



UNIVERSITY OF
BIRMINGHAM

THE POLITICS OF PARKING: DISABLED PEOPLE'S EXPERIENCES OF EVERYDAY
OPPRESSION THROUGH ENCOUNTERS WITH STRANGERS IN ACCESSIBLE
PARKING SPACES

by

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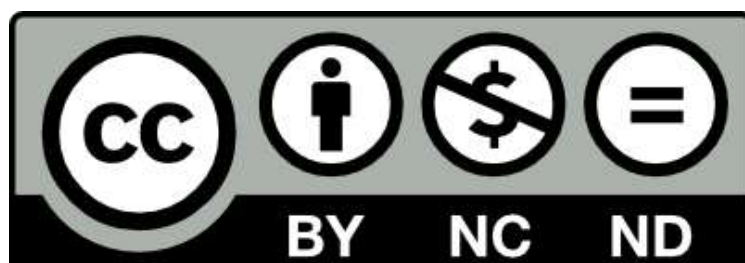
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Abstract

This thesis explores the impact of disabled people's encounters with strangers, in the context of Blue Badge accessible parking spaces in England. In documenting how these everyday interactions shape disabled people's experiences of access to public space, I build on understandings of disability as social-relational phenomenon (Reeve, 2008; Thomas, 1999a). By focussing on supposedly 'accessible' spaces, I also contribute to critical perspectives on what constitutes 'accessibility'. I consider how the UK's political context of austerity has led to the surveillance and constant questioning of the 'legitimacy' of disabled people who are perceived to be receiving 'perks'. I also explore the impact of the negative affects which circulate in parking spaces and the emotion work required to navigate encounters. My methodology brings together critical disability studies with feminist, queer, and postmodern approaches to challenge harmful binaries about disability and access, in favour of mapping the complexity of encounters.

To do this, I employ a two-stage mixed-methods approach. The first stage encompasses a content analysis of newspaper representations of the Blue Badge scheme, alongside a survey of over 300 Blue Badge holders. The second phase consists of 20 semi-structured interviews with disabled people. My findings expose the Blue Badge bay as a microcosm of the negative attitudes held about disability in an ableist society, meaning accessibility is always contingent on the 'goodwill' of others. Impossible stereotypes about what a disabled person should look and behave like lead to considerable anxiety in using accessible parking spaces. I also highlight the possibilities for solidarity and positive disabled identities in resisting these stereotypes. Encounters emerge not just as an individual experience, but as a

communal one shared by and between many Blue Badge holders. Ultimately, my research highlights that while ableism and stigma against disability are pervasive, no space can ever be truly accessible.

Acknowledgements

Hello to you out there in Normal Land
You may not comprehend my tale or understand
As I crawl past your window give me lucky looks
You can read my body but you'll never read my books

—Ian Dury, *Spasticus Autisticus*

Completing this thesis over four years while working full time has been an extraordinary challenge, which could not have been achieved without invaluable support from family, friends, and colleagues.

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Finally, I want to acknowledge the considerable barriers that I have often faced as a disabled researcher within academia, sometimes involving the very same interrelational disablism I have been researching in this thesis. To those who told me that captioning videos is too much extra work, that I should sit in a different building to my peers, that I should just lie down or go for a walk if I am in pain, or that there is no accessible parking at the venue where I am presenting my accessible parking research, I conclude with the words of Beyoncé:

You know you that bitch when you cause all this conversation

Always stay gracious, best revenge is your paper

—Beyoncé, *Formation*

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List of Abbreviations

- **CDS** – Critical Disability Studies
- **DPO** – Disabled People’s Organisation
- **DfT** – Department for Transport
- **DT** – Data Table
- **ISA** – International Symbol of Access
- **NTS** – National Travel Survey
- **PA** – Personal Assistant
- **PIS** – Participant Information Sheet
- **PTSD** – Post-Traumatic Stress Disorder
- **RQ** – Research Question
- **TA** – Thematic Analysis
- **UK** – United Kingdom
- **UN** – United Nations
- **UPIAS** – Union of the Physically Impaired against Segregation
- **US(A)** – United States (of America)

1. INTRODUCTION

1.1. Introduction: The Accessible Parking Space Encounter

In this chapter, I begin by introducing the central focus of this thesis: the role of everyday encounters with strangers in disabled people's lives. I discuss the way in which these encounters have the potential to shape experiences of public spaces and the significance of studying them specifically in the context of accessible parking spaces. I then provide a brief overview of my theoretical framework and a rationale for my approach to this research. Following this, I introduce the mixed-method research design and the research question and four sub-questions it aims to answer. I also clarify some key terminology and how it is employed in this thesis, before providing a brief chapter-by-chapter overview of the overall structure of this thesis.

1.2. Encounters, Accessibility, and the Parking Space

"Hell is—other people!", according to the famous quote from Sartre's (1989, p. 45) play *No Exit*. In this thesis, I ask to what extent *disability* is other people, by exploring how disabled people's everyday experiences in accessible parking spaces are shaped by encounters with strangers. In doing so, I aim to highlight the social-relational dimension of disability (Thomas, 1999a), arguing that disablement can be created through negative interactions with others as well as through physical and structural barriers. Encounters with strangers are an important feature of many disabled people's lives (Keith, 1996), particularly as our presence in public is often still a relative novelty following several centuries of exclusion and institutionalisation

(Mitchell & Snyder, 2020). While disabled people continue to face structural barriers in terms of accessibility of the built environment, disability rights movements over the last 50 years have made significant gains in challenging some of these barriers and bringing about legislation concerning rights to access buildings and public spaces. One way in which these rights are implemented in practice is through the creation of accessible spaces as a retrospective measure to create pockets of accessibility within a structurally inaccessible environment. However, while these rules, rights, and spaces are commonplace, little attention has been paid by either policymakers or researchers to the actual lived experience of disabled people in exerting these rights and using these spaces. As Titchkosky puts it:

The fight for the rights to access may get people in – but that is only half the issue. Developing critical relations to access that are committed to recognizing how it already interprets embodied difference is the other half. (Titchkosky, 2011, p. 28f)

By documenting how the use of accessible parking spaces is experienced in the context of encounters, I thus highlight how access is not created merely through the existence of a right or policy. Rather, what matters is how accessibility is (or is not) experienced in practice, paying particular attention to the relational aspects of access as shaped through interactions with others.

By focusing on how disability and accessibility are experienced in everyday contexts, I aim to lay bare how even seemingly innocuous interactions can have a significant impact on disabled people's use of public spaces. In this thesis, I thus focus both on extreme encounters such as hate crimes, but also small-scale 'microaggressions' (Keller & Galgay, 2010; Sue, 2010), highlighting how they can have a long-term and

cumulative effect in contributing to the abjection and exclusion of disabled people. While there is often a requirement for hate to be extreme (Ralph et al., 2016) in order to be recognised as such, particularly in the context of reporting and prosecution, recent research has highlighted the ordinariness of disability hate (Burch, 2021; Hall, 2024; Healy, 2020; Mason-Bish, 2025). I examine how this everyday hostility manifests in accessible parking spaces, as well as the emotions arising from it. Understanding how these emotions can be actively disabling by excluding disabled people from public spaces is a key concern for me in this thesis, drawing attention to the considerable work that disabled people must perform to navigate negative encounters. In doing so, I emphasise the impact of psycho-emotional disablism (Reeve, 2008) arising from encounters, and how disabled people often employ a complex array of assessment and action to manage both themselves and others before, during, and following encounters (Keith, 1996; Scully, 2010). Importantly, I highlight how the emotional toll of encounters and the work required to manage them do not just impact the individual disabled person but are a shared experience integral to what it means to navigate public spaces while disabled. I thus seek to move away from the individualising, isolating discourses of ableism towards an understanding of how marginalisation is experienced collectively by disabled people as an oppressed group.

My research focuses specifically on encounters in accessible parking spaces. These parking bays are one of the few accessible spaces in an often largely inaccessible built environment. They are highly recognisable and being entitled to use them is one of the most common rights associated with disability in the public consciousness (Dorfman, 2020). Despite this, there is little research on accessible parking spaces

specifically, and there is an equal paucity of broader work on the social aspects of parking. Accessible parking spaces are thus particularly interesting precisely because of their apparent mundanity. As this thesis shows, the act of parking in an accessible space is often anything but straightforward, echoing the assertion of one Dorfman's (2020, p. 408) participants that, for disabled people, "getting around is hard, getting a parking permit is harder, and actually using one is impossible." I highlight in this research how accessible parking is often taken for granted by an ableist society but is equally often essential for disabled people in enabling us to participate in public life. When this access is hindered because an encounter occurs, whether that involves being accused of not needing the space, experiencing hate, or having to challenge someone misusing a bay, this can have significant impact on disabled people's lives. Parking is thus a fundamentally social experience (Marusek, 2012). Equally, I highlight how accessibility is not a static state but take a critical approach to questioning by what 'accessibility' actually means, particularly when the implementation of minimal accessibility is used to deny disabled people further rights and equal participation in society. I thus build on critical work on accessibility (Hall, 2019; Price, 2024; Smilges, 2023; Terry et al., 2025; Titchkosky, 2011), as well as similar important work on accessible toilets (Slater & Jones, 2018; 2021), in order to question whether a public space can ever be truly accessible if negative attitudes and hostility are pervasive in them.

While this research focuses specifically on accessible parking space encounters, throughout this thesis I always consider how these encounters are symptomatic of the wider attitudes towards disability in England in the 21st century. In particular, the lives of disabled people in the United Kingdom (UK) have been heavily shaped by

austerity politics and several rounds of welfare reform since 2010, which have included both politicians and the media employing rhetoric of disabled people as 'scroungers' (Briant et al., 2013; Garthwaite, 2011; Geiger, 2023; McEnhill & Byrne, 2014), resulting in resentment against disabled people (Hughes, 2015). It has been argued that this stigmatisation of disabled people has actively contributed to stirring up hate (Burch, 2021; Garthwaite, 2014; Ralph et al., 2016; Tyler, 2013), with an increase in disability hate crime and the policing of disabled people's legitimacy by the public in order to catch them out as cheats. This is intensified where disabled people are perceived as receiving 'perks', such as accessible parking, and these bays have been named as particular hotspots for disability hate (Hall, 2025; Hall & Bates, 2019; Healy, 2020; Moss & Frounks, 2022). By examining how disabled people are always under scrutiny in accessible parking bays, I highlight not only the impact of individual encounters but expose them as a manifestation of the wider hostility and ableism prevalent in a society where disabled people are widely considered as 'taking advantage of the system' as a result of austerity politics. Thus, I argue for a social-relational understanding of disability which recognises that, while accessible parking spaces may remove some barriers, they can never be successful in providing *equal* access while disabled people are stigmatised and depicted as 'less than' in the name of ableist, capitalist austerity politics.

1.3. Theoretical Approach and Rationale

The origin for this research came from my interest in how everyday experiences of disability, including small, seemingly mundane interactions, contribute to disabled people's marginalisation and require us to always be considering how we are perceived by others in public, performing emotion work to present ourselves

accordingly. I then realised that, from my own experiences as a disabled person who has held a Blue Badge since 2012, this need was intensified in accessible parking spaces due to their visibility as spaces *for* disabled people, as well as their perception as a 'perk' leading to non-disabled people both misusing and policing them. My research thus broadly fits Watson's (2020) assertion that disability studies has often emerged out of anger, with this research being a way to make sense of my own experiences and emotions as well as providing other disabled people with tools and concepts to express theirs. I will further explore the significance of my positionality in the methodology section.

Given the highly personal nature of this research, it is only fitting that one of the key principles guiding this thesis is the feminist slogan that the 'personal is political' (Morris, 1992), which has been embraced by feminist disability scholars to draw attention to interrelational, psycho-emotional, and intersectional dimensions of disablism (Reeve, 2008; Thomas, 1999a). I incorporate these feminist aspects of research into a broader critical disability studies framework, which uses a critical approach to expose and challenge power dynamics in society (Meekosha & Shuttleworth, 2009). In addition to feminist scholarship, I incorporate queer and postmodern approaches into my research, taking up an "antidisciplinary" (Halberstam, 2011, p. 147) methodology which favours an eclectic approach in order to produce research that is useful for disabled people in practical terms, rather than adhere to disciplinary boundaries.

Indeed, breaking boundaries and barriers is central to this thesis. In line with the intent of critical disability studies (Meekosha & Shuttleworth, 2009), I seek to dismantle the restrictive dichotomies in which disability has often been

conceptualised, taking a more nuanced approach that aims to highlight the complexity of the disability experience. I thus employ an assemblage approach (Deleuze & Guattari, 2004; Fox & Alldred, 2015) to consider the many different aspects that shape the accessible parking encounter, both in political and in (inter-)personal terms which are inextricably intertwined. Simultaneously, I draw attention to how encounters are a manifestation of broader stigmatisation and abjection of disabled people in contemporary society. By employing these approaches, I am therefore not just describing the parking encounters themselves but critically considering how thinking relationally can problematise what 'disability' and 'accessibility' actually mean.

It is important to reiterate that my main aim is to produce research that is useful to other disabled people, by documenting and giving voice to their experience in a way that helps them understand and navigate their own experiences. Disability research "must be part of disabled people's struggle to take over ownership of the definition of oppression" (Morris, 1992, p. 289). Due to this, I have worked with a paid advisory group of seven Blue Badge holders in shaping both the questions asked during the survey and interviews, as well as validating their findings. The group's involvement will be discussed in more detail in the methodology chapter, alongside a further reflection on my theoretical approach as well as my own positionality in relation to the research.

1.4. Research Questions and Design

In this thesis, I have aimed to answer the following overarching research question:

- How do disabled people's encounters with strangers in accessible parking spaces add to their experiences of everyday oppression?

As encounters are multi-faceted, I explored multiple aspects in order to ascertain what we can learn from them about wider views and assumptions about disability in contemporary English society. I did this through four sub-questions which aim to map different aspects of the encounter:

- **RQ1:** What forms do these encounters most commonly take?
- **RQ2:** What do disabled people perceive to be some of the factors that determine the nature of these encounters?
- **RQ3:** What actions do disabled people take to manage or avoid these interactions?
- **RQ4:** How do these encounters affect disabled people's emotions and disabled identity?

I used a mixed-method approach in order to gather data to answer all four sub-questions and the overarching question. The first stage of the research consisted of a primarily quantitative approach, incorporating firstly a content analysis of the representation of the Blue Badge scheme and disability in major newspapers between 2018 and 2022, and secondly a survey with 304 adult Blue Badge users resident in England about their experiences of accessible parking encounters. The data collection and analysis for this phase were conducted between January 2023 and September 2023.

The second stage of the study was qualitative and involved 20 semi-structured follow-up interviews with participants from the survey, in order to explore their experiences in more detail and gather data about the affective impacts of these encounters. These interviews were conducted and analysed between November

2023 and September 2024. The findings from both phases were triangulated to identify five overarching key findings, which will be explored in more detail in the discussion of this thesis.

Throughout the study, I consulted with the project advisory group on an annual basis, which coincided with the beginning and end of each research stage, meaning that the group provided input into the design of the survey, validated the survey results and shaped the interview questions, confirmed the themes generated from the interview analysis, and will input on the final report and recommendations released at the end of the research.

1.5. Terminology and key concepts

In this section, I set out some brief explanations of how I have conceptualised and employed specific concepts around disability, encounters, and strangers within this thesis.

1.5.1. Models of Disability

In line with most contemporary UK disability studies scholars, I employ a social model understanding of disability. Almost 50 years after its inception, the social model remains central to the UK disability rights movement and disability studies. The social model was developed by the Union of the Physically Impaired against Segregation (UPIAS), a group of people with physical impairments who were challenging the exclusion of disabled people from society, and particularly their incarceration in inhumane institutions (Barnes & Mercer, 2004). They argued that:

It is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated

and excluded from full participation in society. Disabled people are therefore an oppressed group in society. (UPIAS, 1975)

The social model opened up the radical possibility of conceiving disability as socially produced phenomenon, but has been much debated since its inception. Some feminist critiques of the model will be explored in the literature review, where I specifically draw on Thomas' (1999a) social-relational model as a variant of the social model which draws explicit attention to interpersonal and relational aspects of disability. For now, it is important to highlight the social model's role within activism, operating as an oppositional device (Beckett & Campbell, 2015) which has enabled the UK disability movement struggle for rights, including through systematic and disruptive public protests which has led to the gaining of essential rights for disabled people, like the Disability Discrimination Act 1995 (Charlton-Dailey, 2025; Lewis, 2020).

Further, the social model made possible the countering of individual models of disability. This included the dominant medical model which perceives disability as an individual problem, caused by impairment and in need of cure (Oliver, 1996). A related individualist model actively contested by social model disability activist is the charity model. The charity model sees disabled people

As victims, or objects of pity, their impairment being their main identifier. They are seen as recipients and beneficiaries of services. This approach sees [disabled people] as passive, tragic or suffering and requiring care. It assumes that it is the community and society's responsibility to arrange all services for these vulnerable people and know what is good for them. (Christian Blind Mission, 2025)

A charity model of disability is fundamentally about non-disabled people knowing what is best for disabled people and helping those who are 'deserving', while ensuring that "no real change ever occurs" (Withers, 2012). Both the social-relational model and the charity model will be central to my analysis of disabled people's experiences of accessible parking encounters.

1.5.2. Disablism vs. Ableism

I employ both the terms 'disablism' and 'ableism' within this research as two distinct concepts. Disablism describes the discrimination and prejudice experienced by disabled people in society. This can take a variety of forms, but the concept of psycho-emotional disablism (Reeve, 2008) is particularly relevant to this thesis in highlighting the impact encounters can have on disabled people's wellbeing.

In contrast, ableism describes the focus on normalcy as the ultimate ideal to aspire to and as the only way to be a worthy human being (Davis, 2002b). I explore how expectations of normalcy are subverted in accessible parking spaces, with ableist ideals expecting disabled people to perform the alter of normality by embodying disability as complete incompetence and helplessness (what I term 'the impossible crip'), in order to be understood as deserving.

1.5.3. Identity-First Language

In line with the social model and most politically active disabled people in the Global North¹, I use identity-first language to talk about disability, i.e. disabled person (not 'person with a disability'). Identity-first language does not locate the disability within the person's body or impairment but rather is compatible with a social model approach which understands people with impairment to be *disabled by society*. In the words of one of my advisory group members, Lisa Egan (2012), we are disabled because we are "prevented from functioning" by the (structural, material, and interpersonal) barriers in society.

1.5.4. We vs. They Language

As explored in the methodology section, my own experience and identity as a disabled person have been central to shaping this research. As a result, I have often felt uncomfortable with research that speaks about disabled people exclusively in the third person. Linton's observation on the effect of this within disability studies still holds true 27 years later:

The overwhelming majority of scholarship on disability either utilizes or implies the third-person plural: "they" do this, "they" are like that, "they" need such and

¹ I use Global North and Global South as politicised terms to describe countries at different levels of development. These terms are frequently used in international relations and political science as an "allegorical application of categories to name patterns of wealth, privilege, and development across broad regions. The term Global South functions as more than a metaphor for underdevelopment. It references an entire history of colonialism, neo-imperialism, and differential economic and social change through which large inequalities in living standards, life expectancy, and access to resources are maintained." Dados, N., & Connell, R. (2012). The Global South. *Contexts*, 11(1), 12-13. <https://doi.org/10.1177/1536504212436479>

such. This contributes to the objectification of disabled people and contributes to the experience of alienation disabled people so often report. (Linton, 1998, p. 142)

The use of the first person acknowledges the importance of my own experiences as a disabled person and helps to disrupt the binary divide of researcher/researched, reducing power imbalances between myself and my participants. Similar to Kafer (2013), I thus switch between the first and third person throughout this thesis when speaking about disabled people. There is no clear pattern to this although I tend to favour the third person where the data concerns my participants, to recognise that the findings cannot necessarily be generalised to the whole disabled population.

1.5.5. Encounter

Encounters are the key focus of this thesis. However, while encounters have been examined as a social phenomenon within human geography and related disciplines, there is no clear consensus on what actually constitutes an encounter. Wilson (2017, p. 454) comes the closest to providing a definition by describing an encounter as “contact where a lack of commonality is assumed or where some form of existing conflict, prejudice or unease is present”. For the purposes of this research, I have focused on a broad range of encounters, including positive ones, which may not meet Wilson’s definition above. Within my participant information sheet for the survey, I deliberately resisted providing a precise description of what I mean by an encounter, because I wanted to understand what type of interactions my participants understood as an encounter. I thus used my own definition of an encounter as “a verbal interaction or a non-verbal interaction (e.g. staring) which had a physical or

emotional effect on you". This intentionally loose definition encouraged my participants to share any encounter they felt had impacted them in a significant way.

1.5.6. Strangers

This research focus primarily on interactions with strangers, building on Keith's (1996) work on these encounters and aiming to draw attention to how they can be a barrier to participation in public life. A stranger is someone who the disabled person has not met before. However, some of my participants had accessible parking encounters with people familiar to them. Participants shared stories about encounters involving their local parcel delivery driver, their work colleague, their neighbour, and even their barber. Often, these encounters were just as impactful, if not more so, than those with strangers. I have thus included some of these stories within the research to highlight how, just like structural barriers, they form part of a wider negative experience of using Blue Badge bays.

1.5.7. Misuse vs. Abuse

Encounters arising from non-Blue Badge holders parking in accessible parking spaces are a crucial focus of this research. Throughout this thesis, I use the term 'misuse' to describe a situation where an accessible parking bay is used by someone without a permit. In earlier unpublished iterations of this project, I also used 'abuse' to describe this phenomenon. However, over the course of this research, I have increasingly found 'misuse' a more helpful term as 'abuse' can be ambiguous, e.g. in also describing the verbal or physical abuse disabled people may experience in accessible parking spaces. I continue to use 'abuse' to describe this hostility experienced by disabled people in this thesis.

1.5.8. Quotation marks

Throughout this thesis, I use both double and single quotation marks, following Wendell's approach of using double quotation marks as direct quotes, and "single quotation marks as scare quotes, that is, to draw the reader's attention to concepts in question or to uses of language about which I have reservations" (Wendell, 1997, p. 7). For example, I use single quotation marks for the word 'scrounger' throughout (except where it refers to a content analysis code), to mark that I do not ever agree with this word being applied to disabled people without challenge.

1.6. Thesis Outline

This thesis is divided into eight chapters, with this introduction chapter being the first. In chapters 2 and 3, I will situate my research within the wider literature from disability studies and beyond. Chapter 2 focuses on the wider political landscape in which accessible parking encounters take place. It begins by introducing multiple ways of theorising disability as a form of oppression. I then discuss how the UK context of over a decade of austerity politics shapes and reinforces hierarchies of impairment and a politics of legitimacy. Finally, I discuss the relationship between disability and space, including a discussion of previous research on accessible parking spaces and of the Blue Badge scheme.

In Chapter 3, I focus on the personal by examining the emotional politics of disability as an interrelational phenomenon. I begin by exploring current discussions on disability and affect, including the concepts of emotion work and feeling rules, and understandings of disability hate. I then discuss how encounters have been theorised, including the way they are managed by disabled people and their often

performative nature. In the final section of this chapter, I focus on the impact of encounters in causing existential insecurity, as well as discussing how disabled identities are shaped by (and can resist) discourses and negative attitudes in society.

Chapter 4 focuses on the study's methodology, introducing my theoretical framing which brings together critical disability studies with queer, postmodern, and feminist approaches to reject simplistic explanations and binary thinking in favour of complexity and nuance. I also discuss the importance of understanding lived experience as a key source for political analysis. I reflect on my own positionality as a disabled researcher and discuss the ethical considerations that have shaped how I have conducted this research. I then discuss the methods I have employed, including a rationale for using a mixed-methods design, and how I have collaborated with the advisory group. Finally, I detail how I approached design, sampling, and analysis of the content analysis, survey, and interviews.

In chapters 5 and 6, I present the findings from both stages of the research. Chapter 5 includes the findings of the content analysis, where I explore and discuss the five most common topics and the themes that were present in Blue Badge reporting in newspapers. I then present the findings from the survey of Blue Badge holders, including the types of encounters experienced by participants, their frequency and location, the people involved, the factors that participants felt contributed to encounters, and how participants dealt with these encounters. In the discussion, I highlight the key findings from the analysis, comparing and contrasting the similarities and differences between how the Blue Badge is represented in news media versus my participants' experience of using it.

Chapter 6 contains the analysis of the semi-structured follow-up interviews, which were analysis using reflexive thematic analysis (Braun & Clarke, 2022). This analysis generated four themes with a total of ten subthemes:

- Second-Class Citizenship
 - Bare Minimum Access
 - Everything About Us Without Us
- Whose Space is it Anyway?
 - Hierarchies and Stereotypes
 - Entitlement
- Disabling Affects
 - Abjection and Anger
 - Walking on Eggshells
 - Slow Death
- Spaces of Resistance
 - It's the Principle
 - Complex Identities
 - Solidarity and Communal

In Chapter 7, I offer a discussion to bring together the key findings from both stages of the research. These include how accessibility is not a stable concept but is always contingent on both the environmental context and the interpersonal relationships that shape public space. I also discuss how impossible stereotypes pit disabled people against each other, meaning nobody can be truly at ease in an accessible parking space. I discuss the parking space as a representation of the wider prejudices and ableism persistent in English society. I also explore how the uncertainty associated with psycho-emotional disablism leaves disabled people always on edge in parking spaces. Finally, I argue that accessible parking encounters are often a communal rather than a personal experience, and that this communality

and the rejection of disability stereotypes in favour of a more complex identity are key to resisting pervasive ableism. I conclude this chapter by discussing both the limitations of this study as well as suggesting further areas of research on accessible parking and disability.

Chapter 8 provides the conclusion to this thesis, including a summary of findings where I answer the research questions, and a discussion of their significance in contributing to understanding disability in a social-relational context.

1.7. Chapter Summary

This chapter has provided an introduction to the thesis, beginning with a brief overview of why encounters are important, how they can help us query whether rights and policies are effective in practice, and how the emotions arising from encounters can be disabling. I have also introduced the specific context of the accessible parking space as one of the few spaces specifically designed for disabled people and explained how the experiences in these spaces are shaped by wider discourses, particularly austerity discourses. I have then introduced my theoretical approach as rooted in critical disability studies, and drawing on feminist, queer, and postmodern theories to highlight how the personal is political and how seemingly mundane everyday experiences can actually be highly complex. I have laid out my research question and four sub-questions and introduced my two stage mixed-method design combining a newspaper content analysis, a survey with Blue Badge holders, and semi-structured follow-up interviews. I have then provided an overview of how I speak about disability and encounters in the context of this thesis. Finally, I

have provided a short outline for what will be covered in each of the chapters of this thesis.

2. THE POLITICAL – THE WIDER LANDSCAPE OF ACCESSIBLE PARKING ENCOUNTERS

2.1. Introduction

The first literature chapter explores the wider context in which accessible parking encounters take place. This section explores the ‘politics’ of disability, specifically in 2020s England. Understanding the wider context of how disability is created, experienced, and maintained is crucial as “encounters never take place in a space free from history, material conditions and power” (Valentine, 2008, p. 333). Rather, encounters in parking spaces become a microcosm of all the prejudices and negative emotions held against disabled people. I begin by discussing how we can understand disability as a form of social oppression, rather than as an ‘individual’ failing. The theories in this section are applied to produce a more nuanced analysis of how individual interpersonal encounters reflect oppression and discrimination at a systemic level. I then explore the particular ways in which disability has been represented in political and media discourses. I also discuss the consequences of this in creating and sustaining ideas of ‘legitimacy’ and ‘deservingness’, both of which are closely monitored by authorities and the public. Finally, I explore the spatial and legal properties of public spaces, and in particular accessible parking spaces, in relation to disability, showing how physical space, signage, legal rights, and policy implementation, all form part of a larger assemblage that shape the possibilities of parking space encounters.

2.2. Understanding Disability as Oppression

2.2.1. Introduction

This section introduces ways in which the oppression experienced by disabled people on a daily basis has been conceptualised. These concepts will form a key part of my analysis in understanding precisely why and how interpersonal encounters can be disabling. Firstly, I introduce Thomas' (1999a) social-relational model of disability and subsequent work by Reeve (2008) on psycho-emotional disablism. These theories build on a social model approach to disability but highlight specifically the importance of interpersonal and emotional aspects to oppression. Secondly, I explore how ableism functions by giving preference to 'normal' bodies and positioning those bodies declared 'impaired' as defective and inferior. Ableism is key to understanding the wider power relations between disabled and non-disabled people in society, to then explore how they play out in specific encounters that take place in parking spaces. Finally, I discuss the role of stigma against disabled people, drawing both on Goffman's (1986) seminal work which discusses how some bodies are discredited in interpersonal interactions, and Tyler's (2020) more recent work which explores how stigma functions at a structural and institutional level in the context of 21st century Britain.

2.2.2. The Social-Relational Model of Disability and Psycho-emotional Disablism

Key to my approach in exploring encounters is the social-relational model of disability proposed by Thomas (1999a). Thomas's model extends the British social model of disability, originally proposed UPIAS (1975), by putting an explicit emphasis

on how oppression arises through interactions with others, as well as through structural and material barriers. The social-relational model thus defines disability as

a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing. (Thomas, 1999a, p. 60)

This model is fundamentally rooted in a feminist approach that seeks to break down the artificial distinction between “serious political analysis” (Barnes, 1998, p. 146) and emotional, experiential, and cultural aspects of disability. Based on the feminist manifesto that the personal is political (Morris, 1991, 1992), the purely materialist approach by first-wave white male disability studies thinkers was criticised by feminist writers for having a dehumanizing effect (Corker & French, 1999). The social-relational model, then, is part of an evolution of the original social model which aims to explicitly highlight the importance of recognising the lived and interpersonal realities of disability (Thomas & Corker, 2002).

A key concern for me in employing the social-relational model is to highlight how disability is *personal*; not merely in the sense of how specific individual experiences of oppression can be disabling, but how it is constituted through other people.

Disability, when understood in purely structural or material terms, can become quite impersonal, with inanimate objects such as steps, or broader systems as capitalism, creating barriers that can stop us from participating fully in society. The social-relational model provides the opportunity to refocus on the importance of relationships between disabled and non-disabled people at macro- and micro-levels (Thomas, 2007), and in doing so draws attention to disability oppression as something that is actively *done* to us, rather than created passively by the existence

of barriers. Thomas's model also puts explicit emphasis on intersectional analysis of how disablism is intertwined with other forms of social oppression, including sexism, racism, homophobia, and ageism (Reeve, 2008; Thomas, 1999a, 2004a). Capturing the complexity and diversity of disabled people's experiences is another key aim for this thesis.

By drawing attention to the role of attitudinal and interpersonal barriers, the social-relational model highlights impact the psycho-emotional impacts of disablism (Thomas, 1999a, 2004a). The concept of "psycho-emotional disablism" has been further theorised and refined through Reeve's work. Reeve (2002, 2008, 2020) locates the root of psycho-emotional disablism in the negative attitudes and prejudices that society has about disabled people. She argues that structural disablism operates at the public level and restricts what people can *do*, while psycho-emotional disablism operates at the private level and restricts what people can *be* (Reeve, 2004, 2008, 2015b). However, she also highlights how psycho-emotional and structural disablism are closely intertwined and mutually reinforcing (Reeve, 2004, 2008), with emotional reactions often compounding the experience of being treated as a second-class citizen through denial of physical access (Goodley, 2011a; Reeve, 2008, 2020). While my research challenges the binary between public/personal disablism by highlighting how psycho-emotional disablism transcends the individual experience, the concept is nevertheless highly useful in understanding the importance of relational disablism, particularly as everyday interactions with others are where psycho-emotional disablism is most often played out (Reeve, 2020). It also highlights how negative attitudes can be as effective as physical or structural barriers in excluding disabled people from everyday life (Reeve, 2002, 2004, 2008, 2015b): "on a

'bad' day, it is easier just to stay at home rather than have to face these dehumanising responses from others" (Reeve, 2008, p. 259). Psycho-emotional disablism is thus a key effect of ableism, arising from unequal power relations which see disabled people as inferior.

2.2.3. Ableism

Ableism is another key framework to my research in multiple ways. Drawing on hooks' (2015) assertion that the margins define the centre, many disability scholars have highlighted that disability cannot be understood without examining its alterity; the non-disabled, 'normal' body (Davis, 1995; Garland-Thomson, 1997; Goodley, 2011a, 2018; Inckle, 2015; McRuer, 2002). This critical examination of the 'normal' challenges dualistic approaches which represent disability/non-disability as a fixed and unproblematic binary (Dale Stone, 2005), with disability occupying the negative side (Inckle, 2015; Morris, 1992). Ableism, then is distinct from disablism, with the latter describing prejudice and discrimination, while the former highlights the preoccupation with 'normal' bodies and functioning as the ideal (and perhaps only way) to be a full human being. While ableism is concerned with the artificial construction of the 'abled' body as 'normal', I am interested in this thesis how a similar type of 'normality' is constructed in cases where disability is inevitable, through the use of narrow stereotypes and binaries around il/legitimacy and un/deservingness.

Disability scholars have rooted the emergence of contemporary ableism in the advent of capitalism and its need for 'able' bodies to perform labour (Davis, 2002c; Saltes, 2013). During this time of standardisation, the 'ideal' was replaced by the

'normal' as the dominant paradigm (Davis, 2002c, p. 100). Being 'normal' becomes not just the preferable way to be, but the *only* right way to be human. These paradigms of compulsory normalcy are reinforced through statistics and scientific discourses which legitimise eugenicist ideas while purporting to improve and advance humankind (Davis, 1995; Inckle, 2015; Saltes, 2013; Siebers, 2008). The rise of capitalism required standardisation and normalisation of the 'average citizen', in order to create an illusion of equality among workers whose labour and bodies were seen as interchangeable (Davis, 2002c, p. 105). Ableism thus emerged as a form of biopower (Foucault, 1990), aimed at rationalising and managing the problem that the existence of non-normative bodies poses to capitalist modes of governance (Tremain, 2008). The division of populations into "the sick and the healthy" (Foucault, 1982, p. 778) employs a 'divide and conquer' approach in order to manufacture a governable population:

[D]ifferences amongst populations have been materialised and made perceptible as pathology, while the subjects who come to bear them are rendered as defective, are disabled, and signified as less than fully human. In short, they are the embodiment of a 'problem' which must be resolved or eliminated. (Tremain, 2008, p. 102)

In order to enable analysis of normality, Garland-Thomson (1997, p. 8) coined the concept of 'the normate', which "is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them". The normate has been conceptualised as a white, heterosexual, male, non-disabled adult living in the Global North (Goodley, 2011a), however only a very small minority of people actually meet this narrow

profile (Garland-Thomson, 1997). This highlights how normality is in fact unattainable; nobody is or can be fully normal (Davis, 1995, 2002a, 2002c; McRuer, 2006). Despite, or perhaps because of, its unattainability, it nevertheless remains the ideal to aspire to, striving to live up to the ableist logic of “autonomy, self-sufficiency, and independence” (Goodley, 2018, p. 6). The “imperative to be normal” (Davis, 2002b, p. 39) means that ableism is simultaneously ubiquitous and invisible (Inckle, 2015). This naturalisation of only one correct way of being in the world “[covers] over, with the appearance of choice, a system in which there is actually no choice” (McRuer, 2006, p. 8). In practice, being ‘normal’ thus becomes a performance. Maintaining the appearance of the normate requires perpetual, repetitive labour to (re)produce the principles of ableism in order to uphold them (McRuer, 2002; Shildrick & Price, 1996).

Disability, as the alter to the normal becomes key in upholding this continuous performance, by becoming a place to deposit non-disabled people’s fears about their own vulnerability and mortality (Finkelstein, 1998; Garland-Thomson, 1997; Siebers, 2008). As Davis puts it:

Everyone has to work hard to make it seem that they conform, and so the person with disabilities is singled out as a dramatic case of not belonging. This identification makes it easier for the rest to think they fit the paradigm. (Davis, 2002a, p. 117)

Mainstream disability discourses therefore serve to uphold the supposed superiority of non-disabled people by positioning disabled people as “unfortunate, useless, different, oppressed, and sick” (Hunt, 1998, p. 17). Disability is thus equated with complete incompetence (Calder-Dawe et al., 2020). These discourses serve to

reinforce that disabled people, in not conforming to ideals of normality, are not just 'less than' non-disabled people (Goodley, 2011a; Morris, 1991), we are not fully human (Finkelstein, 1998). This is upheld through the "subjectification" (Smilges, 2023, p. 9) of disabled people as exceptional:

"Disability is always individual, a property of one body, not a feature common to all human beings, while ability defines a feature essential to the human species. (Siebers, 2008, p. 10)

This individualisation of disability means that disabled people are distanced and isolated from each other, making it difficult to form a shared identity. However, the fragility of ableism also provides the possibility of resistance. The unruly and unpredictable nature of disability "is the bodily manifestation of political anarchy" (Garland-Thomson, 1997, p. 43). The existence of disabled people, particularly when it challenges or resists the assigned less-than-human role, therefore has the ability to disrupt the non-disabled performance (McRuer, 2006). Disrupting the disabled/'normal' binary can have a powerful effect. For example, in 1996, Shildrick and Price highlighted how an ambulatory wheelchair user getting out of their chair to walk can cause significant disruption by threatening the idea of disabled/non-disabled as "fixed, permanent, internally homogenous and, moreover, oppositional" (Shildrick & Price, 1996, p. 95). Almost 30 years later, the idea of a not-completely-paralysed wheelchair user can still generate considerable outrage (see e.g. Ross, 2023 as an example from popular culture). This disruption is dangerous because it risks destabilising the rigid binary of non-disabled/disabled upon which ableism is built, enabling the asking of questions about bodies and the values assigned to them (Goodley, 2011a, 2013; Thorneycroft, 2020). By asking these questions, we can

constitute new and alternative ideas for thinking about normality, humanity, and disability (Davis, 1995). However, this process of subversion (Thorneycroft, 2020) requires energy to navigate the inevitable 'defence' of ableist ideology by those invested in it, and the cost and consequences of this power struggle will be explored in this thesis.

2.2.4. Stigma and Disability

The stigmatisation of disabled people is a key way in which ableism functions, and I draw on both Goffman's (1986) seminal work on stigma as well as Tyler's (2020) update of stigma theory in the wake of austerity to understand how it may shape encounters. The concept of stigma can be conceptualised broadly, as "a view of life; a set of personal and social constructs; a set of social relations and social relationships; a form of social reality" (Brown, 2013, p. 147). Goffman (1986, p. 11) defines stigma as "a special kind of relationship between attribute and stereotype", with any attribute that makes a person different from others being potentially "discreditable" (*ibid.*). Thus, any human difference has the potential to be stigmatised (Brown, 2013). Stigma, like ableism, is inherently relational, relying on both the stigmatised and the non-stigmatised to play their part (Brown, 2013; Goffman, 1986). The effects of stigma mirror the effects of ableism, presenting the stigmatised person not only as inferior, but as "not quite human" (Goffman, 1986, p. 12) and therefore a legitimate target for discrimination. Stigma becomes the "master status" (Brown, 2013, p. 152) so that any negative attributes are therefore automatically attributed to be a direct result of the stigmatising trait, confirming and reinforcing the prejudice held (Brown, 2013; Goffman, 1986). The fact that both parties are aware of stigma ideology means that interactions are often uncomfortable and uncertain, as

the stigmatised can never know how “normals [sic!] will identify him [sic!] and receive him” (Goffman, 1986, p. 18), and the ‘normal’ may be concerned about overstepping or ‘saying the wrong thing’ (Goffman, 1986). Emotions are therefore integral to the stigma process; fear of the unknown on the side of the ‘normal’ (Brown, 2013), and shame arising from the stigmatised person’s own awareness of the inescapability of their discredited and defiled status (Goffman, 1986). The stigmatised individual will have to be “self-conscious and calculating about the impression he [sic!] is making” (Goffman, 1986, p. 19) in order to manage stigma.

While Goffman’s work has been instrumental in influencing how stigma is conceptualised, it has been frequently criticised, not least from disability studies scholars who have taken issue with Goffman’s lack of explicit challenge to power relations (Abrams, 2014; Coleman-Fountain & McLaughlin, 2013; Finkelstein, 1980; Oliver, 1996; Thomas & Sakellariou, 2018). As Finkelstein (1980, p. 5) argues, “attitudes, however, do not occur in abstract”, and Goffman’s individualistic approach to stigma obscures how wider power dynamics shape who is stigmatised and how this affects relationships between different groups. In presenting stigma as natural and inevitable, Goffman thus “takes as given imposed segregation, passivity and inferior status of stigmatised individuals and groups” (Oliver, 1996, p. 22). This is confirmed by his argument that the stigmatised should seek to manage stigma to avoid making ‘normals’ uncomfortable, rather than seeking to contest stigma regimes, and the assertion that the stigmatised individual is perpetually on an “eternal quest for ‘acceptance’” (Oliver & Barnes, 2012, p. 46).

In contrast, Tyler's reconceptualisation of stigma seeks to explicitly address power relations, by exploring how the concept can link personal experiences of stigma to wider political contexts specific to the 21st century UK:

Stigmatisation, as I reconceptualise it, is a practice that, while experienced intimately through stigmatising looks, comments, slights, remarks made in face-to-face or digitally mediated encounters, is always enmeshed with wider capitalist structures of expropriation, domination, discipline and social control. (Tyler, 2020, p. 17)

For Tyler, the stigma machine is a tool of power which is used to divide and dehumanise certain populations. In particular, stigma is inherently linked to austerity politics, with "stigmcraft" (Tyler, 2020, p. 261) employed to justify welfare cuts through "shaping people's attitudes towards [welfare claimants] as scroungers, as fraudulent, as scum" (Tyler, 2020, p. 188). Stigma is thus used intentionally with the aim to create abjection against benefit claimants "as a mechanism of governance through aversion" (Tyler, 2013, p. 37). Reconceptualising stigma as a mechanism of power enables a more nuanced analysis of the various ways in which it is (re)produced through media and government discourses, how it is sanitised through individualising 'awareness-raising' campaigns, and how it can be resisted (Tyler, 2020). For Tyler, stigma thus becomes an intersectional concept which can be employed to consider the shared connections between specific strands of discrimination, including disablism, racism, and misogyny. Building on this, the next section will consider in more detail the impact of British austerity politics on disabled people.

2.3. The UK Context: Austerity and Hierarchies

2.3.1. Introduction

In this section, I delve deeper into the ways in which disabled people are placed in precarious positions by the wider politics prevalent in the UK through a 'divide and conquer' approach. I begin by discussing the devastating impact of government austerity politics since 2010, which has positioned disabled people as scapegoats (Hughes, 2015) through a 'scrounger/'striver' binary in order to justify welfare reform. I then explore how disabled people have been represented in news media, both on a general level with the reproduction of stereotypes, and more specifically the media's contribution to a moral panic about 'scroungers' taking advantage of the welfare system (Briant et al., 2011; Garthwaite, 2011; McEnhill & Byrne, 2014). I discuss how this rhetoric amplifies ideas of who is a 'legitimate' and 'deserving' disabled person and how these ideas fit into hierarchies of impairments (Deal, 2003), which are often based on disability stereotypes. I also explore how framing these hierarchies purely in terms of in/visibility of impairment can be problematic, drawing instead on the term 'incongruity' (Pritchard, 2021b) to discuss how disabled people may come under suspicion for not being 'legitimate'. The section concludes with a brief exploration of the role of surveillance in maintaining and reproducing these hierarchies, and how the climate of suspicion created by austerity politics means that disabled people are under constant scrutiny from others - and sometimes from themselves - in public spaces.

2.3.2. Austerity

This research takes place in the specific context of over a decade of austerity politics in the UK. Following the 2010 elections, the UK government intensified its austerity drive to reduce the amount spent on welfare. Stigma against disabled people was created through creating the binary of the hardworking 'taxpayer' versus the workshy 'scrounger' (Burch, 2021; Garthwaite, 2011; Hughes, 2015; Ryan, 2019), with the latter presented as exploiting the goodwill of the former. Cuts to disability welfare were justified by claims that support would be targeted towards the most 'deserving' (Oliver, 2013), implying that others were by definition 'not deserving', thus creating hierarchies of impairment, and leading to the perception that many disabled people were lying about or exaggerating their impairments (Hughes, 2015; Ralph et al., 2016; Ryan, 2019; Tyler, 2013). As Garthwaite (2014) has shown, the stigma attached to disability benefits successfully deterred some disabled people from claiming. Some of Garthwaite's research participants also internalised these ideas by positioning themselves as legitimate and recognising the harm of this rhetoric, while simultaneously replicating anecdotes about 'scroungers' they perceived as 'faking' (Garthwaite, 2014).

The stigmatacraft employed by government and media presented poverty as an individual failing and welfare as a choice (Burch, 2018; Runswick-Cole & Goodley, 2011), while replicating ableist ideas about the need for self-sufficiency as a condition to full citizenship (Burch, 2018; Goodley et al., 2014; Hughes, 2015; Runswick-Cole & Goodley, 2011; Shildrick, 2019). Disabled people's existence therefore became precarious if they were not able to match up to these ideals (Shildrick, 2019). As a result of welfare cuts, disabled people have lived "through the

most severe cuts to state-funded services of provision of any group at any time in the history of the modern welfare state” (Tyler, 2020, p. 182), bearing nine times the burden of the average citizen (Ryan, 2019). This has led some to argue that disabled people were the ‘scapegoats’ of austerity (Hughes, 2015; Quarmby, 2011). In fact, disability benefit fraud is generally very low, e.g. overpayments due to fraud in financial year ending 2025 were less than 1% of the total budget (Department for Work & Pensions, 2025). According to Roulstone and Morgan (2014), the UK government admitted to overstating the extent of disability benefit fraud. The impact of austerity has been described as a disaster (Tyler, 2020), with a United Nations (UN) inquiry concluding that the resulting conditions for disabled people constituted “grave or systematic violations” of the UN Convention on the Rights of Persons with Disabilities (Abreu, 2022). Further, austerity measures have been linked to an estimated 150,000 excess deaths between 2010-2020 (Watkins et al., 2017). This impact on disabled people is set to continue under the current Labour government elected in 2024, which has proposed drastic cuts to disability benefits (Kennedy et al., 2025). While these “extremely controversial” were partially abandoned following rebellion from within the party as they would “increase poverty, worsen health, widen health inequalities and push people further away from work” (Work and Pensions Committee, 2025, p. 1), they were accompanied by government misinformation (Pring, 2025a) and “hostile, harmful and inaccurate” media reporting about disabled people receiving ‘free’ cars (Pring, 2025b).

As well as being divisive, the impact of austerity rhetoric is fundamentally bound up in amplifying negative emotions and prejudices about disability. The presentation of the ‘ordinary’ hardworking taxpayer as the ‘victim’ of fraud (Hughes, 2015) produces

aversive emotions such as suspicion and resentment against all disabled people (Burch, 2021; Hughes, 2015; Manji, 2017). This is reinforced through the implication that disabled people are in fact receiving 'perks' or better treatment than non-disabled people, such as the above-mentioned 'free' cars or better parking spaces (Quarmby, 2011, 2013; Roulstone & Morgan, 2014). As Manji (2017) highlights, this can lead resentment to spill over to vindictiveness. Several scholars have linked austerity rhetoric and the resulting emotional abjection of 'us' vs 'them' to an increase in hate crime against disabled people (Burch, 2021; Garthwaite, 2014; Ralph et al., 2016; Tyler, 2013). The next section on cultural and media representations will explore in more detail exactly how these discourses were replicated in the media.

2.3.3. News Media and Cultural Representation

This section considers how disability has been presented in media and culture both historically and during the austerity politics specifically, focussing particularly on news media. For many non-disabled people, media may be a primary source of information in forming attitudes towards disability (Cocq & Ljuslinder, 2020; Grewal et al., 2002; Ralph et al., 2016). News media representations are therefore crucial to how disability is understood in society, and can shape how public interactions between disabled people and strangers take place (Pritchard, 2021a). However, disabled people's own perspectives and views are underrepresented in news media, with journalists more likely to approach charities (Williams-Findlay, 2014) or family members (Inclusion London, 2022) rather than disabled people. Barnes and Mercer (2010) also highlight that most reporting on disability is not about *disabled people*, but rather about *non-disabled people's feelings* about disability. This disenfranchisement means that disabled people do not have control over their own

representation, and consequently coverage is often negative (Barnes, 1992; Barnes & Mercer, 2010; Quarmby, 2013). In practice, media stories often rely on and reinforce stereotypical and dehumanising ideas of disability (Barnes, 1992; Quarmby, 2013; Ralph et al.; Reeve, 2008). This includes frequent portrayals of disabled people as “deficient” (Barnes & Mercer, 2010, p. 188), incapable, and dependent on others (Grewal et al., 2002). In doing so, these portrayals do not simply reproduce harmful ideas but legitimise and actively contribute to the marginalisation of disabled people in society (Barnes, 1992; Reeve, 2020; Williams-Findlay, 2014).

The stereotypical representation of disabled people within the media can be grouped into three broad categories. The first category includes representations that reinforce medical or charity model views of disability, for example through discussing of disability as a medical issue (Barnes & Mercer, 2010) or as a ‘tragedy’ with disabled people as objects of pity and recipients of charity (Barnes, 1992; Williams-Findlay, 2014). The second category is that of the ‘supercrip’, in which disabled people are shown as “achieving superhuman feats” (Barnes & Mercer, 2010, p. 193) in spite of their impairment, thus compensating for or even ‘overcoming their disability’ (Barnes, 1992; Barnes & Mercer, 2010; Butler & Bowlby, 1997; Grewal et al., 2002; Siebers, 2004; Watermeyer & Swartz, 2008; Williams-Findlay, 2014). The third category of common themes is ‘positive’ representations of disability. This may include a focus on disabled people’s civil rights (Barnes & Mercer, 2010; Williams-Findlay, 2014), or what has been termed ‘cultural pluralism’, i.e. incidental representations of disabled people in which their impairment is not the main focus (Barnes & Mercer, 2010; Williams-Findlay, 2014). In addition to these themes, disabled people are often represented in a dichotomy: either as conniving villains, or

as vulnerable and helpless victims, often in sensationalising stories about violence and hate crimes (Barnes, 1992; Inclusion London, 2022; Quarmby, 2013).

Since the beginning of austerity politics after the 2010 national elections, the reporting of disability in news media has been characterised by a focus on welfare. Briant et al.'s (2013) comparative analysis of reporting on disability in 2004/05 and 2010/11 identified a 43% increase in the number of articles mentioning disability in the latter years. These articles were characterised by support for the government's efforts to reduce welfare spending and a decline in sympathetic reporting with "a noticeable qualitative change in the way that disability and disabled people were described" (Briant et al., 2013, p. 880). Similarly, McEnhill and Byrne's (2014) analysis of *The Sun* newspaper's 'Beat the cheat' campaign identified a strong moral focus in these articles, replicating and amplifying the 'scrounger/striver' rhetoric of austerity politics (see also Garthwaite, 2011; Quarmby, 2013; Roulstone & Mason-Bish, 2013; Roulstone & Morgan, 2014). Ideas of legitimacy and deservingness are central to this kind of representation. Briant et al. (2013) found these concepts often align with hierarchies of impairment, with people with physical or sensory impairments far more likely to be presented as deserving, while those with mental health impairments, chronic pain, substance dependence, and obese people were presented as 'scrounging' and taking advantage. Disabled people's voices were frequently absent in this type of reporting (Briant et al., 2013; Garthwaite, 2011; Roulstone & Morgan, 2014). Rather, disabled people emerged as the new 'folk devils' in a moral panic about welfare fraud (Briant et al., 2013; Cohen, 2011). Moral panics are characterised by exaggerated reporting of an issue to create panic and outrage, in order to steer public opinion on an issue to justify policy change (Cohen, 2011).

Indeed, several studies found that non-disabled people's perception of disability and welfare fraud were considerably negatively influenced by these types of article, with many vastly overestimating the prevalence of benefit fraud (Briant et al., 2013; Happer & Philo, 2013).

2.3.4. Legitimacy, In/visibility, and Hierarchies of Impairment

The increased scrutiny and hostility faced by disabled people during austerity politics has highlighted questions about what it means to be perceived as 'legitimately' disabled. However, even before the beginning of intensified austerity politics from 2010, discussions in disability studies have explored how hierarchies of impairments affect who is *perceived* as disabled and which impairments are most accepted by the general public (Chouinard, 1997; Deal, 2003; Olney & Brockelman, 2003; Pritchard, 2021b; Reeve, 2008). Deal's (2003) mapping of these hierarchies suggests that they have remained relatively stable over the previous 30 years, with wheelchair use being the most socially accepted, and addiction the most stigmatised. A study with students with invisible impairments found similar results, highlighting that participants understood and described this hierarchy without necessarily "buying into it" (Olney & Brockelman, 2003, p. 48). While the studies reviewed by Deal (2003) focus on non-disabled people's perceptions, some disabled people may also internalise and reproduce these hierarchies (Deal, 2003; Olkin et al., 2019; Reeve, 2008). For example, disabled people may compare their own treatment to those with more accepted impairments (Olney & Brockelman, 2003), or claim a more 'legitimate' disabled identity (Deal, 2003; Reeve, 2008).

Disabled people who experience challenges to their legitimacy frequently face accusations of 'not looking disabled' (Cahill & Eggleston, 1994; Calder-Dawe et al., 2020; Moss & Frounks, 2022; Pritchard, 2021b; Reeve, 2004; Samuels, 2014; Slater & Jones, 2018). Campaigns aimed at raising 'awareness' have often equated not looking disabled with 'invisibility' of impairment (e.g. Gov.co.uk, n.d.; Scope, n.d.). This type of campaign is frequently encapsulated in the slogan 'Not every disability is visible', which in recent years has increasingly appeared on accessible toilet doors following successful campaigning by charities (Slater & Jones, 2021). In academic literature, people with 'invisible or 'non-apparent' impairments have frequently been described as facing considerable suspicion or challenge when claiming disability status (Chouinard, 1997; Dale Stone, 2005; Grewal et al., 2002; Samuels, 2013; Slater & Jones, 2021). The experience of 'invisible' disability is characterised by the perpetual need to explain or justify oneself to avoid being misunderstood (Dale Stone, 2005). This is particularly the case in accessible spaces, such as toilets (Slater & Jones, 2021) and accessible parking spaces (Chouinard, 1997; Samuels, 2013). Some writers have therefore conceptualised people with 'invisible impairments' as in a perpetually liminal state (Cooper, 2016; Dale Stone, 2005; Samuels, 2013).

On the other hand, people with 'visible' impairments are often exposed to ableist attitudes based on prevailing stereotypes about disability (Butler & Bowlby, 1997; Keith, 1996; Reeve, 2008; Zitzelsberger, 2005). In interactions, disability often becomes the master status, meaning disabled people become hypervisible (Inckle, 2015; Zitzelsberger, 2005) and therefore a target for harassment due to their visible difference from the 'norm' (Burch, 2021; Edwards & Maxwell, 2021; Morris,

1991; Reeve, 2008). Moreover, people with 'visible' impairments can also be challenged over their legitimacy, and, according to Calder-Dawe et al. (2020), particularly in situations where 'perks' such as welfare benefits or parking spaces are involved. In practice, visibility is often dependent not on impairment, but on the presence of mobility aids. Using a mobility aid can be key to being perceived as a 'legitimate' and 'genuine' disabled person (Butler & Bowlby, 1997; Chouinard, 1997; French, 1999; McLaughlin & Coleman-Fountain, 2018; Pritchard, 2021a, 2021b; Reeve, 2008; Slater & Jones, 2021). However, Reeve (2008) suggests there is also a hierarchy of mobility aids. At the top of this hierarchy is undoubtedly the wheelchair (Grewal et al., 2002; Loja et al., 2012; Pritchard, 2021b; Reeve, 2008, 2020; Tregaskis, 2003). The wheelchair "is the symbolic representation of disability and impairment" (Keith, 1996, p. 78) and is frequently used to denote all disability, despite less than 10% of disabled people in the UK being wheelchair users (Sapey et al., 2005). Indeed, sometimes disability is only accepted if a wheelchair is present (Siebers, 2004; Tregaskis, 2003). However, it is worth noting that the wheelchair is also often associated with dependence and helplessness (Keith, 1996, p. 71; Reeve, 2008; Tighe, 2001), again reflecting how being visible can lead to increased stigmatisation.

While the in/visibility binary may at face value seem like a cogent way of understanding who 'looks' disabled, on closer inspection it is less stable and straightforward than it appears. Firstly, the question "(In)visible to whom?" is usually absent. The phrase thus centres the non-disabled gaze (Loja et al., 2012; Zitzelsberger, 2005), reinforcing ableist ideas about non-disabled people being the arbiters of disability. Secondly, in/visibility is often understood as a fixed binary, based on unchanging attributes of someone's impairment (Calder-Dawe et al., 2020;

Grewal et al., 2002). However, in practice, in/visibility is an unstable concept, always dependent on context and temporality (Goffman, 1986; Roulstone & Morgan, 2014; Thorneycroft, 2020; Zitzelsberger, 2005). In/visibility may change on a day-to-day basis, or may be temporary until a 'sign' of impairment becomes apparent in a given situation (Morris, 1991; Roman, 2009). As highlighted above, visibility is also often dependent not on the impairment itself, but on whether or not a mobility or accessibility aid is used (Butler & Bowlby, 1997). Thirdly, when used as a binary, the opposition of visible/invisible can actually reinforce hierarchies of impairment by placing disabled people in competition with each other about who is the 'most oppressed'. This includes assertions that people with 'invisible' impairment are less likely to be accepted as disabled by others (Dale Stone, 2005; French, 1994a, p. 24; Olney & Brockelman, 2003; Samuels, 2013, p. 327) or assertions that 'visibly' impaired people are more likely to be affected by psycho-emotional disablism and harassment as a result of their hypervisibility (Inckle, 2015; Nario-Redmond et al., 2019; Piggott, 2011; Reeve, 2008).

Ultimately, this research seeks to challenge this competition and the in/visibility binary. While I use the term 'looking disabled', I seek to fully explore the complex and intersectional aspects of what this means in an ableist society, laying bare how *all* disabled people experience stigma and psycho-emotional disablism under ableism. For a disabled person to be perceived as legitimate and deserving by others, they need to not only look the part, but conform to a stereotype of disability (Deal, 2003; Pritchard, 2021b; Reeve, 2008). I therefore use Pritchard's term of 'incongruity' to describe a much broader way in which disabled people can fail to meet a prevalent stereotype of disability and therefore be at risk of challenge. The work of Pritchard

(2021a, 2021b) on dwarfism and Davis *et al.* (2004) on Tourette's Syndrome highlight just two ways in which visibility is insufficient in explaining the prejudice faced by people whose impairments are highly visible, but not commonly understood as disabling. Additionally, the disability stereotype intersects with other identities. The stereotypical disabled person has been conceptualised as a "young, male, white wheelchair user" (Shakespeare, 1996, p. 195), while Reeve (2008) suggests an older wheelchair user. Being 'too young' to be disabled has been highlighted as a reason for questioning someone's legitimacy (Burch, 2021, p. 117; Dale Stone, 2005; Sanmiquel-Molinero & Pujol-Tarrés, 2020), while other research has highlighted race (Slater & Jones, 2021), visible queerness (Slater & Jones, 2018; Thorneycroft, 2020), and fatness (Burch, 2021, p. 113) or body size (Pritchard, 2021a) as factors that undermine legitimacy. These stereotypes highlight how, outside of disability, disabled people should approximate the 'normate' as closely as possible (Calder-Dawe *et al.*, 2020). The 'normal' disabled person is thus not just a wheelchair user, but aged, gendered, and raced, and incongruity with any or all of these characteristics can put disabled people at risk of being perceived as not legitimate. The narrow range of those who fit the 'normal' disabled person means that most disabled people are at risk of coming under suspicion, and the politics of this are explored in the next section.

2.3.5. Surveillance

As discussed previously, biopower is a fundamental feature of ableism in classifying people into 'normal' and disabled. These "dividing practices" (Tremain, 2001, p. 619) are underpinned by constant control and surveillance of disabled bodies. As Foucault (1990) highlights, the aim of biopower is the normalisation of populations

in order to contain them, and punish those who cannot be contained. The clinical gaze creates and pathologises the disabled body, reducing it to its perceived defect (Foucault, 2017). However, the measuring and surveying of impaired bodies is not restricted to medicine. It extends much wider to disabled people's public lives, for example in education and social work, where "the judges of normality are present everywhere" (Mitchell & Snyder, 2020, p. 48), and of course access to welfare support and accessible parking permits, where disabled people are put under intense scrutiny to prove their deservingness. The process of what Samuels (2014, p. 122) calls "biocertification" relies on a false assumption that disability is fixed, measurable, and unchanging (Roulstone & Morgan, 2014; Samuels, 2014; Shildrick & Price, 1996), despite this being rarely the case. Biocertification thus reinforces stereotypes and hierarchies of impairment; for example, Samuels (2014) highlights how in some American states, no medical evidence is required to apply for an accessible parking permit if an impairment is 'obvious'. The application process for welfare payments or parking permits often requires disabled people to share intimate and personal details of their private lives (Shildrick & Price, 1996). Not only are disabled people thus under external surveillance, but the application process requires disabled people police their own bodies (Shildrick, 1997; Shildrick & Price, 1996) and "to critically gaze upon their own body and report in detail how it fails to meet the 'norm'; in so doing, the claimant is creating themselves as disabled" (Reeve, 2008, p. 63). This "textual confession" (Tremain, 2001, p. 633) highlights how disabled people in an ableist society are fundamentally placed as inferior. To prove themselves deserving, disabled people have to give up their right to privacy and

parade their impairment in pathologizing and humiliating ways (Goodley, 2011a, 2011b; Manji, 2017; Reeve, 2008).

Surveillance thus becomes a ubiquitous presence in the lives of disabled people. Simultaneously, it serves to confirm and uphold the non-disabled (and usually white male heterosexual) gaze as the position of authority and 'truth' (Hughes, 1999). This gaze can extend beyond the professional spheres, particularly in a climate of austerity where mistrust and suspicion of disabled people is commonplace. As well as surveillance from authorities, disabled people encounter "sousveillance" (Manji, 2017, p. 308), often from 'vigilante' members of the public. The gaze of non-disabled people has the same disciplining effect in reinforcing disabled people's inferior status in society, making us feel objectified and invalidated (Hughes, 1999; Reeve, 2002). Disabled people can thus feel always on display (Butler & Bowlby, 1997).

Arguably, this is particularly the case in spaces where disability is especially visible Slater and Jones (2018), for example, highlight how accessible toilets are hotspots for the 'policing' of both gender and disability by complete strangers. Similarly, accessible parking spaces, which are usually located near the entrance and marked in fluorescent colours, arguably bear similarities to Foucault's panopticon (Foucault, 1991; Hughes, 1999; Marusek, 2012; Samuels, 2013). Their prominent and highly visible location means disabled people are always potentially being watched. Like the prisoners in the Panopticon who internalise being under constant surveillance to the point where they monitor their own behaviour and no longer require constant external surveillance (Foucault, 1991), disabled people may also adopt ways of self-policing their own behaviour. Disabled bodies are thus controlled both through "techniques of external surveillance and internal self-regulation" (Thomas, 2007, p.

37). Self-policing is often based on performing 'stereotypical' ideas of disability and has thus been described as 'internalised oppression' (Corker, 1998; Reeve, 2002, 2008). How disabled people may modify their behaviour in order to manage precarious situations will be explored further in the next chapter.

2.4. Disability, Public Space, and Accessible Parking

2.4.1. Introduction

The final section in this chapter explores how disabled people experience public spaces, discussing how disability is created and maintained in spatial terms, and the legal frameworks which create accessible spaces. Firstly, I discuss how public space has traditionally contributed to disabled people's exclusion in public life through structural barriers, and how 'accessible spaces' such as accessible toilets or parking spaces can potentially perpetuate exclusion rather than providing access. I also explore critiques of the International Symbol of Access which often marks accessible spaces (Ben-Moshe & Powell, 2007; Fritsch, 2013). Secondly, I examine the limited existing literature on parking as a social phenomenon, and in particular studies from the United States of America (USA) and Canada which have focused on the impact of and motivations behind social interactions in accessible parking spaces. Thirdly, I provide a brief overview of the English Blue Badge scheme which governs access to these spaces, and how the eligibility criteria for a Blue Badge, local implementation, and national policy including the 2019 extension of the scheme, may affect the encounters that take place.

2.4.2. Disability, Space, and Signage

Much has been written about how inaccessible public spaces and the built environment are a major source of disabled people's exclusion, limiting disabled people's participation in civic life (Chouinard, 1997; Hall & Bates, 2019; Hall & Wilton, 2017; Imrie, 1998, 2001; Kitchin, 1998). Public spaces are thus "configured to convince disabled people that they are 'out of place' and to keep them 'in their place'" (Kitchin, 1998, p. 354). Public spaces are usually designed based on the assumption that all people are the same, i.e. 'normal' (Imrie, 1998, p. 133; Kitchin, 1998).

Disabled people are often not considered and frequently excluded from consultation and planning processes (Hall & Wilton, 2017). Public space therefore reproduces ableist power structures where disabled people are routinely deemed less important. When disabled bodies and spaces are not compatible, a 'misfit' is created (Garland-Thomson, 2011). While all bodies have the potential to misfit, the catering to 'normal' bodies means accessibility is taken for granted by people with the kind of bodies who fit (Burch, 2021; Garland-Thomson, 2011). Conversely, the ubiquity of inaccessibility naturalises the exclusion of disabled people as common sense (Kitchin, 1998).

Key to understanding the role of space in encounters is the conceptualisation of space as a social product, simultaneously shaped by and shaping the people within it (Lefebvre, 1991). Spaces are just not empty, fixed places waiting to be filled, but rather "the spatial body's material character derives from space, from the energy that is deployed and put to use there" (Lefebvre, 1991, p. 195). Occupying public space is therefore never a neutral act. Power relations are frequently played out in public spaces (Butler & Bowlby, 1997; Hall, 2019; Pritchard, 2021b; Van Laer, 2020). Public

cultural and sociolegal discourses shape who is perceived as having the right to occupy certain spaces (Imrie, 2014; Roulstone & Morgan, 2014). Existing in public spaces for those who are 'out of place' can thus require "a complex process of navigation and organisation" (Burch, 2021, p. 176). Some spaces may be perceived as particularly risky, due to an assemblage of the physical properties of the space, previous experiences, and the presence (or absence) of specific people within these spaces. For example, Edwards and Maxwell (2021) found that disabled people often feel safer when travelling with trusted people, such as friends or family members, and in crowded spaces. However, the latter also increased the need for vigilance for potential threats. This highlights how disabled people can never be at ease in public spaces.

Given the focus of this thesis on accessible parking spaces, it is crucial to consider the exceptional properties of so-called 'accessible spaces', i.e. spaces that are specifically designed for disabled people. Accessible spaces are critical in enabling many disabled people to access the wider community (Slater & Jones, 2018). They are also one of the few spaces in the public environment where disability is *expected*. However, while accessible spaces such as parking spaces or toilets seemingly provide a solution to the exclusion of disabled people, disability scholars with critical perspectives on access have argued they in fact perpetuate inaccessibility through a 'separate but equal' approach (Ben-Moshe & Powell, 2007; Reeve, 2008; 2014a, p. 111; Slater & Jones, 2021; Van Laer, 2020). As Titchkosky (2011) argues, these spaces position disability as an exception; if all spaces were accessible, specific 'accessible' spaces would not be needed at all. This exceptionality is exacerbated because in practice, accessible spaces are not always successful in fully removing

barriers to access. This is because they tend to conform to the legally required minimum (Hansen & Philo, 2007; Pritchard, 2021a; Reeve, 2014a; Slater & Jones, 2021), which in itself is often inadequate. They often take a 'one-size-fits-all' approach which means they do not remove barriers for those whose impairment differ from what is 'expected' (i.e. the normative disabled person) (Pritchard, 2021a). In addition, the experience of using these spaces in themselves can be disabling, whether because of an encounter or due to the physical properties of the spaces. For example, the humiliating experience of having to enter a building through the backdoor by the bins sends a clear message to disabled people to "know your place" (Kitchin, 1998, p. 350). Accessibility is thus not just about the physical properties of a given space (Butler & Bowlby, 1997; Imrie, 2001; Terry et al., 2025). Rather, in line with the idea of space as a social product, "the interactions of those using them" are what makes accessible spaces either inclusive or exclusionary (Hall, 2019, p. 253). True accessibility thus "considers not only physical, but also emotional, social, and cognitive experiences" (Terry et al., 2025, p. 12).

The bare minimum approach to provision of accessibility can increase the potential for confrontation, pitting disabled people against each other in the struggle for access to these limited resources (Burch, 2021, p. 145; Deal, 2003; Pritchard, 2021b; Watermeyer & Swartz, 2008). This competition means hierarchies of impairment are often reproduced in accessible spaces, leaving people who 'misfit' in these spaces by not matching these stereotypes open to challenge, and potentially harassment and abuse (Burch, 2021; Pritchard, 2021b; Slater & Jones, 2018; Slater & Jones, 2021). An important clue as to who is most likely to be 'deserving' in accessible spaces is the signage that marks them. The International Symbol of

Access (ISA), a white wheelchair stick figure on a blue background, usually marks accessible parking signs and is the most widely recognised symbolic representation of disability (Ben-Moshe & Powell, 2007; Fritsch, 2013). Despite official arguments that the ISA represents all disabled people, it in fact reinforces stereotypes about disability equalling wheelchair use (Ben-Moshe & Powell, 2007; Pritchard, 2021b; Slater & Jones, 2021). This signage provides information about who is expected to occupy certain spaces, replicating hierarchies of impairment by implying that a wheelchair is mandatory to be truly legitimate in a Blue Badge bay (Ben-Moshe & Powell, 2007; Fritsch, 2013; Marusek, 2012; Reeve, 2020). Bodies that ‘misfit’ with the sign are therefore open to challenge when using this space, whether from non-disabled people, staff who manage the space (Slater & Jones, 2021), or other disabled people (Pritchard, 2021b). Slater and Jones (2018; 2021), in their research on accessible toilets, argue that the ISA actively encourages and legitimises the policing and harassment of people who do not fit a stereotype. They also problematise ‘Not every disability is visible’ signs, which they argue do little to actually address the systemic roots of inaccessibility (Slater & Jones, 2021), as well as not accurately representing the complexities of how someone may ‘misfit’, as discussed earlier in this chapter.

2.4.3. Accessible Parking

There is general dearth of research on the social aspects of parking, which has been attributed to parking being a quotidian and ubiquitous activity in modern life (Dorfman, 2020; Marusek, 2012; Merriman, 2019; Ross & Buliung, 2019). However, its mundanity and essentialness are precisely what politicises parking. In modern cities and towns built around travel by car, the commodification of parking means there is

often competition for parking spaces (Merriman, 2016). Further, parking is necessarily always a social activity: “where parked cars are, people are too” (Marusek, 2012, p. 39). Parking can also involve strong emotions. When not going to plan, it is often highly stressful (Laurier, 2005; Marusek, 2012; Merriman, 2016). The seeming banality of parking means it can serve as a site where one can observe social, legal, political, and cultural practices converge (Dorfman, 2020; Merriman, 2019). Accessible parking spaces are frequently highlighted in disability studies literature as a location where encounters can take place, ranging from hate crimes to more low-key but insidious interactions (Cahill & Eggleston, 1994; Chouinard, 1997; Hall & Bates, 2019; Healy, 2020; Keith, 1996; Moss & Frounks, 2022; O'Donovan, 2010; Olkin et al., 2019; Reeve, 2002; Tregaskis, 2003). However, only a handful of studies have focused in detail on the phenomenon of parking encounters.

Three studies on accessible parking encounters have come from US legal scholars interested in how laws are understood, (re)defined, and enforced by laypeople in everyday social settings (Dorfman, 2020; Marusek, 2012; Miller, 2003). Their research focused on the vigilante policing of accessible parking bays by members of the public. Marusek (2012) highlights how, on a social level, the perception of how disability *should* look often trumps any legal right to use accessible parking spaces, in terms of biopolitical governance of spaces. Dorfman (2020) found that in/visibility of impairment was a statistically significant factor in public suspicion, while scarcity of parking bays was not. Both scholars also highlight the role of the ISA in contributing to the expectation that a wheelchair should be present in accessible parking spaces. Miller's (2003) exploration of the motivations of people policing parking spaces highlights how tactics such as admonishment, shaming, and

stigmatisation are used to challenge those who are perceived as illegitimate.

Crucially, he does not distinguish between policing of cars with and without a permit displayed. He also argues that a strong belief in 'norms' is what ultimately influences this policing.

Across the accessible parking literature, the contentious status of accessible parking spaces as a 'perk' emerges, with scholars drawing attention to how their convenient location can make these spaces highly desirable, giving rise to envy and resentment among non-disabled people due to disabled people receiving supposedly preferential treatment (Dorfman, 2020; Hall, 2019; Kattari, 2020; Marusek, 2012; Nario-Redmond et al., 2019; Olkin et al., 2019; Samuels, 2014). Bound up in the notion of the accessible parking permit as a 'privilege' is the idea of disabled people as objects of charity, rather than equal citizens with rights. Both Dorfman (2020) and Marusek (2012) highlight how the lack of understanding disability as a civil rights issue and insufficient awareness of the Americans with Disabilities Act contribute to vigilante enforcement in a US context. This lack of understanding can make access to accessible parking spaces precarious; both due to encounters and the risk of losing these spaces without warning. Marusek (2012) illustrates multiple examples of how accessible parking bays have been suspended and removed under the abstract guise of 'terror prevention'. This echoes events in the English city of York, where Blue Badge holders have been repeatedly banned from accessing the city centre during the day for much of the period since 2019 (Booth, 2024; Turvey & Spereall, 2024). Similarly, during COVID-19, accessible parking spaces were often repurposed to facilitate social distancing (Pring, 2020). These restrictions to legally mandated

parking facilities are an expression of ableism, with disabled people not considered as full citizens with equal rights to access public spaces.

Another detailed analysis of accessible parking in the USA from a disability studies perspective comes from Samuels (2014). She focuses on the parking permit application processes in different states and several online forums dedicated to 'handicapped parking fraud'. This analysis shows up the level of institutional biocertification and surveillance in disabled people's lives, as well as the hostility towards anyone who does not adhere to an easily recognisable stereotype of disability. Samuels' analysis of justifications for vigilante reporting on these online forums highlights how 'not looking disabled' is rooted not simply in in/visibility of impairment. The 'disabled role' expected in parking spaces paradoxically requires disabled people to give up any claim to equal participation in public life in order to be seen as deserving of access. In Samuels' (2014) sample, this includes the expectation of complete physical dependence and visible suffering at all times; walking 'too fast', laughing, and going to the gym were given as reasons why somebody might be 'faking' on the forums studied. Suffering must also be manifested through poverty, unattractiveness, and uncleanliness; wearing fashionable clothes or make-up, driving expensive cars or motorbikes, being a parent, and having a job made disabled people incongruous in Samuels' (2014) analysis. Crucially, sometimes not even the presence of a wheelchair is enough to diffuse a situation. Samuel quotes one report doubting a wheelchair user's legitimacy because she manually unloaded and assembled her own motorised wheelchair herself (Samuels, 2014). This echoes other studies where wheelchair users have faced hassle in parking spaces before they had even got the wheelchair

out of the car (Cahill & Eggleston, 1994; Chouinard, 1997). Incongruity is thus inevitably bound up in harmful and stereotypical assumptions about disabled people's assumed incompetence and inferiority.

A final (Canadian) study focussing on accessible parking spaces (Ross & Buliung, 2019) explores the experiences of families with disabled children who face frequent misuse of accessible bays in school settings, and the subsequent access work performed by these families. While these findings from US and Canadian studies are helpful in understanding the social properties of parking which can be integrated in my analysis, they focus either on the motivations of the vigilante enforcers, or on the experiences of disabled children's families. My research is therefore unique in centring disabled people's experiences of accessible parking encounters. There is also no current or historical research on accessible parking in a UK context, and this specific context will be explored further in the final section on the history and particulars of the English Blue Badge scheme.

2.4.4. The Blue Badge Scheme

In England, a parking scheme for disabled people was first introduced in 1971 through the Orange Badge, updated to the Blue Badge scheme in 2000 (Department for Transport, 2018c). The scheme aims "to help people with severe mobility problems caused by visible and non-visible ('hidden') disabilities to access goods and services, by allowing them to park close to their destination" (Department for Transport, 2022). While Blue Badge policy is set at national level by the Department for Transport (DfT), the scheme's administration and enforcement are carried out by local authorities, supported by DfT non-statutory guidance (Department for

Transport, 2022). As of 2024, 2.84 million Blue Badges were held in England, meaning 4.9% of the population held a badge (Department for Transport, 2025). Eligibility for a Blue Badge is not tied to a specific diagnosis or impairment. In 2022/23, 39% were awarded without further assessment, while 60% were subject to assessment by local authorities, with the remaining 1% awarded to organisations. (Department for Transport, 2024a). Eligibility without further assessment is tied to receipt of qualifying benefits such as Disability Living Allowance, Personal Independence Payment, and War Pensioners' Mobility Supplement, or being registered blind. Blue Badges 'subject to further assessment' are awarded on a discretionary basis by local authorities, based on a number of eligibility criteria (see Figure 1):

You may be eligible for a Badge if one or more of the following applies:

- you cannot walk at all
- you cannot walk without help from someone else or using mobility aids
- you find walking very difficult due to pain, breathlessness or the time it takes
- walking is dangerous to your health and safety
- you have a terminal illness, which means you cannot walk or find walking very difficult and have a DS1500 form
- you have a severe disability in both arms and drive regularly, but cannot operate pay-and-display parking machines
- you have a child under the age of 3 with a medical condition that means the child always needs to be accompanied by bulky medical equipment
- you have a child under the age of 3 with a medical condition that means the child must always be kept near a vehicle in case they need emergency medical treatment
- you are constantly a significant risk to yourself or others near vehicles, in traffic or car parks
- you struggle severely to plan or follow a journey
- you find it difficult or impossible to control your actions and lack awareness of the impact you could have on others
- you regularly have intense and overwhelming responses to situations causing temporary loss of behavioural control
- you frequently become extremely anxious or fearful of public/open spaces

Figure 1: Blue Badge eligibility criteria for further assessment (Department for Transport, 2021b)

There is both a lack of data and a lack of enforcement of the Blue Badge scheme. In 2022, the DfT ceased collecting statistics on Blue Badge prosecutions (Department for Transport, 2024a). The year prior to this (up to March 2022), there were just 698 prosecutions across 110 local authorities England, a decrease of 49% on the previous year, which the DfT suggests may have been due to the COVID-19 pandemic

(Department for Transport, 2021a). The latest data from 2022 showed that 26% of local authorities did not have a policy for prosecuting misuse of Blue Badges (Department for Transport, 2021a). Of those that had a policy, 56% had 0 prosecutions, with almost two thirds (65%) of prosecutions in London (Department for Transport, 2021a). The vast majority (> 97%) of prosecutions relate to non-badge holders misusing someone else's badge (Department for Transport, 2018d, 2021a; Department for Transport et al., 2019).

In contrast, grassroots campaigns such as Disabled Motoring UK's *Baywatch* survey have called for more enforcement to address misuse of accessible parking spaces by those without any badge. The latest published data from the 2022 Baywatch survey, which received over 1,000 responses from Blue Badge holders, found that most Blue Badge holders felt that local authorities were not doing enough to address misuse of Blue Badge bays, and that most respondents had never had their Blue Badge inspected (Disabled Motoring UK, 2020, 2021, 2022). Supermarkets have been consistently raised as a particular location for Blue Badge bay misuse in the survey (Disabled Motoring UK, 2019, 2021, 2022, 2025). The survey further suggests that misuse of parking bays is commonplace, with 87% saying they observed it often or very often (Disabled Motoring UK, 2022). The 2022 campaign concludes with call for further enforcement measures, and its relaunch in 2025 asks disabled motorists to complete it and take pictures while physically at the supermarket to document their parking experiences (Disabled Motoring UK, 2025).

An important milestone in Blue Badge policy was the extension of the scheme. During a consultation launched in 2018, the DfT proposed changes to more explicitly include "non-physical conditions" (Department for Transport, 2018b) by clarifying

that a Blue Badge can be awarded for risk arising from walking, as well as difficulty with the physical act of walking (Department for Transport, 2018a). The extension thus aimed to address inconsistencies in the administration of Blue Badge applications based on non-mobility criteria, as these were “not always understood and consistently implemented” (Integrated Transport Planning Ltd., 2019, p. 1) by local councils. The consultation was supported by the vast majority of individuals (89%), Disabled People’s Organisations (DPOs) (84%), and other organisations (87%), with support from local authorities somewhat lower but still in favour (71%) (Department for Transport, 2018a). The new criteria were introduced in August 2019, explicitly extending Blue Badge eligibility to people who are at risk of causing serious harm to themselves or others when walking, and updating guidance to local authorities on how to assess applicants with these types of impairments (Integrated Transport Planning Ltd., 2019).

Despite the Blue Badge not being awarded based on specific impairments, a press release by then-Transport Secretary Grant Shapps particularly highlighted people with “non-visible conditions such as autism, dementia, Parkinson’s and arthritis” (Department for Transport et al., 2019) as potential beneficiaries of the new criteria. The DfT also announced additional measures to support the extension, including staff awareness training on a wider range of impairments (Department for Transport, 2018d), and a public campaign “so that those with non-visible disabilities can use the badges with confidence” (Department for Transport, 2019). At the time of writing six years later, there is no evidence of the implementation of this awareness campaign. In 2022/23, only 4% of Blue Badges were issued based on the new criteria, up from 2.5% in the previous year (Department for Transport, 2024a). A DfT review of the new

criteria also identified a number of issues around assessment processes, making further recommendations to support both councils and applicants more effectively with the assessment process and the type of evidence that should be provided (Department for Transport, 2021c).

While the lack of data makes it difficult to assess the effectiveness of the scheme in removing barriers, it highlights how assumptions about who the Blue Badge is for pervade not just the public consciousness, but also policy. The DfT language reinforces hierarchies in terms of in/visible impairments. Throughout the consultation, it distinguishes between physical, 'visible' impairment on the one hand versus non-physical, 'hidden' impairment on the other (Department for Transport, 2018b, 2019, 2022; Integrated Transport Planning Ltd., 2019). This simplistic binary contributes to essentialist understandings of disability as fixed, static, knowable and easily measured and categorised (Roulstone & Morgan, 2014), rather than understanding the complexity of overlapping and fluctuating impairments which are the reality for many people. Arthritis, for example, a clearly physical condition that may or may not be 'visible' depending on use of mobility aids, is included in the list of new 'invisible' impairments, laying bare how inadequate this binary distinction is. In addition, the DfT's focus on impairments such as arthritis, autism, or mental health, despite the badge not being awarded based on specific diagnoses, clearly frames disability in terms of impairment, thus reinforcing a medical model understanding of disability.

2.5. Chapter Summary

In this chapter, I have discussed the wider context of accessible parking encounters. I have begun by introducing three ways of understanding the way in which disabled people experience oppression in society, including the social-relational model and the idea of psycho-emotional disablism which arises from interpersonal discrimination. I then discussed ableism as a world view that centres the need to be 'normal' at the expense of those bodies who are not. I also introduced both Goffman's (1986) seminal and Tyler's (2020) contemporary conceptualisations of stigma as a source of disabled people's abjection in society.

In the second section, I focused more closely on factors which shape the current experiences of many disabled people in the UK. This includes over a decade over austerity politics in which disabled people have been scapegoated as 'fakers' and 'scroungers' (Hughes, 2015). I also discussed how the often stereotypical and reductive representation of disabled people in the media has been systematically employed to perpetuate 'scrounger' discourses. I then explored the concepts of what makes someone a 'legitimate' disabled person, based on hierarchies of impairment (Deal, 2003), and have sought to problematise the idea of 'in/visibility' as a deciding factor in who is accepted as a disabled person. These hierarchies contribute to both the 'vigilante' surveillance by members of the public and self-surveillance of disabled people in public spaces.

In the final section, I explored how disability is (re-)produced in public spaces, including in seemingly 'accessible' spaces, which are often anything but and can even reinforce exclusion. I explored the existing literature on accessible parking

spaces, which highlight the strong feelings that are involved in the policing of these spaces. Finally, I introduced the Blue Badge scheme rules which cover accessible parking in England, discussing the significance of the extension of the scheme to who may or may not be seen as legitimate in these spaces. This chapter has set the scene for the encounters that take place, and how they actually play out on an emotional and interpersonal level will be explored in the next chapter.

3. THE PERSONAL – THE EMOTIONAL

POLITICS OF ENCOUNTERS

3.1. Introduction

In this chapter I delve deeper into the intricacies of encounters, exploring the ‘personal’ side of how these interactions play out in practice and the emotions involved. However, as this chapter will show, these emotions are not just felt individually as a result of encounters. Rather, I explore the “sociality of emotions” (Ahmed, 2014, p. 9) which highlights how categories of difference are created and maintained through emotions. I thus begin by exploring how affects are productive in shaping encounters and require emotion work from disabled people in order to manage their feelings. I also discuss various negative emotions around disability, including recent literature which highlights hate as an everyday experience for disabled people (Burch, 2021; Hall, 2019). I then discuss in detail the concept of encounter as an interaction where unease and prejudice is present (Wilson, 2017), as well as the practices involved in managing encounters and the idea of disability as performative in these contexts. In the final section, I focus on how the impact of encounters leads to disabled people’s “existential insecurity” (Reeve, 2008, p. 40) as well as how it shapes the formation of disability identities.

3.2. Disability, Affect, and Hate

3.2.1. Introduction

This section explores the emotions which underpin the experience of encounters, introducing key concepts to analyse and understand why encounters can be psycho-emotionally disabling. I begin by discussing two key theories from the sociology of emotions. Firstly, Hochschild's (2020) concepts of emotion work and feeling rules describe the acting involved in managing both one's own and other people's emotions in order to adhere to what is socially expected in a certain situation. Secondly, I build on Ahmed's (2014) conceptualisation of affect as productive and sticky to explore how emotions are not just located within the individual, but can circulate between both people and spaces. I then discuss the different emotions which disability can elicit in non-disabled people, focussing particularly on fear, pity, and resentment, and consider how they work together to shape how interactions can play out. In the final two sections, I focus particularly on hate. Returning to Ahmed (2001), this includes a discussion of the nuances of how hate operates, and also introduces the concept of microaggressions (Sue, 2010) to explore the low-level hostility faced by marginalised groups, including disabled people. I then provide an overview of the literature around disability hate and hate crime, exploring how, far from an exceptional and extreme occurrence, hate is in fact a common occurrence in the lives of many disabled people.

3.2.2. Emotion Work and Affect

Emotions matter as they "shape the very nature and experience of our being-in-the-world" (Davidson & Milligan, 2004, p. 524). In my analysis of encounters,

understanding the emotions of both parties involved plays a crucial role in considering the possibilities of an encounter, the actions taken during an event, and the emotional aftermath of a confrontation. For this reason, I introduce in this section two concepts which form a key part of my analysis: Hochschild's emotion work and Ahmed's conceptualisation of affect as both 'sticky' and productive. These concepts highlight how emotions are inherently relational and need to be considered in the context of the space and people involved (Ahmed, 2014; Gorton, 2007). Moreover, exploring emotions is an inherently feminist endeavour, challenging the binary opposition of emotion as private and subjective and rationality as public and objective, which has been used as a strategy to keep women in the private sphere and outside of public and political domains (Åhäll, 2018). Considering affect as relational "offers a way of thinking about subjectivity that is not tied solely to the psyche" (Gorton, 2007, p. 345). Further, it rejects the distinction between the emotional and the rational, highlighting that emotions play a key part in rational thought and decision-making (Ahmed, 2014; Hochschild, 2020). The study of emotions, then, does not only fall under the feminist assertion that the personal is political, but also that the political is personal (Detamore, 2016; Gorton, 2007; P. Usher, 1997). I draw on both of these statements to highlight how broader policy and societal contexts inevitably shape personal experiences such as encounters. There is no consensus on whether emotions and affect denote different concepts; as such, I will follow those who have used the terms interchangeably in the absence of a clear delineation (Gorton, 2007; Lipman, 2006).

