.

Figure 2. Qualification and employment status by sexual orientation and gender identity

<table>
<thead>
<tr>
<th>Percentage reporting no qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
</tr>
<tr>
<td>Cisgender</td>
</tr>
<tr>
<td>LGB+</td>
</tr>
<tr>
<td>Heterosexual</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage reporting unemployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
</tr>
<tr>
<td>Cisgender</td>
</tr>
<tr>
<td>LGB+</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
</tbody>
</table>

Notes: Percentage-point differences shown next to brackets. LGB+ and transgender groups are not mutually exclusive, nor are cisgender and heterosexual groups.
Differences in health measures among LGBTQ+ and non-LGBTQ+ groups vary widely by local authority, indicating different levels of inequalities based on geographic location (Figure 3). A majority of local authorities show better health measures among non-LGBTQ+ groups.

Figure 3. Differences in the percentage of LGBTQ+ and non-LGBTQ+ groups reporting ‘not good’ general health and limited daily activities by local authority

NOTES: Each circle represents the percentage-point difference in health measures within a lower-tier local authority. The left edges of the boxes represent 25th percentiles, the right edges of the boxes represent 75th percentiles and the midline within each box represents the 50th percentile. LGB+ and transgender groups are not mutually exclusive, nor are cisgender and heterosexual groups.
For qualification status, differences between LGBTQ+ and non-LGBTQ+ groups vary widely at the local authority level, with differences falling in the opposite direction by sexual orientation and gender identity, consistent with overall findings (Figure 4). For employment status, there is smaller variation in differences between LGBTQ+ and non-LGBTQ+ groups, as levels of unemployment are relatively low, overall.

Figure 4. Differences in the percentage of LGBTQ+ and non-LGBTQ+ groups reporting no qualifications or being unemployed by local authority

Notes: Each circle represents the percentage-point difference in social measures within a lower-tier local authority. The left edges of the boxes represent 25th percentiles, the right edges of the boxes represent 75th percentiles and the midline within each box represents the 50th percentile. LGB+ and transgender groups are not mutually exclusive, nor are cisgender and heterosexual groups.
What do the data imply about LGBTQ+ populations?

Taken together, these emerging findings suggest that LGBTQ+ populations across England and Wales experience inequalities with regard to their general health, daily activities, highest qualifications and employment. Whereas transgender people compared to cisgender people, overall, show poorer outcomes on all health and social outcomes examined, LGB+ people compared to heterosexual people show poorer outcomes specifically for daily activity status and unemployment and, notably, better outcomes in terms of highest qualifications. At the local authority level, there is wide variation in the magnitude of differences between LGBTQ+ and non-LGBTQ+ groups for most health and social outcomes evaluated, suggesting that the degree of inequalities depend upon where LGBTQ+ people live. Notably, variation in outcomes between transgender and cisgender people across local authorities is wider than variation between LGB+ and heterosexual people.

Observed differences, and variation in the magnitude of these differences, between LGBTQ+ and non-LGBTQ+ groups, raise questions about what threshold of difference constitutes a true inequality or one that requires action from policymakers. Unfortunately, there is no definitive answer, and it may depend on the outcome of interest and the potential impacts of the inequality.

As an illustration, while about 262,000 people in England and Wales identify as transgender and 1.5 million identify as LGB+, each 1 per cent absolute difference in any outcome corresponds to approximately 2,620 transgender people and 15,000 LGB+ people. Thus, an absolute excess of 8.2 per cent and 9.3 per cent of transgender and LGB+ people, respectively, who report limited daily activities corresponds to approximately 21,484 transgender people and 139,500 LGB+ people across England and Wales.

Notably, these emerging findings are consistent with a body of evidence that LGBTQ+ people face inequalities with regard to health and social measures. For example, global reviews have indicated that LGBTQ+ people are at greater risk of physical health conditions compared to the general population, with increased incidence of a range of long-term conditions depending on the subgroup. These include long-term gastrointestinal and kidney and liver problems (gay and bisexual men), higher rates of polycystic ovaries (lesbian women), and higher rates of substance use and HIV and other STIs (transgender people) (Reisner et...
Reviews have also found that LGBTQ+ people are more likely to experience psychological or emotional problems, suicidal ideation, and anxiety and depression (MacCarthy et al. 2022; Scheim et al. 2022; Zeeman et al. 2018).

