

National Blue Badge Scheme Reform - 5 years on

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1. Introduction

In 2011 the Department for Transport (DfT) published updated good practice guidance for local authorities' responsible for delivering the Disabled Person's (Blue Badge) Parking Scheme. Perhaps reflecting the valuable and emotive nature of this benefit, these were only the third major set of revisions to published scheme guidance since the concession was established in the 1970's. At the time the revised guidance was published the identified problems with the scheme included high levels of abuse and misuse of badges, increasing demand for the badges and inefficient service delivery by some local authorities.

The updated guidance was underpinned by new secondary legislation which was defined following extensive research, over several years, on local authority good practices on Blue Badge Scheme administration, eligibility assessment and enforcement activities. DfT's research programme also explored the public acceptability of proposed changes to the scheme. Particular emphasis was placed on ensuring disabled people have fair and equal access to the benefits of the concession, regardless of where they live.

This paper re-visits the independent research delivered by ITP on behalf of DfT; which evidenced the rationale for reform, potential cost savings for local authorities, and social and distributional impacts associated with reforming the Blue Badge scheme. It highlights the major changes set out in the guidance for local authorities and uses DfT's annual monitoring statistics to reflect on the macro-level impacts (a 9.5% reduction in the total number of badges on issue since 2010) resulting from significant changes to Blue Badge applicant eligibility criteria.

The paper concludes by highlighting ongoing challenges for local authorities and private parking providers seeking to meet demand for accessible parking in the context of the UK's ageing population, and considers the potential impact of emerging technologies on the scheme.

2. Context for DfT's Blue Badge Scheme reforms

Identified issues with the Blue Badge scheme, and the rationale for reform were summarised in DfT's FAQ's document published in 2011 (DfT, 2011). Key reasons included:

- Increasing demand for Blue Badges
- Pressures to extend the scheme's eligibility criteria
- High levels of abuse and misuse of the scheme
- Inconsistent administration and assessment practices by local authorities delivering the scheme on DfT's behalf
- Inefficient service delivery by some local authorities

These issues were reflected by the high levels of Blue Badge holding and application at the time. DfT statistics from 2009/10 (DfT, 2016) reveal that 2.63 million valid Blue Badges were on issue, with English local authorities handling more than one million Blue Badge applications that year (418,000 from new applicants). Although award rates ranged from 71% to 91% by region, the national average was for over 90% of applications to result in an award of a Blue Badge.

2.1 The 'walking criterion' eligibility assessment challenge

Of the 906,000 Blue Badges issued in 2009/10, a total of 558,000 (62%) were for applicants who were '*subject to further assessment*'. This meant that the applicants could not be considered eligible for a Blue Badge as a result of their eligibility for other 'passport' benefits (such as the Higher Rate Mobility Component of Disability Living Allowance – HRMCDLA - or the mobility component of Personal Independence Payment - PIP), or because they are registered blind, or receive a War Pensioner's Mobility Supplement

Over 90% of 'subject to further assessment' applicants experienced some form of walking impairment, which required some form of assessment to determine their eligibility in relation to the 'walking criterion' for the Blue Badge Scheme, as defined in secondary legislation (DfT, 2014):

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

These were a focal point for 'medical assessments', of which around 300,000 were estimated to have taken place in 2009/10. For the most part, these assessments were undertaken by the applicant's GP, who could not be considered independent on the basis their opinion could be swayed by the applicant, and took the form of a letter of support which was requested by the local authority in response to an application for a Blue Badge. Many GP practices charged local health authorities (PCTs) for the cost of providing these letters, which was a significant source of expense (~£18m per annum

across the whole of England) to the ongoing administration of the scheme given applicants have to reapply every three years. Consequently, DfT had agreed in principle with the Department for Health that the relevant NHS budget governing the Blue Badge Scheme medical assessments would be transferred to DfT for distribution to local authorities responsible for administering the scheme.

As a result of these shortcomings, and widely-reported instances of abuse (applications by people who do not experience permanent and substantial disabilities which cause inability to walk/very considerable difficulty in walking) and misuse (the sharing of Blue Badges with unentitled family members, and use of unreturned/lost/stolen badges), DfT embarked upon a programme of significant reform to the scheme.

3. National reform programme activities

Reform of the Blue Badge scheme was announced by DfT in 2008, and was accompanied by the first major update to local authority scheme guidance since 1991. This guidance reflected a temporary update for local authorities wishing to begin reforming their administration and eligibility assessment approaches. It drew on selected examples of good practice from pathfinder local authorities that had transitioned to using Occupational Therapists (OTs) and/or Physiotherapists (Physios) to deliver independent mobility assessments (IMAs), in place of requiring an applicant's GP to provide a letter of support.

