



London Borough of Enfield

**Concessionary Travel Services
Eligibility Policy Statement**

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1. BACKGROUND

- 1.1 The London Borough of Enfield provides the following concessionary transport services for eligible residents:
- **Freedom Pass:** The scheme allows free travel on buses, tube, national rail (London network), DLR and Tramlink, for older and disabled people who reside in the Borough.
 - **Blue Badge:** The Blue Badge scheme gives free and dedicated parking close to amenities for drivers and passengers with mobility-related disabilities, or who are blind. Blue Badge holders are able to park on yellow lines for up to three hours and are also exempt from the central London congestion charge. A pass is valid for a 3-year period whereupon passholders have to reapply;
 - **Taxicard:** for people with serious difficulties with walking (including breathing problems and sight loss) to travel in taxis at reduced rates. The scheme in Enfield allows members to take a maximum of eight subsidised trips per month.
- 1.2 These services are funded by the Council and remain subject to review.
- 1.3 The London Borough of Enfield had seen an increased number of applications for concessionary travel services over recent years. The Borough uses independent mobility assessors for all non-automatic applications, together with renewals, for Blue Badge and Disabled Freedom Pass and Taxicard. This supports Department for Transport guidance, which 'strongly recommends' that non-automatic cases are assessed by independent health professionals and which views the use of GP endorsement as 'wholly unsatisfactory'
- 1.4 The assessment methodology provides for a staged review of each application, as follows:
- Stage 1 Paper Assessment
 - Stage 2 Further Information
 - Stage 3 Clinical Assessment
 - Stage 4 Appeal
 - Case Review
- 1.5 The methodology requires an application to obtain a pre-determined 'score' against a range of mobility criteria in order to be approved. Dependent upon the score below this level, either the applicant is invited to attend clinic for further assessment, or the application is rejected. Anyone refused has the right of appeal when additional information is needed, using a supplementary information pro-forma.

- 1.6 The independent assessment process includes full 'back office' functionality to record each application. This ensures that any enquiries are dealt with speedily on behalf of the Council. It also ensures that information could be given to applicants on how their application is being dealt with, and provides auditable data for use in any subsequent appeal or complaint.

2. PURPOSE OF DOCUMENT

- 2.1 The Freedom Pass and Blue Parking Badge schemes are derived from statute where categories of disability and related eligibility criteria are defined by the Transport Act 2000 and other Government guidance. Entitlement to a Freedom Pass is defined in the Concessionary Bus Travel Act 2007. Taxicard is not founded in law and the related discretionary eligibility criteria are determined solely by the Council in conjunction with London Councils and the Mayor.
- 2.2 The above criteria are a combination of automatic criteria and criteria requiring further assessment. This *Eligibility Policy Statement* has been formulated in order to ensure consistency and clarity in the decision-making process for Disabled Person's Freedom Pass, Blue Badge and Taxicard applications. It comprises a detailed description of the eligibility criteria that the London Borough of Enfield will apply in determining applications.
- 2.3 In all cases, applicants must provide evidence that their disabilities or medical conditions are such that they meet the stringent eligibility criteria for each of the concessionary travel services offered by the borough.
- 2.4 The *Eligibility Policy Statement* acts as a point of reference, setting out the detailed interpretation of national and regional guidance, as being applied to concessionary travel in Enfield. The primary function of the *Statement* is twofold: -
- to assist Councillors and council officers in delivering a consistent, transparent and fair service
 - to inform an applicant and/or their representative about the detailed policy in place that is used to determine their application
- 2.5 The borough uses a comprehensive step-by-step approach to determining eligibility. A summary of the D-tas Assessment Model, as used by the borough for all applications where the eligibility criteria are non-automatic, is included in Appendix A.
- 2.6 This *Policy Statement* is intended to be a 'live' document and should be periodically reviewed and updated in order to reflect any changes in eligibility criteria recommended by the Department for Transport or, in the light of further experience, to take into account any local circumstances.

3. DISABLED FREEDOM PASS POLICY STATEMENT

3.1 BACKGROUND

- 3.1.1 The Policy Statement describes a detailed interpretation of the seven eligibility 'categories' defined in the Transport Act 2000. The London Borough of Enfield will apply this Statement in order to arrive at a decision on eligibility for a disabled resident, and to inform any subsequent appeal that may arise.
- 3.1.2 The Transport Act 2000 provides a statutory discount on local bus services for eligible elderly and disabled people, with the grant of concessions governed by Sections 145 to 150 of the Act. The concession within London is governed by sections 240 to 244 of the Greater London Authority Act 1999. This provision was modified by the Concessionary Bus Travel Act 2007, with effect from 1 April 2008, to provide free travel for those eligible, from 9.30am until 11pm on weekdays and all day weekends and bank holidays, on registered local bus services anywhere in England.
- 3.1.3 The statutory travel concession permit is issued by local authorities who are 'Travel Concession Authorities'. For the purposes of the Act, this includes the London Borough of Enfield.
- 3.1.4 Travel Concession Authorities are required to issue a permit free of charge to any applicant who is an elderly or disabled person 'residing' in its area. Residency is a key condition that must be met. The courts have considered the meaning of 'residence' and held that a person is properly resident in a place where his or her stay has a considerable degree of permanence to it. Applicants may be required to produce evidence in support of residency, such as a passport or GP registration and may be required to confirm their residency to Enfield after a period of time following any initial acceptance of eligibility. To qualify for a permit the applicant's 'sole or principal' residence must be within the authority's area. Where an applicant owns two properties, then the place of residence shall be that where Council Tax is paid. It should be noted that applicants with a permanent disability will be required to produce evidence of residency.
- 3.1.5 The issue of a person's immigration status, or the fact that they are an asylum seeker is not relevant to determining eligibility for a Freedom Pass and the same residency test will be applied as for any other applicant, as set out in para. 3.1.4 above.
- 3.1.6 An elderly person is defined as a person who has reached 60 years of age, and disabled people are defined by seven categories as set out in the Transport Act 2000, where no age limit applies.

