Review of Care and Support Plan

City of Doncaster Council

Personal details

Name

Barbara Hadden

Date of birth

09/03/1967

Address

105
Washington Grove
Bentley
Doncaster
South Yorkshire DN5 9RJ

Consent to information sharing

Type

Start date

Agencies (Consent)

Agencies (No consent)

Override (if applicable)

Signed

No image entered

Date

08/01/2026

☑ Please confirm that the consent has been reviewed

File received 20/3/26. objections made on content on 7/4/26. review of file with amendments does not cover all amendments. additional notes added here in green

Do you have any reason to doubt the person's mental capacity in being able to participate fully in this process?

○ Yes ◉ No

Does the person have substantial difficulty in being fully involved in the social care process?

○ Yes ◉ No

☐

Does the person have any communication needs?

○ Yes ◉ No

☑ Please confirm that communication needs have been reviewed

Is the person in prison?

○ Yes ◉ No

Has the person served in the armed forces?

○ Yes ◉ No

Has any immediate family member served in the armed forces?

○ Yes ◉ No

Review of Care and Support Plan

Details of this review

Is this review

○ Planned ○ Unplanned ◉ Requested

For hospital discharge use only - Please select not applicable where this does not involve a hospital discharge

Please select the appropriate discharge pathway and the discharge location: Not applicable

Have your circumstances changed in a way that significantly affects your Care and Support Plan?

○ Yes ◉ No

Please provide brief details

Social Workers views:

There are no changes to the current care and support plan, the plan remains relevant and is continuing to meet Barbara's eligible needs.

Barbara's views dated 07/04/2026:

The circumstances have significantly changed. The details are as follows.
1 As a result of prolonged unmet needs following CDC decisions to not pay care and support when I am outside the UK studying since 2023; and

2 as a result of increasing inability to cope with no care and support; and

3 as a result of my having to fund any care I can using my benefits and informal loans; and

4 as a result of increased safeguarding and health concerns; and

5 since the last 'review' was dated 19/11/2024 and reviews should be at least once a year; and

6 That review was done on a phone call which was not pointed out to me when called by that social worker; and

7 that paperwork was not representative of my situation; and In early December 2025 I wrote to CDC informing them of my return to UK on semester break and requesting my care be reinstated and an 'urgent' review.

Please tell us about your current situation and details of how your current plan is working – please refer to the question guidance

Barbara is forced to fund her own care because Doncaster is not paying

Current Situation and How My Current Plan Is Working

I live alone in a two-bedroom property and manage my home as independently as I can. I do not have any family support, so I rely on my Personal Assistant (PA) and the equipment I have in place to help me manage day-to-day tasks. ~~Barbara is currently self-funding her care,~~ which has become increasingly difficult to sustain financially. Barbara also reports to be also dealing with ongoing stress related to a dispute about Direct Payments, which is affecting her wellbeing.

Alongside managing my health, I am enrolled on a full-time six-year medical degree in Tbilisi, Georgia. This means I spend extended periods abroad (March–July and September–December). When I am overseas, I rely on friends, but this is not consistent or guaranteed. I remain committed to my studies, but my fluctuating health makes it challenging without reliable care arrangements.

My health conditions include Functional Neurological Disorder (FND), diabetes, and hypertension. These conditions fluctuate significantly, and during flare-ups I experience severe fatigue, reduced mobility, and periods where I am unable to get out of bed. Fatigue is my biggest barrier and affects my ability to complete personal care, manage my home, prepare meals, and access the

community safely. Because my symptoms vary, I need flexibility in my care package, some weeks I need more support than others.

Several years ago Barbara reports to have purchased a motorised chair with assistance in DREs with the local authority over many years. The profiling bed was also bought many years ago for safe positioning and Barbara reports that support is required all the time to prevent her condition from flaring up. Barbara reports that the Local Authority have allowed transporting costs of her electric bed and electric armchair to Tbilisi for the period of this study through DREs and advises she must continue to pay rent even when she is back in the UK as transportation back and forth is unsustainable. Barbara advises, Rent is an unavoidable DRE.

I also privately purchased a stairlift, but I do not feel it is suitable for my needs because I cannot safely manoeuvre my electric wheelchair around it. Occupational Therapy has previously assessed my home and recommended a ramp, grab rails, and a shower seat, which will help me remain safe. They have also said the ramp is too steep and should not be used by a disabled person. But my house frontage does not allow for extending it.

My current plan includes 30 hours of PA support per week. **but i have received no care at all since March 2024.**This support is essential and helps me with personal care, meal preparation, shopping, domestic tasks, and accessing the community. The PA also helps me manage during periods of immobility. ~~The support I receive is working well~~, but **I have no care and** the level of need fluctuates, and I often require more help during periods of ill health.

