

## **BLUE BADGE SCHEME**

**Call for Evidence – Potential extension to eligibility criteria**

**Analysis of responses**

December 2014

Responses to the recent call for evidence were analysed by researchers in Transport Scotland. In total, 30 responses were received by the December 18<sup>th</sup> deadline, with two respondents advising they would be providing contributions at a later date and one response being a duplicate of a response from a separate organisations. As a result, 27 unique responses were available for analysis.

## Question 1: Benefits for blue badge holders should eligibility criteria be extended.

### **Wide agreement that the eligibility criteria should be extended**

Most respondents agreed that the eligibility criteria should be extended to include those with a mental health condition. Agreement came from a wide range of respondents, such as local authorities, health boards, mental health organisations and private individuals.

*“The majority of people with a mental disorder who require a blue badge are likely to be covered by current eligibility criteria. However there will be a small number of people with intellectual disability, dementia or other mental disorders, who would benefit from a blue badge but who won’t meet current criteria.”*

*(Royal College of Psychiatrists)*

*“We feel that it is very reasonable to award Blue Badges to people who are physically able to walk but are not always reliably able to do so”*

*(Orkney Council)*

Those in favour of the extension point out that extending the blue badge eligibility would provide a “lifeline” to those with a mental disability. One individual respondent provides an explanation of why the blue badge makes a difference for her and her son with a learning disability:

*“My son refuses to walk at any time; unpredictably he also throws tantrums if we are in a strange place with loud noise. We live in an extremely busy place and there is never any parking at the Doctors or at the shops. My son has irrational fears; he does not speak, so we cannot calm him by talking things through. He literally needs to be handled very physically to stop him either running away into the road or refusing to walk at all.”*

*(National Autistic Society)*

### **Main benefits**

Respondents point out that direct benefits to those with a mental health condition include being able to establish a routine, park close to the facility and use more space for getting in and out of the vehicle, all of which contribute to a reduction in anxiety and increased safety for the carer and the cared for individual as well a better quality of life and an increase in social opportunities. The importance of those individual benefits is confirmed and elaborated on by respondents from different organisational backgrounds as well as individuals who act as carers.

**Establishing a routine by parking in a familiar spot** helps those with a learning disability such as autism to keep their anxiety levels under control. Anxiety caused by unfamiliar situations or settings is mentioned by many respondents.

*“People with autism can face challenges with uncertainty and change – access to disabled parking areas would increase the predictability of getting out and about.” (Autism Initiatives Scotland)*

*“The use of a Blue Badge hugely increases the chance of being able to park in the same spot all the time, enabling many people with a learning disability the opportunity to create a routine from a designated parking spot, allowing them to establish a safe route to undertake their business.”  
(Western Isles Advocacy)*

Importantly, one respondent adds that anxiety can also be caused by a generalised fear of other people, making some individuals with mental health conditions unable to use public transport.

*“Their illness and fears of other people may mean that using public transport is impossible for them [people with mental health conditions]. People may have panic attacks on buses and worry greatly about using public transport.”  
(SPIRIT Advocacy)*

**Being able to park close to the facility** and see it from the vehicle allows some with a mental health condition to further reduce their anxiety levels, as it helps them make a link between the planned activity and reality.

*“Should we wish to take Pupil A swimming, Pupil A is shown pictures of where we are going and of how we will get there but if when we arrive at the destination and Pupil A cannot see the Swimming Pool building Pupil A may refuse to leave the car or may leave the car but with mounting confusion and agitation may sit down on the ground and refuse to go any further or struggle to leave her supporter and make her way back to the car.” (PAMIS)*

The ability to leave the vehicle close to the destination also means the carer does not need to leave the individual on their own while trying to find parking space.

*“If they [carers] cannot park close by they may have to weigh up the risks of leaving the person unaccompanied whilst they find a parking space, hence putting the person potentially at risk / vulnerable.” (Royal Edinburgh Hospital)*

*“Individuals cannot always be left unattended without safety being compromised, e.g. someone suffering from dementia wandering.” (NHS Lothian SMART Centre)*

The physical proximity of the parked vehicle to the destination also helps to escort the cared for person from the vehicle to the facility, minimising the possibility of disruptive behaviour that can put them in an unsafe situation. Such behaviour can occur because some people with a mental health condition or learning disability do not have a good traffic awareness or understanding of the traffic rules. This applies to people with a range of conditions.