3.2. DEPARTMENT FOR TRANSPORT GUIDANCE

3.2.1 The Department for Transport (DfT) has produced guidance to Travel Concession Authorities on assessing the eligibility of disabled people. 'Guidance to Local Authorities on Assessing Eligibility of Disabled People in England for Concessionary Bus Travel' was issued in February 2008.

Automatic Eligibility not requiring further assessment

3.2.2 The DfT considers receipt of other state benefits to be a robust way of assessing eligibility. As a result, the DfT considers that the following benefits confer an 'automatic' entitlement to the travel concession permit, and require no further assessment, provided the benefit has been in place for at least 12 months, or is expected to be for at least 12 months. All applicants will have to submit current proof that they are in receipt of the following to be automatically eligible:

- Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA);
- War Pensioner's Mobility Supplement (WPMS).

Non-Automatic Eligibility subject to further assessment

3.2.3 Applications that are outside the 'automatic' DfT qualifications described above are for determination by the local Travel Concession Authority within the scope of the DfT Guidance. Enfield's policy on the non-automatic eligibility criteria for a concessionary Disabled Person's Freedom Pass is set out below.

3.3 TRANSPORT ACT 2000 NON-AUTOMATC ELIGIBILITY CATEGORIES

3.3.1 There are seven categories of disabled people who are entitled to the statutory minimum concession. These are set out in section 151(4) of the 2000 Act and are listed below:

- a) **Is blind or partially sighted;**
- b) **Is profoundly or severely deaf;**
- c) **Is without speech;**
- d) **Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on his ability to walk;**
- e) **Does not have arms or has long-term loss of the use of both arms;**
- f) **Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning;**
- g) **Would, if he applied for the grant of a licence to drive a motor vehicle under Part 3 of the Road Traffic Act 1988, have his application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol.**

3.3.2 The categories listed above do not cover the full range of disabled people included in the Disability Discrimination Act 1995 definition. However, the types of disability are those which are permanent, or which have lasted at least 12 months, or which are likely to last at least 12 months or are likely to recur. It is expected that the disability should have a substantial effect on a person's ability to carry out normal day-to-day activities.

3.3.3 Under the terms of the 2000 Act it is for the local authority to determine whether someone is a 'disabled person' for the purposes on concessionary travel.

3.4. NON-AUTOMATIC ELIGIBILITY CRITERIA

- 3.4.1 This section defines the interpretation of the Transport Act criteria and DfT Guidance that Enfield use in order to reach a decision on non-automatic eligibility.
- 3.4.2 The DfT places the onus on the applicant to prove their entitlement. In considering each application, Enfield uses a comprehensive approach to determining eligibility for the transport concession, which requires applicants to provide evidence that their disabilities or medical conditions are such that they meet the eligibility policy set out.
- 3.4.3 Enfield will accept the evidence listed under each category for the purposes of determining eligibility. Some evidence is categorised as 'permanent' and will not require any subsequent review. Other evidence may be temporary and may require a periodic review.
- 3.4.4 In determining eligibility Enfield will also give consideration to the conditions and circumstances detailed in section 6.
- 3.4.5 The shaded box areas in this section are the guidance notes issued by the Department for Transport for each of the seven categories. Enfield's interpretation of that guidance for the purposes of each category is given below each shaded box.
- 3.4.6 For ease of reference, the seven categories are considered as follows: -
- a) **blind or partially sighted – section 3.4.7**
 - b) **profoundly or severely deaf – section 3.4.8**
 - c) **without speech – section 3.4.9**
 - d) **ability to walk – section 3.4.10**
 - e) **does not have arms/long-term loss of the use of both arms – section 3.4.11**
 - f) **learning disability – section 3.4.12**
 - g) **refusal of a driving licence – section 3.4.13**

3.4.7 BLIND OR PARTIALLY SIGHTED

DfT Guidance Category a) - is blind or partially sighted

33 'Blind' means having a high degree of vision loss i.e. seeing much less than is normal or perhaps nothing at all. 'Partially sighted' is a less severe loss of vision. Partially sighted people can see more than someone who is blind, but less than a fully sighted person. Blind and partially sighted people can register with their local council. The register is held by the social services or social work department, or by a local voluntary agency, and is confidential.

34 For registration purposes, the term 'blind' now becomes 'severely sight impaired (blind)' and partially sighted becomes 'sight impaired (partially sighted)'. The formal notification required to register as "severely sight impaired" or "sight impaired" is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist (eye specialist). However, registration is voluntary. The individual should have a copy of their CVI and should be encouraged to register, if they have not already done so, as they may be entitled to various other benefits too.

35 In general terms a person can be registered as severely sight impaired (blind) if they cannot see (with glasses, if worn) the top letter of the eye test chart (used by doctors and opticians) at a distance of 3 metres or less. Some people who can read the top letter of an eye test chart at 3 metres, but not at 6 metres, may still be eligible for registration as blind if their field of vision is also severely restricted. Only being able to read the top letter at 3 metres is sometimes referred to as 3/60 vision: the person can see at 3 metres what a person with normal vision can see at 60 metres.

36 A person can be registered as sight impaired (partially sighted) if they have a full field of vision but can only read the top letter of the eye test chart at a distance of 6 metres or less (with glasses, if worn). However, if they can read the next three lines down at the same distance, but the field of vision is either moderately or severely restricted, they may still qualify for registration.

37 The Department advises that concessionary travel passes should be issued to people whose sight is so impaired that they would be able to register as severely sight impaired (blind) or sight impaired (partially sighted). Local authorities may, where a person is not on the local authority register, require evidence from an eye specialist, for example an optometrist, that the applicant would qualify to be registered as severely sight impaired (blind) or sight impaired (partially sighted).

