



Harrow Council Concessionary Travel Eligibility Criteria Statement

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for Harrow Council

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1. BACKGROUND

1.1 Harrow Council provides the following concessionary transport services for eligible residents:

- **Freedom Pass:** The scheme allows free travel in the Greater London area on buses, tube, national rail (London network), DLR and Tramlink, for older and disabled people who reside in the Borough. It also allows free bus travel on local bus services anywhere in England. The Harrow Discretionary Disabled Person's Freedom Pass only allows travel within Greater London.
- **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 maximum 3-year period when holders have to reapply;
- **Taxicard:** for people with serious difficulties with walking (including breathing problems and sight loss) to travel in taxis at reduced rates.

1.2 These services are funded by the Council and remain subject to review. As part of its continued scheme management and in order to ensure that those residents remain properly entitled to the concession/s, Harrow Council requires all existing holders to re-apply on a regular basis. The following review periods apply:

Concession	Review Period	Last Review Held
Disabled Person's Freedom Pass	Every 3 years	2014/15
Discretionary Disabled Person's Freedom Pass (issued new)	Every year	2014/15
Discretionary Disabled Person's Freedom Pass (existing as at May 2013)	Every 3 years	2012/13
Blue Badge	Every 3 years	Rolling renewal
Taxicard	Every 3 years	2013

1.3 Blue Badge Regulations require the use of independent assessors in the assessment of eligibility for Blue Badges under the walking criterion. In addition, the Department for Transport (DfT), in its guidance on the concessionary bus travel scheme, 'strongly recommends' that non-automatic cases are assessed by independent health professionals, and views the use of GP endorsement as 'wholly unsatisfactory'. Harrow Council applies this best practice in the assessment of non-automatic applications for all 3 concessions.

1.4 Harrow Council has in place a mobility assessment contract with an independent company of health professionals. The contract considers all new applications and renewals under the non-automatic criteria.

1.5 The assessment 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 the applicant may be invited to attend face-to-face clinic for further assessment, or the application rejected.

- 1.6 Anyone refused has the right of appeal, at which time additional information must be provided by the applicant, using a supplementary information pro-forma. An appeal must be made within 4 weeks of the date of the initial refusal. Where an application has been refused, either initially or on appeal, the applicant cannot reapply within 9 months of the refusal.
- 1.7 The independent assessment process ensures that any enquiries are dealt with speedily on behalf of the Council. It also ensures that information can 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, although it is open to London boroughs to also offer discretionary passes where passholders are limited to concessionary travel within London. Taxicard is not founded in law and the related 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 Harrow Council 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 Harrow. 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 Assessment Model, as used by the borough for all applications where the eligibility criteria are non-automatic, is included in section 6.
- 2.6 This *Policy Statement* is intended to be a 'live' document and is periodically reviewed and updated in order to reflect any changes in eligibility criteria recommended by the Department for Transport, changes in Harrow policy or, in the light of further experience, to take into account any local circumstances.

3. DISABLED PERSON'S FREEDOM PASS POLICY STATEMENT

3.1 BACKGROUND

- 3.1.1 The Policy Statement sets out a detailed interpretation of the seven eligibility 'categories' defined in the Transport Act 2000 for the Disabled Person's Freedom Pass and Council policy on the Discretionary Disabled Person's Freedom Pass. Harrow Council 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 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 Harrow Council.
- 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, driving license, GP registration or recent utility bill. If the applicant pays council tax in the borough, the council will use this as evidence as long as the property is their main residence and not a second home. The applicant may be required to re- confirm their residency to Harrow after a period of time following their initial acceptance of eligibility. To qualify for a permit the applicant's "sole or principal" residence must be within the authority's boundaries. Where an applicant owns two or more properties, then the place of residence shall be that where for Council Tax liability purposes, the applicant pays council tax as the occupation of the property as their main residence not as a second home. 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 From 6th April 2010, the age at which older people become automatically eligible for free travel will be later than that of their 60th birthday. Applicants are advised to use the DirectGov tool (link below) to calculate the date at which they become automatically eligible for an Older Person's Freedom Pass.
<http://pensions-service.direct.gov.uk/en/state-pension-age-calculator/home.asp>

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);
- Personal Independence Payment (PIP), where the applicant has been awarded at least eight points against either the PIP 'Moving around' and/or 'Communicating verbally' activities;
- 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. Harrow's policy on the non-automatic eligibility criteria for a concessionary Disabled Person's Freedom Pass is set out below.

