Social worker: Susan Hornby
Registration number: SW128242
Fitness to Practise
Final Hearing

Dates of hearing: 02 February 2026 to 10 February 2026

Hearing venue: Remote hearing

Hearing outcome:
Fitness to practise impaired, removal order

Interim order:
Interim suspension order (18 months)

Introduction and attendees:

1. This is a hearing held under Part 5 of The Social Workers Regulations 2018 (as amended) ("the regulations").

2. Ms Hornby did not attend and was not represented.

3. Social Work England was represented by Mr Adrian Harris instructed by Capsticks LLP.

4. The panel of adjudicators conducting this hearing (hereafter "the panel") and the other people involved in it were as follows:

Adjudicators	**Role**
Lesley White	Chair
Joma Wellings-Longmore	Social worker adjudicator
Lorna Taylor	Lay adjudicator

Hearings team/Legal adviser	**Role**
Poppy Muffett	Hearings officer
Emma Walker/Paige Swallow/Cat Conway	Hearings support officer
Zill-e Huma	Legal adviser

Service of notice:

5. The panel was informed by Mr Harris that notice of this hearing was sent to Ms Hornby by email on 12 December 2025, using the email address provided by Ms Hornby as her registered email address on the Social Work England register. Mr Harris submitted that notice of the hearing had been duly served.

6. The panel had careful regard to the documents contained in the final hearing service bundle as follows:

    - A copy of the notice of the final hearing dated 19 December 2025 and addressed to Ms Hornby at her email address which she provided to Social Work England;
    - An extract from the Social Work England register as of 19 December 2025 detailing Ms Hornby's registered email address;
    - A copy of a signed statement of service, on behalf of Social Work England, confirming that on 19 December 2025 the writer sent by ordinary email to Ms Hornby at the address referred to above: notice of hearing and related documents;

7. The panel accepted the advice of the legal adviser in relation to service of notice.

8. Having had regard to Rules 16, 44 and 45 of Social Work England's Fitness to Practise Rules 2019 (as amended) ("The Rules") and all of the information before it in relation to the service of notice, the panel was satisfied that notice of this hearing had been served on Ms Hornby in accordance with The Rules.

Proceeding in the absence of the social worker:

Social Work England submissions:

9. Mr Harris, on behalf of Social Work England, made submissions inviting the panel to exercise its discretion to proceed in the absence of Ms Hornby. He reminded the panel that the decision to do so was a discretionary one which must be exercised with care and caution.

10. Mr Harris submitted that Ms Hornby had been properly notified of the hearing and had been aware for a considerable period that regulatory proceedings were underway. He submitted that she had been served with the documents in the case, and there was confirmation that Ms Hornby had accessed them in early December. There had been a number of case management hearings which she had not attended or engaged with, and there had been a long-standing and sustained lack of engagement on her part over a period approaching two years.

11. Mr Harris submitted that correspondence had been attempted as required to ensure that Ms Hornby was properly aware of the proceedings and of the possibility that the hearing might proceed in her absence. He submitted that, given the prolonged and consistent nature of her non-engagement and non-response to documents that had been sent, there had been no further attempts to make contact beyond those already undertaken. He submitted that this appeared to be Ms Hornby's settled position. He contrasted this with a situation in which a registrant had previously engaged and then suddenly disengaged, in which different considerations might arise.

12. Mr Harris referred the panel to relevant authorities, including *R v Jones* and *Tait v Royal College of Veterinary Surgeons*, and submitted that the principles drawn from those cases required the panel to consider matters such as whether the absence was voluntary, whether an adjournment would secure attendance, the disadvantage to the registrant, and the wider public interest. He also relied on *Adeogba v General Medical Council*, submitting that while fairness to the registrant was of central importance, fairness to the regulator and the public interest in the expeditious and efficient disposal of cases were also highly relevant.

13. Mr Harris submitted that Ms Hornby's absence was deliberate and voluntary. She had not sought an adjournment, had not indicated any wish to attend, and had made no attempt to engage with the proceedings. He submitted that there was no proper basis for concluding that an adjournment would result in her attendance, and that any adjournment would simply place the panel in the same position at a later date.

14. Mr Harris further submitted that there was a strong public interest in the allegations being determined. The evidence was now of some age, witnesses had made themselves available to attend, and further delay would risk inconvenience to witnesses and a potential impact on the quality of the evidence. He submitted that bringing the proceedings to a conclusion was in the interests of the public, the regulator and the integrity of the regulatory process.

15. Mr Harris accepted that there was an inherent disadvantage to Ms Hornby in not being present to advance her case, but submitted that this disadvantage arose from her own choice not to engage. He submitted that the panel would nonetheless be able to ensure fairness by taking into account anything Ms Hornby had previously said and by ensuring that the evidence was assessed carefully notwithstanding her absence.

16. Taking all matters together, Mr Harris submitted that the relevant factors pointed decisively in favour of proceeding in Ms Hornby's absence and invited the panel to exercise its discretion to do so.

Legal advice:

17. The panel heard and accepted the advice of the legal adviser in relation to proceeding in the absence of the Registrant. The panel was reminded that the decision whether to proceed in absence is a matter of judicial discretion and must be exercised with great care and caution, balancing the Registrant's right to a fair hearing against the public interest in the proper disposal of regulatory proceedings.

18. The panel was advised that the relevant legal principles are set out in authorities including *R v Jones* [2003] 1 AC 1, *Tait v Royal College of Veterinary Surgeons* [2003] UKPC 34, and *Adeogba v General Medical Council* [2016] EWCA Civ 162. The panel was reminded that a registrant may waive the right to attend a hearing by voluntarily absenting themselves, and that it may be fair to proceed where the registrant has been properly notified of the hearing and has chosen not to attend without good reason.

19. The panel was advised that, in exercising its discretion, it should consider whether the Registrant's absence is voluntary, whether there is any realistic prospect that an adjournment would secure attendance, and whether proceeding in absence would result in unfairness. The panel was reminded that fairness applies not only to the Registrant, but also to the regulator and to the public, and that there is a strong public interest in the timely and effective determination of allegations, particularly in cases engaging public protection and confidence in the profession.

20. The panel was further advised that, where a registrant has been properly served, has not engaged with the proceedings, has not sought an adjournment, and has provided no explanation for their absence, it will usually be fair to proceed, particularly where an adjournment would be unlikely to result in attendance and would merely delay the resolution of the case.

Panel's decision to proceed in absence:

21. The panel considered carefully whether it was fair and appropriate to proceed in Ms Hornby's absence. In doing so, the panel accepted and applied the advice of the legal adviser, and took account of the submissions made on behalf of Social Work England.

22. The panel was satisfied that Ms Hornby had been properly and effectively notified of the hearing and of the possibility that the proceedings might continue in her absence. The panel noted that Ms Hornby had been aware of the regulatory process for a

considerable period of time and that there had been a sustained and longstanding lack of engagement on her part. The panel noted that correspondence had been sent to her in accordance with the required procedures, Ms Hornby had accessed the documentation, that there had been no request for an adjournment, and that no explanation had been provided for her absence.

23. The panel considered whether Ms Hornby's absence was voluntary and concluded that it was. The panel was satisfied that her non-attendance reflected a settled decision not to engage with the proceedings, rather than any temporary difficulty or recent breakdown in communication. The panel also considered whether an adjournment would be likely to secure her attendance at a future date. In light of the prolonged history of non-engagement and the absence of any indication that Ms Hornby wished to attend or participate, the panel concluded that there was no realistic prospect that an adjournment would result in her attendance.

24. The panel weighed carefully the potential disadvantage to Ms Hornby in proceeding in her absence, including her inability to give oral evidence, challenge witnesses, or advance her case in person. The panel recognised the importance of fairness to the registrant, but was satisfied that any disadvantage arose from Ms Hornby's own decision not to engage. The panel further noted that it remained under a duty to consider carefully any material previously provided by Ms Hornby and to test Social Work England's case rigorously.

25. The panel also took into account the wider public interest, including the need to protect the public, to maintain confidence in the regulatory process, and to ensure that allegations of this seriousness are dealt with fairly, efficiently and without unnecessary delay. The panel noted that the matters before it dated back several years, that witnesses had made themselves available to give evidence, and that further delay would risk undermining the effective administration of justice.

26. Having balanced all relevant factors, the panel was satisfied that it was fair, proportionate and in the interests of justice to proceed in Ms Hornby's absence.

Preliminary matters:

27. The panel noted that, at a Case Management Meeting held on 12 January 2026, a panel of Adjudicators determined that certain hearsay evidence should be admitted. This included evidence presented by Ms Jolaade Anjorin recording the account provided by Person A and related documentation originating from Person A which was subsequently provided to the council investigation by the Police, as well as evidence presented by PC Stuart Anderson consisting of Person A's witness statement, text message screenshots, and WhatsApp video recordings.

28. The panel carefully considered the written witness statements before it and determined that it was not necessary to require the attendance of Ms Georgia Norton and PC Stuart Anderson to give oral evidence.

29. Ms Georgia Norton was the Performance Delivery Unit Administrator for Sodexo Justice Services at HMP Forest Bank. Her evidence was limited to the production of documentary material and factual information held by the prison in relation to Service User 1. She was not a witness to the alleged events. The panel was satisfied that her evidence was administrative in nature, clear and uncontroversial, and that it did not give rise to any matters requiring clarification or testing through oral testimony.

30. PC Stuart Anderson was a Police Constable with Manchester City Police and formerly attached to the Child Protection Investigation Unit. He had been allocated to investigate allegations concerning the Social Worker's conduct towards Service User 1. His evidence was confined to the production of material provided to the Police by Person A, including a witness statement and associated digital material. He was not a witness to the underlying events and did not provide evidence of disputed primary fact. His role was limited to continuity and production.

31. In reaching its decision, the panel considered fairness and the requirements of Article 6. It was satisfied that neither witness provided opinion evidence or evidence requiring assessment of personal credibility. There was no indication that the authenticity or integrity of the material produced was challenged. The panel further noted that Ms Hornby had not meaningfully engaged in the proceedings and had not sought to challenge the production or admissibility of the material.

32. The panel was satisfied that the documentary and hearsay material could properly be evaluated in the round with the totality of the evidence and that appropriate weight would be attached to it, bearing in mind its nature and source. In all the circumstances, the panel concluded that it was fair and proportionate to proceed without requiring the attendance of Ms Norton and PC Anderson and to rely on their written evidence for the limited purpose for which it was provided.

