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Background

I am the wife of a disabled person. In response to the occasion where we were to “apply” for his “Blue Badge”. This was not the first application but the forth since 2012.

Examples made here appertaining to our own experiences are to give the committee a view outside that of the process and are not made to undermine any party. It simply happened and is provided without bias.

Following a significant work related accident in 2012 my husband was rendered disabled with a chronic mobility issue. He to date is only mobile with use of walking aids, has equipment at home to assist with bathing (a bath lift) toilet use (a raised toilet seat) and crutches/walking stick as issued by the NHS and its suppliers.

My husband suffered complex post-accident issues include additional operations to correct accident injuries and numerous bouts of “serious” E’coli and Septis. He was thereafter informed that his walking would never recover to the norm and he would require mobilisation with walking aids for the rest of his life in addition to personal assistance in care. Further to this my husband suffers severe depression and anxiety following 3 nervous breakdowns caused in part by over work (working 70 plus hours each week) especially when dealing with what most people would call “everyday activities”. Recently more issues associated with the accident have come to light which he is desperately trying to deal with.

Following a conversation with a member of the above committee my husbands’ mood dropped considerably. I and our daughter (who lives 200 miles away) have watched a man who loved life, was a workaholic senior executive with a huge skills base, who was recruited by WAG at one point to consult with them and has successful input into one of its department strategies become a broken man. We do not over emphasis this for any reason because it is fact and we live it daily. It is stated for you to gain an insight to the measure of the person.

My husband limits his driving to the local and essential and despite being assessed as safe to drive often will not use his vehicle due to issues of parking especially at our terraced property home. This adds further to his isolation and mental state.

The acceptance of a blue badge has for ██████████ been difficult. He sees this as “yet another issue” of “his failing” brought about by his condition, a condition that he receives continued counselling for.

He has stated on many occasions, “If I didn’t need it I really would not want it

The process of obtaining a Blue Badge has normally been left to me due to ██████████ problems. I will gather the information, collate and then apply. Whenever I feel it possible I encourage and hand hold my husband through such tasks, tasks of this nature were in his previous life simplistic and he would often be the “go to person” for any such activity for family and friends. Now these cause massive anxiety issues which leave him with exceptionally low mood. These are a continuing concern. This is in addition to his physical problems.

Our experience in the process and function of the blue badge has been poles apart. It was felt that to share some examples of this may inform the committee in an unbiased perspective.

It is appreciated that the “badge” has an important function for the genuine individual(s). There are those who seek to abuse its function. This is clearly understood and to a degree has been witnessed. The use of a badge should be seen as a privilege and not a right.

Until January 2019 the process required postal application or an online application with no availability to upload data. It thereafter required either an email address for a “department employee” at Merthyr Tydfil Council so that we may email sensitive data or for us to attend personally. The latter for my husband was impossible. There is no reasonable appropriate parking available for someone with mobility issues at the Merthyr Council Town centre site.. We are frequently directed to a multi-storey facility 130 metres away. When asked why we cannot use council on site car park facilities we were told “people abuse it”.

The application process is heavily reliant on supporting evidence from DLA / PIP reports. These reports followed assessment often by individuals who although medically trained in certain areas were certainly NOT always trained in the issues applicable to the applicant and were in the greater part not trained to the level of at least a General Practitioner. My husband has been assessed previously by a “Bowel Nurse” amongst many others!

The assessment outcome was in the main based on the assessors understanding and interpretation of the facts, often extremely complex containing very varying medical issues which were individual to the person and not necessarily fitting in to a “box”.

In a recent situation my husband waited 12 months from being told that he would be required to undertake a PIP assessment to finally getting the report. In that time my husband’s Badge life was to expire, he had to apply for another. He contacted the local council and explained that he was still (like so many) awaiting the outcome of the assessment. The wait was not of our making but by the department of Works and Pensions who were reporting workloads that were unacceptably heavy due in part to the introduction of the Universal Credit. However, he explained that he had a doctor’s letter that had been created voluntarily by his GP to support the PIP process and was derived in full from all the inputs of medical professionals involved in his case over time, he was more than happy to provide this to help the department in their task even if it didn’t meet the “guidance” in respect of the PIP report it certainly could have met the discretionary aspect. The outcome was a badge issued for 6 months until the “report was received” in this time we finally had our report and were told by the local council to wait until the 6 month badge required renewing. This means that the process of creating a badge and administering it was repeated at cost to the council, a council voicing its concerns in its distributed newsletter this very week that there were to be cuts in funding to them, a loss of 100 personnel and thereafter to the services in the town as a whole. Repeated administration for what will be a lifelong chronic mobility issue.