A 2016 review of economic and social inequalities in the UK found weak and inconsistent evidence for differences in qualification and employment status among LGBTQ+ and non-LGBTQ+ groups. More recent evidence from the US, however, has shown that between July 2021 and April 2022 LGBTQ+ people were more likely to experience economic instability, with 21 per cent of LGBTQ+ people and 26 per cent of LGBTQ+ people of colour reporting that they or someone in their household had lost a source of employment in the past four weeks, compared with 15 per cent of non-LGBTQ+ people. This is consistent with another US-based analysis, suggesting each year between 2014 and 2019 people from households composed of same-sex couples were more likely to be unemployed compared to those from households of opposite-sex couples.

While largely confirmatory on the existence of inequalities (albeit the existing evidence is not necessarily from the UK), the census data provide important information on where in the UK these inequalities are more prevalent and thus where policy development and resources are most needed. For these data to be useful to policymakers, however, they must be interpreted within the context of limitations in working with census data and the inherent difficulties in counting LGBTQ+ people. We discuss each in turn in the succeeding sections.

Limitations of working with census data

A major limitation of working with census data is their aggregated nature, with ‘lower-tier local authority’ as the smallest unit of analysis. As such, potential inequalities that exist within a local authority are masked. The aggregated nature of the data also restricts the ability to statistically adjust for confounding factors, such as age, sex, ethnicity or other characteristics, which may explain...
the observed relationships between LGBTQ+ status and outcomes.\textsuperscript{18}

Indeed, analysis of these factors by sexual orientation and gender identity from the census data indicates that while LGBTQ+ groups and non-LGBTQ+ groups are similar in terms of the percentage who report their sex as ‘male’ or female,\textsuperscript{19} LGBTQ+ groups are generally younger, with about 58 per cent and 48 per cent of LGB+ and transgender people, respectively, less than 35 years of age compared to about 28 per cent and 29 per cent of heterosexual and cisgender people (see \textbf{Annex, Table A1}). With respect to ethnicity, transgender people more frequently belong to an ethnic minority group than cisgender people (38 per cent versus 16 per cent; see \textbf{Annex, Table A1}).

Conventionally, when using individual-level data, statistical adjustment would be performed for confounding factors to generate estimates that more closely reflect the true relationship between exposure and outcome. By contrast, when using aggregated data, statistical adjustment does not fully account for individual-level differences, potentially resulting in biased estimates (Steel & Holt 1996). We can, however, think through what the impacts of statistical adjustment might be if individual-level data were available.

Given that LGBTQ+ people in England and Wales tend to be younger – and that we would expect younger people on average to have better health (and perhaps social) outcomes than older people – adjusting for age, in theory, would likely augment observed differences between LGBTQ+ and non-LGBTQ+ groups. Thus, our findings potentially represent conservative estimates.

As transgender people are more likely to belong to an ethnic minority group than cisgender people – and ethnic minority groups are more likely to have poorer health and social outcomes compared to people whose ethnicity is white\textsuperscript{20} – we would expect, in theory, that adjusting for ethnicity would mitigate observed differences between transgender and cisgender people. That said, statistical adjustment (even when applied to individual-level data) would only ‘explain away’ the impact of ethnicity and would mask any potential differences in relationships between LGBTQ+ status and outcomes that are impacted by ethnicity (i.e. effect modification).

The issue of effect modification is not trivial in this case, as evidence suggests that LGBTQ+ people who belong to an ethnic minority group tend to have poorer outcomes compared to LGBTQ+ people whose ethnicity is white (Jaspal et al. 2021; Jaspal et al. 2022). Thus, we would expect that the relationships between LGBTQ+ status and outcomes differ in magnitude, for example, among ethnic minority and white groups. Examining effect modification on aggregated data, however, is problematic, underscoring another limitation of the data.

Lastly, to protect the confidentiality of the census data in accordance with law, two processes are used.\textsuperscript{21} One is known as targeted record swapping, where the geographical locations of some records is changed. The other is known as ‘cell key perturbation’, which involves making small changes to cells with low counts to prevent disclosures. The latter process may be more likely to impact findings by sexual orientation and gender identity, given small sample sizes of LGBTQ+ groups, especially at the local authority level.
The aggregated nature of the data restricts the ability to conduct statistical adjustment for confounding factors, such as age, sex, ethnicity or other characteristics, which may explain the observed relationships between LGBTQ+ status and outcomes.