Discretionary (London-only) Disabled Person's Freedom Pass

- 3.2.4 In October 2011, Harrow Council agreed its policy on eligibility for the Discretionary Disabled Person's Freedom Pass. Discretionary passes cover only limited mental health criteria and exceptional circumstances, as detailed in Section 3.5 of this Statement. All applications for the Discretionary Disabled Person's Freedom Pass are for determination by Harrow Council.

3.3 TRANSPORT ACT 2000 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. REQUIRING FURTHER ASSESSMENT

3.4.1 This section defines the interpretation of the Transport Act criteria and DfT Guidance that Harrow 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. Harrow 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 Harrow 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 The shaded box areas in this section are the guidance notes issued by the DfT for each of the seven categories. Harrow's interpretation of that guidance for the purposes of each category is given below each shaded box.

3.4.5 For ease of reference, the seven categories are considered as follows: -

- a) **blind or partially sighted – section 3.4.6**
- b) **profoundly or severely deaf – section 3.4.7**
- c) **without speech – section 3.4.8**
- d) **ability to walk – section 3.4.9**
- e) **does not have arms/long-term loss of the use of both arms – section 3.4.10**
- f) **learning disability – section 3.4.11**
- g) **refusal of a driving licence – section 3.4.12**

3.4.6

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.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_registration_

Harrow 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.

3.4.7 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.

Harrow 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 for further information about reading audiology reports.

This will usually be categorised as permanent.

3.4.8 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.

Harrow 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.

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.

3.4.10 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.

Harrow 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.

3.4.11 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.

Harrow 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.

If someone is assessed with an IQ of 70 or below they could have a mild or moderate learning disability and would meet the criteria to be registered as someone with a learning disability.

Having a SEN, in itself does not automatically meet the criteria as the applicant could be statemented because of a learning difficulty and not a learning disability. With regard to SEN, the following is accepted as evidence:

Educational Statement identifying severe, moderate or mild learning disability as defined below:

In line with the definition of learning disability set out in the Government White Paper *Valuing People* (Department of Health 2001) a person is deemed to have a learning disability when **all** of the following are present:

- a significantly reduced ability to understand new or complex information and to learn new skills (significantly impaired intelligence)

- a significantly reduced ability to cope independently (significantly impaired social functioning)
- the condition having started before adulthood, with a lasting effect on development

For most individuals the level of intellectual and social functioning will be comparable. Some, however, may have significantly impaired intelligence but good social functioning, or vice versa. Such people would NOT be judged to have a learning disability. However, social functioning is not a permanent state and can vary with time and circumstances and definitions may at times need to consider the level of support that is or would be needed to preserve ability to function independently.

As set out in *Valuing People* learning disability does not include all those who have a 'learning difficulty'. The following are examples, not exhaustive, of what is **NOT** accepted as a learning disability:

1. Dyslexia/dyspraxia
2. Other 'specific learning difficulties' as defined by Education
 - Brain damage sustained after the age of 18
 - Aspergers Syndrome

3.4.12 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;
- iii. liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise);
- iv. inability to read a registration plate in good light at 20.5 metres (with lenses if worn);
- v. 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.

Harrow 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.

Where an applicant has not been refused a Driving Licence but is considered medically unfit to drive due to one of the following conditions then the applicant must provide a Consultant's report in support of the conditions listed below that includes confirmation that you do not meet DVLA requirements to hold a driving licence:

- Epilepsy
- Severe mental disorder
- Liability to sudden attacks of giddiness or fainting
- Inability to read a registration plate in good light at 20.5m (with lenses if worn)
- Other disabilities that are likely to cause the driving of vehicles by you to be a source of danger to the public

Please note that Harrow Council may check responses to this question with the DVLA.

This category may be subject to a review.

3.5 DISCRETIONARY DISABLED PERSON'S FREEDOM PASS

- 3.5.1 The general principle to award a Discretionary Disabled Person's Freedom Pass is that a person would suffer from social isolation because of their inability to get about. This includes the person not being able to drive and no members of their household, including a carer, parent or guardian, having access to a motor vehicle.
- 3.5.2 Harrow residents who are eligible for the Mayors 60+ pass are not entitled to a Discretionary Disabled Person's Freedom Pass.
- 3.5.3 Holders of a Discretionary Disabled Person's Freedom Pass are not entitled to be members of the Taxicard scheme.
- 3.5.4 Eligibility is specifically restricted to people who meet the following mental health needs criteria and to very limited exceptional cases, as set out below:

Mental Health needs criteria

Either

1. Receive Middle Rate Care component of Disability Living Allowance, **and**
Has a severe and enduring mental health illness lasting at least 12 months and where the condition leads to a serious impairment of social functioning, **and**
Has regular contact with a mental health professional, such as a Psychiatrist or key mental health worker, for example a Community Psychiatric Nurse (CPN) or is on a care programme approach (CPA)

Or

2. Requires a mental health day care or clinic two or more times a week, for which they would need a travel permit to attend, as determined by a Community Mental Health Team worker, Psychiatrist or CPN. A requirement to attend a Mental Health Hospital for regulatory medication. These must be documented as a necessary therapeutic requirement, for example to access treatment, or to participate in therapy or recreational and/or educational activities in order to improve their mental health.

Exceptional case criteria needs

Sufferers of chronic medical conditions exacerbated by physical activity, which will also then affect their mobility, or to provide an essential escort for learning disability teens/adults where the disabled person has a Freedom Pass, and can use the bus but cannot travel alone due to cognition/orientation/safety reasons. It should be noted that only one escort pass will be issued, to the main carer.

- 3.5.5 It should be noted that Exceptional circumstances do not apply to residents of residential homes. The assessment will be based solely on mobility and will not take into account compassionate or financial grounds.

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.

4.1.2 The Regulations governing the Scheme are the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2013, 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 A pass is valid for a maximum 3-year period, whereupon passholders have to reapply. However, certain exceptions apply, as detailed below:

- In the case of children under three, the badge is issued for a maximum period ending on the day immediately following their third birthday
- Where entitlement is linked to an award of HRMCDLA, PIP or WPMS the period of issue is linked to the period of receipt of that allowance, where that period is less than three years. For example, a badge can be issued for 9 or 12 months if this corresponds with the period of issue of HRMCDLA or WPMS.

Where HRMCDLA, PIP or WPMS has been granted for a period longer than three years, the badge is only issued for a standard three year period. In no circumstances is a badge issued under the 'subject to further assessment' walking criterion, which states that a person needs to have a 'permanent and substantial disability', to applicants with a temporary disability or for a period of less than 3 years.

4.1.4 In November 2014, the Department for Transport published updated guidance *The Blue Badge Scheme Local Authority Guidance (England) October 2014*. This policy statement takes account of the updated guidance.

4.2 DEPARTMENT FOR TRANSPORT GUIDANCE

4.2.1 In *The Blue Badge Scheme Local Authority Guidance (England)* dated October 2014, the DfT identifies two different types of eligibility:

- Eligible without further assessment
- Eligible subject to further assessment

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, including the annual uprating letter for HRMCDLA.

- Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA);
- Personal Independence Payment (PIP), where the applicant has been awarded at least eight points against the PIP 'Moving around' activity;
- Is registered blind (severely sight impaired);
- War Pensioner's Mobility Supplement (WPMS);
- Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

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 (CVI) signed by a Consultant Ophthalmologist.

Eligible Subject to Further Assessment

4.2.4 Applications that are outside the '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;**
- **Has a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.**

4.2.6 The latest DfT Guidance has clarified that **any** permanent and substantial disability which causes inability to walk or very considerable difficulty in walking may qualify for a badge regardless of the particular condition.

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

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

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 Harrow’s policy on the non-automatic ‘eligibility subject to further assessment’ criteria is set out below.

4.3 ELIGIBLE SUBJECT TO FURTHER ASSESSMENT

4.3.1 This section defines the interpretation of DfT Guidance that Harrow 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, Harrow 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.

4.3.3 In addition to the ‘automatic’ benefits-based entitlement described above, Harrow 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.

4.3.4 The shaded box areas in this section are the guidance notes issued by the DfT. Harrow’s interpretation of that guidance for the purposes of each category is given below each shaded box.

4.3.5 Regulations require the use of independent assessors in the assessment of eligibility for Blue Badges under the above walking criterion.

4.3.6

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; and
- 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 circumstances 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.

Most drivers with disabilities in both arms drive an adapted vehicle and should be able to provide insurance documents which contain statements to this effect. In addition, applicants who have registered their adapted vehicle with the DVLA will be able to present their driving licence which will contain codes that refer to the modifications made to the vehicle. These can be found on the reverse of a photocard driving licence (under category 12, information codes) and in the 'codes' sections on the front of the counterpart driving licence. The following driving licence codes are relevant to this criterion:

- 40 - Adapted steering.
- 79 - Restricted to vehicles in conformity with the specifications stated in brackets.