We have asked about this process as we did feel it of no benefit to any party, use of valuable council time and resource to do the same job twice when evidence was put forward voluntarily to actually stop this happening and the data held therein was compiled directly from the reports of three Orthopaedic Consultants one of which was classed as “Forensic consultant”, physiotherapists and even Occupational Therapists. But because our GP compiled the report it wasn’t acceptable? Yet he clearly falls in to Annex B of the guidance as issued to local authorities.

We have been told that due to GP’s complaining of being coerced over letters for badges, and that GPs were not necessarily familiar with life effect analysis, that a GPs letter was not enough to support, however, a consultant letter was!

Whilst this might appear to those developing the process as acceptable to us it appears completely contradictory to the guidance.

In Blue Badge Scheme in Wales: Guidance to Local Authorities 2017, 6.1 states “*Local authorities are recommended to not rely on letters from GPs. GPs are clinicians, who specialise in diagnosis and treatment. Eligibility for a Blue Badge does not depend on diagnosis, but on how an individual’s mobility is impaired, which is outside of the specialism of the majority of GPs*”.

Surely it has to be reasonable to assume a consultant also meets this same criteria with the additional caveat that they have very, very limited contact with the patient especially when they have their “team” stand in for them in clinics? This is really what happens.

Are they also not “clinicians, who specialise in diagnosis and treatment?”

This is surely the same role but specialising in one field of medical issue, not its impact on everyday living which for many consultants is only an assumed process. Never once has my husband been assessed on his ability to get in and out of a car over some of the varying curb height issues we have in the town, walk safely on gradients, or even get up and down on a seat or toilet seat.

My husband was under a consultant for 1.5 years, at the end of that time he was told emphatically there is no more they can do to improve his mobility,” *you have been given daily exercises by the physios that are to be undertaken, we can only manage and help you manage the foreseeable deterioration*”, my husband was then referred back to his General Practitioner to assist him manage his condition and monitor its progress. This continues up to today and will for the rest of his life.

My husband was offered the option to stay on the consultants list and to be seen once a year, to what end? To take up valuable appointment time where others that could potentially receive interventions that could help their conditions could lose out or he could be re--referred by his GP when/if the situation got to a point where he could no longer cope with the issue, and he was unable to walk at all, bearing in mind there was nothing to do even if referred. My husband opted for the latter based on the simple “why waste a consultants’ time when another person may benefit?” His consultant actually shook my husbands hand and said “I completely understand, thank you”.

What would then be the guidance if my husband did not volunteer for PIP or Universal Credit, DLA etc? He would not have a DWP assessment to allow him access to the blue badge system?

It should be noted the process of assessment for the purpose of Government benefits is NOT simple, it is NOT stress free and it certainly is not something we would want others to have to go through. It is possibly the very worst possible process to have to undertake.

Following his accident my husband was assessed continually, at one stage every week by varying medical professionals including physios, pain specialists, occupational therapists and psychologists – this continued for some 15 months . The conclusion was – no more to be done.

In June 2018 Vaughan Gething is quoted: ““The Parliamentary Review found that much of what we are doing in health and social care in Wales is right, but that change needs to be made to secure services for the future and to ensure people continue to get the best care.

***“Today we are responding to that review. This will be a revolution from within the health service. We have to move on from the idea that the hospital is the first or best place for you to be when you are unwell. That isn’t always the case, especially when there are a range of local services that will allow you to remain safely at home.*”**

“I recognise the challenge and this will take time, but change will begin immediately. By the time we celebrate the 80th anniversary of our NHS I expect to see a stronger, joined-up system between health and social care that will be fit to serve people for generations to come.”

Therefore isn't it time that bureaucracy actually reflected ministers plans and understand that some that have been told their condition is for life may not be under a consultant or other hospital based medical service but WILL be under their GP who will assist in the primary caring role of managing what they have? And that this placement is part of the Welsh Governments Strategy!

If a condition is "for life" with no means to improve only to maintain what is current OR to manage progressive deterioration then no matter how many assessments one has the outcome is "for life". Is it because of such rulings that some deem it reasonable to stay listed with limited numbers of consultants despite no further treatment being forthcoming – purely academic. System blocking? To get a blue badge?