Although the plan ~~is helping me~~ **would help me** maintain my independence, the financial burden of self funding this level of care is no longer sustainable. A financial assessment is needed to determine whether I can receive support moving forward.

~~Overall,~~ **Social Services consider t**he care and support as identified remains essential in supporting Barbara to remain safe, maintain her home, manage her health conditions, continue her studies. However, the plan needs to remain flexible due to the fluctuating nature of Barbara's conditions.

Views of assessor and other involved people – please refer to the question guidance

Current Situation / Background

Barbara resides alone in a two-bedroom property and reports having no family support. She is currently **forced to** self-fundi~~ng~~ her care arrangements ~~as~~ **and** is not accepting of a direct payment managed account and has sought legal advice.

Barbara is enrolled on a full-time six-year medical degree programme in Tbilisi, Georgia, and spends extended periods abroad (March–July and September–December). During these periods,

CDC have refused to pay care and support and so she relies on informal **assistance** ~~support~~ from friends. A financial assessment review is required to determine her eligibility for local authority support both in the UK and when studying abroad.

It is recognised that the informal **assistance** ~~support~~ is unpaid ~~support~~ / assistance, definition of informal support - **it does not replace the financial duty to provide care and support**

Informal Support

Informal support is help provided by **family, friends, neighbours, or community members** who are not paid professionals. It is often based on personal relationships and provided voluntarily.

Examples:

- Family members helping with daily tasks
- Friends providing emotional support
- Neighbours assisting with shopping or transport
- Community groups or faith groups
- Peer support networks.

Barbara has received direct payments care and support since 2003

Barbara is registered with Ransom Practice, Askern Road. (GP - Dr P.Umapathee)

Barbara has a SPOC- Faye McKenzie - Service Manager.

Person's Views

Barbara reports significant fluctuations in her health due to Functional Neurological Disorder (FND), diabetes, and hypertension. Barbara states that these conditions, combined with ongoing stress relating to ~~Direct Payments~~ **the total lack of financial support from Doncaster** and the financial burden of having to pay for her care, DREs, emergency needs, daily living expenses with her own money. Barbara maintains that the managed account is 'foisted upon me' and therefore left without choice and states "*Thus, naturally I MUST find my own means to get any care I can. I am only able to purchase any care with money that I have been loaned and/or my benefits and even that is at best approximately 25% of what my care plan assesses as my needs. My benefits are paid monthly and any loan I receive is sporadic. Outside of that I make do by living very frugally. If a friend can see that I cannot get shopping or I am unwell, they may be free and able to accompany me or assist. If I need to attend hospital for my own needs then again, a friend may say they can help get me there. That is not 'SUPPORT'*" and therefore is having a detrimental impact on my wellbeing.

Barbara experiences severe fatigue, reduced mobility, and periods of immobility during symptom exacerbations, often requiring prolonged bed rest. Barbara emphasises her desire to maintain independence and remain living in her own home.

Barbara reports that her care needs vary week to week and therefore require flexibility within her package of care. She may require increased support during periods of heightened fatigue.

Barbara also reports that the privately purchased stairlift in her property is not suitable for her needs. She states that the design and positioning of the stairlift do not allow safe manoeuvring of her electric wheelchair, and she does not feel able to use it safely. She **had** purchased a motorised chair with assistance in DREs with the local authority and is for community use and an electric profiling bed to support safe positioning and independence during periods of ill health.

Family Views

Barbara reports having no family involvement or support with her care and support needs.

Care Agency / Personal Assistant

As Barbara is not accepting of a managed account, Barbara is **forced to** self fund~~ing~~ her **care.** ~~support~~. The support is provided by her Personal Assistant (PA) and assists with personal care, meal preparation, shopping, and domestic tasks. Occupational Therapy (OT) input has been provided, and equipment recommendations have been made to promote safety and independence.

Health and Mobility

Barbara has diagnosed FND, diabetes, and hypertension. Her symptoms fluctuate daily and include fatigue, reduced stamina, and episodes of immobility. These conditions significantly impair her ability to undertake daily living tasks independently.

An OT assessment has been completed. Barbara reports that the privately purchased stairlift does not meet her accessibility needs due to difficulties manoeuvring her electric wheelchair. OT has recommended the installation of a ramp and grab rails to support safe access and mobility within and outside the property. Barbara stated, the need for a drop kerb to access her car safely, and that she is able to drive independently. However, Barbara reports she has been advised that the ramp is too steep and should not be used by a disabled person and the house frontage does not allow for extending it. Further advice and support will be sought from Occupational therapy team.

Several years ago Barbara reports to have purchased a motorised chair with assistance in DREs with the local authority and is for community use and an electric profiling bed to support safe positioning and independence during periods of ill health.

