

Research to assess Blue
Badge eligibility for people
with non-physical
disabilities

Final Report

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Acronyms and abbreviations used in this report

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
CFS	Chronic Fatigue Syndrome
DfT	Department for Transport
DHSC	Department of Health & Social Care
DPTAC	Disabled Persons Transport Advisory Committee
DWP	Department for Work & Pensions
EHCP	Education, Health and Care Plan
GMC	General Medical Council
GP	General Practitioner
HCPC	Health and Care Professions Council
IBD	Irritable Bowel Disease
IMA	Independent Mobility Assessor <i>or</i> Independent Mobility Assessment
ITP	Integrated Transport Planning Ltd.
M.E.	Myalgic Encephalomyelitis
PIP	Personal Independence Payment
PTSD	Post-Traumatic Stress Disorder
SENCo	Special Educational Needs Co-ordinator
SI	Statutory Instrument

1. Introduction and study context

- 1.1 The Blue Badge (Disabled Persons' Parking) Scheme is a national scheme (administered by local authorities) that allows 2.4 million disabled people in England to maintain their independence by enabling them to park as close as possible to their destination. The scheme is overseen by the Department for Transport (DfT) on behalf of the Government in England, and implemented by local authorities as a statutory function.
- 1.2 The Government believes that the Blue Badge Scheme should not discriminate in principle between physical and non-physical disabilities. The regulations which underpin the scheme, and which were last significantly amended in 2011, embrace all conditions, physical or otherwise. However, it had become clear that these regulations, and the non-statutory guidance prepared by the Department for Transport to assist local authorities, are not always understood and consistently implemented.
- 1.3 The Department for Transport (DfT), therefore, committed to look again at how the scheme works and to ensure that the regulations and guidance are clear so that those with the greatest needs have access to a Blue Badge.

Purpose of the study

- 1.4 At the time of writing this report, the current non-statutory Blue Badge scheme guidance published by DfT focuses particularly upon a walking criterion and does not provide detailed advice for assessing people who experience non-physical ('hidden') disabilities. It reflects the wording of the eligibility criteria laid down in the Statutory Instruments (regulations) that enshrine the Blue Badge scheme in legislation, and which were last significantly amended in 2011.
- 1.5 ITP was involved in these previous amendments to the Blue Badge scheme. We led extensive research with local authorities to explore and test different approaches to eligibility assessment. This yielded evidence on the cost-effectiveness and accuracy of eligibility decision-making based on a combination of cross-checking local authority records, desk-based assessment, and independent mobility assessments by Occupational Therapists (OTs) and Physiotherapists (Physios). We also worked closely with DfT's then 'Blue Badge Reform' team to write the updated scheme guidance for local authorities. This has since underpinned the widespread practice of determining the eligibility of Blue Badge applicants through mechanisms other than accepting evidence from an applicant's own GP – previously the primary method of determining eligibility.

- 1.6 DfT announced its intention to revise both the wording of the criteria, and the associated guidance for local authorities, through a public consultation in 2018¹. Drawing on the findings from this consultation, DfT consequently determined to:
- Refine the wording of scheme eligibility criteria to clarify its intention that people who experience non-physical ('hidden') disabilities that result in very considerable difficulty when walking should be considered eligible to receive a Blue Badge;
 - Extend the scheme eligibility criteria so they enable people who present a risk of causing serious harm to themselves, or others, when walking to be considered as eligible to receive a Blue Badge;
 - Update the non-statutory scheme guidance for local authorities to suggest possible approaches that local authorities may wish to consider using when considering the eligibility of applicants who experience non-physical ('hidden') disabilities to receive a Blue Badge.
- 1.7 ITP was commissioned by DfT to lead a research study whose findings would support its decision-making on the final wording of the updated scheme eligibility criteria. The primary output of the study was a revised draft of the relevant section (Section 4) and appendices of the non-statutory scheme guidance described above. This research report is therefore an ancillary document which sets out the findings from ITP's work undertaken between November 2018 and March 2019.

Structure of this research report

- 1.8 The remainder of this document summarises the findings from ITP's research and documents, in outline, our recommendations to DfT on the wording of the scheme eligibility criteria and the changes required to the non-statutory scheme guidance for local authorities. It is structured as follows:
- Section two outlines the research aims and ITP's approach to the study;
 - Section three documents our findings from the study;
 - Section four considers the Scottish and Welsh Government's Blue Badge scheme guidance with our findings, respecting that they have each implemented slightly different, locally-relevant eligibility criteria and eligibility assessment approaches;
 - Section five records our recommendations for DfT in the form of proposed amendments to the draft scheme eligibility criteria and local authority guidance.

¹ DfT (2018) Consultation outcome - Blue Badge scheme: consultation on eligibility. Available at: <https://www.gov.uk/government/consultations/blue-badge-disabled-parking-scheme-eligibility-review/blue-badge-scheme-consultation-on-eligibility>, last accessed 26/03/19.

2. Research aims and approach

2.1 The four core aims of the research study were to:

- 1) Seek evidence from appropriate expert professionals, and draw on ITP's expert knowledge on the Blue Badge Scheme, to inform the specific wording of revised eligibility criteria that will be laid in an update to the relevant Statutory Instruments that govern the scheme.
- 2) Based on the same expert input, identify the core principles that local authorities will need to take into account when seeking to determine the eligibility of Blue Badge applicants who experience very considerable difficulty when walking, and/or present a risk of causing harm to themselves or others when walking, primarily as a result of non-physical disabilities that can be considered both enduring and substantial.
- 3) Draw on the same expert input, and wider engagement with Blue Badge issuing authorities and disabled people's representative groups, to identify the potential role of relevant health and social care professionals – including how local authorities may seek to draw on their input in order to satisfy themselves of an applicant's eligibility (or otherwise) to receive a Blue Badge.
- 4) Work closely with DfT colleagues to prepare revisions to Chapter 4 of DfT's non-statutory Blue Badge Scheme guidance for local authorities, which will be published alongside planned revisions to the regulations that contain the scheme's eligibility criteria, so as to assist local authorities when they are determining the eligibility of applicants.

Study approach

2.2 The research study involved several stages of technical work, each of which informed the next. They are described below:

Desk-based review

2.3 We undertook a desk-based review of existing key documents provided to us by colleagues at DfT. They included:

- The existing Blue Badge Scheme Guidance for local authorities in England;

- Similar guidance documents developed separately by both the Scottish and the Welsh governments on behalf of their local authorities;²
 - Blue Badge application forms and eligibility assessment process descriptions (and reporting forms) prepared by an Executive Management Group that includes several Blue Badge issuing authorities in England;
 - Documentation pertaining to the Department for Work & Pensions' (DWP) assessment process for Personal Independence Payment (PIP) applications.
- 2.4 These documents enabled our team to compile early ideas and identify existing good practices in Blue Badge eligibility assessment and scheme administration applicable to applicants who experience primarily non-physical ('hidden') disabilities. We applied the insights to formulate an initial version of an approach that local authorities could potentially use when seeking insight from health and social care professionals familiar with Blue Badge applicants who experience primarily non-physical ('hidden') disabilities that may qualify them for a Blue Badge.
- 2.5 In parallel, we researched and compiled a long-list of non-physical ('hidden') medical conditions that could *potentially* result in people experiencing very considerable difficulty whilst walking³ (e.g. through psychological distress) and/or present a risk of causing serious harm to themselves or others when walking (in line with the proposed eligibility criteria). This was linked to a list of the specific expert medical practitioner / healthcare professional disciplines that we would benefit from engaging with, on the basis that they play a role in the diagnosis and treatment of people who experience non-physical ('hidden') disabilities of the nature described above.

The shared view of the DfT and the study team is that Blue Badges should not be awarded based on the presence or absence of any given condition, but instead based on a holistic consideration of an individual's functional and cognitive capability to walk between a vehicle and their destination. To identify an appropriate sample of medical expertise to engage in the research, and to identify and understand the types of symptoms/behaviours that may cause very considerable difficulty whilst walking and/or present a risk of causing harm to oneself or others when walking, it was necessary to determine the types of conditions that individuals who could be eligible for a badge may experience.

² The Scottish and Welsh governments have the relevant powers on the Blue Badge Scheme devolved to them from Westminster. Both governments have recently amended their legislation and guidance to consider how people with non-physical ('hidden') disabilities can be better accommodated by the Scheme to maximise fairness in badge award.

³ As opposed to difficulty with walking, which reflects the wording of the eligibility criteria defined in the 2011 Regulations.

Meetings with government representatives

- 2.6 The initial approach proposed by ITP for considering the eligibility of Blue Badge applicants who may qualify primarily due to the impact non-physical ('hidden') disabilities have on them when walking was discussed with representatives from DWP, the Department for Health & Social Care (DHSC), the Disabled Persons Transport Advisory Committee (DPTAC) and Kent County Council (a member of the Executive Management Group of local authorities). These discussions followed a common agenda and were conducted in-person and via conference calls. They sought to:
- Determine the suitability and practicality of the proposed approach;
 - Identify any weaknesses, and any potential changes which could overcome them;
 - Check the proposed approach for consistency with the application and eligibility assessment processes used for other welfare benefits.
- 2.7 The findings from these meetings were fed-in alongside insights gained from the expert advisory group interviews, explained below, to shape the revised scheme eligibility criteria and non-statutory guidance for local authorities.

Expert Advisory Group engagement

- 2.8 ITP worked with specialist medical market research agency, Gillian Kenny Associates, to recruit a group of 11 expert medical practitioners and healthcare specialists. Experts were selected based on the findings from the desk-based research activities, which ensured the specialists we engaged with were familiar with the types of non-physical ('hidden') disabilities that were most relevant to the Blue Badge scheme.
- 2.9 They provided advice and input to the study team by each undertaking:
- An in-depth interview lasting one hour, which was structured around a common topic guide (see Appendix A), in December 2018/January 2019. Briefing material, summarising the Blue Badge scheme and ITP's emerging thinking following the desk-based review, was shared with each participant for review in advance of their interview;
 - A follow-up 30-minute interview, in February 2019, to capture their feedback on the draft findings from the study, which ITP had summarised and reported drawing on all inputs received prior to drafting revisions to the scheme guidance.
- 2.10 Anonymised profiles of the specialists engaged, and the kinds of conditions with which they are involved in diagnosing and treating, are presented in Table 2-1.

Table 2-1: Expert Advisory Group participant profiles

Specialism	Specialist areas / conditions
Clinical Psychologist	ASD and Asperger's Syndrome.
Educational Psychologist	Child and adolescent mental health for children with special educational and additional complex needs, ASD and Asperger's Syndrome
Gastroenterologist	Crohn's Disease, Ulcerative Colitis, IBD.
Neurologist	Paediatric Neurodisability, ASD, ADHD, learning problems, behavioural and associated mental health.
Neurologist	Seizures, epilepsy, amnesia, neuropathic pain.
Occupational Therapist	Involved in the provision of independent mobility assessments on behalf of a local authority under the current Blue Badge Parking Scheme
Physiotherapist	Ehlers-Danlos Syndrome, Huntington's Disease, M.E. /CFS, major trauma, Transverse Myelitis.
Psychiatrist	Older people's mental health; dementia; applied health research & policy.
Psychiatrist	ASD and other complex mental health disorders in children, young people, adults and families/carers.
Rheumatologist	Paediatric rheumatology, pain management, lupus.
Rheumatologist	General rheumatology, inflammatory arthritis.