I refer you back to my husband's response to being asked if he would like to stay on the consultants list. Perhaps this was the wrong decision?

Blue Badge Scheme in Wales: Guidance to Local Authorities 2017 (which is all we appear to have access to through <https://beta.gov.wales/sites/default/files/publications/2017-09/blue-badge-scheme-in-wales-guidance-to-local-authorities-2017.pdf>)

It states;

"Healthcare providers may also be a good source of evidence to help the local authority to determine eligibility for a Blue Badge. Local authorities may have arrangements in place to access information from health providers. Or the applicant may have evidence of mobility services they have accessed in the last 12 months from: • hospital consultants or specialists • physiotherapists • occupational therapists • pain clinics • district nurse • community psychiatric nurse".

I refer you again to Vaughn Gethings policy for Wales June 2018.

Not everyone will be routinely seen by physiotherapists • occupational therapists • pain clinics • district nurse • community psychiatric nurses across a 12 month period. In most cases appointments for these are limited to the minimum possible to allow for other patients to be seen otherwise the volume will increase as appointments volumes each day remain the same. However, we again return to the person we return to, the people we would routinely see – The GP. Would we again see appointments being sought merely to have evidence for administrators, same letter with a different date on it? Because in the majority of cases that is exactly what is occurring.

It also begs the question. If GPs are complaining that a minority are becoming abusive and demanding in regard to letters to support, surely the same will eventually apply to those people also listed on the guidance. Just because you are referred to a district nurse will not necessarily mean that the same coercive process by the patient will not follow. Surely it will continue, just toward a different level of skill/position. It appears that GP practices are funded by the numbers of patient on their "books". If someone has become abusive and has threatened a GP then surely the NHSs' push for zero tolerance must be implemented? There are laws to the effect that threatening behaviour is punishable through the judicial system? Are steps taken to remove the patient from GP lists – OR is that a loss of revenue and therefore NOT undertaken.

A comment was also made that GPs in some areas were basically charging the NHS for these supportive letters. The newer system of independent assessment is to reduce this potential loophole in GP in charging exorbitant amounts and potentially gaining punitive advantage. Therefore is this the patient's fault, the one who only needs a supportive letter for their local council. How are these other professions listed to be paid? How MUCH are these other professions to be paid? Is it likely that same amounts? Is there a figure by which we as the end user will have to pay by default?

It's still a cost and if some individuals are charging through loopholes are these the ones that need correcting not the disabled persons asking for information. The information which in effect is their OWN information

Remember if you will that the Blue Badge is NOT the only area where a GP supportive letter is required. What about insurances, accident related support, travel companies, The DVLA and a raft of others ALL of who want "a GP letter" to support ones condition for purpose of providing their service. We have seen so many agencies that "ask" for updated letter/reports. Same content, different date.

And here it must be asked – who would make the referral to the physiotherapists • occupational therapists • pain clinics • district nurse • community psychiatric nurse, might it not be the General Practitioner?

In addition, if one is treated by two or more of the above professionals exactly WHO is responsible for the writing of supportive evidence, are we as patients expected to gather letters from each source to allow local authorities to have an overall picture of the applicants issues. What of the costs?

Are we therefore adding burden to an already over stretched medical resource one that each day complains of breaking points due to a lack of funding and or skilled professionals?

Our understanding from past experience is that even when such supportive documentation is required irrespective for its' reason it has to be finally sanctioned by the patients GP especially so when the service provided is centred from the patients' practice.

Example:

In our case my husband saw his GP in August 2017 after finally giving in to new symptoms. He was referred to a physiotherapist at Price Charles Hospital. After 4 weeks of 1 hour appointments that were in reality 20 minutes each the Physio cited no more to be done as the pain my husband was in required further investigation. He was then referred to the CMATS team. This took 6 weeks. Here he seen by a superb practitioner who is a senior physio with additional skills. Following xrays on the second visit it was established there was damage symptomatic of the accident events. He was referred for a procedure which took 6 weeks. This failed, 12 weeks later he was in the same position. Referred to the CAMTS team. This time more diagnosis, an MRI was undertaken 4 weeks later. Eight weeks after the MRI it was discovered that there were more serious issues on going. He was referred to an Orthopaedic Consultant. That referral was in May 2018. Now in February 2019 he has been told he is on the list to see a consultant in April 2019. This is 11 months from referral as URGENT. There is still no diagnosis as such; we do not yet know what exactly it is he is actually suffering from only speculative points and also what it is he will have to undertake to remedy this issue, if there is a remedy at all. Yet based on the guidance evidence from these areas will be sufficient to support a blue badge application?

