BARNET
LONDON BOROUGH

Internal Audit and Corporate Anti-Fraud (CAFT)

Disabled Blue Badges

July 2014

Distributed to:

Chief Operating Office
Commercial and Customer Services Director
Head of Customer Strategy & Programmes
Head of Service Delivery & CSG Operations Barnet (Capita)
Infrastructure and Parking Manager - Street Scene

	No	Limited	Satisfactory	Substantial
Audit Opinion		⬤		

1. Executive Summary

Introduction

As part of the 2014/15 Internal Audit Plan, agreed by the Audit Committee in April 2014, we have undertaken a joint internal audit and anti-fraud review of Disabled Blue Badges (BBs) with the Corporate Anti-Fraud Team.

Background & Context

The aim of the Blue Badge scheme is to help disabled people with mobility problems to access goods and services by allowing them to park close to their destination. Since the introduction of face to face identification in January 2012, 10,871 BBs have been issued in Barnet. In 2010 the Department of Transport valued a blue badge at £5,644 per year in London based on frequent use[1]. For the BBs issued in Barnet since January 2012, this equates to an estimated value to badge holders of £61m per year, or £183m for a three year period, the average time between issue and expiry of a blue badge.

The Assisted Travel (AT) team transferred to the Customer Support Group (CSG) on 1st September 2013, this team was then moved to Coventry as part of the Contact Centre moves on 12 May 2014.   It is responsible for the administration, application, renewal, cancellation and re-issue of Blue Badges. They also have a part enforcement role to prevent the misuse of blue badges. The national Blue Badge Information System (BBIS) is used for related processing.

In response to customer complaints, from 16 June 2014 a revision to the BB application process is being piloted, whereby the requirement for 'face-to-face' confirmation of applicant details is being removed.

Corporate objectives and risks

Disabled Blue Badges support two of the strategic objectives in the Corporate Plan 2013-16:

1. Support families and individuals that need it – promoting independence, learning and well-being.
2. Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

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[1] 'Blue Badge Reform Strategy: Enforcement Evidence Base', DfT, March 2010

Key Findings (informing Audit opinion)
There two priority 1 and four priority 2 recommendations.

We noted the following areas of good practice:

- Access to Transport for London guidance for referral by officers responsible for Blue Badge delivery
- Evidence of arrangements for the training and development of responsible officers.

We identified the following significant issues as part of the audit:

- A formal Operating Level Agreement (OLA) did not exist detailing responsibilities, agreed performance levels and operational performance indicator targets that Capita should meet in the provision of the Assisted Travel Blue Badge service. Furthermore, responsibility for specific monitoring of the OLA client side was not clear and allocated, although aspects of BB delivery were covered in the strategic monitoring of the customer services SLA. (Priority 1)
- Comprehensive pro-active arrangements for identifying Blue Badge misuse and robust communication channels between Parking (NSL) and Assisted Travel to ensure a "joined up" approach to Blue Badge enforcement did not exist for preventing the fraudulent use and misuse of Blue Badges. (Priority 1)

We noted the following other issues:

- The Council followed aspects of the Transport for London (Tfl) guidance however there were no formally approved documented procedures governing Council Policy and processes for Blue Badge operation for referral by responsible officers. (Priority 2)
- Management indicated that a quality assurance framework did not exist to ensure that Blue Badge application/renewal and cancellation processes were compliant with the Council's approach. Further, we found that documentation and audit trails supporting application decisions and confirming timely processing were not always retained for review and referral to facilitate effective monitoring and ensure consistent and appropriate delivery. (Priority 2)
- Council arrangements were unclear for ensuring awareness of and access to the Blue Badge Service amongst residents without internet access. (Priority 2)
- We reviewed the new process being piloted from 16 June 2014 and we identified two areas for the Council's consideration:

  - The specific risks of application fraud in the absence of the face-to-face confirmation of applicant details. Findings from the anti-fraud review of applications were mapped against the risks identified (See Appendix C).
  - The cost of returning documentation and issuing BBs securely to ensure a record of receipt.

