

# Agenda – Y Pwyllgor Cydraddoldeb, Llywodraeth Leol a Chymunedau

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Lleoliad: I gael rhagor o wybodaeth cysylltwch a:  
Ystafell Bwyllgora 3 – Y Senedd Naomi Stocks  
Dyddiad: Dydd Iau, 4 Ebrill 2019 Clerc y Pwyllgor  
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## Rhag-gyfarfod (09:15 – 09:30)

### 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

### 2 Ymchwiliad i Gynllun y Bathodyn Glas yng Nghymru: Cymhwystra a Gweithredu: sesiwn dystiolaeth 2

(09:30–10:30)

(Tudalennau 1 – 35)

Samuel Stone, Swyddog Materion Allanol, Cymdeithas Awtistiaeth Cymru

Huw Owen, Swyddog Polisi, Cymdeithas Alzheimer's Cymru

Helen Powell, Cynghorydd Cymorth Arbenigol, Rhaglen Cyngor ar Fudd-daliadau, Cymorth Canser Macmillan Cymru

Martin Fidler Jones, Swyddog Polisi, Gofal Canser Tenovus

### 3 Ymchwiliad i Gynllun y Bathodyn Glas yng Nghymru: Cymhwystra a Gweithredu: sesiwn dystiolaeth 3

(10:30–11:20)

(Tudalennau 36 – 37)

Valerie Billingham, Rheolwr Polisi ac Ymgyrchoedd, Age Cymru

Kate Young, Cyfarwyddwr, Fforwm Cymru Gyfan Rhieni a Gofalwyr Pobl ag Anableddau Dysgu

## Egwyl (11:20–11:30)



**4 Ymchwiliad i Gynllun y Bathodyn Glas yng Nghymru: Cymhwystra a Gweithredu: sesiwn dystiolaeth 4**

(11:30–12:20)

Andrew Meredith, Arweinydd Tîm Gwasnaethau i Gwsmeiriaid, Cyngor Bwrdeistref Sirol Caerffili

Rhys J. Page, Uwch Reolwr Busnes, Cyngor Sir Caerfyrddin

**5 Papurau i'w nodi**

**5.1 Ymateb gan Lywodraeth Cymru mewn perthynas ag ymgysylltu â grwpiau dioddefwyr yng nghyd-destun hawliau carcharorion i bleidleisio**

(Tudalennau 38 – 40)

**6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod**

**7 Ymchwiliad i Gynllun y Bathodyn Glas yng Nghymru: Cymhwystra a Gweithredu: trafod y dystiolaeth lafar**

(12:20–12:30)

**8 Ymchwiliad i hawliau pleidleisio i garcharorion: Papur ar y materion allweddol**

(12:30–13:30)

Mae cyfyngiadau ar y ddogfen hon

## **NAS Cymru response to the Equality, Local Government and Communities Committee on its Consultation on the Blue Badge Scheme in Wales**

**1 March 2019**

### **1 About the National Autistic Society Cymru**

1.1 The National Autistic Society Cymru (NAS Cymru) is the leading charity for autistic people. We are here to transform lives, change attitudes and create a society that works for autistic people.

1.2 Autism is a lifelong disability which affects how people communicate and interact with the world. There are around 34,000 autistic people in Wales.

1.3 We will focus our comments on the current Blue Badge Scheme and how it relates to autistic people in Wales.

### **2 Impact of extending the eligibility criteria**

2.1 NAS Cymru is pleased to be able to respond to the Committee's Consultation on Blue Badges. This follows regular input from us on the eligibility and implementation of the scheme in Wales.

2.2 In May 2013 we were part of the Welsh Government's Blue Badge Eligibility Review Group. It was established to consider whether a discretionary criteria could be established to match the Personal Independent Payment (PIP) criteria when planning or following a journey for people who did not qualify due to their age, or chose not to apply for PIP.

2.3 The Review Group made a number of recommendations to the Welsh Government including that eligibility for a Blue Badge be extended to include people who are unable to plan or follow a journey as a result of a cognitive impairment. This included autism.

2.4 On behalf of our members and supporters, we were delighted that the Welsh Government accepted this recommendation and included this as a criterion under the discretionary method of applying for a Blue Badge. For many autistic people this meant they could qualify for the scheme for the very first time. The change in policy to the eligibility criteria was

underpinned by Welsh Government guidance to local authorities as well as further public information.

2.5 Our members and supporters have told us that being awarded a blue badge can have a significant positive impact on their lives. However, from our research, it is clear that experiences vary across Wales and despite some positive experiences, and there remain issues, for example, with lengthy application processes, repeated attempts and a lack of understanding from Local Authorities.

2.6 In some instances, it is the case that despite recognising the positive impact a blue badge can have, it can often be seen as another battle that autistic people and families are too tired to face. There is a perception that the process is too difficult and will cause additional stress and anxiety. Some report not applying because they didn't know they may be entitled to a Blue Badge.

