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Improving Blue Badge administration,
assessment and enforcement:
good practice review

Final Report

July 2011



In association with:

The TAS Partnership Ltd
Atkins Transport Planning

Improving Blue Badge administration, assessment and enforcement – good practice review

Final Report

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1 INTRODUCTION

1.1 This document constitutes the final report on a wide-ranging review of the administration, assessment and enforcement practices used by Blue Badge issuing authorities in England. The review took place between September 2009 and January 2011, and was led by Integrated Transport Planning Ltd. (ITP) and the TAS Partnership Ltd. (TAS). The research team drew on specialist advice from the Department of Work and Pensions, Disabled Persons Transport Advisory Committee (DPTAC), College of Occupational Therapists, Chartered Society of Physiotherapists, Ferret Information Systems, the UCL Jill Dando Institute of Crime Science and Brunel University throughout the study. We also consulted with Blue Badge holders in different parts of the country to seek their views as Blue Badge 'service-users' on what constitutes good practice in terms of Blue Badge application, eligibility assessment, appeals and renewal practices.

Objectives and research questions

1.2 Five objectives defined in the research brief for the good practice review relate to Blue Badge scheme administration and assessment practices, which are the focus of this report. They were:

- To help local authorities make the change to improved administration and eligibility assessment practices by researching, piloting (if necessary) and promoting existing good practices around assessment and administrative decision making.
- To research the assessment processes used by local authorities in determining whether an individual is eligible for a Blue Badge under the "eligible subject to further assessment" walking criterion and to determine to what extent such assessments are in line with assessment of the walking element of the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA). To seek views from local authorities and stakeholders as to whether the walking element of HRMCDLA and Blue Badge "eligible subject to further assessment" walking criterion tests should be aligned.
- Subject to DfT's decision on whether assessment of the Blue Badge walking criterion should be aligned with assessment for the walking element of HRMCDLA, to make recommendations on good practice for assessment of eligibility under the Blue Badge walking criterion. Recommendations should link in to the good practice recommendations arising in relation to administration and eligibility assessment practices that are currently used by local authorities in England.
- To research (and, if necessary pilot) joint mobility assessment arrangements with, *inter alia*, concessionary travel/adult social care.
- To develop evaluation measures and an evaluation protocol to assess the delivery, level of success and outcomes of the move to Independent Mobility Assessments (IMAs), in both the short and long-term.

1.3 Further objectives were identified in relation to the Blue Badge Centre of Excellence (CoE) Programme, which we reported on separately.¹ While the proactive enforcement of the Blue

¹ DfT (2011) *Blue Badge Centre of Excellence Programme Evaluation Report*.

Badge Scheme is not a focus for this report, many of the good practice observations and recommendations it contains will significantly improve the scheme's resistance to abuse.

- 1.4 The research team focused on responding to the objectives set out in the DfT's research brief. However, it is important to recognise that the scope of this project evolved during the delivery period as a result of several factors. These included:
- ❑ Early recognition, following the development of case studies of good practice, that the range of different approaches to Blue Badge scheme administration and assessment was much wider than originally anticipated. Our initial review of procedures at 33 local authorities yielded seven different approaches to handling application forms and 10 different approaches to determining the eligibility of 'subject to further assessment' applicants.
 - ❑ The change of government in May 2010 and subsequent Comprehensive Spending Review, following which local authorities have placed greater emphasis on delivering public services more cost-effectively. The statutory nature of the Blue Badge scheme ensures its delivery is protected amid revised central government budget allocations for local authorities. However, engagement with local authority staff members during the course of the review revealed that senior managers are exploring how they can reduce costs associated with the delivery of the Blue Badge scheme without compromising on the fairness and consistency of administration and assessment practices.
- 1.5 Consequently, the objective of piloting different approaches to conducting Blue Badge eligibility assessments under the 'Subject to further assessment' walking criterion evolved during the course of the project. The pilots we conducted focused primarily on validating the eligibility assessment approaches adopted by different local authorities in line with the Blue Badge Scheme Local Authority Guidance published by DfT in January 2008. In light of the spending reviews taking place in local authorities across England, this required due consideration of the different geographic and organisational contexts of different local authorities, as well as focusing on the quality of decision-making and the cost effectiveness of different approaches.

Methodology and tasks completed by the research team

- 1.6 To address the objectives set out above, we devised the study methodology in conjunction with DfT's Blue Badge Administration and Good Practice Team. Key tasks delivered were:
- ❑ An initial review of literature published on the Blue Badge scheme in England, and data held by DfT in respect of different local authority approaches to administration and assessment procedures. This was used to identify key issues for consideration through the study, and prioritise the local authorities we approached on behalf of DfT to develop good practice case studies. The research team worked with colleagues at DfT to establish an agreed definition of 'good practice' in respect of the Blue Badge scheme. When selecting our sample of 33 case studies we deliberately sought to include representation from all different types of local authorities', including; Metropolitan Boroughs, urban unitary authorities, councils in more rural locations and two-tier County Councils. We also sought to ensure that a wide range of different administrative and eligibility assessment practices, and delivery agencies (e.g. in-house, outsourced to the private sector, delivered by the NHS/Primary Care Trusts) were included in our sample.

- ❑ Conducting in-depth interviews with key staff members working in Blue Badge teams at 33 local authorities to gain a deep understanding of their administration and assessment procedures. Members of the research team observed mobility assessments being undertaken with Blue Badge applicants and gathered data held by each local authority on key metrics such as the number of applications being handled, team staffing costs and the amount of time spent determining the eligibility of Blue Badge applicants.
- ❑ Running two Blue Badge good practice workshops. The first was with the project's Stakeholder Group, which consisted of Blue Badge CoE local authorities, devolved administrations, College of Occupational Therapists, Chartered Society of Physiotherapists, Ferret Information Systems, the UCL Jill Dando Institute of Crime Science and Brunel University Mobilise (now Disabled Motoring UK), the Disabled Person's Transport Advisory Committee (DPTAC), the Department for Work and Pensions (DWP), the Department of Health (DH) and Driver Vehicle Licensing Agency (DVLA). The second workshop involved 29 local authorities that had not previously been engaged in our research. Both workshops critically appraised the good practices emerging from case studies we developed, and identified the transferability of practices to local authorities with different organisational contexts and scales.
- ❑ Conducting detailed analysis, including cost modelling, of the findings from the case studies to explore the robustness and effectiveness of different approaches to administering the Blue Badge scheme, and determining the eligibility of 'subject to further assessment' applicants. All aspects of local authorities' Blue Badge administration and assessment processes were considered.
- ❑ Delivering a pilot that monitored the implementation of joint Blue Badge assessments in a Metropolitan Borough Council's adult social care team. The purpose was to identify the costs and benefits of integrating Blue Badge eligibility assessments into home visits to assess an individual's needs in terms of in-home adaptations and mobility aids.
- ❑ Running a workshop with informed local authority practitioners and the project's expert advisers to collaboratively identify and define the core principles of conducting desk-based assessments and independent mobility assessments, for the purpose of determining eligibility of applicants under the Blue Badge 'subject to further assessment' walking criterion. We subsequently delivered a pilot to compare 'real world' Blue Badge application outcomes for volunteer applicants in four local authority areas against a pilot approach based on the core principles defined in the workshop. We developed the approach, with input from our expert advisers, to facilitate direct comparisons between the outcomes from desk-based and independent mobility assessment approaches to determining a Blue Badge applicant's eligibility.
- ❑ Conducting a series of focus group discussions with Blue Badge holders from four different local authority areas in England to explore which administration and assessment approaches, emerging from this study as good practices, they considered to be customer friendly and acceptable. An additional focus group discussion was also conducted with members of the Disabled Person's Transport Advisory Committee (DPTAC) to seek their views on the same set of issues. .

Purpose and format of this report

- 1.7 The remainder of this report sets out the key findings from the review of Blue Badge scheme administration, assessment and enforcement. It draws together our work on all of the aforementioned tasks, and contains the evidence that underpins the updated Blue Badge

Scheme Guidance for local authorities in England and that fed into the DfT's Impact Assessment for the reforms to the Blue Badge scheme².

- ❑ Chapter 2 sets out the broad definition of good practice agreed at the start of this project and which we have used as the basis for identifying recommended approaches to Blue Badge scheme administration and assessment by local authorities in England.
- ❑ Chapter 3 looks at the publicity and information about the Blue Badge scheme in England, the quality of which we found to vary considerably between local authorities.
- ❑ Chapter 4 reviews the application processes prevalent within our sample of 33 local authority case studies and identifies recommended approaches to handling applications by evidencing the costs and benefits of specific practices.
- ❑ Chapter 5 covers the topic of Organisational Blue Badges. It highlights the good practices which emerged from our review in respect of handling Blue Badge applications from organisations and determining whether they meet the criteria set out in the regulations (SI 2000:682(5), and SI 2007:2531) which govern the Blue Badge scheme.
- ❑ Chapter 6 concentrates on the substantial topic of how local authorities determine the eligibility of individual Blue Badge applicants. In line with our research objectives it particularly focuses on the Blue Badge 'subject to further assessment' walking criterion. The chapter highlights practices that local authorities in England have successfully adopted to make the transition from using an applicant's GP to using eligibility assessments by healthcare professionals who are independent of an applicant's treatment, such as Occupational Therapists and Physiotherapists, when seeking a medical opinion on whether an applicant is unable to walk or experiences very considerable difficulty in walking.
- ❑ Chapter 7 looks at the range of general practices and procedures that have been implemented by local authorities in England to administer the scheme after assessment. It covers both successful and unsuccessful applicants; and identifies the costs and benefits of good practices associated with issuing badges to successful applicants, handling appeals from unsatisfied applicants, and managing the renewals process.
- ❑ Chapter 8 draws on information gathered from the eight Blue Badge Centre of Excellence local authorities in relation to approaches they have adopted to proactively enforce the Blue Badge scheme and target reductions in misuse and abuse.
- ❑ Chapter 9 focuses on the support that officers in local authority Blue Badge teams require if they are to achieve fairer and more consistent approaches to determining the eligibility of Blue Badge applicants, improve customer-friendliness and clarity on the purpose of the scheme, accelerate the speed and efficiency with which Blue Badge applications are dealt, and; make the Blue Badge scheme more resistant to abuse.
- ❑ Chapter 10 sets out the conclusions from our review and Chapter 11 makes recommendations on the delivery of the Blue Badge scheme which are relevant to both local authorities in England and the DfT.

² DfT (2011) *Blue Badge Reform Programme Impact Assessment*, available online at: <http://www.dft.gov.uk/transportforyou/access/bluebadge/reform/>, last accessed on 16th February 2011.

This final report contains the evidence which underpins the updated Blue Badge Scheme Guidance for local authorities in England and has informed the DfT's reform programme Impact Assessment². The key conclusions and recommendations that fed into these documents have been presented in green text boxes, such as this one, throughout this report.

2 DEFINING AND IDENTIFYING BLUE BADGE SCHEME GOOD PRACTICES

2.1 The starting point for this review was a reliable definition of what constitutes 'good practice' in terms of local authorities' administration and assessment procedures for delivering the Blue Badge scheme in England. This chapter sets out the definitions we used in respect of the terms 'good' and 'practice' in the context of this review.

Defining Blue Badge scheme 'practices' using 'systems-thinking'

2.2 We believe the easiest way to conceptualise each local authority's approach to delivering the Blue Badge scheme is by adopting a 'systems-thinking' method commonly used in problem solving. We applied systems-thinking to structure this review and it helped us to recognise that:

- ❑ The Blue Badge scheme is a national-level system enshrined in legislation and overseen by the DfT in England .
- ❑ Its successful delivery relies upon a series of local systems that are delivered by 152 Blue Badge issuing authorities based on criteria set out in legislation and non-statutory guidance published by DfT.
- ❑ The output from each local system (e.g. in terms of the number of Blue Badges awarded or refused to applicants) therefore influences the outcomes of the national system (e.g. Blue Badges being issued only to those people who meet the eligibility criteria).
- ❑ Each locally delivered system largely operates independently, although some local authorities share knowledge and approaches with colleagues in neighbouring areas.
- ❑ While each locally delivered system is not identical, the broad sets of processes that make up each system are typically similar because they are based upon legislation and the DfT's national guidelines.
- ❑ We defined the method that different local authorities use to deliver their local Blue Badge scheme processes as 'practices'. For example, all local authorities conduct the process of determining whether a Blue Badge applicant is eligible or not, but they deliver this in different ways using a range of different practices.
- ❑ Because the Blue Badge scheme processes are interconnected, changes in one practice can exert influence on other processes or outputs within each local system and, ultimately, the outcomes of the national-level system. For example, one local authority changing its application form questions and assessment practices might result in a change in Blue Badge issuing trends locally. Several local authorities changing their application form questions and assessment practices could result in a change in Blue Badge issuing trends nationally.

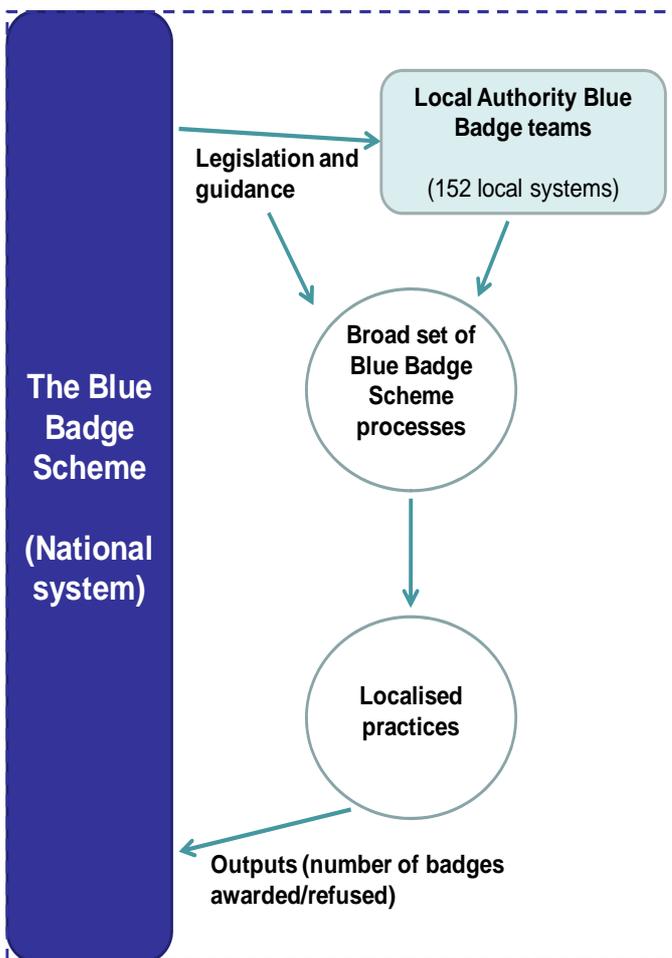
A **practice** in the context of this review can therefore be considered as a specific method used by a local authority to deliver a relatively generic 'process'. When combined with the practices used to deliver other generic processes, these make up a 'local system' for delivering the national Blue Badge scheme.

2.3 Figure 2-1 illustrates the principles of our ‘systems-thinking’ approach to the way the Blue Badge scheme is delivered.

2.4 Having embraced this systems-thinking approach we were able to separate the system of Blue Badge scheme delivery into a series of generic processes about which we could ask staff members from our sample of 33 local authorities common questions to identify the practices they had implemented.

2.5 Figure 2-2 (overleaf) sets out an example of a local system delivered by Blue Badge issuing authorities. The generic processes were derived from the January 2008 scheme guidance and are numbered. The bullet lists under each process represent examples of the practices that some local authorities in England have adopted in respect of each process. These practices were the focus of our case study interviews with local authority officers.

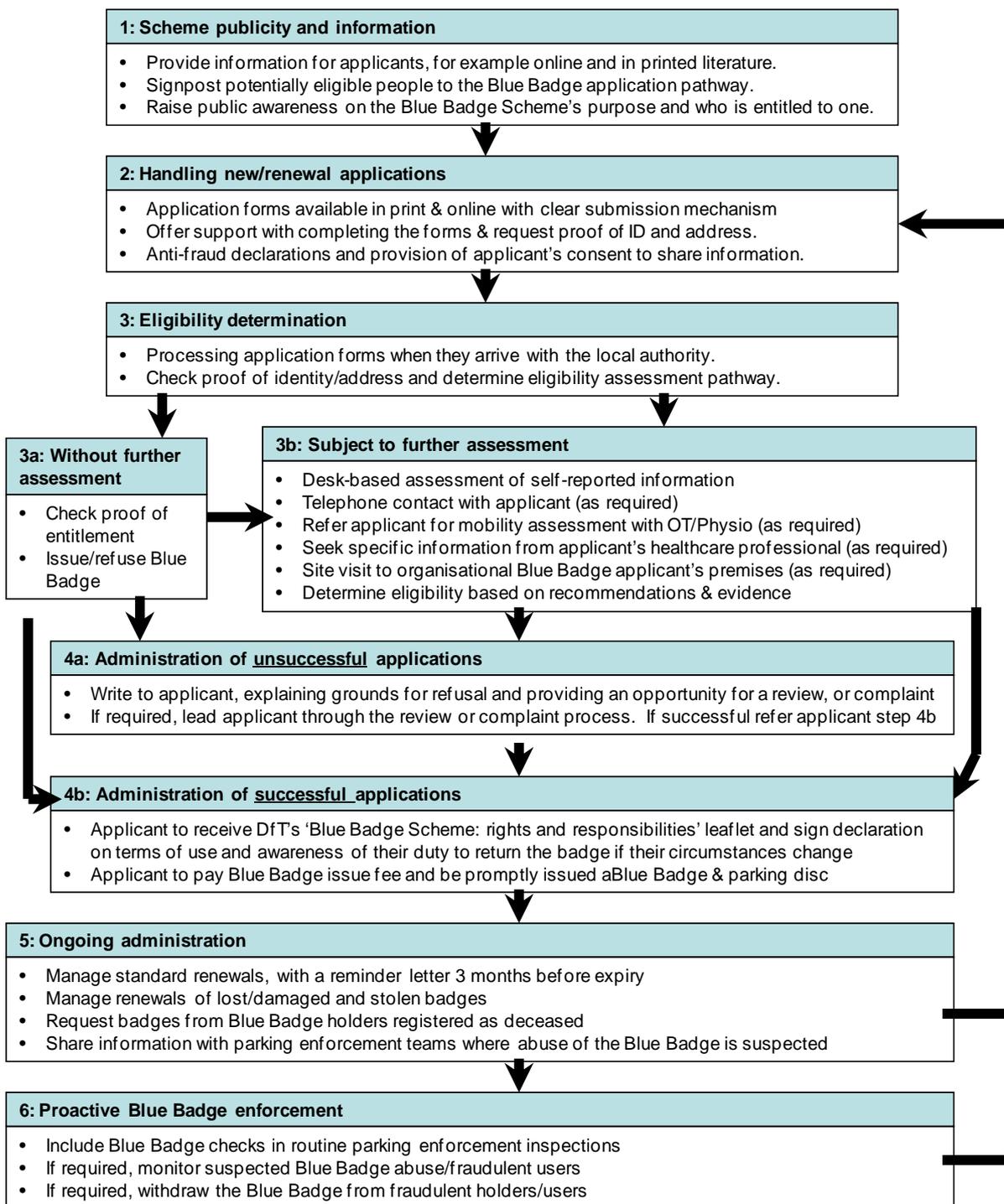
Figure 2-1: Overview of our ‘systems-thinking’ approach to the Blue Badge Scheme



2.6 By isolating the practices that different authorities have adopted within the context of the system of Blue Badge scheme delivery, we drew comparisons between the ones that appear to work well and those which could be improved upon or are less suitable. To contextualise this analysis of each local system, we also drew comparisons with the national system and ‘average’ levels of badge issuing and award and refusal rates for different eligibility criteria, noting that there are underlying variations in the incidence and severity of disabilities among the population in England.

2.7 Throughout our analysis we therefore reflected on specific practices used by different local authorities alongside comparisons with high-level data. This included data collated by the DfT to monitor each local authority’s ‘system’ of delivering of the Blue Badge scheme, and other items of secondary data that we requested from local authorities. Examples of this high-level data include: the total cost of delivering the Blue Badge scheme within an authority, the number of badges on issue and the percentage of badges issued and refused through different eligibility pathways.

Figure 2-2: An example local authority system for delivering the Blue Badge scheme



Defining 'good' practices for use in this review

2.8 Having adopted the systems-thinking approach to structuring Blue Badge scheme processes and identifying the different practices that local authorities use to deliver them, we subsequently needed to define how we would rate and compare them across our sample of 33 case study authorities. The key question that arose was what constitutes "good practice" in this context.

The measures of good practice used throughout our review were:

- **Fairness** and **consistency** in respect of the treatment of Blue Badge applicants;
- **Customer-friendliness** and **clarity**;
- **Speed** and **efficiency**; and
- **Resistance to abuse**.

2.9 Table 2-1 provides detailed descriptions of these key terms in the context of the Blue Badge scheme’s delivery by local authorities:

Table 2-1: Definitions used to identify and compare good practices

Term	Description
Fairness	<ul style="list-style-type: none"> • Ensuring that people who apply for a Blue Badge are given adequate opportunity to present their eligibility case. • Ensuring that assessment of eligibility is conducted thoroughly and objectively by an appropriately qualified person using available information and appropriate tools and tests. • Ensuring there is a high level of confidence that those intended by legislation to receive Blue Badges actually get them while those who fall outside the statutory eligibility criteria do not.
Consistency	<ul style="list-style-type: none"> • Closely related to fairness and encompasses both internal consistency within a local authority and consistency between authorities. • Internal consistency within an authority ensures that different people who apply to a local authority for a Blue Badge are treated in a similar way and eligibility is assessed by the same standards. • Consistency between authorities ensures that Blue Badge eligibility is assessed by comparable standards whichever authority the applicant applies to – the ideal is that the outcome of Blue Badge eligibility assessment of an individual’s application should be the same regardless of which authority they have applied to.
Customer-friendliness	<ul style="list-style-type: none"> • Ensuring the customer experience of the Blue Badge application and assessment process includes ready access to information about Blue Badges in various forms; an easily understood, convenient and reasonably straightforward application process; accessible and empathetic assessment procedures (where needed); and reasonably convenient ways of receiving a badge.
Clarity	<ul style="list-style-type: none"> • A particular aspect of customer-friendliness and transparency concerns comprehensibility of information (and communications by the local authority) on all aspects of the application, assessment, badge issue and appeal process.
Speed	<ul style="list-style-type: none"> • Also related to customer-friendliness. The aim is to ensure that all stages of the Blue Badge process take place in a timely manner (commensurate with appropriate eligibility checks) in order that the customer does not suffer undue delay.
Efficiency	<ul style="list-style-type: none"> • Primarily concerns use of staff time and resources by the local authority, and the costs incurred in dealing with Blue Badge applications. The aim here is to minimise staff time and total costs of dealing with each application to an extent that is commensurate with the other aims outlined.

Term	Description
Resistance to abuse	<ul style="list-style-type: none"> Recognises that some people will intentionally or unintentionally misuse Blue Badges in a variety of ways. The aim is to have application, assessment and badge issue procedures that discourage badge misuse, help detect applications where fraud is being attempted and are sufficiently robust to support successful prosecutions in the event of misuse. In the area of badge enforcement, the aim is to have effective measures in place that both detect badge misuse and take appropriate action against offenders to stop offending behaviour and deter others from misusing Blue Badges.

2.10 The questions asked of local authorities in the depth interviews used to develop the case studies were designed to gather specific and measurable information that enabled the research team to determine which approaches best meet these measures of good practice, and align with the primary and secondary legislation that govern the delivery of the Blue Badge scheme. At the good practice workshops run with the project stakeholder group, expert advisers and local authority practitioners we used the four measures of good practice listed above as the basis for scoring different administrative and assessment practices on a five point scale.

Considering the cost-effectiveness of different practices

2.11 In the current economic climate we recognised the need to consider the costs, and cost effectiveness, of different practices associated with the delivery of the Blue Badge scheme. As part of the case studies undertaken with 33 local authorities in the first half of the study, the research team therefore gathered information on the staff resources used to conduct Blue Badge administration and eligibility assessment tasks in each authority, along with information on the numbers of badge applications under the different eligibility pathways (“without further assessment” and “subject to further assessment”). These two types of information were brought together in a spreadsheet cost model, which was used to calculate cost-effectiveness parameters across the group of authorities.

2.12 The quality of input data available for the cost spreadsheet model and the cost-effectiveness analysis was highly variable between authorities. Some authorities had an excellent handle on their costs and resource usage for Blue Badge administration and assessment, while others struggled to provide useable data. To some extent, this reflected the different administration arrangements and IT systems in use (a number of authorities had IT systems which were unable to produce key data reports on numbers of applications processed of different types). Because Blue Badge teams often represented a subgroup within a larger team, with many staff members also having administrative or assessment responsibilities for other travel concessions or social services, it was not always possible to isolate accurate information on costs of staffing and delivering the Blue Badge scheme within an authority

2.13 Wherever possible, we worked with the local authorities concerned in follow-up activities to the case study interviews to get the best possible input data from local sources. Nonetheless, we needed to make some reasonable assumptions (commonly on staff salary levels, for which we used the National Joint Council (NJC) local authority pay scales) for some authorities in order to get a valid picture of costs across a number of case studies.

2.14 We aimed to gather the key pieces of information concerning cost-effectiveness through interviews and subsequent follow-up enquiries with the case study local authorities included:

Table 2-2: Summary of cost comparison data gathered by the research team

Category	Data collected
Number of Blue Badge applications handled per year	<ul style="list-style-type: none"> • Total number of applications per year
	<ul style="list-style-type: none"> • Breakdown of total between new applications and renewals
	<ul style="list-style-type: none"> • Breakdown of total between applications dealt with “without further assessment” and those treated as “subject to further assessment”
	<ul style="list-style-type: none"> • Breakdown of total according to those issued or refused following different types of assessment process (e.g. desk-based assessment, based on GP advice or following Independent Mobility Assessment)
Number of full-time equivalent (FTE) local authority or PCT staff of various grades (and salary levels) working on...	<ul style="list-style-type: none"> • Administration
	<ul style="list-style-type: none"> • Eligibility assessment
	<ul style="list-style-type: none"> • Appeals
External staff input and cost on eligibility assessment (contracted occupational therapists (OTs) or physiotherapists)	

2.15 Gathering this information enabled us to calculate a number of output measures of cost-effectiveness for each of the 33 case studies. These included:

- Total (staff) cost per Blue Badge application.
- Cost per application of administration & desk-based assessment tasks.
- Mobility assessment cost per application.
- Mobility assessment cost per “subject to further assessment” application.
- Cost per application of dealing with appeals, and the average cost per appeal.
- Cost per “subject to further assessment” application of dealing with appeals.
- Blue Badge award and refusal rates as a percentage of “subject to further assessment” applications.
- Rates of appeals as a percentage of all “subject to further assessment” applicants and all “subject to further assessment” applicants whose applications were refused.
- The rate of success of appeals by applicants whose original application was refused.

2.16 While this information allowed us to make **straightforward cost comparisons** between the 33 local authorities in our sample, we wanted to consider the **cost effectiveness** of different local authorities’ practices. Simply because one authority’s practice appeared to be cheaper than another’s did not necessarily mean it was ‘good practice’; because it might also result in high levels of successful appeals or be very difficult for Blue Badge applicants to

comprehend. Understanding the cost effectiveness of different practices therefore required a holistic consideration of the other aspects of good practice (fairness, consistency, speed, efficiency, customer friendliness, clarity and resistance to abuse) identified above, alongside the coarse cost values we had calculated. Throughout this report we have therefore sought to present evidence of cost effectiveness in this wider context.

Through our cost modelling and cost effectiveness analysis, it became clear that some items of data are particularly valuable 'comparators'. For example, Blue Badge award/refusal rates could be readily compared between local authorities and against the average award/refusal rate for our sample of 33 local authorities. It was also possible to make direct comparisons between different local authorities' costs per IMA (as used to determine the eligibility of 'subject to further assessment applicants' under the walking criterion), and the costs for obtaining written recommendations from an applicant's own GP in respect of the walking criterion of the 'subject to further assessment' eligibility criterion.

We have used these throughout our analyses as the basis of cost, and relative cost-effectiveness comparisons, but want to note the following limitations with using them as a basis for wider comparison beyond this study:

- Our sample of 33 local authorities represents one-fifth of all Blue Badge issuing authorities in England and, as such, reflects a sound cross-section of all the Blue Badge issuing authorities in England. Given that the average figures also reflect the best available data, we believe they provide local authorities with a useful point of comparison when undertaking business planning or service design associated with their delivery of the Blue Badge scheme.
- The average rates of Blue Badge award and refusal need to be treated with caution when making comparisons between local authorities. While the variability in rates of Blue Badge award/refusal can be partially explained by the different practices local authorities have adopted, they are also affected by underlying variations in the incidence and severity of disability in the population. As such it is not necessarily true to say that higher than average Blue Badge award rates in a local authority area are solely the result of insufficiently robust Blue Badge eligibility assessment practices.
- Similarly; due to the differing interpretations of the Blue Badge scheme "subject to further assessment eligibility criteria", and specifically those associated with walking disability, it is not possible to directly compare award and refusal rates between local authorities. This issue was overcome through a pilot of assessment practices which enabled us to make direct comparisons between the outcomes of different types of assessment when related to the same sample of Blue Badge applicants.

By drawing comparisons from within our sample of 33 local authorities against average rates of Blue Badge award and refusal in our sample, and considering these against a wide range of administration and assessment practices, it has been possible to identify trends which suggest certain practices are more robust (and therefore more cost effective) than others.

The quality of local authority management information

- 2.17 For many authorities, making the change to using improved administration and eligibility assessment practices is part of wider authority service transformations, often with the specific objective of achieving efficiency savings. We found the authorities that most clearly appreciated the challenge of service transformation were those which had been through the process to establish a customer contact/one-stop-shop facility (such as Bolton, Haringey, Kensington & Chelsea and Wandsworth). Invariably these local authorities had developed internal business cases as part of the process of deciding how to deliver this new way of working.
- 2.18 Consequently, we found that only in those local authorities where Blue Badge scheme practices had been deeply embedded within the transition to a contact centre setting was management information on their Blue Badge scheme practices regularly collected for the purpose of monitoring performance against defined service delivery targets. The majority of local authorities did not collect management information, with some unable to provide the annually collected statistics that DfT uses to monitor the Blue Badge scheme at a national scale due to database and information management constraints.
- 2.19 As highlighted above, the variable availability and quality of data, coupled with the wide range of practices associated with local Blue Badge scheme administration and assessment made direct comparisons between authorities challenging. Ultimately the research team had to help local authorities identify and collect the management data needed for our analyses.

We recommend that it would be highly beneficial for the team leaders of Blue Badge issuing teams to routinely collect and monitor key items of Blue Badge management information. This can benefit internal decision-making and facilitate successful service transformation. It also improves the quality of data available to DfT to monitor national trends in Blue Badge issuing and evaluate the impacts of national reforms to the scheme.

3 LOCAL PUBLICITY AND INFORMATION ON THE BLUE BADGE SCHEME

3.1 The provision of local information and appropriate publicity represents the first process associated with the delivery of the Blue Badge scheme (Figure 2-2). This chapter outlines the good practices identified through our review in respect of publicising the Blue Badge scheme and making information available to members of the public prior to them applying for a Blue Badge, as well as informing them of their responsibilities as a badge holder.

Wide provision of information

3.2 The first port of call for members of the public when seeking information on the Blue Badge scheme is usually their local authority. This was reflected in the feedback from local authority staff members throughout the project, who reported that a considerable proportion of the administrative time spent delivering the scheme is spent dealing with enquiries from members of the public over the telephone and in person. Discussion group feedback from Blue Badge holders revealed an expectation that information should be provided by local authorities through as many avenues as possible, including:

- General publicity including posters and articles in council newsletters and local newspapers.
- Signposting from related services likely to be used by Blue Badge holders.
- A telephone number or customer contact centre which prospective applicants can call to find out more about the Blue Badge scheme
- Printed information that the applicant can collect from the local authority or be included when the Badge is sent out, including guides to applying for and using a Blue Badge
- Web-based information, such as on the council's website.

Each of these areas is considered in turn below.

General publicity on the scheme

3.3 Discussion Group feedback from Blue Badge users shows that the main source of awareness about the Blue Badge scheme was through 'word of mouth'. Respondents generally felt that more needs to be done in raising public awareness of the scheme, with some concern that it can be hidden from view from those people who are likely to be eligible:

"It's never really advertised is it? Nobody ever speaks about it, but you know they're there and that's why you apply for them because somebody else has said 'Look, he's got a badge, so why don't you, because you need one."

Carer for a Blue Badge holder from North West England

"It does really seem to be that they don't want people to know about it, because of all the problems they have with the scheme."

Blue Badge holder from North West England

3.4 By raising awareness of the Blue Badge Scheme eligibility criteria local authorities can benefit from a reduction in the number of speculative applications and unnecessary contact from members of the public enquiring about the scheme. Amongst our 33 case study authorities Worcestershire County Council had conducted bus stop advertising, while Rotherham undertook a health centre poster campaign in a bid to inform more local people about the Blue Badge scheme. Unfortunately the impacts of these campaigns were not monitored by the local authorities, so we do not know what outcomes they achieved.

Publicity on Blue Badge misuse

3.5 Focused publicity on the issue of Blue Badge misuse has been used by local authorities engaged in proactive enforcement of the scheme to remind badge holders of their responsibilities. A ‘Respect the Badge’ campaign was initiated in the West Midlands by Birmingham City Council and Coventry City Council through the Blue Badge Centre of Excellence Programme. It provides a good practice example of a local publicity campaign intended to raise awareness of specific aspects of the Blue Badge scheme.

3.6 The campaign centred upon a series of posters, leaflets, a short film and the use of targeted media releases jointly devised by Birmingham and Coventry to be placed in ‘hotspot’ areas for Blue Badge abuse and misuse in the West Midlands. Figure 3-1 presents two of the posters and Figure 3-2 presents an associated press release.

Figure 3-1: Posters from ‘Respect the Badge’ Campaign



3.7 The central premise of the ‘Respect the Badge’ campaign was to make members of the public stop and think before they consider misusing a friend or relative’s Blue Badge, as well as publicly stigmatising those people that do misuse or abuse the scheme and drawing attention to Blue Badge enforcement activity in their area. A related promotional video was

also produced that was shown in around 200 GP surgeries across Birmingham. Local authority officers also worked closely with local newspapers and radio stations to publicise the issue of badge misuse and Blue Badge enforcement activities. This contributed to a 90% increase in prosecutions for Blue Badge misuse in Birmingham.

Figure 3-2: 'Respect the Badge' media release printed in the Sutton Coldfield Observer³

from **Observer**
Friday, November 20, 2009, 11:03
Comment on this story
Share

Targeting disabled badge misuse



By Nhorner

BLUE badge scammers in Great Barr, Perry Barr and Kingstanding who fraudulently use a disabled parking permit are being targeted in a crack down.

Birmingham City Council's Adults and Communities 'Respect the Badge' campaign aims to stop able-bodied drivers from pretending to be Blue Badge holders, to avoid parking charges of up to £5,500 annually.

Inspector Clive Isherwood, of West Midlands Police, believes genuine disabled users are being disadvantaged.

"While many may see Blue Badge abuse as a victimless crime it is illegal," he said. "It is also taking freedom away from a disabled person, who may not be able to access a venue if all of the disabled bays are occupied by able bodied people, who are either too cheap or too lazy to find their own parking space."

In 90 per cent of Blue Badge misuse incidents the person responsible is a family member or friend, with the remainder being stolen or fraudulently obtained from people who have died.

Anyone found to be willingly allowing their Blue Badge to be misused can have it withdrawn.

Most Blue Badge misuse occurs on the Birmingham city centre middle ring road.

Since March 2009 in excess of 400 cases of suspected Blue Badge misuse have been detected, 240 penalty charge notices have been issued, 120 vehicles have been removed and 85 cases have gone to magistrates court – with fines of £600 – £700, and additional costs of £180.

Anyone wishing to report Blue Badge misuse in Birmingham can do so by calling 0121 303 7613, emailing parking@birmingham.gov.uk or online at www.birmingham.gov.uk/bluebadgemisuse

- 3.8 Other local authorities have worked with media partners in a similar way to raise local public awareness of the scheme. Most examples relate to newspaper articles (driven by local authority press releases) covering instances of Blue Badge abuse/misuse that have been successfully prosecuted. Notably, the London Borough of Enfield and Wandsworth Borough Council have featured in national and local press publicising the scale of badge misuse and detailing specific enforcement successes.

Many authorities do not actively publicise their Blue Badge scheme, which contributes to the widely held perception among badge holders that the scheme is 'hidden' to prevent too many people from getting a Blue Badge.

The majority of local authorities that do proactively enforce the scheme tend to focus on their enforcement successes, rather than also including positive messages about how a Blue Badge can help disabled people to get around. The local authorities that had pursued this approach noted that it had been successful at both raising awareness of the Blue Badge scheme's rules, as well as gaining the authority kudos from eligible badge holders for tackling the issue of Blue Badge misuse and abuse.

We believe that publicising the Blue Badge scheme at a local level sits naturally as part of the wider information dissemination function that local authorities undertake on a range of services and schemes for which they are responsible. Local authorities should develop a coherent communication strategy that takes account of this wider context and of how best to reach the local target audience for Blue Badge information.

Signposting from other services

- 3.9 Effective signposting of the Blue Badge scheme is also important in guiding people to the most relevant information resources available in the most efficient manner. Authorities have capitalised on opportunities for signposting by ensuring that information on the scheme is provided in as many relevant local authority and other related service locations as possible.
- 3.10 Rotherham MBC ensures that disabled people in the area are signposted towards the Blue Badge scheme by ensuring information is widely available in the local area. In addition to the council offices and seven local contact centres; printed information on the Blue Badge scheme is provided at local libraries, disabled living centres, Citizens Advice Bureaux, the Welfare Benefits Advice Centre, the Money Advice Centre, local health centres and through the council newspaper.
- 3.11 The Royal Borough of Kensington & Chelsea has built in-person signposting into its accessible transport team. The administrative 'mobility assessors' and in-house Occupational Therapist are all trained to identify cases where an individual applying for one mobility concession (such as the concessionary travel pass) might also be eligible for another concession (such as a Taxicard or Blue Badge). Wherever possible these members of staff will liaise with applicants over the 'phone, or in person, to advise them if there are other concessions for which they might wish to consider applying.
- 3.12 The Blue Badge holders we consulted through focus group discussions felt that there were others ways that the Blue Badge scheme could be publicised for individuals who receive the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA):

³ Nhorner, 2009. "Targeting disabled badge misuse", *Sutton Coldfield Observer*, 20th November 2009. Accessed Online at: <http://www.thisissuttoncoldfield.co.uk/greatbarnews/Targeting-disabled-badge-misuse/article-1531982-detail/article.html>

“When you get your DLA for higher mobility. That would be a sensible place for you to know that these are the things that it might be possible for you to receive.”

Blue Badge holder from London

- 3.13 Blue Badge holders on the focus groups who had applied for a Blue Badge after receiving HRMCDLA believed more information about the scheme could be included in their HRMCDLA decision letter, irrespective of whether or not the individual is awarded the benefit by DWP. The groups also suggested that a similar link could also be established with the NHS and major disability charities so that people who acquire conditions or impairments that are likely to qualify them for a Blue Badge are notified about the parking concession at the earliest opportunity.

Signposting from other relevant local authority services is considered to be highly beneficial by disabled people, and can be delivered at little or no cost to a local authority because it simply requires appropriate staff training. It represents good practice, because it helps to improve the customer friendliness of the Blue Badge scheme and ensure the scheme is well targeted upon those people who are likely to be eligible to receive a badge.

This presents a **Quick Win** for authorities because of the low cost and relative ease of implementation, simply requiring in-house training of staff members on the differences between the eligibility criteria for the Blue Badge scheme and other related benefits.

Use of customer contact centres

- 3.14 Customer service or contact centres have been implemented by many authorities as a means of providing a ‘one stop shop’ of related information resources for residents. This approach has the added advantage of providing targeted information for people with specific mobility issues from a dedicated staff resource.
- 3.15 We found evidence in our sample of 33 case studies that growing numbers of local authorities are embedding the Blue Badge scheme within a contact centre setting. Some of the best examples of how this works in practice were found in Haringey, Bolton, Kensington and Chelsea and Wandsworth. In these local authorities a central contact centre was possible because of the geography and scale of the local authority’s administrative boundaries. This enabled each authority to establish a ‘front line’ contact facility with incoming calls and ‘drop-in’ visitors being provided with application forms and help with completing them as required.
- 3.16 The front line staff could be supported by a smaller back-office team who worked largely without interruption from telephone calls, but were available to meet members of the public or field calls from people with more complex enquiries in person whenever necessary. In all three of the locations, the back office team were responsible for processing Blue Badge application forms, undertaking cross-checks of local authority databases and desk-based assessments as required. Applicants requiring an IMA were referred for an appointment with an independent healthcare professional (in all three cases, Occupational Therapists) who were either employed by the authority or contracted through the local Primary Care Trust.

Customer contact led Blue Badge scheme delivery in two-tier county councils

- 3.17 The challenge of establishing a customer contact centre is multiplied in two-tier county council settings, partly because of the scale of service provision and partly due to the geographical challenge of providing a consistent service to people in all districts of a county.
- 3.18 The Worcestershire Hub, a contact centre developed in partnership between the county council and its six district councils, is a good practice example of this form of service delivery. The Hub offers members of the public a joined up and accessible one stop service focusing on the needs of the customer. Its primary aim is to improve access to council services for the people of Worcestershire and establish more efficient and effective ways of working for each of the partner organisations. Since the Hub's inception local services can be accessed through a network of seven local customer service centres or by telephoning the Worcestershire Hub call centre. Through the same project an increasing range of services are becoming available online, thereby allowing the public greater choice over how and when they access their council services.
- 3.19 The Blue Badge scheme is one of the services to have been embedded within the Hub, alongside concessionary travel passes for disabled and older people. Applicants have the option of calling the contact centre to request an application form, or dropping in to their nearest Hub centre. The centres are located in libraries and council offices and offer ample Blue Badge parking for disabled people wishing to drop in to renew their badge.
- 3.20 Although the Worcestershire Hub model does not make provision for an IMA with an independent healthcare professional other than 'on appeal' (contact centre staff members currently determine the eligibility of all subject to further assessment applicants through face-to-face interviewing), we believe this could easily be adopted for those applicants for whom an IMA would be the most appropriate way of determining whether they experience very considerable difficulty in walking.

Costs and benefits of contact centre Blue Badge scheme delivery

- 3.21 We were not able to obtain financial evidence of any cost savings associated with the implementation of these contact centre arrangements. This was primarily because of the way the Blue Badge scheme tasks are deeply embedded within the front line staff members' day-to-day roles, which makes it impossible to identify the proportion of time they spend dealing with Blue Badge scheme enquiries in relation to those associated with Council Tax or litter collections.
- 3.22 Nonetheless, it is possible to comment qualitatively on the costs and benefits of these approaches. Chiefly they:
- Are significant undertakings, due to the need to completely transform the way local services are organised and delivered within a local authority.
 - Often provide the impetus for updating Blue Badge scheme resources such as application forms, information for prospective applicants and associated web-pages.

- ❑ Offer scope for efficiency gains by multi-skilling contact centre staff and supporting them with a much smaller back-office Blue Badge team.
- ❑ Improve the customer experience for Blue Badge applicants by broadening the number of application avenues and opportunities to find out about the scheme.
- ❑ Aid greater clarity of the Blue Badge scheme by providing dedicated, over the telephone and face-to-face, support for people with enquiries about the scheme.
- ❑ Can improve the speed and efficiency with which 'without further assessment' Blue Badge applications can be processed. The lack of a need for assessment means these are often dealt with by front line staff with badges issued while the applicant waits.

Given the growing number of local authorities moving towards the delivery of local services through contact centre arrangements as part of the wider service transformation agenda, we believe they are highly relevant in the context of the delivery of the Blue Badge scheme. Where local authorities are considering implementing a contact centre approach to local service delivery we strongly advocate that consideration be given to how the Blue Badge scheme can be incorporated into the process. Ideally this should be supported by a costed business case for change (see Chapter 9) which quantitatively considers the costs and benefits of making this transition alongside the qualitative benefits identified by this review.

Printed information resources

3.23 In terms of good practice, the provision of information; both proactively by the council in the form of publicity campaigns, media work and signposting; and in response to enquiries from the general public should be supported by a range of printed information targeted at key stages in the Blue Badge scheme delivery process. Our engagement with DPTAC members suggested that these are:

- ❑ The application stage – when prospective applicants are considering whether they might be considered eligible to receive a Blue Badge and how to apply.
- ❑ Upon receiving a Blue Badge following a successful application – to inform the applicant of their rights and responsibilities, as well as notifying them of where they can park in their local area and how the scheme is enforced by the local authority.
- ❑ When informed a Blue Badge application has been unsuccessful – to advise on appeals procedures and alternative mobility services which could benefit the applicant.
- ❑ When applying to renew a Blue Badge – to serve as a reminder on the rights and responsibilities of badge holders, as well as to remind applicants to consider whether they still need a Blue Badge.

3.24 Although the range and quality of printed information tends to vary by authority, the principal printed information resource for people applying for a Blue Badge is the DfT's 'Can I get a Blue Badge' leaflet which is provided online and can be downloaded free of charge, printed and distributed by local authorities. In the main Blue Badge users were generally happy with the information that they received on the eligibility entitlement from this source. The clarity of the DfT's eligibility booklet was criticised in one discussion group by an MS sufferer in respect of the information it provided about the eligibility criteria for the scheme:

“There is a booklet isn’t there that you can get... it isn’t clear though. It leaves a lot of room for doubt in being permanently disabled. With MS you go through a relapse-remitting period so you can have a lot of problems but then you can be OK for a while.”