Advice on how to register can be found on the Royal National Institute for the Blind (RNIB) website at:

http://www.nib.org.uk/xpedio/groups/public/documents/publicwebsite/public_registration_

Enfield will accept the evidence listed below for the purposes of determining eligibility: -

- Certificate of Severe Visual Impairment;
- Certificate of Visual Impairment;
- BD8 (old certification system).

These will usually be categorised as permanent.

3.4.8 PROFOUNDLY OR SEVERELY DEAF

DfT Guidance Category b) - is profoundly or severely deaf

38 Hearing loss is measured in decibels across the normal hearing spectrum, as dBHL (Hearing Level). People are generally regarded as having a severe hearing loss if it reaches 70-95 dBHL and a profound loss if it reaches 95+ dBHL. The Department advises that the statutory minimum concession should be made available to people in these categories.

39 There is no statutory registration system for deaf people. However, many will be registered on a voluntary basis with their local authority social services department. The register is open to people who have varying degrees of hearing loss, so in checking the register a local authority is advised to check that the applicant is profoundly or severely deaf before issuing a national concession bus pass.

40 As in the case of blind and partially sighted people, local authorities may, where appropriate, require applicants to provide evidence of registration before issuing a pass, or evidence that they could register, for example, an audiological report, or a report from an aural specialist.

Enfield will accept the evidence listed below for the purposes of determining eligibility: -

- Proof of severity of hearing loss 70 dBHL or greater in both ears, either from a medical report or an audiology report.

See Appendix B for further information about reading audiology reports.

This will usually be categorised as permanent.

3.4.9 WITHOUT SPEECH

DfT Guidance Category c) - is without speech

41 Included within this category are people who are unable to communicate orally in any language. Those people will be:

- unable to make clear basic oral requests e.g. to ask for a particular destination or fare;
- unable to ask specific questions to clarify instructions e.g. 'Does this bus go to the High Street?'

42 This category would not, in the Department's opinion, cover people who are able to communicate orally but whose speech may be slow or difficult to understand, for example because of a severe stammer.

43 In considering an application on these grounds the local authority may reasonably require medical evidence to support the application in appropriate cases.

Enfield will accept the evidence listed below for the purposes of determining eligibility: -

- Proof that the applicant uses sign language – it may be necessary to consult a medical practitioner;
- Medical report confirming severe speech impairment, e.g. following a CVA;
- Proof of severe learning disability.

These will usually be categorised as permanent.

3.4.10 ABILITY TO WALK

DfT Guidance Category d) - has a disability, or has suffered an injury, which has a substantial and long term adverse effect on his ability to walk

44 To qualify under this category, a person would have to have a long term and substantial disability that means they cannot walk or which makes walking very difficult.

45 It is envisaged that passes will be issued to people who can only walk with excessive labour and at an extremely slow pace or with excessive pain. Their degree of impairment should be at comparable level to that required to claim the Higher Rate Mobility Component of Disability Living Allowance. This is set out below:

(i) they cannot walk or...

Being unable to walk means that they cannot take a single step.

They need to show that because of their disability they cannot put one foot in front of the other.

Walking involves always having one foot on the ground.

If their only way of getting about is to swing through crutches then they will be considered unable to walk.

(ii) ...they are virtually unable to walk, or...

They will need to show that, as a result of a physical disability, they are unable to walk very far without experiencing severe discomfort. This question does not apply to people with mental disabilities, your inability to walk very far must stem from a physical condition.

The Department for Works and Pensions take a number of factors into account when deciding whether or not someone meets this criterion. For example:

Discomfort can mean either pain or breathlessness. Extreme fatigue and stress may also be taken into account. It has been accepted that discomfort is subjective and that some people have higher pain thresholds than others. Unless both legs are missing then they will need to show that they experience severe discomfort even when using an artificial aid.

When deciding whether they are virtually unable to walk the following factors should be taken into account:

- the distance over which they can walk without experiencing severe discomfort
- the speed at which they can walk
- the length of time for which they can walk
- the manner in which they can walk

contd....

If they can only walk up to 27 metres without severe discomfort then they will qualify for the higher rate.

If they can only walk between 27 and 64 metres without severe discomfort then it is likely that they will qualify for the higher rate.

If they can walk more than 64 metres without severe discomfort then they will need to show that the other three factors mean that they are virtually unable to walk. For example, if they can show that it takes them five minutes to walk 100 metres, they should qualify for the higher rate.

As a guide, the average person can walk the following in a minute:

- 90 metres at a brisk pace
- 60-70 metres at a moderate speed
- 40-50 metres at a slow pace
- 30-40 at a very slow pace

It does not matter whether the severe discomfort occurs at the time of their walk or later. What counts is that the discomfort is a direct result of their attempt to walk.

(iii) The exertion required to walk would "constitute a danger to their life or would be likely to lead to a serious deterioration in their health"

The test here is whether the exertion required to walk would constitute a danger to their life or whether it would be likely to lead to a serious deterioration in their health.

They need to show that they should not walk very far because of the danger to their health.

This criterion is intended for people with serious chest, lung or heart conditions.

Some people with haemophilia may also qualify for the higher rate in this way.

The serious deterioration does not need to be permanent but it should require medical intervention for them to recover.

They will need to show that any danger to their health is a direct result of the physical effort required to walk.

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

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

contd....

47 The fact that a walking aid is or is not used may be relevant to the eventual decision, but these alone should not determine whether or not a person qualifies. For example, if a person can walk relatively normally with the use of an artificial leg, then they should not be considered eligible. Alternatively, a person who can only swing through on crutches could be considered eligible, as they would be seen as having considerable difficulty walking (provided it is due to a long term disability and not due to legs being in plaster).

48 The Department advises that the authority should normally require medical evidence to support the claim that the applicant's walking ability is long term and substantially impaired.

Further guidance on eligibility under this category is given in Section 6.