The first concept central to my analysis is that of Hochschild's (1979, 1990, 2020) emotion work. Building on Goffman's (1972, 1990) work on the unspoken rules of

everyday interactions, Hochschild focuses on how interactions with others do not just involve managing one's *external* appearance to influence how one is perceived by others, but also one's *internal* feelings, which in turn can influence how the other person reacts. Hochschild (1990) distinguishes between emotional *labour* which happens in an employment context, and emotion *work* which is performed to manage emotions in private life. Emotion work describes the act of attempting to manage an emotion by shaping, evoking, or suppressing it. This may involve controlling one's thoughts, body, or gestures, and Hochschild (1990, p. 120) also refers to this as "deep acting". Emotion work is usually guided by feeling rules which determine "what feeling is or isn't appropriate to a given social setting" (Hochschild, 1990, p. 122). When one's emotions do not match the established feeling rules, this creates a misfit, and emotion work is required to manage the emotion accordingly: "most of the time, we become aware of feeling rules when we or others have feelings that are wrong" (Hochschild, 1990, p. 124). Feeling rules determine "what is emotionally due to another person" (Hochschild, 2020, p. 19) and become a price to be paid in an interaction, particularly where that interaction involves unequal power relations. Emotion work is thus crucial to understanding how disabled people manage and navigate everyday encounters, with feeling rules governing and restricting the ways in which they can react. Hochschild's work enables us to understand how and why disabled people are constantly working to manage both their own and other's emotions while in public: "Being becomes a way of doing. Acting is the needed art, and emotion work is the tool" (Hochschild, 2020, p. 167). The second key perspective on emotions and encounters comes from affect theory, in particular the work of Ahmed (2014) which positions emotions not as individual

experiences, but as affects circulating and transmitting between people and spaces. For Ahmed, emotions are productive in that they influence the interactions that take place and “do things [by aligning] individuals with communities” (Ahmed, 2001, p. 348). Emotions thus shape and are shaped by our understandings of ourselves and others, and the boundaries between these two groups (Ahmed, 2014). Ahmed illustrates this using the example of bogus asylum seekers, who are constructed as the ‘other’ in political speech. They thus become associated with the emotion of hate and a sense of ‘threat’ (Ahmed, 2014). These affects are self-perpetuating, and the “narrative of affect [...] creates (and can institutionalise) what it tries to describe” (Wetherell, 2012, p. 104).

The repetition of a negative affective associations over time means they can become intrinsic, or ‘sticky’ (Ahmed, 2014, p. 90). Sticky emotions become attached to people or objects, such as hate and suspicion to the asylum seeker, or envy and resentment to the disabled person perceived as a ‘scrounger’. Wetherell argues that these associations become stronger over time, accumulating “emotional capital” (Wetherell, 2012, p. 157). Emotions can thus move sideways between people, objects, and spaces, as well as forwards and backwards through time (Ahmed, 2001). This is illustrated in Burch’s (2021) analysis of disability hate crime, where she found participants described how many spaces where these crimes occurred had a particular mood, or an “affective atmosphere” (Burch, 2021, p. 65), associated with these spaces through past experiences. These emotions also transferred between people, with many disabled people sharing fears and anxieties about hate crime experienced by other disabled people (Burch, 2021).

Affect, then, is characterised by relationality, existing and intersecting between two or more people, objects, and/or spaces (Ahmed, 2014; Lipman, 2006; Wetherell, 2012, 2015). In addition, affect constructs both the emoter and the object of the emotion, by organising both into a pre-existing category (Wetherell, 2015). This is powerfully illustrated by Ahmed's example of the 'stranger', who is associated with threat and uncertainty:

The stranger is not any-body that we have failed to recognise, but some-body that we have already recognised as a stranger, as 'a body out of place'. (Ahmed, 2000, p. 56)

The strong connection between affect and space means that a body which is 'out of place' can cause disorientation in others (Ahmed, 2008, p. 160). Importantly, there is also a temporal dimension to affect. The stickiness of affects develops through the repetition and reiteration of existing ideas or actions, simultaneously reinforcing them for the future (Ahmed, 2014). For example, memories of past trauma may be triggered through certain spaces or through other encounters, and this temporal effect will be further explored later in this chapter.

3.2.3. Disability and Emotions

While the focus of this thesis is on the psycho-emotional impact of encounters on disabled people, as the previous section has shown, emotions are never just contained within an individual. Rather, they are productive and moving dynamically between people and spaces. Thus, it is important to consider the emotions felt by the non-disabled public about disability and how these may shape the way encounters play out. As discussed in the previous chapter, the prevalence of ableist ideas means that many people have negative emotions about disability and disabled

people (Hughes, 2020). These feelings are so strong that non-disabled people frequently feel the need to express them (Morris, 1991). Ultimately, non-disabled people's negative reactions towards disability are often based on fear: being confronted with 'imperfect' bodies serves as a reminder of one's own vulnerability and the possibility of ending up 'like that' (Hughes, 2020). While counterintuitive, Hughes (2020) argues that charitable behaviour towards disabled people is a tool to manage this fear. The charity model of disability functions by creating distance between oneself and the disabled person, while maintaining and confirming one's own humanity through good deeds.

Fear can thus be closely linked to pity. Pity is an everyday experience for many disabled people (Hughes, 2020; Nario-Redmond et al., 2019), e.g. through unwanted help or patronising comments from strangers. While pity may be at first glance be a "benevolent" emotion (Nario-Redmond et al., 2019, p. 727), it is fundamentally "hierarchising" (Hughes, 2020, p. 94), serving to maintain a clear delineation between non-disabled and disabled people, the fortunate and the misfortunate, and the 'valid' and 'invalid'. Relationships and encounters involving pity are therefore inherently unequal and often uncomfortable and dehumanising for disabled people: "it is galling to be spoken to in the tender terms usually reserved for pet dogs and cats" (Gill, 1966, p. 105f). Acts of 'charity' carried out as a result of pity are designed to 'other' disabled people and establish them as dependent, while conversely bestowing social capital and autonomy onto the non-disabled person as a fully-fledged citizen (Hughes, 2020). Pity is thus contingent on stereotypes of disability, with disabled people needing to appear to be struggling and vulnerable, while being a successful and well-adjusted disabled person can sometimes incite anger (Nario-Redmond et

al., 2019). A disabled person rejecting the power dynamics of pity can therefore incite strong negative reactions in non-disabled people:

One rather doubtful pleasure is to discover that this “poor thing” attitude does not survive a determined rejection of the able-bodied person’s assumption of inherent superiority. He admits equality as a theory, but when you act as though you are equal then the crucial test comes. Most people are good-willed liberals towards us up to this point, but not all of them survive close contact with disability without showing some less attractive traits. (Hunt, 1998, p. 13f)

As Hunt’s quote, originally from 1966, shows, these emotions towards disability have prevailed for a long time. However, they are intensified through the ‘scrounger’ discourse which underpins current austerity politics. Pity and the charity of helping those ‘less fortunate’ through welfare is easily turned into resentment against those who are seen as ‘undeserving’. As discussed in the previous chapter, political discourses around welfare reform are thus inextricably intertwined with resentment towards disabled people (Briant et al., 2011; Hughes, 2015; Soldatic & Pini, 2009). This is particularly the case where disabled people are perceived to receive ‘special treatment’ (Grewal et al., 2002; Nario-Redmond et al., 2019; Quarmby, 2011; Wilkin, 2020). Dorfman (2020, p. 561) links this resentment back to what he calls “fear of the disability con”, the idea of the hardworking ordinary taxpayer being unfairly taken advantage of. This highlights the overlapping and concurrent nature of the fear/pity/resentment emotional triangle. Disabled people thus “walk a tightrope” (Hughes, 2015, p. 996) between being perceived as deserving but dependent and pitiable charity cases, and being resented as feckless ‘scroungers’. As well as political scapegoats, disabled people serve as “convenient emotional objects” (Goodley, 2014, p. 65) for a large variety of negative emotions that the general public

may hold. These emotions are far from harmless, with resentment having the potential to spill over into exclusion and violence (Goodley & Runswick-Cole, 2011; Manji, 2017). The forms this can take will be explored in the next two sections on hate.

3.2.4. Conceptualising Hate and Microaggressions

Before focusing specifically on disability hate, I want to consider the general literature that has focused on how everyday hate functions in the lives of marginalised people. I continue to build on Ahmed's (2001, 2014) work, who argues that hate is often a communal experience, uniting one group against another and reaffirming them as not like 'us'. Hate is thus self-perpetuating, using the 'othering' it creates as the justification for why some bodies are different and therefore hateable (Ahmed, 2001). As explored in the previous section, affects including hate are spatial and temporal, meaning encounters are always shaped by existing feelings and prejudices: "particular histories of association are reopened in each encounter, such that some bodies are already encountered as more hateful than other bodies" (Ahmed, 2014, p. 53). Consequently, hate is a powerful tool in contemporary social relations (Hughes, 2020). Scapegoating and intentional stigmatisation can function in similar ways across marginalised groups, and one can easily draw parallels from Ahmed's (2001) analysis of the 'bogus' asylum seeker to disabled people during austerity. Both groups have become folk devils (Cohen, 2011) and have been positioned by governments and media as the hated 'other' in order to justify policy change, with the 'normal' non-disabled/UK-born citizen as the victim being taken advantage of. Moreover, for both groups, uncertainty is crucial to the effective fabrication of hate; as it is difficult to tell who is 'genuine' and who is a 'bogus' benefit

claimant, all disabled people are therefore under suspicions as potential cheats and therefore hateable.

Understanding hate as an emotion that is not just located in the individual enables a consideration of the multiple ways in which hate operates, and that hate is not always extreme, but also exists in the ordinary (Ahmed, 2014). This makes it difficult to judge when hate becomes a crime (Ahmed, 2001). A useful way to explore the ordinariness of everyday hate is the concept of 'microaggressions'. As overt forms of discrimination become less socially acceptable, hate changes instead into a more subtle shape while nevertheless continuing to oppress (Sue, 2010).

Microaggressions, then, are

The brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative [...] slights and insults to the target person or group. (Sue, 2010, p. 5)

While microaggressions in themselves may seem innocuous and even harmless, it is their pervasiveness which makes them powerful as

Constant and continuing experiences of marginalized groups in our society; they assail the self-esteem of recipients, produce anger and frustration, deplete psychic energy, lower feelings of subjective well-being and worthiness, produce physical health problems, shorten life expectancy, and deny minority populations equal access and opportunity in education, employment, and health care. (Sue, 2010, p. 6)

The cumulative effect of these microaggressions can lead to "death by a thousand paper cuts" (Nittle, 2019, p. 9), and the psycho-emotional effects of these experiences will be explored further in the final sections of this chapter. A second

factor explaining the impact of microaggressions is their insidiousness and subtlety; they can be hidden and unrecognised by both the recipient and the aggressor (Sue, 2010). The aggressor may not be aware of the impact of their words or actions, and if challenged may seek to justify them with “legitimate-sounding reasons” (Sue, 2010, p. 50) to avoid admitting to themselves that they have engaged in biased and discriminatory behaviour. This is particular the case where aggressors are ‘well-intentioned’ and seek to defend their self-image as “good, moral, and decent human beings who would never intentionally discriminate against others” (Sue, 2010, p. 9).

Several efforts have been made to map the specific microaggressions experienced by disabled people (Kattari, 2019; Keller & Galgay, 2010; Olkin et al., 2019; Timm, 2002). While the resulting scales vary in their format and detailedness, they all describe similar experiences, relating both to the experience of second-class citizenship in being denied physical access (Keller & Galgay, 2010; Olkin et al., 2019), and microaggressions arising from interrelational encounters, often in public spaces with strangers. Examples of microaggressive encounters in public spaces include disabled people being asked intrusive questions about their impairment, having their impairment downplayed or denied, being patronisingly praised for undertaking everyday actions, and having unwanted ‘help’ forced on them (Keller & Galgay, 2010; Timm, 2002). Various authors agree that ableist microaggressions are extremely common (Hall & Bates, 2019; Kattari, 2020; Olkin et al., 2019; Timm, 2002). A recent UK study found that women and younger disabled people are particularly likely to face negative attitudes (Moss & Frounks, 2022). They are also often triggered by certain locations, such as public transport and parking spaces (Kattari, 2020; Moss & Frounks, 2022; Olkin et al., 2019) or by ‘incongruous’ behaviour such as getting out of

a wheelchair (Olkin et al., 2019). Microaggressions have been shown to negatively impact disabled people's mental health and quality of life (Kattari, 2020; Timm, 2002), and the extent of disability hate and discrimination in the UK will be the focus of the final section in this chapter.

3.2.5. Disability Hate

There is a plethora of literature focusing on disability hate, and particularly hate crime. However, hate crime is just the most extreme manifestation of a spectrum of aversion against disabled people, with violence against disabled people ranging from blatant to subtle (Hall, 2019; Lonsdale, 1990; Scully, 2010). The term hate has therefore been criticised for not capturing the complexity of why someone may choose to harm disabled people (Grewal et al., 2002; Hall & Bates, 2019; Mason-Bish, 2013; Sherry, 2010), and for requiring discrimination to be 'extreme', thus normalising low-level hate against disabled people (Ralph et al., 2016). The focus on reporting of extreme cases, such as the abuse of disabled people in Winterbourne View in 2011 (BBC News, 2011) or the case of Francecca Hardwick and her mother Fiona Pilkington (Bartram, 2009), frames hate crime as "individually targeted placeless acts of extreme abjection against disabled people" (Hall, 2019, p. 250) and do little to draw wider awareness to the complexities and everydayness of disability hate. Hate crime scholars, then, have sought to redirect equal attention to the pervasiveness of everyday low-level hate and microaggressions experienced by disabled people (Burch, 2018, 2021; Hall, 2019; Hall & Bates, 2019; Healy, 2020; Hollomotz, 2013; Piggott, 2011; Wilkin, 2020). Examples of this include verbal abuse and hate speech (Burch, 2021; Healy, 2020; Wilkin, 2020), taunting, name calling, or 'banter' (Chakraborti & Garland; Piggott, 2011; Wilkin, 2020), staring (Chakraborti & Garland,

2009; Piggott, 2011), and ridiculing disabled people (Pritchard, 2021c). Importantly, these incidents, while harmful and impactful in themselves, are also often linked with more extreme forms of hate. This can be visualised through Hollmotz' (2013) continuum of violence (Figure 2), which “contextualise[s] how intrusive processes that are not commonly viewed as harmful are linked to more severe acts of violence” (Hollomotz, 2013, p. 53).

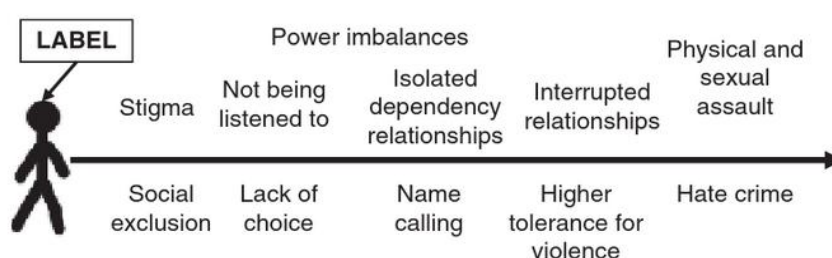


Figure 2: The continuum of violence (Hollomotz, 2013, p. 54)

Crucially, Hollomotz (2013) highlights that the continuum is not hierarchical, but that different categories can overlap or occur simultaneously. Hate crime therefore presents just one aspect of a wide range of violence perpetrated against disabled people (Hall, 2019). Ultimately, all experiences reflected in the continuum are harmful and mutually reinforcing (Healy, 2020), and more ‘extreme’ cases of disability hate often begin with low-level discrimination and harassment that escalate into criminal behaviour (Chakraborti & Garland; Healy, 2020; Sherry, 2010).

Hate is thus a commonplace experience for many disabled people, with hate crime scholars arguing that it has been normalised by wider society and accepted by the general public (Burch, 2018, 2021; Goodley, 2011b) and to some extent also by disabled people who have come to expect abuse (Wilkin, 2020). Importantly, the perpetrators of this hate are often ‘regular’ people (Goodley, 2011b; Goodley &

Runswick-Cole, 2011; Wilkin, 2020). As discussed in the previous chapter, the political and media discourses on disability since 2010 have been characterised by negative messages about disabled people as potentially fraudulent. This increased societal prejudice against disabled people (Burch, 2018; Hall, 2019; Hall & Bates, 2019; Ralph et al., 2016), in turn leading to an increase in discrimination and hate (Burch, 2021; Healy, 2020). Through stigmatacraft, hate has thus become systemic and wide-reaching: “hate is not positioned as solely located within any one individual, but as a feeling that is socially constructed and circulated” (Burch, 2021, p. 4). Similarly, hate and discrimination are not just directed at the individual disabled person, but are often an attack on an identity group as a whole (Burch, 2021; Inclusion London, 2022; Piggott, 2011; Sherry, 2010; Wilkin, 2020). In addition, hate experiences are intersectional in that they can be heightened for those with multiple marginalised identities (Healy, 2020; Olkin et al., 2019; Sherry, 2013). Gender, race, age, sexuality can interact with disability status to mark people out as targets for discrimination (Burch, 2021; Hall, 2019; Sherry, 2013), and body weight (Burch, 2021) and type of impairment (Hall, 2019) have also been highlighted as potential risk factors that can make someone a target.

Disabled people who have experienced hate are often “failed by a criminal justice system that is too quick to label hate incidents as anti-social behaviour and does little in response” (Healy, 2020, p. 187). Disability hate crime is both underreported and under-investigated (Hall, 2019; Macdonald et al., 2017; Sherry, 2010). This is in part due to the vague definition of what constitutes disability hate, which can make it hard to prove that hostility towards disability was a motivating factor (Burch, 2021; Healy, 2020; Piggott, 2011; Sherry, 2010). The perception of disabled people as

inherently 'vulnerable' may also influence both low prosecution rates and disabled people's reluctance to report (Burch, 2021; Macdonald et al., 2017; Piggott, 2011). It has been argued that the perception of disabled people by authorities as 'vulnerable' frames them as being partially to blame for their victimisation (Edwards & Maxwell, 2021; Ralph et al., 2016) and thereby justifies hate. It also removes the focus from the perpetrator and the wider context and structures which place disabled people at higher risk of hate crime and discrimination (Burch, 2021; Hall, 2019; Hall & Bates, 2019; Roulstone & Sadique, 2013).

The focus on vulnerability is one example of how many of the hostile attitudes and structural barriers that lead to disability hate crime in wider society are also replicated in the criminal justice system. Studies confirm that many disabled people have negative experiences when interacting with the police or other authorities (Macdonald et al., 2017; Mason-Bish, 2013; Piggott, 2011; Ralph et al., 2016). In a study on hate crime on public transport, Wilkin (2020) found that 84% of people received no help from staff when reporting an incident, and in 8% of cases, staff themselves were the perpetrators. Disabled people may also not report hate crime because they do not understand it as such. As described by the continuum of violence, the pervasiveness of discrimination in many disabled people's lives creates a 'blurring effect' (Burch, 2018, 2021), making it difficult to draw a line between 'low-level' discrimination and hate crime. For many, the sheer frequency of hate incidents means that they simply occurred too often to report (Healy, 2020). These incidents thus become a 'normal' part of life for many disabled people (Burch, 2021).

3.3. Encounters and Their Management

3.3.1. Introduction

Encounters are the central focus of this thesis and in this section, I explore in more detail their significance in the lives of disabled people and the work that goes into navigating them. I begin by exploring how encounters have been conceptualised as common occurrences in everyday public life, particularly in urban spaces, and how they do not just replicate, but amplify power differences (Valentine, 2008; Wilson, 2017). I also discuss some of the types of encounters that disabled people may experience when interacting with strangers, and in particular the act of staring (Garland-Thomson, 2009). I then examine the ways in which disabled people manage these encounters, particularly highlighting the importance of feeling rules (Hochschild, 1979) in considering which responses are acceptable in an interaction and the emotional cost of these management strategies. Finally, I explore the idea of disability as performance, drawing on Goffman (1969, 1990) and Butler (1999) to discuss performance both as a management tool and as a means of subverting socially constructed categories such as dis/ability. Here, I also introduce the idea of "masquerade" (Siebers, 2004 : 4), involving an exaggerated visualisation of disability, as a particular type of performance.

3.3.2. Encounters

Social and interpersonal interactions and relationships have long been of interest to sociologists (Barton, 1998, p. 53; Cahill & Eggleston, 1994; Goffman, 1972; Watson, 2003, p. 34). Encounters between disabled people and strangers, particularly with non-disabled people, are often both difficult and form a significant part of disabled

people's everyday lives (Keith, 1996, p. 70; Reeve, 2008; Scully, 2010). Negative encounters are not necessarily the majority of interactions disabled people have with others, and some interactions are indeed helpful or positive (Butler & Bowlby, 1997; Cahill & Eggleston, 1995). Nevertheless, encounters are where emotions of fear, pity, resentment, and hate are often played out. Small-scale negative interactions involving microaggressions are commonplace in many disabled people's lives, and have been highlighted as a crucial phenomenon through which to develop a nuanced understanding of how prejudice against disabled people functions (Cahill & Eggleston, 1994; Keith, 1996; Morris, 1992). As Keith puts it:

Trying to understand the complicated feelings which arise out of our everyday encounters with the world is central to the lives of all disabled people. (Keith 1996, p. 70)

Encounters have also been of interest to human geographers as a quintessential experience of modern urban life. Wilson's (2017) detailed conceptualisation of the encounter defines it as differing from a 'meeting' or an 'interaction' in that it is historically coded as a conflict between adversaries or opposing forces. Thus the term 'encounter' "has been most frequently used to examine contact where a lack of commonality is assumed or where some form of existing conflict, prejudice or unease is present" (Wilson, 2017, p. 454). As affects around disability transfer into public spaces, encounters are never free from wider history and power relations (Valentine, 2008). However, following on from the idea of space as social, encounters do not simply result from difference, they both make difference and make a difference (Wilson, 2017). For this reason, Valentine (2008) argues that close encounters with marginalised groups often do not in fact alleviate prejudice held by

privileged groups, but rather replicate and reinforce it. Both Valentine (2008) and Wilson (2017) emphasise the absence of research on encounters from the perspective of marginalised groups, thereby skewing how meaning is given to these encounters.

The (re)creation of difference, then, is crucial to encounters. They serve as a way of asserting and reinforcing existing norms in society, such as an ableist world order in which disability is only acceptable when it is characterised by inferiority, helplessness, and deservingness. The person Ahmed terms 'the good citizen', is therefore always on the lookout for ways in which these norms may be violated: "The good citizen knows what they are looking for, because they know what is common, and so what departs from the common" (Ahmed, 2000, p. 29). Disability is not an expected sight in public (Garland-Thomson, 2005a, 2009). As Mitchell and Snyder (2020) point out, this is largely due to the history of institutionalisation in Global North countries which meant disabled people spent much of the past 200 years locked away from view. Encounters thus become about reasserting non-disabled people's right to control public space, particularly in a context where disability continues to be "out of the ordinary, separate from the everyday, a cause for pause and consideration" (Sandahl & Auslander, 2005, p. 2). Disabled people, especially those who do not fit the narrow stereotype of acceptable disability, thus become "dirt as matter out of place" (Douglas, 2003, p. 36), disrupting the boundaries of 'normal'/'disabled' duality, as well as who should be allowed in certain spaces. This is particularly the case where disabled people are 'incongruous', creating disorder by challenging the fragile construction of normalcy (Goodley, 2011a; Hughes, 1999; Mitchell & Snyder, 2020). Encounters, then, become a way of reclaiming and

safeguarding the existing world order. As Valentine (2008) points out, it is often particularly so-called 'respectable' people who tend to be rude to marginalised groups during encounters.

The types of encounters experienced by disabled people are often underpinned by the strong emotions that circulate in society about disability. Fear of disability, for example, can lead to avoidance (Bolt, 2020; Cahill & Eggleston, 1995; Hughes, 1999). A common avoidance response is what Cahill and Eggleston (1995, p. 684) refer to as "nonperson treatment", where the non-disabled person ignores the disabled person entirely and addresses their companion instead, e.g. 'Does she take sugar?' (Butler & Bowlby, 1997; Reeve, 2008; Watson, 2003). In contrast, pity may lead to an encounter involving the disabled person having unsolicited and unwanted 'help' pushed upon them. While help is not always rooted in pity and can be a positive experience, unwanted help is often a manifestation of patronising attitudes towards disability which can result in extreme discomfort for disabled people (Edwards & Maxwell, 2021; Keller & Galgay, 2010; Wang et al., 2019; Watermeyer & Swartz, 2008). Sometimes, the very existence of a disabled person in public is seen as an "implied petition" for help (Cahill & Eggleston, 1995, p. 693) or charity (Bolt, 2020). On the other hand, the resentment felt by the public against disabled people, alongside the ableist need for 'biocertification' (Samuels, 2014), means that non-disabled people may feel entitled to know disabled people's medical history. Disabled bodies thus become public property (Morris, 1991, p. 29; Reeve, 2008) and are subjected to intrusive questions that would not be acceptable in other contexts, epitomised by the question: 'What's wrong with you?' (Calder-Dawe et al., 2020; French, 1999; Reeve, 2008, 2014b). Needless to say, this question can be particularly upsetting (Reeve,

2014b; Watson, 2003); in addition to its intrusive nature, it reinforces medical model stigma against disability by framing impairment as inherently 'wrong' and undesirable.

As discussed in the previous section, encounters motivated by hate can take many forms from outright violence to subtle microaggressions. One particularly insidious interaction is staring. Staring at others is commonly considered inappropriate and rude behaviour: "the one thing everyone knows about staring is that your mother told you not to do it" (Garland-Thomson, 2005b, [no pagination]). Despite this, being stared at is a common everyday experience for many disabled people (Calder-Dawe et al., 2020; Garland-Thomson, 2005a; Reeve, 2014b; Shakespeare, 2006; Thorneycroft, 2020). The phenomenon of staring highlights the paradox of ableism which means that disabled people are "visually conspicuous while being politically and socially erased" (Garland-Thomson, 2005b, [no pagination]). The "stareable" (Garland-Thomson, 2009, p. 9) nature of disability has often been linked to disabled people's historical roles in freak shows (Burch, 2021; Garland-Thomson, 2002, 2005b; Pritchard, 2021c). In addition to curiosity, staring can also be an expression of the surveillance and scrutiny under which disabled people live, particularly in a climate where they are always under suspicion as potential fakers. Staring thus manifests power relations, reinforcing social status and the starrer's feelings of superiority (Garland-Thomson, 2002, 2009; Loja et al., 2012; Pritchard, 2021c). Staring can be both a form of admonishment (Goffman, 1969) and an expression of abjection and disgust (Imrie, 1996; Thorneycroft, 2020). Either way, staring is fundamentally about communication. It is an interactive process creating a relationship between the starrer and staree (Garland-Thomson, 2002, 2006, 2009; Thorneycroft, 2020) and

demanding a response. The ways in which disabled people may choose to respond to either staring or a different form of encounter will be explored further in the next section.

3.3.3. Managing Strategies

Both the frequency and impact of everyday encounters means that many disabled people have developed strategies in order to manage these interactions with strangers:

We have a whole set of rather sophisticated techniques for dealing with people we hardly know or are unlikely to meet again. It is because these encounters and the questions, comments and stares which accompany them, although they are rarely overly hostile, are almost always unsettling and intrusive, forcing us all the time to realise how hard it is to go about the ordinary business of life in our unordinary physical bodies. (Keith, 1996, p. 70)

While everyone engages in the process of managing social interactions (Goffman, 1969, 1990; Scully, 2010; Watermeyer & Swartz, 2008), disabled people often perform additional work on top of this, becoming experts by necessity in managing encounters in attempting to control and defuse the strong reactions others have to us. This is because, like many other marginalised identities, disabled people are expected to take responsibility for how we make others feel (French, 1994b; Garland-Thomson, 2006; Keller & Galgay, 2010; Pritchard, 2021a; Scully, 2010). This management often requires considerable emotion work in order to manage both one's own and the person's feelings in interactions (Bê, 2019; Burch, 2021; Cahill & Eggleston, 1994; Reeve, 2020; Scully, 2010; Thomas & Sakellariou, 2018; Watermeyer & Swartz, 2008). Specifically, it involves the management of both non-disabled people's discomfort with disability and not knowing how to react (Garland-Thomson,

1997; Goffman, 1986; Keith, 1996), as well as disabled people's own discomfort that results from these often unsettling interactions (Cahill & Eggleston, 1994; Lenney & Sercombe, 2002; Morris, 1991).

Key to understanding this mutual discomfort are the feeling rules which guide how people are expected to behave and feel during encounters (Davidson & Milligan, 2004; Goffman, 1969; Hochschild, 2020). However, some have argued that the rudeness and lack of restraint shown by non-disabled people in encounters, for example when asking intrusive questions, show that these feeling rules do not apply to those in a position of power (Goodley, 2011a; Reeve, 2020). On the other hand, feeling rules do restrict how disabled people can respond in this situation, with the expectation that disabled people need to be cheerful, good-humoured, well-behaved, grateful in their response, even when the other person is not (Butler & Bowlby, 1997; Cahill & Eggleston, 1994; Goodley, 2011a; Jóhannsdóttir, 2020). All of these emotions are expected because they demonstrate deference (Cahill & Eggleston, 1994) and confirm disabled people's inferior status under ableism - "our gratefulness is part of the lie that everything is really alright between us" (Keith, 1996, p. 81). Disabled people, then, are required to be content and grateful with just being 'allowed' to go out into public at all, rather than expecting equal access:

As with the poor relation at the wedding party, so the reception given the handicapped [sic!] person in many social situations: sufficient that he is here, he should not expect to dance with the bride (Davis, 1961, p. 127).

Access to public spaces is thus a "phantom acceptance" (Goffman, 1986, p. 97), always contingent on disabled people knowing their place. Cahill and Eggleston (1995, p. 694) describe the requirement for a deferential attitude as the emotional

currency used by disabled people “to pay for their public acceptance.” The idea of disabled people being responsible for ‘overcoming’ the awkwardness of encounters is deeply rooted in ableism and the medical model of disability, suggesting that it is a problem with us and therefore our responsibility to fix, as illustrated by Goffman’s advice to disabled people:

Normals really mean no harm; when they do, it is because they don’t know better. They should therefore be tactfully helped to act nicely. Slightings, snubs, and untactful remarks should not be answered in kind. Either no notice should be taken or the stigmatized individual should make an effort at sympathetic re-education of the normal, showing him, point for point, quietly, and with delicacy, that in spite of appearances the stigmatized individual is, underneath it all, a fully-human being. (Goffman, 1986, p. 116)

The literature on management of public interactions describes a number of different strategies in disabled people’s repertoire, which I have summarised in six categories:

Compliance, Avoidance, Preparation, Education, Humour, and Confrontation.

Compliance involves adhering with feeling rules and controlling any negative emotions to perform the role of the ‘good’ disabled person full of deference and gratitude (Cahill & Eggleston, 1994; Keith, 1996; Reeve, 2006, 2008; Wilkin, 2020).

However, this requires considerable emotion work which can be extremely draining.

It can also negatively affect the disabled person’s self-worth (Reeve, 2008), potentially leading to guilt about reinforcing rather than challenging the negative attitudes that persist about disability. Some disabled people may therefore opt to avoid encounters altogether or take measures to end them as soon as possible. This could include pretending ignorance (Keith, 1996) or performing what Goffman (1969, p. 146) terms the “terminal squirm”: giving a non-committal reply and walking away.

At other times, disabled people may try to prevent the encounter altogether by avoiding certain situations (Dale Stone, 2005) or using distraction to avoid eye contact and ignore the stares (Thorneycroft, 2020). Another avoidance strategy is that of masquerade, which will be explored in detail in the following section.

The strategy of preparation involves the anticipation of encounters to disarm them swiftly (Garland-Thomson, 2006; Goffman, 1986; Keith, 1996). Some disabled people may take the approach of educating others about disability and the inappropriateness of their behaviour (Burch, 2021; Keith, 1996; Reeve, 2008). Others may use humour to resolve the “dis-ease” (Cahill & Eggleston, 1994, p. 303) of uncomfortable situations (Pritchard, 2021a; Reeve, 2008). The final strategy of confrontation involves a rejection of feeling rules through an open challenge to the other person, perhaps through swearing or shouting (Keith, 1996), directly staring back, or even addressing a starrer (Garland-Thomson, 2006). Which one of these techniques a disabled person chooses can depend on several factors. While most disabled people develop expertise in this management, some people will be better than others at the different types of work required by each of the techniques (James, 1989). The specific context of the encounter also factors in, necessitating an assessment of the attitude and intention of the non-disabled person before choosing a response (Garland-Thomson, 2006). For example, choosing confrontation may provoke anger in the other person and place the disabled person at risk of physical harm (Burch, 2021). As Sue (2010) highlights in relation to responses to microaggressions, previous experiences may also affect the disabled person’s reaction.

The multitude of options available highlight that the choice of response is more complex than the choice of whether or not to adhere to feeling rules. Indeed, apart from the 'extreme' reactions of either complying with feeling rules, or a clear rejection of feeling rules through confrontation, the other four strategies of education, humour, preparation, and avoidance, all contain the possibility of either remaining within or breaking with established feeling rules. Taking preparation as an example, this could entail preparing a rehearsed 'elevator speech': "a neatly packaged presentation of self" (Heilman, 2022, p. 13) to answer intrusive questions about one's impairment. On the other hand, some disabled people may opt for a more confrontational approach to preparation, such as making up dramatic and exaggerated backstories about how they acquired their impairment. Indeed, this strategy has could described as part of disability culture, exemplified by Goffman's (1986) anecdote of a one-legged girl inventing a game called 'Ham and Legs', or in disability activist Johnny Crescendo's (2013) song *Where D'Ya Get That Leg?* The possibility of breaking with feeling rules is therefore inherent in most possible responses. Resistance may also involve highlighting the other party's lack of adherence to socially accepted behaviour, for example through education or humour, thus allowing the disabled person to "effectively reclaim the identity of competent public actor" (Cahill & Eggleston, 1995, p. 696). Choosing to resist instead of complying to feeling rules can be empowering and allow disabled people to retain some agency in the situation

(Burch, 2021; Garland-Thomson, 2006; Reeve, 2008; Sanmiquel-Molinero & Pujol-Tarrés, 2020). However, acts of resistance can be destructive as well as productive (Goodley, 2014). When disabled people react in a way that does not correspond to feeling rules, thus challenging ableist power hierarchies, we are often dismissed as

angry, bitter, ungrateful, and having a chip on our shoulder (Butler & Bowlby, 1997; Goodley, 2011a, 2014; Keith, 1996; Keller & Galgay, 2010; Nario-Redmond et al., 2019; Siebers, 2008). If the disabled person does not 'know their place', the fine line of phantom acceptance can easily cross over into outright hostility and aggression (Burch, 2021; Morris, 1991; Siebers, 2008).

Behaving outside of accepted emotional rules and potentially provoking anger can thus carry a significant amount of risk. In addition, breaking social rules can also lead to the disabled person feeling guilty (Cahill & Eggleston, 1994; Morris, 1991; Tregaskis, 2003). Thus, both adhering to feeling rules through performing emotion work or choosing the path of challenge or resistance carry significant emotional risks and costs. Consequently, disabled people face a dilemma of assessing a situation correctly and choosing between options that will always require a significant emotional toll (Cahill & Eggleston, 1994; Goodley, 2014; Sanmiquel-Molinero & Pujol-Tarrés, 2020).

3.3.4. Disability as Performance

This section explores in more detail how the strategies discussed in the previous section can involve the performance of disability. Returning to Goffman's (1969, 1990) analyses of self-presentation and behaviour in public places as a starting point, performance has been of interest to social scientists for many decades. Everyday mundane encounters can reveal intricate and complex social and communication rules that underpin power imbalances in society. Goffman (1969, 1990) argues that in addition to active communication, people will attempt to influence the responses of others through passive communication by controlling the

impression they give. This “theatrical” (Goffman, 1990, p. 16) performance may be conscious or unconscious. A specific kind of performance is the “front” (ibid., p. 32), which builds on an established, easily recognisable role which conforms to societal expectations. In practice, this often involves the reenactment of a stereotype which can help the other party easily ‘read’ the person. Any behaviour inconsistent with the stereotype will need to be concealed, while aspects confirming the performance are “dramatically highlight[ed]” (Goffman, 1990, p. 40). Goffman’s work thus highlights that an organic ‘self’ does not exist in an interaction, but is created through “engagement between individual(s) and audience(s), to whom individuals perform and who, in turn, interpret their actions” (Gregson, 2000).

Another seminal work concerned with the performance of stereotypes is Butler’s *Gender trouble*, which challenges the distinction of gender as social and sex as biological by pointing out that both are “naturalized but not natural” (Butler, 1999, p. 143). This naturalisation requires coherence between sex, gender, and sexual attraction to be intelligible; meaning that people are expected to look and behave matching either the male or the female gender, and be attracted to the ‘opposite’ gender (ibid.). Gender is thus performed; and the repeated enactment of gender is usually taken as evidence of its inherent truth (Butler, 2009). The same assumption can be applied to disability; in order to ‘look disabled’, impairment has to be recognisable and the disabled person needs to perform disability in ways that are coherent with the ‘disabled role’, as discussed in previous section. Performing gender in a way that is incongruous with intelligible genders, for example outside of the gender binary, therefore disrupts the idea of gender as natural and inevitable, making “precarious” the lives of those who do not fit into pre-defined categories

(Butler, 2015, p. 33). The same applies for disability, which can often be similarly challenged if it is not performed within expected representations prescribed by the “disabled role” (French, 1994b, p. 47). However, the disruption caused by incongruity also offers possibilities of contesting and breaking norms, thereby making possible alternative ways of being (Butler, 2015). All performance is a negotiation with power, and an incongruous performance therefore offers the possibility to ‘queer’ (and to ‘crip’) through challenging the margins of what is considered acceptable or ‘normal’ (Butler, 1999).

Both Goffman’s and Butler’s analyses of performance have been used in critical disability studies to trouble the impairment/disability divide of the social model, by highlighting that the ideal of ‘able-bodiedness’ is also a performance that can never be fully achieved (McRuer, 2002). Disability studies has also been concerned with how performance can be used to manage encounters. On the one hand, this may include ‘passing’ as non-disabled. Passing is often used as a safety mechanism to manage stigma and avoid drawing negative attention from others (Brown, 2013; Burch, 2021; Goffman, 1986; Reeve, 2015a; Zitzelsberger, 2005). However, passing has sometimes been criticised as a as a betrayal of other disabled people, conforming to rather than challenging ableist ideals (Morris, 1991; Titchkosky, 2005). In accessible spaces such as Blue Badge bays, where disability is expected, passing as non-disabled is not a feasible management strategy; rather, the goal becomes to pass as *disabled* to avoid being challenged for ‘misusing’ the space. Passing as disabled and non-disabled are not opposite techniques but are both ways of managing stigma and making disability ‘acceptable’ to the public (Butler & Bowlby, 1997; Cooper, 2016; Siebers, 2019). Arguably, performing disability is also a way of

enacting the self-surveillance demanded by an environment of suspicion against disabled people. In practice, the performance of disability often involves performing a stereotypical front such as the 'disabled role' (French, 1994b; Reeve, 2008), with a recognisable impairment and a demure and deferent attitude, so as not to challenge ableist hierarchies of disabled people as inferior. This phenomenon is summarised succinctly by Goffman:

The cripple [sic!] must be careful not to act differently from what people expect him [sic!] to do. Above all they expect the cripple to be crippled; to be disabled and helpless: to be inferior to themselves, and they will become suspicious and insecure if the cripple falls short of these expectations. It is rather strange, but the cripple has to play the part of the cripple. (Goffman, 1986, p. 88)

One particular way of performing the visual aspects of disability is what Siebers (2004) terms 'masquerade', involving the exaggeration of a limp or adoption of a mobility aid for the express purpose of signalling disability (French, 1994b; Reeve, 2008, 2014a; Samuels, 2014; Siebers, 2004). While Scully (2010) distinguishes between 'parading' an impairment by making it more apparent and 'performing' an impairment to exaggerate it in a stereotypical way, it is important that performance does not mean disabled people are lying or faking their impairment. Rather, this strategy is used by disabled people who are aware of their incongruity with narrow societal ideas of legitimate disability, to demonstrate their entitlement to accessible spaces or welfare support (Manji, 2017; Reeve, 2008, 2020). Thus, while masquerade seemingly reinforces stereotypes through performance of an easily recognisable front, Siebers' alternative view recognises its potential for disrupting norms. Strongly influenced by Butler's idea of gender as performance, Siebers' (2004, p. 6) masquerade thus becomes a way to bypass "compulsory able-bodiedness", by

choosing to actively embrace and enact disability rather than to 'overcome' or overcompensate for it. Displaying 'too much' disability in public can subvert social conventions and resists pressure to appear and act 'normal' by taking control of stereotypes (Siebers, 2004). Masquerade flaunts disability and by drawing attention to it, has the potential to make apparent the assumptions and prejudices held against disabled people by society. This includes laying bare the paradoxical nature of disability in/visibility: "the more visible the disability, the greater the chance that the disabled person will be repressed from public view and forgotten" (Siebers, 2004, p. 6).

While, like other management strategies, performing disability can take considerable physical and mental energy (Scully, 2010; Siebers, 2004), it can also serve as a reprieve and a layer for protection for the disabled person from being questioned or accused of faking. It can thus be a tool for self-preservation, or can be employed as an intentional disruption of the status quo (Siebers, 2004; Thorneycroft, 2020), and sometimes both simultaneously. By purposefully drawing attention to disability, the disabled performer thus becomes an "active maker of meaning" (Sandahl & Auslander, 2005, p. 3). Performing disability is thus a complex undertaking which can serve multiple purposes depending on context. As Scully (2010) highlights, disabled people may use performance to get support, maintain relationships, drive social change, or maintain self-respect. Masquerade may be used as a form of communication that a disabled person is present, to preserve energy, to expose and challenge false expectations, or in a way that supports ableist ideas, for example by performing a 'supercrip' role (Siebers, 2004). Performance, whether it is about conforming to or challenging stereotypes, is often used as a tool to reduce power

differences and engage with non-disabled people on a more equal level (Scully, 2010). The complexities of masquerade also reflect the relational nature of disability as a social status “constituted by and between people” (Titchkosky, 2005, p. 220). The impact of the work that goes into performing disability and managing encounters will be explored further in the final section of this chapter.

3.4. Impact of Encounters

3.4.1. Introduction

This final section explores in more detail the myriad ways in which encounters are impactful. Firstly, I discuss how encounters are never just discrete experiences but have cumulative, spatial, and temporal components which mean that they are always part of a bigger picture of psycho-emotional disablism. Encounters can thus have the effect of a “slow death” (Berlant, 2011, p. 195), wearing disabled people down over time. Further, the uncertainty of encounters means that anxiety about a potential encounter is always present. As a result, worry about encounters can exclude disabled people from public spaces in the same way as physical barriers (Reeve, 2008). Encounters can also shape disabled people’s self-identity. In the second part of this section, I explore the difficulties of establishing a positive identity as a disabled person among the many negative messages about disability in society. Some disabled people may internalise negative discourses and reenact them against other disabled people (Nario-Redmond et al., 2019; Reeve, 2008), or alternatively may react to the “dissonance” (Cooper, 2016, p. 123) of not adhering to a stereotype by feeling like a fraud. However, maintaining a positive identity can be an empowering and even radical act of resistance. I conclude by highlighting that, in contrast to

simplistic stereotypes about disability, disabled people's identities are often complex and shifting.

3.4.2. Uncertainty and Existential Insecurity

Both here and in the previous chapter, I have highlighted the context of parking encounters and the intricacies of how they can play out. I now return to the idea of psycho-emotional disablism and the social-relational model by exploring how the impact of encounters can actively add to disabled people's experiences of oppression and exclusion, both from accessing so-called 'accessible' spaces and from society at large. Encounters, while often involving low-level hate or microaggressions, are insidious precisely because they are so commonplace, and this "constant, continuing, and cumulative experience" (Sue, 2010, p. 52) can result in harmful effects over time. Additionally, accessible parking spaces are just one space where harmful attitudes are encountered; they are usually replicated in many other aspects of disabled people's lives, all of which require extra effort to navigate: "Doing disability all day long can be an exhausting process" (Keith, 1996, p. 71). Far from fleeting moments (Wilson, 2017), the effect of an encounter is often felt long after the initial event, and relived through recurring memories (Burch, 2021; Wilkin, 2020). Even when the details of the event have faded, one "can still experience the feelings they induced: feelings of isolation, difference, and shame" (French, 1999, p. 22). In addition, further energy is required to process and make sense of the encounter afterwards (Burch, 2021).

The cumulative effect of negative attitudes in encounters can thus be likened to what Berlant calls 'slow death': "the physical wearing out of a population in a way

that points to its deterioration as a defining condition of its experience and historical existence” (Berlant, 2011, p. 95). Slow death is characterized precisely by ordinary and taken-for-granted events which work to gradually grind down specific groups of people (Berlant, 2011; Slater & Jones, 2021). Simultaneously, the insidiousness of psycho-emotional disablism means that it is often dismissed and not fully understood by others. Being perceived as overly ‘emotional’ over seemingly innocuous incidents is a common feature of microaggressions (Sue, 2010). Disabled people are often perceived as having “a chip on [our] shoulder” (Morris, 1991, p. 290) when failing to contain the frustration and anger that constant negative encounters can bring. Considering the wider context in which individual encounters take place is thus crucial to understand that disabled people feeling angry and frustrated is a (if not *the*) normal reaction to the perpetual discrimination we experience (Morris, 1991; Reeve, 2006).

As well as cumulatively, the impact of encounters is felt both spatially and temporally. As discussed previously, the social nature of space both shapes and is shaped by the encounters that can take place within them. Certain spaces can thus feel particularly risky for disabled people, particularly those where disability is marked out (Burch, 2021). These spaces can be infused with emotions, with risky spaces producing feelings of discomfort, anxiety and precarity (Burch, 2021; Hall & Bates, 2019). Deciding on how to negotiate a space thus becomes a continual process of risk assessment, requiring the disabled person to make a judgment each time on the likelihood of a potential encounter, on how to manage their own difficult emotions, and potentially whether to take preventative actions (such as masquerade) to protect themselves against an encounter (Edwards & Maxwell,

2021). This work can be described as the emotional cost to occupying spaces that are prone to encounters (Roulstone & Morgan, 2014). Siebers recounts how his past experiences in airports meant he employed masquerade in order to pre-empt future encounters:

The incident was trivial in many ways, but I have now adopted the habit of exaggerating my limp whenever I board planes. My exaggeration is not always sufficient to render my disability visible—gatekeepers still question me on occasion—but I continue to use the strategy, despite the fact that it fills me with a sense of anxiety and bad faith, emotions that resonate with previous experiences in which doctors and nurses have accused me of false complaints, oversensitivity, and malingering. (Siebers, 2004, p. 1)

Moreover, spatial and temporal effects of encounters are intertwined. The way space is experienced is influenced by the memories of past encounters which are always an “absent presence” (Burch, 2021, p. 165). Encounters are thus always shaped by history (Wilson, 2017), as well as the anticipation of how encounters may play out in the future. While not all encounters are necessarily traumatic, Morrigan’s (2017) conceptualisation of how trauma can be like time travel highlights how encounters can contain multiple temporalities, with experiences from the past and the possibilities of the future both existing in the moment, influencing the capacity for action in the present. Importantly, spatiality and temporality function not just on an individual level, but the ubiquitousness of encounters in disabled people’s lives means they can move sideways to become a shared experience of oppression. Just as hate and microaggressions always affect wider marginalised populations as well as the individual (Burch, 2021; Sue, 2010), so knowledge of other people’s encounters can shape an individual’s emotions and actions. As Keith (1996) reminds

us, many disabled people swap stories about encounters and these second-hand memories can potentially equally lead to the anticipation of an encounter in a specific place or situation.

A key feature of what makes the psycho-emotional disablism of encounters so impactful is what Reeve (2008, p. 40) describes as “the 'existential insecurity' associated with the uncertainty of not knowing how the next stranger will react”. Encounters are thus not just problematic when they take place, but as the possibility of an encounters always looms, disabled people may always feel unease in a public situation (Morris, 1991). Siebers’ example above illustrates the mistrust and “healthy paranoia” (Sue, 2010, p. 103) that comes with regular experiences of oppression and discrimination. This mistrust can mean that disabled people may avoid interacting with non-disabled people generally (Dorfman, 2020; Keller & Galgay, 2010; Valentine, 2008). The stress associated with the need to be constantly hypervigilant can also be incredibly draining (Edwards & Maxwell, 2021; Reeve, 2008; Wilkin, 2020). This is exacerbated by the frequent ambiguity of encounters, in particular microaggressions. The disabled person may second-guess whether an encounter really happened or whether they misinterpreted the other person’s actions or intentions; for example, whether a stare was really a stare. It can thus be incredibly emotional draining “to live in a constant state of ‘questioning’” (Sue, 2010, p. 73). As a result, encounters can exclude disabled people from public spaces. This is particularly the case on days when disabled people may not feel like they have the emotional energy to deal with a potential encounter (Reeve, 2008). Multiple studies found that disabled people avoided certain times or spaces, including public

transport and accessible parking spaces (Burch, 2021; Dorfman, 2020; Healy, 2020; Moss & Frounks, 2022; Reeve, 2014b; Wilkin, 2020). As Morris puts it:

Going out in public so often takes courage. How many of us find that we can't dredge up the strength to do it day after day, week after week, year after year, a lifetime of rejections and revulsion? (Morris, 1991, p. 25)

Encounters can thus be deeply impactful in excluding disabled people from accessing public spaces. In addition, they also affect how disabled people see themselves and their role in society, and this will be explored in the final section of this chapter.

3.4.3. Disability and Identity

This final section explores disabled people's self-identities in an ableist world, and how they may be shaped through the psycho-emotional disablism experienced in encounters. The experience of this perpetual disablism and need to manage encounters can impact one's sense of self (Manji, 2017; Thomas, 1999b). In general, disability identity is frequently shaped by negative discourses about disability in society (Beckett, 2006; Goodley, 2011a; Lenney & Sercombe, 2002; Morris, 1991; Reeve, 2008; Rhodes et al., 2008; Thomas, 2007). Indeed, the lack of positive representation, alongside the constant messaging that disabled people are 'less than', can make it difficult to develop a positive identity. Many disabled people do not identify or describe themselves as disabled, particularly because the label is often assigned by others rather than freely claimed (Shakespeare, 2006; Swain & Cameron, 1999; Thomas, 2007). Others may feel ambivalent about the label (Reeve, 2008). An important reason for this is the individualisation of disability as 'exceptional', which makes it difficult to develop a coherent group identity (Morris, 1991). Consequently,

many disabled people are not necessarily aware of social model understandings of disability (Shakespeare, 2014; Thomas, 2007), which can empower rather than pathologize. This is exacerbated by stereotypes of disability which equate it with significant impairment and almost complete incompetence and inability, particularly arising from a charity model understanding of disability which requires 'suffering' in order to see disabled people as deserving of 'help'. Consequently, many people may not recognise themselves as disabled or may instead continue to aspire to be 'normal' (Garland-Thomson, 1997; Shakespeare, 2006).

Arguably, the lack of representation in media and societal discourses of disabled people's real experiences is a form of epistemic injustice (Pohlhaus, 2017), devaluing and denying the work disabled people do to navigate a hostile and inaccessible world, while "constantly having to explain oneself and yet rarely having one's experiences confirmed" (French, 1999, p. 21). Even disabled people who have a positive self-view often live with the surreal experience of 'double consciousness' (Young, 2011), always aware of the view of others and the negative stereotypes about disability that persist. Living with the knowledge that one will always be judged no matter how positively one feels about oneself can be difficult to reconcile and extremely emotionally draining (Jóhannsdóttir, 2020). Keith describes how encounters with strangers:

Brought home so forcibly the difference between how I wanted to see myself, as a now visibly different but still competent and private person and how others saw me and would continue to see me. (Keith, 1996, p. 70)

Disabled people and other marginalised communities are thus always aware of the dominant perspective on disability, regardless of their own feelings about being

disabled. This might explain why disabled people sometimes make excuses for non-disabled people's poor behaviour, e.g. by explaining it away as ignorance and lack of understanding of disability (Grewal et al., 2002; Keller & Galgay, 2010; Reeve, 2008; Watson, 2003).

The pervasiveness of negative discourses about disability mean it is perhaps little wonder that many disabled people internalise these messages (Burch, 2021; Cooper, 2016; Lenney & Sercombe, 2002; Marks, 1999; Morris, 1991; Pritchard, 2021a; Reeve, 2008; Siebers, 2019; Swain et al., 2003; Watermeyer & Swartz, 2008). As Titchkosky (2011, p. 57) puts it: "This disabled other can reside in the disabled self as well." The internalisation of disability hate may include rejecting disability altogether and aspiring to be as 'normal' as possible (French, 1994b; Goffman, 1986; Reeve, 2014b; Swain & Cameron, 1999; Watermeyer & Swartz, 2008). Alternatively, disabled people may buy into stereotypes of disability, internalising the negative messages they receive from society about disabled people being defective and less capable (Nario-Redmond et al., 2019; Oliver & Barnes, 2012). Some disability scholars have argued that acts such as masquerade are a manifestation of this internalisation (French, 1994b; Reeve, 2008). However, as explored in the previous section, masquerade can also have subversive properties (Siebers, 2008), or may be used as a tool for survival in a hostile environment characterised by suspicion and surveillance. Disabled people may thus employ it without necessarily subscribing to essentialist ideas about disability. Rather, internalising oppression is fundamentally about accepting this oppression as inevitable (Moss & Frounks, 2022). It also often involves directing the anger at other people's poor behaviour towards oneself, e.g. for not standing up for oneself or for having an impairment in the first place (Marks, 1999; Morris, 1991;

Siebers, 2008; Tregaskis, 2003). Importantly, this anger at disability is also sometimes directed at other disabled people, meaning some disabled people can and do reproduce ableist prejudices (Nario-Redmond et al., 2019; Reeve, 2008), particularly towards those who are perceived as further down the hierarchy of impairment (Pritchard, 2021b; Reeve, 2015a).

Another effect of internalising these hierarchies is that disabled people can feel 'fraudulent' for not being disabled *enough*. This is particularly the case when disabled people's impairments are incongruous with dominant stereotypes around disability (Cahill & Eggleston, 1994; Dale Stone, 2005; Olney & Brockelman, 2003; Pritchard, 2021b; Slater & Jones, 2021). The "dissonance" (Cooper, 2016, p. 123) experienced by disabled people can lead to disabled people questioning themselves; for example, French (1999) describes the anxiety she feels about being considered a fraud when reading a book while using a white cane, due to the lack of understanding of partial blindness, despite never having been challenged about this. The worry about getting judged or surveyed by others is thus always present and informs how disabled people see themselves (Cooper, 2016; French, 1999; Reeve, 2008). Stereotypes around disability not only make it difficult to claim membership of a heavily stigmatised identity group but also can also leave people doubting whether they actually qualify as disabled. Some disabled people may feel like their impairment is not significant enough to claim the label of disability, particularly due to the stereotype of disabled people as almost completely incapable (Grewal et al., 2002; Wendell, 1997). For this reason, it is crucial to dismantle hierarchies of impairment that pit disabled people against each other (Siebers, 2008) and shift the focus on

disability as a social-relational concept rather than an individual one which encourages 'fraud' discourses (Cooper, 2016).

Despite all the difficulties of identifying as disabled in a positive and empowering way, doing so can be highly beneficial and a key tool for survival in an ableist society. The distinction between being 'labelled' disabled and actively choosing it as an identity can be crucial to this (Shakespeare, 2006). The chosen identity often involves an understanding of disability as oppression from a social model perspective, and a rejection of medical and charity discourses (Grewal et al., 2002; Siebers, 2008; Swain & Cameron, 1999). Social model perspectives on the experience of disability can be transformative in enabling alternative disabled subjectivities which are not shaped by deficit or inadequacy (Reeve, 2008; Zitzelsberger, 2005). Unsurprisingly, then, adoption of this type of identity tends to be associated with involvement in disability movements. Activist and arts movements provide positive role models while challenging negative cultural images (Reeve, 2015a). In doing so, they can enable development of a collective identity based on shared experiences of oppression (Siebers, 2008; Wendell, 1997). This ability to share and talk about experiences is a vital aspect for many disabled people in resisting ableism, which functions by individualising and isolating us from each other. Sharing stories of oppression can be a crucial part of survival for many disabled people (Burch, 2021; Keith, 1996; Keller & Galgay, 2010; Wendell, 1997). Knowing that one is not alone and that others have similar experiences and frustrations can provide important external confirmation that the issue is not with the disabled person and that they are not misinterpreting or overreacting to a microaggression (Sue, 2010). A positive and sometimes even political identity

as a disabled person, then, can not only be a crucial source of solidarity, but can enable disabled people to survive and resist dominant ableist discourses (Burch, 2021).

Having explored both negative and positive disability identities, I conclude this section by acknowledging that identities are often not straightforward; rather, they can be changing, context-dependent, and sometimes even contradictory. In doing so, I join others who have sought to contribute to more nuanced discussions of the complexity of disability identity (Reeve, 2008; Shakespeare, 2014; Siebers, 2008). As discussed previously, disabled people may experience 'double consciousness', for example by feeling confident in their own self-worth, while nevertheless struggling with how to manage negative attitudes from others (Butler & Bowlby, 1997; Olney & Brockelman, 2003; Swain & French, 2008; Wendell, 1997). Like encounters, identity is thus a fundamentally relational concept, dependent on the time, space, and people involved (Burch, 2021; Heilman, 2022). Some people may reject a disabled identity in some situations while claiming it in others (Olney & Brockelman, 2003; Reeve, 2004; Rhodes et al., 2008), for example when using accessible parking spaces (Reeve, 2008). Identity can also fluctuate over the disability life course, and may develop and change over time (Swain & Cameron, 1999). This is particularly the case for newly disabled people who may take time to understand and come to terms with their new experiences (Morris, 1991; Wendell, 1997). Disability identity, thus, is a complex and perpetually transforming experience, with "the doing and undoing of identity" (Burch, 2021, p. 174) fundamentally shaped by our interactions with others.

3.5. Chapter Summary

This chapter has discussed the significance of public encounters with strangers for disabled people, and the emotions contained within these encounters. In the first section, I introduced the concepts of 'sticky' affects (Ahmed, 2014) and emotion work (Hochschild, 2020) as ways of thinking about emotions as productive experiences that shape how we interact with others. I then explored the emotions that exist around disability in an ableist society, focusing especially on fear, pity, and resentment. I focussed on hate in more detail, discussing it not as an 'extreme' emotion, but as an everyday experience that often manifests through microaggressions (Sue, 2010). Disability hate in particular is a frequent result of the abjection of disabled people in contemporary UK society, and exists alongside a continuum of violence (Hollomotz, 2013).

In the second section, I focussed on the encounters themselves, exploring how they can make (a) difference (Wilson, 2017), as well as what encounters can look like for disabled people. I also discussed common management strategies disabled people use to navigate encounters, and the significance in either adhering to or breaking feeling rules with these strategies. I introduced the idea of disability as performance to understand how managing encounters can often involve engagement with stereotypical ideas of disability, and positing the idea that disability 'masquerade' (Siebers, 2008) can have subversive elements.

Finally, I discussed the impact encounters have on disabled people. This includes a cumulative effect on our wellbeing which can actively exclude us from public spaces. I also explored how the negative attitudes present in encounters can contribute to

the difficulty of establishing a positive disability identity. Both this and the previous chapter have provided a thorough context of the internal and external environments that shape how encounters take place. The next chapter on methodology will focus on how I will bring them together as an assemblage in a postmodernist, queer, and feminist theoretical framework, alongside considering the ethical implications of my positionality and my research approach.

4. METHODOLOGY

4.1. Introduction

In this chapter I set out the overall methodology I have employed to explore accessible parking encounters. A methodology sets out “the logic that links the project’s ontological and epistemological approaches to the selection and deployment of these methods” (Browne & Nash, 2010, p. 11) and in this chapter I move from considering the bigger picture, i.e. my broad theoretical framework, to the details, by considering how I have integrated these theories within my empirical research. I begin by exploring how my theoretical framework is broadly situated within critical disability studies, as well as bringing in approaches from postmodernist, queer, and feminist research methodologies which seek to challenge the need to adhere strictly to traditional research paradigms. I explore the commonalities of these approaches and their significance to my own research. Following this, I consider the ethical implications of my research and how I have paid attention to confidentiality, considered my participants’ wellbeing in the data collection, and sought to minimise power imbalances by ensuring that my research was as accessible as possible and that I remained transparent and accountable to my participants. I then present my overall research design, laying out my research questions and the two-stage mixed methods approach I have used to answer them. I reflect on the input of my advisory group at each stage of the research and on how a mixed-methods design is congruous with my theoretical framework. I then discuss the design, sampling, and analysis methods used for the content analysis and online survey in Stage 1 of the project, and the semi-structured follow-up interviews in

Stage 2. As I employed a sequential design, the findings of Stage 1 are presented in Chapter 5 while the analysis of Stage 2 is presented in Chapter 6.

4.2. Theoretical framework

4.2.1. Introduction

This section sets out my theoretical framework, which brings together approaches from critical disability studies (CDS) with queer, feminist, and postmodernist methodologies. CDS can be understood as the second wave of disability studies. While the first wave of disability studies was often contentious for its leading thinkers' almost exclusive focus on Marxist-materialist critiques of disability (Corker & French, 1999; Morris, 1992; Thomas, 1999a), CDS opens up possibilities for multiple epistemological approaches and understandings of disability to co-exist and sometimes even merge (Egner, 2017; Flynn, 2017; Goodley et al., 2019; Meekosha & Shuttleworth, 2009; Thorneycroft, 2020). As well as this epistemological extension, CDS recognises the contributions of feminist, queer, postcolonial, and critical race scholarship to theorising oppression (Goodley et al., 2019). Feminist and queer theory in particular have influenced both my methodological and theoretical approaches to the study of encounters, and in the following sections, I will make connections between ongoing discussions in CDS and key features of queer, feminist, and postmodernist theories and methods which have guided my way in conceptualising and analysing this phenomenon. I begin by considering the importance of taking a critical rather than descriptive stance in my research, questioning and rejecting easy explanations and binary thinking, and in doing so rejecting traditional academic disciplines. Rather, I orient myself towards models

that enable exploring the complexity of the seemingly mundane accessible parking encounter, and using an 'assemblage' (Deleuze & Guattari, 2004) approach to conceptualise the closely intermeshed web of all the different factors that come together to shape these encounters. I also consider the way in which the approaches I have selected enable the study of disability as a social-relational and psycho-emotional phenomenon, while paying attention to intersectional concerns and identities. I then discuss the way in which my research seeks to empower disabled people by centring our voices and experiences, which are often absent even in disability research. Finally, I consider the importance of reflexivity to the approaches I am employing and the significance of my own positionality in shaping my views, assumptions, and decisions while carrying out this research.

4.2.2. "Why Not Both?" Criticality, Rejecting Binaries, and Anti-disciplinarity

It goes perhaps without saying that a key feature of CDS is that it is critical. This means that it does not simply seek to describe social behaviour, but to consider it in its wider socio-economic and cultural context (Porter, 2003). CDS is thus as much as a method as a field of study, enabling the analysis of how "(dis)ability as a social system" (Schalk, 2017, [unpaginated]) functions to assign people value based on their perceived impairments. In laying bare how these naturalised and taken-for-granted categories are in fact socially constructed, CDS thus challenges their essence. Being critical, thus, is always about revealing power dynamics (Meekosha & Shuttleworth, 2009). For this reason, some CDS scholars have turned to incorporating approaches from queer theory into disability studies, creating "crip

theory” as a way to challenge dominant ideas about disability and identity (Egner, 2017; McRuer, 2006; Schalk, 2017). In both research and activism, ‘queer’ is often used as verb as well as an adjective: “to queer, to make others think differently, to disrupt the status-quo” (Slater, 2013, p. 19). This approach is fundamentally shaped by queer theory’s broader situation within poststructuralist and postmodernist frameworks, which seek to challenge established ways of thinking in order to imagine better possibilities for the future (Saunders et al., 2019; Seidman, 1994; Shildrick, 1997). A queer/crip approach is thus about breaking with existing knowledge and old boundaries, and about going against the grain by doing “too much of the wrong thing at the wrong time” (Kafer, 2013, p. 35).

Both CDS/crip theory and queer research, then, are about challenging unspoken rules and the politics of ‘common sense’ (Åhäll, 2018; Browne & Nash, 2010; Inckle, 2015). The application of a queer theory approach to disability, for example, has been integral to the theorisation of ableism and “compulsory able-bodiedness” (McRuer, 2006, p. 24), which are crucial concepts to this research when seeking to understand how disability oppression functions and how an incongruous performance of disability may disrupt or challenge the ableist world order. I thus employ both crip and queer approaches in contesting how disabled people should behave in public in order to be accepted. Queer theory provides an important lens to understand precisely why disabled people’s lack of adherence to a disability stereotype can be so disruptive, laying bare how

The practice of failure recognizes that alternatives are embedded already in the dominant and that power is never total or consistent; indeed failure can exploit

the unpredictability of ideology and its indeterminate qualities. (Halberstam, 2011, p. 126)

Considering what happens when a disabled person fails to perform disability 'correctly' during an accessible parking encounter can thus lead to a closer examination of how, within ableist system, access is contingent on disabled people 'knowing their place' and keeping within the inferior role assigned to them in society.

One important way in which postmodernist-influenced queer and crip research challenges taken-for-granted assumptions is through the rejection of rigid categories, and particularly dichotomies. Disability researchers have often been critical of concepts that present disability in Cartesian dualisms, e.g. 'disabled / non-disabled', 'normal / abnormal', or 'mind / body' (Barnes & Mercer, 2010; Meekosha & Shuttleworth, 2009; Reeve, 2008; Thomas, 2007). These binary ways of thought dominate not only popular ways of thinking about disability, but also much of academic scholarship (Thomas, 2007). Meekosha and Shuttleworth (2009) highlight how CDS represents a deliberate move away from early disability studies which replicated this approach through hard distinctions such as 'social model / medical model' or 'disability / impairment'. The move towards complicating these theories has often been pioneered by disabled feminist thinkers (Be, 2020; Corker, 2001; Morris, 1992) through the application of the feminist assertion that 'the personal is political', and the significance of this will be explored more a little later in this chapter.

Troubling binary oppositions is also a key concern for queer approaches to research, which are fundamentally about a refusal to be 'boxed in' to narrow categories (Browne & Nash, 2010; Slater, 2013). As a researcher, this approach comes naturally

to me due to my own queer bisexual/pansexual identity (I use both identities interchangeably as choosing one would seem to defeat the object). Indeed, bisexuality has become somewhat of a methodology throughout conducting this research, with the question “Why not both?” as a central question I frequently posed throughout the analysis and when discussing my work with others. A key concern of this research is thus to interrogate and dismantle the many dichotomies that underpin the accessible parking encounter, including the concepts of ‘accessible / inaccessible’, ‘visibility / invisibility’, ‘deserving / undeserving’, and ‘legitimate / faking’ Blue Badge users. This is not to say that these categories do not serve a purpose; invisibility in particular is often employed as a concept both by individual disabled people and within activism to make sense of the experience of those who experience hassle because their impairment is not easily perceivable by strangers (Cooper, 2016; Samuels, 2013). However, as I have discussed in the literature review and will continue to show, a simplistic and static binary of in/visibility does not provide a full picture of disabled people’s actual experiences. Rather, it obscures those who do not fit neatly into either category. A postmodernist approach, then, enables “the recognition of fluidity and multiplicity and the rejection of a central organizing principle” (Davis & Watson, 2002, p. 160).

The postmodernist and queer rejection of neatly confined categories extends not just to analysis, but also to the approach to theory and disciplinary boundaries. Postmodernism thus does not simply provide an alternative to positivist or empiricist conceptions, but threatens epistemology’s very existence by questioning whether there is such a thing as true knowledge (Brewer, 2003b; Seidman, 1994; Tremain, 2008; R. Usher, 1997; Zalewski, 2003). This approach to research is concerned with

blurring the lines between disciplinary ways of thinking as well as contesting 'traditional' research methods (Browne & Nash, 2010). From a feminist perspective, this includes a radical re-think of power relations within research, with a disruption of traditional 'researcher / participant', 'subject / object', 'supervisor / student' dichotomies (P. Usher, 1997). As a disabled queer second-career researcher, this disruption of power relations has been key in how I have approached the relationships I built with my supervisors, advisory group, and research participants, and I will further explore the latter when reflecting on my own positionality later in this chapter. Rather than the term interdisciplinary, which implies moving between disciplines but ultimately leaving them intact, I prefer to think of my work as transdisciplinary or even "antidisciplinary" (Halberstam, 2011, p. 147). While conducting this research, I have engaged with concepts and spaces within disability studies, feminist and queer studies, geography and urban studies, criminology and hate studies, cultural and media studies, critical race theory, legal studies, and the sociology of emotions. This engagement has come naturally as theories from these fields have been useful in helping me to explore and analyse accessible parking encounters, while rigid "disciplines actually get in the way of answers" (Halberstam, 2011, p. 6). My methodology can thus best be described as a queer scavenger methodology:

A queer methodology, in a way, is a scavenger methodology that uses different methods to collect and produce information on subjects who have been deliberately or accidentally excluded from traditional studies of human behavior. The queer methodology attempts to combine methods that are often cast as being at odds with each other, and it refuses the academic compulsion toward disciplinary coherence. (Halberstam, 2018, p. 13)

Employing a scavenger methodology enables me to fully explore the complexities and various intersecting dimensions of the accessible parking space encounter, as discussed in more detail in the next section. Key to this queer methodology is a focus on employing different theories and methods as necessary for a specific purpose. This includes in particular the centring of subjects who have been marginalised and excluded from traditional research methods (Halberstam, 2018; Slater, 2013). These methods are thus employed in a way that aims to be productive for marginalised communities (Slater, 2013). Rather than just dismantling binaries, the aim of my research is to provide a way forward with a more nuanced approach to thinking about interrelational aspects of disability and their everyday impacts, and to produce data that can be useful for disabled activists and DPOs in campaigning for change.

4.2.3. Everything, Everywhere, All at Once: Complexity and Assemblage

As may be apparent from the previous section, postmodern and queer approaches are not about finding an ultimate answer or all-explaining narrative to a problem (Seidman, 1994; Zalewski, 2003). Indeed, Lyotard (2010, p. 27) defines postmodernism “as incredulity toward metanarratives”. Even the attempt to define a postmodern or queer methodology is in itself paradoxical, as ‘queer’ is always about uncertainty, flexibility, and resisting boundaries and labels (Browne & Nash, 2010; Heckert, 2010). The aim of my research then, is not to come up with an overarching theory that explains when and why encounters are harmful. Rather, I accept that there may not be a single truth to how encounters play out and are experienced by

disabled people (Corker & Shakespeare, 2002; Seidman, 1994), and that meaning can never be fully described or theorised as it is never fixed and always evolving (Corker, 1998; Heckert, 2010). My concern, then, becomes to map encounters in all their complexity, exploring the many different interwoven factors including the micro and the macro, and the personal and the political, in how they shape these encounters at a specific point in place and time (England in the early 2020s). My methodology thus focuses on gaining as varied a picture as possible, which has informed my approach to sampling, in particularly with regards to intersectionality of participants and their experiences, as discussed later in this chapter. Through foregrounding complexity, I recognise the heterogeneity of experiences among disabled people, and the interrelatedness of the many aspects of encounters which are mutually affecting (R. Usher, 1997). My aim thus becomes to make sense of “the co-existence of a multiplicity and variety of situation-dependent ways of life” (Flusty, 2005, p. 171). As discussed, critical disability studies has embraced postmodern, feminist, and queer perspectives in a bid to move towards a more nuanced understanding of disability, away from purely materialist approaches and towards describing how cultural, social, and material factors are entangled and mutually affecting and reinforcing (Egner, 2017; Flynn, 2017; Goodley et al., 2019; Meekosha & Shuttleworth, 2009; Snyder & Mitchell, 2006a). My aim, thus, becomes to map the nuances of these encounters in all their interconnectedness.

One way in which I have managed to capture complexity without losing nuance is through conceptualising the accessible parking encounters as Deleuzian assemblage. Assemblage theory is “motivated by [an] insistence on relating the politics of the individual to wider global concerns, while never overlooking the

materiality of what makes personal lives liveable” (Shildrick, 2019, p. 608). Critical disability studies scholars have highlighted the advantage of the notion of assemblage as bridging the tensions between purely materialist approaches to disability studies on the one hand, and poststructuralist approaches focusing purely on language and culture on the other (Feely, 2016; Høstaker, 2014; Shildrick, 2019; Tregaskis, 2003). This approach is therefore congruent with my methodology of *Why not both?*, not only enabling analysis of how parking encounters can be affected by both cultural and material concerns, but collapsing the boundaries between those two categories into a flat ontology where both are equally important (Deleuze & Guattari, 2004; Feely, 2016). Moreover, “the material world and the socio-cultural world are “intricately enmeshed “(Corker & French, 1999, p. 3), mutually affecting and shaping each other. The complexities of assemblages mean that analysis is not straightforward or linear; indeed, a key challenge in producing this thesis has been the need for a linear order in which to present the topics in the two literature review chapters, precisely because there is not *one* logically correct order (Heckert, 2010). The shape of the assemblage is the rhizome (Deleuze & Guattari, 2004), with many different individual points connecting to each other, but no start or end point. In a project fundamentally concerned with relationality, thinking rhizomatically enables me to consider how all the different aspects and factors shaping encounters are “always contextual and relational” (Feely, 2016, p. 871). Figure 3 illustrates what this may look like for the topics explored in the two literature review chapters:

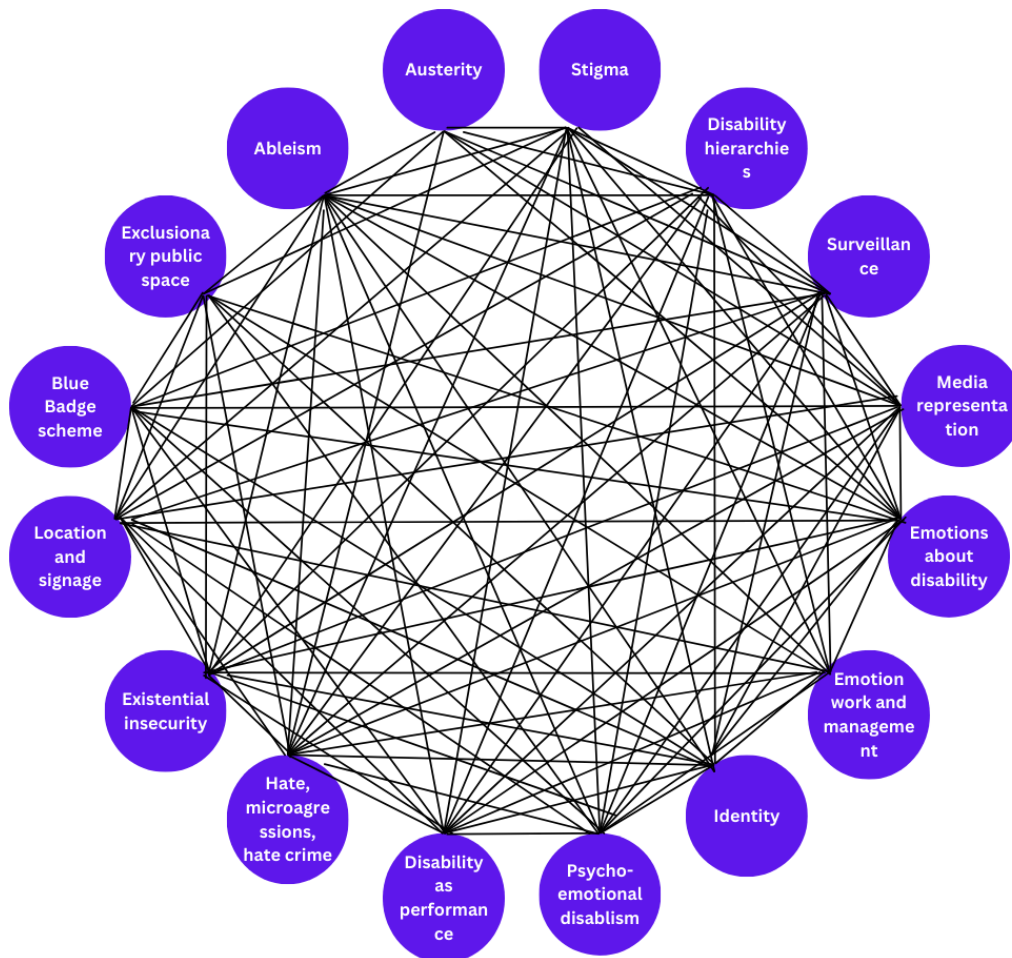


Figure 3: Rhizome of the literature review topics

The above figure illustrates how assemblage analysis can be highly useful in drawing up detailed, though not necessarily complete maps (Feely, 2016; Ringrose & Coleman, 2013), thus opening up new ways of exploring the accessible parking encounter in all its complexity. This is arguably particularly effective for such a mundane experience, highlighting how seemingly ordinary everyday encounters are actually highly complex in their interactions and are never just about parking, but always exist in the wider context of broader negative attitudes about disability. Simultaneously, this type of thinking also allows for the articulation of positive aspects that may shape these encounters (DeLanda, 2006). Mapping this complexity

highlights not only that there are no single narratives or theories to explain the parking encounter, but there is equally no easy solution to the hassle faced by disabled people, precisely because there are so many different factors at play. As Deleuze and Guattari (2004) argue, while a broken rhizome will shatter, a new rhizome will usually emerge along similar lines, just like ants finding a similar path if their original path is disrupted by an obstacle. Assemblages are thus always dynamic and in flux:

An assemblage can be understood as a mixture of components, belonging to different orders of existence, that come together over time; these components work together for a time to produce something; and, in time, they will fall apart and join other assemblages. (Feely, 2016, p. 879)

Assemblage theory, then, allows me to consider how parking encounters are highly unique in bringing together specific spaces, cultural, and material contexts, but simultaneously may share many aspects with other assemblages (Feely, 2016; Høstaker, 2014). This means while my analysis is specific to this particular phenomenon, it will likely have elements that will be applicable to oppression faced by disabled people in other scenarios, as well as to the experiences of other marginalised and minoritised groups.

4.2.4. The Personal is Political: Lived Experience and Intersectionality

In my consideration of the emotional and relational aspects of disability, I am greatly indebted to feminist disability studies scholars who have pioneered thinking about disability in this way. This focus arose from feminist critiques of first wave disability studies and its application of the social model almost exclusively to material barriers

at the expense of experiential and personal understandings of disability (Thomas, 1999a). Indeed, some first-wave disability scholars argued that any emphasis on the psychological effects of disability risked individualising and re-medicalising disability (Barnes & Mercer, 2010; Thomas, 2001). However, feminist scholars countered that focusing purely on material barriers can have a dehumanizing effect (Corker & French, 1999). The work of Keith (1996) on encounters and Thomas (1999a) and Reeve (2008) on the social-relational model and psycho-emotional disablism provide nuanced explorations of disability as a fundamentally relational experience. Without these works, this thesis would not exist. Indeed, I am indebted to them not just for providing the theoretical foundations of my research, but for reconnecting me with my own identity as a feminist, which I struggled with for several years prior to beginning this research, due to experiencing disability discrimination in feminist circles, as well as seeing 'feminism' misused to justify the exclusion of trans and queer people. However, this thesis has made me conscious of how much my thinking is shaped by feminist thinkers, and I owe it to them to claim the label of feminist for myself and this research.

For the past 30 years, feminist approaches have made a key contribution in shaping current critical disability studies approaches to enable a wider engagement with the "epistemological and political significance of lived experience" (Thomas & Corker, 2002, p. 19) without being reductive of disability as a collective experience of oppression. Feminist disability theory thus meshes with queer and postmodernist approaches in questioning how power functions (P. Usher, 1997). It is also productive in exploring affect not just for its own sake, but as a way of imagining how things could be different (Åhäll, 2018). Indeed, feminist disability studies is often

characterised by a critical approach to analysis and evaluation, engaging with political implications of individual experiences, as well as considering the multiplicities and intersectionalities of human identity (Garland-Thomson, 2002; Meekosha & Shuttleworth, 2009). 'The personal is political' is thus not simply a slogan, but a critical tool for feminist analysis that politicises one's own and other's experiences of oppression (Morris, 1991, 1992; Thomas, 2001). Simultaneously, feminist scholarship more broadly has argued that "the political is personal" (Detamore, 2016, p. 178; Gorton, 2007, p. 336; P. Usher, 1997, p. 49), with political values and power relations shaping our possibilities and experiences at an individual level. This interconnectedness between the political and personal is so central to this thesis that I have used it in the chapter titles of the two literature chapters to highlight how the broader macro world of policy, media, and discrimination at group level intertwines with the seemingly individual experiences of affect, hate, and the need to manage encounters. The aim of this thesis will be to highlight how these encounters are never individual at all but are always experienced in this wider context, as well as forming a common collective experience of oppression for disabled people.

Another crucial contribution by disabled feminists to critical disability studies is a focus on the diversity of disabled people's experiences as they intersect with other marginalised identities including gender, race, class, sexuality, and age (Morris, 1992; Swain & French, 2008; Thomas, 2007). What these identities have in common is that they are not merely descriptive categories, but encapsulate historical and continuing relations of political, material, and social inequity and stigma that create barriers to accessing political, economic, and social power, resources, and privileges (Hankivsky

& Grace, 2015, p. 119). Early feminist scholars were highly critical of the male-dominated first wave of disability studies theorists' refusal to address these differences, arguing that this resulted in the policing of disabled people's experience (Corker, 2006). Likewise, disability has often been left out in discussion of other types of oppression (Liasidou, 2013). At best, this often involved focussing on the experiences of white disabled women as well as white disabled men, while considering anyone else as 'different' (Morris, 1992; P. Usher, 1997). Goodley (2018) argues that the insistence on intersectionality by disabled feminists such as Morris is the reason why critical disability studies came into existence. Since then, disability scholars at global level have called for greater engagement with differing experiences of disability, including intersecting identities as well as disabled voices from the Global South (Meekosha & Shuttleworth, 2009; Minich, 2016; Schalk & Kim, 2020). This includes the engagement and forging of connections with other fields and theories that explore oppression, such as feminist, queer, and critical race theory, based on an understanding that there are often shared roots and overlaps in the structures that create and uphold this oppression (Flynn, 2017; Minich, 2016; Sanmiquel-Molinero & Pujol-Tarrés, 2020; Schalk & Kim, 2020; Siebers, 2008; Titchkosky, 2011).

An intersectional approach is thus key to this research and has informed my methodology in a number of ways. My transdisciplinary approach is one way in which my research is congruent with an intersectional methodology, as "intersectional approaches to research *demand* transdisciplinary engagement" (Slater, 2013, p. 247). As detailed here and above, I have engaged extensively with feminist and queer theory both in conceptual and methodological ways. I have also

drawn on work from critical race theories throughout my research; in particular, work on microaggressions which has traditionally focused particularly on race is central to my analysis of why encounters can be so impactful (Heilman, 2022; Nittle, 2019; Sue, 2010). As a queer disabled woman in solidarity with my trans and non-binary colleagues, I feel compelled to acknowledge the continuing transphobia in disabled and feminist academic spaces (Slater & Liddiard, 2018). This has informed my decision not to cite the writing of a prominent scholar on ableism who has openly engaged with anti-trans groups. I also wish to acknowledge the presence of transphobic views among the leadership of the *Disability & Society* journal. While I have decided to cite articles from the journal *Disability & Society* in this thesis to ensure that I can evidence that I have fully engaged with the relevant literature, in doing so I do not support the views of the editorial team which is still in post at the time of writing. For journal articles (e.g. Kubenz, 2025a; 2025b) and other public-facing publications arising from this research which will count towards citation metrics, I have not, and will continue not to cite articles from the journal published after 2017, when this issue first came to light.

Intersectionality has also informed my approach to sampling, with an intentional focus on diversity to ensure this research did not just narrowly represent my own experiences of encounters, or the experiences of people like me. Rather, identities such as gender, class, age, race, and sexuality all have the potential to shape encounters (Åhäll, 2018; Freund, 2001). I thus endeavoured to reflect the differing experiences disabled people have based on these intersecting identities, and doing so not in an additive way (Hankivsky & Grace, 2015), but by examining how other identities intermesh with experiences of disability. An intersectional approach thus

avoids the overgeneralisation (Corker, 2001) of describing a single disabled experience. Rather, it provides a more nuanced approach, highlighting the many complexities of identities and stereotypes that shape expectations of disabled people in public spaces. Intentionally including a diverse and heterogenous sample was a crucial part of my approach to get rich data to illustrate this complexity and shaped my recruitment for the advisory group and Stage 2 interviews, as will be detailed later in this chapter.

During the analysis, I continued to pay explicit attention to drawing out these differing experiences and highlighting issues of intersectionality where they were raised by participants. A crucial concern here for me was to “resist playing the game of ‘What Is Worse?’” (Siebers, 2008, p. 29), thus pitting different identities and/or types of impairments against each other. This was particularly important given that critically unpacking hierarchies of impairment is central to this research. By focusing on shared experiences of oppression rather than competition, I intentionally sought to break away from these harmful ways of thinking about disability and identity and imagine a different way forward. This includes taking an intersectional approach to challenging limited understanding, often rooted in positivist epistemologies, of what constitutes ‘representativeness’. As my aim is to examine how encounters play out for differing and diverse groups of disabled people, I thus seek to challenge the idea that any one sample can fully represent the diversity of disabled experience. Further, while my research is undoubtedly anchored in a very specific time and space, representing the experiences of disabled people in 2020s England, I nevertheless hope that its broader themes and findings, in terms of the relationality of everyday experiences of marginalisation, and how stereotypes and expected emotion work

can keep us in our place, will be useful for scholars studying other forms of oppression.

4.2.5. Nothing About Us Without Us: Centring Disabled People

As discussed in the previous chapter, most research into accessible parking encounters has focused on the motivations of those who challenge disabled people in these spaces (Dorfman, 2020; Miller, 2003; Samuels, 2014), with a further paper focusing on the experiences of disabled children's families (Ross & Buliung, 2019). My research is the first to focus entirely on disabled people's experiences of these encounters. This decision was intentional, as I was particularly interested in these types of encounters as an example of the invisible work and the daily grind of navigating access to public spaces which non-disabled people take for granted. Doing critical research is often "not so much a method as it is a social and political mission" (Saldaña, 2011, p. 20) with the aim to reveal social injustices. The focus of critical and postmodernist research on exposing and challenging power relations often involves centring the experiences of marginalised people which have previously been excluded from research (Saunders et al., 2019).

Arguably, in the UK, both the discipline of disability studies, and to some extent disability activism more widely, came about because of disabled people's disappointment and disillusionment with social science research. In particular, this involved research on disabled people in residential institutions which placed the researchers' professional interests above those of their participants', and 'objectivity' and 'rigour' above representing institutionalised disabled people's views and experiences in their struggle for control over their own lives (Finkelstein, 2001;

Watson, 2020). Thus, when disability studies became a discipline in its own right, it centred around the call for research to be emancipatory; that is, for the benefit of disabled people by firmly taking their point of view rather than claiming neutral ground (Barton, 1996; Watson, 2020). Further, the emancipatory framework was based around a social model understanding of disability, empowerment of disabled people, and accountability (Oliver, 2006). It also demanded a truly participatory approach to address the power imbalances between researcher and researched in traditional positivist and interpretivist approaches. Instead, disabled people should be involved and deferred to in all aspects of the research, including design, data collection, and analysis (French, 1994c; Oliver, 2006; Watson, 2020). This is where it gets challenging for me as a disabled researcher. While empowerment is at its heart, the emancipatory approach implicitly leaves intact the divide between 'non-disabled researcher / disabled research subject'. The consequences of this assumption and the general erasure of disabled researchers within disability studies will be explored further in the next section. However, I am not alone in taking issue with the rigidity and prescriptiveness of the emancipatory framework (Reeve, 2008; Watson, 2020). Others have highlighted that not all disabled people necessarily want control over the research process, but may be happy in participating in research guided by others (Mercer, 2004; Thorneycroft, 2020).