Blue Badge holder from North West England

- 3.25 While this comment relates to a wider issue on the guidance on what constitutes a ‘permanent and substantial disability’ and is covered in more detail in Chapter 6 of this report, it does highlight that members of the public do use printed information to inform their decision as to whether to apply for a Blue Badge.
- 3.26 Local authorities issue the DfT booklet ‘Blue Badge Scheme rights and responsibilities in England’ to successful applicants when they issue the Blue Badge to communicate how they should be used. A smaller number of local authorities within our sample produced additional, local guidance on the Blue Badge scheme. This largely re-interpreted the DfT booklets in order to set it in a local context and to highlight any local parking rules relating to on-street Blue Badge parking locations and payment options.
- 3.27 For example, Kensington & Chelsea issue an informative guide specifically communicating where and how a Blue Badge can be used in their area to help inform badge holders of the special rules that apply in this London Borough, as part of the ‘London Concession’.
- 3.28 We are also aware that some local authorities have had their locally produced Blue Badge scheme information (including application forms – see Chapter 4) ‘Crystal Marked’ by the Plain English Campaign⁴, whilst others have asked local reading groups (Kensington & Chelsea) or disability groups (Stoke-on-Trent) to proof read drafts of documents. This approach offers some quality assurance that local Blue Badge scheme information is easy for the intended target group to read and comprehend. We note from feedback among our case studies that local authorities seeking the Crystal Mark on their documents should recognise that some of the terms used are technical in the sense that they are derived from phrases in legislation and guidance which underpin the Blue Badge scheme’s operation. Birmingham City Council submitted their published information and application forms for the ‘Crystal Mark’, but was unable to adopt all of the suggested amendments required to gain the accreditation because they would fundamentally have changed the meaning of terms such as ‘very considerable difficulty in walking’ which are enshrined in legislation pertaining to the Blue Badge scheme.
- 3.29 Several local authorities, including Bolton Council, also make their printed information available in a range of locally spoken languages and in audio format for blind and partially sighted people. Rather than mass-printing these leaflets, they are placed online and printed upon demand so as to reduce costs and the potential for waste.
- 3.30 Despite some examples of locally-focused information, a number of the Blue Badge holders we consulted, as part of the focus group discussions, reported a significant lack of

⁴ Plain English Campaign (2011) *Crystal Mark*. Available at: <http://www.plainenglish.co.uk/crystal-mark.html>

information regarding how they can use a Blue Badge within their local area and identified this as a significant source of frustration:

“I think I’ve stumbled across information as I’ve gone along as I didn’t realise that you can park in the spaces for free, because I’d been paying for ages...and I was like what? So there were basic little things that I didn’t realise about the Blue Badge and I’ve just stumbled across them.”

Blue Badge holder from the West Midlands

- 3.31 It is relevant to note here that the research team did encounter several examples of local authorities that had updated aspects of their Blue Badge scheme, including making the transition to using IMAs as the means of determining the eligibility of ‘subject to further assessment’ applicants, but had not also taken the time to update the supporting information they provide to applicants at the application stage. In some cases this even extended to the local authority’s application forms, which had remained unchanged for many years despite significant changes to other practices.

Comments such as the quote above suggest there is greater scope for some local authorities in England to ensure they have made every reasonable effort to inform prospective Blue Badge applicants, and badge holders, about the scheme in comprehensible language. Although developing this information undoubtedly presents a short term challenge to a busy Blue Badge administration team, once it has been published it need only be checked and updated periodically (e.g. every year) or when substantive changes are made to the way the Blue Badge scheme is delivered by the local authority (e.g. implementing IMAs, or an enforcement regime).

Our research has highlighted the key information requirements of Blue Badge applicants and badge holders that local authorities should bear in mind when developing locally specific information. The most important topics for written information are:

- The Blue Badge eligibility criteria, to help inform applicant’s decision to apply.
- How to apply for a badge, to improve the clarity of the scheme for applicants.
- What constitutes correct use or misuse of a badge, to reduce cases of inadvertent Blue Badges misuse and abuse.
- Where Blue Badges holders can park and how the scheme is enforced; to reduce the uncertainty reported by badge holders in respect of local parking rules, and the frustration associated with unexpected penalty charge notices.

It also emphasised the need for any written information (whether online or printed) to be in easy to comprehend language, and with due consideration of the needs of different community groups and those with specialised information needs (e.g. blind and partially sighted people). Given that good quality information can be produced and distributed at relatively low cost, we believe this is a **Quick Win** for local authorities wishing to improve customer friendliness, offer greater clarity for applicants and provide more consistency and

fairness by ensuring all applicants have equal access to clear information on the Blue Badge scheme.

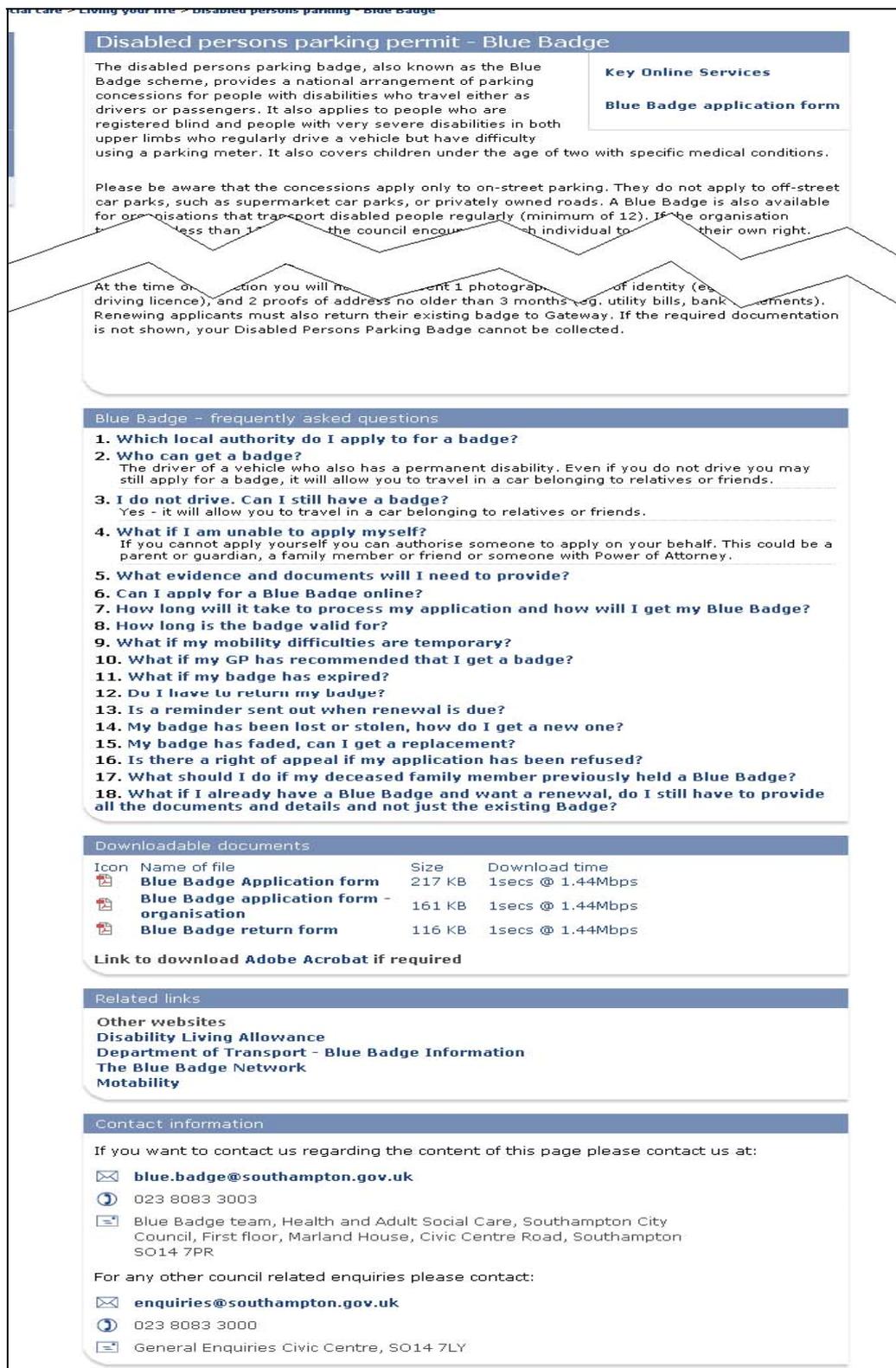
Online information resources

- 3.32 Our review of local authority Blue Badge scheme web-pages revealed a similarly wide range of approaches to presenting information on the scheme, which was also reflected in the level of detail and clarity with which the information was presented. Our focus group discussions with Blue Badge holders revealed that all of the IT-literate respondents were keen for more information to be made available by local authorities on their websites to enable them to research the scheme and directly download application forms. Less IT-literate respondents (who tended to be from older generations) noted that they would ask family members or carers to find them information on the internet whenever necessary.
- 3.33 This underlines the importance of local authorities' providing good information about the Blue Badge scheme which can be accessed via the internet. For disabled people, and people whose first language is not English, there are considerable benefits from being able to access digital information. These include the use of accessibility features in internet browsers by partially sighted people (which can help to overcome the need for documents to be published in an accessible format) and the ability for local authorities to publish alternative language versions of documents without the need to hold large stocks of printed versions. Online translation tools can also be applied to English language documents in digital format for less common languages.
- 3.34 For most authorities the Blue Badge webpages on the council's website can be found easily - within 2 clicks. Our review of Blue Badge scheme websites yielded two particularly concise and clearly presented examples of web-pages that were easy to navigate and contained easy to comprehend content. They belonged to Wandsworth Borough Council⁵ and Southampton City Council⁶.
- 3.35 Figure 3-3 shows how Southampton City Council fit all of their Blue Badge information onto one page by using an expandable FAQs section. This is very effective at communicating all of the relevant information on Blue Badges and includes embedded signposting to other related services.

⁵ Wandsworth Borough Council website: http://www.wandsworth.gov.uk/info/279/disabled_people-parking_permits-blue_badge/296/blue_badges/1, last accessed on 18/02/2011.

⁶ Southampton City Council website: <http://www.southampton.gov.uk/living/adult-care/livingyourlife/bluebadge/>, last accessed on 18/02/2011.

Figure 3-3: Screenshot of Southampton City Council’s Blue Badge Webpage



Our focus group discussions with Blue Badge holders revealed that good quality local authority web-pages which provide details of the scheme help individuals to self-inform about the Blue Badge scheme, and consequently reduce their need to contact the authority for further information. The key items of information which badge holders expect to be able to find on their local authority's website are:

- Thorough information and FAQ's sections for prospective Blue Badge applicants and badge holders.
- Guidance on how to apply for a Blue Badge, including clearly presented information on the eligibility criteria.
- The ability to download relevant documents, such as electronic versions of printed information and application forms.
- Links to the Blue Badge web pages on the DfT and DirectGov websites.
- Contact details for the local authority's Blue Badge administration team and/or contact centre.

Given the relatively low initial cost of developing bespoke Blue Badge web-pages, and the fact that our focus group discussions with Blue Badge holders indicated that successive generations of people are becoming more IT literate, we believe thoughtfully designed Blue Badge web-pages are **Quick Wins** for local authorities. By clearly presenting the eligibility criteria, and application requirements they can also help to reduce speculative applications and avoidable contact from members of the public.

4 THE APPLICATION PROCESS

- 4.1 This chapter focuses on the good practices identified in respect of the application process for individual Blue Badges. It takes account of the different organisational and geographical contexts of case study local authorities in our sample, and identifies how they have impacted on local authorities' approaches to designing and handling Blue Badge applications.
- 4.2 The application process is focused mainly on the application forms that local authorities used to gather details about Blue Badge applicants, although we note that these can be administered in a range of different ways (paper, telephone, in-person, online). Irrespective of the type of approach used, all of the practices involve an applicant imparting sensitive personal data to their local authority in order to start the process of applying for, or renewing, a Blue Badge.
- 4.3 Based on our definitions of good practice, it was clear that local authority's Blue Badge application processes should aim to satisfy the following key principles:
- ❑ **Clear and Customer friendly:** application routes are easy to comprehend and any forms or questions used are easy to understand and complete.
 - ❑ **Fair and consistent:** the process should be uniform within an authority irrespective of the way an individual applies (online, paper, telephone, in-person), so that every applicant provides the same information about themselves and their disability when applying.
 - ❑ **Speed and efficiency:** the application process should not be overly cumbersome from the perspective of both the applicant and the local authority which has to process the information collected. Only questions which are pertinent to an individual's application for a Blue Badge should be contained in forms, which should support efficient 'downstream' eligibility assessment practices.
 - ❑ **Resistant to abuse:** the process should build-in reasonable safeguards to discourage overly speculative applications and enable the local authority to identify fraudulent applications.
- 4.4 Our review of 33 Blue Badge application processes revealed considerable variance in all aspects of Blue Badge application forms. In many cases this reflected fundamental differences in the way that local authorities delivered subsequent Blue Badge scheme processes (particularly eligibility assessments), and immediately highlighted an opportunity for greater consistency across England.
- 4.5 For example, the application forms we reviewed ranged in length and appearance from around 10 basic personal questions photocopied onto a single side of A4 paper; to 16 page, professionally printed booklets containing more than 50 individual questions and detailed guidance notes on completing the application form.

What quickly emerged from our review was that the Blue Badge application process (specifically the application form) is heavily influenced by the eligibility assessment practices that each local authority has adopted. Those local authorities that have adopted desk-based and independent mobility assessment practices typically require more detailed application forms than those still relying upon assessment by an applicant's GP.

We believe it would be highly beneficial for authorities to adopt a more standardised form to ensure the information collected, and hence the basis for assessments, is consistent across all authorities. However, unless Blue Badge eligibility assessment practices are standardised across England, we recognise that it remains necessary for each authority to use an application form which provides sufficient flexibility to gather the specific information needed to inform their local eligibility assessment practice.

The role of the application form

4.6 Before summarising the good practice features of the Blue Badge application forms we reviewed, it is pertinent to reflect on the central role the application form plays with regards to the organisation of subsequent Blue Badge scheme processes. We identified this as:

- Gathering personal information about Blue Badge applicants / checking the details of existing badge holders to allow local authorities to update and maintain local databases.
- Informing an initial consideration of whether the applicant is eligible without/subject to further assessment.
- If applicable, giving the applicant an opportunity to provide proof of their eligibility for a Blue Badge under the without further assessment criterion (e.g. HRMDLA award letter).
- If applicable, giving the applicant an opportunity to provide evidence of their eligibility under one of the subject to further assessment criteria (e.g. details of their disability/illness, medication, treatment and walking ability).
- Providing the applicant with an opportunity to review and sign declarations which confirm they have not falsely represented their condition and in relation to information-sharing to aid eligibility assessment and enforcement.

We used this summary as the basis for designing a set of model application form questions, which have been included in the updated scheme guidance for local authorities, and believe it is useful for local authorities to reflect on this when developing or updating their own Blue Badge application forms.

4.7 Examples of good practices have been set out in the remainder of this chapter, which has been structured around the key features of Blue Badge application processes.

Design and layout of application forms

4.8 Good practice concerning the layout and design of application forms is relevant to all Blue Badge issuing authorities, including those who predominantly receive applications through online, telephone or in-person practices; since these local authorities must often also offer paper application forms.

4.9 Alongside the basic principles of good form design (clear text, obvious spaces to record responses, sufficient space for responses) which are embodied within the new model application form included in revised Blue Badge Scheme Local Authority Guidance (England), a number of specific practices emerged which can be considered as good practice in respect of the design and layout of application forms.

The use of several shorter forms specialised for different eligibility criteria

4.10 Stoke-on-Trent Council has developed a suite of shorter application forms for different eligibility criteria with separate guidance notes for each one. These comprise:

- Eligible without further assessment.
- Eligibility requiring further assessment.
- Child under the age of 2.
- People who are registered blind (large print form).
- Organisational Blue Badges.

4.11 These application forms are distributed following initial contact with the applicant (either in-person or over the telephone), so do create a slight administrative burden for the local authority, but these enquiries are handled through a contact centre facility. A number of short screening questions are asked to determine which of the eligibility pathways the applicant will be applying through. Feedback from our focus group discussions with badge holders suggests that this approach is more customer-friendly than a single longer form, because each application form contains fewer questions and only those which are broadly relevant to the applicant. The accompanying guidance for applicants can also be simplified, thereby reducing scope for confusion.

4.12 Stoke on Trent Council reported that, once completed and submitted, the shorter application can be processed more quickly than longer forms because they collect less extraneous data and the reduced number of pages speed up data handling and entry. While it is not possible to fully unpick the costs and benefits of using short forms, given the number of other variables which affect administrative costs in our calculations, the relatively low marginal administration cost per application calculated for Stoke-on-Trent appears to back this up. The £5.44 cost per application is noticeably lower than that calculated for any of the other local authorities (all of which use a single lengthy application form) that also use IMAs as the primary means of determining the eligibility of subject to further assessment applicants (average cost of £8.93).

4.13 While the approach established in Stoke-on-Trent appears to be cheaper than other similar approaches, there are some advantages to using a longer single application form. These include the fact that application forms can be collected (or downloaded) without the need to consult a member of staff and that they present an opportunity to achieve economies of scale through bulk-printing.

It appears that Stoke on Trent's use of several application forms provides a means of improving the efficiency, clarity and customer friendliness of the application process. However, we recognise that some local authorities will continue to prefer using a single application form because it better suits their subsequent eligibility assessment processes and reduces the need for initial contact from the applicant. The model form we developed for inclusion in updated Blue Badge scheme guidance for local authorities has therefore been designed to be modular, enabling local authorities to select the sections, or individual questions, they want to incorporate into a single/several shorter application forms.

Reforms to the Blue Badge scheme (announced by the coalition Government on 14 February 2011) appear to unlock the potential for Blue Badge applications to be fully completed online. Online application methods offer a means of tailoring the Blue Badge application questions to an applicant, through the use of intelligently routed questioning. As such, it appears that a full online application has the potential to offer the same efficiency and customer friendliness gains as Stoke on Trent's practice, without the need for initial contact between the local authority and the applicant.

Dedicated renewal application forms

- 4.14 We found that a small number of local authorities have developed separate application forms for Blue Badge renewals which are much shorter and only check an applicant's personal information upon renewal. Although we acknowledge the benefits to the customer and potential cost savings for the local authority of adopting this practice, we only consider it to be good practice when issued to applicants who have previously undergone an IMA and an appropriate healthcare professional has advised the local authority that the individual has a condition that does not require reassessment, or who clearly experience static conditions that will not improve. Otherwise it may fail to adequately cater for changes in an applicant's disability and condition and, in the case of 'without further assessment' applicants, their receipt of qualifying benefits such as HRMCDLA. To not check this information is tantamount to awarding Blue Badges 'for life' rather than on the basis of checking whether the applicant continues to qualify for a badge.
- 4.15 Officers at Kensington & Chelsea have developed a simple approach to helping applicants who are applying to renew a Blue Badge. Before sending out the application form, the administration team highlights the sections that each renewal applicant needs to complete. In doing so they check the local authority's database to see which eligibility pathway the applicant qualified under previously, and whether the OT assessor has indicated that the applicant needs to be reassessed upon renewal. While customer friendly, this approach also ensures that applicants do complete all application form sections required of them.

We recommend that renewal applicants complete a full application form and additionally supply their previous Blue Badge number and expiry date, except where they have previously undergone an IMA and an appropriate healthcare professional has advised the local authority that the individual has a condition that does not require reassessment, or where an individual clearly experiences a static condition that will not improve. This full application process every three years ensures the scheme remains resistant to abuse and

we consider the inconvenience for applicants of completing a full application every 3 years is outweighed by the mobility benefit realised by successful applicants.

Inclusion of guidance notes

- 4.16 We recognise that the quality of information gathered through the application process relies heavily on the initial application form being completed thoroughly and correctly by the applicant. To support this activity a number of local authorities have developed guidance notes; either within the application form itself, or as a separate note.
- 4.17 The DfT model application form included in the January 2008 scheme guidance included guidance notes on the form. We found that a number of authorities deviate from this approach because they believe a less cluttered application form is clearer for applicants, and reduces the printing costs and information processing time for the issuing authority. Some have elected to produce separate guidance notes, because they can be retained by the applicant for future reference following the submission of their application form.
- 4.18 We found good and less helpful examples of guidance notes that were both embedded within the application form, and set out in separate documents. There were examples of unduly lengthy guidance notes which detracted from the ease of completion, while some had been printed using small fonts which hindered comprehension and accurate completion.
- 4.19 Sunderland, Shropshire and Haringey produce separate additional notes from the application form which applicants keep once they have submitted it. These inform applicants of the next steps the authority will take, what happens if the application is successful or unsuccessful, their right to appeal and useful contact details. This approach improves customer service as it ensures applicants are aware of how their application will be handled and invites them to contact the issuing authority if they are concerned with the service. We recommend this to be good practice, albeit one that could be provided online since it is recognised likely to increase printing and distribution costs for local authorities.

“I just ignored them (the instructions) I think. I got more confused trying to read the explanations and just waded through it... in fact I think I got the form returned at one time to say ‘you’ve not completed this correctly’.”

Blue Badge holder from North West England

- 4.20 Feedback from our focus groups with Blue Badge holders varied depending on individual preferences. The general consensus which emerged was that the application form should contain basic ‘signposts’ and prompts to help applicants complete the form accurately, but that any detailed guidance should be provided in a separate document, or on the local authority’s website so that first time applicants could consult it as required.

We recommend that, as a minimum, short practical guidance notes designed to help applicants answer questions accurately should be included on the form in a succinct and clear manner. Some authorities may consider it useful to also produce more detailed notes (possibly as a downloadable online file, which can be printed on demand) for the applicant

to read if they are seeking further information about the eligibility criteria or Blue Badge scheme.

Other useful design features

4.21 A number of other useful design features emerged as ‘good practice’ through our review of the application forms used by Blue Badge issuing authorities. These have been documented in Table 4-1:

Table 4-1: Other good practices associated with application form design and layout

Good practice	Description	Costs and benefits
Reminder checklist	<ul style="list-style-type: none"> • 23 of the 32 forms included a checklist at the end • Tick boxes to remind applicants to include proofs of ID/eligibility and sign declarations 	<ul style="list-style-type: none"> • No cost when designing form • Reduces time spent chasing applicants for further details
Local language application forms	<ul style="list-style-type: none"> • 29 of the 32 forms were available in local languages • Mostly ‘on request’ to avoid expensive print costs • Inclusion of local language statements in the English form 	<ul style="list-style-type: none"> • Translation costs • Fair access for people whose first language is not English • Reduced need for in-person support for people whose first language is not English
Electronic form for download	<ul style="list-style-type: none"> • 25 of the 32 forms could be downloaded as a PDF file from the council’s website • An electronic version of the Blue Badge application form 	<ul style="list-style-type: none"> • 25% of applications received in Haringey are downloaded and printed by the applicant • Saves administration, printing and postage costs. • Instant access to application forms for applicants

These good practice design features offer scope for local authorities to improve the quality of Blue Badge applications received from members of the public, achieve up to 25% reductions in the costs associated with printing and distributing application forms and maximise the customer friendliness and fairness of the Blue Badge application process.

We believe that reminder checklists and downloadable PDF forms are **Quick Wins** for local authorities given their low cost and ease of implementation. The potential costs associated with providing information and application forms in locally used languages mean it is not considered as a quick win, however local authorities with large cohorts of people for whom English is a second language may wish to consult the DCLG guidance on translation of publications⁷.

⁷ DCLG (2007) *Guidance for Local Authorities on Translation of Publications*, available online at: <http://www.communities.gov.uk/documents/communities/pdf/580274.pdf>, last accessed on 21/01/2011

Core application questions and practices

- 4.22 The wide variety of questions contained in local authority application forms we reviewed, and the surprising numbers of authorities which are not currently fulfilling statutory requirements, suggested to us that a recommended set of core questions could help local authorities with the design and maintenance of their Blue Badge application forms. A good example of this is the case study evidence which found that some authorities have ceased to collect VRN data because they do not proactively enforce their scheme, and therefore do not see any value in holding this information (despite it being a statutory requirement). Conversely, those authorities that do conduct proactive enforcement (e.g. Wandsworth and Kensington & Chelsea) find this information helps their enforcement officers to identify instances of Blue Badge misuse, where there is no sign of the badge holder but a vehicle is being parked in a disabled bay.
- 4.23 Analysis of the most frequently asked questions across our case study evidence base and those necessary to gather information required through primary legislation and secondary regulations, has enabled us to develop a set of core questions to aid local authorities with the design of Blue Badge application forms (Table 4-2).

Table 4-2: Core questions for Blue Badge application

Topic area	Question fields
Personal details	<ul style="list-style-type: none"> • First name • Surname • Title • Gender • Date of birth • Name at birth • Place of birth (town and country) • National Insurance number • Address, email and telephone • Postcode
Using the Blue Badge	<ul style="list-style-type: none"> • Vehicle Registration Number (VRN) of vehicles in which the badge will be used most frequently.
Renewals	<ul style="list-style-type: none"> • Serial number of current Blue Badge (if renewing a badge) • Expiry date of current badge

- 4.24 We believe the information fields highlighted above are essential for local authorities wishing to meet the requirements of the scheme, and their widespread adoption will facilitate greater consistency of information collection across local authorities in England. We have deliberately not included questions relating to an applicant's personal mobility or disability here, since they are covered by the 'without/subject to further assessment' sections of the form, which are described later in this section. The core questions have been included in the updated model application form set out in the 2011 Blue Badge scheme guidance for local authorities and will also inform the on-line application form to be made available via Directgov through the Blue Badge Improvement Service (BBIS) announced by Government in February 2011.

When collecting and using personal information, we recommend that local authorities focus on those identifiers which do not change (e.g. date of birth and place of birth) as a means of identifying people. This can help when Blue Badge applicants move to a new local authority area and subsequently apply to renew their Blue Badge.

Proof of identity

- 4.25 Our review further highlighted that the range of approaches to checking proofs of identity and residency varied considerably from one local authority to another. Some authorities reported a reluctance to handle original proofs of identity (such as passports and driving licences) because they did not have a secure post room. Others such as Bolton, Haringey and Worcestershire have overcome this issue by insisting that all successful applicants present their proof of identity when collecting their Blue Badge in person, but make exceptions for individuals where this is not possible (e.g. where it is not appropriate for an applicant to present in person, the local authority could make a home-visit to check their proof of identity).

We recommend that where postal applications are accepted and/or it is not feasible to expect applicants to appear in person to collect their Blue Badge, then photocopies of birth/adoption certificates, passports and driving licences should provide adequate proof of an applicant's identity. As a matter of course these should be cross-checked against the photographs that an applicant submits with their application, and on any occasion they present to the local authority in relation to their Blue Badge application.

Proof of address

- 4.26 The majority of local authorities relied on the 2008 guidance model form suggestions of a utility bill, council rent book or Council Tax bill, with the utility bill and Council Tax bill required to have been dated within the last 3 months. Most authorities only request two proofs (ID and address included) which are often used interchangeably, contrary to guidance specifying a total of three.
- 4.27 A small number of authorities reported that a minority of Blue Badge applicants were unable to provide the proofs of address specified in the model form in the 2008 scheme guidance for local authorities. It has been partially possible for some local authorities to overcome this issue by encouraging applicants to provide specific consent for the local authority to check the Council Tax database (which includes a record of people who receive a Council Tax exemption) through the use of a declaration, such as that below:

"I give consent to the local authority to check my personal details on the local authority's Council Tax database in order to save me having to submit proof of my address."

We recommend that this declaration is included in the updated Blue Badge model application form alongside other declarations which have been set out later in this chapter. We also recommend that updated scheme guidance should continue to indicate what are considered to be appropriate forms of proof of identity in order to resist fraud. Given the increased prevalence of identity theft and associated fraud since the advent of the Blue Badge scheme it may also be appropriate to consider specific guidance for local authorities on how to check proof of residency and identity as part of the anti-fraud steps they should take at the application stage.

Application form questions – without further assessment applicants

- 4.28 It remains a requirement to ask ‘without further assessment’ applicants if they are registered as severely sight impaired (Blind) or receive the Higher Rate Mobility Component of the Disability Living Allowance (HRMCDLA) or War Pensioners’ Mobility Supplement (WPMS). We understand that this will be further extended once legislation is updated to accommodate the continuous automatic entitlement to severely disabled service personnel and veterans with specific tariffs of award under the Armed Forces Compensation Scheme⁸.
- 4.29 All authorities covered in our review ask these questions in their application forms, but certain authorities’ requirements for proof of eligibility were less satisfactory;
- Half of authorities did not require recently dated proof of HRMCDLA or WPMS benefit.
 - The local authorities which did specify ‘recent proof’ of eligibility was required, asked that letters were dated across a wide range of timescales – from the ‘last 12 months’ to ‘within the last 3 years’.
- 4.30 Interestingly, none of the local authorities appeared to be aware that DWP provide annual uprating letters to confirm the scale of any awards currently received by the applicant. We understand that "Indefinite or "life" awards are still subject to review by DWP, and therefore older award letters are not reliable indicators of whether a person currently has an award of HRMC. All customers are issued with an annual uprating letter, stating their entitlements, and should therefore have a notification 12 months old or newer.

In the case of HRMCDLA, we recommend that the updated scheme guidance and model Blue Badge application form suggest local authorities check whether the applicant has been awarded the benefit indefinitely, as well as insisting that an award letter from DWP, or annual uprating letter, is dated within the last 12 months.

- 4.31 We found that Birmingham City Council requests that people applying for a Blue Badge who are in receipt of HRMCDLA enclose an award letter from DWP that is dated within the last 12 months. To aid applicants whose award letters are older than this, Birmingham City Council’s Blue Badge application form includes the contact number that claimants can call to

⁸ This entered into force on 17 June 2011 - <http://www.legislation.gov.uk/uksi/2011/1307/made>

obtain an up to date HRMCDLA award letter. This has several benefits for both the local authority and Blue Badge applicants, including:

- Making it easier for HRMCDLA applicants to obtain their proof of eligibility prior to applying for a Blue Badge.
- Reducing the number of applicants who apply with HRMCDLA award letters that are more than 12 months old.
- Reducing the amount of staff time spent contacting applicants and asking them to obtain a more recent award letter from DWP.

We recommend that the model application included in DfT guidance is updated to additionally incorporate the contact information for DWP, and that local authorities are encouraged to provide the information on their websites as well as in their Blue Badge application forms and any accompanying guidance notes. The DWP phone number will need to be regularly reviewed in order to ensure that it remains up-to-date.

4.32 Finally, we found that several authorities also asked for CVI forms (formerly known as the BD8) or Ophthalmologists' reports from severely sight impaired applicants. Given that not all severely sight impaired people have necessarily registered their disability with their local council, we recommend that this practice should be encouraged as a means of ensuring applicants are registered as blind, and enabling the local authority to help them by signposting them towards appropriate support services (as required). This is likely to be particularly helpful for applicants that have moved from one local authority area to another and may not yet have registered themselves as severely sight impaired.

Application form questions – subject to further assessment applicants

4.33 As identified earlier in this chapter, it is impractical to completely standardise all of the Blue Badge application form questions without also homogenising each local authority's eligibility assessment practices. While this may become a real possibility following the Government's announcement that it intends to introduce legislation which requires greater use of IMAs, this is unlikely to come into effect until 2012.

4.34 Nonetheless; workshops with expert advisers, experienced Blue Badge eligibility assessors (primarily OTs and Physios) and local authority team leaders underlined the importance of designing application form questions that can inform subsequent eligibility assessment practices. While the questions used will depend on the assessment approach adopted by a local authority, the information gathered about an applicant through an application form can be used:

- to enable the cross-checking of relevant personal information held by the local authority in relation to the applicant's condition (e.g. Social Care records);
- as the basis for a desk-based assessment of an applicant's likely eligibility for a Blue Badge under the 'subject to further assessment' criteria;
- as a means of verifying information the applicant provides, or cross referencing observations made by a healthcare professional during an IMA.

4.35 Further detail on these practices is set out in chapter 6 of this report, but this section identifies sample questions which, based on our review, have informed the drafting of the model application form in the updated Blue Badge scheme guidance and could be implemented by local authorities to streamline and improve the quality of questions in their Blue Badge application forms.

Severe disability in both arms

4.36 Questions concerning people with severe disability in both arms are relevant for all 'subject to further assessment' applicants. When speaking to local authority officers, and Blue Badge holders in focus groups, we found that only a small number of applicants qualify under this criterion. This may explain why a surprisingly large number of authorities (9 in total) failed to include such questions, or even identify this as an eligibility criterion, in their Blue Badge application forms. We were concerned that these authorities risk unduly excluding people who are statutorily eligible for a Blue Badge in their area.

4.37 The question concerning severe disability in both arms on the model form goes on to ask applicants to describe their medical condition, detail any car adaptations and specify difficulties operating parking metres. The majority of authorities in our review included the first two aspects of the question, but omitted the third. It appears they do not value detailed information regarding the use of parking meters, despite it also being part of the qualifying criterion in the regulations that govern the scheme.

4.38 A number of authorities in our sample additionally seek evidence of car insurance as proof that the applicant drives an adapted vehicle. The local authority officers reported that this helps to speed-up decision-making since the adaptations to a vehicle are listed and therefore provides sufficient proof that an applicant qualifies under the 'severe disability in upper arm's' criterion.

We recommend that the updated scheme guidance retains the multiple tick boxes included in the current model application form, and reminds local authorities of the need to make provision for people who may qualify for a Blue Badge because of a severe upper limb disability, rather than under the more common walking criterion. In the model application form we have proposed that these questions are slightly reconfigured so that each yes/no 'checkbox' response is followed by a qualitative question which prompts for more information about the applicant's upper limb disability, adapted vehicle and any difficulties they experience when using parking meters. We have additionally included a prompt that asks an applicant who drives an adapted vehicle to provide details of their insurance in order to facilitate faster eligibility decisions for this group of applicants.

Walking criterion

4.39 Our review of 32 application forms found that the greatest variability in Blue Badge application form questions concerned the 'subject to further assessment' walking criterion. This primarily reflects the different information requirements of the eligibility assessment practices that our case study authorities had adopted.

- 4.40 We found that a number of authorities that assess all applicants by IMA (e.g. Stoke on Trent and Shropshire) omit many questions regarding the walking criterion, whereas other authorities (Kensington & Chelsea, Bolton, Wandsworth) include all model questions and use a combination of cross-checking of local authority records, desk-based assessments and IMAs to verify the applicant's claims. As an example, it remains essential to ask the applicant if they are unable to walk at all. While this question is included in the current DfT model form, only 11 authorities among our sample had included it in their application forms.
- 4.41 A number of local authority officers interviewed through the review noted that the current model application form questions on walking were hard for many applicants to answer, specifically because they required judgement of their walking speed and distance in terms of metres, minutes and seconds. This was a finding that also emerged strongly from the pilot of a core principles application form, IMA approach and desk-based assessment tool. The Blue Badge holders who participated in our pilot were asked to estimate how far they could walk and how long it took them. We found that this specific question yielded far less reliable information than a similar one which asked where the applicant was able to walk to from their front door. When quoted walking distances to local landmarks were compared with those which the applicant had estimated themselves (using a free online mapping tool) there was a considerable disconnect between the two. We found that the landmark focused walking distances (e.g. post office, supermarket, corner of the street) were generally a more accurate measure of how far each individual was able to walk, and the associated problems with this.
- 4.42 While it is not possible for DfT to build references to local landmarks into the model application form (given its need to apply all local authorities in England) there is clear scope for local authorities to include walks between well known local landmarks as questions in their Blue Badge application forms. The approaches used in Sheffield and Bolton, set out below, offer a model for how this can be implemented and have informed the generic questions relating to walking the applicant undertakes in their local area that we included in the model application form present in the updated scheme guidance for local authorities:

Examples of landmark based walking distance guides:Sheffield:

How far are you able to walk before you start to feel discomfort...

- The length of Fargate (from the Cathedral to the Town Hall)?
- From the Town Hall entrance to the fountains in the Peace Gardens?
- The length of the Moor, from the Town Hall to Moorfoot?

Bolton:

Can you or your child walk from...

- War Memorial in Victoria Square to the Mill Engine in Oxford Street (approx 100m)?
- War Memorial in Victoria Square to McDonalds in Deansgate (approx. 150 meters)?
- War Memorial in Victoria Square to Market Hill in Knowsley Street (approx. 200 meters)?
- Less than any of the above.

- 4.43 We note that these approaches may not be as effective for county councils, where the wider geographic area may make it harder to identify a common walking route (unlike in a city centre), but could be helpful for unitary and metropolitan borough authorities.
- 4.44 A further question which many local authority officers suggested could be included on forms but is absent from the DfT model, explores the use of walking aids by a Blue Badge applicant. Many local authorities asked applicants whether their walking aids had been prescribed by a medical professional or were purchased privately, in order to gain some insight into whether their walking may already have been assessed by an Occupational Therapist or Physiotherapist.
- 4.45 Building on the findings from both the pilot research and workshops with expert advisors, local authority desk-based assessors and experienced Blue Badge IMA assessors (chiefly OTs and Physios), we were able to develop a set of 'core principles' for application form questions that local authorities can use to collect information to inform desk-based assessment and IMA practices. The core topics and question fields are set out in Table 4-3:

Table 4-3: 'Core principles' application form questions to inform eligibility decisions

Topic	Question fields
Description of the applicant's walking ability and how it is affected by their permanent and substantial disability	Walking speed – possibly indicating how quickly they can walk over a measured/commonly known distance.
	The distance they are able to walk before they experience pain or breathlessness and have to stop (possibly using local landmarks, or asking the applicant to describe a walk they regularly take).
	The manner in which they walk (framed around question 2(g) in the existing model form: normal, adequate, poor, extremely poor, other).
	Whether the applicant uses a walking aid and whether this was purchased privately or prescribed by a healthcare professional (who should be named by the applicant in order to enable cross-checking with adult social care for adaptations, equipment loan etc).
	Whether the applicant experiences excessive pain or breathlessness as a result of walking. In the case of excessive pain, the applicant should state whether they experience this: <ul style="list-style-type: none"> • All of the time (constant/chronic pain) • While walking (acute/incidental pain) • After they have completed the physical activity of walking (latent pain)
	The amount of time the applicant can walk for before they experience pain or breathlessness and have to stop.
	Whether the effort of walking presents a danger to the applicant's health, with a prompt for a detailed description of why this is the case.
How applicants cope with day-to-day tasks	<ul style="list-style-type: none"> • Climbing the stairs • Getting out of the bath • Dressing themselves • Walking around the supermarket to do their own shopping • Using public transport to get around in their local area

Topic	Question fields
Medical information about the applicant	Hospital visits / treatments received in last 6-12 months, with a prompt for details of any specialist clinics the applicant has attended for treatment.
	Medication being taken and the dosage (need to bear in mind some people may be allergic to some drugs/unable to mix them) with specific prompts for pain relief medication.
	Whether the applicant is awaiting surgery or other treatments that may mitigate the effects of their condition, and the amount of time they expect to be waiting – where an applicant is not adjudged to have an underlying permanent and substantial disability then this is likely to lead to a refusal on the grounds that the impairment is temporary.
	(We note that this was based on the 2008 guidance; so local authorities wishing to draw on this, or the scoring tool, will need to adapt it to reflect the interpretation offered in the June 2011 scheme guidance published by DfT.)
	Whether the applicant requires medical intervention or assistance in order to recover from the effort of walking, with a prompt for a description of the intervention required.
Contact details for medical specialist/hospital consultant/GP if the applicant is undergoing treatment in order that a healthcare professional working on behalf of the Blue Badge issuing authority write to check this information with the specialist if necessary (only usually after an IMA if it is not clear to the assessor whether the individual is eligible to receive a Blue Badge).	

The topics and question fields set out in Table 4-3 were subsequently tested through a pilot of IMA and desk-based assessment procedures with volunteer Blue Badge holders, before being used by the research team to design an updated model application form for use in future DfT Blue Badge scheme guidance for local authorities. Both the ‘core principles’ information fields set out above and the model application form are intended to help local authorities develop an application form which suits their local circumstances and chosen eligibility assessment practices (see Chapter 6 for our findings on this topic).

Based on our experience of piloting a Blue Badge application form based on the ‘core principles’ set out above, we strongly recommend that local authorities which seek information from applicants about their walking ability (e.g. to inform a desk-based assessment, or for cross-referencing in an IMA) should ask a combination of qualitative and quantitative questions. This approach offers applicants who are unable to accurately state how far they can walk in a minute with an alternative means of providing information about their walking ability. Asking in both quantitative and qualitative terms also provides an assessor with the opportunity to cross-reference the two sets of responses against each other (e.g. in the context of a desk-based assessment) and against observations of an applicant walking (e.g. in the context of an IMA) to reach an informed decision about whether an individual meets the Blue Badge walking criterion.

Application form questions - Child under the age of two

- 4.46 It is necessary for local authorities to provide a means of receiving applications from parents/guardians of children under the age of two⁹ that require bulky medical equipment to accompany them, or who must always be kept near a motor vehicle so that they can receive/access medical treatment quickly.

“I’m reapplying for mine. Believe you me you need a Philadelphia lawyer to fill this in. When you come to a part with ‘Have you any children under two, have they no arms?’, that doesn’t make sense.”

Blue Badge holder from North West England

- 4.47 Based on feedback from Blue Badge holders consulted through focus group discussions (see above), such an approach can be beneficial for all applicants. By removing questions pertaining to children under the age of two from the general application form, local authorities can improve the clarity of the application process for the majority of applicants. This also enables local authorities to treat applications from parents/guardians of children under the age of two as special cases (as stated in the January 2008 local authority scheme guidance) and develop a shorter separate application form specifically for these applicants.
- 4.48 Given the relatively small number of applications received by the local authorities in our sample, 19 from our sample of 33 had elected to pursue this approach. By providing specific information on their websites for the parents of children under the age of two, and in some cases making the dedicated application form available for download from their website (e.g. Stoke on Trent), the local authorities aimed to improve the customer friendliness and targeting of the Blue Badge scheme in their area.

We recommend that, where practical, local authorities consider removing questions concerning children under the age of two from their ‘general’ individual Blue Badge application form, and create a bespoke form for the parents/guardians of children under the age of two. Making this change can help to:

- Streamline the application process for parents and guardians of children under the age of two, to ensure their applications are treated as special cases.
- Improve the clarity of the Blue Badge application process for all applicants, by removing questions which are irrelevant to the majority of applicants.

We also note the changes in legislation delivered in June 2011 which extended the eligibility to children under the age of three. As such, local authorities may need to be reminded of the need to update their application forms and other practices accordingly, whilst DfT’s own guidance and model application forms will also need to change in line with the new legislation.

⁹ Children under 3 with specific conditions eligible since 17 June 2011 - <http://www.legislation.gov.uk/ukxi/2011/1307/made>

The use of declarations in application forms

4.49 Our review of 32 Blue Badge application forms found the content and format of declarations to vary considerably from the 5 point iteration included in the January 2008 scheme guidance published by DfT. Feedback from the local authority officers we interviewed suggested that the sample declarations needed to be reviewed to make their wording more 'watertight', and improve their effectiveness at unlocking additional administrative and enforcement procedures. We identified three potential uses of declarations in Blue Badge application forms:

- To confirm an applicant understands the application process and has answered questions truthfully and to the best of their knowledge ('Applicant declarations').
- To seek specific consent from an applicant for their sensitive personal data to be shared with other council departments, and to access stored sensitive personal data in support of their application form ('Information declarations').
- To confirm an applicant understands the terms and conditions of receiving a Blue Badge and agreeing to abide by them when using a Blue Badge ('Terms of use declarations').

4.50 In most cases local authorities have adopted multi-point tickboxes, which are signed and dated by the applicant to confirm they have read and completed each one. This is important because some declarations might be optional, so it is relevant for the local authorities to check each one in turn. Tick boxes enable applicants to provide explicit consent for the sharing of 'sensitive personal data'. We found the following councils use multi-point tick boxes: Coventry, Islington, Kensington & Chelsea, Nottingham, Richmond, Sandwell and Southampton.

Declarations relating to the application process

4.51 We identified a number of declarations which are used by local authorities to ensure that an applicant understands the application process and consents to further assessment activities. The following declarations are based on those used by the Royal Borough of Kensington & Chelsea and Nottingham City Council, and have been included in the updated model application form included in DfT's revised good practice guidance:

- I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.
- I confirm that I do not currently hold a Blue (European) Disabled Person's Parking Badge from any other council.
- I agree to the local authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

- I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing treatment, in order to determine my eligibility for a Blue Badge.

We believe the ‘application process’ declarations described above are essential for local authorities wishing to improve the robustness of their application and assessment practices, and have recommended they are included in the updated DfT model application form so that local authorities adopt these declarations.

4.52 A number of other declarations emerged through our review as potential ‘optional’ declarations which local authorities may wish to consider adopting alongside those included in the model application form. These have been summarised in Table 4-4, below:

Table 4-4: Optional ‘application process’ declarations

Topic	Declaration	Associate practices	Used by
Photo of the applicant	“The photographs(s) that I am sending with this application are a true and fair likeness of my current appearance”	Photographs to have names printed and signed on the back	Kensington & Chelsea
Photo of the applicant	“I certify that this is a true likeness of [name of applicant as it will appear on the badge”	Photos signed and dated by an adult of professional standing who you have known for at last 3 years and who is not related to you. Name, address and profession to be provided	Manchester City Council
Conflict of interest	“Are you an employee, a Councillor, a friend or relative of an employee or Councillor of XXXXXX Council?”	Yes/No checkbox with request for further details if applicant ticks yes.	Manchester City Council

Local authorities may also wish include the optional ‘application process’ declarations described in Table 4-4 if the specific issues they address are concerns in their local area.

Declarations related to the use and sharing of applicant’s sensitive personal data

4.53 In order for local authorities to accord with the Data Protection Act (1998) it is necessary for each Blue Badge applicant to understand, and consent to, how their sensitive personal data will be stored and shared. Given that most of the information submitted through a Blue Badge application form is considered ‘sensitive personal data’ under Schedule 3 of the Data Protection Act 1998^{10 11 12}, we believe it is essential that local authorities understand the key terms associated with the Act and apply the law correctly.

¹⁰ Data Protection Act 1998, Schedule 3 (Section 4(3)). *Conditions relevant for purposes of the first principle: Processing of sensitive personal data*, London, HMSO. Available online at: <http://www.legislation.gov.uk/ukpga/1998/29/contents>, last accessed on 2nd August 2010

¹¹ Information Commissioner’s Office (2010) *Data Protection Guide*. Available online at: http://www.ico.gov.uk/for_organisations/data_protection_guide.aspx, last accessed on 2nd August 2010.

4.54 Key terms looked up by the research team which are applicable to a local authority's Blue Badge scheme processes have been summarised below and interpreted into the context of a local authority's handling of application forms:

- ❑ **Data:** Information which is recorded as part of a relevant filing system or with the intention that it should form part of a relevant filing system.
- ❑ **Sensitive personal data:** Information relating to the applicant's physical or mental health or condition.
- ❑ **Accessible record:** A health record that consists of information about the physical or mental health or condition of an individual, made by or on behalf of a health professional (another term defined in the Act) in connection with the care of that individual. Also includes information held by a local authority for housing or social services purposes.
- ❑ **Processing:** Obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data, including: organisation, adaptation or alteration of the information or data; retrieval, consultation or use of the information or data; disclosure of the information or data by transmission, dissemination or otherwise making available, or; alignment, combination, blocking, erasure or destruction of the information or data.

4.55 Applying the Data Protection Act (1998) definitions of 'processing' and 'sensitive personal data' to statements contained in Schedule 3 of the Data Protection Act⁸, it is clear that:

- ❑ A local authority has the legal right to process information about a Blue Badge applicant's physical or mental health or condition in order to determine whether they are eligible to receive a Blue Badge under the criteria set out in the Chronically Sick and Disabled Person's Act (1970) and its supporting Statutory Instruments.
- ❑ Under Schedule 3 of the Data Protection Act 1998, it is allowable for local authorities to share sensitive personal data with anti-fraud organisations without an individual's (e.g. applicant's/badge holder's) explicit consent where this is necessary for the purposes of preventing fraud.
- ❑ Also under Schedule 3 of the Data Protection Act 1998, cross-checking of existing council records can definitely be completed provided that the Blue Badge applicant has given explicit consent for sensitive personal data held by other local authority departments to be retrieved and used by the Blue Badge team.