*“If the criteria were extended to include people with a diagnosed mental disorder they would benefit from being able to park closer to community resources, reducing the time from alighting from a car to entering the chosen venue. This would diminish the opportunity for behaviours which can pose a risk to the supported person and other people.” (Renfrewshire Council)*

*“(…) some people with Down’s syndrome who can walk may still represent a danger to themselves and to the safety of others because they have little awareness of traffic (…). The extension of eligibility criteria would thus recognise that their condition may result in compromising their safety and posing a danger to others too.” (Down’s Syndrome Scotland)*

*“People with autism may not understand traffic rules, and may run out into the road if something catches their eye. They may ignore standard instructions such as stopping before crossing a busy road or may exhibit disruptive behaviour in public places.” (National Autistic Society)*

The ability to use more **space in disabled parking bays** means that there is sufficient room for the individual to be safely helped out of the vehicle and for the carer to take out any equipment that might be needed in supporting the individual.

*“Due to their learning disability and for the many who do not have independent travel, their carers have to find a location for their car where the doors can be fully opened to allow them to assist the disabled adult to exit the vehicle. The vulnerability of many does not permit the carer to ‘drop them off’ while the car is parked. Having permission to use a disabled bay would resolve this issue which is faced daily by many carers. “ (Greensyde Carers)*

*“My son for instance is incontinent, and is asthmatic and we have to carry additional sanitary, spare clothes, medical equipment. We also have to carry a folder containing PECS (book of symbols for communication). With this additional we have to hold onto our son very secure so he does not run off into the road.” (Individual respondent)*

A minority of responses against the extension came from local authorities and from one individual . It has to be stressed that most local authorities who replied to the call for evidence agreed that extending eligibility would benefit those with a mental health condition.

*“North Lanarkshire Council/NHS Lanarkshire believes that there can be other ways to support people who have particular difficulties which impact on their behaviour. Examples might include broader consideration within the built environment for town centres, car parks etc and for raising awareness to create Dementia Friendly town centres.” (North Lanarkshire Council)*

Respondents argued that in most cases those with a mental disorder do not have problems with mobility, that the scheme would only benefit the drivers and implied that those with mental health disorders did not have a “substantial and permanent” disability.

*“In most cases people who have a diagnosed mental health disorder who do not have mobility problems would not require to use disabled spaces.” (Aberdeenshire Council)*

*“We can see no advantage to extending the Scheme in this way as it will not fundamentally change the potential risks inherent in people being out in their community.” (North Lanarkshire Council)*

## Question 2: Consequences for other blue badge holders.

### **Decrease in parking spaces**

Despite a wide recognition of potential benefits to those currently not covered by the scheme, most respondents point to negative consequences resulting from extending it to those with a mental health condition. All local authorities who provided an answer to this question were in this group.

Specifically, many respondents expect a further decrease in the number of available blue badge parking spaces as a result of the proposed changes.

*“ (...) to broaden the criteria to an acknowledged small resource across the country would disadvantage existing Badge holders by further restricting access to scarce resource.” (North Lanarkshire Council)*

*“Parking spaces available for blue badge holders are already under pressure and increasing the number of people who would meet the criteria would increase this pressure. Ultimately the result could be fewer parking opportunities for all Blue Badge holders” (Renfrewshire Council)*

Such predictions are challenged by anecdotal evidence from three individual respondents who reported having no problems with finding blue badge parking space at the moment.

*“My experience of our town is ample provision of disabled spaces. Allowing people with mental disorder to have blue badges will not prevent other disabled people using their blue badge.” (Individual respondent)*

*“Whenever I visit public areas/supermarkets/parking areas with blue badge bays there are inevitably spaces. I do not think for one minute that the numbers of people who would then be looking for a blue badge under the extended criteria would suddenly be always occupying the bays and that there would not be any spaces for everyone else.” (Individual respondent)*

### **Public perception**

Another issue mentioned in the responses is resentment from members of the public who have either been refused a blue badge on grounds of physical disability or are simply taking the lack of visible mobility problems to be a sign of abuse of the system.

*“Mental disorders (including autism) are often a hidden challenge and not immediately obvious to a member of the public – therefore there may be times when the person with a mental disorder is unfairly challenged about their eligibility for Blue Badge” (Autism Initiatives Scotland)*

*“(...) since the scheme has been tightened up and some folk with physical disabilities of a more minor nature have had their badges withdrawn, it would create great resentment to see able bodied people being able to use disabled slots.” (Aberdeenshire Council)*

It is expected that this will result in a rise in the number of complaints to the local authorities that will in turn have an impact on staff workloads.

*“Frustration and anger from badge holders who **witness** persons with little or no mobility issues who hold a badge due solely to behavioural problems. This may lead to complaints being received at our Customer Care Department.” (Edinburgh City Council)*

*“We receive a number of enquiries already from members of the public questioning why an individual has a badge given they appear to be very mobile.” (Angus Council)*

### **Need for an awareness campaign**

One response highlights the need for a public campaign aimed at raising awareness of the changes to the scheme and the reasons behind them to counter any negative reactions from members of the public.