3.4.11 DOES NOT HAVE ARMS OR HAS LONG-TERM LOSS OF THE USE OF BOTH ARMS

DfT Guidance Category e) - does not have arms or has long-term loss of the use of both arms

49 This category includes people with a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease; or a condition of comparable severity.

50 In the Department's opinion, it also covers both people with deformity of both arms, and people who have both arms, if in either case they are unable to use them to carry out day-to-day tasks, for example, paying coins into a fare machine. In these latter cases the Department advises that a local authority should normally require independent medical evidence to support the application.

Enfield will accept the evidence listed below for the purposes of determining eligibility: -

- Medical report proving disability;

This will be categorised as permanent and will not require review.

3.4.12 LEARNING DISABILITY

DfT Guidance Category f) - learning disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning

51 A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and may be unable to cope independently. These disabilities must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

52 The Department of Health adopted the term 'learning disability' in 1992. It has the same meaning as its predecessor 'mental handicap' but it is seen as more acceptable, particularly in reducing the confusion with mental illness.

53 In determining eligibility in a case where there has been no previous contact with specialist services a local authority should normally require independent medical advice, or check any register of people with learning disabilities which might be held by the Social Services Department of the applicant's local council.

Enfield will accept the evidence listed below for the purposes of determining eligibility: -

- Receipt of DLA for care at the middle or higher rate only;
- Evidence that supported living is necessary;
- Evidence from support worker, etc;
- Other – in receipt of travel training, for example.

These will be categorised as permanent and will not require review.

3.4.13 REFUSAL OF A DRIVING LICENCE

DfT Guidance Category g) - would be refused a driving licence because of physical fitness other than on grounds of persistent misuse of drugs or alcohol.

54 Under Section 92 of the Road Traffic Act 1988 the Secretary of State may refuse to issue a driving licence on the grounds of the applicant's medical fitness. Those who are currently barred from holding a licence are people with:

- i. epilepsy (unless it is of a type which does not pose a danger - see below);
- ii. severe mental disorder;
1. iii liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise);
- iii. inability to read a registration plate in good light at 20.5 metres (with lenses if worn);
- iv. other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public.

55 It will be seen that specific reference is made to people who **persistently misuse drugs or alcohol**. Those people are not covered by the definition of 'disabled person' under the Act and are thus not entitled to the statutory minimum travel concession.

56 It is not a condition of entitlement under this category that the disabled person should apply for and be refused a driving licence (which would be unduly burdensome for everyone involved). If, for people with any of the disabilities (ii) - (iv) listed above, the local authority can be confident that a licence would be refused it should therefore be able to issue the travel pass automatically. For (i) epilepsy - the bar is not automatic and depends on the circumstances.

57 The Motor Vehicles (Driving Licences) Regulations 1999 permit the grant of a driving licence to a person with epilepsy if that person:

- (a) has not had an epileptic attack whilst awake for a year or more; or
- (b) has a history of attacks whilst asleep, and only whilst asleep, over the past three years or more,
...provided that the driving of a vehicle by that person is not likely to cause danger to the public.

58 There are a number of categories of "severe mental disorder" under which people may qualify. Authorities will need to assess individuals on a case-by-case basis as eligibility may depend on the severity of the condition. Such conditions include (but are not limited to) dementia (or any organic brain syndrome); behaviour disorders (including post head injury syndrome and Non-Epileptic Seizure Disorder); and personality disorders.

contd....

59 Other groups include:

- People with restricted visual fields, who will be refused a licence if they do not have a horizontal field of vision of at least 120 degrees, or if they have significant scotoma encroaching within 20 degrees of the central fixation point in any meridian or, sometimes, if they have restricted vertical fields of vision;
- Insulin dependent diabetics. In general people with insulin dependent diabetes can continue to drive - though their licence may be renewable on a 1, 2, or 3-yearly basis. However, where the person experiences disabling hypoglycaemia they will be prevented from driving until their diabetes is controlled.

60 The above list is not comprehensive. Any person with a cardiac, locomotor, renal or neurological disorder might qualify. Where there is doubt about whether someone would be refused a driving licence, the local authority is strongly advised to require independent medical advice.

Enfield will accept the evidence listed below for the purposes of determining eligibility.

Epilepsy:

- To provide medical proof that the applicant has not been free from seizures for more than 12 months;
- Or, proof that the applicant has recently withdrawn his/her driving licence on the grounds of epilepsy.

Diabetes suffering from uncontrolled hypoglycaemic episodes:

- Proof that the applicant has surrendered his/her driving licence due to uncontrolled hypoglycaemic episodes.

Mental Health

- A letter from the DVLA confirming that they have been refused a driving Licence due to mental health;
- Report from a psychiatrist confirming applicant's inability to hold a driving licence.

This category may be subject to a review.

4. BLUE BADGE POLICY STATEMENT

4.1 BACKGROUND

4.1.1 The Blue Badge scheme is a statutory scheme operated by the London Boroughs and gives free and dedicated parking close to amenities for drivers and passengers with mobility-related disabilities, or who are blind. Blue Badge holders are able to park on yellow lines for up to three hours and are also exempt from the central London congestion charge. A pass is valid for a 3-year period whereupon passholders have to reapply.

4.1.2 The Regulations governing the Scheme are the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 as amended by the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2000, and the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2007. Other legislation, such as the Local Authorities' Traffic Orders (Exemptions for Disabled Persons) (England) Regulations 2000, is also relevant.

4.1.3 In October 2008, the Department for Transport published the *Comprehensive Blue Badge (Disabled Parking) Reform Strategy*. This followed a strategic review of the scheme, which considered the Scheme's eligibility, concessions, administration and enforcement.