Area of Scope	Adequacy of Controls	Effectiveness of Controls	Recommendations Raised		
			Priority 1	Priority 2	Priority 3
Roles and Responsibilities			1	0	0
Application and Renewal			0	2	0
Cancellation			0	1	0
Misuse and enforcement			1	0	0
Review of new process without face-to-face validation of applicant		N/A	0	1	0

Acknowledgement	We would like to thank the Disabled Blue Badges Assisted Travel, Parking and Commercial for their time and co-operation during the course of the internal audit.

2.1 Client-side BB OLA oversight

P	Detailed finding	Risk	Recommendation
1	A formal Operating Level Agreement (OLA) did not exist detailing responsibilities, agreed performance levels and operational performance indicator targets that Capita should meet in the provision of the Assisted Travel Blue Badge service. Furthermore, responsibility for specific oversight of the OLA client-side was not clear and allocated, although aspects of BB delivery were covered in the strategic monitoring of the customer services SLA. **Note**: OLAs are prepared for monitoring specific services referred to in the related overarching Service Level Agreement (SLA) between Capita and the Council. The SLA states that an OLA will be prepared for each SLA service.	In the absence of an OLA defining and embedding specific responsibilities and accountability for Blue Badge service delivery and clear responsibility for oversight of that OLA, there is a risk that the overall contribution of BB service delivery to overarching SLA performance measures may not be optimised or that opportunities for service innovation and improvement may not be identified and implemented.	**Recommendation 1** An Operational Monitoring Agreement (OLA) supporting the overarching Customer Services Service Level Agreement (SLA) should be drafted against which agreed service delivery should be monitored. Responsibility for the client-side oversight of the BB OLA should be allocated. In addition to the SLA measures of telephony, e-mail response times and customer satisfaction, we would suggest that the OLA include measures which provide evidence of delivery of key processes and the analysis of trends. For example, by month, the number of BB applications, number of BBs issued, number of referrals to CAFT and to and from Parking and the number and percentage of BB applications resolved outside target timeframes.

Management Response		Responsible Officer	Deadline
The Blue Badge service is monitored as part of customer services and is subject to monthly and quarterly monitoring by the Commercial team and as part of the quarterly performance management cycle. There has also been a great deal of work undertaken in response to customer complaints re the application process. Therefore the risk of sub-optimal service delivery and satisfaction levels is not considered to be high. Although the Assisted Travel (AT) team transferred to the Customer Support Group (CSG) on 1st September 2013, this service was then moved to Coventry as part of the Contact Centre moves, with the new team being effective from the 12 May. A draft OLA has already been produced and this will be updated and finalised to include measures which provide evidence of delivery of key processes and the analysis of trends.		Commercial & Customer Services Director / Head of Service Delivery & CSG Operations Barnet	4 July 2014

	The Client lead will be within the Commercial Team through the Commercial and Customer Services Director		

2.2 Cancellation, Misuse and Enforcement

P	Detailed finding	Risk	Recommendation

1	Cancellation
	
	The Assisted Travel Team followed a re-active approach to cancellation and destruction of blue badges.
	
	No pro-active processes, other than the National Fraud Initiative (NFI) conducted every 2 years, were undertaken to identify Blue Badges for cancellation, for example cross referencing death to BB records as suggested by TfL on a more regular basis.
	
	In one case tested, the Assisted Travel Team only discovered in March 2014, by chance, that the badge holder had died in September 2013
	
	Misuse and Enforcement
	
	Management in Parking indicated that PCN's would be raised where misuse was identified by the Civil Enforcement Officers CEOs but that extensive monitoring of misuse or fraudulent use of BBs was not undertaken as it had proved time consuming and contractually resource intensive.
	
	Further, we established that communication was not robust between Parking and Assisted Travel
		While current BB operational resources are focussed on the BB application process, without a focus towards improving governance and the communication of key BB data between Parking and Assisted Travel, there is a risk that the misuse and fraudulent use of blue badges may not be minimised, particularly given the uncertainty over the impact removing face to face verification may have on future BB fraud.
		