Difficulties in counting LGBTQ+ people in the census

While the census intends to capture the entire population of England and Wales, the voluntary questions on sexual orientation and gender identity were frequently unanswered and has likely resulted in an underestimation of LGBTQ+ people. About 7.5 per cent of people (or 3.6 million) did not respond to the question on sexual orientation and 6 per cent (or 2.9 million) did not respond to the question on gender identity.

Our analysis indicates that non-responders to questions on sexual orientation and gender identity tend to be older than responders. For example, among those who did not answer the sexual orientation question, about 27 per cent were 65 years of age or older compared to 23 per cent of heterosexual respondents and 5 per cent of LGB+ respondents (see Annex, Table A1). This is consistent with reports from the pilot testing of the census, indicating that older people may have been inclined to skip the question on sexual orientation.22 In general, and regardless of sexual orientation or gender identity, older people may be less comfortable with sharing this information, but it is also likely that older LGBTQ+ people, whose lives have been shaped by Section 2823 and remember a time when homosexuality was a criminal offence24 were especially reluctant to provide this information to the government.

We also note that non-responders to the question on sexual orientation tend to more frequently belong to an ethnic minority group than heterosexual responders and LGB+ responders (22 per cent versus 16 per cent and 14 per cent). Non-responders to the question on gender identity also more frequently belong to an ethnic minority group compared to cisgender responders (24 per cent versus 16 per cent), but less frequently belong to an ethnic minority group than transgender responders (38 per cent) (see Annex, Table A1). Among ethnic minority groups, there tends to be more stigma around discourse on sexuality and gender, and this is especially true for ethnic minorities who identify as LGBTQ+ (Rehman 2021).

It is also possible that individuals who reject labels of sexual orientation and gender identity – but still identify as
While the census intends to capture the entire population of England and Wales, the voluntary questions on sexual orientation and gender identity were frequently unanswered and has likely resulted in an underestimation of LGBTQ+ people.

belonging to the LGBTQ+ community – may have opted not to respond to these questions. In part, the manner in which the questions on sexual orientation and gender identity were framed may have influenced whether individuals responded. A fuller account of this issue can be found in *Queer Data* by Kevin Guyan.

Missing responses aside, the census may have undercounted LGBTQ+ people because not all LGBTQ+ people are ‘out’ in all aspects of their life or to everyone with whom they live. This may have led to misclassification of sexual orientation or gender identity. For example, a parent or guardian could have completed the census on behalf of a household, and it is possible that these questions were answered (incorrectly) for a child or dependent who is not ‘out’ to others in their household. However, we cannot know from the census data how many people were misclassified in this way.

On this basis, numerous factors related to skipping questions and misclassification of sexual orientation or gender identity present issues in accounting for the total number of LGBTQ+ people in England and Wales and whether the observed inequalities are accurate. Most of the available evidence, as described above, indicates that the census has underestimated the true number of LGBTQ+ people. If these ‘uncounted’ LGBTQ+ people also belong to older and ethnic minority groups, or were potentially misclassified due to a lack of ‘outness’ or fear of discrimination, it is then possible that observed inequalities are also underestimated.

**Are the census data on LGBTQ+ populations fit-for-purpose?**

At the outset, we noted that questions on sexual orientation and gender identity were included in the census for equity monitoring and to inform policy development and resource allocation. If the data on LGBTQ+ populations are to serve their intended purpose, they should be actionable for policymakers. Despite the identified limitations of working with census data and difficulties in counting LGBTQ+ people, we believe the census data have an important role in informing policy and future action.
...not all LGBTQ+ people are ‘out’ in all aspects of their life or to everyone with whom they live, which may have led to misclassification of sexual orientation or gender identity.

First, while the census may broadly confirm what has already been identified as inequalities (albeit in different settings), these data can pinpoint where (i.e. in which local authorities) inequalities exist. This, however, should only be an initial step to further understanding the nature of the inequalities. For policies to be developed or resources to be allocated to address inequalities, policymakers need to identify the drivers of inequalities and the context in which they exist so that interventions are targeted to the right people and the impacts of interventions are maximised.

Second, where the census identifies previously unknown inequalities, these data can help to generate new hypotheses that can be addressed through future research. Thus, the census can be used to identify new areas of enquiry and inform priorities for research and allocation of funding. Currently, there is a paucity of research funding on LGBTQ+ populations, but emerging findings from the census can help to build a case for the need.