Allegations:

33. The allegations arising out of the regulatory concerns referred by the Case Examiners on 7 June 2023 are:

"Whilst registered as a social worker, between the approximate dates of 12 July 2021 and 31 October 2021, following Service User 1 being professionally allocated to you:

1. Did not maintain professional *boundaries with Service User 1, in that:*

a. After your professional allocation to Service User 1 had ended and/or his case was closed to your team, you arranged and/or undertook a visit to Service User 1 in prison on one or more dates as set out in Schedule A.

b. After your professional allocation to Service User 1 had ended, you engaged in one or more telephone calls with Service User 1 between the approximate dates of 31 August 2021 and 31 October 2021.

2. Your conduct at paragraph 1 (a) and/ or (b) above was sexually motivated.

3. You did not maintain accurate records relating to Service User 1.

4. Your conduct at paragraph 3 above was dishonest.

The matters outlined in paragraphs 1-4 amount to the statutory ground of misconduct.

Your fitness to practise is impaired by reason of your misconduct."

Admissions:

34. There were no admissions made by Ms Hornby. Accordingly, the panel proceeded to determine each of the allegations on the basis that they were disputed.

Background:

35. On 3 November 2021, Social Work England received a referral from Mary Bradfield, Team Manager at Manchester City council regarding Ms Hornby.

36. The allegations related to Ms Hornby's's failure to maintain a professional relationship with a service user to whom she had previously been allocated, Service User 1. It was alleged that Ms Hornby had conducted multiple visits to him without any professional reason when he was in custody at HMP Forest Bank and engaged in multiple inappropriate telephone calls with him.

Witnesses on behalf of Social Work England:

37. The following witnesses were called on behalf of Social Work England:

    a. Jolaade Anjorin (Ms): formerly Principal Social Worker for Adults Social Care at Manchester City council at the time of the allegations, acted as Investigating Officer for the local council investigation;

    b. Victoria Metcalfe (Ms): Social Worker's Team Manager in the Child Protection Team at Manchester City council;

    c. Mary Bradfield (Ms): Social Worker's Team Manager taking over from Ms Metcalfe;

    d. Joyce Munroe (Ms): Service User 1's Personal Adviser/ Leaving Care Worker within the Leaving Care Team of Manchester City Council;

    e. Claire Haymonds (Ms): Team Leader within the Leaving Care Service of Manchester City council. Joyce Munroe's Manager during her allocation to Service User 1;

38. Mr Harris opened Social Work England's case by reference of the Statement of Case provided in the documentation.

Finding and reasons on facts:

Submissions:

Social Work England:

39. Mr Harris, on behalf of Social Work England, submitted to the panel that his closing submissions relied on the statement of case and on the submissions made at the opening of the hearing, which he did not repeat in full. He emphasised that the burden of proof rested throughout on Social Work England and that it was required to prove its case on the balance of probabilities in circumstances where there were no formal admissions. He submitted that the case therefore depended on the evidence called by Social Work England and heard by the panel during the course of the hearing.

40. Mr Harris further submitted that Ms Hornby had not meaningfully engaged during the investigation or the proceedings. He emphasised, however, that the panel was required to determine the allegations solely on the evidence properly before it, rather than on Ms Hornby's non-engagement. He submitted that there was no evidence before the panel challenging Social Work England's case, advancing an alternative factual account, or providing an innocent explanation for the conduct alleged, and that the allegations therefore fell to be determined on the evidence the panel had heard and seen.

41. Turning to Allegation 1, Mr Harris submitted that the allegation concerned an overarching failure to maintain professional boundaries with Service User 1, and that Social Work England relied on two clear factual routes by which that failure was established. First, the evidence demonstrated that Ms Hornby's professional allocation to Service User 1 had ended. At the latest, this was by 8 June 2021, when the case was formally closed and transferred. Earlier still, when Service User 1 absconded from court in mid-May 2021, Ms Hornby had been instructed to close the case and had no further professional role. Secondly, even if there had been any residual ambiguity prior to that point, Mr Harris submitted that any such ambiguity was entirely removed following receipt of the letter from Service User 1 in late July 2021, after which Ms Hornby was clearly instructed not to have any further contact with him.

42. Mr Harris submitted that there was no professional justification for the conduct which followed. The evidence showed that Ms Hornby arranged and undertook multiple prison visits and engaged in extensive telephone contact with Service User 1. These contacts were not limited, incidental or reactive. They were repeated, sustained and occurred after her allocation had ended and after she had been instructed to cease contact. Mr Harris submitted that while certain discrete professional actions might have been permissible in isolation, such as advising Service User 1 to surrender to the police or providing a character reference, those matters did not explain or justify the pattern of prison visits and ongoing communication that occurred. Social Work England's case was that this conduct plainly amounted to a failure to maintain professional boundaries.

43. Mr Harris further submitted that the telephone contact was particularly concerning. The evidence demonstrated that the contact took place via a mobile phone which Service User 1 should not have had access to whilst in custody. Ms Hornby had been removed from the list of approved prison telephone contacts, yet the communication continued by other means. Mr Harris submitted that this was secretive contact of a kind which a social worker would recognise as wholly inappropriate, and which further demonstrated a failure to maintain professional boundaries after her professional involvement had come to an end.

44. In relation to Allegation 2, Mr Harris submitted that sexual motivation was rarely proved by direct evidence and that the panel was entitled to draw inferences from established facts, applying the definition set out in *Basson v General Medical Council*. He submitted that the evidence must be considered cumulatively. That evidence included the content of the letter sent by Service User 1, the continuation of contact thereafter, the secrecy and persistence of the prison visits and telephone calls, and the content of the recorded telephone conversations with Person A, which the panel heard and was able to assess for itself. Mr Harris submitted that Social Work England did not allege that sexual activity had taken place. Rather, the case was that the nature, frequency, secrecy and context of the conduct supported the inference that Ms Hornby was acting in pursuit of sexual gratification or a future sexual relationship. He submitted that there was no plausible innocent explanation for that conduct.

45. Turning to Allegation 3, Mr Harris submitted that the evidence clearly established a failure to maintain accurate records. Ms Hornby knew how to record appropriately and had previously demonstrated good recording practice. Despite this, the majority of prison visits and telephone contact were not recorded at all, and where records were made they did not reflect the true position. Mr Harris submitted that this was not a matter of delay, oversight or pressure of work, but a sustained failure which meant that other professionals and managers did not have an accurate picture of Ms Hornby's ongoing involvement with Service User 1.

46. Finally, in relation to allegation 4, Mr Harris submitted that the failure to record was dishonest. Applying the test in *Ivey v Genting Casinos (UK) Ltd*, he submitted that Ms Hornby knew she was required to record her contact and knew that she was not authorised to continue it. Accurate recording would have revealed conduct she knew was not permitted. Instead, she chose not to record it, and in one instance recorded information which materially misrepresented the existence of managerial approval. Mr Harris submitted that the only reasonable inference was that Ms Hornby deliberately chose not to record her contact in order to conceal the true extent of her ongoing involvement and to avoid scrutiny or intervention. He submitted that ordinary decent people would regard such conduct as dishonest.

47. Mr Harris therefore submitted that Social Work England had discharged the burden of proof in respect of all allegations. He invited the panel to find Allegations 1(a), 1(b), 2, 3 and 4 proved on the balance of probabilities.

Social Worker:

48. The panel noted that no submissions were received from Ms Hornby. The panel nonetheless proceeded to determine the allegations on the evidence and submissions properly before it, applying the burden of proof throughout to Social Work England.

Legal Advice:

49. The panel heard and accepted the advice of the legal adviser. The panel was reminded that the burden of proof rested throughout on Social Work England and that the applicable standard of proof was the civil standard, namely the balance of probabilities. The panel was advised that each allegation must be considered separately on its own merits and that no allegation could be found proved unless, having carefully examined and weighed the evidence relevant to that allegation, the panel was satisfied that it was more likely than not that the alleged conduct had occurred.

50. The panel was advised to evaluate all the evidence before it, including oral testimony, written statements and documentary material. In doing so, the panel was reminded to give appropriate weight to contemporaneous documents and objective evidence, which are often the most reliable indicators of what occurred, to treat witness demeanour with caution, and to assess hearsay evidence carefully, attaching weight in light of corroboration, reliability, and fairness.

51. In relation to sexual motivation, the panel was advised that this is a distinct factual issue requiring careful and structured analysis. The panel was reminded of the guidance in *Basson v General Medical Council*, namely that sexual motivation means conduct undertaken in pursuit of sexual gratification and/or the pursuit of a future sexual relationship. The panel was advised that sexual motivation is rarely proved by direct evidence and may be established by permissible inference from proved conduct and the surrounding circumstances, provided that speculation is avoided and that any plausible innocent explanation is properly considered before such an inference is drawn.

52. In relation to dishonesty, the panel was advised to apply the test set out in *Ivey v Genting Casinos (UK) Ltd*, first determining the Registrant's actual state of knowledge or belief as to the facts at the relevant time, and then considering whether the conduct would be regarded as dishonest by the standards of ordinary decent people. The panel was reminded that dishonesty must be proved by clear and cogent evidence and must not be assumed from seriousness or impropriety alone.

53. The panel was further advised that its findings must be based on a fair, rational and transparent evaluation of the evidence, that conclusions must not be based on speculation or impression, and that the panel must clearly explain the evidential basis and reasoning for each finding.

Panel's decision and reasons on facts:

54. In reaching its decision, the panel carefully considered all of the evidence before it, including the oral evidence of witnesses who attended the hearing, the written witness statements, and the documentary material contained within the hearing bundle. The panel assessed the evidence both individually and cumulatively, giving appropriate weight to hearsay evidence and approaching such material with caution, having regard to its nature, the circumstances in which it was obtained, and the extent to which it was corroborated by contemporaneous documentary and other reliable evidence. The panel tested the evidence for consistency, plausibility and reliability, and had regard to the submissions made on behalf of Social Work England and to the advice of the legal adviser, which it accepted. The panel applied the appropriate standard of proof and assessed each allegation separately on its own merits before reaching its findings.