Key components of the Blue Badge reform programme included:

- Implementing a new badge design that is harder to copy, forge and alter.
- Amending primary and secondary legislation to provide improved powers for local authorities to tackle abuse and fraud.
- Transferring control of eligibility assessment funding from the NHS to local authorities.
- Amending legislation to require wider use of independent mobility assessments to determine eligibility, including where previously that assessment was carried out by a GP.
- Extending eligibility to more disabled children under the age of 3 with specific medical conditions.
- Providing continuous automatic entitlement to a badge to specific severely disabled service personnel and veterans.
- Establishing with local authorities a Blue Badge Improvement Service (BBIS) to deliver operational efficiency savings, help to reduce and prevent abuse, and improve customer services.

- Establishing (as part of BBIS) an on-line application facility to support faster, more automatic renewals for people whose circumstances do not change between renewal periods.
- Raising the maximum fee for a badge that local authorities can charge.
- from £2 to £10 (which had not altered since the scheme's conception in the 1970's).
- Enabling disabled Armed Forces personnel and their families posted overseas on UK bases to apply for a badge.
- Further updating and enhancing good practice guidance to local authorities to help them make improvements in scheme administration and eligibility assessment.

ITP was commissioned by DfT to lead a team containing Atkins and the TAS Partnership in order to conduct research on scheme administration and eligibility assessment good practices. Through this project our team collated the evidence needed to develop a set of 'core principles' for sound scheme administration and eligibility assessment activity, as well as quantitative data that underpinned the business case, Regulatory Impact Assessment and Social and Distributional Impact Assessment for implemented amendments to primary and secondary legislation governing the Blue Badge Scheme.

4. Key findings from our research into Blue Badge scheme administration and assessment and good practices

The research study comprised a wide range of activities including:

- In-depth case studies of administration and eligibility assessment practices in 33 local authorities, including eight Blue Badge Centres of Excellence.
- In-depth analysis including cost modelling of alternative administration and assessment approaches using data gathered from the case studies.
- A series of stakeholder workshops with a wide range of local authority and other stakeholder organisations.
- Three pilot studies that tested and evaluated promising new eligibility assessment approaches.
- Focus group discussions with Blue Badge holders and the Disabled Persons Transport Advisory Committee (DPTAC) to establish their views.
- Drafting of good practice guidance for local authorities based on the findings of the research.

Throughout the review the research team used the following criteria to define good practice, as agreed with DfT at the beginning of the project:

- Fairness and consistency in respect of the treatment of Blue Badge applicants;
- Customer-friendliness and clarity;
- Speed and efficiency (including cost-effectiveness); and
- Resistance to abuse.

The findings from the study are documented in detail in the published Final Report and Executive Summary (DfT, 2011b), and have been summarised below.

4.1 Publicising the scheme

We found that many authorities did not actively publicise the Blue Badge scheme, which contributes to a perception among some badge holders that it is 'hidden' to prevent too many people from getting a Blue Badge. Identified key information requirements of Blue Badge applicants and holders are:

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

We recommended that local authorities develop coherent communication strategies that consider how best to reach the local target audience for Blue Badge information, and set out how information about the scheme will be made available locally: in print, online, by telephone and through contact/customer-service centres. This included using two DfT leaflets 'Can I get a Blue Badge' and 'Blue Badge Scheme Rules and Responsibilities', which provide detailed information about the scheme which are available for download from DfT.

4.2 Improving the application process

Blue Badge application processes (and specifically the application form) are heavily informed by the eligibility assessment practices adopted by a local authority. Desk-based and independent mobility assessment practices require more detailed application forms, and such local variations in assessment practices highlighted the need for the Blue Badge Improvement Service application form to be carefully designed so as to ensure relevance for all 152 Blue Badge issuing authorities in England. We recommended that this would help to accelerate the common adoption of sound eligibility assessment practices and procedures across the country, while noting there appeared to be

some benefit to both local authorities and applicants of having several distinct application forms for the various Blue Badge eligibility pathways. The model application form developed for inclusion in the updated Blue Badge scheme guidance was modular, thereby enabling local authorities to select the sections or individual questions that are consistent with their local eligibility assessment practices in the short term. It was also used to inform the BBIS online application form design.

