Social Work England

Social Work England's fitness to practise process: an initial analysis of diversity data

September 2023

Contents

Executive summary

This report sets out our initial analysis of the diversity data we collected from social workers up until 31 March 2023. It provides an initial picture of what this data tells us about fitness to practise referrals and progression through our fitness to practise process. The report also sets out our plans for further research and analysis.

This report represents our first step on a longer journey towards a comprehensive understanding of fairness in our processes and the actions we must take in response.

Initial analysis

Our initial analysis indicates that the following groups are overrepresented in fitness to practise referrals, compared to the register of social workers in England (table one). The same groups of social workers are also overrepresented at the hearings stage of the process. We have included in our analysis referrals that we received since we became the specialist regulator for social workers on 2 December 2019, through to 31 March 2023.

Table 1: Percentage of referrals and cases referred to hearing by characteristic

Characteristic	Group	Percentage of social workers	Percentage of referrals received by us	Percentage of cases referred to hearing
Age	40 and over	66%	71%	82%
Gender identity	Males	17%	21%	31%
Ethnicity	Black / African / Caribbean / Black British	16%	18%	32%

Our analysis also shows that these groups have higher progression rates from triage to investigation as well as from case examination to hearings (table 2 to table 4).

Table 2: Case progression rates by age

Group	Percentage of cases progressed from triage to investigation	Percentage of cases progressed from case examiner to hearing
40 and over	43%	33%
Under 40	34%	26%

Table 3: Case progression rates by gender identity

Group	Percentage of cases progressed from triage to investigation	Percentage of cases progressed from case examiner to hearing
Male	53%	37%
Female	37%	30%

Table 4: Case progression rates by ethnicity

Group	Percentage of cases progressed from triage to investigation	Percentage of cases progressed from case examiner to hearing
Black / African / Caribbean / Black British	50%	36%
White	34%	19%

Limitations of our analysis

We have collected diversity data for 94% of social workers. In later stages of the fitness to practise process, we have data for a lower proportion of social workers. This limits the extent to which we can assume our findings are fully representative of social workers in later stages of fitness to practise. The limitations are discussed in more detail in section 2 - Our approach to the analysis.

From our initial analysis, we have identified where there are differences between groups, but we are not able to say whether social workers with certain characteristics are more likely to be referred to us for fitness to practise. We are also unable to say whether they are more likely to have their case referred to a hearing, because of certain characteristics. We will undertake further detailed analysis and research, to better understand other factors that could affect likelihood of referral or progression. Understanding the root causes is essential in helping us understand what we can do to reduce these differences in future. We discuss our plans for future analysis in further detail in section 4 -Looking forward: Future analysis.

Next steps

We recognise how much scope there is for further activity to support our understanding of equality, diversity and inclusion in this area of our work.

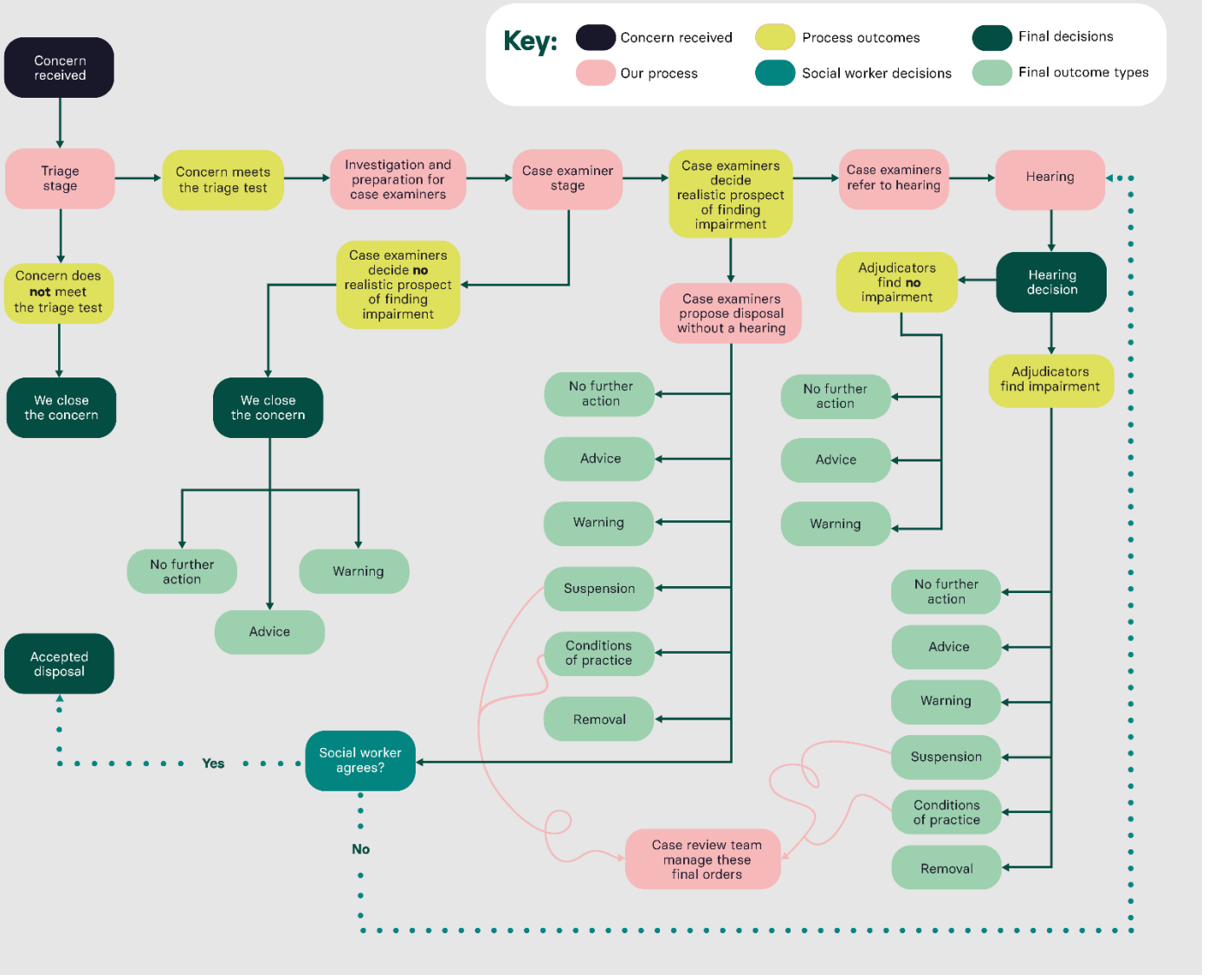
We will use our analysis as a foundation for further work. We will examine and understand any apparent differences in our fitness to practise processes and their association to social workers' characteristics. We will do this by doing (all of the following):