55. The panel found that all of the witnesses called by Social Work England gave their evidence in a professional, measured, clear and helpful manner. Each witness answered questions carefully and within the bounds of their recollection and professional responsibilities. Where the passage of time limited the ability to recall specific detail, this was stated openly and without hesitation. The panel noted a high degree of consistency between the oral evidence and the written witness statements, as well as clear corroboration between the oral evidence and contemporaneous documentary records. The panel was satisfied that none of the witnesses sought to exaggerate, deflect or mislead, and that each provided honest, balanced and objective testimony intended to assist the panel in its decision-making.

Allegation 1(a)

"Whilst registered as a social worker, between the approximate dates of 12 July 2021 and 31 October 2021, following Service User 1 being professionally allocated to you:

1. Did not maintain professional boundaries with Service User 1, in that:

> *a. After your professional allocation to Service User 1 had ended and/or his case was closed to your team, you arranged and/or undertook a visit to Service User 1 in prison on one or more dates as set out in Schedule A."*

56. The panel was satisfied, on the unchallenged regulatory and employment evidence, that Ms Hornby was a registered social worker throughout the period alleged, namely between approximately 12 July 2021 and 31 October 2021, and was therefore bound at all material times by the professional standards applicable to registered social workers, including the duty to maintain appropriate professional boundaries with service users.

57. The panel then addressed the substance of the allegation, namely whether Ms Hornby failed to maintain professional boundaries with Service User 1 by arranging and/or undertaking prison visits after her professional allocation had ended and/or his case had been closed to her team. In doing so, the panel carefully scrutinised the

chronology, the managerial instructions given to Ms Hornby, and the nature of her subsequent contact with Service User 1.

58. The panel was satisfied that Ms Hornby's professional allocation to Service User 1 came to an end no later than 8 June 2021, when his case was formally closed to the Child Protection Team in which Ms Hornby worked and transferred to the Leaving Care Team. This was supported by contemporaneous records and the consistent evidence of Ms Metcalfe and Ms Munroe. The panel further accepted that, in practical terms, Ms Hornby's role had already ended earlier, on 18 May 2021, when Service User 1 absconded from court after turning 18. At that point, Ms Metcalfe instructed Ms Hornby to close the case, and Ms Hornby herself acknowledged during the investigation that she had been told to do so. The panel was satisfied that from that stage onwards, Ms Hornby no longer had any allocated professional responsibility for Service User 1.

59. The panel considered whether there was any ongoing professional justification for Ms Hornby's involvement. It accepted that, prior to Service User 1 absconding, Ms Metcalfe had agreed that Ms Hornby could provide limited support at the criminal trial and that a single closing visit had been contemplated as part of the transition to leaving care team. However, the panel found that this permission was clearly time-limited and context-specific. It did not extend beyond the anticipated conclusion of the trial in May 2021 and did not authorise ongoing contact once Service User 1 absconded, the case was closed, and responsibility passed fully to the Leaving Care Team.

60. The panel attached particular weight to the events of July 2021. It was satisfied that Service User 1 sent Ms Hornby a letter containing inappropriate and romantic personal expressions which, in the context of the professional relationship and Service User 1's vulnerability, were inconsistent with an appropriate professional social work relationship. The panel accepted Ms Metcalfe's evidence that she was shown the letter by Ms Hornby and gave Ms Hornby a clear and unequivocal instruction not to have any further contact with Service User 1. The panel found Ms Metcalfe's evidence on this point to be credible and consistent. Importantly, the panel noted that Ms Hornby did not dispute during the investigation that she had been given this instruction, and on 23 July 2021 she subsequently told Ms Munroe that she could not attend a planned prison visit because of the letter. The panel considered this to be strong corroborative evidence that Ms Hornby knew she was not permitted to continue contact at that stage.

61. The panel therefore found that, by late July 2021 at the latest, Ms Hornby knew, or ought reasonably to have known, that she should not have any further contact with Service User 1. Even if there had been any residual uncertainty before that point, the panel was satisfied that the instruction following the letter removed any possible ambiguity. Ms Metcalfe's evidence was that she was clear, firm, and left no room for continued involvement, and the panel accepted that evidence.

62. Against that background, the panel considered the objective prison records. It accepted these as reliable and independent evidence showing that Ms Hornby booked ten prison visits between 12 July 2021 and 18 October 2021 and attended seven of

them, all falling squarely within the period when her professional role had ended, the case had been closed to her team, and she had been told not to have contact. The panel found that these visits were arranged by Ms Hornby herself, were not incidental, and required deliberate action. The fact that some early visits were booked but not attended did not assist Ms Hornby; the panel found that the very act of arranging visits after her allocation had ended already demonstrated a failure to observe appropriate professional boundaries.

63. The panel considered Ms Hornby's explanations during the local investigation, including her suggestion that she felt it was acceptable to continue visiting Service User 1, that she believed she had approval to support him, and that she was motivated by concern for his wellbeing. The panel did not accept those explanations. It found no documentary or oral evidence of any managerial approval for continued prison visits after June 2021. On the contrary, the evidence demonstrated that approval had been expressly withdrawn. The panel was also concerned by Ms Hornby's acceptance in interview that she may have supported Service User 1 "as a friend rather than as a social worker", which the panel regarded as an acknowledgement of the blurring of professional boundaries rather than a justification for her conduct.

64. The panel also had regard to the wider context discussed during the hearing, including evidence that Ms Hornby maintained frequent contact with Service User 1, including telephone contact, after she had been told not to do so, and that this contact was not transparently recorded. While the recording failures were the subject of a separate allegation, the panel considered that the nature, persistence, and lack of professional oversight of the contact reinforced the conclusion that professional boundaries had not been maintained.

65. Taking all of these matters together, the panel was satisfied that Ms Hornby should not have been visiting Service User 1 in prison during the period alleged. Her professional role had ended, his case had been closed to her team, and she had been expressly instructed to cease contact. There was no professional justification for any continued involvement. Notwithstanding this, Ms Hornby arranged and undertook prison visits to Service User 1 on one or more dates as set out in Schedule A. In doing so, she failed to maintain appropriate professional boundaries. Accordingly, the panel finds that, whilst registered as a social worker and between approximately 12 July 2021 and 31 October 2021, Ms Hornby did not maintain professional boundaries with Service User 1 in the manner alleged.

66. Accordingly, the panel found that Allegation 1(a) was proved on the balance of probabilities.

Allegation 1(b)

"After your professional allocation to Service User 1 had ended, you engaged in one or more telephone calls with Service User 1 between the approximate dates of 31 August 2021 and 31 October 2021."

67. The panel next considered Allegation 1(b), namely whether, after her professional allocation to Service User 1 had ended, Ms Hornby engaged in one or more telephone calls with Service User 1 between approximately 31 August 2021 and 31 October 2021.

68. The panel was satisfied that Ms Hornby's professional role and responsibility to Service User 1 had ended, and his case had been closed to her team, by no later than 8 June 2021. The panel further accepted that following receipt of a letter from Service User 1 containing inappropriate and romantic personal expressions which, in the context of the professional relationship and Service User 1's vulnerability, and were inconsistent with an appropriate professional social work relationship, Ms Hornby had been expressly instructed to cease all contact. From that point onwards, there was no professional justification for any further communication between Ms Hornby and Service User 1.

69. The panel placed significant weight on the contemporaneous documentary evidence obtained during the police investigation, in particular the phone analysis evidence produced by PC Anderson. The panel was mindful that elements of PC Anderson's evidence, including the phone analysis summary, were admitted as hearsay evidence and approached that evidence with appropriate caution. In assessing the weight to be attached to it, the panel had regard to the fact that the evidence was derived from contemporaneous documentary material generated during the police investigation, including phone records, call data, transcripts, and analysis documents, rather than from subjective opinion or recollection. The panel further noted that the underlying documentary material was disclosed and capable of being tested against other independent sources.

70. The panel was satisfied that the hearsay evidence was strongly corroborated by contemporaneous documentary evidence obtained during the police investigation, including the phone analysis records, WhatsApp messages, recorded call transcripts, and admissions made by Ms Hornby in recorded conversations with Person A. The panel also noted that aspects of the evidence were consistent with Ms Hornby's own accounts during the investigation.

71. The panel considered whether there was any evidence of motive, bias, or interest on the part of PC Anderson that might undermine the reliability of the evidence and was satisfied that there was none. PC Anderson was acting in his professional capacity as a police officer under supervision and had no personal connection to the parties or interest in the outcome of these proceedings. Taking these matters together, the panel was satisfied that, notwithstanding its hearsay nature, appropriate weight could properly be attached to the evidence.

72. The panel accepted the phone analysis evidence as demonstrating extensive telephone contact between Ms Hornby and Service User 1 during the period alleged. The panel accepted that there were "too many calls to count" and that the parties were in "constant contact", summarised as calls occurring on a daily basis. The panel noted

that the cumulative duration of calls whilst Ms Hornby was on holiday amounted to approximately 400 minutes, which it considered to be a substantial volume of contact.

73. The panel considered the detailed call data showing that on 20 October 2021, approximately 50 calls were made from Ms Hornby to Service User 1 and approximately 30 calls were made from Service User 1 to Ms Hornby over a period of several hours. The panel further noted that on 26 October 2021 approximately 10 calls were made, and that between 30 and 31 October 2021 approximately 50 calls were again made from Ms Hornby to Service User 1. The panel was satisfied that this pattern demonstrated persistent and repeated attempts at contact, rather than isolated or inadvertent communication.

74. The panel took into account Ms Hornby's explanation that many of the calls were unanswered or went to voicemail. However, the panel found that this explanation did not materially assist her. The panel was satisfied that repeatedly initiating telephone calls constituted engagement and attempted contact in itself, regardless of whether the calls were answered. The volume, frequency, and persistence of the calls were such that the panel was satisfied they could not reasonably be characterised as accidental, incidental, or benign.

75. The panel attached particular significance to the manner in which the telephone contact took place. Service User 1 was in custody throughout the relevant period. The panel accepted that prisoners are not permitted to possess mobile phones and that official prison telephone systems are monitored. The evidence showed that Ms Hornby communicated with Service User 1 via a prohibited mobile device while he was in custody. The panel was satisfied that Ms Hornby knew, or ought reasonably to have known, that this method of communication was improper and fell outside any professional framework or oversight. Engaging in repeated telephone contact with a former service user via a prohibited device further demonstrated a failure to maintain appropriate professional boundaries.