We found a number of local authorities in our sample were inadvertently operating outside of the Data Protection Act, 1998, by applying secondary uses to applicants' sensitive personal data without seeking their consent to do so. The model application form developed through the study contained updated declarations that secure explicit consent from Blue Badge applicants for secondary use of their sensitive personal data (information sharing) and to indicate they will comply with the application procedures of the local authority. Extra declarations on Blue Badge fraud and misuse are also included which may benefit local authorities.

Most applications were received on paper forms, but telephone, online (downloadable forms) and in-person practices were becoming increasingly common, and have since been superseded by the BBIS online application process which has been rolled-out nationwide. We recommended that local authorities should make several of these options available to ensure they offer equitable access to the Blue Badge schemes and stressed that they need to be supported by robust eligibility assessment practices.

We strongly recommended that local authorities sought information from applicants about their walking ability (e.g. to inform a desk-based assessment, or for cross-referencing in an IMA) and should ask a combination of qualitative and quantitative questions about an applicant's walking ability to inform subsequent assessment.

4.3 Determining applicant eligibility under the 'subject to further assessment' walking criterion

We found compelling evidence that intelligently combined cross-checking, desk-based assessment and Independent Mobility Assessment (IMA) approaches offer a substantially more robust, and lower cost, Blue Badge eligibility assessment practice (for applicants applying under the 'Subject to further assessment walking criterion) than assessments made by an applicant's own GP. Focus group discussions with Blue Badge holders also revealed support for this approach, provided it was delivered by an appropriately qualified healthcare professional.

Comparing our case study local authorities revealed that IMAs deliver average assessment cost savings of 30% against the use of GP assessments and result in lower Blue Badge award rates (70%) compared to where GP assessments are used (95%). IMA approaches yielded lower appeal rates among unsuccessful applicants (20% compared to 39% for GP assessments). They also resulted in fewer successful appeals (21% compared to 28% for GP assessments), which suggests IMA practices are more accurate and unsuccessful applicants are less dissatisfied with the outcome. IMAs also accelerate the application process to 1-3 weeks from the local authority receiving a completed application form compared with 3-6 weeks where GP input is sought.

Based on trials we ran through the study, we learned that an appropriate caseload level for Blue Badge assessors is 7-8 applicants per day, based on an average of 30 minutes to complete an assessment and 10 minutes for the assessor to report their recommendations. Our case study example from Shropshire Council, where assessment centres are run at a district level, shows it is possible for more rural or two-tier local authorities to establish IMAs in place of relying on GP's evidence.

Our pilot to validate the 'core principles' of desk-based assessment against those developed for IMAs revealed that desk-based assessments are valid tools for filtering out applicants that need to be referred for an IMA, and as a means of awarding and refusing some Blue Badge applications. The piloted desk-based assessment tool was 91% accurate compared to the core principles IMA practice, and offered a 'lower margin for error' than free-form desk-based decision-making using only the eligibility criteria and local authority scheme guidance (which was then an alternative practice to using a desk-based assessment tool) to review each applicant's self-reported information – particularly when used by staff members who are not healthcare professionals. The accuracy of the desk-based assessment tool was found to be heavily reliant upon applicants fully completing the application form, which emphasises the importance of local authorities returning incomplete application forms to applicants for them to provide missing information so as to improve the accuracy and consistency of Blue Badge eligibility decisions.

Desk-based assessment tools were found to be particularly useful for local authorities which handle high volumes of Blue Badge applicants (e.g. more than 10,000 per annum). We calculated that intelligently combining the piloted IMA and desk-based assessment approaches based on these 'core principles', local authorities would, on average, save almost £7,500 per 1,000 applicants against sending every applicant for an IMA (36% cheaper), and almost £18,000 per 1,000 applicants against the cost of referring every applicant to their own GP

(60% cheaper). Enabling assessors to recommend whether an applicant should be reassessed if they renew a badge in 3 years' time could reduce future assessment costs by around £4,200 per 1,000 applicants over a 3 year renewal cycle.

A number of further benefits for local authorities and Blue Badge applicants emerged through joint assessments, including reducing the number of overall assessments and reducing the amount of time that applicants have to spend being assessed. Manchester City Council's approach of integrating Blue Badge eligibility assessments with those undertaken for mobility aids and home adaptations demonstrated that the great majority (90%) of people who underwent at-home social care assessments were already in receipt of a Blue Badge. As such, the process of joining up eligibility assessments in this way was calculated to save a modest £1,500 per annum (£9.42 per badge issued following a social care assessment) when compared to the cost of these individuals applying separately for a Blue Badge. We also identified scope for geographically proximate local authorities to work together to deliver joint Blue Badge eligibility assessments – a practice particularly possible in London and other Metropolitan areas.