*“(...) public perception is that the Blue Badge scheme is already abused. As a person with a mental health issue may not be “seen” as having a mobility difficulty, this perception could be reinforced resulting in reduced respect for the Blue Badge scheme and Blue Badge holders. If the change in eligibility criteria was to go ahead, an extensive publicity exercise would be required so that the public are aware of and understand that the Blue Badge is not only awarded for a physical disability.” (Renfrewshire Council)*

## Question 3: Is the definition ‘diagnosed mental disorder’ suitable for determining eligibility for a blue badge?

### **Definition too broad and too vague**

Most respondents from across the range of individuals and organisations who replied, disagreed that the definition of diagnosed mental disorder was adequate in assessing eligibility for the blue badge. It was pointed out that this definition is too wide and unspecific and would potentially cover those who should not be eligible for a blue badge.

*“(...) this definition is too widespread and not specific enough to derive criteria. It is diagnosis based and may not manifest in mobility issues.” (NHS Lothian)*

*“The definition would be too vague and there would be no particular criteria to consider to issue a Blue Badge” (Edinburgh Council)*

*“The definition of mental disorder within the Mental Health (Care and Treatment) (Scotland) Act 2003 is extremely broad. The potential implications of including consideration of a person’s behaviour separate to their ability to walk in this way are considerable. This would take the assessment process back to a medical basis where medical practitioners would need to be relied upon to provide a diagnosis of mental disorder.” (North Lanarkshire Council)*

This question did not intend to suggest that the definition 'diagnosed mental disorder' be used as a means to assess whether an applicant meets the eligibility threshold to qualify for a blue badge, or that having a condition falling within the definition's meaning be reason alone to qualify for a blue badge. The intention was to seek views on whether it was appropriate that all conditions that fall within the meaning of the term 'mental disorder' could potentially be eligible for a blue badge. Entitlement to a badge would remain subject to the impact of that condition on the applicant.

In addition, some of those who agreed that 'diagnosed mental disorder' covered the range of conditions, commented that its use was imperfect.

*"We believe that this definition, although not ideal and might cause offence to some, is the best option available." (Autism Initiatives Scotland)*

The response from the National Autistic Society suggest referring to it as a "mental health condition, intellectual or cognitive impairment" instead

#### ***Individual differences and time limited aspects of mental disorders***

Some responses suggest that diagnosing a mental disorder is difficult due to individual differences in symptoms and using such a general definition might exclude potentially eligible persons. One respondent raised the issue of the episodic nature of certain mental disorders, how this would be handled within the assessment process and whether blue badges with a shorter expiration date would be required.

*"More complex decision making for assessors due to the individual nature of mental health disorders, and the fluctuations in conditions. Assessors would have to be skilled in assessing someone with a mental health disorder so alternative processes would have to be put in place. A shorter time limit for expiration of the badge may be of benefit for some service users who only need this short term. Staff would require the skills to assess this need." (Angus Council)*

Another respondent suggests that assessment should focus on the symptoms experienced by the individual where there is no recourse to easy access to parking.

*"We don't think that any one condition would merit the use of a blue badge but that an assessment of the anxiety or difficulty that would be caused to a person if they didn't have easy access to parking that makes them feel safe would be the criteria on which a person should qualify." (SPIRIT Advocacy)*

#### **Could the PIP descriptor be used as a threshold to eligibility?**

There was some agreement that PIP could be used as a threshold for determining eligibility, however many respondents also said that it was not perfect and some disagreed it should be used at all.

*"It may be helpful but should not be definitive" (NHS Lothian)*

*“This definition is too loose and could be interpreted to cover anyone with a diagnosis of dementia for example, who does not display the significant behavioural traits that should be covered by this change.” (Stirling Council and Clackmannanshire Council)*

*“A key purpose of DLA benefit (or future PIP benefit) is to help with the additional associated costs of living with a disability. Rather, it may be a fairer position to revise the existing “automatic” Blue Badge criteria so that those who receive high rate mobility for supervision purposes no longer automatically qualify for the Blue Badge Scheme.”  
(North Lanarkshire Council)*

### **PIP Passporting Arrangement**

One respondent suggested that the identification of the potential blue badge users could happen at the time of the PIP assessment to minimise workloads and the need for those with mental disability to undergo numerous assessments. Another suggested approach is to establish a legislative link between the blue badge eligibility and a score of 12 or above under the ‘planning and following a journey’ descriptor of the PIP.

