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Leicester City Council Blue Badge Guidance

**A Guide for Care Management Officers to carry out mobility assessment for Blue Badge**

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**PART A**

1. **Setting the scene**

This document is intended to be used in conjunction with the Blue Badge Scheme Local Authority Guidance (England) produced February 2012. This can be found using the link below:

<https://www.gov.uk/government/publications/the-blue-badge-scheme-local-authority-guidance-england>

This non-statutory Guidance is used by Leicester City Council (LCC) as a basis for its assessment procedure. This document will cover the key aspects of the Guidance and how this is implemented, along with additional considerations for assessing eligibility for a Blue Badge and when carrying out a Blue Badge Mobility Assessment.

All successful badge applicants will be sent the leaflet “The Blue Badge scheme - rights and responsibilities in England” along with the badge. This leaflet explains the rules of the Scheme and how to use the badge properly. The leaflet can be viewed at <https://www.gov.uk/government/publications/the-blue-badge-scheme-rights-and-responsibilities-in-england>

Shown within these LCC guidelines are extracts from the Blue Badge Scheme Local Authority Guidance, along with additional considerations that should be made.

1. **An Introduction to the Blue Badge Scheme**

***“****The Blue Badge (Disabled Persons’ Parking) Scheme was introduced in 1971 under Section 21 of the Chronically Sick and Disabled Persons Act 1970 (‘the 1970 Act’). The aim of the scheme is to help disabled people with severe mobility problems to access goods and services, by allowing them to park close to their destination. The scheme is open to eligible disabled people irrespective of whether they are travelling as a driver or as a passenger. The scheme provides a national range of on-street parking concessions to Blue Badge holders. It allows them to park without charge or time limit in otherwise restricted on-street parking environments, and allows them to park on yellow lines for up to three hours, unless a loading ban is in place.”*

1. **Role of Central Government**

*“The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme.*

*“The DfT does not have a statutory duty to provide Blue Badge scheme guidance to local authorities and, in line with the Government's commitment to localism; there are no plans to introduce statutory guidance. However, the DfT will continue to issue this non-statutory guidance in order to share good practice.”*

1. **Role of Local Authorities**

*“Local authorities are responsible for the day-to-day administration and enforcement of the scheme. They are responsible for determining and implementing administrative, assessment and enforcement procedures which they believe are in accordance with the governing legislation. Whatever the local arrangements, it is important that there is effective communication between the teams that issue Blue Badges and those that conduct on-street enforcement. It is the responsibility of each local authority to ensure that badges are only issued to residents who satisfy one or more of the eligibility criteria set out in the legislation that governs the scheme. Under no circumstances should anyone who does not satisfy at least one of the criteria receive a badge.”*

*“Local authorities are also encouraged to join the Blue Badge Online Community at* [*https://knowledgehub.local.gov.uk/group/bluebadgeonlinecommunity*](https://knowledgehub.local.gov.uk/group/bluebadgeonlinecommunity) *where they will be able to keep up to date with national policy on the Blue Badge scheme and discuss administration, assessment and enforcement issues with other local authorities.”*

*“Each Blue Badge application should be treated on a case-by-case basis and the final decision about whether an applicant meets the criterion is for the issuing authority to make. The DfT has no power to intervene in eligibility decisions in individual cases.*

1. **Terminally ill applicants**

*“Local authorities may wish to consider having a fast-track application process for people who have a terminal illness that seriously limits their mobility, in order to make the final weeks of their life easier.”*

Leicester City Council accepts fast-track applications provided confirmation of their diagnosis and prognosis is confirmed by a Health Professional involved in the applicants care or by a DS1500 certificate. A separate fast track application is available and is usually completed by a Macmillan Nurse or Palliative Care Team. These applications will be processed within 24 hours of receipt, providing all documents, photos and fees are submitted along with the application. The Blue Badge will be dispatched on a fast track basis by the Blue Badge Improvement Service (BBIS).

