Concessionary Travel

Method Statement

Eligibility: Disabled Person's Bus Pass

Eligibility criteria

The England National Concessionary Travel Scheme (ENCTS) is a national scheme which is administered in Warwickshire by the WCC. The eligibility criteria have remained unchanged since at least 2011 when WCC took over the scheme from the District and Borough Councils.

As the eligibility criteria are set down in legislation, WCC has no power to alter them, and is unable to issue ENCTS passes to anyone who does not meet the criteria.

An applicant for a pass must live in Warwickshire – this means their sole or principal residence must be within the county.

In addition, applicants for a Disabled Person's Bus Pass must show that they have one or more of the seven qualifying disabilities, as set out in the Transport Act 2000 and accompanying government guidance.

This document outlines how eligibility criteria will be applied in Warwickshire.

Category F

Section 146 of the Transport Act 2000 includes a person who is **"has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning"** as a disabled person who would qualify for a bus pass.

The current (April 2025) Department for Transport Guidance on eligibility says;

"(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"

- 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.
- 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.

The definition of 'significant impairment of intelligence' (more recently referred to as 'significant impairment of intellectual functioning') is set out in documents issued by The British Psychological Society (BPS) as follows;

For several decades now, it has been accepted generally that a 'significant impairment of intellectual functioning' is best represented by an IQ score derived from an appropriately standardised and norm-referenced assessment measure that is more than two SDs below the population mean, allowing for the expected level of measurement error within the test.

On tests with a mean of 100 and a SD of 15, this equates to an IQ of less than 70 approximately. This is the criterion recommended by all three major international classification systems currently (*DSM-5*, *ICD-10* and *AAIDD-11*). It is also the criterion recommended by the British Psychological Society. Based upon the normal distribution curve, and allowing for the previously mentioned 'bump' at the lower end of that curve, this means that just over 2.5 per cent of the general population may be expected to have a level of intelligence commensurate with a diagnosis of intellectual disability.

Social functioning is also referred to as 'Adaptive behaviour' and is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- Conceptual - language and literacy; money, time, and number concepts; and self-direction.
- Social - interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical - activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Adaptive behaviour is measured using the 'Adaptive Behavior Assessment System' (ABAS-3).

The definition of 'significant impairment of intelligence' is in line with the definitions for mild-profound intellectual disabilities, used by the World Health Organisation International Classification of Diseases (ICD) up to and including ICD-10 published in 2019 where intellectual disabilities are defined as follows;

	CODE DESCRIPTION
F70	Mild intellectual disabilities IQ level 50-55 to approximately 70; *Mild Mental Subnormality* Approximate IQ range of 50 to 69 (in adults, mental age from 9 to under 12 years). Likely to result in some learning difficulties in school. Many adults will be able to work and maintain good social relationships and contribute to society.
F71	Moderate intellectual disabilities IQ level 35-40 to 50-55; *Moderate Mental Subnormality* Approximate IQ range of 35 to 49 (in adults, mental age from 6 to under 9 years). Likely to result in marked developmental delays in childhood but most can learn to develop some degree of independence in self-care and acquire adequate communication and academic skills. Adults will need varying degrees of support to live and work in the community.
F72	Severe intellectual disabilities IQ level 20-25 to 35-40; *Severe Mental Subnormality* Approximate IQ range of 20 to 34 (in adults, mental age from 3 to under 6 years). Likely to result in continuous need of support.
F73	Profound intellectual disabilities IQ level below 20-25; *Profound Mental Subnormality* IQ under 20 (in adults, mental age below 3 years). Results in severe limitation in self-care, continence, communication and mobility.

ICD-11 (published 2022) takes a slightly different approach and defines the same intellectual disabilities in a way which includes adaptive behaviour, as follows;

	CODE DESCRIPTION
6A00.0	*Disorder of intellectual development, mild* A mild disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately 0.1 – 2.3 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit difficulties in the acquisition and comprehension of complex language concepts and academic skills. Most master basic self-care, domestic, and practical activities. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support.
6A00.1	*Disorder of intellectual development, moderate* A moderate disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately 0.003 – 0.1 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Language and capacity for acquisition of academic skills of persons affected by a moderate disorder of intellectual development vary but are generally limited to basic skills. Some may master basic self-care, domestic, and practical activities. Most affected persons require considerable and consistent support in order to achieve independent living and employment as adults.
6A00.2	*Disorder of intellectual development, severe* A severe disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four of more standard deviations below the mean (less than approximately the 0.003rd percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit very limited language and capacity for acquisition of academic skills. They may also have motor impairments and typically require daily support in a supervised environment for adequate care, but may acquire basic self-care skills with intensive training. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.3	*Disorder of intellectual development, profound* A profound disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four of more standard deviations below the mean (approximately less than the 0.003rd percentile), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