The research team's reading of Schedule 3 of the Data Protection Act is that **any secondary use** of an applicant's sensitive personal data (e.g. Council Tax, Social Care, Education records) **requires explicit consent** from the applicant, **unless** the local authority is sharing this information with anti-fraud organisations to **prevent fraud**.

4.56 A common misconception reported by local authority officers was that the co-location of a Blue Badge team within a specific local authority department (e.g. Adult Social Care or Parking Services) was sufficient to enable Blue Badge applicant's sensitive personal data to be shared internally. However, the Information Commissioner's Office (ICO) is specific that

¹² The Data Protection (Processing of Sensitive Personal Data) Order 2000. SI 2000/417, London, HMSO. Available online at: <http://www.opsi.gov.uk/si/si2000/20000417.htm>, last accessed on 2nd August 2010.

the 'secondary use' of information collected for one purpose (e.g. an assessment for a stair-lift in the home) and used for another (e.g. determining eligibility for a Blue Badge) will require the explicit consent of the individual before it can be shared.

- 4.57 Explicit consent can be obtained from applicants through the inclusion of appropriate declarations in the Blue Badge application form. Despite the inclusion of such declarations in the model application form appended to DfT's January 2008 scheme guidance, less than half of the local authorities in our sample had adopted them. This is surprising given they can also be used to 'unlock' valuable eligibility assessment processes such as cross-checking existing records held by a local authority in relation to each applicant. Further detail on the practice of 'cross-checking' existing records can be found in chapter 6 of this report, but we note here that it can speed up the application process and reduce assessment costs for local authorities. A simple example is where a local authority uses Council Tax records to verify proof of residency to save the applicant from having to submit two physical proofs of address.
- 4.58 Some councils had incorporated relevant declarations into their application form to some extent, but their wording fell short of fully complying with the requirements of the Data Protection Act. For example, the ICO considers 'proper' explicit consent to be fully informed, freely given and capable of being refused and/or withdrawn at any time. As such, local authorities should establish alternative practices for applicants who withhold, or withdraw their consent for secondary uses of their sensitive personal data. In such cases a local authority that intends to cross-check adult social care records to determine applicants' eligibility for a Blue Badge will need to provide recourse to some other form of assessment (e.g. desk-based assessment or IMA) alongside the practice of cross-checking existing council records.
- 4.59 Our independent view is that to be absolutely certain of compliance with the Data Protection Act 1998, and unlock the identified benefits delivered by the cross-checking of an applicant's other council records, a local authority should:
- Establish what level of data sharing within their authority is 'necessary' to deliver the Blue Badge scheme** and therefore does not require explicit consent from the Blue Badge applicant. It may be that, in the case of eligibility assessments, the practical answer to this question is typically 'none'; because the applicant could always be seen by an independent healthcare professional for a new assessment (e.g. under the subject to further assessment criteria), so the council's ability to access their existing records is desirable rather than essential. However, in the case of parking enforcement it is often necessary to share an applicant's data with enforcement officers responsible for in-street checks on Blue Badges displayed in parked vehicles.
 - Identify the desirable/optional elements of data sharing that may help the local authority and in some cases the applicant**, to determine their eligibility for receiving a Blue Badge. For example; access to social services records which could be cross-checked, thereby reducing the need to refer applicants for IMAs.
 - Consider how an applicant for a Blue Badge can give proper explicit consent** (fully informed, freely given and capable of being refused and/or withdrawn at any time) to enable the optional elements of data sharing that are desired by the local authority. We believe this requires an authority to specifically identify the sources of data that the

council employees may check and include an explanation of why they are being checked (e.g. to speed up the application process and attempt to save the applicant the need to attend for a medical assessment) in application form declarations.

- ❑ **Design appropriate declarations for inclusion in the Blue Badge application process** which, if ticked voluntarily by a fully-informed applicant, will provide the local authority with the necessary consent under the Data Protection Act to cross-check the specified council databases. From a practical point of view it is important that the applicant is aware this is voluntary so that they are not dissuaded from applying for a Blue Badge due to fears their sensitive personal information will be shared with other parties.
- ❑ **Provide the applicant with a copy of their signed declarations** so that they have a record of what they have consented to allow the local authority to do with their sensitive personal data.
- ❑ **Establish clear alternative procedures for those applicants that do not consent to information sharing.** For example, these applicants may need to attend for an independent mobility assessment with an OT or physio even though they have previously been assessed by another council department.

4.60 In updating the model Blue Badge application form the research team has recommended the inclusion of two 'mandatory' and two 'optional' declarations that relate to the processing of an applicant's sensitive personal data submitted through the Blue Badge form:

Mandatory declarations (required to be completed by all applicants, otherwise they will not be issued with a Blue Badge)

- I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud.
- I confirm that I do not currently hold a Blue (European) Disabled Person's Parking Badge from any other council.
- I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement..

Optional declarations (seeking voluntary consent from applicants for information sharing)

- I consent to the local authority checking any information already held by the Council's Social Care department on the basis that: It can help determine my eligibility for receiving a Blue Badge, it may speed up the processing of my application and it may save me from needing to undergo a mobility assessment.
- I agree to the disclosure of the information included in this form to other council departments/service providers so that I can be informed about other council services that may be of benefit to me.

While it is down to each individual local authority to interpret the Data Protection Act 1998 and conform to its requirements, we are aware that a large number of the local authorities covered by our review are operating outside of the research team's interpretation of the Data Protection laws, and are therefore not fulfilling their role as data controllers. We recommend that updated Blue Badge guidance being developed as an output to this review includes further detail on the Data Protection Act and signposts local authority officers to the "Data Protection Guide"⁹ and the "Data Sharing between different local authority departments"¹³.

We have recommended changes to the declarations contained within the DfT's model application form based on the declarations used by Birmingham City Council, The Royal Borough of Kensington & Chelsea and Rotherham Metropolitan Borough Council. Given the low cost and ease with which local authorities can incorporate declarations into their application forms, the opportunities they unlock in terms of cross-checking of existing council records (see Chapter 6 for further details) and the essential role they play in ensuring compliance with the Data Protection Act (1998); we believe information sharing declarations are a **Quick Win** for Blue Badge issuing authorities.

Declarations relating to Blue Badge 'terms of use' and enforcement

4.61 We found that the London Boroughs of Richmond and Kensington & Chelsea have developed additional declarations for inclusion in their application forms which specifically related to 'appropriate use' of a Blue Badge. These local authorities reported that such declarations at the application stage had contributed to a decline in the number of speculative applications and enhanced the mandate from which the local authorities can take legal action against people involved in cases of wilful misuse of their Blue Badge. Examples of these declarations have been set out below:

- I agree to the local authority sharing information in this form with other local authorities responsible for the Blue Badge scheme and with parking enforcement agencies for the purpose of preventing and detecting crime.
- I understand that you will own any parking badge(s) you issue to me and I will return the parking badge(s) within 48 hours if you, or somebody on behalf of the council, ask me to do so.
- I agree that, if you issue me with a disabled person's parking badge, I will not allow anyone else to display it in a motor vehicle in which I am not travelling.
- I agree that, if I become aware that another person is using my badge or a copy of my badge in a vehicle in which I am not travelling I will report this to the council immediately.

¹³ Information Commissioner's Office (2008) *Data Protection Good Practice Note: Data sharing between different local authority departments*

- I agree that I will not alter any details on any badge issued to me (for example, extending a badge's expiry date). I understand that if I alter a badge it will cease to be valid and any vehicle displaying the badge will be subject to a penalty charge notice.
- I agree that, if I am applying to renew a parking badge, I will return my previous badge when collecting my new one.

4.62 While we recognise the value of such declarations for local authorities where Blue Badge fraud and misuse are widespread issues, the research team is not convinced that they were most appropriate for inclusion in the Blue Badge application form. Instead, we believe these kinds of declarations may be more effective if a successful applicant ticks and signs them in the presence of a local authority officer when collecting their Blue Badge. This way a council representative can countersign the declarations to form a contract between the authority and the badge holder, which may be a particularly effective tool for authorities that proactively enforce the Blue Badge scheme. During in-person badge collection an applicant can also be presented with the DfT's Blue Badge Rights & Responsibilities booklet which they can sign to declare they have read it, or will agree to read it, and abide by the rules of the Blue Badge Scheme.

4.63 We recognise that not all local authorities meet successful applicants face-to-face, so have therefore suggested that the declarations in the model application form contained in DfT scheme guidance simply retains the one which states that:

- "I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge."

Where Blue Badge fraud and misuse are particular issues, and/or where a local authority has a rigorous Blue Badge enforcement regime (e.g. Metropolitan Borough Councils and urban unitary authorities) we recommend that local authorities consider adopting the additional declarations set out above and require applicants to check and sign them before they are issued with a Blue Badge. Such an approach could be readily adopted by local authorities that administer the Blue Badge scheme through a contact centre or 'one-stop-shop' setting.

Online, telephone and in-person Blue Badge applications

4.64 Many authorities provide alternative ways of applying for a Blue Badge to the conventional paper application form. In all cases, a paper application form is retained alongside these alternatives, which are:

- Online application services
- Telephone based application services
- In-person application services

4.65 Each of these practices demonstrates different costs and benefits which are discussed in the remainder of this section.

Online application services

- 4.66 Enfield, Southampton and Shropshire Councils had each developed online application forms for three main reasons:
- To increase the ease by which everyone could access the Blue Badge scheme.
 - Provide a more cost-effective application process.
 - To speed up the processing and issuing of applications.
- 4.67 These online application forms were not simply a PDF copy of paper based forms, but a series of pages with self-completion fields that used a logical routing between questions to ensure applicants complete the correct fields whilst avoiding any extraneous questions for their application. We found that Shropshire County Council had not fully adapted their paper application form into an appropriate online form and as a result it still includes the signposting between questions (which instructs applications which questions they should completed) because automatic 'routing' between questions had not been implemented.
- 4.68 Southampton's online application form listed the forthcoming application sections so that the applicant could track their progress through the form and understand what type of information they will need to supply before they began the application. Kent's online application form provided a useful progress bar for the applicant to follow as they move through the application pages.
- 4.69 We found that online Blue Badge application forms can be used to partially automate the assessment process because they do not require data entry by administrative staff. If we consider the walking eligibility criterion, the online forms can be used to only accept numerical responses to open ended questions concerning how far applicants can walk and how long this walk takes them, while applicants can be presented with options regarding the severity of their walking condition. Such an approach is used by Southampton City Council with the answers being used to inform desk-based decision-making processes (see chapter 6 for more detail on desk-based assessments).
- 4.70 A number of other functions can be built into online application forms, which benefit both applicants and local authorities:
- A unique reference number can be given to each applicant.
 - The applicant can suspend their application and complete it later, using a login using the reference number and password (Shropshire County Council offer this facility).
 - Applicants in Enfield can search for their address using their postcode. This ensures the address is entered correctly.
 - Email confirmation of form submission can be sent out. This can include the reference number, a copy of the completed application form, contact details for enquiries and useful information regarding next steps of the assessment process amongst other things.
 - Southampton enables applicants to upload their photo and a digital signature to accompany their application.

- Enfield and Shropshire provide facilities to review, edit and print the application form before submission.
- 4.71 A number of authorities have cited the need to receive photographs, signatures, ID and proof eligibility in paper form to be a barrier to using an online application process. Enfield, Southampton and Shropshire have all developed different procedures to receive these documents:
- Enfield requires the applicant to post in their supporting documentation. At the end of the online application form the applicant is informed of what documents are required for the different eligibility criteria. Applicants are then asked to list what documents will be sending in. This ensures the applicant has read what documentation they need to send in and could help with the management of documents in the back office.
 - The online form developed by Southampton enables applicants to upload and attach their photo and signature to it, however applicants still need to post in confirmations of address and identity as well as evidence of eligibility.
 - Shropshire does not request the applicant to submit any documents by post until they have determined the eligibility of the applicant. If the applicant is successful they are then contacted and asked to provide relevant documents and signatures to prove that they are eligible to receive a Blue Badge.
- 4.72 Enfield (4%) and Shropshire (9%) report that, currently, relatively low proportions of applications are received online, but that they anticipate these proportions will increase steadily as successive generations of people begin to apply for Blue Badges.
- 4.73 Due to the way local authorities record management information about the Blue Badge scheme it was not possible for the research team to attribute direct cost-savings to online application forms. We also found that these had not been captured by the four local authorities which had implemented the online application practice. The application process developed by Southampton had been implemented very recently when the case study interviews with local authority officers were compiled, which meant there were no measured costs and benefits to report at the time.
- 4.74 Nonetheless, the local authority officers and expert advisers attending the Blue Badge Good Practice Workshop overwhelmingly perceived the online method of application to be the by far the most cost-effective and beneficial to applicants, although noted that the benefits could be outweighed by high upfront costs of IT development.

Despite a lack of quantitative evidence of actual 'cost savings', it is clear that online application practices offer significant benefits for both local authorities and applicants. This has been recognised by DfT through the announcement of the launch of the Blue Badge Improvement Service (BBIS) in February 2011. Using the measures of good practice defined in Chapter 2, we can set these out as follows:

- **Fairness** and **consistency**: Online application forms offer greater scope for standardisation of Blue Badge administration and assessment practices across

England, because once a robust online form is available it could potentially be made available to other local authorities. A standardised online application form would also exert 'downstream' influence on assessment practices across England by collecting information needed for robust cross-checking, desk-based assessments and IMAs. Details of potential cost savings associated with this practices are documented in chapter 6 of this report, but are of the order of £7.49 per Blue Badge applicant (where every subject to to further assessment applicant is referred for an IMA) and £15.93 per Blue Badge applicant referred for a GP assessment. We note that alternative application processes do need to be available for people who prefer not to apply online.

- **Customer-friendliness and clarity:** Applications can be made instantly without the need for contact from the local authority. Help fields can be embedded into questions which applicants do not comprehend, while logical question routing and mandatory response fields can help ensure forms are tailored to each applicant's eligibility pathway, making them easier to complete and minimising errors by applicants.
- **Speed and efficiency:** Online forms enable a fast service - Enfield reported a turnaround of 2 working days for online applications which do not require a medical assessment. Automated data entry (by applicants) is likely to be more cost effective than manual data entry by local authority administration staff, while there are also likely to be reduced printing and postage costs for local authorities.
- **Resistance to abuse:** Mandatory response fields could reduce scope for speculative applications.

Overall, we consider the submission process used by Southampton to be the most efficient and customer friendly because documents can be partly submitted online, applicants do not need a printer and it is not necessary for the authority to contact the applicant prior to Badge issue. We also note that reforms to the badge design and the planned implementation of the common service improvement project (BBIS) offer greater scope for local authorities to adopt full-online application processes such as those in Southampton.

Looking to the future, we believe there is scope for a Blue Badge online application form to be supported by software tools based on the eligibility criteria to support quicker and more consistent eligibility decision-making. For example, responses to applications under the walking criterion could automatically feed into a software tool that applies a quantitative scoring mechanism to make a 'desk-based' recommendation on an applicant's eligibility (which include 'referral for an IMA'). While every recommendation would need to be checked by administrative/assessment staff, this could offer further potential for efficiency gains associated with the eligibility assessment process. We understand this is a measure which is unlikely to be taken up by DfT, given that local authorities are responsible for eligibility decision-making in respect of the Blue Badge scheme, but note it is something local authorities may wish to consider jointly developing.

Given the relatively high cost of developing and maintaining (e.g. following changes in legislation) online application forms, we do not believe it makes financial sense for the 152

Blue Badge issuing authorities to each develop individual online application forms. As such we recommend that DfT takes a strong lead in this process through the BBIS reforms, thereby making a consistent and robust online application process available to a wider range of Blue Badge applicants in England.

Telephone application services

- 4.75 Four of the local authorities we engaged with accepted Blue Badge applications by telephone. All of the local authorities which had adopted telephone application systems believed they provide a more personalised and customer-friendly service for applicants. This was particularly identified where Blue Badge enquiries could be handled by a contact centre which operates outside conventional office working hours, instead of the answer machine/call back service employed by many back-office Blue Badge teams.
- 4.76 Each of the three authorities used a different model for incorporating telephone contact into the application process among our sample of Blue Badge issuing authorities:
- ❑ In first model, employed by Sandwell Council until late 2009, the application process begins with a telephone call to the local authority in which an initial assessment of whether they are likely to be eligible is made. This determines whether they should be sent a paper application form or not, which is then processed in the normal way.
 - ❑ In the second model, followed by Windsor & Maidenhead and Wiltshire, the entire application can be conducted over the 'phone, with the administrative assistant entering an applicant's information in real-time. This model negates the need to send out paper applications, but does require applicants to send in proof of eligibility and identification, as well as signed declarations, if their telephone application is successful. It also relies on desk-based assessment tools (see Chapter 6) to enable administrative members of staff to determine the eligibility of subject to further assessment telephone applicants.
 - ❑ In the third model, used by Sheffield City Council, all applicants initially complete a paper application form so that Blue Badge officers can identify and process all those automatically eligible. Whilst applicants who require further assessment are phoned up to undergo an interview and triage process using a scoring system which ascertains their eligibility and minimises the number of applicants requiring a mobility assessment.
- 4.77 Officers from Sandwell reported that they did not believe their authority's practice was particularly efficient, because it duplicated parts of the application process and indebted a heavy workload on their Blue Badge team. While this approach does improve resistance to abuse and improve customer service, we note that it is unlikely to be cost-effective. Savings made from fewer speculative and fraudulent applications are not discernible compared to the extra time staff spend answering phones. This is reflected in the higher than average cost of administration in Sandwell (£30.64 per Blue Badge, compared to an average across our sample of £15.87 per badge). To address these inefficiencies Sandwell was in the process of making a transition to the second model of telephone contact in which the entire application is conducted over the phone.
- 4.78 The second and third model for using telephone application services appear to provide greater efficiencies, greater consistency of decision making, improved customer-service and

maintain resistance to abuse. A number of key components of the schemes implemented in Windsor and Maidenhead and Sheffield have been identified. They are:

- ❑ Database software with automatic routing and determination of eligibility. Windsor and Maidenhead use the CRM software called LAGAN, whilst Sheffield have developed an MS Access database for decision making and an MS Excel database for storing records.
- ❑ Decision making is based on a 'desk-based' scoring system or decision matrix designed by independent healthcare professionals, which improves internal consistency of decision-making and speeds up the assessment process. These scoring systems are designed to minimise the number of borderline applicants that are sent for a mobility assessment. Further detail on these decision-making tools is available in Chapter 6 of this report.
- ❑ Customer Service Advisers (CSA) underwent training in the identification and investigation of conditions. They also use an aid memoire to help them gather adequate detail regarding the relevant disabilities and health conditions which applicants described when applying on the 'phone.
- ❑ Windsor and Maidenhead and Sheffield retain copies of a full paper application form to help people who are deaf/hard of hearing, or do not have access to a telephone.
- ❑ Sheffield can organise a telephone translator for applicants whose first language is not English.
- ❑ Sheffield uses the contact with a Blue Badge applicant to identify other potential service needs; such as arranging bin collections from the side of an applicant's house, or ramped access into their home.
- ❑ Where a telephone application is allied with a 'real time' desk-based eligibility assessment the applicant is not immediately informed of the decision. Instead they are instructed to expect a letter once a decision has been made, which facilitates further investigation or a referral for a mobility assessment as appropriate.

4.79 It is hard to quantify the specific administrative cost savings associated with telephone application practices because the sample of authorities that have adopted the approach is very small, and because we do not have accurate cost data for contact centre staff employed by the local authorities. However, we note that the costs of administration and desk-based assessment per application at Sheffield, Windsor and Maidenhead and Wiltshire are substantially lower than across our sample of 33 case study local authorities:

Table 4-5: Comparison of desk-based assessment and marginal administrative costs for telephone application authorities (2009-10)

Cost indicator	Whole sample average	Average for desk-based assessment Councils outside Greater London	Sheffield	Windsor & Maidenhead	Wiltshire
Assessment cost per application	£26.66	£17.67	£14.84	£7.70	N/A
Administrative cost per application	£15.91	£8.09	£3.67	£6.34	N/A
Average cost of all Blue Badge applications handled	£27.41	£17.26	£12.41	£7.91	£10.90
Estimated cost saving per 1,000 applicants, when compared with the average cost of desk-based eligibility assessment approaches outside London (e.g. saving which is assumed to be partially attributable to the telephone application practice)			£4,850	£9,350	£6,360

4.80 Table 4-5 shows that the cost information calculated for Wiltshire, Sheffield and Windsor and Maidenhead demonstrates their combinations of telephone application and desk-based assessment tools are substantially cheaper than both the average values for the whole sample of 33 case study authorities and the average across the 14 local authorities which use desk-based assessments as their primary means of determining the eligibility of Blue Badge applicants. The latter finding in particular suggests that local authorities which have implemented telephone application processes are able to deliver a similar (desk-based) eligibility assessment practice but at a lower cost.

4.81 Building on the evidence of cost savings achievable through their implementation, we believe there are two key drivers behind the cost-efficiency of telephone application practices:

- ❑ Efficiencies gained in administration resulting from fewer speculative and erroneous applications, reduced printing costs for application forms, and the use of a contact centre in lieu of a back-office team. These are particularly reinforced where a local authority has already invested in a contact centre facility and wants to maximise the number of services which it delivers.
- ❑ The facilitation of desk-based assessment processes which can be applied as a way of identifying applicants who are clearly eligible/ineligible and therefore do not require a mobility assessment. For example, the decision making systems used by Windsor and Maidenhead and Sheffield combined comparable assessment outcomes (when compared to an IMA) with very low rates of referrals for IMAs. Sheffield sent 6.1% of applications for an IMA, which is less than half the average rate of 16.4% for the

remaining authorities. Detailed analysis of the general effectiveness of desk-based assessment processes is contained in Chapter 6 of this report.

As well as appearing to demonstrate potential cost savings for local authorities, the implementation of telephone application practices delivers a number of other potential benefits for applicants and issuing authorities, some of which come at a cost:

- **Fairness and consistency:** Enables applicants who are not confident of reading or writing English to apply, but still requires paper and/or online Blue Badge applications for deaf/hard of hearing applicants.
- **Customer-friendliness and clarity:** Allows for immediate applications when it is convenient for members of the public, and can include times outside of conventional office hours when a call centre is used. Also allows applicants to ask questions about the Blue Badge scheme during the application process, and be signposted to other council services. However, it is important to remember that not everyone likes to use the 'phone, with some focus group respondents associating contact centres with automated telephone answering services.
- **Speed and efficiency:** Demonstrable cost savings in Table 4-5 are backed up by faster response times. Sheffield processes and issues Blue Badges for their 'without further assessment' and 'subject to further assessment' applications within one day of receipt (with the exception of applicants who need to be seen for an IMA in person), a reduction from 4 and 5 weeks respectively. Adoption of telephone application handling by a contact centre can free-up back-office staff for reallocation to other higher order tasks.
- **Resistance to abuse:** It is considered harder for an applicant to lie in a telephone assessment rather than on a paper application form. The requirement for applicants to answer questions over the phone removes the opportunity for applicants spend time developing false answers. It also removes the opportunity for the applicant to select the 'most severe' sounding response option presented in a paper application form.

Overall we consider that a full telephone application system can be a cost-effective way of handling Blue Badge applications, particularly where a local authority has already established, or is in the process of establishing, a contact centre/call centre to support local service delivery. We stress to local authorities the need for this practice to be allied with suitably robust eligibility assessment practices (see Chapter 6) and underline the fact that authorities must still provide a facility for applicants to submit forms in writing, for example if they have a hearing impairment or simply do not like using the telephone.

Looking to the future, we believe it could be possible for local authorities to train customer service assistants to input application data using the BBIS online form, potentially reducing the need for expensive CRM software and improving the consistency of information being gathered through Blue Badge application processes in England.

Applications in-person

- 4.82 Nine of the local authorities we contacted provided facilities for applicants to apply for a Blue Badge in-person (face-to-face) at a customer service centre. With the exception of Rotherham, all of these authorities also accepted postal applications. Rotherham has taken the step of only permitting applications for a Blue Badge to be made in-person in order to improve the resistance to abuse of the scheme.
- 4.83 In-person application services were mainly offered for the following of reasons:
- To provide an alternative customer-orientated means of application, and aiding those who which find postal and telephone applications unsuitable.
 - To improve the accessibility of the Blue Badge scheme by providing a number of locally based customer 'contact centres' or 'one-stop shops' where people can apply. Such networks were provided by 6 authorities: Haringey, Shropshire, Worcestershire, Rotherham, Liverpool and Wirral.
 - To consolidate the application, assessment and issuing processes so a badge can be issued during a single visit. Customer Service Assistants (CSA) ensure application forms are filled out correctly with the correct documentation, removing the need to request more information at a later date. CSAs can also check ID and proof of eligibility on the day, removing the need to handle original documentation and can directly issue badges to the applicant.
- 4.84 All authorities who use a network of contact centres manage the application process with a centralised database or CRM software to enable application information to be shared cross the contact centres and with a central Blue Badge team. Such software also holds digital copies of important documents, so there is no need to store paper documents. Contact centres often also have access to other council service databases like council tax or social services, so, with the permission of the applicant, their ID and eligibility details can be cross-checked.
- 4.85 CSAs are able to check evidence of eligibility and if necessary find additional/missing information. For example, Rotherham may ask the applicant to phone up the DWP with them and with their permission ask the DWP to confirm details of their benefit. It should be noted that Rotherham conduct their in-person applications in a private room so personal details can be disclosed.
- 4.86 The practice of establishing several contact centre locations is identified as a good practice, particularly for authorities that cover a large area, because it prevents applicants from having to travel excessive distances to apply for a Blue Badge. Local authority officers who participated in workshops during the project often cited that contact centre arrangements were better suited to urban unitary authorities and metropolitan boroughs. However, our research suggests that this is not necessarily the case given that some rural authorities have successfully implemented contact centre arrangements across a larger number of sites. For example, Worcestershire County Council uses 7 'Hubs' to deliver its local services, including handling Blue Badge applications, while Shropshire offers 21 customer contact locations across the county.

- 4.87 Shropshire council had previously experimented with accepting Blue Badges applications at Post Offices but found that to be an expensive service to procure. Instead, Shropshire Council now operates a network of 11 unmanned 'Telly Talk' portals throughout the county, in addition to 10 staffed contact centres. These portals comprise a computer system with a webcam, scanner and digital camera. They enable customers to communicate with council staff and complete a Blue Badge application, including scanning in documents and taking photos. They are located in secure locations such as libraries, post offices, museums, community centres and cyber cafes. The council considers them to be the most cost-effective way to receive a blue badge application.
- 4.88 Two authorities, Coventry and Sheffield, do not have locally based contact centres but still accept in-person applications at a central contact centre. This benefits applicants who may not wish to apply by post or telephone, but is less convenient for people who live a distance from the central contact centre. This highlights the need for authorities operating a single contact centre to also accept alternative forms of application (e.g. postal/telephone/online).
- 4.89 All of the contact centre locations are published on the local authority's website, along with instructions about the documentation that Blue Badge applicants need to bring with them to support their in-person application. Most authorities enable applicants to download the Blue Badge application form, or receive one through the post, to complete before submitting it at a contact centre. Rotherham MBC was an exception in our sample of local authorities. It does not permit an applicant to see a form until they apply in-person as a means of reducing the opportunity for fraudulent Blue Badge applications.
- 4.90 All local authority CSAs received disability awareness training and had been trained by OT, physiotherapist or other health professional about the Blue Badge application and issuing process, as well as how to make decisions about an applicant's eligibility for a Blue Badge based on the scheme's eligibility criteria. Worcestershire uses a Blue Badge champion at each hub who keeps the other staff up to date with changes to their scheme, and the Blue Badge service manager ensures ongoing training throughout the year. Liverpool City Council also conducts quality assurance checks on its staff to ensure the accuracy of determinations and customer service standards.
- 4.91 As with the telephone application practices, it is difficult to accurately quantify the specific administrative cost savings associated with in-person application practices because the cost information for 'one-stop' or customer contact staff members that handle Blue Badge applications are 'hidden' within the overall set-up and running costs of contact centres. Furthermore, the majority of applications continue to be received by post and it therefore misleading to attempt a quantitative comparison of the costs associated with in-person Blue Badge application practices.

While contact centres have mainly been developed as a way of delivering local services in urban unitary and metropolitan borough councils, they can equally be adopted by large rural county councils as a means of delivering local services. The examples of Shropshire and Worcestershire, both of which have embedded the Blue Badge application process

within their contact centres, offer a model for other larger rural councils wishing to transform their local service delivery arrangements.

Despite a lack of reliable cost information it is certainly feasible to suggest that, for local authorities which have already invested in setting up a network of contact centre or 'one-stop-shop' style service points, there is clear potential for Blue Badge applicant practices to be embedded within this context. A number of qualitative costs and benefits also emerge:

- **Fairness and consistency:** Enables applicants who are not confident of reading or writing English to apply, but still provides paper and/or online Blue Badge applications for deaf/hard of hearing applicants. On the downside the internal consistency of eligibility decision-making becomes harder to maintain when there are different teams of people awarding Blue Badges (e.g. CSAs in different contact centres).
- **Customer-friendliness and clarity:** Convenient for applicants and yields high levels of customer satisfaction resulting from the personal service that applicant's receive. Enables the CSA to explain the application process and questions to an applicant and make full use of disability awareness training they receive.
- **Speed and efficiency:** It is fast and saves postage and printing costs. 'Without further assessment' applicants can get their badge 'while they wait' provided they can supply the requisite proof of eligibility documentation. Cash payments can be taken for the Blue Badge issue fee, thereby reducing local authority's transaction costs. On the downside, contact centres and (both staffed and unstaffed) require considerable up-front investment, for which Blue Badge applications is unlikely to be the driver.
- **Resistance to abuse:** Meeting the applicant in person reduces scope of identity fraud and it is also harder for applicants to give misleading answers when applying in-person

The in-person application mechanism lends itself well to handling applications and renewals from 'without further assessment' Blue Badge applicants. It can enable badges to be produced while successful applicants wait when they are in clearly receipt of appropriate qualifying benefits. However, **as with the telephone application method, we emphasise the need for local authorities to ensure that any in-person application mechanism is accompanied by a robust approach to determining the eligibility of 'subject to further assessment' Blue Badge applicants.**

While eligibility assessment practices are covered in Chapter 6 of this report, it is relevant to note here that local authorities such as Bolton and Shropshire have integrated in-person application forms with appropriate cross-checks of existing council records, desk-based assessments by administrative members of staff and, where necessary, recourse to an IMA with an appropriate healthcare professional. Conversely, some local authorities have empowered administrative staff to perform all of these roles and only offer recourse to an IMA with a healthcare professional upon appeal, or not at all. The research team's recommendation is that **this approach is not robust and results in administrative staff members making judgement calls on Blue Badge eligibility which should be reserved for appropriately qualified healthcare professionals.**

Equalities monitoring

4.92 While there is no requirement on local authorities to monitor uptake in the Blue Badge scheme, we note that many authorities with diverse local populations are collecting equalities monitoring information. Almost half of councils in our sample (mainly those in urban areas) collect ethnicity information through optional questions on their Blue Badge application forms, and roughly two thirds of these monitor the data they receive. These local authorities are using this information to:

- Identify whether any particular local population groups are failing to engage with the Blue Badge scheme – for example, specific cultural, religious or faith based groups.
- Plan and target local service improvements to facilitate greater uptake in the Blue Badge scheme – for example in communities where there are groups of people that are likely to qualify for a Blue Badge but do not come forward.
- Identify whether there are particular communities within the local population where fraudulent applications, or Blue Badge misuse and abuse are particularly common.
- Plan and target information campaigns with specific local community groups to tackle issues such as the casual misuse of a family member’s Blue Badge.

4.93 As an example, the London Borough of Haringey uses interpreters, a multi-language website and targeted awareness raising schemes in local communities to support a representative uptake of the Blue Badge scheme. The ethnicity question developed by Kensington and Chelsea for their application form has been presented below. We consider it to be the clearest format for this question while taking up minimal space on the form:

Ethnic origin, tick the relevant box

The purpose of this section is to provide information on whether we are delivering services in an appropriate manner across the whole community. This information is confidential and failing to complete it will not prejudice your application. If you do not wish to fill it in please tick the ‘I do not wish to say’ box below.

(a) White	(b) Black or Black British	(c) Mixed	(d) Asian or Asian Asian	(e) Chinese
<input type="checkbox"/> British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> African	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Pakistani	
		<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	

Any other please write below

I do not wish to say

We note that issuing authorities with diverse local populations aiming to support the representative uptake of the Blue Badge scheme in their local area may wish to adopt equality monitoring practices which are unlocked through the inclusion of optional questions in the application form, such as those set out above.

5 ORGANISATIONAL BADGES

5.1 This chapter focuses on good practices identified in respect of organisational Blue Badges and the approaches local authorities have adopted to determine the eligibility of organisations applying for a badge.

Design and layout of application form

5.2 The majority of local authorities (31 out of 33) in our sample issue a Blue Badge application form for organisations separately from that used for personal badge applicants. Principal reasons cited for adopting this approach are:

- There are few common sections between the Blue Badge application forms for individuals and organisations.
- Simplifying and shortening the application form given to individuals. The reduction in questions and sections avoids unnecessary confusion for the vast majority of applicants. A form that is simpler to complete should also lead to fewer mistakes and consequently reduces the administrative burden of processing applications. There are also cost benefits resulting from the printing a shorter individual application form.
- Reducing the number of speculative applications for organisational Blue Badges - some authorities removed the organisational section from the main application form to help them control who they issue an organisational application form to, this enables them to screen out organisations they know not to be eligible (e.g. taxi firms) and reduce the overall administrative burden of organisational Blue Badges.

5.3 Most authorities in our sample did use the questions in the DfT model form by asking for details on the types of vehicles used by the organisation and whether they have been adapted. However, a small number of authorities diverged from the existing DfT model application form by issuing very short organisational application forms which omit many of the recommended questions. The two main reasons given for this are:

- Some authorities believe they are already familiar with the eligible organisations in their area, and therefore did not need lengthy forms to validate their applications.
- Some authorities received very few organisational applications, and therefore did not believe they needed a lengthy application form.

We recommend that a **Quick Win** for local authorities is to develop a separate organisational Blue Badge application form based on the organisational badge questions in the model Blue Badge application form. Doing so enables these questions to be removed from the individual Blue Badge application forms, which improves the clarity and customer friendliness of the individual badge application form, helps reduce the number of errors in all application forms, cuts printing costs and waste paper for local authorities, and enables an authority to better screen and control Blue Badge applications from organisations.

Although we recognise that some authorities will already have good knowledge of eligible organisations in their area, this is not the case in all areas. We are aware that many authorities are seeking to tighten their procedures for awarding organisational Blue Badges

due to concerns over their widespread misuse and abuse. To achieve these objectives and ensure greater consistency of approach across England, we believe it would be beneficial for all local authorities to adopt the organisational Blue Badge application form questions included in the model form contained in DfT's revised good practice guidance..

Assessment criteria for organisational badges

- 5.4 A source of frustration reported by Blue Badge issuing authorities related to existing DfT guidance on determining the eligibility of organisational Blue Badge applicants. Several authorities noted that they receive a large number of speculative applications from organisations seeking Blue Badges, but that the ambiguity of the current guidance made it difficult to reach informed decisions about every application.
- 5.5 Common issues identified with current guidance on organisational badges included:
- The suggestion that an organisation should “cater for an adequate number of people”. Several authorities noted that this lacks provision in legislation and is not particularly helpful when determining if an organisation had a genuine need for a badge.
 - The suggestion that a local authority considers the “number of people with the required degree of disability” at each organisation. Again, several authorities noted that it was impractical to expect them to assess residents or attendees of organisational badge applicants in order to determine this.
 - Uncertainty over whether taxi and private hire vehicle operators, in particular accessible taxis, are intended to be recipients of organisations Blue Badges.
 - Uncertainty over the number of Blue Badges that should be issued to successful organisational applicants.
- 5.6 In order to overcome these issues a number of the local authorities in our sample (10 in total) stated that they are increasingly actively encouraging organisations to use individual badges instead of organisational ones as a means of limiting the potential for misuse and abuse of organisational badges. The Royal Borough of Windsor & Maidenhead encourages disabled people within organisations to apply for their own badges.
- 5.7 Many authorities also specifically encourage smaller organisations to use individual badges rather than organisational ones. In the case of Sandwell and Wiltshire they only issue organisational badges to those who care for at least 10 people. Sandwell have also attached a condition that about 75% of individuals from an applicant organisation must be likely to be eligible to receive a Blue Badge, whilst Birmingham insists on ‘a majority’, although there is nothing in the Blue Badge legislation that underpins these statements.
- 5.8 A number of authorities in our sample indicated that they had recently tightened up their rules on organisational eligibility. For example, Bolton, Central Bedfordshire, Shropshire and Sunderland no longer issue badges to taxi and private hire operators. Bolton took this step because they were concerned some taxi companies were using badges ‘unethically’.

- 5.9 Bristol, Liverpool, Northumberland, Wandsworth and York all limit the number of badges they issue to a successful organisation in order to prevent oversupply and limit the opportunity of abuse of spare badges. Examples of this approach include:
- ❑ The number of badges issued by Bristol City Council to an organisation depends on the number of people they transport, and the number of vehicles they use, for example it is likely that 2 badges would be given to an organisation with 5 vehicles. However any vehicle registered as Disabled Passenger Vehicle is eligible to have a badge.
 - ❑ For a residential care home, York will issue 1 badge per 15 disabled residents, but for other applicants the number of badges awarded will depend on the number of journeys made by a disabled person per month.
- 5.10 The London Borough of Enfield had taken the step of issuing further guidance to successful organisations due to concerns over their lack of knowledge regarding the correct use of organisational Blue Badges. This is specifically written to identify when a Blue Badge can and cannot be used by an organisation, for example it can only be used if there is a disabled person in the car, and that it cannot be used for shopping or errands for these people.

The research team has noted local authorities' concerns regarding the ambiguity of existing guidance, and have made recommendations to DfT in the form of our inputs to draft updated guidance. However, we advise local authorities that it is not practical for DfT to make explicit recommendations on the appropriate size of organisations, number of people they care for or the number of vehicles they operate, in relation to eligibility criteria for organisational Blue Badges. The wide range of different types of organisation that receive and use a Blue Badge when caring for disabled people means that local authorities must draw on the scheme legislation, regulations and available guidance to make their own informed decisions based on local understanding of an organisations circumstances.

Some local authorities have developed their own explicit guidelines (e.g. minimum of 10 care recipients per qualifying organisation, or 1 badge per 15 disabled residents in a residential care home). We recommend these offer practical examples of how local authorities with an understanding of the local provision of care services for disabled can reach informed decisions about the eligibility of organisations when they apply for a Blue Badge, and the number of badges that are awarded to successful applicants.

Based on case study examples from our study, it may also be relevant to inform unsuccessful organisations that individuals they care for are free to apply for a personal Blue Badge (which could be used to aid their transportation) if they are successful in their application.

Proof of eligibility and declarations

- 5.11 A key requirement for local authorities is to ensure that organisations, and their applications for a Blue Badge, are genuine. The following proofs of legitimacy were requested by local authorities in our sample:
- ❑ All local authorities sought the submission of formal letter, signed by a trustee, stating that they are an organisation concerned with the care of disabled people who would

themselves be eligible for a Blue Badge, and that they will be using the vehicle solely for the purpose of transporting those people.

- Hertfordshire, Wirral and York require the organisation's stamp or logo for inclusion in the organisational badge (in the photo area), to prevent badges being passed on to other organisations or individuals.
- The London Borough of Islington requests a copy of the organisation's constitution in support of their letter;
- Richmond requests a copy of the organisation's current prospectus in support of their letter.

5.12 The majority of the local authorities in our sample accept a photocopy of the Disabled Persons Vehicle (DPV) tax disc as proof that an organisation's vehicle is used to transport disabled people. Enfield and Islington also require a copy of each vehicle's V5 document (DVLA log book), while Kent County Council requests a photograph of the vehicle showing any adaptations for disabled people. York City Council asks for the make, model and vehicle registration numbers in addition to the nature of the adaption. We note that these checks need to be backed up by consideration that the people being transported by these vehicles would be eligible for a badge if they applied as individuals.

5.13 In Liverpool Blue Badge officers visit the site of each credible application to check and discuss their remit for having a Blue Badge, how they will be used, the vehicles in use and how many they might need. The site visit also enables documents to be checked and if needed the encouragement of using individual badges instead. As a consequence their issue rate has been reduced from 300 annually in 2006/2007 down to less than 50 annually. The London Borough of Wandsworth also follows a similar practice which contributes to 89% of organisational badge applications being refused. This was the highest rate of refusal of all the case study locations and is indicative of the scale of speculative organisational badge applications in central London Boroughs.

5.14 Another practical way that we believe a number of local authorities could improve their organisational Blue Badge application forms is by adapting, and including, the declarations from the individual application form. This facilitates data sharing, enables the authority to assert the terms of use and aids robust enforcement of the scheme. It is pertinent because many authorities noted that organisations were unsure how they were meant to use their badge which contributes to the casual misuse of organisational badges reported by local authority officers.

5.15 Overleaf we have presented a set of declarations that have been developed by the London Borough of Islington and Stoke-on-Trent Council and are included in their organisational Blue Badge application forms. We believe these form a model 'fair use' warning (see below) and set of declarations for other local authorities to use:

'Fair use' warning

It is a criminal offence (under the Fraud Act, 2006) to make a false statement for the purpose of obtaining an Organisational Blue Badge, and upon summary conviction is subject to a fine of up to £2,500.

It is a criminal offence to misuse or allow the misuse of the Organisational Blue Badge which renders the offender liable to prosecution

XXXXXXX Council has a strong enforcement policy and will not hesitate to prosecute in appropriate circumstances. You are reminded that your Organisational Blue Badge should not be used on a vehicle unless it is being used to directly assist a disabled user of your organisation. Misuse of the badge is an offence, and liable to appropriate enforcement action.

Declarations

- I declare that the information I have given on behalf of the organisation is correct.
- I understand that in order to agree the issue of an Organisational Blue Badge a site visit may be deemed necessary by officers from XXXXXX Council in order to verify the usage and parking of the vehicles involved
- I understand that you may use the information I have provided on this form to prevent and detect fraud. You may also share this information with other organisations who handle public funds in line with the Data Protection Act 1998.
- I confirm that the badge will only be used by the organisation to transport disabled people who would themselves qualify for a Blue Badge; as per the regulations of the scheme.

The research team was satisfied that the majority of local authorities in our sample are conducting the requisite checks on organisational Blue Badge applicants, as set out in existing DfT scheme guidance. We have identified three potential '**Quick Wins**' for local authorities that wish to further improve the resistance to abuse of their organisational Blue Badge application and eligibility assessment practices. These are:

- Developing defined local criteria for the award/refusal of organisational Blue Badges based on due consideration of the scheme regulations, DfT' scheme guidance and local understanding of the organisations that have a genuine need for a Blue Badge.
- Including declarations in the organisational Blue Badge application form as a means of raising awareness of penalties for fraudulent claims and Blue Badge misuse/abuse.
- Conducting site visits to the premises of organisational Blue Badge applicants in order to verify claims they have made in their application forms.

6 DETERMINING THE ELIGIBILITY OF INDIVIDUAL BLUE BADGE APPLICANTS

- 6.1 This chapter of our report covers the process of determining the eligibility of Blue Badge applicants. In particular it focuses on practices which local authorities in England have adopted to determine the eligibility of applicants under the 'subject to further assessment' walking criterion, which represented the key topic of the whole research project. Without further assessment applicants
- 6.2 We found that local authorities in our sample had developed near-uniform approaches to determining the eligibility of applicants under the 'without further assessment' criteria, which reflects the rigidity of the criteria set out in the Blue Badge scheme legislation, regulations and guidance. All 33 of the local authorities interviewed by the research team check for one of three standard proofs of entitlement under this eligibility criterion:
- A Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) award letter.
 - A War Pensioners Mobility Supplement award letter.
 - Registration on the local authority's Severely Sight Impaired (Blind) Register, or a Certificate of Visual Impairment (CVI) form accompanied by the consent/a request from the applicant to be included on the register.
- 6.3 Among our sample of 33 local authorities we found that, where applicants submit the correct supporting information with their application for a Blue Badge, eligibility checks for 'without further assessment' are typically carried out within a matter of 1-2 days. Local authorities which have embedded Blue Badge scheme practices into their customer contact centres (such as Bolton, Worcestershire and Rotherham – see paragraph 4.82) were able to perform these checks instantly while the applicant waited.
- 6.4 Given the prescriptive nature of the 'without further assessment' eligibility criteria, very few applications are unsuccessful under this eligibility pathway. The local authorities we interviewed noted that, when badges are not awarded under these criteria, it is typically because:
- The applicant has confused the HRMCDLA with the lower rate of DLA, or the Higher Rate of Attendance Allowance.
 - The applicant is unable to provide the correct supporting evidence.
 - The applicant's supporting evidence is out of date.
- 6.5 A common source of frustration for the officers we interviewed was that it is not possible for local authorities to receive 'view-only' access to the DWP database in order to confirm an applicant's receipt of HRMCDLA and the period of award. It was also noted that processing and retaining of copies of eligibility proofs required sufficient storage space for physical files and digital copies of documents. Focus group discussions with Blue Badge holders revealed that having to repeatedly produce their proof of entitlement to HRMCDLA was

considered a nuisance for 'without further assessment' applicants, but most acknowledged it was worthwhile in relation to the scale of benefit they received from having a Blue Badge.

“Sometimes you have to have the proof of your Disability Living Allowance and it’s got to be within three months. I’ve been given the number to ring, but it isn’t half a bother....and they go and give you a number that’s got the 0845 and I’ve got to pay full rate for that and I think why can’t they just make it simple?”

Blue Badge holder from London

- 6.6 Staff members at Nottingham City Council contact DWP by telephone in the event they have concerns about the validity of an applicant's HRMCDLA award letter. Although DWP are reluctant to discuss individual cases, Nottingham City Council's experience is that they will usually confirm whether an applicant is in receipt of HRMCDLA or not in cases where fraud is suspected.
- 6.7 The only area in which we found considerable variation in practices was in the interpretation of requirements for an applicant to provide evidence that their award of a qualifying is 'current'. The current DfT scheme guidance makes no specific reference to this, so while some local authorities are satisfied with any award letter, others require:
- That the evidence is dated within the last 3 or 6, 9, 12 or 18 months (depending on the local authority area). Applicants who are unable to provide this information are directed to the DWP and encouraged to request a new letter that confirms their receipt of the benefit is current.
 - That the award has been made indefinitely, otherwise a Blue Badge will be issued up to the review date for the DWP benefit (as specified in current DfT scheme guidance).
 - That the letter is an original and not a copy.
- 6.8 A range of proxies, which some local authorities have interpreted are also acceptable for determining whether an applicant is eligible for a Blue Badge without further assessment, include:
- Using National Insurance numbers to access the local authority's Council Tax database and check whether the applicant is in receipt of any disability benefits (e.g. Council Tax band reductions for disabled people) – used by 14 of the 33 authorities we interviewed.
 - Vehicle Tax Excise Duty exemption certificates ('DLA404' or 'WPA0442') for disabled people – used by 2 of the 33 authorities in our sample.
 - Proof of Motability finance agreements to fund a vehicle purchase/hire – used by 4 of the 33 authorities we interviewed.