1. **Types of Eligibility**

*“An individual's eligibility for a Blue Badge is considered in terms of being ‘eligible without further assessment’ (previously known as ‘automatic’) or ‘eligible subject to further assessment’ (previously known as ‘discretionary’). In no circumstances should a badge be issued to an applicant who does not meet one of the eligibility criteria set out in the legislation which governs the scheme. Badges should never be issued to people solely on the basis of their age.”*

Eligible without further assessment

*“The ‘eligible without further assessment’ criteria*

*“People who may be issued with a badge without further assessment are those who are more than two years old and fall within one or more of the following descriptions:*

* *Receives the Higher Rate of the Mobility Component of the Disability Living Allowance (HRMCDLA3) or* receives 8 points or more under the ‘Moving Around’ activity of the mobility component of the Personal Independent Payment (PIP) because they cannot stand and walk (aided or unaided) more than 50 metres
* *Is registered blind (severely sight impaired); or*
* *Receives a War Pensioner's Mobility Supplement (WPMS); or*
* *Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.”*

If a Blue Badge is issued under this criterion then proof of entitlement should be produced by the applicant.

Eligible subject to further assessment

*“People who may be issued with a badge after further assessment are those who are more than two years old and fall within one or more of the following descriptions:*

* *Drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter; or*
* *Has a permanent and substantial disability that causes inability to walk or very considerable difficulty in walking.”*

*“In addition, children under the age of three may be eligible for a badge if they fall within either or both of the following descriptions:*

* *A child who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;*
* *A child who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given.”*

*“Local authorities should note that, from 1 April 2012, legislation states those applying because of a "permanent and substantial disability that causes inability to walk or very considerable difficulty in walking" (regulation 4(2)(f) of the Principal Regulations) be confirmed by an independent mobility assessor.”*

*“The above condition does not apply when a local authority determines that, from the information that they have about the applicant, it is self-evident that the applicant meets the eligibility criterion, i.e. that the applicant is clearly eligible or ineligible and a mobility assessment would not assist the local authority in determining eligibility. The reason for this is that it would be overly burdensome for both local authorities and for applicants to require an independent mobility assessment in cases where an applicant’s disability and impairment mean that they are clearly eligible or ineligible.”*

1. **Using Medical Information in the decision process**

“It is the DfT's view that the definition of an independent mobility assessor contained in the regulations precludes the use of both the applicant's GP and anyone else who has been involved in the applicant's ongoing care and treatment in determining an applicant's eligibility. It does not, however, prevent a local authority from making use of factual information from the GP or from other medical professionals regarding an applicant's condition(s) and treatment(s) as evidence to support the eligibility decision making process.”

*“The case for reducing the role of an applicant’s personal GP in badge eligibility decision making was supported by the Cabinet Office report Making a difference: reducing burdens on general practitioners (GPs)(2002) and the Department of Health’s Care Services Efficiency Delivery Programme Blue Badge Initiative Report (2006). The Disabled Persons Transport Advisory Committee recommended, in their 2002 Review Report, that mobility assessments conducted to determine an individual's eligibility for a badge should be undertaken by an accredited health professional other than the applicant's GP. In addition, the Transport Select Committee held an inquiry into the scheme in 2008 and, in their Final Report, supported the removal of GP's from the assessment process. Their view was that the use of an applicant’s own GP to assess their mobility, or of any other doctor directly involved in the applicant’s produce a bias in favour of approving the application.”*

Leicester City Council will consider the above 2 quotes from the Guidance when using medical information in an eligibility decision. If a GP confirms an applicant’s condition/(s) and treatment(s) with more detailed information regarding the difficulty the person has with their mobility, this will be considered along with the mobility assessors observations. **A GP’s support of an application cannot alone be a reason to issue a Blue Badge.**

Copies of hospital letters that a person has can be used to support the decision process. The mobility assessor will cross reference this information with observations made and information gathered during the assessment process. The date of these letters needs to be considered as older reports and letters may no longer be relevant. A person’s mobility may have improved due to treatment or surgeries and may indeed have deteriorated. However if an older letter indicates that a person’s mobility or health is not likely to improve this may still hold some relevance and cannot always be dismissed solely on the date it was produced.