- use the insight gained from our current and future analyses to improve our regulation and our processes, where appropriate, and to take direct action to address any identified differences
- establish an advisory group to support the planning and delivery of future research in relation to equality, diversity and inclusion and advise on the implementation of any identified improvements to our processes
- incorporate the findings of this research and any future analysis into our core learning and development pathways, to inform how we train our people to ensure the equitability of our processes
- we will share the findings of this research with our network of contacts at every local authority and work with them to explore the potential impact bias, prejudice and discrimination can play in the concerns raised about social workers
- incorporate the findings of this research into the discussions we are having as part of the national workforce roundtable and influence the work of other regulators

We are committed to undertaking the analysis necessary to give the social work profession and members of the public confidence that our processes are transparent and fair. This commitment aligns with our strategic aims as well as our statutory responsibilities.

Social Work England

Our fitness to practise process



Social Work England

1. Introduction

1.1 The role of Social Work England

Social Work England is an executive non-departmental public body, operating at arm's length from government. We were established by the Children and Social Work Act 2017. Our purpose is to regulate social workers in England so that people receive the best possible support whenever they might need it in life. We have been the regulator of social work in England since December 2019. Our overarching objectives are:

- to protect, promote and maintain the health, safety and wellbeing of the public
- to promote and maintain confidence in social workers in England
- to promote and maintain proper professional standards for social workers in England

We believe in the power of collaboration and share a common goal with those we regulate: to protect the public, enable positive change and ultimately improve people's lives. We are committed to raising standards through collaboration with everyone involved in social work.

Throughout this report, when we say "we" or "our", we mean Social Work England.

1.2 Our strategy for 2023 to 2026

Our strategy for 2023 to 2026 sets out our ambitions for the period 1 April 2023 to 31 March 2026. The strategy builds on our reflections on the successes and challenges of our first strategic period (2020 to 2023) and details how we plan to grow our ambitions and drive positive impact.

Our strategy is focused on 3 strategic themes:

- prevention and impact
- regulation and protection
- delivery and improvement

The principles of equality, diversity and inclusion are fundamental to our strategy.

We are guided by 2 main principles in all that we do:

- Equality, diversity and inclusion will be integral to and embedded in all our activity.

- We will continue to listen to, engage with and co-produce alongside everyone with an interest in social work.

Our strategy also sets out how we will learn through data and use insight to understand our impact and inform our plans. This includes how data and insight will help us to understand and address any inconsistencies we identify within our fitness to practise process.

1.3 Equality, diversity and inclusion at Social Work England

As a regulator, we are subject to the Public Sector Equality Duty. This means that in carrying out our duties, we must have due regard to all of the following:

- eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the act
- advancing equality of opportunity between people who share a protected characteristic and those who do not
- fostering good relations between people who share a protected characteristic and those who do not

As set out in Standard 3 of the Professional Standards Authority's Standards of Good Regulation, we are expected to understand the diversity of our registrants and others who access our services. We must ensure that our processes do not disadvantage people due to their protected characteristics.

Whilst our legal and regulatory obligations guide our approach to equality, diversity and inclusion, we aim to go beyond these duties. Our approach to equality, diversity and inclusion is detailed on our website.

In our equality, diversity and inclusion action plan for 2022 to 2023, we outlined our ambitions to ensure the way that we operate aligns with our approach to equality, diversity and inclusion. In this plan, we committed to all of the following:

- building a more accurate picture of the workforce to better understand the makeup of the social work register
- using available diversity data to identify and monitor any disproportionate impacts of our work on different groups

- taking steps to understand and deal with potential bias and discrimination

By 31 March 2023, 94% of social workers had shared information on at least one aspect of diversity with us. This included ethnicity, disability, religion, sexual orientation and gender registered at birth where different to current gender identity. The majority of this data was collected during the 2022 to 2023 registration renewal period when social workers are required to apply to renew their registration with us. We included a full demographic breakdown of the data in our Social Work in England: State of the nation 2023 report.