2.11 As is evident from the topic guide found in Appendix A our engagement with the Expert Advisory Group sought to:

- Understand the types of symptoms and behaviours that people with non-physical ('hidden') disabilities may experience, how these symptoms/behaviours manifest, and their potential frequency and intensity;
- Understand the types of coping strategies that people with non-physical ('hidden') disabilities may deploy to help them manage their symptoms/behaviours when walking between a vehicle and their destination, the effectiveness of these coping strategies, and whether or not a Blue Badge could make a positive difference;
- Identify the types and sources of information / evidence that a local authority could reasonably expect to access that could help them determine the eligibility, or otherwise, of an applicant in relation to the Blue Badge scheme criteria;

- Explore the types of questions that it might be appropriate to include in the Blue Badge application form, and;
 - Understand the most appropriate means of assessing eligibility, the types of expertise that it could be beneficial to involve in the assessment process and how such expertise could be practically engaged.
- 2.12 Once the initial round of interviews had been completed and written-up, the findings were assessed for areas of common agreement, difference and unique insights pertinent to the particular specialisms and experiences of each professional engaged. Our findings were assimilated into a 'Paper on Eligibility Assessment Processes' to present a consolidated view which was shared with the Expert Advisory Group in advance of the 30-minute follow-up interview described above.
- 2.13 The focus of the follow-up discussion was upon:
- Identifying any misinterpretation, or concerns, associated with ITP's analysis of the consolidated insights received from our engagement with the expert advisors and government representatives;
 - Seeking comment on a draft 'model proforma' for seeking insight from health and social care professionals familiar with an applicant's condition and how it affects them when walking. This was developed by ITP as a potential appendix to the non-statutory scheme guidance, as a resource that local authorities could potentially build into their revised Blue Badge eligibility assessment practices. Based on feedback from the Expert Advisory Group, this evolved into the form included in Appendix C to this report (and which have proposed DfT includes in the revised scheme guidance).
- 2.14 The insights and input from the Expert Advisory Group relating to these documents has been incorporated into Section 3 of this report.

Workshops with key stakeholders

- 2.15 Following the Expert Advisory Group engagement process, ITP's team worked closely with DfT colleagues to organise two separate workshops:
- One with Blue Badge team staff from 12 local authorities in England;
 - One with ten interest groups that represent the interests of disabled people who experience non-physical ('hidden') disabilities and who may be affected by DfT's proposed changes to the scheme eligibility criteria.
- 2.16 Table 2-2 lists out the organisations which participated in these two workshops.

Table 2-2: Organisations involved in stakeholder workshops

Local Authorities	Disabled Persons' Representative Groups
Buckinghamshire County Council	Action for ME
Durham County Council	Alzheimer's UK
East Sussex County Council	Anxiety UK
Gloucestershire County Council	Chron's and Colitis UK
Hampshire County Council	Dementia UK
Leicester City Council	Disabled Motoring UK
London Borough of Ealing	Down's Syndrome Association
Manchester City Council	Mencap
Norfolk County Council	National Autistic Society
North East Lincolnshire Council	Parkinson's UK
Stockport Metropolitan Borough Council	
Warwickshire County Council	

2.17 These workshops sought to:

- Provide an update on proposed changes to the Blue Badge Scheme eligibility criteria;
- Share the findings emerging from ITP's research;
- Share a work-in-progress version of the proposed approach to determining the eligibility of Blue Badge applicants whose very considerable difficulty when walking is primarily linked to non-physical ('hidden') disabilities, and;
- Seek views and feedback on all of the above.

2.18 For the local authority workshop, participants were selected to ensure a diverse geographic spread across England and to account for authorities with different staffing and resource capabilities. Representative disability groups were invited based on their relevance to the revised eligibility criteria and their prior engagement with DfT, through the 2018 public consultation. Workshop participants were issued with a briefing note prior to the session, which set out context to the study, the purpose of the workshop, and the nature of input that was required from them.

2.19 Feedback received from both local authorities and disabled peoples' representative groups, through these workshops, has helped to shape the ITP team's approach to drafting the revised Blue Badge scheme guidance for local authorities.

3. Research study findings

- 3.1 The findings from all the activities described in section two have been drawn together in this section of the report. They are deliberately structured around themes that are directly relevant to the Blue Badge Scheme's eligibility criteria, which enables us to clearly document the implications of, and considerations for, making revisions to the wording of the regulations that underpin the scheme, and the non-statutory guidance that is used by most local authorities when determining the eligibility of applicants.

Exploring eligibility

- 3.2 We sought to explore the kinds of difficulty that people may experience, when walking between a parked vehicle and a destination, that are primarily non-physical ('hidden') in nature. Some of these behaviours could potentially present a risk of harm to the individual, companions they are travelling with, and/or other members of the public. The following examples of difficulty and risk of harm that could be experienced in this context were identified primarily through ITP's dialogue with the Expert Advisory Group, and is not intended to reflect an exhaustive list of challenges:
- Physical aggression towards others (possibly without intent or the individual being aware of the impact of their actions);
 - Refusing to walk altogether, dropping to the floor or becoming a dead-weight;
 - Wandering off or running away, possibly without awareness of surroundings or their associated risks (e.g. nearby roads, car park environments);
 - Disobeying, ignoring and/or being unaware of clear instructions;
 - Experiencing very severe or overwhelming anxiety (e.g. through hypervigilance);
 - Experiencing an overwhelming sense of fear of public/open/busy spaces;
 - Experiencing serious harm or causing harm to others.
- 3.3 We learned that some people who experience cognitive, behavioural and/or mental health impairments may have no concept of danger. As such they could potentially run away or wander into oncoming traffic without due regard for their personal safety or awareness of the risk their behaviour could pose to other people.
- 3.4 The nature of hidden disabilities is such that it is often not possible to directly attribute the kinds of behaviours listed above to specific illnesses or conditions. The Expert Advisory Group identified that these behaviours would most likely be experienced by people diagnosed with Autistic Spectrum Disorder (ASD), Learning Disabilities, Post-

Traumatic Stress Disorder (PTSD), other conditions associated with severe panic attacks, Bipolar disorder, Schizophrenia, and Dementia. However, this is not considered to be an exhaustive or exclusive summary.

3.5 The issue of 'comorbidities' was also raised, with both the Expert Advisory Group and local authority Blue Badge team staff highlighting that combinations of identically 'labelled' conditions could both:

- Differentially affect individuals who experience them;
- Exacerbate the difficulties experienced by individuals when walking between a parked vehicle and a destination.

3.6 In all cases, the Expert Advisory Group suggested that the award of a Blue Badge must be based on the understanding that it would make otherwise very challenging (and/or impossible) journeys easier for the applicant.

Irritable Bowel Diseases and urgent toileting

3.7 The Expert Advisory Group suggested that, in many cases, the issue of needing to use a toilet at short notice is unlikely to be ameliorated through the award of a Blue Badge. They advised that many people who experience Irritable Bowel Diseases are likely to have effective coping strategies in place and, aside from periods when their disease is 'active', they will generally remain well during periods of remission.

3.8 Clear exceptions were identified, and include individuals who experience especially severe and painful bouts of incontinence and/or people who experience such severe IBD in conjunction with disabling physical impairments.

3.9 The Expert Advisory Group suggested that the eligibility criteria, and guidance for local authorities, needed to be worded in a manner that enables local authorities to make a distinction between these severe cases and less-impactful forms of IBD. They also noted that individuals who experience physical impairments in conjunction with conditions such as Chron's Disease may qualify for a Blue Badge under the existing criteria, due to the combined effect of the impairments upon their ability to walk.

Rheumatological conditions, chronic fatigue and chronic pain

3.10 We learned that the majority of rheumatological, chronic fatigue and chronic pain conditions would not necessarily cause very considerable difficulty whilst walking for reasons that are non-physical in nature, nor would they ordinarily be expected to present a risk of serious harm to self or others.

- 3.11 While the Expert Advisory Group felt that some individuals who experience such difficulties would already be likely to qualify under the existing eligibility criteria, the following exceptions were identified:
- Severe cases where overwhelming exhaustion inhibits an individual's capability to safely cross roads and navigate car parks;
 - Cases where chronic pain or fatigue is severely exacerbated by walking, and subsequently has a lasting effect on the person's ability to perform day-to-day or routine activities.
- 3.12 In both such exceptional cases it was considered clear that a Blue Badge could make a significant difference to an applicant. It was therefore recommended that ITP and DfT take the opportunity to update the existing section of Blue Badge scheme guidance for local authorities (focused on physical walking disabilities) to provide greater clarity for people who experience difficulties severe rheumatological, chronic fatigue and chronic pain of the exceptional nature outlined above.

Dementia and Alzheimer's Disease

- 3.13 The Expert Advisory Group considered that transferring between a vehicle and a destination would be unlikely to cause very considerable psychological distress, such that it could be interpreted as causing very considerable difficulty whilst walking, for many people who experience Dementia or Alzheimer's Disease.
- 3.14 The key risk identified for people who experience these conditions was that of them wandering off in the event they are unaccompanied and/or not recognising their journey destination – even when it is familiar to them. However, the Expert Advisers suggested that such individuals would generally be expected to travel with a companion who could alleviate these difficulties.
- 3.15 The most commonly identified exceptions were:
- People with more severe cases of these conditions who may become aggressive, experience periods of psychosis (e.g. hallucinations or delusions) or exhibit any other behaviours which mean they require more than a 'gentle steer' from somebody that accompanies them. Such challenging symptoms and behaviours can become more prevalent at more advanced stages of these conditions;
 - People who experience a combination of physical walking difficulty *and* symptoms of Dementia or Alzheimer's Disease, such that they would struggle to walk between a parked vehicle and a destination but could not be dropped-off near to their destination if unaccompanied due to the likelihood of them wandering off;

- 3.16 The Expert Advisory Group suggested that the eligibility criteria, and guidance for local authorities, needed to be worded in a manner that enables local authorities to award a Blue Badge in such exceptional instances.

Diagnosis of conditions

- 3.17 The Expert Advisory Group noted that the process of diagnosing some non-physical ('hidden') disabilities can be a lengthy one, which plays out over a period of months or even years. Consequently it was suggested that, whilst having a formal diagnosis of an enduring and substantial disability should not be a requirement for Blue Badge eligibility, a diagnosis would *normally* be expected for someone who experiences difficulties that are severe enough to mean they are eligible for a Blue Badge.
- 3.18 Where an applicant is not in receipt of a formal diagnosis but it is clear from both evidence they provide in their application and insights sought from relevant health/social care professionals that their difficulty when walking is very considerable, and/or that they present a risk of causing serious harm to themselves/others when they are walking, then the Expert Advisory Group suggested it should be possible for a local authority to award a Blue Badge.

Younger people and developmental milestones

- 3.19 Both the Expert Advisory Group, and local authority Blue Badge team members, emphasised the need for due consideration being given to an applicant's age and related educational and developmental milestones.
- 3.20 A commonly-cited example was that of a young child who may be prone to wandering off with no concept of danger, and/or who may fail to understand and act on instructions. Such behavioural challenges may not necessarily be caused by an enduring and substantial disability, given they are reasonably common among small children. However, when demonstrated by an older child, teenager, or adult, then they would not be commonly expected behaviours. In such instances they may be indicative of an underlying condition that could be considered enduring and substantial.
- 3.21 The advice from relevant health and social care professionals consulted through the study was that, for an individual to qualify for a Blue Badge, such behavioural challenges would need to be:
- Evidently the result of an enduring and substantial disability;

- Clearly at odds with expected developmental milestones for children and young people.
- 3.22 So, for example, a younger child with complex needs could exhibit behaviours that are more challenging than those of other children at a similar age/development milestone.

Acting in an applicant's best interests

- 3.23 Another exception highlighted through the research process was a scenario whereby an applicant may be considered to meet the Blue Badge eligibility criteria, but the advice from health/social care professionals involved in their ongoing treatment is such that they believe a Blue Badge may not be in their best interests. The most commonly-cited examples were:
- People who experience agoraphobia and whose treatment seeks to encourage them to walk out in their local area and gradually get used to busier places;
 - People who experience very severe conditions (e.g. chronic pain/fatigue) and have been medically advised not to over-exert / to avoid walking at all.
- 3.24 Such cases could pose a considerable dilemma for Blue Badge issuing authorities, since the applicant may technically meet the eligibility criteria. In such cases it will ultimately need to be the badge-issuing authority's decision as to whether or not to issue a Blue Badge. Reflecting on our research evidence, ITP's considered view was that the opinion of a medical professional involved in the applicant's treatment should be taken into account in that eligibility decision. As such it could provide the basis for refusing to award a badge (as it would in the event the applicant is not deemed to meet the eligibility criteria), even where it otherwise appears that the applicant meets the eligibility criteria.

Frequency/variability of difficulties and coping strategies

- 3.25 ITP's discussions with both the Expert Advisory Group, disabled people's representative organisations, and local authority Blue Badge teams all emphasised that the symptoms and behaviours associated with the kinds of 'hidden' disabilities explored through the study, can be highly variable from one person to another. The kinds of walking difficulty that may primarily be experienced as a result of non-physical ('hidden') disabilities (such as those presented in the bullets beneath paragraph 3.2) can vary by frequency, intensity and predictability; potentially, changing over time as an individual's condition worsens or improves. As such, it may prove to be impossible to anticipate

what could cause an individual to react adversely to any particular environment or situation.