1. **Is the applicant’s condition permanent?**

*To qualify, an applicant must have a permanent and substantial disability (i.e. a condition that is likely to last for the duration of a person’s life) that means they cannot walk, or means they have very considerable difficulty walking. Applicants will need to demonstrate that their ability to walk is affected to the extent that they would be unable to access goods and services unless allowed to park close to shops, public buildings and other facilities.”*

When considering whether a person’s condition is permanent, the assessor should use their knowledge to consider if the condition is likely to last for the duration of a person’s life. Any recent medical information that an applicant has provided may also be used.

*“Local authorities should be aware that it is not appropriate to refuse an applicant a Blue Badge solely on the basis that they are able to use public transport independently or because they already have a concessionary travel pass.”*

*“In all cases, entitlement depends on the applicant's difficulty in walking, and considerations such as difficulty in carrying parcels or luggage are not to be taken into account.”*

1. **Are they due to have or had recent surgery?**

*“In addition, the DfT considers that it would not be appropriate to refuse an applicant a Blue Badge on the sole basis that they are due to have a medical procedure which may or may not improve their mobility. If, at the time of assessment, the applicant is deemed as having a permanent and substantial disability which means that they are unable to walk or that they have very considerable difficulty walking (which is unlikely to change unless they have medical intervention) then they should be issued with a badge. In all cases it remains the responsibility of the local authority to decide whether the applicant’s disability is permanent or temporary. When a badge is issued in these circumstances the applicant should be reminded in their decision letter that they have a duty under regulation 9(1)(c) of the 2000 Regulations (SI 2000/682) to return the badge to the local authority if at any time their mobility improves. Local authorities should also be aware that they have a power, under Regulation 9(4) of the 2000 Regulations (SI 2000/682), to take such action as may be appropriate to recover a disabled person’s badge which the holder is liable to return.”*

If a person has recently had surgery, a normal recovery timescale of 6-12 weeks, need to be considered. During this recovery period safe interim measures should be put in place. If the applicants walking difficulty will improve as a result of this surgery then their condition cannot be considered permanent. It may be appropriate for them to be asked to reapply after this recovery period if their mobility remains an issue. A typical example of this would be where an applicant has reported they have had joint replacement surgery and no other physical disability has been reported.

In cases where they report more than 1 health problem, for example a recent hip replacement and COPD it may be appropriate to issue a Blue Badge for 3 years but diary date a review for 12 months. At this review the applicant may then receive a mobility assessment to determine if they have a permanent and substantial disability and they still meet the criteria for a badge.

1. **Asthma, Learning Disabilities, Mental Health, Incontinence**

*“Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease/incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible for a badge, but only if they are in receipt of HRMCDLA on account of their condition or are unable to walk or have very considerable difficulty in walking. Provided that an applicant has a permanent and substantial disability, a local authority's eligibility decision should be based on whether they are unable to walk or have very considerable difficulty walking, not on the presence or absence of any particular diagnosis or condition.”*

Learning disabilities and Mental Health

An applicant with a Learning Disability or Mental Health problem who has not identified a mobility issue will not be eligible for a Blue Badge. They may be asked to attend for a mobility assessment if they are thought to have mobility issues and their eligibility cannot be determined from a desk based assessment. The Mobility Assessor should then observe the applicant walking, calculate the pace at which they walk and determine whether there are any issues with their gait, any breathlessness, any signs of pain or reported pain along with prescribed pain relief for this. If the applicant requires support to mobilise but there are no other issues identified with their mobility, this support alone does not make them eligible for a Blue Badge.