76. The panel also noted that a significant proportion of the calls occurred while Ms Hornby was on annual leave and on holiday abroad with her family. The panel accepted Ms Anjorin's evidence that social workers should not conduct work-related communications while on leave. It found that the continuation of frequent telephone contact during this period further undermined any suggestion that the calls were professionally motivated.

77. The panel had regard to the recorded telephone conversations between Ms Hornby and Person A, in which Ms Hornby acknowledged that she had been "messaging and ringing" Service User 1 and that the contact involved "text messages and flirty phone calls". The panel found these admissions to be significant and consistent with the contemporaneous documentary evidence obtained during the police investigation.

78. The panel further considered the account provided by Service User 1 to the police, in which he stated that he had spoken to Ms Hornby by telephone during his

incarceration, initially via prison telephone and later via a mobile phone after her number had been removed from approved prison contacts. Although Service User 1 declined to provide a formal statement, the panel found this account to be consistent with the contemporaneous documentary evidence obtained during the police investigation.

79. When interviewed by the police, Ms Hornby declined to answer questions about the telephone contact, including the purpose, frequency, and propriety of the calls. While the panel drew no adverse inference from her decision to make no comment, it noted that no alternative innocent explanation was provided to account for the scale, persistence, timing, or method of the contact.

80. Taking all of these matters together, the panel was satisfied that Ms Hornby engaged in repeated telephone contact with Service User 1 during the period alleged, after her professional allocation had ended, after his case had been closed to her team, and after she had been expressly instructed to cease contact. There was no professional justification for such contact. By engaging in repeated telephone communication, including via a prohibited mobile device, Ms Hornby failed to maintain appropriate professional boundaries, in that she blurred the distinction between a professional relationship and a personal one, acted outside any authorised professional role, and engaged in contact which was neither necessary nor justified for any social work purpose.

81. Accordingly, the panel found that Allegation 1(b) was proved on the balance of probabilities.

Allegation 2

"Your conduct at paragraph 1 (a) and/ or (b) above was sexually motivated."

82. In determining whether Ms Hornby's conduct at paragraph 1(a) and/or 1(b) was sexually motivated, the panel directed itself to the principles set out in *Basson v General Medical Council* [2018] EWHC 505 (Admin). The panel reminded itself that sexual motivation means conduct undertaken either in pursuit of sexual gratification or in pursuit of a future sexual relationship. The panel further recognised that sexual motivation is rarely proved by direct evidence and is commonly established by drawing reasonable inferences from a registrant's behaviour and conduct, viewed cumulatively and in context.

83. The panel accepted that there was no evidence of sexual activity between Ms Hornby and Service User 1 and made no finding that any sexual contact occurred. The panel was satisfied, however, that a finding of sexual motivation does not require proof of sexual conduct. The issue for the panel was whether Ms Hornby's actions were undertaken in pursuit of a future intimate relationship, which would by its nature be a sexual relationship.

84. The panel found that Ms Hornby's conduct occurred after Service User 1 had sent her a letter containing inappropriate and romantic personal expressions which, in the context of the professional relationship and his vulnerability, and were inconsistent with an appropriate professional social work relationship. The panel found that this letter clearly conveyed Service User 1's desire for a personal and intimate relationship indicating his strong sexual attraction to her and offering to end his relationship with his current girlfriend. The panel considered that, at this point, clear professional boundaries ought to have been re-established and the relationship brought to an end in a transparent and professionally managed way.

85. Instead, the panel found that Ms Hornby's conduct escalated. After her professional allocation had ended and after she had been instructed to cease contact, she arranged and undertook prison visits and engaged in sustained and repeated telephone contact over an extended period. The panel attached significant weight to the persistence, frequency, and intensity of this contact, including contact via a prohibited mobile device, and to the fact that such contact continued while Ms Hornby was on annual leave and abroad with her family. The panel was satisfied that the scale and nature of this contact went far beyond anything that could reasonably be characterised as professional support.

86. The panel further found that Ms Hornby maintained this contact secretly. She failed to record the visits or calls, did not seek managerial guidance, and did not disclose the true extent of the contact to colleagues. The panel was satisfied that this lack of transparency and avoidance of professional oversight was inconsistent with any innocent or purely professional explanation for her conduct.

87. The panel placed particular reliance on Ms Hornby's own admissions in recorded conversations with Person A. In those conversations, Ms Hornby acknowledged engaging in flirtatious behaviour, describing the contact as involving "flirty" text messages and phone calls. Ms Hornby had been overheard by Person A whilst on a telephone call with Service User 1 in prison asking Service User 1 what he wanted and saying that she did not want to lose him. In the telephone conversation between Person A and Ms Hornby, Ms Hornby appeared to acknowledge that there was an intent for a intimate relationship with Service User 1 once he was released from prison. However, she accepted that it was unlikely to work on the outside and there was a massive age gap. The panel found that such statements were incompatible with her later suggestion that she was acting solely out of concern for Service User 1's wellbeing. The panel considered that if Ms Hornby's motivation had been purely protective or supportive, there would have been no reason to characterise the contact as flirtatious, nor to conceal it from professional scrutiny.

88. The panel considered whether there was any plausible innocent explanation for Ms Hornby's conduct, including the suggestion that she was motivated by concern for Service User 1's mental health or vulnerability. The panel rejected that explanation. It found that genuine professional concern would have been addressed through

appropriate channels, recorded on the case management system, and shared with the allocated practitioner or managers. Instead, Ms Hornby acted alone, in secret, and in direct disregard of clear managerial instruction to cease contact.

89. In reaching its conclusion, the panel emphasised that it did not infer sexual motivation merely from the fact that professional boundaries were breached. Rather, the panel drew reasonable inferences from Ms Hornby's established behaviour and conduct when viewed cumulatively and in context. That conduct included the persistence and escalation of contact following Service User 1's expression of romantic interest, the secrecy surrounding the relationship, the use of inappropriate and prohibited means of communication, the admissions of flirtatious behaviour, the intent for an ongoing relationship after Service User 1's released, her statement that she did not want to 'lose him' and the absence of any credible innocent explanation.

90. Applying the principles set out in *Basson*, the panel was satisfied that Ms Hornby's conduct was undertaken in pursuit of a future intimate relationship with Service User 1, which would by its nature be a sexual relationship.

91. Accordingly, the panel found that Allegation 2 was proved on the balance of probabilities.

Allegation 3

"You did not maintain accurate records relating to Service User 1."

92. In determining Allegation 3, the panel had regard to the clear and consistent evidence that social workers are required to maintain accurate, timely and complete records of all contact with service users, including visits and telephone calls. The panel accepted the evidence of Ms Anjorin that this obligation is fundamental to safe social work practice, is embedded in social work training, and applies to all interactions with service users. The panel further accepted the evidence of Ms Haymonds that the professional expectation is for such contact to be recorded promptly, ideally within 24 hours, in order to ensure accuracy, accountability and effective safeguarding.

93. The panel carefully considered the council's recording guidance and standards in force at the relevant time. Although the current version of the policy post-dates the events, the panel was satisfied, based on the evidence of Ms Haymonds and Ms Anjorin, that the underlying expectations during 2021 were materially the same. The panel noted in particular the emphasis within the guidance on the decline of recollection over time and the requirement for records to be timely, accurate and factual so as to support professional analysis, safeguarding, continuity of care and accountability.

94. The panel was satisfied that Ms Hornby knew and understood these recording requirements. It accepted Ms Anjorin's and Ms Metcalf's evidence that Ms Hornby's recording during her formal allocation to Service User 1 was generally of a good standard and demonstrated familiarity with the Liquid Logic system. The panel

therefore rejected any suggestion that the deficiencies identified arose from lack of training, lack of competence or unfamiliarity with recording expectations.

95. The panel was further satisfied that the duty to record applied notwithstanding the end of Ms Hornby's professional allocation. Service User 1's case remained open to the Leaving Care Team and therefore his case records were still accessible to Ms Hornby. The panel accepted the evidence of Ms Bradfield and Ms Haymonds that accurate recording is essential to ensure clarity as to the purpose of contact, the actions taken, and the respective roles of professionals, and that failure to record contact can result in decisions being taken without full knowledge of relevant information, potentially affecting a service user's welfare and safeguarding.

96. Against that framework, the panel identified significant deficiencies in Ms Hornby's recording from July 2021 onwards. The panel found that Ms Hornby attended seven prison visits to Service User 1 during the period alleged in Allegation 1(a), yet the case records contain reference to only one prison visit, dated 17 August 2021. The panel also had regard to its findings under Allegation 1(b) that Ms Hornby engaged in extensive telephone contact with Service User 1 between August and October 2021. There are no case notes recording those calls. The panel noted the evidence of Ms Bradfield that, from August 2021 onwards, there were only two entries recorded by Ms Hornby on Service User 1's file, dated 17 August 2021 and 9 September 2021. The panel was satisfied that this disparity between the volume of contact and what was recorded could not reasonably be explained as minor oversight.

97. The panel examined carefully the entry made by Ms Hornby on 17 August 2021. Having heard and accepted the evidence of the relevant managers, whom the panel found to be credible and reliable witnesses, the panel concluded that this entry was inaccurate in a material respect. In particular, the panel found that the statement within the record that management had agreed Ms Hornby would visit Service User 1 in prison because she was one of the only professionals he trusted was not supported by the evidence. The panel was satisfied that no such approval had been given and that Ms Hornby had, in fact, been instructed to cease contact. Ms Bradfield, who was supervising Ms Hornby at the time had no knowledge of any contact with Service User 1 as his case had been closed to children services and there was no need to discuss him in supervision or for there to be any contact between Ms Hornby and Service User 1. The panel therefore found that the record materially misrepresented the true position.

98. The panel considered whether Allegation 3 was confined to issues of timeliness. It rejected that characterisation. While the panel accepted Ms Haymonds' evidence that, in practice, recording may on occasion take longer than 24 hours, it was clear from her evidence that the absence of any record means the contact is not visible to managers or other professionals and undermines oversight. The panel was satisfied that this case concerned non-recording of significant contact, rather than mere delay. There was no evidence that Ms Hornby sought to record the missing prison visits or telephone

contact at any later stage, despite having access to the system and despite the significance and frequency of the interactions.