Should any patient now who is referred back to their GP by any of the professionals listed in the guidance now insist they have a letter supporting their condition issued before the process is completed as it "might" be needed in the next 12 months for their Blue Badge Application? I and I suspect many our position be unsuccessful in that venture because of the professionals existing workload. However, I further suspect we would be guided to our very own General Practitioner!

In our practice at the [REDACTED] they have a process where they have many of the additional services i.e. physiotherapy being delivered directly by the practice. The referral process for the majority is the patients General Practitioner. This is already following Vaughan Gethings' policy of care in the primary sector, the GP surgery. It's a system that at this time really does appear to work and reduces waiting times; hospital times and in the main allows for support in a much more effective way and more importantly in a timely manner – when the patient needs it. Its process is driven by the General Practitioner.

Would all of these “sources” including hospitals not routinely feed in to the most important document- The Patients Record? A document maintained with the GP practice. Currently Trusts are all being pushed to use linked computer data services where patient records are maintained in real time across the trusts this is again pushed forward by the Welsh Government.

If this is so then who the most is likely to have ALL relevant documentation centralised? – Would it be reasonable to assume the general practice where the patient is registered? If this is not the case then surely there is a profound chance of isolated treatments going on and no one cross referencing the patient care which thereafter puts the patient at risk.

Our experience in the past of other medical departments listed in guidance has not always been positive, some have not always provided the services expected. My husband was at one stage under two differing consultants for differing medical issues. Neither was interested in the others diagnoses. However, the one person that had all the relevant data was our GP - who was interested!

Within most practices it is common for practice nurses etc to see a patient regularly, where referrals from those visits are made it is “signed off” by a GP. What then of the blue badge application evidence – is that not to be signed off? And what of practices and or trusts that do not allow such supporting evidence to be routinely issued by those in the guidance?

Within our practice is a trial role of “General Practitioner Support Officer” (GPSO). This is a person qualified in care. They are a bridge between the doctor and the patient for all things non-medical that previously a GP would have handled. An example of this would be the blue badge system. Their role is superb. No making of costly appointments with the GP to ask for something in writing, referrals to agency and direction. These people allow the GP to function in the medical role. The process and trial it's believed being scrutinised by the Minister for Health as a potential tool to assist the GP provide improved primary care and release them from the burden of unnecessary administration outside the medical field. Medical data is checked by the GP and “letters” created based on their expert opinion where required. We, like many hope that this role will be seen across Wales as we have found in incredibly useful, it has streamlined many areas where it required GP input and for many of those reasons it might not need a medical persons input just a facilitator to generate supportive evidence often demanded multiple times by government department despite their already having this data

For many going through continual medical assessments is traumatic. Just because one does not continually attend a hospital department does not make them less disabled, many feel like my husband, if they can't fix me why am I there?

We have this week be made aware that there “might” be another option for blue badge application. An independent assessment undertaken by either a Physiotherapist or Occupational Therapist. My husbands response was simple – “Dear God! Not more assessments!”

We have no information on our local authority site explaining this, where these are undertaken, who arranges it, how they are undertaken, not even criteria. It appears that the criteria are a guarded source due in part to prevent fraud? What of the legislative points where the patient wished to identify what aspects they may have failed on, how were they marked and what were the criteria. Surely this cannot be hidden from those assessed. Even the DWP assessment process has to provide the

criteria and marking of that for the claimant. If the Badge criteria are to be hidden then surely this will bring with it legal challenges and even more costs which it is suspected will be included by already cash strapped local authorities.

We are guided simply as "speak to the local authority". For those who have spent so many hours being "assessed for everything from PIP, DLA, Insurance, capability to drive, legal reporting, addition needs, social services, even for health and safety compliance it is yet another process, another trauma to go through wondering what the outcome will be, its impact, does the assessor really understand my personal issues. Do I fit in the "box?" Will this assessment contradict the last one – AGAIN!

Is this just a branch of the failing PIP assessment processes using the same methods or practices and personnel? Will this assessment require hours of travelling to Swansea, Cardiff etc as we are expected to do now so that these companies will earn wages from my husbands (and others like him) bad luck?