As set out in the Social Work England (Registration) Rules 2019 (as amended): 22 (1) (b) and 22 (1) (d), we already held data on age and gender identity through mandatory questions as part of the registration process.

We continue to prioritise the collection of diversity data. This will strengthen our evidence base to ensure our processes are fair, equitable and proportionate, by helping us to identify if there are any areas where we need to address bias.

However, we did not wait for the additional diversity data before taking action to increase confidence in the fairness of our processes. Among the actions taken since we commenced operations, we have:

- Amended our online process for raising a concern to include guidance on bias, prejudice and discrimination to help reduce the potential impact of these factors for people making a fitness to practise referral. We are also reviewing and developing our core learning pathways for key regulatory functions, with a specific focus on equality, diversity and inclusion.
- Developed a targeted approach to our partner recruitment, including the ongoing recruitment for legal advisors. We continue working to improve the equality and diversity of our workforce at all levels and functions, which will help us to be more representative of the people we serve.
- Commissioned research as part of the Anti-Racist Steering Group to explore the prevalence, impact and awareness of racism in social work. We continue to use and promote the findings and recommendations from this survey to inform anti-racism initiatives.
- Participated in research led by the Open University to understand the experiences of witnesses in fitness to practise processes and the potential for re-traumatisation when giving evidence as part of the fitness to practise process. This research is now complete, and the researchers are in the process of organising the workshops with

participants to share final findings. They are also considering developing training and guidance materials to help inform improvements and best practice for working with witnesses in fitness to practise processes.

- Embedded specific considerations related to equality, diversity, and inclusion into our fitness to practise decision review group processes. We also conduct an annual thematic review within the decision review group that focuses on equality, diversity, and inclusion factors in fitness to practise cases.

1.4 Our fitness to practise process

As the regulator of social work in England, one of our responsibilities is to ensure that social workers adhere to our professional standards. We require social workers to be 'fit to practise', meaning they should have the necessary skills, knowledge, behaviours, and health to practise safely and effectively without restriction.

When concerns are raised with us about the fitness to practise of a social worker, it is our responsibility to investigate those concerns, progressing them through our fitness to practise process as appropriate. We refer to these concerns as “referrals” when the concern has reached the pre-triage stage of our fitness to practise process and we have identified a social worker. More information about our fitness to practise process can be found in our fitness to practise guidance.

Since we collected the additional diversity data from social workers, we have conducted an initial analysis of this data alongside our fitness to practise data. Through this preliminary work, we have sought to better understand whether any groups of social worker are overrepresented throughout our fitness to practise process, based on their characteristics.

We use the terms “overrepresented” and “overrepresentation” to describe where our analysis shows that there is a higher number of social workers from a given demographic group in our fitness to practise process than we would expect based on the numbers in that group on the register. We describe our approach to making these comparisons in section 2.2 – making comparisons.

2. Our approach to the analysis

2.1 The data we have used

Our analysis examined the diversity data that has been provided to us by 31 March 2023. This includes the data gathered during the 2022 renewal process, in addition to any data gathered since June 2021 when social workers were first given the option to provide their diversity information. The diversity data categories we included in our analysis are:

- age
- gender identity (although this is not a protected characteristic under the Equality Act 2010, we chose to use this term in our rules following a public consultation)
- sex registered at birth where different to current gender identity
- disability
- sexual orientation
- ethnic group
- religion or belief
- nationality

Annex A shows the full breakdown of data used in our analysis and referenced in this report.

We included data for fitness to practise cases that were referred to us directly since 2 December 2019, when we became the regulator for social workers in England.

2.2 Making comparisons

When analysing the referrals to fitness to practise and the cases that have been referred to hearing, we have compared the representation of a characteristic in the referrals and cases with the representation of that characteristic on the register.

To understand the differences in case progression rates and how these relate to particular characteristics, we have used specific comparator groups. For example, where there are paired groupings, such as gender identity, we have compared these 2 groupings. Where there are more than 2 groupings, we have compared the case progression rates with the group that represents the majority of social workers in England. For example, when

analysing ethnicity data we compared against white social workers, as they account for 71% of social workers (when excluding social workers for whom we do not hold ethnicity data). This approach is in line with the standards for ethnicity data guidance provided by the Cabinet Office Race Disparity Unit.

2.3 Missing data

Whilst we have gathered diversity data from 94% of social workers in England, the further a case progresses through the fitness to practise process, the higher the proportion of data we do not hold. For example, whilst we have diversity data for approximately 90% of the 5,422 fitness to practise cases that have been referred to us, information is unknown for approximately 36% of the 343 cases that have been referred for a hearing.

As set out in The Social Workers Regulations 2018, social workers who are subject to a fitness to practise investigation are retained on the register even if they do not complete the renewal process. This means they will remain in our fitness to practise process without having necessarily engaged with our request for equality, diversity and inclusion data.

We expect the proportion of missing data to reduce over time as we receive newer fitness to practise referrals that involve social workers who have previously provided their equality, diversity and inclusion data.