Overall, I do not wish to claim my research as emancipatory or participatory, as I am not convinced whether any research can ever truly be. However, I have introduced emancipatory principles here because some aspects are useful in ensuring my research addresses the concerns of disabled people, in which I include myself. There are a several principles from emancipatory research which have shaped my research

approach and have informed my methodology. For example, my research seeks to empower disabled people as a marginalised group whose experiences of oppression most often continue to be told either by other people or not at all. In centring disabled people and telling our stories of the realities of our everyday lives, I contribute to a more nuanced understanding of how disabled people are systematically excluded from society (Egner, 2017). In doing so, I challenge ideas around disability exclusion being accidental or brought about passively by an inaccessible infrastructure built before accessibility legislation. Instead, by centring the relationality of disability as created through our interactions with others, I seek to highlight how disability is often actively and sometimes deliberately done to us by others. In doing so, I firmly place myself on the side of disabled people (Slater, 2013; Thomas, 2007).

Encounters are always inextricably linked to specificities of location and time (Valentine, 2003). Through linking the encounters that take place in a specific space to the wider social and political processes that shape experiences of disability in 21st century England, I hope this work will be helpful for disabled people in making sense of their encounters, and produce data that will be useful for disability activists and organisations to campaign for change, whether to improve the Blue Badge scheme specifically or to change attitudes and policies more broadly. This close link to activism is key to empowering research (Ince & White, 2020; Israel, 2015; Valentine, 2003). In the spirit of 'Why not both?' I seek to blur the binaries of research and activism (Ince & White, 2020). This research makes both a conceptual contribution on understandings of disability stereotypes, the relationality of disability, and what we mean by accessibility, while simultaneously producing data that can

potentially affect real-life change for disabled people who use Blue Badge bays. Indeed, it would be ethically questionable for me not to focus actively on the latter, given that hope for tangible change seemed to be a strong motivation for many of my participants to take part in the research. For critical disability studies to be effective it is thus crucial to always keep sight of relevance to real life and being productive in affecting positive change (Goodley et al., 2019; Ribenfors, 2020; Slater, 2013). Further, by highlighting the complexity of the disability experience, I contribute to scholarship which has been sceptical of 'inclusion' as a solution to disabled people's marginalisation, calling instead for more radical and transformative change (Fine, 2019; McLaughlin & Coleman-Fountain, 2018).

Another important consideration in empowering disabled people is to represent the nuance and complexity of the disability experience. This includes not representing disability as either wholly good or bad, but instead considering both negative and positive experiences, which may even co-exist (Goodley et al., 2019; Watson, 2004). Disability scholars have criticised research that represents the disabled experience wholly in terms of being victims of exclusion and discrimination (Goodley et al., 2019; Meekosha & Shuttleworth, 2009; Morris, 1992). The goal of critical disability research thus becomes:

To resist the negative by advocating the positive and to resist the positive by acknowledging the negative— while never forgetting that its reason for being is to speak about, for, and with disabled people. (Siebers, 2008, p. 5)

Finally, as laid out above, I hope that this research into everyday encounters will speak to other groups that experience marginalisation, in the same way as reading queer theory and critical race theory have resonated with me. Critical disability

studies can help illuminate how systems of oppression function similarly across different marginalised groups (Minich, 2016; Schalk, 2017; Snyder & Mitchell, 2006a). However, I take issue with statements by non-disabled researchers that disability studies is or should necessarily always be about broader issues, such as the assertion that critical disability studies should

Start with disability but never end with it: disability is *the* space from which to think through a host of political, theoretical and practical issues that are relevant to all. (Goodley, 2013, p. 632)

This, to me, is reminiscent of the argument that ramps are a good thing because they help not 'just' wheelchair users, but also other people such as pushchair users (who are invariably assumed to be non-disabled). Both of these assertions risk reinforcing the othering of disabled people through implying that disability is only worth focussing on when it is also useful for non-disabled people. They thus redirect the focus away from disabled people, centring non-disabled concerns under the guise of 'all'. I firmly believe that disabled people are worthy of being the focus of research (or entitled to ramps) regardless of whether it turns out to be also relevant or useful for others. My research is thus primarily by, for, and about disabled people, in the spirit of 'Nothing about us without us'.

4.2.6. Inside Out: Reflexivity and Positionality

Key to taking an empowering and intersectional approach to research is considering one's own positionality, assumptions, and values. This reflexive approach is also a key tenet within critical disability studies (Flynn, 2017; Goodley et al., 2019; Meekosha & Shuttleworth, 2009) and has been attributed to the feminist influences on disability studies (Thomas, 2007). Postmodern feminist approaches challenge

not only the traditional assumption that research should be objective and rational, but question the very basis of a distinction between subjectivity and objectivity (P. Usher, 1997). Rather, as there is no single truth, there can be no such thing as being 'objective' or free from researcher bias (Browne & Nash, 2010; Sanyal, 2020). Instead, postmodern feminists acknowledge "that all knowledge is contextual and historical and does not need grounding in the absolutes other methodologies endorse" (P. Usher, 1997, p. 47). The goal, thus, becomes to be perpetually reflective in order to make explicit the contexts, values, and assumptions that feed into the decisions made in the research process: "To be constantly vigilant, to take nothing for granted in doing research" (R. Usher, 1997, p. 41).

Researcher positionality has been often conceptualised through the researcher's identities and autobiographical experiences (Berger, 2013; Collins, 2015; May, 2011; Saldaña, 2011; Sanyal, 2020; Tregaskis, 2003). Undoubtedly, being a white queer disabled woman in my 30s, who has experienced accessible parking encounters both before and during this research, has influenced my approach. Earlier in this chapter, I highlighted the profound significance of my bisexual and feminist identities to my methodological approach and to my commitment to intersectionality.

Engaging with research and theorising have always been an important mechanism through which I have made sense of my own experiences of marginalisation.

Consequently, I turned to critical disability studies as a way of trying to vocalise the unspoken work I felt disabled people had to 'perform' just to exist in public and to manage or avoid judgment from other people. I then realised that for me, this experience was especially pronounced in accessible parking spaces. I thus set out to explore how other people experienced these encounters, with a particular interest in

how they may differ for disabled people with different backgrounds and intersecting identities. For example, having been both a young and a middle-aged Blue Badge holder, I was aware how ageing changed both the nature of my own Blue Badge encounters and my reaction to them. However, I was also interested in the encounters of older Blue Badge holders and how those more likely to be congruent with the stereotype of the 'old' disabled person experienced and navigated them. I was also aware that, being white, I do not have direct knowledge of the experiences that people from minoritised racial backgrounds have in accessible parking spaces. I was thus explicitly committed to ensuring these perspectives are represented in my sample and within my advisory group, as discussed in later sections. My commitment to intersectionality and diversity of experiences also shaped the methods I used and did not use. I discounted incorporating autoethnographic elements to avoid centring my own experiences in the research. As encounters have not been studied before in this detail, I decided on a primarily quantitative approach for the first stage of the research, partly to gather a wider range of experiences through larger sample sizes and generate data that would allow me to explore in detail how different intersecting identities inform encounters. Simultaneously, a mixed method approach challenges positivist hierarchies where quantitative data is regarded as more 'robust' than qualitative methods.

Personal experience and motivation to explore a topic can be an advantage within research (Pritchard, 2021b; Reeve, 2008). My commitment to exploring the complexity and heterogeneity of experiences was in many ways advantageous as it enabled me to keep an open mind. While I came to the research with a good idea of what I expected it to look like, I was prepared to negotiate and have my views

changed through engagement with my participants (Detamore, 2016; Noxolo, 2020). A practical example of this included my attitude towards enforcement of accessible parking spaces; prior to beginning my research I was highly sceptical of campaigns for more enforcement such as Disabled Motoring UK's *Baywatch* due to my abolitionist political views and general distrust of law enforcement. Specifically, I was concerned that enforcement would replicate prejudices based on stereotypes against those who are 'incongruous', therefore leading to further targeting of these groups. However, the strengths of opinion my interview participants had on more enforcement being needed, including by those who had experienced encounters where they were accused of 'faking', convinced me that this would at least be a practical recommendation that, while would not fix the problem, could at least lead to some improvement. The advisory group provided another important checkpoint for me to ensure I was not following purely my own agenda.

Another issue relating to positionality and perhaps somewhat unique to disability studies is that there are few reference points for what it means to be a disabled person doing disability research. As discussed in the previous section, even the literature on emancipatory and accessible research often assumes implicitly that the researcher is non-disabled (Aidley & Fearon, 2021; Mercer, 2004; Morris, 1992; Oliver, 2006; Ribenfors, 2020). The absence of writing on disabled researchers' positionalities made it challenging for me to fully consider how my lived experience of accessible parking encounters changed the power dynamics between myself and my participants. On a more general level, 'insider status' can be an asset to the research process (Berger, 2013; Pritchard, 2021b; P. Usher, 1997). Having shared experience with participants can be invaluable particularly when working with

oppressed groups who may be wary of taking part in research. Insider status experience can thus support recruitment of participants (Berger, 2013), and this was the case in my research; for example, one participant explicitly confirmed she only agreed to be interviewed because I disclosed my own lived experience. Further, shared experience can help build relationships during the data gathering process (Berger, 2013; Ince & White, 2020; Reeve, 2008). Disabled people may speak more openly with another disabled person. Mirroring Berger's (2013) experience, having a shared 'language' and cultural references helped me to build trust with my participants and understand their meanings. An example of this is the reference to the "We're disabled, we're not werewolves" meme (Rossman, 2018) by participant Emma, a popular meme within the online disability community which I was intimately familiar with so was able to pick up on and respond to.

On the other hand, I did not take having a shared experience for granted. Disabled people are not a monolith and their experiences may vary widely depending on their other identities (Gorman-Murray et al., 2010; Shah, 2006). This was particularly the case for my intentionally diverse sample, and the embedding of intersectional thinking within my methodological approach helped to ensure I remained detached from the participants, rather than assuming they thought like me. This was particularly helpful when interviewing participants who had views I struggled with on a personal level, for example where they had internalised hierarchies against others. This included one participant complaining that some neurodivergent impairments were made up and did not require a Blue Badge. In this scenario, remaining aware of my role as researcher helped me remain externally unaffected by these comments, considering them in the wider context of the research.

While other ‘insider’ researchers found it hard to separate their own thoughts and feelings from their participants’ (Berger, 2013; Jervis, 2009; Reeve, 2008), I found it helpful to think about the research process as another type of encounter (Swerts, 2020). This involved understanding the relationality of the research process, shaped by both myself as the researcher and each of the participants taking the survey or participating in the interviews. This also involved reflecting on the relationality of my positionality. For example, I noticed that several interview participants either assumed I was not disabled myself, or asked me whether I was, despite this being clearly stated in the recruitment materials. In some cases, there was a noticeable change in how interviewee’s related to me after I shared that I was also disabled and had experienced encounters. This was usually a positive reaction, acknowledging our shared experience, particularly where participants’ identities differed from mine (e.g. older white men). However, to me this highlighted both how deeply ingrained the assumption was that disability research is done by non-disabled people, and how my positionality was not fixed but constituted through my relationship with the participants (Nash, 2016), in the same way identities are created and performed during an encounter. Knowledge about accessible parking encounters was collaboratively co-created at the nexus of this encounter, in line with critical disability studies and feminist approaches to non-hierarchical researcher-participant relationships (Detamore, 2016; Hill, 2003). For me, it thus became about being “‘both/and’—insider and outsider— taking on a multitude of different standpoints and negotiating these identities simultaneously’ (Hesse-Biber & Griffin, 2015, p. 73). In addition to exploring my participants’ stories, in the analysis of the interviews I also reflected on my own feelings and reactions to my participants’ responses, with these

becoming another form of data (Jervis, 2009; May, 2011; Shah, 2006). This was particularly important for my conceptualisation of accessible parking encounters as a shared rather than an individual experience.

One final way in which my positionality affected the research process was the impact of my real life accessible parking encounters on the research and vice versa. As mentioned above, I have continued to experience encounters while conducting this research. In many ways, navigating these encounters became more challenging after beginning this project. While I have always been clear that there is no *right* way to navigate an encounter, researching the topic in detail resulted in me overanalysing my encounter situations and own behaviour, making it more difficult to know how to react. The emotional nature of my research also added to the frustration I felt, particularly when faced with non-disabled people misusing Blue Badge parking. Carrying both my own emotions of anger and frustration as well as those of my participants', I started to feel them even more on a personal level, experiencing misuse, as Tregaskis writes, as a manifestation of "non-disabled people's normally hidden hatred of disabled people" (Tregaskis, 2003, p. 67). Two particularly threatening encounters which almost escalated into violence also meant I briefly had to pause the research while I was processing their aftermath, making it difficult to balance my own wellbeing with my drive to complete the research within a set timeframe.

4.3. Ethical Considerations

4.3.1. Introduction

Before delving into the details of the methods I employed, I consider in this section the diverse ethical considerations I gave to working with disabled participants while exploring their experiences of a potentially upsetting and sensitive topic. This includes a brief discussion on how I ensured I had informed consent at all stages of the research, balanced issues around confidentiality, and took measures to minimise the risk of permanent harm as a result of reliving and recounting potentially difficult memories. I also consider how I navigated researcher-researched power relationships, how I aimed to remain accountable to my participants, and the ways in which I endeavoured to make the research accessible.

The project received ethical approval from the University of Birmingham institutional review board (ERN_2022-0316). Approval was sought before beginning the data collection for the survey in Stage 1, covering both the survey and the Stage 2 follow-up interviews. While I initially planned to seek updated approval prior to the interviews, the minimal changes to the interview schedule after completion of Stage 1 meant this was not necessary. However, I did seek and was granted updated approval during the interview recruitment, in order to develop additional recruitment materials targeted specifically at people from minoritised ethnic groups, to ensure their experiences were represented during the interviews, in line with my intersectional approach to diverse sampling. Documents relating to ethical approval can be found in appendix section [10.1](#).

4.3.2. Informed Consent

I sought informed consent from the participants of the Stage 1 survey, with participants asked to read through the integrated Participation Information Sheet (PIS) for the project and were given the opportunity to ask questions, before being required to tick multiple statements that confirmed their understanding of what they were participating in, how their data would be used, and their right to withdraw (see full copy of the survey in Appendix [10.3.2.](#)). Written consent was sought again from those participants who took part in the follow-up interviews in Stage 2, with a separate PIS (Appendix [10.4.1.](#)) and Consent Form (Appendix [10.4.4.](#)) which participants needed to complete prior to the interview. This created an important paper trail to ensure that consent could be demonstrated (Philo & Laurier, 2020). One participant who initially provided verbal consent at the beginning of the interview but did ultimately not complete the written consent form was excluded from the analysis, with the recording and notes from the interview destroyed. However, informed consent is not a one-off activity, but ongoing throughout the research process (Philo & Laurier, 2020; Reeve, 2008). Thus, I sought to ensure that participants were aware of the focus and purpose of the research and how their data would be used. During the interviews, I began with a short script again talking participants through the research (see Appendix [10.4.6.](#)) with another explicit opportunity to ask questions. This served as a reminder of what would be involved in the interview and was also designed to ensure participants had access to the information in different formats, in spoken as well as written form.

Written consent forms can sometimes be hard to take in and do not always enable the effective asking of questions (Israel, 2015). As discussed in the previous section,

this was particularly noticeable during the interview, where some participants assumed I was not myself disabled, despite this being prominently stated in the PIS. I thus ensured that throughout the interview process, I would pick up on anything that suggested that participants were not completely clear about the research or its purpose. In some situations where participants were particularly distressed, I sought reconfirmation that they were happy to continue the interview, being ultimately guided by their own judgment (Reeve, 2008). As research participants may feel anxious or uncomfortable about their participation at a later time (McAuley, 2003), during each stage participants were able to reconsider their involvement and withdraw their participation for a limited time after data had been collected. For the survey, participants were given a receipt number on completion, alongside a copy of the PIS and my email address, through which they could contact me to request deletion of their response up to 1 July 2023. For the interviews, participants were sent a transcript of their interviews within two weeks, with the opportunity to approve or edit/change sections they did not wish to be included. They were also reminded of the opportunity to request further changes or withdraw entirely up to 14 June 2024, 14 days after completion of the second stage. Ultimately, no participants during either stage decided to withdraw their data.

4.3.3. Confidentiality

Maintaining confidentiality of my participants was a key concern throughout the research process, informing the mechanics of the Stage 1 survey process and the conduct of the Stage 2 interviews. While definitions of anonymity and confidentiality can vary, McAuley (2003) distinguishes between complete anonymity, where not even the researcher is aware of participants' identity, and confidentiality, where the

researcher can match responses to names but takes measures to ensure that nobody else is able to. This distinction presented a difficult balancing act for me during the Stage 1 survey. I ultimately opted for confidentiality over anonymity in order to be able to gather contact details for the Stage 2 follow-up interviews. This was done through a question at the end of the survey asking participants if they would be interested in a follow-up interview. By ticking yes, they received the option of entering their email address, with a statement making it clear that this would only be used for the interviews and not form part of data analysis. For survey analysis, I created a spreadsheet with these details removed. A separate password-protected version with the email addresses was used only for interview recruitment.

Stories from participants about specific parking encounters formed a crucial part of the research, both in the Stage 1 survey (which included multiple free-text questions where participants could share their experiences) and in the Stage 2 interviews².

Where I included stories from Stage 1 in my analysis, I included basic demographic information about the participants (Gender, Age, Region, Type of Impairment(s)) to provide context to their story whilst seeking to minimise the potential for identification. As, like Reeve (2008), I felt it was important that participants were comfortable with the name used for them, Stage 2 interview participants were invited during and after the interview to choose their own pseudonym, although only two opted to do so. I assigned pseudonyms to all other participants. However,

² The use of mixed methods including the qualitative components of the survey will be discussed further in the upcoming methods section.

pseudonyms alone do not guarantee confidentiality, but requires “balancing the degree of specificity required for analysis, with the need to protect the identity and privacy of participants” (Wilson, 2020, p. 45). I thus carefully considered what sections and details about participants to include. This was of particular concern due to some participants’ participation within disability research and activism, which are small, tightly knit communities, increasing the risk that one of my participants may be inadvertently identified. I thus took care to amend other details as appropriate, including regions, professions, and even names of pets, and consulted with participants where I was unsure whether information could potentially identify them. Confidentiality has thus been an ongoing process requiring constant reflection (Wilson, 2020).

4.3.4. Navigating Harm and Distress

Disabled people are often assumed to be inherently ‘vulnerable’ (Aidley & Fearon, 2021; Philo & Laurier, 2020), a harmful and paternalistic assumption that confirms ableist stereotypes about disabled people as not fully agentic humans. Nevertheless, I had to consider the sensitive nature of researching experiences of discrimination (Hopkins, 2020) and how this may render my participants potentially more ‘vulnerable’. All research with humans has the potential to expose participant groups to harm (Darling, 2020b; McAuley, 2003). My first consideration of this was when considering appropriateness of methods. For instance, I briefly considered whether to ask participants to take photographs of situations where they had experienced encounters. While photos of accessible parking misuse can be highly emotive and have worked well for research into accessible toilet spaces (Slater & Jones, 2021), I was concerned that, during a potential or actual encounter, this could potentially

escalate an already volatile situation and thus put my participants at risk of violence. Pritchard (2021b) states she received similar concerns when asking her participants to take pictures of everyday spaces. For this reason, I ultimately decided to collect only narratives from participants.

My research focused on both positive and negative encounters in accessible parking spaces, however it is perhaps unsurprising that many of the encounters reported were negative ones, placed somewhere alongside the continuum of violence (Hollomotz, 2013) experienced by disabled people on a daily basis. Due to my own experiences, I understood instinctively that encounters can often be upsetting and sometimes even traumatic. I was thus very aware that speaking about and reliving these experiences could be difficult and distressing for participants but could also be cathartic. This was particularly the case for the Stage 2 interviews, where these experiences were dwelt upon in detail. As Israel (2015) points out, interviews with people who have experienced violence can support them by reducing isolation, but can also retraumatize them. However, it is equally important to consider that not all distress is necessarily traumatic or harmful (Reeve, 2008). Like Reeve in her thesis on everyday experiences of psycho-emotional disablism, I therefore “worked to minimise distress, as far as I can, at the same time as trying to avoid harm completely” (Reeve, 2008, p. 125). I did this by acknowledging the sensitive nature of topics during the interview and reminding participants that they did not have to answer questions or could stop the interview at any point. Signposting and offering flexibility are both crucial methods to minimise the potential distress caused by discussing difficult topics (Hopkins, 2020). As discussed previously, on a few occasions where participants seemed distressed, as

part of seeking continued consent, I specifically offered the option to take a break or stop the interview completely. In these situations, I was willing to ultimately be guided by participants on whether to continue (Legard et al., 2003). Another way in which I supported participants was through a list of helpful resources of both pastoral and practical support, including advice on the Blue Badge scheme, dealing with discrimination, and reporting hate crime. These were shared with participants as part of the PIS for both the survey and the interview, and again after each interview, as well as being publicly accessible on the project website.

4.3.5. Power Relations and Accountability

As discussed earlier in this chapter when reflecting on my positionality, my own identity and experiences of accessible parking encounters fundamentally affected how I related to my participants. As a disabled person, I understood and shared the wariness some disabled people may feel about research. According to Mercer (2004), disabled people tend to prefer disabled researchers to non-disabled researchers. It was thus important to me to ensure to communicate to my participants that I was a disabled person who had experienced accessible parking encounters myself. Consequently, I highlighted this in the recruitment posts and materials (see Appendix section [10.3](#)). I also set up a project website at www.politicsofparking.com which had more details about the research, and where I shared articles, blogs, and presentations I produced as the project developed. This enabled participants and other disabled people to understand my approach. I was thus aiming to position myself politically as firmly on the side of disabled people (Darling, 2020a; Detamore, 2016). This transparency was really important to me to ensure I was able to navigate power differences between the researcher and the

researched and hopefully reassure participants that they would share their stories with someone who 'got it'. However, particularly in the interviews, it was important for me to set expectations about the scope of the research and that it may not lead to direct positive change (Darling, 2020a) and while I was hoping to influence policy, I would not be able to guarantee any improvement to the encounter experience.

Another important consideration for me, given the desire for a reciprocal approach to research, was regarding whether to share some of my own experiences of encounters during the interviews. While sharing one's own experience can be uncomfortable as a researcher (Berger, 2013), for some of the interviews I conducted, I felt it would be helpful for my participants to hear about my own experiences. This was always towards the end after I had asked my set questions and most often with participants who did not have a support network of disabled people, friends, or family, and were consequently very isolated in their experiences. For these participants, it seemed that knowing they were not alone and others shared their experiences was comforting and provided them with a sense of solidarity.

My commitment to transparency was embedded throughout the research process, and particularly in the interviews. In addition to letting participants choose their own pseudonyms and making sure that participants knew their comments would potentially be published, I also sent completed interview transcripts to participants for their review to make corrections or remove any sections they had changed their minds about. This step can ensure credibility by ensuring research accurately reflects participants' experiences and is a key part of empowering research (Aidley & Fearon, 2021; Reeve, 2008; Sanmiquel-Molinero & Pujol-Tarrés, 2020). While most

interview participants did not respond, a few sent corrections, and even extra thoughts or images, which I incorporated into the data analysis. This was key as it reassured me that participants had time to reflect and approve the data that would be included in my research.

I produced a summary report of the key survey findings (Kubenz, 2023), which was made available on the project website and publicised through my social media accounts. I also shared this report with the DPOs who had indicated their interest in the report, during survey recruitment and with disabled journalists which resulted in news coverage by the Disability News Service (Pring, 2024). Following submission of this thesis, I will produce a further summary report on the overall findings of the research which will be sent to interview participants and shared on social media and the project website. Sharing findings with participants is a crucial part of accountability (Aidley & Fearon, 2021; Barnes, 2014; Darling, 2020b). Additionally, being able to share this data with organisation and activists is central to the collaborative and reciprocal approach to my research, in enabling the people who have supported me in this research to campaign for change using the data I had generated. Ensuring that my findings have the potential for transformative campaigning has thus been a key concern for me when considering “the political element of ethics” (Noxolo, 2020, p. 293).

4.3.6. Accessibility

Ensuring that my research processes were as accessible as possible to disabled people, and in particular to my participants, was a key ethical consideration in terms of ensuring I am accountable to the people I am researching:

For research to be truly useful, it must not only faithfully capture the experience of the group being researched but also be accessible to participants in the struggles for empowerment. (Oliver & Barnes, 2012, p. 28)

Given the nature of my project, which is in many ways concerned with the meanings of accessibility, I was aware that access is rarely straightforward or absolute (Titchkosky, 2011). As a disabled person who has experienced countless access barriers within research environments, not least in the undertaking of this PhD project, I have concluded that the most important aspect is the *willingness* to be accessible and a flexible attitude towards the practical delivery of research. This guided my ethos in trying to ensure the project was accessible, embracing a “relational ethics” (Slater, 2013, p. 27) approach which centres ambiguity rather than a definite way in which research should be conducted. For example, I initially chose to design the Phase 1 survey in Qualtrics, which is recommended for its accessibility features (Aidley & Fearon, 2021). However, as several of my advisory group members experienced considerable accessibility and technical issues when piloting the survey, I decided to move the survey to Jiscmail instead. I also considered the contrast and colour scheme of the survey and its suitability for screenreaders. Another conscious choice I made with regards to accessibility in the design of the survey questions came from my own experience of completing survey;s as someone with fatigue, I have frequently struggled with long surveys and particularly composing answers to open-ended questions. I therefore aimed to keep questions short in wording and prioritised closed questions. All open-ended questions were optional to complete, including the option to tell me about one or more specific encounters which nevertheless yielded a large amount of qualitative data.

All PIS and resources for support for participants were hosted on the project website, in a bid to make them permanently available to participants and support the continued informed consent by participants (Cornelius & Harrington, 2014b). For the interviews, in addition to the consent form, I sent participants an accessibility sheet (Appendix [10.4.5.](#)) with a short summary of what topics the interviews would cover, and offering some suggested options for how the process could be adapted (for example, putting questions in the chat or giving participants more time to think). Participants could also request anything else they would find useful. While all interviews were conducted remotely, participants were given free choice of the format of the interviews. Ultimately, interviews were conducted via a mix of Zoom, Teams, phone, and email. While some of these options were less accessible to me than others, I prioritised accessibility for my participants over my own access needs in these cases. Finally, my decision to produce summary reports of each stage of the research process was motivated both by my desire for accountability and accessibility. This was particularly important to me as the supportive and positive feedback I had received from other disabled people and DPOs on my work was a major source of motivation for me when completing this research. This topic clearly resonated with many people, so it was only right that they would be able to access the results. These shorter, plain language reports, are designed to ensure my findings were accessible to disabled people without academic backgrounds (Ince & White, 2020; Noxolo, 2020), and I am hoping they will be useful to disabled activists in campaigning, and for anyone who has had a Blue Badge encounter to help make sense of their experiences.

4.4. Methods

4.4.1. Introduction: Research Questions and Design

As laid out in the introduction, this project seeks to answer the following research question:

How do disabled people's encounters with strangers in accessible parking spaces add to their experiences of everyday oppression?

In order to answer this question in full, I also employ four sub-questions:

- **RQ1:** What forms do these encounters most commonly take?
- **RQ2:** What do disabled people perceive to be some of the factors that determine the nature of these encounters?
- **RQ3:** What actions do disabled people take to manage or avoid these interactions?
- **RQ4:** How do these encounters affect disabled people's emotions and disabled identity?

In order to answer these questions, I employed a sequential mixed methods-design combining three methods across two stages. The first stage consisted of two primarily quantitative methods: a content analysis of how Blue Badges and disability were represented in major UK newspapers (print and online) between 2018 and 2022, and a survey of over 300 Blue Badge users. This was followed up in Stage 2 with 20 semi-structured interviews with participants who had previously completed the survey. As well as explaining the logic behind the design, sampling, and analysis for each of these methods, in this section I discuss my broader rationale for using a mixed-method approach, how it is congruent with the principles explored within my theoretical framework, and the contributions made by the advisory group at each stage. Figure 4 provides a visualisation of the research design:

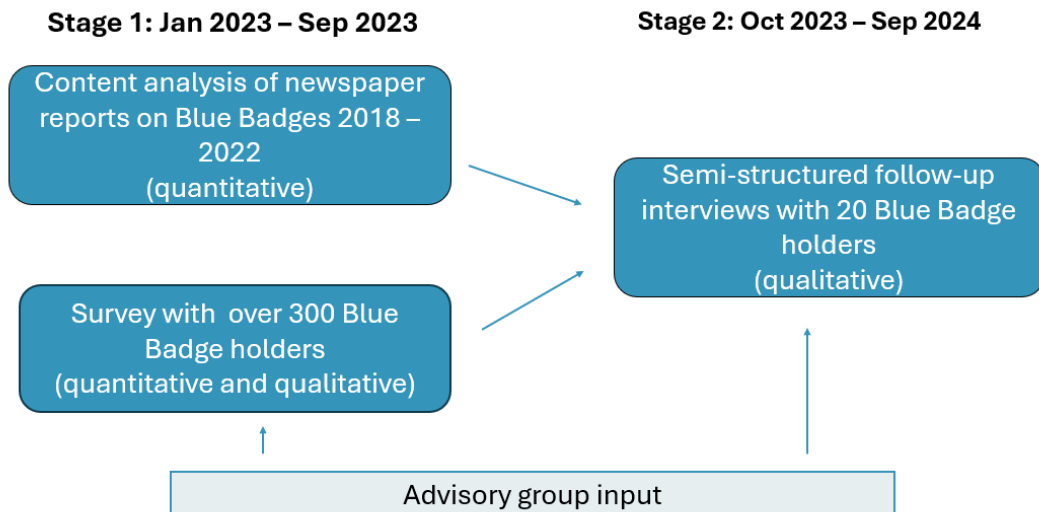


Figure 4: Diagram of the research stages

4.4.2. Mixed-Method Study Design

As my framework has laid out, the concern of this research is to fully explore the many aspects of the assemblages that shape accessible parking encounters. I thus employ a mixed methods approach, enabling me to gather multiple types of data to explore different facets of the accessible parking encounter. The term ‘mixed methods’ is most frequently defined as bringing together both quantitative and qualitative approaches methods of data collection (Plano Clark & Ivankova, 2016). Mixed methods approaches are well suited to research which aims to understand the complexity of cultural or social phenomena, recognising that these cannot be fully captured with just one method (Cram & Mertens, 2015; Hankivsky & Grace, 2015). Thus, a mixed method approach allows for the answering of multidimensional research questions (Collins, 2015). Mixed methods are also frequently employed in feminist and intersectional research approaches, allowing room for contradictions and multiple ways of knowing (Cram & Mertens, 2015; Hankivsky & Grace, 2015;

Hesse-Biber & Griffin, 2015). For the same reason, critical and transformative research often draws on mixed methods designs (Cram & Mertens, 2015; Creswell & Plano Clark, 2018; Plano Clark & Ivankova, 2016). This can be with a particular focus on centring often marginalised voices (Cram & Mertens, 2015; Mertens et al., 2010), as well as providing a full exploration of the experiences of oppressed groups, from the macro to the micro (Hankivsky & Grace, 2015). For this research, where the primary focus is on exploring disabled people's perspectives on accessible parking encounters, using a mixed methods approach is crucial to understanding the wider context, how encounters play out, and their impact. Transformative mixed methods research can also have a "de-disciplining" effect (Hesse-Biber, 2015, p. xxxiv), with a tendency to focus on transformative concerns over epistemological or disciplinary conventions. Indeed, common to a mixed methods methodology is the rejection of binary decisions during the research process, in favour of embracing methodological eclecticism (Teddle & Tashakkori, 2010).

A crucial concern when combining multiple methods is the way in which the methods are integrated, so that both quantitative and qualitative methods are used to their fullest advantage (Collins, 2015). A well-integrated design can thus result in a research project that is more than its individual quantitative and qualitative parts (Bryman, 2007; Olson & Jason 2015). On the other hand, poor integration has been reported as a common problem within published mixed methods studies (Bryman, 2006, 2007). In this project, the staged design enables this integration, by allowing me to ensure the data gathered during the qualitative interviews in Stage 2 was complementary to, and enhanced, the findings from the first stage. Stage 1 was a mapping of how encounters most commonly play out and affect people, providing

valuable confirmation that they were indeed a significant problem and source of anguish for many people. While I have received criticism while publishing from this research for being a feminist researcher employing quantitative methods, these methods can be compatible with empowering approaches (Cornelius & Harrington, 2014c) and can be used effectively to “dismantle the master’s house” (Hesse-Biber & Griffin, 2015, p. 76). It would have not been possible to demonstrate the scale of the issue through qualitative methods alone, and given the policy implications of my research, my decision to use a mixed-method approach was also influenced by the knowledge that quantitative research tends to have more impact in influencing policymakers and other stakeholders (Creswell & Plano Clark, 2018; Mercer, 2004). Stage 2 allowed me to work with participants more directly to uncover *why* these encounters are so impactful and the emotions that they arouse. In this way, I could centre a diverse group of disabled people’s voices in a way not possible in primarily quantitative research (Shah, 2006). Further, given my strong concern with social justice and empowerment of disabled people, all three methods were integrated by my overarching CDS / queer / feminist / postmodern framework which influenced the data collection and analysis at all stages (Creswell & Plano Clark, 2018).

My chosen methods also reflect my striving for complexity and the rejection of binaries. While I broadly follow an explanatory sequential design, of which survey followed by interviews is the most common combination (Creswell & Plano Clark, 2018), I have added a content analysis to the first stage in the recognition that encounters do not occur in a vacuum, but are shaped by broader discourses around the Blue Badge and disability. My chosen methods also trouble the quantitative/qualitative split; while Stage 1 was primarily quantitatively orientated, the

survey also collected a significant amount of qualitative data through the ‘stories’ told by participants, which was integrated within the Stage 1 analysis and informed the follow-up conversations in Stage 2. Further, the content analysis in Stage 1 is technically a hybrid method, combining qualitative thematic coding with statistical analysis of the resulting codes (Drisko & Maschi, 2015; Krippendorff, 2019). A final way in which I integrated the individual methods was through multiple points of triangulation within the design. Triangulation can act as a tool for reflexivity (Collins, 2015); as such, comparing and contrasting the very different ways in which encounters were presented in the content analysis versus the survey was a crucial part in the Stage 1 analysis. When reviewing Stage 1 and Stage 2, I focused on complementarity of the findings in order to check that my results from both stages had the ability to “enhance coverage and clarify and/or supplement each other to address the complexity of topic” (Plano Clark & Ivankova, 2016, p. 85). I determined complementarity by mapping the key findings from both stages against the original research sub-questions to check in how far they helped to answer the questions. This provided confirmation that each method had generated important knowledge which contributed to answering the questions, and that my design had provided a full picture in enabling me to provide comprehensive answers to all four sub-questions.

4.4.3. Advisory Group

During the first year of my research, I was able to secure funding from my institution’s public engagement team to recruit an advisory group consisting of disabled people with experience of Blue Badge encounters. This group was key in guiding my research. I would not claim it made my research participatory (Aidley & Fearon, 2021) as the advisory group served to sense check my already developed

ideas rather than co-develop them from scratch. Nevertheless, engaging the group was a crucial checkpoint to confirm that I was considering intersectional issues and viewpoints other than my own, and that my questions and findings were relevant to the concerns of people who had experienced Blue Badge encounters (and again not just to myself). The group consisted of seven members, although not all attended every meeting. They were recruited through social media building on my network of disability scholars and activists. In total, I received 36 expressions of interest for the group, of whom seven were selected. As I had collected some demographic data, this selection was made to include as diverse a sample as possible in terms of type of impairment, age, ethnicity, gender, region, and sexual orientation, in line with my intersectional approach of reflecting as many different disability experiences as possible. As I am reasonably active within disability activism, I also ensured I recruited not only activists or people I already knew, but selected members from a variety of backgrounds.

The advisory group met on an annual basis, usually in late August / September, coinciding with key points in the research process. I also shared short updates on the research progress with members at the halfway point in March. Involving disabled people in research design is crucial in accurately representing our views as a community (Valentine, 2003). Therefore, in the first meeting in September 2022, I consulted the advisory group on the first draft of my Stage 1 survey. As a result of this meeting, I amended questions around the frequency of encounters and placed more emphasis on the questions around positive encounters, as my advisory group felt that positive encounters were potentially likely to be overlooked. I also made it more explicit that the survey could be completed by Blue Badge users who did not

drive themselves. Further, the group raised several accessibility concerns and technical issues with the Qualtrics platform, leading me to move the survey to Jiscmail before launch to address these problems and ensure the survey was accessible. After the first meeting, one advisory group member dropped out and I decided to remove another for repeated non-engagement, recruiting two new members in their place.

In September 2023, the group met for the second time, and I presented a short summary of the survey findings, before asking the advisory group for their thoughts. The findings resonated with the group, and several members shared their own experience which mirrored the findings from the survey. I expressed concerns around having only a small sample size of participants from minoritised ethnic groups, and one of the Black advisory group members highlighted the continuing stigma around applying for a Blue Badge in Black communities, which helped me to contextualise the issues I had faced during recruiting from this population. During this meeting, I also shared the draft questions for the follow-up semi-structured interviews, and advisory group members found the questions were very relevant, highlighting especially the issues of reporting, the self-perception of 'looking' disabled versus the perception of other people, and the transferability of the research into other accessible spaces. As a result of this conversation, minor changes were made to the wording of and order of the questions.

In September 2024, the group met for a third time, this time discussing the key themes generated through the thematic analysis of the interviews, as well as potential practical recommendations that could emerge from the research. Again, the advisory group expressed that they could relate to the findings and felt they really

captured the Blue Badge experiences disabled people had. Suggestions for recommendations to improve the scheme centred around better enforcement of Blue Badge parking, the lack of awareness of Blue Badge rules, and the difficulties in tackling actual Blue Badge fraud. Following this meeting, Lisa Egan, one very valued member of the advisory group, died in December 2024. I would like to thank her for her invaluable input and engagement with my research.

The final meeting of the group will take place in late October 2025 and will focus on co-developing the non-academic outputs, particularly the summary report, policy report with recommendations, and a public-facing dissemination event to launch both reports. Working with this group has provided important confirmation that my findings and interpretations are not just my own experiences but reflect the broader concerns of a diverse group of Blue Badge holders. It has also been an invaluable source of motivation for me to have confirmation that this research matters to other people, and that in doing it, I am supporting other people by giving them a way of making sense of and speaking about their own everyday encounters.

4.4.4. Stage 1: Content Analysis (Design, Sampling, and Analysis)

The content analysis carried out in Stage 1 explored how Blue Badges were represented in major newspapers, to understand public discourses around the Blue Badge and how Blue Badge encounters are defined in the public consciousness. This supported answering RQ1, as well as providing context to RQ2 and RQ4 in terms of giving a contrast between media understandings of encounters and the reality experienced by my participants.

Content analysis is a “family of research techniques for making systematic, credible, or valid and replicable inferences from texts and other forms of communication” (Drisko & Maschi, 2015, p. 8). As discussed above, content analysis is a hybrid research technique using quantitative analysis methods to identify trends in the data, but this data is acquired through a coding process which requires subjective interpretation and is therefore qualitative in nature (Brewer, 2003a; Drisko & Maschi, 2015; Krippendorff, 2019). My approach to analysis followed Krippendorff’s (2019) process of unitizing, sampling, recording/coding, reducing data to manageable representations, abductively inferring contextual phenomena, and narrating the findings.

The content analysis examined articles published between 1 January 2018 and 31 December 2022 in 11 major UK newspapers, including seven tabloids (The Sun, The Daily Mail, The Daily Mirror, The Daily Express, The Daily Star, Metro, and the London Evening Standard) and four broadsheets (The Guardian, The Independent/i, The Times, The Daily Telegraph) and their corresponding Sunday editions. I chose to look at articles beginning from 2018 as this was the year during which the DfT first announced and consulted on the extension of the Blue Badge scheme. The articles were retrieved through a Nexis UK search using the term “Blue Badge*” AND “disab*” to ensure that articles specifically linked the Blue Badge to disability. Articles were grouped by moderate similarity to filter out duplicates, however Nexis only applies this to the first 200 articles. As the search yielded 1013 results, all articles were subjected to an initial light-touch review to ensure they were relevant and to identify any repeated articles. This process identified 155 duplicate and 85 irrelevant articles (e.g. articles which referred to the unrelated Transport for London Blue Badge

scheme, the Blue Badge travel awards, or mentioned Blue Badges only in a link to another story). Duplicates were defined as articles published on the same day by the same newspaper with virtually identical text. Where versions of an article were not identical, the longest version was chosen. Of the remaining 773 valid articles, every second article was chosen for inclusion in the sample. This systematic approach to random sampling is a favoured approach for analysing continuous publications such as newspaper articles (Krippendorff, 2019). Starting with the first article, I examined every odd-numbered article, meaning a total of 387 articles were analysed.

I developed a draft coding sheet of topics and themes following the first screening, based on my observations during the screening process and on the broader literature review. Topics were defined as the concrete issue or situation that an article is reporting on, while themes were ways of reporting about disability (e.g. what kind of disabled people were featured, who was quoted in the articles, how disability was represented). Articles could span more than one theme and/or topic. In keeping with traditional content analysis, the analysis was quantitative and only manifest content was coded (Drisko & Maschi, 2015). The coding process also recorded the title, date, publishing newspaper, author, word count, and publishing year. New topics and themes were added to the coding sheet as I identified them in the data. It is usually recommended that coding is carried out by multiple trained coders and coding samples verified to ensure consistency of coding (Krippendorff, 2019). For PhD research where the researcher is required to work independently, this approach is not practicable. Instead, I implemented an intracoder reliability check, by coding all articles a second time. This was to ensure that codes, especially those developed during the

first coding round, had been consistently applied. Ahead of the second coding round, I developed a short but clear definition of each topic and theme, which helped to ensure consistency. These definitions are included in Appendix [10.2.1](#).

The data generated from the coding process were analysed using descriptive statistics to identify trends in reporting of Blue Badges. As parking is a seemingly mundane subject (Marusek, 2012), the overarching question guiding the analytical process was *What makes parking newsworthy?* To ascertain this, I used Harcup and O'Neill's (2017) list of 'news values' as an analytical tool to examine why stories around accessible parking may have been published in a major newspaper. News values are "sets of criteria for newsworthiness" (Parks, 2018), which determine which articles get published based on "organisational, sociological and cultural norms combined with economic factors" (Harcup & O'Neill, 2017, p. 1473). News values can therefore assist in understanding why seemingly mundane stories about parking may be deemed in the national public interest. Figure 5 on the next page provides a list of contemporary news values:

- *Exclusivity*: Stories generated by, or available first to, the news organisation as a result of interviews, letters, investigations, surveys, polls, and so on.
- *Bad news*: Stories with particularly negative overtones such as death, injury, defeat and loss (of a job, for example).
- *Conflict*: Stories concerning conflict such as controversies, arguments, splits, strikes, fights, insurrections and warfare.
- *Surprise*: Stories that have an element of surprise, contrast and/or the unusual about them.
- *Audio-visuals*: Stories that have arresting photographs, video, audio and/or which can be illustrated with infographics.
- *Shareability*: Stories that are thought likely to generate sharing and comments via Facebook, Twitter and other forms of social media.
- *Entertainment*: Soft stories concerning sex, showbusiness, sport, lighter human interest, animals, or offering opportunities for humorous treatment, witty headlines or lists.
- *Drama*: Stories concerning an unfolding drama such as escapes, accidents, searches, sieges, rescues, battles or court cases.
- *Follow-up*: Stories about subjects already in the news.
- *The power elite*: Stories concerning powerful individuals, organisations, institutions or corporations.
- *Relevance*: Stories about groups or nations perceived to be influential with, or culturally or historically familiar to, the audience.
- *Magnitude*: Stories perceived as sufficiently significant in the large numbers of people involved or in potential impact, or involving a degree of extreme behaviour or extreme occurrence.
- *Celebrity*: Stories concerning people who are already famous.

Figure 5: List of news values from Harcup and O'Neill (2017)

The results of this analysis are presented in the next chapter.

4.4.5. Stage 1: Survey (Design, Sampling, and Analysis)

The second part of Stage 1 was a snowball-sampling survey for Blue Badge holders over 18 who had experienced at least one encounter. The survey sought to map the types of encounters that take place and how they may differ for different groups and demographics of disabled people. Particular points of focus were disabled people's reactions to encounters, exploring how they navigated hostile environments, and the impact on their emotional wellbeing and identity. Thus, the survey was open only to Blue Badge holders themselves, rather than family members or friends, who, while they may also be negatively affected by encounters, will not necessarily manage these encounters in the same way or have their self-identity impacted. For this reason, I also decided to open the survey to adults only. I only focused on Blue Badge holders in England to explore encounters specifically in the context of the 2019 scheme extension. Adherence to these criteria was confirmed through several screening questions at the start of the survey.

Following the initial eligibility screening, the survey included the following sections (the full survey questions are in Appendix [10.3.2](#)):

- Types of encounters that respondents had experienced
- Other people involved in these encounters
- Frequency and location of encounters
- Factors that respondents felt played a role in the encounters
- Impact of these encounters on respondents
- Strategies used by respondents to manage the encounters, including reporting
- Demographic and impairment information

These questions covered aspects of all four RQs. To ensure participants only had to complete information they were comfortable sharing, all questions except the demographic and impairment information were optional to complete. In addition, participants were invited to share one or more stories about encounters in a free text box and leave any further thoughts at the end of the survey. Enabling participants to share stories using their own words can enhance a survey's validity (Guthrie, 2010) by providing rich qualitative data which can complement the quantitative component. In this case, the data generated was highly valuable in illustrating the quantitative findings and provided an important foundation for the follow-up interview in Stage 2 where experiences were explored in more detail.

The questions and response options for the survey were based on the literature review which highlighted common issues around accessible parking, encounters more generally, and the wider sociopolitical landscape in the UK. The survey was piloted with the project advisory group, as described in section 4.4.3., resulting in adjustments to the wording of several questions as well as a change of survey platform. The survey was launched on 1 January 2023 and closed on 30 June 2023. While probability sampling is the ideal sampling approach for quantitative methods, in practice this is not always possible, particularly when there is insufficient data about the sampling population and where populations are marginalised and may face barriers to participation (Bhattacharjee, 2012; Lyberg et al., 2014; May, 2011). There is little demographic data available on the Blue Badge scheme, and as the focus was on disabled people who had had encounters, the exact population cannot be quantified, making the collection of a representative sample impossible. In these cases, snowball sampling can be an alternative approach to gather data from a

marginalised community (Bhattacharjee, 2012; May, 2011; Tourangeau, 2014). Non-probability sampling methods can often produce data that looks similar to probability-sampled data (Ayhan, 2011). While the data is not generalisable to the wider population, it can nevertheless provide valuable insight into the sample surveyed (Lyberg et al., 2014).

I employed a two-pronged sampling approach. The first route of dissemination was through social media via my network of disabled people, including some disability activists and researchers. The survey was shared on Twitter³ and LinkedIn, and I re-shared the survey regularly on Twitter during the data collection period, as well as asking some of my well-connected contacts to share it. The second route of dissemination was through DPOs. Using Blackmore's (2022) mapping of DPOs, which I verified using Google searches, I identified 178 English DPOs led by disabled people which were contactable by email or contact form. I sent a recruitment email to these organisations during the week commencing 9th January 2023, asking them to share the survey with their members and letting me know they had done so. A total of 34 DPOs confirmed they had shared the survey, with seven asking for the results to be shared once available.

The survey received a total of 312 responses. Of these, eight were excluded from the analysis as ineligible. Seven were excluded as they had been completed by family members rather than the disabled person themselves and the final excluded

³ Now "X"

participant had indicated repeatedly that they had not had any encounters. In order to ascertain how my data may differ from a representative sample of Blue Badge holders, the demographic data of the remaining 304 participants was 'benchmarked' (Cornelius & Harrington, 2014b) against the National Travel Surveys (NTS) data on Blue Badge holders from 2019 to 2023. The NTS is a key source of data on personal travel by people living in England (Department for Transport, 2024b), and the benchmarking was conducted against a sample of a total of 2,600 Blue Badge holders over 18 from 2019 to 2023. The results of this benchmarking are presented at the start of the analysis.

The survey data was imported into Stata for analysis, tidied to remove missing values, and analysed using descriptive and inferential statistics. Descriptive statistics were used to explore the counts and percentages of the different questions. Rather than having set hypotheses, I used an exploratory approach based on a group of guiding questions for each section that would help me answer the overarching RQs, which are included within the results chapter (5.3.1). Demographic variables in particular formed a key lens for analysing the experiences of different groups of disabled people, in line with my desire to highlight the intersectional nature of encounters. Most of the data generated was categorical⁴. The main test employed within my analysis is Pearson's chi-square (χ^2) test of independence, which is a common test used to explore associations between categorical variables. In

⁴ This included the age variable, as I asked participants about their age group (18-29, 30-39, 40-49, 50-59, 60-69, or 70+) rather than their precise age.

addition, where the χ^2 test yielded a significant result, I used Cramer's V to determine the strength of the association (McHugh, 2013). In this thesis, I report primarily on associations with at least weak to moderate strength ($V = 0.2$ or above), as Cramer's V's tends to produce low correlation results (McHugh, 2013). For correlations where more than 20% expected values were smaller than 5, I used Fisher's exact test (FET) instead of χ^2 , as FET tends to be more precise for small sample sizes (Hess & Hess, 2017).

In addition to the quantitative data, the survey also generated a rich qualitative dataset, with 157 (52%) of survey participants choosing to share a story about an encounter they had experienced. However, due to the complexity of the mixed-method study design, including a full thematic analysis of the data has been beyond the limitations of this thesis. The qualitative data from encounter 'stories' were coded in NVivo against on the four broad research questions, and to compare and contrast with the quantitative data. For example, stories involving encounters where the disabled person was accused of 'faking' were coded in a way that provided insight into who is involved in these encounters and what factors may lead to disabled people getting challenged. These stories are interwoven throughout the quantitative analysis to illustrate each section. The qualitative analysis also identified a group of factors around the broader infrastructure and resources of Blue Badge bays, which is briefly described in the results chapter and was explored further in the Stage 2 interviews. While the qualitative data is perhaps not presented to its full potential in this thesis, it still provides important context through a more comprehensive picture of how encounters can play out in practice. The results of the analysis will be presented in the next chapter.

4.4.6. Stage 2: Interviews (Design, Sampling, and Analysis)

Stage 2 of this research consisted of 20 semi-structured interviews which were carried out between November 2023 and April 2024. All interviews took place remotely, via Zoom (13 interviews), Teams (1), email (2), or telephone (4), depending on each participant's preference. The interviews lasted between 25 and 90 minutes and followed a guide (Appendix [10.4.6.](#)) with a standard introduction and 15 broad questions. The questions covered the general background of the participant's history with the Blue Badge, one or more specific encounter stories, the factors that influenced the encounter, the way the participant managed the encounter, and the impact of encounters on the participant's life. The semi-structured approach to interviewing was chosen due to the broad nature of the research questions, with the guiding questions providing some structure to ensure I was able to gather data relevant to all four RQs. Semi-structured interviews thus provided the ideal balance between structure and flexibility to ask follow-up questions and explore aspects of participants' experiences in more detail (Guthrie, 2010; Leonard, 2003; May, 2011). As discussed previously, the research questions were designed at start of the project and revised in conjunction with the advisory group following the survey analysis and before the start of the interviews, although these revisions were minor. In line with my commitment to intersectionality and complexity, I used a purposive sampling approach to recruit participants with diverse characteristics and experience from the pool of survey participants who had expressed interest in being interviewed. Sampling for maximum variation is a common approach in qualitative research (Creswell & Plano Clark, 2018). Characteristics I considered included region, age, gender, gender identity, impairment type(s), ethnicity, sexuality, visibility

of impairment, and mobility aids used. In total, 120 of the 304 survey participants had indicated they would like to be contacted about a follow-up interview. From this list, I used the demographic data collected during the survey to draw up a shortlist of 20 potential participants and 20 backup candidates, who were invited in stages. As I only received a response to around one in three invites sent, I added new potential participants to this list based on similar characteristics where I did not receive responses from the initially selected participants. As I had only a small number of participants from ethnic minorities who had agreed to be contacted about interviews, and only two of these responded, I decided to open recruitment outside of the survey pool to specifically gather experiences from different participants belonging to minoritised ethnicities. The updated recruitment materials can be seen in Appendix [10.4.3](#) and were advised on Twitter, however I did not receive any responses to this call for participants, and I will further reflect on the implications of this in the discussion chapter of this thesis. A complete list of the participants and their identities and characteristics can be found in Appendix [10.4.7](#). While originally aiming for around 18-22 participants, I critically evaluated sample size throughout the process (Braun & Clarke, 2016; Malterud et al., 2016). Information power can be a helpful concept to determine sample size (Malterud et al., 2016) and the factors affecting the strength of this power are illustrated in Figure 6.

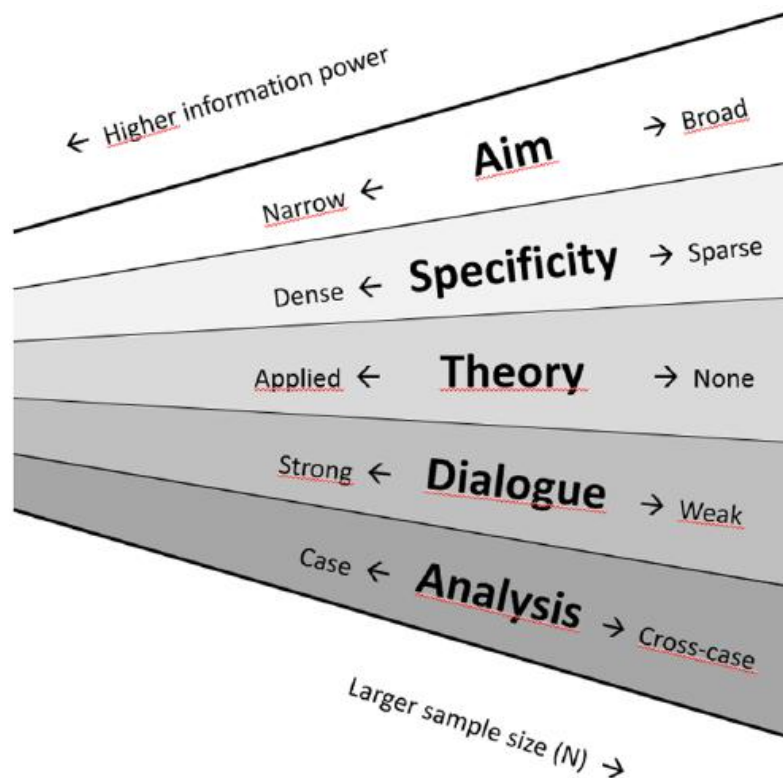


Figure 6: Malterud et al.'s (2016) illustration of information power

While my research aim was broad and involved analysis of multiple cases, the level of theory underpinning my analysis as well as the dense specificity and rich data produced during the interviews meant that I found 20 interviews sufficient to produce a detailed and nuanced account of the ways in which accessible parking encounters play out and are experienced.

To analyse the data, I employed Braun and Clarke's (2006, 2019, 2021a, 2022) approach to reflexive thematic analysis (TA). This widely used approach to analysing interview data was a good methodological fit with my broader theoretical framework. Reflexive TA is embedded within qualitative and feminist research approaches which value "the subjective skills the researcher brings to the process" (Braun & Clarke, 2021b, p. 333). The researcher thus becomes an analytic resource (Braun & Clarke,

2021b, 2022), enabling me to bring in my own experiences of parking encounters as well as my immersion into the discourses of the wider disability community around issues of accessibility and encounters. In recognising and reflecting on the value of subjective experience, the reflexive TA approach is “about telling ‘stories’, about interpreting and creating, not discovering and finding the ‘truth’ that is either ‘out there’ and findable from, or buried deep within, the data” (Braun & Clarke, 2019, p. 591). Throughout the analysis, I reflected on my own emotional responses to the participants’ stories, interrogating why I was particularly interested in certain parts (Braun & Clarke, 2022; Trainor & Bundon, 2021). This reflection highlighted to me that it was particularly the spoken and unspoken contradictions within my participants’ accounts that I wanted to scrutinise further.

Highlighting and critically analysing the contradictions and complexities of encounters is a key concern of my wider framework. This was another reason why I chose reflexive TA, as it is fundamentally about being critical and questioning, seeking to capture “nuance, complexity and even contradiction” (Braun & Clarke, 2022, p. 7). A strong reflexive TA is thus characterised by being “compelling, insightful, thoughtful, rich, complex, deep, nuanced” (Braun & Clarke, 2022, p. 9). Reflexive TA provides the theoretical and methodological flexibility required by my queer postmodern methodology which aims to embrace the multiplicities and complexities I seek to explore. Research employing reflexive TA “often occupies positions of fluidity and messiness” (Braun & Clarke, 2022, p. 163). Many of the supposedly binary choices within research, such as semantic vs. latent, or inductive vs. deductive coding, actually exist alongside a continuum, and researchers may employ a mixture of both (Braun & Clarke, 2019, 2021b). This was the case within my

analysis process, where I focused both on the spoken and unspoken stories of my participants, and while I had some ideas of potential codes and themes from the results of Stage 1, I approached the interview coding process open to adding completely new elements to this. One potential binary analytic 'choice' I struggled with particularly was that of an experiential versus a critical orientation (Braun & Clarke, 2022). While my methodological framework fundamentally emphasises criticality, during the analysis process I became aware of how difficult this was given the feeling that I 'owed' it to my participants to represent their experiences and concerns as they would have liked me to. I thus experienced a tension between my commitment to empowering the voices of other disabled people and my academic desire to critically question everything. Key to resolving this dilemma was being comfortable with the fact that I needed to critically examine how my participants themselves sometimes internalised and replicated ableist ideas including stereotypical expectations around disability, while also not judging my participants when they did so. In order to produce an effective reflexive TA, I thus needed to be comfortable with a level of uncertainty (Braun & Clarke, 2022).

My analysis process for the reflexive TA closely followed Braun & Clarke's (2006, 2022) 6-step approach to generate themes:

1. Familiarising
2. Coding items relevant to research question
3. Generating themes
4. Developing and reviewing themes
5. Defining and naming themes
6. Writing up

All interviews were transcribed by hand shortly after each interview had taken place, so that I could share the transcript with participants for their review. Manual transcription facilitated immersion into the data (Byrne, 2022) and I found this step useful in being able to engage in more depth with each interview, noting down my thoughts, reactions, and reflections during the transcription process. Once all interviews were completed, they were imported into NVivo for analysis. I re-read through all interviews again in chronological order, helping me to achieve the goals of the first step: immersing myself in the data and gaining deep knowledge of it, while also starting to critically engage with it as data (Braun & Clarke, 2022). While I had budgeted time for a second re-read, I was no longer able to contain my burning desire to begin coding and trying to begin make sense of the data on the second time. I thus began step two of coding, working through the data to highlight anything that may be potentially relevant to my research questions.

In the first round of coding, I worked through interviews in reverse alphabetical order by real participant name, to avoid always following the same pattern. This round generated a total of 180 codes, which were reduced to 148 following a review. I then coded all interviews a second time, this time in alphabetical order by pseudonym. Varying the order in which I coded was helpful in enabling me to more effectively make connections between the different interviews. Following this round of coding, through a second more rigorous review I merged similar codes, reducing them to 40. Using an Excel spreadsheet, I began to generate ideas for potential themes, that is, patterns of shared meaning whose core concept may support answering the research questions (Braun & Clarke, 2021b, 2022). I paid particular attention to ensuring my themes were not simply the topics participants had discussed, but

rather analytic observations as a result of my engagement with the data outputs (Braun & Clarke, 2021b). I generated a total of 13 candidate themes, however found there was considerable overlap between some of these themes. As advised by Braun and Clarke (2022), in developing and reviewing these themes further, I frequently returned to the dataset in order to see how the candidate themes might relate to each other, the codes, and the dataset as a whole. A major challenge I faced was managing the overlap between the themes to ensure each was distinct and clearly delineated, while also presenting “a coherent and lucid picture of the dataset” (Byrne, 2022, p. 1403). This eventually led to the creation of 4 overarching themes with a total of 10 subthemes, listed below:

1. Second-Class Citizens
 - a. Bare Minimum Access
 - b. Everything About Us Without Us
2. Whose Space is it Anyway?
 - a. Hierarchies and Stereotypes
 - b. Entitlement
3. Disabling Affects
 - a. Abjection and Anger
 - b. Walking on Eggshells
 - c. Slow Death
4. Spaces of Resistance
 - a. It's the Principle
 - b. Complex Identities
 - c. Solidarity and Communalities

To help me define each theme and ensure it was both rich and distinct, I wrote brief summaries of each theme and subtheme (see Appendix [10.4.9.](#)). In naming the themes, I considered what stories they tell about accessible parking encounters

(Braun & Clarke, 2022). The final step involved the writing up of these stories into a coherent analytic narrative, complemented by data extracts which illustrated each of the themes and subthemes. The write-up of this analysis is presented in Chapter 7.

4.5. Chapter Summary

In this chapter I have explored my overall methodology for researching accessible parking encounters. Beginning with my broad theoretical framework, I have explored how I bring together critical disability studies, feminist, queer, and postmodernist approaches in both my theory and methodology. This includes taking a critical approach that rejects easy answers and binary thinking in favour of complexity and nuance, using assemblage thinking to conceptualise the intricacies of the accessible parking encounter. I discussed how my focus on lived experience blurs the lines between personal experiences and the wider political landscape. I have stated my commitment to centring disabled people in my research using intersectional approaches that recognise the connections between different forms of oppression. I also reflected on my own positionality as an 'insider' researcher and how this has shaped my research.

Following this, I explored the ethical considerations I was faced with during this research process, including seeking ongoing informed consent, ensuring participant confidentiality, navigating potential distress when discussing sensitive and sometimes traumatic experiences, being accountable to my participants in the research process, and striving to make my research accessible. I then explored in more detail the concrete methods used, laying out my overall research design and considering how the use of mixed methods research is congruent with my overall

framework. I also discussed the important contribution of my advisory group in shaping each step of the research process. I then presented the design, sampling, and analysis approaches for the content analysis and survey in Stage 1, and the interviews in Stage 2, which were analysed using reflexive thematic analysis. In the following chapter, I will share the present and discuss the findings of the content analysis and survey from Stage 1.

5. STAGE 1 FINDINGS: CONTENT ANALYSIS AND SURVEY

5.1. Introduction

This chapter covers the results of the primarily quantitative Stage 1 of the project: the media content analysis and the Blue Badge holder survey. Firstly, I present the results of the content analysis, examining both the topics of Blue Badge newspaper articles and manifest themes in their reporting. I then discuss the significance of these findings in relation to how media representations contribute to a lack of understanding of disability as a nuanced issue of social oppression. Secondly, I present the exploratory analysis of the survey, including the types of encounters reported by my participants, the factors they felt shaped the encounters, the strategies they used to handle encounters, and the impact of these encounters on their use of Blue Badge bays. These variables are checked for associations with demographic and impairment data to explore how different groups of disabled people experience encounters. This is followed by a discussion of the key findings from the survey, in which I interweave findings from the content analysis to paint a clearer picture of how policy, public and media discourse, and individual encounters come together to shape the experience of exclusion in accessible spaces.

5.2. Content Analysis

5.2.1. Introduction

This section presents the results of the media content analysis in narrative form, with a link to each associated data table (DT) showing the descriptive data analysis in [11.1](#). Following a brief overview of the type of articles covered in the sample, I will present data on the 28 topics identified within the sample which mention Blue Badge parking and disability. I then examine the five most common topics in detail: parking fines, the extension of the Blue Badge scheme, accessible parking encounters, fraud and theft of Blue Badge bays, and the misuse of Blue Badge bays by non-Badge holders, using news values as a lens to analyse the way each of these topics is covered. I then analyse the themes present in the articles in terms of *how* the articles cover the Blue Badge and disability, including the type of people featured in the article, the people and groups quoted, ways disability is understood, and how stereotypes are replicated. Following this, I discuss the implications of these findings in terms of how disability continues to be represented in essentialist and disempowering terms in the media and often serves as a trope to induce strong emotions rather than feature on its own terms.

5.2.2. General Observations

With 773 articles, the Blue Badge and disability have featured frequently in major newspapers in the last five years. The 387 articles reviewed as part of the sample ranged from short one- or two-line news items to in-depth features, with word counts from 37 to 5075 and an average count of 667. DT [1.1](#) shows the count and percentage of articles per newspaper title (with weekday, Sunday, and online editions

amalgamated under each title), as well as the type of each publication. Articles in the sample featured predominantly in tabloid (80%) vs. broadsheet (20%) papers. DT [1.2](#) shows the distribution by newspaper type as well as across the five years within the sample. Over two thirds of the articles (69%) appeared in four tabloid newspapers: The Express (20%), the Mail (18%), the Mirror (17%), and the Sun (14%). Almost half of the articles (49%) were published in the first two years of the sample, 2018 and 2019, with much fewer articles on Blue Badges (7%) being published during 2020, a year that was characterised by multiple lockdowns during the height of the COVID-19 pandemic. Blue Badges are discussed in a broad variety of contexts, with over 28 distinct topics and 21 themes resulting from the coding process. This analysis will describe the distribution of these topics, before exploring the five most common topics in detail. It will then turn to analysis of the themes present in these articles.

5.2.3. Topics

In the analysis, I identified 28 distinct topics in relation to the Blue Badge and disability. The full list of topics and their definitions are detailed in DT [1.3](#). While some topics only occurred in a handful of articles, others were more prevalent, with the five most common topics being:

1. Blue Badge holders receiving a parking fine ("Fines") (49 / 13%)
2. Extension of the Blue Badge scheme ("Extension") (47 / 12%)
3. Encounters with strangers ("Encounters") (45 / 12%)
4. Blue Badge fraud and theft ("Fraud & Theft") (45 / 12%)
5. Misuse of Blue Badge bays by non-badge holders ("Misuse") (43 / 11%)

What is striking about these topics is their apparent mundanity; Fines, Encounters, or Misuse at face value do not constitute news of national importance. What makes

these stories newsworthy, then, will be explored through the lens of news values throughout this analysis.

Overall, there was a roughly equal split between articles which focused on the Blue Badge scheme generally and those focussing on a specific Blue Badge holder (see DT [1.4](#)). Articles in broadsheet papers were more often focused on general topics (68%), while this difference was less pronounced for tabloids, which were only slightly more likely to focus on specific Blue Badge holders (54%). This might be expected given broadsheet papers' focus on 'serious' topics rather than human-interest stories. This is confirmed by a closer analysis of topics by type of paper in DT [1.5](#), with Extension (17) and Fraud (14) the most common topics in broadsheet papers, while the most common articles in tabloids reflected the overall top five topics in a slightly different order, with Fines (47) the most popular topic, followed by Encounters (43).

The prevalence of topics shifted over time, as can be seen in the most popular topics by year in DT [1.6](#). Unsurprisingly, the extension of the Blue Badge scheme was the most common topic discussed in 2018 and 2019, when the extension was being consulted on and came into force. Fines were the most common topic in 2020 and 2022, with the environment being the most discussed topic in 2021. Misuse of Blue Badge bays remained in the top five most common topics every year, and encounters were in the top five most common topics during all years except 2020, highlighting the endurance of these topics as 'newsworthy'. Looking at the most common articles in the main four papers in DT [1.7](#), the Express most commonly published articles linking the Blue Badge to other welfare benefits (14) and on Fines (13). The Mail (10) and Mirror (12) were both most focussed on Encounters, with Misuse the

second most common topic for the Mail (9) and first for the Mirror (11). Misuse and Fines were also the most common two topics in the Sun (10 each). I will now explore the five most common topics in detail to understand how they represent the Blue Badge in the public consciousness.

Parking Fines

The overall most common topic in the analysis was that of Blue Badge holders (rightly or wrongly) receiving a parking ticket or fine. Key data regarding this topic is presented in DT [1.8](#). Fines articles featured almost exclusively in tabloid newspapers (95%) and focused mostly on specific instances of individuals receiving a parking fine (90%), rather than general fines. The Express, The Mirror, and The Sun were the dominant newspapers discussing Fines. More than half (61%) of the articles named private parking operators as the source of the fine. While parking fines at face value are a mundane subject, these stories meet the news values of bad news and shareability. By appealing to a sense of unfairness, they aim to invoke strong emotional reactions in the reader, potentially prompting them to share the content. A disproportionately large percentage of Fines articles were published in 2022 (43%, compares to 24% of all articles), coinciding with the emerging cost of living crisis, and potentially heightening anxiety about being 'ripped off' further. With the ultimate aim to stir up anger in the reader, focussing on Blue Badge fines to increase the sense of injustice may further heighten stereotypes of disabled people as particularly 'vulnerable'. Consequently, a considerable minority of articles used negative disability stereotypes including medical model ideas about disability (33%), presenting disabled people as victims (16%), or describing their impairment in detail (12%). Articles about fines most often included quotes from disabled people (47%)

and/or carers (39%), and sometimes policymakers (24%). In addition, 10% of articles related to fines received in supermarket car parks.

Extension of the Blue Badge Scheme

The second most common topic within the articles was the extension of the Blue Badge scheme to 'hidden' disabilities (see DT [1.9](#)). This topic dominated Blue Badge stories in 2018 and 2019. Coverage was spread across the newspapers, with all apart from the Metro reporting on the extension. Most of these articles focused on the extension generally (94%). Over a quarter of the articles (28%) which discussed the Extension also mentioned Fraud & Theft, establishing a link between the two topics. Many articles were very similar in wording, suggesting they were closely based on government press releases. Not surprisingly, then, most articles repeated the government's description of newly eligible impairments as 'invisible' or 'hidden' (89%). While the policy to extend the Blue Badge scheme does not cover specific impairments but is based on functional impacts of the impairment, most of the articles nevertheless mentioned specific impairments as examples of who would now be eligible under the extended scheme. These specific impairments were also coded, with autism (66%), mental health (62%), and dementia (55%) being frequently listed as examples of conditions supposedly benefiting from the extension. In contrast, Parkinson's (15%), arthritis (9%), epilepsy (9%), learning disability (4%) were mentioned much less frequently as potentially eligible conditions. This suggests there is hierarchy of impairments that are deemed to be more easily understood as being 'invisible' impairments that may benefit from a Blue Badge. Quotes in the articles were dominated by policymakers (60%) and charities (40%), with just 2 articles (4%) quoting disabled people. This highlights how the media relies on groups

deemed to be 'experts' rather than actual disabled people in discussing the impact of policy on their lives. Some of the articles also used negative tropes to discuss the extension of the scheme, with around a third (30%) using medical model language and around a fifth each claiming that Blue Badge parking was a 'perk' (21%) giving disabled people an advantage. Another fifth presented Blue Badge parking as 'scarce' (21%) and therefore under even further pressure by the extension. Moreover, 15% of the articles employed outright 'scrounger' rhetoric, suggesting that many disabled people were 'trying it on' in relation to the scheme. All but one of these Scrounger articles explicitly mentioned the extension of the scheme to people with mental health conditions, who also bore the brunt of 'scrounger' rhetoric in media reporting during austerity (Briant et al., 2013).

Encounters

Encounters, the focus of this thesis, were the third most common topic (45 articles) when discussing Blue Badges (see DT [1.10](#)). Encounters were almost exclusively reported in tabloid newspapers (96%) and focused on stories of specific encounters (98%). The Mirror was the newspaper most frequently reporting on Encounters with 12 articles. For the analysis, encounters were defined as interactions with another person, in line with the definition used within the survey and this overall thesis.

However, there was considerable overlap with the Notes topic about disabled people having notes left on their car. When combined, the topics of Encounters and Notes were the most prevalent type of story told about Blue Badges in national newspapers, and 10 (22%) articles involved both a note left on a disabled person's car and a face-to-face encounter. Encounters also overlapped with Misuse stories (16%), suggesting this is one of the situations in which newsworthy encounters

frequently take place. Two articles linked an encounter with the extension of the Blue Badge scheme. A considerable amount of Encounter articles involved people who were described as having 'invisible' impairments (69%). Disabled children featured in 44% of Encounter stories and a further 31% focused on disabled adults under 50, meaning that in total 75% of stories focused on 'younger' disabled people. Celebrity stories also made up 33% of the encounters, led especially by stories about Christine⁵ and Paddy McGuinness, who have frequently spoken about Blue Badge encounters they have had as parents to autistic children. These stories made up 80% of Celebrity articles and 27% of all Encounter articles.

Unsurprisingly, many of the stories included voices from those affected, with 51% quoting disabled people and 44% using quotes from family members or carers. Stories frequently focused on disabled people being accused of faking their impairment (76%), and these types of articles often replicated stereotypes of them as victims (71%) of harassment or discrimination. It is notable that none of the stories used 'scrounger' rhetoric when discussing the encounters. However, around half of them used medical model approaches (47%) and focused in detail on the disabled people's impairment (51%). In addition, 10 (22%) of the articles focused on encounters taking place in supermarket car parks. This analysis highlights that the

⁵ Although Christine McGuinness has publicly shared that she is also autistic, she was not coded as a disabled voice for the purposes of this analysis as her announcement came after the articles were published.

Blue Badge scheme is treated somewhat differently to other benefits just a few years ago. Instead of 'scrounger' rhetoric, articles frequently focused on raising awareness of negative encounters, often due to people who do not 'look' disabled (e.g. by having a non-apparent impairment or looking 'too young') being challenged, or because of disabled people challenging misuse of Blue Badge bays. However, even in stories focusing on disabled individuals, carer voices are quoted almost as often as disabled people themselves, suggesting disabled voices are still frequently absent even in personal reports. Around half of the articles rely on medical model approaches and descriptions of impairment to garner sympathy (or perhaps pity) for the disabled people in the encounters, and many of the articles contribute to the common media stereotype of disabled people as victims of crime or discrimination. Encounters are rarely in themselves of national noteworthiness. However, like Fines, they meet several news values that can evoke strong emotions. Encounters reported on are usually negative so meet the criteria of bad news, as well as those of conflict and drama, thus sensationalising the everyday hassles experienced by disabled people. In the sample surveyed, Celebrity is another significant news value that may make these stories interesting to a wider audience.

Fraud and Theft

Blue Badge fraud and theft (see DT [1.11](#)) was the third most common topic in the articles, alongside encounters. Two thirds (67%) of Fraud & Theft stories were published in the first two years of the sample and were more likely to focus on general fraud figures (69%) rather than specific instances of fraud or theft. Fraud & Theft articles were slightly overrepresented in broadsheet newspapers (31% vs 20% of all articles), but still most commonly found in tabloid newspapers, with the Sun,

Express, and Daily Mail having the most articles about fraud. As discussed previously, there was a link with the topic of extension, with 13 articles (29% of Fraud articles) discussing both together. Articles on Fraud & Theft frequently quoted Policymaker Voices (62%), with some articles also relying on Charity Voices (18%) and Transport Organisations (13%). Disabled Voices only featured in five (11%) of the articles. This again highlights the absence of disabled people in media stories about themselves, and how the impact of Blue Badge fraud on disabled people is rarely detailed in media. A significant minority of articles (40%) used 'scrounger' rhetoric to suggest that fraud was widespread. Almost a third (31%) linked Fraud & Theft to 'Invisible' Impairments, and a fifth portrayed disabled people as victims (20%). There was also again overlap with the portrayals of Blue Badge parking as either a 'perk' or scarce (both 16%). The reporting around Fraud & Theft thus more closely replicates the highly emotive rhetoric of media stories around benefits in the 2010s (Briant et al., 2013) than the other topics previously discussed.

Misuse of Bays

The misuse of Blue Badge bays by non-disabled people was the fifth most common topic in articles on Blue Badges (see DT [1.12](#)). The vast majority (91%) of articles on Misuse came from tabloid newspapers, with most articles in the Sun (23%), the Mirror (21%), the Mail (21%), and the Express (19%). There was a roughly even split between general (42%) and specific (58%) articles. While misuse of Blue Badge bays is a common problem, it is again not necessarily newsworthy in itself. Rather, news values such as drama, conflict, bad news, and shareability may play a part in why these stories were published. As with previous topics, the evocation of negative emotions is central to this. As well as the previously described overlap with

Encounter stories (16% of misuse stories), a significant minority of Misuse stories mentioned specific types of cars driven by misusers (21%), while 19% focused on Blue Badge bay misuse by celebrities, and 12% on misuse in supermarket car parks. This suggests that the emotions evoked are particularly envy and resentment, creating a sense of unfairness that celebrities or those driving expensive cars are using these spaces, and taking away the focus from Blue Badge holders as those impacted by the misuse, with only 21% of stories quoting disabled people.

5.2.4. Themes

As well as 29 topics, the analysis identified 21 broader themes in how newspapers report about Blue Badges and who featured in the articles. DT [1.13](#) shows the full list of themes, their frequency, and definitions. The themes can be broadly summarised into five categories:

- Voices (quotes from Disabled People, Carers, Policymakers, Transport Organisations, and Charities)
- Types of people (Young Disabled People under 50, Disabled Children, Celebrities, and 'Invisible' Impairments)
- Models of disability (use of Medical Model, Social/Rights model, mentions of Impairments)
- Stereotypes (Scrounger, Supercrip, Victim, and Faking Accusations)
- Other (Cars, BB Parking as a Perk, Scarcity, Supermarkets)

I will now explore each of these categories further.

Voices

Data for the Voices theme are represented in DT [1.14](#). Articles focusing on general topics were much more likely to use quotes from policymakers, charities, and transport organisations, while individual voices (disabled people & carers) featured

more frequently in articles about specific disabled people. Quotes from policymakers were the most common theme overall, featuring in over one third (34%) of the articles and most commonly in stories focussing on the scheme extension, fraud, and hospital parking. There was also overlap between articles that used both quotes from policymakers and charities. Over 65% of articles using quotes from charities also quoted policymakers. Charity Voices were slightly more likely to be used by broadsheet papers (35% in broadsheets vs 20% of all articles). Almost half of Charity Voices articles relied on negative stereotypes such as medical model language and/or detailed descriptions of impairment (both 44%). A third of Charity Voices articles focused on the extension of the Blue Badge scheme (35%). Overall, a smaller number of articles (10%) quoted transport organisations, discussing most often environmental measures or the impact of Brexit. Overall, the use of quotes from multiple 'expert' sources on general topics, combined with a relative absence of quotes from disabled people on these issues, suggests that these sources continue to be seen as more authoritative about disability than disabled people themselves. There is a lack of recognition of disabled people's expertise about our own lives and 'Nothing about us without us' is still largely absent in media reporting.

Just over a quarter of articles used quotes from people who were explicitly identified as disabled within the article (110 articles / 28%). These articles focused most commonly on Encounters, Fines, and Becoming Disabled. Almost half the stories using Disabled Voices included detailed description of the disabled people's impairment (48%) and slightly fewer used medical model language (41%), highlighting that even articles quoting disabled people frequently featured medicalising ideas of disability. Just over a third (36%) focused on disabled people

under the age of 50, despite most disabled people being older (Office of National Statistics, 2023). Quotes by carers were used slightly less often with a total of 78 articles (21%), and also most frequently featured in stories about Encounters and Fines. These stories frequently used negative perspectives on disability, with over half of the stories featuring Carer Voices also using Medical Model language (53%), and a significant number of stories presented disabled people as victims, e.g. of harassment or crime (41%), or provided detailed impairment descriptions (41%). Around a third of the stories focused on disabled children (36%), meaning that most of articles using Carer Voices focused on disabled adults but nevertheless quotes family members or friends rather than disabled people themselves.

Types of People

The second group of themes maps the kinds of people that feature in articles about Blue Badges (DT [1.15](#)). People who were described as having 'Invisible' Impairments were the most common group with 84 articles (22%). These articles were roughly evenly split between general disability stories and articles about specific disabled people (52%/48%) and 50% focused on the extension of the Blue Badge scheme. Other common topics in articles mentioning 'Invisible' Impairments include encounters (37%), fraud (17%), and notes (13%). The 'Invisible' Impairment theme overlapped with several other themes, with almost half of articles focusing on Invisible Impairments using Medical Model language (46%), and/or focusing on Faking Accusations experienced by disabled people (39%). A third of articles also presented disabled people as victims (35%) and/or provided detailed descriptions of their impairment (33%). This highlights that while there is recognition of the challenges faced by those whose appearance does not match stereotypical ideas

about disability, these articles are not necessarily empowering or challenging in other ways, with many still using medical ideas about disability. This is reflected in the voices present in these articles, with policymakers (34%), carers (29%), and charities (29%) more frequently quoted in articles about 'Invisible' Impairments than disabled people themselves (24%). A substantial minority of articles (17%) also further perpetuated hierarchies of disability by linking 'Invisible' Impairments with Fraud.

Around 12% of articles (47) reported on Blue Badge holders under the age of 50, particularly articles focusing on Encounters (30%) and Notes (26%), suggesting that younger disabled people either face more hassle or are more commonly reported on. While these articles frequently quoted Disabled Voices (85%), they also used multiple negative ways of reporting about disability, with 79% describing impairment in detail and 47% using Medical Model language. Additionally, almost half of the articles used Victim narratives (47%) and/or featured disabled people being accused of faking (43%). Disabled Blue Badge holders under 18 were coded into a separate category of Disabled Children, featuring in 10% of articles. Encounters were by far the most frequent topic in articles involving Disabled Children (54%). Over three quarters of the articles used quotes by the disabled children's carers (76%), with a significant amount focussing on 'Invisible' Impairments (65%) and of disabled children and/or their caregivers or companions being accused of faking (59%). Over half the articles used Medical Model language (59%) and 41% detailed the disabled children's impairments. This suggests an intersection between some of the factors, being young and 'invisibly' impaired, that both potentially contribute to encounters that involve challenge. At the same time, these stories again invoke negative emotions

about disability such as pity, using news values such as drama, conflict, and bad news.

The final group of people featuring in articles were celebrities, with 38 (10%). The most common topic among Celebrity articles were Encounters (39%), with 12 out of 15 articles focussing on Christine and/or Paddy McGuinness. The second most common topic was that of Becoming Disabled (32%), with 10 out of 12 these articles focussing on Katie Price. The third most common topic related to celebrities misusing Blue Badge parking (21%). Celebrity stories frequently used both Disabled (53%) and Carer (50%) voices, as well as relying on Medical Model language (45%) and detailed descriptions of Impairment (53%). Over a third of the articles focused on 'Invisible' Impairments (37%) and/or Faking Accusations (33%) respectively. Celebrity is one of Harcup and O'Neill (2017)'s news values, and the type of celebrity stories featured also relied on drama and conflict to enhance the shareability of these articles.

Models of Disability

For the third theme around ideas and models of disability, articles were coded according to how they presented disability (see DT [1.16](#)). This included presenting disability as a medical 'problem'. Two distinct codes exemplified this medicalised approach to disability: detailed descriptions of a person's Impairment (82 / 21% articles) and medical model language⁶ (113 / 29% articles). There was considerable

⁶ Medical model language was defined as involving references to 'suffering from', being 'vulnerable', describing impairment as causing disability or framing impairment as a burden.

overlap between the two categories with 53 articles employing both themes.

Descriptions of impairment featured most often in articles about Encounters (28%), Notes (24%), and Becoming Disabled (23%). While the majority of articles which featured descriptions of impairment also cited disabled people directly (65%), 43% of articles presented disabled people as victims of harassment, while 41% involved instances of Faking Accusations. This suggests that while these articles draw attention to confrontations and conflict in parking spaces, in doing so they rely on using 'proof' of legitimacy by focussing on medical aspects of impairment.

Impairments were often described in the context of younger disabled people (45%) and 'invisibility' (34%) of impairment, providing reassurance that the subjects were legitimately disabled despite these factors that are incongruous with stereotypes of what 'real' disability looks like.

Medical Model language was also most commonly used in stories about Encounters (19%), Fines (14%), and Becoming Disabled (14%). This type of language occurred in conjunction with a variety of voices including Disabled (40%), Carer (36%), and Policymaker (31%) Voices, highlighting that using disabled quotes alone does not negate essentialist ways of thinking about disability.

In contrast, only 21 articles used a clear Social Model or rights-based approach to disability, with most of these being published in broadsheet papers (57%), and particularly in the Independent/I and the Guardian. A third of these articles focused on the impact of environmental measures on Blue Badge holders, while a smaller number (3 articles / 14% each) focused on Encounters, the impact of Brexit, and the Blue Badge as Proof of disability. This highlights how social model ideas are largely absent in mainstream media, and encounters are much more likely to be framed in

medical rather than social terms. While 81% of Social Model articles cited disabled people, a significant number also cited policymakers (43%) and/or charities (38%), highlighting that voices of 'experts' endured even in these types of articles.

Stereotypes

Articles were coded for the three common stereotypes identified in disability reporting in chapter 2 of this thesis: Scrounger, Supercrip, and Victim. While the Scrounger stereotype was prevalent in media reporting during the height of austerity (Briant et al., 2013; McEnhill & Byrne, 2014), this sample identified a separate but related category that potentially shows the impact of this rhetoric: that of disabled people being accused of 'faking' their impairment. While the Scrounger stereotype is negative towards those being perceived as 'playing the system', the Faking Accusation theme takes a sympathetic approach to those being falsely accused of misusing Blue Badges or accessible parking spaces. While it is not a stereotype in itself, it is included here due to its close link to the Scrounger theme. A full analysis of all Stereotype themes can be found in DT [1.17](#).

Disabled people as Victims (67 articles) and as recipients of Faking Accusations (49 articles) were the most common stereotype themes. There was considerable overlap between the two, with 60% of those articles portraying disabled people as victims involving accusations of faking. Both themes were particularly prevalent in the first two years of the sample, with 67% of Faking Accusations and 76% of Victim articles published in 2018 and 2019. Both themes occurred most often in articles about Encounters and Notes and frequently used Medical Model language (55% of Victim articles / 61% of Faking Accusation articles) and detailed descriptions of Impairment (52% of victim articles / 69% of faking articles). In addition, articles about disabled

people as victims of harassment more frequently quoted carer figures (48%) than disabled people themselves (42%). Faking Accusation articles occurred almost exclusively in tabloid (96%) papers and focused on specific disabled people (98%), rather than recognising this as a systemic issue. Further, two thirds (67%) of articles involving Faking Accusations mentioned 'Invisible' Impairments. This suggests that while these articles focus on harassment of disabled people in public, a significant number do so in stereotypical terms that do not necessarily challenge essentialist ideas about disability, for example by replicating hierarchies of oppression regarding 'who has it worst', rather than highlighting the harassment faced by all disabled people.

The Scrounger stereotype was less prevalent in the sample, occurring in only 27 articles (9%). This could be because of shifts in newspaper reporting about disability and/or because the coverage of Blue Badges is more sympathetic than reporting on disability benefits. 'Scrounger' rhetoric was most common in 2018 and 2019 (67% of articles) and occurred in both tabloid (70%) and broadsheet papers (30%), and disproportionately in the Mail (9 articles) and the Telegraph (4 articles). Most Scrounger articles discussed either Fraud & Theft (67%) and/or the Extension of the scheme (26%). Almost half quoted policymakers (44%), and a third of articles (9) linked the Scrounger stereotype to 'Invisible' Impairments. This highlights again that while there is now overall a more sympathetic approach to reporting on 'Invisible' Impairments, there is nevertheless also a perpetuation of hierarchies of impairments and the idea that 'visibility' equals legitimacy. The final stereotype of the supercrip who 'overcomes' disability was only found in 11 articles. It occurred most frequently in 2020 (5 articles), the year with the fewest articles on Blue Badges due to the

COVID-19 pandemic. Supercrip rhetoric was used especially in stories about Becoming Disabled, and about disabled people experiencing issues when applying for a Blue Badge (3 articles each). Most of the articles included detailed descriptions of Impairment (82%) and 5 focused on disabled people under 50. The relative absence of this stereotype is congruent with the large prevalence of the victim stereotype (as the two may be difficult to combine) and the overall tendency of articles to focus on 'bad news' stories to provoke negative emotions.