It must be remembered. Although DWP assessments are deemed "independent" the role of the assessor is to ask standard questions across all disability issues and respond to these in a database. On one such occasion my husband was assessed by a "bowl nurse". Throughout we had to continually explain the issues of medical terms as the assessor really could not interpret their meanings. What was classed by 3 differing consultants as a "Chronic mobility issue" was termed on this assessment as "a knee problem" which the assessor said was completely misleading and proceeded to apologies for this term and altered the summary provided to her to reflect what was actual.

This is not a criticism of the DWP but simply to highlight what we go through because of an accident which was not of my husbands making in anyway, he simply went to work and didn't come home that night and nearly lost his life on several occasions as a result.

Please remember that in 2018 it was found that 71% of the assessments for and behalf of DWP were over turned at tribunal in favour of the patient/claimant. That figure was ONLY for a three month period. Is it at all surprising that genuine disabled people fear any assessment so much? And at what cost to the funding government department?

The renewal application process.

This has now changed since January 2019. Previously the system required either a visit to our local Council offices, which my husband could not attend as the closest disabled parking bay was over 120 meters away, despite the offices having bays to its immediate rear used by employees or we could apply in principle on line but were unable at that time to upload the required supportive data, thereafter contacting the local council office for an email address where sensitive data was sent in the hope it arrived in the right place.

Now the online process appeared much improved. We are now able to attach documents directly to specific areas of the application and will receive a conformation that the data is received and passed to the authority. The only issue found was the expiry date of existing badges is not recovered in the process leading the local authority to have to email and ask for this date (if they feel they have the time to do this) . This was not an issue but could impact on the lead times required for process.

However, evidence to support the application is still lacking. It requests utility bills, council tax bill as an example The latter we have – in my name only as the council does not have ability to place both names on the bill, therefore of no use. Utility bills are in the majority electronic as are phone bills even statements from our bank are electronic. To get one printed off requires a printer – How many people

particularly have the skills or the equipment to create photo quality images? Here we cite the more senior in citizens in our communities.

In addition one could recommend, "have your husbands name placed on all bills", what about my requirements when evidence is needed? We have a reverse issue. Further to this following my husbands accident one organisation refused point blank to speak to me as I attempted to deal with them, only my husband could talk to them and they promptly put the phone down. My husband was unconscious with septicaemia. My name now is on the billing, not that of my husband.

My husband's six month badge expires on 24th March 2019. With six weeks left we deemed it appropriate to contact the department locally where we received very positive help and guidance despite their work load, they took time to explain aspects based on the guidance.

Having completed on line application a confirmation email was received, this brings a different line of concern. It states;

"You may be contacted if Merthyr Tydfil county borough council need to ask any questions about your application.

It can take between 6 and 12 weeks to issue the badge.

What did you think of this service? Let us know at <https://www.gov.uk/done/apply-blue-badge> (takes 30 seconds)

Please do not reply to this email – this inbox is not monitored

Thanks,"

Note the time line "**between 6 and 12 weeks**". Therefore had we not taken the initiative to contact the council at that time but deferred to wait for a reminder letter this could/would mean that my husband's (or anyone else's) current blue badge would be out of date before a new one is even processed as "reminders are frequently only issued 3 to 4 weeks prior to the expiry date. Surely based on the government's own time line of process that we as end users should have had renew notifications a minimum of thirteen weeks before the expiration date to allow for the process (6 to 12 weeks) to be met or that service users are warned they must reapply at least 13 weeks before the expiration date on their particular blue badge.

For many expected to remember to apply could bring with it considerable issues both for the person and the issuing authority when the "panic application" is made. It doesn't matter what is recorded in the badge accompanying book, people forget.

As this statement held within the response email is not generated by the authority it cannot be attributed to this area but can be to those who create the process.

The process experienced with our local council has been relatively positive depending on who you can actually get access to talk to. Because of the uncertainty of how the application works (we have above posted just one aspect) as procedures change, authorities are more reliant on automated phone answering systems which can be difficult to manoeuvre through when you have 6, 7 or even 8 options to select from and then when transferred in the hope you select the right one a further number until you hit someone who takes your name, phone number and ends with "they will call you back!" No mention of when, possibly not considering that the person calling may as an example in my case be in work and in an environment where use of a mobile phone whilst in work (not on break) is deemed gross misconduct or they will not be able to have a conversation if they actually do get the call back because they are a public place with copious amounts of strangers all listening intently to someone's' private, sensitive issues being explained.