In this report, we have excluded fitness to practise cases where we do not know the social worker's characteristics. Excluding these cases allows us to make valid comparisons between groups, however we acknowledge that it can also introduce potential bias to our conclusions. For example, if certain groups are less likely to provide their diversity data, then any differences we identify is likely to be an underestimate of the true number. By excluding cases with unknown diversity data from our analysis, we aim to ensure the proportion of missing data does not dilute or mask important relationships and differences in our analysis. The consideration of missing diversity data is an important aspect of our ongoing work that we will look at in greater depth in future analyses.

2.4 Causation

Causation is the relationship between cause and effect. Our initial analysis has focused on representation of social workers within our fitness to practise process. At this stage, we cannot speculate on the causes of any identified relationships and differences in our data. We must take considerable care in drawing conclusions, because the apparent differences

identified in this analysis do not necessarily indicate that differences in outcomes are caused by a social worker belonging to a group within a particular characteristic.

Membership of a certain demographic group could be associated with a variable that we have not yet included in the analysis, for example, whether the social worker has engaged in the fitness to practise process. Exploration of such factors, through future analysis, will support our understanding of causation and will inform the actions we will take in the future to address any apparent disparity.

2.5 Statistical significance

It is important that we are clear in acknowledging the limitations of our data and our analysis to avoid making unsupported conclusions, even when numerical differences are apparent. This is particularly important when we break down the data by stage of the fitness to practise process and by demographic group, as numbers become small. This is particularly evident for minority groups at the later stages of the fitness to practise process.

Smaller group sizes increase the likelihood that apparent differences in data are due to random variation. We conducted statistical testing so that we can be confident that the apparent differences in the data are not due to random variation. It should be noted that these tests do not help us to understand the reasons for these differences or the importance of the findings.

2.6 Independent assurance

We have consulted with colleagues from the Nursing and Midwifery Council and the General Medical Council on their experiences of collecting, analysing and publishing this type of data and analysis. We have also consulted with an independent academic expert to provide advice and guidance on our approach. We have used their advice and guidance to inform our analysis and we will continue to discuss our approaches with independent and allied experts.

In addition to this independent assurance, we have also ensured our approach is aligned with national organisations for the collection and analysis of data, including the Office for National Statistics and the standards for ethnicity data guidance provided by the Cabinet Office Race Disparity Unit.

3. Our findings

3.1 Overview of our register

Social work is a regulated profession. This means that to be able to practise as a social worker in England, individuals must be registered with Social Work England. Once registered, all social workers are listed on our public register. More information about the register of social workers can be found on our guide to the register.

On 31 March 2023, there were 99,567 social workers on our register. The breakdown of the register by the demographics that are discussed in our findings, can be seen in tables 5, 6 and 7. For a full breakdown of the register, please see the data tables in Annex A.

Table 5: Social workers' demographics in England by age

Group	Percentage	Number
29 or under	9%	9,110
30 to 39	25%	24,867
40 to 49	26%	26,211
50 to 59	26%	25,662
60 or over	14%	13,717

Table 6: Social workers' demographics in England by gender identity

Group	Percentage	Number
Female	83%	82,705
Male	17%	16,775
Prefer not to say	0.1%	53
Prefer to self-describe	0.03%	34

Table 7: Social workers' demographics in England by ethnicity

Group	Percentage	Number
Asian / Asian British	6%	5,871
Black / African / Caribbean / Black British	15%	15,268
Mixed / Multiple ethnic groups	3%	3,418
Other ethnic group	0.5%	510
White	66%	66,066
Prefer not to say	2%	2,112
Unknown	6%	6,322

3.2 Overview of fitness to practise

Between 2 December 2019 and 31 March 2023, we received 5,422 fitness to practise referrals that were linked to a social worker.

To understand the progression of social workers' cases through our fitness to practise process, we considered the percentage of decisions to progress or close cases at 2 key points in the process:

1. triage
2. case examination

As some of these cases were still under investigation, they may have had a decision at the triage stage, but not at the case examination stage. Therefore, the progression rates stated in this report are not based on the same groups of cases at each stage.

We found that of the decisions made at the triage stage of the fitness to practise process, 41% of cases (1,716 cases) progressed for an investigation. Of the decisions made at the case examiner stage, 32% of cases (343 cases) were referred for a hearing.

Table 8: Overall case progression rates

Overall case progression rates	Triage to investigation	Case examiner to hearing
Percentage	41%	32%
Number	1,716	343

Please see the data tables in Annex A for a full breakdown of case progression data.

3.3 What we found

Our initial analysis indicates that the following groups are overrepresented in referrals and in cases that reach the hearings stage. These groups also have higher progression rates from triage to investigation, and from case examination to hearings in comparison to other progression rates.

- **Age:** Those aged 40 and over
- **Gender identity:** Males
- **Ethnicity:** People of Black/African/Caribbean/Black British ethnicity

Using the chi-square test of association, we found a statistically significant relationship between these characteristics and whether a concern is raised with us, and whether the cases progressed to a hearing. There is also a statistically significant relationship between these characteristics and the progression rates from triage and from case examination.

We found that these relationships were statistically significant with a confidence level of 99%. This means that there is less than a 1% likelihood that the relationships we have observed between characteristics and the fitness to practise process are due to random variation.

The charts in Annex B provide a breakdown of our findings by stage of the fitness to practise process.