Personal Care

Barbara requires support with showering and personal hygiene due to fatigue and reduced energy levels. A shower seat has been ordered by OT to reduce falls risk and promote safe bathing.

Dressing and Laundry

Barbara can dress independently when well. However, during periods of ill health she requires assistance due to fatigue and reduced mobility. Support may also be required with laundry tasks.

Toileting

Previously Barbara used a commode located in the downstairs bedroom and a bedpan when required due to reduced mobility and fatigue. These arrangements at that time supported her continence needs. Currently, Barbara reports, whilst incontinence may still occur this is only in extreme circumstances. However, she is concerned that her health is badly affected with the ongoing stress of financial hardship.

Making Use of the Home Safely

OT has recommended environmental adaptations, including a ramp and grab rails, to reduce falls risk and promote safe access. A stairlift was assessed and deemed inappropriate. Barbara also reports that her privately purchased stairlift is not suitable for safe use with her electric wheelchair.

Maintaining Nutrition

The PA supports Barbara with batch cooking, enabling meals to be frozen and reheated independently. This supports nutritional intake, particularly in relation to diabetes management, and promotes financial sustainability. Support is also required with grocery shopping.

Sleep

Barbara reports disrupted sleep patterns during periods of ill health. She may remain in bed for several consecutive days when symptoms flare. Her privately funded electric profiling bed supports safe positioning and comfort during these periods.

Maintaining a Habitable Home

Barbara requires support to maintain her home environment due to fatigue and limited physical stamina. Tasks include cleaning and general household management.

Accessing the Community

Barbara requires support to attend appointments, church, and community activities due to fluctuating mobility and energy levels. She uses her electric wheelchair for community mobility.

Social Interaction

Barbara has a limited support network. Social contact is primarily maintained through friends, particularly when she is studying abroad. Social isolation remains a potential risk.

Safeguarding

No immediate safeguarding concerns have been identified. However, Barbara is considered vulnerable due to fluctuating health conditions, social isolation, and lack of family support. Barbara reports that she believes her health to be 'under threat' and considers this to constitute a safeguarding concern. She advised she has submitted evidence of safeguarding reports in support of her concerns. During this review, Barbara was offered a direct payment managed account to ensure the continued provision of services, to support her safety and promote her wellbeing. Barbara made an informed decision to decline this offer **since the matter of a forced managed account is still in litigation. though, under duress she accepted a forced managed account on 7/4/26 and the mechanism of payment is not yet available at 21/7/2026**.

Finances

Up until 7 March 2024, Barbara had been in receipt of services through a Direct Payment (DP) account. **Since then, having declined a forced managed account considering it *ultra vires*** Barbara **has had to** independently source~~d~~ her own Personal Assistant**s** (PA); **PA details in the UK are consistent names over several years. PA details in Tbilisi have been provided, with bank details where approriate and addresses. but their payments have been declined as care was withdrawn from outide the UK.** ~~however,~~ the PA's details were not disclosed at the review ~~nor the reviews prior to this one~~. ~~As a result,~~ the assessors have been unable to contact the PA to obtain their views as part of the care review, nor to evaluate the support being provided. This limited the assessor's ability to ensure that the allocated budget continued to meet Barbara's assessed needs and desired outcomes. **The suggested round table meeting and the financial assessment due on 28/July 2026 will provide an arena to resolve these issues.**

Following an audit review, it was ~~identified~~ **considered** that the Direct Payment account was not being managed in accordance with the Direct Payment Agreement and associated guidance. Barbara disputes these findings, and court proceedings were subsequently initiated.

The court being referred to is the High Court, with the case number AC-2026-LDS-000035. Judgment dated 18 March 2026. **The judgement is being appealed at the Court of Appeal with case number CA-2026-001069,** ~~which includes the following:~~

12. ~~Ground 1 is that the Defendant has breached its duty under section 18 of the Care Act 2014 by failing to provide the Claimant with care and support. This ground is rejected as unarguable. The Defendant was entitled to attach conditions to the direct payments of benefit to be made to the Claimant, under sections 31 and 33 of the Care Act 2014 and the Care and Support (Direct Payments) Regulations 2014. The Claimant's failure to comply with those conditions entitled the Defendant to terminate the direct payments and introduce a Managed Account.~~

13. ~~Ground 2 is that the Defendant's conduct is in breach of the Care and Support Statutory Guidance, which states that people must not be left without support while a dispute is resolved. This ground is rejected as unarguable. The Claimant's complaints were considered and rejected in 2024 so that there is no ongoing dispute regarding the Decision. In any event, the Defendant has not removed support from the Claimant but simply made available such support through a Managed Account.~~

~~The Judgment remains valid at this time.~~

Irrelevant to a care plan. if CDC insist on its inclusion the Claimant insists on full right to reply in this document.