Lastly, there is a paucity of data on LGBTQ+ groups, especially in comparison to non-LGBTQ+ groups. Thus, census data represent one of the largest and most comprehensive datasets available on LGBTQ+ populations. While the aggregated nature limits the utility of these data, ONS could work with national and local governments to ensure that they are able to make valid inferences regarding observed LGBTQ+ inequalities.

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Discussion

Collecting census data on LGBTQ+ populations is important for informing evidence-based policy decisions and allocating resources equitably. Data collection, however, is not by definition an innocuous activity, especially when conducted on marginalised groups. It carries with it an ethical obligation to use the information responsibly and in the best interests of individuals on whom the data represent. However, collecting data is not enough – the political will to respond to the evidence must also exist.

Although Britain can boast having the world’s ‘gay-est’ parliament, recent attempts to address the needs of LGBTQ+ people have been slow. England’s 2018 LGBT Action Plan was a recognition of, and commitment to addressing, many of the inequalities faced by LGBTQ+ communities. However, key policy initiatives from the plan have either been dropped (banning conversion therapy) or stalled (reforming the gender recognition process). More recently, the UK’s Equality and Human Rights Commission has issued guidance on revising the Equality Act 2010 to more narrowly consider only biological sex when defining sex-based discrimination, which could harm the protection of transgender people, directly undermining the proposed action plan.

Meanwhile, reported hate crimes against people based on sexual orientation and gender identity in the UK have doubled between 2016 and 2021. Furthermore, between 2015 and 2023, the UK has seen a 33 percentage-point decline and a drop from first to 17th place in the ILGA Rainbow Europe LGBT rights index, due to rising hate crime, inadequate protections for people based on sexuality and gender identity, slow-moving reforms and anti-trans sentiments in political and media discourse.

On a more optimistic note, with emerging findings from the census data on LGBTQ+ populations in England...collecting data is not enough – the political will to respond to the evidence must also exist.... The onus will be on local and national governments use these data responsibly and to put evidence-based policies into practice that address inequalities and meet the needs of LGBTQ+ people.
and Wales and the recently released LGBTQ+ Action Plan for Wales,\textsuperscript{31} coupled with data from the 2021 Census of Northern Ireland\textsuperscript{32} and the yet-to-be released data from the 2022 Census of Scotland\textsuperscript{33} (both of which for the first time have also included questions on sexual orientation and gender identity), discussions on closing LGBTQ+ inequalities gaps across the UK could be reinvigorated. The onus will be on local and national governments to use these data responsibly and to put evidence-based policies into practice that address inequalities and meet the needs of LGBTQ+ people.

In conclusion, our analysis of the census data has identified inequalities among LGBTQ+ people in England and Wales in relation to their general health, daily activities, highest qualifications and employment. These data alone do not allow us to identify the reasons for such inequalities, but it does suggest where further action could focus. While the data are to be treated with caution, as they are likely to underrepresent the numbers and experiences of LGBTQ+ people, they do provide a clear illustration of why it is important to consider sexuality and gender as dimensions of inequality and the need to adapt policies accordingly.
Notes


6. Lower-tier local authorities are district councils, which provide local services, such as education, housing, social services, highways and transportation, waste management, leisure and cultural services, environmental health, economic development and emergency planning.

7. Questions on sexual orientation and gender identity were asked among people 16 years of age or older.

8. The most common write-in for ‘other’ sexual orientation response was bisexual.

9. Throughout this document we broadly refer to people whose gender is not the same as the sex assigned at birth as ‘transgender’; however, this group also includes people who may not specifically identity as such or any gender in particular.


13. Level 1: one to four GCSE passes (grade A* to C or grade 4 and above) and any other GCSEs at other grades, or equivalent qualifications; level 2: five or more GCSE passes (grade A* to C or grade 4 and above) or equivalent qualifications; level 3: two or more A Levels or equivalent qualifications; level 4 or above: Higher National Certificate, Higher National Diploma, Bachelor’s degree or post-graduate qualifications.

14. LGB+ people are more likely to be unemployed (6.3 per cent) versus employed or economically inactive compared with heterosexual people (3.3 per cent), but they are also more likely to be employed (63.8 per cent) versus unemployed or economically inactive relatively to heterosexual people (57.8 per cent). Excluding the economically inactive, approximately 9.0 per cent of LGB+ people are unemployed and 91.0 per cent are employed, compared with 5.5 per cent and 94.5 per cent of heterosexual people who are unemployed and employed respectively.