Where we have not listed a particular group, it is because either we have not found the association to be statistically significant or our data does not clearly indicate a consistent pattern of overrepresentation. The apparent absence of such relationships in the data could be in part due to the small numbers in some groups, as well as other contributing factors. As

we continue our analysis, and as we collect more data, we may find other associations between our fitness to practise process and other characteristics that we have not identified in this phase of our work.

We recognise that many people experience discrimination, bias and inequality, which extends beyond a single characteristic. We aim to approach our work in a way that considers how a collection of factors affect individuals in combination, rather than in isolation. We call this an intersectional approach, and it will be key in our future activity to help us to better understand our initial findings.

3.3.1 Age

We combined the age categories into 2 groups – over 40s and under 40s as the data indicates a relatively consistent difference between these 2 age groupings. We found that social workers who are aged 40 and over accounted for 71% of fitness to practise referrals (table 9) and 82% of cases referred for a hearing (table 10), but 66% of the register.

Table 9: referrals received by us by age

Group: 40 and over	Social workers on the register	Referrals received by us
Percentage	66%	71%
Number	65,590	3,871

Table 10: cases referred to hearing by age

Group: 40 and over	Social workers on the register	Cases referred to hearing
Percentage	66%	82%
Number	65,590	281

For social workers aged 40 and over, 43% of cases progressed from triage to investigation, compared to 34% of cases for social workers aged under 40 (table 11).

Table 11: case progression rates from triage to investigation by age

Group	Percentage progressed	Percentage not progressed	Total number of cases
40 and over	43%	57%	3,044
Under 40	34%	66%	1,172

Between the case examiner and hearings stages, the progression rate for those aged 40 and over was 33% and for those under 40 it was 26% (table 12).

Table 12: case progression rates from case examination to hearing by age

Group	Percentage progressed	Percentage not progressed	Total number of cases
40 and over	33%	67%	847
Under 40	26%	74%	240

3.3.2 Gender identity

Less than 0.1% of social workers told us they "prefer not to say" or "prefer to self-describe" their gender identity, so we have not included these categories in this part of this analysis. Male social workers accounted for 22% of referrals into fitness to practise (table 13) and 31% of cases at the hearings stage (table 14), but only 17% of the register.

Table 13: referrals received by us by gender identity

Group: Male	Social workers on the register	Referrals received by us
Percentage	17%	22%
Number	16,775	1,169

Table 14: cases referred to hearing by gender identity

Group: Male	Social workers on the register	Cases referred to hearing
Percentage	17%	31%
Number	16,775	105

Male social workers were found to have consistently higher case progression rates than female social workers. Between the triage and investigation stages male social workers had a progression rate of 53% compared to 37% for female social workers (table 15).

Table 15: case progression rates from triage to investigation by gender identity

Group	Percentage progressed	Percentage not progressed	Total number of cases
Male	53%	47%	931
Female	37%	63%	3,279

Between the case examiner and hearings stages, the progression rate for male social workers was 37%, compared to 30% for female social workers (table 16).

Table 16: case progression rates from case examination to hearing by gender identity

Group	Percentage progressed	Percentage not progressed	Total number of cases
Male	37%	63%	286
Female	30%	70%	798

3.3.3 Ethnicity

Social workers who identified their ethnicity as Black/African/Caribbean or Black British made up 18% of referrals (table 17) and 32% of cases referred to hearings (table 18), compared to 16% of the register.

Table 17: referrals received by us by ethnicity

Group: Black / African / Caribbean / Black British	Social workers on the register	Referrals received by us
Percentage	16%	18%
Number	15,268	877

Table 18: cases referred to hearing by ethnicity

Group: Black / African / Caribbean / Black British	Social workers on the register	Referrals received by us
Percentage	16%	32%
Number	15,268	71

The progression rate from the triage stage to the investigation stage for Black / African / Caribbean or Black British social workers is 50%, compared to 34% of cases for white social workers (table 19).

Table 19: case progression rates from triage to investigation by ethnicity

Group	Percentage progressed	Percentage not progressed	Total number of cases
Black / African / Caribbean / Black British	50%	50%	675
White	34%	66%	2,513

The progression rate from case examiners to hearings for Black/African/Caribbean or Black British social workers is 36%, compared to 19% for white social workers (table 20).

Table 20: case progression rates from case examination to hearing by ethnicity

Group	Percentage progressed	Percentage not progressed	Total number of cases
Black / African / Caribbean / Black British	36%	64%	200
White	19%	81%	557

4. Looking forward: Future analysis

4.1 Ongoing work and analysis

In conducting this initial analysis, we have learnt how much scope there is for further work to support our understanding of equality, diversity and inclusion. We will use our analysis as a foundation for further work to examine any apparent differences in our fitness to practise process and their association to social workers' protected characteristics, and to understand these interactions more fully.

We will use the insight gained from these activities to improve our regulation and our processes, and to take direct action to address any identified differences. We will establish an advisory group to support the planning and delivery of future research and analysis. This group will also advise on the implementation of any identified improvements to our processes.

We are currently in the process of reviewing and developing the core learning and development pathways for our people working in our regulation directorate, who administer and deliver each stage of our fitness to practise process. We will incorporate the findings of this research and any future analysis into this development, to inform how we train our people to ensure the equitability of our processes.

We will share the findings of this research with our network of contacts at every local authority and work with them to explore the potential impact bias, prejudice and discrimination can play a role in concerns raised about social workers.

We will incorporate the findings of this research into the discussions we are having as part of the national workforce roundtable and influence the work of other regulators.