Parking.

Despite having a badge it must be remembered that its ownership does not guarantee anyone somewhere to actually park. In this we mean an actual parking spot that meets the requirements of the blue badge. My husband will routinely use a taxi service to attend medical appointments at our local hospital; this is because the demand continually outstrips supply. It should also be remembered that at any site where bays are provided that employees are also entitled, if badge owners, to park in these areas even if their number excludes the "visiting badge holder". They have that same right. Anyone visiting a hospital on an orthopaedic consultancy day will witness the chaos.

When undertaking weekly shopping my husband will stay with the vehicle in a standard bay not a disabled bay and await a call from me to pick me up. However, should he decide to be taken around the store in a provided wheel chair we are forced to be there very early as bays fill up to capacity within a very short time. It is clear that others also opt for this practice for the same reasons. We see it regally that a driver will sit in a car with blue badge taking up a spot. With many people no having a mobile phone could these people not use a standard bay and be called when the passenger is ready? There is always a reason why not.

It is not unusual for my husband and I to return to our vehicle to find someone parked on chevrons long side the vehicle in effect blocking access for my husband to open the car door to its fullest. I have in the past, as I don't drive, accessed the car, dropped the handbrake and pushed it back to allow him access to his door. I am a lady in excess of a certain age. One can only imagine how my husband feels seeing me having to do this?

Such incidents are common and unbelievably are caused by other badges owners who it appears have issues with correct parking between two lines.

In many cases parking for disabled people are in areas that are not government/local authority property but are in supermarkets, retail parks, train stations and hospitals etc. These are almost certainly not patrolled nor controlled. This means that the rules appertaining to the badge use are most frequently abused.

We have witnessed an individual park in a bay; place a badge on the dashboard and then sprint past my husband into the store. A security guard also saw this and my husbands look of complete disgust and then stated, "we can't do anything, we don't have any power to do anything and we have been told to stay away from the situation because it will cause grief afterwards". We certainly understand this.

We live in a terraced property. Following my husband's accident we found that he could not open his car door wide enough to get in or out of the vehicle due to the camber of the road and the height of the pavement. In communication with our local authority on another matter we were guided when they heard about this issue to the Parking Enforcement Team. They were incredibly helpful. They noted that we had a drop curb outside our home which was really the only place my husband could open the door and alight the vehicle safely (he has to stand using one leg until vertical), they explained the Traffic Management Act and specifically part 6. They then offered without request to allocate that for my husband and sent him a confirmation email of this agreement citing "reasonable adjustment" as he was disabled and a badge holder. They further informed him of the need to communicate with them where there were continual issues of parking there and to call the police when they were unable to attend or outside office hours. We had two police support officers attend our home. On that meeting they admitted they were unaware until that time of the Traffic Management Act and its reference to Drop Kerbs but as local liaison would report back on this. They asked we place a blue "disabled" no parking sign in our front window, this is something we were really reluctant to do as it highlights my husbands vulnerability to those who may wish to exploit it. Example highlighting a vulnerable person herein. This was of a concern to the local authority as well but we agreed as a way of assisting others to assist us.

Whilst this seems the ideal situation sadly we can admit that it certainly is not. Our neighbours have been amazing all leaving the space over that drop curb. However, this is not the norm. We have arrived home to have vehicles parked over the curb and no way of parking anywhere near our home to allow my husband to walk from the car. We have approached some who have been parked and have politely explained the issue only to be threatened and abused. We have asked the constabulary via a call using 101 for assistance as was promised/instructed by the attending police support officers and by the enforcement team only to be brushed off as "there is nothing they can do and to call the local enforcement team". On occasion an officer has attended and pointed out there are no lines

therefore nothing can be done, they were unhappy when my husband pointed out the legislation to the effect that the drop curb was in itself the “sign” and was very unhappy in being backed into a corner when asked if my husband should stay in the car for hours yet again. Following that event the officer tracked down the owner’s husband and it transpired his wife was in a local hairdresser 3 streets away! It was pointed out that there was a car park closer than our street to which he replied F-Off! That was generally much milder than we normally get. Indeed on one occasion my husband was on his own in the car returning from taking me to work and required a toilet. He was forced to drive 6 miles to my mother’s home which is curb sited and provided with appropriate facilities for a disabled person so he could use a toilet. He would have been unable without someone with him to use the local supermarket and would not risk not getting a car park close enough to the building to get out of the car.