4.2 DEPARTMENT FOR TRANSPORT GUIDANCE

4.2.1 In *The Blue Badge Scheme Local Authority Guidance (England)* published in January 2008, the DfT identifies two different types of eligibility:

- Eligible without further assessment
- Eligible subject to further assessment

Type 1: Eligible without further assessment

4.2.2 The DfT considers receipt of other state benefits to be a robust way of assessing eligibility. As a result, the DfT considers that the following benefits confer an 'automatic' entitlement to a Blue Badge, for those who are more than two years old. All applicants will have to submit current proof of receipt to be automatically eligible.

- Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA);
- Is registered blind;
- War Pensioner's Mobility Supplement (WPMS).

4.2.3 It should be noted that an applicant who is 'registered blind' is now referred to as 'severely sight impaired' and proof therefore includes a Certificate of Visual Impairment signed by a Consultant Ophthalmologist.

Type 2: Eligible Subject to Further Assessment

4.2.4 Applications that are outside the Type 1 'automatic' DfT qualifications described above are for determination by the Local Authority within the scope of the DfT Guidance.

4.2.5 The current DfT eligibility criteria are a person who:

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

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

- **A child who has a condition that requires that they be always accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;**
- **A child who has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.**

4.2.7 The DfT has also clarified the position when assessing someone under the above 'walking' criterion in that they should have a degree of walking difficulty comparable to that required to claim for the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) but that *'the advice provided in the guidance was not, however, intended to suggest that people who have been refused HRMCDLA, or who receive it at the lower rate, or who do not wish to apply for it, should not be assessed under the 'eligible subject to further assessment' criterion.'*

4.2.8 The DfT has also reminded authorities that *'there is no provision in the Regulations that entitles an authority to issue a badge solely on the basis of an applicant's age, either under the 'automatic entitlement' route or the 'eligible subject to further assessment' route. The only grounds on which a badge may be lawfully issued is if an applicant meets one or more of the criteria as set out in regulation 4 of the Regulations.'*

4.2.9 The government Reform Strategy proposes over a period of time to extend eligibility to:

- people with temporary mobility problems lasting a minimum of one year
- individuals with the most severe mental impairments
- seriously disabled service personnel
- children under 3 with specific medical conditions

- 4.2.10 However the DfT has advised that these extensions are not in place and as such they do not currently form part of eligibility policy in Enfield. The DfT has stated *'It has come to our notice that some local authorities may be working under the assumption that they can already issue badges to people in these categories even if the criteria set out in the Regulations are not met. This is not the case. Local authorities will not be able to issue badges to people under the proposed new criteria until the new legislation has been made and brought into force.'*
- 4.2.11 Enfield's policy on the criteria for 'Type 2 Non-Automatic Eligibility subject to further assessment' is set out below.

4.3 ELIGIBLE SUBJECT TO FURTHER ASSESSMENT

- 4.3.1 This section defines the interpretation of DfT Guidance that Enfield use in order to reach a decision on non-automatic eligibility.
- 4.3.2 The DfT places the onus on the applicant to prove their entitlement. In considering each application, Enfield uses a comprehensive approach to determining eligibility for the transport concession, which requires applicants to provide evidence that their disabilities or medical conditions are such that they meet the eligibility policy set out.
- 4.3.4 In addition to the 'automatic' benefits-based entitlement described above, Enfield will also accept the evidence listed under each category for the purposes of determining eligibility. Some evidence is categorised as 'permanent' and will not require any subsequent review. Other evidence may be temporary and will therefore require a periodic review.
- 4.3.5 In determining eligibility Enfield will also give consideration to the conditions and circumstances detailed in section 6.
- 4.3.6 The shaded box areas in this section are the guidance notes issued by the Department for Transport. Enfield's interpretation of that guidance for the purposes of each category is given below each shaded box.
- 4.3.7 DfT guidance on Blue Badges 'strongly recommends' that non-automatic cases are assessed by independent health professionals in order to maintain a consistent and appropriate response and views the use of GP endorsement as 'wholly unsatisfactory'. DfT Guidance states: *'The final decision is for local authorities to make, and they should ensure that an assessment is made by an independent health professional where they have difficulty in determining whether a person is eligible.'*

4.3.8 SEVERE DISABILITY IN BOTH ARMS

DfT Guidance Category - Drives a vehicle regularly, has a severe disability in both arms and is unable to operate or has considerable difficulty operating all or some types of parking meter;

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

- a) regularly drives an adapted or non-adapted vehicle;
- b) has a severe disability in both arms; and
- c) is unable to operate, or has considerable difficulty operating, all or some types of parking meter.

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

In the vast majority of cases, eligibility is likely to remain linked to those applicants who were eligible under the wording of the old criterion, i.e. had a severe disability in both upper limbs and were unable to turn, by hand, the steering wheel of a motor vehicle even if that wheel is fitted with a turning knob. Such individuals should be able to provide insurance documents which will state that they drive an adapted vehicle.

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

Enfield will accept the evidence listed below for the purposes of determining eligibility: -

- Evidence to demonstrate the applicant currently drives an adapted vehicle;
- Evidence of other relevant home adaptations on account of their upper limb disability;
- Medical report proving disability.

This will be categorised as permanent and will not require review.

4.3.9 WALKING DISABILITY

Dft Guidance Category - Is unable to walk or has very considerable difficulty in walking because of a permanent and substantial disability.

To qualify under this criterion, a person would have to have a permanent and substantial disability (i.e. a condition that is likely to last at least three years) that means they cannot walk or which makes walking very difficult.

It is envisaged that badges will generally only be issued to people who are unable to walk, or who are able to walk only with excessive labour and at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close to their destination.

Their degree of impairment should be at a comparable level to that required to claim the Higher Rate Mobility Component of the Disability Living Allowance, i.e.:

(a) they cannot walk or

Being unable to walk means that they **cannot take a single step**. They need to show that because of their disability they cannot put one foot in front of the other. Walking involves always having one foot on the ground. If their only way of getting about is to swing through crutches then they will be considered unable to walk.