*“The preferred option for determining eligibility for a Blue Badge following the introduction of Personal Independence Payment (PIP) is to establish a legislative link between Blue Badge eligibility and a score of 12 or more under activity 10, the ‘planning and following a journey’ descriptor in PIP.  
(National Autistic Society)*

*“With regard to identifying eligibility, we would also welcome advice as to whether the assessments for PIP could be used to identify persons eligible for a Blue Badge under the new criteria.” (Down’s Syndrome Scotland)*

These responses highlight some confusion as to eligibility under the current regulations. A passporting arrangement from Personal Independence Payment is already in place. This question related to the potential adoption of the PIP descriptor in determining eligibility where blue badge entitlement is subject to further assessment.

### **Modifications to the definition**

Respondents also discussed whether the PIP descriptor – “cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid” – required amending. One respondent noted that whilst some people might have the mental capacity to follow a route, they may not be able to do so because of anxiety.

Another respondent suggests that the definition should highlight the ability to follow the route “safely”, since many individuals with a mental health condition do not have a good awareness of the potential dangers coming from traffic.

#### Question 4: Challenges rising from administration of the updated scheme.

Respondents highlighted that the current local authority assessment processes would not be able to determine eligibility of the proposed new criteria and that considerable staff resources would need to be devoted in order to assess the new cases. The need for additional staff resources to also handle an anticipated increase in complaints and queries resulting from extending the scheme to those without a visible mobility problem was also raised. It has been noted that the number of blue badge applications have been on the rise due to the demographic pressures associated with the aging population and the council departments responsible for dealing with applications are already stretched. It is also not clear who would be able to assess whether the individual is able to “follow a familiar route”.

*“Increase in demand would result in increased workload and the need for additional staff to assess applications as well as processing them.”  
(Angus Council)*

One response from a small local authority indicated that the assessment would not add a significant amount of pressures on resources in smaller LA areas, but that the position may be different for the larger local authorities.

*“Our area is small and we have the advantage of knowing the service users who are likely to fall into this category. From our point of view a few extra desk top assessments is not an onerous task. For larger authorities, however, it will be more important to avoid the need for a desk top assessment so if it was possible to add an extra eligibility criteria in for this group of “unreliable” walkers then it would seem to make sense to do so.”  
(Orkney Council)*

Most respondents indicated that there would be a need for clear criteria to assess eligibility.

*“There would have to be a formal or agreed method of notifying the assessor of a diagnosis or passporting people who met a new criteria that included Mental Health Disorder as this cannot be assessed in the same way as reduced mobility and would be open to subjective assessments or manipulation. The current structure in place for assessments could not identify eligibility.” (Aberdeenshire Council)*

A number of responses recognised that those with mental health disorders would already be known to a range of specialists in their areas, which may be useful for designing an appropriate assessment process and also help make the process less onerous on applicants. Specially trained staff such as community mental health staff, GPs or psychiatric nurses would need to get involved in producing statements of support or otherwise contributing to the assessment process which would not impact directly on the workloads for existing local authority staff. School doctors and head teachers could also be used in the case of children.

*"I would suggest that children who attend a designated 'additional support needs' school could have their eligibility for a Blue Badge assessed by the head teacher and the school doctor. This would prevent families from having to make journeys to council offices and from having to explain themselves yet again to officials. Disabled children already have huge amounts of assessment available in both health and education records. It seems pointless to have to start again with each application."*  
(Individual Respondent)

*"To receive the help they need carers/supporters of those with additional needs have to fill in many lengthy and complicated forms often with little help. These carers/supporters already have increased responsibility and increased calls on their time in that their caring role is 24/7. The youngsters with such degrees of disability are already known to health, education and often to social work. It would seem far more sensible and far more inclusive to use these professional to endorse the distribution of Blue Badges"* (PAMIS)

Staff currently assessing the applications are not seen to be suitably qualified to assess eligibility under the extended conditions.

*"(...) having a learning disability is not always visible by comparison to a physical disability. It might therefore be harder to police and would also likely require more resources."* (Down's Syndrome Scotland)

*"There would be significant challenges, which would impact on local authority services. Under the new regulations the BB workload has quadrupled, and the transfer of funding from health is not adequate at present to pay for current IMA's required."* (East Dunbartonshire Council)

It was also suggested that adding restrictive criteria to the list could help filter out most cases where the disability is not extreme, however that approach was only suggested by two respondents from local authorities.

*"Caseloads could potentially increase to unmanageable proportions if this change is not well considered and targeted only at those on the most extreme end of the spectrum."* (Clackmannanshire Council)