When attempting to ask for constabulary help via the 101 service the caller is offered a number of options, one of these is in reference to obstruction and yellow lines. We have used that option only to receive the response – “Contact your local enforcement team” and the line the drops. This occurred when my husband at 3am had to take me to A and E as my elderly mother had been rushed in with suspected heart problems. He was away from the house only 15 minutes. On his return someone had moved a car into the drop curb area (at 3am!). As a result my husband stayed in the car 100 yards from our home where he found a parking space for 3 hours. The outside temperature was low enough to have formed ice on the windscreen and frost on the pavements. We were advised to complain. However, we preferred not to as my husband worried of any consequences. Even the local enforcement team were horrified when I rang and asked for advice. We have even asked would it help if we pay for signage or lines but this was rejected as not in keeping with the act. Simply speaking, 32 houses, one side parking for 16 cars, 26 car owners in the street. However, in a recent call to the constabulary the control room operative was outstanding. They insisted that my husband need NOT apologise. He called only out of sheer desperation and that they appreciated he sought not to have sanctions issued but instead some guidance to the driver so they know for the future. They could see from their system he calls only when he is desperate. This type of issue continues, indeed today a white van parked across the curb and when I asked if they could just drop down about 10 feet to allow my husband to get out of the car I was met with foul language.

The responses from the constabulary vary depending on the control room staff. Some are amazing to say the least whilst others the complete opposite. To this end my husband will do everything he can NOT to make contact with the police or indeed the local authority as he feels he is just being a nuisance as the police are under enormous pressure already.

We have sought alternative housing. We in effect are being forced out of our home. We have been advised suitable premises under social housing were just not available – there is just no stock! We have looked to purchase somewhere with a small drive but these far exceed our price range and have been told that because of my husband's condition we will not be offered mortgages or loans.

The governments' policy is to maintain disabled people in their own homes unless it is completely impossible to do so.

Our own experience of this policy was to be offered, a wet room, a lift built into the house to limit stair use, an extension and ground floor remodelling to include toilet and wet-room. All this undertaken by social services and recorded/offered. Our contribution toward this work would have been at 50%, £15000 plus vat the council paying the rest. In the event we left the property within ten years was that we would have to repay the local authority 100% of their investment.

However, the one thing that would help is to be able to safely get in and out of the car, be able to open the car door, reduce falls (which my husband suffers regularly in all environments) is by parking near enough to our front door. The other issue is that our home is on a hill. The gradient causes the car door to close back on to my husband if he attempts to park up hill. This has caused him injury and forces him to open the door with other traffic closely passing him often at 30mph and with him on a stick or crutches this is a concern and we have had to stop this before a more serious incident occurs as we did one occasion nearly see my husband topple into the line of passing traffic. The cost of a road marking which makes it clear that no-one else may park there (the same as the Traffic management act) - £250 in total and these could be removed if the disabled no longer lived there. Much cheaper than £30,000 house renovation. A simple two blue lines and wheel chair logo.

Would home allocated parking not be away of maintaining genuine mobility impacted users in their own homes for longer, reduce demand for social housing that have facilities like a drive. It might be offered solely as a part of the badge process for those who suffer mobility issues this includes skeletal issues, breathing etc. It would also allow for great monitoring of the fraudster because if parked there their badge would be in full view to enforcement who could "knock at the door" to ask the question or use of the authority provided PDCU which carries the data including picture of the "badge owner". However, we have to be realistic, with on street parking across the principality at a premium would this cause unrest as some would demand parity? Where is the scale of need line drawn? We are under absolutely NO illusion that if our local authority did this for us with all the best will intended and if we PAID for ground markers within hours there would be an avalanche of irate individuals contacting the Blue Badge Department demanding parity and their right to have the same. This would include those who do not actually have a car parked outside their home anyway – "He has one I want to one" mentality.

The badge provides support to allow genuine users opportunities to use bays closer to facilities. Not all bays can be used. My husband cannot use standard disabled bays without the extra wide chevrons as he needs to open his door to its maximum to allow him to drop in to his seat and therein undertake a 3 point turn inside the vehicle to get his feet in place under the dashboard (the same applies if he were a passenger, he can only use the front of a car or sit across the whole back seat of a car. On street disable bays are fine if they have low curbs and do not have other vehicles parked alongside in the standard gapping measure. If they are available this is quite rare.