(b) they are virtually unable to walk or

They will need to show that, as a result of a physical disability, they are **unable to walk very far without experiencing severe discomfort**. This question does not apply to people with mental disabilities, your inability to walk very far must stem from a physical condition.

The Department for Works and Pensions takes a number of factors into account when deciding whether or not someone meets this criterion. For example:

Discomfort can mean either pain or breathlessness. Extreme fatigue and stress may also be taken into account. It has been accepted that discomfort is subjective and that some people have higher pain thresholds than others. Unless both legs are missing then they will need to show that they experience severe discomfort even when using an artificial aid.

When deciding whether they are virtually unable to walk, the following factors should be taken into account:

- the **distance** over which they can walk without experiencing severe discomfort;
- the **speed** at which they can walk;
- the **length of time** for which they can walk;
- the **manner** in which they can walk.

If they can only walk up to 27 metres without severe discomfort, then they will qualify for the higher rate.

If they can only walk between 27 and 64 metres without severe discomfort, then it is likely that they will qualify for the higher rate.

contd.....

If they can walk more than 64 metres without severe discomfort, then they will need to show that the other three factors mean that they are virtually unable to walk. For example, if they can show that it takes them five minutes to walk 100 metres, they should qualify for the higher rate.

As a guide, the average person can walk the following in a minute:

- 90 metres at a brisk pace;
- 60–70 metres at a moderate speed;
- 40–50 metres at a slow pace;
- 30–40 at a very slow pace.

It does not matter whether the severe discomfort occurs at the time of their walk or later. What counts is that the discomfort is a direct result of their attempt to walk.

(c) The exertion required to walk would 'constitute a danger to their life or would be likely to lead to a serious deterioration in their health'

The test here is whether the exertion required to walk would **constitute a danger to their life or whether it would be likely to lead to a serious deterioration in their health.**

They need to show that they should not walk very far because of the danger to their health.

This criterion is intended for people with serious chest, lung or heart conditions.

Some people with haemophilia may also qualify for the higher rate in this way.

The **serious deterioration** does not need to be permanent, but it should require medical intervention for them to recover.

They will need to show that any danger to their health is a direct result of the physical effort required to walk.

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

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

Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease/incontinent conditions and myalgic encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible for a badge, but only if they are in receipt of HMRCDLA on account of their condition or are unable to walk or have very considerable difficulty in walking, in addition to their condition.

Further guidance on eligibility under this category is given in Section 6.

4.3.10 CHILDREN UNDER THE AGE OF TWO

DfT Guidance Category – children under the age of two may be eligible for a badge if they fall within either or both of the following descriptions:

- **A child who has a condition that requires that they be always accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;**
- **A child who has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.**

Examples of children under two likely to fall into the first criterion above may be those who need to be accompanied by any of the following types of equipment:

i. **Ventilators** – drive air through a tube placed into the windpipe. They blow oxygen-enriched air gently into the lungs through a tube that is passed through the mouth or nose, or via a tracheostomy.

ii. **Suction machines** – are portable suction apparatus used for aspirating fluids and vomit from the mouth and airway by sucking the material through a catheter into a bottle using a vacuum pump (piston, diaphragm, or rotary vane), bacterial filter, vacuum gauge, trap for moisture (or any debris accidentally drawn into the mechanism), a reservoir for the aspirated material, and a suction catheter or nozzle.

iii. **Feed pumps** – deliver fluid feeds via a nasogastric tube to the child's stomach.

iv. **Parenteral equipment** – services intravenous lines providing nutrition if a child is unable to take food or fluids through his or her mouth. The line can also be used for injecting medication.

v. **Syringe drivers** – are used to deliver medication by intravenous injection (e.g. antibiotics), or by subcutaneous injection (e.g. insulin to control diabetes) this can be given by using a small pump known as a syringe driver. A syringe is attached to the syringe driver and the drug is released through a small needle.

vi. **Oxygen administration equipment** – consists of a tank and regulator with supply equipment for oxygen; mask or nasal prongs and tubing.

vii. **Continuous oxygen saturation monitoring equipment** – involves a device usually strapped to the child's foot or hand. This shines light through the skin and monitors the amount of oxygen in the blood. It is used to monitor where a child may need access to oxygen.

viii. **Casts and associated medical equipment for the correction of hip dysplasia** – between birth to six months of age, a brace called a Pavlik harness is often used to hold the baby's hips in position. The Pavlik harness is made of canvas, with straps, Velcro and buckles. From six months and over a child is often placed in a Spica cast after surgery. A Spica cast can be either plaster or fibreglass and will encase the child from the chest down to cover one leg or both. In both cases the apparatus is likely to be deployed for a period of up to three months per hip.

contd.....

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

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

Local authorities are recommended to treat each application as a special case. This may mean making arrangements to see the child, although this should not be necessary if the child's paediatrician is able to write a letter outlining the child's medical condition and any special equipment they need to use. A medical assessment should not be necessary.

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

The above DfT statement is considered sufficiently detailed to require no further clarification for application with the London Borough of Enfield.

5. TAXICARD POLICY STATEMENT

5.1 BACKGROUND

5.1.1 Taxicard is a London-wide door-to-door licensed taxi and private hire vehicle service for those with long term mobility problem, or severe sight impairment, who have difficulty in using mainstream public transport such as tubes, buses and trains. Long term means that the effect of the impairment has lasted or is likely to last at least 12 months.