Where the applicant does not have an adapted vehicle, only drivers with the most severe disabilities in both of their arms (i.e. 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.

Harrow 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.

DfT Guidance Category - Has a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

To qualify under this criterion, a person must have **any** permanent and substantial disability (i.e. likely to last for the duration of a person's life) that means they **cannot walk or means they have very considerable difficulty in walking**. Each application should be considered against this criterion, regardless of the particular condition. Applicants will need to demonstrate that their ability to walk is affected to the extent that they would be unable to access goods and services unless allowed to park close to shops, public buildings and other facilities.

Local authorities should be aware that it is not appropriate to refuse an applicant a Blue Badge solely on the basis that they are able to use public transport independently or because they already have a concessionary travel pass.

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

In addition, the DfT considers that it would not be appropriate to refuse an applicant a Blue Badge on the sole basis that they are due to have a medical procedure, such as a knee or hip replacement, which may or may not improve their mobility. If, at the time of assessment, the applicant has a permanent and substantial disability which means that they are unable to walk or that they have very considerable difficulty walking (which is unlikely to change unless they have medical intervention), then they should be issued with a badge. However, the applicant should be reminded in their decision letter that they have a duty under regulation 9(1)(c) of the 2000 Regulations (SI 2000/682) to return the badge to the local authority if at any time their mobility improves.

Whilst medical conditions such as asthma, Crohn's disease/incontinent conditions, autism, Myalgic Encephalomyelitis (M.E.) and other mental/cognitive/intellectual disabilities and are not in themselves a qualification for a badge, people with these conditions may be eligible for a badge if they are unable to walk or have very considerable difficulty in walking. Eligibility is not determined by the presence or absence of any particular diagnosis or condition. Provided that an applicant has a permanent and substantial disability, a local authority's eligibility decision should be based on whether the applicant's difficulty in walking meets the criterion in the regulations. Each application should be considered on its merits – not on a “one size fits all” basis. **The final decision about whether an applicant meets the criterion is for the issuing authority to make. The DfT has no power to intervene in eligibility decisions in individual cases.**

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(a) the applicant cannot walk

Being unable to walk means that they cannot take a single step. The applicant needs to show that, because of their permanent and substantial disability, they cannot put one foot in front of the other.

Walking involves always having one foot on the ground.

If the applicant's **only way of getting about is to swing through two elbow crutches, then they will be considered unable to walk** (provided it is due to a permanent and substantial disability and not due to legs being in plaster).

(b) the applicant has very considerable difficulty in walking

The applicant will need to show that, as a result of their permanent and substantial disability, they are unable to walk very far without experiencing severe difficulty. Several factors may be relevant to determining this:

Excessive pain reported by the applicant when walking, or as a consequence of the effort of walking.

- Pain is subjective, and some people have higher pain thresholds than others. Consideration may need to be given to cross-referencing an applicant's reported experience of pain with information they provide about their permanent and substantial disability, details of medication they take, coping strategies they have adopted and any courses of treatment designed to help them manage their pain.

Any **breathlessness** reported by the applicant when walking, or as a consequence of the effort of walking. Any breathlessness reported by the applicant when walking, or as a consequence of the effort of walking.

- The applicant's reported breathlessness may need to be cross-referenced with details of diagnosed medical conditions known to cause breathlessness (e.g. emphysema) and any observations of the applicant's respiratory rate during a mobility assessment.

It does not matter whether excessive pain or breathlessness occurs at the time of walking, or later - what counts is that it is a direct result of their attempt to walk.

The **distance** an applicant is able to walk without excessive pain or breathlessness; taking due consideration of the environment the individual usually walks.

- If an applicant is unable to walk 30 metres (33 yards) in total, then their walking ability is not appreciable and they can be deemed as having very considerable difficulty in walking.
- The applicant may be deemed eligible if they can walk 30-80 metres (33-87.5 yards) without pain or breathlessness, but demonstrate very considerable difficulty in walking through a combination of other factors (e.g. extremely slow pace and/or their manner of walking).
- Applicants who can walk more than 80 metres (87.5 yards) and do not demonstrate very considerable difficulty in walking through any other factors would not be deemed as eligible.

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The **speed** at which they are able to walk.