A Direct Payment Managed Account has been offered, which would have allow Barbara to retain choice and control while ensuring appropriate oversight and compliance. **The matter of a direct payment managed account is the subject of the JR AC-2026-LDS-000035 and its appeal, CA-2026-001069,**

At the review Barbara declined this option.

The decision not to accept the managed account is contributing as reported by Barbara increased stress, both due to the financial burden **of using her benefits to pay for care** and the inadequacy of the support she has been able to secure independently and is therefore having a negative impact on Barbara's overall wellbeing.

As of the date of amending this review (22 July 2026) CDC still have no mechanism in place to pay care and support.

Care Act 2014 Eligibility and Outcomes

In accordance with the Care Act 2014 and associated statutory guidance, Barbara presents with eligible needs in the following domains:

Maintaining Personal Hygiene

Being Appropriately Clothed

Being able to make use of the Home Safely

Managing and Maintaining Nutrition

Maintaining a Habitable Home Environment

Making use of Necessary Facilities in the Local Community

Accessing and engaging in work, training, education or volunteering

These needs arise as a direct consequence of her physical health conditions and have a significant impact on her wellbeing, meeting the eligibility criteria set out in Section 13 of the Care Act 2014.

Recommendations

- Based on the information available at the time of the review, and the details provided by Barbara, no new needs or changes to Barbara's existing needs have been identified.
- Offer of a Direct Payment Managed account has been declined by Barbara.
- OT will follow up recommendations (ramp, grab rails, shower seat and drop kerb.
- Barbara is to liaise with her GP regarding any concerns or changes to health needs or condition.
- Barbara to contact Social Worker should she wish to receive services via a direct payment managed account or **other lawful mechanism,** ~~a~~lternatively~~</u>~~ commissioned
- services **are not appropriate**.
  Complete financial assessment referral for review.

Barbara's views;

I do not want a managed account.

I cannot be forced to have a managed account. A 'direct payment managed account' does not exist in any legislation or statutory guidance.

I have been forced to purchase any care I can afford with my benefits and informal help with the remnants of any loans that received to continue my studies.

I have incurred significant DREs. I am forced, under duress, to accept a managed account.

I require the details to be provided but first I require a statement of what rate I am to receive, and In light of significant amount incurred in DREs I require at least twelve weeks of nil contributions until I can speak frankly, face to face with an experienced Senior Financial Assessor that will be needed to sort the DRE's out.

I have my DRE's since December to be repaid by CDC direct to my personal bank account. My bank details will be given at an appropriate time. I will forward a list from 16/06/2023 to 06/04/2026. They have already been paid by my own money. **DREs have been provided to CDC covering April 2024 to April 2026. additional DREs are availabel from April 2026 to July 2026.**

Amendments to review completed 15/07/2026.

Review of amendments and changes made in greenby Ms Hadden 22/07/2026

M. Varley

North AP

Is your Personal Budget enabling you to meet your needs and outcomes?

◉ ~~Yes~~ ○ No

Is the current method of managing your plan still the best one for what you want to achieve?

○ Yes ◉ No

If no give details

Direct payment is no longer a viable option at this time. Barbara has decline a Direct Payment Managed account and commissioned services.

Please ensure that the provision of Direct Payments is fully explained to the service user/their representative.

Has a Direct Payment been offered?

○ ~~Yes~~ ○ No ◉ DP already in place

Is a short stay required as a result of this review?

○ Yes ◉ No

Do you consider that you would benefit from preventative or reablement services?

○ Yes ◉ No

Does the person need a change in accommodation in the next 5 years?

○ Yes ◉ No

Contingency arrangements in case of absence of unpaid carer(s) and/or PA or fluctuating needs

N/A

Anticipated date of next review

08/01/2027

Completion details

This review was completed

☐ By Phone ☑ Face to face ☐ Online

Outcomes Achieved

~~Partially Met~~ **No care is in place at 22/07/2026**

Details of all parties involved in completing this review

Name	Relationship	Job title (if applicable)	Telephone
Michelle Varley		Social Worker	Work 01302 735719 Mobile 07967837612 Work 01302735465
Gemma Butler	Allocated Worker – Adults	Social Worker	Work 01302 737404
Jane Nelson	Friend		
Barbara Hadden			Mobile 07970 981405

Completed By

Name

Gemma Butler Acting for North Access Virtual Worker

Job title

Social Worker

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Review Outcomes		No Change in Setting - No change in long-term support. **Care needs to be reinstated**
Ongoing Review of Care and Support Plan	Michelle Varley	
Specialist Assessment Referral	OT Referral Worker	
Supported Self-Assessment	Michelle Varley	
Financial Assessment Referral	Michelle Varley	