### **3 Practical implementation and consistency**

3.1 The Blue Badge Scheme is a national arrangement that is administered locally. From our experience, this means that the Blue Badge Scheme is subject to wide variation and interpretation, with different approaches being taken by Local Authorities in implementing the Blue Badge Scheme.

3.2 There is considerable variation in the methods through which people can apply, the guidance provided publically by each local authority and wider public information around eligibility.

3.3 We are concerned that this is leading to significant variation in determinations made across Wales as to whether to issue a Blue Badge under the discretionary criteria. In this regard, we would welcome the publication of any data relating to discretionary Blue Badges in each local authority. If this data is not available, we recommend systems are put in place to collect and monitor this information to ensure a consistent and fair approach is taken across Wales.

3.4 Furthermore, we note that some Local Authorities' online application process directs people to the UK Government [application portal](#). We are concerned that this system does not fully take into account the different

eligibility criteria that exists in different parts of the UK. We would urge further examination into this issue.

3.5 We recommend that the Committee urges the Welsh Government to ensure that Local Authorities are clear and consistent in their implementation of the Blue Badge Scheme.

3.6 This could include, where appropriate, national application and guidance templates, the Welsh Government Blue Badge Guidance to Local Authorities put on a statutory footing or establishing a national body to administer the Blue Badge scheme in Wales.

3.7 Under current arrangements there is currently no way to appeal a decision made by a Local Authority. Given the clear inconsistency throughout the system, we would recommend the introduction of a clear appeals process and we would welcome further investigation to determine whether or not this would be better administered on a national level.

#### **4 Support and Information**

4.1 Quite often, the language and the information requested in the application forms is unhelpful to autistic people and could, in some cases, act as a barrier to receiving the support they need.

4.2 This may include asking the applicant to provide a general description of their difficulties and how their condition affects them and their ability to plan and follow a journey. Some autistic people may find this difficult to articulate and may be disadvantaged as a result. It is important that clear and concise language and questions are used to determine specific facts that relate to an individual's ability to plan and follow a journey, rather than open-ended queries.

4.3 Similarly, much of the language used on various council websites and application forms is weighted heavily toward those with physical mobility issues. This can make the application process confusing for autistic people who may not have a physical impairment but who have an equivalent right to a Blue Badge.

4.4 There is anecdotal evidence and reports of those with hidden conditions, such as autism, feeling judged or discriminated against for using a Blue Badge to which they are perfectly entitled. There is a wide public perception that Blue Badges are exclusively for use by those with a physical mobility issue. It is important that all public information issued regarding eligibility for Blue Badges, such as that on Local Authority websites and applications, takes this into consideration and a more balanced approach is adopted.

4.5 It is also worth noting that many autistic people, despite facing difficulties that would entitle to a Blue Badge under the existing criteria, would not recognise themselves as having a cognitive impairment. Autism is a neurodevelopmental condition and, to this end, it could be appropriate to revise the language used.

## **5 Extension of eligibility criteria**

5.1 Whilst we welcome the extension of eligibility for a Blue Badge to include those autistic people who have difficulty in planning and following a familiar journey without support, there are additional barriers that autistic people face that could be overcome by further extending the eligibility criteria.

5.2 We would welcome changes to the eligibility criteria to consider more explicitly issues around safety and the extent to which an individual can perceive dangerous situations. For example, some autistic people may experience a meltdown if they were to get overwhelmed by everything around them. During this time, an autistic person may not have an awareness of where they are and the external risks, such as traffic around them.

5.3 Similarly, autistic people can often find social situations difficult and may struggle to filter out the sounds, smells, sights and information they experience, which can leave them feeling overwhelmed, particularly in busy public places. This may require them to leave their environment quickly without an awareness of their surroundings. A Blue Badge in this instance could help to enable an autistic person to reach a safe place more easily. [Our film](#), produced as part of our Too Much Information awareness campaign, illustrates this issue clearly.

## **6 Provision of evidence**

6.1 We note that the evidence required to support an application under the cognitive impairment discretionary criteria is focussed primarily on the medical needs of the applicant.

6.2 For autistic people or their families, accessing up to date medical evidence can be difficult as they may not necessarily have particular clinical needs at that point. This is exacerbated, in some instances, where there is a requirement to provide medical evidence that has been issued within a given timeframe, for example, the last 12 months.

6.3 More often, autistic people will receive support from non-medical professionals, such as school staff or social care staff. These professionals could often be in a better position to provide the required evidence to support a Blue Badge application.

6.4 It is also important to consider the lack of health professionals in the workforce with the required knowledge and understanding of autism. This means that it can present a significant challenge in getting the evidence needed to support a blue badge application.

6.5 Furthermore, we note restrictions on the evidence that can be provided by a GP. It may be the case that a GP has particular knowledge of an individual's circumstances and would indeed be best placed to support their application and their evidence should not be treated any less favourably than that provided by other professionals. We also note the Welsh Government's intention to establish GP registers to support better care and services for autistic people and, as such, this may enhance a GP's ability to provide relevant and useful information in relation to a Blue Badge application.