Incontinence or Crohn’s disease

If an applicant reports that they have incontinence issues or Crohn’s disease and need a Blue Badge to access public toilets this in itself does not make them eligible for a Blue Badge. Information can be provided regarding Radar keys and how these can be obtained. Radar Keys offer disabled people independent access to locked public toilets around the country. Toilets fitted with National Key Scheme (NKS) locks can now be found in shopping centres, pubs, cafés, department stores, bus and train stations and many other locations in most parts of the country.

If an applicant with incontinence problems or Crohn’s identifies mobility problems then they may be assessed by a mobility assessor. Should they demonstrate very considerable difficulty walking they may meet the criteria. The mobility assessor should observe the applicant walking, calculate the pace at which they walk and determine whether there are any issues with their gait, any breathlessness, any signs of pain or reported pain along with prescribed pain relief for this. Below is a case where a Blue Badge has been issued to an applicant with Crohn’s.

The applicant reported Crohn’s disease and needing to assess public toilets but they were called in for a mobility assessment as they reported pain upon walking. They were observed walking at a pace over 40 metres per minute but appeared in considerable pain whilst walking and as a result of walking. The applicant reported that they had previously had extensive surgery numerous times. As a result of this surgery they were now in permanent pain and walking made this worse. This was supported by their prescription showing pain relief medication and medical letters which detailed pain was as an ongoing issue. They were therefore issued with a Blue Badge based on the fact pain was made worse when walking and as a result of walking.

**PART B**

1. **Assessment procedures**

*“Assessment procedures are for local authorities to determine, but they may wish to take account of the followings:*

1. *the applicant cannot walk*

*Being unable to walk means that they cannot take a single step. The applicant needs to show that, because of their permanent and substantial disability, they cannot put one foot in front of the other.*

*Walking involves always having one foot on the ground. If the applicant's only way of getting about is to swing through two elbow crutches, then they will be considered unable to walk (provided it is due to a permanent and substantial disability and not due to legs being in plaster).*

*(b) the applicant has very considerable difficulty in walking*

*The applicant will need to show that, as a result of their permanent and substantial disability, they are unable to walk very far without experiencing severe difficulty. Several factors may be relevant to determining this”*

*“The* ***distance*** *an applicant is able to walk without excessive pain or breathlessness; taking due consideration of the environment the individual usually walks.*

* *If an applicant is unable to walk 30 metres (33 yards) in total, then their walking ability is not appreciable and they can be deemed as having very considerable difficulty in walking.*
* *The applicant may be deemed eligible if they can walk 30-80 metres (33-87.5 yards) without pain or breathlessness, but demonstrate very considerable difficulty in walking through a combination of other factors (e.g. extremely slow pace and/or their manner of walking).*
* *Applicants who can walk more than 80 metres (87.5 yards) and do not demonstrate very considerable difficulty in walking through any other factors would not be deemed as eligible.”*

*Applicants are asked on their application how far they can comfortably walk. This is also discussed during the mobility assessment. In order to establish how far a person is walking, google maps can be used to determine the walking distances. This should be considered along with the speed a person walks and the time they are reporting these distances will take.*

*“The* ***speed*** *at which they are able to walk.*

* *As a guide the average person can walk in a minute:*
* Brisk pace - >90 metres per minute
* Normal pace - 61-90 metres per minute
* Slow pace - 40-60 metres per minute
* Very slow pace - <40 metres per minute
* *If an applicant cannot walk 40 metres (44 yards) in a minute (a pace of less than 0.67 metres/second), including any stops to rest, then this is an extremely slow pace which is likely to make walking very difficult when considered in isolation.*
* *If an applicant can walk 40 metres (44 yards) in less than a minute (a pace of 0.67 metres/second or more), including any stops to rest, then the speed at which they walk is not likely to make walking very difficult when considered in isolation. The applicant may still be considered eligible if they demonstrate very considerable difficulty in walking through any other factors.”*

*“The* ***length of time*** *that an applicant is able to walk for.*

* *For example, if an applicant is only able to walk for less than one minute in total then walking is likely to be very difficult for them.”*

