



Consultation on updating the 'Guidance on health and character'

Response by the Association of Directors of Adult Social Services (ADASS)

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children's Social Care within their Local Authority

ADASS believes that the HPC guidance on health and character as drafted is clear in all five aspects addressed by the consultation request, i.e.

- The nature of a self-declaration about health, and the implications for a registrant of submitting such a declaration
- The guidance on showing insight and understanding into the registrant's own health
- How the HPC would use information from an applicant or registrant
- The nature of a self-referral and how it is made
- How the HPC would use information following self-referral.

Given that the Health Professions Council intends to remove the requirement for a medical reference from the registration process, ADASS believes that appropriately clear and detailed guidance has been produced for new applicants and existing registrants. There is a number of issues which ADASS would like to note arising as a result of the proposal.

1. Safeguarding of service users is obviously an issue for all, and HPC has clarified the importance of good health and wellbeing for professionals who seek to gain or maintain registration. The large majority of social workers with adults are employed by local authorities or such as mental health NHS trusts, and an independent medical reference is part of the recruitment process, which gives a basic safeguard in terms of fitness to practise. Local authorities are in the same position as the HPC in terms of any health issues which subsequently develop, and we all depend on the self-awareness and sense of professional responsibility required to report health issues which might affect performance. There may be small numbers of social workers not employed by public bodies, perhaps in the third sector, but we are not aware of any organisations which do not take up a basic health references.

2. There is always a possibility that a professional will deliberately hide an existing or emerging health issue if it is believed that this would compromise one's employment or future job security. This has been a feature in stress-related illness, perhaps related to workload or personal circumstances. It is to be hoped that the requirements for self-declaration and self-referral will actually reinforce the need for professionals to be aware of their own wellbeing. There is also the fear of a commonly perceived stigma around mental health issues, where it is believed that permanent implications will flow from a temporary and entirely treatable episode of such as anxiety or depression. This may also apply in difficulties leading to the misuse of alcohol or drugs and medication.

3. Employee welfare will therefore be supported by an ongoing requirement to self-refer, and the registration guidance will support good employment practice.

4. There is the issue of how any health matters are dealt with if raised at fitness or conduct proceedings. If there has not been a self-referral or self declaration about a health issue which is subsequently raised during an investigation, will this in itself become a conduct issue? This could well place a professional in a position of not feeling able to raise any such issues for fear of compromising further their situation. Again, we have to rely on professional responsibility. If a health issue is raised during a formal procedure, would that be the point at which an independent medical reference is then sought?

5. Finally, therefore, ADASS believes that whilst the guidance on health and character is appropriately detailed and clear, the main consideration is to ensure that the way the guidance is operated should be such that the prompts to taking professional responsibility are as adequate as the taking of a medical reference by the council.

John Nawrockyi –Secretary ADASS Workforce Development Network

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For Further Information please contact
Jonathan Gardam. ADASS Policy Officer
Jonathan.gardam@adass.org.uk