6.5 Moreover, some Local Authorities require evidence of a diagnosis of a specific cognitive impairment. Whilst this can, in some cases, be a useful tool in helping to determine eligibility, support should not be withheld on the basis of a lack of a diagnosis of autism. This issue is particularly concerning given lengthy waiting lists for autism diagnostic assessments for children and adults in Wales.

## **7 Training for decision makers within local authorities**



7.1 Decisions on discretionary criteria are made by a Local Authority on the basis of evidence in the application. This means coming to determinations about whether sufficient evidence has been provided to demonstrate that an applicant, as a result of a cognitive impairment, is unable to follow the route of a familiar journey without the assistance of another person.

7.2 We are concerned that these are subjective determinations and will require a more in-depth knowledge of the individual's condition.

7.3 With this in mind, we would recommend that suitable training, to include autism training, be mandated for those making decisions on eligibility for a Blue Badge under the cognitive impairment discretionary criteria.

## **8 Conclusion**

8.1 We welcome the Committee's inquiry into this issue and we are happy to respond in recognition of the fact that the Blue Badge scheme can have a significant positive impact on the lives of autistic people and their families in Wales.

8.2 We commend the Welsh Government for extending the eligibility for Blue Badges to include autistic people who are unable to plan or follow a journey without support.

8.3 Despite the good policy intention however, it is clear that implementation of the scheme throughout Wales has been inconsistent in relation to discretionary criteria and we are concerned that some autistic people who should be eligible for a blue badge are being turned away.

8.4 We know that where autistic people and their families have applied and been successful in getting a Blue Badge, it has had a hugely positive impact on their lives, allowing them to access their communities and be more independent. A Blue Badge is a relatively small intervention but it can make a big difference to someone's life.

8.5 This inquiry provides a welcome opportunity not only to improve implementation of the scheme but to also look at others who would significantly benefit from a blue badge and how the scheme could be extended to ensure that no one misses out.



I am pleased to respond on behalf of Alzheimer's Society Cymru to the [Equality, Local Government & Communities Committee inquiry into the Blue Badge Scheme in Wales: Eligibility and Implementation](#). Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia. Our mission is to transform the landscape of dementia forever. Until the day we find a cure, we will strive to create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice. Alzheimer's Society Cymru welcomes the Committee's interest in the Blue Badge Scheme in Wales.

Alzheimer's Society Cymru is concerned that due to the localised nature of the blue badge scheme and the lack of understanding around dementia, people with dementia may still experience discrimination in accessing blue badges. This is because they are most likely to fall within the discretionary category.

Our experience in Wales is that despite having clearer guidance than the rest of the UK regarding the eligibility of people with non-physical disabilities and which explicitly states that dementia is an example of a cognitive impairment, we have heard from our service users in Wales that getting a blue badge can still be a challenge. Because the decision to award a blue badge is discretionary (unless the person is automatically eligible), there is no consistent approach across local authority areas to assessment criteria or process in place to support people living with dementia who apply for a blue badge. As each case is handled separately, it means that there are huge inconsistencies in the system, and local authorities take a different approach to whether dementia qualifies individuals under these discretionary eligibility criteria. We would therefore call for the Welsh Government to investigate the creation of a statutory baseline assessment criteria and process to ensure that people across Wales get the same basic service.

Therefore, even if the criteria for awarding a blue badge changes, we are still concerned that the localised nature of awarding a blue badge will mean inconsistency in practice for people with dementia. Alongside this there is no legal requirement for local authorities to have an appeals procedure, with appeals being sent instead to the Integrated Transport Unit based in Cathays Park. This process needs to be clear, straightforward and fair, and not in itself a deterrent to applying for a badge. We therefore call on the Welsh Government to ensure that the appeals process is easy to understand and, like the assessment criteria, there is a baseline that the Welsh Government can provide to ensure an equitable service in appeals.

Alzheimer's Society Cymru believes that unless eligibility assessors are specifically trained in dementia, there will be a possibility that people living with dementia may be disadvantaged. Ensuring that assessors have an understanding of dementia and how it affects people is absolutely vital to ensure parity with other conditions, particularly due to the complex nature of dementia. The current process, especially for re-assessment does not consider that dementia is a progressive terminal condition. People living with dementia will not get better and their dementia will continue to advance and have an impact on their life. Each renewal being treated as a new application is distressing for people affected, and shows a lack of understanding about the condition by the criteria, assessment process and assessors. Therefore, we would advocate for all eligibility assessors to be trained to at least level one on the 'Good Work' framework.

People with dementia face significant challenges in accessing blue badges and we would consider it a positive if steps were taken to clarify the scope for people with disabilities where the impact is 'hidden.' Dementia can cause problems with mobility which are not necessarily related to the physical act of walking including difficulties with co-ordination, balance and perception. At the same time, the symptoms of dementia can mean that a person can put themselves at risk whilst out – for example, somebody may become anxious if they are in an unfamiliar place, may get lost or may not appreciate risks around them, such as roads and traffic. Focusing on the importance of the non-physical aspects of walking, as well as the potential risk to safety is important for ensuring that the symptoms of dementia are accurately considered in the context of blue badges. Therefore, we would call for the Welsh Government to consider other factors that can affect mobility, such as co-ordination, balance and perception when refreshing and updating any guidance.