99. The panel was satisfied that the failure to maintain accurate records had clear professional consequences. It undermined transparency and managerial oversight, prevented other professionals from having a full understanding of Ms Hornby's ongoing involvement with Service User 1, and created a risk that decisions could be taken without all relevant information. The panel found that this represented a marked departure from expected professional standards and from Ms Hornby's own earlier recording practice.

100. Taking all of these matters together, and having carefully considered the witness evidence, the applicable guidance and the panel's findings under Allegations 1(a) and 1(b), the panel was satisfied that Ms Hornby did not maintain accurate records relating to Service User 1.

101. Accordingly, the panel found that Allegation 3 was proved on the balance of probabilities.

Allegation 4

"Your conduct at paragraph 3 above was dishonest."

102. In determining whether Ms Hornby's conduct in relation to Allegation 3 was dishonest, the panel applied the test set out in *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67. The panel first considered Ms Hornby's actual state of knowledge or belief as to the facts at the relevant time, and then assessed whether her conduct would be regarded as dishonest by the standards of ordinary decent people.

103. The panel was satisfied that Ms Hornby knew and understood that she was required to make accurate and complete records of all contact with Service User 1. This conclusion was based on the panel's findings under Allegation 3, including that Ms Hornby was an experienced social worker, had received training in recording obligations, was familiar with the Liquid Logic system, and had previously demonstrated good recording practice during her formal allocation to Service User 1. The panel emphasised that this finding was based on Ms Hornby's actual knowledge and belief at the relevant time, rather than on what she ought to have known by virtue of her professional role. The panel therefore rejected any suggestion that her failure to record arose from ignorance, misunderstanding, or oversight.

104. The panel was further satisfied that Ms Hornby knew that she was not authorised to continue visiting or contacting Service User 1 after her professional role had ended and after she had been instructed to cease contact. The panel found that she was aware that her ongoing involvement was contrary to management direction and outside any agreed professional involvement. The panel was therefore satisfied that Ms Hornby knew that accurate recording of her continued prison visits and extensive telephone contact would have revealed that she was acting beyond what had been permitted.

105. The panel considered the pattern and nature of the recording failures. It found that Ms Hornby did not record multiple prison visits and extensive telephone contact over a prolonged period, despite those interactions being significant, repeated, and professionally sensitive. The panel was satisfied that this was not a case of isolated omission or delayed recording. There was no evidence that Ms Hornby sought to record the missing contacts at any later stage, despite continued access to the recording system and despite opportunities to do so.

106. In addition, the panel found that the entry made by Ms Hornby on 17 August 2021 was inaccurate in a material respect. The panel was satisfied that the statement within that record suggesting managerial approval for prison visits misrepresented the true position. The panel found that Ms Hornby knew, or must have known, that no such approval had been given. The panel therefore concluded that this entry was not an honest mistake but a false account of the circumstances.

107. The panel considered whether there was any plausible innocent explanation for Ms Hornby's failure to record her contact accurately and fully. It rejected the possibility that the omissions resulted from workload pressures, delay, or benign informality. The panel was satisfied that the only reasonable inference, having regard to the extent of the non-recording and the inaccurate entry that was made, was that Ms Hornby deliberately chose not to record the contact in order to conceal the true extent of her ongoing involvement with Service User 1 and to avoid scrutiny or intervention by management.

108. Having determined Ms Hornby's state of knowledge, the panel then considered whether her conduct would be regarded as dishonest by the standards of ordinary decent people. The panel was satisfied that ordinary decent people would regard it as dishonest for a social worker, holding a position of trust and responsibility, knowingly to act outside her authorised role and deliberately to withhold accurate records of her contact with a service user. The panel was further satisfied that ordinary decent people would consider it dishonest to misstate managerial approval within a case record, particularly where such a misstatement served to create a false impression of legitimacy and to conceal conduct that would otherwise have been subject to scrutiny or intervention. In the panel's judgment, ordinary decent people would view such conduct as a serious breach of honesty and transparency, given the reliance placed on social workers' records by managers, courts and other professionals, and the expectation that those records provide a truthful and complete account of professional involvement with vulnerable individuals.

109. Taking all of these matters together, the panel was satisfied that Ms Hornby deliberately failed to maintain accurate records relating to Service User 1 and did so dishonestly.

110. Accordingly, the panel found that allegation 4 was proved on the balance of probabilities.

Finding and reasons on grounds and impairment:

Submissions:

Social Work England:

111. Mr Harris, on behalf of Social Work England, informed the panel that an Interim Suspension Order was imposed in respect of Ms Hornby on 15 November 2022. The Order remains in force and is currently due to expire on 12 April this year.

112. Mr Harris submitted that the existence and continuation of the interim order now forms part of the relevant background. He emphasised, however, that the panel's task at this stage is to determine whether the statutory ground is established and whether Ms Hornby's fitness to practise is currently impaired, based upon the facts found proved and the applicable legal framework.

113. Mr Harris invited the panel to keep firmly in mind Social Work England's overarching objective of public protection. That objective encompasses three distinct but related considerations: protecting, promoting and maintaining the health, safety and wellbeing of the public; promoting and maintaining public confidence in social workers in England; and promoting and maintaining proper professional standards for social workers in England.

114. He submitted that the question of whether the facts found proved amount to misconduct is a matter for the panel's evaluative judgment, not a separate question of proof. Similarly, the issue of impairment is a matter of judgment for the panel.

115. Mr Harris submitted that all of the facts found proved amount, individually and cumulatively, to misconduct.

116. He reminded the panel of the definition of misconduct given by Lord Clyde in Roylance v General Medical Council (No 2) [2000] 1 AC 311, namely that misconduct is a word of general effect involving some act or omission which falls short of what would be proper in the circumstances, and that the standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances.

117. Mr Harris referred to R (Remedy UK Ltd) v General Medical Council [2010] EWHC 1245 (Admin), in which the Court explained that misconduct is generally of two principal kinds: sufficiently serious misconduct in the exercise of professional practice, and morally culpable or otherwise disgraceful conduct, which may occur outside professional practice but brings disgrace upon the professional and prejudices the reputation of the profession. He submitted that this case falls squarely within the first category, as the conduct arose directly from and was enabled by Ms Hornby's professional practice.

118. Mr Harris emphasised that misconduct requires seriousness and a high threshold of gravity. He referred to Johnson and Maggs v Nursing and Midwifery Council [2013]

EWHC 2140 (Admin) as authority that misconduct involves a serious departure from acceptable standards. He also referred to Khan v Bar Standards Board [2018] EWHC 2184 (Admin) as confirming that professional misconduct must meet a high threshold of seriousness and is not established by conduct that is trivial or excusable. He further reminded the panel of the principle in Tait v Royal College of Veterinary Surgeons [2003] UKPC 34 that conduct which is trivial, inconsequential, or a temporary lapse will not ordinarily meet the threshold.

119. Mr Harris submitted that the conduct found proved is far removed from anything trivial or momentary. It comprises multiple serious departures from fundamental professional obligations, including the duty to maintain professional boundaries, to act with honesty and integrity, and to keep accurate and complete records. He invited the panel to consider that the conduct constituted a breach of fundamental tenets of the profession, including maintaining professional boundaries, safeguarding vulnerable service users, and acting with honesty and integrity

120. He submitted that the conduct was perpetrated upon a vulnerable service user and was enabled by Ms Hornby's professional role and position of trust. The abuse of that position for sexual or personal gratification represents a profound breach of trust. He emphasised that a social worker must not abuse their professional position to initiate or pursue an improper sexual, personal or emotional relationship with a service user.

121. Mr Harris submitted that the gravity of the misconduct is aggravated by its repetition over a sustained period and by deliberate concealment. He referred in particular to the failure to maintain proper case records and the making of a materially false entry in order to conceal interactions with Service User 1. He submitted that the dishonesty formed part of a sustained pattern of concealment designed to prevent discovery. Each occasion presented an opportunity to rectify matters; instead, the conduct was continued and hidden.

122. Mr Harris further relied upon Beckwith v Solicitors Regulation Authority [2020] EWHC 3231 (Admin) for the proposition that the closer conduct touches realistically upon professional practice, or reflects how a professional might behave in a professional context, the more likely it is to engage regulatory concern. In this case, the conduct did not merely touch upon professional practice; it arose directly from it and was inseparable from Ms Hornby's professional functions.

123. He invited the panel to have regard to Social Work England's guidance, which identifies sexual misconduct involving an abuse of professional position, including pursuing a sexual relationship or engaging in sexual conduct with a service user, as a serious abuse of trust. He submitted that this case falls squarely within that category.

124. Mr Harris acknowledged that Ms Hornby was relatively newly qualified at the time. However, he submitted that the standards breached are so fundamental that any registered social worker would know that such conduct is wholly improper.

125. Accordingly, Mr Harris submitted that the facts found proved amount, individually and collectively, to serious professional misconduct.

126. Turning to impairment Mr Harris submitted that Ms Hornby's fitness to practise is currently impaired by reason of her misconduct.

127. He reminded the panel that impairment is a matter for evaluative judgment and requires consideration of both the personal component, namely the risk of repetition and protection of the public, and the public component, namely the need to maintain public confidence and uphold proper professional standards.

128. Mr Harris referred to Cohen v General Medical Council [2008] EWHC 581 (Admin), in which Silber J emphasised that the panel must take into account the need to protect service users and the collective need to maintain confidence in the profession and to declare and uphold proper standards. He further observed that it is highly relevant to consider whether the conduct is remediable, whether it has been remedied, and whether it is highly unlikely to be repeated.

129. He also relied upon Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant [2011] EWHC 927 (Admin), in which Cox J endorsed the approach derived from Dame Janet Smith's Fifth Shipman Report. The panel should consider whether the practitioner has in the past acted, and/or is liable in the future to act, so as to put service users at unwarranted risk of harm, bring the profession into disrepute, breach fundamental tenets of the profession, or act dishonestly. Mr Harris submitted that all of those considerations are engaged on the facts of this case.

130. Mr Harris further referred to Professional Standards Authority v Health and Care Professions Council and Ghaffar [2014] EWHC 2723 (Admin), in which the Court observed that it will be an unusual case where dishonesty does not lead to a finding of impairment.