- As a guide the average person can walk in a minute:
 - Brisk pace - >90 metres per minute
 - Normal pace - 61-90 metres per minute
 - Slow pace - 40-60 metres per minute
 - Very slow pace - <40 metres per minute
- If an applicant cannot walk 40 metres (44 yards) in a minute (a pace of less than 0.67 metres/second), including any stops to rest, then this is an extremely slow pace which is likely to make walking very difficult when considered in isolation.
- If an applicant can walk 40 metres (44 yards) in less than a minute (a pace of 0.67 metres/second or more), including any stops to rest, then the speed at which they walk is not likely to make walking very difficult when considered in isolation. The applicant may still be considered eligible if they demonstrate very considerable difficulty in walking through any other factors.

The **length of time** that an applicant is able to walk for.

- For example, if an applicant is only able to walk for less than one minute in total then walking is likely to be very difficult for them.

The **manner** in which the applicant walks.

- The applicant's posture, rhythm, coordination, balance and stride should be considered in terms of the degree of effect they have on their ability to walk.

An applicant's use of walking aids.

- The fact that a walking aid is or is not used may be relevant to the eventual decision, but this alone should not determine whether or not a Blue Badge is issued.
- For example, if a person can walk relatively normally with the use of an artificial leg or walking stick, then they should not be considered as eligible to receive a Blue Badge.
- It may be pertinent to consider whether an applicant is using any walking aids in a correct manner when determining whether they have very considerable difficulty in walking.
- It may also be pertinent to consider whether an applicant who is not using any form of walking aid at the time of their application could improve their walking ability, to the extent that they would no longer demonstrate very considerable difficulty in walking, through the correct use of such an aid.

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The applicant's **outdoor walking ability**.

- It is important to consider the person's ability to negotiate the types of pavement or road one would normally expect to find in the course of walking outdoors. No pavement or road is absolutely flat therefore a degree of "incline" and "decline" should be considered in the course of a mobility assessment.
- It is not necessary for the assessment to be completed outdoors. However, it is important the assessment enables the healthcare professional conducting the mobility assessment to determine how the applicant would cope with walking outdoors based on their indoor walking ability.

Whether the effort of walking presents a danger to the applicant's life, or would be likely to lead to a serious deterioration in their health.

- The applicant needs to show that they should not walk very far because of the danger to their health.
- This element is intended for people with serious chest, lung or heart conditions who may be physically able to walk normally.
- 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 effort required to walk.

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

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

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

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

Examples of children under three likely to fall into the first criterion above may be those who need to be accompanied at all times 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.

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Examples of children with highly unstable medical conditions, who need quick access to transport to hospital or home and are likely to qualify under the criterion 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.

The lists provided above are indicative only and are not intended to be exhaustive in order 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 within Harrow Council.

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 problems, or severe sight impairment, as well as having difficulty in using mainstream public transport such as the London Underground, buses and trains. There is no statutory requirement to provide a Taxicard scheme.

5.1.2 The scheme in Harrow currently allows members to take a maximum of 40 trips per annum. Holders of a Discretionary Disabled Person's Freedom Pass are not entitled to be members of the Taxicard scheme. The annual trip allocation is subject to review and amendment at the discretion of Harrow Council.

5.1.3 Where a Taxicard member has not taken any trips in a previous 12-month period then Harrow Council may, at its own discretion, stop membership and a new application will need to be submitted should that person wish to continue to access the 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
- Personal Independence Payment (PIP), where the applicant has been awarded at least eight points against the PIP 'Moving around' activity;
- 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 as well as having difficulty in using public transport.** 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.

- 5.2.5 Applications that are outside the above 'automatic' qualifications are for determination by Harrow Council. Harrow 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. 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. Guidance on eligibility under this category is given in Section 6.

6. ASSESSMENT MODEL USED TO DETERMINE APPLICATIONS ‘SUBJECT TO FURTHER ASSESSMENT’

6.1 The assessment model used to determine eligibility for all applications that are defined as being *Subject to Further Assessment* is summarised below.

6.2 This model is used in particular to determine eligibility against the following criteria

Disabled Freedom Pass	Ability to walk	Para 3.4.9
Blue Badge	Walking Disability	Para 4.3.7
Taxicard	Serious mobility impairment as well as having difficulty in using public transport	Para 5.2.4

6.3 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

Paper and Mobility Clinic Assessments

6.4 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.

6.5 Eligibility under this category will require a specified review date, dependent upon the nature of the disability.

6.6 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.**

6.7 Additional information, via a letter or telephone call to either the applicant, or a healthcare professional, may be considered necessary at this stage.

6.8 The five categories that will be considered are:

1. Health and Disability

6.9 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

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

3. Mobility

6.11 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

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

6.13 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

6.14 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.