We are committed to undertaking the analysis necessary to adequately answer the questions we need to understand from the data, examples of which are detailed in section 4.2. This commitment aligns with our strategic aims as well as our core business. As such, we have set out 3 provisional phases for our analysis to guide our planning and illustrate the scope of our work:

- **Phase 1: February to June 2023 (completed)**
  Initial analysis to identify differences in referrals, cases referred to hearing and key progression rates.

- **Phase 2: Remainder of 2023 to April 2024**
  Further exploration of our initial findings in reference to type of concern, factors that influence case progression rates, and aspects of intersectionality.
- **Phase 3: April 2024 and beyond**
  Further exploratory research, that supports our understanding of disparity in reference to the areas listed below.

4.2 Additional areas for analysis and research

In completing our initial analysis, we have identified additional areas that we could consider in future analyses and research. This list is not exhaustive, and we will seek to examine the interaction of these areas with aspects of diversity. We will also seek to address any questions about causality through further research and analysis, to support our understanding of how we might respond to any future findings.

Our future research and analysis will examine the following:

- whether there are differences between demographic groups in the nature of concerns we receive
- intersectionality – whether combinations of characteristics further increase apparent differences
- whether there are differences in our interim orders process
- whether these differences have changed over time
- employment type – do patterns vary by whether a social worker works in adult social work or children and families social work
- regional variation
- whether social workers having representation at case examiner stage and hearings stage affects outcomes
- whether the level of social worker engagement in the fitness to practise process affects their outcomes
- how qualification routes and training might affect disparity
- implications of factors that may not yet be detectable in the data, including changes to English language requirements, changes to delivery of approved social work

courses (such as apprenticeships), changes attributable to the Covid-19 pandemic and the introduction of specialist standards for social workers

- expand our analysis to examine whether there is any differences in registration and restoration processes

Annex A: Data tables[1]

2 December 2019 to 31 March 2023

Characteristic	Group	Register	Referrals received	Referred to a hearing
Age group	**29 or under**	9,110	288	13
	30 - 39	24,867	1,263	49
	40 - 49	26,211	1,501	100
	50 - 59	25,662	1,590	113
	60 or over	13,717	780	68
Gender identity	**Female**	82,705	4,246	236
	Male	16,775	1,169	105
	Prefer not to say	53	4	1
	Prefer to self-describe	34	3	1
Ethnicity	**Asian / Asian British**	5,871	299	17
	Black / African / Caribbean / Black British	15,268	877	71
	Mixed/Multiple ethnic groups	3,418	174	10
	Other ethnic group	510	35	6
	White	66,066	3,299	106
	Prefer not to say	2,112	127	9
	Unknown	6,322	611	124
Disability	**No**	80,015	4,032	173
	Yes	9,022	542	24
	Prefer not to say	4,709	279	24
	Unknown	5,821	569	122

[1] Some cases that have progressed past triage are awaiting a decision at later stages, therefore the numbers across each stage will not add up. There is no unknown data for age and gender identity as this is provided through mandatory questions, as part of registration.

Characteristic	Group	Register	Referrals received	Referred to a hearing
Gender identity same as sex at birth	No	6,146	330	16
	Yes	83,847	4,270	185
	Prefer not to say	3,573	244	17
	Unknown	6,001	578	125
Sexual Orientation	Bisexual	2,176	114	6
	Gay man	1,263	90	3
	Gay woman	1,987	105	1
	Heterosexual	79,716	4,060	175
	Prefer not to say	7,855	442	31
	Prefer to self-describe	525	27	1
	Unknown	6,045	584	126
Religion or Belief	Buddhism	723	39	1
	Christianity	40,612	2,157	120
	Hinduism	800	41	6
	Islam	3,474	186	9
	Judaism	463	31	0
	None	37,486	1,848	48
	Other	1,954	101	7
	Sikhism	818	37	2
	Prefer not to say	7,212	398	26
	Unknown	6,025	584	124

Characteristic	Group	Cases closed at triage	Cases progressed from triage to investigation
Age group	29 or under	131	72
	30 - 39	640	329
	40 - 49	664	479
	50 - 59	714	541
	60 or over	351	295
Gender identity	Female	2,059	1,220
	Male	439	492
	Prefer not to say	2	2
	Prefer to self-describe	0	2

Ethnicity	**Asian / Asian British**	142	91
	Black / African / Caribbean / Black British	340	335
	Mixed/Multiple ethnic groups	81	49
	Other ethnic group	14	14
	White	1,653	860
	Prefer not to say	54	45
	Unknown	216	322
Disability	**No**	1,947	1,132
	Yes	236	172
	Prefer not to say	113	111
	Unknown	204	301
Gender identity same as sex at birth	**No**	148	97
	Yes	2,043	1,216
	Prefer not to say	103	94
	Unknown	206	309
Sexual Orientation	**Bisexual**	46	37
	Gay man	34	28
	Gay woman	51	27
	Heterosexual	1,961	1,145
	Prefer not to say	186	159
	Prefer to self-describe	15	9
	Unknown	207	311
Religion or Belief	**Buddhism**	12	15
	Christianity	989	659
	Hinduism	15	19
	Islam	85	59
	Judaism	16	9
	None	954	444
	Other	50	36
	Sikhism	18	11
	Prefer not to say	155	153
	Unknown	206	311

