

Social worker: Munyaradzi
Nhundu

Registration number: SW121234

Fitness to Practise

Final Order Review Hearing

Date of Hearing: 16 September 2025

Hearing venue: Remote

Final order being reviewed: Suspension order (expiring 01 November 2025)

Hearing outcome:

Allow the current suspension order to lapse upon its expiry

Introduction and attendees:

1. This is the first review of a final order originally imposed as a suspension order for a period of 18 months by the case examiners by way of an accepted disposal decision on 30 April 2024.
2. Mr Nhundu attended and was represented at the review by Christina Ramage from the British Association of Social Workers (“BASW”).
3. Social Work England was represented by Ms Emma Rutherford, Case Presenter from Capsticks LLP.
4. The panel of adjudicators conducting this review (the “panel”) and the other people involved in it were as follows:

Adjudicators	Role
Adrian Smith	Chair
Liz Murphy	Social worker adjudicator

Hearings team/Legal adviser	Role
Paige Swallow	Hearings officer
Chiugo Eze	Hearings support officer
Neville Sorab	Legal adviser

Review of the current order:

5. This final order review hearing is taking place under Paragraph 15(1) of Schedule 2 of The Social Workers Regulations 2018 (as amended) and Social Work England’s Fitness to Practise Rules 2019 (as amended).
6. The current order is due to expire on 1 November 2025.

The regulatory concerns which resulted in the imposition of the final order were as follows:

Whilst registered as a social worker you:

1. Have an adverse health condition as set out in Schedule 1 which impacts on your ability to practise as a social worker.

[PRIVATE]

2. Between 2021 to 2022 applied for work as a social worker despite being aware of concerns about your ability to practise safely due to your health.

3. Between 2021 to 2022 did not make a declaration to the regulator regarding occupational health reports as agreed.

The matters outlined at regulatory concern 1 amount to the statutory ground of adverse physical or mental health.

The matters outlined at regulatory concern 2 and 3 amount to the statutory ground of misconduct.

By reason of your misconduct and/or adverse physical or mental health your fitness to practice is impaired.

The case examiners on 30 April 2024 determined the following with regard to impairment:

“Personal element of impairment

In considering the personal element of impairment, the case examiners have considered the test for personal impairment as set out in the case examiner guidance (2022), namely whether the conduct is remediable; whether the social worker has undergone remediation and demonstrated insight; and whether there is a likelihood the matters alleged will be repeated. The case examiners have also considered the health guidance and whether the social worker has demonstrated insight in line with this guidance (December 2022).

Adverse mental or physical health

The case examiners consider that the social worker has no insight into their health conditions as outlined in Schedule 1. The case examiners note in the reasoning at the facts stage, that the social worker continues to dispute the findings of the occupational health report written in February 2022. In the UKIM assessment, the social worker has stated that they would like to work as a social worker. Furthermore, in their most recent submissions, they state that, ‘for an occupational therapist to conclude that I am not fit to be a social worker is disrespectful and unethical’ and ‘I am ready to work with reasonable adjustments to my practice, so that I would perform safely with support’ and ‘I feel I have the energy, to do all my duties without endangering the children, and parents’.

The case examiners are of the view that despite being presented with a number of reports from different health professionals regarding their health, the social worker appears to continue to lack insight into their health conditions.

Whilst the social worker has recognised that they may need support to manage their health, their insight into how this impacts upon their fitness to practise is limited.

The case examiners consider there is a risk of repetition.

Misconduct

The case examiners are of the view that the conduct alleged is inherently linked to the social worker's health condition.

The case examiners consider that due to the lack of insight into their health condition, the social worker appears to lack understanding of the necessity to inform both future employers and their regulator as to their current health condition. The case examiners consider that they have shown no insight into their alleged misconduct and have not taken any steps to remediate.

The social worker has not practised as a social worker since the alleged conduct and has stated that they are able to manage their health with support. The social worker therefore does not appear to see the need to inform prospective employers or the regulator as to health professionals conclusions in respect of their health.

The case examiners are of the view that the social worker's health conditions appear to be ongoing and unlikely to change. Due to their lack of insight, the case examiners consider that there is a risk of repetition.