Policing usage.

Clearly this is THE major issue. But it's not routine being covered by those who have the power to undertake the task or implement the required standards of badge use.

We have only observed parking enforcement offices twice in 12 months in our area and that was on the main high street for 30 minutes. Their time predominantly is town centre.

In addition they may not necessary check private areas i.e. retail car parks owned by the brand. It certainly does not help abuse of privilege should you approach a retailer as you will get the default "what can we do, we have no power" or "we cannot prove it's their badge or not we don't have the means or staff to do this".

As some disabilities are not clearly "visible" it is difficult without random "testing of compliance" to bring about a change to abuse of the system. Such testing requires funding. However, we welcome anyone empowered to do so to examine our blue badge and in doing so just might "dissuade" the abusers.

We have witnessed quite recently a person park in a bay, place a badge on the dashboard and then SPRINT to the supermarket main entrance. However, were they disabled? Were they collecting a disabled person from the store, we don't know! We can only assume and in doing so carry on our business – we have enough to handle without policing the process and it's that policing that is of greatest issue.

This very week our local authority have sent their contact news sheet to every home clearly stating that cuts are on the horizon and they have already identified 100 personnel who will leave their jobs due to the cuts. Based on this it is fair to assume that such measures of policing the badge system unless funded will not/never happen?

It could be that those who abuse this privilege are highlighted to the public as a means to deter. The attitude of "it's just "the blue badge" does not stand up for those who use it as a means of being able to go about their life the same as those who do not have health issues.

Looking at the issue it is clear that enforcement is costly for this problem. An officer of the authority potentially has to wait and watch a disabled space be accessed, then make an approach to check that the badge owner IS present. If not then there should be a sanction. But what of the statement, "I'm parking here because the person whose badge it is in in the store, I'm picking them up". Now what? This required more waiting time, would this be cost effective, undoubtedly not. However, if this happened randomly would the true abusers who are sanctioned be suitably dealt with? What of the disabled person whose badge is retained by their driver and who is not there when it's used, what of those who have such disabilities that mean they are not necessarily aware of such abuse of their badge i.e. someone with dementia?

This cannot solely be an issue within the principality? Surely there are other parts of the UK that have good practice that can either be adopted or adapted to bring about compliance.

Whistle blowing is practically impossible especially when one fears retribution.

As our population grows older so do the levels of demand on such resource as the badge. Sadly we live in a society still that feels that if someone has something then they want it to. I'm sure my husband would be happy for those who abuse the system could have his health issues so they could have a badge legitimately.

The issues raised here are those we as a family experience, suggestions are made as people who have those experiences which are personal to us as we do not have the whole picture across Wales.

Whilst it appears a story of "poor us" it is not, it's our lives as we see every day and every day I go to work wondering what I'm to face upon my return. My husband's attitude is "it's MY disability, it should not impact an others". Indeed it's our experience that genuine disabled people often feel exactly the same.

For him to make the initial call that originated this document was massive.

Others see the outward mask he puts on. He avoids anything to do with the issues he has suffered. Despite significant physiological support he still struggles with post traumatic issues, instability, pain and mobility restrictions without those additional barriers society and government place in his path. He does not want pity. His dark humour is tool he uses to release. Each time he has to deal with "his problems" or anything related to them brings with it consequence. Even undertaking this task he is struggling to read or hear the documents content.

People make mistakes when using badges, we're all human. Sadly yet again a "tool" created to allow those with issues to lead a normal life is taken, adulterated and abused. The genuine majority suffer because the minority abuse and this leads to additional costs, administration and barriers. Many of those who seek to abuse do not actually suffer issues that require badges if they did, then they would be the first to condemn and whistle blow.

Seeking out the abusers of the privilege sadly is yet another cost burden to authorities and as such is exceptionally low on their priority if indeed it appears on its list at all.

I hope that despite its length that this insight in to what for us is "daily living" will allow the committee a different vision.

I would ask that this document is treated with sensitivity and is used only as an insight to real lives and that our identities are withheld as we are despite this content, extremely private people who prefer to stay out of the limelight.

May I wish you well in the task before you? I certainly see it as a difficult one to say the very least.

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