We recommend that DfT scheme guidance for local authorities is updated to clarify any uncertainty which may have emerged in relation to appropriate proofs of eligibility. Specifically, we have suggested that:

- Local authorities are encouraged to request proof of eligibility for HRMCDLA from the last 12 months in order to ensure it is current. If the applicant's award notice letter is more than 12 months old, this can be achieved using the annual uprating letter that is issued to all recipients.
- Exemption certificates for Vehicle Excise Duty (DLA404 or WPA404) are not acceptable proofs of entitlement for a Blue Badge, because these exemption certificates are only issued each year for a 12 month period. A local authority may, however, wish to inform applicants in receipt of HRMCDLA or WPMS that they are eligible to receive the vehicle tax exemption. Further details can be found at: www.direct.gov.uk/en/DisabledPeople/MotoringAndTransport/Yourvehicleandlicence/DG_10028003
- The use of local Council Tax exemptions for disabled people and proof of Motability finance agreements are also not advised as reliable proofs of eligibility, because both are reliant upon an individual producing their HRMCDLA or WPMS award letter. We believe that only accepting one proof of eligibility will help to maintain the simplicity

We note that ongoing reforms of the benefits system, and specifically Disability Living Allowance, will mean these recommendations have to be regularly monitored and updated in guidance. This may also be true of the 'without further assessment' qualifying criteria for HRMCDLA recipients, since these two concessions are currently linked by the Blue Badge Scheme regulations (SI200, 682).

We acknowledged the concerns of Blue Badge issuing authorities regarding their inability to check electronic information stored by DWP on individual applicant's receipt of HRMCDLA and WPMS. While some local authorities, such as Nottingham and Rotherham, have implemented work-around solutions, we recognise there is significant potential for customer friendliness, speed and efficiency benefits to be achieved through some form of data sharing system. We understand the forthcoming Blue Badge Improvement Service (BBIS), announced by Government in February 2011, may present an opportunity for such an initiative to be implemented and strongly recommend that DfT and DWP work together to facilitate this change.

'Subject to further assessment' applicants: Review of the walking eligibility criterion

- 6.9 In total 63% of Blue Badges on issue in 2009-10 were awarded under the 'subject to further assessment' criterion. As such the Blue Badge 'subject to further assessment' walking criterion was substantially reviewed during the course of this project to understand the basis upon which local authorities reach decisions about the majority of all applicants for a Blue Badge. Feedback from local authority officers and assessment staff revealed that the vast

majority of applicants who are considered eligible under the 'subject to further assessment' walking criterion require some form of assessment in order to determine whether:

- They have a permanent and substantial disability which causes inability to walk, or;
- They have a permanent and substantial disability which causes them very considerable difficulty in walking.

6.10 We identified these definitions as representing the pure, legislative function of a 'walking' assessment which can be conducted on behalf of a local authority to inform their decision-making on whether an applicant should be awarded or refused a Blue Badge. The scheme guidance published by DfT in January 2008 adds further detail to the general descriptions of qualifying conditions in the relevant legislation. The HRMCDLA walking eligibility criteria excerpted in DfT's January 2008 Blue Badge Scheme Guidance offer the most practically-focused set of assessment criteria for determining whether applicants are able/unable to meet a requisite level of walking ability. This aspect of the guidance was commonly cited as the most well used aspect of current Blue Badge scheme guidance by local authority officers and healthcare professionals when determining the eligibility of Blue Badge applicants (more so than the primary legislation/secondary regulations that underpin the scheme, as well as the DfT's own text in the same Scheme Guidance publication). Indeed, their widespread uptake among the case study local authorities we interviewed suggested that the **HRMCDLA benchmarks have become something of a de-facto standard for determining whether applicants for a Blue Badge demonstrate the requisite level of walking impairment to receive the concession.**

6.11 We also found that a significant amount of uncertainty is being created by the following phrase in current scheme guidance: "their degree of impairment should be at a **comparable level** to that required to claim the Higher Rate Mobility Component of Disability Living Allowance." Rather than having to demonstrate **the same** degree of walking impairment as HRMCDLA recipients (which itself is a qualifying benefit for receiving a Blue Badge without further assessment), an applicant needs to demonstrate a **comparable** degree of impairment - **e.g. similar, but not the same**. We believe this adds a further subjective element to the HRMCDLA walking eligibility criteria, which are otherwise reasonably clear and straightforward to use. As such it is effectively left to individual local authority officers and the independent healthcare professionals they work with to define both:

- The procedure they will use to assess an applicant against the walking criterion.
- The degree of 'comparability' that an applicant needs to demonstrate against the HRMCDLA walking eligibility criteria.

6.12 We further consulted officers and assessment staff at the 33 case study local authorities which made up our sample in order to capture their views on aligning the Blue Badge and HRMCDLA walking eligibility criteria, so that they are considered as 'the same' rather than 'comparable'. The majority of local authorities we interviewed (22) supported a closer alignment of Blue Badge and HRMCDLA walking eligibility criteria. Given that receipt of the HRMCDLA is a passport to receiving a Blue Badge, we believed this was feasible and

would improve clarity for local authorities seeking to determine the eligibility of applicants who are 'subject to further assessment'.

Aligning the Blue Badge Scheme and HRMCDLA walking eligibility criteria would require a change in the regulations underpinning the Blue Badge Scheme to incorporate the HRMCDLA walking eligibility criteria. However, the ongoing review of HRMCDLA by DWP, and the potential for future changes to be made in relation to the benefits system has exposed a significant shortcoming in this approach. Overtly linking the HRMCDLA and Blue Badge 'subject to further assessment' eligibility criteria through secondary legislation would result in the Blue Badge scheme walking disability eligibility criterion needing frequent updates whenever the HRMCDLA (or its replacement) criteria are updated.

The local authorities we interviewed through the study indicated that it was the practical focus of the HRMCDLA criterion they appreciated, rather than necessarily the fact that the criterion was derived from DWP guidance. As such, our recommendation for updating the assessment procedure for the Blue Badge 'subject to further assessment' walking criterion can be best achieved by:

- De-coupling the Blue Badge walking criterion and walking element of HRMCDLA in updated Blue Badge Scheme Guidance, since there is no basis for this in current legislation.
- Including a more practically focused set of core eligibility assessment principles in updated DfT Blue Badge Scheme Guidance which have been developed by local authority practitioners and expert mobility advisers based on good practices for Blue Badge eligibility assessment.
- If required, DfT subsequently updating the secondary legislation that underpins the Blue Badge scheme to specify these core eligibility assessment principles as part of the subject to further assessment eligibility criterion, thereby mandating Blue Badge issuing authorities to adopt them.

A set of core assessment principles were developed through this research project and subsequently used as the basis for piloting desk-based and IMA assessment practices. These were based on the Blue Badge scheme legislation and the latest HRMCDLA 'walking disability' guidance provided in the Decision Makers Guide, as well as practical input from local authority officers and independent healthcare professionals that make decisions about applicant's eligibility on a regular basis. The core assessment principles have been discussed in greater detail in the later sections of this chapter which focus on desk-based assessments and IMAs.

6.13 The remainder of this chapter sets out the key findings in relation to the three Blue Badge assessment good practice approaches that our review identified in relation to local authorities determining the eligibility of applicants under the Blue Badge 'subject to further assessment' walking criterion. They are:

- Cross checking of existing local authority records.

- Desk-based assessments.
- Independent mobility assessments.

6.14 Prior to this, we briefly examine the evidence gathered by the research team on the use of evidence from an applicant's own GP – an approach highlighted by DfT as being wholly unsatisfactory in the January 2008 Scheme Guidance.

Subject to further assessment applicants: GP Assessments

- 6.15 Although the focus of our review was on the adoption of IMA practices set out in DfT's January 2008 Scheme Guidance (and in particular how they have been applied to determine the eligibility of applicants under the walking criterion), it was apparent at an early stage in the project that comparisons with the prevailing approach to determining the eligibility of Blue Badge applicants (GP assessments) would be beneficial. A total of 13 local authorities (2 in Greater London and 11 outside of Greater London) in our sample use GP assessments when determining the eligibility of subject to further assessment applicants.
- 6.16 The key findings from local authorities which continue to use letters from an applicant's GP as the basis for determining their eligibility for a Blue Badge have been set out in Table 6-1.

Table 6-1: Blue Badge award/refusal trends for local authorities that rely on GP assessments (2009-10)

Indicator	Simple average for 11 authorities outside of Greater London	Simple average for 2 authorities inside Greater London
Average number of total applicants	8,922	2,507
Average number of subject to further assessment applicants	4,419	1,640
Average number of applicants referred for an assessment	2,739	562
Cost per GP letter (£ per assessment)	£28.76	£26.04
Total cost of assessments (£ per assessment)	£84,254	£14,310
% of applicants refused a Blue Badge based on evidence from their GP	6.6%	0.0%
% of these refusals that appeal	39.0%	N/A
% of these appeals which are upheld	28.1%	N/A
Average total number of appeals	144	N/A
Average cost of an appeal	£43.29	N/A
Average cost of all appeals	£3,533	£1,716
Marginal administrative cost per application (£ per application)	£14.99	£35.24
Total cost of administration	£98,582	£88,077
Average total cost per application	£23.99	£44.93
Average total cost of delivering the Blue Badge Scheme in each local authority	£189,808	£112,701
Weighted average cost of all GP assessments	£30.30	

6.17 Although these values may not be of substantial interest in their own right, they are useful as a point of comparison against those calculated for cross-checking, desk-based assessment and IMA practices adopted by other local authorities to determine the eligibility of Blue Badge applicants. As such we have referred back to them in subsequent analyses later in this chapter.

Key observations on the data presented in Table 6-1 are that:

- The number of Blue Badge applications handled by local authorities outside of London is, on average, approximately 3.5 times that of London Boroughs.
- Blue Badge assessment costs form a more significant proportion (44%) of total Blue Badge scheme costs for local authorities outside of London that rely on GP assessments, than those inside of London (12%) which may highlight scope for potential cost savings in local authorities outside of London.
- The cost of obtaining a GP letter is broadly similar for local authorities in Greater London and outside of the capital, with weighted average cost of £30.30 per GP letter which can be presented as the national average from our sample.
- The proportion of Blue Badge applicants refused a badge following GP assessment is very low – just 6.6% in local authorities outside of London and 0% in local authorities in London.

Subject to further assessment applicants: Cross-checking council records

6.18 Through the course of this research study, the research team has defined the Blue Badge eligibility assessment practice of cross-checking council records as:

“Making secondary use, having obtained a Blue Badge applicant’s explicit consent, of relevant sensitive personal data which they hold in relation to the individual that will help to inform the authority’s decision as to whether the applicant is eligible to receive a Blue Badge under the ‘subject to further assessment’ criterion.”

6.19 A total of 6 local authorities in our sample cross-check existing council records, typically held electronically in databases, to see whether a ‘subject to further assessment’ Blue Badge applicant has already undergone an assessment in connection with related social benefits or transport concessions. Of these 6 local authorities:

- Rotherham and the Royal Borough of Windsor & Maidenhead use this approach as an alternative to implementing a face-to-face independent mobility assessment (IMA) with a healthcare professional altogether, and often rely on the information to aid their decision-making.
- Birmingham and Sandwell cross-check their adult social care records in order to add detail to the information provided in an individual’s Blue Badge application form. If unable to gain sufficient evidence of eligibility (or otherwise) then the officers will write to healthcare professionals that have been treating the applicant, but not their own GP, in order to gather further details.

- ❑ The Royal Borough of Kensington & Chelsea and the London Borough of Enfield cross-check information in their adult social care records in order to try and reduce the number of applicants they send for an IMA with a healthcare professional.

6.20 The cross-checking approach can generally only be used effectively when a Blue Badge applicant has already been in contact with a local authority in connection with other services that could support their independent living or mobility. Where an applicant is not already known to a local authority, then one of the other assessment practices described below (desk-based assessment or an IMA) is typically used to determine their eligibility for a Blue Badge.

Core principles of cross-checking existing council records

6.21 We found that the 6 local authorities listed above had adopted broadly similar approaches to cross-checking existing council databases. We have therefore set out the generic approach used by these local authorities as a set of 'core principles' which may be of benefit to Blue Badge issuing authorities that are yet to have implemented this practice:

- ❑ To comply with Data Protection legislation, appropriate declarations should be incorporated into the Blue Badge application form in order to enable each applicant to give their permission to the local authority to access existing records held in Adult Social Care and Council Tax departments (See the section on declarations, which starts at paragraph 4.49 in this report).
- ❑ An identifier, such as the Blue Badge applicant's National Insurance Number or name and address details, should be gathered on the Blue Badge application form and used by local authority administrative staff to look-up the applicant on the Adult Social Care / Concessionary Travel / Council Tax (to verify residency) databases.
- ❑ Administrative staff members can then review notes from any previous assessments, and view the outcome of these assessments, to see whether the applicant is likely to qualify for a Blue Badge. Notes made in the Adult Social Care database by OTs, physiotherapists and social workers may also contain useful information. For example, this might include whether the Blue Badge applicant has been in hospital and/or the types of care they have been receiving from the council or local health services.
- ❑ Where council assessments have been undertaken for support in the home, disabled person's parking bays, stair-lifts and/or ramped access to the property; then council officers can check any notes kept on existing information systems to see how recently the individual was assessed by a healthcare professional and the outcome of any assessments conducted.
- ❑ Award/non-award of these benefits may be considered an indication of previous assessment outcomes. For example, an applicant whose home has been adapted by the council to include wheelchair ramps and a stair-lift is likely to be considered eligible for a Blue Badge under the 'subject to further assessment' walking criterion.
- ❑ Where it is not clear from the information on the system whether the applicant may be eligible for a Blue Badge then a member of administrative staff, or the independent healthcare professional the local authority uses to conduct mobility assessments, may wish to contact the OT/physiotherapist/social worker who conducted the most recent or relevant assessment with the Blue Badge applicant. Through a telephone call, it is often

possible to ascertain the extent of the Blue Badge applicant's impairment to determine whether they are eligible for a Blue Badge.

- ❑ Ultimately a Blue Badge may be awarded or refused based on the information available. If this is not possible, then one of the other assessment practices described below (desk-based assessment or an IMA) is typically used to determine their eligibility for a Blue Badge.

Benefits of enabling the cross-checking of existing council records

- 6.22 A range of benefits were apparent for the local authorities which had adopted the practice of cross-checking. Our analysis of cost-model data for the 3 local authorities which were able to provide robust information revealed there are potential cost savings to utilising existing databases as a means of reducing the number of face-to-face IMAs an authority conducts.
- 6.23 Due to the way financial values are recorded and reported by local authorities, and the fact that cross-checking is typically embedded within other practices such as data entry from the application form and desk-based assessments, it is difficult to accurately pinpoint the 'cost per cross-check'. As such the outputs of the cost modelling presented in Table 6-2 are based on the 'best available' data to the research team and are likely to underplay the potential cost savings to local authorities of implementing the cross-checking practice.

Table 6-2: Cost modelling of cross-checking local authority records (2010)

Indicator	Type of local authority	Met	Met	Met
	Name of local authority	RBKC	Birmingham	Sandwell
Total Blue Badge applications		1,260	17,409	7,001
Total number of further assessment applications		1,087	13,246	4,248
Number of new subject to further assessment apps		345	1,385	1,392
Number of applicants referred for GP assessment		0	0	1,333
Number of applicants subjected to desk-assessment		22	13,128	59
Number of badges referred for an IMA		190	24	0
Number of badges issued/refused through cross-check		33	94	59
% of STFA applications handled through cross-check		10	7	4
Cost of GP assessment (where used)		N/A	N/A	£39.00
Cost of existing desk-based assessment approach		£24.09	£13.65	N/A
Cost of existing IMA approach		£66.21	£43.08	N/A
Estimated saving achieved through cross-checking		£1,389.86	£2,766.79	£2,301.00
Saving achieved per STFA applicant		£4.03	£2.00	£1.65
Time savings recorded by local authority		1 week	2 weeks	2 weeks
Simple average cost saving per Subject to further assessment applicant				£2.56
Simple average cost saving per STFA application referred to a GP for a letter				£9.47

- 6.24 By enabling trained administrative staff to access relevant council databases to see whether Blue Badge applicants have recently been assessed for other concessions or benefits, the local authorities described above have been able to:
- ❑ Apply the cross-checking method to reach a decision for between 4% and 10% of all 'subject to further assessment' applications received.

- ❑ Achieve an average total cost saving of £2.56 per 'subject to further assessment' application that is handled by the local authority.
- ❑ Save an average of £9.47 when the staff time taken to cross-check council databases is compared with the national average cost of a letter from the applicant's own GP (£28.34 in 2009/10).
- ❑ Reduce the amount of time it takes to completely process a Blue Badge application by between 1 week and 2 weeks (by removing the need to schedule an IMA, or seek further information from healthcare professionals), thereby delivering customer service benefits.
- ❑ Deliver customer service benefits by seldom requiring applicants that have recently been assessed by other council departments to attend for a further assessment. This was identified as a considerable benefit by members of the public consulted by the research team through focus group discussions, who were eager for their local authority to use all available information about them if it made it simplified the Blue Badge application and eligibility assessment process.

6.25 At workshops conducted during the project with eminent practitioners and expert advisers the use of cross-checking council records as part of the Blue Badge eligibility determination process scored highly in all four areas of good practice. It was noted that critical success factors for delivering this approach were seeking consent from the applicant and ensuring that council database systems are well maintained and easy for officers to use in order for the cross-checking approach to work effectively. Feedback received from Blue Badge holders through focus group discussions was that they were generally happy for their information to be shared in order to facilitate the cross-checking of council records if it meant their eligibility for a Blue Badge could be checked with greater ease, and further improve the signposting of associated benefits and concessions.

“In my own borough it works remarkably well, data sharing. Because I have got a Blue Badge that then goes with my consent to the resident’s parking team. Instead of having to pay for resident’s parking, I get a Blue Badge resident’s parking permit for free and then also, if I need visitor’s parking permits I get a batch of those at a reduced rate. Because I’m on the system I don’t have to produce any documentation when I turn up.”

Blue Badge holder and DPTAC member

6.26 Although the research team did not gather specific data on the amount of time spent by council staff when performing these cross-checking procedures, the administrative staff we spoke to anecdotally indicated that it was common to spend between 5-15 minutes per application accessing the council’s databases as described above. This activity typically forms part of the process for inputting the application form onto a council database and determining the eligibility route under which the applicant may qualify for a Blue Badge. Where applicants are not subsequently required to attend an IMA, because there is sufficient evidence to award/refuse a Blue Badge based on previous assessment records, the additional time spent checking council databases is typically equal to the amount of time the member of admin staff would have had to spend contacting the applicant and arranging an assessment with the authority’s healthcare professional.

While recognising that the cost-savings identified above will be slightly off-set by a small increase in time spent by admin staff checking council records (net of time saved for contacting applicants and arranging IMAs), the combination of recurring annual cost savings (efficiency benefits) and customer friendliness benefits (speed and less people attending for an assessment) justify the small up-front investment of local authority staff time and amendments to Data Protection declarations in the Blue Badge application form that unlock a local authorities' ability to cross-check their existing databases.

Blue Badge holders consulted through focus group discussions did suggest that a potential flaw of using the cross-checking approach is that where a dishonest applicant is able to obtain a benefit and it is recorded 'in the system', then this could subsequently be incorrectly used as 'evidence' of their eligibility for other benefits – including a Blue Badge. We note that this is an inherent weakness of any form of information sharing within local authorities, but on balance believe the benefits of cross-checking existing council records outweigh this concern. We therefore suggest the practice is a clear '**Quick Win**' for local authorities that have not already adopted it.

Subject to further assessment applicants: Desk-based assessments

6.27 Through the course of this study the research team has defined the Blue Badge eligibility assessment process of desk-based assessments as:

“A remote assessment of an applicant’s eligibility completed by a healthcare professional or trained administrative staff member who is independent of the applicant, their GP and any treatment or healthcare they are receiving”

6.28 A total of 14 local authorities in our sample had adopted some form of desk-based assessment practice, and 9 of these provided specific details of their practices. Table 6-3 provides an overview of the identified practices, which we categorised according to:

- The way they are delivered (in-person, over the telephone, or as a paper assessment using information provided in the completed application form);
- The occupational roles of staff members that deliver them (an independent healthcare professional or administrative member of staff), and;
- Whether decision-making uses an objective scoring mechanism (quantitative) or is conducted subjectively, applying the eligibility criteria in a free-form manner (qualitative).

Table 6-3: Overview of desk-based assessment practices

Assessment undertaken by administrative staff members		
Nature of decision-making	Assessment description	Local Authorities
Quantitative (Points based)	A scoring matrix is applied to self-reported information from the completed application form.	• Bolton
Quantitative (Points based)	Telephone interview generates self-reported responses to structured questions to inform a scoring matrix.	• Sheffield

Quantitative (Points based)	In-person interview uses structured questions to complete the application and inform a scoring matrix.	<ul style="list-style-type: none"> Rotherham
Qualitative (Flow chart)	A flow chart is applied to self-reported information from the completed application form / in-person application.	<ul style="list-style-type: none"> Southampton Wandsworth Worcestershire
Assessment undertaken by independent healthcare professionals		
Nature of decision-making	Assessment description	Local Authorities
Quantitative (Points based)	A scoring matrix is applied to self-reported information from the completed application form by Occupational Therapists.	<ul style="list-style-type: none"> Enfield
Qualitative (Healthcare professional's opinion)	Occupational Therapist applies the eligibility criteria and 2008 DfT scheme guidance to self reported information from the completed application form, with cross-checking of council databases and further contact with medical professionals treating the applicant as required.	<ul style="list-style-type: none"> Coventry Windsor and Maidenhead

Costs and benefits of desk-based assessments from our case study evidence base

6.29 Table 6-4 summarises the key strengths and weaknesses of different types of practice based on the information available.

Table 6-4: Strengths and weaknesses of desk-based assessment practices

Approach	Strengths	Weaknesses
Quantitative assessment by administrative staff members	<p>Scoring mechanism is simple to use and places emphasis on people that:</p> <ul style="list-style-type: none"> Evidence the permanency of their condition and the amount of time it is likely to impact on their mobility. State that are unable to walk at all. Drive adapted vehicles. Have adapted homes, or have moved to a bungalow because they cannot negotiate stairs. Do not have a temporary condition, nor are awaiting surgery to ameliorate such a condition. <p>Some use local landmarks as a means of ascertaining walking distances in local context. Can be applied to high volumes of applications.</p>	<p>Some appear to operate outside scope of Blue Badge scheme legislation and guidance by considering whether an applicant is:</p> <ul style="list-style-type: none"> In employment and needs a Blue Badge to access their place of work. Unable to complete common housework tasks. Able to use public transport unaided. How/how often the applicant intends to use the badge, which is not part of the eligibility criterion. Not all authorities provide recourse for an IMA.
Qualitative assessment by administrative staff	<ul style="list-style-type: none"> Decision-making is based on the HRMCDLA walking guidelines excerpted in January 2008 Scheme Guidance. Process is used to filter out 	<ul style="list-style-type: none"> Lack of written assessment criteria (except for eligibility criteria and DfT scheme guidance) may expose the authority on appeal.

Approach	Strengths	Weaknesses
members	applicants who are clearly eligible/ineligible. <ul style="list-style-type: none"> • Accept supporting evidence from medical professionals other than the applicant’s GP (e.g. hospital consultant). • Recourse to an IMA is usually provided as a matter of routine for applicants whose eligibility cannot be determined through desk-based assessment. 	<ul style="list-style-type: none"> • Some authorities do not offer routine recourse to an IMA, this is only offered when applicants appeal. • Typically more time consuming than the quantitative scoring mechanism.
Quantitative assessment undertaken by healthcare professional	<ul style="list-style-type: none"> • Healthcare professionals complete desk-based assessments. • Scoring mechanisms aid consistency of decision-making by providing parameters for decisions 	<ul style="list-style-type: none"> • Reliance on self-reported information from applicant. • Scoring mechanism can constrain healthcare professional’s ability to use their judgement. • Less cost-effective than skilling administrative staff to use quantitative scoring mechanism.
Qualitative assessment undertaken by healthcare professional	<ul style="list-style-type: none"> • Healthcare professionals complete desk-based assessments. • Application of DfT eligibility criteria and HRMCDLA walking disability guidelines. • More cost-effective than an IMA 	<ul style="list-style-type: none"> • Reliance on self-reported information from applicant. • No written assessment criteria (except DfT eligibility criteria / DfT guidance) may expose authority to appeals. • Less cost effective than skilling administrative staff to use quantitative scoring mechanism.

6.30 Examples of the desk-based assessment tools and supporting resources developed by each of these local authorities were collated by the research team (where available) to inform our analysis. In all cases the questions included in each local authority’s Blue Badge application form had been specifically designed to inform the desk-based assessment practice.

The key costs and benefits of desk-based assessments identified using secondary data collected during case study interviews were related to the four measures of good practice used throughout our study. These have been summarised below:

- **Fairness and consistency:** Local authority officers that participated in the Blue Badge good practice workshops noted that having a standardised desk-based assessment tool which is rigidly followed by assessors could aid the consistency and fairness of decision-making, when compared with the practice of assessment by an applicant’s own GP. Sheffield City Council officers check the consistency of assessment outcomes reached through its desk-based assessment practice by referring a proportion of successful, unsuccessful and borderline applicant’s desk-based

decisions to their in-house Physiotherapy team for a second desk-based assessment. They found that in 96% of cases the assessment outcomes reached by Physios were the same as those of trained administrative staff members.

While it is not possible to directly compare the Blue Badge award and refusal rates of different local authorities, due to local differences in the underlying incidence and severity of disability within the population, a clear trend emerged in our analyses. The average award rate for a Blue Badge from local authorities in our sample that use an applicant's own GP to undertake an eligibility assessment is 93%. By comparison the average award rate for a Blue Badge from local authorities in our sample that apply a desk-based assessment practice is 73%. Due to the subjective nature of the eligibility criteria and the fact we have no 'control' for what a correct eligibility decision would have been for each individual applicant, we cannot infer that desk-based assessment practices are more accurate at determining the eligibility applicants than assessment from an applicant's own GP. Nonetheless, this very clear trend in our secondary data hinted that desk-based assessment practices apply the eligibility criteria more robustly than that of seeking assessment from an applicant's own GP.

- **Customer friendliness** and **clarity**: Blue Badge holders we consulted believed desk-based assessments would speed up the process of obtaining a Blue Badge for some people, but questioned whether administrative staff members should have the right to make judgements on applicant's eligibility. While the Blue Badge holders acknowledged that some form of desk-based assessment would be inevitable, they questioned whether it was possible to reach a firm decision about every applicant using a desk-based assessment tool. The practice was also perceived as less transparent than an IMA, where the applicant presents in person for an assessment and is assured their application is being treated seriously by the local authority.
- **Speed** and **efficiency**: Our case study evidence reported that the amount of time it took to reach an eligibility decision is significantly reduced where a desk-based assessment can be used to determine an applicant's eligibility in lieu of assessment by an applicant's own GP or an IMA. Typically, the outcome of a Blue Badge application could be reported back to an individual within one week (in most cases within a couple of days) if they undergo a desk-based assessment, whereas this extends to 2-3 weeks for an IMA and 4-6 weeks where assessment is sought from the applicant's own GP.

Furthermore, using administrative staff to apply an assessment tool which takes a maximum of 15-20 minutes to complete can enable a local authority to achieve substantial cost savings when compared to the practice of seeking assessment from an applicant's own GP, and that of referring every applicant for an IMA. The average cost of a desk-based assessment was difficult to pinpoint through our case study evidence because the local authorities do not track the proportion of staff time which is spent completing desk-based assessments and other administrative tasks (preparing badges, handling enquiries, preparing letters etc). Making best use of available data we estimated a simple average cost per desk-based assessment of £22.18 (weighted average £17.30) across a total of 16 local authorities that use some form of desk-

based assessment practice (£32.31 in London Boroughs and £17.67 in local authorities outside Greater London).

The weighted average value of £17.30 per desk-based assessment compares favourably with the weighted average cost of seeking assessment from an applicant's own GP (£30.30 per letter) and referring an applicant for a IMA (£19.10 per assessment). However, for the reasons stated above in relation to data quality we believe these calculations over-estimate the true cost of a desk-based assessment.

Finally, desk-based assessments can be used in local authorities that handle high volumes of applications for a Blue Badge. In 2009 Sheffield City Council processed more than 5,000 applications through its telephone assessment service and Birmingham handled 13,128 applications using its desk-based scoring tool.

- **Resistance to abuse:** Local authorities and Blue Badge holders alike were concerned by the remote nature of desk-based assessment practices and noted that they could present an opportunity to 'professional form fillers' seeking to fraudulently obtain a Blue Badge. There was no evidence in the secondary data from our case study interviews to either support or rebut this perception.

6.31 While the benefits of desk-based assessments are highly compelling for local authorities, some of the weaknesses highlighted in Table 6-4 were considered significant by the research team. These issues were also identified through workshops held during the course of the study, at which expert advisers and local authority practitioners expressed uncertainty about the reliability of desk-based assessment practices given:

- Their reliance on administrative members of staff to make decisions about a Blue Badge applicant's eligibility under the 'subject to further assessment' walking criterion.
- The onus is placed on applicants to provide evidence of their eligibility for a Blue Badge.
- Much of the evidence provided by applicants is self-reported information about their condition or disability, which subsequently informs the local authority's decision-making.
- There is a potential need for lots of follow-up/additional checks by the local authority to verify an applicant's claims.
- The applicant is not always seen by the local authority, which creates an opportunity for fraudulent applications.
- Desk-based assessments based on written application forms may favour more articulate applicants.

6.32 Similar views were also expressed by Blue Badge holders consulted through focus group discussions conducted by the research team.

"It's a medical condition isn't it? So only a medical specialist should make the decision."

Blue Badge holder from South West England

6.33 A further concern, shared by the research team and our expert advisers, was that none of the local authorities in our sample that had adopted desk-based assessment practices had considered how accurate or consistent the outcomes of each eligibility determination were when compared to those which might be derived through a robust IMA practice. Sheffield City Council reported that they referred a sample of subject to further assessment Blue Badge applicants for Quality Control checking, with a proportion of successful, unsuccessful and borderline applicant’s desk-based decisions being referred to the Physiotherapy team which designed the practice. While the authority reported that 96% of the decisions reached using an identical desk-based assessment practice were the same, this form of Quality Control does not take into account whether the desk-based assessment outcomes were also the same as those reached through an IMA by an Occupational Therapist, which was typically only offered to borderline applicants who appealed against the authority’s original decision.

Misgivings about the accuracy and consistency of desk-based assessment practices highlighted by the research team, expert advisers and local authority practitioners prompted us to directly compare the outcomes of desk-based assessments and IMAs through a pilot with existing Blue Badge holders drawn from four local authority areas in England.

Desk-based assessment core principles, costs and benefits

6.34 In order to pilot a desk-based assessment practice alongside a robust IMA practice and directly compare the outcomes of Blue Badge eligibility assessments, the research team convened an eligibility assessment workshop. The aim was to define a set of core principles that could aid local authorities wishing to implement desk-based assessment practices. The event involved the research team, representatives from DfT, experienced local authority practitioners and expert advisers from DWP, College of Occupational Therapists, Chartered Society of Physiotherapists and Brunel University.

Identified ‘core principles’ of desk-based assessments

6.35 A draft set of core principles were developed as an output of the workshop covering both IMAs and desk-based assessments. Participants in the event, and invitees who could not attend were then invited to comment on the draft core principles following the workshop. Table 6-5 summarises the final set of core eligibility assessment principles for desk-based assessments.

Table 6-5: Core assessment principles for desk-based assessments

Topic	Core assessment principles
Design of assessment approach	<p>The design of the assessment tool is led by healthcare professionals such as physiotherapists, occupational therapists with an understanding of the Blue Badge eligibility criteria.</p> <p>The tools are based on the eligibility criteria set out in legislation which governs the Blue Badge Scheme, and the DfT’s latest non-statutory local authority guidance.</p> <p>Administrative staff members conducting desk-based assessments receive training and</p>

Topic	Core assessment principles
	mentoring from the healthcare professionals that designed the tool.
Evidence of eligibility from the application form	<p>The desk-assessor's knowledge of relevant medical conditions, disabilities and trauma rehabilitation, as well as local health services people turn to for support, is used to cross-check self-reported information with details of the medical condition they have been diagnosed with. Training and mentoring may be necessary.</p> <p>The desk-assessor checks the permanent and substantial disability described by an applicant is consistent with their description of how it currently affects their mobility, by drawing on information provided in the application form.</p> <p>The assessor seeks detailed information about the applicant's disability gathered through questions on the application form. Self-reported descriptions of the way the applicant walks, types of walking trips they are normally able to make, whether they can walk around the supermarket or use public transport, and qualitative descriptions of how the applicant's disability affects their ability to walk, can all be used by the assessor as evidence of their eligibility under the walking disability criterion.</p> <p>The assessor considers the distance an applicant states they can normally walk from their home, and the amount of time this usually takes, using specific points of reference which can be checked on an online street mapping tool.</p> <p>The desk assessor considers whether the applicant uses a walking aid, and whether this was prescribed by a healthcare professional or purchased privately, based on responses to questions in the application form.</p>
Decision-making	<p>A quantitative scoring mechanism ensures that administrative staff members do not make subjective decisions that can only be reached by trained healthcare professionals such as OTs and physiotherapists.</p> <p>A sample (e.g. 5%) of applicants whose eligibility for a Blue Badge has been determined through a desk-based assessment are initially sent for an independent mobility assessment with an experienced OT/physiotherapist who has knowledge of the Blue Badge eligibility criteria. This enables the local authority to validate its approach and ensure consistency of outcome with mobility assessment decisions.</p> <p>An applicant can be referred for a mobility assessment with an independent healthcare professional if it is not possible to determine their eligibility for a Blue Badge following a desk-based assessment.</p> <p>Recourse to an IMA is available as a matter of routine when eligibility is unclear, and not only if the applicant 'appeals' to request the original decision made through a desk-based assessment is reviewed by the issuing local authority.</p>

6.36 These core principles of desk-based assessment were subsequently used by the research team and its expert advisers to design a desk-based assessment practice which could be piloted by members of the research team and an Occupational Therapist. The intention was to design a practice which drew together the best elements of existing 'tried and tested' local authority desk-based assessment practices so that it could be piloted alongside a similarly devised IMA practice.

We recommend that local authorities wishing to adopt desk-based assessment practices are signposted to the core principles of desk-based assessment established through this research project. As such we recommend they are included in DfT's draft updated scheme guidance. We have included the core principles desk-based assessment tool, used in the pilots, in Appendix A as it may help local authorities wishing to adopt desk-based assessment practices, or refine those already in use.

The desk-based assessment tool included in Appendix A was designed alongside the updated model Blue Badge application form. The questions in this model application form were specifically designed with input from expert advisers and healthcare professionals who are experienced at assessing the eligibility of Blue Badge applicants.

Costs and benefits of desk-based assessments from pilot evidence

- 6.37 A total of 67 volunteer members of the public (all Blue Badge holders, who had obtained a badge under the 'subject to further assessment' pathway) were recruited from four different local authority areas to participate in the pilot. All of the participants underwent an IMA with an experienced healthcare practitioner, but were also subjected to separate desk-based assessments drawing on information the applicants had provided in response to the relevant section of the updated model Blue Badge application form. This was essential in order to facilitate direct comparisons between these different eligibility assessment practices, as well as drawing comparisons to their Blue Badge issuing authority's original eligibility decision.
- 6.38 To further explore the variables we know exist in 'real world' Blue Badge issuing authorities, the desk-based assessments were undertaken by both:
- Administrative members of the research team who received a level of training commensurate with that available to local authority officers in administrative Blue Badge roles.
 - An experienced Occupational Therapist who has conducted Blue Badge IMAs on behalf of local authorities in England and has a sound understanding of the eligibility criteria.
- 6.39 Both these sets of assessors first completed a 'free-form' assessment of an applicant's eligibility. This involved using draft updated guidance for local authorities on how to determine eligibility under the 'subject to further assessment' walking criterion to reach a qualitative decision about each of the 67 volunteers' eligibility for a Blue Badge. No other form of decision-making tool was used for this 'free-form' assessment. They subsequently repeated the process using the core principles desk-based assessment tool, and accompanying resources, described above and available in Appendix A to this report. This second round of assessments was quantitatively driven using the core principles tool, thereby removing subjectivity from their decision-making and rigidly applying the agreed interpretation of the 'subject to further assessment' walking eligibility criterion.
- 6.40 Our findings from this pilot have been summarised below in respect of desk-based assessment practices:
- Direct comparisons between the amount of time taken to complete a 'free-form' and 'assessment tool' eligibility assessment indicate that 'free-form' assessments took an

average of 1 minute more to complete per applicant. Irrespective of the staff grade or occupational role of the person conducting the desk-based assessment, the average amount of time required to complete a desk-based assessment (6 minutes) represents substantially less time than it takes to complete an IMA (30 minutes on average).

- ❑ A firm eligibility decision could be made using the desk-based assessment tool in 38 out of the 67 cases (57%) - the remaining 43%, for whom eligibility was unclear, would have been referred for an IMA. The 'free-form' approach to desk-based assessment enabled the more experienced assessors to reach a decision in around 10% more cases than administrative staff members using a desk-based assessment tool. **This indicates it is not possible to accurately determine the eligibility of every applicant using a solely desk-based approach.**
- ❑ Of the 38 decisions made using the core principles desk-based assessment tool, 36 were compared with the decision made separately as a result of the core principles IMA (2 IMAs could not be completed on the day). In total, 29 of the 36 eligibility decisions made based on the desk-based assessments were the same as those made as a result of the IMA. A total of 3 eligibility decisions were different from those made following the core principles IMA, while 4 applicants provided insufficient detail in their application form and would have been contacted by the local authority's administrative staff members to seek further information (e.g. by 'phone). The core principles desk-based scoring tool was therefore 91% accurate compared to the core principles IMA procedure. This was higher than the same measure of accuracy when applied to participating authorities 'C' (78%) and 'D' (54%) in the pilot - both of which routinely use desk-based assessments to determine the eligibility of Blue Badge applicants.
- ❑ Given the potential value of the Blue Badge concession, we believe it is fair and appropriate to expect applicants to fully complete the form to the best of their knowledge and ability if they wish their application to be considered. This underlines the need for local authorities to adopt a firm stance in respect of partially completed application forms, and provide guidance to applicants that helps them complete the application form to the best of their knowledge and ability
- ❑ The core principles desk-based assessment tool emerged as a more consistent and reliable approach than 'free-form' desk-based assessments. It did not award any badges to applicants when the core principles IMA suggested they would have been refused – instead referring such applicants for an IMA. This is a critical weakness of a free-form assessment approach. The assessment outcomes from the core principles desk-based assessment tool were also more consistent across all occupational roles and levels of experience, achieving a higher degree of agreement than the free-form approach. This is particularly important in the context of DfT's objective to improve the consistency of Blue Badge eligibility decision-making across England.
- ❑ Another benefit of the core principles desk-based assessment tool relates to the clarity for applicants. Unlike 'free-form' assessments, the desk-based assessment tool creates an audit trail, with the assessor recording the outcomes of each desk-based assessment in a proforma which can be revisited at a later date, as required.
- ❑ The opportunity cost of an OT conducting desk-based assessments (which can also be delivered by trained administrative staff members) is greater than that of administrative staff members. An OT can also undertake IMAs, but this is a role that an administrative staff member cannot fulfil without the appropriate training.
- ❑ Across the research team's sample of 67 respondents the desk-based assessment procedure would have saved a total of 38 mobility assessments. By applying an average

hourly rate for administrative staff working in local authority Blue Badge teams (calculated across 33 authorities) it was possible to estimate the potential cost saving of this model desk-based assessment approach (combined with IMA) compared with the cost of sending all "subject to further assessment" applicants for an IMA and with relying on GP references. When factored up to 1,000 applicants, the following costs emerge:

- Applying a combination of desk-based assessment and mobility assessment approaches: £12,401.
- Referring all applicants for a mobility assessment with an occupational therapist: £19,100.
- Requesting letters from GPs for all applicants: £30,300.
- When reviewing these values it is pertinent to note that the pilot sample was not necessarily reflective of a 'typical' sample of 67 badge applicants, given we intentionally sampled a number of Blue Badge applicants that had previously been refused a badge. Nonetheless, it does provide a useful indication of the scale of costs, and potential cost savings, associated with the different combinations of approaches for determining the eligibility of Blue Badge applicants under the walking component of the subject to further assessment criterion.

The findings from our pilot validate the use of intelligently designed and applied desk-based assessment practices as a means of determining the eligibility of Blue Badge applicants under the walking criterion of the 'subject to further assessment' criterion. We strongly recommend that a local authority using desk-based assessments treats them primarily as a tool for filtering out applicants that need to be referred for an IMA, and secondarily as a means of awarding and refusing Blue Badge applications wherever possible. To ensure accurate and consistent decision-making there should always be recourse for an applicant to be referred for an IMA as part of routine eligibility assessment procedures, because our pilot provided clear evidence that it is not always possible to accurately determine the eligibility of Blue Badge applicants using a desk-based assessment tool.

While the free-form desk-based assessment practice we piloted correctly determined the eligibility of a similar number of applicants than the core principles desk-based scoring tool, it resulted in a higher number of applicants being awarded a Blue Badge when the core principles IMA outcome would have resulted in a refusal. Although more conservative in its decision-making (with a greater tendency for applicants to be incorrectly refused a badge due to lack of information provided in the application form) the core principles desk-based assessment tool offers a sounder, 'lower margin for error' approach than free-form decision-making. As such we strongly recommend that local authorities wishing to adopt desk-based eligibility assessment practices consider using a quantitative scoring tool that has been developed by healthcare professionals such as the core principles assessment tool contained in Appendix A to this report.

Subject to further assessment applicants: Independent Mobility Assessments

6.41 The primary focus of this research project has been on understanding and identifying good practices in relation to Blue Badge independent mobility assessments (IMAs) for the purpose of determining an applicants eligibility under the ‘subject to further assessment’ walking criterion. Through the course of this study the research team has defined IMAs as:

“A functional assessment of a Blue Badge applicant’s walking ability, which is conducted in-person by a healthcare professional that is independent of the applicant’s ongoing treatment and their General Practitioner (GP).”

6.42 A total of 17 local authorities in our sample had adopted some form of IMA practice. While 4 local authorities only offered an IMA to applicants that appealed some other form of eligibility assessment (e.g. cross-checking or desk-based assessment), 13 offer an IMA as part of their routine eligibility assessment process. Table 6-6 provides an overview of the various ways these local authorities have adopted IMA practices alongside other eligibility assessment practices.

Table 6-6: Overview of IMA practices used by case study local authorities (2009-10)

Description of IMA practice	Adopted by
IMA is only offered on appeal to applicants who are initially considered using a desk-based assessment practice.	<ul style="list-style-type: none"> • Birmingham • Worcestershire • Nottingham • North East Lincolnshire
Council databases are cross-checked with any applicants whose eligibility cannot be determined being referred for an IMA	<ul style="list-style-type: none"> • Royal Borough of Kensington & Chelsea
All applicants undergo desk-based assessment before any applicants whose eligibility cannot be determined referred for IMA	<ul style="list-style-type: none"> • Richmond • Wandsworth • Bolton • Coventry • Sheffield
Council databases are cross-checked and applicants undergo desk-based assessment before any applicants whose eligibility cannot be determined referred for IMA	<ul style="list-style-type: none"> • Enfield
All ‘subject to further assessment’ applicants are sent for an IMA	<ul style="list-style-type: none"> • Haringey • Islington • Shropshire • Stoke-on-Trent • Sunderland • York

6.43 Our review also revealed a wide range of different factors which impact on how IMA practices are delivered in different local authority areas. These are summarised below:

- ❑ **The occupation of the independent healthcare professional** – We found this varied considerably among the 17 local authorities that conduct IMA’s. The majority (10) use Occupational Therapists, while 4 use Physios. One London Borough used a

combination of different disciplines for their IMA procedure, while 2 local authorities use Occupational Health Doctors to conduct IMAs.

- ❑ **The occupational sector of the independent healthcare professional** – We found that 8 healthcare professionals worked for the local Primary Care Trust (PCT), 5 of whom were Physios. Four of the healthcare professionals, all of whom were Occupational Therapists, were drawn from the private sector while 5 were employed directly by the local authority (4 of whom were OTs).
- ❑ **Training of independent healthcare professionals** – Few of the authorities that use healthcare professionals to conduct IMAs have bespoke training/competency requirements beyond ‘a qualification’ in Occupational Therapy or Physiotherapy, typically to the standard of a Bachelor of Science (with Honours) degrees, Postgraduate Diplomas or Master’s degrees. None of the OT/Physiotherapy posts for which we have seen person/job specifications requested that OTs or Physios were chartered by their respective professional bodies (COT/CSOP). In some authorities OTs and Physios have been responsible for training other (non-medical) members of staff in how to use desk-based assessment procedures.
- ❑ **The setting in which IMAs take place** – The most common locations at which IMAs take place are PCT/health centres (6 authorities) and local authority back-office interview rooms (5 authorities). Other common settings for IMAs included local authority contact centres (2 authorities) and disability/independent living centres (2 authorities). Feedback from Blue Badge holders suggested that they were prepared to travel for up to 20 minutes in order to undergo an IMA to determine their eligibility for a Blue Badge.

6.44 These subtle differences in the delivery of IMAs have a tangible impact upon the way the IMA works in practice. For example we found that some Occupational Therapists adopt specific assessment techniques; such as the use of a Range of Functional Movement test which can be used to explore how freely and readily an applicant is able to move their limbs since this is covered in the medical training that OTs undergo. This is not typically included in the training given to Occupational Health nurses so they do not include this technique in their approach.

6.45 The issue of training and the appropriate occupational roles for the healthcare professionals conducting IMAs was also identified as an important issue for Blue Badge holders through the research team’s focus group discussions. Participants in all of the groups were particularly concerned that if their General Practitioners or other medical experts were no longer to be involved in undertaking the eligibility assessment, then the individuals who conduct IMAs need to be medically trained and able to undertake a thorough functional assessment of an applicant’s mobility.

“I had an email recently from someone that had undergone a functional assessment, and when they asked what the qualifications were of the person carrying it out, they found out they had none... when they said ‘what happens if there’s a problem’ they said ‘oh, we can refer up, but they didn’t feel the person carrying out the assessment had the right skill level to even know.”