- 3.26 The Expert Advisory Group, and DWP, both suggested that it could be reasonable for local authorities to consider that the frequency with which an applicant experiences very considerable difficulty when walking, or presents a risk of serious harm to themselves/others when walking, should be 'more often than not' when determining eligibility for a Blue Badge.

Coping strategies and their impact/effectiveness

- 3.27 The Expert Advisory Group highlighted the need for Blue Badge issuing authorities to consider the use and effectiveness of coping strategies in their Blue Badge eligibility decision-making. To do this they advised that applicants should be encouraged to provide details of the coping strategies they have tried, and those which they are currently using. These could potentially include:
- Medication;
 - Walking aids;
 - Travelling with a companion;
 - Avoiding travel all together, or certain types of journey.
- 3.28 The Expert Advisory Group noted that such coping strategies must be proportionate and effective to be considered a valid form of self-management. They suggested that it was reasonable for local authorities to expect applicants to be able to demonstrate that they had taken reasonable steps to investigate and trial coping strategies that could help them to overcome any difficulties they experience when walking.
- 3.29 Whilst travelling with a companion may be an effective coping strategy for some, the Expert Advisory Group suggested that consideration may need to be given as to whether a companion can fulfil this role effectively and/or be able to travel with the individual when required. For example, an applicant may rely on an elderly relative with health concerns of their own who cannot effectively prevent or assist with the problematic behaviours of the intended badge holder. A further example could be that of a single parent traveling with more than one young child. The parent may not be able to effectively manage the behaviours of the eligible child, whilst also fulfilling responsibilities towards any other children with them.
- 3.30 Finally, it is important that local authorities recognise that coping strategies cannot always be effective at preventing some forms of very considerable difficulty when

walking (e.g. those relating to the risk of harm to self/others). As such, local authorities will need to remain mindful that:

- The effectiveness of coping strategies is likely to vary by individual;
- Some individuals may therefore be able to rely on their coping strategies for a greater proportion of the journeys they make than others;
- There may still be some particular journeys that are challenging due to environmental or personal factors linked to the individual's experience of their enduring and substantial disability.

Implications for Blue Badge application processes

3.31 Based on ITP's learning from involvement in the 2011 Blue Badge scheme reforms, there was widespread agreement among the expert advisers and stakeholders on the importance of offering applicants the opportunity to both:

- Tell their own story, in their own words – for example through the submission of an open written description on the Blue Badge application form;
- Be prompted to indicate the nature, severity and frequency of the difficulties they experience – for example through the inclusion of a suite of closed experiential questions within the same form.

3.32 All agreed that this approach offered local authorities the best opportunity to build a broad understanding and clear-cut view of the challenges faced by the applicant when making a journey. It was noted that some individuals may struggle to provide the depth of information being sought, or to do so coherently, and therefore the application forms developed by local authorities:

- Need to strike an appropriate balance between asking for a lot of detail and becoming so thorough that they become unwieldy and difficult for people to complete;
- Should provide the opportunity for people to apply online and on paper as a minimum. This helps to ensure that the application form is accessible to all age groups and does not exclude those without internet access;
- Will ideally be complemented by support throughout the application process (e.g. by phone or in-person) to ensure people who have difficulty with reading, writing or comprehension tasks - or whose first language is not English - are not discriminated against.

- 3.33 Dialogue with the Expert Advisory Group also highlighted that, for some conditions in particular, the person completing the form is unlikely to be the intended badge holder. This is because the intended badge holder themselves may not have the capacity to complete the form, or may be unaware of/unable to comprehend their need for a Blue Badge. Therefore, provision must be made for an advocate, parent or carer to complete the form on behalf of the intended badge holder. It was suggested that the identity of the person who has completed the form, and their relationship to the intended badge holder, should be captured in any such submission.

Seeking supporting evidence

- 3.34 Our discussions with expert advisers and local authority Blue Badge teams emphasised the need for any information provided by the applicant to also be verified by insight from a relevant health/social care professional. The clear recommendation was for applicants to submit such evidence in support of their application, along with details of any healthcare professionals who they have met, or regularly see (who might be able to verify the applicant's condition and experience of very considerable difficulty when walking). One of the medical experts consulted by ITP suggested this is particularly important, since it would be inappropriate for a person to seek referral to any specific healthcare professional solely for the purposes of applying for a Blue Badge.
- 3.35 It was noted that the type of evidence provided would likely vary by individual, depending on their condition and care team. Local authority officers noted that applicants should be discouraged from submitting original documents relating to their conditions (since it requires the local authority to securely store and return them), with a clear preference for copies or digital scans of original documents to be submitted along with the completed application form.

Evidence of diagnosis of an enduring and substantial disability

- 3.36 While it was acknowledged that evidence of a diagnosis may not be possible in every case, a letter from an appropriate healthcare professional that confirms diagnosis of an enduring (e.g. one that will last for at least three years) and substantial disability was identified as one key example of 'evidence' that applicants should be encouraged to submit in support of their Blue Badge application.
- 3.37 This recommendation was made on the basis that most people applying for a Blue Badge following the 'hidden disability' revisions to the eligibility criteria would have severe difficulty undertaking day-to-day activities, such as making journeys. Consequently, the majority of applicants were expected (by both expert advisers and

local authority Blue Badge teams) to have ongoing contact with at least one health/social care provider and to have previously been diagnosed with an enduring and substantial disability (or be going through the process of seeking a diagnosis) at the time they apply for a badge.

Evidence of very considerable difficulty when making journeys

- 3.38 The Expert Advisory Group members universally noted that a letter confirming a diagnosis of an enduring and substantial disability is, on its own, unlikely to provide sufficient detail to enable local authorities to award a Blue Badge (since eligibility is not based on the presence or absence of any specific condition). The experts highlighted that they are more likely to be involved in the process of diagnosing an individual's disability, but would subsequently become less involved in helping the individual to overcome the day-to-day challenges they experience as a result of their condition.
- 3.39 Set in this context, we were advised that, for most applicants seeking to qualify for a Blue Badge solely on the basis of the difficulty they experience when walking due to a non-physical ('hidden') disability, or due to the risk of harm they pose to themselves/others when walking, additional supporting evidence is likely to be required. This was considered particularly relevant where confirmation of diagnosis was not particularly recent, and could include (but would not necessarily be limited to):
- Confirmation of ongoing treatments / clinic attendances, or referral for such;
 - Evidence of prescribed medication relevant to the applicant's disability/symptoms;
 - Evidence of specialist consultations, or referral for such;
 - Education Health and Care Plans (EHCP), which may provide insight into the needs, experiences and coping strategies devised for younger people with complex needs, learning disabilities and/or behavioural difficulties;
 - Personal Independence Payment (PIP) decision letters;
 - Social housing letters / assessment reports from the local authority;
 - Care Plans from social care teams;
 - The applicant's Patient Summary or Summary Care Records.
- 3.40 This list is not exhaustive and demonstrates the potential for a considerable degree of variability in the type of evidence which could be provided. The approach was considered equally relevant for any applicant who is awaiting diagnosis, or a referral to a specialist, as well as people with undiagnosed (or as yet, un-diagnosable) conditions.
- 3.41 The Expert Advisory Group advocated a 'quality over quantity' approach for local authorities when they come to consider evidence submitted in support of a Blue Badge

application. Ideally, evidence should confirm the disability/condition that an applicant has whilst also demonstrating how this affects them, in terms of symptoms and behaviours, in practice. For some applicants, it may be possible to obtain all of this from one healthcare professional, whilst for others, confirmation of a diagnosis may come from a healthcare professional but details of the day-to-day experiences of the applicant may come from a social care professional. For some applicants, it may be necessary to obtain a range of information from a range of different sources in order to develop the picture on the applicant's condition required to make an informed decision on their eligibility.

- 3.42 One member of the Expert Advisory Group clarified that photo and video footage of the applicant should not be taken into consideration, in the interests of safeguarding. They cited a possible scenario whereby a breakdown could be staged and video footage captured and submitted.

Seeking insight from health/social care professionals

- 3.43 Whenever a local authority cannot satisfy itself from the information provided by the applicant that they definitely do/do not meet the scheme eligibility criteria, the Expert Advisory Group and local authority Blue Badge teams concurred that there will be a need to seek further insight about the applicant's condition and how it affects them. This process was likened by local authority Blue Badge teams to the cross-checking of local records and desk-based assessment procedures that some Councils have implemented in respect of the existing eligibility criteria.
- 3.44 However, a key distinction was identified for people whose eligibility for a Blue Badge is being considered on the grounds of a non-physical ('hidden') disability. This is primarily because our discussions with the Expert Advisory Group suggested that **in-person mobility assessments by people who are unfamiliar with the applicant's condition and how it affects them are unlikely to be effective in the context of many people who experience hidden disabilities**. They are also likely to cause undue anxiety and stress for applicants that experience very considerable difficulty when walking due to cognitive or behavioural issues and/or who pose a risk of causing serious harm to themselves or others as a result of such disabilities.
- 3.45 The experts and stakeholders consulted through the research study therefore identified a distinction between the need to:
- Confirm, where possible, the validity of a Blue Badge applicant's stated diagnosis of an 'enduring and substantial disability';

- Validate an applicant's claims in relation to their experience of, or the risk/likelihood of them experiencing, 'very considerable difficulty whilst walking, which may result in very considerable psychological distress' and/or cause them to 'be at a risk of causing serious harm when walking; or to pose, when walking, a risk of serious harm to any other person'.
- 3.46 These two functions are discussed separately, below, but we noted through the course of the interviews/workshops the possibility that some health/social care professionals may be able to provide information that satisfies both of the requirements in respect of Blue Badge applicants who experience non-physical ('hidden') disabilities.

Confirming diagnosis of an enduring and substantial disability

- 3.47 In most cases it was expected that a Blue Badge applicant would be able to provide written evidence, of the nature defined in the bullets beneath paragraph 3.39 of this report, through their completed application form. The most likely form this will take is written correspondence from appropriate healthcare professionals that confirms the applicant has been diagnosed with an enduring and substantial disability that could affect them when walking.
- 3.48 Where this is not available, the local authority may be able to find similar evidence through its own records (e.g. for housing benefit, Social Care, or other support). Only where these avenues yield no evidence, and therefore the applicant's enduring and substantial disability is effectively 'self-identified' was it expected that a local authority might need to proactively seek insight from an appropriate healthcare professional.
- 3.49 The precise identity of an appropriate healthcare professional was expected to vary from one applicant to another, but could include:
- Medical Consultants or Specialists involved in diagnosing the applicant's condition, and who may see them periodically;
 - Healthcare professionals (e.g. specialist nurses) involved in the applicant's ongoing care and treatment for the symptoms/challenges posed by a specific condition, and who may see them more frequently.
- 3.50 In both cases it was recommended that local authorities should prioritise seeking insights from individuals who are registered with the [Health & Care Professionals Council](#), or other appropriate professional bodies (such as the [General Medical Council](#)) that are relevant to the specific disabilities experienced by the applicant.

Validating how the applicant's disability affects them

- 3.51 For a larger number of applications, it was anticipated there may be a need for local authorities to seek insight into how the applicant's enduring and substantial disability affects them when walking. This recognised that some applicants may only be able to provide a description of the difficulties they experience, and how a Blue Badge would help them to overcome these challenges.
- 3.52 When discussing this potential need, several members of the Expert Advisory Group noted that, while they could comfortably provide insight into the condition their patients have been diagnosed with, they were less well-placed to advise on how, specifically, it affects them on a daily basis (including when walking between a vehicle and a destination). As such it was proposed that local authorities may need to seek a view from a wider group of health/social care professionals who are more closely involved in the applicant's ongoing treatment and support when seeking to validate how their condition affects them.
- 3.53 As above, the precise identity of appropriate health/social care professionals who might need to be approached to seek this insight will vary from one applicant to another, but could potentially include:
- OTs, Physios, Nurses and other staff involved in delivering regular treatment;
 - Clinical, Behavioural or Educational Psychologists working in memory clinics/hospitals/Care Trusts who have regular contact with the applicant and may play a role in regularly counselling them;
 - Special Educational Needs Coordinators (for younger applicants);
 - Social Workers involved in supporting the applicant, and their family.
- 3.54 This is not an exhaustive list of potential health/social care disciplines that may could be relevant. The Expert Advisory Group anticipated that a Blue Badge applicant who experienced very considerable difficulty when walking and/or who presented a serious risk of causing harm to themselves or others when walking, would be able to identify the health and social care professionals whose views would be most relevant in the context of their application.
- 3.55 As with the information needed to confirm diagnosis of an enduring and substantial disability, the Expert Advisory Group and local authority Blue Badge officers anticipated that there would only be a need to validate how an applicant's condition affects them in cases where this is not self-evident from information the applicant provides to support their application.