Across the country, the (then) lack of dedicated Blue Badge eligibility assessment guidance and bespoke training was a significant shortcoming, and a barrier to the consistent uptake of IMA and desk-based assessment practices. A number of practices identified through the research review were deemed unsatisfactory on the basis they were inequitable, inconsistently applied, or delivered inaccurate eligibility assessment outcomes. Such practices included

- Accepting 'proxy' proofs of eligibility for the HRMCDLA and WPMS benefits (such as Vehicle Tax Excise Duty exemption certificates or Motability Finance agreements).
- Refusing Blue Badges to people solely on the grounds they are able to use public transport.
- Adopting desk-based assessments without any recourse to an IMA.
- Only offering IMAs when an applicant appeals against a refusal.

Based on the case study local authorities, our findings indicate the real cost to local authorities of delivering the Blue Badge scheme in line with current guidance was approximately £30 per applicant when all assessment and administrative costs were taken into account. The 'core principles' approaches we developed and piloted through the study offer scope to reduce this further, but it presented useful evidence to DfT when considering where to set a revised Blue Badge application fee.

4.4 Administering the scheme after assessment

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

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

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

4.5 Tackling abuse and enforcement

Given this review's primary focus on Blue Badge scheme administration and assessment practices, the strongest conclusion emerging on enforcement is that robust administrative and assessment practices have a substantial role to play in improving the resistance to abuse of the Blue Badge scheme. By making sure that Blue Badges are only awarded to individuals who meet the eligibility criteria, and preventing opportunities to fraudulently obtain genuine Blue

Badges from local authorities, the need to proactively enforce the scheme on-street is lessened.

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

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

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

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

We found that the majority of local authorities that do proactively enforce the scheme tend to focus on their enforcement successes. Such authorities

reported this practice had been successful at raising awareness of the Blue Badge Scheme's rules, and gained the local authority kudos with eligible badge holders for tackling the issue of Blue Badge misuse and abuse.

4.6 Key recommendations we made to DfT

ITP was asked to directly answer several research questions that DfT had posed for the study in our conclusions. Our key recommendations included:

- DfT acting to coordinate and promote a culture of continuous improvement and change-management among local authority Blue Badge teams, so as to ensure that desirable practices, in keeping with a sound interpretation of what constitutes 'good practice' delivery of the Blue Badge Scheme, are being adopted by local authorities within the context of their local circumstances.
- DfT enhancing Blue Badge scheme data collection against key scheme metrics, which has since been conducted on an annual basis with expanded data fields and data drawn from the Blue Badge Improvement Service (rather than local authority surveys).
- DfT updating the local authority scheme guidance to reflect the findings of our research and promote adoption of Blue Badge scheme administration and assessment 'core principles' that were piloted by the research team. This was delivered in 2011, with the guidance subsequently updated in 2012 and 2014 to reflect the changing nature of passport benefits (such as Personal Independence Payment's gradual replacement of Disability Living Allowance). Notably, all of the piloted 'core principles' associated with desk-based and independent mobility assessments were documented as examples of good practices for local authorities to consider.
- DfT developing a common, online application form through the Blue Badge Improvement Service – which became available in 2012, and to which all English local authorities are now subscribed – and cross-checking facilities related to other benefits and in-street enforcement activities.
- De-coupling the Blue Badge walking criterion with the walking element of the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA), mainly because of proposed major reforms to Disability Living Allowance. This resulted in the more detailed, practical assessment guidance prepared by ITP and published by DfT (DfT, 2014).
- The government updating secondary legislation to mandate the use of independent mobility assessments by appropriate healthcare professionals (OTs and/or Physios) in place of GP 'medical assessments' as the basis for informing decisions about applicants' eligibility under the 'subject to further assessment' walking criterion – the only exceptions being where sufficient evidence exists to support a decision to award a Badge (e.g. through desk-

based/cross-checking of other relevant benefits or records). The legislation was revised, based on our research findings, in late 2011 and Spring 2012 (DfT 2011c).

- The adoption by local authorities of joint eligibility assessments for Blue Badges, concessionary travel passes, and home adaptations, where possible.
- The publication by DfT, and use by local authorities, of evaluation protocols and performance indicators that local authorities can use to appraise and monitor the impact of their transition to using desk-based and independent mobility assessments as the basis for determining the eligibility of Blue Badge applicants.