131. Mr Harris acknowledged that Ms Hornby has no previous regulatory history. However, he submitted that in light of the seriousness, duration and attitudinal nature of the misconduct, the absence of prior findings does not materially reduce the need for a finding of impairment

132. He invited the panel to find that the misconduct in this case involved attitudinal failings. It occurred over a sustained period, involved repeated incidents and significant planning, and was maintained in secret. It was not a single lapse of judgment but a pattern of behaviour. The dishonesty in falsifying records compounded the seriousness. Mr Harris argued that the finding of dishonesty independently engages the Grant indicators, particularly the breach of fundamental tenets of the profession and the question of whether a practitioner who has acted dishonestly can be regarded as currently fit to practise without restriction.

133. Mr Harris further submitted that there has been no formal acceptance of wrongdoing before the panel, no developed expression of insight, and no evidence of remediation. There has been no satisfactory explanation addressing the attitudinal factors that led to

the misconduct. In cases involving sexual misconduct and dishonesty, remediation is inherently more difficult to demonstrate.

134. He invited the panel to consider that the misconduct created a serious risk of harm to a vulnerable young person. In the absence of insight and evidence of change, there remains a significant risk of repetition and consequent harm. On the personal component, public protection therefore requires a finding of current impairment.

135. On the public component, Mr Harris submitted that a finding of impairment is plainly required in order to maintain public confidence in the profession and the regulator and to uphold proper professional standards. He relied upon Yeong v General Medical Council [2009] EWHC 1923 (Admin) as authority that impairment may be required as a matter of public policy in order to maintain confidence, even where the risk of repetition is disputed.

136. Mr Harris contended that a well-informed member of the public would be seriously concerned if a social worker who had abused her professional position to pursue sexually motivated conduct with a vulnerable service user, and who had falsified records to conceal that conduct, were found not to be impaired. Confidence in the profession and in Social Work England as regulator would be significantly undermined in the absence of such a finding.

137. For those reasons, Mr Harris submitted on behalf of Social Work England that the facts found proved amount to misconduct and that, by reason of that misconduct, Ms Hornby's fitness to practise is currently impaired on both public protection and wider public interest grounds.

Social worker:

138. The panel noted that it had received no written submissions from Ms Hornby in relation to misconduct or impairment.

139. The panel therefore proceeded to determine those issues on the basis of the evidence before it, the findings of fact it had made, the submissions advanced on behalf of Social Work England, and the advice of the legal adviser.

Legal advice:

140. The panel heard and accepted the advice of the legal adviser on the issues of misconduct and impairment.

141. In relation to misconduct, the legal adviser reminded the panel that the overarching objective of Social Work England is the protection of the public. That objective extends beyond safeguarding individual service users and includes maintaining public confidence in the social work profession and promoting and upholding proper professional standards.

142. The legal adviser directed the panel that whether the facts found proved amount to misconduct is a matter for its independent evaluative judgment. It is not a further

evidential question but one of legal characterisation. The panel was referred to Council for the Regulation of Health Care Professionals v General Medical Council and Biswas [2006] EWHC 464 (Admin), which confirms that the assessment of misconduct lies with the decision-making tribunal.

143. The panel was reminded that there is no statutory definition of misconduct. In Roylance v General Medical Council (No 2) [2000] 1 AC 311, misconduct was described as a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety is to be judged by reference to the rules and standards ordinarily required of a practitioner in the particular circumstances.

144. The legal adviser emphasised that not every breach of professional standards will amount to misconduct. The threshold is a high one. In Solicitors Regulation Authority v Day and Others [2018] EWHC 2726 (Admin), the Court confirmed that whether a breach amounts to misconduct depends upon its seriousness, the degree of culpability involved, and whether competent and responsible practitioners would regard it as reprehensible. Similarly, in Khan v Bar Standards Board [2018] EWHC 2184 (Admin), the Court underlined that conduct which is trivial, inconsequential, temporary or otherwise forgivable is unlikely to meet the threshold.

145. The panel was therefore advised to consider whether the registrant's conduct fell short of the standards expected of a registered social worker and, if so, whether that shortfall was sufficiently serious to justify a finding of misconduct. Minor errors, oversights or isolated lapses of judgment would not ordinarily suffice. The panel must assess seriousness, context, culpability and the overall gravity of the conduct found proved.

146. Turning to impairment, the legal adviser advised that this is a separate and forward-looking assessment, again a matter for the panel's professional judgment. The purpose is not to punish past wrongdoing but to assess current fitness to practise.

147. The panel was reminded that impairment must be considered in the wider context of public protection. This involves two interrelated components. The personal component concerns the registrant's current insight, remediation and the risk of repetition. The public component concerns the need to maintain public confidence in the profession and to declare and uphold proper professional standards.

148. The panel was referred to Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant [2011] EWHC 927 (Admin), which endorsed the approach derived from the Fifth Shipman Report. The panel should consider whether the registrant has in the past acted, and/or is liable in the future to act, so as to put service users at unwarranted risk of harm; to bring the profession into disrepute; to breach fundamental tenets of the profession; or to act dishonestly.

149. The legal adviser further referred to Cohen v General Medical Council [2008] EWHC 581 (Admin), emphasising that in assessing the personal component the panel should consider whether the concerns are capable of remediation, whether they have been

remedied, and whether they are highly unlikely to be repeated. Evidence of genuine insight, reflection and remedial steps is central to that assessment.

150. The panel was advised that it should evaluate factors including the seriousness of the misconduct, whether it was an isolated lapse or part of a pattern, the level of culpability, the degree of insight demonstrated, any evidence of remediation such as training, reflection or supervision, the likelihood of repetition in light of current circumstances, and the impact of the conduct on public confidence.

151. The legal adviser emphasised that even if the risk of repetition were assessed as low, the panel must still consider whether a finding of impairment is required on public interest grounds in order to maintain confidence in the profession and to uphold and declare proper standards.

152. Finally, the panel was reminded that the ultimate question is whether the registrant is currently fit to practise without restriction. If the panel concludes that they are not, whether by reason of ongoing risk to the public or because a finding is required to maintain public confidence and proper standards, then a finding of current impairment must follow.

Panel's decision and reasons on grounds and impairment:

153. The panel carefully considered the facts found proved, the submissions made on behalf of Social Work England, the absence of any submissions from Ms Hornby, the relevant Professional Standards (2019), and the legal advice it received. The panel noted that Ms Hornby had no previous regulatory history. However, the panel concluded that the conduct in this case fell well below the standards expected of a registered social worker and amounted to a serious departure from proper professional practice. The conduct was not a minor oversight or momentary lapse of judgment. It concerned breaches of fundamental professional boundaries, the safeguarding of a highly vulnerable young person, and the integrity and transparency required of a registered practitioner.

154. The panel found that Ms Hornby breached Professional Standard 1.7, *"Recognise and use responsibly, the power and authority I have when working with people, ensuring that my interventions are always necessary, the least intrusive, proportionate, and in people's best interests."* The panel had found proved that Ms Hornby continued to arrange and undertake prison visits and to engage in repeated telephone contact with Service User 1 after her professional role had ended, after the case had transferred to another team, and after she had been expressly instructed by her manager to cease contact. The contact was deliberate, repeated, frequent and conducted outside any authorised professional framework or managerial oversight. Given Service User 1's age, vulnerability, mental health history and custodial status, the panel was satisfied that the contact was neither necessary nor proportionate and was not in his best interests. In doing so, Ms Hornby failed to recognise and use her professional power responsibly.

155. The panel found that Ms Hornby breached Professional Standard 2.3, *"Maintain professional relationships with people and ensure that they understand the role of a social worker in their lives."* The panel had found proved that the contact was persistent, protracted and sexually motivated, and undertaken in pursuit of a future intimate relationship. It continued despite a clear managerial instruction to cease contact. The panel was satisfied that this conduct blurred and displaced the professional relationship with a personal one and was fundamentally incompatible with maintaining a clear and appropriate professional relationship.

156. The panel further found that Ms Hornby breached Professional Standard 2.1, *"Be open, honest, reliable and fair."* The panel had found proved that she failed to record multiple prison visits and extensive telephone contact, and that she made a materially inaccurate case entry suggesting managerial approval at 17 August 2021 when none had been given. The panel concluded that these omissions and the inaccurate entry were deliberate and intended to conceal the true extent of her contact. Such conduct demonstrated a lack of honesty and integrity and represented a serious breach of this standard.

157. The panel found that Ms Hornby breached Professional Standard 3.1, *"Work within legal and ethical frameworks, using my professional authority and judgement appropriately."* By maintaining contact after her professional role had ended, after responsibility had transferred to another team, after a clear instruction to cease contact, and by engaging in repeated telephone contact via a prohibited mobile device while Service User 1 was in custody, Ms Hornby acted outside appropriate legal and ethical frameworks and failed to exercise professional judgment appropriately.

158. The panel also found a breach of Professional Standard 3.8, *"Clarify where the accountability lies for delegated work and fulfil that responsibility when it lies with me."* Once Service User 1's case had transferred to the Leaving Care Team, accountability lay with that team. By continuing contact privately, without informing or involving the allocated professionals and without transparency or oversight, Ms Hornby undermined professional accountability and acted outside the structure within which she was required to operate.

159. The panel further found a breach of Professional Standard 3.11, *"Maintain clear, accurate, legible and up to date records, documenting how I arrive at my decisions."* The failure to record seven prison visits and extensive telephone contact was a significant omission. Accurate record keeping is central to safeguarding, supervision and accountability. The absence of records, coupled with the materially misleading entry, represented a serious departure from expected professional standards.

160. The panel also found that Ms Hornby breached Professional Standard 5.1, *"I will not abuse, neglect, discriminate, exploit or harm anyone, or condone this by others."* The conduct was sexually motivated and occurred in the context of a clear power imbalance. Service User 1 was a vulnerable young person with a troubled background and a history of significant mental health difficulties. By pursuing and maintaining

contact in pursuit of a future intimate relationship, and doing so secretly and contrary to instruction, Ms Hornby exploited her position of trust and authority and risked harm to a vulnerable individual.

161. Finally, the panel found a breach of Professional Standard 5.2, *"Behave in a way that would bring into question my suitability to work as a social worker while at work, or outside of work."* The sustained boundary breaches, sexual motivation, unauthorised contact and dishonest record keeping would inevitably call into question her suitability to practise.