Other Themes

The analysis identified four themes that did not neatly fit into the above theme categories (see DT [1.18](#)). These include descriptions of Blue Badge parking as either a perk (28 articles) or as scarce (16 articles), mentions of the type of car used in a Blue Badge bay (20 articles), and supermarket car parks (26 articles). Articles about Blue Badges being a perk or providing 'free parking', as well as focusing on the supposed scarcity of Blue Badge parking were most frequently associated with Extension articles (36% Perk articles and 63% of Scarcity articles) and Fraud & Theft articles (25% of Perk articles and 44% of Scarcity articles). In addition, the Perk theme also featured in articles linking the Blue Badge to other benefits (21%). The theme of Scarcity occurred mostly in the first two years of the sample, during the consultation and implementation on the Blue Badge extension (75%). It had strong overlap with articles focussing on 'Invisible' Impairments. By making this link, reporting risks reinforcing ideas that people eligible under the extended scheme are less legitimate and taking spaces from more 'deserving' people with physical impairments, thereby replicating hierarchies of legitimacy.

Articles focussing on supermarkets appeared almost exclusively in tabloids (92%), which is not surprising giving the 'soft news' aspect of the mundanity of supermarket shopping. These articles focused most frequently on Notes (42%) and Encounters (38%) in these spaces, with some also discussing Fines (19%) and Misuse of spaces (19%). Disabled Voices were used frequently in these articles (58%), but they were also characterised by the Victim stereotype and a focus on Impairment (54%). Further, almost half (46%) of articles focussed on Faking Accusations. This cements supermarkets' position as a frequent location for issues around Blue Badge parking (Disabled Motoring UK, 2019, 2020, 2021, 2022). It highlights how through news values around conflict and bad news, everyday situations can be deemed relevant to a larger readership. The final theme of expensive cars featured most often in articles about Misuse (45%) and Fraud & Theft (25%). These articles were especially common in the Mail and occurred disproportionately in 2022 (40% vs 24% articles). This may again link to the cost of living crisis, with descriptions of people with expensive cars abusing 'the system' designed to create outrage and resentment at a time when others have less, highlighting once more the importance of emotions inherent in news values such as conflict, drama, bad news, and shareability.

5.2.5. Discussion

The content analysis confirms the assertion that accessible parking spaces are one of the most commonly recognised spaces associated with disability in the public consciousness (Dorfman, 2020). The 773 articles identified in this analysis equate to an article about Blue Badges and disability published approximately every 2.3 days over the 5-year period. These articles cover a wide variety of topics, showing how the Blue Badge is associated with accessible parking but also with disability more

broadly (e.g. as part of a 'package' of disability welfare benefits, as a form of ID for being disabled, or as a milestone in someone's experience of 'becoming disabled'). Despite the broad range of topics identified in the content analysis, it nevertheless highlights that the significant issues with disability representation in the media discussed in the literature review continue to exist in current news coverage of Blue Badges.

While articles about Blue Badges mostly do not replicate the intense scrounger rhetoric found in articles about disability during the height of austerity (Briant et al., 2013; Garthwaite, 2011; McEnhill & Byrne, 2014), the way disability is spoken about in the media is nevertheless often disempowering, with medical approaches to understanding disability still prominent. The newspaper coverage also contains multiple aspects of a charity model understanding of disability. The prevalence of 'expert' voices such as charities and policymakers, particularly in articles that focus on Blue Badge policy in general, is an example of the paternalistic approach characterising the charity model, which assumes that these 'experts' know best what is 'good' for disabled people. The analysis also clearly shows the frequent positioning of disabled people as victims through sensationalising of discrimination and hate incidents (Barnes, 1992; Inclusion London, 2022; Quarmby, 2013), including those that occur during encounters. Charity and medical model approaches are closely related, as alongside the assumption that disabled people are helpless and tragic goes the expectations of 'suffering'. This term was employed frequently in articles coded as 'medical model', often alongside detailed descriptions of a persons' impairment.

In contrast, there is an almost complete absence of articles which employ a social model approach that recognises how environmental and societal barriers contribute to the experience of disability. This is particularly noticeable in articles focussing on encounters where someone is accused of faking their impairment, with none of the articles making the link between this type of interaction and the wider climate of 'scrounger' rhetoric perpetuated by the government and media (Garthwaite, 2011; Hughes, 2015). Rather, the problem of encounters is individualised. Instead of challenging hierarchies of impairment (Deal, 2003), articles often end up reinforcing them through detailed descriptions of impairment to justify that someone is legitimate in a Blue Badge space *despite* having an incongruous impairment. This naturalises the idea that, to be deserving, disabled people firstly need to have a diagnosis that involves 'suffering' and secondly are expected to make the details of this condition public knowledge in order to be accepted.

In addition to reinforcing stereotypical charity and medical approaches to disability, the articles in the sample also perpetuate other essentialist ideas which do little to challenge essentialist understandings of disability. Both the articles on encounters and on the extension of the Blue Badge scheme reinforce the idea of visible (physical) impairment and 'invisible' / 'hidden' (non-physical impairment) as a binary within the disability community. While both types of articles most often promoted the idea that people with 'invisible' impairments may have a legitimate need for accessible parking, the analysis also found that a minority of articles continue to link coverage of 'invisible' impairment with fraud and/or 'scrounger' rhetoric, recreating hierarchies of impairment (Deal, 2003). Likewise, the focus of Encounter articles suggests that most encounters involve faking accusations, and that two groups of

people primarily experience these types of encounters: young people with 'invisible' impairments, or parents of children with 'invisible' impairments. While age and visibility of impairment are undoubtedly important factors in encounters, focussing solely on these characteristics at the expense of others creates a hierarchy of oppression, with the implication of the message that 'Not every disability is visible' being that people with visible impairments do not face the same hassle from strangers. This obscures the considerable harassment disabled people receive simply for being hypervisible in public spaces (Burch, 2021; Edwards & Maxwell, 2021; Morris, 1991; Reeve, 2008). In doing so, it depoliticizes encounters, by omitting the wider context of 'scrounger' austerity rhetoric, and instead explaining away encounters as resulting from ignorance about disability rather than abjection and hatred of those who are different. 'Not every disability is visible' in this context reduces encounters to misunderstandings that can easily be fixed through greater 'awareness', rather than a manifestation of the systemic ableism faced by disabled people on a daily basis.

Given that most articles about Blue Badges were found in tabloid publications, which continue to dominate the UK newspaper market, the lack of political engagement with disability is perhaps not surprising. Rather, looking at the most prevalent topics, disability is often a vehicle for a story that seeks to evoke emotions through news values such as bad news, conflict, or surprise (Harcup & O'Neill, 2017), in order to generate engagement with and shareability of an article. This is epitomised in the prevalence of the Fines articles, particularly during the later years in the sample where there was considerable anxiety about rising living costs. Similarly, articles about Encounters, Fraud & Theft, and Misuse of Blue Badge bays often appeal to

emotions such as outrage and a fundamental sense of unfairness. This functions firstly by continuing the 'politics of resentment' (Hughes, 2015) about disabled people getting better treatment, and secondly by positioning disabled people as helpless victims who are unfairly treated by others. These representations co-exist in the articles, with neither bringing about positive change for disabled people. Rather, they are a manifestation of how media narratives can actively perpetuate disabled people's marginalisation in society (Barnes, 1992; Reeve, 2020; Williams-Findlay, 2014). These articles are so powerful precisely because they play into ableist assumptions that disability is tragic and unfair (Hunt, 1998), cementing our position as 'vulnerable', helpless victims and increasing the emotional outrage at the 'unfairness' of somebody committing Blue Badge fraud or a celebrity with an expensive car misusing an accessible parking space. Tropes such as 'disabled people as victims' thus play an important part in making an otherwise mundane topic news- and clickworthy.

In addition to stereotypical and essentialist understandings of disability, the articles highlight how access is often understood as optional, or even as better treatment. This is illustrated by the absence of disabled people's voices in articles about Blue Badge fraud, theft, and misuse, which suggest this coverage is not about highlighting the impact these acts have on disabled people's access, but rather invoke strong negative emotions, as explored in the previous paragraph. Representing disabled people as receiving 'perks' is a feature of austerity rhetoric (Quarmby, 2011, 2013; Roulstone & Morgan, 2014) and a minority of articles described the Blue Badge in this way. While this was sometimes in the context of 'scrounger' discourses, other articles such as those on benefits used this term as shorthand for some of the

'support' available to disabled people. Nevertheless, this attitude towards access confirms an understanding of disability and accessibility as exceptional rather than the norm. The topic of 'scarcity' of Blue Badge bays also reinforces this idea. By not querying *why* there are so few bays or campaigning for more, scarcity naturalises the 'bare legal minimum' approach (Hansen & Philo, 2007; Pritchard, 2021a; Reeve, 2014a; Slater & Jones, 2021) that is often taken to the provision of accessible parking. In doing so, these articles perpetuate the pitting of disabled people against each other in a hierarchy of legitimacy about who needs and 'deserves' a space most. Finally, outright 'scrounger' discourses were present in some of the articles, particularly in the final two years of the sample (2021-2022). This indicates that possibly, the absence of 'scrounger' rhetoric was merely a temporary reprieve and that, given the current renewed targeting of disability welfare by the current government (Chaplain, 2025; Department for Work and Pensions, 2025), the pattern observed in the sample was the beginning of another wave of austerity discourse aimed at disabled people.

5.2.6. Content Analysis Summary

In this section, I have presented the findings from the content analysis of major UK newspapers articles on the Blue Badge and disability between 2018-2022. I have presented general information about the sample, as well an analysis of the most common five topics (Parking Fines, Extension of the Scheme, Encounters, Fraud, and Misuse of Bays), using the concept of news values as an analytical tool. I also discussed the significance of the different themes present in the articles, including the voices and types of people represented, the presence of differing models of disability and disability stereotypes, and other themes present. In the discussion, I

have explored how, despite the absence of 'scrounger' rhetoric, articles employ essential understandings of disability rooted in charity and medical model ideas, and how a focus on 'invisibility' of impairment depoliticises understandings of disability, pitting disabled people against each other rather than against an ableist world order. I have also explored the way in which disabled people are represented as victims in order to evoke strong negative emotions of resentment and unfairness. Finally, I have discussed how representations of access as a 'perk' continues to exceptionalise disability and justify a 'bare minimum' approach to access, thus potentially paving the way for more 'scrounger' rhetoric rooted in the politics of deservingness. The findings from this analysis stands in an interesting contrast to disabled people's actual experiences according to my survey of Blue Badge holders. I will present the survey data in the next section, followed by a discussion of the similarities and differences between how the Blue Badge is portrayed in newspaper coverage versus how its use is experienced by disabled people.

5.3. Survey

5.3.1. Introduction

In this section, I present an exploratory analysis of the survey data, themed broadly around the four RQs. This analysis is supported by the data tables in [11.2](#). I begin by exploring the demographics of my survey population, comparing them where possible against a representative sample of Blue Badge holders from the NTS. I then focus on the type of encounters that take place, including how common they are, the positive and negative interactions that occur within them, and their associations with demographic factors. I also discuss when and where encounters take place in terms

of their number, frequency, and locations. I explore various factors that my participants perceived as shaping encounters, including in/visibility, mobility aids, demographics, other factors of incongruity, and limited resources. Finally, I analyse the strategies used by participants to deal with different encounters, their experiences of reporting and enforcement, and the impact of encounters. In the discussion, I explore the implications of the analysis, including the emerging complexity of encounters, hierarchies of impairment, and the importance of age as a legitimate marker of disability. I refer back to the findings from the content analysis in considering how the focus on in/visibility obscures that there are many other ways in which one can be incongruous with a stereotype and deflects attention away from the intersectional aspects of incongruity. I also discuss the role of austerity politics in shaping encounters and the strong impact that interactions involving microaggressions can have in shaping everyday experiences of using accessible parking spaces.

5.3.2. General Overview

Demographics

DT [2.1](#) shows a breakdown of the demographics of my survey participants in terms of gender, age group, ethnicity, sexual orientation, gender identity, region, and impairment visibility and type. As explained in the methodology, the demographics from this survey was compared to data from the NTS 2018-2024 as a representative survey containing benchmarking data for Blue Badge holder demographics. This comparison indicated that female participants were overrepresented in my survey, with women making up 67% percent compared to 58% in the NTS (Department for Transport, 2024c). This suggests women may experience more encounters or may

simply be more willing to complete a survey about them. Older people are more likely to hold Blue Badges (Department for Transport, 2024c). Compared to NTS demographics, participants over 70-79 were underrepresented and all age groups from 18-59 were overrepresented in my survey, with almost half of participants (48%) aged between 40-59. This could indicate that younger disabled people under 60 more often experience encounters, but could also be shaped by my survey recruitment taking place mostly online, as older people are less likely to use the internet regularly (Prescott, 2021). The NTS does not distinguish between different ethnic minorities but recorded 6% of Blue Badge holders as being 'non-white' (Department for Transport, 2024c). This is broadly reflected in my survey, where 7% of participants indicated they were part of a minoritised ethnic group.

The NTS does not collect data on sexual orientation or type of impairment, so there were no benchmarks for these demographic variables. LGBQA people made up 22% of the sample and are therefore likely overrepresented in the sample; Census 2021 data indicated that 8.4% of disabled people in England and Wales identify as LGB+ (Colvin et al., 2023). Trans people were also likely overrepresented with 8% compared to 0.55% of the English population (Office for National Statistics, 2023). Respondents could select one or more impairments, with the most common being mobility (81%) and chronic illness (76%). Other common impairments included mental health conditions (23%) and neurodivergence (15%). Almost two thirds of participants (74%) said they had more than one impairment. I also asked participants about their impairment visibility, with 44% describing their impairment as always visible or recognisable to strangers, while 39% stated it was sometimes visible, and only 16% describing their

impairment as never visible. The participants had held Blue Badges between 1 and 55 years, with an average (mean) of 12 years.

Approach to Analysis

As briefly explained in the methodology, I developed broad guiding questions to ensure the analysis produced directly addressed the research questions. The guiding questions are shown in Figure 7:

Guiding questions for analysis

Demographics

- Who completed the survey and how do they compare to the NTS sample of Blue Badge holders? Who is missing from the survey?

Types of encounters

- Which encounters take place most often?
- Are there other types of encounters I have not considered?
- How often did people have positive experiences and what kind of experiences?
- How often did people have negative experiences and what kind of experiences? Which are most common?
- How do specific types of encounter vary by demographic factors (region, age, gender, type of impairment, race, sexual orientation) and impairment visibility?
- Who was involved in the encounter?
- What stories do disabled people tell about encounters?

Frequency and place

- How many encounters have disabled people have? How do they vary by demographics and impairment visibility?
- How often do encounters take place? How do they vary by demographics and impairment visibility?
- Where do encounters take place?

Factors

- What do people believe are the main factors in these encounters? How does this vary by demographics, visibility of impairment, positive / negative encounters frequency of encounters?
- How is use of different mobility aids associated with frequency and types of encounters?
- How do disabled people describe the factors that may play a role in encounters?

Management and Impact

- Which strategies do disabled people use to manage encounters?
- How do the strategies employed vary by demographics, positive / negative encounters, type of encounters experienced, visibility of impairment, frequency of encounters?

Impact

- How many people have reported and who to? How does this vary by demographics and frequency of encounters?
- How often do people worry about encounters? How does this vary by demographics, positive / negative encounters, type of encounters experienced, visibility of impairment, frequency of encounters?
- How do disabled people speak about the impact of the encounters?

Figure 7: Guiding questions for survey analysis

In order to answer these questions, the survey was designed to capture a variety of encounter experiences and different ways in which encounters may play out. In line with my approach to capturing nuance and complexity, this included ensuring that participants felt represented by both the encounter options and the demographic descriptors. However, to make the analysis in this thesis manageable, I have needed to simplify and combine some data categories in order to ensure that the data categories were firstly not too complex to be calculable in Stata, secondly focused on the most relevant aspects of encounters with regards to the RQs, and thirdly produced meaningful results by having reasonably large sample sizes. To achieve this, I have had to make several decisions to make the data more manageable, which are set out below.

In order to capture the complexity of encounters, I focused both on broad 'encounter types', e.g. the overall reason why an encounter plays out, and specific positive and interactions which mapped what *actually* happened during the encounter.

Interactions could occur as part of a broader encounter type or even on their own (e.g. staring could have occurred as part of a faking accusations encounter or just a general interaction without any actual conversation taking place). While I initially included six broad encounter types in the survey, the qualitative data emerging from the survey as well as the subsequent interviews in Stage 2 highlighted that four encounter types were most profoundly affecting participants' experiences: Faking Accusations, Confronting Others, Harassment/Hate encounters, and Positive Encounters. Consequently, the other two encounter types in the survey, "Being denied access to a space" and "Lack of parking", are not included in this analysis, as they did not emerge as standalone encounters but rather secondary events to one of the main encounter types (e.g. "Confronting others"). All interaction types (both negative and positive) were included in the analysis.

Some measures of encounters included questions about how often an encounter occurred or the impact encounters had, measured using a five point Likert-scale: ("Never", "Rarely", "Sometimes", "Often", "Always"). To ensure calculability of the analysis as well as reasonable sample sizes for each category, the five points were combined into three for analysis: Never, Occasionally (merging "Rarely" and "Sometimes"), and Frequently (merging "Often", "Always").

In terms of demographic variables, data regarding the regions where participants resided were aggregated into four categories ("North", "South", "Midlands", "London") for manageability of data. While participants could select multiple options

from a range of impairment types to self-describe their impairments, for this analysis, I am focusing only on the four most common impairment types (“Mobility”, “Chronic illness”, “Mental Health Condition”, “Neurodivergence”). In the analysis, I also refer to chronic illness, mental health conditions, and neurodivergence as ‘incongruous’ impairments to highlight that, unlike mobility impairments, they may not be expected by the public to be associated with Blue Badge use.

The rationale for focusing only on the most common impairments is rooted in both manageability of the amount of data gathered from the survey, as well as creating a robust analysis. All but one of the participants in the survey belonged to at least one of the top four impairments. Participants were included in each appropriate analysis relating to their impairment. While focusing only on the four most common impairments means inevitably losing some nuance about the intersections between different impairment categories, the sample size of the smaller impairment categories also factored into this decision. It is well documented that small sample sizes can make it difficult to obtain statistically significant results, even where an association potentially exists (Andrade, 2020; Blackford, 2017; Button et al., 2013). As the smaller impairment type categories contained only two dozen or less participants each, this made it particularly difficult to produce an accurate and meaningful analysis of the experiences of people with these impairment types.

For the same reason as above, I made the decision to combine the ethnicity category into a binary category of “white” vs “non-white”. While this matches how data is presented in the NTS which has been used as benchmark survey, it is clearly at odds with my approach to challenging binaries. By combining minoritised ethnicities into one category, I do not mean to suggest that all have the same experiences; rather, it

is motivated by a desire to ensure a larger sample size that is able to produce more accurate results about when and how ethnicity plays into encounters. Unfortunately, due to the overall small sample size of racially minoritised participants even when combined into one category, this has proven challenging, and I will reflect further on the implications of this in the Discussion section of this thesis.

Given the large volume of rich data produced by the survey, I have had to limit what can be reasonably presented in this thesis. I have therefore reported primarily on associations of at least weak to moderate strength, though have also sometimes included associations that narrowly miss this threshold, or noted where no association is found, particularly in cases where one could perhaps be expected. Associations are presented in the format ($\chi^2 (A, N = B) = C, p = D, V = E$), with A denoting the degrees of freedom in the chi-square test, B the number of participants, C the size of the chi-square, D the probability (with values <0.05 being of statistical significance), and E the size of Cramer's V (with 0.20 or larger being regarded as a sufficiently strong effect size).

5.3.3. Types of Encounters

Most Common Encounter Types

The survey asked participants about their experiences of four broad encounter types (being accused of faking, confronting-Blue Badge holders misusing bays, being harassed for being disabled, and positive encounters). All encounters had been experienced to some degree by 67-75% of participants, with most experienced rarely or sometimes, as illustrated below in Table 1:

Type of encounter	Never	Rarely	Sometimes	Often	Almost always	N
Faking accusation	72 (25.7%)	42 (15%)	115 (41.1%)	44 (15.7%)	7 (2.5%)	280
Confronted others	76 (26.5%)	77 (26.9%)	79 (27.5%)	45 (15.7%)	10 (3.5%)	287
Hate / harassment	89 (32.8%)	72 (26.6%)	81 (29.9%)	24 (8.9%)	5 (1.9%)	271
Positive encounter	83 (31.7%)	91 (34.7%)	69 (26.3%)	17 (6.5%)	2 (0.8%)	262

Table 1: Most common encounter types with counts and percentages

These encounter types were checked for associations with demographic variables in order to explore if some groups of disabled people were more likely to experience certain encounters than others, and this data is presented in DT [2.2](#). The initial analysis suggests that different groups of disabled people tended to have different encounters. Having more frequent encounters which involved being accused of faking was moderately associated with the Age variable ($\chi^2(10, N = 279) = 41.38, p = .000, V = 0.27$), with younger people more likely to be accused. The variable relating to Impairment Visibility ($\chi^2(4, N = 277) = 19.70, p = .001, V = 0.19$) narrowly missed the threshold for a weak to moderate association with the Faking Accusations variable but suggests that people with sometimes visible impairments in particular were more often accused. Likewise, participants with incongruous impairments that may not necessarily be associated with the Blue Badge were also more frequently challenged: the Chronic Illness ($\chi^2(2, N = 280) = 11.51, p=.003, V=0.20$), Mental Health Condition ($\chi^2(2, N = 280) = 11.07, p=.004, V=0.20$) and Neurodivergence ($\chi^2(2, N = 280) = 19.70, p=.002, V=0.21$) variables were all weakly to moderately associated with the Faking Accusations variable.

The open-ended comments around the experience of Faking Accusations highlighted that these accusations were not always made outright. Rather, they happened across a continuum on which suspicion was expressed, ranging from staring and subtle gestures of disapproval (tutting, hushed comments) to intrusive questions, surveillance, and direct accusations, as well as being followed or reported. Several people described having random strangers demand to inspect their badge. Others described being denied access to bays by being physically blocked in or out to prevent them from moving:

As I pulled into the disabled bay, an older lady knocked on my window and asked if I was aware there [sic!] spaces were for disabled people. I told [her] yes, I was fully aware of that and proceeded to get my things together ready to get out the car. The lady stood close to my door so I couldn't open it to get out. She said she wasn't moving until I moved my car and that these spaces were for people with real disabilities. She then asked if I was actually disabled and to prove it. This made me very uncomfortable because I have autism. I am also an above knee amputee of my right leg so at this point I just pointed down to my stump. She then apologised for her behaviour but said it wasn't her fault because she couldn't see my disability. (Woman with chronic illness, mental health condition, and neurodivergence, 30-39, Midlands)

Some participants were told they were not disabled *enough* to use a Blue Badge bay, replicating a hierarchy of legitimacy that suggests some disabled people deserve the spaces more than others. This hierarchy occurred both in confrontations with non-disabled people and with other Blue Badge holders, and was even reproduced by some of the participants themselves in comments in the survey:

I have to admit, I also get annoyed by people who park in large spaces but who don't use any kind of aid or require the door to be fully open, when standard

spaces are available, as I have no choice, no large space and I can't park. (Man with chronic illness, 50-59, Midlands)

Hierarchies thus shaped both the views of disabled and non-disabled people on the use of Blue Badge bays. These hierarchies were also apparent in encounters where Blue Badge holders confronted people without badges who were misusing bays. Older people over 60 engaged in this confrontation more frequently ($\chi^2 (10, N = 287) = 32.70, p = 0.000, V = 0.24$) with a weak to moderate association between Age and Confronting Others. This suggests that older disabled people may be relatively secure in their legitimacy and therefore feel more confident in standing up for themselves in Blue Badge bays. Misuse of Blue Badge bays was felt to be a significant and common problem in the open comments, and some of the participants described confronting others, often stressing that they did so politely to “try to keep it low key” (Woman with mobility impairment, 70+, South of England), e.g. by pointing out to a potential misuser that they had ‘forgotten’ their badge. Most participants described getting a negative reaction when confronting others, with many misusers simply not caring and minimising the impact of their misuse – many participants cited hearing the common excuse ‘I’ll only be five minutes’ from misusers. Two participants described attempted theft of their own badges by the misusers they confronted. There was also some evidence of hierarchies in harassment encounters, with people with chronic illness more likely to face harassment in Blue Badge spaces ($\chi^2 (2, N = 271) = 13.24, p = .001, V = 0.22$). Positive encounters, which were more commonly experienced by those with an always visible impairment ($\chi^2 (4, N = 259) = 28.23, p = .000, V = 0.23$) and specifically a mobility impairment ($\chi^2 (2, N = 262) = 18.08, p = 0.000, V = 0.26$).

Positive Interactions

Looking in more detail at positive encounters, 69% of participants said they had had at least one positive encounter. I asked participants about different interactions they had during this encounter. Just over half (53%) had had a positive interaction with another Blue Badge holder, while just over a third had experienced positive small talk with a random passerby (37%) or received welcome help from others (33%). This is also summarised in Table 2:

Type of positive interaction (N =304)	Count	Percentage
Small talk with other BB holders	161	53%
Small talk with a random passerby	112	37%
Wanted help	99	33%
Other positive encounter	14	5%

Table 2: Positive encounters with counts and percentage

DT [2.3](#) shows the associations between different positive interactions and demographic variables. Small Talk with another Blue Badge Holder was not associated with specific impairments, although having an always visible impairment ($\chi^2 (2, N = 298) = 9.27, p=.010, V=0.18$) narrowly missed the threshold for a weak to moderate association. In contrast, having an always visible impairment was strongly associated with the Small Talk with a Random Passerby variable ($\chi^2 (2, N = 298) = 22.84, p=.000, V=0.28$). Furthermore, both having a more visible impairment ($\chi^2 (2, N = 298) = 10.28, p=.006, V=0.19$) and a mobility impairment ($\chi^2 (1, N = 304) = 9.99, p=.002, V=0.18$) narrowly missed the threshold for a moderate association with having received wanted help in a Blue Badge bay. This data suggests that a positive encounter with the general public depends on being visibly congruent with conventional societal ideas about disability. In the open-ended comments, participants described positive chats about their accessibility

equipment, solidarity with both Blue Badge holders and others during and after encounters, and a few described having a helpful interaction with traffic wardens.

These encounters could have a positive impact on wellbeing:

I have also had some great interactions with other Blue Badge holders (usually elderly), who are keen to chat as I am younger. I feel that sometimes it is the only interaction they have in the day (makes me feel positive too). (Woman with chronic illness and mobility impairment, 50-59, Midlands)

Negative Interactions

The most common negative interaction was staring, which had been experienced by 80% of participants, followed by intrusive questions (63%), and expressions of envy of Blue Badge parking (59%). Table 3 below shows the full range of counts and percentages for all negative interaction types:

Negative interaction type (N = 304)	Count	Percentage
Staring	242	80%
Intrusive questions	193	63%
Expressed envy	178	59%
Unwanted help	144	47%
Being patronised	144	47%
Insults	141	46%
Treated as a non-person	120	39%
Threats	97	32%
Being reported	85	28%
Laughed at	68	22%
Being photographed / filmed	52	17%
Being followed	43	14%
Physical violence	19	6%
Other negative encounter	23	7.8%

Table 3: Negative interactions with counts and percentages

To structure the analysis, these negative interactions were grouped into four categories:

- Intrusive encounters (Staring, intrusive questions)
- Suspicious encounters (Envy, being photographed/filmed, being followed, being reported)
- Aggressive encounters (Insults, threats, violence)
- Belittling encounters (Unwanted help, non-person treatment, patronised, laughed at)

The analysis of intrusive and suspicious interactions and their associations with demographic variables can be found in DT [2.4](#). Intrusive interactions were the most commonly experienced category of negative interactions among the participants.

Staring, the overall most common negative interaction was moderately associated with Age (χ^2 (5, N = 303) = 33.56, p =.000, V =0.33), with those under 50 more likely to be stared at. Interestingly, Visibility of Impairment was not associated with Staring (χ^2 (2, N = 298) = 3.56, p =.168). However, having a Chronic Illness (χ^2 (1, N = 304) =

11.35, $p=.001$, $V=0.19$) almost met the threshold of being weakly to moderately associated with the Staring variable. The other intrusive interaction of others asking the Blue Badge holder personal questions was also moderately associated with Age ($\chi^2 (5, N = 303) = 24.90$, $p=.000$, $V=0.29$). Chronic illness was also associated with Intrusive Questions ($\chi^2 (1, N = 304) = 13.85$, $p=.000$, $V=0.21$), while Visibility of Impairment marginally missed the threshold for a weak to moderate association with the Intrusive Questions variable ($\chi^2 (2, N = 298) = 10.80$, $p=.005$, $V=0.19$). Another weak to moderate association related to LGBTQA participants being more likely to receive Intrusive Questions ($\chi^2 (4, N = 282) = 12.29$, $p=.0015$, $V=0.21$). These findings suggest that age is a significant factor in making someone 'questionable' in a Blue Badge bay, much more so than in/visibility of impairment.

The second group of interactions relate to encounters where disabled people were under suspicion by others. Envy is included in this group as arguably the attitude that disabled people are receiving 'perks' is an underlying motivator for the surveillance of others. Envy was the third most common negative interaction experienced by participants. It was weakly to moderately associated with being younger ($\chi^2 (5, N = 303) = 12.44$, $p=.029$, $V=0.20$). None of the impairment variables were associated with Envy, suggesting that all disabled people can potentially experience envy in Blue Badge bays. More confrontational suspicious interactions such as Being Photographed/Filmed and Being Followed were not associated with demographic factors or impairment visibility, and only weakly associated with the incongruous impairment types (Chronic Illness, Mental Health Conditions, Neurodivergence). In contrast, Being Reported was moderately associated with Age, and particularly with being under 40 ($\chi^2 (5, N = 303) = 35.19$, $p=.000$, $V=0.34$) and with Neurodivergence

(χ^2 (1, N = 304) = 29.59 p = .000, V = 0.31). LGBTQA people (FET = .003, V = 0.24) were also more likely to have been reported. Overall, the data on suspicious interactions indicates that while being young and/or having an 'incongruous' impairment make someone a more likely target of surveillance by others, other identities can potentially also play a role in making someone more likely to be scrutinised by others.

DT [2.5](#) shows the associations between hostile and belittling encounters and demographic variables. Interactions involving aggression or hostility, such as Insults, Threats, or Physical Violence, did not have more than weak associations with any demographic or impairment factors. The final group of negative interactions were those that (intentionally or unintentionally) belittled the disabled person, including Being Patronised, Unwanted Help, Being Laughed At, and receiving 'Non-person' Treatment (e.g. the third party ignoring the disabled person by talking to their companion instead). Younger people were more likely to experience being patronised (χ^2 (5, N = 303) = 24.41 p = .000, V = 0.28), and the association between Age and Unwanted Help was just below the threshold for weak to moderate strength (χ^2 (5, N = 303) = 11.35 p = .045, V = 0.19). LGBTQA participants were more likely to report having received unwanted help (χ^2 (4, N = 282) = 16.21, p = .003, V = 0.24). Having an always visible impairment was also associated with both Non-person Treatment (χ^2 (2, N = 298) = 20.32, p = .000, V = 0.26) and Unwanted Help (χ^2 (2, N = 298) = 12.09, p = .002, V = 0.20), highlighting how being obviously disabled can attract paternalistic and condescending attitudes.

5.3.4. Time, Space, and People

Locations

Supermarkets were the most frequent location where encounters took place (87%), followed by Shops (70%) and Doctors' Surgeries or Hospitals (58%). Around a quarter had had encounters at Schools, Gyms, and Train Stations. Encounters at work or at sporting events were less common. Several of the open-ended comments also highlighted town centre/high street parking and general on-street parking as locations where encounters took place. Table 4 summarises some of the locations where encounters can take place:

Encounter Location (N=304)	Count	Percentage
Supermarket	264	87%
Shops	212	70%
Hospital	175	58%
Tourist attractions	123	40%
Home	86	28%
Gym / Leisure centre	84	28%
Train station / airport	80	26%
School / University	60	20%
Work	49	16%
Sporting events	33	11%
Other location	27	9%

Table 4: Locations of encounters with count and percentages

People in Encounters

I asked participants about what kind of people they had had encounters with. The most widespread other party in Blue Badge encounters were people misusing Blue

Badge bays (70%), followed by random bystanders (59%). Around a third (36%) of participants had had encounters with another Blue Badge holder. Staff members of the place visited (24%) and traffic wardens (16%) were encountered less frequently.

Table 5 presents the precise counts for these people:

People in the encounter (N=304)	Count	Percentage
Someone misusing a Blue Badge bay	213	70%
Random bystander	180	59%
Another Blue Badge holder	109	36%
Staff member	73	24%
Traffic warden	50	16%
Other person	13	4%

Table 5: People in an encounter with counts and percentages

DT [2.6](#) shows associations between demographic variables and who the other people in an encounter were. Age again emerged as a characteristic that shaped encounters, with younger people under 50 more likely to have confrontations with Random Bystanders (χ^2 (5, N = 303) = 37.51, p =.000, V =0.35), while older people were more likely to be in an encounter with Someone Misusing a Blue Badge Bay (χ^2 (5, N = 303) = 20.28, p =.001, V =0.26). Random Bystander encounters were also more often experienced by female and non-binary participants (FET = .003, V =0.20). Being LGBTQA was weakly to moderately associated with encounters with Another Blue Badge Holders (χ^2 (4, N = 282) = 12.36, p =.015, V =0.21), Random Bystanders (χ^2 (4, N = 282) = 11.14, p =.025, V =0.20), and Staff Members (χ^2 (4, N = 282) = 14.28, p =.006, V =0.23).

Impairment Visibility or specific impairment types were not more than weakly associated with encounters with specific types of people. From the free text comments, a theme emerged around who is doing the confronting, with many participants stating that it was often older people who appeared to be challenging those parking in Blue Badge bays about their legitimacy. Food delivery drivers were often cited as being involved in encounters involving misuse of Blue Badge bays. While the project focuses on encounters with strangers, some also mentioned their neighbours as people involved in negative encounters.

Frequency

A significant part of the sample had had 20+ encounters (42%) in total, reflecting that most participants had had a Blue Badge for over a decade. Only 22% of the sample reported having had less than five encounters. Table 6 shows the number of encounters experienced by participants:

Number of encounters (N=303)	Count	Percentage
1-2	19	6%
3-5	48	16%
6-10	68	22%
11-19	40	13%
20+	128	42%

Table 6: Number of encounters with counts and percentages

Due to these small sizes, those with less than 1-2 encounters and 3-5 encounters were grouped together for the analysis. Frequency of encounter was also combined for some categories, with multiple a week and one a week, several a month and once a month, and yearly and less than yearly being grouped together. Most participants

reported having a few encounters per year (34%) or one or several a month (34% combined). Weekly or more encounters (13% combined) or encounters yearly or less (17%) were least common. Table 7 shows a full breakdown of the frequency of Blue Badge encounters.

Encounter frequency (N=303)	Combined categories	Count	Percentage
Multiple a week	Weekly or more	17	6%
Once a week		21	7%
Several a month	Monthly or more	70	23%
Once a month		38	13%
Few a year	Few a year	104	34%
Once a year	Less than yearly	28	9%
Less than yearly		25	8%

Table 7: Encounter frequency with counts and percentages

DT [2.7](#) shows the associations between Number and Frequency of encounters and the demographic variables. Having had a higher number of encounters was weakly to moderately associated with the Mental Health Condition ($\chi^2 (3, N = 303) = 12.14$, $p=.007$, $V=0.20$). For frequency of encounters, Chronic Illness ($\chi^2 (3, N = 303) = 11.51$, $p=.009$, $V=0.19$), Mental health Conditions ($\chi^2 (3, N = 303) = 8.66$, $p=.034$, $V=0.17$) and Neurodivergence ($\chi^2 (3, N = 303) = 9.76$, $p=.021$, $V=0.18$) all narrowly missed the threshold for weak to moderate significance. No other demographic variables affected the frequency of encounters with more than weak significance. In the free text comments, some participants highlighted that because they did not leave the house much, they did not often have encounters, but had encounters frequently when they did go out. Others pointed out that while encounters were rare,

they nevertheless had a profound impact: “It hasn't happened that often but is very upsetting when it does” (Woman with chronic illness, age-related and mobility impairments, 70+, North of England).

5.3.5. Factors

The survey asked participants what factors they thought might have played a role in why they were challenged by others in Blue Badge spaces. The most common factor was Not Looking Disabled (67%). This was followed by Age (62%) and Not Behaving in the Right Way for a Disabled Person (54%). Around a third thought that Type of Impairment (33%) and/or Type of Car (32%) was a factor, around a fifth felt their Weight (20%), Travelling with Children (19%), or Travelling with Other People (19%) led to confrontations. Gender (15%), Way of Dress (13%), Being Perceived as LGBTQ (5%), and Ethnicity (4%) were less frequently reported factors. A summary of these factors is presented Table 8 below:

Perceived factors in encounters (N=304)	Count	Percentage
Not Looking Disabled	204	67%
Age	189	62%
Not Behaving in the Right Way	165	54%
Not Having the Right Impairment	100	33%
Type of Car	96	32%
Body Weight	61	20%
Travelling with Children	57	19%
Travelling with Other People	57	19%
Gender	46	15%
Way of Dress	41	13%

Being LGBTQA	15	5%
Ethnicity	13	4%

Table 8: Perceived factors in encounters with counts and percentages

For the following analysis, the self-reported factors were explored for their associations with both demographic variables and different types of encounters and interactions.

Incongruity and In/visibility

As introduced in the literature review, I use incongruity to describe those factors that mean a disabled person deviates from a 'stereotype' of disability. This includes visibility of impairment but also many other factors, some of which will be explored later in this analysis. While in/visibility of impairment is undoubtedly an important aspect of being in/congruent, as this analysis will show, it is often not the only factor, nor is it as straightforward as the slogan *Not every disability is visible* may suggest. For this section of the analysis, I will focus on variables of Not Looking Disabled, Not Behaving in The Right Way, and Not Having The Right Impairment. DT [2.8](#) shows the associations of these variables with demographic variables, encounter types, and positive and negative interactions.

Not Looking Disabled and Not Behaving in The Right Way were the first and third most common factors which disabled people thought contributed to their encounters. Both Not Looking Disabled ($\chi^2 (5, N = 303) = 20.63, p=.001, V=0.26$) and Not Behaving in The Right Way ($\chi^2 (5, N = 303) = 19.00, p=.002, V=0.25$) were associated with being younger (under 60). In addition, Not Behaving in The Right Way was weakly to moderately associated with being from the North or South of England ($\chi^2 (3, N = 301) = 13.10, p=.004, V=0.21$). Not Behaving in The Right Way also

narrowly missed the threshold for a weak to moderate association with some LGBQA identities, especially bisexuality ($\chi^2 (4, N = 282) = 10.49, p = .033, V = 0.19$). Not Having The Right Impairment was not significantly associated with any demographic variables. However, all three variables were linked with the several of the impairment variables. Unsurprisingly, Not Looking Disabled had a strong association with having a sometimes or never visible impairment ($\chi^2 (2, N = 298) = 95.06, p = .000, V = 0.56$). In contrast, 'not having the right impairment' was only weakly associated with sometimes or never visible impairments ($\chi^2 (2, N = 298) = 10.20, p = .006, V = 0.18$), while Not Having The Right Impairment was not significantly associated with Impairment Visibility at all ($\chi^2 (2, N = 298) = 5.23, p = .073$). While all three variables had associations with Mental Health Conditions and Neurodivergence, these were all weak. Only Chronic Illness had a weak to moderate strength association with Not Looking Disabled ($\chi^2 (1, N = 304) = 13.77, p = .000, V = 0.21$).

Those who thought Not Looking Disabled was a factor had more frequently experienced Faking Accusations ($\chi^2 (2, N = 280) = 51.89, p = .000, V = 0.43$) with a moderate to strong association. Not Looking Disabled was also weakly to moderately associated with having fewer Positive Encounters ($\chi^2 (2, N = 262) = 17.87, p = .000, V = 0.26$). This factor was weakly to moderately associated with multiple intrusive or suspicious interactions that might suggest questioning of eligibility to use the space, including Staring ($\chi^2 (1, N = 304) = 12.36, p = .000, V = 0.20$), Intrusive Questions ($\chi^2 (1, N = 304) = 15.42, p = .000, V = 0.23$), Being Photographed/Filmed ($\chi^2 (1, N = 304) = 10.73, p = .001, V = 0.19$), and Being Reported ($\chi^2 (1, N = 304) = 17.26, p = .000, V = 0.24$). On the other hand, they were

less likely to have Positive Encounters with Random Bystanders ($\chi^2 (1, N = 304) = 16.72, p = .000, V = -0.23$) with a weak to moderate association.

Not Behaving in The Right Way was moderately associated with more frequent Faking Accusations ($\chi^2 (2, N = 280) = 28.88, p = .000, V = 0.32$) and weakly to moderately with receiving more Harassment ($\chi^2 (2, N = 271) = 12.10, p = .002, V = 0.21$). For intrusive interactions, it had a moderate association with Intrusive Questions ($\chi^2 (1, N = 304) = 30.39, p = .000, V = 0.36$). Among suspicious interaction types, Not Behaving in The Right Way was linked moderately with Envy ($\chi^2 (1, N = 304) = 27.38, p = .000, V = 0.30$), and weakly to moderately with Being Reported ($\chi^2 (1, N = 304) = 12.81, p = .000, V = 0.20$). It was also associated with Being Patronised ($\chi^2 (1, N = 304) = 18.88, p = .000, V = 0.25$). In contrast to the other variables, Not Having the Right Impairment produced weaker associations, with the only association meeting the weak to moderate strength threshold being the negative interaction of Being Laughed At ($\chi^2 (1, N = 304) = 11.61, p = .001, V = 0.20$).

Not being perceived as disabled was mentioned explicitly by many participants in their stories about encounters, with many reporting they were told by others that they “don’t look disabled”. Many referenced their impairment not being ‘visible’ as a reason why they were confronted, and some used ‘Not every disability is visible’ stickers on their cars to raise awareness in the hope of pre-empting an encounter. Some people with visible impairments acknowledged in the open-ended comments that they felt they did not get confronted by others because they were recognisable as disabled, including those whose impairments were only sometimes visible. This is illustrated by this quote from a participant:

If I'm using my walking stick on a given day, then I usually don't have a problem. But I don't always use my walking stick, because it causes pain in my arms, so I often don't "look" disabled. I've been stared at, tutted at, heard comments I couldn't make out the words of but were in a hostile tone of voice, and seen people trying to take photos/video of me who weren't being as subtle as they thought they were. It makes me afraid to use disabled spaces on days I don't "look" disabled, because I am scared of other people's hostile behaviour.

(Woman with chronic illness, mobility impairment, and mental health condition, 18-29, region unknown)

However, others described visibility as a disabled person as a reason of why they were singled out for harassment or intrusive questions:

I have only had intrusive questions when wearing prosthesis. Now I don't wear it as much the questions have stopped. (Man with mobility impairment, 60-69, North of England)

Overall, while two thirds of people felt they were perceived as Not Looking Disabled, 44% of the sample had a visible impairment. While the association of Not Looking Disabled with the Impairment Visibility variable was strong, this analysis highlights how (not) looking disabled can go beyond visibility of impairment. Other aspects of being incongruous with the expected appearance of disability can also shape encounters, such as age and behaviour. This highlights the complexity of what it means to be incongruous with a disability stereotype and exposes how not behaving to the right standard can leave any disabled person, regardless of how 'visibly' disabled they are, at risk of interrogation and even outright hostility.

Demographic Factors

The second group of factors that participants were asked about were demographic factors. I checked these factors for associations with encounter types and with the

participants' demographic characteristics, and the results are presented in DT [2.9](#).

Age was by far the most common demographic factor reported in both in the survey and the comments, and the second most common factor overall. Reporting Age as a factor was moderately associated with being younger (under 40) (χ^2 (5, N = 303) = 44.32, p = .000, V = 0.38). Participants with chronic illness were also significantly more likely to believe age was a factor in their encounters, albeit with a weak to moderate association (χ^2 (1, N = 304) = 13.72, p = .000, V = 0.21). Those who reported Age were more likely to have more frequent Faking Accusation encounters (χ^2 (2, N = 280) = 29.67, p = .000, V = 0.33) but were less frequently confronted others (χ^2 (2, N = 287) = 11.87, p = .003, V = 0.20). Age was also associated with suspicious interactions, including both Staring (χ^2 (1, N = 304) = 29.63, p = .00, V = 0.31) and Intrusive Questions (χ^2 (1, N = 304) = 21.80, p = .000, V = 0.27). In addition, those who believed Age to be a factor were more likely to have experienced Being Reported (χ^2 (1, N = 304) = 13.46, p = .000, V = 0.21), Being Patronised (χ^2 (1, N = 304) = 11.75, p = .001, V = 0.20), and/or Being Laughed At (χ^2 (1, N = 304) = 11.07, p = .001, V = 0.20).

Age was frequently described in the open-ended comments as a factor that determines whether one looks disabled, with many told that they were 'too young' to be disabled, including participants in their 40s and 50s. Participants highlighted that many assumed that mostly old people had Blue Badges:

An elderly lady passenger watched me park, put my badge in my windscreen and leave and on my return opened her window and told me that "people like me" don't have any right to park here. I questioned why and she stated that they aren't for young people (I'm almost 50). (Woman with chronic illness and mental health condition, 40-49, South of England)

Age also appeared as part of a hierarchy of deservingness, with many reporting that the other party in an encounter claimed priority over a Blue Badge space due to being older, highlighting how these hierarchies go beyond impairments: “I am often approached by elderly drivers saying they have more right to the spaces” (Woman with chronic illness and mobility impairment, 40-49, South of England).

Women and non-binary people were more likely to feel that their gender was a factor in encounters ($\chi^2 (2, N = 302) = 13.25, p = .001, V = 0.21$). Being perceived as LGBQA narrowly missed the threshold for a weak to moderate association with Gender (FET = 0.017, $V = 0.19$). Participants who believed they were confronted because of their gender were moderately more likely to have experienced Being Followed ($\chi^2 (1, N = 304) = 27.86, p = .000, V = 0.30$), with a weak to moderate associations for Being Insulted ($\chi^2 (1, N = 304) = 14.01, p = .000, V = 0.21$). Multiple participants discussed their gender in encounter stories, with some men reporting that their physical stature helped de-escalate encounters from potentially turning violent, while a female participant described gender as a reason why she no longer confronted misusers:

I'm too scared now to confront people parking in disabled spaces without Blue Badges, because too many have got aggressive and intimidating (I'm a female in a wheelchair, in their eyes I'm an easy target). (Woman with chronic illness and neurodivergence, 30-39, South of England)

Black, Asian, and mixed race respondents were more likely to feel their Ethnicity mattered than white participants ($\chi^2 (1, N = 294) = 94.25, p = .00, V = .057$). Being perceived as LGBTQ was reported as a factor by various groups of queer people, with strong associations with being LGBQA ($\chi^2 (4, N = 282) = 85.17, p = .000, V = 0.55$), and significant associations for non-binary ($\chi^2 (2, N = 302) = 48.01, p = .000, V =$

0.40), and transgender participants ($\chi^2 (1, N = 302) = 32.35, p = .000, V = 0.33$).

Neither of these factors were associated with any specific encounters.

Other Incongruity Factors

The survey also explored multiple factors not related to impairment that could potentially make a disabled person divert from disability stereotypes which were drawn from the literature review. They include Body Weight, Way of Dress, Type of Car, and Travelling with Children or with Other People. Their associations with demographic variables and encounter types are presented in DT [2.10](#).

Participants who thought Body Weight was a factor in their encounters were more likely to have experienced Being Laughed At ($\chi^2 (1, N = 304) = 27.85, p = .000, V = 0.30$) or Insulted ($\chi^2 (1, N = 304) = 20.35, p = .000, V = 0.26$), potentially highlighting the continued stigma against fat people. Body weight also narrowly missed weak to moderate associations with both Gender ($\chi^2 (2, N = 302) = 11.67, p = .003, V = 0.19$) and Sexual Orientation ($\chi^2 (4, N = 282) = 10.46, p = .033, V = 0.19$), with both non-binary and LGQB participants more likely to name it as a factor.

Travelling with Children was strongly associated with Age, particularly with being under 40 ($\chi^2 (5, N = 303) = 31.33, p = .000, V = 0.32$), which is perhaps unsurprising given that parents are most likely to be younger, but could indicate that those with younger children are particularly targeted. Being Patronised narrowly missed the threshold for a weak to moderate association with Travelling with Children ($\chi^2 (1, N = 304) = 10.48, p = .001, V = 0.19$). It is also worth noting that Travelling with Children had weak associations with intrusive interactions (Staring and Intrusive Questions), with suspicious interactions including Envy, Being Followed, Being Reported, and

with Physical Violence. This suggests that ableist assumption that disabled people cannot (or should not) be parents (Herrera, 2022), which shape encounters. This was supported by the open-ended comments, where people explicitly discussed how they felt these assumptions led others to believing that they were not legitimate users of the Blue Badge bay, thus leading to being challenged.

Travelling with Others was also associated with Age, with participants under 50 more likely to report it, and especially those in their 30s ($\chi^2 (1, N = 304) = 13.00, p = .00, V = 0.21$), and with Intrusive Questions ($\chi^2 (1, N = 304) = 13.00, p = .00, V = 0.21$).

Several participants also highlighted that travelling alone was another factor that made them a target, particularly because of the assumption that all disabled people have full-time 'carers' and should not be capable of travelling alone.

The Way of Dress factor was associated with Sexual Orientation ($\chi^2 (4, N = 282) = 21.58, p = .000, V = 0.27$), with bisexual participants particularly feeling they were targeted due to this. Participants under 60, and particularly those in their 30s or 50s, were also more likely to name their dress as a factor ($\chi^2 (5, N = 303) = 16.20, p = .006, V = 0.23$). Participants who reported this factor were more likely to have experienced Being Photographed/Filmed ($\chi^2 (1, N = 304) = 10.83, p = .000, V = 0.26$).

The Way of Dress factor also had a weak association with Ethnicity (FET = 0.023, $V = -0.15$), with people from minoritised backgrounds more likely to select it. As the number of minoritised participants in the sample was very small, it is possible that a larger sample could produce a stronger significant effect. Some participants mentioned that being trendy, having nice clothes and hair, wearing make-up, and having colourful mobility aids were all fuelling the idea that they were not disabled enough to use Blue Badge bays.

While there was no association with encounter types or demographics for Type of Car, this factor was also discussed in a similar way to the Way of Dress factor in the free text comments, with disabled people who were not visibly suffering and 'poor' at risk of confrontation:

I've had many encounters, which also seem to vary in regard to which vehicle I'm driving. The better the car is perceived to be, the more abuse. People assume you cannot be disabled and successful at the same time. (Man with mobility impairment, 18-29, North of England)

A final incongruity factor described in the comments that was not covered in the main part of the survey was the time of day, for example with encounters occurring at peak times in the evenings. Some participants were told by confronters that disabled people should not be out at these times, but stick to less busy times, based on the assumption that disabled people do not work during the week or have social lives.

Mobility Aids

The survey asked participants about which mobility aids they used and how often. In addition to the mobility aids suggested in the survey, 12 participants each also identified splints/braces and travelling with another person as other mobility aids that they used when occupying Blue Badge bays. Table 9 below shows the results of how often participants used mobility aids:

Mobility aid	Never (%)	Some of the time (%)	Most or all of the time (%)	N
No mobility aid	110 (49%)	62 (28%)	51 (23%)	223
Walking stick	89 (36%)	76 (31%)	83 (33%)	248
Manual wheelchair	105 (43%)	84 (34%)	57 (23%)	246
Crutches	133 (56%)	65 (28%)	38 (16%)	236
Scooter	157 (68%)	58 (25%)	17 (7%)	232
Electric wheelchair	163 (72%)	17 (8%)	46 (20%)	226
Rollator	176 (80%)	35 (16%)	10 (5%)	221
Assistance dog	202 (92%)	3 (1%)	15 (7%)	220
White cane	212 (98%)	3 (1%)	1 (0%)	216
Other mobility aid	105 (73%)	23 (16%)	15 (10%)	243

Table 9: Mobility aids and frequency of use

The mobility aid variables were checked for associations with types of encounters and these are presented in DT [2.11](#) (encounter types and positive interactions) and DT [2.12](#) (negative interactions). Using no mobility aid more frequently narrowly missed the threshold for weak to moderate association with Being Photographed/Filmed ($\chi^2 (2, N = 223) = 7.62, p = .022, V = 0.18$) and with Non-person Treatment ($\chi^2 (2, N = 223) = 7.72, p = .021, V = 0.19$). For manual wheelchair users, on the one hand, there was a moderate association with belittling interactions including Non-person Treatment ($\chi^2 (2, N = 246) = 35.59, p = .00, V = 0.38$) and Unwanted Help ($\chi^2 (2, N = 246) = 42.46, p = .000, V = 0.42$). On the other hand, using manual wheelchairs also had weak to moderate associations with Positive Encounters in general ($\chi^2 (4, N = 223) = 20.07, p = .000, V = 0.21$), and specifically with Small Talk with Random Bystanders ($\chi^2 (2, N = 246) = 15.32, p = .000, V = 0.25$) and with Wanted Help ($\chi^2 (2, N = 246) = 9.37, p = .009, V = 0.20$). This highlights how visibility and recognisability is not wholly positive or negative but can lead to both helpful and unpleasant interactions.

Electric wheelchair users were also more likely to have experience Non-person Treatment ($\chi^2 (2, N = 226) = 16.02, p = .000, V = 0.27$) and Unwanted Help ($\chi^2 (2, N = 226) = 8.22, p = .016, V = 0.19$), although these effects were smaller than for manual wheelchairs. Interestingly, using an electric rather than a manual wheelchair was not significantly associated with any positive encounters or interactions. Rather, using an electric wheelchair narrowly missed a weak to moderate association with being exposed Envy of Blue Badge parking ($\chi^2 (2, N = 226) = 7.70, p = .021, V = 0.19$). Similarly, using a walking stick more often also had no association of weak to moderate strength, but was only weakly associated with Unwanted Help ($\chi^2 (2, N = 248) = 6.07, p = .048, V = 0.16$).

Using a mobility scooter more often was associated with having experienced Being Threatened ($\chi^2 (2, N = 232) = 10.28, p = .006, V = 0.21$), and also had weak to moderate significant associations with Being Stared At ($\chi^2 (2, N = 232) = 8.25, p = .016, V = 0.19$), Being Reported ($\chi^2 (2, N = 232) = 7.44, p = .020, V = 0.18$), and having experienced Physical Violence ($\chi^2 (2, N = 232) = 6.08, p = .048, V = 0.16$). There were no significant associations for Crutches or the Rollator. Having an assistance dog had no associations of weak to moderate strength but was weakly associated with similar encounters and interactions as manual wheelchair users experienced, i.e. Positive Encounters (FET = 0.048, V = 0.15), Small Talk with Bystanders (FET = 0.023, V = 0.18), and Non-person Treatment (FET = 0.028, V = 0.17). This matches findings from research which suggest that the presence of an assistance dogs can positively influence disabled people's public encounters (Evans et al., 2022), however also demonstrates visibility of a mobility aid or assistance dog can also attract unwanted attention and belittling attitudes.

Overall, a clear hierarchy of mobility aids emerges in terms of how disabled people are perceived as both legitimate and as deserving of help. This highlights the complexity and specificity of disability stereotypes; it is not enough to be a wheelchair user, but the type of wheelchair also matters, with manual wheelchair users reporting much better treatment. Simultaneously however, it highlights even disabled people who are closer to a stereotype are at risk of encounters, but these involve belittling and patronising interactions rather than suspicious ones. In the open-ended questions, disabled people described being accused of not really needing a Blue Badge space if they were able to walk *at all*, or for using the 'wrong' type of mobility aid (e.g. crutches instead of a wheelchair). While these participants were sometimes accused outright of faking, at other times they were recognised as disabled but not disabled *enough* to be deserving of a Blue Badge in the eyes of the confronters.

Resources

Another theme emerging from the free text comments around factors in encounters was around the wider environment of Blue Badge parking. Many participants discussed the difficulty they had in finding available parking, suggesting that there were simply not enough bays. They suggested it was this scarcity that leads to encounters due to competition between Blue Badge users, including arguments about who needs a space more. Misuse of Blue Badge bays by non-Badge holders compounded this problem, leading to more confrontations with these misusers. Several participants also linked the Blue Badge to welfare politics and particularly to the 'scrounger' rhetoric of austerity and the associated media reporting, which they felt caused significant mistrust of disabled people and the idea that many are

'fakers'. Some participants reported confrontations where the other person employed this language, e.g. this participant:

After parking in a disabled bay at Waitrose, a man shouted "Why are you parking there, you're not disabled. There's nothing wrong with you. You're a scrounger!" He stood in front of me shouting. No one helped. I walked to the store and asked for help and he followed me repeating similar phrases. Even when the manager asked him to calm down as he appeared to be in a rage - he refused shouting in front of everyone I was a fake, 'scrounger' and didn't need a Blue Badge. I'm normally independent and resilient but this reduced me to tears and I couldn't stop shaking. (Woman with chronic illness, mental health condition, and mobility impairment, 60-69, South of England)

Envy of Blue Badge parking was also raised by participants as playing a part, particularly in the misuse of bays by non-Badge holders. Several participants reported that misusers expressed feeling to entitled to misuse Blue Badge bays as they were *better* spaces, rather than essential for accessibility. This is reflected in the assumption that disabled people should not have expensive items, including mobility aids:

I don't think I look how people expect a disabled person to look: trendy hair cut and modern glasses.[...]. People have comment [sic!] that I have got a fancy stick and good parking or comment that it is right [sic!] for some. (Woman with chronic illness and mobility impairment, 40-49, South of England)

This quote highlights how deservingness is contingent on charity model idea of disability as involving both poverty and suffering; being successful is thus not compatible with disabled people's inferior place in an ableist society.

5.3.6. Dealing with Encounters

Management

The survey asked participants if they had used a number of different strategies to 'manage' getting through an encounter. The most common strategies were to prepare answers for inquiring strangers or to ignore the other person (both 46%), followed by staying in the car (45%) and educating the other person (45%). Thus, most participants chose non-confrontational and even avoidant strategies. Around a third confronted said they would confront the other person (38%), limit when and where to go out (32%), or park elsewhere (31%). A smaller number said they used strategies associated with disability masquerade, e.g. using mobility aids to make their impairment more visible (28%) or exaggerating their impairment (24%). Only a few people (9%) said they would call for help from someone else. The below Table 10 summarises the management strategies explored in the survey:

Management Strategy (N=304)	Count	Percentage
Preparing Answers	140	46%
Ignore the Other Person	139	46%
Stay in Car	137	45%
Educate the Other Person	124	41%
Confront the Other Person	115	38%
Only Go out at Certain Times / Locations	97	32%
Park Elsewhere	93	31%
Using Mobility Aids	86	28%
Exaggerating Impairment	72	24%
Call / Look For Help	28	9%
Other Strategy	18	6%

Table 10: Management strategies with counts and percentages

For the presentation of the analysis, I have grouped these strategies into three categories:

- Preventative (Preparing Answers, Exaggerating Impairment, Using a Mobility Aid, Calling for Help)
- Avoidant (Ignoring the Other Person, Staying in the Car, Parking Elsewhere, Only Going Out at Certain Times or to Certain Places)
- Engaging (Educating the Other Person, Confronting the Other Person)

Preventative Strategies

The first group of management strategies centred around modifying behaviour to try to prevent an encounter from either happening or escalating. The analysis of these types of strategies and their associations with demographic variables, encounter types, and interactions are shown in DT [2.13](#). Preparing Answers in advance of an encounter was among the joint most common strategies, employed by nearly half (46%) of participants. This strategy was associated with Age and more likely to be used by younger participants under 40 (χ^2 (5, N = 303) = 19.11, p = .002, V = 0.25). It was also associated with having experienced more Faking Accusations (χ^2 (1, N = 304) = 12.20, p = .002, V = 0.21) and intrusive interactions, including Staring (χ^2 (1, N = 304) = 25.13, p = .000, V = 0.29) and Intrusive Questions (χ^2 (1, N = 304) = 20.88, p = .000, V = 0.26). Preparing Answers was also used by participants who had experienced Being Patronised (χ^2 (1, N = 304) = 13.06, p = .000, V = 0.20) and narrowly missed a weak to moderate strength association with Harassment (χ^2 (1, N = 304) = 9.89, p = .007, V = 0.19). Visibility of Impairment was associated with 'masquerade' strategies, with participants whose impairments were sometimes or

never visible more likely to Exaggerate their Impairment ($\chi^2 (2, N = 298) = 25.91, p = .000, V = 0.29$) or Use a Mobility Aid that was not strictly needed ($\chi^2 (2, N = 298) = 25.91, p = .000, V = 0.29$) in order to improve their chances of passing as disabled. Exaggerating Impairment was more likely to be used by younger participants under 40 ($\chi^2 (5, N = 303) = 22.86, p = .000, V = 0.27$). Participants who Used a Mobility Aid to signal disability were more likely to have experienced Envy in parking spaces ($\chi^2 (1, N = 304) = 12.44, p = .000, V = 0.20$). The final preventative strategy to stop an encounter escalating was that of Looking for Help, and was the least commonly used strategy, employed by only 9% of participants. It was associated with Physical Violence (FET = 0.001, $V = 0.25$) and narrowly missed the threshold for a weak to moderate strength association Being Followed ($\chi^2 (1, N = 304) = 11.82, p = .001, V = 0.20$). Other preventative strategies not captured in the main survey body were mentioned by participants in the open comments. These included not travelling alone but with a companion to have support in the event of an encounter. Some participants also spoke about trying to raise awareness through car stickers about 'invisible disabilities' in order to reduce the risk of confrontation.

Avoidant Strategies

The second group of management strategies were those aimed at avoiding an encounter altogether by not engaging at all. DT [2.14](#) shows the associations of avoidant strategies with encounter types and demographic variables. While Ignoring the Other Person was the joint most common strategy employed overall, it did not have any weak to moderate associations with demographic variables, or with specific encounter types or interactions. The only interaction to narrowly miss a weak to moderate association was Unwanted Help ($\chi^2 (1, N = 304) = 11.35, p = .001,$

V = 0.19). However, the considerable number of weak associations that Ignoring the Other Person had with different encounter types and interactions suggests that is a more general strategy used to avoid any kind of encounter while using Blue Badge spaces. Similarly, the strategy of Parking Elsewhere was not associated with specific demographics, encounter types, or interactions, although it narrowly missed the threshold for a weak to moderate association with more frequent Faking Accusations ($\chi^2 (2, N = 280) = 9.65, p = .008, V = 0.19$). The strategy of Only Going out at Certain Times or to Certain Places was also associated with more frequent Faking Accusations ($\chi^2 (2, N = 280) = 12.20, p = .002, V = 0.21$). It was more likely to be use by participants with Chronic Illness ($\chi^2 (1, N = 304) = 12.54, p = .000, V = 0.20$) and LGBQA (particularly bisexual) participants (FET = 0.011, V = 0.21).

Staying in the Car to avoid an encounter had quite a few significant associations with encounter types and interactions. It was associated both with more frequent Faking Accusations ($\chi^2 (2, N = 280) = 17.89, p = .000, V = 0.25$) and more frequent Harassment ($\chi^2 (2, N = 271) = 13.48, p = .001, V = 0.22$). Participants who had employed this strategy were also more likely to have experienced intrusive interactions such as Intrusive Questions ($\chi^2 (1, N = 304) = 18.62, p = .000, V = 0.25$) and Staring ($\chi^2 (1, N = 304) = 11.67, p = .001, V = 0.20$), and some suspicious interactions, namely Being Followed ($\chi^2 (1, N = 304) = 20.30, p = .000, V = 0.26$) and Being Reported ($\chi^2 (1, N = 304) = 12.46, p = .000, V = 0.20$). Staying in the Car was more likely to be used by participants with Neurodivergence ($\chi^2 (1, N = 304) = 27.39, p = .000, V = 0.30$) and Chronic Illness ($\chi^2 (1, N = 304) = 20.79, p = .000, V = 0.26$). Younger participants under 50 were also more likely to stay in the car to avoid an encounter ($\chi^2 (5, N = 303) = 17.86, p = .003, V = 0.24$). This strategy was also

associated with being LGBTQA (FET = 0.002, V = 0.24) and narrowly missed the threshold for a weak to moderate association with Gender (FET = 0.002, V = 0.20), with women and non-binary participants more likely to employ it.

Participants discussed the different ways in which they avoided encounters in Blue Badge spaces in the free-text comments, explaining that the worry about a potential encounter could be strong enough to lead to them going out less or use bays further away to avoid encounters. While the impact of encounters is explored further in the final section of this analysis, the following story from a participant highlights the considerable physical toll it can take to avoid Blue Badge bays when they are an essential accessibility tool to managing pain and energy-limiting conditions:

When I could walk I have had people say (out loud) to their friend, “she doesn't need a Blue Badge”. I have on occasion not used a Blue Badge space because I have been worried that people would stare at me. The extra effort then put me in bed for two days. (Woman with chronic illness and mobility impairment, 60-69, South of England)

Engaging Strategies

The third group of strategies involved a more direct approach of actually engaging the other person. The associations between these types of strategies, demographic variables, and encounter types are shown in DT [2.15](#). One engaging strategy was to try to educate the other person about the Blue Badge and disability. This was more likely to be used by people who also more frequently had had encounters that involved Confronting Someone (χ^2 (2, N = 287) = 11.62, p = .003, V = 0.20). On the other hand, and perhaps ironically, using a confrontational stance narrowly missed the threshold for a weak to moderate association with the Confronting Someone in a Blue Badge bay variable (χ^2 (2, N = 287) = 10.12, p = .006, V = 0.19). This suggests

that most people took a more diplomatic approach when challenging. The confrontational stance was also associated with Age (χ^2 (5, N = 303) = 12.54, p = .028, V = 0.20), although this association was not linear – people in their 30s, as well as their 50s, 60s, were more likely to take a confrontational approach. Neither the Educating nor Confronting strategies had any other weak to moderate strength associations with encounter types or demographic variables. The open-ended comments confirmed that many participants deliberately chose non-confrontational approaches, including when challenging people without badges:

I remind people who are not displaying a badge that they've forgotten to display their badge. This is much more effective than confrontation! (Woman with Chronic Illness and Mobility impairment, 40-49, London)

Several of the stories highlighted that confrontation is often a last resort after other techniques have failed and the situation has escalated. Indeed, there was a pattern to several stories where a disabled person accused of misusing a space provided an educational or non-confrontational answer, only to be met with further aggression. When disabled people then challenged that behaviour, they were told that it was *they* who were 'rude' and aggressive, as illustrated by this participant's story:

A supermarket with 50% of Blue Badge spaces in use. I had just parked and a car stopped in the access and tooted. Elderly driver pointed and gestured at me, then wound window to tell me I'd parked in a bay reserved for cars with a badge. Politely acknowledged "yes I have". "Well I can't see a badge!" "It's on the dashboard clearly displayed" "Well is it actually your badge, you don't look disabled!" (5 Cars now queuing behind them unable to pass around to park). "I'm not aware of it being a game of disability 'Top Trumps', but perhaps looking up Motor Neurone Disease may explain the lower leg orthotics I wear and the medically restricted driving licence I have!" I was told I was "very rude" to reply

how I did. The couple later mumbled something when in the same aisle in the supermarket. (Man with Chronic Illness and mobility impairment, 50-59, North of England)

Overall, the data on management strategies highlights how disabled people are always on the defensive in accessible parking spaces, with careful management of one's own and other's emotions required, and the intricacies of this will be explored further in the second stage follow-up interviews.

Reporting and Enforcement

Participants were asked if they had ever reported an encounter, and if so, to whom and what the outcome was. Only 32% of participants said they had ever reported an encounter. Of those, most (62%) had reported to the management of the location they were visiting, with just over a third having reported to their local authority (37%) or police (33%). A smaller proportion had reported it to the driver's employer (18%) a traffic warden (15%), or elsewhere (8%). Most participants said they either had never any action taken as a result of the report (40%) or had not heard back (34%). This data is summarised in Table 11 below:

Did participants ever report? (N=291)	Count	Percentage
Yes	92	32%
No	199	68%
Who did they report to? (N=92)		
Management	57	62%
Local Authority	34	37%
Police	30	33%
Employer	17	18%

Traffic Warden	14	15%
Other	7	8%
Was any action taken? (N=92)		
Never	37	40%
Some of the Time	18	20%
All of the Time	5	5%
Didn't Hear Back	31	34%

Table 11: Reporting, including who was reported to and action taken

DT [2.16](#) shows the Reporting variable and its interactions with demographic factors about who is most likely to report, and encounters and interaction types. Older participants over 50 were more likely to have made a report ($\chi^2 (5, N = 290) = 13.30$, $p = .021$, $V = 0.21$). Reporting was also associated with more often Confronting Others ($\chi^2 (2, N = 275) = 30.86$, $p = .000$, $V = 0.34$). This suggests that reporting takes place by those 'secure' in their Blue Badge ownership who are closer to a stereotype of disability and potentially more likely to be believed. It is also worth noting that reporting had weak associations with hostile encounters, including Violence, Threats, and Insults.

Many participants called for more enforcement, harsher penalties, and better reporting mechanisms particularly for misuse of Blue Badge bays by non-Badge holders. One participant highlighted that the lack of 'official' enforcement encouraged vigilante enforcement by members of the public:

I wish that Blue Badge parking was properly policed because what we have now is the worst of both worlds, people making assumptions and not looking at

the badge and trying to police it for the benefit of those who do, but in doing so make lots of assumptions. (Woman with chronic illness, 40-49, London)

In line with the quantitative data, many participants reported no action being taken or their reports being ignored in the open-ended questions: “Management never does anything” (Man with age-related impairment, chronic illness, deafness, and mobility impairment, 50-59, Midlands). This included some reports of potential hate crimes not being taken forward by police. Some respondents mentioned having positive encounters with traffic wardens, while others reported having negative encounters with traffic wardens or police officers who accused them of misusing Blue Badges or faking their impairment to get a Blue Badge. While many campaigns around Blue Badges have focused on calls for more enforcement, these stories highlight the risk that increased enforcement may replicate stereotypical assumptions about disability and therefore negatively affect a subset of Blue Badge holders who are more at risk of negative encounters of being confronted in Blue Badge bays.

Impact

The survey asked participants how much and how frequently they worried about encounters, and whether this worry ever stopped them from going to places. 91% of participants said they worried about encounters, with 32% sometimes worried and 40% worrying often or always. Half of participants worried a little (50%), while just over a third worried a lot (35%). Just over two thirds (68%) said that this worry sometimes stopped them from going out. Half of respondents (52%) did not go out rarely or sometimes due to worrying about encounters, while 13% often or always did not go out. This data is summarised in Tables 12, 13, and 14 below:

Frequency of worry (N=304)	Combined categories	Count	Percentage
Never	Never	28	9%
Rarely	Occasionally	54	18%
Sometimes		98	32%
Often	Frequently	77	25%
Always		47	15%

Table 12: Frequency of worry with counts and percentages

Amount of Worry (N=304)	Counts	Percentages
Not At All	48	16%
A Little	151	50%
A Lot	105	35%

Table 13: Amount of worry with counts and percentages

Not going out due to worry (N=304)	Combined categories	Count	Percentage
Never	Never	98	32%
Rarely	Occasionally	57	19%
Sometimes		101	33%
Often	Frequently	41	13%
Always		7	2%

Table 14: Not going out due to worry with counts and percentages

The associations between the worry variables and demographic variables are presented in DT [2.17](#), with the associations between worry and encounter types presented in DT [2.18](#). Participants under 50 were more likely to worry more frequently ($\chi^2 (10, N = 303) = 44.90, p = .000, V = 0.27$). Worrying more often was

also associated with incongruous impairments, including Chronic Illness ($\chi^2 (2, N = 304) = 38.86, p = .000, V = 0.36$), Mental Health Conditions ($\chi^2 (2, N = 304) = 23.71, p = .000, V = 0.28$), and Neurodivergence ($\chi^2 (2, N = 304) = 21.84, p = .000, V = 0.27$).

Visibility of impairment affected how often participants worried, with those with sometimes visible impairments worrying more frequently ($\chi^2 (4, N = 298) = 25.97, p = .000, V = 0.21$), again highlighting how being in a liminal space between the hard binaries of disabled/non-disabled can be especially unsettling. Participants who had experienced more frequent faking accusations also worried more frequently ($\chi^2 (4, N = 280) = 26.02, p = .000, V = 0.22$). In line with this, interactions which may take place during a faking accusation encounter were also associated with worrying more often. This meant participants who had experienced suspicious interactions worried more often, including Being Followed ($\chi^2 (2, N = 304) = 17.78, p = .000, V = 0.24$), Being Filmed/Photographed, ($\chi^2 (2, N = 304) = 13.62, p = .001, V = 0.21$), and Being Reported ($\chi^2 (2, N = 304) = 12.17, p = .002, V = 0.20$). Participants who had had intrusive interactions were also more like to worry. This included Intrusive Questions ($\chi^2 (2, N = 304) = 17.17, p = .000, V = 0.24$) and Staring, which had a moderate association with frequency of worry ($\chi^2 (2, N = 304) = 35.58, p = .000, V = 0.34$). In contrast, threatening interactions such as Insults ($\chi^2 (2, N = 304) = 10.10, p = .006, V = 0.18$) and Physical Violence ($\chi^2 (2, N = 304) = 10.16, p = .006, V = 0.18$) missed the threshold for a weak to moderate association. This highlights the power of insidious encounters such as being stared at, leading to uncertainty and anxiety among recipient as much as overtly hostile encounters.

How much participants worried was also associated with Age ($\chi^2 (10, N = 303) = 27.53, p = .002, V = 0.21$), with participants under 50 more likely to worry a lot, and

those over 50 more likely not to worry at all. Again, Amount of Worry was stronger for participants with Chronic Illness ($\chi^2 (2, N = 304) = 32.92, p = .000, V = 0.33$), Mental Health Conditions ($\chi^2 (2, N = 304) = 22.78, p = .000, V = 0.27$), and/or Neurodivergence ($\chi^2 (2, N = 304) = 23.30, p = .000, V = 0.28$). Gender narrowly missed the threshold for a weak to moderate association with Amount of Worry ($\chi^2 (4, N = 280) = 22.87, p = .000, V = 0.19$), with women and non-binary participants more likely to worry a lot. Worrying more was also associated with more frequent faking accusation encounters ($\chi^2 (4, N = 280) = 23.54, p = .000, V = 0.21$) and having experienced more frequent harassment ($\chi^2 (4, N = 271) = 23.02, p = .000, V = 0.21$). As with frequency of worry, both suspicious and intrusive encounters were particularly impactful. Participants who reported Being Followed ($\chi^2 (2, N = 304) = 21.30, p = .000, V = 0.26$), Being Filmed/Photographed ($\chi^2 (2, N = 304) = 12.56, p = .002, V = 0.20$), and/or Being Reported ($\chi^2 (2, N = 304) = 14.49, p = .001, V = 0.22$) worried more, as did participants who had received Insults ($\chi^2 (2, N = 304) = 12.84, p = .002, V = 0.21$). Staring emerged as the interaction with the strongest association with Amount of Worry ($\chi^2 (2, N = 304) = 29.06, p = .000, V = 0.31$).

Participants with Chronic Illness were more likely to be stopped by worry from going out at all ($\chi^2 (2, N = 304) = 32.61, p = .000, V = 0.33$), as were participants with Mental Health Conditions ($\chi^2 (2, N = 304) = 23.16, p = .000, V = 0.28$), with free text comments supporting the implication that anxiety about parking encounters could exacerbate both physical and mental unwellness. Neurodivergence narrowly missed a weak to moderate association with Not Going Out Due to Worry ($\chi^2 (2, N = 304) = 11.07, p = .004, V = 0.19$). People who had had more frequent faking accusation encounters were also more likely not to go out ($\chi^2 (4, N = 271) = 33.34, p = .000, V =$

0.24), while harassment encounters narrowly missed the weak to moderate threshold ($\chi^2 (4, N = 271) = 20.56, p = .000, V = 0.19$). As with the previous impact variables, Staring was associated with Not Going Out more often ($\chi^2 (2, N = 304) = 20.29, p = .000, V = 0.26$), as were Being Followed ($\chi^2 (2, N = 304) = 21.16, p = .000, V = 0.26$) and Being Photographed/Filmed ($\chi^2 (2, N = 304) = 14.03, p = .001, V = 0.21$). Having experienced hostile interactions like Insults ($\chi^2 (2, N = 304) = 17.27, p = .000, V = 0.24$) and Physical Violence ($\chi^2 (2, N = 304) = 13.46, p = .001, V = 0.21$) were also associated with Not Going Out more often, as Being Laughed At ($\chi^2 (2, N = 304) = 14.98, p = .001, V = 0.22$).

This analysis again highlights the risk of being 'incongruous' with a stereotype of the older permanent wheelchair user to certain encounters. There is a strong indication that being accused of faking or harassed for not matching this stereotype while using a Blue Badge bay does not just occur more often but can have lasting consequences on disabled people's wellbeing. This was confirmed by stories in the open-ended questions, where some described that they remembered encounters from years ago, and several participants with Post-Traumatic Stress Disorder (PTSD) in particular described the continued impact. Participants spoke about a range of emotions they experienced as result of encounters, including being too scared or anxious to confront misusers or to use Blue Badge spaces at all because of the hostility they had experienced. Others spoke about feeling helpless, unwelcome, or angry:

The emotion I felt was anger at being disabled, anger at his actions, anger at his attitude and also disappointment and anger at the complete lack of

solidarity from the many people who witnessed it. (Woman with Chronic Illness and Mobility impairment, 40-49, London)

Several people described how upsetting the encounter was in the moment and spoke about crying during or after the encounter and not feeling able to complete the task or activity they came to do, whether that was grocery shopping or attending an essential hospital appointment. One participant felt that “it’s just constant micro aggressions” (Woman with unknown impairments, 40-49, Midlands) which added up to a hostile environment for disabled people. Another participant describes the relentlessness of anxiety about potential encounters:

I think it’s about assumptions or intrusive questions. I don’t owe anyone a medical diagnosis. The badge should be enough to say I am in need of a wider parking space nearer the venue. Instead, I feel anxious every time I visit certain places or if I’ll be able to park in peace. It effects [sic!] the mental health.
(Woman with Chronic illness, mental health conditions, and neurodivergence, 40-49, South of England)

Some participants explained they had now moved to shopping online to avoid having to use the Blue Badge and one said they would not reapply for a Blue Badge despite being automatically eligible, due to the amount of hostility they had faced.

5.3.7. Discussion

In this discussion I will reflect on the findings of the survey analysis and how it compares and contrasts with the findings of the content analysis regarding how the Blue Badge and encounters are represented in major newspapers.

The survey data analysis highlights the complex nature of encounters and how many different factors at individual and societal levels have the potential to influence how

these interactions play out. Most encounter types had been experienced at some point by the majority of participants, highlighting that all disabled people have the potential to experience any of the encounter types explored in the survey.

Simultaneously, hierarchies of impairments are clearly central to the findings of the survey analysis. For example, older people and those with mobility impairments (which is stereotypically associated with having a Blue Badge) are more likely to confront those misusing Blue Badge bays, while younger people and those with other types of impairments are more likely to face suspicion and scrutiny from those who think they are faking their impairment. This highlights how being closer to a stereotype of disability can lend the 'privilege' of being in a position where challenging others is possible. Similarly, those close to a stereotype in terms of having a 'visible' and/or mobility impairment were more likely to have experienced positive encounters. While this effect was present even in encounters with other disabled people, it was particularly pronounced in encounters with random bystanders, clearly underlining the expectations by non-disabled members of the public for disabled people to appear in a certain way when using accessible parking spaces.

The analysis of faking encounters also demonstrates that age in particular emerges as a central factor to being incongruous with a stereotype. These encounters happen along a continuum, ranging from outright aggression to barely noticeable gestures of disapproval. In addition, some younger participants reported being told they had *less* right to use an accessible parking bay than older people, highlighting that un/deservingness is not binary, but steeped within hierarchies. Blue Badge spaces are shaped by societal assumptions about disability that stick to disabled bodies

and circulate in these spaces (Ahmed, 2014; Burch, 2021). In contrast, while the newspaper coverage reviewed in the content analysis covered both faking accusations and misuse of Blue Badge bays as two common issues, the absence of disabled voices in stories about misuse of Blue Badge bays renders disabled people 'invisible' through their absence. These stories focus on generating outrage against those being selfish, but rarely highlight the impact on Blue Badge holders. The survey data highlights how misuse of Blue Badge bays is not in fact the 'victimless' crime it is often presented as. Rather, it can be deeply impactful on disabled people's ability to access public spaces and go about their day.

In the content analysis, faking encounters were a frequently discussed topic in Blue Badge articles. These articles usually provided a seemingly sympathetic focus on the impact on the affected disabled individuals but tended to do so in victimising terms. They also most frequently focused on young people with 'invisible' impairments or parents of disabled children facing confrontations. The survey data suggests that this is much more complex, and that visibility is far from a stable concept, with some participants describing they were accused of 'not looking disabled' before getting out of the car or until revealing their mobility aids. This is illustrated by this participant:

When I'm driving my car, you can't tell I'm paraplegic as you can only see my upper body. A member of the public stopped me as I was parking in a Blue Badge space. He knocked on my window, I wound it down and he told me I shouldn't be parking there, and I had no right to be there. I explained I was disabled. He said I was too young and there was nothing wrong with me. I proceeded to get into my wheelchair and get out of the car, in fairness, he did

look quite embarrassed when I got out of the car. (Woman with chronic illness and mobility impairment, 40-49, London)

This comment also lays bare that age is not just an important factor in determining encounter but is closely interlinked with visibility in determining what it means to 'look disabled'. Indeed, several participants had been told they were 'too young' to be disabled. Age was also a significant factor particularly in intrusive interactions (staring and intrusive questions), belittling interactions (being patronised or treated like a non-person), and envy. Age thus emerges as just as, if not more important, than 'visibility' of impairment in shaping the interactions that take place and who they take place with, and potentially make a disabled person a 'target' for an encounter. However, while much of the newspaper reporting focuses on younger people, the survey indicates that the problem is not simply being young, but rather *not being old*. In line with Reeve's (2008) stereotype of the old male wheelchair user, old age continues to be seen as synonymous with disability by members of the public, with the expectation that Blue Badge holders should be of pension age cited by participants. Even middle-aged people in their 40s and 50s reported that they still get confronted because of their age. Similarly, the survey highlights the pervasiveness of disability stereotypes and how they shape the complex hierarchies of legitimacy that exist, not just in the minds of the public, but amongst disabled people too. Over a third (36%) of participants reported an encounter with another Blue Badge holder. While some of these may have been positive encounters, this suggests that some disabled people have internalised and replicated these hierarchies by reenacting them in accessible parking bays.

Both visibility and age, then, are two major factors in a wider package of 'incongruous' behaviour that is at odds with how disabled people should *be* in public spaces. In/visibility interacts with these factors in determining who 'looks' disabled. While newspaper coverage of encounters often concluded with 'Not every disability is visible', this kind of apolitical 'awareness raising' is not helpful in addressing the root of the problem. Indeed, as argued by Tyler (2020), awareness campaigns can have a sanitising effect, obscuring how the political machinery of stigma actively reinforces hierarchies of deservingness and encourages policing of disabled people. 'Not every disability is visible' does little to address this politics of deservingness and risks instead focusing on 'who has it worse' while drawing attention away from other types of encounters. For example, the survey shows how (particularly young) participants with visible impairments were more likely to face being belittled and patronised, with being a visibly disabled person sometimes attracting negative attention and even hate and violence. As I have argued in the discussion of the content analysis, a focus away from these types of encounters can contribute to erasing those attitudes that stem not from ignorance about disability, but from hate against disabled people for being visible in public (Burch, 2021; Edwards & Maxwell, 2021). Visibility is thus both a double-edged sword that can lend both privilege and unwanted attention. In any case, it is more complex than it has frequently been represented in both 'awareness' campaigns and newspaper coverage.

The survey data also clearly shows the significant negative impact of over a decade of anti-austerity rhetoric (see Briant et al., 2013; Garthwaite, 2011) on the lives of all disabled people, regardless of whether they are benefit claimants. The Blue Badge space, far from being an accessible space, thus turns into a microcosm of wider

negative societal prejudices against disabled people. Despite the content analysis finding that the 'scrounger' rhetoric that characterise political and media disability benefits discourses is largely absent from Blue Badge reporting, it nevertheless appears to have had an impact on the encounters that take place, fuelling the hate that is reenacted in accessible parking bays. Participants frequently reported being referred to as a scrounger, with some directly naming these media discourses as affecting their encounters. Others linked their experiences in Blue Badge bays to other benefits targeted by this rhetoric. While the Blue Badge scheme has not been affected by cuts but has in fact been extended, assumptions about widespread misuse nevertheless sticks to disabled bodies and is consequently played out in Blue Badge spaces. This is not helped by the absence of disabled people's voices in media reporting about Blue Badges, which arguably contributes to its perception as a 'perk' that provides preferential treatment, rather than a crucial adaptation designed to enable disabled people to access public spaces like everyone else. As other studies have found (Dorfman, 2020; Hall, 2019; Kattari, 2020; Marusek, 2012; Nario-Redmond et al., 2019; Olkin et al., 2019; Samuels, 2014), envy of disabled people being perceived to receive 'better' treatment is key to many encounters, and the survey analysis highlights how envy is a common experience for all types of Blue Badge holders. While not a major presence in national news media, the representation of the Blue Badge as a 'perk' was nevertheless also a minor theme in the content analysis. The prevalence of envy within Blue Badge bays highlights how ideas within public discourse are thus both transferred and amplified within accessible parking spaces by the people within them.

This analysis highlights how austerity, ideas about who is un/deserving, and stereotypes and hierarchies of impairment are mutually affecting and reinforcing. For this reason, not 'looking disabled' is never just about physical appearance. Indeed, 'not behaving the right way' in a Blue Badge bay was just as impactful in shaping encounters as not looking the part, leading not only to intrusive behaviour but also to increased harassment. In line with the charity model, where the stereotype of the 'helpless cripple' determines who is deserving of help, disabled people are often expected to publicly reenact the inferior position assigned to us in an ableist society in order to 'deserve' access to parking. From this emerge the many different ways in which one can do disability 'wrong': disabled people should not have children, should only be out at certain times, and should not have nice cars, clothes, or make-up. After all, disabled people are assumed not to be in work so should only spend benefit money on essentials. While most of these factors were not on their own able to fully explain an encounter, they are all part of the bigger assemblage of how disabled people can be incongruous (Pritchard, 2021b) with the expectation of how a disabled person should behave. Moreover, the survey indicates that even those who actively confronted others often were very careful in how they did so, and not to overstep 'their place' too much but remaining polite throughout the interaction. Participants far more commonly employed methods to prevent or defuse an encounter than directly engage the other person. A confrontational approach was primarily reserved for those participants with relative privilege in the hierarchy of impairments (older participants with mobility impairment), while younger participants were more likely to prevent or prepare for an encounter to try and stop a confrontation from taking place. The stories told by participants show that there was a good reason for this:

when participants did stand up for themselves, they were often called 'rude' or even faced with further aggression. This indicates that feeling rules (Hochschild, 2020) about how disabled people should perform their deferential role in public are key to shaping encounters. The significance of this type of behaviour will be explored further in the follow-up interviews in Stage 2.