1. **How Mobility Assessments are completed by Leicester City Council**

*“The applicant’s outdoor walking ability.*

* *It is important to consider the person's ability to negotiate the types of pavement or road one would normally expect to find in the course of walking outdoors. No pavement or road is absolutely flat therefore a degree of “incline” and “decline” should be considered in the course of a mobility assessment.*
* *It is not necessary for the assessment to be completed outdoors. However, it is important the assessment enables the healthcare professional conducting the mobility assessment to determine how the applicant would cope with walking outdoors based on their indoor walking ability.”*

Assessments completed by Leicester City Council do involve the applicant being assessed walking outdoors. Either route taken involves the person walking over slightly uneven ground. They do not need to demonstrate any ability to negotiate stairs as this would not be required when walking outdoors.

When an applicant attends for a mobility assessment they are met either from Grey Friar’s reception or from the Grey Friars car park by the mobility assessor. They are not made aware that the person collecting them is the mobility assessor but just told that they will be taken round to the office.

The route they will take has previously been measured. This walk is timed using a stop watch and without the applicant being aware of this. This way it is possible to determine their pace using the following formula:

**Distance ÷ speed in seconds (metres per second) x 60 (metres per minute)**

For example, an applicant walked 80 metres from the Grey Friars car park to the front door of Conway Buildings. This took them 2 minutes and 7 seconds (127 seconds).

80 ÷ 127 = 0.62 (metres per second) x 60 = 37.7 (metres per minute).

Based on the definitions above their pace is a very slow pace (“- Very slow pace - <40 metres per minute”).

The following from the Guidance is then considered. “If an applicant cannot walk 40 metres (44 yards) in a minute (a pace of less than 0.67 metres/second), including any stops to rest, then this is an extremely slow pace which is likely to make walking very difficult when considered in isolation.”

This is considered along with the manner in which the applicants walks, the applicants use of walking aids, breathlessness, pain and any evidence that has been provided.

If the time taken had been 1 minute 45 seconds the following calculation would be used:

80 ÷ 105 = 0.76 (metres per second) x 60 = (45.7 metres per minute)

Based on the definitions above their pace is a slow pace (“*Slow pace - 40-60 metres per minute”)*

The following from the Guidance is then considered *“*If an applicant can walk 40 metres (44 yards) in less than a minute (a pace of 0.67 metres/second or more), including any stops to rest, then the speed at which they walk is not likely to make walking very difficult when considered in isolation. The applicant may still be considered eligible if they demonstrate very considerable difficulty in walking through any other factors.”

If someone walks at a pace greater than 40 metres per minute they need to demonstrate very considerable difficulty in walking through any other factors. The assessor therefore needs to consider observations made during the assessed walk of the persons gait, breathlessness and pain. Also consider if they needed to rest and what support or walking aid was used. Where the observation is significant enough for the applicant to be considered for a badge then the applicant should have a very considerable difficulty in walking?

1. **Other factors, reported and observed**

Pain

*“Excessive pain reported by the applicant when walking, or as a consequence of the effort of walking.*

* *Pain is subjective, and some people have higher pain thresholds than others. Consideration may need to be given to cross-referencing an applicant's reported experience of pain with information they provide about their permanent and substantial disability, details of medication they take, coping strategies they have adopted and any courses of treatment designed to help them manage their pain.”*

When considering an applicant’s pain the mobility assessor willask the applicant the following:

* Where do they experience pain?
* Is the pain constant or intermittent?
* How do they describe the pain - burning, aching, stabbing etc.?
* What makes the pain worse, do not ask specifically if walking makes it worse but allow the person to identify this themselves should this be the case.
* What pain relief do they take and if so is the pain managed by this?
* Do they use any other form of pain relief, for example Tens machine, heat/cold compress, massage, pain management clinic?