162. Having applied the facts found proved to the relevant standards, the panel stood back and considered the conduct to determine whether it was sufficiently serious to amount to misconduct. The panel reminded itself that the threshold is a high one and that misconduct must represent a serious departure from the standards expected of a registered social worker.

163. The panel was satisfied that this case went far beyond a minor lapse or isolated error. The conduct was protracted over months and required deliberate and repeated action. It continued in the face of a clear and unequivocal managerial instruction to stop. It involved sexual motivation in pursuit of a future intimate relationship with a vulnerable former service user. It was aggravated by deliberate concealment through dishonest recording practice.

164. The panel was further satisfied that the conduct was not merely a failure to meet expected standards, but represented behaviour wholly incompatible with the role of a registered social worker. The sustained and deliberate pursuit of contact with a vulnerable former service user, in circumstances where her professional role had ended and she had been expressly instructed to cease involvement, was directly contrary to the core expectations of the profession. The volume and persistence of the communication, including the exceptionally high number of telephone calls over short periods, could not reasonably be characterised as incidental or benign. The conduct demonstrated a clear disregard for professional boundaries, an abuse of the power imbalance inherent in the prior professional relationship, and a failure to exercise the judgment, restraint and integrity fundamental to social work practice. In the panel's judgment, such behaviour stands in direct opposition to the standards and values that underpin public trust in the profession.

165. The panel took into account the particular vulnerability of Service User 1, including his age, troubled background, mental health difficulties and custodial status. These factors heightened the professional obligation on Ms Hornby to maintain strict boundaries and act within authorised frameworks. Instead, she exploited the inherent power imbalance arising from the prior professional relationship.

166. The panel was satisfied that the sexually motivated boundary breaches, viewed alone, were sufficiently serious to amount to misconduct. The dishonest record keeping, considered independently, also met the threshold. When considered collectively, the sustained boundary violations, sexual motivation, deliberate concealment and

disregard of managerial instruction demonstrated a pattern of serious professional wrongdoing.

167. The panel concluded that the misconduct breached fundamental tenets of the profession, including maintaining clear professional boundaries; safeguarding and promoting the welfare of vulnerable individuals; recognising and responsibly exercising professional power; acting with honesty and integrity; working within authorised legal and ethical frameworks; and ensuring transparency and accountability through accurate record keeping. The conduct undermined trust in the profession and in the systems designed to protect vulnerable service users.

168. The panel therefore determined that the conduct, individually and collectively, crossed the high threshold required for a finding of misconduct and represented a serious departure from the standards expected of a registered social worker. Accordingly, the panel determined that all the facts found proved amount to misconduct.

Impairment:

169. Turning to impairment, the panel considered the matter afresh and in a forward-looking manner. The panel bore in mind that impairment is not a sanction but an assessment of current fitness to practise. The panel noted that Ms Hornby has no previous regulatory history. However, the panel was satisfied that the gravity and nature of the misconduct required careful consideration of whether her fitness to practise is currently impaired.

170. In assessing the personal component, the panel considered whether the misconduct is remediable, whether it has been remedied, and whether it is highly unlikely to be repeated. The panel also considered the questions identified in the case of Grant, namely whether Ms Hornby has in the past acted, and/or is liable in the future to act, so as to put service users at unwarranted risk of harm, to bring the profession into disrepute, to breach fundamental tenets of the profession, or to act dishonestly.

171. The panel concluded that the misconduct involved attitudinal failings, namely sexually motivated boundary breaches with a vulnerable service user and dishonesty designed to conceal that conduct. Such misconduct is inherently serious and difficult to remedy without clear evidence of insight and behavioural change. The panel found no evidence of developed insight, no acknowledgment of the power imbalance or potential harm caused, and no evidence of remediation. Ms Hornby did not attend the hearing and has provided no reflective statement, training evidence, testimonials, or other material demonstrating learning or change.

172. In the absence of engagement, insight or remediation, the panel could not be satisfied that the risk of repetition is low. The misconduct was sustained, deliberate and concealed. Without evidence that Ms Hornby recognises the seriousness of her conduct and the impact upon Service User 1 and the profession, there remains a real risk that similar boundary failures and dishonesty could recur. The panel therefore concluded that Ms Hornby's fitness to practise is impaired on the personal component.

173. Turning to the public component, the panel considered whether a finding of impairment is required to maintain public confidence in the profession and to uphold proper professional standards. The panel was satisfied that a well-informed member of the public would be seriously concerned if a social worker who had engaged in sexually motivated boundary breaches with a vulnerable service user, and had acted dishonestly to conceal that conduct, were found not to be impaired. The misconduct represented a breach of fundamental tenets of the profession, including maintaining professional boundaries, safeguarding vulnerable individuals, and acting with honesty and integrity. A finding of no impairment would undermine public confidence and fail to uphold proper standards.

174. Weighing the absence of previous history against the seriousness, duration and sexually motivated nature of the misconduct, the exploitation of vulnerability, the dishonesty involved, the breach of fundamental tenets, and the absence of insight or remediation, the panel concluded that Ms Hornby's fitness to practise remains impaired on both the personal and public components.

175. Accordingly, the panel determined that Ms Hornby's fitness to practise is currently impaired.

Decision and reasons on sanction:

Submissions:

Social Work England:

176. Mr Harris made submissions to the panel on behalf of Social Work England. He submitted at the outset that Social Work England sought the imposition of a Removal Order. He submitted that removal was the only proportionate and necessary sanction in light of the seriousness of the misconduct, the absence of insight or remediation, the ongoing risk identified by the panel, and the need to protect the public and maintain public confidence in the profession.

177. Mr Harris submitted that the conduct as found was long-term, significant and entrenched. He submitted that it fell at the top end of seriousness. The findings established protracted, deliberate and repeated behaviour involving sexually motivated boundary breaches with a vulnerable service user, together with dishonest concealment of that conduct. He submitted that the nature of the misconduct placed it well beyond cases of performance failure or professional error.

178. Turning to mitigating factors, Mr Harris submitted that the only applicable mitigating feature was the absence of any previous fitness to practise history. He submitted that none of the other mitigating factors identified within the Sanctions Guidance arose on the evidence. There had been no admission, no remorse, no reflective statement, no evidence of insight, and no evidence of remediation.

179. Mr Harris acknowledged that contextual matters, including level of experience, could in some cases be relevant. However, he submitted that this was not a case involving

inexperience or workplace error. It was not a failure to perform tasks correctly or to meet expected standards in a pressured environment. Rather, it involved fundamental breaches of professional boundaries and dishonesty. He submitted that any registered social worker would have been aware of the seriousness of such conduct.

180. In respect of aggravating factors, Mr Harris submitted that several clearly applied. These included a pattern of behaviour; lack of insight or remorse; lack of remediation; harm or risk of harm to a vulnerable service user; and abuse of a position of trust. He relied upon the panel's findings that the conduct was protracted, deliberate and repeated; that Service User 1 was particularly vulnerable; that the misconduct demonstrated serious professional wrongdoing; that the failings were attitudinal in nature; and that there remained a real risk that similar boundary breaches and dishonesty could recur.

181. Mr Harris reminded the panel of the well-known authority of *Bolton v Law Society* [1994] 1 WLR 512, submitting that sanction served not only to prevent repetition but to maintain public confidence in the profession and uphold its reputation.

182. Mr Harris submitted that social workers are expected to act properly and honestly even when not subject to supervision or scrutiny. He submitted that this expectation had been breached. In the absence of any admission or developed insight, the risk of repetition remained and required protection against.

183. Mr Harris addressed the available sanctions in ascending order. He submitted that no action, advice, or a warning order would be wholly inappropriate given the seriousness of the misconduct. Such outcomes would not protect the public nor maintain confidence in the profession.

184. Mr Harris further submitted that a conditions of practice order would be inappropriate. Conditions are most commonly applied in cases of lack of competence. He submitted that this case concerned attitudinal and behavioural failings, including sexual misconduct, abuse of trust and dishonesty. In the absence of insight or evidence of change, there was no realistic basis upon which workable or proportionate conditions could be formulated.

185. Turning to suspension, Mr Harris submitted that suspension may be appropriate where there is a serious breach of standards but with some evidence of insight and a realistic prospect of remediation. He submitted that there had been no demonstration of insight, no remediation, and no indication that the registrant was willing or able to resolve her failings. In those circumstances, suspension would not sufficiently protect the public nor maintain public confidence.

186. Finally, Mr Harris submitted that a removal order was appropriate where no lesser sanction would sufficiently protect the public, maintain confidence in the profession, or uphold proper professional standards. He submitted that this case involved abuse of a position of trust, sexual misconduct, serious and concealed dishonesty, and persistent

lack of insight. He submitted that those features placed the case within the category where removal was required.

187. In all of the circumstances, Mr Harris submitted that a removal order was the minimum and necessary sanction. He submitted that the conduct was so serious that nothing less would suffice, particularly in light of the continuing absence of insight and the real risk of repetition. He therefore invited the panel to impose a removal order.

Social worker:

188. The panel noted that it had received no written submissions from Ms Hornby in relation to sanction.

189. The panel therefore proceeded to determine sanction on the basis of the evidence before it, the findings it had already made, the submissions advanced on behalf of Social Work England, and the advice of the legal adviser.

Legal advice:

190. The panel heard and accepted the advice of the legal adviser, who reminded it that, in determining sanction, its duty was to pursue the overarching objective of protecting the health, safety and well-being of the public, maintaining public confidence in social workers and their regulator, and upholding proper professional standards. The purpose of sanction is protective and not punitive.

191. The legal adviser directed the panel to have regard to Social Work England's Impairment and Sanctions Guidance, together with its findings on grounds and impairment. The panel was reminded that it must apply the principle of proportionality, balancing the interests of the social worker with the public interest, and imposing the minimum sanction necessary to achieve the legitimate aims of public protection and the wider public interest. The potential impact of a sanction on the social worker's personal circumstances should not usually determine the outcome.

192. The panel was advised to identify and weigh any aggravating and mitigating factors and to consider the available sanctions in ascending order of severity, providing reasons for rejecting lesser sanctions before moving to a more restrictive one.