However, although it is positive that amendments to this guidance are being considered by the committee, we are still concerned that due to the localised and discretionary nature of the implementation of the blue badge scheme (where people are not automatically eligible), people with conditions such as dementia will still risk losing out on being awarded a blue badge. Application of these criteria in a way that is fair requires an understanding of the impact that dementia can have on a person's mobility and ability to follow a journey. It also requires consistency in application across local authority areas. Alongside this amendment both the guidance and implementation needs to be considered both with Local Authorities and outsourced partners.

It is clear from engagement with our operations staff and service users that there is inconsistency in the application of the system and guidance, which is subject to huge variation across the country. We are concerned that unless concerted effort is made to improve this consistency, the changes the government is proposing will not go far enough to address the limitations in the blue badge scheme faced by people with dementia. With considerable interest from people affected and a genuine need for this process to be reviewed, it needs to be ensured that further training, awareness and guidance is communicated far and wide to ensure the benefits of these amendments reach the people who need it.

Alzheimer's Society Cymru would also like to see the Welsh Government consider carers in any revision of the guidance and criteria for applying for a blue badge. The current Local Authority guidance (issued in 2017) contains no mention of carers applying for blue badges, either for themselves, or on behalf of the person they care for. We believe that carers should be able to apply for a blue badge where they live in a single car household, with the car registered in their name. This would allow carers to provide a better quality of life for the person being cared for and allow a flexibility of options for the carer and the person being cared for. The 2017 guidance also

makes no mention of allowing carers to apply for a blue badge on behalf of someone they care for. People living with dementia can often find the process of making applications such as these difficult and allowing carers to make the application on their behalf would ensure that more people who are eligible for the badges have the ability to apply for, and access to, the badges. Therefore, we call on the Welsh Government to actively consider carers, and how carers can help those living with dementia in this process when developing and refreshing guidance.

We welcome the Equality, Local Government & Communities Committee inquiry into the Blue Badge Scheme in Wales: Eligibility and Implementation. What we have sought to achieve with this evidential submission is to outline to the committee where there are areas for improvement and to try and offer solutions to these issues. We hope that evidence contained in this document is informative and will help the committee accurately examine the Blue Badge Scheme in Wales.

If you require any other information, please do not hesitate to contact me.

Kind regards

## **Introduction**

Thank you for giving Macmillan Cancer Support the opportunity to provide evidence to the committee concerning the operation of the blue badge scheme in Wales. This written submission should be read alongside the evidence our colleague, Helen Powell, Macmillan Specialist Support Advisor: Benefits Advice Programme, will provide at the session for the 3<sup>rd</sup> sector scheduled for the 4<sup>th</sup> April.

## **Macmillan in Wales**

More than 19,000 people are diagnosed with cancer every year in Wales (WCISU, 2017<sup>1</sup>), a 10% rise over the past decade. There are now over 130,000 people living with and beyond cancer (4.5% of the population) and this number is expected to rise to 250,000 by 2030 (8% of the population).

Macmillan Cancer Support are committed to supporting our stakeholders, including the National Assembly for Wales, NHS Wales, Health Boards, Velindre NHS Trust, Welsh Government and other third sector organisations to improve care for people living with cancer across Wales.

Cancer can affect so many parts of a person's life and will impact on each individual in widely differing ways; the stresses far exceed the purely clinical and manifest themselves differently, whether physical, financial or emotional.

We invest heavily in advice services that help people better manage the impacts of cancer on a person's life and spent over £500k on our welfare benefits advice service in 2017 alone. It is an investment we are proud of, and one that is making a huge difference.

<sup>1</sup> Average cancer incidence (All malignancies excluding NMSC) in 2014 to 2015. Welsh Cancer Intelligence and Surveillance Unit, (2017) Incidence Extract <http://www.wcisuwales.nhs.uk/cancer-incidence-in-wales-1>

During 2018 our advice services in Wales helped secure £18.65million in welfare benefits payments to help thousands of people cope with the huge financial pressures caused by cancer, and money that finds its way into local economies. It is through this service that our Macmillan advisers support people with cancer who, due to the type of cancer, the treatment regimen or terminal diagnosis, have an impairment that means they are eligible to apply for a blue badge.

Macmillan Cancer Support aims to ensure that people with cancer are able to live life as fully as they can – whether it's physical, financial or emotional wellbeing. For many a car is essential for maintaining personal independence, accessing appointments and undertaking everyday activities.

### **The Blue Badge Scheme in Wales – Temporary qualification**

Each case will be different, what matters to individual people will differ, but blue badges help people with cancer remain connected with family and friends, attend clinics, commute to work or visit the local shops.