Blue Badge holder and DPTAC member

Key general findings identified in respect of Blue Badge IMAs through the case study evidence base and engagement with Blue Badge holders are:

- Occupational Therapists, Physiotherapists and Occupational Health Nurses/Doctors are the healthcare professionals which most commonly conduct Blue Badge IMAs.
- The majority are employed through local Primary Care Trusts or directly by the local authorities. Some local authorities have used, or are using contracted organisations to provide healthcare practitioners to undertake IMAs, but often they are short term solutions while a local authority seeks to implement an in-house healthcare professional to conduct Blue Badge IMAs.
- There is no bespoke training for healthcare professionals conducting Blue Badge IMAs, which results in many Blue Badge assessors working with Team Leaders to spend the first few months in their role developing and test an approach to conducting a Blue Badge eligibility assessment, whilst also adapting their own skills to the post.
- A wide range of facilities are used to conduct Blue Badge IMAs, but the most commonly used venues are PCT health centres, interview rooms in a local authority back office setting and, increasingly, at Contact Centres set up by the issuing authority.

Valuable Blue Badge IMA assessment practices identified in case study authorities

6.46 This section of the report highlights valuable lessons for local authorities which are yet to make the transition to using IMAs based around the main components of the IMA practices we reviewed, which were:

- How far the Blue Badge applicant can walk.
- The speed at which the Blue Badge applicant can walk.
- The surety of an applicant's gait, balance and movement when walking.
- The use of any walking aids or supports.
- The degree of exertion associated with walking.
- Any excessive pain and discomfort associated with the Blue Badge applicant walking.

6.47 These closely align with the HRMCDLA walking disability assessment guidelines excerpted in the January 2008 scheme guidance for local authorities. This further supports what most local authority officers told the research team during case study interviews – that the most useful aspect of the existing scheme guidance was the descriptions of what being 'unable' or 'virtually unable' to walk meant according to the HRMCDLA decision makers guide. The key findings have been summarised in Table 6-7:

Table 6-7: Key findings from case study authorities on IMA assessment practices

Component	Key findings from case study authorities
Walking distance	<ul style="list-style-type: none"> All assessments involved observing the applicant walking in some way. Five allowed the applicant to walk as far as they could during the assessment, asking them to stop whenever they could no longer continue, and pause as required. Four used 100 metres as the distance over which they observed an applicant walking. The majority (nine) involved observing an individual walking on flat terrain inside a building. Nine authorities interpret the distance that each assessed applicant could walk through qualitative criteria which were based on the HRMCDLA walking eligibility criteria excerpted on page 17 of the 2008 Blue Badge scheme guidance.
Walk speed	<ul style="list-style-type: none"> Eight of the local authorities among the case studies developed by the research team undertake a qualitative walk-speed assessment based on walking pace definitions given at the bottom of page 17 in the current DfT Scheme Guidance, which are derived from the HRMCDLA decision-makers guide. Dividing the distances by 60 enables the local authorities to derive an average walking pace per second, which can be applied to either the distance, or time, that an applicant is able to demonstrate they can walk during the eligibility assessment.
Gait, balance and movement	<ul style="list-style-type: none"> All asked the applicant to describe their walking ability and set this in the context of any medical conditions or impairments they experience that affect their mobility. Observing the applicant walking to analyse their gait and record any abnormalities/asymmetrical movement patterns or changes in gait as the applicant walks is also very common. Wide range of supplementary tests were used including ‘Range of Functional Movement’; ‘180°turning tests’ and ‘Reach tests’.
Use of walking aids	<ul style="list-style-type: none"> Nine of the local authorities took an applicant’s use of walking aids into account to consider whether the individual was unable to walk, or experienced very considerable difficulty walking. An applicant’s use of walking aids is observed and recorded to inform a holistic assessment of their walking ability. Five of the local authorities additionally note an applicant’s use of other supports (walls, furniture, people) when walking. Unclear whether the applicant’s <i>potential</i> walking ability with appropriate aids is considered in respect of their use of such supports.
Exertion and breathlessness associated with walking	<ul style="list-style-type: none"> All authorities observe and record exertion as part of an IMA, but do so in very different ways – terminology, procedure, measures, the involvement of the applicant and the interpretation of the findings all vary. Common scales used include 10 point visual analogue scales, the Medical Research Council (MRC) Dyspnoea Scale and the Borg scale of human exertion.
Excessive pain and discomfort	<p>Practical assessments of pain experienced by Blue Badge applicants as a result of walking are based on three issues:</p> <ul style="list-style-type: none"> When the applicant experiences onset of pain – immediately? During walking, after a specific distance or time? Later, after walking? The severity of pain experienced by the applicant as a result of walking and the effect that pain has upon them – e.g. stopping/resting when walking, taking medication. Four authorities use a 10 point Visual Analogue Scale to prompt the applicant to think about this. How long it takes for any pain to abate.

6.48 The key components of IMAs adopted by our case study local authorities, as summarised in Table 6-6, provided the basis for the research team's later work to develop, with experts and practitioners, a set of IMA core principles. However, a number of other useful features of an IMA also emerged through our review. While these had not been adopted by all local authorities, they were highlighted by the research team, expert advisers and eminent local authorities participating in good practice workshops as beneficial. Briefly, they include:

- ❑ **Checking an applicant's appearance against valid ID before starting the IMA.** Islington is one of the only authorities that will not conduct an IMA unless the applicant arrives at the assessment centre with photographic ID. Anyone who is unable to provide this proof of their identity is booked a new assessment and asked to attend with their ID on that date.
- ❑ **Asking the applicant about themselves and their medical condition.** Key questions could include a description/the name of the medical condition/disability which is the basis for their Blue Badge application; the dates and descriptions of any surgeries, treatments or appointments with healthcare professionals that relate to the applicant's condition; whether their condition(s) been diagnosed (and by whom) as permanent, or will it last for at least 3 years (based on the 2008 guidance); what medication and dosages are taken by the applicant to manage their condition.
- ❑ **Having a wider battery of questions that the healthcare professional can use to probe further if they are unsure of an applicant's.** Such questions could include asking the applicant to consider how they found the walk from the reception area to the assessment room; how they travelled to the IMA venue; whether they travelled alone or with assistance; whether there is somewhere they will often walk to from their home (e.g. local bus stop/railway station/newsagents); whether they can show you on a map where that is; whether they regularly travel by car, bus, train or taxi; and why they are applying for the Blue Badge.
- ❑ **Simple prompts that enable an assessor to make an appropriate decision on whether an applicant's attempts to walk may constitute a danger to their health or lead to a serious deterioration in their health.** In North East Lincolnshire the assessment proforma specifically prompts the healthcare professional to state whether, all things considered, they believe that walking could endanger the applicant's life or result in a serious deterioration in the applicant's health. In Kensington & Chelsea, the assessment proforma contains a shortlist of conditions which, if diagnosed in the applicant, could present grounds for awarding a Blue Badge on the basis that walking could endanger their life or result in a serious deterioration in their health. The applicable conditions listed include: Chronic obstructive pulmonary disease (COPD), Angina, Emphysema, Asthma (e.g. Uncontrolled/Acute) and Hypertension.

6.49 What emerged from our review of Blue Badge IMA assessment techniques and practices was a clear sense that the January 2008 scheme guidance had led to greater consistency in terms of the IMA practices adopted by our case study authorities. It was particularly evident that the HRMCDLA walking disability guidelines had become something of a de-facto standard around which the IMA practices of our case study authorities had been developed or refined. This evidences the ready uptake of firm guidance published by DfT among healthcare professionals conducting Blue Badge IMAs, and also underlines the value of the HRMCDLA walking eligibility guidelines in the existing local authority scheme guidance.

A series of recommendations emerged from our review of the IMA assessment techniques and practices which have been adopted by our sample of case study authorities, including:

- Updated Blue Badge scheme guidance should indicate specifically what is meant by an 'extremely slow pace'. This terminology is used on page 16 of the current Scheme Guidance, but its subjectivity leaves room for healthcare professionals to interpret its meaning. HRMCDLA walk speed guidelines excerpted on page 17 of the current guidance are useful for healthcare professionals undertaking an IMA, but refer to a 'very slow pace' rather than the 'extremely slow pace' term preferred by DfT, thus highlighting the importance of consistent terminology throughout scheme guidance.
- The wording in January 2008 scheme guidance is also confusing on the topic of excessive labour, excessive pain and an extremely slow walking pace (pg 16). We recommend this is removed or updated in order to improve healthcare professional's comprehension of the group of people to whom badges will generally only be issued.
- The key components of Blue Badge (walking criterion) IMAs centre upon a holistic consideration of walking distance; walk speed; gait, balance and movement; an applicant's use of walking aids; exertion and breathlessness associated with walking, and; any excessive pain and discomfort experienced due to walking. Consideration of whether walking presents a danger to an applicant's health is also appropriate.
- In the interest of ensuring a consistent approach to Blue Badge IMAs across England, we advocate that it would be desirable for DfT to recommend in revised guidance a preferred, or good practice, method that independent healthcare professionals can use when determining an applicant's eligibility against each of the key components listed above.
- The issue of whether a walking aid is/is not used is clear in current guidance, but no mention is made of whether an assessor considers an applicant may be able to walk sufficiently well as to not require a Blue Badge if they were to use a walking aid (but do not in their IMA). We recommend this is clarified in updated scheme guidance.
- The terms 'exertion' and 'breathlessness' are simple to use and may aid an applicant's comprehension of how the Blue Badge eligibility decision is reached. These terms could be used in updated scheme guidance to highlight what a healthcare professional may seek as evidence of 'very considerable difficulty in walking'.
- The Medical Research Council's Dyspnoea (breathlessness) Scale, used in Shropshire, is a useful tool for Blue Badge IMAs. Having been developed by the MRC lends it credibility and we suggest it could be referenced in updated scheme guidance. This opens up the possibility of updated scheme guidance identifying loose thresholds for the degree of breathlessness an applicant must demonstrate to be considered as having 'very considerable difficulty in walking' – e.g. 'Dyspnoea scale grades 4&5'. Visual analogue scales, which are commonly used assessment tools for Occupational Therapists and Physiotherapists, are similarly helpful in this context.

- Given the subjective nature of many of the measures used to determine whether an applicant is eligible for a Blue Badge (e.g. pain, breathlessness, exertion, fatigue – none of which can truly be ‘known’ by the assessor), it is important to always contrast the applicant’s stated ‘condition’ (e.g. of pain, breathlessness, exertion, fatigue) with the assessor’s own observations of any visual indications (e.g. pallor, sweating).
- Almost all local authority officers we interviewed, and the majority of Blue Badge holders consulted through focus groups, requested a standardised IMA practice (in terms of principles and assessment format) from DfT. They noted that the only way to truly achieve consistency of approach and assessment outcomes across the different Blue Badge issuing authorities in England would be for every authority to use the same IMA practice.
- We recognise there is some tension between the pressure from local authorities for DfT to interpret its own scheme rules for local authorities in order to deliver more consistent approaches to Blue Badge eligibility assessment and issuing, and being more prescriptive in guidance than the legislation underpinning the scheme will afford or current Government policies on localism and decentralisation will support. As such, we strongly recommend that DfT considers updating the secondary legislation underpinning the Blue Badge scheme in order that the use of IMAs and a set of agreed eligibility criteria, based on those being used in practice by local authorities, are enshrined within the scheme Regulations.
- We believe this would pave the way for DfT to be more expansive in additional scheme guidance on the topic of the IMA procedure without concerns that it is overstating in guidance what is not present in legislation. The outcome would be a clearer approach to IMAs for local authorities (set out through the sample assessment proforma) to ensure more consistent determination of subject to further assessment applicants and appropriate awarding of Blue Badges under the walking eligibility criteria.

Blue Badge IMA decision-making and reporting practices used in case study authorities

- 6.50 Our case study evidence base yielded a wide range of different decision-making prompts and aids which local authorities had built into their practices for recording and reporting an independent healthcare professional’s recommendations in respect of an applicant’s eligibility for a Blue Badge under the ‘subject to further assessment’ criteria. These are summarised in this section of the report.
- 6.51 Two of the local authorities in our sample had sought to adopt a more empirical approach to determining the eligibility of Blue Badge applicants following an IMA by incorporating quantitative scoring tools into a proforma that was used to record the outcome of each IMA. We understand why some local authorities have sought to adopt a more empirical approach to determining the eligibility of Blue Badge applicants in an IMA, but believe this is at odds with the subjective nature of the eligibility criteria that underpin the scheme. The exception here is when non-medical local authority officers are using a desk-based assessment tool to determine the eligibility of Blue Badge applicants (as described earlier in this chapter) when

a quantitative approach is effective as a means of identifying applicants who are clearly eligible/ineligible, and those who require further assessment.

- 6.52 Given the fact that eligibility under the ‘very considerable difficulty in walking’ criterion is based on a combination of factors (e.g. distance, speed, time, manner of walking and whether walking constitutes a danger to the applicant’s life or lead to a serious deterioration in their health), we advocate a subjective approach to determining the eligibility of Blue Badge applicants which is based on the professional opinion of an appropriate healthcare professional (e.g. an OT or Physio) with decisions being made against the specific eligibility criterion rather than arbitrary scoring thresholds.

While we consider quantitative scoring tools to be one of the ‘core principles’ of desk-based assessments, due to the need to remove subjectivity from decisions made by administrative staff members, we envisage that IMAs are only conducted by appropriate healthcare professionals. As such their expert opinion of an applicant’s eligibility against the subjective eligibility criterion and DfT scheme guidance should be sufficient.

- 6.53 Most of the local authorities covered in this review have developed a well thought out assessment proforma in which to record the information gleaned from a Blue Badge IMA alongside the recommendations of the healthcare professional conducting the assessment. The key benefits of adopting an IMA assessment proforma are:

- The proforma helps to ensure **consistency of approach** by acting as a prompt for the healthcare professional conducting the IMA.
- The proforma can help to ensure **consistency of outcome** by encouraging the healthcare professional completing the assessment to be reminded of the eligibility criteria against which the applicant is being considered.
- As a result each applicant should undergo a standardised assessment to inform the local authority’s decision on their eligibility for receiving a Blue Badge, which improves the **fairness** of the IMA practice.
- The use of a proforma into which the assessor can record their observations and information reported by the applicant can also aid the **clarity** of the process if the applicant were to appeal the local authority’s eligibility decision. All of the local authorities in our sample scanned or retained the paper copy of the completed IMA proforma and attached this to each applicant’s Blue Badge record after their application had been processed. The audit trail created by this practice means it is easier for administrative or team leader staff members to explain to an applicant why they have been refused a Blue Badge, or revisit their previous assessment report in the future.
- Finally, all of the assessors we interviewed indicated that having a proforma into which they could record their observations during the assessment improved the **speed and efficiency** of both the IMA itself, and the subsequent reporting of their recommendations on each applicant’s eligibility.

- 6.54 What is clear is that local authorities have each developed an assessment proforma that meets their specific needs and aligns with their healthcare professional’s interpretation of the Blue Badge walking eligibility criterion. For example, the research team noted that none of the local authorities in our sample had adopted simple qualitative prompts to help the

healthcare professional reach their decision and record how they believe the applicant met the eligibility criterion against which the applicant has been awarded/refused a badge. These could take the form of a checklist, such as that included at the end of the core principles IMA proforma (see Appendix B) to remind the assessor of the different aspects of the walking eligibility criterion and prompts them to consider them in their decision-making.

- 6.55 Only 2 of the local authorities in our sample provide scope within the assessment proforma for the healthcare professional to contact any other healthcare professionals (e.g. hospital consultant's, physiotherapists, OT's etc) in order to verify an applicant's condition. These local authorities had recognised that for some applicants with very complex conditions, or where the applicant is unable to explain their disability/medical condition themselves, it is occasionally necessary to seek further information about the applicant from a healthcare professional who is involved in their treatment. The assessor at the Royal Borough of Kensington & Chelsea achieves this by writing to the relevant healthcare professionals and seeking answers to specific questions about an applicant's disability or medical condition in support of the information they have provided when completing their application form and when attending for a mobility assessment (if appropriate). Responses to direct questions couched in the context of the Blue Badge eligibility criteria are always received free of charge from healthcare professionals.
- 6.56 Furthermore, only 5 of the local authorities in our sample offer the healthcare professional the opportunity to state whether an applicant needs to be reassessed through an IMA under the eligible subject to further assessment criteria upon renewing their badge in 3 years time. We believe this procedure offers both **efficiency** and **customer friendliness benefits** by reducing unnecessary assessments in the future. One local authority (Stoke-on-Trent) routinely requires every 'subject to further assessment' applicant to be seen for an IMA upon renewal of their Blue Badge. Although we understand this helps to minimise the number of badges on issue, we believe it could be unnecessary for applicants with permanent conditions, which are not likely to change.
- 6.57 Perhaps surprisingly, we were unable to identify any single assessment proforma which effectively covered all aspects of the Blue Badge 'subject to further assessment' walking criterion and current guidance.

Our findings indicate a relatively common set of approaches to using a proforma to structure an IMA practice, as well as record the assessor's observations and report their recommendation in terms of the applicant's eligibility to receive a Blue Badge. While recognising that the reporting approaches used in different local authorities largely reflect the tests used during the assessment to determine whether an applicant meets the Blue Badge walking eligibility criterion, the research team's view is that the following approaches should be promoted as good practices through updated scheme guidance:

- Use of the final section of an assessment proforma for the healthcare professional to report their decision/recommendation on behalf of the local authority and identify their reasoning for awarding or refusing a Blue Badge.

- Including options for the assessor to state whether the applicant needs to be reassessed through an IMA upon renewal.
- Making provision for the assessor to seek additional contextual information from healthcare professionals (e.g. GPs, Hospital Consultants, OTs/Physios) who are involved in an individual's treatment. This procedure may not be regularly used, but offers scope for an assessor to gather further contextual evidence about the degree of walking impairment an applicant experiences as a result of their condition/illness, or the extent to which their disability is permanent/substantial, in cases where it is difficult to reach a decision.
- Including an eligibility checklist based on the current criterion, such as that described above, to help the assessor to record how, in their opinion, the applicant has either met, or not met, the walking eligibility criterion in the Blue Badge regulations.
- Retaining the completed assessment proforma on file, along with the Blue Badge application form, in the event an applicant appeals against the decision to refuse them a Badge.

IMAs in rural authorities

- 6.58 The majority of local authorities we interviewed which had implemented IMAs were metropolitan borough councils or compact urban unitary authorities. None of the two-tier county councils covered in our review had made the transition to implementing IMAs as a means of determining the eligibility of Blue Badge applicants. While some had taken the decision to remove their reliance on assessment by an applicant's GP, they had replaced this with a solely desk-based assessment practice which we identified in as being unsatisfactory through our pilot of the core principles desk-based assessment tool (See paragraph 6.37).
- 6.59 Officers at most of the two-tier county councils we interviewed cited a range of perceived barriers which prevented their local authority from being able to make the transition from using evidence from an applicant's own GP to using IMAs to determine the eligibility of Blue Badge applicants under the 'subject to further assessment' walking criterion. These included:
- Scale issues** relating to the large number of Blue Badge applications handled by two-tier County Councils. While this is undoubtedly often the case some of the largest metropolitan borough councils, such as Birmingham, handle more than 13,000 applications per annum which is more than some two-tier county councils.
 - Geographical issues** associated with having a scattered population, thereby making it difficult to see people in-person and conduct an IMA because the travel-time for applicants would be unreasonable. This is clearly an issue that needs to be overcome, because during focus group discussions conducted by the research team, badge holders stated that they were generally prepared to travel for up to 20 minutes in order to be assessed for a Blue Badge.

- ❑ **Resource issues** stemming from a perception within county councils that they experienced greater pressure on their resources than urban unitary or metropolitan borough councils.
- ❑ **A perceived lack of Blue Badge misuse and abuse** which was widely perceived to be a problem which affected town centres and not county areas. However, this view overlooks the fact that the resistance to abuse of the national Blue Badge scheme is reliant upon all issuing authorities taking care to award badges only to eligible applicants. Anecdotal evidence from enforcement officers in urban areas suggests that much of the Blue Badge abuse taking place in town and city centres is by badge holders from outside of the local area.
- ❑ **A belief that IMAs will cost more than relying on GP assessments** thereby immediately making it difficult for local authority officers to consider making the transition. Later sections in this chapter reveal that both our case study evidence, and that derived from piloting a core principles IMA practice, demonstrate that IMAs were cheaper than requesting a letter from an applicant's own GP and offered significantly more robust decision-making on the eligibility of Blue Badge applicants under the 'subject to further assessment' criterion.

6.60 Through the course of this review we have come to believe that all of these issues can be overcome, and can point to examples of local service delivery which have enabled rural authorities to so. These have been set out in Table 6-8, below.

Table 6-8: Good practice approaches for facilitating IMAs in rural local authorities

Description of practice	Adopted by:
Using telephone or online application services that minimise the need for Blue Badge applicants to physically visit their local authority offices in order to collect and submit application forms	<ul style="list-style-type: none"> • Kent County Council • Shropshire Council
Incorporating Blue Badge services within planned, or existing, contact centre facilities so that Blue Badge applicants can obtain and submit application forms in person	<ul style="list-style-type: none"> • Worcestershire County Council • Wiltshire Council
Delivering Blue Badge IMAs at district health centres on regular dates in order to minimise the travelling distances for Blue Badge applicants	<ul style="list-style-type: none"> • Shropshire Council
Including Blue Badge assessments as part of the home visits conducted by Social Care teams to conduct home adaptation assessments	<ul style="list-style-type: none"> • Rotherham Metropolitan BC • Manchester City Council

6.61 Most of the practices described in Table 6-8 are supportive of IMAs and have been covered elsewhere in this report, but the **example of Shropshire Council** may be valuable for local authority officers working in rural or two-tier County Councils. Shropshire is one of England's most rural and sparsely populated counties and received 5,610 Blue Badge applications in 2009. Now a unitary authority, Shropshire Council has a back-office Blue Badge team supported by front line staff members based at customer service points around the county. These include libraries, community centres, post offices and a cyber cafe.

6.62 The back-office team based at the council's Disability Resource Centre coordinates Blue Badge mobility assessments with all 'subject to further assessment' applicants. This team cross-checks adult social care records prior to using a free-form desk-based review to

identify applicants whose mobility clearly meets or does not meet the walking disability criterion. The remainder are referred for an IMA at their local NHS mobility centre. These assessments are delivered at eight venues across the county, which include hospitals, disability resource centres and local medical centres. Each assessment is conducted by a physiotherapist working on behalf of Shropshire PCT and takes 30 minutes to complete. The physiotherapists use a mobility assessment form which helps to structure the assessment, and allows them to record their recommendation on each applicant's eligibility for receiving a Blue Badge.

- 6.63 In 2008/9 approximately 1,250 Blue Badge mobility assessments were carried out by physiotherapists working on behalf of the PCT. The £11.00 charge for each assessment is paid for by the PCT since it is significantly cheaper than the previous arrangement, whereby every 'subject to further assessment' applicant was asked to provide a letter from their GP to support their Blue Badge application. The annual saving to the PCT has been calculated to be £11,000. A service level agreement between Shropshire Council and Shropshire PCT underpins these assessments and includes quality standards such as a target for the physiotherapists to have seen each Blue Badge applicant within 31 days of their application having been received by the council.

The case study example from Shropshire Council indicates how it is possible for rural or two-tier local authorities to establish IMAs in place of relying on supporting letters / assessments from an applicant's own GP. The key enabler in Shropshire appears to have been setting up assessment centres at a district level, which enabled them to reduce the travel times for Blue Badge applicants needing to attend for an IMA to an acceptable level. The annual saving of £11,000 on the cost of requesting a letter from around 1,250 'subject to further assessment' applicant's GP underlines the scope for efficiency savings through IMAs – even in more rural areas of England.

Joint mobility assessments

- 6.64 A total of six of our case study authorities had joined their Blue Badge IMAs with assessments for similar concessions. All of these authorities are London Boroughs and five of them jointly assess an applicant's eligibility for a Blue Badge and a concessionary travel pass. Four of the authorities also include Taxicards in their joint assessment practice, while disabled parking bays, free residential parking permits and taxi vouchers were also considered through the joint assessment practice by individual authorities.
- 6.65 The main reason that these local authorities are able to jointly assess applicants for a Blue Badge alongside the Concessionary Travel Pass and Taxicard concessions is that the eligibility criteria are very similar. The key feature of a Blue Badge/Concessionary Bus Pass and a Blue Badge/Taxicard joint assessment centres upon the need to determine whether the individual has a disability which makes them unable to walk, or causes very considerable difficulty in walking, and is likely to be present for 3 years (e.g. qualifying them for a Blue Badge) or 12 months (qualifying them for either Taxicards or a Concessionary Bus Pass). Thereafter, the local authority will seek evidence of whether the individual is unable or virtually unable to use public transport to determine whether a Taxicard, Concessionary Travel Pass (possibly with a companion pass), or neither concession is appropriate.

- 6.66 This distinction explains why some London Borough's joint Blue Badge eligibility assessment proformas contain a number of questions about how the applicant currently travels around with specific reference to trips they make and the places they visit. These seemingly superfluous questions are clearly included to gather information (as required) to support a decision on the extent to which an applicant is unable or virtually unable to use public transport. Interestingly, this is cited by Islington as the reason why they jointly assess an applicant for a Blue Badge and a Taxicard, but separately assess an application for a Concessionary Bus Pass. The authority considers that if an applicant's mobility difficulties are sufficiently severe to receive a Blue Badge or Taxicard then they will not be able to use public transport, so should not be additionally considered for the Concessionary Bus Pass.

Given the advances in public transport accessibility in recent decades, the research team does not believe it is appropriate for local authorities to refuse a Blue Badge solely on the basis that an applicant is able to use public transport if they also demonstrate that they are unable to walk or experience very considerable difficulty in walking. We are aware that some local authorities; including those London Boroughs that jointly assess applicants for Blue Badge, Concessionary Travel Pass and Taxicard have adopted this stance; but suggest it may fall foul of the eligibility criteria.

For example, an applicant who is a wheelchair user may be unable to walk, but able to use some forms of accessible transport (e.g. buses with ramped access or Tube stations with step-free access). We therefore recommend that updated Blue Badge scheme guidance for local authorities clarifies that it is immaterial whether or not a Blue Badge applicant can or cannot use public transport. Any changes made to the good practice advice on assessing an applicant's eligibility under the Blue Badge 'subject to further assessment' walking criterion in DfT's June 2011 revised guidance may also need to be reflected in component (d) of the statutory guidance to local authorities on assessing eligibility of disabled people in England for concessionary bus travel.

- 6.67 Although a number of unquantifiable benefits for local authorities and Blue Badge applicants emerge through joint assessments, including reducing the number of overall assessments and reducing the amount of time that applicants have to spend being assessed, very little quantitative evidence of efficiency savings emerged from the case study authorities. The main reason for this was the way that local authorities recorded the number of assessments they undertake, which did not always track whether an applicant had been assessed for just a Blue Badge or other concessions. No authorities recorded incidences of an applicant applying for a Blue Badge and undergoing an IMA in connection with that application, but subsequently being advised to apply for another concession (such as Taxicards or a Concessionary Travel Pass).
- 6.68 The only evidence we have on joint Blue Badge assessments with other accessible transport concessions is from the Royal Borough of Kensington & Chelsea, where an applicant's eligibility under the Blue Badge 'subject to further assessment' walking criterion is simultaneously considered alongside their eligibility to receive a Freedom Pass (concessionary travel pass in London) and Taxicards. Because the Blue Badge scheme is administered by the council's dedicated Accessible Transport Team, applicants can also be

signposted to Community Transport and Dial-a-Ride services operated for residents in the Borough.

- 6.69 The joint assessment approach has been made possible through a carefully designed IMA proforma, which incorporates key questions that relate to the separate criteria for each of the three concessions. At the end of an assessment the Occupational Therapist employed by the council uses the proforma to make recommendations about whether an applicant is eligible to receive the concession they have applied for, as well as the other two administered by the Accessible Transport Team. In 2008/9 a total of 26 people were assessed for more than one concession simultaneously, which represented 9% of all Blue Badge mobility assessments completed in the Borough. Joint assessments enabled the Council to make direct cost savings of over £1,700.

While the efficiency savings which emerge from the Royal Borough of Kensington & Chelsea are modest, we anticipate they could be significantly larger in local authorities that handle greater numbers of Blue Badge, Concessionary Travel Pass and/or Taxicard applications.

- 6.70 Only one of the local authorities in our sample had joined up their Blue Badge eligibility assessment procedures with those used to determine the award of social care packages, equipment and adaptations (Rotherham MBC). Under these approaches, applicants for social care, equipment and adaptations are simultaneously assessed for a Blue Badge. This is often achieved through the inclusion of a small number of additional questions into in-home social care assessments which relate specifically to the 'subject to further assessment' Blue Badge walking criterion.
- 6.71 Because Rotherham's approach was not routinely used as the basis for awarding Blue Badges there was limited data on its effectiveness. As such the research team worked alongside officers at Manchester City Council to collect primary evidence emerging from this authority's pilot of a joint Blue Badge and social care IMA practice. The key evidence from this pilot is summarised below:
- ❑ In 2010 Manchester City Council adopted an approach of integrating Blue Badge eligibility assessments with those undertaken for mobility aids and home adaptations by the Manchester Equipment and Adaptations Partnership (MEAP).
 - ❑ All in-home assessments for mobility aids and adaptations were extended to incorporate brief questions about an applicant's walking ability in line with the subject to further assessment criterion. If the applicant qualifies for a Blue Badge, then the occupational therapist (OT) conducting their assessment briefly discusses the Blue Badge Scheme with them and explains that if they would like to apply they will be considered eligible by the issuing authority.
 - ❑ Upon returning to the office, the assessor will make a note on the applicant's social care record (routinely checked as part of the Blue Badge application process) whether or not the individual can be considered eligible for a Blue Badge in the event they apply.
 - ❑ An evaluation of the approach adopted by Manchester demonstrated that the great majority (90%) of people who underwent at-home social care assessments were already in receipt of a Blue Badge - either because they received the Higher Rate Mobility

Component of Disability Living Allowance, or because they had previously applied successfully under the 'subject to further assessment' walking criterion. Of the remaining applicants, 80% were unaware of the Blue Badge scheme and subsequently applied successfully for a Blue Badge, while 20% were not considered eligible by the OT.

- ❑ Although this approach has only been in place for a short period of time, it is forecast to enable 160 people per year undergoing in-home assessments for social care packages, adaptations and equipment to apply successfully for a Blue Badge without needing an additional mobility assessment. Adopting the approach will save Manchester City Council approximately £1,500 per annum (£9.42 per Blue Badge issued following a social care assessment) when compared to the cost of these individuals applying separately for a Blue Badge.
- ❑ Furthermore, the integration with the in-home social care assessment has achieved customer service benefits by joining up two services from different council departments that disabled people access. It also ensures better targeting of the Blue Badge scheme, encouraging those people who are eligible for a badge to apply for and receive the concession, and reduces the number of assessments that people have to undergo.

Our review has highlighted that joint assessments score favourably in terms of the key measures of good practice used throughout our review, in particular:

- **Fairness and consistency:** Joint assessments help ensure that applicants are considered for all locally determined benefits or concessions they may be eligible for.
- **Customer friendliness and clarity:** Applicants do not need to undergo as many eligibility assessments for related local concessions and benefits, saving time and hassle. This found strong support among the majority of Blue Badge holders and DPTAC members we consulted through the course of the review.
- **Speed and efficiency:** More efficient eligibility assessments for local authorities, delivering modest cost savings of around £1,500 - £2,000 per annum and reducing the total number of Blue Badge eligibility assessments by up to 10%.
- **Resistance to abuse:** Ensuring that applicants are thoroughly assessed for all local benefits and concessions can help to prevent fraudulent applications using other local benefits as a 'passport' to further public funds.

Because joint assessments can be implemented at relatively little or no cost by Blue Badge issuing authorities which have already adopted IMA practices we believe they can be considered as '**Quick Wins**' for these authorities. We have also identified the following key considerations for local authorities when developing joint assessment approaches:

- Establishing integrated teams within the local authority to administer all of the concessions that will be jointly assessed or establishing strong links between existing teams which manage each of the respective concessions.
- Developing common fields across application forms for each of the concessions so that information gathered about applicants in respect of different concessions can be fed into the joint assessment process.

- Establishing a joint mobility assessment proforma with due consideration of the eligibility criteria for each concession, in order that at the end of a joint assessment it is possible to reach a decision about which concessions an applicant is eligible for.
- Training mobility assessors to fully understand the criteria of different concessions included within the joint assessment process.
- Ensuring that feedback mechanisms exist within the local authority so that an assessor's recommendations are available to administrative staff members in the relevant teams or departments. Such mechanisms would need to be backed up by the appropriate Data Protection declarations to allow an applicant to provide specific consent for this secondary use of their sensitive personal data.

Independent Mobility Assessment core principles, costs and benefits

6.72 A key aim of this review was to gather tangible evidence of the costs and benefits associated with the widespread adoption of IMAs as a means of determining the eligibility of Blue Badge applicants. In this section we have presented the headline findings from our case study local authorities.

Costs and benefits of IMAs from case study evidence

6.73 Our findings indicated that Physiotherapists generally award fewer Blue Badges than Occupational Therapists and other healthcare professionals through an IMA. On average, the IMAs they undertake are also shorter than those by OTs (31 minutes, compared to 45 minutes). It is important to caveat this finding by recognising that these crude figures do not take account of:

- Local variations in the incidence and severity of disability in the population.
- The extent to which applicants attending for a Blue Badge IMA have already been 'filtered' through desk-based assessment and cross-checks on the records held by the council.
- The different items of information which an applicant has already provided through the application process and/or is required to bring along to the Blue Badge IMA.

6.74 The average Blue Badge award rate across our sample of 14 local authorities that use IMAs to determine the eligibility of Blue Badges was 61%. While this should in no way be considered as a form of target or quota by local authorities in England, we believe that a well-designed and thorough Blue Badge IMA process would deliver a comparable rate of award, allowing for local variations in the incidence and severity of qualifying disabilities in the population.

6.75 Simple comparisons of award/refusal rates cannot be interpreted as a review of the efficacy of different approaches to awarding Blue Badges, for we have no certainty that these approaches ensure Blue Badges are awarded to people that meet the eligibility criteria. What they do highlight is that:

- ❑ Local authorities in London appear to be applying the eligibility criteria more strictly than others in England, resulting in lower Blue Badge award rates of around 44%.
- ❑ Relying on assessment by an applicant's own GP in support of an application for a Blue Badge results in notably higher levels (95%) of Blue Badge issuing than desk-based assessments or IMAs.
- ❑ This opens up the possibility of local authorities factoring in the cost of lost parking revenue/resident's parking permit charges to any business case designed to weigh up the costs and benefits of making the transition to using IMAs and/or desk-based assessments as a means of awarding Blue Badges. Our evidence suggests that a local authority robustly implementing an intelligent combination of cross-checking, core principles desk-based assessments, and core principles IMAs would improve the accuracy with which Blue Badges are awarded, thereby reducing the number of inappropriately issued badges. Comparisons across the Blue Badge award rates gathered through our research suggest this could result in up to 25% fewer badges being issued in some local authority areas, with contingent impacts upon local parking revenues and parking permit charges.

6.76 The proportion of successful appeals against IMA/desk-based Blue Badge eligibility decisions can be considered as a 'barometer' for the success of a local authority's eligibility determination procedures. We are, however, wary there is no way of being certain that the badges are being issued to people who meet the eligibility criteria due to the subjective nature of the criteria and the fact they are open to interpretation. Nonetheless, it is possible to suggest that even a well designed Blue Badge assessment procedure is likely to generate appeals, due largely to the subjective nature of the eligibility criteria and the fact that some applicants may be considered 'borderline' cases in terms of whether they meet these criteria. A local authority whose approach attracts no appeals might suggest that Blue Badges are being awarded too freely. Conversely a high Blue Badge award-rate 'on appeal' might suggest the local authority's initial assessment procedures are too strict, or highlight flaws in their appeals procedures.

6.77 In view of this, it is possible to suggest that local authorities in London appear to be applying the Blue Badge eligibility criteria with a greater degree of accuracy and consistency than those outside of London. On average London Boroughs:

- ❑ Refuse higher levels of 'subject to further assessment' applicants than local authorities outside of London following an IMA or desk-based assessment.
- ❑ Generate a lower ratio of appeals following an IMA or desk-based assessment than in local authorities outside of London, which we have attributed to the better transparency of decision-making in London Boroughs – who tended to communicate the outcomes of IMAs and desk-based assessments more clearly than other local authorities.
- ❑ Award fewer badges on appeal than local authorities outside of London.

6.78 While mindful that it is totally inappropriate for local authorities to set 'quotas' in respect of the award/refusal of Blue Badges, the research team does believe that a robust Blue Badge assessment approach would be broadly comparable with the following figures drawn from our research study (allowing for local variations in the incidence and severity of qualifying disabilities among local populations across England):

- ❑ Approximately 30% of applicants for a Blue Badge under the subject to further assessment criteria would be likely to be refused, although we note that greater clarity about the eligibility criteria (for example through the use of a pre-application eligibility checker) should help to reduce the number of 'speculative' applications which are then refused.
- ❑ Less than 20% of the applicants refused a Badge would be likely to 'appeal' in order to request a review of the local authority's decision.
- ❑ Less than 20% of applicants whose case is reviewed/reassessed 'on appeal' would be likely to be successful and receive a Blue Badge.

- 6.79 The cost comparisons in our review provide compelling quantitative evidence that local authorities that have stopped using letters from an applicant's own GP in favour of desk-based and/or independent mobility assessments are making quantifiable cost savings of around 30% per assessment (£19.10 per assessment compared to £30.30 per assessment). This suggests there is scope for local authorities currently using GP assessment to achieve cost savings by making the transition to a combination of desk-based and independent mobility assessments. Since these approaches also deliver lower Blue Badge award rates, it is likely the move away from GP assessments will further save the local authority parking revenues that are currently being lost through Blue Badges being incorrectly issued to people who do not meet the eligibility criteria.
- 6.80 Our findings highlight an opportunity for London Boroughs to work jointly to share the costs of delivering Blue Badge eligibility assessments, and maximise efficiencies. While it is likely to be impractical for London Councils to coordinate Blue Badge issuing across the whole of Greater London, there may be scope for groups of two or three London Boroughs to share the administration and assessment costs associated with delivering the Blue Badge scheme to make better use of their resources to reduce per-assessment costs.
- 6.81 There is no clear explanation as to why local authorities in London tend to fund Blue Badge assessments, while outside of London it is more common for PCTs to cover the cost. We believe it is likely to partially reflect the differing budgetary pressures and organisational contexts of London Boroughs when compared to local authorities outside of Greater London. Several council officers from outside of London noted that funding arrangements between their authority and PCT date back to historic agreements between the two organisations covering the cost of GP letters since the Blue Badge scheme's inception. We note that in some local authority areas PCT funding has recently been withdrawn.
- 6.82 In most cases, the cost of handling appeals was directly in proportion to the number of Blue Badge applications the local authority received in 2009. In the context of the Blue Badge scheme and what it costs local authorities to administer, we believe the costs attributable to appeals represent relatively low values which are consistent with 3% of all 'subject to further assessment' applicants appealing their Blue Badge issuing authority's decision.
- 6.83 Nonetheless, the variety of costs associated with appeals is indicative of the range of different approaches to handling Blue Badge appeals which have been documented through this review. We believe there is scope for some local authorities to considerably reduce both

the volume and cost of Blue Badge appeals by adopting the 'review' and 'complaint' notions described previously and streamlining the number of appeal stages.

"I think this would probably be one of the fairer systems of assessing the criteria for Blue Badges, because it involves people that should know what kind of mobility or non-mobility you have, and are able to judge on that."

Blue Badge holder and DPTAC member

6.84 IMA practices were viewed positively by Blue Badge holders and DPTAC members alike who perceived it to be the most robust eligibility assessment approach overall, and was thought to help to reduce abuse of the scheme which was generally recognised as a problem by many of the respondents. They were also satisfied that the eligibility assessment and decision to award a Blue Badge is fully informed by the opinion of a qualified healthcare professional.

Our analysis of evidence from the case study local authorities which have adopted IMAs as part of their routine eligibility assessment practice reveals the following benefits when compared to assessment practices that rely on assessment by an applicant's own GP:

- **Cost savings for local authorities.** Direct comparisons between the weighted average cost of an independent mobility assessment (£19.10) and assessment using letters from an applicant's GP (£30.30) indicate potential for local authorities to achieve a 30% saving in Blue Badge assessment costs.
- **Blue Badge award rates of 70%, compared to 95% among local authorities which rely upon an applicant's own GP.** Some local authorities have built savings in terms of previously foregone parking revenue (e.g. residential parking permits in Metropolitan Boroughs) into their business case for making the transition to independent mobility assessments.
- **Lower appeal rates** - the review found that, on average, 20% of 'subject to further assessment' applicants who were refused a Blue Badge following an independent mobility assessment appealed, compared to 39% among refused applicants where the local authority relied upon an applicant's own GP. However, the overall average proportion of 'subject to further assessment' applicants that appeal is roughly 3% for both IMA and GP-led practices. This is encouraging and suggests that, although IMA practices result in greater numbers of applicants being refused a Blue Badge against the eligibility criteria, the total ratio of appeals is consistent with that recorded by local authorities that rely on assessment by an applicant's own GP.
- **Fewer applicants who were initially refused a Blue Badge with an IMA approach (21%) are successful on appeal**, compared to local authorities that are reliant upon an applicant's own GP (28%).
- **IMA practices attract lower average marginal administrative costs (£16.72)** than those which rely on assessment by an applicant's own GP (£19.04). The additional cost is believed to reflect the amount of time local authority staff members have to

spend contacting GP practices to chase up written evidence in support of Blue Badge applications.

- **IMAs are typically completed within 1-3 weeks** of a local authority receiving a completed application form, compared to an average of 3-6 weeks when assessment is sought from an applicant's own GP.

It is also telling to note that local authorities in London appear to be applying the eligibility criteria more strictly than others in England, resulting in even lower Blue Badge award rates of around 44% in London. We believe this reflects the greater value of a Blue Badge in London, due to higher parking charges and the Congestion Charge exemption, attracting a larger number of speculative applications.

The focus group discussions with disabled people found that use of a mobility assessment conducted by a healthcare professional who is independent of the applicant's treatment was perceived by respondents as the most robust approach overall to determining an applicant's eligibility against the Blue Badge criteria. Respondents thought it would help to reduce abuse of the scheme, which was widely identified as a problem, and praised the fact the assessment and decision on awarding a Blue Badge is fully informed by a qualified healthcare professional.

Our findings indicate the total real cost to local authorities of delivering the Blue Badge scheme in line with current guidance is around £30 per applicant. This covers both administrative and assessment costs. This may provide a useful indication for DfT in the context of proposed changes to the Blue Badge application fee.

Core principles of Blue Badge IMAs

- 6.85 We are confident that the trends highlighted above through our analyses of secondary data provided by the case study authorities reflects the strengths of IMA practices in relation to those which rely on an applicant's own GP. However, in order to validate the accuracy and reliability of desk-based assessments through a controlled conditions pilot we needed to develop a 'control' IMA practice. This also presented an opportunity to gather primary evidence in relation to:
- Costs and benefits of an IMA practice which draws on the best elements of Blue Badge IMA practices gathered from local authorities within our sample.
 - Potential efficiency savings which can be realised through the inclusion of the practice which enables assessors to recommend that an applicant does not need to be reassessed. This was a feature of some local authority's IMA practices but we could not isolate its impact on local authority's Blue Badge scheme costs.
 - Potential efficiency savings arising from a series of decision-making prompts included in the IMA proforma used by independent healthcare professionals.
- 6.86 The eligibility assessment workshop described in paragraph 6.34 of this report was also used to define a set of core principles that could aid local authorities wishing to implement IMA practices. The event involved the research team, representatives from DfT,

experienced local authority practitioners and expert advisers from DWP, the College of Occupational Therapists, Chartered Society of Physiotherapists and Brunel University.

6.87 A draft set of core principles were developed as an output of the workshop covering both IMAs and desk-based assessments. Participants in the event, and invitees who could not attend were then invited to comment on the draft core principles following the workshop. The final set of core eligibility assessment principles for IMAs have been summarised in Table 6-9.