It is also important to consider the following:

* Does the applicant appear in pain, are there signs of pain on their face and/or in their demeanour -sweating, pallor, shaking, grimacing
* Did the pain appear to impact on their pace
* Does the pain appear to impact on the distances they report to manage

Breathlessness

*“Any breathlessness reported by the applicant when walking, or as a consequence of the effort of walking.*

* *The applicant's reported breathlessness may need to be cross-referenced with details of diagnosed medical conditions known to cause breathlessness (e.g. emphysema) and any observations of the applicant's respiratory rate during a mobility assessment.”*

During a mobility assessment the assessor will:

* Listen for breathlessness, wheezing or coughing
* Observe for signs of breathlessness by the rapid rise and fall of a person’s chest as a person may not always be heard to be breathless.
* Assess the extent of the breathlessness by the rate of which they are able to talk, if a person cannot speak due to the severity of their breathlessness their breathlessness is likely to impact significantly on their ability to walk. However if they have no difficulty in maintaining a constant conversation their breathing difficulty is unlikely to be significant.
* Consider whether they take medication for breathing difficulties and cross reference this with their prescription.
* Does their medication manage their condition
* How far can they walk before they are observed to be breathless
* What is their recovery period once seated in the assessment room.

The assessor will consider the pace at which the applicant walked. They may be observed to walk at a very slow pace in order to manage their breathlessness. However if they walk at a brisk or normal pace and are observed to be breathless, the assessor should consider whether a steadier pace would have eased their breathlessness.

*“It does not matter whether excessive pain or breathlessness occurs at the time of walking, or later - what counts is that it is a direct result of their attempt to walk.”*

Gait

*“The manner in which the applicant walks.*

* *The applicant's posture, rhythm, coordination, balance and stride should be considered in terms of the degree of effect they have on their ability to walk.”*

During the assessed walk the applicants gait will be observed. Do they walk with a steady, rhythmic and coordinated gait, are there any difficulties or additional effort observed?

Use of walking aids

* *“The fact that a walking aid is or is not used may be relevant to the eventual decision, but this alone should not determine whether or not a Blue Badge is issued.*
* *For example, if a person can walk relatively normally with the use of an artificial leg or walking stick, then they should not be considered as eligible to receive a Blue Badge.*
* *It may be pertinent to consider whether an applicant is using any walking aids in a correct manner when determining whether they have very considerable difficulty in walking.*
* *It may also be pertinent to consider whether an applicant who is not using any form of walking aid at the time of their application could improve their walking ability, to the extent that they would no longer demonstrate very considerable difficulty in walking, through the correct use of such an aid.”*

If the mobility assessor believes that a person’s walking ability may be improved to such an extent that they would no longer demonstrate very considerable difficulty in walking, they should advise the applicant to contact their GP to request a referral to Physiotherapy for an assessment for walking aids. In these cases an applicant would need to re-apply and be re-assessed following the issue of any such aid.

The impact walking has on a person’s health

*“Whether the effort of walking presents a danger to the applicant's life, or would be likely to lead to a serious deterioration in their health.*

* *The applicant needs to show that they should not walk very far because of the danger to their health.*
* *This element is intended for people with serious chest, lung or heart conditions who may be physically able to walk normally.*
* *The serious deterioration does not need to be permanent but it should require medical intervention for them to recover.*
* *They will need to show that any danger to their health is a direct result of the effort required to walk.*

*People with epilepsy will need to show that any fits were brought about by the effort required to walk.”*

This element of the Guidance also needs to be considered when assessing the eligibility of previous Blue Badge holders. A person may be assessed by a mobility assessor and not deemed as meeting the criteria. However the assessor will need to consider the length of time the applicant has held a Blue Badge. Would the removal of this badge then be detrimental to their health as without a badge they are likely to need to need to walk greater distances than they are used to.

Assessors should also consider whether issuing a Blue Badge will impact on a person’s health. This is particularly pertinent with obese applicants, who health may be compromised further by a reduction in their walking and exercise.