		There is risk that referrals to CAFT, where applicable, will not occur.
			Recommendation 2
			
			Pro-active arrangements for identifying at the earliest possible stage Blue Badges of holders who are deceased should be developed and implemented by Assisted Travel.
			
			Arrangements should be implemented:
			
			- for Assisted Travel (AT) to record whether cancelled Blue Badges have been returned for on-going follow-up and recording on BBIS, as a minimum, as a reminder to stop future renewal
			
			- to improve communication between Assisted Travel and Parking (Enforcement) by:
			
			    - AT notifying Parking of Blue Badges which have been cancelled and not returned, for example, for deceased badge holders or through the badge being reported to AT as lost or stolen, for example for reporting at CEO briefing sessions prior to street enforcement operations each day and
			
			    - Parking notifying the AT team of misuse identified by Parking CEOs for invoking AT misuse processes.
			
			At least once a year the Corporate Anti-fraud (CAFT) team should co-ordinate an enforcement

team to support enforcement activity. Instances of misuse noted by CEOs in Parking were not reported to Assisted Travel team to invoke their misuse procedures. Where Assisted Travel were notified of blue badges of deceased badge holders or lost, stolen or damaged blue badges, these were not reported to CEOs in Parking to support enforcement activity on the street.		operation between CAFT, Parking and Assisted Travel to enforce the proper use of Blue Badges on the street.
Management Response	**Responsible Officer**	**Deadline**
In recognising that this is a new team in Coventry, a protocol and new process will be written to set out the respective roles and responsibilities of the Assisted Travel Team, Parking Client team, NSL and CAFT to minimise blue badge fraud and misuse.	Commercial & Customer Services Director / Head of Service Delivery & CSG Operations Barnet	31 August 2014
CAFT confirms it is happy to co-ordinate an annual enforcement operation.	Assurance Assistant Director Commercial & Customer Services Director Head of Service Delivery & CSG Operations Barnet Infrastructure and Parking Manager - Street Scene	

2.3 Policy and procedures

P	Detailed finding	Risk	Recommendation
2	There were no formally approved documented procedures defining Council Policy for referral, where necessary, by AT staff responsible for Blue Badge service prior to transfer to Coventry. Aspects of the Transport for London (TfL) guidance were referred to by the team, however specific Council policy, for example, on the issuing of Blue Badges to persons over 75 with a prior Blue Badge, was not formally documented for communication to responsible officers. A number of documents referring to current practice and future practice have been drafted by Capita. For instance, "As is status reports" - referring to pre-Coventry processes - were provided during the audit however these were not drafted for formal circulation to AT staff as official documents for referral. Capita have provided for inspection an "Assisted Travel Blue Badges hand-out" document as part of the Coventry training which refers to key aspects of the process. The document still referred to the face to face verification of applicants at Customer Access Points which we understood would be replaced. Further, the "Assisted Travel Change to Authentication Process" referring to proposed arrangements replacing current face to face	Without comprehensive documented procedures, there is a general risk that applications, renewals and cancellations may not be undertaken consistently and correctly leading to lost revenues and failure to optimise customer satisfaction.	**Recommendation 3** Blue Badge documented policy and procedures defining the Council approach and all related processes and key detail should be drafted, approved and communicated to the responsible officers for referral and should reviewed periodically. Responsible officers should liaise with Corporate Anti-Fraud to ensure that policy and procedures accurately reflect arrangements for the referral of misuse and fraud.

validation have been provided. At the date of the draft report, formal procedures had not been provided defining all new processes/flows, in particular, confirming verification processes using existing "proof" data through access to Council Tax and Housing Benefit systems.

The "Assisted Travel Blue Badges hand-out" document explained fraud and the need to refer instances of fraud to CAFT. The explanation as to what constituted fraud was not comprehensive, for instance, it did not make clear that use of a BB following the death of the holder was a fraudulent act while a family member using the BB incorrectly while the badge holder was alive was treated as misuse.