Table 6-9: Core principles of Blue Badge mobility assessments

Topic	Core assessment principles
Design of mobility assessment approach	<p>The mobility assessment procedure is designed and delivered by fully qualified healthcare professionals, such as physiotherapists and occupational therapists, with an understanding of the Blue Badge eligibility criteria.</p> <p>30-40 minutes is allocated for each assessment.</p> <p>Assessments begin with the assessor checking the applicant’s photo ID, or comparing their appearance against photos submitted with their application form, to ensure the person presenting for the assessment is the applicant in question.</p> <p>At the end of the assessment the applicant is given an applicant the opportunity to provide any additional information or evidence that they believe will support their application.</p>
Applicant's manner of walking	<p>The assessor observes the applicant's manner of walking and notes the degree of effect on their ability to walk. The impact of the applicant's speed, posture, rhythm/coordination, balance and stride on their walking ability can be recorded.</p> <p>If required, the applicant undergoes a range of functional movement test as part of the assessment so the assessor can cross-check the applicant's walking ability with the range of movement they exhibit.</p> <p>The applicant describes journeys they normally undertake with details of where they travel from and to in the local area (including any walking), why they have applied for a Blue Badge, and the impact it will have on their mobility.</p>
Underlying medical conditions and impact on walking	<p>Any medical conditions or disabilities which impact upon the applicant’s ability to walk without severe discomfort are discussed.</p> <p>This enables the assessor to cross-check the information provided by the applicant in their Blue Badge application and also acts as a form of identity check, since it would be reasonable to expect an applicant (or their advocate/personal assistant) to recall details of medical professionals that have been treating their condition/disability, the frequency with which the applicant visits these healthcare professionals and when they last had an appointment, and medication they have been prescribed which is relevant to their walking impairment.</p> <p>The assessor and applicant discuss the applicant’s walking ability in order to gain an understanding of the nature of their walking impairment and determine whether it arises from a permanent and substantial disability.</p>
Excessive pain	<p>Pain is subjective and some people have higher pain thresholds than others. An applicant’s perception of pain can be measured using a 10 point Visual Analogue Scale:</p> <p style="text-align: center;"> 0 1 2 3 4 5 6 7 8 9 10 </p> <p style="text-align: center;"> (e.g. 0 = no pain) (10 = worst pain imaginable / extreme pain) </p> <p>Consideration should be given to exploring whether the applicant experiences pain at rest,</p>

Topic	Core assessment principles														
	<p>when walking and after walking.</p> <p>The applicant's self reported experience of pain can be accompanied by probing questions covering: pain clinic involvement and management strategies, the origin of pain (e.g. do they know the cause), where it hurts (location of pain), duration of pain (constant, occasional), description of pain (burning, aching, stabbing), the type of medication the applicant uses (analgesics etc) and whether they take them.</p> <p>The applicant's self-reported level of pain can be checked against visual signs of pain on an applicant's face and in their demeanour (sweating, pallor, shaking, grimacing).</p>														
Breathlessness	<p>Breathlessness can be measured using tools such as the Medical Research Council's Dyspnoea Scale:</p> <table border="1" data-bbox="472 663 1409 1084"> <tr> <td data-bbox="472 663 1123 752">Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes / No</td> <td data-bbox="1128 663 1217 752">If No</td> <td data-bbox="1222 663 1409 752">MRC Grade 1</td> </tr> <tr> <td data-bbox="472 759 1123 857">If YES, do you get short of breath walking with other people of your own age on level ground? Yes / No</td> <td data-bbox="1128 759 1217 857">If No</td> <td data-bbox="1222 759 1409 857">MRC Grade 2</td> </tr> <tr> <td data-bbox="472 864 1123 954">If YES do you have to stop for breath when walking at your own pace on level ground? Yes / No</td> <td data-bbox="1128 864 1217 954">If No</td> <td data-bbox="1222 864 1409 954">MRC Grade 3</td> </tr> <tr> <td data-bbox="472 960 1123 1084" rowspan="2">If YES do you get too breathless to leave your home, or do you get breathless after dressing? Yes / No</td> <td data-bbox="1128 960 1217 1016">If No</td> <td data-bbox="1222 960 1409 1016">MRC Grade 4</td> </tr> <tr> <td data-bbox="1128 1023 1217 1084">If Yes</td> <td data-bbox="1222 1023 1409 1084">MRC Grade 5</td> </tr> </table> <p>The applicant's reported breathlessness should also be checked against visual signs of shortness of breath, and any difficulty maintaining conversation while walking or recovering from the effort of walking.</p> <p>An applicant rated at MRC Grade 3 or above can be considered for a Blue Badge if an assessor's observations support the applicant's self-reported degree of breathlessness. An applicant rated at MRC Grade 1 or 2 may still qualify for a Blue Badge under the other aspects of the walking disability criteria.</p>	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes / No	If No	MRC Grade 1	If YES, do you get short of breath walking with other people of your own age on level ground? Yes / No	If No	MRC Grade 2	If YES do you have to stop for breath when walking at your own pace on level ground? Yes / No	If No	MRC Grade 3	If YES do you get too breathless to leave your home, or do you get breathless after dressing? Yes / No	If No	MRC Grade 4	If Yes	MRC Grade 5
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? Yes / No	If No	MRC Grade 1													
If YES, do you get short of breath walking with other people of your own age on level ground? Yes / No	If No	MRC Grade 2													
If YES do you have to stop for breath when walking at your own pace on level ground? Yes / No	If No	MRC Grade 3													
If YES do you get too breathless to leave your home, or do you get breathless after dressing? Yes / No	If No	MRC Grade 4													
	If Yes	MRC Grade 5													
Walking speed and distance	<p>The applicant is observed and timed walking over a pre-measured distance as part of the assessment. For example, assessors can observe the applicant mobilising to the interview/assessment room from a reception area, and discretely time the applicant over this pre-measured distance for a quantitative measure of their walking pace.</p> <p>If an applicant requires regular stops in order to manage severe discomfort (pain and/or breathlessness) and/or fatigue then the assessor can consider issues such as the duration of pauses, and the frequency with which they occur, when determining whether the applicant finds walking very difficult.</p> <p>It may be helpful to consider the total distance and time that an applicant can walk for without severe discomfort and balance this against the amount of time they spend pausing or resting</p> <p>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.</p> <p>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).</p> <p>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</p>														

Topic	Core assessment principles
	eligible.
Use of walking aids	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Decision-making	<p>The assessor cross-references all of the information provided by the applicant during the assessment with the assessor’s observations on the day and other information derived from the application form and relevant local authority information systems prior to reaching their decision about whether the applicant is unable to walk or demonstrates very considerable difficulty in walking.</p> <p>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.</p>

6.88 These IMA core principles were subsequently used by the research team and its expert advisers to design an IMA practice which could be piloted by 4 experienced local authority healthcare professionals from different occupational roles. The intention was to design a practice which drew together the best elements of existing ‘tried and tested’ local authority IMA practices so that it could be piloted alongside a similarly devised desk-based assessment practice.

We recommend that local authorities wishing to adopt IMA practices are signposted to the IMA core principles established through this research project. As such we suggest including reference to them in DfT’s updated scheme guidance. We have included the core principles IMA proforma in Appendix B, as it may help local authorities wishing to adopt IMA practices, or refine those already in use.

The core principles IMA proforma included in Appendix B was designed alongside the model Blue Badge application form contained in DfT’s June 2011 revised guidance. The questions in this model application form were specifically designed with input from expert advisers and healthcare professionals who are experienced at assessing the eligibility of Blue Badge applicants.

Costs and benefits of IMAs from pilot evidence

6.89 A total of 67 volunteer members of the public (all Blue Badge holders, who had obtained a badge under the ‘subject to further assessment’ pathway) were recruited from four different

local authority areas to participate in the pilot. All of the participants underwent an IMA with an experienced healthcare practitioner, but were also subjected to separate desk-based assessments drawing on information the applicants had provided in response to the relevant section of the updated model Blue Badge application form. This was essential in order to facilitate direct comparisons between these different eligibility assessment practices, as well as drawing comparisons to their Blue Badge issuing authority's original eligibility decision.

6.90 Our findings from this pilot have been summarised below in respect of IMA practices:

- ❑ The core principles IMA approach (£19.85 per assessment) is consistent with the national average cost of a mobility assessment (£19.10 per assessment) and 37% cheaper than the average cost of referring an applicant to their GP for written evidence of their eligibility (£30.30 per GP letter), based on the values calculated through the wider review of Blue Badge scheme good practices conducted by the research team.
- ❑ The minimum amount of time required to conduct a thorough assessment, using an IMA approach, of a Blue Badge applicant's eligibility for a Blue Badge under the 'subject to further assessment' walking criterion was 28 minutes, with a further 11 minutes needed for the assessor to record their recommendations using a proforma. In total 95% of participants felt the assessment was the right length.
- ❑ Based on an assessor taking 40 minutes to conduct an assessment and report their recommendation about each applicant's eligibility, and assuming working hours between 9:00am until 5:30pm, we estimate that an appropriate caseload level for Blue Badge assessors is 7-8 applicants per day.
- ❑ Local authorities wishing to incorporate the Range of Functional Movement test into their mobility assessment procedures should ensure the healthcare professional(s) conducting the assessment are familiar with this test, and have been appropriately trained in using it to make informative observations about an applicant's mobility.
- ❑ The cost of a combined core principles assessment method such as that described overleaf compares favourably to the cost of obtaining written evidence from a GP (£30.30 per applicant), and to the cost of sending every applicant for a core principles mobility assessment (£19.85 per assessment). For every 1,000 subject to further assessment applicants, it is possible to estimate that:
 - The cost of obtaining written evidence from a GP for every applicant would be £30,300.
 - The cost of sending every applicant for a mobility assessment would be £19,850.
 - The combined cost of desk-assessing all 1,000 applicants, and referring 460 (46%) on for a mobility assessment would be £12,401.
 - When reviewing these values it is pertinent to note that the pilot sample was not necessarily reflective of a 'typical' sample of 67 badge applicants, given we intentionally sampled a number of Blue Badge applicants that had previously been refused a badge. Nonetheless, it does provide a useful indication of the scale of costs, and potential cost savings, associated with the different combinations of approaches for determining the eligibility of Blue Badge applicants under the walking component of the subject to further assessment criterion.

- The inclusion of a mechanism to allow the assessor to determine whether an applicant needs to be reassessed should they renew a badge in 3 years reduces future assessment costs. Of the 32 applicants (48%) who were awarded a badge, the healthcare professionals did not need to reassess 15 (44%) people. If the sample population were replicated across a group of 1,000 applicants, then 211 would not require an assessment in 3 years time had every successful applicant applied to renew a badge. This would save the local authority up to £4,188 over a 3 year renewal cycle.

Based on the findings from our pilot we advocate the most robust, and cost-effective, overall mix of Blue Badge assessment practices covered by this pilot involves:

- A core principles desk-based assessment (administered either by phone, or based on the completed application form questions) conducted by administrative staff members to filter out applicants who are clearly eligible/ineligible for a Blue Badge and refer the remainder for an IMA. This process will also highlight those individuals who have not provided sufficient information about themselves in their application form.
- A core-principles mobility assessment conducted by an OT, physiotherapist or appropriately trained occupational health nurse/doctor using a proforma to record the outcome and recommendation from the assessment.
- A mechanism which allows the healthcare professional to record whether a successful applicant requires re-assessment by IMA if they choose to renew the Blue Badge upon expiry.

Combining these core principles approaches with cross-checking of local authority databases is strongly recommended as a means of achieving further efficiencies. For every 1,000 'subject to further assessment' applicants requiring an assessment under the 'subject to further assessment' walking criterion, the total potential saving for a local authority adopting this intelligent combination of core principles desk-based mobility assessment is £7,449 against sending every applicant for a core principles mobility assessments and £17,899 against the cost of referring every applicant to their own GP.

7 ADMINISTERING THE SCHEME AFTER ASSESSMENT

7.1 This chapter of our report covers the process of administering the Blue Badge scheme after an applicant has undergone an eligibility assessment. In particular it focuses on practices which local authorities in England have adopted to manage the scheme on an ongoing basis and reduce the scope for Blue Badge misuse and abuse.

Unsuccessful applications

7.2 Our sample of Blue Badge issuing authorities revealed a range of practices which have been adopted in order to handle appeals and mitigate speculative reapplications from unsuccessful applicants.

Detailed feedback for unsuccessful applicants

7.3 Regulation 8(3) of the 2000 Regulations states that, where a local authority receives an application for a badge and refuses to issue one, it must let the applicant know in writing why their application was refused. Through our review it emerged that some local authorities have fully adopted this practice, whilst others simply issue standard refusal letters to all applicants without reasonable explanations of why their application had been refused.

7.4 Earlier in this report we highlighted that some local authorities routinely refuse around 50% of Blue Badge applicants through strict application of the Blue Badge eligibility criteria in their local area. All of these authorities determined the eligibility of "subject to further assessment" applicants through a combination of cross-checking, desk-based and mobility assessments. Despite their high rates of refusal, such authorities demonstrated a rate of appeal that was similar to the average (3% of all subject to further assessment applicants) across all 33 of the local authorities covered as case studies by the Good Practice Review. Further investigation of how this had been achieved revealed that:

- ❑ Applicants whose eligibility has been determined through a combination of cross-checking, desk-based assessment and mobility assessment are generally less likely to appeal, because they feel the authority has given their application due consideration. This finding emerged both through exit surveys with members of the public who participated in the pilot Blue Badge IMAs and focus groups with Blue Badge holders from around the country
- ❑ The authorities in question had implemented a detailed feedback letter which explained to unsuccessful applicants why they had fallen short of the eligibility criteria, thereby making the decision-making process more transparent for the unsuccessful applicants.

7.5 We found that Islington, Rotherham, Sandwell, The Royal Borough of Kensington & Chelsea, Wandsworth and the Wirral have adopted this approach, and typically use a template, with the key paragraphs inserted on a case-by-case basis for each unsuccessful applicant. In particular, the Royal Borough of Kensington & Chelsea has incorporated a number of items of information in correspondence with unsuccessful Blue Badge applicants to minimise the likelihood they will subsequently request appeal to request a review of the authority's decision. These include:

- ❑ A description of the relevant criterion against which the applicant was not adjudged to have been eligible, making reference to the specific eligibility criteria in the regulations that govern the scheme.
- ❑ Specific reference to information provided by the applicant in their application form, and where relevant during a mobility assessment with an independent healthcare practitioner, that shows why they do not meet specific eligibility criteria for receiving a Blue Badge.
- ❑ References to relevant pages on the Directgov and DfT websites where applicants can read further information about the Blue Badge eligibility criteria.
- ❑ An explanation of the local authority's procedure for dissatisfied applicants to appeal, including asking for their case to be reviewed by a senior member of staff, or to complain about the way that staff members at the local authority have handled their case. This includes a statement that unless the applicant can provide further evidence in support of their application, or their mobility has significantly changed since they applied for the Blue Badge, then their appeal is unlikely to be successful.

Refusal letters which detail the specific reasons why an individual's Blue Badge application was refused are **customer friendly** and aid **clarity** by reassuring the applicant that their case has been thoroughly considered against the eligibility criteria that underpin the scheme. They also help to improve the **efficiency** of administering the scheme, by reducing the number of applicants that seek to appeal their local authority's decision.

Given the scope for detailed refusal letters to be implemented at little extra cost alongside a robust eligibility assessment practice, we believe this approach is a '**Quick Win**' for all Blue Badge issuing authorities.

Notifying unsuccessful applicants of local appeals procedures

- 7.6 While there is no legal requirement for local authorities to have an appeals procedure in place if someone disagrees with the reason why their application for a Blue Badge was not successful, all of the authorities we interviewed had implemented some form of 'appeal' procedure. The main reasons cited for this by local authority officers were that it was considered to be important to offer aggrieved applicants the opportunity for redress because it helps to ensure **fairness** and **consistency** of decision making, by enabling eligible applicants that were initially refused to be reconsidered following the provision of more information. It is also **customer friendly** and **saves both time and costs** because a formal procedure is likely to reduce the number of more serious complaints handled by senior officers or the Local Government Ombudsman.
- 7.7 The way local authorities publicised their 'appeals' procedures varied considerably across our sample of case study locations. Some authorities did not openly publicise the fact that applicants could appeal a refusal, only offering to review applicant's cases on a discretionary basis, often reflecting the extent to which individual applicants were aggrieved by their refusal or the likelihood that the authority may have made a mistake. This seemed to be a practice which fostered **inconsistent** and **unfair** treatment of Blue Badge applicants and was **neither clear nor customer friendly** for applicants.

7.8 More positively, a total of 12 authorities in our sample publicised their appeals procedures in the following ways:

- Richmond and Shropshire detail their appeal procedures in their application pack to inform applicants of the entire determination process from the very beginning
- 7 authorities (Coventry, Haringey, North-East Lincolnshire, Nottingham, Rotherham, Sandwell and Sheffield) publicise their request for review procedures in the refusal letter sent out to unsuccessful applicants and request that applicants wishing to appeal notify the local authority in writing as per the example below from Rotherham MBC's refusal letters.

Should you not agree with our decision you can appeal the decision through our Assessment Direct Manager in writing.

The address is:-

Assessment Direct Manager, xxx.

- 4 authorities (Kensington & Chelsea, Windsor & Maidenhead, Wandsworth and Wiltshire) provide a phone number on their refusal letter and invite unsuccessful applicants to telephone in order to discuss the decision and whether an appeal would be appropriate, as per the example below from Wiltshire:

If you consider there are other circumstances that you would wish to raise or feel that we may not be in full possession of all the relevant facts in your case, you can appeal against this decision within 28 days of this letter. To appeal you will need to contact the social care help desk on xxx.

7.9 Local authorities which encourage unsuccessful applicants to contact them by telephone to notify their intent to appeal highlighted that this provides staff members with an opportunity to talk to the applicant in person and explain the eligibility decision to them. This approach can help the local authority officers to differentiate between cases where:

- A genuine mistake may have been made during the assessment process.
- The applicant has further evidence about their disability which has not been considered in the initial assessment.
- The applicant is simply dissatisfied that they have not received a Blue Badge.

7.10 Local authorities which used cross-checking and desk-based eligibility assessment practices also tended to offer applicants the opportunity to undergo an IMA on appeal if they had not already been referred for one. This was considered appropriate, because the local authority had not seen the applicant in person when reaching an initial decision about their eligibility. Focus groups with Blue Badge holders and DPTAC conducted through the independent revealed strong support for applicants whose original eligibility decision was reached without an in-person independent mobility assessment being offered one upon appeal. We note that such recourse to an IMA on appeal may not be necessary in every circumstance, for example where an applicant is clearly experiencing a short term/temporary impairment which means they will not qualify to receive a Blue Badge.

We strongly recommend that local authorities offer an appeals procedure to underpin their Blue Badge eligibility assessment practices. It is **customer friendly** and helps to maintain the **accuracy** of the scheme by ensuring that badges are awarded **fairly** and **consistently** to those people who meet the eligibility criteria. We believe it is good practice to offer every unsuccessful applicant the opportunity to appeal the authority's decisions and that this should be communicated in writing to the applicant at the same time as the applicant is notified of a refusal. We strongly advise local authorities to time-limit the period for appeals to 28 days in order to prevent applicant's cases from remaining live for an unnecessarily lengthy period of time.

Given that these practices can be implemented as part of an appeals procedure at little or no cost, we consider them to be '**Quick Wins**' for local authorities.

We also recommend that local authorities give consideration to referring applicants who have been refused a badge through 'remote' eligibility assessment practices, such as cross-checking and desk-based assessment, for an IMA upon appeal. This is only a realisable '**Quick Win**' for local authorities that have implemented IMA practices, but since we anticipate most local authorities will adopt IMA approaches in view of the potential cost savings and more accurate and consistent decision-making it is likely to apply to a growing number of authorities. We note that such recourse to an IMA on appeal may not be necessary in every circumstance, for example where an applicant is clearly experiencing a short term/temporary impairment which means they will not qualify to receive a Blue Badge.

Distinguishing 'reviews' from 'complaints'

7.11 Within the context of 'appeals' we found that, in practice, there are two quite different ways in which applicants may wish to contact their local authority after receiving notification that their Blue Badge application has been refused:

- The unsuccessful applicant may believe that their application has been wrongly refused and wish to query that decision through a **review** of their application and the decision.
- The unsuccessful applicant may be unhappy with the manner or conduct of local authority staff members who handled their enquiries and/or mobility assessment, and wish to **complain** about these issues.

7.12 We identified seven authorities that have procedures to manage complaints and requests for review separately: Kensington & Chelsea, Nottingham, Wandsworth, Haringey, Rotherham, Sandwell and York. Because Kensington & Chelsea and Wandsworth encourage dissatisfied applicants to telephone the local authority officers to discuss any prospective appeal, council officers are able to distinguish requests for a review from complaints and signpost the applicant accordingly.

Nottingham City Council has established a clear procedure for handling appeals from applicants requesting a **review** of the refusal decision which has two stages.

In the first stage, the applicant writes to the council to ask for a review of the decision and explain why they think the decision should be changed. For example, they may believe the information they have provided has not been fully taken into account or they may wish to offer further information to support their case. The request for review of the decision is dealt with by the Group Manager (who is not directly involved in the initial decision), who will review the case and the decision made.

Where an independent mobility assessment has already been undertaken, the Group Manager will review the advice received from the mobility assessor as well as considering all the information provided by the applicant. Applicants may be sent for an independent mobility assessment (IMA) if they have not originally had one, but are not sent for a second IMA if they have already been assessed.

If the initial appeal is rejected by the Group Manager, a case-specific letter is sent to the applicant setting out the reasons for the rejection. If the applicant still does not accept the decision, they may go to a second stage of appeal in which the Head of Service reviews the case, all the evidence and the case-specific letter sent to the applicant. If the Head of Service rejects the second appeal, that is the end of the appeal process.

- 7.13 The example above from Nottingham City Council has been adopted in entirety, or with slight modification, by the seven authorities identified above.
- 7.14 Through the course of this review we also identified that some applicants may be aggrieved not by the eligibility decision of the authority but rather the way in which the process has been conducted. They may, for example, be upset by the manner or conduct of local authority staff or view aspects of the process as unfair. We defined this as a 'complaint', which can be differentiated from a request for a 'review' of the authority's eligibility decision.
- 7.15 Local authorities in our sample which made this distinction were able to inform applicants wishing to complain of the local authority's standard complaints procedure, in the same way that any other user of the local authority's services would be informed of their right to complain. They can also be reminded that they can report complaints to the Local Government Ombudsman.

We found that few local authorities within our sample have adopted these distinctions, but those which have achieve greater **clarity** about the appeals procedure and better inform applicants before they appeal of what are grounds for a 'review' or a 'complaint'. We recommend that offering unsuccessful applicants an opportunity for redress in this way is both time and cost effective and ensures that local authority Blue Badge teams spend unnecessarily processing complaints, or inappropriately escalating appeals by applicants who simply want their case to be reviewed to the Local Government Ombudsman.

The low cost associated with developing a robust appeals practice that distinguishes between requests for a review of the eligibility decision, and complaints about an authority's practices, means it can be considered a '**Quick Win**' for all local authorities.

Use of appeals panels or tribunals

- 7.16 A small number of authorities from within our sample of case studies additionally use council committees or appeals panels as a final stage of appeal. Local authorities which had previously adopted this approach reported that it was not an efficient way of managing appeals, because review panels were time consuming and expensive to assemble and create opportunities for decision-makers who are poorly informed about the Blue Badge eligibility criteria to get involved in the review process.

Based on qualitative feedback from local authorities which have previously adopted appeals panels or tribunals as a final stage of appeal, we advise that they are overly bureaucratic, expensive to assemble and complex to manage. As such they are considered a less satisfactory practice for managing appeals than the two-stage review practices described previously, accompanied by the separate treatment of complaints.

Measures to deter repeat applications

- 7.17 Some local authorities have established procedures to deter applicants from repeatedly applying for a Blue Badge. These procedures are applied when it is clear that an applicant does not meet the eligibility criteria for receiving a badge, their original application has been refused, and this decision has been upheld following a review of their application 'on appeal'.
- Stoke-on-Trent City Council informs applicants that they can reapply for a Blue Badge in three months time if they believe their condition has changed, or they can provide further evidence of their eligibility for a Blue Badge.
 - The London Borough of Bromley informs applicants that they cannot reapply for a Blue Badge for a period of 6 months if their application has been refused because they do not meet the Blue Badge eligibility criteria.
- 7.18 In both cases, individuals whose mobility deteriorates significantly within these timeframes are not prevented from reapplying for a badge. The practice is intended to prevent overly frivolous or speculative reapplications from applicants who are determined to try and obtain a Blue Badge from their local authority.

Although we note this has no basis in the legislation or regulations which underpin the Blue Badge scheme, we consider the practice of advising unsuccessful applicants they cannot reapply for a Blue Badge in the next 3-6 months **unless their mobility has deteriorated substantially** can be a pragmatic way of limiting repeated speculative applications from unsuccessful applicants.

Incidence and cost of Blue Badge appeals

- 7.19 The evidence from our case study authorities indicates that, on average, around 3% of all 'subject to further assessment' applicants appeal a Blue Badge refusal. The likelihood of an applicant appealing their decision was found to be far greater where their own GP conducted the Blue Badge assessment (39% of unsuccessful applicants appeal) compared to where the applicant had undergone an IMA with independent healthcare professionals or desk-based assessment undertaken by local authority staff members (19%).

7.20 Table 7-1 shows that, across our sample of 33 case study local authorities, the average number of appeals handled by local authorities which relied on GP assessment was larger than those handled by authorities which routinely used a combination of desk-based assessment and IMA practices. As described above, this equates to broadly the same proportion of appeals across all 'subject to further assessment' applicants. It also demonstrates that each appeal is markedly more expensive than the average cost of handling a Blue Badge application (approximately £30 per applicant in total), which reflects the greater cost associated with the time spent by senior staff members on handling Blue Badge appeals. On average, the cost of an appeal is marginally lower among local authorities which routinely use IMA/desk-based assessments than where the original decision about an applicant's eligibility for a Blue Badge had been reached through another practice.

Table 7-1: Evidence from case study authorities on incidence and costs of appeals

Type of local authority	Average number of total applicants	Average % of further assessment applicants that appeal	Average number of appeals	Average cost of an appeal
Average for all authorities	6,350	3.2	102	£46.08
Average for all GP assessments local authorities	7,935	3.4	144	£43.29
Average for all IMA/desk-based assessment authorities	5,891	N/A	N/A	£47.39
Average for 'routine' IMA/desk-based assessment authorities	5,368	3.2	86	£42.65

Our case study evidence indicates that, contrary to the views held by some of the local authority officers, there is no overall increase in the number of subject to further assessment applicants that appeal against an unsuccessful Blue Badge application when compared with the practice of accepting assessment by an applicant's own GP.

What does emerge is that the practice of handling appeals is more expensive than the initial processing of applications and determination of an applicant's eligibility for a Blue Badge. Even so, the low numbers of applicants that appeal a local authority's decision means that, in real terms, the practice of offering unsuccessful applicants the opportunity to appeal costs a local authority between £3,000 and £5,000 per annum.

Given that the cost savings attributable to the implementation of an intelligent combination of cross-checking, desk-based assessment and IMA eligibility assessment practices are significantly higher than this (of the order of £18,000 per 1,000 applicants assessed by their own GP), we believe that adopting a robust appeals procedure offers good value for money in return for the identified benefits in respect of customer friendliness, clarity, fairness and consistency.

Successful applications

7.21 This section covers the practices which local authorities have adopted when processing successful Blue Badge applications. In particular, it focuses upon '**Quick Win**' practices which add value, or deliver efficiency savings beyond the minimum practice of preparing a Blue Badge and posting it to the successful applicant.

Badge production and design

7.22 A number of authorities considered the design and production of the Blue Badge to be a 'weak point' in the delivery of the scheme; because it was open to fraud, did not convey sufficient information for enforcement officers, and did not look professionally produced – which was felt to devalue the badge and do little to discourage abuse of the scheme.

7.23 Although the majority of authorities currently use a marker pen to write on badges, it was generally considered good practice to print these details with a laser printer to ensure the ink does not fade, make the badge easier to read and to produce a more official and respectable looking badge. Southampton City Council prints the applicants' photo directly onto the badge in order to reduce the scope for the counterfeiting of badges. Bristol City Council also embosses their badge with the council logo, to help distinguish legitimate badges from forgeries on inspection.

7.24 Many authorities called for additional information to be presented on the front of the badge to help enforcement officers identify misuse. These details include:

- Year of birth. Rotherham Council encode these in the serial number, although concerns were raised in the good practice workshop that users may not find it acceptable to have their year of birth printed on their badge;
- The name of the issuing authority to help enforcement officers investigate badges issued outside of their authority;
- Vehicle registration numbers that were associated to the badge;

7.25 These additional details may be included on badges prepared by local authorities in the short term, but once the new Blue Badge design has been introduced through the Blue Badge Improvement Service local authority's will not be able to put any additional information on the badge.

While we note that significant changes to the Blue Badge design and the preparation of Blue Badges have been announced by DfT in the February 2011 reforms, we believe the practices highlighted above could represent '**Quick Wins**' that local authorities can adopt in the interim period. In particular, clearly identifying the name of the Blue Badge issuing authority and a contact number that parking enforcement officers can call if they have concerns that a badge is being misused or abused in another local authority area, is a good practice that all local authorities could adopt whilst they continue to issue Blue Badges.

Issuing Blue Badges in-person

7.26 A total of 9 local authorities in our sample predominantly issue Blue Badges and their accompanying documentation in-person. These were predominantly, but not exclusively, local authorities in urbanised areas:

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Bolton | <input type="checkbox"/> Birmingham | <input type="checkbox"/> Enfield |
| <input type="checkbox"/> Haringey | <input type="checkbox"/> Liverpool | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Rotherham | <input type="checkbox"/> The Wirral | <input type="checkbox"/> Worcestershire |

7.27 Worcestershire, Rotherham and The Wirral primarily issue their badges in conjunction with an application made in-person at a customer service centre. As such the badge is prepared while the applicant waits. The remaining authorities mainly handle postal, telephone or online applications so they notify successful applicants in writing of where and when the Blue Badge can be collected. Several other authorities that primarily post out new Blue Badges also offer an optional facility for applicants to collect their Blue Badge in-person, but this is taken up by only a minority of applicants.

7.28 The 9 authorities that predominantly issue badges in-person identified a number of benefits associated with this practice, which included:

- Ensuring the secure delivery of the badge. Most authorities were concerned that the post was insecure and that as recorded delivery was too expensive they could not guarantee badges were successfully delivered.
- Reducing fraudulent applications by ensuring that the photo provided matches the named applicant and that the badge is issued directly to the badge holder. Authorities do this by checking the badge holders photo ID on collection. However Birmingham, Rotherham and Richmond reported that they would also issue badges to relatives in exceptional circumstances.
- Greater certainty that the person who sat a mobility assessment is the same individual who collects the Blue Badge at the end of the application process
- Verifying the authenticity of supporting evidence, for example Liverpool asks the applicant to bring in their supporting evidence (like a DWP letter) for inspection when collecting their badge.
- Removing expired badges from circulation when issuing renewals, thereby reducing the potential for abuse of the scheme through old badges continuing to be used.
- Ensuring the declarations regarding the application process, data sharing and badge use are signed. Bolton, Wirral, Rotherham and Worcester present the applicant with the DfT Rights and Responsibilities leaflet and list of declarations to sign when collecting a badge in-person. This can then be counter-signed by the issuing authority to form an apparent contract between the authority and badge holder.
- Signposting the applicant to other relevant services while they are collecting their badge.

7.29 Out of the 9 authorities that predominantly issue Blue Badges in-person, 4 use a central customer service centre (Enfield, Bolton, Haringey, Richmond) and the remaining 5 issue

from a network of customer service hubs spread through their authority area. While we recognise that this largely reflected the local geography and available customer contact facilities of the issuing authorities, an identified advantage of issuing from a single location is that badges can be produced efficiently before hand, requiring fewer staff to be trained in Blue Badge production (although this will not be necessary once the Blue Badge Improvement Service is in place in January 2012). The stock management of badges, laminates and declaration forms is also easier.

- 7.30 The authorities that issue Blue Badges through a network of customer service centres typically produce the badge when the applicant comes in to collect it. This requires a database remotely accessible at each contact centre in order to put the correct details on the badge and to ensure that all requests for a badge are genuine.
- 7.31 The cost effectiveness of issuing badges in-person compared to by post is unclear and is likely to depend on the approach used. Issuing badges in-person requires greater staff time to check an applicant's IDs and documentation and sign disclosures. Furthermore, making a badge up on demand is often less efficient than producing them in bulk in a back office setting. We believe these modest costs are likely to be offset by the reduced scope for Blue Badge misuse and abuse which arises from issuing badges in person. Furthermore, postage costs borne by the local authority are avoided if the badge is issued in-person.

The London Borough of Richmond does not send any Blue Badges through the post to successful new or renewal applicants. All applicants, or their nominated representatives, are required to collect the Blue Badge from the Council's Accessible Transport Unit in person.

If the badge holder attends to collect their own badge, then their likeness is checked against the photographs they submitted with their Blue Badge application (which are stored electronically on the council's Blue Badge database) before the badge is handed over.

If a representative collects the badge on behalf of the badge holder then they must have a letter signed by the badge holder stating who will be collecting the badge. They will also be asked to provide proof of their ID.

All renewal applicants are required to hand over an existing badge which is in their possession before they are given the new badge.

In all cases, the badge holder or their representative are reminded of their responsibilities under the Blue Badge scheme and their attention is drawn to the Blue Badge scheme: rights and responsibilities booklet, as well as the declarations the applicant is required to have ticked and signed (in the application form) prior to receiving a Blue Badge

Where any abuse or misuse of an applicant's Blue Badge subsequently takes place, these signed declarations, and any misrepresentations made in the collection of the Blue Badge, can be used by the local authority as part of their evidence for a local magistrate.

- 7.32 All 9 authorities noted that collecting a Blue Badge in-person was less customer friendly than receiving it through the post, and therefore stressed that travelling to collect a Blue Badge should not be unduly arduous for the applicant. In-person collection is therefore more suited to authorities in urban areas with good local transport networks, or those where a network of customer contact centres have been established in order to provide adequate coverage of a

dispersed population. While some authorities in urban locations (e.g. Enfield, Bolton and Rotherham) only need to provide one collection point larger authorities (e.g. Birmingham) and rural authorities (e.g. Worcestershire) need to provide a network of local customer service centres to issued badges to ensure the distance travelled is not too much of an imposition. Worcestershire County Council uses 7 such 'Hubs' in district centres across the County, which have been established as part of a wider customer contact service aimed at transforming the way local people engage with their council.

- 7.33 We are unable to compare the cost implications of issuing badges in-person and the savings made from reduced fraud and misuse due to lack of data on Blue Badge abuse and misuse. We note that Birmingham, Enfield, Richmond and The Wirral have bellow average admin and desk-based assessment costs compared to similar authorities, which appears to indicate that issuing badges in-person can be cost effective, especially for authorities in densely populated urban areas.

The evidence from our case study authorities indicates that the practice of exclusively issuing Blue Badges for collection in-person can be successfully implemented, but we note the view from the Local Government Ombudsman that there should be flexibility in place in cases where the personal circumstances of the applicant mean that this is not practical. The considerable benefit it delivers in terms of improving the **resistance to abuse** of the Blue Badge scheme means that we strongly recommend it is adopted by local authorities.

Ongoing administration and renewal applications

- 7.34 The final section of this chapter covers the practices associated with the ongoing administration of the Blue Badge scheme, and the handling of renewal applications from existing Blue Badge holders. As with previous sections of this chapter, we have focused upon '**Quick Win**' practices which add value, or deliver efficiency savings beyond those described in the January 2008 Blue Badge scheme guidance for local authorities.

Functional databases and information management systems

- 7.35 The good design and functionality of a Blue Badge database is essential not just for handling Blue Badge applications but also administering the scheme after assessment. The following features are noteworthy for this purpose:
- Searchable records that facilitate the efficient access of data, so queries from customers or enforcement teams can be handled quickly.
 - Remote access to data (away from Blue Badge back-office), so customer service advisers can process queries over the phone or face-to-face in customer contact centres (e.g. Windsor & Maidenhead).
 - Read-only access for parking enforcement teams to enable proactive enforcement (e.g. Enfield, Southampton, Wandsworth).
 - The maintenance of lists of lost, stolen, deceased or expired badges.
 - The automation of renewal reminders.

- ❑ Production of statistics on scheme management (e.g. Richmond, Southampton).
- ❑ Cross-referencing with other databases like the death registry to identify deceased badge holders (e.g. Southampton).

7.36 Within our sample 18 local authorities use database systems that link in some manner to social services or parking enforcement departments. Southampton uses the PARIS system and Wandsworth uses Civica, both of which link to their parking enforcement teams. These teams conduct pro-active enforcement by checking a badge holder's age, home address, photos, expiry date, serial number and details of health condition with the database.

The Royal Borough of Kensington & Chelsea (RBKC) uses a bespoke customer relationship management database developed by the London Borough of Camden to manage its Blue Badge application process and maintain badge holders' records.

The system was designed for the management of all concessionary travel (Blue Badges, Concessionary Travel Pass and Taxicards), and in RBKC it has been embedded alongside 'view only' access of Council Tax and Social Services records for use by members of the Borough Council's Accessible Transport Team. Around 75% of Blue Badge applicants allow the team to access their Council Tax record so they do not have to submit proof of residency in the Borough. RBKC's team members enter Blue Badge applicants' details onto the database and scan their application forms and supporting evidence for attachment to their digital file. In many cases applicants are already known to RBKC and their basic personal information (name, D.O.B, address, etc) can be imported from the RBKC Social Services/Council Tax databases, which helps reduce data-entry time.

Once scanned onto the system, paper application forms are kept on file until a badge is issued (in which case they are shredded) or refused (in which case they are retained in case of any subsequent appeals). When an applicant requires a mobility assessment, the database is reviewed by the Council's occupational therapist (OT), with key items of information the applicant has already provided about their walking ability copied into the assessment proforma in advance. The database is used to record the outcome of the assessment, and the completed mobility assessment proforma is scanned onto the system and attached to the applicants file. The system generates template award/refusal letters, into which sections of text can be copied and pasted from the assessor's report. Where a badge is awarded, the TSO and serial numbers are recorded within each badge holder's digital record.

Any duplicate badges or instances of misuse can be added to an individual's digital record. Renewal letters are sent out 8 weeks prior to a badge's expiry. A Checklist report generated by the database is used to identify the renewals that are due each week. The team use a checklist generated by the database to see whether an 'renewal' applicant needs to be reassessed, or whether the permanency of their condition means this will not be necessary. RBKC's Corporate Investigation Team has shared access to the database so they can check the status of specific Blue Badges and develop cases for prosecution against misuse and abuse of the Scheme.

7.37 When enforcement officers in Wandsworth return from their rounds they check the details of suspect Blue Badges to identify recurrent misuse. Enforcement officers in Southampton carry lists of lost, stolen or badges of the deceased on hand held computers in order to identify those that are being illegally used. Wandsworth Borough Council's enforcement officers reported that two thirds of misuse was attributed to badges issued in other authorities, therefore they also benefit from the good maintenance of databases in other

authorities. An example of this is the London Councils' shared database of lost, stolen and fraudulent badges which aids liaison across parking enforcement teams in the capital.

7.38 Officers at Windsor and Maidenhead were also keen to identify the benefits of their LAGAN customer relationship management software. It stores all information relating to an application and can be accessed by staff at a number of locations, so customers can raise queries through a number of channels, including face-to-face or over the telephone. Their database also facilitates a paperless system which is more secure and saves costs associated with data storage.

7.39 Participants at a Blue Badge good practice workshop held by the research team during this review identified two important barriers to data sharing with enforcement teams and other local authorities:

- ❑ Firstly, in two-tier authorities parking enforcement is often conducted by a number of district councils whilst the county council issues Blue Badges. It can be hard for a county council to cater for the different informational demands and ways of relating with each district council. Worcestershire has recently worked with its district councils to develop a co-ordinated approach to enforcement across the county which aims to complement the administrative procedures followed by the county.
- ❑ Secondly, the sharing and the use of data for different purposes needs to accord with the Data Protection Act 1998. Application forms require declarations relating to the use of personal data for enforcement and the specific consent for using data for different purposes, these are discussed in chapter 4 of this report. However it should be noted that the sharing of data for the purposes of fraud reduction is largely permitted under the Data Protection Act without the need for special declarations.

What clearly emerged from our review is that the local authorities with sound information management systems are those which have been best able to achieve administrative efficiencies and achieve strong links between Blue Badge administration and parking enforcement teams. The key benefits have been summarised below:

- **Customer friendliness and clarity:** Searchable records facilitate faster handling of customer queries and remote access allows customers to raise queries through a number of channels, including in-person at contact centres and over the telephone.
- **Speed and efficiency:** Searchable records and remote access saves staff time when accessing Blue Badge records, while a paperless system saves costs associated with printing and posting and storing records. Database access for parking enforcement teams enables more effective proactive and reactive enforcement provided parking enforcement teams are trained in how to use the database.
- **Resistance to abuse:** Links to enforcement enable parking officers to identify regular misuse and the use of badges that are lost, stolen or expired more readily. Such data can also be shared across authorities without an applicant's consent for the purposes of preventing fraud and Blue Badge misuse. Cross-referencing data with the registry office can help to identify the misuse of badges of deceased holders.

However, we must note that enhanced databases incur IT development costs and ongoing maintenance, including IT support, which not all local authorities are likely to be able to afford in the current climate. We also believe it was no coincidence that those local authorities in our sample that had implemented such databases are also those which have recently invested significantly in customer service/contact facilities as part of ongoing transformation of the way local authority services are delivered.

These substantial development costs mean that the practice of establishing databases such as those described above is not possible for all local authorities in England. We note that the Blue Badge Improvement Service (BBIS) announced by the Government among the February 2011 Blue Badge reform measures may present an opportunity for local authorities to improve the quality of their management information without the need for substantial up-front investment in IT systems. The BBIS initiative will improve the sharing of information about Blue Badges which are suspected of being misused or abused. We strongly recommend that, wherever feasible, the BBIS project incorporates as many of the key features described in the bullet list under paragraph 7.35 as possible.

Use of Blue Badge renewal reminders

- 7.40 It is also considered good practice for an authority to issue renewal reminders to applicants in time to allow them to reapply for a badge before their existing one expires. As mentioned earlier, this task can be aided or automated by a database or information management system.
- 7.41 A total of 23 local authorities in our sample reported that they send out renewal reminders to Blue Badge holders, which typically include a standard letter and an application form or instructions on how to apply. The amount of notice Blue Badge holders are given to renew their badge varies greatly from between 1 and 6 months, with the majority of authorities sending reminders at either 2 or 3 months before badge expiry. The chosen timing largely reflects the anticipated speed that authorities can turn renewal applications around.
- 7.42 Although there are costs associated with issuing renewal reminders, notably postage costs, the staff time required to deliver the practice can be significantly reduced through the use of mail-merge tools in word processing software packages which can also be linked to automated reports from local information management systems. We also note that including email as a contact option is increasingly common among the local authorities in our sample and can be used to direct applicants towards online application forms.

The key benefits of issuing renewal reminders approximately 3 months prior to the expiry of each Blue Badge are summarised below:

- **Fairness and consistency:** Ensures that those people who are eligible remain in possession of a valid badge, while people with conditions that may have changed are required to re-apply and, potentially, be re-assessed.

- **Customer-friendliness and clarity:** Streamlines the renewal process for applicants with permanent conditions and prevents eligible badge holders from being 'caught out' by enforcement officers if they forget to renew.
- **Speed and efficiency:** Helps team leaders and managerial staff to plan the workloads of administrative staff and OT/Physio assessors because, as a minimum, they have an idea of the number of renewals they will be handling each month. Some authorities have developed shorter renewal application forms for people with permanent conditions or who receive a badge 'without further assessment' to reduce the amount of administration required.
- **Resistance to abuse:** Renewal reminders identify badges which are no longer in use, no longer required, or instances where a badge holder has moved to a different local authority area.

Given the relatively low cost of issuing renewal reminders, even where they are posted to all current Blue Badge holders, we recommend that the benefits they can deliver make their adoption a '**Quick Win**' for all Blue Badge issuing authorities.

Requiring the return of expired badges upon renewal

- 7.43 Perhaps surprisingly, only 10 local authorities in our sample insist that applicants wishing to renew a Blue Badge return their expired badge before they are issued with a replacement. The primary intention of this practice is to reduce the fraudulent use of expired badges by reducing the number of them in circulation. Most of these authorities (9 of the 10) issue replacement badges in-person so they can directly exchange badges with the badge holder, since under the Blue Badge Regulations a badge should be returned to the issuing authority immediately on expiry.
- 7.44 Exchanging badges could leave a badge holder momentarily without a badge to put in their car when attending the customer contact centre risking penalisation by enforcement officers. As a solution some authorities have worked with their enforcement officers to give applicants 20 minutes grace when swapping badges, while in other authorities staff may go out to the badge holder's car to swap the badges over on the street.
- 7.45 Most of the Blue Badge holders which participated in focus groups moderated by the research team were happy with the concept of personally collecting a new Blue Badge and returning the old badge at the same time, in order to safeguard against abuse and misuse. This procedure has already been adopted in two of the focus group locations, although there were some comments about the practicality of parking while renewing the Blue Badge in person because the old badge has to be taken out of the car in order to return it. Participants also emphasised the need for the local authority's contact centres to be easily accessible, local to most people and to have plenty of disabled parking bays which have special dispensation for people renewing their Blue Badge.
- 7.46 Coventry is the only authority which used the post to exchange badges. They require the badge holder to post in their expired badge before they send out a replacement. During the

intermediate time the badge holder is provided with a letter valid for two weeks which they can use within Coventry in place of a Blue Badge. While this is not particularly helpful if the applicant wishes to travel outside of their local area, and risks the use of counterfeit letters, we accept that it may offer a pragmatic solution for local authorities that do not have the facility to issue Blue Badges in-person.

- 7.47 A further 8 out of the 33 authorities in our sample requested that applicants post expired Blue Badges back to the local authority so that it could be destroyed, but receipt of the expired badge was not a requirement for sending out a replacement. As a consequence many badge holders reportedly did not bother to return them, with officers at Kensington and Chelsea reporting that only around 50% of badge holders returned their expired badges when asked to do so. We consider this practice to be considerably less satisfactory than that of issuing renewal and replacement badges in person.

We recommend that all authorities issue renewal badges in-person wherever possible in order to collect and destroy those that have expired. Where this approach is adopted, local authorities need to ensure that contact/customer service centre facilities are accessible for disabled people and provide a specific parking facility for people renewing their Blue Badge.

For these authorities which do not have the capacity to issue badges in-person we recommend they should at least request the return of the old badge by post as it will help to reduce the number of invalid badges in circulation. These are both considered '**Quick Wins**' which could substantially reduce the number of expired badges in circulation and **reduce the scope for misuse and abuse** of these badges in future.

Securing the return of badges following the death of a badge holder

- 7.48 In total 9 of the local authorities in our sample include a reminder to return a deceased person's Blue Badge in death registry packs provided by the Council. These include:

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bolton | <input type="checkbox"/> Coventry | <input type="checkbox"/> Enfield |
| <input type="checkbox"/> Haringey | <input type="checkbox"/> Kent | <input type="checkbox"/> Nottingham |
| <input type="checkbox"/> Richmond | <input type="checkbox"/> Rotherham | <input type="checkbox"/> Wandsworth |

- 7.49 A further 25 authorities receive an updated list of deaths from council registrars on a regular basis so they can update this database and identify the Blue Badges which have not been returned by family members of deceased badge holders. This enables the local authority to make contact with the family members of deceased badge holders to sensitively request the return of the badge. It also enables the authority to keep a record of the badges where the holder has died and the badge has not been returned, so that enforcement officers can identify suspected fraudulent use.

- 7.50 While some authorities have been proactive in establishing links between Blue Badge admin teams and registrars within the council, many have not been able to gain access to the death registry, or have experienced internal resistance to including information on returning a Blue

Badge in their death registry packs due to the sensitive nature of contacting bereaved relatives.

We believe that the practice of securing the return of Blue Badges from deceased badge holders is a **'Quick Win'** for any authority because of the benefits it delivers in respect of improving the **resistance to abuse** of the scheme. As such we strongly recommend that all local authorities:

- Include a reminder in Death Registry Packs as a means of encouraging families of deceased Blue Badge holders to return the Badge.
- Record the details of deceased Blue Badge holders using updates from council registrars to identify the serial numbers of badges which have not been returned.

We note that such a feature could be included in the Blue Badge Improvement Service (BBIS) in order to facilitate the national sharing of information about badges belonging to deceased people. This would enable parking enforcement officers from across England to help take such badges out of circulation and take appropriate enforcement action if they encounter them being used.

Handling badges which are reported as lost or stolen

7.51 The number of lost and stolen badges was found to vary considerably across the local authorities in our sample. Table 7-2 shows that the highest rates of lost and stolen badges are found among London Boroughs and other large urban areas.

Table 7-2: Number of badges lost/stolen as a % of badges on issue.