Final Decision Process

The assessor cross-references all of the information provided by the applicant during the assessment process, this will include the assessor’s observations on the day and other information derived from the application form, also any relevant Local Authority information systems should be checked prior to reaching their decision about whether the applicant is unable to walk or demonstrates very considerable difficulty in walking.

The assessor considers each aspect of walking (pain, breathlessness, speed, distance, use of walking aids and manner of walking) first in isolation, and then in combination, to reach a decision as to whether they combine to mean the applicant experiences very considerable difficulty in walking.

When giving the reason for the decision each of these areas needs to be discussed. This needs to be considered along with the distance the applicant reports to be able to walk.

1. **Assessing people with severe disability in both arms**

“*This criterion is intended to cover disabled drivers who, because of a severe disability in both of their arms, are unable, or find it very difficult, to use on-street parking equipment.”*

*“When making an assessment under this criterion, local authorities will need to consider whether the applicant meets all of the following:*

* *Regularly drives an adapted or non-adapted vehicle; and*
* *Has a severe disability in both arms; and*
* *Is unable to operate, or has considerable difficulty operating, all or some types of parking meter.”*

*“For this purpose a 'parking meter' includes a machine for issuing pay-and-display tickets which shows that a charge has been paid and the period of parking paid for, as well as a parking meter which itself indicates that a charge has been paid and whether the period paid for has expired.”*

*“Only a very small number of people are likely to qualify under this criterion. In no circumstances should anyone who does not satisfy all three of the conditions set out above receiving a badge. In particular, a badge should not be issued to a person who travels solely as a passenger or a person who has difficulty carrying parcels, shopping or other heavy objects such as luggage.”*

*“Most drivers with disabilities in both arms drive an adapted vehicle and should be able to provide insurance documents which contain statements to this effect. In addition, applicants who have registered their adapted vehicle with the DVLA will be able to present their driving licence which will contain codes that refer to the modifications made to the vehicle. These can be found on the reverse of a photo-card driving licence (under category 12, information codes) and in the 'codes' sections on the front of the counterpart driving licence. The following driving licence codes are relevant to this criterion:*

* *40 - Adapted steering.*
* *79 - Restricted to vehicles in conformity with the specifications stated in brackets.”*

*“Where the applicant does not have an adapted vehicle, only drivers with the most severe disabilities in both of their arms (i.e. who cannot operate a parking meter) should be considered eligible. This may cover disabled people with, for example: a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease; or a condition of comparable severity.”*

When assessing an applicant who reports to have a severe disability in both arms, the assessor will walk the person to the office and time them in the usual manner to determine their pace and to assess if there are any walking difficulties. If they do not meet the criteria based on a walking difficulty then the assessor must proceed with an upper limb assessment.

The assessor will need to observe the persons upper limp range of movement to determine whether they will be unable to operate, or have considerable difficulty operating, all or some types of parking meter.

1. **Assessing children under the age of three**

*“Since 17 June 2011, children under the age of three have been eligible for a badge if they fall under either or both of the following criteria:*

* *A child who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;*
* *A child who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given.”*

*“It may be necessary to make transitional arrangements for those children under the age of two who were issued with a Blue Badge before the new regulations entered into force and whose current badge will expire on the day following their second birthday. For more information, please see the* [*Local Authority Circular*](http://www.dft.gov.uk/publications/blue-badge-scheme-eligibility-changes)*, published in May 2011.”*

*“Examples of children under the age of three likely to fall into the criterion mentioned in the first bullet point may be those who need to be accompanied at all times by any of the following types of equipment:*