Suggested process for seeking these insights

- 3.56 Irrespective of whether the local authority officer is seeking the views of healthcare professionals involved in diagnosis of condition, or a practically-focused insight into how the applicant's condition affects them, the Expert Advisory Group agreed with the following proposed approach, in practical terms:
- Permission to contact any healthcare professionals, clinics, surgeries or other organisations identified by the applicant (or in supporting evidence appended to their Blue Badge application), is sought from the applicant through an 'opt-in' statement on the Blue Badge application form;
 - A local authority officer identifies the most appropriate health/social care professional(s) and sends them a succinct paper form and covering note identifying which of their patients has applied for a Blue Badge;
 - Similar to the Blue Badge application form, the 'expert insight form' (See Appendix C to this report) combines open questions that allow the health/social care professional to share their views and closed 'observational' questions that seek to draw out any understanding of the kinds of practical difficulty the applicant experiences when walking between a vehicle and a destination. These can subsequently be contrasted with responses the applicant has provided to the corresponding questions in their application;
 - The form should also explore the nature of the professional's relationship with the applicant, so as to determine how familiar they are with their condition and lived-experience;
 - The form should not take more than 30 minutes to complete, including time taken to look-up patient notes, and should focus on drawing out relevant insights that the health/social care professional holds – rather than asking them to attempt to determine the applicant's eligibility (or otherwise) in relation to the scheme criteria enshrined in the Blue Badge regulations;
 - The health/social care professional is allocated four to six weeks to complete and return the form (either in writing, or via an online link) to the local authority (with timescales to be agreed locally, based on health and social care arrangements);
 - Local authority officers may follow-up by 'phone in the event they need to clarify any specific information provided by the health/social care professional.
- 3.57 It was noted by members of both the Expert Advisory Group and the local authority Blue Badge teams that, while the process described above should work well in the majority of locations and instances, it may need to be tailored to suit the makeup of

health and social care arrangements, and the local authority function within which the Blue Badge team is housed.

Certification from an Expert Assessor

- 3.58 The regulations drafted by DfT in parallel with (and informed by) this research study make reference to the role of an Expert Assessor. This term deliberately broadens the 'Independent Mobility Assessor' role that was defined in previous regulations so as to allow for a wider range of medical/healthcare professionals who may certify eligibility in respect of non-physical disabilities. It removes the absolute requirement for independence, recognising that for non-physical conditions especially, it may be that only an expert with a close knowledge of the applicant's case history could certify eligibility.
- 3.59 The revised regulations therefore define an expert assessor as someone who:
- Has a professional qualification recognised in the United Kingdom which enables them to diagnose, treat, or provide specialised therapeutic services to people with the same, or a similar, disability to that experienced by the applicant;
 - Has the necessary expertise to assess the presence, in the applicant, of the effects resulting from their disability on their capacity to walk during the course of a journey;
 - Is not employed or engaged by any person as a General Practitioner for the provision of medical services to the applicant;
 - Is not, in the opinion of the local authority, precluded by reason of the nature of their relationship with the applicant from providing an impartial assessment of whether or not the applicant has an enduring and substantial disability which causes them to:
 - be unable to walk;
 - experience very considerable difficulty whilst walking, which may include very considerable psychological distress;
 - be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

Practical eligibility assessment implications

- 3.60 In practice, and in the context of determining the eligibility of Blue Badge applications from people who may qualify primarily as a result of non-physical ('hidden') disabilities,

this definition was expected to allow a local authority to consider that it has received certification from an Expert Assessor on the basis of a combination of:

- Written evidence that confirms diagnosis of an enduring and substantial by an individual meeting the definition of an expert assessor;
- Insight(s) provided, without prejudice, by health/social care professional(s) on whether an applicant's experience of living with their disability means they experience very considerable difficulty when walking (including as a result of non-physical considerations) and/or they pose when walking a serious risk of causing harm to themselves or others.

3.61 For applications received from applicants who may qualify for a Blue Badge primarily on the basis of very considerable difficulty when walking arising from a physical disability, there is not expected to be any change to local authorities' existing practices of cross-checking local authority records / desk-based assessment / independent mobility assessment by an OT or Physio (where required to determine eligibility).

3.62 Only where a local authority cannot satisfy itself that an applicant definitely meets/does not meet the scheme eligibility criteria would it be expected to appoint an Expert Assessor that meets the definition set out in the regulations:

- We anticipate this would continue to be an OT or Physio, undertaking an independent mobility assessment, in cases where an applicants' eligibility for a Blue Badge is being considered primarily on the basis of a physical disability that affects them when walking (and therefore a holistic assessment of their walking ability is appropriate);
- We anticipate this could take the form of an in-person assessment/meeting at the applicant's home led by an appropriately qualified healthcare professional in a discipline that is relevant to the applicant's disability. Such an approach would only be appropriate in cases where (possibly because of the nature of their disability) an applicant is only able to provide limited evidence of their eligibility for a Blue Badge on the grounds of the very considerable difficulty they experience when walking/risk of harm posed to self or others when walking as a result of a non-physical ('hidden') disability. However, in the vast majority of such cases the evidence from this research study, and notably the insight from the expert medical advisers we consulted, suggests:
 - That most applicants would reasonably be expected to demonstrate a health/social care history that is commensurate with having an enduring and substantial disability that causes them very considerable difficulty when walking between a vehicle and their destination;

- That where such evidence cannot be provided by the applicant, or traced by the local authority through its records, then the local authority could reasonably refuse an application on the grounds of insufficient evidence to determine the applicant's eligibility.
- 3.63 This approach to assessing the eligibility of Blue Badge applicants in relation to the extended scheme criteria was accepted as being both practically-focused, and the only feasible approach really open to local authorities by the majority of expert advisers, local authorities and stakeholder groups consulted through this study.

Determining eligibility – the local authority's role

- 3.64 In the context of Blue Badge applications received from people whose very considerable difficulty when walking and/or the risk of serious harm they pose to themselves or others when walking is primarily due to a non-physical ('hidden') disability, the local authority's role focuses primarily on comparing and contrasting information and evidence from across a range of sources and relating it back to the scheme's eligibility criteria.
- 3.65 A key finding from the interviews conducted by ITP's team was that, provided they have received extensive training in the Blue Badge Scheme and its eligibility criteria, most of the expert advisers believed that a non-medical local authority officer would be capable of determining applicants' eligibility.
- 3.66 Local authority officers we consulted indicated that such training currently takes place through officers working alongside OTs and Physios who design the Blue Badge desk-based and in-person assessment approaches for Councils. It also occurs through the escalation of complex cases for review by such healthcare professionals – for example where clinical reasoning needs to be applied to the information at hand. The officers noted that, at local authorities where the Blue Badge team sits within the Council's social care function, OTs and Physios often preside over eligibility decisions or perform a review of a proportion of all decisions made by trained administrative staff.
- 3.67 In the context of applications receive from people who experience non-physical ('hidden') conditions, it was anticipated that the role of the local authority 'decision maker' would therefore:
- Function in a similar manner as they currently do when conducting desk-based assessments and cross-checking local authority records to help determine the eligibility of Blue Badge applicants under the subject to further assessment criteria;

- Involve reviewing and contrasting all of the information provided by the applicant (i.e. responses to application form questions and supporting evidence) with insights gathered from relevant health/social care professionals in relation to the applicant and how their condition affects them when walking;
 - Form a holistic opinion about the applicant's eligibility to receive a Blue Badge, based on all information available. It was not anticipated that experiential questions included in the application form (e.g. those exploring how frequently the applicant experiences different kinds of challenging behaviour/anxiety or risks causing harm to themselves/others) would be weighted or scored quantitatively. Instead the Expert Advisory Group suggested they should ideally be used to build up an overall picture of the difficulties an applicant experiences when walking between a vehicle and a destination. By posing identical questions to both the applicant and health/social care professionals involved in the applicant's treatment or ongoing care (e.g. through both the Blue Badge application form, and the 'expert insight' form), the local authority decision maker should be able to corroborate the extent of stated difficulties and experiences.
- 3.68 All of the stakeholders consulted by ITP were comfortable that, in cases where a Blue Badge applicant is unable to provide any evidence that they experience an enduring and substantial disability, or that it affects them when they are walking between a vehicle and a destination, it would be acceptable for the local authority to refuse the applicant a badge.

Considering evidence from an applicant's GP

- 3.69 Local authority officers engaged through the study expressed concerns about the possible need to rely upon evidence from a Blue Badge applicant's GP in order to determine their eligibility for a Blue Badge. These were driven by:
- Concern that GPs may seek to charge local authorities for their insight, which would be unaffordable;
 - A recognition, based on past practices, that GPs may be pressured by Blue Badge applicants to support their application, and that this could strain their relationship;
 - Uncertainty over the extent that insight from GPs could be considered in this context.
- 3.70 The Expert Advisory Group suggested that there may be cases where a Blue Badge applicant's GP can offer insight into the individual's experience of their disability that other health/social care professionals are unable to provide. In such instances it would

appear appropriate for local authority officers to seek insights from an applicant's GP, but as part of a range of professional views.

- 3.71 We concluded that this would appear to be an appropriate option, but only where the GP's insights will genuinely add to any views being sought by local authority officers from other health/social care professionals. As a result of the concerns expressed by local authority officers, we concluded that it would not be appropriate for a GP to fulfil the Expert Assessor role, or for a Blue Badge to be awarded solely on the basis of insights provided by an applicant's own GP.

In-person assessments and meeting the applicant

- 3.72 As noted previously, most of the Expert Advisory Group members concurred that an 'in-person' assessment would not normally be appropriate; primarily owing to the ethical considerations associated with potential distress for applicants. Although one expert questioned the equality of not requiring applicants for a Blue Badge to undertake the same assessment as those with walking-related impairments, this is not considered to be a material consideration on the basis that:
- Not all applicants are currently subject to the exact same eligibility assessment approach, by virtue of the different criteria through which one may qualify for a Blue Badge;
 - Ensuring that each individual's Blue Badge application is considered, and their eligibility determined, in relation to the specific criteria which are most pertinent to the nature of their impairment is a more equitable and robust approach.
- 3.73 Local authority Blue Badge teams consulted through stakeholder workshops highlighted that, where OTs or Physios have experience of working in NHS teams that regularly see patients who experience behavioural/learning difficulties and/or severe mental health illnesses, they may be capable of conducting in-person assessments that are appropriately tailored to explore difficulties an applicant experiences when walking. It was recognised that this could help to serve as a final 'check' - particularly in the event a local authority's decision maker is concerned that an applicant may be deliberately exaggerating the severity of their condition and associated difficulties in their application form responses (or, potentially, inadvertently underplaying them).
- 3.74 On this basis we concluded that the revised scheme eligibility criteria and guidance for local authorities should not absolutely rule out the use of such in-person assessments, but instead note that are only expected to be required in exceptional circumstances in the context of determining the eligibility of Blue Badge applicants who experience non-physical ('hidden') disabilities that affect them when walking.

Offering a review of the eligibility decision

- 3.75 The Expert Advisory Group agreed that applicants should ideally be provided with an opportunity to challenge a Blue Badge refusal decision if they believe either:
- their application has been improperly handled, or;
 - they believe that the evidence they have provided has not been duly considered.
- 3.76 Local authority officers noted that this is consistent with existing Blue Badge eligibility assessment and decision-making processes adopted by most Councils. They noted that a review often involves escalating the eligibility decision to some combination of healthcare professionals with greater experience of clinical reasoning (e.g. an OT/Physio) and/or senior team members (sometimes as part of a review panel) who have the deepest understanding of the scheme eligibility criteria.
- 3.77 It was noted that applicants could be permitted to re-apply 3-6 months following a refusal, provided their condition has not improved, by submitting any new evidence that has become available to support their application.