The discussion so far highlights the very narrow ways in which disability is accepted in public life. The idea of 'normality', then is central to what happens in Blue Badge spaces. While all Blue Badge holders have the potential for encounters, the ones that have the most impact tend to happen to those who are further removed from the idea of a 'normal' disabled person. Again, it is crucial to highlight the centrality of age in this analysis, which emerges as a critical and easily observable way in which disabled people may fail to be congruent with a disability stereotype. Younger disabled people may therefore be perceived as not 'looking' disabled and be at risk of more suspicion from others. However, other intersectional factors also played a part in shaping who is seen as legitimate. Based on the findings, the stereotypical disabled person may be a full-time manual wheelchair user, who is a straight white man without children, likely travelling with a carer, without expensive belongings, and behaving in a way that is deferential rather than entitled. While those who approximate this description may be spared from encounters, this data has highlighted the many different ways in which people can do disability 'wrong' and therefore be at risk of an encounter or hostility. It is thus not enough to have a visible impairment or even be a wheelchair user; as the analysis has shown, even using an electric rather than a manual wheelchair leads to substantially different and less positive encounters. The idea of the 'normal' disabled person, then, arguably fulfils

the same function as the normate in ableism; while highly recognisable, being the ideal disabled person can never be fully attained (Davis & Watson, 2002; Garland-Thomson, 1997; McRuer, 2002). I have termed this unattainable stereotype 'the impossible crip' to give a name to this disabled version of the normate. In a space where disability is unavoidable, ableism sets impossible expectations of how to look and be in these spaces, and the concept of the 'impossible crip' captures this unrealistic goal which is nevertheless used against disabled people when they inevitably fall short of embodying it.

What becomes clear however is that the 'impossible crip' is never just about disability. Rather, the data highlights how other marginalised identities can put participants at even greater risk of negative encounters by removing them further from the stereotype of the white, male, heterosexual, old manual wheelchair user. Women and queer people were overrepresented in the sample; this may be because they are disproportionately more likely to have experienced encounters. While this overrepresentation potentially leads to a greater risk of false positives, nevertheless a clear pattern emerged that, within my sample, encounters were often gendered. For example, women, non-binary, and queer participants were more likely to be targeted by bystanders. It is possible that similar effects exist for racially minoritised groups but due to the small sample size, which makes it more difficult to achieve statistically significant results, could not be observed in the survey. When discussing this small sample size with the advisory group, a Black group member highlighted the continued stigma in acknowledging and accepting disability amongst some communities, which in turn leads to lower use of Blue Badges. This survey highlights how there is an urgent to focus in more detail on how racism and ableism intersect

in the experience of racially minoritised people. While I was not able to fully achieve this in this project, the data nevertheless suggests that for example cultural dress may be another source of 'incongruity' in terms of how disabled people are expected to present in public. In addition to needing to approximate the disabled 'normal', then, Blue Badge holders also need to adhere to other stereotypical ideas of normality in order to avoid confrontations.

This survey has highlighted the breadth of encounters that take place in Blue Badge bays, alongside a continuum of violence and hostility continuum (Hollomotz, 2013), as well as rare positive moments of connection and solidarity. The data highlights the everydayness of encounters as a commonplace experience, and cement the supermarket as a frequent location where encounters take place, in line with other research by disability organisations (Disabled Motoring UK, 2022). Both 'parking' and food shopping are mundane and often stressful experiences, leading to an especially highly charged environment. Overall, while encounters including outright violence is thankfully rare, there is nevertheless a significant amount of hostility facing disabled people in the form of threats and insults. On top of this, disabled people experience frequent microaggressions included being interrogated, surveyed, and have unwanted help thrust upon them, and this survey has gone some way in documenting the cumulative impact of this never-ending ordeal. It is noteworthy how these microaggressive encounters in particular can be equally as, if not more, impactful as more direct confrontation, with staring emerging consistently as the interaction that is most likely to worry disabled people. The data thus illustrates the effort that goes into navigating encounters, with stories by participants illustrating the physical and mental toll they can take in terms of causing flare-ups of energy-

limiting or mental health conditions. This demonstrates clearly exactly how psycho-emotional disablism works to create barriers that can exclude people (Reeve, 2008). The need to always be prepared for a potential encounter means that using Blue Badge bays comes at the cost of extra energy, and the feeling of always being at risk. On the other hand, it has highlighted the importance of solidarity and support by both other Blue Badge holders in bystanders in lessening the impact of the constant negativity. Both the importance of solidarity and how the impact of encounters accumulates to create barriers will be investigated further in the second part of this study through individual interviews with Blue Badge holders. For now, it is clear how the shock of encounters has become an everyday experience for many disabled people (Wilson, 2017).

5.3.8. Survey Analysis Summary

In this section I have presented the analysis of my survey with 304 Blue Badge holders on their experiences. This has included mapping the main types of encounters that take place and the positive and negative interactions that occur during encounters. I also presented data on the most common locations, which other people are most often involved in encounters, and how frequently encounters take place. I analysed the different factors that participants felt shaped the encounters, as well as the role of different mobility aids. Finally, I presented data on the management strategies used by participants to navigate encounters, participants' experienced with reporting, and the impact encounters had on participants' worry about using Blue Badge spaces. Throughout, I have explored associations between this data with demographic groups within my participant sample, to explore how different groups of disabled people may have differing or

shared experiences. In the discussion, I have highlighted that while encounters are more complex than represented in news media, the data nevertheless indicates that hierarchies of impairment and 'deservingness' are very much present in accessible parking spaces, shaping the encounters that take place. Age emerges as perhaps the most prominent factor which shapes encounters, ahead of 'visibility' of impairment. However, I have laid bare the complexity of what it means to be incongruous with a disability stereotype, moving beyond singular factors and considering intersectional concerns that leave multiply marginalised disabled people particularly at risk. I have also discussed how the 'scrounger' rhetoric of austerity politics is brought into Blue Badge spaces. Finally, I have considered how encounters take place alongside a continuum, with not necessarily just the overtly hostile or violent interactions having impact; rather, the data has highlighted how the everyday nature of microaggressions can lead to anxiety, with staring emerging as a particularly impactful and commonplace interaction that can affect disabled people's use of Blue Badge spaces.

5.4. Chapter Summary

This chapter has focused on the analysis and discussion of the primarily quantitative first stage of this research, including a content analysis of major UK newspapers and a survey of 304 Blue Badge holders. I have explored the major themes and topics within newspaper articles about the Blue Badge and discussed their significance in terms of how they frame the Blue Badge scheme and disability in the consciousness of the general public. I have highlighted that, while the Blue Badge is presented considerably more positively compared to newspaper coverage of welfare benefits, the newspaper articles nevertheless often reinforced essentialist and harmful

understandings of disability, including a 'charity model' perspective that sees disabled people as helpless victims deserving of 'help', rather than employing more empowering, rights-based approaches. In the second part of this chapter, I presented the analysis of my survey data focusing on the encounters and interactions that take place, their location and frequency, factors playing into encounters, the strategies used by participants to manage encounters, and the reporting and impact of encounters. In the discussion, I demonstrated the complexity of encounters, including the prevalence of intersectional hierarchies which determines who is seen as legitimate and deserving, based on congruity with a stereotype of disability. I also discussed the importance of austerity to encounters and the considerable impact microaggressions can have on disabled people's worry about encounters. In the following sections, these findings will be explored more deeply through the Stage 2 follow-up interviews with 20 of the survey participants.

6. STAGE 2 FINDINGS: FOLLOW-UP

INTERVIEWS

6.1. Introduction

In this chapter, I present the analysis of the 20 semi-structured interviews conducted with survey participants, during which I explored in more depth their experiences with encounters, how they navigated them, and the impact encounters had both on their experience of using the Blue Badge scheme and on their lives as disabled people. The interview pen portraits in Appendix [10.4.8.](#) present short summaries with key points from each participant's interviews to support the analysis in this chapter. Following Braun and Clarke's (2022) practical guide to reflexive thematic analysis, I generated a total of ten subthemes from the interview data, which were grouped into four major themes. These themes are presented below in an order which aims to tell a coherent story of my participants' experiences. The first theme *Second-Class Citizens* focuses on how Blue Badge bays often provide bare minimum access and how both the Blue Badge scheme specifically and disability more generally are often misunderstood and excluded from public discourses. The second theme *Whose Space is it Anyway?* focuses on the politics of who can and cannot use a Blue Badge bay, exploring stereotypes of what a 'legitimate' disabled person looks like, as well as the sense of entitlement that leads to non-disabled people misusing bays. The third theme *Disabling Affects* maps the emotions that circulate in Blue Badge bays, from including anger, anxiety, and exhaustion from having to deal perpetually with negative attitudes. The final theme *Spaces of Resistance* explores

how disabled people fight back within these spaces, how some defended Blue Badge bays out of principle, how my participants forged self-identities defying narrow stereotypes of disability, and how solidarity and community between disabled people and allies was crucial to navigating these encounters.

6.2. Second-Class Citizens

This theme explores the way in which disabled people's experiences in accessible parking spaces replicate on a small scale ableist attitudes towards disabled people as inferior to and less important than non-disabled people. It highlights the stark disconnect between the government's assertion that the Blue Badge scheme aims to "improve [...] more people's lives" (Department for Transport, 2019), and the reality of significant physical and attitudinal barriers which disabled people face when using the scheme. In doing so, this theme contextualises my participants' recognition of the broader context regarding disabled people's position in contemporary British society after over a decade of austerity where we have often been represented as "counterfeit citizens" (Hughes, 2015, p. 991).

The theme is divided into two subthemes, with *Bare Minimum Access* focusing on the wider issues with the Blue Badge scheme itself, including the physical layout and location of bays, national and local policies, and the implementation and enforcement of the scheme. The subtheme's title derives from the previously discussed assertion that in practice, 'accessible' spaces and other 'reasonable' adjustments for disabled people are often designed to meet the minimum legal requirements, rather than facilitating equal access (Reeve, 2014a; Slater & Jones, 2021). These broader conditions surrounding Blue Badge bays both shape the

encounters that take place within them, as well as adding to the sense that disabled people are not equal citizens deserving of full access.

The second subtheme focuses on public attitudes towards the Blue Badge scheme and disability and their impact on interactions in parking spaces. This subtheme highlights the lack of effort which has been put into ensuring the Blue Badge scheme is actually effective and the lack of disabled people's involvement in shaping policy decisions and implementation around local transport policy. The importance of centring disabled people in issues that affect them has long been a focus of the disability movement, enshrined in its global motto "Nothing about us without us" (Albrecht, 2006). The theme is therefore named *Everything About Us Without Us* to highlight the disenfranchisement felt by my participants in terms of how we are spoken about and how policies that affect us are decided on without involving us. It also explores how one-dimensional media representations do little to challenge stereotypes about disability (Barnes, 1992; Reeve, 2020; Williams-Findlay, 2014).

In combination, both subthemes highlight how medical and charity model approaches towards disability continue to prevail, with disability primarily understood as an individual problem to be fixed. This becomes clear both in the paternalistic assumptions that 'experts' can make policy decisions about us without involving us, and ableist assumptions about disabled people as 'less than' (Goodley, 2011a; Morris, 1991) which penetrate both public policymaking and the public consciousness.

6.2.1. Bare Minimum Access

This theme focuses on the wider policy and implementation of the Blue Badge scheme which can shape the encounters that can take place in these spaces. Most of my participants found having a Blue Badge helpful in enabling them to access essential services, as accessible parking was often a necessity to be able to participate in public life. However, while accessible parking was useful in principle, participants highlighted that there were significant issues in practice, with a few describing it as “not fit for purpose”.

The discrepancy between the *potential* usefulness of the Blue Badge scheme and the issues with its *actual* implementation was highlighted by George:

Vera: And do you find it helpful to have a Blue Badge and in what ways?

George: Yes and no. Helpful in the fact that in some places it helps you park. Em... and... it allows us to go to... [pauses] lots of different places.

Vera: What is it about it that's not helpful?

George: What about it is not... The Blue Badge. It's not the actual Blue Badge, it's the facilities there are for Blue Badge holders. They're rubbish.

Issues with the physical layout of the bays, national Blue Badge policy, and local implementation all negatively impacted George's and other participants' experience of using the spaces. As well as influencing encounters that took place, the lack of a coherent approach to the scheme contributed to the feeling among my participants that disabled people were often an afterthought, who were given the bare minimum of access without any consideration or care whether the scheme was in fact effective.

While my interview questions focused on encounters in Blue Badge spaces, participants inevitably brought up other concerns and issues they had faced when using the bays. A frequent concern was around lack of availability of bays that were fit for purpose. Participants spoke about encountering bays that were for example too narrow, which was a particular issue for wheelchair users who need space to unload mobility equipment, and/or too far away from entrances. Richard referenced a scenario of Blue Badge bays being taken up by wheelie bins, sending a clear message about disabled people's societal worth (Kitchin, 1998). Several participants felt that there were overall simply not enough bays. Some framed this as a result of there being more Blue Badge holders following the extension of the Blue Badge scheme. Others referenced the legally required minimum that they felt some locations did not exceed, leading to shortages:

I do think there's not enough. Now, I know that by law, if there's a hundred bays, it's supposed to have 6% [accessible bays], which is 6 per 100, or if it's a leisure centre with a swimming pool it's 8 bays per 100. Some organisations go over both. You know, some don't (Chris).

These issues with Blue Badge bays highlight the ways in which accessibility is often little more than a case of adhering to the bare legal minimum, rather than facilitating *equal* access. In addition, participants perceived these issues as indirectly impacting on encounters. Firstly, the lack of bays could create additional stress and anxiety for disabled people about finding a suitable space, which in turn limited the energy available for dealing with encounters. Secondly, the increased competition for spaces could potentially lead to further scrutiny of who was using them. This scrutiny could come from non-disabled people but also other Blue Badge holders, with disabled people put in a position of rivalry for the limited access available,

potentially increasing the reenactment of hierarchies of deservingness. Charlie, a recent wheelchair user, explains how they felt the lack of resources pitted them against other disabled people further down the hierarchy:

I understand, and especially when I'm talking to some friends who've got purely invisible disabilities that I do have a tiny bit of privilege in people not giving me grief for using the resources. But it's a scarcity, it's a scarcity mindset thing and the resources I need aren't there. [laughs] I know it looks a little bit like I'm in a better position for being physically and visibly disabled, but it's still not... it's still not enough (Charlie).

Another concern regarding the shape and location was that of conflicting access needs, brought up by several participants as a significant issue. The 'one-size-fits-all' approach of having larger bays close to the entrance was seen as problematic. Participants highlighted how bays had to cater to several distinct needs, i.e. wider space to fully open doors, a close distance to the entrance, or a position that does not necessitate crossing traffic. While some Blue Badge holders may require multiple of these features for access, several participants felt that having some wider bays further away from entrances would reduce both competition and misuse of bays. In addition, some participants were worried that the multiple purposes fulfilled by the Blue Badge added to confusion about the scheme. The current scheme was seen as reinforcing a 'separate-but-equal' approach that did little to address wider parking accessibility. George highlighted how for example new-built parking spaces for electric vehicles (EV) were rarely accessible:

I think all EV charging spaces should be accessible to all. Same as with bridges and shops and everything, everything should be accessible to all (George).

The lack of consideration given to the different ways in which Blue Badge bays are actually used epitomised participants' feelings that overall access for disabled people was often not considered a priority by planners, policymakers, enforcers, or the public. Participants faced further barriers when navigating wider processes to use the Blue Badge or to obtain one in the first place. Specifically, they spoke about how the scheme was often inconsistent, with different local authorities having different rules which required time and energy to figure out when travelling further afield. Another frequent issue raised was the application process, with participants speaking about the administrative burden and intrusiveness of the process and recounting difficulties they themselves, family, or friends had with obtaining a Blue Badge. Some participants perceived that people who were eligible were not applying for the Blue Badge due to how difficult it was to navigate the process. For others, such as Henry, issues encountered in the application process confirmed their internalised hierarchies against other Blue Badge holders:

I know, a few years ago they changed the criteria, I think. They were very much focusing on giving a Blue Badge to people with, um... 'invisible' disabilities. But as I say, I know people being refused a Blue Badge. They have many things wrong with them, including bad mobility. They still get refused, even with medical evidence. So this is... what I struggle with, the system. (Henry)

These slow and laborious processes in order to gain a semblance of access are central to positioning disabled people as second-class citizens. The bare minimum of access requires considerable energy to navigate inadequate bays or bureaucratic, intrusive processes. In addition, participants frequently faced further reductions in accessibility through the removal of Blue Badge bays, for example to create spaces for social distancing space during the COVID-19 pandemic, to replace them with EV bays, and through the increased introduction of time restrictions. Participants discussed this erosion of their rights in terms of disability being an afterthought. These challenges to hard-won provisions are not new, as illustrated by Emma's reference to the '*We're disabled, we're not werewolves*' meme (Figure 8) well-known amongst disability communities on social media:



Figure 8: "We're disabled, Daniel, we're not werewolves" meme (Rossman, 2018)

I kind of think as well, some of the Blue Badge bays I've noticed, are suspended after 6 o'clock in where I live in [local city], and you kind of think, "We're disabled, we're not werewolves!", you know. [laughs] Why is this? Because that means after 6 o'clock, anyone can park there! And that, you know, disabled people *do* like to go out in the evening. [...] But yeah, I think there should be more Blue Badge bays. I think there should be more accessible parking full stop. (Emma)

Importantly, during the interviews it became apparent that the difficulties participants encountered while using parking spaces were just a small part of their experiences and were replicated through many other barriers which they faced in every aspect of navigating public life. Participants spoke about problems they experienced with public transport, echoing Wilkin's (2020) findings on public transport hate crime, and highlighting precisely why the Blue Badge was essential, with travelling by car the only option for some. Others made links to their experiences in other 'accessible' spaces, in particular accessible toilets, echoing existing research on toilets as hotspots for encounters (Slater & Jones, 2021).

A key aspect of participants feeling that the Blue Badge scheme provided minimum access related to the lack of enforcement and reporting mechanisms, particularly where Blue Badge bays were being misused by non-Blue Badge holders. Reporting misuse was often met with indifference, although some participants acknowledged that in the case of businesses it was not for low-paid employees to sort out arguments. When reports were not taken seriously, this led to further frustration, with some participants no longer bothering to report misuse as a result. Concerns about lack of enforcement were shared both by those whose encounters focused primarily around challenging those misusing bays and those who were challenged for not being legitimate users. Amir suggested that the lack of official enforcement could in fact encourage more vigilante enforcement by members of the public:

I also wish though they would make more efforts to actually punish the people who really shouldn't be parking there. Right? Because if the people who ran this game or parking attendants or police or whoever cares about this did that, then I think ordinary people would much less feel the need to, because "The people who know are doing something about it so it's not my problem anymore." So

yeah, that's something I'd not thought of before, but I think it makes sense.

(Amir)

Some participants recounted rare occasions where their Badge had been checked, often framing them as a positive experience. Anna, who had previously worked for her local authority's Blue Badge service, spoke about the proactive enforcement in her region, but also noted that this differed widely across the country, again highlighting the lack of a coherent or robust approach. Many participants also referenced lack of funding to local councils as a barrier to effective enforcement, especially as disability rights were usually among the first to be deprioritised in times of budget cuts within local governments.

6.2.2. Everything About Us Without Us

The second aspect of disabled people feeling like second-class citizens is related to a broader lack of understanding about disability in public policy and societal discourses. There was consensus among participants that many members of the public did not understand the importance of the Blue Badge scheme in facilitating participation in everyday public life. For my participants, the Blue Badge was not just helpful, it was often essential in maintaining an independent life, including access to education, work, medical appointments, and leisure. Frank's comment illustrates how wider spaces, proximity, and parking discounts all enable him to access essential services:

I mainly use my Blue Badge for shopping, medical appointment with GP and hospitals. We also use it for parking on our rare days out. The Blue Badge is brilliant for me. It allows to park on yellow lines in town centres which brings me closer to places like Banks, libraries etc. I'm a powered wheelchair user but sometimes when parking on yellow lines I cannot unload or load my wheelchair

with the ramp I have in my WAV [Wheelchair Accessible Vehicle]. If I can park close to my destination such as those listed, I can use my crutches instead of my wheelchair, so proximity is important and my Blue Badge is such a help with this. City centre parking is very expensive these days and as I had to take early retirement due to my poor health, our finances have been much lower than we planned. The Blue Badge again helps us with the costs of parking and allows to visit cities whereas we might not be able to afford this. (Frank)

Some participants felt that non-disabled people did not understand that the Blue Badge was not just, as James termed it, a “luxury”, but an essential access tool for disabled people. Particularly for encounters where non-disabled people were misusing Blue Badge bays, participants spoke about misusers not fully understanding the impact their actions had on disabled people but perceiving it as a ‘victimless’ crime. Similarly, some participants also felt that non-disabled people did not fully understand the impact encounters could have. James felt that non-disabled friends and family were generally not interested in hearing about how he was affected by encounters because they did not see them as a serious issue:

It’s like everybody tunes out to it. “Oh, it’s just- it’s happened again.” [...] I don’t know that they get that... “Oh it’s just a parking space, Jim, and don’t get so obsessed by it!” or that kind of thing... And you think it’s- but that’s the thing, it’s not just a parking space. It’s whether or not I can do what you’ve just taken for granted. And I... I don’t find that an easy conversation to keep having with people. (James)

Other ways in which participants felt the Blue Badge scheme was misunderstood included the purpose of the scheme and how bays are used. For example, some wheelchair-using participants felt that the public did not fully understand that the hatched lines on the side of the bays were essential for sufficient space to unload a wheelchair. The lack of understanding about the Blue Badge was compounded with a

wider misunderstanding around disability in general, including what it looks like and why people with different impairments may need accessible parking. Hierarchies and stereotypes of disability, which are explored in the subsequent theme, thus arise from a wider culture where disability representation is often limited in both quantity and quality. Consequently, my participants felt that Blue Badge users are envisaged primarily as people with mobility impairments in stereotypical ways. The way in which broader misconceptions about disability can impact on Blue Badge use is illustrated by Lydia's experience when travelling with her trainee assistance dog. Lydia believed that she was under additional scrutiny because her trainee dog Curtis was not a Labrador Retriever, a common breed associated with service dogs:

But when I have taken Curtis out with his vest on and things, people just give us that look, and I think they think he's a fake assistance dog. I think that's their perception of it, because I get out of the car, and I've been driving the car. I think they look at him, and they think, "Well, that's some sort of fake dog." And then they probably think I'm some sort of fake Blue Badge person as well. And see, I think that think those things sort of all go together, and that's that.... that's that lack of understanding about other sorts of assistance dogs as well. (Lydia)

Unsurprisingly, participants felt that there was a need for more awareness and education about the Blue Badge scheme and disability in order to address the lack of understanding. Several participants suggested that an awareness campaign on the scheme would be helpful in addressing misconceptions about Blue Badges, e.g. such as the assumption, as Katie put it, "that they're just handed out to everyone and anyone who wants one." However, when I probed participants who would run this

campaign, some expressed little faith that the government⁷, which was at best apathetic towards disability and at worst actively responsible for spreading problematic misinformation, would be able to run an effective campaign to represent disabled people positively. Perhaps for this reason, some chose to educate others at an individual level during encounters that took place, despite the emotional toll this could take.

At a broader level, the lack of awareness of the Blue Badge scheme reflects the wider absence of nuanced discourses around disability in public life. Participants spoke about the absence of 'real', ordinary disabled people in the media, moving beyond high-profile disabled people such as Paralympians, to include a variety of impairments as well as disabled people who were younger and/or successful in their careers. Participants also remarked on the absence of disability representation in policy, with disabled people often not involved in decision-making that affects us. The resulting policies can serve to create or perpetuate inadequate access that turns people into second-class citizens. As George highlighted, the lack of planning for accessibility could potentially add to non-disabled people's resentment about disability being 'expensive':

This is where in general people don't like the idea of spending more money. To retrospectively fit a ramp or whatever costs more money whereas if they'd done it in the first place we wouldn't be in that situation. (George)

⁷ Interviews were conducted during the Conservative government led by Rishi Sunak.

The lack of engagement by policymakers with disabled people sent the clear message that disabled people are not a priority. Richard summarised the frustration of constantly being spoken about, rather than having the autonomy to have input into decision-making:

Richard: It goes back to the usual... thing that disability is not very high on the list of priorities. One of these that you paint a pretty little picture on. "Ooh, we've done something here. We're working hard for disabled people." No, you're not, because you don't even understand their needs. And the people you ask about their needs are usually not disabled.

Vera: What do you think can be done to improve that?

Richard: In an ideal world you'd have disabled people sat on the boards of things, making these sort of decisions. And I'm talking about normal people. Not the Right Honourable So-on and So-on. But real people from real backgrounds who will have real struggles [...] What about the normal low profile people? You know, why can't they be involved in those decisions? "Well, we have organisations to represent you." Yeah, but do they? I'm not convinced they do represent us.

This theme highlights how the issues played out during encounters reach far beyond accessible parking spaces and cannot be addressed through a one-off awareness campaign that does little to change policy, practice, and prejudices about disability. Another aspect emerging from the interviews was the lack of adequate language about disability, with many at a loss at how to talk about 'normality', such as when trying to define stereotypes or differentiating between 'accessible' and "normal" spaces. George even challenged me about the wording of my question about stereotypes. When I asked him how the 'general public' imagines disability, he highlighted that disabled people should be considered part of this general public.

The level of ableist misconceptions and stereotypes emerging from poor disability representation and how it can turn disabled people into second-class citizens will be explored further in the next theme.

6.3. Whose Space is it Anyway?

This theme centres around the question of who is a 'legitimate' user of Blue Badge bays and how perceptions of 'deservingness' and 'entitlement' shape the encounters that take place, by encouraging both the misuse and the policing of Blue Badge bays as methods of exerting control over these spaces.

The first subtheme *Hierarchies and Stereotypes* focuses on the assumptions that are made about what disability should look like, and how hierarchies are key to understanding why both non-disabled and other disabled people may choose to confront someone whom they suspect of not being a legitimate Blue Badge holder. The analysis lays bare the intricate complexity of this stereotype, moving beyond the simplistic mantra of 'Not every disability is visible' which is often used in the media regarding encounters, as found in Stage 1 of this research. While '(not) looking disabled' is a key factor in encounters, it is neither a static nor a straightforward concept, and importantly it is not synonymous with visibility of impairment. Rather, there are many ways in which disabled people may be incongruous (Pritchard, 2021a) with not just visual but behavioural expectations around disability. By exploring all the different ways in which disabled people may 'fail' to live up to an expected stereotype, it becomes clear that, like the concept of the "normate" (Garland-Thomson, 1997, p. 8), which serves as an ideal but unachievable goal for normalcy, the stereotype of the 'ideal' disabled person is equally unattainable. In the

Stage 1 analysis, I termed this stereotype the ‘impossible crip’, which serves as an unattainable goal for disabled people to aspire to in order to be understood as legitimate and deserving. Just as the normate serves to uphold ableist world orders by giving the imperative to aspire to be as ‘average’ as possible (Davis, 2002b, p. 39), the ‘impossible crip’ ensures disabled people are too preoccupied striving to either meet this stereotype, or handling the fallout when they fail to adhere to it, to question or challenge the status quo.

The second subtheme explores how a feeling of *Entitlement* shapes encounters, reflecting wider power dynamics and cementing disabled people’s position as being only ever conditionally welcome in a public environment that does not truly belong to us. As highlighted by Kitchin (1998), disabled people’s acceptance in public space is always contingent on us knowing our place. This is reinforced through the idea of accessible parking as a ‘perk’ (Olkin et al., 2019; Roulstone & Morgan, 2014) bestowed on those who are deserving. This politics of deservingness not only gives non-disabled people the right to challenge those who not seen as meeting that threshold but also frames access as something that is *given to* disabled people by those who already have it. It is thus fundamentally tied to a charity model of disability which frames disabled people not as full citizens with a right to equal access, but as inferior, pitiable, and dependent on benevolent ‘support’ from others. Non-disabled people as the bestowers of this charity, in turn, remain in power over resources such as public spaces, creating entitlement over these spaces, and have the right to ‘take back’ those spaces whenever they please.

Both of these ideas have been borne out of the “stigma machine” (Tyler, 2020, p. 194) which has created the ideas that only a small number of disabled people are

'legitimate' and most are 'playing the system'. It has been well-documented how this leads to resentment and envy of disabled people (Hughes, 2015; Ralph et al., 2016; Ryan, 2019; Tyler, 2013), creating conditions where disabled people are not understood as equal human beings who have a right to access. Similarly, accessible parking bays are not understood as a means to creating that access, but as "special treatment" (Hall, 2019, p. 253). These feelings create an environment which leads to non-disabled people either policing or claiming these spaces for themselves, thus replicating power disparities and reinforcing both structural and attitudinal barriers to who is welcome in public spaces.

6.3.1. Hierarchies and Stereotypes

This subtheme explores the idea of what a disabled person should look and behave like to be an acceptable and legitimate user of a Blue Badge bay. Discussions around what it means to 'look disabled' emerged particularly where participants had experienced encounters during which others doubted their right to use a Blue Badge bay. Participants often framed their experiences around not 'looking' disabled, as illustrated by Ivy:

People have a very, very specific perception of what you need to be like to have a Blue Badge. So, in terms of like how disabled you look, I guess, cause on the surface, I don't *look* disabled. It's not immediately obvious. Because I have a small car, so I tend to keep my walking aids either on the backseat or in the boot. So, people don't immediately see that I'm disabled and then that leads to these confrontations. I think as well, like I said, age is also a big factor. (Ivy)

While during the initial design of the survey and interview questions I did not make a clear distinction between 'looking' disabled and 'visibility' of impairment, stories such as Ivy made it clear that 'looking disabled' and visibility are overlapping but not

identical concepts. Separating them can be useful to understand how a visible impairment is just one way in which disability may be “evident” (Goffman, 1986, p. 43) to the non-disabled gaze. For Ivy, ‘looking disabled’ was not just about visibility of impairment or presence of a mobility aid but also encompassed aspects such as age. Nevertheless, several participants specifically used variations of the slogan ‘Not every disability is visible’, linking ‘not looking disabled’ to visibility of their impairment. It appeared that participants found this phrase helpful as a shorthand for making sense of their experiences. However, while it is clearly a recognisable phrase that conveys the idea that impairments can be more diverse than is commonly thought by the public, it became equally clear throughout the conversations with participants that it was not a very accurate way of describing their experiences in Blue Badge bays. Rather, ‘(not) looking disabled’ was a much more complex and unstable phenomenon. This was illustrated particularly through the experience of multiple wheelchair-using participants who spoke about experiencing challenges either directly (questions or harassment) or indirectly (staring) when occupying Blue Badge bays, despite the wheelchair being the epitome of ‘visible’ disability (Keith, 1996). Often, these confrontations took place when the wheelchair was not yet visible, usually while the participant was exiting their car, such as in Katie’s encounter with a traffic warden:

[The traffic warden] grabbed [the Blue Badge] off of me and looked at the picture. And I still remember him saying: “Well, I suppose it looks like you.” Well, that’s because it is me...? And even though he had a photo of me, a very recent photo, he was doubting that it was me, and it was simply because, I think, my age. Once he gave it back to me, and I started to walk round... again, I could see the judgment and the way he was looking at me. And then once I got the

wheelchair out, his tone just completely changed. Um... so I think it's not just the everyday people that can be quite judgmental. (Katie)

Katie's story highlights how mobility aids can change a situation when they become visible and lend legitimacy, in this case carrying more weight than the Blue Badge itself. A similar experience was recounted by Lydia, who spoke about noticing a positive difference in treatment she received from strangers in Blue Badge bays when temporarily using crutches after an accident. Another participant, Charlie, discussed their transition from using walking sticks to specialist crutches to a wheelchair due to a degenerative impairment, noting how they faced fewer confrontations as they progressed through more 'legitimate' mobility aids. This hierarchy of mobility aids adds another level of complexity to the idea of visibility of impairment as a marker of legitimacy in a Blue Badge bay.

As highlighted in the stories by Ivy and Katie, and in line with the findings of Stage 1, age is another key factor that affects perceptions of legitimacy. Disability is often conflated with old age, meaning young and middle-aged participants faced challenges more frequently. This also perhaps hints at a hierarchy where impairments are more acceptable if they are age-related rather than genetic or acquired through other circumstances. On the other hand, some of the older participants who sometimes challenged others misusing Blue Badge bays highlighted that they had only started to do so as they got older, suggesting they were aware of the relative privilege granted by age moving them up in the hierarchy of legitimacy and using it to 'defend' the spaces for themselves and others. Frank, for example, spoke about being close the (stereo)typical disabled person as a belligerent elderly wheelchair user, but atypical in standing up against injustice and

bad behaviour, such as misuse of bays. In addition to age, participants mentioned a variety of other socio-demographic attributes they felt had influenced their encounters in parking spaces. Several female participants felt they had been targeted particularly because of their gender, which added to their feeling of being 'vulnerable' in parking spaces, especially when travelling alone. Amir talked about often second-guessing whether racism as well as disablism tainted his encounters. Charlie highlighted the assumption that disabled people should always have a carer or personal assistant with them, meaning their absence was a potential source of suspicion. Two participants spoke about their body weight leading to assumptions that they were disabled due to being fat, rather than a more socially acceptable, 'legitimate' reason. Another participant, Emma, had experienced confrontations particularly when travelling with small children, due to the ableist belief that disabled people could or should not have children. These myriad ways of being incongruous with a stereotype of disability show how narrow the stereotype of a legitimate disabled person is, and how complex the factors that shape encounters can be. This is illustrated by Emma's reflection on how any 'difference' or deviation from the stereotype can leave all Blue Badge holders open to potential challenge:

I think they seem to think that Blue Badge holders are wheelchair users, which is not the case, and I don't know... if I get targeted because I'm a Goth. You know, I dress like a Goth. I am a Goth, and have red and black hair, and I don't know if... because I look quite different that I'm targeted and... I don't know, from talking to all Blue Badge users, we're all targeted. We're all told, "I don't think you should be in that space", when it's got nothing to do with them. You know I do feel there's a real policing by the public of the Blue Badge spaces, Blue Badge holders. Um...yeah. But I just think, I just think you can't look like that. You can't

look like me, you know, from a subculture. You can't be young. You can't not be in- not use a wheelchair. You can't not have a visible disability. (Emma)

This discussion so far is painting a clear picture of how incongruity with a stereotype leads to disabled people being perceived as illegitimate in parking spaces. However, while the margins define the centre (hooks, 2015), it can be much harder to pin down the very narrow idea of what the 'impossible crip' actually does look like. During the interviews, I asked all participants what they thought a typical Blue Badge holder would look like in the minds of the general public. Unsurprisingly, this figure emerged as an elderly wheelchair user, or someone with another type of evident impairment. Beyond this, two key characteristics that emerged from my participants' descriptions were dependence and incompetence. This included expectations of a considerable lack of physical control associated with "severe" disability. For example, Elizabeth suggested the public may expect the typical disabled person to be "drooling and dribbling". Amir linked this visibility and considerable level of impairment with deservingness:

What do I think a Blue Badge holder should look like? The most caricature stereotype-y looking disabled person ever is what they- is what I think the- at least the people who make challenges to us think we should look like. Other people... I don't think that, but, yeah, caricature, stereotype-y, um... either obviously blind and needs glasses and a cane or clearly has... no control of their body whatsoever hence no neck control, lolling tongue, no ability to speak, blah, blah, right? I mean, these are the... like if you imagine severe disability. That's what I think people think of. So, if they see that [...] we look deserving so no one's going to challenge us. Um... sadly [chuckles]. (Amir)

The 'impossible crip' which emerges from Amir's and other participants' description is the epitome of the medical model of disability; helpless, vulnerable, unfortunate,

and thereby deserving of both pity and charity. Another participant, Will, made a link to the medical model of disability by describing a stereotypical person as 'sick' and 'unwell-looking'... "a bit unkempt maybe". Overall, this stereotype is rooted firmly in ableist ideas about disability, where disabled people serve as "dustbins for disavowal" (Burch, 2018, p. 394) for all of non-disabled people's anxieties about mortality and frailty of their own bodies. Disability is only acceptable when it makes non-disabled people feel better about being closer to 'normality'. Disability, thus, is not just 'less than', it is 'not fully human' (Finkelstein, 1998; Tremain, 2008). This othering is captured in Isabella's reflection on how disability is expected to embody difference from the 'normal' non-disabled public:

Isabella: I think in the minds of the general public, they'd be a wheelchair user. They would.... Be vulnerable, perhaps. Elderly... people. [pauses] I think people would expect them to look different.

Vera: Different in what way?

Isabella: Different from themselves. In their minds yeah, I think in the minds of the general public, a Blue Badge holder would look different from other people, I suppose. Perhaps. But yeah, I don't know. There's no way that anybody can look that would show that they're a Blue Badge holder. I don't think.

The narrowness of the 'impossible crip' stereotype of complete incompetence and dependence perpetuates the ableist idea of accessibility being a charitable endeavour that helps those 'less fortunate'. Simultaneously, this extreme caricature of disability is unrealistic and almost impossible for most disabled people to live up to. Crucially, while the 'impossible crip' is unattainable, we are nevertheless *expected* to adhere to it and are perpetually punished for not attaining it. This potentially leaves all disabled people at risk of being in some way incongruous with

stereotypical ideas and thereby open for surveillance, scrutiny, and challenge. To be legitimate users of Blue Badge spaces, we need to be not fully human. Having successful lives, family, friends, being part of a subculture, a nice car, being able to drive oneself are all things that the stereotypical disabled person should not (be allowed to) do.

It is crucial to highlight that the 'impossible crip' is not a fixed or absolute concept that one does or does not adhere to; rather, it highlights the complexity of hierarchies of legitimacy, with a myriad factors potentially making someone 'incongruous' and therefore undeserving in the perception of those policing disabled bodies. Disabled people are also not immune from internalising these hierarchies. Some participants spoke about experiencing challenge from other disabled people who thought they deserved a space *more*. A few participants also reproduced these hierarchies themselves. This included assertions from wheelchair users that they felt more entitled to Blue Badge bays than those with other impairments, or doubting that other people actually needed a Blue Badge:

I'll say the other frustrating thing I've had [...] is actually seeing people parking there and then they walk off. I'm not saying they haven't got a disability because yeah, some disabilities are invisible. However, when you see them walking off, in your mind, you're questioning, "Well, why are they parked in there and not anywhere else." Yeah, so they're some of the frustrations I put up with. (Chris)

The fact that disabled people actively reproduced these hierarchies underlines the systemic and pervasive nature of this stereotype and the charity model more generally. The consequences of putting disabled people in 'competition' with each other for who is suffering the most and is therefore most deserving of the charity of a Blue Badge parking space is explored further in the next theme.

6.3.2. Entitlement

Entitlement was a very common topic of discussion with participants, both in discussions of why people may police parking spaces or why they may misuse them without a badge. This entitlement emerges from the hierarchies described in the previous subtheme, as well as wider ableist paradigms about who belongs in public spaces and who is 'out of place' (Ahmed, 2000; Kitchin, 1998). The idea that public space does not really belong to disabled people (and that we do not belong in it) is enshrined in the perception of the Blue Badge as a 'perk' or 'special treatment' that is bestowed upon disabled people. Accessible parking spaces' prime location makes Blue Badge bays both a desirable and highly visible location, and this is heightened by the promise of 'free' parking. This view was discussed by participants as a major source of envy and resentment against Blue Badge holders, thereby fuelling both the policing and misuse of Blue Badge bays. This perception of the Blue Badge is influenced by wider discourses around disability benefits and the idea that disabled people were unfairly receiving better treatment than others, as illustrated by James:

"It's like, oh, you know, "Why should you...?" It's that... "Why do *you* deserve it?" [pauses] And "Aren't you lucky because you've got this parking thing?" (James)

The sense that this 'perk' should only be 'given' to the most deserving people leads to the vigilante policing of Blue Badge bays by people who feel entitled to protect these perks from being misused. Linking back to hierarchies, multiple participants described the people who they felt were most likely to police parking bays were older people who were not quite at the point of qualifying for their own badge yet. Nevertheless, these older people were perceived to feel entitled to challenge those who they saw as 'undeserving', based particularly on age. This highlights how, far

from being a space owned by disabled people, ownership of the Blue Badge space is under constant investigation and examination.

While the Blue Badge scheme has been exempted from austerity cuts, the envy and resentment attached to 'scrounger' rhetoric about fakers abusing the goodwill of the general public (a.k.a. the 'taxpayer') have permanently stuck to disabled bodies (Ahmed, 2014). The resulting hostility towards disabled people is a feature of the "stigmacraft" (Tyler, 2020, p. 261) of the ongoing austerity project that scapegoats disabled people in order to justify welfare cuts. Frank discussed how this 'divide and conquer' approach functions to turn people against each other and shifting away the focus from people in power:

Although I benefit from having a Blue Badge, sometimes I ask myself if it is divisive as disabled people are thought by a section of society to be taking advantage of their disability to get a better way of life than others. There is nothing more divisive than the words Motability Vehicles or free cars as some people say. I often think to myself that if there was a revolution then those in power often escape while the society in general turns on itself. (Frank)

The entitlement subtheme also provides an important counterpoint to the *Everything About Us Without Us* theme which captured how there is a general lack of understanding of the Blue Badge scheme which contributes to encounters. In contrast, this subtheme highlights a second issue: while many people *understand* the impact of their actions, they simply *do not care* about how they affect disabled people. Laziness and entitlement were discussed by participants as two of the main reasons why people parked in Blue Badge bays while aware of the impact this had on actual badge holders:

So... just people are lazy. Some people. I don't think it's lack of knowledge. They know they're not meant to park there, but they park there 'cause they can, and nobody ever does anything about it (Will).

The misuse of Blue Badge bays is thus equally rooted in hostility towards and resentment of disabled people. This perhaps most clearly manifests in a situation encountered by multiple participants, where non-disabled people had parked sideways across multiple bays to block access to two or three of them. This type of claiming space is rooted in nondisabled people's entitlement to take ownership of 'public space' in which disabled people do not truly belong, and an aggressive assertion of non-disabled people's dominant position in an unequal power relationship that leaves disabled people with little recourse to take any action. This kind of power play is often accompanied by (at best) half-hearted excuses as to why non-disabled people 'needed' to misuse a Blue Badge bay:

Because they have a big car. They've done it all their lives. "You can find somewhere else." "You're not disabled." "I've got to park here because my van won't fit anywhere else." Think of a stupid reason, that's what they use.
(Richard)

The 'big car' paradox illustrates the double-edged sword of entitlement. On the one hand, as in Richard's quote, having a big car was often used as an excuse by non-disabled people for why they were 'entitled' to park in a Blue Badge bay. On the other hand, when Blue Badge holders drove a large or expensive car, this could render them 'incongruous', reflecting the ableist assumption that all disabled people receive welfare benefits and therefore could and should not be able to afford large cars. This paradox makes apparent the underlying ableist power structures that lead to non-disabled people becoming the arbiters of public space and property, while disabled

people are punished for going 'above their station' in laying claim to these spaces or expensive property. Several participants observed that the problem of misuse had become worse in recent years, with John linking it to a wider shift towards selfishness and entitlement in society:

Um...[pauses] selfishness is promoted. Look at our politicians. Look at our Prime Minister [Sunak]. Look at our MPs. And all you see is success from selfishness. I don't have to say anymore because the rot starts at the top.
(John)

Arguably, at the heart of entitlement towards reclaiming Blue Badge bays lies again an attitude towards disability rooted in the charity model, which sees disabled people as passive recipients of 'help' from (non-disabled) benefactors, rather than as equal citizens with inalienable rights (Snyder & Mitchell, 2006b). The usurpation of the Blue Badge scheme by wider discourses on benefits add to its perception as a 'perk' that needs to be earned in return for giving up one's full human status. Disabled people thus remain merely guests in public space, with access a charitable 'favour' bestowed on disabled people by a benevolent non-disabled public. However, this access is contingent on disabled people playing their part in the power exchange. When disabled people are perceived to be moving beyond their passive role, this benevolence ends, and access can just as easily be taken away, whether through policing or through misuse of Blue Badge bays. The presence of pity-based attitudes, which underlie the charity model, was also described by some participants who had experienced unwanted help and patronising comments in accessible parking spaces, such as Isabella:

Isabella: [pauses] I suppose I always smile and joke with people. [pauses] I suppose when you get into that kind of situation, you... I do just automatically

laugh and joke and stuff so... they'll joke back. And maybe sometimes that is patronizing. But. I kind of just laugh it off.

Vera: In what way is it patronizing? Like what... I'm just struggling to understand, kind of to picture it.

Isabella: Yeah, I suppose.... sometimes when I'm in my mobility scooter, if I've just come out of the car. if someone makes like... If I walk past someone then and we might have a little joke, but I don't know what particularly about and... yeah, I suppose, sometimes, that's all I'm saying is, sometimes I find that patronizing because... and I don't know why, particularly, I'm sorry [laughs nervously].

While she was not able to articulate why, Isabella was clearly aware of the discomfort arising from the power dynamics being played out in this situation. Perhaps the uncertainty and self-doubt associated with microaggressions (Sue, 2010) made Isabella doubt the motives of those potentially having a joke at her expense, and clearly added to her unease about having to interact with people and react in the right way in order to be granted use of the Blue Badge space. The affective environment associated with these power dynamics will be the focus of the next theme.

6.4. Disabling Affects

This theme describes the affective politics of accessible parking spaces by focussing on the emotions that shape and are shaped by encounters in these spaces. These emotions do not just passively arise in the aftermath of encounters, but are affective practices that move the unfolding encounter along and affect how it plays out (Wetherell, 2012). Moreover, these emotions are key to why and how encounters can be actively disabling. They require significant emotion work from

disabled people who constantly need to shape or suppress their emotions in order to manage encounters (Hochschild, 1979). Established feeling rules (Hochschild, 2020) not only prescribe what kind of behaviour is acceptable in public spaces, but also replicate ableist power relations that position disabled people as 'less than' non-disabled people. Consequently, disabled people in encounters are often expected to behave politely and show deference. Adhering to or violating these expectations can both carry negative consequences. As a result, the difficulties of managing the complex and heavy emotions associated with using parking spaces can discourage people from using them at all; thereby excluding them from public space altogether (Reeve, 2008).

The first subtheme focuses on how abjection and hate circulate in accessible parking spaces, giving rise to anger in disabled people that can be difficult to manage. Hate is an inevitable consequence of the 'othering' of disabled people and often exists along a continuum (Hollomotz, 2013, p. 53). Perpetual experiences of small low-level incidents and microaggressions can be cumulatively as harmful as acts of outright violence. It is the relentlessness and repetition of this abjection which understandably leaves many disabled people feeling angry at the disrespect we face in public. Expressing this anger may cause an escalation and put the disabled person at risk (Burch, 2021), therefore careful emotion work is required to assess the other person, suppress the anger, and adhere to feeling rules.

The second subtheme highlights how the worry about an actual or potential encounter means disabled people are always walking on eggshells (Kubenz, 2025b). It describes the considerable anxiety felt by my participants which 'sticks' (Ahmed, 2014) to accessible parking bays even when no encounter takes place. This

'stickiness' is apparent in the way in which this anxiety is attached to these specific spaces and also transfers between disabled people, thus becoming a shared experience rather than an individual one. The always looming possibility of an encounter means disabled people are in a perpetual state of 'existential insecurity' (Reeve, 2008), always wondering when the next one may happen. Having to constantly assess the risk of situations and make decisions on whether to adhere to or to break feeling rules can also add to worry about managing an encounter sensitively to avoid further escalation.

The third subtheme *Slow death* describes the cumulative effect of encounters, "the physical wearing out of a population" (Berlant, 2011, p. 95) through the relentlessness of hostility, abjection, and anxiety in accessible parking spaces. Added to this is the lack of concern by the authorities responsible for enforcing the scheme, reinforcing disabled people's societal position as 'less than' and as 'strangers' who do not belong in public spaces (Ahmed, 2000, p. 56), leading to a profound feeling of being unwelcome. It is precisely the ordinariness of encounters that make them so wearing. Not being able to go out to the supermarket or to a medical appointment without fear means that some participants avoided making non-essential trips at all, either temporarily or permanently. This highlights how, even with disability rights and accessible spaces enshrined in law, public spaces can continue to be disabling.

6.4.1. Abjection and Anger

The stories shared by participants illustrated the volatility of encounters in accessible spaces, with situations having the potential to escalate into aggressive

and hateful behaviour. Violence against disabled people happens across a continuum (Hollomotz, 2013), and the experiences of my participants encompassed the full range from microaggressions to physical attacks, hate, and verbal abuse. Parking spaces act can as a catalyst for negative emotions about disability by the public and my participants perceived much of the hate and aggression they faced to be motivated by the envy and resentment around these spaces. However, some of the participants also experienced encounters motivated by general hate around disability. Julie, who had experienced a hate crime involving a group of teenagers throwing objects and verbally abusing her, felt that while this hate was not specifically related to parking, she was targeted because being in an accessible space and having awareness-raising stickers on her car marked her out as disabled. Visibility as a disabled person can thus render someone 'vulnerable' to abuse in public spaces, especially in accessible spaces. In this case, the prominence of the Blue Badge space actively contributed to Julie's harassment.

It was clear that many participants were angry because of the mistreatment and disrespect they experienced in Blue Badge bays, including putting up with constant interrogation, half-hearted excuses such as "I'll only be five minutes", and a profound sense unfairness at non-disabled people taking away the same access for disabled people that they were taking for granted:

Because there's a selfish, ignorant able-bodied person who's too bloody lazy to walk 100 yards, that's jammed up in a disabled parking spot that they park there *first*. That's their *first* choice. They don't even try and park elsewhere. It's the nearest parking place to the door and that's the first place they find themselves. And that's it. And this is the world of ignorant people that we... we exist amongst. (John)

John submitted the below image in Figure 9 image as an illustration of his frustration, which according to him highlights how local non-Blue Badge holders park in accessible bays *first* despite an otherwise empty car park:

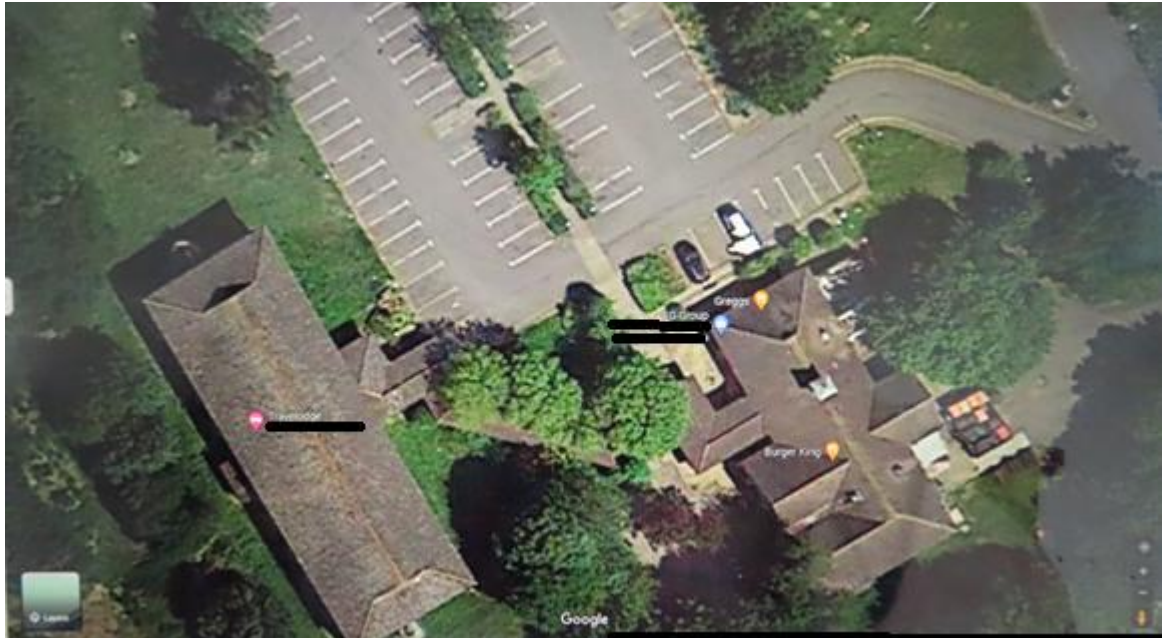


Figure 9: Image submitted by John – Google maps image of his local retail park

The attitude of other people, described by Frederick in an email interview as “THEY can do what they like!!!!!!!!!!!!!!!!!!!! [sic!]”, was not limited to encounters with random passing strangers. Several participants expressed anger when describing encounters where they actively targeted by traffic wardens despite displaying a Blue Badge, while other people without Blue Badges in nearby bays were not policed. Some also described the abjection they felt when observing enforcement officers themselves abusing Blue Badge bays:

Richard: I've even got a picture of a policeman parked in a disabled bay. And what was he doing? Going into Asda to book his holiday.

Vera: [laughs incredulously]

Richard: Yeah, I know it's laughable, isn't it?

As with Richard's scenario, the feeling of anger is amplified by the incredulity of the situation and the fact that despite this, nobody else seems to care (as discussed in the previous subtheme). Several participants also reported encounters with people that were not strangers, but that they knew personally, and the lack of consideration shown by these acquaintances added to the anger resulting from abjection. Lydia describes the personal betrayal she felt when repeatedly faced with a colleague who was misusing the accessible parking spaces in her workplace despite knowing that Lydia needed them:

Lydia: So, yeah, it's always the same people. [pauses] And that just.... the fact that she is an intelligent, educated person. I just found that difficult to accept, why she would do that. I found it hard to understand it.

Vera: Yeah, I can imagine.

Lydia: [laughs resignedly] You know... sometimes, when it's members of the public in general, you think well, maybe they don't know any better. That's what I kind of thought. But you know this woman's a [civil servant]. She knows perfectly well why there are Blue Badge spaces and who needs them. And why would you do that then? And the simple fact is, she just wanted a bigger space for her Range Rover. It comes down to that. That she looked at the ordinary spaces, and she thought, "I don't want to squeeze my Range Rover Evoque into this space. I'm going to park in a disabled space." That's what she thinks. [whispers under her breath] ...cus' she's a twat(!).

Lydia's story highlights the always simmering frustration at being treated as 'less than', which requires considerable work to control. I asked all participants what they would like to be able to do in an encounter but cannot do in practice. Many participants responded to these with what can loosely be termed 'revenge fantasies' to release some of the anger they felt. This included fantasizing about damaging property, e.g.

scratching cars or smashing windows, as well as jokingly suggesting retaliating with physical violence, such as hitting people with a walking stick. John, who was one of the most noticeably frustrated and unhappy of my participants, shared a light-hearted moment with me when joking about fitting tasers into walking sticks to zap parking space-misusing non-disabled people. These fantasies highlight the level of anger and abjection felt by participants, particularly considering the limited options they actually had in addressing the situation due to lack of enforcement. Some of the fantasies thus revolved around showing non-disabled people what it is likely to be 'disabled' by limited options for transport, as illustrated by Richard's suggestions:

Well, I'd like to spread a whole load of nails under the tires, so that when they move out they'd learn what it's like to be without transport. I would also like to put a big sticker on their window saying "This is a Blue Badge bay. You should not be parked here." And it'll take them the rest of the day to scrape it off the windscreen. And it'll still be there for weeks and months afterwards to remind them not to do it again. Well, yeah, none of those are lawful, of course.
(Richard)

With these strong feelings of anger bottled up and no actual outlet other than dreaming about revenge, it is then little surprise that they can spill over and lead to encounters escalating further. Participants spoke about situations where even polite responses resulted in the other party becoming aggressive and verbally abusive. However, some also shared situations where they lost their temper due to the anger they felt at the other person's behaviour. The cumulative effect of multiple encounters means that these feeling could be increasingly difficult to manage, eventually spilling over. For example, Ivy recounted how, when she was very ill and

had recently had an encounter with a traffic warden, she lost her temper at another encounter with a woman doubting she was disabled:

So I was really poorly. So I'd driven myself down, it's taken all my effort in the first place, like I don't need to be confronted by somebody. And I said, you know, like "It's none of your business." I swore a bit. I was like, "Leave me alone. This is nothing to do with you." And then she reacted really badly, like "Ohhh... well, I have to check!" No, you *don't* have to check! [laughs] Like, you're not a warden of the car park! It's not your... And I said something where I was like "Well, who are the fuck are you, the Blue Badge police?" And she got really offended. And I was like, "Look, I'm going to be angry because you just literally confronted me when I'm just trying to get to my appointment." Sorry, am I allowed to swear, is that okay? (Ivy)

Ivy expressed that she wished she had kept in control in this situation: "I do regret shouting at that woman and swearing because that was rude. My mum raised me better, you know, I shouldn't have done that." Similarly, other participants put a considerable amount of work reviewing and reflecting on their own reactions and were disappointed with themselves when they failed to contain their strong feelings. Stories such as Ivy's above and Will's below indicate the amount of emotion work that goes into controlling one's anger in an encounter, regardless of whether they succeed in doing so:

Yeah, particularly that one with the guy who nearly got into a fight, which I thought was a bit odd. Uh... I was quite actually pleased with that one that I reacted how I did cause I... I didn't react. Sometimes I can react a bit agg- a bit angrily to people, but that one I managed to stay really calm because he got very, very angry and was literally coming up right in our face and saying "Do you want to fight about it?" And we were like- I was like, "Well, I don't want to fight about a car parking space." And yeah, I was quite happy with my response to

that one. Sometimes, yeah, if I argue, it can just stay on my mind and kind of run over and over, and what might have happened, kind of thing? (Will)

The decision on whether to hold back one's feelings or to express one's anger was a key sticking point for my participants, who were acutely aware of the potential for an encounter to escalate and turn violent. In addition to managing one's own reaction, then, encounters also required participants to make a judgement of the other person's likely reaction and the potential for escalation. Some of my participants spoke about trying to avoid an argument for fear the other person would either turn violent or do physical damage to their car after they had left. Charlie explains how, despite their generally confrontational nature, they would assess the confronter before deciding on their reaction:

I am a little confrontational... There are people who I will avoid getting into that one with. It tends to be about the body language. It's not specifically about gender, race, or sex. It's "How much of a fight are they looking for?" If they're being snide but it's snide in the "I'd like to get into an argument with you to prove a point or something", that one I will just try and ignore it. Um... If the person having a go at somebody else in the Blue Badge bay is going to be aggressive, it will be a case of me looking for like, is the shop security or something nearby? Um... rather than necessarily getting into it myself. (Charlie)

Charlie's story highlights the complex set of techniques developed by participants to 'read' others in order to assess the level of risk involved in a potential confrontation. Managing emotions of hate and anger in Blue Badge bays, both in themselves and others, thus requires considerable work from disabled people. We are put in a position where we cannot win; if expressing anger, we either risk experiencing physical or verbal abuse, or may guilty feel bad about not controlling our emotions better, such as in Ivy's story. On the other hand, if we do control our emotions, we

may feel equally bad about not asserting ourselves and letting others get away with poor behaviour. Bottling up one's anger instead of letting it out can be just as emotionally distressing. Emma summarised the impact of this dilemma:

Sometimes I just have to bite my tongue. But sometimes I will just really lash out... you know. But I think it's again a case of picking battles. Sometimes it's having sat in the car crying. You know, if it's that extreme. And there's times when it has been that extreme. (Emma)

The difficulties of navigating hostility were compounded for participants who had existing mental health conditions, with a mutually affecting impact. Parking encounters could worsen or flare up mental health conditions, while in turn having mental conditions could affect how participants felt able to approach an encounter. Frederick, for example, explained that:

Unfortunately, depression makes for the 'bull in the china shop' approach, which does not help the situation and now I do tend to step back more than charge in. (Frederick)

The interaction between depression and the stress of encounters put Frederick at increased risk of escalation. The perpetual possibility of an encounter turning hostile or violent also contributed to the anxiety and worry disabled people felt in accessible parking spaces, and these emotions will be explored further in the next subtheme.

6.4.2. Walking on Eggshells

Far from a mundane activity, the act of parking carried considerable anxiety for my participants due to the impact of encounters. This worry was present not just during or after an encounter, but rather the uncertainty of never knowing if and when an encounter might occur meant that some of my participants felt anxious constantly.

Because potential encounters are always looming, they did not need to occur frequently in order to create anxiety:

It's still that original reaction, that kind of stays with you. And it does to some degree kind of make you feel a bit dirty. Um... and then you do have that every time you go out, it's like "Is it going to happen again?" Erm...and it could be nine times out of ten it doesn't happen. But you're still kind of building yourself up and anxious, waiting for that one time out of ten, when you've got to realize: "What am I going to do in this situation to protect myself?" (Katie)

Spaces where an encounter had taken place previously were particularly fraught for participants, highlighting both the spatial and temporal nature of encounters, with experiences of the past affecting present encounters and possibilities for action in the future (Morrigan, 2017). Louise explained how a past encounter with another Blue Badge holder led to her constant vigilance in the present:

It's given me... it's changed how I... I feel quite vulnerable often when I'm in my car, you know, so... there's things I do wherever I park, just having a quick check round to make sure there isn't anybody around and um... that feeling to sort of need to protect myself really. (Louise)

Blue Badge bays thus become spaces where anxiety circulates, affecting how disabled people feel and behave in these spaces. This anxiety was not just influenced by past negative encounters participants had personally experienced, but could also arise from someone else's experience, with participants discussing how hearing about other disabled people's encounters could spark or increase anxiety. Anna spoke about how her time working in a local authority Blue Badge department affected her own use of the Blue Badge:

It gets quite stressful when you're wondering what's going to happen today. It really does. And you're wondering, because when I worked on the customer

service lines within Blue Badge and Parking Services, often you would get people ringing, "I've been harassed today, I had to call the police, what's your advice, what's your policy on this?" So I'm kind of sat waiting and wondering when is that going to happen to us, especially if my husband has to help me get out of the car and there's a delay for me exiting the car with my walking aid. <Yeah.> You really do wonder what's gonna happen next... it just puts you off going out. (Anna)

Another one of my participants, Isabella, was the only of my participants who had not actually experienced any significant negative encounters. However, she still took measures to avoid negative encounters as she was acutely aware that the hostility she had heard about from others might also happen to her. This highlights how the anxiety is not just an individual, but a communal experience shared by disabled people facing the same actual or potential hostility in these spaces.

As highlighted in the previous subtheme, the possibility of an encounter escalating into verbal or physical abuse affected participants' reactions. The decision to walk away or try to avoid an encounter was partly motivated by feeling 'vulnerable' to potentially serious injury due to having an impairment. This does not mean all disabled people are inherently vulnerable. Rather, participants in this context were made 'vulnerable' by the hostility that circulates in accessible parking spaces. While female participants expressed that they felt targeted particularly because of their gender as well as being disabled, the feeling of vulnerability was also expressed by some male participants:

I just tend not to look at people if I think that somebody's... you know. And I do see sometimes that there are a couple of people arguing and I think, well, I don't really want to get involved because I feel vulnerable. And being in a wheelchair, if somebody tipped me out of my wheelchair and took my wheelchair away, I

wouldn't be able to move. You know, because I can't physically stand and I can't crawl or move like that... So I tend to avoid stuff because I'm inwardly nervous. I'm quite a strong character, but then I don't like getting into confrontation with people because I don't want to deal with the aftermath, if that makes sense. So I try and avoid it as much as I can. (Chris)

The anxiety circulating in Blue Badge bays means disabled people are constantly walking on eggshells to navigate these spaces. As discussed in the previous subtheme, many participants were often conscious of the risk of escalation. Some participants thus emphasised that they were intentionally very polite even when confronting others, for example by *asking* the other person if they had forgotten to display their Blue Badge. Elizabeth was amongst those who favoured this approach:

You have to be very careful. And that's why I don't challenge anymore. I try and take the tact of, "Oh, I think you've forgotten your badge" and if you say it sort of softly, it doesn't seem to rile so much. (Elizabeth)

Others however felt that being polite did not ultimately make any difference. Nevertheless, several participants insisted on politeness - as Anna put it, "You've got to be the bigger person really, you know, not let them get to you." Like Ivy in the previous subtheme, who felt guilty when failing to contain her anger, this cautious approach highlights how interactions are governed by feeling rules, particularly when faced with a power difference such as in a disabled/non-disabled person encounter. Indeed, Richard described being verbally abused for being "not polite enough" when asking a non-Blue Badge holder to move out of a bay. Often, participants who highlighted the need to be polite also felt that it made little difference as they were still usually met with hostility in response. Nevertheless, their adherence to these accepted feeling rules highlight how difficult it can be to break

with these patterns, whether out of habit or self-preservation (i.e. to avoid further escalation), causing anxiety about potential consequences when the rules are broken.

Another aspect of how participants were 'walking on eggshells' included the active management which took place in parking spaces to avoid or pre-empt an encounter altogether. Some participants used symbols and signage such as the 'invisible disability' sunflower or 'Not every disability is visible' stickers in a bid to communicate their legitimate need of a space. Ivy and Katie, who were both women in their 20s with not always visible impairments, discussed how they used masquerade, e.g. exaggerating a limp or using their walking stick more often, with the aim to visualise their impairment to others. For both, this approach was a tool to manage anxiety about confrontations, by using protective measures aimed at averting potential hostility from others. In contrast, Emma and Julie, both women in their 50s who had experienced harassment, very carefully managed the level of visibility of their impairment, as they felt being too visible as a disabled person potentially drew further attention to them:

I've noticed that having that walking stick changes you from an invisible disability to a visible disability. But the other thing that concerns me about this is, it also makes me look a bit more vulnerable. So I'm always a little bit wary. But now I use my stick whenever I go out, because one of my knees gives way. So I'm trying to attend upon the deck again. And I just kind of... I'm just really careful about getting that balance between... I need to look like I've got a disability, because, you know what, I might need to sit there, or I might need to park there or do whatever. But also, I don't want to feel quite so vulnerable. And yeah, that always... that balance is always there. (Emma)

The tightrope between too little or too much visibility is therefore an almost impossible one to navigate, adding to the anxiety of never knowing if the current approach to managing one's appearance of disability is the correct one.

For many participants travelling alone was a particular source of anxiety. Three female participants spoke about feeling much safer when travelling with a male companion. Others, including male participants, felt safer when travelling with a carer or personal assistant, who could both provide support during an encounter and lend additional legitimacy through their presence. This to some degree removed the independence provided by the Blue Badge because participants did not feel confident using it on their own. Several participants also avoided Blue Badge spaces when they could help it, for example by being dropped off or parking in the nearest non-accessible space. The work involved in constantly pre-empting potential encounters is also evident in Katie's approach to displaying her Blue Badge:

I think the other thing I do as well is... I'm really, really quick, like I pull into the parking space, and the Blue Badge is up straight away. Whereas sometimes, like, you know, when you park, you'd get some sort, some stuff out of your bag or something, before getting everything ready. Now the Blue Badge is up, the second I'm parked, and so that people aren't going to react straight away because of my age. (Katie)

These stories make apparent the emotional and physical energy required to navigate accessible parking bays as spaces of considerable anxiety for disabled people. The need to manage one's own anxiety and take action to pre-empt potential encounters, while being aware of past, present, and future simultaneously, means disabled people can never simply go about their day in accessible parking spaces. On top of this, further energy was required to process and make sense of these encounters.

The cumulative long-term effect of always walking on eggshells in accessible parking spaces will be the focus of the next subtheme.

6.4.3. Slow Death

This theme captures the cumulative effect of all the negativity directed at disabled people in parking spaces, and precisely how the mundanity and ‘everydayness’ of encounters contribute to a “slow death” (Berlant, 2011, p. 195), where disabled people’s energy and will to engage with public spaces are gradually but relentlessly worn down. Encounters are an unavoidable part of disabled people’s lives, particularly as participants often experienced them in essential spaces. These included supermarkets, doctor’s surgeries and hospitals, shopping centres, service stations, adding to the frustration of not being able to do what others were taking for granted. The mental exhaustion of dealing with encounters was compounded for some by an impact on their physical health, for example in causing a flare-up of their impairment symptoms. Whether this happened from the stress of an encounter or the exertion from walking further due not being able to access a bay, it highlighted how encounters can be actively disabling on a physical level:

You know, the thing is that I am in chronic pain. I am in lots of pain lots of the time, and dragging myself to work is hard enough. And then getting up and down from my desk and going and doing my appointments and things. It's exhausting, and when I come home, I need to lie down. And so the little things in life like being able to park in those spaces matters, it's important. It makes the difference sometimes between what's really bearable and what isn't. (Lydia)

Another aspect of encounters contributing to a ‘slow death’ was their duality, with microaggressive encounters on the one hand slowly grinding disabled people down, but more extreme distressing encounters equally having a long-term impact on

participants for weeks or months after. Louise spoke about how her encounter of being yelled at by another Blue Badge holder “actually created trauma”, adding to her pre-existing PTSD. Another participant, James, was still noticeably distressed from a recent hateful encounter with a builder parking in the allocated Blue Badge bay at his home, and who had told him he deserved to be disabled:

And just sometimes the noise gets a lot, if you've had a particularly difficult day with things like that. And maybe I've got more pain, or my legs are not responding as well as I might like them to. Or I've got some other problem going on, I find that I do kind of shrug my shoulders and think, “Oh, why me?” And for somebody to say, well, “It's because you deserve it” is sort of like a... And I just realised because I'm going on about it how much that really did. I was so shocked. And it was actually just shock as opposed to anger really, it was just like “...what?” (James)

Many participants spoke about going out less over time or not bothering to fight or report anymore, as they no longer saw the point. The impact of everyday abjection accumulated over time until spilling over into either escalation or simply not going out anymore. Further, it sent a perpetual message that disabled people are still considered ‘less than’, slowly undermining my participants’ confidence in both accessible parking and more generally in society as whole. In addition to not being able to get to places because of the widespread misuse of Blue Badge parking by non-disabled people, participants were tired of hearing the same excuses such as “I’ll only be 5 minutes” over and over. The blatant disregard given to disabled people in accessible parking spaces was not just disabling, it felt intensely personal. Similarly, the lack of concern given to disabled people when reporting encounters reinforced the feeling of frustration about not being listened to or taken seriously. Multiple participants who had reported an encounter described staff either just not

caring or even siding with the other party. This added to the feeling of exclusion and being on the margins for participants. James described how he decided not to report the hate incident he experienced, based on previous unhelpful responses from his housing association:

Unfortunately, I haven't followed it up with the housing association because actually I've already had to make several complaints about their attitudes towards disability. They haven't taken it seriously and so I just... I've got other problems, other things that I've got to do with my energy. (James)

Reactions such James' and other participants' are understandable – why should they keep reporting issues when they have learned from multiple previous experiences that it will not be taken seriously anyway? Disabled people's frustration and anger are a (if not *the*) rational response to the oppression and exclusion experienced by disabled people (Morris, 1992).

Nevertheless, some of my participants spoke about wishing they had reacted differently during a past encounter. As explored previously, where an encounter escalated, some participants wish they had reacted in a more restrained manner. Conversely, some of my less confrontational participants who primarily employed avoidant strategies wished they had been brave enough to stand up for themselves. For example, Anna described fighting the urge of responding more rudely to a passive-aggressive starrer:

I've stared back at someone. I've been tempted to put my tongue out of them [laughs]. Just to say, "Hmm... yeah, you're being too nosy there, mate". But in the end, I just put my head down and concentrate on getting myself safely onto my feet. (Anna)

The constant second-guessing of whether one's reaction was the right one adds to the grinding down of disabled people's energy, precisely because there is no right way of handling an encounter. The systemic nature of encounters meant that none of my participants were able to navigate them without expending significant emotional and often physical energy. The breaking of feeling rules can induce guilt which eats away at the disabled person (Cahill & Eggleston, 1994; Morris, 1991; Tregaskis, 2003). Several participants therefore discussed that, when they felt tired, asserting oneself with an encounter was simply not worth the hassle. Lydia, one of my more assertive participants, spoke about how she was increasingly trying to not engage due to knowing that she was ultimately not able to change challengers' minds:

So occasionally I do say to people, you know, "What's the problem?" and I will kind of have that debate with them if I can be bothered. And a lot of the time I know it's not worth the stress, and it's not worth doing. I have had people look at me as if, like the badge isn't mine, and I have sometimes said to people "Do you want to check it?" Mostly, I do try just to not engage with people, because I just know it's not worth it. [...] And you know, you're not going to change that person's mind. You know you're not going to get a positive from them. They're not going to apologize for treating you that way. So it's not worth it really.
(Lydia)

Quite a few participants explained that they had stopped going out altogether, either temporarily or permanently, because it was too much effort to leave the house and face a potential encounter. The following stories by George and John highlight how the psycho-emotional disablism resulting from negative encounters can actively stop disabled people from participating in regular public life:

So, I think this is part of the fact that sometimes it's easier not to go out than it is to go out. It's often not worth the hassle. I'd love to go to town and buy a hat

for example. I want to buy it. I lost my hat, so I want to replace it. But It's so much trouble trying to get to the... to park outside the shop that... what is it, since October last year I've been planning to go but I won't go because it's too much hassle. So.... yeah, I would say it's more of a 'I avoid getting into that' situation. (George)

Uh... I don't like being pissed off. And I know damn well that every time I'll go anywhere, parking is going to be a difficulty, and I won't probably even be able to get to where I want to because where I can find to park is too far away. And I know damn well that it doesn't matter how polite I am. Mentioning it to the people that are where they shouldn't be, I'm just going to get abuse. So, I don't do it. It's not my job, is it? (John)

These two stories highlight how accessible spaces in themselves do not necessarily remove barriers if relational and attitudinal barriers are not considered. The resulting effect on disabled people is devastating, condemning us to a 'slow death' in an environment full of hostility and exclusion, where our actions ultimately don't matter. Nevertheless, many disabled people do to continue to challenge and fight back, as well as build other survival mechanisms. These will be explored in the final theme.

6.5. Spaces of Resistance

The final theme provides a challenge to predominantly negative discussions of encounters which risk painting disabled people as helpless victims of constant discrimination. While encounters can be infinitely wearing, it is equally important to acknowledge how disabled people continue to resist and assert themselves despite the relentlessness of the experience. Having a dedicated theme to explore these acts of solidarity and resistance is particularly key as I have been conscious throughout the research process that, while many encounters can be difficult and even traumatic, framing disabled people's experience in purely negative terms risks

replicating tragedy discourses of disability, even if that tragedy is discrimination from others rather than the 'tragedy' of impairment. This theme, then, seeks to challenge these discourses by exploring the agency disabled people employ in standing up for themselves, forging nuanced identities in spite of stereotypes, and rejecting the 'divide and conquer' approach of hierarchies by relying on *Solidarity and Communal*ity as a key survival mechanism in a hostile world.

The first subtheme explores the way in which disabled people stand up for themselves by challenging others for their bad behaviour, either through direct confrontation or through more subtle means, such as using humour to 'shame' intrusive confronters. While these challenges may not be able to affect structural change, and may put disabled people at risk, they nevertheless provide an important symbolic act of resistance, allowing disabled people to assert their self-worth, and rejecting the stigma of being passive and helpless (Tyler, 2020). By drawing on legal terms, my participants positioned themselves as active citizens with rights and set a counterpoint to the idea that access should only be granted to those who have proven themselves to be deserving (Hughes, 2015).

The second subtheme discusses the complex ways in which disabled people describe and make sense of their identities. As highlighted by Keith (1996), it is often challenging to maintain a positive, competent image of oneself when constantly faced with the stark contrast of how disabled people are perceived by society. The reality is that disabled identities, like all identities, are much richer and more complex than medical and charity models would have us believe. These nuanced self-identities challenge the negative 'tragedy' / 'victim' or the positive 'supercrip' stereotypes, which are often presented as the only binary options available in cultural

representations of disability (Barnes & Mercer, 2010). While impairment is an important part of identity for many disabled people, it is neither an all-defining experience nor a tragic one, but a 'normal' part of the human experience.

Finally, while ableism individualises disability (Morris, 1991), making disabled people seem like the 'outlier', it is clear that encounters are far from a personal, singular experience. Rather, they are often shared with other disabled people and/or with trusted friends and allies, either in the moment or after an encounter. The solidarity and activism that some of my participants engaged in highlight how encounters can be productive. Several of my participants were motivated to become involved in disability activism and wider politics, in the hope of moving towards a more just world (Siebers, 2008). In this way, hate and resistance can both equally be part of everyday life (Burch, 2021). The solidarity and communality of encounter experiences are a crucial part of resistance, combatting the individual nature of discrimination, and through engagement with others, opening up new ways of understanding and resisting encounters (Zitzelsberger, 2005).

6.5.1. It's the Principle

This subtheme explores the strategies used by disabled people to resist negative encounters and stand their ground. It provides a contrast to the 'Slow death' theme, by highlighting that despite the never-ending grind of psycho-emotional disablism, disabled people can and do sometimes find the energy to assert themselves. While this could take different forms, all participants spoke to some degree about standing up for themselves. Many felt particularly strongly about re-asserting their right to park in a Blue Badge bay by challenging those misusing bays. While some

challenged others only when a parking space they wanted to use was being occupied by a non-Blue Badge holder, some of the older participants in particular were more forthright in challenging out of principle, even when they were not looking to park in a bay:

Should I confront people, probably not but I've always been the one to jump into situations to confront bullies and wrong doings. I think I'm probably too old to continue now but it still annoys me. (Frank)

Frank's framing of those misusing Blue Badge bays as bullies illustrates how disabled people are not just inconvenienced but feel personally wronged by those misusing Blue Badge bays. Participants often framed their discussions around access to Blue Badge parking in legal terms, emphasising that accessible parking was their *right* and comparing the misuse of these bays to other illegal acts, like Elizabeth: "It's like some people will rob, some people will mug, some people will abuse a Blue Badge bay". Similarly, participants often relied on the law in practice when dealing with an encounter, whether that involved invoking it during a complaint to a parking provider or threatening someone with police to de-escalate an encounter. Unsurprisingly, many participants wanted their legal rights strengthened through more regulation of the Blue Badge scheme, including efficient enforcement enabling them to report misuse of Blue Badge spaces. Many participants wanted to see more general inspection of Badges, despite the mixed experience with traffic wardens among participants as reported in previous subthemes. Overall, legal perspectives were a strong tool for participants in asserting themselves in accessible parking spaces. Some participants also discussed that they hoped by being interviewed for my

research, this would lead to tangible change in the delivery and enforcement of the Blue Badge scheme.

Central to the notion of asserting one's rights in Blue Badge spaces was the rejection of disabled people's second-class status as citizens. By employing rights discourses, participants did not just assert their own individual access to a space but also dispelled ideas of accessible parking as 'charity'. Further, participants who asserted themselves actively challenged the power balances inherent in feeling rules, rejecting the idea they should be meek and grateful while non-disabled people could be as rude and intrusive as they liked. Emma discussed how setting a positive example for her children was a motivating factor for her in challenging the poor treatment she received from others:

When the kids were little, there were times when I had to just walk away. In tears often. Until I kind of went... "No, do you know what? It's not okay to come and challenge me about where I'm parked and my Blue Badge." So you know... and showing the kids that, do you know what? This behaviour's not okay, this is the behaviour of a bully, this is ableism. And if mum turns around and shouts at them, then they deserve it. You know, this is me standing up for myself and "Kids - don't let people talk to you like this." (Emma)

Emma's decision to stand up for herself was motivated by the impression she made on others. This motivation to fight back, despite the energy this often cost, was located both in maintaining one's own self-worth by rejecting the passive, helpless stereotype, and in the possibility of making confronters aware of the inappropriateness of their behaviour. By drawing attention to how the other party were breaking established feeling rules, participants were hoping to embarrass others into reconsidering the assumptions they had made about disability. Some did

so by turning the encounter into a spectacle, such as Amir, who would ask those who challenged him and his parents in Blue Badge bays to stand by and watch his wheelchair getting hoisted out of the boot in slow motion:

Um... I have tried to roll down the car window and explain that in fact I do actually have a wheelchair. But you just can't tell because I'm sitting in a damn car seat. And that doesn't really work that well. The one thing I find that does work is, "Hey, wait a minute, look." Right, that's why it's now my go-to. Because it's... because it's irrefutable proof and also I think, I hope, it would stop someone from doing that again to someone else. Because what they realize is that if one of us could need this thing without it being blindingly obvious, at least initially, then maybe the same is true for others. So, you know, one person didn't in my case. I don't look like I need this, but I do. So maybe others look like they don't need this, but they do as well. So, let's just leave everyone alone. That's what I hope would be the effect. But yeah, I've tried getting angry, ignoring them. And in the end fell back on sarcasm. (Amir)

Similarly, Charlie described maintaining "slightly aggressive eye contact" and enjoying watching non-disabled people squirm, "because sometimes you just want to take people like that one down a peg or two if you can about their assumptions". Resisting harmful assumptions, then, can be a source of strength for disabled people. But, as explored in previous sections, this depends having on the energy and will to do so not just once, but repeatedly. Nevertheless, the importance of insisting on one's rights and challenging other's negative views can influence how disabled people perceive their own identity, which will be explored in the next subtheme.

6.5.2. Complex Identities

How participants saw themselves stood in stark contrast to the helpless, dependent stereotype which participants mapped out when I asked them about other people's

perceptions. Several of the participants took a social-relational view on disability, locating barriers in societal attitudes rather than in their own impairment. This illustrated by Amir's discussion of what being 'independent' means to him:

I [...] generally think of myself as pretty capable. I can do most things I want. Not necessarily by myself but for me even having a... like doing things with my carer, I still count them doing things by myself. Because it's as close to actually doing them by myself as we're gonna get. [...] So, I think I'm as autonomous as I can be. But I do you sometimes catch myself thinking how different things would be for me, if I didn't have to ride around in this wheelchair all the time. And I think that is basically only influenced by other people's negative perceptions of... of disabled people because I don't think I'm any less capable than anyone else. (Amir)

Amir's statement highlights the cognitive dissonance experienced by disabled people when faced with their own competent self-images versus the reductive stereotype imposed by others (see Keith, 1996). This dissonance is part of why encounters can be so challenging to navigate, as stereotypes are deeply ingrained and cannot be fully refuted within a matter of seconds or minutes during an encounter. This underlines again that there is no right way to deal with an encounter. For this reason, some participants made a conscious decision to try and not let encounters affect them:

I mean, you know I have one or two in my head. I can't say I dwell on them. They don't... they don't bother me because... I think because I have had quite a lot of counselling about you know, anxiety and stress, and being able to put things behind you and not kind of dwell on them, because that's a really bad habit that I have. So, it's a very conscious action to not to, on that basis. So, although I could recall some to you, I don't spend my time worrying about them. And that's purposeful. (Lydia)

While this strategy may not always be successful – Lydia clearly was emotionally affected when telling me about one of her work colleagues repeatedly misusing Blue Badge bays shortly after the above statement – this nevertheless illustrates the conscious effort disabled people put into moving beyond the anxiety caused by encounters.

This does not mean that disabled people's self-image is always wholly positive. Disabled identities are oppositional to the disability stereotype not in the sense of a negative/positive binary, but in the way they embrace complexity rather than a simplistic and reductive approach to disability. For many participants, their perspectives on encounters were shaped by their life experiences, including the nature of their own impairment. Although I did not usually directly ask participants about their impairments, many participants still shared this context with me. This often included stories of how they became disabled, which for them was clearly an important framing for their current attitudes towards disability. For example, Katie illustrated how other people's attitudes shaped her reluctance to accept being a wheelchair user:

It took a long time for me to kind of come to terms with being disabled. Em.. so I had a spinal injury in a gymnastics accident when I was ten, em... and from that I developed a lot of chronic pain conditions. And it did.... it took me probably about four years to accept that I needed to use a wheelchair full time. Em... so before that I had been forcing myself to walk and use crutches, and then I had flare up after flare up. And I think one of the reasons why I forced myself to do that for so long and refused to use the wheelchair was because of some of the reactions that I had when I was out and about. (Katie)

Overall, my participants did not consider their impairment a tragedy – as Elizabeth put it, “it's just life”. Rather, most participants had accepted and adjusted to being disabled, while some also mourned the loss of mobility that resulted from acquiring an impairment and discussed some anxiety about further deterioration of their physical capabilities. This highlights the complexities involved in disabled identity – having negative feelings about impairment effects such as pain and loss of mobility does not preclude acceptance and moving on with one's life.

This nuanced self-view highlights the disconnect with how disability is constructed in the public imagination, where disabled people are still often seen as either tragic and passive recipients of charity, or as ‘supercrips’ who overcome their impairment (Barnes & Mercer, 2010. Lydia particularly highlighted the harm done by the expectation of disabled people to achieve superhuman feats:

I've never wanted to climb Everest. I couldn't be bothered if I was fit enough to do it. But that [inspirational story] made me feel inadequate and inferior in some way, because I'm not some supercrip who climbs mountains. I'm just an ordinary person who struggles to get round Tesco. (Lydia)

Lydia's story highlights the absence of ordinariness in how disabled people are portrayed public life. We can be at either end of an extreme stereotype about disability, but we can never just be ‘ordinary’ people. This lack of ‘ordinariness’ is a fundamental feature of ableism, where disability is necessarily ‘othered’ to confirm ‘normality’ for non-disabled people (Garland-Thomson, 1997). This is true both in society in general, and in accessible parking spaces, where we can never just exist as disabled people due to the perpetual requirement to conform to a specific image

of disability. It is little surprise then, that maintaining as much 'ordinariness' as possible in their lives was a goal for some of my participants:

I want to do kind of normal things [laughs]. [inaudible] Not "normal", but you know, kind of everyday things. <Yeah.> But just with an understanding that things are a bit difficult for me. I think... I want to try more things, but I am kind of worried that when I do them, especially when it comes to doing physical things with my hands, you know. I think in my brain I am capable of all sorts of things, but in reality, when it comes to it, maybe not so much. But I still want to be able to try and see if I can, you know. (Louise)

While Louise's ambition to be 'normal' may be interpreted as wanting to conform to societal expectations, it can also be seen as a desire for self-fulfilment despite the negative assumptions about her as a disabled person. Her statement, then, rather highlights how difficult it is to conceive of success and capability outside of rigid terms which equate being a full and productive person with being 'normal'.

Another part of my participants' identities which shaped their attitudes towards dealing with encounters and opposing societal stereotypes emerged from their personal and professional backgrounds. For example, Richard explained that working in the NHS for several decades meant that he had learned disability did not mean lack of humanity. Chris, an access auditor and coach, and Katie, an education lecturer, drew on their experiences when discussing how education around accessibility could be used to change public attitudes that led to encounters. Charlie, a former city councillor, and Anna, who had previously worked in a council Blue Badge team, referenced their experiences regarding how the practicalities of local Blue Badge policy shape encounters. Two participants who were postgraduate social science researchers, Ivy and Amir, discussed how their perspectives framed their

understanding of disability as a socially created issue. Again, these perspectives highlight the complexity of disabled people's identities and reflect our lives as full human beings with friends, family, and careers, all of which shape our experiences. It feels important to acknowledge that not all my participants were in work. This did not mean, however, that their realities conformed to either the helpless charity recipient or the benefits 'scrounger'. As this section has shown, disabled people overall maintain strong and confident self-images despite other people's negative attitudes, but it is precisely the incongruity of being constantly exposed to these public attitudes that can add to the distress caused by encounters. Furthermore, the identities are not just forged and maintained at individual level, but by those around us, and this will be explored in the final subtheme.