We welcomed the expansion of the blue badge scheme in Wales in 2016 to provide temporary blue badges to people with cancer experiencing physical impairment. To inform this submission we consulted with our welfare benefits advisers across Wales – to better understand their experience of the blue badge scheme. We have attached the thoughts of those that responded in an annex and drawn on them throughout the following observations.

At a practical, operational perspective, we found that our advisers' experience of the temporary blue badge scheme across Wales to be largely positive. The support shown by local authorities has overall been commendable and allowed many people with cancer in Wales to acquire a temporary blue badge.

However, despite this largely positive experience, there is room for improvement. By drawing together the experience of advisers from across Wales we uncover significant, multi-faceted, variation across Wales - from the information provision about the scheme, the ways in which a person or adviser initially makes an application, to the processes and evidence used by a local authority to make a decision.

In 2016, Macmillan and the Welsh Government commissioned the second Wales Cancer Patient Experience Survey, and the results – published in 2017<sup>2</sup> show that only 48% of patients said they had been given information about how to get financial help or benefits, including blue badges.

Excluding those patients who said that they did not need written information, more than a quarter (27%) did not receive any written information about the type of cancer they had – including the effects of treatment - that this was easy to understand.

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<sup>2</sup> Picker, Macmillan Cancer Support, (2017) Wales Cancer Patient Experience Survey.

***“the info available on blue badge scheme is pretty poor especially around temporary conditions.”***

**Macmillan Adviser, West Wales**

The 2013 Welsh Government advice for people concerning the rights and responsibilities of the scheme<sup>3</sup> focuses more on the responsibilities of people on receipt of a blue badge, rather than offering public facing information on a person's rights and eligibility to a badge. The advice would benefit from being updated to reflect the different levels of eligibility, especially the newer temporary blue badge.

At key stages of their cancer journey, timely and appropriate information and advice can significantly reduce hardship, alleviate anxiety and stress, improve quality of life and help people make informed choices throughout their cancer journey – such as applying for a blue badge - to maintain mobility and independence. We believe that everyone diagnosed with cancer in Wales should have the opportunity to access high quality, consistent information, benefits advice and support at the point of diagnosis.

Once need and eligibility to apply for a temporary blue badge has been assessed by an adviser we have found variation in the routes to access and apply. There is variation between differing local authorities;

***“Temporary forms for both RCT and Merthyr councils, but a general form only for Caerphilly.”***

**Macmillan Adviser, South Wales Valleys**

and the digital gov.uk route offers another method of application. But we have found that in certain circumstances there is no guarantee that the application will be processed.

***“Attempted to process a BB application off the gov.uk website, and when informed that the person had a terminal illness, the site, just said to contact Powys – without giving any other details.”***

**Macmillan Adviser, Mid-Wales**

Switching to a fully digital application process is also a cause for uncertainty.

***“Swansea LA have historically been good but changed to electronic version now through gov.uk website.”***

**Macmillan Adviser, South Wales West**

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<sup>3</sup> Welsh Government, (2013) The Blue Badge scheme: rights and responsibilities in Wales  
<https://beta.gov.wales/blue-badges-your-rights-and-responsibilities>

As far as the various routes to apply for a blue badge are concerned, experience is mixed. We are unsure of the true scale and scope of variation across Wales, including the rollout of the digital gov.uk application process. This is a critical area of inquiry for the Committee, equal access to the blue badge scheme – irrespective of condition – is vitally important, and would welcome a more thorough audit to better understand and evidence the issue.

Variation at the application stage is replicated at the processing stage, ahead of a decision being made. Local authorities are given wide discretion by the Welsh Government's guidance to set the method for determining applications. A variety of processes makes advising people with cancer, who may have received their diagnosis, treatment and follow-up care in different local authorities, more difficult as the criteria for decisions can differ from local authority to local authority. There is also an impact on the time of health service staff who are having to help provide evidence on behalf of a person's application.

***“Advisor suggested whether they could accept an appointment card or consent form for Chemo, as this will give the side effects of the treatment and should evidence the impaired mobility. Time consuming for health staff to having to provide multiple letters for varying applications, and also impacts on advisor's time if they need to chase them for evidence.”***

**Macmillan Adviser, South Wales Valleys**

***“Some difficulties around getting appropriate medical evidence confirming the impairment will last at least 12 months – some badges being refused if say 6 – 12 months is mentioned – causes anxiety for health professionals to confirm this – another ask on their time too.”***

**Macmillan Adviser, South Wales West**

Advisers have always built and developed good working relationships with decision making authorities for the benefit of their clients, but this degree of variation and levels of complexity complicates matters.

More efficient processes are possible; processes that better align to the health and social care integration, and “Once-for-Wales” agendas. Criteria and discretionary decision making could be developed and aligned to Regional Partnership Board boundaries, or at a larger, pan-Wales level. Were this the case we would expect existing best practice and known exemplars to inform wider improvements.