5. What happened next? Impacts of implemented reforms

Once the updated guidance was published by DfT, and the amendments to legislation based on our research was complete, we were conscious that the effectiveness of the reform programme would depend heavily upon how effectively local authorities were able to absorb our recommendations and apply the new guidance locally. Early feedback from local authorities was positive, with Council officers we spoke to suggesting that it had helped to demystify the IMA-led approach to determining Blue Badge applicant eligibility, and provided the evidence they needed to make the internal case for reform.

The annual (survey-based) data returns on Blue Badges issued have given way to data from the Blue Badge Improvement Service, and roughly five years after the completion of the reform programme feels like an appropriate moment to review and reflect on 'what happened next'. The evidence (see Figure 1 and Figure 2, overleaf) is striking, and revealed:

- The total number of valid Blue Badges on issue reduced by -9.5% (from 2.56m in 2010, to 2.38m in 2016).
- The reduction was achieved primarily through a decrease in the proportion of 'subject to further assessment' applicants being awarded badges (rather than as a result of wider government changes to benefit entitlements), which fell from 62% in 2010 to 57% in 2016.
- The reduction in badge-holding represented a real-terms reduction in relation to the country's changing population (5.0% of the population held a Blue Badge in 2010, reducing to 4.3% in 2016).
- There has been a 5.3% reduction in the total number of badges being issued each year, reflecting the impact of the reforms to eligibility assessment practices among local authorities.
- This has been sustained across the period since updated guidance was published, with 1.5% fewer Blue Badges issued to 'subject to further assessment' applicants in 2015/16 compared with 2014/15.

Figure 1 – Total number of valid Blue Badges on issue 1997-2016 (in DfT,2016)

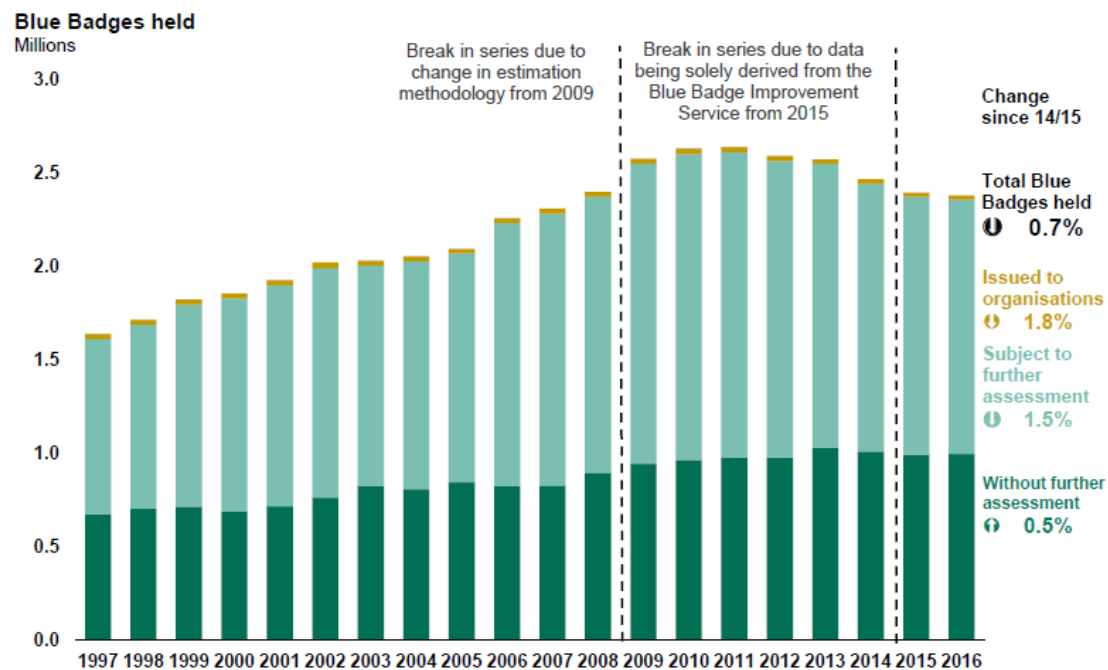
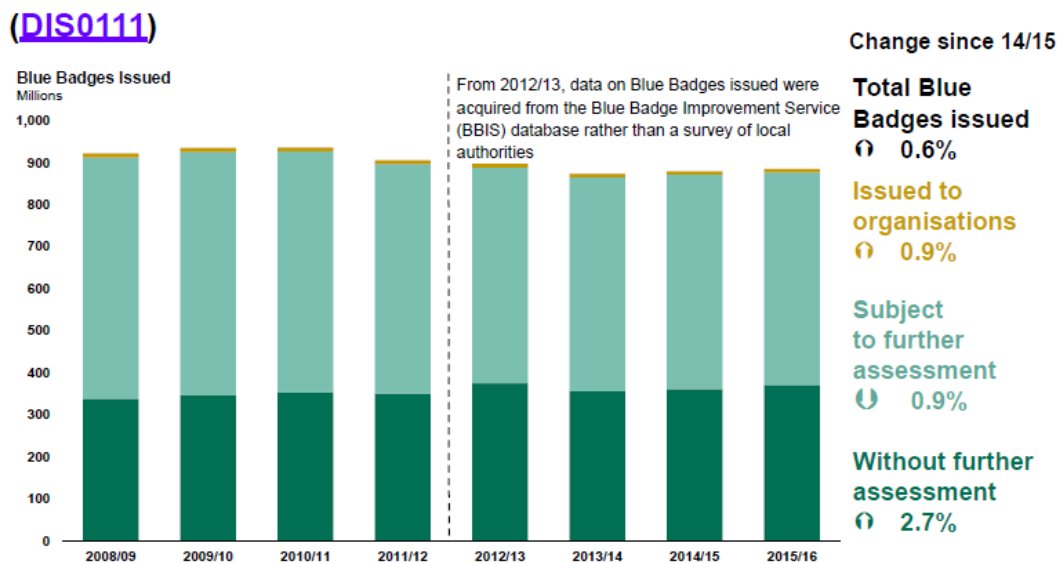