Other feedback

- 3.78 The following points were also identified by the various stakeholders and experts consulted through the study:
- The potential increase in the number of Blue Badge applications, particularly immediately following the extension of the eligibility criteria, could place additional burdens on local authorities:
 - Councils asked DfT to consider these and to explore whether additional funding (e.g. through revisions to the Blue Badge fee) or changes to the validity period of a Blue Badge (e.g. extending from three to five years) could be implemented in order to ensure local authorities can maintain acceptable service levels for Blue Badge applicants;
 - They also observed that a national media campaign, possibly delivered via the relevant disabled people's representative organisations, could help to manage expectations and prevent speculative applications from people for whom a Blue Badge is unlikely to make a difference.
 - The approaches set out in this report, and discussed with stakeholder groups, are likely to draw a wider group of health/social care professionals into the Blue Badge scheme eligibility determination process:

- It may be necessary for DfT to work with DHSC colleagues to raise awareness of the need for cooperation at a national level;
- Local authorities also noted that they have a role, at the local level, to inform health and social care colleagues of their proposed approach to seeking insight from them in respect of their patients who may apply.
- Emphasis should be placed on the need for robust eligibility determination and scheme administration processes to be maintained for all Blue Badge applicants:
 - Local authorities were concerned that some existing badge holders may express concern that changes to eligibility criteria and assessment processes could have an impact on them when they come to renew their Blue Badge;
 - DPTAC representatives also expressed concern at the expansion of the scheme's eligibility criteria, when there is already a deficit of Blue Badge parking spaces in key off-street locations across the UK.

4. Insights from Scottish and Welsh guidance

- 4.1 In updating DfT's Blue Badge guidance for local authorities, ITP's team was conscious that both the Scottish and Welsh governments have already taken steps to make their Blue Badge schemes more inclusive to people with non-physical disabilities. As such, it was important for us to reflect upon changes to scheme guidance published for Blue Badge issuing authorities in Scotland and Wales. This section summarises the approaches taken in Scotland and Wales and our insights in respect of their relationship to the non-statutory guidance published by DfT to assist local authorities administering the Blue Badge scheme in England.

Eligibility criteria

Without further assessment

- 4.2 The Scottish and Welsh governments both award badges without further assessment to individuals who receive 12 points under the *Planning and Following a Journey* activity of the *Mobility* component of Personal Independence Payment (PIP); descriptor F. An individual will receive this score if they are unable to follow the route of a familiar journey without assistance from another person, an assistance dog or an orientation aid. However, the DfT only intends to award a badge without further assessment to applicants who receive 10 points under the same activity. This (descriptor E) necessitates that an individual would be unable to undertake any journey because it would cause overwhelming psychological distress.
- 4.3 This presents a very clear distinction in the nature of the difficulties experienced by individuals with hidden disabilities in respect of their eligibility for a badge in Scotland and Wales compared to England. While the DfT does not intend to award badges for applicants in receipt of 12 points, descriptor F automatically, they will be eligible for a badge if they are deemed to qualify subject to further assessment.
- 4.4 Both Scottish and Welsh governments include a line in guidance to state that points obtained for different criteria in PIP cannot be considered cumulatively i.e. an applicant must be in receipt of the required score for either the *Planning and Following a Journey* component or the *Moving Around* criterion of the *Mobility* component of PIP to be eligible without further assessment. Similar wording will be replicated in the revised scheme guidance for English local authorities.

Subject to further assessment

- 4.5 In terms of the 'subject to further assessment' criteria, eligibility amongst people with hidden disabilities in Scotland is limited to **"people, who as a result of a diagnosed mental disorder or cognitive impairment, have no awareness of traffic and are likely to compromise their safety, or the safety of others"**. This implies, firstly, that a diagnosis is a pre-requisite for eligibility and, secondly, that the frame of consideration is limited to an individual's awareness of road traffic danger. This is narrower than the frame of consideration proposed for adoption by the DfT, which is more holistic and based on any enduring and substantial disability which causes very considerable difficulty whilst walking and/or which presents a risk of harm to self or others when walking.
- 4.6 Similarly, in Wales, the criterion is restricted to an individual's **ability to independently plan and follow a journey**. This is considered unlikely to result in many applicants being subject to further assessment, since those who experience the greatest difficulty are expected to be captured by the without further assessment criteria. The Welsh Government does recognise, however, that not everyone who may be eligible would necessarily have applied for PIP, while it also encourages people to apply if they feel they have a case for a Blue Badge even though they do not qualify for descriptor F of PIP.

Eligibility assessment approaches

- 4.7 The relevance of Scottish and Welsh eligibility assessment approaches has been considered in the context of their focus on narrower subject to further assessment criteria than will be introduced in England. As such ITP has sought to identify opportunities for DfT to build these approaches into a broader set of 'core principles' for determining the Blue Badge eligibility of people whose very considerable difficulty when walking and/or risk of harm posed to self or others when walking arises primarily due to non-physical ('hidden') disabilities. These 'core principles', which refer to 'seeking and applying expert insight(s)' and can be found in Appendix B to this report.

Scotland's road safety assessment

- 4.8 The Scottish Government has devised nine questions that assessors can use to determine eligibility amongst people with cognitive / behavioural impairments in line with their eligibility criteria on non-physical disabilities. Scottish guidance suggests

- that, if there remains doubt as to the eligibility of the applicant based on the responses given to these questions, then they can be subjected to a 'Road Safety Assessment'.
- 4.9 The Road Safety Assessment requires the assessor to rate the ability / awareness of various criteria aligned to their mental state, general condition and the considerations related to the task of walking on a scorecard.
- 4.10 ITP carefully considered this approach and took inspiration from it as the basis for developing a model form that local authority officers can use when seeking relevant insights from health/social care professionals involved in ongoing care and treatment of Blue Badge applicants who experience difficulty when walking primarily as a result non-physical ('hidden') disabilities (See Appendix C to this report). The questions asked within the form follow a similar approach, and include closed 'experiential' questions which seek the view of the health/social care professional in respect of the nature of difficulty they understand the applicant experiences when walking between a vehicle and a destination. They are expected to rate the extent and frequency of difficulty experienced by the applicant on a simple scale. The questions are also replicated in the model Blue Badge application form, requiring the applicant to state the nature and frequency of the difficulty they experience in a similar context.
- 4.11 While some of the questions included in the model forms developed by ITP relate to road safety risk (and lack of awareness of the impact of impulsive actions), they do not directly match those used in the Scottish assessment approach. This reflects the broader definition of very considerable difficulty when walking, and the reference to risk of causing harm, in the Blue Badge scheme eligibility criteria that will be implemented in England.

Wales' decision record tool

- 4.12 The Welsh Government has created a 'Decision Record Tool' which provides local authorities with a series of questions and an accompanying scoring mechanism to help them determine whether applicants who are being assessed in line with their 'Discretionary Criteria' are eligible, ineligible or should be referred to their Independent Advisory Service for a further layer of assessment. The Tool contains separate sections for people applying on the basis of having a physical impairment and those applying on the grounds of a cognitive impairment. The Tool is contained within the Welsh Government's 'Blue Badge Local Authority Verification Toolkit'.
- 4.13 This tool is primarily designed to help determine the extent to which a person is able to independently plan and follow a journey. As with the Scottish road safety assessment, this reflects the subtly different eligibility criteria in Wales, so does not

translate particularly well to the context of determining eligibility in relation to the broader criteria that will be defined in the regulations for England.

Future possibilities

- 4.14 The Scottish and Welsh eligibility assessment tools are, rightly and appropriately, focused on the specific requirements of their respective Blue Badge scheme eligibility criteria. In the context of this study and DfT's role in providing support to local authorities, there may be scope to draw on the Scottish and Welsh examples to:
- Develop an evidenced 'toolkit' that is based on local authorities' practical experiences of implementing assessment approaches, and decision-making processes, that enable them to determine the eligibility of people who experience hidden disabilities to qualify for a Blue Badge:
 - This was not possible at the time of preparing the current guidance because, unlike in 2011, the regulations which govern the scheme eligibility criteria need to be amended before local authorities can legally award Blue Badges on the basis of 'risk of causing harm to self/others when walking';
 - Consequently, there were few examples from which ITP and DfT could draw to develop guidance and establish core principles for determining eligibility. The approaches proposed as a result of this study are based on the best-available examples (primarily the work of the Executive Management Group of local authorities) and the expert opinions of medical and Blue Badge scheme professionals.
 - Share practical experience with DfT's counterparts in Wales and Scotland to better align Blue Badge scheme eligibility criteria and assessment approaches based on practical experience of 'what works' once recent and forthcoming amendments to extend eligibility to people who experience hidden disabilities have bedded-in:
 - This may also extend to DfT facilitating the sharing of good practice among local authorities within England, since objectives regarding the consistency of approach to determining eligibility for the Blue Badge scheme will undoubtedly benefit from the emergence and widespread adoption of clearly evidenced good practices;

5. Recommendations

- 5.1 Reflecting the practically-focused and iterative nature of this study, ITP's research recommendations have been passed to DfT and its legal advisers through the course of their work to re-draft the regulations that enshrine the Blue Badge scheme eligibility criteria in English law. They have also been reflected in ITP's work, in partnership with DfT's Blue Badge team, to revise and update the non-statutory Blue Badge scheme guidance that DfT publishes to assist local authorities in England.
- 5.2 As such, this concluding section of our research report does not seek to reiterate each and every key finding, or recommendation. Instead, it summarises the key conclusions and recommendations that have influenced DfT's ongoing (at the time of writing) revisions to the published scheme eligibility criteria and guidance for local authorities.

The scheme eligibility criteria

- 5.3 A number of recommendations that emerged from Expert Advisory Group interviews and stakeholder workshops were discussed with DfT as the study progressed. The key suggestions included:
- The need to consider including the word 'assess' in respect of the Expert Assessor role definition. We understand that DfT's legal advisers concluded this was not necessary given it is included within the role title and earlier in the role's definition, and is clearly implied through the other functions that are to be ascribed to an Expert Assessor (be professionally qualified in the UK to **diagnose, treat, or provide specialised therapeutic services** to persons with the same, or a similar, disability to the applicant's disability). It was confirmed through the study that this definition will not exclude professionally registered Physiotherapists and Occupational Therapists from fulfilling this role – as they currently do when conducting independent mobility assessments;
 - The potential need to amend the word 'specialised' to 'specialist'. We agree with DfT's view that, in order to fulfil this role, the Expert Assessor would ideally have experience working with the conditions and difficulties experienced by the applicant. As such the term 'specialised' is intended to link the professional with the condition or difficulty experienced by the applicant, so 'specialised' is deemed to be the appropriate term;
 - The potential need to amend the term 'expertise' to 'skills' under the second requirement: 'The necessary **expertise** to assess the presence, in person B, of the

effects, resulting from person B's disability...on their capacity to undertake a journey which involves walking'. ITP agrees with DfT's view that the inclusion of the word 'expertise' permits local authorities to regulate the role of 'Expert Assessor' and ensure that they have the necessary skills *and* experience to fulfil the role. As such we concur that it should not be amended;

- Whether an Expert Assessor should be able to determine eligibility, since this is currently a role reserved for the local authority, often based on insights drawn from assessments undertaken appropriate healthcare professionals. ITP agrees with DfT's view that, in the case of most 'hidden disability' applications, a local authority may not need to seek the view of an Expert Assessor, on the basis that the combination of evidence provided by the applicant and health/social care professionals will be sufficient to provide certainty as to whether the applicant definitely meets/does not meet the eligibility criteria for receiving a Blue Badge. However, in cases where there is insufficient evidence to do this, the local authority effectively looks to a suitably qualified healthcare professional to provide their view on the applicant's eligibility (as is currently the case with OTs and Physios overseeing independent mobility assessments). As such the Expert Assessor role needs to include provision for determining eligibility. Its inclusion does not preclude Council officers from overseeing the eligibility decision-making process;
- A recommendation that GP evidence should not be the sole basis upon which an eligibility determination is reached in respect of Blue Badge applications - whether from applicants with primarily physical or non-physical 'hidden' disabilities). This responds directly to concerns expressed by local authorities, but does not prevent them from seeking the view of an applicant's GP in cases where it may be beneficial to do so (e.g. to provide insight into how an applicant's enduring and substantial disability affects them day-to-day);
- A recommendation that the wording relating to a 'real risk of harm' to self/others when walking be reviewed. ITP's interviews with the Expert Advisory Group highlighted that the risk of causing serious harm (to self/others when walking) is most likely the primary motivation between this new provision in the eligibility criteria. It has implications for the eligibility assessment and decision-making process, since the intent of a Blue Badge issued under this criterion will be to mitigate the risk posed by the individual when walking between a vehicle and a destination. This is distinct from the other criteria, which seek to mitigate very considerable difficulty, but not necessarily risk of causing harm to self/others. We understand that DfT subsequently amended the eligibility criteria to reflect the proposed wording.