Local authority	Badges reported lost or stolen each year	Badges on issue (DfT Stats return)	Badges lost/stolen as a % of badges on issue
Kensington & Chelsea LB	139	2613	5.3
Haringey LB	82	1604	5.1
Richmond LB	80	1852	4.3
Islington LB	211	7509	2.8
Nottingham City	260	13221	2.0
Enfield LB	202	11606	1.7
Wandsworth LB	123	7432	1.7
Central Bedfordshire	260	18882	1.4
Manchester	248	19421	1.3
Sheffield CC	255	21782	1.2
Brighton & Hove	172	14970	1.1
Wirral	213	19856	1.1
Birmingham	414	43629	0.9
Bristol	200	21643	0.9
York CC	64	7303	0.9
North East Lincs	29	3545	0.8
Coventry	57	13277	0.4

Local authority	Badges reported lost or stolen each year	Badges on issue (DfT Stats return)	Badges lost/stolen as a % of badges on issue
Windsor & Maidenhead	18	6694	0.3
Southampton	26	9847	0.3
Rotherham	31	16212	0.2
Bolton CC	15	8980	0.2
Worcestershire	43	29487	0.1

7.52 We believe this trend reflects the higher financial value attached to a Blue Badge in urban areas, where parking is more expensive and the badge additionally offers an exemption from the London Congestion Charge. This is reflected in the anecdotal evidence obtained from parking officers based in London Boroughs and other Metropolitan Borough Councils, which suggests it is more common for Blue Badges to be stolen from parked vehicles – particularly when they are left in a vehicle overnight – in large urban areas.

7.53 Three aspects of good practice have been identified which help to reduce the incidence of lost and stolen badges:

- ❑ Firstly, proactive enforcement regimes deter the fraudulent use of lost or stolen badges. Bolton, Rotherham, Southampton, Coventry, Enfield and Wandsworth have strong enforcement schemes and relatively low incidents of lost and stolen badges compared to similar authorities. For example 1.7% of badges in Wandsworth and Enfield were lost or stolen compared to an average of 3.3% for London, and Bolton, Rotherham, Southampton and Coventry have an average lost/stolen rate of 0.26% compared to an average of 0.75% for local authorities outside of Greater London.
- ❑ Secondly, the requirement to provide a crime reference number or lost property number from the police in order to gain a replacement badge reduces the number of claims for lost and stolen badges. It is expected that this formal process will deter false claims. The only four authorities that do not conduct these checks are Nottingham City, Central Bedfordshire, Wirral and York City and they have a relatively high lost/stolen badge rate - 1.3% compared to an average of 0.75% for local authorities outside of Greater London.
- ❑ Thirdly, authorities which require new applications each time a badge is lost and stolen have a lower incidence of lost and stolen badges. It is expected that the extra effort incurred deters people from submitting false claims. North East Lincolnshire, Southampton, Rotherham and Bolton require a full application each time a replacement badge is sought and they have relatively low lost/stolen rates - 0.26% compared to 0.75% for local authorities outside of Greater London.

Evidence from our review shows it is possible for local authorities to reduce the number of Blue Badges reported as lost and stolen through proactive measures, thereby **improving the resistance to abuse of the Blue Badge scheme**. Requiring a crime reference number or lost property number from the police in order to gain a replacement Blue Badge is a ‘**Quick Wins**’ for all local authorities that can be adopted at little or no cost. The adoption of proactive enforcement regimes is likely to be more effective but also more costly to implement.

8 ENFORCEMENT AND TACKLING ABUSE

8.1 This section of the report summarises the key findings from our review in respect of practices aimed at enforcing the Blue Badge scheme to reduce misuse, abuse and fraud.

Administration and assessment practices that contribute to reduced abuse

8.2 Given the focus of this review on the issues of Blue Badge administration and assessment, the majority of the practices identified in relation to enforcement and improving the Blue Badge scheme's resistance to abuse are those which make an indirect contribution to these aims. Many of these have been highlighted in earlier chapters of this report so are not going to be repeated here in detail, but can be summarised as follows:

- Publicising the rules of the Blue Badge scheme and highlighting the results of proactive enforcement activity through media campaigns.
- Adopting in-person badge application practices to reduce scope for identity fraud and make it harder for applicants to give misleading answers in their Blue Badge application.
- Adopting in-person badge-issuing practices that require applicants to sign declarations covering the terms of use of a Blue Badge before it is issued to them and providing the local authority with a final opportunity to check the ID of individuals issued with a badge.
- Develop a separate application form and assessment practice for organisational badge applicants, including the use of site visits to premises to reduce scope for fraudulent applications under this pathway, and limiting the number of organisational badges issued to each successful applicant to limit opportunities for misuse and abuse arising from organisations having 'spare' badges.
- Developing and implementing robust eligibility assessment practices; which typically involve a combination of cross-checking local authority records, desk-based assessment and recourse to an IMA where necessary; in order to ensure that badges are only issued to applicants who meet the 'subject to further assessment' eligibility criterion.
- Encoding onto each Blue Badge the applicant's year of birth in the badge serial number, and clearly identifying the name of the Blue Badge issuing authority and a contact number that parking enforcement officers can call if they have concerns that a badge is being misused or abused in another local authority area.
- Insisting that expired badges are returned to the local authority, either by post or in person, before a new Blue Badge is issued on renewal, thereby reducing the number of expired badges that remain in circulation (noting the view from the Local Government Ombudsman that there should be flexibility in place in cases where the personal circumstances of the applicant mean that this is not practical).
- Furnishing parking enforcement officers with links to their local authority's Blue Badge database in order that they can investigate instances of misuse and abuse independently. Where this is not possible it can be achieved by building good working relationships between administrative staff and parking enforcement officers.
- Sharing data on Blue Badge holders with other local authorities where instances of fraud, abuse or misuse are suspected. Explicit consent to secondary use of their sensitive personal data is not required from the badge holder in such instances.

- ❑ Using unanswered renewal reminders to identify Blue Badges which are no longer in use, no longer required, or instances where a badge holder has moved to a different local authority area. These can be cross-checked against a database of unreturned badges for the purposes of targeting on-street parking enforcement.
- ❑ Including reminders in Death Registry Packs as a means of encouraging families of deceased Blue Badge holders to return the Badge and recording the details of deceased Blue Badge holders using updates from council registrars to identify the serial numbers of badges which have not been returned.
- ❑ Requiring a crime reference number or lost property number from the police in order to gain a replacement Blue Badge and requiring an individual to complete a new application each time their badge is reported as lost or stolen. Both of these measures have been linked to reductions in the incidence of badges being reported as lost/stolen.

When presented together in this way, it is clear that robust administrative and assessment practices have a substantial role to play in improving the resistance to abuse of the Blue Badge scheme. The key issue is that for many of them to take effect they require consistent take-up and implementation by a critical mass of Blue Badge issuing authorities.

Proactive Blue Badge enforcement practices

- 8.3 Further to considering the indirect contribution made by these administrative and eligibility assessment good practices, the research team's interviews with enforcement officers at the Blue Badge Centre of Excellence (CoE) authorities yielded information about their proactive enforcement regimes and the contribution they make to improving resistance to abuse. The detailed findings from this review have been summarised in the remainder of this chapter. We note that a separate review of Blue Badge parking enforcement issues was ongoing during this course of our review and as such the information in this chapter can be considered as supplementary to that review.

Background to proactive Blue Badge enforcement

- 8.4 Although details of prosecution cases can be assimilated, the true scale of BB abuse is not readily quantifiable. Instances of undetected abuse undoubtedly outweigh those known or reported to the authorities, with successful prosecutions representing a smaller percentage of the whole. Lack of firm data makes any consideration of the extent of abuse entirely speculative; however, based on our discussions with enforcement staff at the CoE's we estimate that known acts of abuse/misuse represent only 10-25% of what actually occurs.

Crucially, our review suggested that the scale of abuse, and therefore the need for effective enforcement practices, is directly proportional to the perceived value of the Blue Badge in a particular area. For instance, London appears to show the highest levels of abuse (because parking options are more scarce/expensive and congestion charges apply), and more rural remote areas such as Cornwall and Northumberland the lowest (with much less competition for parking spaces, fewer urban centres).

- 8.5 As such, we found that the proactive Blue Badge enforcement practices adopted by CoE authorities reflected specific local conditions to which a number of factors had contributed. These included:

- Current (and historical) levels of abuse;
- Political commitment to upholding rights of badge holders;
- General supply and demand of parking provision;
- Ability to use available legislation to gain successful prosecutions;
- Resources available to implement effective measures (both deterrent and penalising);
- Levels of liaison / co-operation with internal and external bodies, and
- External influences (lobby groups, media etc) and expectations of enforcement.

Overview of proactive enforcement practices adopted by CoE authorities

8.6 The impact of these different variables was that each of the CoE authorities we interviewed had developed uniquely different approaches to proactively tackling Blue Badge abuse and misuse, as highlighted by Table 8-1.

Table 8-1: Proactive enforcement practices adopted by CoE authorities

CoE	Proactive enforcement practices
Birmingham (Fraud Team)	<ul style="list-style-type: none"> • Reactive approach via ‘tip offs’ • Ad-hoc checks by Civil Enforcement Officers (CEOs) • Cross-checks with ‘Care First’ database
Bolton (Parking Services)	<ul style="list-style-type: none"> • Focus on casual misuse by friends / family • Annual campaign at Christmas • Co-ordinated enforcement operations with police in town centre
Coventry (Therapy Services & Parking Services)	<ul style="list-style-type: none"> • CEO street patrols • Issue of Penalty Charge Notices (PCNs) • Campaigns in conjunction with media and police.
Kensington & Chelsea (Corporate Investigation Group)	<ul style="list-style-type: none"> • Emphasis on uncovering casual ad-hoc abuse (often with BBs from other authorities) • Static observation posts (sometimes with police presence)
Manchester (Parking Services)	<ul style="list-style-type: none"> • Reactive & proactive approaches in combination • Dedicated enforcement team • Issue of PCNs • Vehicle impoundments
Rotherham (Parking Services)	<p>Currently ad hoc, but proposed new measures to include:</p> <ul style="list-style-type: none"> • Hand held data assistants for CEOs • Targeting of area abuse black spots • Internal team development • Publicity drive
Southampton (Parking Services / BB Admin team & Police)	<ul style="list-style-type: none"> • Co-ordinated network of CEOs • Use of Personal Digital Assistants (PDAs) • Targeted in-street enforcement by area
Wandsworth (Parking Services)	<ul style="list-style-type: none"> • Focus on prosecution of repeated abusers • PCNs and warning letters issued • Gather evidence needed for convictions at magistrates court

CoE	Proactive enforcement practices
	<ul style="list-style-type: none"> • Emphasis on 'black-spot' sites known for Blue Badge abuse

The most commonly used practices, as shown in Table 8-1 are a combination of vigilance (on-street personnel), technology (instant data access), collaboration (with the Police), ability to take action (issuing of penalties) and deterrence (media liaison and publicity). However, most of the CoEs are not able to implement all these elements simultaneously, and therefore tend to focus on what they perceive as the priorities.

Blue Badge enforcement team staff allocations and activities

8.7 On average we found that just under 2 FTE staff make up a Blue Badge enforcement team, but note there is considerable variance between the different authorities (e.g. Birmingham has 6 FTE employees, while Bolton has 0.13). The occupational roles included in these teams tend to be specialised parking enforcement officers or fraud officers, whose time is usually spent partially working on Blue Badge fraud, and partially conducting broader parking/fraud related activity on behalf of the local authority. We also found that proactive Blue Badge enforcement was commonly devolved from Blue Badge teams and delivered by Parking Services or dedicated fraud teams with each council, emphasising the need for inter-departmental data sharing and communication.

A key finding from our engagement with CoEs was that many authorities subcontract Parking Enforcement Officers from private sector providers, which can lead to communication and protocol complexities arising from the wording in the Traffic Management Act legislation on the topic of Blue Badge enforcement. This is also an issue where specialised in-house teams provide the Blue Badge enforcement function, but had been overcome in Wandsworth by designating specialised 'Blue Badge Enforcement Officers' as Civil Parking Enforcement Officers to comply with the relevant legislation.

8.8 In terms of internal auditing, the cost of enforcement is not overtly quantified by the majority of authorities, and can only be arrived at through estimation (sometimes very crudely). This reflects a lack of formal apportionment of staff time and balancing of local authority cost centres. One exception to this is Wandsworth Borough Council. Using a Cost:Benefit Analysis approach they have built in consideration of any foregone revenue in terms of residential parking permits when placing a value on the convictions they secure for Blue Badge misuse and abuse. In doing so the officers have been able to balance expenditure on staff and investigations against the revenue raised through from fines and costs recovered through the prosecution process.

8.9 Through the CoE initiative, Coventry had appointed a dedicated enforcement link officer (formerly a civil parking enforcement officer) whose mandate had been to link the administrative and parking enforcement teams within the local authority and assist with the gathering of evidence against people who were misusing or abusing the Blue Badge Scheme. Further details of this approach can be found in the Blue Badge CoE programme's

evaluation report¹⁴, but it is pertinent to note that the practice was hugely successful in Coventry.

8.10 As a direct consequence of having the enforcement link officer, Coventry City Council has been able to issue 736 Fixed Penalty parking notices to vehicles parked by people who are believed to be misusing or abusing a Blue Badge (because the vehicle is therefore considered to be illegally parked) between April 2009 and April 2010, and build a database of badges and holders who serially misuse or abuse the scheme – ready for when the council begins pursuing prosecutions. The role of Coventry’s enforcement link officer can be seen alongside other staff members in the various CoE authorities in Table 8-2:

Table 8-2: In-street checks and data-sharing used in proactive enforcement regimes

CoE	On-street checks	Data sharing with admin team
Birmingham	<ul style="list-style-type: none"> Scrutiny entails liaison with admin team to access database. 	<ul style="list-style-type: none"> Close links between the teams – badges lost, stolen or where holder is deceased are all reported to enforcement team.
Bolton	<ul style="list-style-type: none"> None – no technology to facilitate this at present. 	<ul style="list-style-type: none"> Data sharing agreement with admin team.
Coventry	<ul style="list-style-type: none"> Via telephone to Link Officer who gives a verbal report. 	<ul style="list-style-type: none"> Via Link Officer who provides information transfer.
Kensington & Chelsea	<ul style="list-style-type: none"> Details noted and checked against database retrospectively. 	<ul style="list-style-type: none"> Data sharing protocol Meetings on a needs basis.
Manchester	<ul style="list-style-type: none"> Enforcement staff liaise with admin staff who have access to database. 	<ul style="list-style-type: none"> Significant links for data sharing, although only available during office hours.
Rotherham	<ul style="list-style-type: none"> None – no system in place to do this at present. 	<ul style="list-style-type: none"> Relationship currently being strengthened after period of limited contact.
Southampton	<ul style="list-style-type: none"> Data is accessed by handheld device by enforcement officers. 	<ul style="list-style-type: none"> Clear and open channels of liaison and data share. Radios and mobiles used for communications.
Wandsworth	<ul style="list-style-type: none"> No direct checks, mostly observations. CCTV cameras also assist. 	<ul style="list-style-type: none"> Enforcement team has ‘read only’ access to database but significant communication also takes place.

Table 8-2 suggests that each CoE authority has had to balance making data instantly (or readily) accessible when required, but also protecting sensitive personal data about Blue Badge applicants. This has led to practices in most of the study areas of the enforcement personnel not having direct access to administrative databases, with only Southampton and Wandsworth stating that they provide enforcement officers with direct access to their

¹⁴ DfT (2011) *Blue Badge Centre of Excellence Programme Evaluation Report*.

Blue Badge holder’s database. It is clearly a challenge for most of the authorities to achieve a trade off between efficiency and confidentiality.

Uses of technology

- 8.11 Instant portable information technologies such as Personal Digital Assistants (PDAs), in conjunction with ease of data sharing and processing, are recognised as valuable tools for enforcement officers. A number of CoEs have yet to introduce such equipment, with some citing Data Protection protocols as a stumbling block. Also, use of CCTV (now a feature of most town and city centres in the country) as an information source / evidence base is generally lacking (Wandsworth alone stated that CCTV footage had a role to play in the enforcement process).

- 8.12 While the use of technology is clearly beneficial for on-street parking enforcement staff wishing to inspect a holder’s Blue Badge, it is by no means essential. The experience of Coventry (where there is a dedicated enforcement link officer, whose position has been funded through the CoE Programme) and Birmingham and Manchester (whose enforcement officers can directly contact admin staff when they are conducting on-street enforcement activities) indicate that intermediate technology approaches, and those simply relying on good lines of communication between local authority staff members, can be equally as effective.

Although possibly not as immediate for on-street enforcement activities, we believe these intermediate approaches to accessing Blue Badge admin databases could be readily adopted by other local authorities. They also bring the added benefit of fostering links between Blue Badge admin and enforcement teams, thereby enabling closer joint working.

Liaison with external fraud bodies and local police

- 8.13 Most of the CoEs indicated that they have some liaison with fraud/audit sections within their own authority but rarely see their role extending to other councils or national initiatives.

Table 8-3: Liaison between CoE authorities, national anti-fraud teams and the police

CoE	Liaison with national anti-fraud teams	Liaison with local police force
Birmingham	<ul style="list-style-type: none"> • Already situated in fraud team • Some liaison with the authority’s audit team. 	<ul style="list-style-type: none"> • Data exchange protocol with police • Police assistance in some cases; • CEOs pass other info back to police.
Bolton	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Regularly meet with police as part of an enforcement forum.
Coventry	<ul style="list-style-type: none"> • Nothing specific. 	<ul style="list-style-type: none"> • Agreed strategy with police and Police Officer time is now allocated every two months. Regular meetings.
Kensington &	<ul style="list-style-type: none"> • Data sharing and liaison with 	<ul style="list-style-type: none"> • Police are utilised for

CoE	Liaison with national anti-fraud teams	Liaison with local police force
Chelsea	neighbouring authorities. <ul style="list-style-type: none"> • Contribution to National Fraud Initiative. • Weekly lists of stolen/lost and reported deaths passed to corporate investigation team for London Councils BB "fraud" data base 	seizures and prosecutions and are held to be generally co-operative and able to assist.
Manchester	<ul style="list-style-type: none"> • Data contributed to assist National Fraud Initiative, though little useful data was passed back from this source • Liaison with internal audit team. 	<ul style="list-style-type: none"> • Meetings with police over parking issues, including BB issues.
Rotherham	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
Southampton	<ul style="list-style-type: none"> • Some assistance with other authorities' investigations. • An active approach to maintaining relationships. 	<ul style="list-style-type: none"> • Police called in to assist with abuse cases. • General liaison over parking issues.
Wandsworth	<ul style="list-style-type: none"> • Acts to prosecute against fraud in neighbouring London boroughs where necessary, and has good relationship with many neighbouring authorities. 	<ul style="list-style-type: none"> • Limited liaison takes place • Usually needed for badge seizures.

Table 8-3 reveals that while 6 of the 8 CoE authority's Blue Badge enforcement teams engage with their local police force on a regular basis, liaison with regional or national anti-fraud bodies was much less common. This chiefly reflects the fact that, under the wording of the Traffic Management Act police officers are the only ones who can seize Blue Badges. Several of the local authorities noted that it would be much easier if Civil Parking Enforcement Officers working for the local authority could also be extended this power, since it would reduce the demand on police resources and facilitate more responsive in-street practices.

Evidence of the effectiveness of proactive Blue Badge enforcement regimes

8.14 The information set out in Table 8-4 highlights that, among the CoE authorities Blue Badges were awarded to between 1.6% and 6.5% of the local population. It also suggests that the local authorities which have successfully pursued the most convictions as a proportion of all Blue Badges issued in 2009-10 are Wandsworth and Manchester.

Table 8-4: Successful Blue Badge prosecutions in a wider CoE context (2009)

Centre of Excellence	Population (2001 Census)	Blue Badges on issue (DfT stats return)	% of population that holds a badge	Prosecutions (12 month period)	Prosecutions as % of Blue Badges issued
Bolton	261,037	8,980	3.4%	41	0.45%
Birmingham	977,087	43,629	4.5%	20	0.05%
Coventry	300,848	13,277	4.4%	0	0%
Kensington & Chelsea	158,919	2,613	1.6%	14	0.54%
Manchester	392,819	19,421	4.9%	180	0.93%

Centre of Excellence	Population (2001 Census)	Blue Badges on issue (DfT stats return)	% of population that holds a badge	Prosecutions (12 month period)	Prosecutions as % of Blue Badges issued
Rotherham	248,175	16,212	6.5%	0	0%
Southampton	217,445	9,847	4.5%	6	0.06%
Wandsworth	260,380	7,432	2.8%	250	3.36%
Average	352,089	15,176	4%	73	0.8%

8.15 Given that the applicable legislation and scale of powers is equal across all the CoEs, along with a remit to pursue enforcement via Magistrate's courts, it is perhaps surprising that the record on prosecutions is so variable across the 8 CoE. There are clearly local factors that mitigate such outcomes, but the key four variables appear to be:

- Stringency of policy ('zero tolerance' or leniency);
- Resources available to prepare cases;
- Co-operation of police;
- Detection skills / ability to gather compelling evidence.

8.16 Another factor which has a bearing on the number of prosecutions pursued by each of the CoEs is that in some cases, particularly accidental misuse of expired badges, offenders are likely to be issued a Fixed Penalty Notice where circumstances and bylaws permit. Different CoE's interpretations of where this is an appropriate response to this type of abuse impacts on the number of cases sought for prosecution in local magistrate's courts.

The net result is that those who seek to abuse/misuse Blue Badges fare differently depending on the area in which they offend, and this has direct consequences for the integrity of the scheme as a whole. We believe there is considerable merit in promoting the Cost:Benefit approach that Wandsworth Borough Council has adopted as a means of encouraging local authorities to undertake a revenue-neutral level of Blue Badge enforcement. We believe that if such an approach were widely adopted it could ensure that a proportionate amount of Blue Badge enforcement activity, which is representative of the extent of Blue Badge misuse; abuse and fraud in each area, is undertaken.

Limitations of current legislation

- 8.17 In some situations the Blue Badge enforcement staff at CoEs stated they can become frustrated by a lack of more universally applicable legislation, and a general feeling that the portfolio of evidence required to secure a prosecution is sometimes excessively onerous and therefore expensive to gather. The need to involve Police officers (whose availability is uneven across the 8 CoE authorities) can also seem unnecessarily bureaucratic and adds time and cost to ongoing investigations. For example, badge seizures can only be undertaken by Police Officers which limits the power of Blue Badge enforcement officers.
- 8.18 Some of the Blue Badge enforcement staff at CoEs suggested that their inability to enforce parking spaces on private land undermines the integrity of the whole BB scheme, particularly with the continuing predominance of supermarkets and retail parks where many BB users need access. Frustration was expressed that legislation does not extend to such areas, and

that the private agencies that control such parking are often unable, or unwilling, to offer a comparable level of policing and punishment on their car parks for fear of ostracising potential customers.

If legislation were to be extended to private land, or if private car parks were to adopt a more consistent and tougher policy, then more resources would be required to offer an effective policing at these sites. In turn, this would only be sustainable if sufficient fines could be collected to cover these additional costs. Use of technology alone to achieve a low-cost automated evidence base for a prosecution (such as CCTV or speed cameras) is not readily appropriate for BB abuse because of the usual need to investigate whether the badge holder is present, being dropped off or collected.

Enforcement vs. enablement – finding the balance

- 8.19 There is a tension regarding how enforcement measures protect badge holders' needs on one hand, but compromise the user-friendliness of the scheme on another. Several CoE enforcement officers identified a need to find a balance between adequately enforcing and deterring Blue Badge abuse without introducing such an over-regulated regime that genuine badge holders may find intimidating, intrusive or obstructive. However, we understand that many disability rights groups and individual badge holders have expressed a desire for more rigorous enforcement (previous research with badge holders on behalf of DfT indicated that 38% of badge holders regard abuse as their main concern with the scheme), and accept some level of scrutiny and inconvenience as a necessary consequence. As such, many of the enforcement officers from the CoEs felt confident they had the backing of genuine badge holders in their efforts to enforce the rules of the Blue Badge scheme.

Deterring abuse

- 8.20 Many of the CoE enforcement staff indicated that they believed the best kind of publicity was that used as a deterrent to highlight the fines incurred following prosecutions (and the humiliation of offenders being publicly named) to a wide public audience. At the local-press level the media in the UK would most likely publicise these cases (without any prompting by the council) as part of their monitoring of court appearances, but there is clear evidence from the CoEs that providing coordinated press releases helped to guarantee greater exposure in local press and radio news. Publicity did not generally focus on the consequences of abuse for legitimate badge holders (i.e. deprivation of access, inconvenience), but instead on the scale of penalty and actions of offenders involved.

None of the authorities had gathered data that could establish any firm correlation between levels of deterrence publicity and consequent reductions in instances of abuse, though Wandsworth and Manchester have anecdotally noted clear visible reductions in the number of cars parked in Blue Badge bays following targeted campaigns (albeit, with short-medium term effects). We strongly advocate this 'name and shame' type approach as a cost effective way of maximising the impact and value of successful prosecutions.

9 SUPPORTING CHANGE IN LOCAL AUTHORITIES

9.1 The final technical chapter outlines key findings for DfT in respect of the support that local authority officers responsible for delivering the scheme have identified they need to deliver reforms to the Blue Badge scheme. While we note that updated reforms were announced by the Coalition Government in February 2011, we believe that our original research objectives remain relevant

Disseminating good practice guidance to Blue Badge issuing authorities

9.2 Drawing on the findings from our evaluation of the Blue Badge Centre of Excellence Programme, and feedback received from local authorities which participated in various workshops through the course of this review, we have identified a number of opportunities for the production and dissemination of the good practices identified through this review. These have been set out below and recognise the government's commitment to devolving decision-making away from prescriptive central government so that local authorities can reach locally focused decisions on how they deliver services:

- ❑ Making full use of regional, or even more local, dissemination workshops and events to create environments for constructive discussion and knowledge-sharing. A cautionary note here is that care must be taken to avoid these becoming 'talking-shops' at which everyone discusses Blue Badge good practices, but acts upon none of it. Based on lessons learned from the CoE Programme, and this good practice review, we believe the key to successful workshops lies in attracting a mix of decision-makers and practitioners, and focusing the event on small group tasks which provide a mechanism for sharing local knowledge and good practice examples.
- ❑ Continued representation and support from DfT at events and meetings with local authorities working to deliver the Blue Badge scheme on a day-to-day basis, as well as chief executives and service heads, who are usually responsible for key local funding decisions.
- ❑ Encouraging high performing local authorities to produce, and make freely available, information packs that contain all of the resources they have developed to facilitate their delivery of the Blue Badge scheme. Examples of the kinds of information appended to this final report, and also shared through the course of the CoE programme include: application forms (we note that the BBIS will include a standard online application form), desk-based decision-making procedures/scoring systems, mobility assessment proformas and descriptions of the procedure applied, service level agreements with Primary Care Trusts, sample Blue Badge refusal letters; and descriptions of in-street Blue Badge enforcement activities, such as evidence gathering and interview techniques. These could be made available through information portals such as the Community of Practice website.
- ❑ Encouraging, and publicising the impacts of, site visits to other Blue Badge teams, which proved more effective than one-to-one consultancy-style advice delivered by peers from other local authorities. In the CoE initiative the local authorities that had made tangible changes to their Blue Badge schemes had often done so following one-to-one site visits, whereby officers were able to learn about, and observe, a different authority's practices within the setting they were delivered. We understand that this kind of site visit enabled the participating local authority officers to observe a higher performing authority using their administrative and assessment resources (e.g. application forms, assessment

proformas, refusal letters, in-street enforcement procedures) in the context of their own workflow for delivering the Blue Badge scheme.

- ❑ Provide modular, web-based guidance for local authorities on the DfT website with e-mail alerts notifying Blue Badge teams of revisions and changes when they are published. This should build on the rich seam of information gathered through this review to include evidence-based case study examples to publicise the strong positive benefits of Blue Badge scheme good practices to local authority officers and Chief Executives alike. In the current funding climate we strongly recommend this guidance focuses particularly on good practices which enable local authorities to achieve **cost savings**; alongside wider desirable outcomes of consistency and fairness; customer-friendliness and clarity, speed and efficiency; and resistance to abuse.
- ❑ Establishing through DfT guidance and, where necessary, regulations, a set of core principles for key aspects of the Blue Badge scheme. We believe that these should include as a minimum the core principles for eligibility assessment (cross-checking council records, desk-based assessments and IMAs), Blue Badge databases and the process of handling renewal applications.
- ❑ Consider making use of the 'ATCO list' as a means of raising awareness of the Blue Badge Communities of Practice website and to circulate guidance to staff at local authorities using this information portal as a means of driving uptake in this resource.

Given the reforms to the Blue Badge scheme announced by the current government in February 2011 and planned changes to legislation over the coming 2 years, we foresee a need to create a culture of continuous improvement and change-management in local authority Blue Badge teams, supported by regularly communicated guidance and scheme updates. As such we believe there is a future role for DfT in terms of coordinating these activities to ensure that only those practices that are desirable, and in keeping with the Department's interpretation of what constitutes 'good practice' delivery of the Blue Badge scheme, are recommended and adopted by local authorities.

There may also be scope for input from the private sector, or a social enterprise set up by high performing local authorities working with a private sector delivery agent, to facilitate the accelerated transfer of knowledge of Blue Badge scheme good practices. This could take the form of training events/workshops, bespoke training courses/consultancy advice and more proactive, highly personalised 'systems-thinking' led engagement with Blue Badge issuing authorities. All of these approaches could be designed around the updated good practice guidance from DfT and delivered on a semi-commercial basis as a means of driving up standards in Blue Badge scheme delivery across England.

Establishing a local business case for change

- 9.3 A small number of local authorities within our sample; such as Worcestershire, Enfield, and Wandsworth; have successfully used the management information they collect about their local delivery of the Blue Badge scheme to inform internal decision-making about how to improve the administration and assessment practices used in their local authority, robustly apply the Blue Badge scheme eligibility criteria, and achieve cost savings associated with its delivery. In all cases, this involved establishing:

- ❑ A **baseline position** which documented the local authorities' existing Blue Badge scheme practices and associate costs. This often included consideration of funding received from Primary Care Trusts (PCTs) to cover the cost of determining the eligibility of Blue Badge applicants, a practice that has changed since April 2011 with the reapportionment of NHS funding to local authorities. Several of the local authorities mentioned in paragraph 9.3 further included estimates of foregone on-street parking/parking permit revenues. These were estimated based on local knowledge of levels of Blue Badge misuse and abuse (e.g. which could be addressed through improved enforcement of the Blue Badge scheme) and/or insufficiently robust assessment practices (e.g. through existing reliance upon an applicant's own GP to make recommendations about their eligibility to receive a Blue Badge) which result in Blue Badges being inadvertently issued to people who do not meet the eligibility criteria.
- ❑ A **future position**, often framed around a series of objectives. This typically set out how the local authority could improve Blue Badge scheme administration, assessment and enforcement practices against forecast implementation costs and longer term operating costs. In all cases the key objective of the business case was to demonstrate the opportunity to make efficiency-savings for the local authority whilst also improving the quality of the service for local disabled people.

9.4 Local authority officers we spoke to had typically used their business case to develop a paper for Council Members or senior management staff that would inform their local authority's decisions about how to prioritise improvements to their local Blue Badge scheme in response to the January 2008 local authority scheme guidance.

Defining and measuring the 'success' of local Blue Badge scheme delivery

- 9.5 In the context of making local improvements to the Blue Badge scheme we believe that any business case for change will only work if it has clearly defined 'success factors'. Earlier in this report (paragraph 2.8) we defined the criteria we used to identify good practice in the context of local authorities' delivery of the Blue Badge scheme. We advocate that these measures of **fairness** and **consistency**, **customer friendliness** and **clarity**, **speed** and **efficiency** and **resistance to abuse** can also be used by local authorities wishing to define objectives for any business case for change in respect of the Blue Badge scheme.
- 9.6 Wherever possible, a business case for change should be underpinned by quantitative evidence and driven by meaningful and achievable targets. We believe that local authorities could achieve this by adopting a similar approach to that used by the research team during the course of this good practice review. The headline items of data we used in our analysis through this research project have been set out in a table in Appendix C to this report. This identifies items of data that can be used to baseline the performance of current Blue Badge scheme practices. It also highlights those which can be calculated on a quarterly or annual basis to monitor both specific, and cumulative, impacts of changes to a local authority's delivery of the Blue Badge scheme.
- 9.7 However, it is important to note when setting objectives or defining 'success factors' is that not every aspect of the scheme lends itself to quantitative target setting. For example, the subjective nature of the Blue Badge 'subject to further assessment' walking criterion make it very difficult to set definitive quantitative objectives and monitoring regimes which focus on

the rate of Blue Badge award/refusal. As such it is possible to quantitatively measure success in some areas, but not in others.

An example business case for making the transition to using IMAs

- 9.8 We recognise that the specific items of data which are relevant to the local Blue Badge scheme, and can be readily collected, will vary from one local authority to another. Furthermore, we note that the Government's localism agenda means that it is inappropriate for DfT to prescribe how local authorities might establish their individual business cases for improving their local delivery of the Blue Badge scheme in line with the latest reforms and guidance. However, it was clear from the research team's engagement with Blue Badge issuing teams around England that some deeper insight into how local changes to Blue Badge scheme delivery can be realised would be warmly welcomed.
- 9.9 As such we have produced one example business case for change to show how a local authority might evidence and demonstrate the quantitative and qualitative benefits of making the change to using an intelligent combination of desk-based and independent mobility assessments from an existing practice of relying on assessment by 'subject to further assessment' Blue Badge applicants' own GPs. The purpose of this example is therefore to show how locally collected items of data can be applied to evidence and monitor the benefits of making such a change.
- 9.10 All of the data in the example set out in Table 9-1 has been rooted in the research team's evidence on the good practices and costs associated with different approaches to Blue Badge scheme delivery reported earlier in this document, but could readily be substituted with real world data from any local authority as the basis for a business case for change. It is important to note that the values for the intelligent combination of IMA and desk-based assessment are drawn from our pilot of core principles eligibility assessment approaches. The sample of applicants used in this pilot was not necessarily reflective of a 'typical' sample of badge applicants, given we intentionally sampled a number of Blue Badge applicants that had previously been refused a badge. Nonetheless, it does provide a useful indication of the scale of costs, and potential cost savings, associated with the different combinations of approaches for determining the eligibility of Blue Badge applicants under the walking component of the subject to further assessment criterion.

Table 9-1: Example business case for making the transition to using IMAs

Measure	Assessment by the applicant's GP	Intelligent combination of IMA and desk-based assessment
Occupational role	Applicant's own GP	Administrative staff and OT/Physio
Weighted average cost per assessment	£30.30	£12.41
Estimated cost per 1,000 applicants	£30,300	£12,410
Average time taken to process Blue Badge application	4 weeks	1.5 to 4 weeks
Average award rate	95% award	72% award

Measure	Assessment by the applicant's GP	Intelligent combination of IMA and desk-based assessment
Average appeals rate	39% of unsuccessful applicants appeal	19% of unsuccessful applicants appeal
Success on appeal	28% of refused applicants' appeals are supported	21% of refused applicants' appeals are supported
Fairness and consistency	<ul style="list-style-type: none"> Large number of GPs make recommendations, reducing consistency 	<ul style="list-style-type: none"> Small number of OT/Physios make recommendations, improving consistency
Customer friendliness	<ul style="list-style-type: none"> Good, because their GP knows about their health But, a refusal could impair GP-patient relationship 	<ul style="list-style-type: none"> Less convenient if the applicant is required to attend an assessment Assessment confirms to applicant that the process is taken seriously
Clarity	<ul style="list-style-type: none"> Applicants may not be aware how they were awarded/refused a badge. 	<ul style="list-style-type: none"> Eligibility criteria and council processes are transparent.
Resistance to abuse	<ul style="list-style-type: none"> High award rate suggests this mechanism results in 'over issuing' of Blue Badges to people who do not meet eligibility criteria. Fuels higher demand for Blue Badge parking bays and reduces parking revenues. 	<ul style="list-style-type: none"> Lower award rate indicative of better targeting and more robust decision-making Lower award rate, through robust application of eligibility criteria will help reduce demand for Blue Badge parking bays and increase parking revenues.

9.11 Even a relatively simple example like that in Table 9-1 shows how powerful the use of routinely collected management information can be in terms of evidencing potential benefits of improvements to local Blue Badge scheme delivery.

We believe that all local authorities in England would benefit from regular data collection and monitoring of their local Blue Badge scheme delivery using the indicators set out in Appendix C to this report. Not only will this process facilitate easier submission of annual statistics to DfT, but it will help to inform evidence-based decision making within a local authority – thereby helping decision-makers to identify opportunities for service improvement and cost/efficiency savings.

Measuring the success of the transition to IMAs in the short and long term

9.12 One of the research team's objectives was to develop evaluation measures and an evaluation protocol to assess the delivery, level of success and outcomes of the move to Independent Mobility Assessments (IMAs), in both the short and long-term. This section sets out the recommended evaluation protocol to be used for ongoing monitoring and evaluation of the delivery, level of success and outcomes of the move to independent mobility assessments.

9.13 The evaluation protocol starts from the strategic goals for the move to independent mobility assessments. It then moves on to define the key evaluation questions that need to be addressed. The indicators to be used and the data collection methods are then presented in tabular form with accompanying commentary.

Strategic goals

9.14 The starting point for the evaluation of the move to independent mobility assessment is the policy rationale that lies behind it. The current Blue Badge Reform Programme, published in February 2011, states that the Government plans to:

- ❑ Ensure a fair allocation of Blue Badges by:
 - ◇ transferring control of current NHS spend on eligibility assessments to local authorities;
 - ◇ publishing non-statutory guidance on administration, eligibility assessment and enforcement;
 - ◇ preparing new legislation to require the wider use of independent mobility assessments to determine eligibility, including where previously that assessment was carried out by a GP;
 - ◇ extend eligibility to more disabled children under the age of 3 with specified medical conditions;
 - ◇ Provide continuous automatic entitlement to severely disabled service personnel and veterans;
 - ◇ Amend residency requirements for disabled Armed Forces personnel and their families posted overseas on UK bases, and;
 - ◇ Conduct further research to inform a decision on whether or not eligibility should be extended to people with a severe temporary disability lasting at least one year.

- ❑ Deliver efficiency savings and improve customer services by:
 - ◇ Establishing with local authorities a common service improvement project (Blue Badge Improvement Service) that will deliver operational efficiency savings. This project will be self-funding and should deliver efficiency savings of between £6.5 and £20 million per year. This project will improve customer services and establish an on-line application facility. It should result in faster, more automatic renewals for people whose circumstances do not change between renewal periods

- ❑ Improved and effective prevention of abuse, and enforcement, by:

- ◇ Introducing a new badge design that is harder to copy, forge and alter. Implement via the BBIS new arrangements for printing and distribution to prevent fraud and to effectively monitor cancelled, lost and stolen badges;
 - ◇ The BBIS will enable more effective detection of abuse by local authorities. Officers will be able to check details of new badges issued anywhere in England, and;
 - ◇ Introducing new or amended powers for local authorities to tackle abuse and fraud. In particular to: extend the grounds available to local authorities to refuse to issue and to withdraw badges; provide local authorities with a power to cancel badges that have been lost, stolen, have expired, or have been withdrawn for misuse; provide local authority authorised officers with a power to recover, on-the-spot, badges that have been cancelled or misused, and; amend existing legislation to clarify wrongful use of a badge and the powers to inspect badges.
- Changing the Blue Badge fee by altering legislation to raise the maximum fee that local authorities can charge for a badge from £2 to £10. The increased fee will pay for the new badge design and it will enable the BBIS. Badge holders should, in return, benefit from improved accessibility as abuse is reduced:

9.15 Given the Government's programme for reform of the Blue Badge scheme, the starting point for the evaluation of the move to independent mobility assessment is that it should facilitate a system that:

- Is **fair and consistent** in its treatment of Blue Badge applicants;
- Is **customer-friendly and clear**;
- Is **quick and efficient**; and
- Is **resistant to abuse**.

9.16 As identified in chapter 2 of this report, these strategic goals were adopted early in the project to help define "success" of changes to Blue Badge administration and assessment procedures. The first three of these strategic goals are particularly relevant to the evaluation of the move to an improved administration system incorporating independent mobility assessments, and form important starting points for the evaluation exercise. The fourth strategic goal is more closely related to other elements of the blue badge reforms – in particular those related to improved badge design, data sharing and enforcement.

Key evaluation questions

9.17 The key evaluation questions to be addressed, bearing in mind the strategic goals highlighted above, are:

- To what extent have the desired **outputs** been achieved (i.e. implementation of independent mobility assessments and other good practices identified in the guidance that will come out of this project)?

- ❑ What are the **outcomes** (in relation to the strategic goals) of implementing independent mobility assessments within the context of an improved application and badge issuing process?
- ❑ How and why have the outcomes come about (i.e. the **process**) – what are the key features that have led to the outcomes?

Indicators (measures) and data collection methods

9.18 The first two evaluation questions highlighted above can be addressed through collection and analysis of quantitative data on indicators that relate back to the strategic goals. Table 9-2 sets out possible indicators in relation to output delivery and to the four strategic goals identified above. It also outlines methods for collecting data on the proposed indicators. It should be noted that all customer satisfaction and efficiency indicators shown should be calculated as mean values, with percentile ranges also calculated as appropriate.

9.19 In general, there could be two main mechanisms for collecting, reporting and analysing data:

1. An annual survey, which asks all local authorities to volunteer information on key indicators from their records and Blue Badge databases. While this could be integrated with DfT's current survey of local authorities that is used to monitor the scheme – indeed some of the indicators we propose overlap with data already collected – it would add to the burden of data collection for local authorities. Given that we understand DfT is unlikely to increase the data collection/reporting burden placed on local authorities it may be more appropriate for local authorities/groups of local authorities to use the data indicators to monitor their own performance. In our view, the data required both for evaluation of improvements in Blue Badge practices and for routine monitoring of the scheme lends itself well to an on-line self-completion questionnaire, which could be set up using commercial survey products (eg. Survey Monkey or similar). We note that some of these data could be obtained through the Blue Badge Improvement Service as part of the process local authorities will use when registering Blue Badge applications and assessment outcomes.
2. A biennial data collection effort that requests and analyses more in-depth data from all local authority Blue Badge administration teams every two years, and also includes a coordinated Blue Badge customer satisfaction survey. The customer satisfaction survey could be a postal survey administered by local authorities with a sample of applicants drawn from their records. Survey returns could be analysed on both a local and national basis. As above, some of this data could be obtained through the Blue Badge Improvement Service to reduce costs and stream line the process of obtaining good management information.

9.20 Answering the third evaluation question requires qualitative research with stakeholders involved in blue badge administration and assessment - for example, through in-depth interviews with the stakeholders involved. These types of interview are similar to those undertaken within the case studies included within this review and could be extended on a

selective basis in a longer term monitoring and evaluation programme. These interviews could be set up to coincide with the biennial data collection and survey effort.

Analyses and comparisons

- 9.21 Within the evaluation programme, the quantitative indicators and qualitative research results coming out of each local authority area would be of interest in their own right. A crucial part of the evaluation though will involve comparing indicators between areas that have adopted new procedures including independent mobility assessment and those that haven't (a with/without comparison). Provided a large enough sample was used, this would give a robust indicator of the impacts of the new procedures, which could feed into a post-implementation cost-benefit type analysis.

Table 9-2: Output and outcome evaluation indicators and data collection methods

Indicator	Suggested data collection and reporting method	Comments
<i>Key output indicators¹⁵</i>		
<p>O1 Role of mobility assessment in making initial decisions on Blue Badge eligibility (i.e. excluding re-assessments on appeal):</p> <ul style="list-style-type: none"> • Independent mobility assessment conducted for the local authority by an occupational therapist, physiotherapist, occupational health doctor or nurse (stating which); or • Obtaining a reference / report from the applicant’s own GP or health professional; or • IMAs saved through use of cross-checking and desk-based assessments; or • Other (to be specified). 	<p>Response by local authority to an annual survey</p> <p>Data gathered through BBIS</p>	
<p>O2¹⁶ Circumstances in which BB applicants are referred for IMA in making initial eligibility decisions:</p> <ul style="list-style-type: none"> • All “subject to further assessment” applicants sent for IMA; or • “Subject to further assessment” applicants where desk-based decision making tools and record-checking provide insufficient evidence to make a reliable decision; or • Other (to be specified). 	<p>Response by local authority to an annual survey</p>	
<p>O3 Whether IMA’s are used to re-assess eligibility in the event of an appeal (where an IMA has not been undertaken in making the initial eligibility decision).</p>	<p>Response by local authority to an annual survey</p> <p>F</p>	
<p>O4 Whether “core principles” developed by DfT research for IMA’s have been adopted by the local authority.</p>	<p>Response by local authority to an annual survey</p>	
<p>O5 Whether the authority has a two stage appeal process in place, in line with recommendations contained in new DfT guidance.</p>	<p>Response by local authority to an annual survey</p>	

¹⁵ Additional output indicators could potentially be added once the additional guidance from this research project is finalised.

¹⁶ Indicator O2 only relevant where response to indicator O1 shows that IMA is used as part of initial eligibility assessment.

Indicator	Suggested data collection and reporting method	Comments
<i>Fairness and consistency outcome indicators</i>		
F1 Number of individual Blue Badge <u>applications received</u> per year (excluding applications for replacement of lost, stolen or damaged badges): <ul style="list-style-type: none"> (a) New applications (b) Renewal applications 	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey	
F2 Number of individual Blue Badge applications received per year that are <u>“subject to further assessment”</u> : <ul style="list-style-type: none"> (a) New applications (b) Renewal applications 	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey	
F3 Number of “subject to further assessment applications” that after initial assessment ¹⁷ result in: <ul style="list-style-type: none"> (a) Issue of a badge after “desk-based assessment” without recourse to a medical reference or an independent mobility assessment. (b) Refusal of the application after “desk-based assessment”¹⁸ without recourse to a medical reference or an independent mobility assessment. (c) Issue of a badge after checking of medical references (e.g. from the applicant’s GP or other health professional) (d) Refusal of the application after checking of medical references (e.g. from the applicant’s GP or other health professional) (e) Issue of a badge after the applicant has had an independent mobility assessment arranged by the local authority / PCT 	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey F	

¹⁷ Exclude badges that are issued after re-assessment as the result of a request for review of a decision (appeal).

¹⁸ Desk-based assessment may include cross-checking of social care records and/or desk-based scoring schemes or decision making tools.