5.1.2 It should be noted that there is no statutory requirement to provide a Taxicard scheme.

5.2 ELIGIBILITY CRITERIA

5.2.1 Eligibility is based on a number of automatic and discretionary criteria. To be eligible, applicants must have a disability that is permanent, having lasted, or expected to last, at least twelve months:

Automatic Eligibility Not Requiring Further Assessment

5.2.2 Automatic eligibility is based on: -

- Higher Rate Mobility Component of Disability Living Allowance
- Registered as Severely Sight Impaired/Blind
- War Pension Mobility Supplement

5.2.3 Applicants will have to submit current proof of receipt of the above.

Eligibility Subject to Further Assessment

5.2.4 The current eligibility criteria is: **a person who has a serious mobility impairment and difficulty in using public transport.**

5.2.5 Applications that are outside the above 'automatic' qualifications are for determination by the London Borough of Enfield. Enfield uses a comprehensive approach to determining eligibility for the transport concession, which requires applicants to provide evidence that their disabilities or medical conditions are such that they meet the eligibility policy set out. **The impairment will be expected to be constant and cause an applicant to walk only with excessive labour and at an extremely slow pace or with excessive pain at all times.**

5.2.6 Some evidence is categorised as 'permanent' and will not require any subsequent review. Other evidence may be temporary and will therefore require a periodic review.

5.2.7 Guidance on eligibility under this category is given in Section 6.

6. ASSESSMENT MODEL

- 6.1 If an applicant does not meet the 'Automatic' criteria, he/she may be eligible under the 'Eligible Subject to Further Assessment' criteria. Outside of the supporting evidence defined earlier under the relevant eligibility criteria, the assessment model summarised below will be used to determine eligibility.
- 6.2 The assessment methodology provides for a staged review of each application, as follows:
- Stage 1 Paper Assessment
 - Stage 2 Further Information
 - Stage 3 Clinical Assessment
 - Stage 4 Appeal
 - Case Review

Paper and Mobility Clinic Assessments

- 6.3 To be eligible, the applicant must have a permanent and substantial disability that has lasted at least 12 months, or is likely to last at least 12 months or is likely to recur.
- 6.4 A review of the paper application will be carried out and consideration will be given to five distinct categories, as described below. **It should be noted that no single aspect within the categories described below will be sufficient to meet the criteria required to obtain a pass or permit.**
- 6.5 Additional information, via a letter or telephone call to either the applicant, or a healthcare professional, may be considered necessary at this stage.
- 6.6 The five categories that will be considered are:

1. Health and Disability

- 6.7 Consideration will be given to the medical condition and the potential effect this may have on mobility and the applicant's ability to carry out activities of daily living.

2. Medication Taken/Treatment

- 6.8 This category links directly to the medical condition and gives an indication of severity.

3. Mobility

6.9 When reviewing mobility, consideration is given to the following:

- Level of discomfort, pain, breathlessness or fatigue experienced;
- Balance and speed of walking;
- Gait;
- Rests required and the reasons;
- Speed of recovery from breathlessness;
- Mobility aids used;
- Level of difficulty experienced ascending/descending stairs;
- Whether walking causes a risk to life.

4. Activities of Daily Living

6.10 It is expected that the disability should have a substantial effect on a person's ability to carry out normal day-to-day activities.

6.11 This information is reviewed and consideration is given to the following:

- Assistance required around the home;
- Social Services carer or home help input;
- Occupational Therapy recommendations;
- Social activities;
- Receipt of Attendance Allowance.

5. Travel and Transport

6.12 In order to be eligible for a Disabled Person's Freedom Pass concessionary permit, the applicant needs to be able to access public transport safely.

APPENDIX A

D-tas ASSESSMENT MODEL

1. PRINCIPLES OF THE MODEL

- A.1.1 Dependability has developed the D-tas Assessment Model as a fair, transparent and auditable process. The holistic approach allows mobility officers to assess and recommend which type of concessionary travel service will meet the applicant's need.
- A.1.2 For the Disabled Person's Freedom Pass and Blue Badge services the model links to the Department of Transport's guidance on eligibility and follows the Department for Transport recommendation that GPs should not be used to validate applications. The Model follows the Transport Act 2000 criteria for the issue of Concessionary Travel Bus Passes, in relation to the Disabled Person's Freedom Pass.

2. ELIGIBILITY ASSESSMENT

- A.2.1 The D-tas Assessment Model, as used in Enfield follows a 5-stage process. The procedures and processes to be followed with any application are fully set out in the London Borough of Enfield Concessionary Travel Procedure Statement, and are summarised below.
1. Paper Assessment
- A.2.2 Application forms are assessed, taking a holistic view of the information supplied. Each case is scored against clearly defined criteria, as set out in section 3 below.
2. Additional Information
- A.2.3 If the information on the application form is considered insufficient to make a comprehensive assessment a telephone call may be made to the applicant.
3. Mobility Assessment
- A.2.4 A full clinical assessment is carried out at a local Council office. The assessor has a full discussion with the applicant on the level of difficulty they are experiencing with their medical problems and disability, their access to public transport and the problems encountered, considering available medical reports and medication lists, and information regarding how the applicant is managing on a day to day basis.
- A.2.5 The applicant is asked to walk a distance with the assessor, demonstrate the use of stairs and demonstrate balance.
4. Appeal
- A.2.6 An appeal process is in place, which considers any additional new information given by the applicant.
5. Case Review
- A.2.7 Anyone refused at Appeal has the right to a Review, on the basis of the Council receiving a written complaint, and is at the discretion of the Customer Services Manager. This is specifically not a further appeal, but undertaken by a panel consisting of members of the boroughs

Concessionary Travel Team, Enfield Disability Action and the mobility assessors. The final decision will rest with the Customer Services Manager.

3. ASSESSMENT CATEGORIES

A.3.1 The mobility assessor considers a range of criteria, the medical diagnosis and the impact that this is having, or could potentially have, on each category.

A.3.2 The five categories that make up the assessment process are set out below, where each category can receive a score between 0 and 3. The total score an applicant can receive against all five categories is 15.

A.3.2.1 **Health and Disability**

Under this category, the assessor considers the type of disability and how this affects the applicant.

• Range of Movement	• Sensory Impairment
• Fatigue	• Cognitive Impairment
• Learning Disability	• Balance
• Prognosis	• Co-ordination
• Mental Health	• Pain

A.3.2.2 **Travel and Transport**

The ability of the applicant to access public transport is considered, in terms of the level of difficulty, on how far an applicant can mobilise and if they could be considered virtually unable to walk.