193. The legal adviser reminded the panel of the sanctions available under Schedule 2 to the Social Workers Regulations 2018: taking no further action, giving advice, or making a final order. A final order may be a warning order, conditions of practice order, suspension order, or removal order. Conditions of practice or suspension may be imposed for up to three years. Where advice or a warning is given, rule 48 of the Fitness to Practise Rules requires the panel to specify that it will remain on the register for one, three, or five years.

194. The panel was advised that taking no further action is exceptional and appropriate only where the finding of impairment is itself sufficient to protect the public and the wider

public interest. Advice and warnings do not restrict practice and are unlikely to be appropriate where there remains a current risk to the public.

195. Conditions of practice are commonly appropriate in cases of lack of competence or ill health and are less likely to be suitable in cases involving attitudinal or behavioural failings. Conditions may be appropriate only where the failings are remediable, insight has been demonstrated, workable and proportionate conditions can be formulated, compliance can be monitored, and the social worker does not pose a risk of harm to the public in restricted practice.

196. Suspension may be appropriate where no workable conditions can be formulated but the case falls short of requiring removal, particularly where there is some evidence of insight and a realistic prospect of remediation. Suspension is unlikely to be appropriate where there is no demonstrated insight or remediation and limited evidence of willingness or ability to address the failings.

197. A removal order must be imposed where no lesser sanction would sufficiently protect the public, maintain public confidence in the profession, or uphold proper professional standards. Removal may be appropriate in cases involving abuse of trust, persistent or concealed dishonesty, persistent lack of insight, and unwillingness or inability to remediate.

198. The legal adviser reminded the panel that it must give clear reasons explaining how it applied these principles and why the sanction imposed was necessary and proportionate.

Panel's decision:

199. The panel noted that it had received no submissions from Ms Hornby in relation to sanction. The panel therefore determined sanction on the basis of the evidence before it, its findings on misconduct and impairment, the submissions made by Mr Harris on behalf of Social Work England, and the advice of the legal adviser.

200. The panel heard and accepted the advice of the legal adviser. It reminded itself that the purpose of sanction is not to punish but to protect the public, to maintain public confidence in the profession and its regulator, and to uphold proper professional standards. The panel applied the principle of proportionality and imposed the minimum sanction necessary to achieve those objectives. It balanced the interests of Ms Hornby against the wider public interest and ensured that its decision was consistent with its findings on impairment.

201. The panel identified the absence of previous regulatory history as the sole mitigating factor. It considered whether any contextual matters reduced the seriousness of the misconduct and concluded that they did not. This was not a case of lack of competence, misunderstanding, or workplace error. The misconduct involved deliberate boundary breaches and dishonest concealment. The panel was satisfied that any registered social worker would have understood that such conduct was fundamentally wrong and contrary to core professional standards.

202. The panel identified substantial aggravating features. The misconduct involved a sustained course of behaviour over a period of months. It was deliberate and repeated. It was sexually motivated and involved the pursuit of a future intimate relationship with a vulnerable former service user. It constituted an abuse of professional power and trust. It involved dishonesty which was deliberate and designed to conceal the true extent of contact. Service User 1 was a vulnerable young person, which heightened the seriousness of the breach. There was a complete absence of insight, remorse or reflection. There was no evidence of remediation or steps taken to address the behaviour. The panel had already determined that there remained a real risk of repetition.

203. In accordance with the guidance, the panel considered each available sanction in ascending order of severity.

204. The panel first considered taking no further action. It concluded that this would be wholly inappropriate given the seriousness of the misconduct and the identified risk of repetition. The finding of impairment alone was not sufficient to protect the public or the wider public interest.

205. The panel next considered advice or a warning order. Such outcomes do not restrict practice. In circumstances involving sexual boundary breaches, abuse of trust and dishonesty, and where there remained a current risk, the panel concluded that advice or a warning would not provide adequate public protection nor maintain public confidence.

206. The panel then considered whether a conditions of practice order could be appropriate. Conditions are generally suitable where concerns relate to remediable practice deficiencies, where insight has been demonstrated and where a social worker's practise can be closely monitored by a workplace supervisor or manager. This case concerned serious attitudinal and behavioural failings. The misconduct was not a deficiency of skill capable of remediation through training or supervision. The panel could not formulate conditions that would meaningfully address sexual misconduct and dishonesty, both of which are fundamental professional obligations. Further, in the absence of engagement, the panel could not be satisfied that Ms Hornby would comply with conditions or that compliance could be effectively monitored. The panel went on to consider the wider public interest and determined that conditions of practice would not be appropriate when set against the serious misconduct found in this case. The panel therefore concluded that a conditions of practice order would be inappropriate and insufficient.

207. The panel next considered suspension. Suspension may be appropriate in cases of serious misconduct where there is evidence of insight and a realistic prospect of remediation. In this case there was no evidence of insight, no acknowledgment of wrongdoing, no apology, and no evidence of any remedial steps. The misconduct was attitudinal in nature and involved grave breaches of trust. The panel concluded that suspension would not adequately protect the public nor maintain confidence in the

profession or its regulator. A well-informed member of the public would be seriously concerned if a social worker who had engaged in sustained sexually motivated boundary breaches and concealed that conduct through dishonesty were permitted to return to practice after a period of suspension without any evidence of change.

208. The panel then considered whether a removal order was required. Removal is appropriate where no lesser sanction would sufficiently protect the public, maintain public confidence, or uphold professional standards. The panel found that this case involved abuse of a position of trust, sexually motivated behaviour, persistent and concealed dishonesty, a complete absence of insight, and no evidence of remediation. The misconduct represented a fundamental betrayal of trust and was incompatible with continued registration.

209. The panel recognised that removal is the most serious sanction available and did not reach this conclusion lightly. However, having carefully considered proportionality and the requirement to impose the minimum necessary sanction, it concluded that no lesser order would adequately address the seriousness of the misconduct, the ongoing risk identified, and the need to maintain confidence in the profession.

210. Accordingly, the panel concluded that the only sanction capable of protecting the public, maintaining public confidence in the profession and its regulator, and upholding proper professional standards was a removal order.

211. The panel, therefore imposed a removal order and directed that Ms Susan Hornby, registration number SW128242, be removed from the register.

Interim order:

212. The panel next considered an application by Mr Harris for an interim order for a period of 18 months to cover the appeal period before the final order becomes effective.

213. The panel heard and accepted the advice of the legal adviser on its power to make an interim order under paragraph 11(1)(b) of Schedule 2 to the Social Workers Regulations 2018.

214. The panel was made aware that, where an interim order imposed under Schedule 2, paragraph 8(2) of the Social Workers Regulations 2018 remains in force at the conclusion of a final hearing, Social Work England will usually seek to revoke that existing interim order and apply for a new interim order under Schedule 2, paragraph 11(1)(b) to cover the appeal period. This approach is ordinarily adopted in the wider public interest to avoid the need for extension applications to the High Court and ongoing review of an order made under paragraph 8(2). However, to revoke an existing interim order, the social worker must be given notice of the proposed review and, if present, may waive the statutory notice period.

215. The panel noted that Ms Hornby was not present and had not waived her right to the statutory notice period in respect of the proposed revocation of the existing interim order. In those circumstances, the panel did not revoke the existing interim order. The

panel therefore proceeded to consider whether an interim order at the conclusion of this final hearing was necessary pending the appeal period.

216. The panel was mindful of its earlier findings and determined that it would be wholly incompatible with those findings not to impose an interim order. The panel considered paragraph 207 of the impairment and sanctions guidance, which provides that *"an interim order may be necessary where the adjudicators have decided that a final order is required, which restricts or removes the ability for the social worker to practise…without an interim order, the social worker will be able to practise unrestricted until the order takes effect. This goes against our overarching objective of public protection"*

217. The panel had identified a real risk of repetition if Ms Hornby were permitted to practise without restriction. The panel therefore concluded that an interim order was necessary to ensure the protection of the public and to maintain public confidence in the profession and in the regulatory process pending the appeal period.

218. In determining the appropriate form of interim order, the panel concluded that an interim suspension order was necessary and proportionate to address the identified risks during the appeal period. Given that the panel had imposed a removal order as the substantive sanction, it considered that suspension was the only appropriate interim measure to prevent unrestricted practice.

219. Accordingly, the panel determined that an interim suspension order for a period of 18 months was necessary and proportionate.

220. The panel directed that the interim suspension order will expire upon the expiry of the appeal period if no appeal is lodged. If an appeal is filed, the interim Suspension Order will remain in force until the appeal is determined or otherwise disposed of. In the absence of an appeal, the substantive removal order shall take effect upon expiry of the appeal period.

Right of appeal:

221. Under Paragraph 16(1)(a) of Schedule 2 of the regulations, the social worker may appeal to the High Court against the decision of adjudicators:

    a. the decision of adjudicators:

        i. to make an interim order, other than an interim order made at the same time as a final order under Paragraph 11(1)(b),

        ii. not to revoke or vary such an order,

        iii. to make a final order.

    b. the decision of the regulator on review of an interim order, or a final order, other than a decision to revoke the order.

222. Under Paragraph 16(2) of Schedule 2 of the regulations an appeal must be filed before the end of the period of 28 days beginning with the day after the day on which the social worker is notified of the decision complained of.

223. Under Regulation 9(4) of the regulations this order may not be recorded until the expiry of the period within which an appeal against the order could be made, or where an appeal against the order has been made, before the appeal is withdrawn or otherwise finally disposed of.

224. This notice is served in accordance with Rules 44 and 45 of the Social Work England Fitness to Practice Rules 2019 (as amended).

Review of final orders:

225. Under Paragraph 15(1), 15(2) and 15(3) of Schedule 2 of the regulations:

- 15(1) The regulator must review a suspension order or a conditions of practice order, before its expiry
- 15(2) The regulator may review a final order where new evidence relevant to the order has become available after the making of the order, or when requested to do so by the social worker
- 15(3) A request by the social worker under sub-paragraph (2) must be made within such period as the regulator determines in rules made under Regulation 25(5), and a final order does not have effect until after the expiry of that period

226. Under Rule 16(aa) of the rules a social worker requesting a review of a final order under Paragraph 15 of Schedule 2 must make the request within 28 days of the day on which they are notified of the order.

The Professional Standards Authority:

227. Please note that in accordance with section 29 of the National Health Service Reform and Health Care Professions Act 2002, a final 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.