Indicator	Suggested data collection and reporting method	Comments
(f) Refusal of the application after the applicant has had an independent mobility assessment arranged by the local authority (g) Issue of a badge based on the result of an independent mobility assessment previously undertaken by the local authority (h) Refusal of the application based on the result of an independent mobility assessment previously undertaken by the local authority (i) Any other result (to be specified)		
F4 Number of refused Blue Badge individual applicants that pursue an appeal (request for review of the initial decision) to the first stage of the authority's appeal process	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey	
F5 Number of refused Blue Badge personal applicants that are awarded a Blue Badge after a first-stage review (appeal) of the initial refusal decision.	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey F	
F6 Number of organisational badge applications received	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey	
F7 Number of organisational badges issued after assessment of eligibility	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey	
<i>Customer satisfaction outcome indicators</i>		

Indicator	Suggested data collection and reporting method	Comments
C1 Customer satisfaction with overall application, assessment and badge issue experience	This would require a postal survey using a common set of core questions across local authorities. To minimise cost and resource requirements, we would suggest this could be done on a biennial basis. Many local authorities do not currently conduct such customer satisfaction surveys routinely on Blue Badge functions.	Would need to be asked of successful applicants and unsuccessful applicants (including those who underwent medical assessment and those who didn't) to allow separate analysis of customer satisfaction by user subgroups
C2 Customer satisfaction with comprehensibility and clarity of Blue Badge application form and instructions	This would require a postal survey using a common set of core questions across local authorities. To minimise cost and resource requirements, we would suggest this could be done on a biennial basis. Many local authorities do not currently conduct such customer satisfaction surveys routinely on Blue Badge functions.	Would need to be asked of successful applicants and unsuccessful applicants (including those who underwent medical assessment and those who didn't) to allow separate analysis of customer satisfaction by user subgroups
C3 Customer satisfaction with response to telephone enquiry	This would require a postal survey using a common set of core questions across local authorities. To minimise cost and resource requirements, we would suggest this could be done on a biennial basis. Many local authorities do not currently conduct such customer satisfaction surveys routinely on Blue Badge functions. F	Would need to be asked of successful applicants and unsuccessful applicants (including those who underwent medical assessment and those who didn't) to allow separate analysis of customer satisfaction by user subgroups
C4 Customer satisfaction with web-based application services, including BBIS	This would require a postal survey using a common set of core questions across local authorities. To minimise cost and resource requirements, we would suggest this could be done on a biennial basis. Many local authorities do not currently conduct such customer satisfaction surveys routinely on Blue Badge functions.	Would need to be asked of successful applicants and unsuccessful applicants (including those who underwent medical assessment and those who didn't) to allow separate analysis of customer satisfaction by user subgroups
C5 Customer satisfaction with timescale to determine eligibility and process Blue Badge application	This would require a postal survey using a common set of core questions across local authorities. To minimise cost and resource requirements, we would suggest this could be done on a biennial basis. Many local authorities do not currently conduct such customer satisfaction surveys	Would need to be asked of successful applicants and unsuccessful applicants (including those who underwent medical assessment and those who didn't) to allow separate analysis of

Indicator	Suggested data collection and reporting method	Comments
	routinely on Blue Badge functions.	customer satisfaction by user subgroups
<i>Efficiency outcome indicators</i>		
E1 Time elapsed from receipt of Blue Badge application to issue of badge or initial rejection letter	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey Possibly collated through BBIS system	This information may not be available from many authorities – but would nevertheless be a valuable data indicator where available.
E2 Cost of Blue Badge administration and assessment per application, comprising: a) Number of FTE local authority staff working on Blue Badge administration and assessment, together with their staff grades and salary bands; and b) Fees paid to outside bodies or people for specific services (eg. contracted occupational therapists, payments for GP letters etc); and c) Other costs.	Record-keeping by Blue Badge administration teams in each local authority area and reporting through response by local authority to an annual survey. Because of the effort involved to provide input figures, we would suggest this could be done on a biennial basis.	Similar in concept to the staff and cost data gathering and calculations undertaken on a one-off basis in the case studies by the research team.
E3 ¹⁹ Time taken to conduct an independent mobility assessment (including reporting)	Short-term (e.g. for a 2 week period) local record-keeping by local authority and reporting through response by local authority to an annual survey. Because of the effort involved to provide input figures, we would suggest this could be done on a biennial basis.	Similar to procedure used in Pilot 1 / 2 to collect objective data.

¹⁹ Only applicable to those local authorities using IMAs

10 CONCLUSIONS

10.1 This chapter contains the key conclusions from our review, which have been presented around the Blue Badge scheme processes identified by our research. In each section we have summarised the ‘**Quick Win**’ improvements that local authorities can make to the practical delivery of the Blue Badge scheme. At the end of this chapter we have set out general conclusions in respect of activities needed to support change in local authorities and monitor the impact of reforms to Blue Badge administration and assessment practices.

Blue Badge Scheme administration and assessment good practice

Publicity and information about the Blue Badge scheme

10.2 Publicising the Blue Badge scheme at a local level is part of the wider information dissemination function that local authorities undertake on a range of services for which they are responsible. Despite this, many authorities do not actively publicise the Blue Badge scheme, which contributes to a perception among badge holders that it is ‘hidden’ to prevent too many people from getting a Blue Badge. Our research has highlighted that the key information requirements of Blue Badge applicants and badge holders are:

- The Blue Badge eligibility criteria, to help inform applicant’s decision to apply.
- How to apply for a badge, to improve the clarity of the scheme for applicants.
- What constitutes correct use or misuse of a badge, to reduce cases of inadvertent Blue Badge misuse and abuse; and
- Where Blue Badge holders can park and how the scheme is enforced - to reduce the uncertainty reported by badge holders in respect of local parking rules and the frustration associated with unexpected penalty charge notices.

10.3 We advocate that local authorities develop coherent communication strategies that consider how best to reach the local target audience for Blue Badge information, and set out how information about the scheme will be made available locally: in print, online, by telephone and through contact/customer-service centres. The two DfT leaflets ‘Can I get a Blue Badge’ and ‘Blue Badge Scheme Rules and Responsibilities’, which provide detailed information about the scheme, are available for local authorities to download free of charge from the DfT website for use when designing their local information.

Quick wins for local authorities on Blue Badge Scheme publicity and information:
• Signposting the Blue Badge scheme from other relevant local authority services
• Developing clearly presented written information about the Blue Badge scheme in easy to comprehend language, and with due consideration of the needs of different community groups and those with specialised information needs
• Establishing clearly presented and thoughtfully designed Blue Badge web-pages
• Providing disability and equality awareness training for all members of staff who regularly deal with applicants and Blue Badge holders

The application process

- 10.4 Blue Badge application processes (and specifically the application form) are heavily informed by the eligibility assessment practices adopted by a local authority. Desk-based and independent mobility assessment practices require more detailed application forms, and local variations in assessment practices currently mean that a standardised Blue Badge application form will need to be carefully designed if it is to be of relevance to all the Blue Badge issuing authorities in England. Alongside the June 2011 Scheme Guidance we believe the standardised application form being developed through the BBIS will help to accelerate the common adoption of sound eligibility assessment practices and procedures. The model application form we developed for inclusion in updated Blue Badge scheme guidance is modular, thereby enabling local authorities to select the sections or individual questions that are consistent with their local eligibility assessment practices in the short term, and can be used to inform the BBIS online application form design.
- 10.5 We found that a large number of local authorities in our sample are inadvertently operating outside of the research team's interpretation of the Data Protection Act 1998, by applying secondary uses to applicants' sensitive personal data without seeking their consent to do so. The model application form developed as an output of our review contains updated declarations that can be used to secure explicit consent from Blue Badge applicants for secondary use of their sensitive personal data (information sharing) and to indicate they will comply with the application procedures of the local authority. Extra declarations on Blue Badge fraud and misuse are also included and may benefit councils where this is an issue.
- 10.6 Most applications are currently received on paper forms, but telephone, online (downloadable forms) and in-person practices are increasingly common. Ideally, we believe local authorities should make several of these options available to ensure they offer equitable access to the Blue Badge scheme and stress they need to be supported by robust eligibility assessment practices.
- 10.7 Based on our experience of piloting a Blue Badge application form with existing Blue Badge holders, we strongly recommend that local authorities which seek information from applicants about their walking ability (e.g. to inform a desk-based assessment, or for cross-referencing in an IMA) should ask a combination of qualitative and quantitative questions about an applicant's walking ability to inform subsequent assessment.

Quick wins for local authorities on the Blue Badge application process:
<ul style="list-style-type: none"> • Including information about who is likely to be eligible for a Blue Badge at the beginning of the application form, and a reminder checklists at the end of the form
<ul style="list-style-type: none"> • Including questions that ask for detailed information about the applicant's disability and mobility difficulties in the application form, to allow you to make informed decisions with regard to their eligibility
<ul style="list-style-type: none"> • Producing more detailed notes for the applicant to read if they are seeking further information about the eligibility criteria or Blue Badge scheme
<ul style="list-style-type: none"> • Making the Blue Badge application form available as a downloadable file, which can save up to 25% of the costs associated with printing and distributing application forms
<ul style="list-style-type: none"> • Requiring a 'without further assessment' applicant's proof of eligibility to be dated within the last 12 months and including contact information for DWP/ Service Personnel and

Veterans Agency in the Blue Badge application form and guidance notes
<ul style="list-style-type: none"> • Incorporating robust information-sharing declarations, such as those included in the updated model application form, in application forms in order to unlock access to relevant existing records held by the council in relation to Blue Badge applicants
<ul style="list-style-type: none"> • Providing support to applicants who need help with completing the Blue Badge application form, for example over the telephone or in-person
<ul style="list-style-type: none"> • Implementing fast-track application process for people who have a terminal illness which affects their mobility, to make the final weeks of their life easier

Organisational badges

10.8 We noted local authorities’ concerns regarding the ambiguity of existing guidance, and have made recommendations to DfT in the form of our inputs to draft updated guidance. However, we advise local authorities that the wide range of different types of organisation that receive and use a Blue Badge when caring for disabled people means that local authorities must draw on the scheme legislation, regulations and available guidance to make their own informed decisions based on local understanding of an organisation’s circumstances.

10.9 Some local authorities have developed their own explicit guidelines (e.g. minimum of 10 care recipients per qualifying organisation, or 1 badge per 15 disabled residents in a residential care home, provided they would themselves qualify for a Blue Badge). These offer practical examples of how local authorities with an understanding of the local provision of care services for disabled people can reach informed decisions about the eligibility of organisations when they apply for a Blue Badge, and the number of badges that are awarded to successful applicants. Based on case study examples from our study, it may also be relevant to inform unsuccessful organisations that individuals they care for are free to apply for a personal Blue Badge, (which could be used to aid their transportation) if they are successful in their application.

Quick wins for local authorities on Organisational Blue Badge practices:
<ul style="list-style-type: none"> • Developing a separate organisational Blue Badge application form based on the organisational badge questions in the model form
<ul style="list-style-type: none"> • Developing defined local criteria for the award/refusal of organisational Blue Badges based on due consideration of the regulations, DfT scheme guidance and local understanding of the organisations that have a genuine need for a Blue Badge
<ul style="list-style-type: none"> • Including declarations in the organisational Blue Badge application form as a means of raising awareness of penalties for fraudulent claims and Blue Badge misuse/abuse.
<ul style="list-style-type: none"> • Conducting site visits to the premises of organisational Blue Badge applicants in order to verify claims they have made in their application forms

Determining the eligibility of individual applicants

10.10 We found compelling evidence that intelligently combined cross-checking, desk-based assessment and IMA approaches offer a substantially more robust, and lower cost, Blue Badge eligibility assessment practice than relying on GP assessments. Focus group discussions with Blue Badge holders also revealed support for this approach provided it was delivered by an appropriately qualified healthcare professional.

- 10.11 Comparing our case study local authorities revealed that IMAs deliver average assessment cost savings of 30% against the use of GP assessment, and result in lower Blue Badge award rates (70%) compared to where GP assessments are used (95%). IMA approaches yielded lower appeal rates among unsuccessful applicants (20% compared to 39% for GP assessments). They also resulted in fewer successful appeals (21% compared to 28% for GP assessments), which suggests IMA practices are more accurate. IMAs also accelerate the application process to 1-3 weeks from the council receiving a completed application form compared with 3-6 weeks where GP opinion is sought. We learned that an appropriate caseload level for Blue Badge assessors is 7-8 applicants per day, based on an average of 30 minutes to complete an assessment and 10 minutes for the assessor to report their recommendations. Our case study example from Shropshire Council, where assessment centres are run at a district level, shows it is possible for more rural or two-tier local authorities to establish IMAs in place of relying on GP's opinion.
- 10.12 Our pilot to validate the 'core principles' of desk-based assessment against those developed for IMAs revealed that desk-based assessments are valid tools for filtering out applicants that need to be referred for an IMA, and as a means of awarding and refusing some Blue Badge applications for applicants that are clearly eligible / clearly ineligible. The piloted desk-based assessment tool was 91% accurate compared to a the core principles IMA practice, and offered a 'lower margin for error' than free-form desk-based decision-making using only the eligibility criteria and local authority scheme guidance (and not the desk-based assessment tool) to review each applicant's self-reported information – particularly when used by staff members who are not healthcare professionals. The accuracy of the desk-based assessment tool was found to be heavily reliant upon applicants fully completing the application form, which emphasises the importance of local authorities returning incomplete application forms to applicants for them to provide missing information so as to improve the accuracy and consistency of Blue Badge eligibility decisions.
- 10.13 Desk-based assessment tools are also particularly useful for local authorities which handle high volumes of Blue Badge applicants (e.g. more than 10,000 per annum). We calculated that intelligently combining the piloted IMA and desk-based assessment approaches based on these 'core principles', local authorities would, on average, save almost £7,500 per 1,000 applicants against sending every applicant for a (core principles) IMA (36% cheaper), and almost £18,000 per 1000 applicants against the cost of referring every applicant to their own GP (60% cheaper). Enabling assessors to recommend whether an applicant should be reassessed if they renew a badge in 3 years time reduces future assessment costs by around £4,200 per 1,000 applicants over a 3 year renewal cycle. It is pertinent to note that the pilot sample was not necessarily reflective of a 'typical' sample of 67 badge applicants, given we intentionally sampled a number of Blue Badge applicants that had previously been refused a badge. Nonetheless, it does provide a useful indication of the scale of costs, and potential cost savings, associated with the different combinations of approaches for determining the eligibility of Blue Badge applicants under the walking component of the subject to further assessment criterion.
- 10.14 A number of benefits for local authorities and Blue Badge applicants emerge through joint assessments, including reducing the number of overall assessments and reducing the amount of time that applicants have to spend being assessed. Manchester City Council's

approach of integrating Blue Badge eligibility assessments with those undertaken for mobility aids and home adaptations demonstrated that the great majority (90%) of people who underwent at-home social care assessments were already in receipt of a Blue Badge. As such, the process of joining up eligibility assessments in this way was calculated to save a modest £1,500 per annum (£9.42 per badge issued following a social care assessment) when compared to the cost of these individuals applying separately for a Blue Badge.

10.15 We identified scope for local authorities in close proximity to work together to deliver Blue Badge eligibility assessments, and note this would work particularly well in London and the Metropolitan areas. We also highlighted how the lack of dedicated Blue Badge eligibility assessment guidance and bespoke training is a significant shortcoming, and a barrier to the consistent uptake of IMA and desk-based assessment practices. A number of practices identified through this review were deemed unsatisfactory on the basis they were inequitable, inconsistently applied, or delivered inaccurate eligibility assessment outcomes. Such practices included accepting proxy proofs of eligibility for the HRMCDLA and WPMS benefits (such as Vehicle Tax Excise Duty exemption certificates or Motability Finance agreements), refusing Blue Badges to people solely on the grounds they are able to use public transport, adopting desk-based assessments without any recourse to an IMA and only offering IMAs when an applicant appeals against a refusal.

10.16 Our findings indicate the real cost to local authorities of delivering the Blue Badge scheme in line with current guidance is approximately £30 per applicant. This may provide a useful indication for DfT in the context of future changes to the Blue Badge application fee.

Quick wins for local authorities on the eligibility assessment process:
<ul style="list-style-type: none"> Establishing the ability to cross-check existing council records to seek evidence of applicants' eligibility for a Blue Badge under the 'subject to further assessment' criteria
<ul style="list-style-type: none"> Adopting a desk-based assessment tool that has been designed with input from appropriate healthcare professionals with experience of conducting Blue Badge mobility assessments, and which is primarily used to filter applicants that do/do not need to be seen in person for a mobility assessment.
<ul style="list-style-type: none"> Joining-up Blue Badge eligibility assessments with those for other relevant concessions such as Concessionary Travel passes, Taxi Cards, home adaptations and social care
<ul style="list-style-type: none"> Allowing the healthcare professionals that conduct in-person mobility assessments to determine whether a successful Blue Badge applicant needs to be re-assessed when they next apply to renew their badge.

Administering the scheme after assessment

10.17 We found that many local authorities offer appeals procedures for unsuccessful applicants. The best examples set out their appeals procedures clearly in a detailed feedback letter that explained why the applicant had been unsuccessful and outlined how they could initiate an appeal against their decision, and the timescale in which they needed to act. By an **appeal**, we refer to the practice of allowing unsuccessful Blue Badge applicants to either register a **complaint** about the way their application was handled (e.g. if they were dissatisfied with the procedures used by the local authority), or request a **review** of their decision because they feel they have been wrongly refused a Blue Badge. Some local authorities had explicitly separated their appeals procedures in this way in order to improve the clarity of the process

for unsuccessful applicants, and mitigate against unsuccessful applicants speculatively appealing every refusal decision.

10.18 It was also common for local authorities to advise unsuccessful applicants that they cannot reapply for a Blue Badge in the next 3-6 months unless their mobility has deteriorated substantially. While there is no legal requirement for local authorities to do either this, or offer an appeals procedure, we considered them both to be good practices because they help to ensure badges are awarded fairly and consistently to those people who meet the eligibility criteria and limit repeated speculative applications from unsuccessful applicants. We found that offering an appeals procedure costs a local authority an average of £3,000 to £5,000 per annum, which is considered to represent good value in the context of the overall cost to the local authority of administering the Blue Badge scheme, and the quality assurance it provides to Blue Badge issuing authorities and applicants.

10.19 Fundamentally, our case study evidence indicates that, contrary to the views held by some of the local authority officers, there is no overall increase in the number of 'subject to further assessment' applicants that appeal against an unsuccessful Blue Badge application when compared with the practice of accepting assessment by an applicant's own GP.

10.20 Issuing new, renewal and replacement Blue Badges in person was found to be a highly effective way of improving the resistance to abuse of the scheme, particularly for local authorities in urban areas, or where a network of contact/customer service centres has been implemented. Sound information management systems are required to support this practice, and are also essential if renewal reminders are to be issued and if the authority wishes to share information with parking enforcement teams in their local authority/neighbouring local authorities.

Quick wins for local authorities on administering the scheme after assessment:
<ul style="list-style-type: none"> Detailed refusal letters which explain why an individual's Blue Badge application was refused, with specific reference to the relevant Blue Badge eligibility criterion
<ul style="list-style-type: none"> Indicating in writing that an applicant can appeal a refusal, and offering unsuccessful applicants up to 28 days to express their intention to appeal a local authority's decision
<ul style="list-style-type: none"> Distinguishing between a 'review' of the local authorities decision, and a 'complaint' about the local authority's practices when handling appeals
<ul style="list-style-type: none"> Clearly identifying the name of the Blue Badge issuing authority and a contact number that parking enforcement officers can call if they suspect a badge is being misused or abused in another local authority area
<ul style="list-style-type: none"> Issuing renewal reminders approximately 3 months before Blue Badges expire
<ul style="list-style-type: none"> Issuing new, renewal and replacement Blue Badges in-person to an applicant
<ul style="list-style-type: none"> Including reminders in death registry packs to encourage the return of Blue Badges
<ul style="list-style-type: none"> Recording the detail of deceased badge holders using updates from council registrars
<ul style="list-style-type: none"> Requiring a crime/lost property reference number from applicants reporting a badge as stolen or lost

Enforcement and tackling abuse

10.21 Given this review's primary focus on Blue Badge scheme administration and assessment practices, the strongest conclusion emerging on enforcement is that robust administrative

and assessment practices have a substantial role to play in improving the resistance to abuse of the Blue Badge scheme. By making sure that Blue Badges are only awarded to individuals who meet the eligibility criteria, and preventing opportunities to fraudulently obtain genuine Blue Badges from local authorities, the need to proactively enforce the scheme on-street is lessened.

10.22 We found strong evidence that the scale of abuse, and therefore the need for effective enforcement practices, is proportional to the perceived value of the Blue Badge in a particular area; and that London appears to show the highest levels of abuse which we believe reflects scarcer, more expensive parking and the London Congestion Charge. The most commonly used on-street enforcement practices are a combination of vigilance (on-street personnel), technology (instant data access), collaboration (with the Police), ability to take action (issuing of penalties) and deterrence (media liaison and publicity).

10.23 A particular challenge for Blue Badge enforcement is balancing the need to make data instantly (or readily) accessible when required, but also protecting sensitive personal data about Blue Badge applicants. However, good lines of communications between on-street enforcement officers and back-office administration staff can overcome this, with administrative staff 'looking-up' Blue Badge records on demand for enforcement officers.

10.24 The net result of variable enforcement activities is that those who seek to abuse or misuse Blue Badges fare differently depending on the area in which they offend, with direct consequences for the integrity of the scheme as a whole. For local authorities in urban areas there is some merit in promoting the cost:benefit approach that Wandsworth Borough Council adopted as a means of ensuring their Blue Badge enforcement activities are revenue-neutral. If such an approach were widely adopted it could help to ensure that a proportionate amount of Blue Badge enforcement activity, representative of the extent of Blue Badge misuse, abuse and fraud in each area, is undertaken in urban areas. We note that in rural areas, where there is less pressure on disabled parking bays, and parking in general, this may be a less appropriate model to follow.

10.25 We found that the majority of local authorities that do proactively enforce the scheme tend to focus on their enforcement successes. Such authorities reported this practice had been successful at raising awareness of the Blue Badge scheme's rules, and gained the council kudos with eligible badge holders for tackling the issue of Blue Badge misuse and abuse.

Supporting change in local authorities

10.26 Given the reforms to the Blue Badge scheme announced by the coalition Government in February 2011 and planned changes to legislation over the coming 2 years, we identified a need for a culture of continuous improvement and change-management in local authority Blue Badge teams, supported by regularly communicated guidance and scheme updates. We note there may be a future role for DfT in terms of coordinating these activities to ensure that only those practices that are desirable practices, and in keeping with the Department's sound interpretation of what constitutes 'good practice' delivery of the Blue Badge scheme, are being adopted by local authorities within the context of their local circumstances.

10.27 All local authorities would benefit from regular data collection and monitoring of their delivery of the Blue Badge scheme using the indicators set out in Appendix C to this report. Not only would this process facilitate easier submission of annual statistics to DfT, but it would help to inform evidence-based decision making within a local authority – thereby helping decision-makers to identify opportunities for service improvement and cost/efficiency savings.

APPENDIX A

Pilot studies - core principles desk-based assessment tool

The core principles desk-based assessment tool was developed by the research team, drawing on significant input from expert advisers to the review and experienced practitioners from local authorities that have established desk-based assessments. It was designed to accompany the model application form that is included as an Appendix to the Blue Badge Scheme Guidance for local authorities which DfT published in June 2011. It was used as part of the eligibility assessment pilots that were conducted as part of the review. It was used alongside information on the nature of different disabilities. The main aim of these pilots was to test the accuracy of different approaches to eligibility assessment, including desk-based by a trained administrator, desk-based by an independent mobility assessor and face-to-face with an independent mobility assessor.

The use of this tool is neither mandated nor endorsed by the Department for Transport. However, local authorities wishing to adopt desk-based assessments may wish to use the tool as a guide or starting point to aid development of their own assessment tools. Local authorities may wish to consider whether there is further information that they would require in order to make a rigorous assessment, what the points score for different elements should be and whether reported information is supported by objective information on the applicant's condition, medication and treatment. It remains the responsibility of each local authority to determine their own assessment procedures and to ensure that their procedures are in line with the legislation that governs the Blue Badge scheme.

The pilot studies' core principles desk-based assessment tool

1) About the applicant and their disability (circle scores according to applicant's responses)					Yes	No	Uncertain
Name of applicant:		Home postcode:		Reference ID:			
<ul style="list-style-type: none"> Is applicant's disability/medical condition permanent and substantial? (Use look-up table, check NHS Choices website if required and/or consult with OT if necessary) 					15	0	6
<ul style="list-style-type: none"> Is applicant anticipating that their condition will improve within the next 3 years? 					0	10	3
<ul style="list-style-type: none"> Is applicant awaiting surgery or treatment in relation to the condition that impairs their walking ability? 					0	1	N/A
<ul style="list-style-type: none"> Is applicant recuperating from surgery in relation to the condition that impairs their walking ability? 					0	1	N/A
<ul style="list-style-type: none"> Is applicant managing their condition because it is not expected to improve any further? 					1	0	N/A
Record total score for this section and tick appropriate box to indicate how application was progressed	Total score for this section:						
	Applicant scored 26 points or more in this section and will be desk-assessed:						
	Applicant scored between 19 and 25 points and was referred for an IMA without desk-based assessment:						
	Applicant scored 18 points or less and will be refused at this stage (or in the case of points scored because of uncertainty, then further evidence will be sought from the applicant or medical professional):						
2) About the applicant's walking ability – Manner of walking (write in score based on applicant's responses)					Yes	No	Score
<ul style="list-style-type: none"> How does applicant describe the way they walk? 		Normal:			0	0	
		Adequate:			6	0	
		Poor:			12	0	
		Extremely Poor:			18	0	
<ul style="list-style-type: none"> The applicant is able to walk well, including recreational walks 					0	1	

• The applicant is able to walk around the supermarket to do their own shopping	0	1	
• The applicant is able to walk, but uses public transport for longer trips in their local area	0	1	
• The applicant is able to walk, but struggles with longer distances or hills	3	0	
• The applicant is able to walk, but uses a wheelchair for longer trips outside the home	3	0	
• The applicant is able to walk around their home, but unable to climb the stairs	3	0	
• The applicant is unable to walk at all	10	0	
• The applicant is able to walk outside without help	0	5	
• Does applicant use walking aids?	1	0	
Record total score for this section and tick appropriate box to indicate reported manner of walking rating	Total score for this section:		
	Applicant scored 18 points or more and reports they can only walk with excessive labour:		
	Applicant scored between 14 and 17 points and may only be able to walk with excessive labour:		
	Applicant scored 13 points or less and reports they can walk without excessive labour:		
3) About the applicant's walking ability – Breathlessness due to their disability	Yes	No	Score
• Does the applicant get breathless when walking for more than a few minutes?	2	0	
• Is applicant troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	2	0	
• Does applicant get short of breath walking with other people of their own age on level ground?	2	0	
• Does applicant have to stop for breath when walking at their own pace on level ground?	2	0	
• Does applicant get too breathless to leave their home, or after dressing?	2	0	
Record total score for this	Total score for this section:		

section and tick appropriate box to indicate reported breathlessness rating	Applicant scored 8-10 points and reports breathlessness that would constitute severe discomfort when walking:		
	Applicant scored 6 points and may only be able to walk with severe discomfort in terms of breathlessness:		
	Applicant scored 4 or less points and reports they can walk without severe discomfort in terms of breathlessness:		
4) About the applicant's walking ability – Pain			
	Yes	No	Score
• Is applicant seeing specialists or attending clinics for pain relief?	2	0	
• Is applicant taking pain medication to manage a medical condition / disability which affects their walking?	2	0	
• Does the applicant find it too painful when walking for more than a few minutes?	5	0	
Record total score for this section and tick appropriate box to indicate reported pain rating	Total score for this section:		
	Applicant scored 6 points or more and reports excessive pain when walking:		
	Applicant scored 4 points and may experience excessive pain when walking:		
	Applicant 0-2 points and is unlikely to experience excessive pain when walking:		
5) About the applicant's walking ability – distance, speed and time an applicant can walk			
	Yes	No	Score
• Look up the applicant's normal walk from their home using an online mapping tool and references to local landmarks they have given	5	0	
• Is the distance the applicant can walk from their home comparable with their estimate of walking distance later in the form?			
• How far does the applicant indicate they are able to walk before they experience severe discomfort?	Less than 30m / 33 yards only	25	0
	Between 31m / 33 yards and 80m / 88 yards	5	0
	Between 80m / 88 yards and 100m / 110 yards	1	0
	More than 100m / 110 yards	0	0
• When the distance the applicant reported they are able to walk is divided by the time (in seconds) they reported it took them, is the rate of walking...	Less than 0.67 metres / 0.73 yards per second (Extremely slow)	25	0
	Between 0.67m/0.73 yds per second and 1.0m/1.10 yds per second (slow)	5	0

	Between 1.02m/1.14 yds per second and 1.5m/1.65yds per second (normal)	1	0	
	More than 1.5m/1.65 yards per second (brisk)	0	0	
• Does applicant report they are able to continue walking after a short rest?		0	4	
• Does applicant report they are able to walk for more than 5 minutes in total?		0	4	
Record total score for this section and tick appropriate box to indicate reported walk distance, time and speed rating	Total score for this section:			
	Applicant scored 23 points or more and reports very considerable difficulty in walking through speed, distance and time:			
	Applicant scored 18 to 23 points and may have very considerable difficulty in walking through speed, distance and time:			
	Applicant scored 17 points or less & does not report very considerable difficulty in walking through speed, distance and time:			
6) Summary of applicant's eligibility based on desk-based assessment		Yes	Maybe/unclear	No
Final decision-making prompt (Circle score awarded based on total scores from sections 2-5)	<u>Review section 2:</u> Does applicant report that they can only walk with excessive labour?	15	2	0
	<u>Review section 3:</u> Does applicant report severe discomfort in walking in terms of breathlessness?	10	2	0
	<u>Review section 4:</u> Does the applicant report severe discomfort in walking in terms of pain?	10	2	0
	<u>Review section 5:</u> Does applicant report very considerable difficulty in walking through speed distance and time?	10	2	0
Record final score and indicate eligibility of applicant by ticking the appropriate box:	Record final assessment score here:			
	Applicant scored 25 points or more and me recommendation is that they are awarded a Blue Badge			
	Applicant scored between 12 and 24 points and will be referred for an IMA because they may be eligible to receive a Blue Badge			

	Applicant scored less than 12 points and my recommendation is that they are refused a Blue Badge:					
Signed by desk-based assessor:						
Date:						
Next step:		: Send award letter and Blue Badge to applicant		: Contact applicant to request they attend for a mobility assessment with the independent mobility assessor OT		: Send refusal letter to Blue Badge

APPENDIX B

Pilot studies - core principles IMA proforma and resources

The core principles IMA proforma was developed by the research team, drawing on significant input from expert advisers to the review and experienced practitioners from local authorities that have established IMA procedures. It was designed to accompany the model application form that is included as an Appendix to the Blue Badge Scheme Guidance for local authorities which DfT published in June 2011. It was used as part of the eligibility assessment pilots that were conducted as part of the review. The main aim of these pilots was to test the accuracy of different approaches to eligibility assessment, including desk-based by a trained administrator, desk-based by and independent mobility assessor and face-to-face with an independent mobility assessor.

The use of this proforma is neither mandated nor endorsed by the Department for Transport. However, local authorities wishing to adopt independent mobility assessment approaches may wish to use the tool as a guide or starting point to aid development of their own assessment tools. It remains the responsibility of each local authority to determine their own assessment procedures and to ensure that their procedures are in line with the legislation that governs the Blue Badge scheme.

The pilot healthcare professionals will use this proforma to conduct assessments with volunteer members of the public. Each assessment will take between **30 - 45 minutes** and will consist of:

- Collecting the applicant from reception and observing their walk to the assessment room over a distance of at least 10 – 20 metres, whilst timing this walk with a stopwatch (5 mins)
- Checking photo ID, confirming personal details and discussing their journey to the centre (10-15 mins)
- Asking the applicant to describe their mobility impairment, including medical details, and the impact it has upon their ability to get around (10-20 mins)
- Closing the assessment by asking the applicant whether they have anything further to add about their condition and, if required, observing them leaving the assessment room/centre (5 mins)

Decision-making

The assessor will use the prompts in section 9 of this proforma to reflect on information gathered through the application form and assessment process to record their recommendation on whether the applicant is eligible for a Blue Badge under the subject to further assessment criteria. The assessor will consider:

- **Observed manner of walking.** Observations on posture, rhythm, coordination, balance, speed and stride will inform the assessor's view on the quality of the applicant's walking ability.
- **Walking aids.** If the applicant is using an aid correctly the assessor should determine whether they experience considerable difficulty in walking based on other factors listed below. If an aid is used incorrectly, or the applicant's walking ability could be improved with a walking aid, the assessor should note this in their recommendation and signpost the applicant to an appropriate local NHS service.
- **Speed of walking.** If you do not believe the applicant could walk 40 metres in a minute (e.g. a pace slower than 0.67 metres/second), including any stops to rest, then this is likely to make walking very difficult for them.
- **Distance the applicant is able to walk.** If you believe an applicant is unable to walk 30 metres in total, then this is likely to make walking very difficult for them. An applicant might be able to walk 30-80 metres without severe discomfort, 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 you feel can walk more than 80-100 metres and do not demonstrate very considerable difficulty in walking through any other factors should not be considered as eligible.
- **Pain reported by the applicant** in the context of what they normally experience and whether today represents a 'good' or 'bad' day. Also consider whether they experience pain while/after walking. Since pain is subjective we advocate that applicants reporting pain levels of 8, 9 or 10 on the visual analogue scale can be considered as having 'excessive pain', but this should always be supported by evidence in the form of medication being used to manage the condition, attendance at pain clinics, or the use of coping strategies. Assessors should bear in mind that applicants with chronic pain may not demonstrate any visual signs of being in pain, and pain thresholds vary from one person to another.
- **Breathlessness.** An applicant rated at MRC Grade 3 or above should be considered for a Blue Badge in the context of 'severe discomfort', provided the assessor's observations support the applicant's self-reported degree of breathlessness. Assessors will wish to consider whether the primary cause of breathlessness is deemed to be a result of disability, rather than due to being unfit through inactivity. An applicant rated at MRC Grade 1 or 2 may still qualify for a Blue Badge under the other criteria described in this note.

The factors listed above need to be considered first in isolation, then in combination, to determine whether the applicant demonstrates very considerable difficulty in walking. Insights gained from observing the applicant walking, medical evidence, information the applicant has provided through responses to questions in the assessment, and the details on their application form should all be considered.

In exceptional cases where it is not possible to make a clear recommendation at the end of the assessment, the assessor should note whether they would ordinarily have contacted healthcare professionals involved in the applicant’s treatment for further evidence/information.

Assessment date:		Assessment location:	
Assessment time:		Name of assessor:	

Section 1 – At the start of the assessment (in reception area)

Inform applicant that the assessment has started as soon as they are met by the healthcare professional

Check applicant’s ID / likeness against photo (Tick)	True likeness (Proceed):		Not a true likeness (Refuse & report as fraud):		
Note any observations of applicant mobilising to the assessment room, including functional difficulties with standing up / sitting down / removing coat, recovery from effort of walking etc					
To what extent do the following have an effect on the applicant’s manner of walking?	None	Minimal	Moderate	Substantial	Comment
Speed					
Posture					
Rhythm					
Co-ordination					
Balance					
Stride					
Respiratory rate (breathing) observed by assessor while walking. Tick as appropriate:	Abnormally slow		Normal		Abnormally fast
Any other general observations of the applicant’s demeanour while walking? (e.g. signs of pain, shortness of breath)					
Time taken to mobilise from waiting area to assessment room (mm:ss from stopwatch):			Distance walked by applicant (pre-measured):	m	
Calculated walk-speed (distance walked ÷ time taken) in m/s:	: metres/second				
Description of any rests / stops / pauses by applicant during the walking test:	Total number of stops	Started at approx distance...		Proportion of walking time spent resting	
		m			

Section 2 – About the applicant (* take from application form, confirm in assessment as required)			
Name*:			
Postcode*:		Contact Tel*:	
Date of Birth*:		Age*:	
First language*:		Interpreter used?	
Other people present?		Relation to applicant:	

Section 3 – Getting here today								
How did you travel here today? (Tick below relevant mode)	Drove myself	Given a lift	Bus	Train	Tube	Walked	Cycled	Other
If 'other', please describe:								
Did you experience any difficulties with the journey?								
Where did you walk to the assessment centre from today? (e.g. after car/bus journey) – use local area map provided								
Roughly how long (in minutes) did this take you?								

Section 4 – About your impairment		
Please describe: <ul style="list-style-type: none"> Any medical conditions or disabilities which impact upon your ability to walk without severe discomfort. Any surgery / treatment you have undergone in relation to each of these conditions Any relevant medical diagnoses which the applicant has been advised of by a healthcare professional (Probe for underlying conditions/disabilities)	Medical condition / disability	Surgery / treatment

<p>How often do you receive treatment for this condition(s) / disability(s)? (Probe for location treatment is delivered and name/role of medical professionals involved in treatment / diagnosis) Keep in mind that many people living with long term disabilities are likely not to be receiving active treatment/therapy.</p>						
<p>Are you waiting for any courses of treatment, consultations or surgery in relation to this condition(s) / disability(s)? (Probe nature and anticipated wait for treatment/surgery)</p>						
<p>Do you anticipate your condition(s) will improve in the near future? (Tick)</p>	Yes:		No:		Don't Know:	
<p>What medication do you currently take in relation to your condition(s) / disability(s)?</p>	Medication			Dosage		
<p>Evidence provided through... (tick as appropriate):</p>	Prescription/note from medical professional:		Bottles/packaging:		None provided:	
<p>Have you had any involvement with a pain clinic?</p>	Yes:		No:			
<p>Do you take all of the medication you have been prescribed?</p>	Yes:		No:			
<p>Any additional details:</p>						

Section 5 – Impact of your impairment(s) / condition(s) on your ability to walk

<p>How does your condition(s) / disability(s) affect your ability to walk? (Any home adaptations? Dog walking?)</p>	
--	--

Assessor's notes on any visual signs of pain at rest – ask them whether today is a 'good' or 'bad' day in terms of pain										
If pain is experienced, then probe to explore: - Origin of pain - Location of pain - Duration of pain - Description of pain - Management of pain										
Would your pain change at all / Would you experience any pain... (Note applicant's description of pain)	While you were walking?					After you had walked?				
If appropriate, probe for how using the same scale as above: (1 = No pain, 10 = worst pain imaginable. Tick as stated)	1	2	3	4	5	6	7	8	9	10

Section 7 – Range of Functional Movement test

The Range of Functional Movement test involves asking the applicant to conduct a series of exercises that:

- move their head and neck (e.g. look up and down);
- rotate their trunk (turn body to face left and right whilst standing);
- raise their arms in turn;
- flex and rotate the ankle;
- raise one leg off the floor whilst seated; and
- flex hip and knee of one leg whilst standing on the other leg.

NB – Under no circumstances should the applicant be asked to complete any movement or exercise which is clearly outside of their capability, or which may cause them undue discomfort

Note the observed degree of limited movement in...	None	Minimal	Moderate	Substantial	Comment
Head and Neck					
Trunk					
(R) Upper Limb					
(L) Upper Limb					
(R) Lower Limb					
(L) Lower Limb					
Ankles					
Overall effect on walking					
Limb / joint swelling (if shown)					
Note whether the applicant was able to complete all exercises / any differences in the level of achievement of tasks					
Does the applicant have any further information to add about their disability or walking impairment?					

Section 8 – Close of assessment			
That is the end of the assessment, so thank the applicant for their time and observe them leaving the assessment room/assessment centre if required.			
Applicant observed leaving the assessment centre	Yes:		No:
Observations of applicant leaving the assessment centre, including discrepancies with the degree of mobility presented during the assessment.			
Any other notes or comments			

Section 9 – Decision-making checklist for assessor (circle as appropriate)				
The assessor will reflect on information gathered through the assessment and the application form before recording their recommendation			Yes	No
Does the applicant have a permanent (lasting for at least 3 years) and substantial disability? (Circle to indicate eligibility)			Proceed	Refuse
Is the applicant able to take a single step, putting one foot in front of the other?			Proceed	Support
Is the applicant only able to walk without always having one foot on the ground (e.g. swinging through two crutches)?			Support	Proceed
Is the applicant able to walk more than 30 metres in total, without experiencing severe discomfort?			Proceed	Support
Is the applicant only able to walk with excessive labour (gait, manner of walking, breathlessness and exertion) <u>and</u> at an extremely slow pace (<0.67m/s)?			Support	Proceed
Is the applicant only able to walk with excessive labour (gait, manner of walking, breathlessness and exertion) <u>and</u> with excessive pain?			Support	Proceed
The applicant should not walk far because of a danger to their health posed by the effort required to walk?			Support	Proceed
Does the applicant have a serious chest, lung or heart condition (such as, Chronic Obstructive Pulmonary Disease (COPD) or Emphysema) which poses a danger to their health from the effort required to walk?			Support	Proceed
Would the applicant experience a serious (but not necessarily permanent) deterioration in their health which would require medical intervention for them to recover from the effort required to walk?			Support	Check above
Were statements provided by the applicant <u>consistent</u> with the assessor's observations of the applicant's walking ability/behaviour			Describe below	Proceed
Description of any inconsistencies between information provided and walking ability demonstrated:				
Recommend that Blue Badge is awarded?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Await further info from healthcare professionals:	
Reassess applicant on renewal in 3 years time?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Await further info from healthcare professionals:	
If no to either of the questions above then please note why / make any other comments...				
Signed by assessor:		Date:		

APPENDIX C

Sample data indicators for building a business case for change

Sample Blue Badge data needed to inform business case development and local Blue Badge scheme monitoring

Continuous data collection needed to establish a baseline for local Blue Badge scheme costs

Data item	How collected/calculated
Total number of Blue Badges on issue	<ul style="list-style-type: none"> Running record of all current Blue Badges on issue
Total number of applications handled	<ul style="list-style-type: none"> Running record of all Blue Badge applications
Number of new applications and renewal applications	<ul style="list-style-type: none"> Running record of new/renewal applications
Number of applications received under “without further assessment” and “subject to further assessment” criteria	<ul style="list-style-type: none"> Running record of eligibility pathway through which each applicant is considered
Number of successful / refused applications	<ul style="list-style-type: none"> Running record of awards and refusals
Number of subject to further assessment applicants whose Council records are cross-checked for proof of eligibility	<ul style="list-style-type: none"> Running record of all cross-checks performed Outcome (award/refuse/refer for desk-based assessment)
Time taken to cross-check local Council records	<ul style="list-style-type: none"> Average (can be estimated based on experience) number of minutes taken to cross-check Council records.
Number of subject to further assessment applicants whose application is subjected to desk-based assessment	<ul style="list-style-type: none"> Number of desk-based assessments conducted Outcome (award/refuse/refer for an IMA)
Time taken to complete desk-based assessments	<ul style="list-style-type: none"> Average (can be estimated based on experience) number of minutes taken to conduct and report desk-based assessments
Number of subject to further assessment applicants who are referred for an independent mobility assessment (IMA)	<ul style="list-style-type: none"> Number of IMAs conducted Outcome (award/refuse/seek further medical opinion)
Time taken to complete IMAs	<ul style="list-style-type: none"> Average (can be estimated based on experience) number of minutes taken to conduct and report IMAs
Number of subject to further assessment applicants for whom further medical opinion is sought	<ul style="list-style-type: none"> Number of times a consultant/GP is contacted for medical opinion Outcome (award/refuse)
Time taken to seek further medical opinion	<ul style="list-style-type: none"> Average (can be estimated based on experience) number of minutes taken to seek medical opinion (where necessary).
Number of appeals received	<ul style="list-style-type: none"> Running record of appeals received from dissatisfied applicants ‘Reviews’ and ‘complaints’ can be recorded separately
Number of successful/refused appeals	<ul style="list-style-type: none"> Running record of awards and refusals following an appeal
Time taken to handle appeals	<ul style="list-style-type: none"> Average (estimated) number of minutes taken to determine appeals
Average time taken to process Blue Badge applications	<ul style="list-style-type: none"> Time (in days) that a customer can expect the application process to take

Measures for quarterly/annual monitoring to track impact of changes in administration and assessment approaches

Data item	How collected/calculated
Number of Blue Badges on issue per 1,000 population	<ul style="list-style-type: none"> Population of local area divided by total number of Blue Badges on issue, expressed as 'X badges per 1,000 population'
Rate of Blue Badge award/refusal in the local area	<ul style="list-style-type: none"> Blue Badge award/refusals as a percentage of all subject to further assessment applications received, e.g. 57% award rate.
Total cost per Blue Badge application handled	<ul style="list-style-type: none"> Total staff, overhead and resource costs for Blue Badge administration and assessment over a given period divided by the number of Blue Badge applications received over the same period, e.g. £X.XX per application handled.
Total cost of IMAs	<ul style="list-style-type: none"> Total staff, overhead and resource costs for conducting Blue Badge IMAs over a given period, e.g. £X,XXX per annum.
Total cost of desk-based assessments	<ul style="list-style-type: none"> Number of desk-based assessments \times time taken per desk-based assessment \div hourly admin staff cost, e.g. £X,XXX per annum.
Total cost of cross-checking Council records	<ul style="list-style-type: none"> Number of cross-checks completed \times time taken cross-check \div hourly admin staff cost, e.g. £X,XXX per annum.
IMA cost per applicant (also applicable to desk-based assessments, cross-checking and appeals)	<ul style="list-style-type: none"> Total cost of IMAs \div total number of applicants assessed in the same time period, e.g. IMAs cost £X.XX per Blue Badge application received
IMA cost per "subject to further assessment" application (also applicable to desk-based assessments, cross-checking and appeals)	<ul style="list-style-type: none"> Total cost of IMAs \div total number of subject to further assessment applicants assessed in the same time period, e.g. IMAs cost £X.XX per subject to further assessment applicant.
IMA cost per assessment carried out (also applicable to desk-based assessments, cross-checking and appeals)	<ul style="list-style-type: none"> Total cost of IMAs (e.g. assessor staff time) \div number of IMAs completed in the same time period, e.g. IMAs cost £X.XX per assessment completed.
Cost per application of general administration tasks (time taken to input applicant data / produce badges / prepare letters etc)	<ul style="list-style-type: none"> Subtract calculated cost of IMAs, desk-based assessment and cross-checking from total staff, overhead and resource costs for Blue Badge administration and assessment over a common period, then \div the total number of applications received in the given time period.
Total cost of dealing with appeals	<ul style="list-style-type: none"> Multiply the staff time spent handling appeals by officers with the total number of appeals received over a common period of time. Multiply the calculated value by the average 'per minute' staff cost.

Measures for quarterly/annual monitoring to track impact of changes in administration and assessment approaches (continued)

Data item	How collected/calculated
Average cost per appeal	<ul style="list-style-type: none"> • Divide the total cost of appeals by the number of appeals handled (from a common time period).
Cost per “subject to further assessment” application of dealing with appeals.	<ul style="list-style-type: none"> • Divide the total cost of appeals by the total number of subject to further assessment applicants over a common period of time.
Rate of appeal as a percentage of all “subject to further assessment” applicants	<ul style="list-style-type: none"> • Divide the total number of subject to further assessment applicants by the total number of appeals handled by the authority over a common period of time and express as a percentage.
and all “subject to further assessment” applicants whose applications were refused	<ul style="list-style-type: none"> • Divide the total number of unsuccessful subject to further assessment applicants by the number of appeals handled by the local authority over a common period of time, and express as a percentage.
The rate of success of appeals by applicants whose original application was refused	<ul style="list-style-type: none"> • Calculate the percentage of appeals which result in the applicant receiving a Blue Badge (e.g. refusal is overturned on appeal)



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