18. Although statistical adjustment on aggregated data is less methodologically valid than adjustment on individual data, it may be
appropriate in certain circumstances. Methodological advances in this area are currently lacking.

19 Sex in the 2021 Census is reported as ‘male’ or ‘female’ as recorded on a legal document, such as a birth certificate, Gender Recognition Certificate or passport.

20 The King’s Fund. 2023. ‘The health of people from ethnic minority groups in England.’ As of 24 June 2023: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#overall

21 ONS. 2023. ‘Protecting personal data in the Census 2021 results.’ As of 24 June 2023:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/methodologies/protectingpersonaldataincensus2021results


23 Section 28 was a UK law enacted in 1988 that prohibited local authorities from ‘promoting homosexuality’ or accepting homosexual relationships as ‘pretended family relationship’. This law was not repealed until 2003. For more information, see: The National Archives. 2023. ‘Local Government Act 1988.’ As of 24 June 2023:

24 Homosexual acts between men were decriminalised in England and Wales under the Sexual Offences Act 1967 and were fully repealed under the Sexual Offences Act 2003, when sex-specific language regarding the age of consent was removed. For more information, see: The National Archives. 2023. ‘Sexual Offences Act 1967.’ As of 24 June 2023:
https://www.legislation.gov.uk/ukpga/1967/60/contents


26 Shariatmadari, D. 2015. ‘The quiet revolution: why Britain has more gay MPs than anywhere else.’ The Guardian, 13 May. As of 24 June 2023:
https://www.theguardian.com/world/2015/may/13/quiet-revolution-britain-more-gay-mps-than-anywhere-else-lgbt


28 Equality and Human Rights Commission. 2023. ‘Clarifying the definition of ‘sex’ in the Equality Act.’ As of 24 June 2023:


30 ILGA Europe. 2023. ‘Rainbow Europe Map and Index 2023.’ As of 24 June 2023:
https://www.ilga-europe.org/report/rainbow-europe-2023/


33 Scotland’s 2021 census was delayed one year due to the COVID-19 pandemic.
References


### Annex

**Table A1. Demographics of census respondents by sexual orientation and gender identity**

<table>
<thead>
<tr>
<th></th>
<th>Sexual orientation</th>
<th>Gender identity same as sex at birth</th>
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<tbody>
<tr>
<td></td>
<td>LGB+</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Age distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 to 34</td>
<td>57.88%</td>
<td>28.36%</td>
</tr>
<tr>
<td>35 to 64</td>
<td>37.66%</td>
<td>48.55%</td>
</tr>
<tr>
<td>65 and older</td>
<td>4.45%</td>
<td>23.09%</td>
</tr>
<tr>
<td>Sex</td>
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<td></td>
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<tr>
<td>Male</td>
<td>45.95%</td>
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<td>Female</td>
<td>54.05%</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Asian</td>
<td>5.19%</td>
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</tr>
<tr>
<td>Black</td>
<td>2.29%</td>
<td>3.70%</td>
</tr>
<tr>
<td>Multiple</td>
<td>4.01%</td>
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</tr>
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<td>Other</td>
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<td>1.92%</td>
</tr>
<tr>
<td>White</td>
<td>86.44%</td>
<td>84.02%</td>
</tr>
</tbody>
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About the Authors

Robert J. Romanelli is a research leader at RAND Europe, working in the area of health and well-being. He is primarily interested in health inequalities among marginalised populations. He holds a PhD in biomedical sciences from the Pennsylvania State University College of Medicine and an MPH in public health from the Johns Hopkins Bloomberg School of Public Health.

Natalie Picken is a senior analyst at RAND Europe, working in the area of home affairs and social policy. She is interested in research on employment, criminal justice, child and family policy, and education. She holds an MPhil in early modern history from the University of Cambridge.

Avery Adams is a research assistant at RAND Europe, working in the area of health and well-being. They are particularly interested in drug policy, neurodiversity and mental health. They hold an MSci in the history and philosophy of science and medicine and a BA in history from the University of Cambridge.

About this perspective

This perspective was written in response to the release of the 2021 Census of England and Wales, which for the first time in its history, included voluntary questions about sexual orientation and gender identity. It summarises key findings from an independent analysis of sociodemographic factors by sexual orientation and gender identity to explore inequalities among LGBTQ+ groups and to interpret these data in the context of their limitations and the difficulties in counting LGBTQ+ people.

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