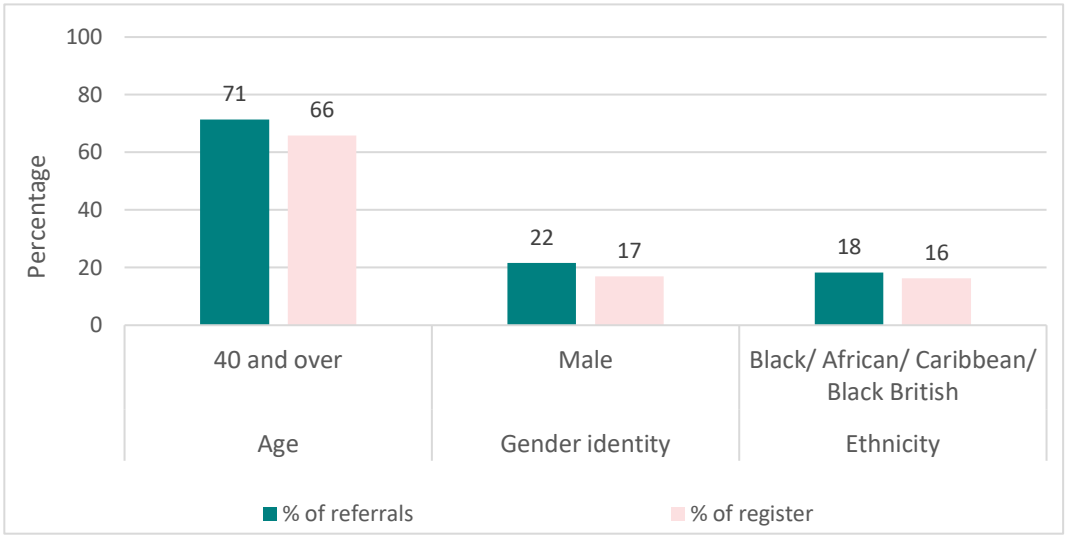
Characteristic	Group	Cases closed by case examiner with no impairment	Cases closed by case examiner with accepted disposal	Cases referred to a hearing
Age group	29 or under	20	12	13
	30 - 39	121	25	49
	40 - 49	171	50	100
	50 - 59	191	32	113
	60 or over	96	26	68
Gender identity	Female	461	101	236
	Male	137	44	105
	Prefer not to say	0	0	1
	Prefer to self-describe	1	0	1
Ethnicity	Asian / Asian British	30	8	17
	Black / African / Caribbean / Black British	98	31	71
	Mixed/Multiple ethnic groups	17	3	10
	Other ethnic group	3	2	6
	White	377	74	106
	Prefer not to say	16	3	9
	Unknown	58	24	124
Disability	No	452	104	173
	Yes	60	8	24
	Prefer not to say	36	9	24
	Unknown	51	24	122
Gender identity same as sex at birth	No	45	9	16
	Yes	466	105	185
	Prefer not to say	37	7	17
	Unknown	51	24	125
Sexual Orientation	Bisexual	12	2	6
	Gay man	11	4	3
	Gay woman	11	3	1
	Heterosexual	453	101	175
	Prefer not to say	58	10	31
	Prefer to self-describe	1	0	1
	Unknown	53	25	126

Religion or Belief	**Buddhism**	7	3	1
	Christianity	242	52	120
	Hinduism	6	1	6
	Islam	21	2	9
	Judaism	4	2	0
	None	196	39	48
	Other	8	5	7
	Sikhism	2	3	2
	Prefer not to say	57	14	26
	Unknown	56	24	124

Annex B: Findings by stage of fitness to practise

Referrals received by us

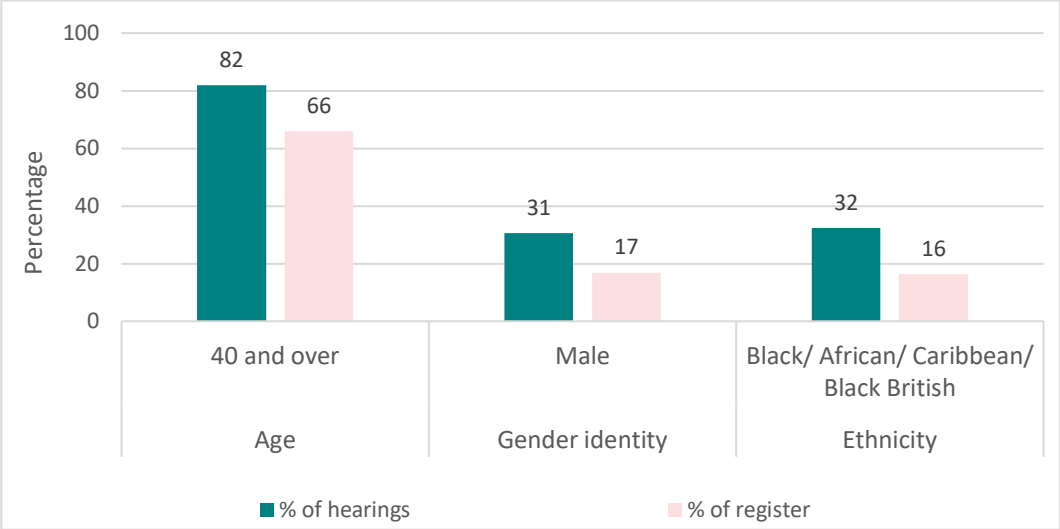
Chart one: differences in referrals received by us, with an identified social worker