Public element of impairment

The case examiners next considered whether the social worker's actions have the potential to undermine public confidence in social workers and whether this is a case where adjudicators may determine that public interest requires a finding of impairment. Public interest includes the need to uphold proper standards of conduct and behaviour and the need to maintain the public's trust and confidence in the profession.

The case examiners have reminded themselves that the public interest includes responding proportionately to regulatory concerns. However, they consider that the adjudicators may determine that a member of the public, who was fully aware of the circumstances of this case, would be concerned the social worker's ability to practice without restriction. They may consider that the social worker needs support to enter back into the social work profession to practise safely and to manage their health condition.

Failure by the regulator to provide these restrictions has the potential to seriously undermine public trust in social workers and to damage the reputation of the profession.

The case examiners are of the view that in these circumstances, members of the public would expect a finding of impairment.”

The case examiners on 30 April 2024 determined the following with regard to sanction:

“The case examiners are of the view the social worker’s impairment continues to pose some current risk to public safety as there is insufficient evidence at this time of the social worker having developed full insight into their health conditions. Given this, outcomes of no further action, advice, or warnings are considered inappropriate on the basis that these will not sufficiently protect the public.

The case examiners next considered a conditions of practice order being imposed on the social worker’s registration. The case examiners note the medical advice from two medical professionals that the social worker is not currently fit to practise, however they note that the social worker is disputing this. The case examiners did consider formulating conditions that would provide a supportive framework to the social worker, if they were able to successfully challenge this and then re-enter the profession at that time. However, the case examiners were of the view that any conditions they could formulate at this time to protect the public, would be tantamount to suspension. The case examiners are of the view that they are unable to formulate conditions that are workable, proportionate but sufficient to protect the public.

The case examiners then went onto consider the next available sanction, namely a suspension order. The case examiners consider that this would be the most appropriate sanction in this case. Whilst there is a risk that the suspension order may risk deskilling the social worker, the evidence before the case examiners currently is that the social worker is not fit to practise as a social worker due to their health conditions and that they lack insight into their health condition and the impact that this has on their practice. The evidence suggests that the social worker is keen to return to practice, despite their lack of current insight into their health condition. Therefore, a suspension order will allow the social worker the space to concentrate on their health and develop their insight into how this may impact upon them. Furthermore, it will allow the social worker additional time to challenge any health reports which they feel are inaccurate.

In terms of duration, the sanctions guidance states that a suspension order can be imposed for up to three years at a time. When considering the timescale for the suspension, the case examiners have determined that a period of 18 months would be appropriate in this case. This period would allow

the social worker to concentrate on their health, consider how their health impacts upon their practice and challenge any health reports which they feel are inaccurate. The case examiners consider a longer period unnecessary and disproportionate at this stage.

The case examiners will notify the social worker of their proposals in respect of a suspension order and seek the social worker's agreement to dispose of the matter accordingly. Should the social worker not agree, or if the case examiners revise their decision regarding the public interest in this case, the matter will proceed to a final hearing.

The case examiners will give the social worker 21 days to respond to the offer of an accepted disposal. If the social worker does not agree, or if the case examiners revise their decision regarding the public interest in this case, the matter will proceed to a final hearing.”

Social worker evidence:

7. Mr Nhundu provided the following evidence:

- a. He now has a clear understanding of what went wrong.
- b. He has taken action so that he can practice safely.
- c. [PRIVATE], but he can now practice safely.
- d. He has spent time studying and now understands how to manage his health, which is about readiness and self-care.
- e. He feels stronger and more self-aware today.
- f. He is confident to return to practice and there is nothing that would prevent him returning to a safe practice. He has gone through a lot of reflection and rehabilitation (both physical and psychological).
- g. If his health started suffering again, he would check with his supervisors whether he was doing the right thing.
- h. He now realises that people depend on him and his actions affect others.

Social Work England submissions:

8. In the Notice of Review, Capsticks LLP made the following written submissions on behalf of Social Work England:

“Social Work England invites the Panel to consider whether the fitness to practise of the social worker remains impaired. The Social Worker has not

worked since June 2023. The Social Worker has engaged appropriately with the fitness to practise process.

The Social Worker has worked over the last 5 years towards his goals of rehabilitation and has demonstrated a determination to overcome the challenges he has faced in order to return to practice as a social worker.