Management Response	Responsible Officer	Deadline
Policy and Procedures will be updated in light of the move to Conventry and the results of the Pilot to remove face to face identification which is to run for 6 months. This Pilot started in June.	Head of Service Delivery & CSG Operations Barnet	December 2014

2.4 Quality assurance

P	Detailed finding	Risk	Recommendation
2	Management confirmed that a quality assurance framework did not exist to ensure that Blue Badge application/renewal and cancellation processes were compliant with Council approach. Further, we found that documentation and audit trails supporting decisions and confirming timely processing were not retained for review and referral to support application decisions and to facilitate effective monitoring.	Without an effective quality assurance framework supported by appropriate audit trails, there is a risk that processing issues and inconsistencies may not be identified and addressed at the earliest stage. Customer satisfaction may not be optimised and parking revenues may be lost through blue badges being issued to persons who do not meet the eligibility criteria. Applicants may receive a second duplicate	**Recommendation 4** A quality assurance framework should be introduced at the operational level to ensure that the notification letters of successful application are sent and that blue badges are correctly issued and cancelled in a timely fashion line with Council Policy (once the Policy is agreed – see Recommendation 3). Sufficient audit trails and documentary evidence

Record retention	blue badge where BBIS incorrectly records that issued badges have not been issued.	should be securely retained in line with the Data Protection Act 1998 and the Council's Record Retention Procedures for this purpose for referral where necessary
Our testing showed that in all but one (16 out of 17) instance, blue badges were correctly issued in line with eligibility criteria stated in the applications and following the undertaking of desk based assessments (DBA), where necessary.		To ensure on-going high levels of customer satisfaction, the Council's Blue Badge policy referred to in recommendation 3 and the OLA referred to in recommendation 1 should include the formal monitoring of application start and completion dates to measure and monitor CSG performance and drive improvements in processing times.
In the one instance there was no record of how eligibility criteria were met owing to a lack of information in BBIS to corroborate the decision to issue the Blue Badge (there is no suggestion that it was incorrectly issued but that we were unable to establish how it met the eligibility criteria owing to poor record keeping).		
There were 2 instances out of 17 where a desk based assessment (DBA) was recorded in BBIS as having been done for applications recording a walking disability. However the record of the DBA was not retained for referral to confirm satisfactory outcome.		
There were 3 instances out of 17 where BBIS records indicated that that no Independent Mobility Assessment (IMA) was undertaken. However the DBA and supporting information was not retained for referral to formally evidence that no IMA was required.		
The records showing the identity and the applicable eligibility documents that were provided at the Customer Access Points and the date they were provided were not available for inspection for 7 out of the 17 items tested. The team leader indicated that these records were		

only retained for limited periods.

In relation to cancellation, we found that in 6 out 11 cases, there was insufficient audit trail and information in BBIS to assess timely cancellation of the blue badge in BBIS.

Timely assessment of applications

There is an 8 week target deadline for completion of each Blue Badge application. However the lead officer indicated that timeframes were not formally monitored, for instance through a reporting framework.

We found that 3 out of 17 applications tested were outside the 8 week deadline, although the average timeframe for completion for the sample was 30,6 days, within the 8 week period.

Fraud Review

The fraud review identified 6 out of 72 cases where the badge had been issued to the applicant however the BBIS system incorrectly indicated that no badge was issued.

The fraud review identified 35 out of 72 cases where the applicants indicated that they had not received the letter notifying them of successful BB application and the requirement to attend the face to face meeting.

Management Response	Responsible Officer	Deadline
A quality assurance framework will be created once the final Policy is agreed	Head of Service Delivery & CSG Operations Barnet	December 2014

2.5 Blue Badge service access

P	Detailed finding	Risk	Recommendation
2	Council arrangements were unclear for ensuring awareness of and access to the Blue Badge Service amongst residents without internet access.	Residents who are eligible for but do not apply for Blue Badges suffer harm or injury or experience isolation which may have been avoided through them having a badge. Resident satisfaction levels may not be optimised. There is a risk of damage to the Council's reputation if it is not comprehensively fulfilling its legal responsibility under the Public Sector Equality Duty.	**Recommendation 5** The need for additional, proportionate arrangements, beyond existing internet pages, for ensuring that Blue Badges are accessible to all residents should be investigated and implemented in line with the Council's Equalities Policy, for example, through the provision of related information at GP surgeries, including in languages other than English.