## **The Blue Badge Scheme in Wales – Terminal Illness**

Our welfare benefits advisers also support people with a terminal diagnosis receive a blue badge. As with the temporary blue badge experience is largely positive, but improvements could be made.

Due to the nature of a terminal diagnosis, a person diagnosed to have six months or less to live, time is of vital importance. Terminal illness also includes a wide range of different illnesses and individual needs. People may have a single disease, like cancer, or a number of conditions.

Local authorities are given discretion by Welsh Government guidance to expediate applications, while we have anecdotal evidence of local authorities expediting the process, it is noted throughout the annex, we do not have a clear picture across Wales. We advise the Committee to better understand the extent of coverage. If in this instance coverage is not universal we would ask the Committee and Welsh Government to consider removing the discretionary element and making an expediated process mandatory in instances of terminal illness.

As with the temporary process we find considerable variation between local authorities across Wales. Presence of the DS1500 “special rules” form will trigger a blue badge in some areas,

***“If person are special rules – very quick - send in the DS1500 to them and they issue a BB immediately”***

**Macmillan Adviser, North Wales**

In other areas, evidence of an adviser, or health care professional will be enough,

***“Advisor will sign terminal illness claims and verifies documents.”***

**Macmillan Adviser, South Wales Valleys**

And there are instances where the expediated process relies on a mixture of both.

***“Advisor can’t sign the form on the client’s behalf unless they tell the council the client is too ill, but can submit the DS1500, ID and evidence on their behalf.”***

**Macmillan Adviser, West Wales**

Despite this degree of variation blue badges are being awarded at an expedited pace. However, this feels incidental rather than by deliberate design, due to the hard, diligent work of the people involved in the process. Working across local authorities and in some cases across health boards, this level of variation feels inefficient, and relies on advisers getting the right information to the right people at the right time. People with a terminal diagnosis, without advice or representation, would likely face a far more

daunting task navigating the system and securing a blue badge when time takes on even greater importance.

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## Inquiry into the Blue Badge Scheme in Wales: Eligibility and Implementation, March 2019

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

We welcome the opportunity to respond to this important consultation.

### 1. The impact of extending the eligibility criteria for a Blue Badge in Wales, and whether further extensions to the criteria are needed

Parking is always a significant problem for our clients. It is particularly acute when accessing treatment in the hospitals. Car parks tend to be far from hospital entrances with significant pressure on available spaces. This is one of the reasons why Tenovus Cancer Care operates a network of Mobile Support Units, delivering cancer treatments *closer to home*<sup>1</sup>, in convenient locations - often in supermarket car parks. Being able to have a Blue Badge enables clients of Tenovus Cancer Care to be that much closer to facilities they need, not just hospitals, and with less stress at what is already a stressful time.

**Acute mobility issues.** Recent UK Government proposals regarding the Blue Badge Scheme in England<sup>2</sup> to replace the existing 'permanent' disability criteria with 'enduring and substantial' were welcome. For many of our clients who are undergoing cancer treatment the issues that might lead to their requiring a Blue Badge, such as limited mobility or incontinence, are primarily acute in nature, rather than chronic. However these may well develop into chronic conditions as a result of their treatment. As a result, consideration of temporary mobility issues would be highly desirable.

**Attendance Allowance.** Currently, those in receipt of the higher rate of the mobility component of Personal Independence Payment (PIP) and its Disability Living Allowance (DLA) equivalent are automatically entitled to a Blue Badge. However, those receipt of the higher rate of Attendance Allowance are not. While Attendance Allowance itself does not have a mobility component, the highest rate is often awarded for those who have significant mobility issues. Therefore, although we accept the logistical and capacity issues involved, ensuring automatic eligibility for those in receipt of the higher rate of Attendance Allowance could be a positive step as those in receipt normally have significant mobility needs, alongside their personal care needs.

**Incontinence.** Consideration of continence issues and the need for urgent access to toilets is also an issue for many of our clients, for whom the limitations on mobility and anxiety that results from the need to urgently access toilet facilities are significant. Many ask our Cancer Support Advisors (CSAs) to apply for a Blue Badge

<sup>1</sup> Tenovus Cancer Care. *Closer to Home*. Available at: <https://tenovuscancercare.org.uk/how-we-can-help-you/mobile-cancer-support/treatment-closer-to-home/>

<sup>2</sup> UK Government. *Blue Badge consultation: summary of responses and government response*.

Available at: <https://www.gov.uk/government/publications/blue-badge-disabled-parking-scheme-eligibility-consultation-summary-of-responses-and-outcome/blue-badge-consultation-summary-of-responses-and-government-response>

on their behalf on this basis. Tenovus Cancer Care believes that extending eligibility to this demographic in a coherent, dignified way would be very beneficial and respectful to our clients.