6.5.3. Solidarity and Communality

The final subtheme focuses on encounters as not purely individual experiences affecting only the disabled person involved, but as communal ones. The communality of these encounters occurs in multiple ways. Firstly, encounters are shared between disabled people and those they travel with. Several of my participants did not drive and therefore were necessarily never alone when encounters took place. As explored previously, others chose not to travel alone as they felt having another person with them offered some protection from potentially unpleasant encounters. Travel companions, whether family, friends, or personal assistants, thus shared in the experiences of encounters and often understood their impact. Travelling with another person was a mechanism to prevent a potential escalation of an encounter for some of my more confrontational participants, such as Frederick: "I do tend to hold back when my wife is present. She is not only my

carer but after nearly 60 years of marriage a calming influence". In contrast, participants who tended to be more conflict-avoidant found that a more assertive family member's intervention could potentially aggravate an encounter:

So my mom, when I was little and I had the Blue Badge, my mom would get really quite angry and upset, and when there was any kind of interaction, like negative interaction, and she'd be the kind of person that would be very loud and bolshy and stand up for me. And that in turn would make me quite nervous, actually, because I didn't want her to get hurt or anything from these people that she was interacting with. (Katie)

Irrespective of whether the bystander's presence was helpful or hindering, these experiences highlighted how the strong affects relating to parking encounters are not purely subjective but shared and shaped by the people that exist within these spaces.

A second way in which encounters transcended subjective experiences was through a sense of community and solidarity that occasionally existed in Blue Badge spaces.

As Isabella put it:

Other disabled people are always.... they always look out, it feels like they look out for each other, disabled people in the disabled bays, more than the non-disabled people would. (Isabella)

In our conversations, participants reflected not just on their own encounters and reactions but considered the experiences they thought other disabled people would have in Blue Badge bays. Some even acted on this; for example, Charlie was concerned that parents of neurodivergent children were often especially disbelieved by the public as needing a Blue Badge, and thus at risk of being challenged.

Consequently, they used their position as a recognisably disabled wheelchair user to intervene and defend others:

There's confrontations I've stepped into and it's been something like a mum getting criticisms, because something that I've definitely heard getting thrown at them is "People who need it more. There are people who need it more than you?" And to have the wheelchair user roll up and go "And that's not for you to judge", something like that will often get people to step back slightly on that one. (Charlie)

Some participants who chose to challenge or try to embarrass others did so hoping it would help other disabled people in the future, by making the other party think twice about their actions. Participants were also considerate about other disabled people's needs. For example, Anna spoke about making a deliberate choice to use the furthest available Blue Badge bay dependent on her mobility at the time, out of consideration for others with poorer mobility who may need the closest spaces. Some participants also spoke about helping elderly disabled friends and relatives with parking-related issues, such as driving them to medical appointments or supporting them with navigating the paperwork for the Blue Badge application process. This solidarity highlights how disabled people can reject hierarchies of legitimacy, choosing solidarity over divisive discussions about who deserves Blue Badge bays most. Occasionally, participants also experienced solidarity from non-disabled people who were random bystanders. James recounted how having support from another person during a particular upsetting encounter was very helpful precisely because bystanders would normally turn the other way:

Actually I was very grateful because another tenant got himself involved. He was a bit, you know, "Woah, punch your fucking lights out" kind of an approach,

but actually feeling that somebody supports you is really important. And I've found that where I've confronted somebody and there are witnesses, generally people aren't.... they want to stay away. [...] People don't want to get involved in that. (James)

Another communal aspect of encounters took the form of sharing of encounter stories between disabled people. Many participants described discussing their experiences with others as an important source of strength that kept them going despite the 'slow death' grind of encounters. Amir highlights the importance of talking to other people who 'get it':

I will talk to other disabled people sometimes and... yeah, I feel it's cathartic, right? Because it's like... Okay, I don't want to cry about this stuff in front of other people. But I don't care about crying about it in front of other disabled people because they want to cry about it too [laughs]. (Amir)

As highlighted in the *Walking on Eggshells* theme, while sharing encounters made participants realise that they were not alone, for some it also added to the worry about potential encounters due to knowing they had happened to others.

Furthermore, not all participants necessarily had a network of other disabled people to tap into, and some talked about feeling isolated due to this. During the interviews, I shared with some of my participants some details about my own encounters and the frustration that had led me to do this research, usually at the end of the interview. Overall, this seemed to be helpful to my participants, particularly where participants were not clear whether I was myself disabled despite this being prominently stated in my recruitment materials. As discussed in Chapter 4, this to me highlighted the power of normative assumption about who does disability research and confirmed the importance of being visible as a disabled researcher. Overall, I strongly felt while

conducting the interview, and have continued to feel throughout the research process, that sharing some of my own experiences helped me connect with participants better, generating better data, and seemed to be especially helpful to those who did not have other disabled people to talk to in letting them know they are not alone.

Beyond friends and family, social media emerged as an important tool for disabled people to share experiences, with several participants being part of online forums relating to disability, finding these a helpful source of support and solidarity. Others spoke about their positive experiences with the disability community on Twitter and the connections they had made through this. Particularly for older participants, offline sources of community included *Disabled Motoring* magazine, which was mentioned by multiple participants as a point of help in the absence of any formal enforcement:

I do send my photos to *Disabled Motoring* but I do this because there is nowhere else to post them, and it helps with the feelings of frustration that I am just one tiny cog without any power to change things. (Frank)

The frustration my participants had experienced had motivated some to get involved with their local DPO in order to campaign for and contribute to local policy-making about Blue Badges. George, who was keen to join a disability group to chat to others but was unable to find one, was even in the process of setting up his own group with the help of a local vicar. The way in which participants actively sought out and drew strength from the disabled people's community highlight the importance of a strong disabled community and that encounters are far from individual events, but a shared

aspect of disablism faced by many of us, which shapes our unique experiences as disabled people in a hostile, ableist environment.

6.6. Chapter Summary

In this chapter I have presented the four themes and ten subthemes generated through a reflexive TA of the 20 interviews I conducted with Blue Badge holders about their encounter experiences. The first theme has highlighted how disabled people often feel like second-class citizens because both the physical facilities provided in Blue Badge bays are often inadequate (*Bare Minimum Access*) and because both the Blue Badge scheme and disability more broadly are often poorly understood by the public and excluded from policymaking (*Everything About Us Without Us*). The second theme has dealt with the question of who Blue Badge bays truly belong to and has discussed how *Hierarchies and Stereotypes* mean that most disabled people can face challenge in Blue Badge bays, as well as exploring how *Entitlement* rooted in the charity model of disability means disabled people do not have true ownership of accessible spaces. In the third theme, I have explored the different emotions that can contribute to experiences of psycho-emotional disablism in accessible parking spaces. These include *Abjection and Anger*, laying bare the hostility that circulates in Blue Badge spaces, *Walking on Eggshells*, describing the constant anxiety that an encounter may take place or escalate, and the *Slow Death* that arises as a result of the exhaustion of dealing with perpetual negativity. Finally, I have explored how accessible parking spaces can also provide opportunities for resisting this negativity, including how disabled people may reassert their right to access these spaces (*It's the Principle*), how my participants forged *Complex Identities* while resisting stereotypes, and how sharing of experiences can be a

crucial source of *Solidarity and Communality*. The significance of this analysis in conjunction with the findings from the first stage will be explored in more detail in the following Discussion chapter.

7. DISCUSSION

7.1. Introduction

In this chapter I discuss some of the key findings from across both stages of the research, bringing them together into a coherent narrative of what these findings can tell us about accessible parking encounters. I discuss five interconnected aspects of how encounters can shape disabled people's experiences of everyday oppression in public spaces. I firstly discuss the contingency of accessibility in the current system where a 'bare minimum' approach upholds wider ableist structures. Following this, I focus on how stereotypes around disability are central to this research, highlighting how the impossibility of ever truly living up to them creates issues for all disabled people. I then argue that the accessible parking space functions as a microcosm of the wider hostility and abjection faced disabled people, particular as a result of austerity politics. I also discuss the impact of psycho-emotional disablism in accessible parking spaces, which means that perpetual anxiety about encounters leaves many disabled people always walking on eggshells. Finally, I focus on the importance of disability communities and identities as a vital tool to survive and resist the ableism and abjection which I have laid bare. Following this, I discuss the limitations of this study and make recommendations for further research which could contribute to the understanding of encounters, everyday oppression, and the experience of using the Blue Badge system.

7.2. Contingency of Accessibility

The findings of this research, particularly those resulting from the analysis of the survey and interviews, support the assertion that accessibility is not a static concept, and that the people and affects within certain spaces can lead to them being experienced as either accessible or inaccessible (Edwards & Maxwell, 2021; Hall & Wilton, 2017). In line with an understanding of space as social and productive, being both shaped by and shaping the people within it (Lefebvre, 1991), accessible parking spaces thus cannot be discussed independently of the encounters that take place within them. As Marusek (2012) asserts, parking is fundamentally a social phenomenon, with parked cars necessitating the presence of people nearby. The interactions that take place within accessible spaces are an integral part of the space and its function in supposedly providing “help” (Department for Transport, 2022) to disabled people in navigating inaccessible public environments.

Simultaneously, the reverse is also true: the psycho-emotional ways in which these spaces are experienced are not solely constituted through interpersonal encounters and cannot be separated from the infrastructural issues that exist in these spaces. My participants discussed both in the survey and interviews their frustration with the structural and administrative aspects of the Blue Badge scheme, as well as the relational ones. Issues raised by participants included the lack of thought and coherence in the scheme’s implementation, with considerable variation between different councils in England creating further barriers to travel for disabled people. Participants also discussed how bays were often inadequately designed, for example being too small or too far from the entrance, and how the ‘one-size-fits-all’

approach of one type of bay to cater for different access requirements meant that the bays were ultimately not working well for many people.

Furthermore, the absence of enforcement of the scheme was widely raised as a significant issue by my participants, highlighting the lack of care that goes into ensuring the scheme was actually effective in providing accessibility. It also highlights the systemic nature of 'scrounger' discourses, with several survey and interview participants reporting they were targeted by enforcement officers who replicated negative ideas about legitimacy. Finally, participants highlighted how there were overall not enough bays, and even this provision of the bare legal minimum (Slater & Jones, 2021) was further at risk with the removal of bays, e.g. in cases where spaces were replaced with (usually non-accessible) charging bays for electric cars. Overall, these structural issues cumulatively send the clear message that the Blue Badge scheme is not taken seriously or considered important, including both at national and local government level where the scheme is made and implemented respectively. This feeling of being seen as 'less than' was strong among my participants in the interviews, intermeshing with the negative feelings that arise during encounters and reinforcing the feeling of abjection by disabled people experienced in accessible parking spaces.

In the interviews, several of my participants identified the shortcomings of the Blue Badge scheme as rooted in the absence of policymakers taking a social model approach to disability. This was often framed in terms of highlighting the lack of engagement with disabled people making decision on policy and practice. My participants also voiced a considerable lack of trust in disabled people's experiences being understood by wider society, including doubting that the government would be

able to run an effective campaign to ‘raise awareness’ to improve the public understanding of the Blue Badge scheme’s importance. My participants’ perception of these issues appears to be confirmed by the non-delivery of the public campaign which was announced alongside the extension of the Blue Badge scheme (Department for Transport, 2019), the considerable criticism that other government ‘awareness’ campaigns have received (Pring, 2023), and the more recent decision by the Department for Transport to discontinue the publishing of national statistics on Blue Badge prosecutions (Department for Transport, 2025). These actions reinforce the message that disabled people’s access is not perceived as important, and highlight how access is not a one-off action, but requires a robust and continuous process to ensure it remains in place and effective. Simply because Blue Badge bays exist, this does not mean that they are automatically effective in removing barriers. Under the current system, where disabled people face both structural issues as well as the considerable impact of interpersonal encounters, alongside the absence of coherent implementation and reporting mechanisms, the Blue Badge scheme is thus “technically accessible, but functionally inaccessible” (Ross & Buliung, 2019).

Arguably, as discussed in both the media content analysis and the interview analysis, the lack of understanding of disability is not simply the absence of a social model view on disability, but in its place a prevalent understanding of disability as deficiency. In particular, I have drawn on the charity model to explain why both the public and policymakers appear to consider disabled people not as full citizens with the same rights to access public spaces as others, but as ‘guests’ whose presence in public is only ever tolerated contingently. As explored in the literature review, historically, public spaces have been designed around the assumption of the non-

disabled body, with disabled people thus systematically excluded from public environments and kept in their place (Hall & Wilton, 2017; Imrie, 1998; Kitchin, 1998). The limited provision of accessible spaces does little to challenge the perception that disabled people fundamentally do not really belong; as has been argued by disability scholars, the very existence of accessible spaces in fact normalises inaccessibility everywhere else (Titchkosky, 2011). This was picked up by some of my participants who strongly argued that all spaces should be accessible to disabled people, highlighting for example the discrepancy of there being almost no accessible parking bays which were suitable for charging electric vehicles.

The segregation of disabled people into separate 'accessible' spaces and the 'bare minimum' approach are both characteristic of this charity model view of disability, which posits that disabled people should be grateful to receive any access at all. This view of disability emerged particularly strongly in my analysis of Blue Badge newspaper representations, which relied heavily on the voices of 'experts' such as charities and policymakers to speak about the scheme on behalf of disabled people, while disabled voices were relegated primarily to heavily personalised and often emotional news stories focusing on individual experiences. These individual stories often focused on negative experiences, reinforcing discourses of disability as a tragic experience and casting disabled people in stereotypical 'victim' roles (Barnes, 1992; Williams-Findlay, 2014). Both the survey and interview data confirm that participants were often challenged for appearing to be insufficiently suffering and in pain to be seen as deserving of using a Blue Badge bay. Under a charity model approach, disabled people are thus required to be passive and deserving recipients of 'help', which was often at odds with my participant's self-identity and the agency

they enacted in Blue Badge bays. Not adhering to feeling rules by challenging this passive role could thus lead to escalation. My participants clearly understood this and took measures to mitigate risk, for example by remaining polite when challenging others.

Fundamentally, the prevalent charity model understanding of accessibility leaves intact wider structures of inaccessibility; not only does the wider environment remain inaccessible, but even disabled people's presence in supposedly accessible spaces is always dependent on the goodwill of others, and the adherence to a reductive stereotype of disability is often the price to obtain that 'goodwill'. Further, the charity model approach to accessibility not only obscures understandings of accessibility as a fundamental right, but how disability rights were achieved in the first place.

Historically, disability rights and accessibility were not bestowed upon disabled people out of the goodwill and charity of non-disabled people; rather, they were won through sustained and organised protests by disabled people such as the Disabled People's Direct Action Network (Charlton-Dailey, 2025; Kitchin, 1998; Lewis, 2020).

The image of disabled people chaining themselves to buses (Rose, 2015) is fundamentally at odds with the helpless victim stereotype of the charity model. I thus argue that the current status of the Blue Badge scheme serves to prevent exactly this from happening again. On paper, disabled people now have accessibility in public spaces; despite this clearly not being equal or even adequate access, fighting for improvement of an inadequate scheme is much harder than winning a previously non-existent right. By providing the bare minimum of accessibility, the Blue Badge scheme thus maintains the status quo. This is reinforced by the amount of individual work that goes into using the scheme; from

navigating considerable bureaucracy and intrusive probing to obtain a badge in the first place, to understanding inconsistent and widely varying rules, regularly managing sometimes intense encounters, and dealing with inadequate or non-existent reporting mechanisms, using the Blue Badge scheme can be exhausting. The individualisation of the Blue Badge scheme thus puts the onus on the disabled person to facilitate their own access, removing the focus on ableism as a structural problem for disabled people. As Price notes in her work on accessibility in higher education:

The inconvenience, the emotional burden, the money, the time—are not “the cost of [accessibility].” Rather, *they are the point*. The system, as the saying goes, is working as intended. (Price, 2024, p. 113)

Experiences of accessibility are thus contingent not just on the individual people present within a space at any given point, but always also on a wider ableist system which employs bare minimum access as a way of keeping disabled people in their place. Encounters in accessible parking spaces are both a manifestation of this system and one of the ways in which disabled people experience the abjection under ableism which casts them as ‘less than’. Arguably, in an ableist system which understand disability as inferior, no amount of accessibility can bring about true equality for disabled people.

7.3. Impossible Stereotypes

Considering the data gathered in this study, there is a clear disconnect between the limited groups of disabled people who tend to feature in newspaper reporting of encounters, and the demographics of the survey recruited in terms of people who felt strongly enough about encounters to become participants in the research. It is

particularly worth noting the age distribution within the survey, which highlights that it is not just younger people who experience encounters, but that people in their 40s and 50s were the most common group represented in the survey, making up almost half of the sample. It is important to acknowledge that some patterns emerged within the research. On the one hand, older people and those with mobility or always visible impairments, i.e. those towards the top of the impairment hierarchy (Deal, 2003), were more likely to confront others and to have positive encounters. On the other hand, younger people and those with less visible or incongruent impairments were more likely to be challenged about their legitimacy in Blue Badge bays. While these trends exist, the data also clearly highlights that all disabled people may potentially experience any type of encounter in accessible parking spaces. This is indicated by the prevalence of all encounter types within the survey and confirmed by the interview data which illustrates how even wheelchair users may be challenged in parking spaces if their mobility aid is not yet visible. The relative 'privilege' that being at the top of the hierarchy of impairment confers is thus fragile and always context dependent. Further, the details from my participants on the different types of encounters they experienced lays bare the inadequacy of media reporting on disability. While encounter stories in the media focused on personal stories which usually portrayed young disabled people as victims of harassment in accessible parking spaces, there was much less focus on the other types of hassle disabled people may experience. Disabled voices were usually absent in reports about misuse of Blue Badge bays, but these encounters emerged as both very common and impactful within the research with my participants, particularly in the interviews which exposed how these encounters added to the abjection experienced by

disabled people in everyday life. Thus, it is important to acknowledge that while hierarchies exist and can shape experiences to a certain extent, any disabled person may potentially experience negative encounters, including those that are initiated by disabled people such as challenging the misuse of bays by others.

This research highlights the stark contrast between simplistic public discourses around hierarchies of impairment, which were apparent in the content analysis, and the much more complex and nuanced ways in which they are experienced by disabled people. While some of my participants appeared to find slogans such as 'Not every disability is visible' helpful to make sense of their experiences (see also Slater & Jones, 2018), it did not seem to be a very accurate way of describing their experiences. Rather, what it means to 'look disabled' is a much more complicated assemblage bound up both in ableist expectations of how disabled people should and should not behave in public spaces, as well as intersectional factors which meant that multiply marginalised people were often particularly at risk of being targeted. Age emerged as a particularly strong factor in determining who is seen as legitimate more so than visibility of impairment. This confirms other studies which have highlighted age as central characteristic that shapes different disabled people's experiences (Burch, 2021; Sanmiquel-Molinero & Pujol-Tarrés, 2020). The findings from my survey highlight that it is not just young people, e.g. those under 40 who are challenged for not being legitimate or deserving, but even middle-aged people still experienced these challenges. It is thus old age, and arguably the vulnerability that comes with ageing bodies, that is required to be accepted as legitimate user of the Blue Badge space.

As I have argued in the survey discussion, 'Not every disability is visible' may seem like an innocuous way of highlighting the challenges that people with sometimes or never visible impairments face. However, this type of campaign is at best inadequate at describing the more complex hierarchies that play out in parking spaces, and at worst actively legitimises and reinforces them. It does this by locating legitimacy within the invisibly impaired body, rather than questioning the political origins of the deservingness discourses. I have also asserted that these campaigns in fact reinforce hierarchies of oppression by pitting different groups of disabled people against each other in terms of who experiences the most hostility. By shifting the focus away from the root of the problem, these types of campaign thus have a sanitising effect (Tyler, 2020), addressing only the symptoms of over a decade of 'scrounger' rhetoric and austerity politics without ever challenging the cause of these discourses. A specific way in which this sanitising effect presents is by explaining away the harassment of disabled people as ignorance or lack of education which can be solved through 'awareness'. In contrast, my findings highlight that many of the encounters faced by disabled people are not with people who do not know any better but were instead motivated by the considerable abjection and hate against disabled people that circulate within accessible parking spaces. This is underlined by several stories of my participants who were targeted for harassment *because* they were visible as disabled people. This type of deliberate hate is commonplace (Burch, 2021), but conspicuously absent in the media reporting examined in the content analysis.

My findings thus highlight how the stereotypes that shape accessible parking space encounters are fundamentally bound up in wider politics. The 'scrounger' discourses

of austerity politics (Briant et al., 2013; Garthwaite, 2011) may have only been present in a small fraction of the media content analysis, but they featured prominently within my participants' accounts, highlighting the stickiness of these ideas in how disabled people are perceived. My participants spoke about the expectations they faced as a result of these discourses, for example assumptions that they were not in work, should not have expensive cars, or should only be out at certain times. As highlighted in the interview analysis, the expectation that disabled people should be grateful, submissive, and deferent in order to be seen as deserving was also rooted in the charity model approach perpetuated by austerity rhetoric, epitomised in the assumption that disabled people were getting 'better treatment'. This is reflected to some degree in the content analysis, where newspaper articles often did not frame accessible parking as an essential access tool, but rather as a 'perk'. The "politics of resentment" (Hughes, 2015, p. 991) created by austerity discourses around disabled taking advantage of these 'perks' is thus crucial to understand the affective landscape of the accessible parking bay. Hierarchies of deservingness were frequently present both in the survey and in the interviews and were reenacted by non-disabled people who were policing bays, but also other disabled people. Even some of my participants expressed prejudice against other groups of disabled people whom they saw as less deserving, highlighting how ubiquitous and powerful this type of thinking in wider society. Arguably, these hierarchies of deservingness are also reinforced by the bare minimum access provided by the current scheme, with 'limited' resources increasing the competition between disabled people in terms of who needs a space the *most*. Importantly, several newspaper articles included in the content analysis highlighted the lack of

spaces, particularly in the context of the extension of the Blue Badge scheme, but absent was the question of *why* the resources were limited in the first place.

Stereotypes and the reproduction of hierarchies of deservingness are thus another crucial way in which the current system provides a semblance of access without ever challenging the status quo.

As highlighted in both the survey and the interview analysis, it is much harder to narrow down what makes someone deviate from a disability stereotype than actually pin down what a 'legitimate' disabled person looks like. Indeed, this research has shown the many ways in which we are all doing disability *wrong*; whether we are too young, not using the right mobility aid, are too independent, not deferential and grateful enough, or simply are visible in public as fully rounded human beings with friends and families, rather than grotesque caricatures. The 'legitimate' disabled person is thus more often defined by what they are not, rather than what they are. The reason for this lies within ableism, which thrives on representing disability as the alterity of 'normality' (Davis, 1995, p. 23; Garland-Thomson, 1997; Goodley, 2011a, p. 79; 2018; Inckle, 2015; McRuer, 2002, p. 90), and the 'impossible crip' is this alterity taking to the extreme by requiring disabled people to be almost totally dependent, incapable, always visibly suffering, and grateful for charitable 'help' from non-disabled people. The expectations which my participants were often confronted with, then, are a symptom of wider ableist attitudes in which disability is seen as fundamentally understood as less than and as not fully human (Finkelstein, 1998; Tremain, 2008). Like the stereotype of the 'normate', which encourages striving to be as average as possible rather than questioning the status quo, the 'impossible crip' equally serves as a distraction that keeps disabled people in our place. The uncertainty created by

never being fully able to 'pass' can be a powerful mechanism to sap disabled people's energy and confidence, eroding our will to fight back. Adding to this, the performance of a disabled "front" (Goffman, 1990, p. 32) in order to make one's presence in Blue Badge bays palatable to others can be physically and emotionally taxing. This highlights the performative nature of disability, with both performing the 'disabled role' or challenging it ultimately not providing a satisfactory solution. Like bare minimum access, the 'impossible crip' produces additional barriers which take considerable time and energy to navigate. This stereotype is thus not the end result of ableism, but an active mechanism which reproduces and reinforces disabled people's exclusion in the public sphere. By reinforcing hierarchies, it pits disabled people against each other, using a divide-and-conquer approach to detract attention from the common issues faced by all disabled people.

7.4. The Parking Space as Microcosm

In the previous two sections I have connected the way encounters are experienced by my participants with wider societal attitudes and stereotypes of disability. Making these connections highlights how the accessible parking encounter is never just about the space and people involved at that moment in time; rather, these encounters are always a reflection of the wider prejudice and hostility faced by disabled people under ableism. Almost 60 years since Goffman's (1986, p. 97) writings, disabled people still face at best a "phantom acceptance" in public life. The accessible parking space, as one of the most recognisable spaces of disability (Dorfman, 2020), thus becomes a microcosm of wider society, where the prevalent negativity and abjection are concentrated and amplified. Understanding the accessible parking space encounter as just one, albeit often intense, manifestation

of ableism provides an important perspective on how these encounters are navigated. On beginning this research, one of my key interests encapsulated in RQ3 was in exploring how disabled people made the choices on how to react within a specific encounter. However, as my research progressed, and particularly during the interview process, it became increasingly clear that different strategies to navigate encounters ultimately made little difference. A specific strategy may affect an individual disabled person's self-image and how they feel about the encounter (e.g. in terms of invoking guilt about having reacted badly or pride in having stood up for oneself). However, as I have argued in the interview analysis, there is ultimately no right way in dealing with an encounter, precisely because the problem is so much wider than just the parking space. In an environment where what disabled people can be is constrained by ableism, "a person's choice of action is not limitless, but is bounded by the physical, economic, political, or social parameters of real possibility" (Scully, 2010, p. 37). Choosing a strategy thus is not about reacting in the *right* way, but in whatever way works for the disabled person to help them survive in a world of hostility, whether that is challenging others or employing avoidant strategies such as a masquerade. I thus agree with Siebers (2008) that masquerade is often a survival mechanism which can provide temporary reprieve, subverting rather than necessarily reinforcing stereotypes. Ultimately, as the rationale behind different choices that my participants made started to matter less to my analysis, what became more important was their intense sense of frustration that nothing they tried seemed to work. Encounters were often particularly impactful precisely because my participants knew they could do nothing to change them or prevent them from happening again due to their systemic nature. This frustration was shared by

participants regardless of whether they were inclined to be more confrontational or avoidant and will be explored in more detail in the next section.

Another way in which this study exposes the impact of ableism on disabled people's lives is in highlighting how media discourses contribute to disenfranchising disabled people. My findings confirm the assertion that media coverage of disability often reinforce stereotypes of disability rather than challenging them (Quarmby, 2013; Ralph et al., 2016). While newspaper coverage of Blue Badge encounters usually presented these encounters as problematic, they were portrayed as individual incidents that resulted from ignorance of the confronting person. In stories about the extension of the scheme and about Blue Badge misuse, theft, and fraud, disabled people's voices were largely absent, highlighting how we continue to be spoken *about* rather than *to*. Further, the findings of the content analysis indicate while the Blue Badge is often covered in more sympathetic ways than welfare benefits (Briant et al., 2013; Geiger, 2023; McEnhill & Byrne, 2014), this sympathy is not rooted in any real concern about disabled people, but rather draws on the sensationalising of violence and discrimination in ways that are disempowering. As discussed in the content analysis, disability serves as tool to excite readers' emotions about unfairness and discrimination in order to generate news values such as drama and shareability. These types of stories thus often reinforce disability stereotypes by emphasizing their vulnerability, presenting them as helpless victims (Barnes, 1992; Reeve, 2020; Williams-Findlay, 2014). In contrast, there was an almost complete absence of newspaper stories that spoke about disability in empowering terms, such as social model or rights-based approaches.

It is unsurprising, then, that my interview participants did not feel they were represented in media discourses. This lack of representation also extended to the political sphere, with participants discussing how many of the issues with the Blue Badge scheme arose from the lack of representation of disabled people among decision-makers. The inadequacies of the Blue Badge bay in terms of provision and reporting are thus a symptom of the wider disenfranchisement disabled people experience. While the charity model approach is central to how Blue Badges are understood, a social or rights-based understanding of disability is almost completely absent, both in media representation of Blue Badges as well as the public consciousness. Both structural and social-relational issues in Blue Badge bays thus arise from the lack of understanding by either policymakers or the public of the significance of the scheme in facilitating access to public spaces. This deprioritisation of disabled people's concerns is not new or confined to the English context, but can and has been observed on a global scale, such as during the COVID-19 pandemic (Kubenz & Kiwan, 2023). Across all three methods, this research has highlighted how the perception of the Blue Badge as a 'perk' is extremely problematic. This perception is fundamentally rooted in the absence of a social model understanding which conceptualises disabled people as having an equal right to access public spaces. Again, this attitude is a manifestation of ableism, which sees disabled people as fundamentally less worthy than those closer to 'normality'. Without a sustained shift in attitudes towards disability, individual actions to address or improve the Blue Badge scheme such as a 'awareness' campaigns are unlikely to have much effect, particularly as the current system is designed to facilitate the bare

minimum access which in fact sustains the inferior position, as I have argued earlier in this chapter.

Encounters in Blue Badge bays, then, are a manifestation of the unequal power relations of ableism and the inferior position it puts disabled people into. Regardless of the type of encounter, negative or hostile Blue Badge encounters usually feature an element of control, both of the Blue Badge space and of disabled people's bodies and lives. Simplistically, it could be argued that confronting others and being confronted are opposing encounters, e.g. the latter is experienced by people who are not seen as legitimate, while those closer to legitimacy confront others. Not only does this research show that this is not the case, with many participants across age and impairment groups reporting that they had experienced both types of encounters; both encounters are a manifestation of non-disabled people's assertion to control over accessible parking spaces. The "sousveillance" (Manji, 2017, p. 308), of disabled people by vigilante members of the public is a clear extension of the surveillance enacted upon disabled bodies in the medical sphere (Foucault, 2017) as well as during welfare benefits assessments (Manji, 2017; Reeve, 2008). While this surveillance often focuses on disabled people's bodies (e.g. 'What's wrong with you?' 'You don't look disabled'), it is also concerned with ensuring disabled people remain in their rightful place. As highlighted in the survey and interviews, being successful, having nice clothes, or an expensive car are all out of bounds for disabled people, who are only deserving if visibly struggling and suffering. These assumptions are fuelled by austerity politics and media reporting which have created a moral panic inevitably linking disability to being fraudulent. The 'sticky' assumption that the vast majority of disabled people are benefit scroungers means that the accessible

parking space, and disability as a whole, can no longer be conceived of outside of this rhetoric. As identified by my interview participants, implied within these challenges is the assumption that all disabled people are not working and are no benefits, and that the 'taxpayer' has a right to ensure that their money is not spent on luxury items.

Both benefits and better parking spaces are thus understood as 'perks' bestowed by non-disabled people on deserving disabled people, but at risk of misuse by 'scroungers'. This creates the entitlement to *take back* this perk from those deemed non-deserving, informing some non-disabled people's decision to misuse parking spaces, as highlighted by my participants who often encountered non-Blue Badge holders thinking they had the *right* to park in a bay due to having a big car or because they did not like disabled people getting better treatment. Thus, both misuse and policing of parking spaces are about having the power to either give or take away access for disabled people, marking out that public space continues to be controlled by non-disabled people. Access is thus always contingent on the non-disabled people's goodwill, and its precarity continues to "keep disabled people 'in their place'" (Kitchin, 1998, p. 350).

7.5. Psycho-emotional Disablism, Anxiety, and Walking on Eggshells

Across all three research methods, my findings lay bare how accessible parking space encounters often involve experiences of psycho-emotional disablism which can have a considerable effect on disabled people's everyday lives. As Reeve (2002, p. 494) argues, this psycho-emotional disablism "saps the strength of disabled people" and can exclude disabled people from leaving their homes and accessing

public spaces. This is borne out by my survey findings which highlight that most participants had at least sometimes stopped going out due to worry about encounters. The interview analysis provides further detail on precisely how abjection and the frustration of a 'slow death' (Berlant, 2011) can work to make people feel like the risk of an encounter is just not worth taking. Even the content analysis has highlighted news media's focus on the psycho-emotional impact of encounters, albeit often in potentially exploitative ways, with articles focusing more on presenting disabled people as 'victims' rather than interrogating the wider political landscape and discourses that influence encounters, as I am doing in this thesis. Currently, 'accessible' parking spaces are thus not actually accessible without a considerable amount of work and energy that needs to be perpetually expended by disabled people to navigate them. As I have argued previously, there is no right way to navigate an encounter. This means that, each time, disabled people need to work out in the moment what the best way is to 'deal with' an encounter. Scully highlights the multiple complex steps that are performed in making these split-seconds assessments and decisions:

This 'dealing with,' which entails controlling one's self-presentation, identifying what the other person needs to know or wants to feel, evaluating which strategies are needed and implementing them, producing the required responses in turn, and so on, costs significant physical and psychological energy. (Scully, 2010, p. 31)

As I have argued in this thesis, this process of risk assessment and deciding whether to take a confrontational, avoidant, or another type of approach is particularly demoralising because of the lack of a satisfying solution. However, while there is no *right* way to react, arguably there is always the potential for making the *wrong* choice.

The interview analysis in particular highlights how many of my participants were concerned that a wrong reaction may escalate an encounter, putting them at risk of more abuse and even of physical violence. Emotion management of both one's own and others' emotions thus becomes both a mode for survival as well as adhering to the unspoken feeling rules of public interactions with strangers (Hochschild, 1979; Kubenz, 2025b). It is perhaps unsurprising, then, that according to the survey, more participants had chosen to employ strategies to either prevent escalation or avoid an encounter altogether, than those who took a more confrontational approach. The constant threat of potential escalation means disabled people did not feel welcome in public spaces, intensifying the impact of the psycho-emotional disablism experienced during encounters.

The perpetual work performed by disabled people in Blue Badge parking encounters is often accompanied by perpetual anxiety. The survey highlights how worry about actual or potential encounters is experienced by most participants at least some of the time. Further, the interviews show how anxiety does not arise only from actual incidents, but also from the always looming potential of an encounter and through stories shared by disabled people. This anxiety thus sticks to accessible parking spaces, meaning that many participants always felt on edge when using these spaces, and were never able to just go about their day. Accessible parking spaces thus create the illusion of access but are not truly accessible due to the considerable emotional toll required to navigate them. In the interview analysis and other published work (Kubenz, 2025b), I have employed the metaphor of 'walking on eggshells' to describe both this anxiety and the strategies disabled people employ in order to manage the anxiety by reducing the risk of a negative encounter. I find this

metaphor particularly evocative as it emphasises the navigation of an actual or potential encounter as an active process, rather than focussing purely on the emotions felt in the moment. This highlights how the strong affects of anxiety and hostility that circulate in accessible parking spaces are productive (Ahmed, 2014) in shaping how disabled people conduct themselves in order to manage an encounter.

A crucial aspect of 'walking on eggshells' is the sensation of always being under surveillance. In the literature review, I drew a parallel between accessible parking spaces and Foucault's (1991) analysis of the panopticon, highlighting how scrutiny from others in these spaces can lead to self-surveillance, with disabled people monitoring and managing their own behaviour in order to appear compliant with expected ideas of what disability should look like. Importantly, this self-surveillance applies to all types of encounters; even where disabled people initiate the confrontation (e.g. to challenge bay misuse), the interviews highlight how my participants watched their wording carefully in order not to provoke the other person or step outside of established feeling rules. Being under constant scrutiny clearly takes its toll and explains why disabled people may self-exclude from public spaces when they are not up to facing this level of intrusion. The surveying of disabled people's bodies through the medical lens thus transfers into the public sphere (Mitchell & Snyder, 2020), and this arguably enforced by media coverage about the Blue Badge; as highlighted in the content analysis, even sympathetic stories about encounters frequently included detailed descriptions of impairment as a way of evidencing the disabled person's legitimacy. In both the survey and interviews, participants discussed being asked intrusive details about their impairments or to have their Blue Badge inspected by strangers. This surveillance adds to the sense of

dread and the experience of being at best contingently accepted in public spaces, turning a supposedly accessible space into a space where disability is constantly under interrogation.

The precarity faced by my participants in accessible parking spaces provides important context to my interview participants describing that they felt 'vulnerable' in these spaces. I have highlighted multiple times in this thesis how applying the concept of 'vulnerability' to disability can be problematic in many ways, Firstly, it risks shifting the blame for hate onto the disabled person and away from the structures that facilitate and fuel it (Edwards & Maxwell, 2021; Ralph et al., 2016). Secondly, it often features in paternalistic assumptions about disabled research participants which erases their agency (Aidley & Fearon, 2021; Philo & Laurier, 2020). Finally, 'vulnerability' is usually a key feature in a charity model understanding of disability, where this vulnerability is a requirement in order to be deserving of care and 'help' (Christian Blind Mission, 2025; Retief & Letšosa, 2018). It thus bears repeating that my findings do not imply that disabled people are inherently more vulnerable than other people. Rather, the assemblage of both political and (inter-)personal factors that shape the Blue Badge parking encounter create vulnerable situations for my participants. It is thus important to emphasise that like accessibility, vulnerability is not a fixed nor static state but is instead produced by and productive in shaping the interactions that take place in these spaces.

A key focus of this research which sets it apart from other research into accessible parking encounters is its focus on the *impact on disabled people*, rather than the motivations of the other party involved in the encounter. Research on encounters which contain power imbalances has often focused on the experience of the

privileged majority, rather than on marginalised groups (Wilson, 2017). As I have laid out in my methodological framework, centring how disabled people experience encounters was key to my transformative approach in highlighting how everyday, seemingly mundane affects can accumulate into significant experiences of oppression and abjection. It is thus important to make explicit that the intentions of the vigilante members of the public who police Blue Badge bays do not matter; many may not intend to cause distress and may even consider themselves as advocating for 'genuine' disabled people (having internalised the key messages of 'scrounger' discourses). What is important is the impact of these encounters on disabled people. As I have highlighted, this impact can be considerable, and, according to my survey findings, is often even more so for insidious and microaggressive encounters such as 'staring'. The frequent psycho-emotional disablism experienced through encounters thus erodes disabled people's wellbeing, with the cumulative effect of encounters having a long-term impact not just on their confidence in using parking spaces, but on their faith in society as a whole. In the interviews, many of my participants spoke about how they saw Blue Badge bay misuse as a symptom of broader selfish and unjust attitudes in society. This wearing down of disabled people through a 'slow death' contributes to the upholding of an ableist system where disabled people's energy is being taken up by having to choose between considerable work to navigate a hostile system, or to exclude themselves from participation in society (Berlant, 2011). Through exhausting disabled people's energy and resources at an individual level, attention is diverted from the wider leaving limited energy to fight for enhanced rights or organise systematically.

7.6. Community and Identity as Survival

So far, I have argued that the negative experiences of oppression and abjection in accessible parking spaces are a manifestation of the level of ableism which permeates contemporary UK society, and which sustains itself by draining disabled people's energy and willingness to participate in society through a divide-and-conquer approach. As Reeve (2008) has argued, psycho-emotional disablism is often relegated to the personal domain. However, I have laid out in the interview analysis the many ways in which the impacts of encounters go beyond the individual, and the importance of understanding encounters as shaping the communal experiences of disabled people as an oppressed group. Regardless of the type of encounter experienced (e.g. misuse, hate, or policing of bays), most disabled people face hassle in accessible parking spaces. While my study does not use a representative sampling approach, of those participants who had had encounters and completed the survey, most had experienced multiple encounters. They also often spoke of hearing about encounters from friends and family. As argued by feminist disability scholars, encounters are thus an inescapable part of the everyday reality of being disabled in public (Keith, 1996; Reeve, 2008; Scully, 2010) and for many of my participants, the Blue Badge scheme has become inextricably linked with memories of these experiences.

My findings highlight how accessible parking encounters are often experienced both *with* and *through* others. While I made the methodological choice to focus specifically on disabled people's experiences of the encounters in order to explore how they navigate them, it has become clear through both the survey and the interview data that encounters are often shaped by the presence or absence of

others. This includes the notable finding that due to encounters, several of my participants did not feel safe travelling alone and only used their Blue Badge when with other people. This potentially restricted their ability to access public spaces further, due to being reliant on the availability of the people to travel with them. For those who travelled with others, the interviews highlight how this could be both a help and a hindrance depending on the individual situation; while some participants found the other person a calming influence that could prevent them from losing their temper, others felt uncomfortable with their bystanders stepping into an encounter. Regardless of this, sharing the encounter with another person was often useful for my participants as “a way to check the accuracy of their perceptions” (Sue, 2010, p. 74). For encounters involving microaggressions, this sense check could help disabled people confirm that there was an issue and that they were not overreacting. For the same reason, support from bystanders in the situation was another important form of solidarity for participants during encounters. More than just providing assistance in the moment, the intervention of bystanders can provide glimmers of hope in a society that, as discussed, is characterised by the abjection of disabled people. Just as participants felt that selfishness and hostility were societal problems that went beyond the accessible parking bay, the showing of solidarity can thus provide confirmation that there is still the possibility of change and resistance. For this reason, some participants such as Charlie were actively seeking out opportunities to act as a supportive bystander by backing up those who they felt were potentially even more at risk of confrontation than themselves due to hierarchies of impairment.

Another important way in which encounters transcend personal experiences is through the sharing of encounter stories with others, for better or worse. As Keith (1996) has stated, discussing stories with other disabled people is central to how we make sense of everyday encounters. This was confirmed by the data gathered in my interviews, with several participants discussing how talking about encounters with friends and family, and particularly with other disabled people who understood the impact, was often a cathartic experience. On the other hand, for some participants, such as Isabella and Anna, these stories could heighten their anxiety about potential encounters due to the awareness that the same could happen to them at any point. These shared experiences thus heightened the anticipatory worry about potential confrontations, adding to the unease experienced in accessible parking spaces. Memories of encounters thus do not only shape one's own experiences and potential for action in accessible parking spaces but can also shape how other people behave. This transference highlights both the temporal and interrelational aspects of affect, with anxiety transmitting between people and spaces, rather than being located within the individual.

Nevertheless, while discussing experiences could lead to increased worry when using accessible parking, it also emerged as a crucial survival mechanism for many participants. In the interviews, several participants spoke both about how being connected to other disabled people via social media and online forums helped them feel less isolated and gave a sense of belonging in terms of being part of a disability community. Emma's reference to the online meme of 'We're disabled, we're not werewolves', which provides a shorthand to express incredulity at the assumption that disabled people do not go out in the evenings, provides an important illustration

of how online connections can provide a shared vocabulary in which one can express these communal experiences. In a society where disabled people rarely have their experiences confirmed or represented in mainstream media (French, 1999; Quarmby, 2013; Williams-Findlay, 2014), developing our own ways to discuss the realities of being disabled is important to forging a positive collective identity. The sharing of stories thus contributes to challenging the divide-and-conquer approach which isolates disabled people from each other. As well as an important tool for survival in providing an outlet for the built-up negative emotions that arise from encounters, solidarity and community-building among disabled people is an act of resistance which challenges the individualising discourses of ableism and lays the groundwork for collective action in order to fight for systemic change.

As well as collective identities, participants' self-image was also important in resisting being overwhelmed by both the hostility experienced in accessible parking spaces and the wider negative discourses around disability in society. Participants regarded themselves as capable and fully-rounded human beings and were keen to see this reflected in wider society, with several discussing the need for more 'ordinary' disabled people to be visible in the media. It also became clear how disability was just one aspect of their identity, with many speaking about how their experiences, jobs, and situations in life shaped the way they made sense of and navigated encounters. Importantly, many of my participants spoke about the negative aspects of being disabled and having restrictive, often painful and fatiguing, and sometimes progressive impairments. Simultaneously, they recognised that disability was an inevitable part of life, which, while sometimes unpleasant, did not diminish their worth as human beings. This stands in contrast to the ableist idea of

disability as the alter to 'normality', characterised by vulnerability, frailty, and being "socially dead" (Finkelstein, 2001, p. 6). This complex self-image enabled my participants to question and resist negative stereotypes about disability. Indeed, many of my participants' main goal was to continue to take part in everyday society, by being able to buy necessities, engage with medical appointments, visit friends and family, and go on days out, mirroring other recent research into accessibility which highlights how these mundane, taken-for-granted activities are often key to disabled people's experience of access (Terry et al., 2025).

As Olney and Brockelman (2003) observe about hierarchies of impairment, disabled people often understand them without necessarily buying into them. The same can be said about my participants' attitudes towards disability stereotypes. As discussed earlier, it is clear that these stereotypes persist, with charity model ideas of disability about vulnerability and deservingness shaping the Blue Badge experience. Both the survey and interview highlight how disabled people were acutely aware of these stereotypes and discussed public and media discourses of disability as a major issue in perpetuating essentialist ideas about disability. However, the Stage 2 interviews in particular highlight how these stereotypes are part of a "double consciousness" (Young, 2011, p. 59), with participants' self-identities contrasting and often jarring with these negative societal stereotypes. The surreal dissonance of navigating this double consciousness can be difficult and draining to process (Jóhannsdóttir, 2020). This may explain why some participants had internalised hierarchies of impairment, seeing themselves as more deserving than others and/or replicating 'scrounger' discourses around welfare fraud. Others however actively resisted and fought this internalisation, for example through acts of solidarity

with others. However, this was undeniably another layer of the work required by my participants in order to continue resisting the perpetual hostility they faced and move in public spaces in spite of it. While on bad days the lack of energy to perform this work could stop people from using accessible parking spaces, maintaining a positive identity was just as often an important mode of surviving and continuing to participate in public spaces, therefore providing a challenge to exclusionary stereotypes.

7.7. Limitations and Areas for Future Research

7.7.1. Limitations

While this research has ostensibly focused on a very specific type of experience, the accessible parking encounter, I have only been able to explore a few defined aspects of this phenomenon. This highlights how complex these encounters actually are. I have employed a mixed-method approach to explore multiple facets of these encounters, including the role of media representations, as well as the impact of encounters, the factors shaping them, and the way in which disabled people navigate them, in both quantitative and qualitative terms. Nevertheless, like all methods, the ones employed in this research naturally have limitations. In this section, I will reflect on how some of these limitations have affected the conduct of this research project and also on ways in which this topic could be explored further within future research.

The content analysis provides an important snapshot of how the Blue Badge is discussed in news media. However, media consumption is continually changing within the UK and the consumption of both print and digital newspapers has been in

significant decline since 2023 (Ofcom, 2024). However, in 2022, the final year of the sample included in the content analysis, newspapers still had a significant reach and were read by 38% of the over 16 population in the UK (Jigsaw Research, 2022).

Nevertheless, the content analysis of major newspapers can only ever capture a small aspect of how the Blue Badge is discussed in public discourses, and research into different types of media (e.g. TV, radio, social media, and even local newspapers) may discover new or contrasting topics and themes relating to Blue Badge news coverage. My current findings show how traditional news media tend to replicate the problematic reporting of disability in stereotypical and reductive terms which has been extensively documented and critiqued by disability studies scholars (Barnes, 1992; Barnes & Mercer, 2010; Quarmby, 2013; Williams-Findlay, 2014).

While the content analysis focuses on the period immediately after the extension of the Blue Badge scheme (2018-2022), an analysis carried out more recently may find more evidence of 'scrounger' and deservingness rhetoric resurfacing (Pring, 2025a, 2025b), particularly with the controversy around disability welfare reform in 2025, which is ongoing at the time of submission of this thesis. While the Blue Badge continues to be largely exempt from this type of rhetoric, future research is needed to explore how this renewed negative focus on disability has affected perceptions of the Blue Badge. Further, while content analysis can provide valuable data on the types of Blue Badge stories discussed within news media (Drisko & Maschi, 2015), there is much to learn from an in-depth qualitative analysis on *how* these discourses are constructed. While content analysis contains elements of qualitative coding (Drisko & Maschi, 2015; Krippendorff, 2019), my analysis was almost purely quantitative, highlighting the prevalent themes rather than exploring how they

operate to shape perceptions around disability. A detailed critical discourse analysis of media coverage of the Blue Badge could thus bring additional insight into how accessible parking is conceptualised in the media sphere, in particular with regards to its public perception as a 'perk'.

Considering the survey, the operationalisation of this component of the research design required negotiation to find a balance between the amount of detail included in the questions and subsequent analysis to reflect the nuances and complexities of encounters, and the need to limit or combine response categories to maintain a meaningful sample size. I have discussed some of the choices I have made regarding this within the methodology section. For ethical reasons, none of the questions were compulsory to ensure participants only had to provide answers they were comfortable with. This meant that there were inevitably missing responses for many of the questions. The open-ended questions provided the opportunity for participants to highlight any responses I may not have considered (Guthrie, 2010), and these were included in the analysis. As I have highlighted in the methods section for the survey, due to capacity and space reasons, I have not included a full analysis of the qualitative data generated from the open-ended questions in this thesis, although I conducted some thematic analysis and used this to illustrate the quantitative analysis of the survey and shape the interview questions in Stage 2. A more systematic qualitative analysis may yield further insight into the data gathered during this phase, and I am hoping to be able to explore this in the future.

The approach to recruitment for the survey was determined by several practical concerns about the options available to me. As a part-time disabled PhD researcher with no funding for research expenses, I had limited resources available in terms of

identifying and reaching out to potential populations. It is a common problem within social justice-based research that probability sampling is not always possible if no sampling frame is available (Cornelius & Harrington, 2014a; Dusek et al., 2015; May, 2011). As I have discussed, the survey employed a non-random sampling approach, meaning that its findings cannot be generalised to the wider population of Blue Badge holders. However, while there is some limited information available on the Blue Badge population in the NTS, which I have used in the relevant chapter as a benchmarking for my recruited population, the overall lack of data collected on Blue Badge holder demographics by the DfT means that a truly random sample would likely be impossible to achieve. As I was ultimately more interested in the experiences of those who had encounters than establishing how frequent encounters were, I decided to make having experienced an encounter a prerequisite of the survey. The aim was thus to show that even if they do happen rarely, encounters can nevertheless have a significant impact on Blue Badge holders' lives. Another aspect impacting the sampling was my choice to recruit almost exclusively through online mechanisms, including email and social media networks. Online sampling can make possible a larger sample size (Leighton et al., 2021), but also potentially excludes older people, particularly those over 65, who use the internet less frequently (Prescott, 2021). This may explain to some extent why the distribution across age ranges means there are proportionately fewer older people among the survey participants, although it is also possible that older people simply have fewer encounters due to being more 'privileged' within the hierarchy of legitimacy.

Similar to the survey, the recruitment for the interviews was also shaped by practicalities, including my drawn out timeline for the research process due to completing this PhD research part-time. As a result, there was a significant gap between the survey which was open for responses from January 2023 to June 2023, and the follow-up interviews which were conducted from October 2023 to April 2024. This meant that for some respondents, over a year had passed before they were contacted for a follow-up interview. While 120 participants (39% of the total sample) had indicated they were willing to take part in the follow-up interviews, in practice around two thirds of those who had agreed to be interviewed and were subsequently contacted did not respond to the invitation. This means that my ability to gain a heterogenous sample was necessarily dependent on who was still willing to participate after a considerable amount of time had passed. As discussed in my methodological framework, the interviews were also shaped by my own positionality as a disabled Blue Badge holder, as well as my interviewees' (with some assuming I was not disabled even though this information was prominently included in recruitment materials). As I have explained in my methodology, I do not consider my lived experience as a disadvantage or creating 'bias' in the research process, any more than a non-disabled researcher would be biased by their experiences. Rather, the way in which this identity was negotiated during the interviews highlights the continued assumption that is made about who is (and is not) involved in doing disability research, and the relationality and inconsistency of positionality as shaped by the relationship between the interviewer and participant (Nash, 2016), with knowledge created through the dialogue between my participants and me (Detamore, 2016; Hill, 2003).

Finally, a significant limitation of this study is its limited ability to speak about the experiences of racially minoritised Blue Badge holders. While the survey recruited a percentage of Black and Minority Ethnic people that was in line with, if not slightly higher than, the benchmarking data in the NTS (Department for Transport, 2024c), the relatively small overall sample size meant that it was difficult to draw conclusions on the experiences of racially minoritised disabled people as a group, and almost impossible to speak about the specific experiences of different groups by ethnicity (e.g. the experiences of Asian or Black disabled people). This was replicated in the interview where I was only able to interview two people who identified as ethnic minorities, despite a concerted recruitment drive specifically to increase this number. The disproportionate whiteness of sample populations remains a common issue within disability scholarship (Stapleton & James, 2020). Given that even my small sample indicates there are potentially relevant interactions between race and other factors that shape encounters, e.g. the impact of cultural dress, future research needs to explore in more detail the intersection of racism and ableism in the context of encounters. In addition, as one of my advisory group members highlighted, there can be considerable stigma within racially minoritised communities around identifying as disabled, and this assertion is replicated in recent scholarship from the USA (Schalk, 2022). It is therefore imperative that as disabled scholars and activists we continue to actively engage in anti-racist work to ensure we can centre the experiences of racially minoritised disabled people and take active measures to break down barriers which may stop minorities disabled people from engaging more actively in disability communities and research.

7.7.2. Areas for Future Research

While I have aspired to conduct this research within a transformative paradigm (Cram & Mertens, 2015; Mertens et al., 2010), meaning that I have been concerned with ensuring this research produces findings that are useful in affecting positive change in disabled people's lives, this research is not fully participatory. Indeed, as I have reflected on in my methodology, I am not convinced that truly equitable participatory research is possible within a PhD research project. I have also highlighted the value brought by my own lived experience of encounters to my approach, influencing my methodological framework, as well as data collection and analysis. In addition, working with my advisory group of Blue Badge holders has been extremely valuable to ensure I represented the concerns and experiences of a wider group of disabled people. However, future work on the impact of encounters may wish to employ a more explicit co-productive approach where a variety of disabled people are involved in the planning, conduct, analysis, and dissemination throughout the research project.

Due to my interest in the emotion management involved in navigating encounters and how this impacted on disabled people's self-identity, I made the methodological decision to focus only on a population of disabled adults. However, a key finding from this research has been the collective experience of these encounters, including that encounters are often shared with family members, friends, or personal assistants. While these groups will not have to perform emotion management in the same way as disabled people, my findings suggest that they are nevertheless profoundly impacted by encounters. One of the key non-disabled groups affected by encounters have been highlighted in the content analysis: parents of disabled

children under 18. Of course, it is equally crucial to explore the experiences of the disabled children themselves. Future research could thus add to the exploration of accessible parking encounters by comparing of how the experiences of these groups may align or differ with those of my disabled Blue Badge-holding adult participants. While my aim has been to centre disabled people's experiences, I nevertheless see value in this type of research because it provides the potential for challenging the disabled/non-disabled binary as a static and inherent state, laying bare how non-disabled people associated with disability can also experience exclusion through social and attitudinal barriers. In addition, further research with local authorities around the implementation and enforcement of the Blue Badge scheme could provide important evidence to my argument that the Blue Badge scheme is currently not effective in removing barriers due to the psycho-emotional barriers created by both encounters and bare minimum access.

Finally, the main focus on this study has been on encounters. While I have considered how the structural barriers of inadequately designed or resourced parking bays contribute and reinforce the wider experiences of exclusion that is generated through encounters, these have not been central to the research. I have also only concentrated on the experiences of people while they were Blue Badge holders. The interviews in particular highlight that the stress and psycho-emotional disablism begin long before one gets to the Blue Badge bay, with several discussing the considerable barriers inherent in the application process to obtain a Blue Badge in the first place. As highlighted in the literature review, application processes are often humiliating, requiring disabled people to present themselves as incompetent and lacking in embarrassing detail in order to be seen as deserving (Goodley &

Runswick-Cole, 2011; Manji, 2017; Reeve, 2008; Shildrick & Price, 1996; Tremain, 2001). This requirement to perform the expected level of incapacity and incapability is complemented by arduous bureaucratic processes, as highlighted by some of my participants. There is thus a strong need for a dedicated piece of research into unpacking how these processes add to the experience of being a second-class citizen always under surveillance.

7.8. Chapter Summary

In this chapter, I have discussed the major overall findings of the research across the two-stage research design. In comparing and contrasting the findings, I have discussed five overlapping emerging topics. I have highlighted how parking space encounters cannot be considered outside of the wider structural barriers that persist within these spaces through a 'bare minimum approach', which means disabled people's access is always contingent on the goodwill of others. I have linked this perspective, which sees access as something that is bestowed upon disabled people by non-disabled people, to a charity model approach of disability, where disabled people are considered as 'less than' and helpless beings that are (or should be) dependent on the benevolence of the charitable non-disabled public. I have highlighted how this attitude has shaped stereotypes around disability, creating the expectation that disabled people should be completely incompetent and vulnerable in order to be seen as deserving. I have discussed how this stereotype is not realistically attainable but is presented as an impossible ideal for disabled people to be measured against, thus upholding a system where disabled people are potentially always under scrutiny for not being disabled 'enough'. I have then highlighted how these attitudes are a manifestation of a wider ableist system in which stereotypes

and 'scrounger' discourses have been employed to justify multiple rounds of welfare spending cuts through the systematic stigmatisation of disabled people. At the same time, disabled people's exclusion from mainstream media discourses leaves little room for alternative, more realistic and complex representations of disability, meaning disabled people remain disenfranchised. I have discussed how disabled people's awareness of stereotypes as well as the need to perpetually fight for the most basic of access can take its toll, with psycho-emotional disablism meaning disabled people are constantly walking on eggshells. As a result, they may even decide to temporarily or permanently exclude themselves from public spaces. On the other hand, many disabled people continue to persist despite this constant hostility, and I have explored the importance of conceptualising encounters not as an individual but as a communal experience in making sense of these encounters and enabling resistance. I have also discussed the ways in which my participants forged complex identities in spite of the reductive stereotypes they were confronted with. Finally, I have reflected on some of the potential limitations of the methods employed in this study. I have also highlighted further aspects of encounters to be explored in future research on the topic, including the need for co-production approaches, a focus on how other groups are affected by accessible parking encounters, and the need to study experiences of the Blue Badge application process.

8.CONCLUSION

8.1. Introduction

In the conclusion of this thesis, I will provide a summary of the findings by answering the research questions originally posed at the start of the research, considering what these answers tell us about disability, encounters, and parking. I then discuss the significance of this research, including the contributions it can make to critical disability studies, as well as to other academic disciplines and to disability activism. Finally, I provide a brief summary of the concluding findings of this thesis.

8.2. Summary of Findings: Answering the RQs

In this section I revisit my main research question and four sub-questions, in attempt to answer each in turn through a brief summary and discussion of my key findings.

8.2.1. Main Research Question

The main research question which this thesis sought to answer was “How do disabled people’s encounters with strangers in accessible parking spaces add to their experiences of everyday oppression?” I have explored the accessible parking space encounter as an assemblage, highlighting the many different factors which influence parking encounters and the multiple ways in which oppression is experienced as a result. In doing so, I have laid bare the everyday psycho-emotional disablism which is experienced as a result of encounters. This inevitably shapes the experience of public spaces, meaning that the negative impact of encounters can actively exclude disabled people from going out and participating in public life.

Encounters add to experiences of oppression because they are intensely emotionally charged. I have mapped the various emotions arising before, during, and after encounters. These include fear and anxiety about an actual or potential encounter, including the worry that it may escalate and lead to verbal and physical abuse and violence. I have also highlighted the anger felt by disabled people as a result of the abjection and poor treatment they face when using these spaces, as well as my participants' frustration arising from the knowledge that there is little they can do to stop encounters from happening or to change other people's behaviour. On the other hand, I have drawn attention to positive experiences of solidarity which can be reenacted in parking spaces, and while they are not necessarily common, they were often crucial for my participants. The processing of all these emotions requires considerable energy, meaning disabled people can never just *be* in accessible parking spaces.

In addition to experiencing negative emotions, encounters also usually demand an action and/or reaction. This includes assessing the situation and deciding on a strategy to handle an encounter, which can involve the need for managing one's own and other's emotions through emotion work. Emotion work is steeped in power relations (Hochschild, 2020) and is a symptom of an ableist society which views disabled people as inferior and therefore expects them to reenact a deferential role. As I have argued, there is no right way to react to an encounter, as disabled people may feel bad for not standing up for themselves, guilty for breaking feeling rules, or anxious due to risking a potential escalation. Encounters thus add to experiences of oppression by creating a scenario where disabled people cannot win.

The oppressive effect of encounters is particularly impactful because it is not confined just to the moment of the encounter itself. I have highlighted in this thesis encounters' spatial and temporal impacts, with negative feelings attaching themselves to accessible parking spaces, meaning they come to be understood as spaces of particular risk and anxiety. Simultaneously, the memory of an encounter still affected some of my participants long after the event, as well as shaping their behaviour in the present and future. Similarly, encounters are not confined to individual experiences, but as I have argued, are often shared with other disabled people and allies. Encounters, and accessible parking encounters in particular, thus become a defining feature of the experience of what it means to be disabled in public.

Finally, I have argued that the accessible parking encounter is always about more than just parking. These encounters are a concentrated manifestation of the wider hostility faced by disabled people, in particular regarding resentment arising from the moral panic created by austerity 'scrounger' rhetoric (Briant et al., 2013; Hughes, 2015). Further, disabled people may experience similar encounters in other areas of life, and in particular in other accessible spaces, such as accessible toilet spaces (Slater & Jones, 2021). Encounters thus contribute to oppression by both creating constant hassle for disabled people, as well as serving as a perpetual reminder that disabled people's presence in public spaces is still frequently contested and regulated by non-disabled people (and sometimes other disabled people). Structural barriers in the environment combine and intertwine with these relational barriers as a reminder to disabled people to 'know their place'.

8.2.2. Sub-question 1: What Types of Encounters Take Place Most Commonly?

I have mapped several encounters and interactions that take place in Blue Badge bays. In particular, two scenarios emerged as both particularly common and impactful in Blue Badge bays. Firstly, this included the experience of being challenged by others about not being deserving enough of a Blue Badge bay, whether this included being outright accused of faking one's impairment or using a fake Badge, or the reenactment of hierarchies in terms of who deserves a space *most*. Secondly, many of my participants confronted people without Blue Badges who were misusing bays. While negative encounters existed alongside a 'continuum of violence' (Hollomotz, 2013), encounters arising from disability hate emerged as a less common, but still highly impactful, type of encounter. Hate could manifest during escalation of the first two types of encounters, but could also occur on its own, for example where participants were targeted specifically because of their visibility as disabled in public. Finally, it is important to note that many participants had also experienced positive encounters. These happened rarely but often involved solidarity between Blue Badge holders and sometimes support from a bystander during a difficult encounter.

Overall, the nature of these encounters highlight that access is contingent on the 'goodwill' of non-disabled people, who felt entitled to police or misuse spaces. This is fundamentally rooted in a charity model approach that sees Blue Badge parking as a 'perk' and accessibility as a 'favour' bestowed upon disabled people, that can be just as easily taken away. Disabled people were at best tolerated as guests in public

spaces and at worst were faced with non-disabled people (and sometimes other disabled people) asserting their power over these spaces.

8.2.3. Sub-question 2: What Do Disabled People Perceive to Be Some of the Factors that Influence these Encounters?

The factors explored in the research can be grouped into broadly three categories:

- Impairment-related factors, e.g. type and visibility of impairment, use of mobility aid
- Demographic factors, e.g. age, gender, ethnicity, sexual orientation
- Other 'incongruous' factors, e.g. type of car, body weight, and who people were travelling with - alone or with Personal Assistant (PA) / partner / children

All of these factors either played into or took away from a stereotypical image of disability (the 'impossible crip'), and being incongruous with this stereotype meant disabled people were at risk of being confronted. Not 'looking disabled' was named as a key factor by many but was not just about visibility of impairment. Instead, it emerged as a complex and intersectional concept encompassing various attributes, such as impairment, presence of mobility aid, and age. Age in particular appeared to be a strong factor in encounters, with younger Blue Badge holders more likely to be challenged by others, whereas older disabled people more often used their relative closeness to a disability stereotype by challenging misuse of bays.

Participants were often measured against 'the impossible crip' stereotype of what a disabled person should look and behave like. Beyond 'looking' disabled, which is complex in itself, disabled people also had to behave in the right way, e.g. by being visibly poor, meek, and grateful to be deserving of access. The complexity of the

disability stereotype highlights there is no such thing as a 'normal' disabled person, but instead the 'impossible crip' stereotype serves as a tool used against us when we fail to live up to it and justify the public surveillance and policing of our bodies.

8.2.4. Sub-question 3: What Actions Do Disabled People Take to Manage or Avoid these Interactions?

Participants used a wide variety of techniques to manage encounters. These included management strategies falling into the following categories:

- Avoidant (e.g. ignoring the other person, staying in the car, limiting going out, parking elsewhere)
- Engaging (e.g. educating or confronting)
- Preventative (e.g. preparing answers, exaggerating impairment or using mobility aids)

Overall, avoidant strategies were most commonly used by my participants, in addition to the 'Preparing Answers' strategy. Even where participants chose to engage the other person, this was often done in a way designed not to provoke the other person, adhering to feeling rules in an effort to avoid escalation. Ultimately, no strategy emerged as truly effective in navigating an encounter without hassle.

The need to carefully navigate encounters with the aim to either avoid or prevent them, or at least manage them without escalation, was bound up in emotions of anxiety, fear, anger, and frustration. As a result, navigating encounters often required my participants to take responsibility for managing both their own and the other person's emotions. Where participants were not able to do this and lost their temper, several expressed guilt and regret at not being able to control their emotions better.

The second-guessing of one's own reaction both during and after an encounter, as well as the uncertainty of how the next encounter may play out, meant disabled people were always walking on eggshells. While some had settled on specific techniques, e.g. using humour or confronting misusers by asking if they had forgotten their badge, participants were very aware that these interactions had little effect in changing attitudes overall. Nevertheless, the need to assess each situation and decide on the best management strategy in the moment could cost considerable energy, wearing disabled people down over time and draining their will to participate in public spaces.

8.2.5. Sub-question 4: How Do these Encounters Affect Disabled People's Emotions and Disabled Identity?

Encounters can have a significant impact on disabled people's experiences of using accessible parking spaces, and on their participation in society more broadly. Most of my participants had stopped going out at least some of the time during encounters. Many also worried about encounters as a result of past confrontations. This impact was not just experienced at an individual level, but was often shared with friends, family, and personal assistants, as well as other disabled people through friendships, DPOs, support groups, and social media. While this sharing could add to worry about encounters, it was also a significant source of solidarity for many participants. Participants resisted the simplistic stereotypes presented in the media and assigned to them during encounters, forging more complex self-identities that allowed acknowledgement of the negative aspects of disablism and living with

an impairment, while also recognising disability as a fact of life and continuing to see themselves as capable and valuable people.

This research highlights the impact of psycho-emotional disablism, with disabled people being (self-)excluded from public spaces on days when they cannot face performing the considerable emotion work required to navigate a potential encounter. Encounters in Blue Badge bays are thus a reflection of disabled people's wider second-class status in society, and it is precisely the lack of agency during an encounter which can lead to experiences of powerlessness and hopelessness. However, solidarity from other disabled people and non-disabled allies was a crucial survival mechanism, providing an outlet for the frustration as well as confirming that these experiences were real. Despite the significant negative emotional impact of encounters, participants continued to resist in their own ways and asserted their right to exist and participate in public life as disabled people.

8.3. Contribution to Critical Disability Scholarship

The findings of this thesis make several significant contributions to debates within critical disability studies. Firstly, they add to the growing body of literature on disability as a social-relational phenomenon. Building on the work pioneered by Thomas (1999a, 2004a, 2004b) and Reeve (2002, 2004, 2008, 2014b) on the social-relational model and psycho-emotional disablism, I have highlighted in this thesis how experiences of disability and disablement can be constituted through interactions with others. Simultaneously, I have troubled the binary nature of Reeve's (2015b)'s assertion that structural disablism operates at a public level while psycho-emotional disablism operates at a private level, by laying bare how feeling like a

second-class citizen due to structural barriers cannot necessarily be separated from the negative feelings experienced as a result of encounters. Further, I have argued that encounters are never just an individual or private experience but are shared amongst the disability community as well as our friends and allies. Thus, they cannot be considered in isolation from wider public discourses about disability. By highlighting disability as created and amplified through interpersonal interactions, I provide a critical perspective which conceptualises disability as a form of oppression that is often manifested through abjection and hostility. While there can be a tendency, even in supposedly critical work, to attribute negative attitudes from others to ignorance, which can be solved through education or 'awareness', my findings highlight that, while there is a lack of understanding of the importance of the Blue Badge scheme, encounters are also often motivated by entitlement and animosity towards disabled people. Interpersonal encounters can thus have a significant impact in excluding disabled people through a slow death (Berlant, 2011) which can wear us down over time.

By recognising encounters as always rooted in wider hostility towards and negative discourses of disability, this thesis contributes to an understanding of how ableism functions in society. I have agreed with Tyler (2013) and Slater and Jones (2021) that awareness campaigns are at best inadequate in addressing the complexity of the barriers faced by disabled people, and at worst actively perpetuate stigma against disabled people by sanitising it as 'ignorance' without consideration of the wider political context. While the impact of austerity 'scrounger' rhetoric on the public's attitudes towards welfare claimants is well documented (Briant et al., 2013; Garthwaite, 2014; Geiger, 2023; McEnhill & Byrne, 2014), I have highlighted in this

thesis how these discourses have transferred into accessible parking spaces and become sticky, attaching themselves to both disabled bodies and to accessible spaces, which as a result are under constant scrutiny and challenge. This illustrates the full harm done by this kind of rhetoric in blighting the lives of all disabled people, regardless of whether or not they are welfare recipients and/or in work. I have argued in the discussion that the resulting impact on disabled people is intentional, serving as a way to keep disabled people in their place and create public support for welfare cuts. This highlights how the continued stigmatisation of disabled people continues to arise from a moral panic (Briant et al., 2013; Cohen, 2011) with disabled people painted as 'folk devils'. I have further drawn attention to the centrality of impossible stereotypes and hierarchies of legitimacy and deservingness in putting disabled people in competition with each other, thus making the forming of a coherent community more difficult and creating a distraction from the wider political and structural sources of disability oppression. By exposing these mechanisms of how ableist structures are upheld and reinforced, I create the possibility of challenging them both through further research and activism.

In addition to a broader conceptualisation of disability as fundamentally relational, this thesis contributes specifically to debates around the intersection of disability, affect, and emotion management. Both in this thesis and elsewhere (Kubenz, 2025b), I have drawn attention to the considerable energy that goes into managing encounters. While my research is not the first to draw attention to this often "hidden labor" (Scully, 2010, p. 31), it nevertheless makes an important contribution by highlighting the complexity of navigating these interactions and the impact of being forced to choose whether to perform emotion work to adhere to feeling rules, or

whether to ignore or even challenge them. I have also explored the consequences of these choices, including on the one hand the regret arising from not standing up for oneself, and on the other hand the external and internal consequences of challenging others. These include the potential for retaliation and escalation as a result of breaking feeling rules, and the guilt experienced by many of my participants when losing their temper. My research thus contributes to an understanding of disability not as a static state located either within the body or resulting from unchanging structural barriers, but as actively performed by disabled people through our actions and reactions in public spaces, and always in relation to others. Understanding the complexity of affect and emotions actively challenges tragedy discourses of disability, i.e. the assertion that disabled people are unhappy due to being disabled. Instead, I highlight the ways in which everyday oppression and rejection can lead to negative feelings:

Our anger is not about having 'chip on your shoulder', our grief is not 'a failure to come to terms with disability'. Our dissatisfaction with our lives is not a personality defect but a sane [sic!] response to the oppression which we experience. (Morris, 1992, p. 290)

Further, in laying bare the complexity of everyday emotion management, I contribute to feminist theorisations of emotions as both inherently relational and as an important part of rational decision-making processes (Ahmed, 2014; Hochschild, 2020, p. 30f). In doing so, I endeavour to spark further conversations about the role of emotions in experiences of disability which are not individualising or pathologizing but instead recognise the requirement for emotion work as a core part of the experience of being disabled in, and by, society.

Finally, this thesis' findings have significant implications for discussions around accessibility, contributing particularly to a body of critical research which has highlighted the shortcomings of how accessibility is often conceptualised in mainstream research and policy (Price, 2024; Smilges, 2023; Terry et al., 2025; Titchkosky, 2011). In particular, recent research from both disability geography and hate studies have highlighted the importance of place in disability discrimination (Burch, 2021; Edwards & Maxwell, 2021; Hall, 2025; Hall & Bates, 2019; Mason-Bish, 2025). I found in the literature review that accessible parking spaces have often been highlighted as particularly risky' spaces for disability hate, and this study confirms that they are also often experienced as far from accessible due to the encounters that can take place. Like disability and emotions, accessibility is thus always relational, and in both this thesis and in related outputs (Kubenz, 2025a) I have challenged the assumption that the mere presence of supposedly 'accessible' spaces resolve the problem of an inaccessible public environment. As McRuer states:

An accessible society, according to the best, critically disabled perspectives, is not simply one with ramps and Braille signs on 'public' buildings, but one in which our ways of relating to, and depending on, each other have been reconfigured. (McRuer, 2006, p. 94)

This critical perspective on access(ibility) is thus important in enabling us as disabled researchers and activists to challenge 'bare minimum' provision and the second-class citizenship currently experienced by many disabled people in UK public life.

In addition to these contributions to critical disability studies, my findings also have implications for wider studies of oppression and can provide potentially provide useful insight for study of the everyday experiences of women, LGBTQ, trans and non-binary people, and racially marginalised people, just as I have drawn from literature on these types of oppression in this research. Further, these findings will be useful for disability activists and organisations in campaigning around an improved Blue Badge scheme and accessible parking space provision, as well as more widely against the perpetuation of ableism and negative discourses around disability. Finally, while I have argued that there are no easy fixes and that many of the barriers I have identified in this thesis are intentional to keep disabled people in their place, I also recognise my participants' strong desire for positive change to arise from this research. As a result, I will continue to work with my advisory group on producing a policy report, which will include list of recommendations for both Blue Badge policy at national level and its implementation at local government level, in order to make small changes that could improve disabled people's experiences of using Blue Badge bays in the short term.

8.4. Chapter Summary and Final Reflection

In this final chapter, I have discussed the concluding findings from this thesis. I have done so by providing a response to the research question, summarising how my findings explain how accessible parking encounters contribute to everyday experiences of disability. I have also addressed the four sub-questions regarding the types of encounters that take place, the factors which disabled people perceive to shape encounters, the strategies employed by my participants to navigate encounters, and the encounters' impact on disabled people's emotions and identity. I

have then laid out the contribution this thesis had made in advancing understandings of disability as a social-relational phenomenon and the way in which ableism functions at an everyday level within society. In addition, I discuss how this thesis can further future thought around the role of emotion management and performativity in navigating public life as a disabled person, as well as contribute to critical perspectives on accessibility.

Returning to my opening quote from Sartre, I have highlighted in this thesis that disability is, indeed, often other people. Parking encounters can have a significant impact in excluding disabled people from supposedly accessible spaces. A social-relational perspective on disability is thus essential to understanding the way in which disabled people continue to face barriers to participation in public life.

Accessibility cannot be considered in isolation from the impact of psycho-emotional disablism arising from interactions with others. At the same time, I have argued that these relational aspects of disability are not always distinct from structural barriers but often interact and intertwine. Both the inadequate 'bare minimum' provision of bays and the negative attitudes experienced from other people send the clear message that disabled people are 'less than'. I have linked this message both to the broader concept of ableism, which positions disabled people as inferior in order to maintain the fantasy of the 'normal' person as ideal, and more specifically to the government and media 'scrounger' discourses of 21st century UK austerity politics. The resulting perceptions and expectations of how disabled people should look and behave inevitably shape the experiences in accessible parking encounters.

I have argued that encounters are so impactful precisely because they are never just about parking but always carry with them the broader pervasive stigma and hostility

that exist against disabled people in contemporary English society. The stickiness of these negative affects shape all aspects of disabled people's lives, and this research shows that there is no right way to navigate an encounter precisely because there is no easy solution; even if there was, it is not disabled people's problem to solve.

Indeed, I have made the point that the frustration and depletion of disabled people's energy in the management of encounters is in fact an intentional part of the ableist system which is used to justify austerity politics; through a divide-and-conquer approach, these experiences are individualised and pit disabled people against each other in competition for intentionally limited resources.

I have challenged the individualisation of the psycho-emotional impact of encounters by highlighting that encounters are far from a private experience but are often shared through the disability community. They thus become part of the communal disabled consciousness as an integral part of everyday life as a disabled person. The solidarity and support arising from sharing stories about encounters was often crucial for participants to keep going in spite of all the negativity, highlighting the resilience and strength that is generated when disabled people resist the individualising discourses of ableism. In producing empirical evidence on encounters' impact, I hope this thesis supports disabled people in making sense of their experiences and understanding that the problem is not with us, leading to the possibility of continued organised resistance to ableist systems. Until we live in a world where disability is not seen as 'less than' and disabled people are not intentionally and systematically stigmatised and scapegoated, no 'accessible' space can ever be truly accessible.

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10. APPENDICES

10.1. Ethical Review

10.1.1. Original Ethics Submission



UNIVERSITY OF
BIRMINGHAM

Research Ethics Review Form

Project details

Important Information

Please note that this form is only suitable for staff and postgraduate research students. If you are on a postgraduate taught course, your local school/college will review your work and you do not need to apply via the Research Ethics Review system.

If you need help whilst completing the form, FAQs and additional information can be found under the 'Help' section in the black bar at the top of the page. Some questions also have an 'i' on the top right, clicking this will bring up additional help text.

The form will automatically save when you click 'next'. Alternatively, you can click 'save' on the top left to manually save your progress.

Please note that this form is currently in a piloting phase. All applications may be subject to a quality assurance check and a member of the ethics team will be in touch with the lead researcher and/or applicant directly if an application raises any queries. If you would like to contact us directly please use aer-ethics@contacts.bham.ac.uk

Please note that programmes of work are currently being processed outside of the system. Please contact the ethics team directly if you wish to apply under a programme of work.

Is your project considered to be research?

A project is considered to be research if it is likely to result in research outputs (including, but not limited to, journal articles, conference papers, theses and online dissemination). Further indication of what might be considered to be research can be found at <http://www.hra-decisiontools.org.uk/research/>, but please be aware that if a service evaluation project will result in a research output (including theses) it will be considered to be research from a University perspective. If you are in any doubt as to whether your project should be considered as research, please contact the Research Ethics Team to discuss further.

- ☒ Yes
☐ No

Is this a staff or a postgraduate research student project?

- ☐ Staff
☒ Student (PGR only)
☐ Other (by special permission only)

Please confirm the college of the main PI/Supervisor

College of Social Sciences (COSS)

Please confirm which school within CoSS the main PI/supervisor is from

Social Policy

Please provide your student ID number

Project title and duration

Please give the full title of the research project

The Politics of parking: The construction of disability through encounters with strangers in accessible parking spaces

Please give a short title for the research project (e.g., an acronym or reduced title). You may use the same title as above if the character length allows

Politics of parking

Please provide the anticipated start and end dates for the project

Please select the year before the month. Months which have already passed in the current year will not show.

Anticipated start date

30/09/2021

Anticipated End Date

30/09/2025

Contact Details For Researchers

Please note, then when entering details for University of Birmingham (UoB) staff/students/supervisors, you can click the 'assign role' button in blue at the top of each contact, selecting the correct role will automatically give that person the correct access/permissions to the current form. Please note that the form owner (i.e. who initially made the form) will automatically be given full access so, a role is not required for them.

Please provide details on any UoB PGR students involved in the project

First Name
Vera
Surname
Kubenz
Department
Social Policy, Sociology and Criminology
Email

Please enter the details on the UoB supervisors below

First Name
Harriet
Surname
Clarke
Department
Social Policy
Email

Please enter the details on the UoB supervisors below

First Name
Dina

Surname

Kiwan

Department

Education and Social Justice

Email

Will there be any additional co-investigators involved in the project at UoB?

- ☐ Yes
☒ No

Are there any further external co-investigators you would like to add to the project? Please note that these individuals will not have access to the system but, you will be able to download the form as a PDF to share with them.

- ☐ Yes
☒ No

Funder details

Please note that if the project will not proceed without a funding award, that ethics should not be submitted until the funding award is confirmed i.e., that the project will definitely go ahead (unless you have had prior permission from a member of the ethics team).

Is this project funded?

- ☐ Yes
☒ No

Checklist

Please select which of the following your project will involve

- ☐ Research involving animals
- ☐ Research that needs to consider requirements under the Nagoya Protocol

This includes uses of genetic material; plant, animal, microbial or other origin containing functional units of heredity which is of actual or potential value, or derivatives. The protocol does not apply to human genetic resources.

- ☐ Existing ethical approval from another institution in the UK or abroad, for a project that does not have NHS involvement
- ☐ Existing HRA approval and / or a favourable opinion from a NHS Research Ethics Committee

This includes projects which have received sponsorship from UoB or other institutions within the UK. If it is planned that Sponsorship is provided by another institution, please select this option and provide details after sponsorship has been confirmed.

- ☐ Research which requires new application for HRA Approval and / or a favourable opinion from a NHS REC, with Sponsorship provided by UoB

This includes research projects which will involve NHS patients, staff and services. This also includes projects where UoB will act as the National Co-ordinating Centre

- ☐ NHS Service Evaluation

The University will review service evaluations where any of the data will be written up for a research output. If the service evaluation data will not be used for a research output then we do not require an ethical review.

- ☒ None of the above

These projects will still be reviewed by the research ethics team

UREC Checklist

Please select all of the following which your study involves:

- ☒ Human Participants

Risks relating to participant involvement

- ☒ Potentially Vulnerable participants (including those aged under 16)

Examples of vulnerable participants are children, people with learning difficulties, patients, people experiencing emotional distress or mental illness, people living in care or nursing homes, and people recruited through self-help groups, participants in a dependent or unequal relationship with the researcher(s) or research supervisor, or participants recruited because of their membership of groups which are vulnerable in relation to their identity (for instance, sexuality, gender or race)

- ☐ The co-operation or approval of a gatekeeper for initial access to the groups or individuals to be recruited

For example, a gatekeeper would be considered someone who needs to give permission to access a group (e.g., a head teacher, leader of a self-help group). If your supervisor is putting you in touch with a group of people or, you are using snowball sampling, this would not be considered use of a gatekeeper.

- ☐ Participants taking part in the study without their full knowledge and/or consent

Data collection risks

- ☐ Data collection/recruitment via the internet/social media without the consent of the data subjects
- ☐ The collection or use of obscene, illegal and/or offensive material

Including online content of this nature. This includes material which may prompt the University's duties under the government's Prevent strategy (see <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales> for further information)

- ☐ Visual recordings in which people can be identified

Risks relating to study design

- ☒ Physical or emotional harm, discomfort or stress
- ☐ Prolonged experiments or testing which is burdensome on the participant
- ☐ Financial or other inducements (other than reasonable expenses and compensation for time) for participants
- ☐ Sensitive or controversial topics or issues (e.g. topics which are politically, socially or culturally sensitive)
- ☐ Any breaking of security or other systems without the permission of the owners
- ☐ Potential risks or damage to the environment or society

Insurance/governance concerns

- ☐ Substances (including placebos, supplements, drugs) being administered to participants
- ☐ The collection of any form of human tissue NOT considered to be relevant material

(Relevant material being that which consists of or includes human cells, see https://www.hta.gov.uk/sites/default/files/Supplementary_list_of_materials_200811252407.pdf) including DNA.

- ☐ The project will fall within the exclusion of the Clinical Trial Legal Liability cover

Information on this is available at: <https://intranet.birmingham.ac.uk/finance/insurance/liability/clinical-trials.aspx>

Potential Conflict of Interest Risks

- ☐ Risks or potential controversy relating to the source of your funding

This may include politically or culturally sensitive funding sources

- ☐ Any potential conflicts of interest

e.g. staff of other organisations, students at school, members of self-help groups, or residents of a nursing home

- ☐ Any other ethical issues not covered in the above points that in the opinion of the applicant require further review

- ☐ None of the above

Project Details

Your answers up to this point have indicated that your project involves more than minimal risk, for this reason a full UoB ethical review is required. Please confirm that you are aware of this. Once this is confirmed, additional questions will be generated by the form.

- ☒ I understand that a full UoB ethical review is required

Please note that if you will be uploading any participant documents for this application that you will be required to use version controls. Information on version control can be found by clicking 'help' in the top banner of this webpage and then clicking FAQ.

Does your project contain any potentially disturbing materials which the reviewers should know about in advance (e.g. you will be uploading documents/videos etc. which may impact on reviewers well being)?

- ☐ Yes
☒ No

Describe the purpose, background rationale for the proposed project, as well as the hypotheses/research questions to be examined and expected outcomes. This description should be in everyday language that is free from jargon - please explain any technical terms or discipline-specific phrases. Please do not provide extensive academic background material or references.

The aim of this research is to explore how interactions with others contribute to the experience of oppression and discrimination for disabled people in everyday life. It does this by specifically focussing on the encounters that take place with strangers in the context of accessible parking spaces (also known "Blue Badge" spaces in the UK). Accessible parking spaces have been identified both a key location for both disability hate crime and more low-level negative encounters. This has not yet been studied in a UK context in detail but is especially timely given the 2018 extension of the Blue Badge scheme in England to a wider variety of impairments, and particularly non-mobility impairments.

This study will seek firstly to map the encounters that take place in these spaces and their context, and secondly to explore the strategies disabled people use to manage or navigate these encounters and their emotional impact. This is encompassed in the following research questions:

Phase 1: Mapping encounters

- What kind of encounters most commonly take place in blue badge bays?
- What are some of the factors that determine the nature of these encounters?

Phase 2: Navigating encounters

- What actions do disabled people take to manage or avoid these encounters?
- How do these encounters affect disabled people's emotions and self-identity?

The first main outcome of this research will be a better understanding of the importance of interpersonal interaction to the experience of disability. The research will make an important contribution to both disability studies and activism in understanding experiences of oppression. In particular, they will contribute further to research that has highlighted how the psycho-emotional impact of discriminatory experiences can be just as effective in excluding disabled people as physical barriers. Secondly, the results of this study will fill a gap in evidence of user experiences of the Blue Badge scheme, with the potential to inform both Blue Badge policy at national level, and the administration and implementation of the scheme at local level. The research will provide evidence on whether the scheme in its current form is fit for purpose in removing barriers for disabled people.

Please give a description of the research methodology that will be used. If more than one methodology or phase will be involved, please separate these out clearly and refer to them consistently throughout the rest of this form.

The research will be conducted in two phases. A Gantt chart of the full project is attached for illustration.

Phase 1 will focus primarily on gathering descriptive data on the nature of Blue Badge encounters and their wider context. This will be done through two methods which are employed concurrently. Firstly, there will be an online survey for Blue Badge holders in England asking them about the encounters they have had, what happened during them, potential factors that influenced them, and some basic data on their emotional impact on the Blue Badge holder. This survey will use Jisc Online Surveys and will be live for 5 months.

Secondly, while the survey is live, a content analysis will also be conducted, looking at how the Blue Badge scheme has been represented in the UK national press since 2017. The data used for the content analysis is non-human data (newspaper articles) which is already in the public domain. Data will be triangulated during an initial analysis phase. It is envisaged that this phase will run from January 2023 to August 2023.

Phase 2 will explore in more depth the strategies used by disabled people to navigate the encounters, and the emotional impact of these encounters. This will be done through approx. 15 individual 60 to 90-minute interviews with Blue Badge holders, who will be recruited from the pool of survey participants from Phase 1. Data will be analysed and triangulated with findings from the first phase. It is envisaged that this phase, including preparation, recruitment, interviews, and analysis will take place from September 2023 to August 2024.

Throughout both phases, the research will be supported by input from an Advisory Group, made up of 6 Blue Badge holders, with meetings taking place annually in September. Funding has been obtained from the university's Public Engagement team to pay the group members for their time. The group will be asked to provide input into the survey and interview scripts, as well as ensuring that the wider research priorities and key findings are informed by those with lived experience. No data will be shared with the Advisory Group, they will be updated on general themes and findings emerging from the analysis. The first meeting took place in September 2022 and input has been obtained on the draft survey for phase 1.

State the geographic locations where the project and all associated fieldwork will be carried out. If the project will involve travel to areas which may be considered unsafe, either in the UK or overseas, please ensure that the risks of this (or any other non-trivial health and safety risks associated with the research) are addressed by a documented health and safety risk assessment. The FCO guidance can be found at <https://www.gov.uk/foreign-travel-advice>

Online

Participants and Recruitment

Does the project involve human participants?

- ☒ Yes
- ☐ No

Who will the participants be?