Management Response	Responsible Officer	Deadline
Publicity arrangements will be reviewed	Head of Service Delivery & CSG Operations Barnet	August 2014

2.6 New Process (no face-to-face identification and eligibility confirmation of applicant)

P	Detailed finding	Risk	Recommendation
2	We undertook a review of the new Blue Badge process to be piloted 16 June 2014 following transfer of the Assisted Travel team to Coventry. The new process does not require face to face checks of application identification, address and eligibility and will involve using the Council Tax and Housing Benefits systems to confirm details, where applicable. Applicants will be required to send in proof of identification, address and eligibility by post following notification of	Without comprehensive documented procedures, there is a general risk that applications, renewals and cancellations may not be undertaken consistently and correctly Without awareness and on-going consideration of risks, there is an overarching risk that the operation of agreed mitigating actions will not confirmed routinely or that changes	**Recommendation 6** Identified risks should be kept under review with a view to confirming that agreed mitigating controls continue to operate and that improvements, where considered necessary over time, are implemented. The new process should be documented and communicated per recommendation 3,

successful application.

The review was considered the "Assisted Travel – Change to Authentication Process" document provided and included subsequent discussion with Capita officers responsible for its implementation.

The option cost benefit analysis provided identified the increase risk of application fraud. We have identified inherent risks to raise awareness of how specific instances of blue badge misuse and fraud could arise in the absence of face to face validation checks (refer to Appendix C)

Review and discussion confirmed that:

- The new process had not been formally documented and communicated.
- Arrangements for the secure delivery of the key documents, for example, passports, had not been agreed. This aspect had not been considered in the option cost-benefit analysis provided.

Fraud Review

There was no process for confirming that applicants had received their blue badge after it had been posted.

required over time, where necessary, will not be implemented.

The provision of access to the new Housing Benefit system to the Assisted travel team officers may be overlooked when the old system is decommissioned.

The cost-benefit analysis of the change may not be accurate in the absence of a clear understanding of the costs associated with the on-going recorded delivery of key documents.

There is a risk that duplicate badges may be issued in the absence of accurate records of the delivery of blue badges to the applicant.

above.

The Assisted Travel team should be engaged as part of the replacement of the Housing Benefit system to ensure that they are granted the appropriate access for confirmation checks.

The costs of returning documents securely should be considered as part of the review of the outcome of the pilot of the new process.

Arrangements for maintaining records of blue badge delivery should be introduced for referral where necessary.

Management Response	Responsible Officer	Deadline

The Council requested the 6 month pilot to remove face to face verification in response to customer complaints. The Pilot started on the 16 June 2014, procedures and processes will be determined and documented as it moves forward.	Head of Service Delivery & CSG Operations Barnet	December 2014

| Timetable	
Terms of reference	07 May 2014
Fieldwork completed	27 May 2014 (Audit), 6 June (CAFT)
Draft report issued	18 June 2014
Management responses received	24 June, 30 June
Final Report Issued	10 July 2014

Appendix A: Statement of Responsibility

We take responsibility for this report which is prepared on the basis of the limitations set out below:

- The matters raised in this report are only those which came to our attention during the course of our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.

- Recommendations for improvements should be assessed by you for their full impact before they are implemented.

- The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity.

- Auditors, in conducting their work, are required to have regards to the possibility of fraud or irregularities. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

- Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents.

- Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Appendix B: Guide to assurance and priority

The following is a guide to the assurance levels given:

○	Substantial Assurance	There is a sound system of internal control designed to achieve the system objectives. The control processes tested are being consistently applied.
● (green)	Satisfactory Assurance	While there is a basically sound system of internal control, there are weaknesses, which put some of the client's objectives at risk. There is evidence that the level of non-compliance with some of the control processes may put some of the system objectives at risk.
● (orange)	Limited Assurance	Weaknesses in the system of internal controls are such as to put the client's objectives at risk. The level of non-compliance puts the system objectives at risk.
● (red)	No Assurance	Control processes are generally weak leaving the processes/systems open to significant error or abuse. Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Priorities assigned to recommendations are based on the following criteria:

High – Fundamental issue where action is considered imperative to ensure that the Council is not exposed to high risks; also covers breaches of legislation and policies and procedures. Action to be effected within 1 to 3 months.