[PRIVATE]

Pursuant to the recommendations made by the Case Examiners the Social Worker has provided a reflective statement/submission on 17 June 2025. It is submitted that the Social Worker has provided evidence of some remediation, reflection and insight. It is a matter for the Panel as to whether the remediation, reflection and insight is such that the Social Worker is no longer impaired.

In the event that the Panel conclude that the Social Worker is no longer impaired Social Work England will invite the Panel to revoke the order with immediate effect.

In the event that the Panel determine that the Social Worker has not demonstrated sufficient remediation, reflection and insight Social Work England will invite the Panel to vary the Suspension Order to a Conditions of Practice Order for 12 months.”

9. Ms Rutherford’s oral submissions reflected Social Work England’s written submissions.

Social worker submissions:

10. Mr Nhundu provided a reflective piece dated 17 June 2025, with the following pertinent excerpts:

“I acknowledge that my fitness to practise was impaired due to the significant health issues I experienced in June 2020, [PRIVATE]. These events occurred just as I started a new position as a safeguarding social worker with Southampton City Council. Being in a new role, I felt the need to quickly establish myself professionally, which led me to make the regrettable decision to return to work prematurely. This decision was made under pressure, panic, and a lack of proper recovery time both physically and psychologically.

Looking back, I recognise that I did not meet several key expectations outlined in Social Work England’s Professional Standards, particularly:

- *Standard 2 I did not fully use supervision and support to reflect and improve my practice.*

- *Standard 5 I failed to manage the impact of my physical and mental health on my professional judgement.*
- *Standard 6 I allowed personal pressures to affect my behaviour and professional performance.*

These failings led to impaired practice at a critical time in my career, and more importantly, at a time when the safety and wellbeing of vulnerable children depended on my sound judgement and presence of mind.

Engaging with reading materials and guidance on child protection practice during my suspension has significantly deepened my understanding of my professional and the central importance of maintaining personal readiness and fitness when working with children and families.

[...]

Engaging with the latest research and training opportunities is crucial for maintaining and enhancing safeguarding practices. Participating in trauma-informed care education can significantly improve practitioners' knowledge, confidence, and ability to apply evidence-based approaches in their work.

I also accept that my support at the time was skewed by my anxiety and poor health. The occupational health services, managers, and colleagues tried to help me, but I was in a panicked and defensive state, viewing their interventions as punitive rather than supportive. Now, [PRIVATE] I have a clearer picture of what happened and how to prevent similar outcomes in future. My reflection is strongly aligned with several Professional Capabilities Framework (PCF) domains.

- *Professionalism — I have grown in my awareness of how my health impacts professional performance and the lives of those I serve. I now take pride in being transparent, accountable, and committed to ethical practice.*
- *Critical Reflection and Analysis — I have developed a deeper ability to examine my decisions and the factors influencing them. I now regularly use reflective tools and supervision to challenge myself and grow.*
- *Rights, Justice and Economic Wellbeing — I understand better how personal pressures (e.g., financial or employment-related) must never interfere with my duty to protect children and uphold their rights.*
- *Knowledge — [PRIVATE]. This theoretical grounding now informs my day-to-day decision-making and interactions.*

Today, I am better equipped mentally and physically. I use strategies to maintain focus, regulate my wellbeing, and manage physical symptoms such as difficulty walking or standing. I am also open to reasonable adjustments

that allow me to carry out my role safely and effectively. These practices align with the Five Ways to Wellbeing, a framework developed by the New Economics Foundation to promote mental health.

I connect with others by engaging in meaningful conversations and seeking support when needed, fostering a sense of belonging and reducing feelings of isolation. Being active, even through gentle exercises like walking or stretching, helps me maintain physical health and boosts my mood. Taking notice involves present in the moment, appreciating my surroundings, and acknowledging my feelings, which enhances mindfulness and emotional awareness. I keep learning by pursuing new skills and knowledge, which builds confidence and provides a sense of purpose. Lastly, I give to others by offering support and kindness, which not only them but also enriches my own wellbeing.

I fully accept the findings in the case examiners decision and the terms of the proposed disposal of my case. My journey through suspension has been difficult but ultimately restorative. I have rebuilt not only my physical health but also my confidence, professional understanding, and sense of purpose.