- **Age 40 and over**: 71% of referrals, 66% of the register
- **Gender identity male:** 22% of referrals, 17% of the register
- **Ethnicity Black/ African/ Caribbean/ Black British**: 18% of referrals, 16% of the register

Cases referred for a hearing

Chart 2: differences at the cases referred for a hearing

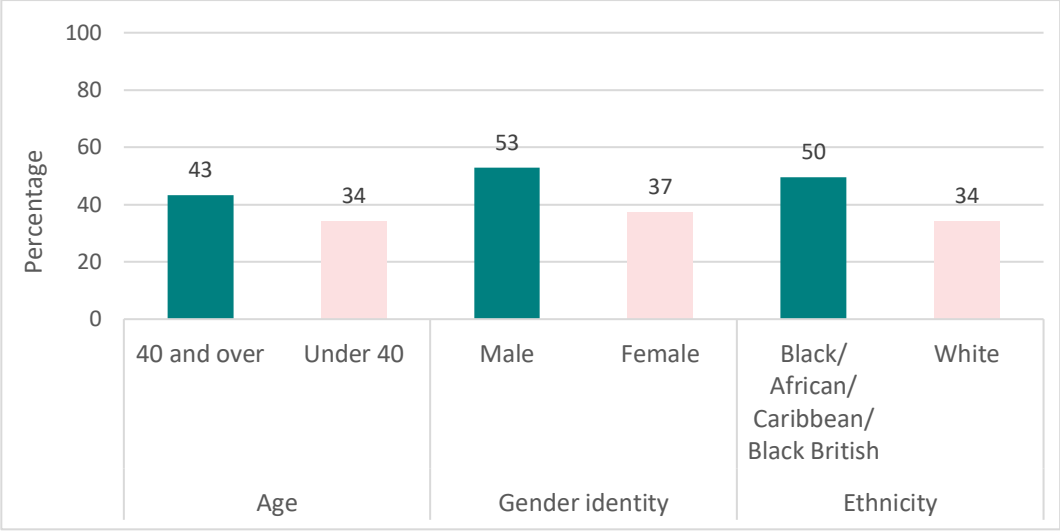


- **Age 40 and over**: 82% of hearings, 66% of the register
- **Gender identity male:** 31% of hearings, 17% of the register
- **Ethnicity Black/ African/ Caribbean/ Black British**: 32% of hearings, 16% of the register

Case progression rates

Triage to investigation

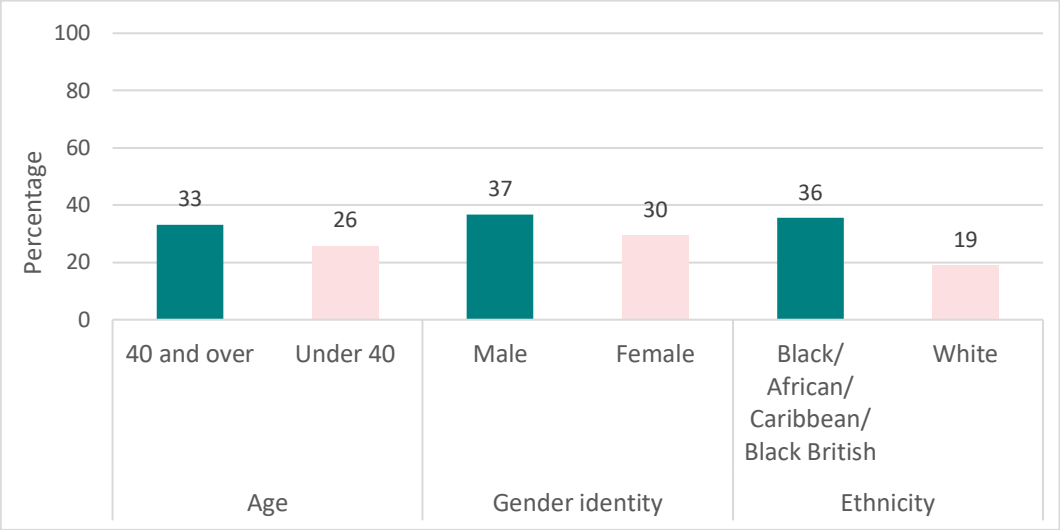
Chart 3: differences in case progression rates from the triage stage to the investigation stage



- **Age 40 and over:** 43% triage progression rate
- **Age under 40:** 34% triage progression rate
- **Gender identity male:** 53% triage progression rate
- **Gender identity female:** 37% triage progression rate
- **Ethnicity Black/ African/ Caribbean/ Black British**: 50% triage progression rate
- **Ethnicity white:** 34% triage progression rate

Case examiner to hearings

Chart 4: differences in case progression rates from case examiner to hearings



- **Age 40 and over:** 33% case examiner progression rate
- **Age under 40:** 26% case examiner progression rate
- **Gender identity male:** 37% case examiner progression rate
- **Gender identity female:** 30% case examiner progression rate
- **Ethnicity Black/ African/ Caribbean/ Black British**: 36% case examiner progression rate
- **Ethnicity white:** 19% case examiner progression rate