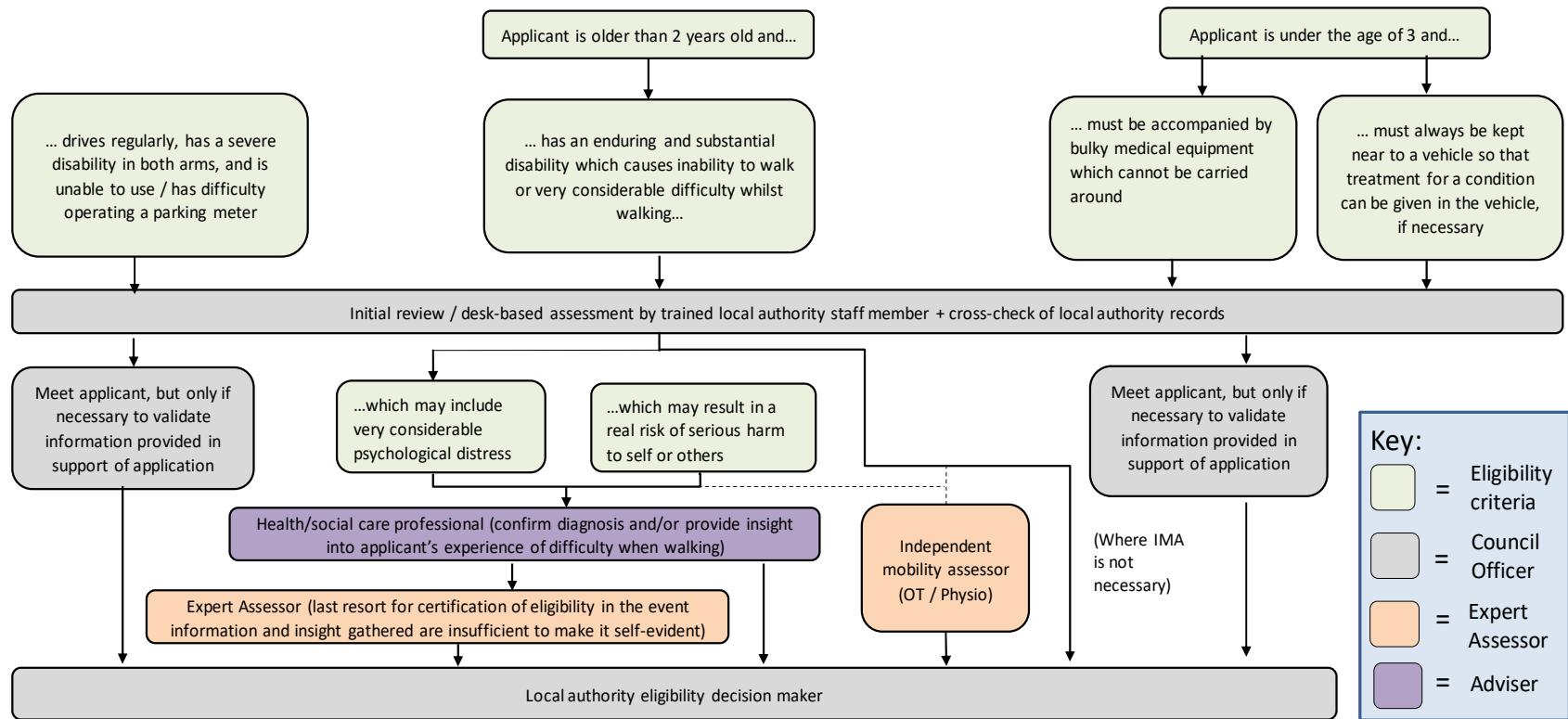
Non-statutory guidance for local authorities

- 5.4 The Blue Badge scheme guidance for local authorities in England has evolved in-line with the scheme's eligibility criteria. It last underwent significant change in 2011, when DfT's reform of the Blue Badge scheme mandated the use of independent mobility assessments in place of evidence from GPs to inform local authority's decision-making, and has since been modified to improve gender equality and align without further assessment processes with qualifying welfare benefits awarded by DWP.
- 5.5 The remainder of this section summarises the key amendments that ITP has proposed to scheme guidance (and accompanying documents), and highlights any suggested changes identified through the course of the study which we have not included.

The scheme guidance document

- 5.6 The key changes ITP has proposed to the scheme guidance document include:
- Updating the Without Further Assessment qualifying criteria to include text that confirms individuals who receive 10 points in relation to descriptor E under the *planning and following a journey* activity of the *Mobility* component of PIP – which indicates the person cannot undertake any journey because it would cause overwhelming psychological distress;
 - Revising the explanation of the 'eligible subject to further assessment' criteria included in section 4.3, to reflect the additional inclusion of the extended criteria and updated references to the regulations in which they are defined;
 - Including a clear definition of the Expert Assessor role, alongside an explanation of which other commonly used terms (e.g. permanent and substantial -> enduring and substantial disability) terms have changed, and the rationale and impact of these changes;
 - Explaining how the Expert Assessor role defined in the revised scheme eligibility criteria influences local authorities' use of independent mobility assessments to determine the eligibility of applicants whose walking difficulties are predominantly as a result of physical disabilities;
 - Strengthening general guidance on assessing and determining eligibility to clarify the nuances between the different approaches that DfT expects local authorities will use when determining eligibility under the expanded subject to further assessment criteria, with a flow-chart included to illustrate the process followed (see Figure 5-1);

Figure 5-1: Flowchart depicting the Blue Badge subject to further assessment eligibility assessment processes



- Reminding local authorities that “very considerable difficulty whilst walking” and “serious harm” are high thresholds that should be applied to all applicants equally, whether their disability is physical or non-physical in nature, alongside clarifying points that the primary benefit conferred on a Blue Badge holder is the ability to park close to a destination. If this will not assist an applicant with the difficulties they experience, then a local authority should consider this in its eligibility decision-making;
- Limiting changes to Section 4.4 of the existing scheme guidance, which focuses primarily on the rationale for adopting independent mobility assessments, to consistency of wording across the whole document. This section of the scheme guidance was developed drawing on detailed research evidence gathered in 2010/11, which this study has not sought to revisit. We note there may be a need for DfT colleagues to fact-check the practices and processes defined in case studies throughout this section of the guidance – since they are now around eight years old and may have been superseded;
- Creating a new Section 4.5 in the scheme guidance, which focuses on assessing people who are considered likely to qualify for a Blue Badge due primarily to the very considerable difficulty they experience when walking, and/or the risk they pose when walking of causing serious harm to themselves or others, arising from non-physical (‘hidden’) disabilities. This section will distil the key findings set out in this research report to:
 - Clarify that the difficulty people experience when walking may arise from either, or both, physical or non-physical (‘hidden’) disabilities, and therefore local authorities are encouraged to develop eligibility assessment approaches that are as holistic as possible;
 - List (non-exhaustively) examples of the kinds of behaviours that this study has highlighted may be most commonly associated with eligibility under the extended criteria covering ‘hidden’ disabilities;
 - Outline the assessment process we anticipate will be most appropriate for the majority of local authorities to implement, as described through the research findings reported in section 3 of this document. This will ideally summarise the approach from the design of the application form, through collating insight from relevant expert professionals, to the final process of decision-making by the local authority;

- Include a case study that summarises the work of the Executive Management Group of local authorities, and the way Kent and Hampshire County Councils have implemented this into their Blue Badge eligibility assessment practices.

5.7 A small number of the proposed changes to guidance will not be accommodated in this round of updates, primarily because the scale and depth of the research study has not yielded evidence of effectiveness that could support their inclusion. These omissions, and the rationale for not including them, are as follows:

- A **quantitative scoring matrix** that could be used to inform desk-based assessments of applicants who experience primarily non-physical 'hidden' disabilities.
 - Such an approach was piloted in 2010/11 as part of the research study that underpinned the 2011 Blue Badge scheme reforms, however it has not been possible through the current study due to shorter timeframe for the project and the lack of precedents on which to base such an approach;
 - Although practices developed by local authorities in response to the revised Blue Badge scheme criteria may demonstrate this is possible, ITP's view is that, unlike a physical walking assessment, it is far less straightforward to distil the range of difficulties and challenges experienced (when walking) by people who experience non-physical ('hidden') disabilities into a reliable desk-based scoring mechanism.
- Providing **specific examples of conditions that would not be expected to result in an individual qualifying for a Blue Badge** under the extended eligibility criteria.
 - The existing scheme guidance includes a few, very specific, examples of physical walking impairments that do not, in isolation, qualify an applicant for a Blue Badge;
 - However, the wide range of potentially qualifying conditions/impairments, and the fact that they may only be considered such when in combination with other conditions or challenges, leads us to believe that such a 'checklist' would not particularly aid local authorities – and could result in eligible applicants being inadvertently discounted.
- Providing **some form of quantification, or qualification, of an acceptable degree of 'risk' associated with the serious harm** that Blue Badge applicants may cause to themselves or others when walking:

- ITP's research team looked within existing welfare benefit eligibility assessment and healthcare assessment practices, but could find no suitable precedent that we felt could be readily incorporated into the Blue Badge eligibility assessment process;
- We were ideally seeking something akin to the 10-point pain scale that is widely used by OTs and Physios, and which was incorporated into the core principles for independent mobility assessments, which have been appended to the Blue Badge scheme guidance since 2012;
- In seeking to overcome this, ITP developed a suite of closed experiential questions, and response options, which were based on insights from the Expert Advisory Group to this study. We believe these should provide a useful basis from which local authorities can gather evidence and insight of the severity and likelihood of different kinds of non-physical difficulty (including forms of psychological distress and risk of harm to self/others) occurring to a Blue Badge applicant when walking;
- Reflecting the subjective nature of the Blue Badge scheme eligibility criteria, the interpretation of such risk is ultimately an issue for local authorities to consider (ideally based upon the non-statutory guidance that DfT provides).
- Making a **link between the issuing of Blue Badges and the provision of off-street parking bays** that are accessible to badge holders.
 - While we recognise this is a significant issue for Blue Badge holders, and one that local authorities need to consider in relation to their delivery of the scheme, it is not considered to be directly related to the eligibility criteria or the guidance for local authorities in respect of how to determine the eligibility of applicants for a Blue Badge;
 - On this basis, ITP has not proposed any changes to the scheme guidance in this regard, but understands DfT will note the concern and continue to work with local authorities on this issue.

Supporting model forms and a 'core principles' assessment approach

- 5.8 In-line with the approach adopted in respect of cross-checking of local authority records, desk-based assessments, and independent mobility assessments; and based on the findings from this study; ITP proposes to expand the model Blue Badge application form. Based on observations and comments received from the Expert Advisory Group, and devolved administrations, this will be framed around a new structure which seeks to distinguish between:

- **Core questions relevant to all Blue Badge applicants.** These will seek general information about the applicant, the challenges they experience when walking between a vehicle and a destination, the nature of any enduring and substantial disabilities they experience, names/contact details of health and social care professionals they see alongside details of any surgical interventions or treatments they have received, and details of any medication they take;
 - **Questions that are specific to people whose walking difficulty relates to the physical disabilities and/or pain.** These questions were developed to support the 2011 Blue Badge reforms and can be used by local authorities to inform desk-based and independent mobility assessments downstream of the application process. As such we propose to leave these largely unchanged;
 - **Questions that are specific to people whose non-physical disabilities (e.g. psychological distress) and/or the risk of harm you pose to yourself/others affect them when walking.** These new questions have been developed to explore the nature of non-physical challenges an applicant experiences when walking, the coping strategies they have adopted to overcome these difficulties (and their effectiveness), and a set of closed experiential questions (as described in this report) that explore the frequency and severity of non-physical difficulties the applicant may experience when walking. The intention is that applicants will be routed in earlier sections of applying for a Blue Badge, so that they only respond to questions that are relevant to them. This routing has potential to be carried forward into DfT's continuous development of online application forms through the Blue Badge Digital Service.
- 5.9 Based on the findings from the study, ITP has also developed a set of 'core principles' that local authorities can apply to the process of seeking insight into an applicant's condition from relevant health/social care professionals (and subsequently apply them to determine the applicant's eligibility) and a model form that local authorities can use for this purpose. We recommend that both of these be appended to the revised Blue Badge scheme guidance, but have appended them to this report (in Appendix B and C, respectively).