Medium – Significant issue where action is considered necessary to avoid exposure to significant risk. Action to be effected within 3 – 6 months.

Low – Issue that merits attention/where action is considered desirable. Action usually to be effected within 6 months to 1 year.

Appendix C: Review of new process to be piloted June 2014

Purpose: To identify specific risks in the absence of a face to face confirmation of identity, address and eligibility of the Blue Badge (BB) applicant prior to sending blue badges out to BB applicants. Outcomes of the fraud review were matched to the specific risks identified.

Fraud Review:

Period: 1/10/2013 – 28 February 2014
Number of unclaimed badges for period: 500 (approximately 100 per month)
Sample of unclaimed badges investigated: 92 over the period
Number of applications: 2,500 (approximately 500 per month)

92BB applications which had not resulted in BBs being issued, owing to the applicant not attending the face to face confirmation, were investigated to establish the reason for the applicant not attending. These applications were considered a high fraud risk as the applications were at the final stage but the blue badges had not been issued owing to identification not having been presented by applicants.

The details of the 92 applicants will be reported to CSG Assisted Travel to enable them to take the necessary action.

Note: 20 BB applicants were visited where the applicant failed to answer. These have <u>not</u> been included in the analysis below.

Table 1 –Summary of Results of Fraud Review

Case detail	Number	Allocation in Report	Action / next steps
Applicants deceased shortly after application	9	Allocated to Risk 1 (see definitions of risks in Table 2)	Cases to be reported to Assisted Travel team for cancellation on BBIS
Possible fraudulent applications	19	16 Allocated to Risk 2 3 Allocated to Risk 3 Refer to recommendation 2 for improved archiving arrangements where appropriate.	CAFT to log cases for further investigation and closure. Where the investigations cannot proceed owing to not being able to locate the archived hardcopy BB application forms, the cases will be closed on the CAFT system. Cases to be reported to the Assisted Travel team for cancellation on BBIS, where necessary.
No longer wanted or required a BB	3	3 allocated to Risk 3	Cases to be reported to Assisted Travel team for cancellation on BBIS
Applicants had received BBs but not shown on BBIS	6	Refer to Recommendation 4	Cases to be reported to Assisted Travel team for

			investigation and update on BBIS
Applicants claimed not to have received the letter confirming successful application and therefore did not attend the face to face	35	Refer to Recommendation 4	Cases to be reported to Assisted Travel team for investigation and communication of related lessons learned to prevent re-occurrence, where applicable.
Total	**72**		

Table 2 – Specific risk identification and suggested mitigation

No.	Risk	Evidence from the CAFT fraud review, where applicable.	(Possible) mitigation
1	**BB applicant dies following application** BB Applicant dies following application. Related identity and eligibility confirmed on HB system, if applicable by the AT Team. Related identify and eligibility documentation sent by family member. Family member has relevant detail. Blue Badge sent to deceased person's address and used by family members.	**9 out of the 72** BB applicants visited where the applicant had died following application	1. More pro-active approach to identifying deceased badge holders by AT. (**Recommendation 2**) 2. Improved communication between AT Team and Parking/NSL. AT team maintain records of BB badges known to be deceased and not returned and report for BB reference numbers reporting to Parking and NSL Civil Enforcement Officers (CEOs) routinely. CEOs can issue a PCN or confiscate if they identify them in use on the street. (**Recommendation 2**) 3. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use (**Recommendation 2**) 4. BB website specifies eligibility, indicates enforcement practices, warns