I am now ready to return to practice, not only as someone willing to work, but as someone fit, reflective, ethically grounded, and committed to the highest standards of safeguarding. I will continue to develop through supervision, ongoing CPD, and active use of research and policy to guide and enhance my work with children and families.”

11. On behalf of Mr Nhundu, Ms Ramage submitted:

- a. [PRIVATE]
- b. It took Mr Nhundu time to realise that the recovery was going to be long and complicated.
- c. During his recovery, Mr Nhundu thought he could return to work, but despite the assistance of occupational health, Mr Nhundu was unable to maintain the standards that are required of a social worker.
- d. Mr Nhundu could not acknowledge the full impact [PRIVATE] until it became a concern for Social Work England.
- e. Mr Nhundu’s focus is now on his wellbeing.
- f. Mr Nhundu has fully reflected and acknowledges the impact his health concerns had on his practice. He has explained his journey through recovery and his current circumstances. He acknowledges the support that is available to him. His insight has increased as his recovery has improved.

- g. Mr Nhundu has attended workshops and was successful with his treatment plan. [PRIVATE]
- h. Mr Nhundu is no longer impaired. There is no clinical reason for any further medical intervention. Outside of this process, there are no other concerns raised about Mr Nhundu's practice.
- i. The imposition of conditions of practice would restrict Mr Nhundu's ability to gain employment.

Panel decision and reasons on current impairment:

12. In considering the question of current impairment, the panel undertook a comprehensive review of the final order in light of the current circumstances. It took into account the decisions of the case examiners. However, it has exercised its own judgement in relation to the question of current impairment. The panel also took into account Social Work England's "*Impairment and sanctions guidance*".
13. The panel had regard to all of the documentation before it, including the decision and reasons of the case examiners, Social Work England's written submissions, and Mr Nhundu's reflective piece. The panel had regard to the submissions made by Ms Rutherford and Ms Ramage.
14. The panel heard and accepted the advice of the legal adviser, including the case of *Abrahaem v GMC [2008] EWHC 183* which sets out that, at a review, there was a persuasive burden on the registrant to demonstrate that previous concerns and impairments had been sufficiently addressed. In reaching its decision, the panel was mindful of the need to protect the public and the wider public interest in declaring and upholding proper standards of behaviour and to maintain public confidence in the profession.
15. The panel first considered whether Mr Nhundu's fitness to practise remains impaired. The panel determined that Mr Nhundu was no longer impaired for the following reasons:
 - a. The case examiners provided a list of recommendations to Mr Nhundu to complete in order to address his impairment. He has completed this list, providing two reflective pieces.
 - b. Mr Nhundu has completed a range of medical rehabilitation, [PRIVATE] and the [PRIVATE] report has set out that there is no current evidence of [PRIVATE] impairment.
 - c. Mr Nhundu's insight has increased throughout his rehabilitation. Mr Nhundu provided two reflective pieces which demonstrate the journey that he has been on. Although Mr Nhundu's reflection was relatively substantive during his first reflective piece, the panel considered that the second reflective piece to be of deep reflection and insight.

Given these reasons, the panel considered that Mr Nhundu's practice was no longer impaired, nor was there any foreseeable risk of repetition or public protection concerns, should he be permitted to practise unrestricted.

16. The panel also considered that public confidence, and proper professional standards, in the social work profession would no longer be undermined if no finding of impairment was made under these circumstances. The public would welcome back a social worker who was no longer impaired and could practice with no foreseeable risk.

Decision and reasons:

17. Having found Mr Nhundu's fitness to practise to no longer be currently impaired, the panel considered it appropriate to allow the current suspension order to lapse upon expiry.
18. This concludes the panel's decision.

The Professional Standards Authority

Please note that in accordance with section 29 of the National Health Service Reform and Health Care Professions Act 2002, a review decision made by Social Work England's panel of adjudicators can be referred by the Professional Standards Authority ("the PSA") to the High Court. The PSA can refer this decision to the High Court if it considers that the decision is not sufficient for the protection of the public. Further information about PSA appeals can be found on their website at:

<https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/decisions-about-practitioners>