Appendix A

Topic guide used to structure expert adviser interviews

Research to assess Blue Badge eligibility for people with non-physical disabilities

Title	Interviews with advisory group members: Medical and healthcare professionals not previously engaged in similar research by ITP
Date	December 2018
Author(s)	Jim Bradley
Reviewer(s)	Neil Taylor
Project Code	2778
Version	2-0



Introduction (5 mins)

To start the interview, explain the context of the study. The key points are:

1. The Blue Badge Parking Scheme is a national scheme (administered by local authorities) that allows 2.4 million disabled people in England to maintain their independence by enabling them to park as close as possible to their destinations.
2. The Government believes that the Blue Badge scheme should not discriminate in principle between physical and non-physical disabilities. The current rules embrace all conditions, physical or otherwise, but it has become clear that the regulations and guidance are not clearly understood by local authorities.
3. The Department for Transport has therefore committed to look again at how the scheme works and to ensure that the rules and guidance are clear so that those with the greatest needs have access to a Blue Badge.
4. Guidance already exists to help local authorities assess the eligibility of Blue Badge applicants, but is focused particularly upon a walking criterion. As such the DfT is working to develop something comparable that defines how the Blue Badge scheme can be extended to those who might qualify on the grounds of having an enduring and substantial non-physical disability. This primarily refers to a person that is unable to undertake any journey without it:
 - Causing very considerable difficulty when walking (for non-physical reasons), which includes causing very considerable psychological distress; or
 - Representing a real risk of serious harm to the health or safety of that, or any other person, or
 - Causing very considerable psychological distress owing to factors that may not relate to walking e.g. being outside of a vehicle, in an unfamiliar environment, near a busy road.
5. ITP has been commissioned to undertake this research by DfT (with assistance from the research agency that recruited you). We are seeking your views on:
 - The range of conditions and impairments that people experience which might be covered by this new potential eligibility definition;

- The factors that will need to be taken into account when assessing the eligibility of people with non-physical conditions for a Blue Badge, including any evidence that may need to be sought from the applicant through the application process;
- Which health and/or social care professionals are best placed to provide reasonably objective insights on the impact the applicant's condition has on their ability to transfer (safely) from a vehicle to a destination and/or to use reasonable alternatives (e.g. public transport options);
- Where and how this advice can best be accessed by the Local Authority; and
- Whether a non-medical Blue Badge Assessor employed by a local authority could ultimately determine the eligibility of applicants with hidden disabilities based on evidence and insights derived from the application form and the professional advice of medical/healthcare practitioners familiar with the applicant.

Background (5 mins)

1. **Just to start off, could you please tell me a bit about your core medical specialisms and the types of conditions and/or impairments you have expert insight into?**

Allow for a general answer but establish which of the specialist conditions and/or impairments on the list provided the expert covers and also whether they specialise in the treatment of children/young people and/or adults and/or older people.

2. **Could you briefly summarise the roles you currently hold – clinical, advisory; full-time, part-time?**

Allow for a general answer but establish which bodies, if any, the expert advises/sits on/contributes to. Establish if he/she has written or peer reviewed any papers in his/her area of speciality or contributed to any government committees / reports.

Draft criteria for the Blue Badge Scheme eligibility extension (15-20 mins)

3. **Which, if any, of the non-physical conditions and/or impairments that you have expert insight into are most likely to cause a person very considerable psychological distress when travelling?**

Recognising that each individual's experience of impairment can be very different, for each condition the interviewee mentions, ascertain as much detail as possible including asking:

- How might this specifically manifest itself, thereby causing an individual to experience very considerable psychological distress?
- Would this be primarily due to the specific condition, or as a result of combination with other impairments?
- Is very considerable psychological distress likely to be associated with the task of walking, as a result of environmental factors (such as being outside of a vehicle, near to a busy road, or among a crowd) or both?

- Might the frequency and predictability of such psychological distress depend on the nature and/or severity of the condition?
- What coping strategies might an individual (or a parent/carer/assistant) employ in order to overcome such psychological distress?

4. In the same context, might any of the conditions and/or impairments in which you specialise result in a person representing a real risk of serious harm to their health and safety, or that of others, when travelling?

For each type of condition that the interviewee mentions, ascertain as much detail as possible including asking:

- What behaviours are people that have this condition likely to display that could represent a real risk of serious harm to the health or safety of that, or any other person?
- Might the frequency and predictability of the behaviours displayed depend on the nature and/or severity of the condition?
- What action would need to be taken by someone accompanying them while the behaviour was occurring to ensure the health and safety of the individual and others?

5. Are there any other behavioural outcomes associated with the types of impairment in which you specialise that you feel could be relevant to the draft Blue Badge Scheme criteria?

For each type of behaviour that the interviewee mentions, enquire:

- Which specific impairments or conditions might such behaviours be associated with?
- How would the benefit of being able to park close to a destination help alleviate such behaviours?
- Are there any other conditions and/or medical specialists that you feel strongly we should be considering through our research?

6. Based on what you now understand about the draft Blue Badge Scheme criteria can you give examples of patients with non-physical conditions that typically ought to qualify them and those that that you think wouldn't typically qualify them for a Blue Badge?

Seeking evidence through the Blue Badge application process (20 mins)

Most people's Blue Badge application begins with the completion of an application form that is

7. What kind of evidence do you think local authorities could practically seek from the applicant in order to help them determine the eligibility of people who experience non-physical conditions for a Blue Badge?

8. Would it be appropriate to seek information about the applicant via an application form, which we understand may be completed on their behalf (e.g. by a parent, carer or other advocate) in some cases?

Note that this could include...

- An open, written description of challenges experienced that the applicant feels may qualify them for a Blue Badge?
- Details of any specific conditions the applicant is aware they experience / with which they have been diagnosed?
- Details of medical professionals, nursing staff, or local authority social care assistants involved in treatment/ongoing care?
- Inviting the applicant to provide details of any further information that they deem relevant to support their application?

9. Within the application form, could it be appropriate to ask a set of dedicated experience questions that relate to the risk and/or likelihood associated with scenarios that could arise when travelling that might include?

- Becoming aggressive or abusive towards others?
- Becoming very anxious, distressed or panicked?
- Being unaware of the danger posed by traffic and moving vehicles?
- Wandering off or running away?
- Becoming lost, confused or feeling disorientated?
- Failing to obey commands, refusing to walk or being difficult to manage?
- Having a sudden or uncontrollable need to use the toilet?

Upon receipt of a completed application form, local authorities currently review the information they have received and either determine an applicant's eligibility via a desk-based assessment process, or by referring the applicant for a mobility assessment with an Occupational Therapist or Physio (reflecting that the current eligibility criteria relate predominantly to difficulty in walking). DfT does not envisage requiring applicants who experience non-physical disabilities to undergo such an assessment as part of the application process. Instead it is anticipated that local authority officers will seek the opinions and insights of health and/or social care practitioners who are familiar with an applicant and their condition in order to reach a decision on their eligibility for a Blue Badge.

10. Are there any circumstances in which an in-person or telephone assessment with an applicant might be needed?

11. Which health and/or social care professionals do you think would be best-placed to provide reasonably objective insight on the impact that an applicant's condition has on their ability to travel / transfer from a vehicle to a destination?

Allow for a general answer and then ask:

- In your opinion which specialist qualifications linked to specific non-physical conditions is it essential for the health and/or social care professionals appointed to this role to have?
- What is the best way for local authorities to find the most appropriate health and/or social care professional to fulfil this role?

12. Would a pre-defined suite of questions, similar to those included in the application form, offer a reasonable structure for the purposes of obtaining insight about the applicant from health and or/social care professionals?

Allow for a general answer and then ask:

- Are there any other types of information that it might be appropriate to request from the appointed professional?

13. From a practical perspective...

- What is the best way to capture this information (phone/email/letter/online form?)
- What is a reasonable timeframe for capturing this information from a health/social care professional?
- Are there likely to be any cost implications for local authorities?

Local authority decision-making (5-8 mins)

14. Is it reasonable to assume that a non-medical 'Blue Badge Assessor' employed by a local authority could ultimately determine the eligibility of applicants with non-physical disabilities (relating to forthcoming DfT guidance and the eligibility criteria), based on the available evidence derived from a combination of the application form and health and/or social care professional's insight?

- What are the potential challenges that the local authority officer is likely to face in this regard?

15. What might a local authority do in the event an applicant wishes to appeal the decision that they reach?

- Do you think it would be appropriate for a local authority to offer the opportunity for a second opinion to the applicant?
- How do you think this could work in practice?
- Who could the local authority approach for a second opinion?

Wrap-up (2 mins)

16. Do you have any other comments or questions to add at all?

Explain the next steps:

- 1. We will go away and write up the results of the interview. A copy of this will be sent to the expert, who will be able to offer corrections if we have misunderstood anything.**
- 2. We will analyse the views obtained from all the experts interviewed (in an anonymised form) within a draft paper to DfT to be finalised in January 2019. At this point we will get back in touch to ask for comments on the paper from all the medical experts we're consulting within a defined timeframe (likely to be no more than a week).**

Appendix B

Core principles for seeking and applying expert insight(s)

Research to assess Blue Badge eligibility for people with non-physical disabilities

Core principles for seeking and applying expert insight(s)	
Topic	Core assessment principles
Design of process for seeking expert insight	<p>The design of the process is led by senior members of the local authority's Blue Badge team - ideally with input from healthcare professionals (such as physiotherapists or occupational therapists) with an understanding of the Blue Badge eligibility criteria and who have experience of applying clinical reasoning in this context.</p> <p>It may also be appropriate to seek input from expert health and social care professionals in the local area who could be regularly called upon to provide insights on behalf of their patients (e.g. healthcare professionals involved in the diagnosis and treatment of people who experience severe autism or developmental/behavioural difficulties). This can help to ensure the approach for seeking their insights is practically workable in respect of timescales and mechanisms.</p> <p>The process is based on the eligibility criteria set out in legislation which governs the Blue Badge scheme, and this guidance note.</p> <p>Administrative staff members responsible for reviewing information gathered through the badge application process, and who oversee requests for further insight, receive training and mentoring from the senior member of the Blue Badge team and/or healthcare professionals that designed the process.</p>
Gaining useful insight from the application form	<p>Trained administrative staff review application responses received in relation to the scheme eligibility criteria. In doing so they seek evidence of:</p> <ul style="list-style-type: none"> • Examples of how the applicant's disability affects them when walking in such a way that they could be considered to experience 'very considerable difficulty' and/or present a risk of causing harm to themselves or others when walking. • How commonly the applicant experiences such difficulty, or risks causing such harm, when walking, and the potential consequences for the applicant/others. • Whether any coping strategies are effective in practice. • Whether treatment or medication received helps the applicant manage any difficulty they experience when walking. • Which health or social care practitioners involved in the applicant's diagnosis and ongoing treatment could be contacted to provide further insight. • Any relevant supporting evidence (diagnosis letters, care plans, patient summaries, education health and care (EHC) plans) which may support the application and mean there is no need to seek further insight.
Recording the most appropriate assessment approach	<p>Trained administrative staff record the assessment process that is to be applied to this application, seeking advice from a team leader or healthcare professionals (e.g. OTs /Physios) involved in the design of the process in the event they are uncertain of the most appropriate next steps. The follow-up process could include any combination of:</p> <ul style="list-style-type: none"> • Contacting the applicant, or the person who completed their application form. • Cross-checking with existing local authority health and social care records. • Contacting medical, health/social care practitioners (who may be familiar with the applicant) to seek further insight about the applicant's condition and how it affects them when walking. • Meeting the applicant for an in-person assessment (if appropriate). <p>In some cases the assessment approach may need to be iterative, with each stage of enquiry informing the next.</p>
Seeking expert insight(s)	<p>Trained administrative staff approach relevant health or social care professionals to seek further insight, potentially using a proforma similar to the model proforma set out in Appendix C to this report.</p> <p>In doing so they take the following into consideration in relation to the impact that non-physical ('hidden') disabilities appear to have upon the applicant when walking:</p>