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

Participants will be disabled people over 18 resident in England who currently hold or have previously held a Blue Badge. The Blue Badge must be in their name (ie no parents/carers/organisations who may hold a Badge for someone else). They do not need to be drivers but can hold a Blue Badge as a passenger. They must also identify as having experienced at least one 'encounter' (defined as "a verbal interaction or non-verbal interaction (eg staring) which had a physical or emotional effect") in the past.

In Phase 1, it is hoped that at least 200 participants will be recruited to represent a variety of experiences, although the sample will not be representative as not enough data exists about the Blue Badge holder population to achieve this. In Phase 2, around 15-20 participants who have indicated that they are interested in taking part in the interviews will be invited. They will be selected to obtain a diverse sample as possible (including various ages, genders, ethnicities, locations).

How will the participants be recruited?

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the investigator(s) and participant(s) (e.g. instructor-student).

Phase 1 will use a combined snowball and river sampling approach, promoting the survey through a variety of platforms to gain as many responses as possible. This approach has been chosen as there is insufficient data both on the Blue Badge holding population and those who have experienced encounters. The survey will be advertised by the researcher in a number of ways:

1. Social media

The survey will be shared on the researcher's Twitter and LinkedIn pages, encouraging other users to share. It will also be shared by the researcher on relevant disability-related Facebook groups. The attached social media advert and accompanying draft post will be used for all social media posts.

2. Special interest organisations

The researcher will contact Motability and Disabled Motoring, two organisations serving disabled motorists, to discuss whether they are able to help promote the research, eg by including a piece on their website or in their magazine. In addition, the campaign group Transport for All will be contacted to ask if they can share the survey with their members. For any adverts or emails, the attached draft email text and promotional A4 Word flyer will be used.

3. Disabled People's Organisations (DPOs)

Umbrella DPOs including Reclaiming our Future Alliance and Disability Rights UK will be contacted to see if they are willing to distribute the survey amongst their member organisations. In addition, the researcher will map DPOs with an online presence using existing databases and contact them by email to ask them to distribute surveys to their members. For any adverts or emails, the attached draft email text and promotional A4 Word flyer will be used.

In preparation for phase 2, interview participants will be recruited from the pool of survey respondents. At the end of the survey, participants will be asked about their interest to take part in the interview. If they indicate yes, they are asked to enter their contact email address, with the clarification that this is voluntary and that their details will only be used to contact them about the interviews, and will not form part of the survey data analysis.

When Phase 2 begins, all interested participants will be contacted and invited to interview. Some initial demographic data about age, gender, type of impairment, location, ethnicity, and sexuality will be gathered to ensure diversity in the sample. Around 4 participants per month will then be invited to interview, using a staggered approach, with a total of around 15-20 participants (or less if data saturation is reached). Selection of participants will aim to achieve maximum diversity of participants and experiences, and will be discussed with supervisors throughout.

It is likely that most participants will not have any prior relationship to the researcher, however as the researcher is active within the UK disability community, it may be possible that some participants will be recruited that have had previous contact with the researcher. Where this is the case, this will be flagged to supervisors to discuss the precise nature of the relationship, whether it constitutes a conflict of interest. The supervisors and researcher will discuss if there are ways this can be managed or if the participant should be excluded from the research. In case of any doubt, supervisor and researcher will seek further advice from the Ethics Committee before arranging an interview with the participant.

Recruitment Documents

Will you be using any recruitment documents e.g. poster(s), advertisement(s) or letter(s), social media post(s)?

- ☒ Yes
☐ No

Please upload copies of all the recruitment materials which will be used

Documents

Type	Document Name	File Name	Version Date	Version	Size
Recruitment	A4 Word flyer for survey	A4 world flyer for survey.docx			424.8 KB
Recruitment	Social media advert and draft text for social media post	A5 social media flyer.docx			238.0 KB
Recruitment	Draft email text for DPOs to share survey	Draft email text for DPOs to share survey.docx	27/09/2022	2	13.3 KB

Consent

You should start to consider the need to provide open access to your research data as early as possible, particularly whether you need to include consent for this in your participant documentation.

The UK Data Service provides advice on the legal and ethical issue to consider regarding data sharing and providing open access to data, including the need to obtain participant consent, at <https://www.ukdataservice.ac.uk/manage-data/legal-ethical.aspx>.

You can find more information about archiving and sharing your data at:
<https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Archiving-data/Archiving-and-sharing-data.aspx>.

What process will be used to obtain consent?

Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why. If the participants are under the age of 16 it would usually be necessary to obtain parental consent and the process for this should be described in full, including whether parental consent will be opt-in or opt-out.

In phase 1, informed consent will be sought from participants as part of the online survey. Page 1 of the survey includes the text from the full survey participant information sheet, which participants are asked to read. They will then need to tick a number of boxes to provide informed consent. Participants will need to give their approval to all consent statements before being able to proceed to the questions. If participants choose No to any of the questions, they will not be able to proceed to the survey questions. A PDF Print of the survey including the consent form on page 1 is attached. A full pilot version of the survey can be accessed at <https://bham.onlinesurveys.ac.uk/politics-of-parking-pilot-version>

In phase 2, participants will be emailed the Interview Participant information Sheet at the time the interview is arranged, alongside an Interview Consent Form in Word format. They will be asked to return this to the researcher prior to the start of the interview. If no or partial consent is given or the form is not returned fully completed, the interview will not be started. The interviewer will also remind participants at the start of the interview protocol about key aspects of consent, including the voluntary nature of the research and their right to withdraw or not to answer questions (see full interview schedule).

Both Participant information Sheets will also be made freely available on the project website to be accessed again at a later date - this will be particularly highlighted to survey participants who may not have retained a copy, but may wish to access some of the support resources highlighted in the Participant information Sheet..

Please attach a copy any Participant Information Sheets (if applicable) which will be used.

Documents					
Type	Document Name	File Name	Version Date	Version	Size
PIS	Survey Participant Info Sheet v3	Survey Participant Info Sheet v3.docx	18/11/2022	2	32.0 KB
PIS	Interview Participant Info Sheet v2	Interview Participant Info Sheet v2.docx	18/11/2022	2	33.0 KB

Please attach a copy all the Consent Forms (if applicable) which will be used in the project. If consent will be gained in an alternative way (e.g. verbally) please provide a script for this or any other material that will be used in the consent process.

Documents					
Type	Document Name	File Name	Version Date	Version	Size
Consent Form	Interview consent form	Interview consent form.docx	18/11/2022	2	16.9 KB
Consent Form	PIS and Politics of parking survey v2	PIS and Politics of parking survey v2.pdf	18/11/2022	2	156.7 KB

Deception

Will the participants be deceived in any way about the purpose of the study?

- ☐ Yes
- ☒ No

Feedback

What, if any, feedback will be provided to participants?

Explain any feedback/ information that will be provided to the participants after participation in the research (e.g. a more complete description of the purpose of the research, or access to the results of the research). If no feedback will be provided, please explain why.

In Phase 1, it will not be possible to contact survey participants directly as participants will be anonymous and any email address provided will only be used for Phase 2 recruitment. However, on completion of the survey participants will be linked to the project website (<https://sites.google.com/view/politicsofparking> - still under construction) with information that a summary of the findings will be made available there once the data has been analysed.

In Phase 2, interview participants will be sent a completed transcript within 2 weeks following the interview, and will be given a further 2 weeks clarify or correct any errors or misunderstandings. This timeline is relatively short to ensure that the interviewer is still fresh in their mind, as the purpose of this check is to confirm the accuracy of the transcript in reflecting what was said. Separate to this, interviewees will have the option to request removal of certain sections or withdraw from the project up 1 June 2024. Participants will be given the option of receiving a short summary of the findings in plain language on completion of the research. This plain language report, along with the full thesis and a policy report, will be made available on the project website at the end of the project.

Withdrawal

What arrangements will be in place for participant withdrawal?

Describe how the participants will be informed of their right to withdraw from the project, explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

In Phase 1, participants are informed of their right to withdrawal in the Survey Participant Information Sheet. The Participation Information Sheet is also repeated on the first page of the survey. Participants will be able to withdraw without consequences at any point while completing the survey by simply closing the window. Any partially completed surveys will be deleted within the Jisc Online survey platform. Participants are also given a receipt number at the end of survey completion, with a prompt to download a copy of this. Participants are informed in the Participant Information Sheet and at the end of survey that they can contact the researcher with the receipt number to withdraw after the survey has been completed, up to the point of analysis beginning (1 July 2023). For any such withdrawals, the corresponding survey response will be deleted within the Jisc online survey platform.

In Phase 2, participants are informed of their right to withdrawal in the Interview Participant Information Sheet. They will also be reminded again of this right to withdraw at the beginning of the interview (see attached interview script). Participants will be able to refuse to answer any questions they do not wish to answer, or stop the interview entirely, without giving any reason and without any consequences to the participant. Following the interview, they will again be made aware of their right to withdraw partially or completely by 1 June 2024, and that they can be done by emailing the researcher and asking to withdraw, without reason or consequences. All recordings of the interview and any transcripts will be deleted upon receipt of request.

Please confirm the specific date/timescale to be used as the deadline for participant to withdraw their data and ensure that this is consistently stated across all participant documentation. This is considered preferable to allowing participants to 'withdraw data at any time' as presumably there will be a point beyond which it will not be possible to remove their data from the study (e.g. because analysis has started, the findings have been published, etc).

For Phase 1, survey participants can withdraw their data up to the point of Phase 1 analysis starting, which will be two weeks after the survey closes. The precise data will be determined by the exact date of the survey launch but it is envisaged to be approx .1 July 2023.

For Phase 2, interview participants will be able to withdraw up to the point of Phase 2 analysis starting. This will be around 1 June 2024 or four weeks after the final interview, whichever is later.

Compensation

Will participants receive compensation for participation?

- ☐ Yes
- ☒ No

Confidentiality/Anonymity

Participants will be anonymous if you will not be meeting participants face-to-face, or gaining any identifiable data (such as names, e-mail addresses, student ID's etc.)

If you have multiple participant groups, where each group has a different level of confidentiality/anonymity please provide clear details on this in the text box shown at the end of this page (the box will appear after a maximum of two selections have been made).

Will all participants be truly anonymous?

- ☐ Yes
- ☒ No

Will all participants' data be treated as confidential?

- ☒ Yes
- ☐ No

In what format will data be stored?

Will participants' data be stored in identifiable format, will it be anonymised or pseudo-anonymised (i.e. an assigned ID code or number will be used instead of the participant's name and a key will be kept allowing the researcher to identify a participant's data)?

In the Phase 1 survey, no identifiable data will be collected as part of the survey. Participants have the option to leave their email address to register their interest in Phase 2, but this is optional and will not form part of the analysis process or be shared outside the supervision team. Survey response data will be downloaded as a .csv file that will be password protected and stored on the researcher's One Drive, which requires their institutional login details to access. If data is shared with supervisors, this will be done securely through the university's MS Teams platform.

In the Phase 2 interviews, interviews will take place primarily online via the Zoom platform. Interviews will be recorded and an automatic transcript generated through use of the automatic captions (captions are an accessibility need for the researcher). Recordings will be transcribed verbatim and once the transcript has been approved by the interviewee, the original recording and auto-transcript will be deleted. Transcripts will be stored as password-protected Word documents with participant numbers in the file name (eg "Interview transcript 1" NOT "Interview Jane Smith"). For participants that are not able to or do not wish to use Zoom, alternative arrangements, for example a telephone interview (which will be recorded using a tape recorder and manually transcribed) or through email. Any emails containing research data will be securely stored on the researcher's One Drive in a password-protected folder.

Participants will be invited to select their own pseudonyms, or if they have no preference a pseudonym will be assigned by the researcher. A key linking file names and pseudonyms to real names will be kept in a separate .xls file which will be password protected and only accessible to the researcher. All documents will be saved on the researcher's institutional One Drive or on the UoB Research Data Storage, depending on space required. All publicly available documents will only identify researchers using their chosen or assigned pseudonyms and care will be taken to avoid any direct quotes that may identify a participant in another way. If in any doubt, the researcher will contact the participant to confirm the inclusion of a potentially revealing quote or piece of information.

Storage, access and disposal of data

During the project, how and where will the data (both paper and electronic) be stored, what arrangements will be in place to keep it secure and who will have access to it?

All data collected will be stored on the researcher's university-provided OneDrive account. This is a cloud-based account enabling automatic backup of the data. The OneDrive is ISO 27001 compliant, password protected, and only accessible to the researcher. Any files to be shared internally (eg with supervisors) will be shared securely through MS teams.

Any large data will be stored on the UoB Research Data Store (RDS). Backup copies of data are taken on a daily basis and data is stored in separate buildings from the live data.

Data will be shared with supervisors to enable the supervision process. This will be done securely through MS Teams. It is not envisioned that any of the original data will be shared with other internal or external parties.

The survey in Phase 1 will use JISC Online survey software. This software has been selected following a review of the different survey platforms made available to researchers by UoB. It has been selected as it is ISO 27001 and GDPR compliant, and following pilot testing with the Advisory Group, was deemed to be the most accessible platforms for disabled participants. The researcher's JISC Online account is password-protected.

As the data collected is people based and may be difficult to recreate, and will also likely inform the publishing of papers for several years following the conclusion of the project, the data will be transferred to the UoB BEAR Archive after the project has finished. Once transferred the data will be set to read-only to prevent any inadvertent additions or deletions of the dataset. Any changes will result in a new dataset, which will be archived separately. The BEAR Archive solution has been created to be highly resilient and is located at two data centers in two different sites, with a backup placed in a third site.

After the project is complete, where do you intend to store your data at the end of the project (please select all which are relevant)?

- ☐ University eData repository (<https://edata.bham.ac.uk>)
- ☐ An external repository
- ☒ Research Data Store (RDS) (<https://intranet.birmingham.ac.uk/it/teams/infrastructure/research/bear/research-data-service/rds/research-data-store.aspx>)
- ☐ Other

You can find more information about archiving and sharing your data, including your choice of data repository at: <https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Archiving-data/Archiving-and-sharing-data.aspx>.

The University usually requires data to be retained in line with the data management policy

<https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Policies/Research-Data-Management-Policy.aspx>. Will you/your supervisor make arrangements for the data to be retained for in line with this?

- ☒ Yes
- ☐ No

Do you intend to make your data openly accessible at the end of the project?

(please see <https://intranet.birmingham.ac.uk/as/libraryservices/library/research/open-access/index.aspx> for further information)

- ☒ Yes. A provision for open access will be put into place (please ensure a consent provision is in place for this)
- ☒ No. Data will only be shared with current research team.
- ☐ Other e.g. embargoed for a period of time, data access committee to be set up etc

What arrangements will be in place for the secure disposal of data?

Data will be archived and stored in the BEAR for 10 years, should access to the data be requested within a 10 year period, the 10 year clock is then reset from the point of last access. After the 10 year period the data will be deleted.

Data Management Plans

Please note that these are live documents, the University Research Data Management Policy (<https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Policies/Research-Data-Management-Policy.aspx>) requires that:

1. Funded research projects and unfunded research policies likely to generate data should be supported by a Data Management Plan (DMP)
2. Following completion of a project, Research Data should be made openly available (where appropriate), or made available for access and re-use under appropriate safeguards which take into account legitimate interests of research subjects and in accordance with the Data Protection Act. It should be kept for a minimum of 10 years.

You do not need to submit your DMP with your ethics application, but you must ensure that the information in your ethics application is consistent with the information in your DMP.

Additional Approvals

Are you aware of any other approvals required to carry out this research?

For example, DBS checks, local authority approvals etc.

- ☐ Yes
- ☒ No

Risks and Benefits

Outline the potential significance and/or benefits of the research

The research will make a crucial contribution to critical disability studies by furthering knowledge and theories of the significance of disability as an interrelation phenomenon created during interactions with others. As well as a disability scholarship, it will also be of benefit to disabled activists in providing empirical evidence which can be used to campaign more effectively for disability rights and justice.

While there are no direct benefits of participants, feedback from the Advisory Group has indicated that many disabled people may find it helpful to talk about and reflect on their experiences of Blue Badge encounters, and the research will be of benefit to them in helping to understand their own experiences, as well as providing evidence that others have shared similar experiences, reducing the isolation felt by many disabled people in society.

The research will also have clear potential for policy impact by providing evidence on the efficacy of the Blue Badge scheme in enabling equal access for disabled people, and on the experiences of Blue Badge holders following the 2019 extension of the scheme.

Outline any potential risks

The main risk of the research relates to its psycho-emotional impact on both the participants and the researcher. Some encounters experienced by participants may have involved aggressive or violent incidents, including possible hate crimes. Recounting and reliving these incidents may be distressing for participants. The researcher, a disabled person with lived experience of these types of encounters, may also be distressed by the experiences recounted. To mitigate this risk, the researcher will highlight at the beginning of the survey and interviews the nature of the questions and remind the participants throughout the process of their right not to answer questions or withdraw from the research at any point. During the interviews, should a participant become distressed, the researcher will ask the participant whether they would like to continue and be ultimately guided by them. The Participant Information Sheet also includes a list of several sources of practical and psychological support around Blue Badge parking, hate crime and reporting, disability discrimination, and mental health support. These will be highlighted to participants throughout the research process. In case of distress on behalf of the researcher, the researcher will draw use these sources of support, alongside discussing distress and difficult emotions with supervisors and their wider support system (family and friends).

There is a small risk that despite the use of pseudonyms, an interview participant will be recognisable from the information they gave. This risk will be minimised by avoiding any use of direct quotes or anecdotes that may identify a participant, and if in doubt the researcher will contact the participant to discuss and seek written approval before including a specific piece of data in the thesis or other publications. In case of breach of confidentiality, the researcher and supervisors will contact the Ethical Review Board as soon as made aware of the breach, in order to seek advice.

The outlining of the risks in this section does not circumvent the need to carry out and document a detailed Health and Safety risk assessment where appropriate.

For projects of more than minimal H&S risk it is essential that a H&S risk assessment is carried out and signed off in accordance with the process in place within your School/College and you must provide a copy of this with your application.

The risk may be non-trivial because of travel to, or working in, a potentially unsafe location, or because of the nature of research that will be carried out there. It could also involve (irrespective of location) H&S risks to research participants, or other individuals not involved directly in the research.

Further information about the risk assessment process for research can be found at <https://intranet.birmingham.ac.uk/hr/wellbeing/worksafe/policy/Research-Risk-Assessment-and-Mitigation-Plans-RAMPs.aspx>.

Please note that travel to (or through) 'FCO Red zones' requires approval by the University's Research Travel Approval Panel, and will only be approved in exceptional circumstances where sufficient mitigation of risk can be demonstrated.

Does the research raise any ethical issues not dealt with elsewhere in this form?

- ☐ Yes
☒ No

Do you wish to provide any other information about this research not already provided, or to seek the opinion of the Ethics Committee on any particular issue?

☐ Yes

☒ No

Peer/Expert Review

Has your project received scientific peer review?

☐ Yes

☒ No

Would you like to nominate an expert reviewer for your project?

☐ Yes

☒ No

Supporting Documents

Please upload copies of any additional supporting documents such as questionnaires, interview topic guides, debrief materials etc.

Please note that you do not need to upload consent forms, information sheets or recruitment notices which were uploaded earlier in this form. To see a full list of documents already attached to the current form, please click the 'documents' button on the left hand side.

Documents					
Type	Document Name	File Name	Version Date	Version	Size
UREC supporting document	Gantt chart of PhD project	Phd Gantt chart.xlsx	23/09/2022	1	21.5 KB
UREC supporting document	PIS and Politics of parking survey v2	PIS and Politics of parking survey v2.pdf	18/11/2022	2	156.7 KB
UREC supporting document	Interview question guide for phase 2	Interview question guide for phase 2.docx	18/11/2022	2	18.6 KB
UREC supporting document	Ethics resubmission cover letter	Ethics resubmission cover letter.docx	18/11/2022	1	16.6 KB

Declarations

By submitting this checklist, I declare that the questions have been answered truthfully and to the best of my knowledge and belief, and that I take full responsibility for these responses. I undertake to observe ethical principles throughout the research project and to report any changes that affect the ethics of the project to the University Ethical Review Committee for review. I have read and undertake to abide by the University's Code of Practice for Research (<http://www.birmingham.ac.uk/Documents/university/legal/research.pdf>)

☒ Yes

I understand that if my study involves more than minimal H&S risks, a H&S risk assessment must be carried out (see <https://intranet.birmingham.ac.uk/hr/wellbeing/worksafe/policy/Research-Risk-Assessment-and-Mitigation-Plans-RAMPs.aspx>). This includes risks due to the location of the research to be carried out (either in the UK or another location) or risks relating to travel. Further information about risks relating to overseas travel and working overseas can be obtained from the Foreign and Commonwealth Office (see <https://www.gov.uk/foreign-travel-advice>) and from RiskMonitor Traveller (see <https://umal.co.uk/travel/pre-travel-advice/>)

☒ Yes

I understand This form will be processed in accordance with the Data Protection Act 2018. Please see the University's Data Protection Policy at <https://www.birmingham.ac.uk/Documents/university/legal/data-prot-policy.pdf> for further information.

☒ Yes

Would you be happy for this application to be used anonymously in future training sessions with the committee and/or other applicants?

☐ Yes

☒ No

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Please note that once all signatures for the project have been gained, the project will automatically be submitted to the ethics team

If multiple signatures are required, the form will lock so no changes can be made. The form can be unlocked by anyone with access to edit the project. Please note that unlocking the form will invalidate all signatures.

Please confirm you are happy with the form as the **lead supervisor** on the project

Signed: This form was signed by Harriet Clarke () on 23/11/2022 16:09

Please confirm you are happy with the form as the **lead PGR student** on the project

Signed: This form was signed by Vera Kubenz () on 18/11/2022 15:53

10.1.2. Original Ethics Feedback



UNIVERSITY OF
BIRMINGHAM

Dear Harriet Clarke and Dina Kiwan

RE: Politics of parking

Review Reference: ERN_2022-0316

Thank you for the above application for ethical review, which has now been considered by the Humanities and Social Sciences Committee. The Committee has requested further information and amendments in relation to the following issues, to enable it to reach a decision on your application:

Title	Comment
PIS documents	It was felt that two full pages of information at the start of the survey may put potential respondents off participating. There is also the risk that if too much information is provided, participants won't read any of it, and hence aren't giving informed consent. On the basis of this, please amend the information to make it more concise. It was noted that there are other mechanisms for providing additional information, for example it was suggested that the page of sources of support could be included as a hyperlink to a webpage on the project website. That would also mean that participants can access the information later when they know whether or not they need it.
PIS documents	Please amend the information Sheet to clarify the information about withdrawal of consent. What is the purpose of the two week deadline if participants can still withdraw up until June 2024?
Consent forms	Please correct the spelling in page 9 to "Caribbean".
Consent forms	Should there be an option for 'prefer not to say' in each of the demographic Information questions on page 9, or is this information essential to the study?
Feedback	It was suggested that it would be helpful to include the timeline for the creation of the transcript, its delivery to the interviewee, and the deadline for their withdrawal (this is mentioned in the interview Consent Form but not specified here).
Withdrawal Deadline	The deadline for the removal of parts of the interview is specified as two weeks after the interview takes place in the consent form. This should be reflected in this section, and it might it be better to say 2 weeks after the transcript of the interview has been sent to the participant by email.

You can either write your responses to committee queries directly within the form questions themselves or, alternatively you can upload a word document to the 'supporting documents' section of the form, which details any responses that you may wish to provide further comment on.

Please note that anything written using the 'comment' function, will not be viewable to the reviewers. The 'comment' function/content is only viewable by other named investigators on the project.

Please note that if changes have been requested to uploaded documents (e.g. consent forms), please ensure that you enable track changes or highlight the altered text in some way. Please also ensure you remove any superseded documents i.e. older versions which will no longer be used.

We look forward to your response to the points above. If you would like to discuss any of the above prior to resubmitting via the Research Ethics Review System, please contact the ethics team.

Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

ethics-queries@contacts.bham.ac.uk

10.1.3. Original Ethics Changes Cover Letter

Dear Humanities and Social Sciences Committee

Re: Politics of parking, ERN_2022-0316

Thank you for your helpful comments regarding my ethics application for the above project. In response to your comments, I have taken the following actions to address your feedback in this resubmission:

Length of PIS documents

Both PIS have been shorted by around one third to make the more manageable for participants to read. The updated PIS for the survey and the interview have been uploaded with tracked changes enabled. As suggested, the page with sources of support has now been moved to the project website.

PIS – Interview withdrawal

The PIS has been amended so that participants can request to remove sections or withdraw participation entirely up to the 1 June 2024 deadline, to provide a more consistent approach. Separate to this, participants will be given two weeks after receipt of transcript to check for accuracy. This shorter deadline has been chosen because the objective of this is to ensure transcripts are true to what was actually said, so that they are checked while still fresh in the participant's minds. The interview consent form and interview question guide have also been updated accordingly and versions with tracked changes have been uploaded.

Consent form – typo in survey

This has been corrected and an updated PDF print of the survey uploaded.

Consent form – response options to survey demographic questions

Following discussion with my supervisors, I have kept these questions mandatory as they will form a key part of the analysis of the experience of different sub-groups and -cultures among disabled people. However to ensure participants do not have to disclose information are not comfortable with, a "Prefer not to say" option has been added to all demographic questions. An updated PDF print of the survey has been uploaded.

Feedback – transcript and withdrawal timeline

The feedback section has been extended to include more information about the timeline for transcript generation and approval (2 weeks for the transcript generation after interview and a further 2 weeks for highlighting any inaccuracies). The withdrawal information has also been updated in line with the changes to the

Interview PIS (removal of sections or complete withdrawal possible until 1 June 2024).

Withdrawal – Deadline for removal of interview parts

The withdrawal section has been updated to include the deadline for removing parts of the interview in line with the changes made to the Interview PIS. The deadline for removal of sections of the interview and complete withdrawal is now 1 June 2024, when analysis starts.

Please do not hesitate to get in contact if you require any further information, and I look forward to hearing from you regarding the outcome of my ethics application in due course.

Best wishes

Vera Kubenz

Postgraduate Researcher, School of Social Policy, Sociology, and Criminology

Dr. Harriet Clarke (Lead supervisor)

Associate Professor, School of Social Policy, Sociology, and Criminology

Prof Dina Kiwan (Co-supervisor)

Professor of Comparative Education, School of Education)

10.1.4. Original Ethics Approval



UNIVERSITY OF
BIRMINGHAM

Dear Harriet Clarke, Dina Kiwan ,

RE: Politics of parking

Application for Ethical Review: ERN_2022-0316

Thank you for your application for ethical review for the above project, which was reviewed by the Humanities and Social Sciences Committee.

On behalf of the Committee, I confirm that this study now has ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk



Research Ethics Amendment Form

Basic Information

How to use this form

This amendment form can be used to apply for changes to an existing project. Many changes can be considered at once and all processed within the same application for amendment.

A full new application will be required for any of the following (i.e we cannot accept an amendment form for the following):

- Brand new studies linked to the original application.
- Significant increase in risk (a warning will appear at the bottom of this page if this is case, so please scroll to the bottom)
- If you will be including human participants when the original application did not
- Inclusion of NHS elements when previously there was none (including the recruitment of NHS staff)
- If the original study only contained animal work but you now wish to expand to include other element

Please note that changes to projects solely requiring NHS REC approval should not be done using this system and should instead be sent directly to the governance team (researchgovernance@contacts.bham.ac.uk).

Changes to projects solely involving animal work should be directed to biomedicalservices@bham.ac.uk

If you are unsure if this form is suitable please contact the ethics team using aer-ethics@contacts.bham.ac.uk

Please note that this form is currently in a piloting phase. All applications may be subject to a quality assurance check and a member of the ethics team will be in touch with the lead researcher and/or applicant directly if an application raises any queries. If you would like to contact us directly please use aer-ethics@contacts.bham.ac.uk

Routing Questions: Original Application checklist

Routing Questions Information

Below you will be shown some of the answers from your initial ethics application. These are not editable and are used to determine how your amendment is processed. They are shown here for your information. Please check the information on this page carefully.

When you have checked the information please click next button on the top left, this will take you to the next page where you will be asked to input details of the amendment changes.

Please select which of the following your project will involve

- ☐ Research involving animals
- ☐ Research that needs to consider requirements under the Nagoya Protocol

This includes uses of genetic material; plant, animal, microbial or other origin containing functional units of heredity which is of actual or potential value, or derivatives. The protocol does not apply to human genetic resources.

- ☐ Existing favourable opinion from another institution (including Ministry of Defence Research Ethics Committee, MODREC) in the UK or abroad, for a project that does not have NHS involvement
- ☐ Existing Health Research Authority (HRA) approval and / or a favourable opinion from a NHS Research Ethics Committee

This includes projects which have received sponsorship from UoB or other institutions within the UK. If it is planned that Sponsorship is provided by another institution, please select this option and provide details after sponsorship has been confirmed.

- ☐ Research which requires new application with Sponsorship provided by UoB (HRA Approval and/or a favourable opinion from a NHS REC, MODREC, HMPPS)

This includes research projects which will involve NHS patients/carers, staff and services. This also includes projects where UoB will act as the National Co-ordinating Centre

- ☐ NHS Service Evaluation

The University will review service evaluations where any of the data will be written up for a research output. If the service evaluation data will not be used for a research output then we do not require an ethical review.

- ☒ None of the above

These projects will still be reviewed by the research ethics team

Routing Questions: UREC Approval

Please select all of the following which your study involves:

- ☒ Human participants, their tissue and/or data

Risks relating to participant involvement

- ☒ Potentially Vulnerable participants (including those aged under 16)

Examples of vulnerable participants are children, people with learning difficulties, patients, people experiencing emotional distress or mental illness, people living in care or nursing homes, and people recruited through self-help groups, participants in a dependent or unequal relationship with the researcher(s) or research supervisor, or participants recruited because of their membership of groups which are vulnerable in relation to their identity (for instance, sexuality, gender or race)

- ☐ The co-operation or approval of a gatekeeper for initial access, where participants may feel obliged or coerced to participate

For example, a gatekeeper would be considered someone who needs to give permission to access a group (e.g., a head teacher, leader of a self-help group). If your supervisor is putting you in touch with a group of people or, you are using snowball sampling, this would not be considered use of a gatekeeper.

- ☐ Participants taking part in the study without their full knowledge and/or consent
e.g. covert observation of people in non-public places or any form of minor or major deception

Data collection risks

- ☐ Data collection/recruitment via the internet/social media without the consent of the data subjects
- ☐ The collection or use of obscene, illegal and/or offensive material
Including online content of this nature. This includes material which may prompt the University's duties under the government's Prevent strategy (see <https://www.gov.uk/government/publications/prevent-duty-guidance>)
- ☐ The collection/creation of new visual recordings in which people can be identified
- ☐ Financial or other inducements (other than reasonable expenses and compensation for time) for participants

Risks relating to study design

- ☐ Research taking place in locations which the Foreign and Commonwealth Office (FCO) 'advise against all travel to', the FCO 'advise against all but essential travel to' or, where the researchers believe there could be issues related to travel
The FCO recommendations can be found at <https://www.gov.uk/foreign-travel-advice>
- ☒ Physical or emotional harm, discomfort or stress
- ☐ Prolonged experiments or testing which is burdensome on the participant (including exercise to exhaustion)
- ☐ Sensitive or controversial topics or issues (e.g. topics which are politically, socially or culturally sensitive)
- ☐ Any breaking of security or other systems without the permission of the owners
- ☐ Potential risks or damage to the environment or society

Insurance/governance concerns

- ☐ Substances (including placebos, supplements, drugs) being administered to participants
- ☐ The collection, storage or analysis of any form of human tissue for research purposes
(Please be aware that your project will need to comply with the Human Tissue Act, if it will involve the collection/storage of relevant material for research purposes. More information is available at <https://www.hta.gov.uk/guidance-professionals/hta-legislation/materials-considered-relevant-material-under-human-tissue>)
- ☐ The project will fall within the exclusion of the Clinical Trial Legal Liability cover
Information on this is available at: <https://intranet.birmingham.ac.uk/finance/insurance/liability/clinical-trials.aspx>

Potential Conflict of Interest Risks

- ☐ Risks or potential controversy relating to the source of your funding
This may include politically or culturally sensitive funding sources
- ☐ Any potential conflicts of interest
e.g. staff of other organisations, students at school, members of self-help groups, or residents of a nursing home

- ☐ Any other ethical issues not covered in the above points that in the opinion of the applicant require further review
- ☐ None of the above (including no human participants)

Changes to project information

Project changes information

Below you will find the key project details which were given in your originally approved project. The below questions are all editable meaning that you can change the title, timeline and staff/students named on the project. Please check the below are still correct and make any necessary changes, then click 'next' on the left hand side.

Please confirm the college of the main PI/Supervisor

College of Social Sciences (COSS)

Please confirm which school within CoSS the main PI/supervisor is from

Social Policy

Please give the full title of the research project

The Politics of parking: The construction of disability through encounters with strangers in accessible parking spaces

Please give a short title for the research project (e.g., an acronym or reduced title). You may use the same title as above if the character length allows

Politics of parking

Please provide the anticipated start and end dates for the project

Please select the year before the month. Months which have already passed in the current year will not show.

Anticipated start date

30/09/2021

Anticipated End Date

30/09/2025

Researcher Details

Researcher Details

Below you will find the details for the staff and students who were named in the original approved project. The below details are all editable meaning that you can update these within this page. Please check the below are still correct and make any necessary changes, then click 'next' on the left hand side.

Is this a staff or a postgraduate research student project?

- ☐ Staff
- ☒ Student (PGR only)
- ☐ Other (by special permission only)

Please provide details on any UoB PGR students involved in the project

First Name

Vera

Surname

Kubenz

Department

Social Policy, Sociology and Criminology

Email

Please enter the details for any UoB supervisors below

Title

Dr

First Name

Harriet

Surname

Clarke

Organisation

University of Birmingham

Department

Social Policy, Sociology and Criminology

Email

Will there be any additional co-investigators involved in the project **at UoB**?

- ☐ Yes
☒ No

Are there any further external co-investigators you would like to add to the project? Please note that these individuals will not have access to the system but, you will be able to download the form as a PDF to share with them.

- ☐ Yes
☒ No

New information for UREC approved studies

Please explain the changes which will be made to the study. You can request as many changes as you want at once but,each change must be separated into a new text box (please click 'add another' to show additional boxes).

In each box please state what the change is and if it impacts on the ethical conduct of the project or the risks involved. If additional ethics concerns/risks are identified, you must explain how you will manage and mitigate these in the same box as the relevant request.

In the original study design I planned to recruit interviewees from the participants who had previously taken my survey and had given consent to be contacted about follow-up interviews. On completing the survey, I found that I only had a small number of participants from black and ethnic minority (BME) backgrounds. I invited all those who had given consent to take part in an interview, but was only able to interview one. I would like to put out an advert to recruit more BME participants directly to ensure my interview sample is as diverse as possible, and so that I can more fully explore the intersections between disability and race (as I have done with my existing participants with disability and gender and/or sexual orientation).

I have uploaded an amended recruitment flyer and email for potential participants from BME backgrounds. I will use the same routes as I used previously for recruiting the survey participants: posting the flyer on Twitter and LinkedIn, and sending the email to Disabled People's Organisations I contacted previously, including Chronically Brown, the Asian People's Disability Alliance, and the Black Disabled Peoples Association. I will use the same email chain to link the new email to the original message trail. The aim will be to recruit an additional 2-4 BME participants. The participant information sheet, consent form, and interview schedule will be the same as for the other interviews, and covered by existing ethics approval.

Does the amendment result in any changes being made to recruitment documents?

- ☒ Yes
- ☐ No

Please upload copies of all of the amended recruitment documents.

Documents					
Type	Document Name	File Name	Version Date	Version	Size
Recruitment	Interview recruitment flyer A5 for social media	Interview recruitment flyer A5 for social media.docx	23/02/2024	1	167.1 KB
Recruitment	Interview recruitment email for DPOs	Interview recruitment email for DPOs.docx	23/02/2024	1	16.1 KB

Does the amendment result in any changes being made to the participant information sheets?

- ☐ Yes
- ☒ No

Does the amendment result in any changes being made to the consent documents (e.g. consent forms/verbal scripts)?

- ☐ Yes
- ☒ No

Are there any documents you would like to upload to support your application for amendment (e.g. changes to questionnaires, interview topic guides etc.)?

- ☐ Yes
- ☒ No

Declarations

By submitting this amendment, I declare that the questions have been answered truthfully and to the best of my knowledge and belief, and that I take full responsibility for these responses. I undertake to observe ethical principles throughout the research project and to report any changes that affect the ethics of the project to the University Ethical Review Committee for review. I have read and undertake to abide by the University's Code of Practice for Research (<http://www.birmingham.ac.uk/Documents/university/legal/research.pdf>)

☒ Yes

I understand that if my study involves more than minimal H&S risks, a H&S risk assessment must be carried out (see <https://bham.sharepoint.com/sites/SafetyServices/SitePages/ramps.aspx>). This includes risks due to the location of the research to be carried out (either in the UK or another location) or risks relating to travel. Further information about risks relating to overseas travel and working overseas can be obtained from the Foreign and Commonwealth Office (see <https://www.gov.uk/foreign-travel-advice>) and from RiskMonitor Traveller (see <https://umai.co.uk/travel/pre-travel-advice/>)

☒ Yes

I understand This form will be processed in accordance with the Data Protection Act 2018. Please see the University's Data Protection Policy at <https://www.birmingham.ac.uk/Documents/university/legal/data-prot-policy.pdf> for further information.

☒ Yes

<

Please note that once all signatures for the project have been gained, the project will automatically be submitted to the ethics team

If multiple signatures are required, the form will lock so no changes can be made. The form can be unlocked by anyone with access to edit the project. Please note that unlocking the form will invalidate all signatures.

Please confirm you are happy with the form as the lead supervisor on the project

Signed: This form was signed by Harriet Clarke (h.clarke@bham.ac.uk) on 23/02/2024 14:00

Please confirm you are happy with the form as the lead PGR on the project

Signed: This form was signed by Vera Kubenz (vik104@student.bham.ac.uk) on 23/02/2024 12:14

10.1.6. Updated Ethics Approval



UNIVERSITY OF
BIRMINGHAM

Dear Dr Harriet Clarke and Vera Kubenz

RE: Politics of parking

Application for Ethical Amendment: ERN_0316-Feb2024

Thank you for your application for amendment to the above project, which was reviewed by the Humanities and Social Sciences committee.

On behalf of the Committee, I confirm that this amendment has full ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk

10.2. Content Analysis

10.2.1. Coding Sheet with Definitions

Topics

- Airport: Articles relating to airport charges for parking or availability of Blue Badge parking at airports
- Application issues: Problems with the Blue Badge application process or with obtaining a personal Blue Badge bay from the council (NOT general advice on the application process)
- Bad parking/driving: Stories about Blue Badge holders parking or driving poorly
- Becoming disabled: Articles about becoming newly disabled / acquiring impairment
- Benefits: Blue Badge being linked to other benefits such as Personal Independence Payment, Attendance Allowance, Employment Support Allowance
- Brexit: The impact of Brexit on Blue Badge validity in European Union countries
- Carer stories: Articles about caring for disabled / elderly relatives who hold Blue Badges
- Council charges: Councils removing free parking for Blue Badge holders or reducing Blue Badge provision
- Covid-19: Impact of pandemic on re-appropriation of Blue Badge bays
- Crime: Blue Badges being used by someone accused of a crime
- Encounters: Stories about in-person confrontations taking place in Blue Badge bays
- Environmental: Impact of climate measures, such as Clean Air Zones / Ultra Low Emission Zones / Low Traffic Neighbourhoods on Blue Badge holders and the impact of climate change
- Events: Blue Badge parking and accessibility at, or impacted by, major events
- Extension: Articles discussing the 2018 extension of the Blue Badge scheme
 - Arthritis
 - Autism
 - Dementia
 - Epilepsy
 - Mental health conditions, including depression / anxiety
 - Learning disability
 - Parkinson's
- Fines: Blue Badge holders receiving a fine while using a Blue Badge or forgetting a Blue Badge

- Private operators: Mention of private parking operator in article
- Fraud: Articles focussing on fraudulent use of Blue Badges, i.e. a non-disabled person using a badge that doesn't belong to them, or fake Blue Badge bays
- Funny: Funny or lighthearted stories involving Blue Badges
- Hosepipe ban: Articles discussing the impact of hosepipe bans on Blue Badge holders
- Hospital: Articles relating to hospital parking charges
- Incongruous behaviour: Articles about disabled Blue Badge holders not behaving like disabled people should
- Misuse: Misuse of spaces by cars without a Blue Badge
- Non-disabled fines: Non-disabled people receiving fines for parking in or near a Blue Badge bay, or articles discussing potential fines for doing so
- Notes: Blue Badge holders having notes or messages left on their car
- Proof: Blue Badges being used as proof, or as synonymous with a marker of, disability
- Public transport encounters: Encounters on public transport mentioning Blue Badges
- Rules: General extended overview of Blue Badge rules (eg where one can park and how to apply)
- Theft: Theft of Blue Badges or other crimes targeting Blue Badge holders specifically
- Voter ID: Blue Badges as eligible ID during elections
- York: Coverage of the Blue Badge ban affecting York city centre

Theme: Voices

- Carer voices: Direct quotes by someone caring for or accompanying the Blue Badge holder (eg a family member or friend who is not identified as disabled)
- Charity voices: Direct quotes from a charity that is not explicitly identified as a DPO
- Disabled voices: Direct quotes from a disabled person affected by the story
- Motoring voices: Direct quotes from motoring organisations
- Politician voices: Direct quotes from MPs, councillors, or national / local government spokespeople

Theme: Types of people

- Age: Articles focussing on disabled people under the age of 50
- Celebrities: Articles focussing on disabled people / carers who are famous
 - Katie Price
 - Christine McGuinness / Paddy McGuinness
- Children: Disabled person / Blue Badge holder in the story is a child (under 18)
- Invisibility: Mention of 'invisible' or 'hidden' impairment

Theme: Models of disability

- Impairment: Article goes beyond basic description of impairment, describing symptoms in detail
- Medical model: Use of medical model language, including 'suffering', 'vulnerability', framing the disabled person or their impairment as a burden, or describing the impairment as causing disability
- Rights / social model: Articles using social model language, focussing on accessibility as a right or talking about barriers in society

Theme: Stereotypes

- Faking: Articles where a disabled person / carer has been accused of faking or abusing the Blue Badge scheme
- Scrounger: Articles focusing on systematic fraud, implying there are many people are falsely using Blue Badges, actively replicating the idea of disabled people as scroungers taking advantage, or encouraging reporting/surveillance of others
- Supercrip: Disabled being presented as heroic, achieving superhuman feats, or as 'overcoming' their impairments
- Victim: Disabled people as a victim of a crime or harassment, or articles that frame events as an 'attack' on disabled people

Other themes

- Cars: Articles mentioning the type and price of car being used in a Blue Badge bay incident
- Perk: Having a Blue Badge is presented as giving an advantage, including being described as "free parking" without moderation or as a "freebie"
- Scarcity / Not enough parking: Articles suggesting there is a shortage of or competition for Blue Badge bays
- Supermarket: Articles that focus on events in a supermarket car park

10.3. Survey

10.3.1. Survey Recruitment Flyers

Participants wanted for Blue Badge survey

Are you a Blue Badge holder over 18 and live in England?

Have you ever had an encounter with a stranger in a Blue Badge bay?

For my PhD research, I am looking to hear from people about the interactions and encounters disabled people have had with others in Blue Badge parking spaces. The aim of the research is to understand how these everyday encounters shape our lives as disabled people.

I am looking for people willing to fill in a 15-20 minute online survey about their experiences. You can find out more and complete the survey at

<https://bham.onlinesurveys.ac.uk/politicsofparking>

My name is Vera Kubenz. I am a Blue Badge holder and PhD student at the University of Birmingham. For any questions, please contact me at [REDACTED]



Participants wanted for Blue Badge survey

- Are you a Blue Badge holder over 18 and live in England?
- Have you ever had an encounter with a stranger in a Blue Badge bay?

For my PhD research, I am looking to hear from people about the interactions and encounters disabled people have had with others in Blue Badge parking spaces. The aim of the research is to understand how these everyday encounters shape our lives as disabled people.



I am looking for people willing to fill in a 15-20 minute online survey about their experiences. You can find out more and complete the survey at

<https://bham.onlinesurveys.ac.uk/politicsofparking>

My name is Vera Kubenz. I am a Blue Badge holder and PhD student at the University of Birmingham. For any questions, please contact me at



Politics of Parking survey

Page 1: Participant information and consent

Participant Information Sheet – The Politics of Parking

Thank you for your interest in taking part in the Politics of Parking research project. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear or if you would like more information, use the contact details at the bottom of this information sheet to get in touch.

About the Project

This survey is part of the Politics of Parking research project. This is a 4-year research project looking at the interactions disabled people have with others in Blue Badge parking spaces. An encounter can be a verbal interaction or a non-verbal interaction (eg staring) which had a physical or emotional effect on you. You can find out more about the project and watch a short video of me introducing the research on the [Politics of Parking website](#).

The research is led by [Vera Kubenz](#), a PhD student at the University of Birmingham (supervised by [Dr Harriet Clarke](#) and [Prof Dina Kiwan](#)). I am a Blue Badge holder myself and have experienced hassle from strangers in parking spaces many times. Next year, I will be holding follow-up interviews with Blue Badge holders on how they navigate these encounters and their emotional impact. You can register your interest to take part in this at the end of the survey.

Can I take part in the research?

To take part in the research, you need to be a disabled person and a current or past Blue Badge or holder. The Blue Badge should be for yourself (not for a relative, child, or someone you care for). You also need to be over 18 and resident in England. You don't need to be a driver, you can take part if you only use the Blue Badge as a passenger.

What do I need to do to take part?

Taking part in the research is your choice. If you choose to complete the survey, you will be asked several questions about your experiences as a Blue Badge holder. The survey should take around 15-20 minutes. Most of the questions are multiple choice and optional, so you can skip questions you don't want to answer. If you change your mind, you can stop the survey at any time and partially completed surveys will be deleted. If you decide to withdraw after completion, this is possible up to 1 July 2023. Please make a note of your receipt number at the end and contact the researcher with this number to withdraw.

What will happen to my data? Will anyone be able to tell I have taken part?

The survey is anonymous and you do not have to give your name, email, or other personal data. If you want to take part in the follow up interviews, you will need to leave your email address. This will only be used to contact you about the interviews. The survey uses JISC Online software, which is GDPR compliant. Completed survey data will be stored on secure University of Birmingham servers. Only the researcher and supervisors will have access to the data. All data will be kept for 10 years after the completion of the project and then deleted.

What are the benefits and risks of taking part in the research?

Your participation will contribute to the long-term aims of this research, which will benefit disabled people in producing a better understanding of the everyday discrimination we face and will potentially influence Blue Badge policy.

Some encounters you experienced may have been unpleasant or distressing, and there is a risk that remembering these events will bring back upsetting or even traumatic memories. If this is the case, remember you can stop the survey at any time. If you need further help, there is a list of sources of emotional and practical support and advice available [on the project website](#).

What will happen to the research results?

The results from both phases will be written up into a PhD thesis, to be published in 2025. I am also planning on giving conference presentations and publishing academic journal articles on the results. A plain language summary of the findings and a policy report with recommendations will be published on the [Politics of Parking website](#).

Has this research been approved?

This research has been reviewed and received approval from the Ethics Review

Committee at the University of Birmingham. For full details contact the researcher or Sue Cottam, Research Ethics Manager, at s.l.cottam@bham.ac.uk.

What if I have any questions, concerns, or problems?

For any questions please contact the researcher Vera Kubenz at

Concerns, problems, or complaints about the research or the process can be raised with the lead supervisor, Dr. Harriet Clarke at

who will provide you with a response with 15 working days. If you are not happy with the way your complaint has been handled, you can contact the Chair of the University of Birmingham Research Ethics Committee at to escalate the complaint.

Please tick the below boxes to indicate that you are happy to take part in this study *
Required

Please select exactly 6 answer(s).

- ☐ I confirm that I have read and understood the above Participant Information
- ☐ I have had the opportunity to ask questions and had them answered
- ☐ I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified (except as might be required by law)
- ☐ I agree that my data may be stored anonymously and securely
- ☐ I understand that my participation is voluntary and that I am free to withdraw without giving a reason up to 1 July 2023
- ☐ I agree to take part in this study

Page 2: Introduction and eligibility 1

Do you have a Blue Badge? * *Required*

- ☐ Yes
- ☐ No, but I have had one in the past
- ☐ No, I have never had a Blue Badge

Page 3: Introduction and eligibility 2

Is the Blue Badge in your name? * *Required*

☐ Yes

☐ No

If you selected no, please explain your relationship to the Blue Badge holder

Have you ever had an 'encounter' with a stranger in or near a Blue Badge bay? *
Required

[+ More info](#)

☐ Yes

☐ No

Page 4: Introduction and eligibility 3

Do you live in England?

* *Required*

☐ Yes

☐ No

Which local authority issued your current / most recent Blue Badge?

How many years in total have you had (or did you have) a Blue Badge?

[+ More info](#)

Page 5: Types of encounters

Which kind of 'encounters' have you experienced before in Blue Badge spaces and frequently?

	How often?
I was accused/suspected of 'faking' / misusing a space	Please select 
I confronted someone else about a parking in a Blue Badge space	Please select 
I was abused/harassed for being disabled	Please select 
I had a positive interaction with a stranger	Please select 
I was denied access to a Blue Badge bay / someone stopped me from parking there	Please select 
I had an argument about (lack of) available parking	Please select 
Other	Please select 

If you ticked other, please describe the type of encounter you have had

Which of these **positive** actions have you experienced as part of an encounter, and how often? Please tick all that apply.

☐ Connecting / small talk with another Blue Badge holder
☐ Connecting / small talk with another bystander or member of staff
☐ Received wanted help / assistance
☐ Other

If you selected Other, please specify:

Which of these **negative** actions have you experienced as part of an encounter? Please tick all that apply.

- ☐ Name calling / slurs / insults
- ☐ Staring
- ☐ Threats of violence / threatening behaviour
- ☐ Physical violence / assault
- ☐ Intrusive questions about my impairment
- ☐ Being reported to staff, eg for 'faking' it
- ☐ Unwanted 'help' from strangers
- ☐ Patronising comments
- ☐ Being ridiculed / laughed at
- ☐ Being photographed / filmed
- ☐ Being followed around
- ☐ Someone expressed envy at disabled people having 'better' parking spaces
- ☐ Being treated as a non-person / people talking to my companion instead of me as a disabled person
- ☐ Other

If you selected Other, please specify:

Who else was involved in the encounters you have had? Please tick all that apply.

- ☐ Another Blue Badge holder

- ☐ Someone parking in a Blue Badge bay without a blue badge
- ☐ A random passerby / bystander
- ☐ A member of staff at the location that I visited
- ☐ A traffic warden or police officer
- ☐ Other

If you selected Other, please specify:

If you want, tell me about one or more of the Blue Badge encounters you have had. (You can give as much or as little detail as you want)

Page 6: Frequency and location of encounters

How many encounters have you experienced in the time you have had a Blue Badge?

- ☐ 1-2
- ☐ 3-5
- ☐ 6-10
- ☐ 11-19
- ☐ 20+

How frequently on average do the encounters happen?

- ☐ Multiple times a week
- ☐ Once a week
- ☐ Several times a month
- ☐ Once a month
- ☐ A few times a year
- ☐ Around once a year
- ☐ Less than once a year

Where have these encounters taken place? Tick all that apply.

[+ More info](#)

- ☐ Workplace
- ☐ Home / residential area
- ☐ School / university
- ☐ Hospital / doctors' surgery
- ☐ Gym / swimming pool / leisure facility

- ☐ Supermarket
- ☐ Other shopping / leisure area or centre
- ☐ Sporting event
- ☐ Tourist attraction
- ☐ Train station / airport / park & ride
- ☐ Other

If you selected Other, please specify:

Page 7: Potential factors

Would you describe your impairment as being 'visible' or easily recognised by strangers as an impairment?

- ☐ Yes
- ☐ Sometimes
- ☐ No, never

Do you use any mobility aids?

	How often?
No mobility aid	Please select 
Manual wheelchair	Please select 
Electric wheelchair	Please select 
Walking stick / cane	Please select 
Crutches	Please select 
Guide or assistance dog	Please select 
White cane	Please select 
Mobility scooter	Please select 
Rollator	Please select 
Other	Please select 

If you selected other, please describe what mobility aid(s) you use and how often

For encounters you did not initiate, what do you think are some of the factors about why you were confronted? Tick all that apply.

- ☐ Age
- ☐ Being perceived as LGBTQ
- ☐ Body weight
- ☐ Gender
- ☐ Not 'looking' disabled
- ☐ Not behaving in the right way for a disabled person (eg getting up from a wheelchair)
- ☐ Race/Ethnicity
- ☐ The way I dress
- ☐ Travelling with children
- ☐ Travelling with other people
- ☐ Type of car I travelled in
- ☐ Type of impairment I have
- ☐ Other

If you selected Other, please specify:

Page 8: Impact and managing encounters

How often do you worry about potential encounters when using Blue Badge spaces?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

How much does the potential of having an encounter worry you?

- ☐ Not at all
- ☐ A little
- ☐ A lot

How often does this worry stop you from going to places?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

Have you ever used any of the below strategies to 'manage' these encounters? Please tick all that apply.

- ☐ 'Exaggerating' my impairment (eg putting on a stronger limp)
- ☐ Use mobility aids to make impairment visible
- ☐ Prepare answers / comebacks
- ☐ Educate people about disability
- ☐ Park elsewhere (eg non-Blue Badge bays)
- ☐ Only go out at certain times / to certain places
- ☐ Stay in my car for a while to avoid a confrontation
- ☐ Call or look for help
- ☐ Confront someone about their ignorance
- ☐ Ignore the other person
- ☐ Other

If you selected Other, please specify:

Have you ever reported a Blue Badge 'encounter' you have had?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

If yes, who did you report to? Tick all that apply.

- ☐ Police / law enforcement
- ☐ Local authority
- ☐ Traffic warden
- ☐ Management at the location I was visiting
- ☐ The employer of the other person in the encounter

☐ Other

If you selected Other, please specify:

As far as you know, did reporting ever result in any meaningful action being taken?

- ☐ Yes, all of the time
- ☐ Some but not all of the time
- ☐ Unsure / didn't hear back
- ☐ No, never

Page 9: Demographic information

In which region do you live? * *Required*

- ☐ East Midlands
- ☐ East of England
- ☐ London
- ☐ North East
- ☐ North West
- ☐ South East
- ☐ South West
- ☐ West Midlands
- ☐ Yorkshire and the Humber
- ☐ Prefer not to say

What is your age? * *Required*

- ☐ Under 18
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70+
- ☐ Prefer not to say

What is your gender? * *Required*

- ☐ Female

- ☐ Male
- ☐ Non-binary
- ☐ Other / prefer to pick my own gender
- ☐ Prefer not to say

If you selected Other, please specify:

Is your gender different from the gender you were assigned at birth?

** Required*

- ☐ Yes
- ☐ No
- ☐ Other
- ☐ Prefer not to say

If you selected Other, please specify:

What type of impairment / condition do you have? Please tick all that apply ** Required*

- ☐ Age related impairments
- ☐ Blind or visually impaired
- ☐ Chronic illness / long-term health condition
- ☐ Deaf or hard of hearing
- ☐ Learning disability

- ☐ Mental health condition
- ☐ Mobility impairment
- ☐ Neurodivergent (eg ADHD, autism, dyslexia, dyspraxia)
- ☐ Other (please write in)
- ☐ Prefer not to say

If you selected Other, please specify:

What is your ethnicity? * *Required*

- ☐ Arab
- ☐ Asian / Asian British
- ☐ Black / Black British / Caribbean / African
- ☐ Mixed / Multiple ethnic groups
- ☐ White
- ☐ Other
- ☐ Prefer not to say

If you selected Other, please specify:

What is your sexual orientation? * *Required*

- ☐ Asexual
- ☐ Bisexual / Pansexual

- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Other (incl. unsure / questioning)
- ☐ Prefer not to say

If you selected Other, please specify:

Page 10: Sign up for interview and final thoughts

Would you be willing to take part in a follow-up interview in Phase 2 of the research, to discuss the encounters you have had in more detail? (This is voluntary and you can still opt out at a later point)

☐ Yes

☐ No

Please leave your contact email address below. This will only be used to contact you about the follow up interview and will not be used for data analysis.

You will then be contacted from September 2023 regarding participation in the interview.

Please add any other thoughts you have about Blue Badge encounters in the field below or click "Finish" at the bottom of the page to complete the survey.

Page 11: Final page

Please keep a record of the receipt number. If you wish to withdraw from this survey before 1 July 2023, please contact me at vik104@student@bham.ac.uk with the receipt number and your data will be deleted.

Some of the 'encounters' experienced by Blue Badge holders can be distressing. If the completion of the survey has brought back unpleasant memories, you may find some of the resources on the final page of the [Participant Information Sheet](#) helpful.

The results of the survey will be released by September 2025 and a summary of the results will be shared on the project website:
<https://sites.google.com/view/politicsofparking>. You can also sign up for regular updates on the research project on the website.

Thank you very much for your participation in the survey.

Key for selection options

6.1.a - How often?

Never
Rarely
Sometimes
Often
Almost always

6.2.a - How often?

Never
Rarely
Sometimes
Often
Almost always

6.3.a - How often?

Never
Rarely
Sometimes

Often
Almost always

6.4.a - How often?

Never
Rarely
Sometimes
Often
Almost always

6.5.a - How often?

Never
Rarely
Sometimes
Often
Almost always

6.6.a - How often?

Never
Rarely
Sometimes
Often
Almost always

6.7.a - How often?

Never
Rarely
Sometimes
Often
Almost always

15.1.a - How often?

Never
Some of the time
Most of the time
All of the time

15.2.a - How often?

Never
Some of the time
Most of the time
All of the time

15.3.a - How often?

Never
Some of the time
Most of the time
All of the time

15.4.a - How often?

Never
Some of the time
Most of the time
All of the time

15.5.a - How often?

Never
Some of the time
Most of the time
All of the time

15.6.a - How often?

Never
Some of the time
Most of the time
All of the time

15.7.a - How often?

Never
Some of the time
Most of the time
All of the time

15.8.a - How often?

Never
Some of the time
Most of the time
All of the time

15.9.a - How often?

Never
Some of the time
Most of the time
All of the time

15.10.a - How often?

Never
Some of the time
Most of the time
All of the time

10.4. Interviews

10.4.1. Interview PIS

Participant Information Sheet – The Politics of Parking

Thank you for your interest in taking part in the follow-up interviews of the *Politics of Parking* project. You may be familiar with some of the below information from the survey, but please take time to read it again. If anything is not clear or if you would like more information, use the contact details at the bottom of this information sheet to get in touch.

About the Researcher and the project

This survey is part of the *Politics of Parking* research project. This is a 4-year research project looking at the interactions disabled people have with strangers in Blue Badge parking spaces. An encounter can be a verbal interaction or a non-verbal interaction (eg staring) which had a physical or emotional effect on you. You can find out more about the project and watch a short video of me introducing the research on the [Politics of Parking website](#).

The research is led by [Vera Kubenz](#), a PhD student at the University of Birmingham (supervised by [Dr Harriet Clarke](#) and [Prof Dina Kiwan](#)). I am a Blue Badge holder myself and have experienced hassle from strangers in parking spaces many times. With these interviews, I want to explore how you navigate these encounters and how they have impacted your wellbeing and identity.

Can I take part in the research?

To take part in the research, you need to be a disabled person who currently has a Blue Badge or has previously held a Blue Badge. The Blue Badge should be for yourself (not for a relative, child, or someone you care for). You also need to be over 18 and resident in England. You don't need to be a driver, you can take part if you only use the Blue Badge as a passenger.

What do I need to do to take part?

We will arrange a 90-minute time slot, although we may not need all that time. Most interviews will take place on Zoom, but we can talk by phone or email if that works better for you. Before the interview starts, I will need your signed consent form. You do not need to do anything else to prepare for the interview. Taking part in the research is voluntary. If you decide to take part, you can give as much or as little information in your answers as you like. You can refuse to answer any question(s) or stop the interview without giving a reason.

During the interview, we will cover your experiences of having a Blue Badge, the 'encounters' with strangers you have had, and how you have navigated or managed them. I will ask you how the encounters have made you feel about being disabled and about the Blue Badge scheme. After the interview, you will be sent a copy of the transcript within two weeks. You can ask for sections you are not happy with to be removed, or withdraw completely at any point, during or after the interview up to 1 June 2024. Just let the researcher know you would like to withdraw and all your data will be deleted.

What will happen to my data? Will anyone be able to tell I have taken part?

The interview will be recorded, and I will download automatic caption files and take some notes in case of technical problems. I will use the recording and captions to transcribe our interview talk and then delete the files. Your real name will not be used and you can choose your own pseudonym if you wish. When writing up the research, I may use direct quotes or stories that you have told me. I will try to make sure that nothing in these can be used to identify you. If I am not sure, I will contact you to check. All research files will be password-protected and stored on secure University of Birmingham servers. Only the researcher and supervisors will have access to the data. All data will be kept for 10 years after the completion of the project and then deleted.

What are the benefits and risks of taking part in the research?

Your participation will contribute to the long-term aims of this research, which will benefit disabled people in producing a better understanding of the everyday discrimination we face and will potentially influence Blue Badge policy.

Some encounters you experienced may have been unpleasant or distressing, and there is a risk that remembering these events will bring back upsetting or even traumatic memories. If this is the case, remember you can stop the survey at any time. If you need further help, there is a list of sources of emotional and practical support and advice available [on the project website](#).

What will happen to the research results?

The results from both phases will be written up into a PhD thesis, to be published in 2025. I am also planning on giving conference presentations and publishing academic journal articles on the results. A plain language summary of the findings and a policy report with recommendations will be published on the Politics of Parking website.

Has this research been approved?

This research has been reviewed and received approval from the Ethics Review Committee at the University of Birmingham. For full details contact the researcher or Sue Cottam, Research Ethics Manager, at [REDACTED]

What if I have any questions, concerns, or problems?

For any questions please contact the researcher Vera Kubenz at vik104@student.bham.ac.uk. Concerns, problems, or complaints about the research or the process can be raised with the lead supervisor, Dr. Harriet Clarke at [REDACTED] who will provide you with a response with 15 working days. If you are not happy with the way your complaint has been handled, you can contact the Chair of the University of Birmingham Research Ethics Committee at [REDACTED] to escalate the complaint.

10.4.2. Interview Invitation Email Text

Hello

Thank you for completing my survey on encounters in Blue Badge bays last year. I am contacting you as you said in the survey you would like to participate in a follow up interview. I would like to invite you to an interview to chat about the encounter(s) you have had, how you navigated them, and how they impacted you. I have had some really interesting findings from the survey (the report is available [here](#)) and the interviews will help me to explore the findings in more detail.

The interview will take place remotely at a time that works for both of us, and will take around 60 minutes (though we may not need that long). We can meet on Zoom, or use a different way to talk (eg phone, email) if that works better for you. Please let me know your availability in the next few weeks and we can find a suitable date and time.

I have attached the attached a participant information sheet for your information – this is similar to the one at the start of the survey but gives you some more detail about the interview so please take the time to read it. I have also attached an accessibility sheet to help me make the interviews as accessible as possible for everyone. If you decide to take part, I will also send you a consent form to sign before the interview.

Please get in touch if you have any questions at all and I hope to talk to you soon.

Best wishes

Vera

Ms Vera Kubenz

Postgraduate Researcher

School of Social Policy, College of Social Sciences

University of Birmingham

Pronouns: she/her or they/them

Email: 

Twitter: [@Vera_Kub](#)

Find out more about my research on my website: www.politicsofparking.com

Please note I am studying part-time while working, responses may therefore be delayed.

(Attachments: [Interview PIS](#) and [Interview accessibility sheet](#))

10.4.3. Interview Additional Participants Recruitment Flyer

Participants from ethnic minorities wanted for Blue Badge interview

- Are you a Blue Badge holder over 18, and live in England?
- Do you identify as belonging to an ethnic minority?
- Have you ever had an encounter with a stranger in a Blue Badge bay?

For my PhD research, I am looking to hear from disabled people about encounters they have had in accessible parking spaces. The aim of the research is to understand how these everyday encounters shape our lives as disabled people.

I want to make sure my research better represents diverse experiences in the disability community. I am looking for disabled people from ethnic minority backgrounds for one 30-60 minute interview by online video call, phone, or email.

My name is Vera Kubenz. I am a Blue Badge holder and PhD student at the University of Birmingham. To participate, please DM or email me at [REDACTED]



10.4.4. Interview Consent Form

Interview consent form – Politics of Parking Phase 2

1. I have read the Participant Information Sheet for the above project. I have had the opportunity to consider the information and ask questions.

Yes ☐

No ☐

2. I understand that my participation is voluntary and that I am free withdraw without giving a reason up to 1 June 2024

Yes ☐

No ☐

3. I understand that taking part involves an interview, which will last approximately 60-90 minutes.

Yes ☐

No ☐

4. I understand that the interview will be recorded to enable a transcript to be made, and that this may be quoted or referenced in outputs arising from the project (such as presentations at conferences, or written publications), whilst keeping my anonymity.

Yes ☐

No ☐

5. I understand that the interview transcript will be anonymised. I will have two weeks after receiving the transcript to read over them for any corrections. I can ask still for sections to be removed up to 1 June 2024 after that.

Yes ☐

No ☐

6. I understand that all contact information and project data will be retained securely for a period of up to 10 years following the completion of the project.

Yes ☐

No ☐

7. I agree to take part in the above project.

Yes ☐

No ☐

Name:

Signature:

Date:

10.4.5. Interview Accessibility Sheet

About the interview

The interview will last around 45-90 minutes. It will take place on Zoom, though we can a different method (eg Teams, Skype, email, or phone) if that works better for you. If we use Zoom / Teams, automatic captions will be enabled.

You do not need to prepare anything in advance. Just to make you aware, we will discuss the following topics during the interview:

1. General questions about how you use your Blue Badge
2. One or more encounter(s) you have had and what happened during them
3. What you do to navigate or avoid encounters
4. How the encounters have impacted you and how you feel about having a Blue Badge
5. What could be done to improve the Blue Badge scheme

Accessibility

I want to make the interview as accessible as possible. Below are some options that may help with that. Please put an X for any of the options that may be useful for you when taking part in the interview:

- ☐ Give me thinking time before answering questions
- ☐ Post each question into the chat just after asking it
- ☐ Keep the camera off during the interview
- ☐ Give me breaks during the interview
- ☐ Remind me of the question if I am talking about something off-topic
- ☐ An interview method other than a Zoom interview (please write in):
- ☐ Any other suggested ways to make the interview more accessible (please write in):

10.4.6. Interview Schedule

Introduction

Hello and thank you for joining me for the interview. My name is Vera, I am doctoral researcher at the University of Birmingham, and this interview is part of my PhD research. My PhD looks at the experiences disabled people have when interacting with strangers in accessible parking spaces.

I am talking to a number of Blue Badge holders about their experience. The aim is to find out what kind of experiences you have, how you manage or navigate them, and how that affects how you feel about the Blue Badge scheme. The aim of my project is to highlight the effect of everyday interactions with others on disabled people, including the emotional toll they can take. I will also produce a report that I hope will feed into national and local policy around Blue Badges to make sure the scheme is actually effective in removing barriers for disabled people. Do you have any questions at all about the research or what we will cover, or about the participant information sheet?

As you know from the Participant Information Sheet, your data will be kept confidential and will be stored securely in password protected files. I won't share your name with anyone other than my supervisors. For the research, you can pick a pseudonym if you like, or I can assign one to you. The only time I may need to break confidentiality is if there is an immediate risk of harm to yourself or to others. If you change your mind about including anything you have said, or want to withdraw completely after the interview, you can do so before 1 June 2024, when I will start analysis.

We will be talking about the encounters you have had with others a little bit later, but just to say I know that sometimes they can be very distressing and upsetting. If at any point you change your mind about talking about something or don't want to answer any questions, just tell me and you don't need to explain why. That is completely fine. The same goes for if you want to stop the interview completely. Just let me know, okay?

Finally, I will be recording the interview on Zoom – this is just so I have a record and this will be deleted as soon as I have finalised the transcript of our conversation. I will send you the transcript to check for anything I may have got wrong or misunderstood once I've typed it up. I will also be taking some notes by hand just in case the technology fails, so I will mute myself when you're talking because I will be typing.

Do you have any other questions before we start? Are you still happy to go ahead with the interview? Great, let's start!

Blue badge information / ice-breaking questions

- How long have you had a Blue Badge for?
- When and where do you normally use your Blue Badge?
- Do you find it helpful to have a Blue Badge? In what ways?

Exploring 'encounters'

- Can you tell me about one or more of the encounters you have had with strangers in accessible parking spaces?
 - o (Potential follow up: Questions about who the stranger was, location, what their most common type of encounter has been)
 - o (Potential follow up: Ask about positive encounters and confronting others)
- In an encounter where someone confronted you, what do you think made them pick you to confront?
 - o (Potential follow up: Who was the confronter, where there any differences between you and them, if talking about 'looking disabled', in what way do you (not) look disabled?)
- What do you think a typical Blue Badge holder would look/behave like in the minds of the general public?
 - o (Potential follow up: Explore their own ideas of what it means to look disabled)

Exploring management

- What have you done in the past to handle or navigate these interactions?

- Is there anything you do to avoid these interactions?
- Is there anything you would like to do but can't? Why not?

Exploring long-term impact

- Do you ever think about past encounters and how do you feel about them?
- How do you feel about Blue Badge parking? Do you feel it removes barriers?
- How do you feel about being 'disabled'? Is it influenced by encounters with strangers?
- Who do you share stories with? Where do you get support?

Wrap-up questions

- If you could suggest any changes or improvement to the Blue Badge scheme, what would that be?
- Anything else you would like to talk about?

Closing conversation

- Thank for their time
- Next steps – repeat will receive a transcript for checking to ensure I have represented their views accurately
- Remind they can choose their own pseudonym if they wish
- Results will be published in September 2025 and will be available on the project website, will also share summary report with all participants
- Invite to get in touch with any follow up questions regarding the research

10.4.7. Interview Participant Overview

Participant pseudonym	Gender	Gender identity	Region	Age range	Ethnicity	Sexual orientation	Impairment type	Impairment visibility	Mobility aids	Interview mode
Amir	Male	Cis	Midlands	18-29	Asian	Bisexual	Mobility, mental health	Sometimes	Elec wheelchair	Zoom
Anna	Female	Cis	South	40-49	White	Straight	Chronic illness, mental health, mobility	Sometimes	Crutches, walking stick, rollator	Zoom
Charlie	Non-binary	Trans	South	30-39	White	Lesbian	Chronic illness, mobility	Sometimes	Man wheelchair, stick, crutches	Zoom
Chris	Male	Cis	Midlands	60-69	White	Straight	Blind, chronic illness, deaf, mobility	Always	Wheelchair / no mob aids	Zoom
Elizabeth	Female	Cis	South	70+	White	Straight	Mobility	Always	Mobility scooter	Teams
Emma	Female	Cis	Midlands	50-59	White	Bisexual	Chronic illness, mobility	Sometimes	Walking stick / mix	Zoom
Frank	Male	Cis	Midlands	70+	White	Straight	Deaf, mobility	Always	Elec wheelchair, crutches	Email
Frederick	Male	Cis	South	70+	White	Straight	Chronic illness, deaf, mental health, other	Always	Walking stick	Email
George	Male	Cis	Midlands	50-59	White	Straight	Chronic illness	Always	Manual wheelchair	Zoom
Henry	Male	Cis	London	40-49	White	Gay	Chronic illness, mobility	Never	Occasional walking stick	Phone
Isabella	Female	Cis	London	30-39	White	Bisexual	Chronic illness, mental health, mobility	Always	Walker with wheels	Zoom

Ivy	Female	Cis	North	18-29	White	Bisexual	Chronic illness, mental health, neurodivergence	Sometimes	Walking stick, crutches	Zoom
James	Male	Cis	London	50-59	White	Gay	Chronic illness, mobility	Always	No mob aid, crutches, orthotics	Zoom
John	Male	Cis	Midlands	60-69	White	Straight	Mobility	Always	Walking stick	Zoom
Julie	Female	Cis	North	50-59	White	Straight	Chronic illness, mobility	Always	Wheelchair, walking stick	Phone
Katie	Female	Cis	South	18-29	White	Straight	Chronic illness, mobility	Sometimes	Man wheelchair	Zoom
Louise	Female	Cis	South	50-59	Unknown	Straight	Chronic illness	Never	Walking stick, sometimes other	Phone
Lydia	Female	Cis	North	40-49	Mixed	Straight	Chronic illness, mental health, neurodivergence	Never	No mob aid	Zoom
Richard	Male	Cis	North	70+	Unknown	Straight	Chronic illness, mobility	Always	Walking stick, scooter	Phone
Will	Male	Cis	London	30-39	White	Straight	Mobility	Always	Man wheelchair	Zoom

10.4.8. Interview Portraits

Amir

Asian bisexual man aged 18-29 from the Midlands, with a mobility impairment and mental health condition (Zoom interview)

Amir has had a Blue Badge since early childhood. He is a PhD researcher in the social sciences and doesn't drive, so uses public transport whilst at university, and the Blue Badge when staying with his parents and going out by car. He has mainly experienced encounters involving people challenging him and his parents for 'not looking disabled', before getting his electric wheelchair out of the car. Occasionally, he has also encountered religious people in car parks offering to pray in order to 'cure' him. His preferred method of handling these encounters is sarcasm, making a big show out of getting his wheelchair out of the car while bystanders watch. Amir hopes this will embarrass people and reconsider their assumptions about disability so that they think twice before confronting someone else next time. His encounters have been mainly with older people who did not appear to be themselves disabled. He is also always aware that racism may be a factor in why he is targeted. He refuses to educate others because he sees this as not his job, but as the government's to address wider stereotypes about disability. Amir sees himself as capable and independent but is aware that this clashes with a stereotype of disabled people being completely dependent and helpless. He finds sharing his experiences with disabled friends cathartic.

Anna

White straight woman aged 40-49 from the South Of England, with a chronic illness, mental health condition, and mobility impairment (Zoom interview)

Anna has had a Blue Badge for 2 ½ years and has previously worked for the Blue Badge team in her local council. She also had a Blue Badge in her 20s but stopped using it out of embarrassment. Anna does not drive but usually travels with her husband, and sometimes her stepson who also has a Blue Badge. They have disability and sunflower stickers on their car. Anna has never had a verbal encounter but has experienced staring and being followed, particularly from elderly people. Her

and her husband are always worried and on edge about a potential encounter, especially as her husband does not look disabled when he gets out first. Sometimes, they avoid Blue Badge bays by parking elsewhere. Based on stories she has heard through social media and her previous work colleagues, she and her husband feel it is just a matter of time before a verbal confrontation happens. She also feels that she is targeted for being a woman and for being overweight. She also sometimes travels with a care worker, which she finds less stressful as they are in uniform. Anna would like to call out the people staring at her but does not feel brave enough. She is active in the disability social media community and finds it a source of mutual support. She feels envy and jealousy are why strangers police Blue Badge bays and would like to see more consistent enforcement.

Charlie

White queer non-binary person aged 30-39 from the South Of England, with a chronic illness and mobility impairment (Zoom interview)

Charlie has had a Blue Badge for five years. They do not drive but rely on others for lifts and feel that others use them for parking concessions. Charlie has experienced being challenged because both they and the driver look 'healthy'. Since they moved from using crutches to a wheelchair, they have received much less hassle. They also feel that putting on weight has reduced encounters because they look less 'healthy'. Charlie has experienced people getting very judgy and swears, and notes these are often older people in their 60s who are grouchy and do not seem to quite qualify for a Badge themselves. Their strategy is to embarrass these people by making a big show of getting their wheelchair out with 'aggressive' eye contact. They sometimes 'weaponise' their veteran status to get confronters to back off and shame them for their assumptions. They are also very concerned about the experience of mums [sic!] of disabled children and have sometimes stepped into encounters to defend others. Charlie always judges the other person's body language to decide how likely the other person may get violent. While they usually fight back, encounters can affect their self-confidence, meaning they internalise doubts about not being deserving and sometimes stop going out for a while. They educate others, including their drivers,

about how small benefit fraud actually is and also share stories about encounters with other disabled people through a social media chat they run.

Chris

White straight man with aged 60-69 from the Midlands, with chronic illness and mobility impairment (Zoom interview)

Chris has had a Blue Badge for around 35 years and uses it everywhere, as he cannot walk at all and always uses a wheelchair. He is technically retired but continues to work as an access consultant and disability sports coach. For him, supermarkets, service stations, and leisure centre are the worst places for encounters. He often sees people misusing bays, e.g. by sitting in the car. He feels frustrated seeing people casually walk off and finds himself wondering if they are really legitimate. Chris frequently complains to organisations, for example to a service station about Blue Badge bays being replaced by electric vehicle spaces. He has also complained to the council, supermarkets, and a local leisure centre which called out registrations of bay misusers over loudspeaker. He no longer confronts people directly as he feels vulnerable as a wheelchair user and is concerned about situations turning violent. Younger colleagues in his disability sports club are more confrontational. He recalls a young woman parking someone in a Blue Badge bay, then returning to a group of men waiting by her car to intimidate her. Chris has experienced being stared at before getting his wheelchair out of the car. He takes issue with the wheelchair symbol as it obscures that other disabled people also need Blue Badge bays. He feels that jealousy and entitlement lead to people misusing bays, and that there should be more education about why Blue Badge bays are important for access, and more positive representations of disabled people as capable and having full lives.

Elizabeth

White straight woman aged 70+ from the South of England, with mobility impairment (Teams interview)

Elizabeth has had a Blue Badge for around 40 years. She regularly challenges non-Badge holders misusing bays out of principle, to 'do her bit'. When challenging, she is very careful not to rile misusers but tries to embarrass them by asking politely if they

have forgotten their Blue Badge. She also sometimes leaves notes on cars. She finds that being polite does not make a difference, as most people react arrogantly to being questioned. Elizabeth feels that people misuse bays because they are lazy and do not understand the impact it has. She hopes people may understand once they themselves get older, although she has encountered misusers of all ages, most often men. She often feels angry at people's arrogance, especially when people with no badge skip into the shops. She compares misusing Blue Badge bays to stealing. Before confronting someone, Elizabeth makes a split-second judgement based on age, height, and fitness on how they may react. She would like to see more enforcement and patrolling by police and councils, as it needs someone with authority to educate misusers. She has reported misuse to shops but understands why staff are not going to challenge. She has been challenging more as she got older and feels that while attitudes towards disability have improved during her lifetime, misuse of bays has got worse. She talks to friends with Blue Badges to know she is not alone. She feels that because of rampant misuse, the Blue Badge does not currently remove barriers.

Emma

White bisexual woman aged 50-59 from the Midlands, with chronic illness and mobility impairment (Zoom interview)

Emma has had a Blue Badge for 18 years. The badge is essential for her to remain independent. However, she has had frequent, sometimes weekly, encounters, particularly when she was younger and had small children. Confronters are often elderly men, with one telling her that the bays are not parent-and-child bays. Emma believes people expect Blue Badge holders to be older people and wheelchair users. She has often been told that she does 'not look disabled' and feels that ableism towards young people is ingrained. She also feels targeted for looking different as a goth with red and black hair. She highlights that all disabled people are targeted by policing in Blue Badge bays. She sometimes uses a walking stick but feels more vulnerable when visible so tries to find a balance. Emma tends to react confrontationally and has sometimes shown challengers her badge, with some reacting ashamed but others continuing to argue. She has never had an apology. On

a bad day she avoids confrontation, but usually she stands up for herself, partly to show her children that nobody should treat you like this. However, this takes its toll and Emma has frequently been in tears in her car afterwards. Some encounters stick in her mind and she find using accessible parking spaces anxiety-inducing. Emma is active on social media and has found it helpful to talk to and learn from others. She would like to see more enforcement and more suitable spaces, as well as education about disability from a young age.

Frank

White straight man aged 70+ from the Midlands, with mobility impairment (email interview)

Frank has had his Blue Badge for 16 years. He finds it very helpful as it allows him to make rare trips out and reduces the cost of parking. He challenges people who misuse parking spaces and finds that the less entitled they are, the louder their response. He usually asks people if they have forgotten their Blue Badge and this often results in swearing, insults, or excuses. Once, a person actually displayed their badge and thanked him for the reminder. He has also been thanked for confronting people but wishes others would step in and there were fewer inactive bystanders. Frank thinks he probably should not confront people but that he needs to challenge wrongdoing. He feels people have become more aggressive in the last two decades, particularly men aged roughly 50-65. He has sought help from shop guards and to avoid escalation, he points out that misusers are likely on CCTV and that it is not worth getting an assault charge over a parking space, before wheeling away. Frank described himself as close to a 'typical' disabled person, an elderly belligerent wheelchair user. He feels the Blue Badge can be divisive because some people feel that disabled people are getting better treatment. He subscribes to Disabled Motoring and sometimes takes pictures of commercial vehicles misusing bays and sends them to the magazine, which helps with his feelings of frustration because he is taking action.

Frederick

White straight man aged 70+ from the South of England, with chronic illness, mental health condition, mobility impairment (email interview)

Frederick has had a Blue Badge for around 19 years. He is a retired police officer who was injured on duty and had multiple mental breakdowns while in work. He retired on health grounds in 1992. His wife is also disabled and he does all the shopping, usually early in the morning to avoid traffic and issues with parking. He has seen regular misuse of bays and has confronted people sitting in their car with a Blue Badge. Several times, he has received threats of physical violence when challenging others, including one incident where he feels an assault would have occurred if he had not blocked the driver's car door. Frederick observes that bays are often misused by people with new, big cars who think they can do what they like. He feels part of the issue is Blue Badge holders not knowing the rules and thinking they are not doing anything wrong. His mental health conditions affect how he deals with encounters, but he tries to step back rather than charge in. His wife is a calming influence. Frederick thinks there is a strong need for more enforcement by police and local authorities but does not think this will happen anytime soon due to lack of funding, which is why misuse of bays is increasing. He gets very vexed about the misuse of the Blue Badge scheme, especially as he and his wife both had to fight hard to get Disability Living Allowance, which their badges are tied to.

George

White straight man aged 50-59 from the Midlands, with chronic illness (Zoom interview)

George has had a Blue Badge for four years. He finds it helpful as he requires more space to get out his wheelchair, but finds the actual facilities poorly designed, including narrow spaces or no hatched lines, meaning other drivers do not leave him enough space. He feels Blue Badge holders should consider who needs the spaces most. George recounts a particular encounter at the doctors, where a woman parked straight down the middle of the only two accessible spaces and told him "I'll only be a minute". After waiting in vain, he complained to the receptionist who did not care, and was made to feel like he was at fault for causing an argument in the waiting room. He later received an apology, but felt it was too late by that point. He does not need this kind of confrontation while already wiped out by his illness, so avoids going out sometimes because it is too much hassle. He is frustrated because it is difficult

to get people to understand the impact. George feels the public resent disabled people getting 'special treatment', especially when there are costs involved, and that people have become more entitled since COVID-19. He believes that policymakers do not understand differing access needs, or the number of bays needed. He would like to see more involvement of disabled people in planning processes and has joined council forums and local groups to input into policy decisions. He believes that all parking spaces should be accessible to everyone.

Henry

White gay man from London, aged 40-49 with chronic illness and mobility impairment (phone interview)

Henry has had a Blue Badge for seven years. He often uses it for medical appointments and finds misuse of bays a major problem at hospitals. He frequently checks other cars for Badges and describes himself as increasingly militant. He either challenges people if they are in the car or puts notes on windows. He has tried reporting but finds staff are not interested. He has once experienced an aggressive reaction but mostly people are embarrassed when they see him struggle with his walking aids. He has had an incident with a local delivery driver who verbally abused him for parking on double yellow lines. Henry has reported his barber, who works on his feet all day, to the council for misusing his mother's badge and the badge was seized. He has also been targeted by enforcement who ticketed him rather than a van driver unloading in a Blue Badge bay. The council later confirmed Henry was in the right. Henry reads online about prosecutions but feels more enforcement is needed and the whole Blue Badge process is wrong. He believes benefit fraud is out of control and that 'invisible' impairments are a 'smokescreen', while people with mobility impairments, including elderly people he knows, have struggled to obtain Blue Badges. Henry complains on Facebook about parking incidents which helps his frustration. Going out with the Blue Badge is important to him to continue to be active and fight the deterioration of his health.

Isabella

White bisexual woman from London, aged 30-39 with chronic illness, mental health condition, and mobility impairment (Zoom interview)

Isabella has had a Blue Badge for six years. She does not drive herself and usually travels with her dad. They travel a lot for work and often park in supermarkets and service stations. Overall, she finds the Blue Badge helpful, although bays are often not close enough to the entrance for her. She has not had any negative encounters. Isabella notices that bays often appear to be misused but does not challenge anyone because they may have an 'invisible' impairment and have forgotten their badge. She has had positive encounters and feels that disabled people in particular look out for each other in Blue Badge bays. Isabella is often offered help, which she politely declines, but knows it is meant well and one day she might want it. She also smiles and jokes with others in Blue Badge bays but sometimes feels patronised and like the joke is at her expense. She thinks the public expect Blue Badge holders to be elderly wheelchair users, and to look different from themselves. Isabella has experienced discrimination and being mocked in other contexts and these experiences have really impacted her, and the worry that this might happen transfers into Blue Badge bays. She has also heard from others about their encounters and knows they could happen to her. Despite not having had a negative encounter, she always moves quickly because she does not want to put herself in a position where a negative encounter could happen.

Ivy

White bisexual woman from the North of England, aged 18-29 with chronic illness, mental health condition, and neurodivergence (Zoom interview)

Ivy has had a Blue Badge for 9 years. She normally drives herself and often notices people staring and checking for her badge, which makes her uncomfortable. She thinks the public expect an older person who cannot drive themselves, and that she stands out for not 'looking disabled' due to being young, able to drive herself, and her walking aid not being immediately visible. Ivy had an encounter with a traffic warden who seemed to expect her to be using someone else's badge. She also had an encounter at a doctor's surgery with a woman tutting and accusing her of misusing the badge. Being ill and feeling frustrated from past encounters, Ivy did not have the energy to handle it politely and lost her temper, showing the woman the picture on

the badge and yelling 'Whose face is this? It's my fucking face!'. She deeply regrets reacting badly and swearing, wishing she had remained calmer, although she acknowledges the conversation would have likely gone the same way. Ivy sometimes feels she needs to hobble more to make her impairment more visible. She replays encounters in her head and gets nervous in spaces, being hyperaware that she does not match the expected stereotype. She will park in other bays on some days, dependent on her anxiety, and is scared to use Blue Badge bays on her own. She feels safer when with her mum or boyfriend. She talks about encounters with her mum, disabled friends, and also discusses it in disability studies courses she teaches.

James

White gay man from London, aged 50-59 with chronic illness and mobility impairment (Zoom interview)

James has had a Blue Badge for around 15 years. He drives an adapted car after learning later in life. He has had many unpleasant encounters with people misusing Blue Badge bays. A recent one involved James finding the allocated parking bay at his home used to store scaffolding, despite the housing association telling him access would be maintained. After asking the scaffolders to move materials, the situation escalated into swearing, and the scaffolder told James he deserved to be disabled. This really upset James, and he continues to feel shaken by it. He threatened to report the incident but has not done so because his housing association would not do anything and he does not have the energy. James regularly confronts misuse because he thinks people should not get away with breaking the law. He has given up asking politely but feels he does not handle confrontations well as they often escalate into swearing. He is worried he may get attacked or that people will retaliate by damaging his car. He has often reported misuse but feels isolated because most people do not understand the impact. James is worn down by perpetually experiencing a 'culture of disrespect', with few people apologising and most making excuses. Learning to drive has been transformative but people's selfishness takes away this independence. He wants to be able to instantly report misuse and for it to be treated like speeding, with fine and points. James

increasingly stops going out to avoid encounters, comparing them to background noise that gets too loud.