Figure 2 – Number of Blue Badges issued each year (in DfT, 2016)



While a reduction in the number of Blue Badges on issue was not a specific aim of DfT's reform programme, it is a reasonable proxy for the metrics used to measure good practice in our research study:

- The system appears to have become *fairer and more consistent*, with badges issued to people who demonstrate genuine permanent disability and walking difficulty in relation to the eligibility criteria.
- Clearer application and assessment practices appear to make the Blue Badge scheme more *customer-friendly and easier for the public to understand*.

- Applications can now be processed more *quickly and efficiently* than before, owing to a combination of local authority adoption of streamlined 'core principles' approaches, and the national Blue Badge Improvement Service – which centralised online applications and record checking.
- The national scheme appears more *resistant to abuse* as a result of physical changes to the design of the badge, administrative processes that require the return of expired badges, and enhanced eligibility assessment practices that ensure the people who meet the award criteria receive the benefit.

Some form of light-touch ex-post evaluation, involving both local authority scheme delivery staff and Blue Badge applicants, could add detail to these assumed impacts – which are primarily inferred from DfT's monitoring data.

6. Residual challenges and opportunities for further improvement

While it is clear that our team's research, and the hard work of colleagues at DfT, has resulted in a significant and positive impact on the way the Blue Badge scheme operates, a number of residual challenges and opportunities for further improvement are identified in Table 1. Grasping the opportunities, and addressing the residual challenges could serve to further enhance the Blue Badge scheme for disabled people in England.

Table 1: Residual opportunities and challenges for the Blue Badge scheme

Opportunities	Challenges
Pressure to extend eligibility criteria: <ul style="list-style-type: none"> • Demonstrably fewer valid badges in circulation now • Require consultation and research into criteria and assessment process 	Pressure to extend eligibility criteria: <ul style="list-style-type: none"> • Alzheimers and autism • Crohn's disease • Eligibility assessment process not easy
	Ageing population and obesity: <ul style="list-style-type: none"> • Potentially increases demand for Blue Badges from eligible applicants.
Autonomous vehicles and Mobility-as-a-Service: <ul style="list-style-type: none"> • Possibly reduces parking need? • Blue Badges become redundant? • Critically dependent on drop-off locations relative to destinations 	Availability of accessible parking: <ul style="list-style-type: none"> • Particular issue in urban areas • Competition for BB parking • Set to continue in near-term future given road-space pressure
	Cost of Blue Badge application: <ul style="list-style-type: none"> • £10 is low relative to £30 admin cost to local authorities per app. • Also low in relation to value of parking having a badge affords • Does little to discourage abuse of the scheme / fraudulent applications

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