	<p>a) Whether information provided by the applicant, or on their behalf, suggests that they are definitely <u>not</u> likely to meet the relevant eligibility criteria:</p> <ul style="list-style-type: none"> o Where this is the case it may be appropriate to either call the applicant to seek further information from them, or to refuse their application (subject to the provision of any additional evidence). <p>b) Whether any written confirmations of diagnoses and/or behavioural summaries prepared by relevant health/social care professionals (and either provided by the applicant or identified through cross-checking of local authority records) offer sufficient evidence that an applicant definitely meets/does not meet the relevant subject to further assessment criteria:</p> <ul style="list-style-type: none"> o Where this is the case, then there may be no need to seek further insight from additional health or social care professionals. <p>c) How an applicants' identified behaviours or difficulties compare with key developmental milestones in relation to the individual's age:</p> <ul style="list-style-type: none"> o This is likely to be particularly relevant in the context of children and young adults who experience learning disabilities. o It may also be a consideration for people whose conditions are changing over time. o In all cases, such challenging behaviours would need to reflect the impact of an enduring and substantial disability if the applicant is to qualify for a Blue Badge. <p>d) Whether the view of an individual health/social care practitioner, or several, will be required to inform the local authority's decision-making on the applicant's eligibility for a Blue Badge:</p> <ul style="list-style-type: none"> o The local authority should be prepared to contact any and all relevant health and social care professionals identified by an applicant, or request the applicant to do so where appropriate, in the event this is necessary to inform an objective determination of their eligibility to receive a Blue Badge. o In most cases of this nature it is expected that the views of one or two health/social professionals may be required – one to validate diagnosis of condition, and one to provide insight into how the applicant's condition affects them when walking. o It is also expected that the applicant would identify such health/social care professionals through responses provided in their completed Blue Badge application. <p>e) Where eligibility or ineligibility is self-evident following these steps, a decision may be taken by the local authority. However if there remains any doubt an authority cannot issue a badge without certification from an expert assessor as defined in the Blue Badge regulations.</p> <p>Local authorities are expected to allow 4-6 weeks for this process to be completed. Where it takes longer it would be good practice to inform the applicant of any reasons for delay.</p>
<p>Decision-making</p>	<p>A trained local authority decision-maker (which may be an administrative team member, team leader, OT/Physio) cross-references all of the information provided in the applicant's response and supporting evidence, along with any supplementary insights from relevant health and social care practitioners involved in the diagnosis and treatment of the applicant's condition.</p> <p>Evidence and insights from different sources are compared for consistency, and considered in the context of the 'subject to further assessment' criteria defined in the scheme regulations and explained in section 4.2 of the local authority guidance published by DfT. In the specific context of applicants who may qualify for a badge as a result of non-physical ('hidden') disabilities, the decision-maker reflects thoroughly and objectively upon:</p> <ul style="list-style-type: none"> • Whether the applicant has an <u>enduring and substantial disability</u> that affects them <u>when walking</u>. • Whether they can be considered to experience <u>very considerable difficulty</u> and/or to <u>present a real risk of causing harm to themselves or others when walking</u> as a result of this disability. In the context of walking between a parked vehicle and a destination this could include, but would not necessarily be limited to, the applicant:

- Becoming physically aggressive towards others, possibly without intent or awareness of the impact their actions may have.
- Refusing to walk altogether, dropping to the floor or becoming a dead-weight.
- Wandering off or running away, possibly without awareness of surroundings or their associated risks (e.g. nearby roads, car park environments).
- Disobeying, ignoring and/or being unaware of clear instructions.
- Experiencing very severe or overwhelming anxiety (e.g. through hypervigilance).
- Experiencing an overwhelming sense of fear of public/open/busy spaces.
- Experiencing serious harm or causing serious harm to others.
- Avoiding some/all types of journeys due to the kinds of experiences listed above.

The decision maker will consider each aspect of walking difficulty first in isolation, and then in combination, to reach a holistic decision as to whether they combine to mean the applicant experiences very considerable difficulty when walking and/or could present a real risk of causing harm to themselves/others when walking. When considering the evidence and insights available to them, the decision maker will also need to:

- Satisfy themselves that no practical coping strategies could be adopted which might render the need for a Blue Badge unnecessary in most circumstances.
- Take into account any views from healthcare professionals involved in the applicant's ongoing care as to the relevance of a Blue Badge to the individual's agreed treatment plan, and whether receipt of a badge would be in the applicant's best interests.
- Consider the degree of severity and likelihood of any risks associated with serious harm to the applicant/others when they are out walking. Receipt of a Blue Badge would be expected to significantly reduce such risks, thereby enabling an applicant to make journeys in greater safety and/or complete journeys that they would not otherwise be able to undertake.

In the event that an administrative member of a local authority Blue Badge team is unable to reach a decision (for example in particularly complex cases, or where a diagnosis has not already been reached by healthcare professionals), it is strongly recommended that the view of a healthcare professional who routinely applies clinical reasoning (such as an OT or Physio) is sought in order to review the evidence and insights collated on behalf of the local authority.

Appendix C

Model form for seeking expert insight

Research to assess Blue Badge eligibility for people with non-physical disabilities

This model proforma has been developed to assist local authorities when seeking expert insight(s) from health and/or social care professionals where this is required to further and/or corroborate information provided by individuals who may be eligible to receive a Blue Badge primarily as a result of non-physical ('hidden') disabilities they experience.

Local authorities may wish to use it as a template, adapt it for their own needs or come up with an alternative process.

Expert medical advisors consulted through this research study suggested that they would not require payment if the time required to provide expert insight on a Blue Badge applicant's condition was 30-minutes or less per-applicant. They noted that a proforma posted to them, which could either be completed and returned by post or via a secure online form, would be the optimum approach to seeking their insight.

The questions within the proforma are designed to be agnostic of condition, to ensure they can be interpreted and answered by professionals across a broad spectrum of health and social care expertise, and are therefore applicable to the widest possible array of applicants. The proforma deliberately includes background information on objectives of the Blue Badge scheme, the relevant eligibility criteria, and what the award of a Blue Badge is expected to achieve. This is intended to ensure health and social care professionals approached through this process are able to provide relevant insights.

Information for Health and Social Care Professionals

Scheme Information

The Blue Badge (Disabled Persons) Parking Scheme is a national scheme – administered by local authorities – that allows disabled people in England to maintain their independence by enabling them to park as close as possible to their destination.

A badge can be awarded to any individual who has an enduring and substantial disability which causes them to:

- be unable to walk;
- experience very considerable difficulty whilst walking, which may include very considerable psychological distress, and/or;
- be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

The term 'enduring' is defined as any disability that is not expected to improve within the next 3 years (the life of a Blue Badge) to an extent that would mean the individual no longer qualifies as based on the criteria above. When considering an individual's eligibility for a Blue Badge, local authorities in England holistically consider the impact that both physical and non-physical ('hidden') disabilities have upon an individual when they are walking.

In all cases, to award a badge, local authorities must be able to satisfy themselves that a badge would enable the applicant to undertake a journey that would not have otherwise been possible, or only possible with very considerable difficulty. A local authority should only award a badge if they are satisfied beyond any reasonable doubt that the individual meets the Scheme criteria.

Why have you received this request?

This proforma has been sent to you by **[insert local authority name]** to obtain additional information in relation to the application for a Blue Badge received from:

- **[Name of applicant]**
- **[D.O.B. of applicant]**
- **[Address of applicant]**

In completing their application form, the applicant has granted **[insert local authority name]** permission to request supporting evidence, including medical evidence that will inform the local authority's ability to determine their eligibility for a Blue Badge. They have identified you as one of the health/social care professionals involved in their diagnosis, care or ongoing treatment. Your insights into the individual's experience of any disabilities they have been diagnosed with, or which are in the process of being diagnosed, will help the local authority to determine their eligibility to receive a Blue Badge.

We therefore request that you kindly complete the proforma honestly and based upon your professional involvement with the applicant. Your responses will be reviewed by the local authority in conjunction with information from other sources to inform their decision-making.

If you have any questions about the enclosed application form, please contact **[insert phone number / email address / contact name]** at **[insert local authority name]**.

Section 1 – General Information

1. Please provide the following information about yourself:

Title:	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms
	<input type="checkbox"/>	Other (please specify) _____								
Full name:										
Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female						
Full job title:										
Work address:										
Work email address:										
Daytime phone no.:										
2. Are you registered to the Health and Care Professions Council (HCPC)										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
If yes, please provide your HCPC registration no:										
3. Are you registered to the General Medical Council (GMC)?										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
If yes, are you on the Specialists' register?										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
Please provide your GMC registration no:										

4. Please state your relationship to the applicant and the services you provide to them specifically.

5. Which of the following most accurately describes how frequently you see the applicant in a professional capacity?

Daily Weekly Monthly Several times a year

Annually Less frequently Never

6. When was the last time you saw the applicant in your professional capacity?

(MM:YYYY)

		/					
--	--	---	--	--	--	--	--

Section 2 – Corroborating Evidence

7. What condition(s) are you aware that the applicant has been diagnosed with?
Please state below and include any relevant documentation that you have as part of your submission e.g. letters of diagnosis.

8. What role, if any, did you play in the diagnosis of the applicant's condition(s)?

9. Please explain which, if any, of the applicant's conditions / disabilities could be described as 'enduring'?

An 'enduring' disability is defined as any disability that is likely to last for the next 3 years in a stable or deteriorating state.

10. Please explain which, if any, of the applicant's conditions / disabilities could be described as 'substantial'?

A 'substantial' disability is defined as any disability that causes the applicant to: be unable to walk; experience very considerable difficulty whilst walking, which may include very considerable psychological distress or other non-physical difficulties, and/or; be at a risk of causing serious harm to themselves or to any other person when walking.

11. Are you aware of any instance where the applicant has experienced very considerable difficulty whilst walking between a vehicle and their destination, or been at risk of serious harm, or posed a risk of serious harm to another person, as a result of any of the disabilities described above?

Yes

No

Unsure, based on my exposure to the applicant

Please explain your answer:

12. Based on your knowledge of the applicant's disability, to what extent do you think they are likely to experience the following difficulties when walking between a vehicle and their destination?

<i>(Please circle one option for each of kind of difficulty experienced whilst walking)</i>	Never (not happened before)	Occasionally (only on some journeys)	Regularly (more often than not)	Always (every journey)	Unsure / don't know
Become physically aggressive towards others, possibly without intent or awareness of the impact of their actions?	--	--	--	--	--
Refusal to walk, dropping to the floor, becoming a dead-weight?	--	--	--	--	--
Wandering off, or running away, possibly without awareness of surroundings or their associated risks?	--	--	--	--	--
Disobeying, ignoring and/or being unaware of clear instructions?	--	--	--	--	--
Experiencing very severe or overwhelming anxiety (e.g. through hypervigilance)?	--	--	--	--	--
Experiencing an overwhelming sense of fear of public / open / busy spaces?	--	--	--	--	--
Experiencing serious harm, or causing serious harm to others?	--	--	--	--	--
Other (please specify)	--	--	--	--	--

Please provide any further relevant information here:

13. Please identify any coping strategies of which you are aware that the applicant uses to manage / mitigate their symptoms or problematic behaviours and explain their effectiveness or likely effectiveness?

Coping strategies could include e.g. travelling with a companion, prescribed medication, cognitive techniques

14. Should the local authority need to discuss this individual's case with you in more detail, please identify the means through which you'd prefer to be contacted.

Please tick as many as relevant.

Note that, in the majority of cases, we would not expect further contact to be necessary, but it may be, for instance, in the case of appeal.

Phone Email Letter

I don't wish to be contacted further

I hereby certify that the information I have provided is:

- Based on upon my professional insights into the applicant's condition.
- Given in good faith, and to the best of my knowledge.
- Provided independently of any interest in the applicant's receipt of a Blue Badge.

Signature: _____

Date: _____