			against misuse and provides details of how to report misuse. **(Part of existing process**)
2	**Fraudulent application by applicant/carer on behalf of living family member based on non-automatic eligibility criteria** Fraudulent application by ineligible family member based on mobility issues on behalf of a parent family member without their knowledge. Fraudster able to provide all necessary application detail. Application passes Desk Based Assessment (DBA). BB issued and used by fraudster.	**16 out of 72** cases related to applications on behalf of a family member which were considered potentially fraudulent.	1. DBA undertaken. If DBA fails and the fraudulent applicant appeals, then applicant will require an Independent Mobility Assessment (IMA) which would identify the fraud. **(Part of existing process**) 2. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use. (**Recommendation 2**) 3. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report misuse. **(Part of existing process**)
3	**Fraudulent application by a person based on non-automatic eligibility criteria** Fraudulent application by ineligible applicant claiming to have mobility issues. Person without mobility issues applies and passes DBA. BB is issued and used by fraudster.	**3 out of 72 cases** related to applications by persons themselves which were considered potentially fraudulent. **3 out of 72 cases** related to applications where the applicant no longer wanted / required the BB.	1. DBA undertaken. If DBA fails and the fraudulent applicant appeals, then applicant will require an Independent Mobility Assessment (IMA) which would identify the fraud. **(Part of existing process**) 2. Application requires the recording of health care professionals/GP who are aware of the mobility issue. (**Part of existing process**) 3. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use. (**Recommendation 2**)

			4. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report misuse. **(Part of existing process)**
4	**Fraudulent application on behalf of deceased family member based on automatic eligibility criteria** Family member applies fraudulently on behalf of a deceased family member who would have been eligible. Provides fraudulent application. Family member is aware of all information required and submits required identification and eligibility proof including DWP documentation. Named applicant may or may not on Housing Benefit (HB) or Council Tax (CT) system existing " proof "data.	**9 out of the 72** BB applicants visited where the applicant had died following application The above applications may not have been fraudulent at the time but this scenario is possible in theory.	1. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use (**Recommendation 2**) 2. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report misuse. **(Part of existing process)**
5	**Fraudulent application on behalf of deceased family member based on non-automatic eligibility criteria** Family member applies fraudulently on behalf of a deceased family member based on mobility issues. The information passes the Desk Based Assessment. Family member is aware of all information required and submits required proof of identification. Named applicant may or may not be on HB or CT system	**9 out of the 72** BB applicants visited where the applicant had died following application The above applications may not have been fraudulent at the time but this scenario is possible in theory.	1. DBA undertaken. If DBA fails and the fraudulent applicant appeals, then applicant will require an Independent Mobility Assessment (IMA) which would identify the fraud. (**Part of existing process**) 2. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use. (**Recommendation 2**) 3. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report misuse. (**Part of existing process**)
6	**Change of address by applicant following BB application**	No cases noted but scenario is possible in	1. AT team request original BB from new address as part of

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		theory. The face to face should have highlighted the change in address.	AT process. AT team to request change of address details on the notification letter.
	BB applicant moves to new address following application and submission of documents. BB sent to old address and used by new persons in old address. BB applicant requests and issued with new BB. Therefore 2 BBs now in existence.		2. Improved communication between AT and Parking/NSL. AT team notify CEOs to collect or identify when being used illegally. (**Recommendation 2**) 3. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use (**Recommendation 2**) 4. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report misuse. (**Part of existing process**)
7	**Fraudulent application by a person based on automatic eligibility criteria** Fraudulent application by applicant stating criteria that would mean automatic eligibility using <u>false</u> DWP information	**Not considered likely**- Likelihood considered low as person would have to have access to fraudulent DWP documentation. Would require an elaborate scheme involving DWP collusion.	1. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use. (**Recommendation 2**) 2. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report misuse. (**Part of existing process**)
8	**Fraudulent application by a fictitious person based on mobility issues** Fraudulent application for a fictitious person with false ID. Applicant applies indicating mobility issues and passes DBA. BB issued to applicant.	**Not considered** - could succeed under both models with and without face to face.	1. More robust enforcement through dedicated enforcement teams who stake out and monitoring fraudulent use. (**Recommendation 2**) 2. BB website specifies eligibility, indicates enforcement practices, warns against misuse and provides details of how to report

			misuse. **(Part of existing process**)