• Ability to Access Tubes	• Sensory Impairment
• Ability to Access Buses	• Cognitive Impairment
• Ability to Access Trains	• Independent Access
• Risk Factors	• Balance & Co-ordination
• Mental Health Support	• Distance to bus stops etc

A.3.2.3 **Mobility**

The assessor considers stair mobility, the distance that somebody can walk, how they walk and what aids are used.

• Speed of walking	• Stair mobility
• Shortness of breath	• Level of pain experienced
• Rests required	• Gait, limp, shuffling, etc
• Mobility aids used	• Distance they can walk
• Who provided mobility aids	• Risk to Health

A.3.2.4 Activities of Daily Living

The level of difficulty that an applicant is experiencing with daily living is used to substantiate information given previously.

• Shopping	• Cleaning
• Bathing	• Gardening
• Personal Care	• Support by Social Services
• Meals on Wheels	• Private Care
• Equipment Provided	• Adaptations to the home

A.3.2.5 Treatment and Medication

This information is used to substantiate any information given with regards to medical conditions.

• Type of Medication	• Frequency of use pain killers
• Frequency of medication	• Level of pain experienced
• Physiotherapy involvement	• Side effects of Chemo-therapy
• Private support Chiropractor	• Incontinence
• Specific Pain Killers	• Discretionary

A.3.2.6 The symptoms of a medical condition/health problem may or may not be significant. It is the role of the assessor to establish what impairment is present as a result of the symptoms and whether or not they cause a significant impairment resulting in the applicant being virtually unable to walk or having significant problems when walking.

A.3.2.7 Impairment may be as follows:-

- Physical impairment may include loss of a leg, inability to stand/walk.
- Sensory impairment may include loss of vision.
- Activity tolerance may include significant levels of fatigue, pain or breathlessness.
- Psychological impairment may include unmanageable levels of anxiety, fear of open spaces/social situations.
- Cognitive impairment may include disorientation (e.g.: inability to remember the route to a bus stop).
- Behavioural impairment may include uncontrolled screaming/tantrums.
- Perceptual impairment may include neglect of the left side of the body and the left visual field: walking into obstacles.

A.3.2.8 An example of the scoring system is given below, for the Mobility category. Each category is scored in a similar way and is used to substantiate the decision.

Score	Mobility Example
0	No shortness of breath No mobility aide Able to climb stairs using alternate feet on each step
1	Mobilises with a walking stick Has some degree of difficulty on stairs May lead with the same foot on climbing stairs Is able to walk the mobility course without difficulty No shortness of breath Walks slowly Has problems carrying shopping Able to go on public transport, often goes with a family member or friend
2	Mobilises with a walking stick Has difficulty on stairs Shortness of breath on stairs Poor coordination and balance Severe limp, difficulty walking the distance of the course Able to use public transport with difficulty
3	Uses a wheel chair for outside mobility Unable to climb stairs Extreme shortness of breath Heart pains that clearly affects pallor when walking a short distance Unable to walk the distance of the course Unable to use public transport

APPENDIX B

AUDIOLOGY REPORT

Advice on understanding an audiologist's report

O = right ear

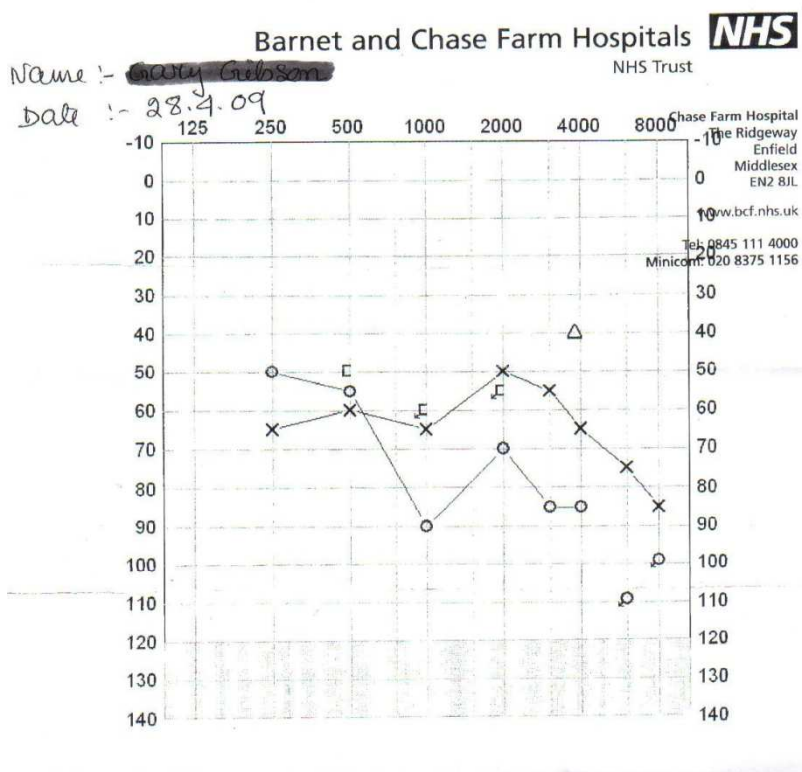
X = left ear

Pitch 8000 +. It is considered normal for older adults to lose this pitch and above, and is therefore not taken into consideration in legal situations.

The average hearing loss should be worked out for each ear excluding the 8000 + pitch.

Eligibility on deafness alone is a hearing loss greater than 80 decibels in both ears.

Please see below for an example of an audiology report.



Barnet and Chase Farm Hospitals are SMOKE FREE – smoking is NOT PERMITTED on any trust site.
 Associated University Trust
 Chairman: Baroness Wall of New Barnet
 Chief Executive: Averil Dongworth