**Anxiety.** Greater consideration may need to be placed on the eligibility of those who have non-physical conditions, such as social anxiety. An often over-looked aspect of a cancer diagnosis and treatment are the impacts upon an individual's mental health. Tenovus Cancer Care provides 365 days-a-year advice and support through our Support Line,<sup>3</sup> and further support through the innovative *ACTivate Your Life – Affected by Cancer*<sup>4</sup> courses which seek to help those who have experienced cancer take positive action, practice mindfulness and take committed action based on their values. Regardless of mobility status, enabling people who struggle to deal with crowds feel they can escape quickly through provision of a Blue Badge, would be welcomed.

Given the above, extending Blue Badge eligibility to cancer patients *in general* could be considered, subject to receipt of a satisfactory covering letter from a GP or Clinical Nurse Specialist (CNS).

## 2. The practical implementation and consistency of the Blue Badge scheme across Wales, including assessments, fees and enforcement.

Our clients are currently being let down by the significant variation in the administration of the Blue Badge scheme across Wales.

It is disappointing to see the huge variation, from Council to Council, in the assessment and administrative processes of the Blue Badge Scheme - which result in significantly negative impacts for clients of Tenovus Cancer Care. Some insist on clients making an appointment to complete an application, other areas allow our CSAs to send in an application on a client's behalf. Some have paper based applications available online, others don't. Some insist on assessments, others don't. Some accept covering letters from CNSs, others don't. Some accept covering letters from GPs, others don't. As a result of the variance our CSAs have had to set up a spreadsheet to help them work out what is needed in each Local Authority.

Examples include:

**Conwy Council** will allow for an application to be made online and ID subsequently taken into an office. There is then no assessment for temporary badges and it is issued straight away.

**Gwynedd Council** has a similar approach to that of Conwy Council except there is an assessment, conducted by Occupational Therapists, who come out to the applicant's home.

**Flintshire Council** requires prescriptively worded letter from a CNS related to how the individual is impacted. These prescriptive requirements place pressure on the CNSs. The medical evidence has to be taken into Council Officers in person. Only if this is satisfactory an assessment is considered.

**Neath Port Talbot Council** requires an individual to attend the Council offices in person to apply. No online or remote paper based application is permitted. This is not appropriate for those undergoing chemotherapy, with suppressed immune systems and those who are simple too unwell.

<sup>3</sup> Freephone 0808 808 1010

<sup>4</sup> Tenovus Cancer Care. *Activate Your Life*.

Available at: <https://tenovuscancercare.org.uk/how-we-can-help-you/activate-your-life-affected-by-cancer/>

**Carmarthen Council's** implementation of the application process is frustrating. For example, many haematology patients undergo treatments that essentially render them without a functioning immune system. As a result a common cold would be very serious for them and as a result their consultants advise them to avoid public places. However the Council insist that they attend the Council offices in person for an assessment. They would not accept medical evidence from a CNS, or another health professional.

**RCT Council** has a wait of around 4 weeks for a Blue Badge to be issued, compared to 1 week for neighbouring Cardiff.

**Cardiff, the Vale of Glamorgan and Torfaen Councils** are recognised among our CSAs as sensible and easy to work with – due to clear and efficient administrative systems that avoid many of the arbitrary and inefficient steps detailed elsewhere.

**Bridgend Council** provides a good example of varying practices, good and bad within the same authority. *For terminally ill patients* – Tenovus Cancer Care's Cancer Support Advisors have an agreement where, so long as an oncology consultant has confirmed the client is DS1500 eligible, our CSAs can claim on a client's behalf. In this instance there is no ID requirement which is very welcome.

*For non-terminal patients* – the situation is less straightforward. The client is required to attend Council Offices in person to apply – or an appointment needs to be made for an officer to see the patient face to face even if they are not fit enough, or are neutropenic. The compromise is that the officer will come out of the office and see the client sat outside in their own car. Our CSAs have, on occasion, managed to arrange for Occupational Therapists to the client's house to perform the assessment. However, this can be a lengthy and onerous process, leading to untimely delays in clients receiving their Blue Badges.

As detailed above the requirement for a letter from a medical professional confirming what treatment the client is receiving and further confirming that the client's mobility will be affected for at least 12 months is troublesome. Furthermore we have documented examples where clients have been refused a Blue Badge by Bridgend CBC because the letter was from a Clinical Nurse Specialist (CNS) at the Royal Glamorgan Hospital, as opposed to Velindre. In addition to being unduly bureaucratic this also demonstrates an alarming lack of information on the part of the Council Officer as treatment centres are not restricted to Velindre. As a result of this GPs in Bridgend are reluctant to write supporting letters since it's widely accepted that Bridgend CBC will not accept them.

Tenovus Cancer Care continues to support the absence of an application fee in Wales, which compares favourably to the situation in England. However we believe that although the £10 fee for replacement fee is understandable, guidance could be issued on discretionary waivers, for example in the instance of theft (subject to provision of a Crime Reference Number).

Consideration could and should be paid as to how best practice could be aggregated and implemented across the disparate schemes. A whole-system review would be welcome, looking at how waiting times could be minimised, the Scheme implemented more efficiently and future-proofed given the expected rise in applicants resultant from anticipated demographic changes.