In addition, ICD-11 also includes a table (Table 6.1) which gives behavioural indicators for each level of intellectual functioning for children, adolescents and adults.
ICD-11 for Mortality and Morbidity Statistics (who.int)

Category F - Issuing a pass

WCC will therefore issue passes to individuals who can demonstrate that they have

- Significant impairment of intelligence as defined above, with an IQ of less than 70, AND
- Significant impairment of social functioning (adaptive behaviour), as defined above,

provided that the disability started in childhood.

Effectively, this means we can only issue a pass to someone who can show they have an intellectual disability.

A pass will not be issued solely on the basis of a disability affecting adaptive behaviour/social functioning.

However, if a person meets the criteria for significant impairment on intelligence, then the impairment of adaptive behaviour/social functioning will be assumed.

Category F - Evidence which can be used

Evidence of a qualifying learning disability can be hard to obtain, as many applicants will live normal lives, supported by family and friends, without medical or professional intervention.

For younger people, relevant information may be contained within a Statement of Special Educational Needs, or an Education, Health and Care Plan, issued by an education authority.

However, the focus of these plans is normally on the abilities of the child or young person, rather than any impairments, and so we may need to ask for additional information.

Where possible it is preferable to have documentation containing a medical diagnosis using the one of the ICD codes, or the outcome of an IQ test carried out by a psychologist. However, this is rarely available.

Therefore, WCC has developed a set of forms which can be completed by a medical professional, a school/college or a care organisation, to support an application.

Some applicants supply their PIP award letters as evidence of disability, but not everyone who scored PIP points will have a qualifying disability. Therefore, we do not accept PIP awards as evidence of a qualifying learning disability.

The Evidence forms CT-F1, CT-F2, CT-F3 have been developed to collect information which can tell us whether or not someone is likely to have a qualifying disability. Completion of the form does not guarantee a bus pass as it will depend on the answers selected by the person completing it.

Evidence which can be provided to help show eligibility under category F includes;

- Evidence provided to get a Council tax exemption under class U
- Results from an assessment by a psychologist.
- Statement of Special Educational Needs
- Education, Health and Care Plan
- WCC Evidence forms CT-F1, CT-F2, CT-F3
- Medical records showing one of the following World Health Organisation ICD Diagnostic codes
    - → F70 or 6A00.0 (Mild intellectual disability)
    - → F71 or 6A00.1 (Moderate intellectual disability)
    - → F72 or 6A00.2 (Severe intellectual disability)
    - → F73 or 6A00.3 (Profound intellectual disability)

As a learning disability will not change throughout someone's life, it is not necessary for these documents to be current or recent.

IMPORTANT: For those individuals who have a learning disability which is not a qualifying disability under the Transport Act, we encourage them to look at whether they would qualify under category G if they would be refused a driving licence on medical grounds.

Category F - Evidence which is not acceptable

Document	**Reason for rejection**
Diagnosis of any of the following • Autism • Aspergers • ADHD • Dyslexia • Dyspraxia • Learning difficulty • Learning disability	These do not indicate that the applicant has an intellectual disability.

Document	Reason for rejection
EHCP or SEN Statement where an intellectual disability is not referenced, and cannot be inferred.	This does not indicate that the applicant has am intellectual disability.
PIP, DLA or other benefit awards	Benefit award letters do not provide information about an intellectual disability.
Council Tax exemption on the grounds of severe mental impairment	We do not have access to the evidence supplied to the District/Borough Council and we know that the exemption has been issued to some people who do not have a qualifying disability
WCC evidence forms which have been completed by an applicant, family member, or direct carer	The person completing the form needs to be a professional person involved in the applicant's care.
WCC evidence forms which are ticked or initialled, or where the signatures do not match.	We need to be sure that the person completing the information about the disability is the same person who signs the form. If the boxes relating to the disability are initialled or ticked then this indicates that the professional completing the form has not read it properly.