* *Ventilators - drive air through a tube placed into the windpipe. They blow oxygen-enriched air gently into the lungs through a tube that is passed through the mouth or nose, or via a tracheostomy.*
* *Suction machines - are portable suction apparatus used for aspirating fluids and vomit from the mouth and airway by sucking the material through a catheter into a bottle using a vacuum pump (piston, diaphragm, or rotary vane), bacterial filter, vacuum gauge, trap for moisture (or any debris accidentally drawn into the mechanism), a reservoir for the aspirated material, and a suction catheter or nozzle.*
* *Feed pumps - deliver fluid feeds via nasogastric tube to the child's stomach.*
* *Parenteral equipment - services intravenous lines providing nutrition if a child is unable to take food or fluids through his or her mouth. The line can also be used for injecting medication.*
* *Syringe drivers - are used to deliver medication by intravenous injection (e.g. antibiotics), or by subcutaneous injection (e.g. insulin to control diabetes) this can be given by using a small pump known as a syringe driver. A syringe is attached to the syringe driver and the drug is released through a small needle.*
* *Oxygen administration equipment - consists of a tank and regulator with supply equipment for oxygen; mask or nasal prongs and tubing.*
* *Continuous oxygen saturation monitoring equipment - involves a device usually strapped to the child's foot or hand. This shines light through the skin and monitors the amount of oxygen in the blood. It is used to monitor where a child may need access to oxygen.*
* *Casts and associated medical equipment for the correction of hip dysplasia – between birth and six months of age, a brace called a Pavlik Harness is often used to hold the baby’s hips in position. The Pavlik harness is made of canvas, with straps, Velcro and buckles. From six months and over a child is often placed in a Spica cast after surgery. A Spica cast can be either plaster or fiberglass and will encase the child from the chest down to cover one leg or both. In both cases the apparatus is likely to be deployed for a period of up to three months per hip.”*

*“Examples of children with highly unstable medical conditions who need quick access to transport to hospital or home and are likely to qualify under the criterion are set out below. This group may also need to stop to perform an urgent medical procedure e.g. suction of a tracheostomy tube:*

* *children with tracheostomies;*
* *children with severe epilepsy/fitting;*
* *children with highly unstable diabetes;*
* *terminally ill children who can only access brief moments of outside life and need a quick route home.”*

*“DfT recommends that local authorities treat each application for children under the age of three as a special case. This may mean making arrangements to see the child, although this should not be necessary if the child’s paediatrician is able to write a letter outlining the child’s medical condition and any special equipment they need to use. A medical assessment should not be necessary.”*

*“Local authorities should make it clear when issuing the badge that it should be returned to them on expiry or if the recipient no longer needs it because the condition under which it was issued no longer applies. This is particularly relevant in the case of children with hip dysplasia, as this condition normally lasts between three and six months.”*

*Local authorities should note that the lists provided above are indicative only and are not intended to be exhaustive in order to allow for new advances in technology and treatment equipment.*

1. ***Review of decision:*** *if s/user disagrees with the outcome of the badge application:*

*Reassessment*

*A request for a reassessment must be made in writing within 28 days from the date of the refusal letter being sent.*

*At each reassessment stage it is requested that the applicants provide further information in support of application. (TL to discuss best options with applicants throughout process to assist applicants who find it difficult to obtain information)*

*At reassessment stage it may be deemed necessary to call the applicant in for a mobility assessment if this has not been done so already.*

*If necessary the Manager/TL will liaise with external agencies including the Department for Transport and LCC OT or medical professionals involved with the S/user to obtain further information.*

*The Team Leader will look at all the information used when making the initial decision along with any further information supplied or obtained.*

*A decision will be made to:*

*1. Request further information via applicant or medical professional.*

*Or*

*2. Invite for Mobility assessment if not attended previously.*

*3. Uphold decision.*

*4. Overturn decision.*

*Team leader will then write to the applicant detailing the reasons for decision.*

*Should a request for reassessment still result in a negative response, applicants may request a further reassessment.*

*Further Reassessment*

*A request for a further reassessment must be made in writing within 28 days from the date of refusal of initial reassessment letter being sent.*

*Further reassessment will be completely reassessed by a Senior Manager independent to the decision process.*

*Applicant will have the opportunity to submit further information if they have any supporting medical evidence.*

*Complaints*

*Complaints are dealt with and managed following the ASC corporate complaints procedure.*