### **3. The support and information that is available to Blue Badge applicants in Wales.**

Tenovus Cancer Care feels that the system is currently too fragmented, with patchy implementation and significant variation in user experiences across Wales' 22 local authorities for a scheme many would expect to be universal. The reliance upon online provision, and patchwork provision of myriad paper-based application forms, is unhelpful for an audience that is statistically more likely to be older and less digitally engaged.

As with many services nowadays, there is strong dynamic encouraging residents to access and apply for services online. The Blue Badge system is no different. However the amount of information available is lacking in certain areas and is often resolved by a physical visit to the Council offices. However this is not only often medically inadvisable but also perverse given that those, by the nature of needing to interact with the Scheme, will be of limited mobility in the first instance.

The shortage of information available to applicants further compounds myths that surround the Scheme. For example it is not uncommon for Tenovus Cancer Care to be supporting applicants who are unaware that they may have to be assessed - believing rather that having certain disabilities and/or long term health conditions automatically qualifies them for a Blue Badge. Upon discovery that assessment is needed further stress and strain is added to an already stressful period.

## **Introduction**

Age Cymru is the leading charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the Equality, Local Government and Communities Committee's Inquiry into the Blue Badge Scheme in Wales: Eligibility and Implementation.

### **The practical implementation and consistency of the Blue Badge Scheme across Wales, including assessments, fees and enforcement.**

1. Since April 2018, the Age Cymru Information and Advice Line has received 90 enquiries about eligibility, applying for, and using Blue Badges. Many of these enquirers are not eligible for an automatic qualification for a Blue Badge but are eligible for a discretionary qualification.
2. Enquirers have told us that some local authorities are being extremely strict in some cases, in their application of the discretionary criteria, especially in relation to the distance people are able to walk. Several people have told us that they have been turned down for a Blue Badge even though they are unable to walk the distance specified in the guidance (50 yards, or half the length of a football pitch).
3. A major problem is the lack of consistency in the way that individual Local Authority officers apply the criteria. Some officers apply a reasonable interpretation of the guidelines, while others take what seems to us to be a very harsh approach. This is particularly true in the case of people with mental health

issues, eg, where someone with dementia has been discharged by their consultant as nothing more can be done to improve their condition, without proof of their impairment; a letter from their GP is not necessarily sufficient proof for the officer making the decision.

4. A Local Age Cymru Partner highlights that there is a lack of support for people in making an application for a Blue Badge. Given the strict application of criteria, and a lack of consistency in the application of discretionary criteria, we believe that more support is needed to help people that are applying for a Blue Badge.
5. We believe that more support for applicants, more consistency, and more compassion should be introduced into the application of the Blue Badge scheme in Wales.

We hope that these comments are useful and would be happy to provide further information if requested.



# Eitem 5.1

Y Pwyllgor Cydraddoldeb, Llywodraeth Leol a Chymunedau

4 April 2019 – clawr y papurau i'w nodi

Rhif y papur	Mater	Oddi wrth	Gweithredu
ELGC(5)-12-19 Papur 6	Ymchwiliad i hawliau pleidleisio i garcharorion	Llywodraeth yr Alban	Ymateb gan Lywodraeth Cymru mewn perthynas ag ymgysylltu â grwpiau dioddefwyr yng nghydestun hawliau carcharorion i bleidleisio

John Griffiths  
National Assembly for Wales  
Cardiff Bay  
Cardiff CF99 1NA

26 March 2019

Dear Mr Griffiths

Thank you for your letter of 12 March to the Cabinet Secretary for Government Business and Constitution about engagement with victims' groups in the context of prisoner voting. I work in the Elections Team and I have been asked to reply.

Firstly, I would like to apologise that this reply will not reach you in time to contribute to the final evidence session with the Minister for Housing and Local Government on 21 March. However, I hope that it will still be of use in the National Assembly's consideration of this issue.

As you will be aware, the Scottish Government consultation on prisoner voting closed on 8 March. We received around 260 responses, including 33 from organisations. An external analyst is currently producing a report on the responses, which will be published in summer 2019.

In order to gather a wide range of views, the consultation document (and an easy-read version) was published on the Scottish Government's website. Hard copies were sent to prison libraries in liaison with the Scottish Prison Service. We also wrote directly to stakeholder groups to invite them to respond.

In advance of the consultation, victims' rights policy officials within the Scottish Government helped us to establish a list of groups representing victims. We wrote to a number of these groups preceding the consultation launch, and again when it launched. However, we did not receive any responses to the consultation from victims' groups. We did receive a small number of responses from individuals concerned about victims' rights. We intend to publish all the responses on the Scottish Government website which may be of interest to you. They should be available by the end of April.

The preferred option of basing enfranchisement on sentence length was informed by a number of considerations. It is the view of the Scottish Government that it strikes an appropriate balance between promotion of the rule of law and responsible citizenship, as well as the wider objectives of the rehabilitation and reintegration of prisoners in order to reduce reoffending.

I hope that this response is helpful.

Yours sincerely,

Calista Hobart  
Elections Team