John

White straight man from the Midlands, aged 60-69 with mobility impairment (Zoom interview)

John has had a Blue Badge for seven years. He uses it as little as possible because he is fed up with encounters with aggressive non-disabled people who misuse Blue Badge bays. He has had three very negative encounters at a local service station, where he sees non-Badge holders park in Blue Badge bays first, even when the car park is empty. John has asked people politely not to park there and has received aggression from a driver parked diagonally across two spots and 45 minutes of verbal abuse from a group of young people while he hid in a shop. He now does not go there anymore. He only goes out if he absolutely has to, as wherever he goes, all Blue Badge spaces are always full with no badges in sight. John has spoken to staff in shops and restaurants about signage or calling the police but they did not care. Being polite does not help and because he is not physically strong, he can only walk away slowly. He worries a situation will escalate and he will hurt someone and end up in prison. However, he would like to beat misusers with his walking stick. John feels that people are particularly selfish in his region but that selfishness is promoted across the country, including by politicians, particularly Prime Minister Sunak. He thinks there needs to be more enforcing by police and traffic wardens, and jokes about issuing disabled people with tasers. Currently, he feels the Blue Badge is next to worthless.

Julie

White straight woman from the North of England, aged 50-59 with chronic illness and mobility impairment (phone interview)

Julie has had a Blue Badge for around 17 years. She finds it useful as she uses a wheelchair and sometimes parks on double yellow lines. She recounts an encounter involving hate from a large group of older school-age children, who verbally abused

and threw bottles at her. She reported it to the police and as a local shop had caught the abuse on CCTV and could identify the children, they were prosecuted. While Julie was happy with how the police handled the incident, she remembers them suggesting restorative justice instead as the children were normally 'well-behaved' and about to sit their exams. She believes she was targeted for being a woman on her own and because the stickers on her car marked her out as disabled. Since the incident, she no longer has stickers on her car. Julie has not had any other negative or positive encounters. She feels overall there is negativity towards Blue Badge holders and she has often observed bays being misused. Her husband occasionally confronts people and asks them to move. She still remembers the hate incident occasionally but is not traumatised by it and finds the Blue Badge helpful overall. Julie now usually goes out with her husband as he pushes her wheelchair. She would like to see more bays as she is worried about being challenged for using regular spaces or double yellow lines and feels vulnerable if her husband has to drop her off because no Blue Badge bays are available.

Katie

White straight woman from the South of England, aged 18-29 with chronic illness and mobility impairment (Zoom interview)

Katie has had Blue Badge for around 16-17 years, from her early teens. She has had three particularly memorable encounters. Firstly, she was followed by a man at a train station. Katie locked herself in the car and was sworn and spat at. She called the police who took hours to decide if regular or transport police should attend. This incident was very distressing and Katie has never returned to this car park. Secondly, another wheelchair user in a supermarket car park verbally abused her after she rejected his flirting attempt. The third encounter involved being targeted by a traffic warden who aggressively blocked her from getting out, grabbed her badge, and doubted her legitimacy even after checking the picture. However, he became polite when she got her wheelchair out. Katie feels 'not looking disabled' causes issues so she now uses a walking stick to get to her wheelchair in the boot. For years, she refused to go out alone but has now rebuilt her confidence and sometimes tries to educate others. She is still impacted by tuts or headshakes, which make her feel

'dirty'. She always worries when going out and thinks about what to do in case of an encounter. She shares experiences with her parents and husband but worries her confrontational mum may escalate situations. She believes more awareness of how hard it is to get a Blue Badge may make people respect it more. She would also like to see more school-level education about Blue Badges.

Louise

White straight woman aged from the South of England, aged 50-59 with chronic illness (phone interview)

Louise has had a Blue Badge for seven years. It enables her to leave the house more often. She recalls a recent encounter on a rare day out with her family, where she pulled into a Blue Badge bay with her elderly frail mother in the passenger seat. An elderly man yelled at them asking if she had a Blue Badge. On getting out, Louise confirmed she has one. He continued yelling that she did not look disabled and he could not see a badge, despite it being on the dashboard. Louise wishes she had not engaged as it upset her family, and the man clearly was very aggressive. She believes he felt more entitled to the bay due his age, trying to intimidate her out of the space he wanted. Louise feels the encounter spoiled what was potentially her family's final day together. She wishes she could erase the memory, as it caused trauma on top her existing of PTSD. Louise often feels vulnerable in parking spaces and always looks around before parking. She often sees people policing bays but feels they have no right to as nobody should judge others. She gets some support from her family but finds it difficult because as the head of the family, she is normally the supportive and strong one. She feels she has more potential and would like to have a 'normal' life with the understanding she sometimes needs to do things differently.

Lydia

Mixed race straight woman from the North of England, aged 40-49 with chronic illness, mental health condition, and neurodivergence (Zoom interview)

Lydia has had a Blue Badge for five years. She drives a sports car and remembers receiving a rude comment in a service station about it. She is very confrontational

and wanted to hit the person, but her husband calmed her. Lydia finds that the public think disabled people should not have fancy cars, because of the assumption that they do not work and are on benefits. When she used crutches temporarily, people were much nicer and offered help. She trains assistance dogs and feels people assume the dog is fake because it is not a labrador, and thus her Blue Badge must also be fake. When Lydia sees people doubting her legitimacy, she often gives them 'the look'. Sometimes she asks what their problem is or offers to show her badge, but usually she ignores it because she cannot change people's minds. She sometimes blocks in misusers as she is tired of reporting and nothing being done. Lydia makes a conscious effort not to let negative encounters affect her mental wellbeing. She has had issues with a colleague misusing bays despite knowing Lydia needs them, which upset her. Lydia would like more awareness-raising but doubts the government would get it right as they do not talk to disabled people. She also wants more representation of successful, working disabled people, not just scroungers or extraordinary Paralympians. She thinks a lot of people are getting benefits when not entitled but that it is harder to get a Blue Badge.

Richard

Straight man from the North of England, aged 70-79, with chronic illness and mobility impairment (phone interview)

Richard has had a Blue Badge for 10 years. He encounters frequent misuse by non-badge holders. Once he asked somebody to move and got abuse for not asking politely enough. He has even seen a policeman misuse a bay while booking his holiday. Richard thinks people feel entitled to misuse bays because they have big cars and have done it all their lives. He regularly confronts people as he can call police or traffic wardens if there is trouble. He has always had hostile responses. Richard feels the Blue Badge is worth nothing because many people use other's Blue Badges. He thinks Blue Badge bays should only be for mobility impairments and that people with 'hidden disabilities' do not need one. He does not challenge other badge holders but takes pictures and reports them. He would like to see the holders' photo on the front of the badge and for misuse to be made an offence, like running a red light. If there were no consequences, Richard would like to spread nails under cars to

show misusers what being immobile is like. He writes to Disabled Motoring about misuse but is getting tired because nobody seems to care. Richard feels disabled people are treated as separate from the normal world and have to fight for everything. He sees disability as a fact of life but the public will never accept it as 'normal'. He believes disability is not a priority for policymakers because ordinary disabled people are not represented on boards or in the media.

Will

With straight man from London, aged 30-39 with mobility impairment (Zoom interview)

Will has had a Blue Badge for 19 years. He does not drive himself but has a wheelchair accessible vehicle (WAV) and usually goes out with a Personal Assistant (PA). The Blue Badge is important for him because trains in London are inaccessible and buses also tend to involve frequent encounters. Will has regular encounters with taxi drivers who misuse bays in his local shopping area. He does not back down but struggles to contain his temper and has hit car bonnets sometimes. Will is pleased with his reaction if he manages to remain calm. He tries asking politely but repeats the request to move until people comply. He talks loudly to embarrass the other person and attract attention. Occasionally, bystanders have joined in an encounter. On days when Will feels down, he asks his PA to deal with the situation. If he could, he would scratch people's cars or smash windows. Will feels he does not get challenged much because he is a wheelchair user, and that the public stereotype of disability would be sick and unkempt with a mobility impairment. He also experiences staring when unloading his WAV and has called people out by telling them it is not a 'spectator sport'. He would like to see more enforcement and reporting mechanisms, as well as warning signs telling people to behave more nicely. Will discusses encounters with his family and his PAs and sometimes rants on social media. He feels parking is just one aspect in which public attitudes are causing barriers that disable him.

10.4.9. Interview Themes and Subthemes Summaries

Theme 1: Second-Class Citizens

This topic highlights how disabled people are deprioritised and not treated equally despite claims that the Blue Badge removes access barriers for disabled people. It focuses both on the significant flaws in the Blue Badge scheme itself, including the spaces, the wider policy, and enforcement, and how these combine to provide “bare minimum access”. It also covers the wider attitudes by the public and policymakers towards disability, and the lack of adequate representation of disabled people in culture and public life.

Subtheme: Bare Minimum Access

The first subtheme focuses on the wider issues with the Blue Badge scheme. These include issues with physical spaces, such as their shape, location, number of spaces, and restrictions or removal of bays. It also considers lack of clarity in policy and the lack of enforcement of Blue Badge parking in many areas. These flaws highlight how the scheme is not currently fit for purpose because it provides the bare minimum of access but is not actually effective in removing barriers. The lack of consideration given to the scheme is a reflection on disabled people’s unimportant status in policy and urban planning.

Subtheme: Everything About Us Without Us

The second subtheme highlights how disabled people’s wider marginalisation in society reflects how they are engaged with in Blue Badge spaces. It discusses the wider lack of understanding by the general public about disability in general and the Blue Badge scheme specifically. It also discussed the lack of language to speak

about disability in non-othering terms, the lack of wider cultural representation of disability and its contribution to disability stereotypes, and the absence of disabled people in planning and decision-making about policies that affect us. It discusses the suggestion that wider 'awareness' about disability would positively shape disabled people's encounters in public.

Theme 2: Whose Space is it Anyway?

This theme discusses the idea of deservingness and who is a legitimate user of Blue Badge spaces, and how non-disabled people exert these rights. It discussed firstly the importance of disability stereotypes and hierarchies of deservingness which inform the judgements that are made of disabled people by both non-disabled and other disabled people. It also explored the idea of entitlement, based on a view of the Blue Badge bay as a desirable 'perk', and some non-disabled people's claim to control over these spaces.

Subtheme: Hierarchies and Stereotypes

The first subtheme discusses what a typical Blue Badge holder is expected to look like. This includes a critical engagement with the idea that "not all disabilities are visible", which was drawn on by many participants. Aspects that seem to shape the idea of visibility/legitimacy include age and the presence of a mobility aid. However, true deservingness was often described as requiring vulnerability and complete dependence, rooted deeply in medical/charity model stereotypes. Deservingness was therefore not straightforward, but disabled people can be incongruous to an unattainable in a myriad of ways

Subtheme: Entitlement

This subtheme builds on the idea of deservingness and charity model ideas of disability by considering how the Blue Badge is seen as 'special treatment' or a 'perk' rather than an essential space that enables access for disabled people. This perception is rooted in wider rhetoric around benefits as 'freebies' for disabled people, giving rise to envy of these perceived advantages,. Crucially, it frames Blue Badge spaces as something that is bestowed upon disabled people by a benevolent public, and can be taken away just as easily. The entitlement non-disabled people feel around policing or abusing these spaces is based on power dynamics to reclaim spaces that they regard as rightfully theirs. These power dynamics were played out when non-disabled people abused bays while fully understanding the impact this had on disabled people.

Theme 3: Disabling Affects

This theme explores the emotional impact of navigating encounters in parking spaces. It explores the different overlapping affective environments present in these spaces and how they add up to a disabling effect that means disabled people are always on edge in these spaces. This includes the anger that disabled people feel as a result of the hostility and disrespect they face, and the effort that goes into managing these feelings. It also highlights the considerable anxiety felt by disabled people in Blue Badge spaces, with a potential encounter always a possibility, and the ways in which disabled people adapt their behaviour to avoid escalation of a potential encounter. Finally, it focuses on the draining exhaustion felt by disabled people in having to manage these encounters day after day to be able to access public space.

Subtheme: Abjection and Anger

This subtheme focuses in more depth on the hostility circulating in Blue Badge spaces, with many disabled people facing aggression, verbal abuse, and even physical violence in parking bays. This combines with the general level of disrespect disabled people feel and the profound sense of unfairness at other people controlling our access to bays. The resulting anger at the injustices can be difficult to contain, and losing one's temper has to take considerable restraint to keep one's composure. Losing one's temper can lead to further escalation or violence, requiring careful balance from the disabled person in terms of when to assert themselves.

Subtheme: Walking on Eggshells

This subtheme discusses the considerable amount of worry disabled people feel about using accessible parking spaces, particularly as an encounter could happen at any time. This is heightened by certain factors, for example being alone or in spaces where a previous encounter had taken place. Being female and having mental health condition also affected how participants approached encounters. Disabled people may take a range of measures to pre-empt encounters and avoid confrontation, such as not travelling alone, using signage or sunflower lanyards to raise awareness, or employing masquerade. Others tried to be quick when leaving and entering the car, or alternatively stayed in the car for safety. Some avoided Blue Badge bays where at all possible. During an encounter, participants emphasised politeness and chose their words carefully to prevent escalation.

Subtheme: Slow Death

This final subtheme highlights the cumulative effect of the emotional work to manage encounters over time. Disabled people feel profoundly tired having to deal with constant encounters, usually in everyday situations, such as supermarkets, doctors and hospitals, shops, and service stations. This includes listening to the same excuses (“I’ll only be 5 minutes”) over and over again. Encounters could affect participants long after the event. Some second guessed their own reactions, wishing they had been less confrontational or more assertive. Negative encounters could also have a physical impact, leading to pain, fatigue, and mental health flare-ups. The abjection from others in Blue Badge bays starts to feel intensely personal over time. This includes reports not being taken seriously. Some disabled people felt there was no point in asserting themselves as it was not worth the hassle. Some have stopped going out entirely unless absolutely necessary.

Theme 4: Spaces of Resistance

Subtheme: It’s the Principle

This subtheme considers how disabled people resist charity model approaches by focussing on access to Blue Badge spaces as their right, often framing it in legal terms. It highlights how both reporting and actively confronting others are used effectively to re-assert the right to these spaces, with the aim to change individual attitudes about disability, either by educating or by shaming those who infringe on these rights. Despite constant hassle, disabled people hope for a change for the better, including through participating in this research.

Subtheme: Complex Identities

This subtheme considers how disabled people make sense of their encounter experiences in relation to their wider experiences of being disabled. It shows the complex relationship most have with being disabled. While some spoke about the difficulties they faced as a result of their impairment and having to adjust to loss of mobility, they had on the whole accepted and adjusted to being disabled. Some talked about the importance of having a positive outlook and made a conscious effort not to be affected by negative encounters. Disabled people often framed encounters using their personal and professional backgrounds, with a rich picture of disabled identity emerging that stands in stark contrast to stereotypical caricatures.

Subtheme: Solidarity and Communalities

This subtheme highlights how encounters are often an experience shared with other people. This could include family, friends, or carers who have been present at encounters or have provided support afterwards. Many participants spoke about being engaged with disability activist groups or active in online forums about disability, with social media emerging as a key source for disabled people to discuss experiences. Not being alone and knowing others shared the experience was a comfort to many disabled people, and this included knowing that I had experienced encounters myself. Some also reenacted solidarity, eg by leaving the closest spaces for those who needed them more or defending others who were experiencing encounters.

11. DATA TABLES

11.1. Content analysis

DT 1.1: Number and Distribution of Articles by Newspaper Title

Title (incl. variations)	Type	Count	%
Express (incl. Express Online, The Express)	Tabloid	77	20%
Mail (incl. Daily Mail, Mail on Sunday, Mail Online)	Tabloid	71	18%
Mirror (Daily Mirror, mirror.co.uk, Mirror on Sunday)	Tabloid	64	17%
Sun (The Sun, sun.co.uk, Sun on Sunday)	Tabloid	54	14%
I (Independent, i)	Broadsheet	28	7%
Star (Daily Star, Star on Sunday)	Tabloid	27	7%
Times (The Times, thetimes.co.uk)	Broadsheet	18	5%
Telegraph (Daily Telegraph, Sunday Telegraph)	Broadsheet	17	4%
Guardian (The Guardian, the Observer)	Broadsheet	16	4%
Standard (Evening Standard, standard.co.uk)	Tabloid	12	3%
Metro	Tabloid	3	1%
TOTAL		387	100%

DT 1.2: Number and Percentage of Articles by Newspaper Type and Year

Newspaper type	Count	%
Broadsheet	79	20%
Tabloid	308	80%
Year		
2018	103	27%
2019	87	22%
2020	29	7%
2021	75	19%
2022	93	24%

DT 1.3: Topics with Definition, Count, and Percentage

	Topic	Definition	Count	%
1	Fines	Blue Badge holders receiving a fine while parking	49	13%
2	Extension	The 2019 extension of the Blue Badge scheme	47	12%
3	Encounters	In-person confrontations taking place involving a Blue Badge holder	45	12%
4	Fraud & Theft	Fraudulent use of a Blue Badge or theft of Blue Badges	45	12%
5	Misuse	Misuse of Blue Badge spaces by drivers without a Blue Badge	43	11%
6	Environment	Impact of climate measures, such as CAZ/ULEZ/LTNs on Blue Badge holders and the impact of climate change	32	8%
7	Hospital parking	Hospital parking charges	27	7%
8	Benefits	Blue Badge is linked to other benefits such as PIP, AA, ESA	24	6%
9	Notes	Blue Badge holders having notes or messages left on their car	23	6%
10	Becoming Disabled	Perspectives on becoming newly disabled / acquiring impairment	19	5%
11	Application issues	Problems with the Blue Badge application process or with obtaining a personal Blue Badge bay from the council	16	4%
12	Blue Badge as disability marker	Blue Badges being used as proof of, or being described as synonymous with, disability	16	4%
13	Brexit	Impact of Brexit on Blue Badge validity in the EU	15	4%
14	Rules	General comprehensive overview of Blue Badge rules (e.g. where one can park and how to apply)	8	2%
15	Carers' perspectives	Stories about caring for disabled / elderly relatives who hold Blue Badges	7	2%
16	Council policies	Councils removing free parking for Blue Badge holders or reducing Blue Badge provision	7	2%

17	COVID-19	Impact of COVID-19 on Blue Badge holders and availability of Blue Badge bays	7	2%
18	Funny stories	Funny or light-hearted stories involving Blue Badges	7	2%
19	Hosepipe ban	Impact of hosepipe bans on Blue Badge holders	6	2%
20	Tiktok	Videos about Blue Badges on Tiktok	6	2%
21	Bad Parking or Driving	Blue Badge holders parking or driving poorly	5	1%
22	Crime involving Blue Badge	Blue Badges being used by someone accused of a crime	5	1%
23	Event access	Blue Badge parking and accessibility at, or impacted by, major events	5	1%
24	Public transport	Encounters on public transport mentioning Blue Badges	4	1%
25	York	Blue Badge ban in York city centre	4	1%
26	Crime against Blue Badge holders	Blue Badge holders being targeted by crime	3	1%
27	Airport	Charges for and availability of Blue Badge parking at airports	2	1%
28	Voter ID	Blue Badges as eligible identification during elections	2	1%

DT 1.4: Article Focus with Newspaper Type

Article focus	Count	%
General (e.g. Blue Badge scheme / rules)	195	50%
Specific (e.g. a specific Blue Badge holder's experience)	192	50%
Broadsheet article focus	Count	%
General	54	68%
Specific	25	32%
Tabloid article focus	Count	%
General	141	54%
Specific	167	46%

DT 1.5: Top Five Topics by Newspaper Type

Newspaper Type	Topic	Count
Broadsheet	Extension	17
Broadsheet	Fraud & Theft	14
Broadsheet	Environment	8
Broadsheet	Becoming Disabled / Hospital / Marker	6
Tabloid	Fines	47
Tabloid	Encounters	43
Tabloid	Abuse	39
Tabloid	Fraud & Theft	31
Tabloid	Extension	30

DT1.6: Top Five Topics by Year

Year	Topic	Count
2018	Extension	21
2018	Notes	16
2018	Encounters	15
2018	Abuse / Fraud & Theft	13
2019	Extension	24
2019	Fraud & Theft	16
2019	Hospital	13
2019	Encounters	12
2019	Abuse	11
2020	Fines	6
2020	Abuse / COVID-19	5
2020	Applications / Rules	4
2021	Environment	17
2021	Becoming disabled	11
2021	Encounters	10
2021	Fraud & Theft	8
2021	Abuse / Applications / Fines	7
2022	Fines	21
2022	Benefits	18
2022	Brexit	11
2022	Abuse / Encounters / Environment	7

DT 1.7: Three Most Common Topics by Top Four Newspapers

Paper	Topic	Count
Express	Benefits	14
Express	Fines	13
Express	Hospital	9
Daily Mail	Encounters	10
Daily Mail	Abuse	9
Daily Mail	Environment	8
Mirror	Encounters	12
Mirror	Fines	11
Mirror	Notes	10
Sun	Abuse / Fines	10
Sun	Encounters / Fraud & Theft	8

DT 1.8: Articles about Fines

Newspaper Type	Count	Percentage
Broadsheet	2	4%
Tabloid	47	96%
Article focus	Count	Percentage
General	5	10%
Specific	44	90%
Newspaper titles	Count	Percentage
Express	13	27%
Mirror	11	22%
Sun	10	20%
Other topics	Count	Percentage
Subtopic: Private parking	30	61%
Year	Count	Percentage
2018	10	20%
2019	5	10%
2020	6	12%
2021	7	14%
2022	21	43%
Themes	Count	Percentage
Disabled Voices	23	47%
Carer Voices	19	39%
Policymaker Voices	12	24%
Medical Model	16	33%
Victim Stereotype	8	16%
Impairment	6	12%
Supermarket	5	10%

DT 1.9: Articles about Scheme Extension

Newspaper type	Count	Percentage
Broadsheet	17	36%
Tabloid	30	64%
Article focus	Count	Percentage
General	44	94%
Specific	3	6%
Other topics	Count	Percentage
Fraud	13	28%
Subtopic: Autism	31	66%
Subtopic: Mental Health	529	62%
Subtopic: Dementia	26	55%
Subtopic: Parkinsons	7	15%
Subtopic: Arthritis	4	9%
Subtopic: Epilepsy	4	9%
Subtopic: Learning Disability	2	4%
Voices	Count	Percentage
Policymaker Voices	28	60%
Charity Voices	19	40%
Carers Voices	5	11%
Disabled Voices	2	4%
Themes	Count	Percentage
Invisible	42	89%
Medical Model	14	30%
Perk	10	21%
Scarcity	10	21%
Scrounger	7	15%

DT 1.10: Articles about Encounters

Newspaper type	Count	Percentage
Broadsheet	2	4%
Tabloid	43	96%
Article focus	Count	Percentage
General	1	2%
Specific	44	98%
Newspaper title	Count	Percentage
Mirror	12	27%
Mail	10	22%
Sun	8	18%
Express	7	16%
Star	6	13%
Independent/i	1	2%
Times	1	2%
Year	Count	Percentage
2018	15	33%
2019	12	27%
2020	1	2%
2021	10	22%
2022	7	16%
Other topics	Count	Percentage
Notes	10	22%
Abuse	7	16%
Extension	2	4%
People	Count	Percentage
Invisible	31	69%
Children	20	44%
Celebs	15	33%
McGuinness	12	27%
Age	14	31%
Voices	Count	Percentage
Disabled Voices	23	51%

Carers Voices	20	44%
Charity Voices	6	13%
Policymaker Voices	2	4%
Transport Voices	1	2%
Stereotypes and models	Count	Percentage
Faking Accusations	34	76%
Victim	32	71%
Impairment	23	51%
Medical Model	21	47%
Social Model	3	7%
Supercrip	1	2%
Scrounger	0	0%

DT 1.11: Articles about Fraud & Theft

Year	Count	Percentage
2018	14	31%
2019	16	36%
2020	2	4%
2021	8	18%
2022	5	11%
Article focus	Count	Percentage
General	31	69%
Specific	14	31%
Newspaper type	Count	Percentage
Broadsheet	14	31%
Tabloid	31	69%
Newspaper title	Count	Percentage
Sun	8	18%
Express	8	18%
Mail	7	16%
Independent/i	5	11%
Other topics	Count	Percentage
Extension	13	29%
Voices	Count	Percentage
Policymaker Voices	28	62%
Charity Voices	8	18%
Transport Voices	6	13%
Disabled Voices	5	11%
Stereotypes and models	Count	Percentage
Scrounger	18	40%
Invisible	14	31%
Victim	9	20%
Medical Model	8	18%
Perk	7	16%
Scarcity	7	16%

DT 1.12: Articles about Misuse

Newspaper type	Count	Percentage
Broadsheet	4	9%
Tabloid	39	91%
Newspaper title	Count	Percentage
Sun	10	23%
Mirror	9	21%
Mail	9	21%
Express	8	19%
Article focus	Count	Percentage
General	18	42%
Specific	25	58%
Other topics	Count	Percentage
Encounters	7	16%
Voices	Count	Percentage
Carer Voices	9	21%
Disabled Voices	9	21%
Policymaker Voices	9	21%
Transport Voices	6	14%
Charity	4	9%
Other themes	Count	Percentage
Cars	9	21%
Celebrities	8	19%
Impairment	7	16%
Medical Model	5	12%
Invisible	5	12%
Supermarket	5	12%

DT 1.13: Themes with Definitions, Count, and Percentages

No.	Theme	Definition	Count	%
1	Policymaker voices	Direct quotes from MPs, councillors, or national / local government spokespeople	132	34%
2	Medical model	Use of medical model language, including 'suffering', 'vulnerability', framing the disabled person or their impairment as a burden, or describing the impairment as causing disability	113	29%
3	Disabled voices	Direct quotes from a person identified as disabled in the article	110	28%
4	Invisibility	Description of an impairment as 'hidden' or 'invisible'	84	22%
5	Impairment	Article goes beyond basic mention of impairment, describing symptoms in detail	82	21%
6	Carer voices	Direct quotes by someone caring for or accompanying the Blue Badge holder (eg a family member or friend)	78	20%
7	Victim	Disabled people as a victim of a crime or harassment, or framing of events as an 'attack' on disabled people	67	17%
8	Charity voices	Direct quotes from a charity that is not explicitly identified as a DPO	55	14%
9	Age	Articles focussing on disabled people under the age of 50	47	12%
10	Faking	A disabled person / carer has been accused of faking or abusing the Blue Badge scheme	49	13%
11	Transport org voices	Direct quotes from motoring or transport organisations	38	10%
12	Celebrities	Subject of article is well-known / in the public eye	38	10%
13	Children	Disabled person / Blue Badge holder in the story is a child (under 18)	37	10%
14	Scrounger	Focus on systematic fraud, implication of fraud being common, replicating the idea of disabled people as scroungers taking advantage, or encouraging reporting/surveillance of others	27	7%

15	Perk	Blue Badge is presented as giving an advantage, including being described as a “free parking” scheme or as a “freebie”	28	7%
16	Supermarket	Articles that focus on events in a supermarket car park	26	7%
18	Social model	Use of social model language, focussing on accessibility as a right or talking about barriers in society	21	5%
19	Cars	Make, model, and/or price of car involved in Blue Badge holder incident are explicitly mentioned	20	5%
20	Scarcity	Suggestion that there is not enough Blue Badge parking for everyone with a Blue Badge	16	4%
21	Supercrip	Disabled being presented as heroic, achieving superhuman feats, or as ‘overcoming’ their impairments	11	3%

DT 1.14: Voices in Articles

Policymaker voices	Count	Percentage
<u>Article focus</u>		
General	98	74%
Specific	34	26%
<u>Topics</u>		
Extension	28	21%
Fraud	28	21%
Hospital	20	15%
<u>Other themes</u>		
Charity	36	27%
Medical Model	35	27%
Invisible	28	21%
Charity voices	Count	Percentage
<u>Newspaper Type</u>		
Broadsheet	19	35%
Tabloid	36	65%
<u>Article focus</u>		
General	43	78%
Specific	12	22%
<u>Other themes</u>		
Policymaker Voices	15	39%
Medical Model	6	16%
Invisible	24	44%
<u>Topics</u>		
Extension	19	35%
Transport voices	Count	Percentage
<u>Article focus</u>		
General	33	87%
Specific	5	13%
<u>Topic</u>		
Environment	10	26%

Brexit	8	21%
Disabled voices	Count	Percentage
<u>Article focus</u>		
General	18	16%
Specific	92	84%
<u>Topic</u>		
Encounters	23	21%
Fines	23	21%
Becoming Disabled	18	16%
<u>Other themes</u>		
Impairment	53	48%
Medical Model	45	41%
Age	40	36%
Carer voices	Count	Percentage
<u>Article focus</u>		
General	7	9%
Specific	71	91%
<u>Topic</u>		
Encounters	20	26%
Fines	19	24%
<u>Other themes</u>		
Medical Model	41	53%
Victim	32	41%
Impairment	32	41%
Children	28	36%

DT 1.15: Types of People in Articles

'Invisible' impairments	Count	Percentage
<u>Article focus</u>		
General	44	52%
Specific	40	48%
<u>Topic</u>		
Extension	42	50%
Encounters	31	37%
Fraud	14	17%
Notes	11	13%
<u>Other themes</u>		
Medical Model	39	46%
Faking	33	39%
Victim	29	35%
Impairment	28	33%
Policymaker Voices	28	33%
Carer Voices	24	29%
Charity Voices	24	29%
Disabled Voices	20	24%
Age / young people	Count	Percentage
<u>Article focus</u>		
General	2	4%
Specific	45	96%
<u>Topics</u>		
Encounters	14	30%
Becoming Disabled	12	26%
Notes	12	26%
<u>Other themes</u>		
Disabled Voices	40	85%
Transport	37	79%
Medical	32	68%
Victim	22	47%
Faking Accusation	20	43%

Children	Count	Percentage
<u>Topics</u>		
Encounters	20	54%
Fraud	6	16%
<u>Other themes</u>		
Carer Voices	28	76%
Invisible	24	65%
Victim	23	62%
Faking Accusations	22	59%
Medical Model	22	59%
Impairment	15	41%
Celebrities	Count	Percentage
<u>Topics</u>		
Encounters	15	39%
Becoming Disabled	12	32%
Abuse	8	21%
<u>Other themes</u>		
Impairment	21	55%
Disabled Voices	20	53%
Carer Voices	19	50%
Medical Model	17	45%
Invisible	15	39%
Faking Accusations	14	37%

DT 1.16: Ideas and Models of Disability in Articles

Impairment	Count	Percentage
<u>Article focus</u>		
General	1	1%
Specific	81	99%
<u>Topics</u>		
Encounters	23	28%
Notes	20	24%
Becoming Disabled	19	23%
<u>Other themes</u>		
Disabled Voices	53	65%
Medical Model	49	60%
Age	37	45%
Victim	35	43%
Faking Accusations	34	41%
Invisible	28	34%
Medical model	Count	Percentage
<u>Article focus</u>		
General	43	38%
Specific	70	62%
<u>Topics</u>		
Encounters	21	19%
Fines	16	14%
Becoming Disabled	16	14%
<u>Other themes</u>		
Impairment	49	43%
Disabled Voices	45	40%
Carer Voices	41	36%
Victim	37	33%
Policymaker Voices	35	31%
Social model		
<u>Article focus</u>		
General	12	57%

Specific	9	43%
<u>Newspaper type</u>		
Broadsheet	12	57%
Tabloid	9	43%
<u>Newspaper title</u>		
Independent/i	5	24%
Guardian	4	19%
<u>Topics</u>		
Environment	7	33%
Encounters	3	14%
Brexit	3	14%
Marker	3	14%
<u>Voices</u>		
Disabled Voices	17	81%
Policymaker Voices	9	43%
Charity Voices	8	38%

DT 1.17: Stereotypes in Articles

Victim	Count	Percentage
<u>Year</u>		
2018	35	52%
2019	16	24%
<u>Topics</u>		
Encounters	32	48%
Notes	22	33%
<u>Other themes</u>		
Faking Accusation	40	60%
Medical Model	37	55%
Impairment	35	52%
Carer Voices	32	48%
Disabled Voices	28	42%
Faking accusation		
<u>Year</u>		
2018	21	43%
2019	12	24%
<u>Newspaper type</u>		
Broadsheet	2	4%
Tabloid	47	96%
<u>Article focus</u>		
General	1	2%
Specific	48	98%
<u>Topics</u>		
Encounters	34	69%
Notes	17	35%
<u>Other themes</u>		
Victim	40	82%
Impairment	34	69%
Invisible	33	67%
Medical Model	30	61%

Scrounger	Count	Percentage
<u>Year</u>		
2018	7	26%
2019	11	41%
<u>Newspaper type</u>		
Broadsheet	8	30%
Tabloid	19	70%
<u>Newspaper title</u>		
Mail	9	33%
Telegraph	4	15%
<u>Article focus</u>		
General	15	56%
Specific	12	44%
<u>Topics</u>		
Fraud	18	67%
Extension	7	26%
<u>Other themes</u>		
Policymaker Voices	12	44%
Invisible	9	33%
Supercrip	Count	Percentage
<u>Year</u>		
2020	5	45%
<u>Topic</u>		
Application	3	27%
Becoming Disabled	3	27%
<u>Other themes</u>		
Impairment	9	82%
Age	5	45%

DT 1.18: Other Themes in Articles

Perk	Count	Percentage
<u>Topics</u>		
Extension	10	36%
Fraud	7	25%
Benefits	6	21%
Scarcity	Count	Percentage
<u>Year</u>		
2018	4	25%
2019	8	50%
<u>Topics</u>		
Extension	10	63%
Fraud	7	44%
<u>Other themes</u>		
Invisible	11	69%
Policymaker Voices	8	50%
Supermarket	Count	Percentage
<u>Newspaper type</u>		
Broadsheet	2	8%
Tabloid	24	92%
<u>Topics</u>		
Notes	11	42%
Encounters	10	38%
Fines	5	19%
Abuse	5	19%
<u>Other themes</u>		
Disabled Voices	15	58%
Victim	14	54%
Impairment	14	54%
Faking Accusation	12	46%
Cars		
<u>Year</u>		

2022	8	40%
<u>Newspaper title</u>		
Mail	6	30%
<u>Topics</u>		
Abuse	9	45%
Fraud	5	25%

11.2. Survey

[Click here to return to the main text](#)

* Cramer's V is highlighted green if > 0.2 and yellow if < 0.2

DT 2.1: Demographic Overview

	Current survey		NTS 2019-2023		z-test	
Gender	Count	%	Count	%	z	p
Female	201	66%	1498	58%	-2.916	0.004**
Male	94	31%	1102	42%	3.478	0.001**
Non-Binary	7	2%	n/a	n/a	n/a	n/a
(Missing)	2	1%	n/a	n/a	n/a	n/a
TOTAL	304	100%	2600	100%		
Age	Count	%	Count	%	z	p
18-29	26	9%	46	2%	-10.054	0.000***
30-39	44	14%	86	3%	-8.932	0.000***
40-49	65	21%	130	5%	10.827	0.000***
50-59	80	26%	269	10%	-8.133	0.000***
60-69	52	17%	496	19%	0.806	0.418
70+	36	12%	1573	61%	16.114	0.000***
(Missing)	1	0%	n/a	n/a		
TOTAL	304	100%	2600	100%		
Ethnicity	Count	%	Count	%	z	p
Ethnic minority (breakdown below)	21	7%	152	6%	-0.842	0.401
. Asian	7	2%				
. Black	6	2%				
. Mixed	5	2%				
. Other	3	1%				
White	276	91%	2447	94%	0.842	0.401
(Missing)	7	2%				
TOTAL	304	100%	2599	100%		
Sexual orientation					z	p
Asexual	14	5%	n/a	n/a	n/a	n/a
Bisexual	29	10%	n/a	n/a	n/a	n/a
Gay	12	4%	n/a	n/a	n/a	n/a
Heterosexual	222	73%	n/a	n/a	n/a	n/a
Lesbian	5	2%	n/a	n/a	n/a	n/a
Other	4	1%	n/a	n/a	n/a	n/a
(Missing)	18	6%				
TOTAL	304	100%				
Gender identity	Count	%	Count	%	z	p
Cis	24	8%	n/a	n/a	-0.842	0.401
Trans	278	91%	n/a	n/a	0.842	0.401
(Missing)	2	1%	n/a	n/a		
TOTAL	304	100%				
Region					z	p
North (North West, North East, Yorkshire & Humber)	85	28%	n/a	n/a	n/a	n/a
Midlands (East Midlands, West Midlands, East of England)	89	29%	n/a	n/a	n/a	n/a
London	30	10%	n/a	n/a	n/a	n/a
South (South West, South East)	97	32%	n/a	n/a	n/a	n/a
(Missing)	3	1%				
TOTAL	304	100%				
Impairment visibility	Count	%	Count	%	z	p
Always	132	43%	n/a	n/a	n/a	n/a
Sometimes	119	39%	n/a	n/a	n/a	n/a
Never	47	15%	n/a	n/a	n/a	n/a
(Missing)	6	2%				
TOTAL	304	100%				
Impairment type (multiple answers possible)	Count	%	Count	%	z	p
Mobility	245	81%	n/a	n/a	n/a	n/a
Chronic illness	231	76%	n/a	n/a	n/a	n/a
Mental health	72	24%	n/a	n/a	n/a	n/a
Neurodivergence	46	15%	n/a	n/a	n/a	n/a
Age-related	24	8%	n/a	n/a	n/a	n/a
Deaf	23	8%	n/a	n/a	n/a	n/a
Blind	10	3%	n/a	n/a	n/a	n/a
Learning disability	9	3%	n/a	n/a	n/a	n/a
Other	29	10%	n/a	n/a	n/a	n/a

DT 2.2: Encounter Types and Demographic Variables

	Faking accusation					Confronted someone else					Harassed for being disabled					Positive								
Original code	Never		Rarely	S/times	Often	Always	Never		Rarely	S/times	Often	Always	Never		Rarely	S/times	Often	Always	Never		Rarely	S/times	Often	Always
Count	72		42	115	44	7	76		77	79	45	10	89		72	81	24	5	83		91	69	17	2
Percentage	26%		15%	41%	16%	3%	26%		27%	28%	16%	3%	33%		27%	30%	9%	2%	32%		35%	26%	6%	1%
N	280					287					271					262								
Aggregated	Never		Occasionally		Frequently		Never		Occasionally		Frequently		Never		Occasionally		Frequently		Never		Occasionally		Frequently	
Count	72		157		51		76		156		55		89		153		29		83		160		19	
Percentage	26%		56%		18%		26%		54%		19%		33%		56%		11%		32%		61%		7%	
Region	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
North	18	20	52	43	7	14	21	22	42	44	19	16	26	26	44	3	8	8	24	23	43	45	7	5
Midlands	20	22	48	47	16	15	22	23	52	46	12	17	31	26	41	45	8	9	26	25	47	49	7	6
London	11	7	13	15	2	5	7	7	13	14	5	5	6	8	17	14	1	3	4	7	17	4	1	2
South	23	24	43	51	25	16	26	24	46	49	19	18	25	29	50	49	12	9	28	27	52	51	4	6
chi2 (df=6)	15.824					3.242					4.806					4.174								
p	0.015*					0.778					0.569					0.653								
Cramer's V	0.169																							
N	278					284					269					260								
Age Group	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
18-29	2	7	14	14	9	5	12	7	12	14	2	5	12	8	9	14	4	3	11	8	12	15	1	2
30-39	3	11	30	25	11	8	16	23	24	23	3	8	13	14	25	24	4	5	15	13	25	26	2	3
40-49	13	16	35	35	15	12	22	33	26	33	13	12	21	20	33	34	6	6	22	18	33	34	1	4
50-59	18	19	44	41	11	13	19	41	43	41	13	14	14	24	48	41	11	8	21	22	40	42	7	5
60-69	20	12	21	25	4	8	7	26	28	26	13	9	17	15	24	25	3	5	9	14	27	26	7	3
70	16	8	12	16	1	5	0	19	23	19	11	7	12	9	14	15	1	3	5	9	23	18	1	2
chi2 (df=10)	41.383					32.696					14.674					17.703								
p	0.000***					0.000***					0.144					0.060								
Fischer's exact	0.272					0.239					Not available					Not available								
Cramer's V	0.141																							
N	279					287					271					262								
Gender	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Female	39	48	107	104	40	34	54	49	102	103	32	36	59	59	101	102	20	19	55	55	104	106	15	13
Male	31	22	43	48	11	16	18	24	50	50	23	18	28	27	47	47	8	9	26	25	50	49	4	6
Non-binary	1	2	6	4	0	1	3	2	4	4	0	1	1	2	5	4	1	1	2	2	5	4	0	1
Fischer's exact	0.03**					0.181					0.841					0.898								
Cramer's V	0.141																							
N	278					286					270					261								
Ethnicity	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
BME	2	4	12	9	2	3	7	4	6	9	3	3	3	5	11	8	0	2	7	5	7	9	0	1
White	70	68	137	140	38	47	67	70	146	143	50	50	84	82	137	140	29	28	75	78	149	147	17	16
Fischer's exact	0.299					0.214					0.213					0.375								
N	261					279					264					255								
Sexual Orientation	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Asexual	4	4	6	8	4	3	5	7	7	7	1	3	2	5	9	8	3	2	4	4	8	7	0	1
Bisexual	2	7	18	16	8	5	9	16	17	16	3	6	8	9	17	17	4	3	4	9	23	17	1	2
Gay	3	3	6	6	2	2	3	6	5	6	3	2	4	3	6	6	0	1	4	3	5	6	0	1
Heterosexual	60	54	109	112	33	37	52	112	113	112	45	41	66	64	110	112	20	21	63	61	112	117	17	14
Lesbian	0	1	5	3	0	1	4	3	1	3	0	1	2	1	2	2	0	0	3	2	2	3	0	0
Fischer's exact	0.098					0.249					0.683					0.304								
N	260					268					253					246								
Trans status	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Cis	64	65	142	143	48	46	71	69	139	143	52	50	90	80	141	139	25	26	78	76	142	145	18	17
Trans	7	6	14	14	3	4	4	6	17	13	3	5	8	8	12	14	4	3	5	7	17	14	1	2
chi2 (df=2)	0.648					2.804					1.072					1.800								
p	0.723					0.246					0.585					0.407								
N	278					286					270					261								
Impairment Visibility	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Always	46	32	62	67	13	22	25	33	70	68	30	24	34	38	68	65	14	13	26	36	76	70	13	8
Sometimes	19	29	65	61	26	20	33	30	63	61	16	21	39	36	57	61	13	12	30	33	69	63	5	8
Never	7	12	27	26	12	9	17	12	20	24	8	9	15	14	26	24	2	5	26	13	13	24	1	3
chi2 (df=4)	19.704					8.412					3.138					28.231								
p	0.001**					0.077					0.535					0.000***								
Cramer's V	0.189															0.234								
N	277					282					268					259								
Impairment Type	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Chronic illness	48	56	124	123	47	40	62	59	113	120	43	42	59	70	129	121	26	23	69	65	124	125	12	15
chi2 (df=2)	11.507					1.558					13.237					3.758								
p	0.003**					0.459					0.001**					0.153								
Cramer's V	0.203										0.221													
N	280					287					271					262								
Mental health	14	18	34	39	22	13	21	18	34	38	14	13	19	22	41	38	8	7	21	21	40	41	6	5
chi2 (df=2)	11.069					1.028					0.996					0.391								
p	0.004**					0.598					0.608					0.822								
Cramer's V	0.199															0.263								
N	280					287					271					262								
Mobility	59	58	131	127	37	41	56	62	132	127	45	45	74	73	123	125	25	24	55	68	141	130	17	15
chi2 (df=2)	3.023					4.016					0.691					18.076								
p	0.221					0.134					0.708					0.000***								
Cramer's V																0.263								
N	280					287					271					262								
Neurodivergent	3	16	28	25	14	8	19	12	22	25	5	9	11	15	27	25	6	5	15	13	25	26	2	3
chi2 (df=2)	12.823					6.942					1.630					0.704								
p	0.002**					0.031*					0.443					0.703								
Cramer's V	0.214					0.156																		
N	280					287					271					262								

DT 2.3: Positive Interactions and Demographic Variables

	Small talk with other BB users		Small talk with public		Wanted help	
Count (N=304)	161		112		99	
Percentage	53%		37%		33%	
N	304		304		304	
Region (N=301)	O	E	O	E	O	E
North	50	45	33	32	33	28
Midlands	36	47	36	33	29	29
London	16	16	12	11	7	10
South	47	51	31	36	29	32
chi2 (df=3)	2.021		1.739		2.995	
p	0.568		0.628		0.392	
Age Group (N=303)	O	E	O	E	O	E
18-29	10	14	7	10	8	9
30-39	22	23	15	16	15	14
40-49	30	35	16	24	13	21
50-59	46	43	34	30	28	26
60-69	30	28	25	19	22	17
70+	23	19	15	13	13	12
chi2 (df=5)	6.412		9.685		7.413	
p	0.268		0.085		0.192	
Gender (N=302)	O	E	O	E	O	E
Female	100	107	71	75	66	65
Male	56	50	37	35	29	31
Non-binary	5	4	4	3	3	2
Fischer's exact	0.178		0.400		0.766	
Ethnicity (N=294)	O	E	O	E	O	E
BME	6	10	3	7	4	6
White	151	147	106	102	89	87
chi2 (df=2)	3.103		3.423		0.785	
p	0.780		0.064		0.376	
N	294		294		294	
Sexual Orientation (N=282)	O	E	O	E	O	E
Asexual	6	8	4	5	5	5
Bisexual	18	16	14	11	13	10
Gay	7	7	3	5	4	4
Heterosexual	121	120	82	83	70	70
Lesbian	1	3	2	2	2	2
Fischer's exact	0.443		0.617		0.663	
Transgender identity (N=302)	O	E	O	E	O	E
Cis	148	148	100	103	88	90
Trans	13	13	12	9	10	8
chi2 (df=1)	0.008		1.864		1.010	
p	0.930		0.172		0.315	
Impairment Visibility (N=298)	O	E	O	E	O	E
Always	79	70	68	48	50	43
Sometimes	63	63	30	44	41	39
Never	16	25	11	17	6	15
chi2 (df=2)	9.267		22.841		10.283	
p	0.010*		0.000***		0.006**	
Cramer's V	0.176		0.277		0.186	
Impairment Type	O	E	O	E	O	E
Chronic Illness (N=304)	119	122	77	85	73	75
chi2 (df=1)	0.807		5.090		0.407	
p	0.369		0.024*		0.523	
Cramer's V			-0.129			
Mental health condition (N=304)	39	38	18	27	28	23
chi2 (df=1)	0.055		5.686		1.718	
p	0.814		0.017*		0.190	
Cramer's V			-0.137			
Mobility (N=304)	140	130	97	90	90	80
chi2 (df=1)	8.864		4.102		9.991	
p	0.003**		0.043*		0.002**	
Cramer's V	0.171		0.116		0.181	
Neurodivergent (N=304)	24	24	8	17	10	15
chi2 (df=1)	0.014		8.813		2.893	
p	0.908		0.003**		0.089	
Cramer's V			-0.170			

DT 2.4: Intrusive / Suspicious interactions and demographic variables

	Staring		Intrusive questions		Expressed envy		Photographed / filmed		Being followed		Being reported	
	O	E	O	E	O	E	O	E	O	E	O	E
Count (N=304)	242		193		178		52		43		85	
Percentage	80%		63%		59%		17%		14%		28%	
Region (N=301)	O	E	O	E	O	E	O	E	O	E	O	E
North	67	68	57	54	43	50	16	14	9	12	20	21
Midlands	74	71	54	57	59	52	14	15	14	13	20	22
London	24	24	17	19	12	18	4	5	2	4	4	8
South	75	77	64	62	62	57	17	16	18	14	31	24
chi2 (df=3)	1.036		1.628		0.982		0.608		3.968		5.095	
p	0.793		0.653		0.02*		0.895		0.265		0.165	
Cramer's V					0.181							
Age Group (N=303)	O	E	O	E	O	E	O	E	O	E	O	E
18-29	25	21	20	17	18	15	6	5	3	4	12	6
30-39	42	35	38	28	33	26	10	8	5	6	21	11
40-49	57	52	41	41	39	38	14	11	14	9	20	16
50-59	63	64	51	51	46	47	13	14	15	11	15	20
60-69	36	42	29	33	28	31	7	9	5	7	5	13
70+	19	29	13	23	14	21	2	6	1	5	2	9
chi2 (df=5)	33.564		24.904		12.442		6.433		9.431		35.194	
p	0.000***		0.000***		0.029*		0.266		0.093		0.000***	
Cramer's V	0.333		0.287		0.203						0.341	
Gender (N=302)	O	E	O	E	O	E	O	E	O	E	O	E
Female	168	160	133	128	121	119	33	35	32	29	47	50
Male	69	75	53	60	51	55	16	16	10	13	23	23
Non-binary	4	6	6	5	6	4	3	1	1	1	5	2
chi2 (df=2)							3.321		1.463		8.375	
p							0.190		0.481		0.015*	
Fischer's exact	0.035*		0.151		0.220							
Cramer's V	0.146										0.167	
Ethnicity (N=294)	O	E	O	E	O	E	O	E	O	E	O	E
BME	15	14	12	11	11	11	1	3	2	3	6	5
White	220	221	172	173	163	163	48	46	39	39	67	69
chi2 (df=1)	0.138		0.136									
p	0.710		0.712									
Fischer's exact					1.000		0.326		1.000		0.403	
Sexual Orientation (N=282)	O	E	O	E	O	E	O	E	O	E	O	E
Asexual	10	11	11	9	7	8	3	2	4	2	6	3
Bisexual	29	23	24	18	23	18	9	5	6	4	13	7
Gay	9	10	9	8	6	7	3	2	2	2	1	3
Heterosexual	175	179	129	140	129	134	33	38	28	32	46	54
Lesbian	4	4	5	3	5	3	0	1	0	1	3	1
Fischer's exact	0.015*		0.014*		0.047*		0.152		0.274		0.003**	
Cramer's V	0.172		0.209		0.181						0.237	
Transgender identity (N=302)	O	E	O	E	O	E	O	E	O	E	O	E
Cis	222	222	177	177	164	164	48	48	39	40	66	
Trans	19	19	15	15	14	14	4	4	4	3	9	
chi2 (df=1)	0.007		0.013		0.004				0.126		2.241	
p	0.936		0.909		0.950				0.723		0.134	
Fischer's exact							1.000					
Impairment Visibility (N=298)	O	E	O	E	O	E	O	E	O	E	O	E
Always	99	105	72	85	80	78	16	23	20	19	23	33
Sometimes	99	95	82	76	75	70	25	25	14	17	37	30
Never	40	38	37	30	20	28	10	10	8	7	15	12
chi2 (df=2)	3.566		10.790		6.172		4.166		0.988		7.557	
p	0.168		0.005**		0.046*		0.125		0.610		0.023*	
Cramer's V			0.190		0.144						0.159	
Impairment Type	O	E	O	E	O	E	O	E	O	E	O	E
Chronic Illness (N=304)	194	184	160	147	147	135	47	40	37	33	63	57
chi2 (df=1)	11.354		13.851		10.244		7.127		2.778		3.504	
p	0.001**		0.000***		0.001**		0.008**		0.096		0.061	
Cramer's V	0.193		0.214		0.184		0.153					
Mental health condition (N=304)	65	57	52	46	44	42	20	12	15	10	25	18
chi2 (df=1)	6.619		3.106		0.255		7.579		3.476		5.129	
p	0.01*		0.078		0.614		0.006**		0.062		0.024*	
Cramer's V	0.148						0.158				0.130	
Mobility (N=304)	195	195	158	156	154	144	41	42	34	35	60	60
chi2 (df=1)	0.000		0.548		9.638		0.122		0.074		0.022	
p	0.991		0.459		0.002**		0.727		0.785		0.881	
Cramer's V					0.178							
Neurodivergent (N=304)	43	37	38	29	25	27	15	8	12	7	26	11
chi2 (df=1)	6.425		8.550		0.395		9.188		6.365		29.587	
p	0.011*		0.003**		0.530		0.002**		0.012**		0.000***	
Cramer's V	0.145		0.168				0.174		0.145		0.312	

DT 2.5: Hostile / Belittling Interactions and Demographic Variables

	Insults		Threats		Violence		Unwanted help		Being patronised		Laughed at		Treated as non-person	
	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Count (N=304)	141		97		19		144		144		68		120	
Percentage	46%		32%		6%		47%		47%		22%		39%	
Region (N=301)	O	E	O	E	O	E	O	E	O	E	O	E	O	E
North	39	40	24	27	5	5	23	24	43	40	15	19	34	34
Midlands	34	41	31	28	5	5	30	25	41	42	24	20	37	35
London	11	14	6	10	1	2	7	9	11	14	4	7	12	12
South	56	45	35	31	7	6	25	27	48	46	25	22	36	38
chi2 (df=3)	8.561		3.615				2.019		1.963		4.194		0.403	
p	0.036*		0.306				0.568		0.580		0.241		0.940	
Fischer's exact					0.942									
Cramer's V	0.169													
Age Group (N=303)	O	E	O	E	O	E	O	E	O	E	O	E	O	E
18-29	12	12	4	8	2	2	10	7	12	12	7	6	10	10
30-39	21	21	12	14	4	3	18	12	30	21	7	10	19	17
40-49	30	30	20	21	4	4	21	18	37	31	20	15	28	26
50-59	40	37	31	26	7	5	13	22	34	38	17	18	33	32
60-69	21	24	18	17	2	3	13	15	25	25	14	12	20	21
70	17	17	12	12	0	2	10	10	6	17	3	8	10	14
chi2 (df=5)	1.214		5.663				11.345		24.412		8.751		2.801	
p	0.944		0.340				0.045*		0.000***		0.119		0.731	
Fischer's exact					0.439									
Cramer's V							0.194		0.284					
Gender (N=302)	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Female	96	94	60	65	12	13	60	57	97	96	39	45	75	80
Male	41	44	35	30	6	6	21	27	45	45	27	21	41	37
Non-binary	4	3	2	2	1	0	4	2	2	3	2	2	4	3
chi2 (df=2)											3.340			
p											0.188			
Fischer's exact	0.701		0.438		0.495		0.079		0.679				0.348	
Ethnicity (N=294)	O	E	O	E	O	E	O	E	O	E	O	E	O	E
BME	5	8	2	6	0	1	2	5	9	8	3	4	4	7
White	132	129	93	89	19	10	81	78	129	130	64	63	110	107
chi2 (df=1)	2.729		3.941				2.774		0.072				2.213	
p	0.099		0.066				0.096		0.788				0.137	
Fischer's exact					0.616						0.772			
Sexual Orientation (N=282)	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Asexual	5	6	7	5	1	1	5	4	7	7	2	3	7	6
Bisexual	19	13	13	9	2	2	16	8	21	14	11	7	17	12
Gay	6	5	4	4	0	1	2	3	5	6	3	3	1	5
Heterosexual	96	100	67	72	14	13	53	62	99	106	50	52	85	88
Lesbian	1	2	0	2	0	0	3	1	2	2	0	1	2	2
chi2 (df=4)	7.080								8.281					
p	0.132								0.082					
Fischer's exact			0.140		1.000		0.003**				0.275		0.029*	
Cramer's V							0.240						0.189	
Transgender identity (N=302)	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Cis	131	130	89	89	16	18	75	78	134	133	62	63	107	111
Trans	10	11	8	8	3	2	10	7	10	11	6	5	13	10
chi2 (df=1)	0.264		0.894				2.357		0.378		0.092		2.268	
p	0.607						0.125		0.539		0.761		0.132	
Fischer's exact					0.183									
Impairment Visibility (N=298)														
Always	59	61	48	43	13	8	46	36	67	63	32	30	66	52
Sometimes	58	55	39	39	6	8	32	33	60	57	28	27	45	47
Never	21	22	10	15	0	3	4	13	16	23	8	11	6	19
chi2 (df=2)	0.471		3.598		6.222		12.093		4.350		1.042		20.324	
p	0.790		0.165		0.045*		0.002**		0.114		0.594		0.000***	
Fischer's exact														
Cramer's V					0.145		0.201						0.261	
Impairment Type	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Chronic illness (N=304)	115	107	77	74	17	14	65	65	119	109	57	52	98	91
chi2 (df=1)	4.477		0.900				0.015		6.635		2.948		3.505	
p	0.034*		0.343				0.902		0.01*		0.086		0.061	
Fischer's exact					0.264									
Cramer's V	0.121								0.148					
Mental health condition (N=304)	39	33	28	23	5	5	17	20	35	34	17	16	31	28
chi2 (df=1)	2.299		2.116				0.886		0.058		0.084		0.507	
p	0.129		0.146				0.347		0.809		0.772		0.477	
Fischer's exact					0.783									
Mobility (N=304)	113	114	77	78	17	15	76	69	118	116	55	55	101	97
chi2 (df=1)	0.034		0.134				5.868		0.320		0.005		1.620	
p	0.854		0.715				0.015*		0.572		0.945		0.203	
Fischer's exact					0.547									
Cramer's V							0.139							
Neurodivergent (N=304)	22	21	15	15	3	3	14	13	29	22	11	10	18	18
chi2 (df=1)	0.046		0.012				0.165		5.342		0.075		0.003	
p	0.831		0.912				0.685		0.021*		0.785		0.959	
Fischer's exact					1.000									
Cramer's V									0.133					

DT 2.6: People in Encounters and Demographic Variables

	Another BB holder		BB bay abuser		Random bystander		Staff member		Traffic warden	
	O	E	O	E	O	E	O	E	O	E
Count (N=304)	109		213		180		73		50	
Percentage	36%		70%		59%		24%		16%	
Region (N=301)	O	E	O	E	O	E	O	E	O	E
North	31	31	67	60	43	50	25	21	10	14
Midlands	26	32	60	62	57	53	22	222	12	15
London	7	11	22	21	15	18	7	7	3	5
South	34	35	62	68	63	57	19	24	25	16
chi2 (df=3)	2.902		5.311		5.850		2.405		8.895	
p	0.407		0.150		0.119		0.493		0.031*	
Cramer's V									0.172	
Age Group (N=303)	O	E	O	E	O	E	O	E	O	E
18-29	8	9	12	18	22	15	7	6	4	4
30-39	19	16	28	31	33	26	15	11	12	7
40-49	30	23	41	46	46	39	13	16	9	11
50-59	27	29	56	56	48	48	22	19	11	13
60-69	13	19	42	36	21	31	11	13	10	9
70+	12	13	33	25	10	21	5	9	4	6
chi2 (df=5)	7.222		20.279		37.516		5.917		5.541	
p	0.205		0.001**		0.000***		0.314		0.353	
Cramer's V			0.259		0.352				0.398	
Gender (N=302)	O	E	O	E	O	E	O	E	O	E
Female	76	73	135	141	130	119	52	49	29	33
Male	30	34	71	66	43	56	18	23	18	16
Non-binary	3	3	6	5	6	4	3	2	3	1
chi2 (df=2)							2.944			
p							0.229			
Fischer's exact	0.618		0.297		0.003**				0.090	
Cramer's V					0.196					
Ethnicity (N=294)	O	E	O	E	O	E	O	E	O	E
BME	6	7	9	13	9	11	3	4	5	3
White	100	100	197	193	169	167	66	65	43	45
chi2 (df=1)	0.062		3.682		0.892					
p	0.804		0.055		0.345					
Fischer's exact							0.580		0.188	
Sexual Orientation (N=282)	O	E	O	E	O	E	O	E	O	E
Asexual	7	5	11	10	8	8	4	4	2	2
Bisexual	17	10	19	20	24	18	14	7	6	5
Gay	1	4	7	8	8	7	4	3	1	2
Heterosexual	74	80	158	155	125	134	46	56	37	39
Lesbian	2	2	2	4	5	3	3	1	3	1
chi2 (df=4)					11.141					
p					0.025*					
Fischer's exact	0.011*		0.403				0.005**		0.169	
Cramer's V	0.209				0.199		0.225			
Transgender identity (N=302)	O	E	O	E	O	E	O	E	O	E
Cis	103	100	191	195	164	165	66	67	44	46
Trans	6	9	21	17	15	14	7	6	6	4
chi2 (df=1)	1.391		3.731		0.113		0.355			
p	0.238		0.053		0.737		0.551			
Fischer's exact									0.254	
Impairment Visibility (N=298)	O	E	O	E	O	E	O	E	O	E
Always	46	48	101	93	71	78	32	31	22	22
Sometimes	47	44	80	84	78	70	33	28	18	20
Never	16	17	28	33	27	28	6	11	9	8
chi2 (df=2)	0.737		5.548		3.639		4.180		0.406	
p	0.692		0.062		0.162		0.124		0.816	
Impairment Type	O	E	O	E	O	E	O	E	O	E
Chronic Illness (N=304)	92	83	161	161	148	137	60	56	46	38
chi2 (df=1)	6.597		0.062		9.403		2.027		8.410	
p	0.01*		0.803		0.002**		0.155		0.004**	
Cramer's V	0.147				0.176				0.166	
Mental health condition (N=304)	O	E	O	E	O	E	O	E	O	E
chi2 (df=1)	3.026		0.182		0.076		0.733		2.290	
p	0.082		0.670		0.783		0.392		0.130	
Mobility (N=304)	O	E	O	E	O	E	O	E	O	E
chi2 (df=1)	2.430		5.401		0.076		4.385		0.257	
p	0.119		0.02*		0.783		0.036*		0.612	
Cramer's V			0.133				0.120			
Neurodivergent (N=304)	O	E	O	E	O	E	O	E	O	E
chi2 (df=1)	10.065		1.274		0.145		0.536		0.383	
p	0.002**		0.259		0.004**		0.464		0.536	
Cramer's V	0.182				0.164					

DT. 2.7: Number / Frequency of Encounters and Demographic Variables

Number	1-5		6-10		11-19		20+		Weekly or more		Monthly or more		Few a year		Yearly or less	
	1-2	3-5							Multiple a week	Once a week	Several a month	Once a month	Few a year		Once a year	Less than yearly
Count (N 303)	19	48	68		40		128		17	21	70	38	104		28	25
Percentage	6%	16%	22%		13%		42%		6%	7%	23%	13%	34%		9%	8%
Age Group (N 302)	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
18-29	7	6	4	6	3	3	12	11	5	3	12	9	7	9	2	5
30-39	9	10	9	10	6	6	20	19	4	6	16	16	19	15	5	8
40-49	14	14	12	14	9	9	29	27	11	8	29	23	16	22	9	11
50-59	16	18	21	18	9	11	34	34	8	10	26	29	29	28	17	14
60-69	8	11	14	12	9	7	21	22	7	6	14	18	23	18	7	9
70+	12	8	8	8	4	5	12	15	3	5	11	13	10	12	12	6
chi2 (df 15)	7.883								21.686							
p	0.931								0.116							
Gender (N 301)	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Female	40	43	48	45	27	27	85	85	29	25	69	72	69	69	33	34
Male	25	20	20	21	13	13	36	40	7	12	37	34	33	33	17	16
Non-binary	0	2	0	2	0	1	7	3	2	1	2	3	2	2	1	1
Fischer's exact	0.156								0.507							
Ethnicity (N 293)	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
BME	6	4	3	4	2	2	7	8	3	2	5	7	9	6	1	3
White	57	59	63	62	37	37	118	117	33	34	101	100	92	95	49	47
Fischer's exact	0.662								0.320							
Sexual Orientation (N 281)	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Asexual	1	3	0	3	1	2	12	6	2	2	10	5	0	5	2	2
Bisexual	2	6	6	6	6	4	15	12	5	3	12	11	12	10	0	5
Gay	3	3	3	3	2	2	4	5	0	1	5	4	4	4	3	2
Heterosexual	53	47	52	49	30	31	86	94	25	26	76	82	79	77	41	36
Lesbian	1	1	1	1	0	1	3	2	1	1	1	2	3	2	0	1
p	0.072								0.007**							
Cramer's V	0.168								0.158							
Transgender identity (N 301)	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Cis	61	60	65	63	39	36.8	112	118	35	35	99	99	94	96	49	47
Trans	4	5	3	5	1	3	16	10	3	3	9	9	10	8	2	4
Fischer's exact	0.117								0.714							
Impairment Visibility (N 297)	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Always	23	29	29	29	17	18	62	56	19	16	51	47	42	45	19	22
Sometimes	25	26	24	26	19	16	51	51	12	15	36	43	48	41	23	20
Never	17	10	13	10	4	6	13	20	6	6	20	17	13	16	8	8
chi2 (df 6)	10.993								5.834							
p	0.089								0.442							
Impairment Type	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Chronic illness (N 303)	48	51	46	52	31	30	105	97	33	29	88	82	77	79	32	40
chi2 (df 3)	5.884								11.508							
p	0.117								0.009**							
Cramer's V	0.195								0.195							
Mental health condition (N 303)	9	16	11	16	15	10	37	30	13	9	28	26	26	25	5	13
chi2 (df 3)	12.143								8.663							
p	0.007**								0.034*							
Cramer's V	0.200								0.169							
Mobility (N 303)	47	54	55	55	34	32	109	104	29	31	88	87	86	84	41	43
chi2 (df 3)	6.935								1.143							
p	0.074								0.767							
Neurodivergent (N 303)	6	10	6	10	7	6	27	19	5	6	25	16	13	16	3	8
chi2 (df 3)	7.793								9.756							
p	0.05*								0.021*							
Cramer's V	0.160								0.179							

DT 2.8: In/visibility Factors, Demographic Variables, and Encounter Types

	Not looking disabled		Not behaving in the right way		Impairment	
	O	E	O	E	O	E
Count (N=304)	204		165		100	
Percentage	67%		54%		33%	
Region (N=301)						
North	59	57	54	46	26	28
Midlands	57	60	45	48	29	30
London	13	20	8	16	9	10
South	73	65	56	53	36	32
chi2 (df=3)	11.184		13.102		1.085	
p	0.011		0.004		0.781	
Cramer's V	0.013		0.209			
Age Group (N=303)						
18-29	19	17	19	14	8	9
30-39	33	0	30	24	23	15
40-49	52	44	32	35	17	22
50-59	56	54	47	43	25	26
60-69	27	35	26	27	16	17
70	16	24	10	20	11	12
chi2 (df=5)	20.631		19.000		9.152	
p	0.001**		0.002**		0.103	
Cramer's V	0.261		0.250			
Gender (N=302)						
Female	140	134	110	109	65	67
Male	57	63	49	51	32	31
Non-binary	5	5	5	4	3	2
Fisher's exact	0.273		0.622		0.793	
Ethnicity (N=294)						
BME	13	12	9	10	3	6
White	185	186	150	149	96	93
chi2 (df=)	0.207		0.129		2.483	
p	0.649		0.021		0.115	
Sexual Orientation (N=282)						
Asexual	11	9	7	8	7	5
Bisexual	25	20	23	16	11	10
Gay	9	8	8	7	3	4
Heterosexual	142	150	113	122	76	76
Lesbian	3	3	4	3	0	2
chi2 (df=4)			10.494			
p			0.033*			
Fisher's exact	0.108				0.346	
Cramer's V			0.193			
Transgender identity (N=302)						
Cis	188	186	152	151	93	92
Trans	14	6	12	13	7	8
chi2 (df=)	0.861		0.195		0.183	
p	0.353		0.659		0.669	
Impairment Visibility (N=298)						
Always	50	89	62	72	31	44
Sometimes	106	80	72	65	40	31
Never	45	32	28	26	20	16
chi2 (df=2)	95.062		5.232		10.201	
p	0.000***		0.073		0.006**	
Cramer's V	0.565				0.185	
Impairment Type						
Chronic illness (N=304)	168	155	135	125	82	76
chi2 (df=)	13.774		6.725		2.953	
p	0.000***		0.01*		0.086	
Cramer's V	0.213		0.149			
Mental health condition (N=304)	55	42	47	39	32	24
chi2 (df=)	7.732		4.601		5.701	
p	0.005**		0.032**		0.017*	
Cramer's V	0.160		0.123		0.137	
Mobility (N=304)	156	164	135	133	77	81
chi2 (df=)	6.735		0.347		1.229	
p	0.009**		0.556		0.268	
Cramer's V	-0.149					
Neurodivergent (N=304)	39	31	34	25	22	15
chi2 (df=)	7.673		8.422		5.474	
p	0.006**		0.004**		0.019*	
Cramer's V	0.159		0.66		0.134	

	Not looking disabled		Not behaving in the right way		Impairment	
	O	E	O	E	O	E
Count (N=304)	204		165		100	
Percentage	67%		54%		33%	
Types of encounters						
Faking accusation (N=280)						
Never	26	50	22	41	6	25
Occasionally	123	109	104	90	57	54
Frequently	45	35	35	30	24	18
chi2 (df=2)	51.895		28.884		8.570	
p	0.000***		0.000***		0.014*	
Cramer's V	0.431		0.321		0.175	
Confronted someone else (N=287)						
Never	61	51	47	42	32	26
Occasionally	99	105	85	87	46	53
Frequently	34	37	28	31	20	19
chi2 (df=2)	7.623		1.767		3.767	
p	0.023*		0.413		0.152	
Cramer's V	0.49					
Harassment (N=271)						
Never	61	62	38	51	22	31
Occasionally	105	107	100	88	58	54
Frequently	23	20	15	17	15	10
chi2 (df=2)	1.409		12.101		8.263	
p	0.494		0.002**		0.016*	
Cramer's V			0.211		0.175	
Positive encounter (N=262)						
Never	70	57	45	48	31	30
Occasionally	101	109	95	92	57	57
Frequently	8	13	11	11	6	7
chi2 (df=2)	17.866		0.596		0.235	
p	0.000***		0.742		0.889	
Cramer's V	0.261					
Positive encounters						
BBH small talk (N=304)	102	106	87	87	55	53
chi2 (df=1)	2.82		0.008		0.249	
p	0.140		0.929		0.618	
General small talk (N=304)	59	75	61	54	34	37
chi2 (df=1)	16.702		3.187		0.517	
p	0.000***		0.074		0.472	
Cramer's V	-0.235					
Wanted help (N=304)	60	66	9	8	33	33
chi2 (df=1)	2.809		0.593		0.013	
p	0.094		0.441		0.910	

	Not looking disabled		Not behaving in the right way		Impairment	
	O	E	O	E	O	E
Count (N=304)	204		165		100	
Percentage	67%		54%		33%	
Negative encounters						
Insults (N=304)	101	95	88	77	53	46
chi2 (df=1)	2.440		7.013		2.625	
p	0.118		0.008**		0.105	
Cramer's V			0.152			
Staring (N=304)	174	162	142	131	83	80
chi2 (df=1)	12.362		9.262		1.058	
p	0.000***		0.002**		0.304	
Cramer's V	0.202		0.175			
Threats (N=304)	66	65	60	53	37	32
chi2 (df=1)	0.057		3.298		1.779	
p	0.812		0.069		0.182	
Violence (N=304)	14	13	10	10	8	8
chi2 (df=1)	0.397		0.022		0.779	
p	0.528		0.882		0.377	
Questions (N=304)	145	130	131	105	76	64
chi2 (df=1)	15.418		39.391		10.066	
p	0.000***		0.000***		0.002**	
Cramer's V	0.225		0.360		0.182	
Reported (N=304)	65	50	54	41	28	25
chi2 (df=1)	17.259		12.603		0.889	
p	0.000***		0.000***		0.346	
Cramer's V	0.238		0.204			
Unwanted help (N=304)	48	57	55	46	30	28
chi2 (df=1)	6.045		5.172		0.308	
p	0.014*		0.023*		0.579	
Cramer's V	-0.141		0.130			
Patronised (N=304)	101	97	97	78	58	47
chi2 (df=1)	1.141		18.876		6.756	
p	0.286		0.000***		0.009**	
Cramer's V			0.249		0.143	
Laughed at (N=304)	47	46	44	37	34	22
chi2 (df=1)	0.161		3.839		11.610	
p	0.689		0.050*		0.001**	
Cramer's V			0.112		0.195	
Filmed (N=304)	45	35	37	28	27	17
chi2 (df=1)	10.732		7.290		10.290	
p	0.001**		0.007**		0.001**	
Cramer's V	0.188		0.154		0.184	
Followed (N=304)	29	29	25	23	17	14
chi2 (df=1)	0.003		0.031		1.000	
p	0.960		0.583		0.317	
Envy (N=304)	125	119	119	97	62	59
chi2 (df=1)	1.893		27.376		0.730	
p	0.169		0.000***		0.393	
Cramer's V			0.300			
Non-person treatment (N=304)	72	81	77	65	46	40
chi2 (df=1)	4.534		7.815		2.657	
p	0.033*		0.005**		0.103	
Cramer's V	-0.122		0.160			

DT 2.9: Demographic Factors, Demographic Variables, and Encounter Types

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	Age		Gender		Race		LGBTQ	
	O	E	O	E	O	E	O	E
Count (N=304)	189		46		13		15	
Percentage	62%		15%		4%		5%	
Region (N=301)								
North	49	53	10	13	5	4	3	4
Midlands	63	55	11	14	3	4	6	4
London	16	19	6	5	3	1	2	2
South	59	60	19	15	2	4	4	5
chi2 (df=3)	4.617		8.304					
p	0.202		0.347					
Fischer's exact					0.199		0.698	
Age Group (N=303)								
18-29	21	6	5	4	1	1	1	1
30-39	40	27	11	7	3	2	3	2
40-49	44	41	7	10	4	3	3	3
50-59	51	50	13	12	5	3	6	5
60-69	17	32	8	8	0	2	1	3
70	16	23	2	6	0	2	1	2
chi2 (df=5)	44.315		7.271					
p	0.000***		0.201					
Fischer's exact					0.244		0.794	
Cramer's V	0.382							
Gender (N=302)								
Female	137	125	34	31	8	10	3	10
Male	46	59	8	14	4	4	8	5
Non-binary	5	4	4	1	1	0	4	0
chi2 (df=2)			13.253					
p			0.001**					
Fischer's exact	0.005**				0.358		0.000***	
Cramer's V	0.85		0.210				0.399	
Ethnicity (N=294)								
BMF	13	11	5	3	9	1	0	1
White	174	176	40	42	4	12	15	14
chi2 (df=1)	0.615							
p	0.433							
Fischer's exact			0.168		0.000***		0.610	
Cramer's V					0.506			
Sexual Orientation (N=283)								
Asexual	9	9	3	2	0	1	3	0
Bisexual	24	8	8	5	0	1	2	1
Gay	7	8	4	2	1	1	6	1
Heterosexual	133	139	27	35	12	10	0	9
Lesbian	3	3	2	1	0	0	1	0
Fischer's exact	0.67		0.017*		0.564		0.000***	
Cramer's V			0.194				0.550	
Transgender Identity (N=302)								
Cis	174	173	41	42	11	12	8	14
Trans	14	15	5	4	2	1	7	1
chi2 (df=1)	0.170							
p	0.680							
Fischer's exact			0.385		0.276		0.000***	
Cramer's V							0.327	
Impairment Visibility (N=298)								
Always	77	82	16	20	7	6	7	7
Sometimes	79	74	22	18	4	5	3	6
Never	30	29	7	7	2	2	5	2
chi2 (df=2)	3.778		1.980				4.680	
p	0.411		0.372				0.093	
Fischer's exact					0.804			
Impairment Type								
Chronic illness (N=304)	157	144	40	35	11	10	13	11
chi2 (df=1)	13.793		3.575		0.554			
p	0.000***		0.059		0.457			
Fischer's exact							0.535	
Cramer's V	0.219							
Mental health condition (N=304)	51	45	15	11	2	3	3	4
chi2 (df=1)	3.010		2.388					
p	0.083		0.122					
Fischer's exact					0.740		1.000	
Mobility (N=304)	155	152	37	37	0	11	12	13
chi2 (df=1)	0.643		0.001		0.117			
p	0.423		0.977		0.732			
Cramer's V							1.000	
Neurodivergent (N=304)	35	29	12	7	3	2	3	2
chi2 (df=1)	4.463		5.066					
p	0.035*		0.024*					
Fischer's exact					0.425		0.482	
Cramer's V	0.121		0.120					

	Age		Gender		Race		LGBTQA	
	O	E	O	E	O	E	O	E
Count (N=304)	89		46		13		15	
Percentage	62%		15%		4%		5%	
Types of encounters								
Faking accusation (N=280)								
Never	29	47	12	11	2	3	5	4
Occasionally	113	103	25	25	8	7	8	8
Frequently	42	34	7	8	2	2	2	3
chi2 (df=2)	29.474		0.207					
p	0.000***		0.902					
Fischer's exact					0.919		0.764	
Cramer's V	0.326							
Confronted someone else (N=287)								
Never	55	48	11	12	3	3	3	4
Occasionally	01	98	22	24	6	6	9	8
Frequently	24	35	11	8	2	2	2	3
chi2 (df=2)	11.865		1.148					
p	0.003**		0.563					
Fischer's exact					1.000		0.812	
Cramer's V	0.203							
Harassment (N=271)								
Never	49	59	7	15	1	4	3	5
Occasionally	07	101	31	25	9	6	8	8
Frequently	23	19	6	5	1	1	3	2
chi2 (df=2)	8.301		6.831					
p	0.017*		0.033*					
Fischer's exact					0.82		0.333	
Cramer's V	0.173		0.159					
Positive encounter (N=262)								
Never	55	55	0	13	2	3	5	4
Occasionally	07	106	0	26	8	6	8	8
Frequently	11	13	2	3	0	1	0	1
chi2 (df=2)	0.614		2.285					
p	0.736		0.319					
Fischer's exact					0.663		0.738	
Positive encounters								
BBH sms / talk (N=304)	04	100	29	24	7	7	11	8
chi2 (df=1)	0.856		2.212		0.004		2.629	
p	0.365		0.137		0.948		0.105	
Fischer's exact								
General small talk (N=304)	72	70	20	17	5	5	7	6
chi2 (df=1)	0.337		1.026				0.655	
p	0.561		0.311				0.419	
Fischer's exact					1.000			
Cramer's V								
Wanted help (N=304)	64	62	6	15	5	4	6	5
chi2 (df=1)	0.383		0.121				0.397	
p	0.536		0.728				0.529	
Fischer's exact					0.763			

	Age		Gender		Race		LGBTQA	
	O	E	O	E	O	E	O	E
Count (N=304)	189		46		13		15	
Percentage	62%		15%		4%		5%	
Negative encounters								
Insults (N=304)	101	88	33	21	5	6	9	7
chi2 (df=)	30.007		14.054		0.343		1.177	
p	0.000***		0.000***		0.558		0.278	
Cramer's V	0.81		0.215					
Staring (N=304)	169	151	40	37	11	10	10	12
chi2 (df=)	29.632		1.804					
p	0.000***		0.179					
Fischer's exact					1.000		0.199	
Cramer's V	0.312							
Threats (N=304)	67	60	20	15	2	4	3	5
chi2 (df=)	2.885		3.340					
p	0.089		0.068					
Fischer's exact					0.238		0.088	
Violence (N=304)	13	12	5	3	1	1	3	1
chi2 (df=)	0.337							
p	0.562							
Fischer's exact			0.182		0.575		0.058	
Questions (N=304)	139	120	36	29	8	8	13	10
chi2 (df=)	21.804		5.104				3.657	
p	0.000***		0.024*				0.056	
Fischer's exact					1.000			
Cramer's V	0.298		0.130					
Reported (N=304)	60	47	14	11	2	3	7	4
chi2 (df=)	13.457		0.969					
p	0.000***		0.324					
Fischer's exact					0.742		0.061	
Cramer's V	0.210							
Unwanted help (N=304)	65	53	16	13	2	4	6	4
chi2 (df=)	30.258		1.252					
p	0.001**		0.283					
Fischer's exact					0.527		0.375	
Cramer's V	0.84							
Patronised (N=304)	104	90	32	22	8	6	10	7
chi2 (df=)	11.755		10.712		1.094		2.357	
p	0.001**		0.001**		0.296		0.125	
Cramer's V	0.197		0.188					
Laughed at (N=304)	54	42	17	10	3	3	5	3
chi2 (df=)	11.071		6.643					
p	0.001**		0.010*					
Fischer's exact					1.000		0.339	
Cramer's V	0.191		0.148					
Filmed (N=304)	40	32	14	8	1	2	5	3
chi2 (df=)	5.805		6.792					
p	0.016*		0.009**					
Fischer's exact					0.704		0.149	
Cramer's V	0.138		0.150					
Followed (N=304)	34	27	18	7	2	2	3	2
chi2 (df=)	6.081		27.863					
p	0.014*		0.000***					
Fischer's exact					1.000		0.454	
Cramer's V	0.141		0.303					
Envy (N=304)	120	111	35	27	8	8	10	9
chi2 (df=)	5.023		6.867		0.050		0.428	
p	0.025*		0.009**		0.823		0.513	
Cramer's V	0.129		0.150					
Non-person treatment (N=304)	82	75	24	18	3	5	8	6
chi2 (df=)	3.201		3.659		1.528		1.269	
p	0.074		0.056		0.216		0.260	

DT 2.10: Other Incongruous Factors, Demographic Variables, and Encounter Types

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	Dress		Children		Other people		Car		Weight	
	O	E	O	E	O	E	O	E	O	E
Count (N=304)	41		57		57		96		61	
Percentage	13%		19%		19%		32%		20%	
Region (N=304)										
North	11	11	14	16	17	16	26	27	17	17
Midlands	14	12	20	16	19	17	34	28	14	18
London	2	4	2	6	2	6	5	10	4	6
South	12	13	19	18	18	18	30	31	26	20
chi2 (df=3)	1.689		4.054		3.375		4.954		4.595	
p	0.639		0.256		0.337		0.175		0.204	
Age Group (N=303)										
18-29	8	4	2	5	7	5	6	8	4	5
30-39	6	6	13	8	16	8	15	14	8	9
40-49	9	9	24	12	13	22	22	21	16	13
50-59	15	11	14	15	12	15	28	25	20	16
60-69	2	7	3	10	8	10	17	17	10	11
70	1	5	1	7	1	7	10	11	3	7
chi2 (df=5)	16.198		31.326		23.869		1.451		5.603	
p	0.006**		0.000***		0.000***		0.919		0.347	
Cramer's V	0.231		0.322		0.281					
Gender (N=302)										
Female	30	27	45	38	39	38	56	64	38	41
Male	9	13	11	18	16	18	36	30	18	19
Non-binary	2	1	1	1	2	1	3	2	5	1
chi2 (df=2)	2.936		4.874		0.667				11.670	
p	0.230		0.080		0.713				0.003**	
Fischer's exact							0.176			
Cramer's V									0.197	
Ethnicity (N=294)										
BME	6	2	5	3	5	3	8	6	3	4
White	34	38	49	51	50	52	85	87	56	55
Fischer's exact	0.023*		0.287		0.347		0.295		1.000	
Cramer's V	0.147									
Sexual Orientation (N=282)										
Acsexual	1	2	1	3	3	3	3	4	2	3
Bisexual	12	4	8	6	8	5	15	9	10	6
Gay	2	2	1	1	2	2	2	4	4	3
Heterosexual	24	31	43	43	38	41	68	70	40	46
Lesbian	0	1	1	1	1	1	1	2	3	1
Fischer's exact	0.001**		0.505		0.637		0.118		0.03*	
Cramer's V	0.277								0.193	
Transgender identity (N=302)										
Cis	38	38	53	53	51	53	84	88	54	56
Trans	3	3	4	5	6	5	12	8	7	5
chi2 (df=)							3.988		1.301	
p							0.046*		0.254	
Fischer's exact	1.000		1.000		0.419				0.167	
Cramer's V							0.115			
Impairment Visibility (N=298)										
Always	9	18	26	25	27	25	48	42	26	6
Sometimes	21	16	24	23	23	22	34	38	24	
Never	11	7	7	9	6	9	12	15	9	5
chi2 (df=2)	10.561		0.656		1.380		2.694		3.032	
p	0.005**		0.721		0.502		0.260		0.220	
Cramer's V	0.188									
Impairment Type										
Chronic illness (N=304)	37	31	51	43	48	43	71	73	53	46
chi2 (df=)	5.279		6.993		2.600		0.316		4.968	
p	0.022*		0.008**		0.107		0.574		0.026*	
Cramer's V	0.132		0.152						0.128	
Mental health condition (N=304)	11	10	19	14	21	14	20	23	23	14
chi2 (df=)	0.259		3.614		6.720		0.631		0.291	
p	0.611		0.057		0.010*		0.427		0.004**	
Cramer's V					0.149				0.165	
Mobility (N=304)	31	33	50	46	45	46	84	77	53	49
chi2 (df=)	0.752		2.278		0.121		4.281		1.932	
p	0.386		0.131		0.728		0.039		0.165	
Cramer's V			0.142							
Neurodivergent (N=304)	8	6	11	9	14	9	13	15	11	8
chi2 (df=)	0.708		0.548		4.858		0.276		0.500	
p	0.400		0.330		0.028*		0.599		0.479	
Fischer's exact							0.731			
Cramer's V					0.126					

	Car		Dress		Children		Other people		Weight	
	O	E	O	E	O	E	O	E	O	E
Count (N=304)	96		41		57		57		61	
Percentage	32%		13%		19%		19%		20%	
Types of encounters										
Faking accusation (N=280)										
Never	23	24	6	10	8	15	10	15	12	15
Occasionally	55	52	22	22	34	32	36	32	38	33
Frequently	15	17	12	7	15	10	11	10	9	11
chi2 (df=2)	0.619		5.652		6.539		2.546		2.126	
p	0.734		0.059		0.038*		0.280		0.345	
Cramer's V					0.153					
Confronted someone else (N=287)										
Never	24	25	12	10	21	14	13	15	15	16
Occasionally	55	51	18	21	24	29	35	30	27	33
Frequently	16	18	9	8	9	10	8	11	18	12
chi2 (df=2)	0.475		1.233		5.286		1.993		5.933	
p	0.789		0.540		0.071		0.369		0.051	
Harassment (N=271)										
Never	25	30	9	13	11	17	13	18	11	19
Occasionally	55	52	23	23	33	30	32	31	42	33
Frequently	12	10	8	4	9	6	10	6	6	6
chi2 (df=2)	2.349		5.329		5.753		5.425		7.547	
p	0.309		0.070		0.056		0.066		0.023*	
Cramer's V									0.167	
Positive encounter (N=262)										
Never	26	29	13	12	16	17	19	18	17	18
Occasionally	61	55	22	23	33	32	35	34	35	34
Frequently	3	7	2	3	3	4	2	4	4	4
Fischer's exact			0.847		0.910		0.533		0.970	
Positive encounters										
BBH small talk (N=304)	56	51	23	22	33	30	31	30	34	32
chi2 (df=1)	1.625		0.187		0.686		0.057		0.236	
p	0.202		0.665		0.408		0.811		0.627	
General small talk (N=304)	34	35	14	15	16	21	19	21	20	23
chi2 (df=1)	0.123		0.148		2.320		0.371		0.539	
p	0.726		0.700		0.128		0.542		0.463	
Wanted help (N=304)	38	31	14	13	17	19	22	19	18	20
chi2 (df=1)	0.076		0.054		0.240		1.162		0.325	
p			0.8		0.624		0.281		0.569	

	Car		Dress		Children		Other people		Weight	
	O	E	O	E	O	E	O	E	O	E
Count (N=304)	96		41		57		57		61	
Percentage	32%		13%		19%		19%		20%	
Negative encounters										
Insults (N=304)	48	45	25	19	30	26	27	26	44	28
chi2 (df=1)	0.739		4.059		1.102		0.028		20.346	
p	0.390		0.044*		0.294		0.868		0.000***	
Cramer's V			0.116						0.259	
Staring (N=304)	83	76	39	33	54	45	54	45	50	48
chi2 (df=1)	4.059		7.028		9.894		9.894		0.262	
p	0.044*		0.008**		0.002**		0.002		0.609	
Cramer's V			0.116		0.180					
Threats (N=304)	34	31	16	13	23	18	19	18	28	20
chi2 (df=1)	0.795		1.105		2.302		0.066		6.878	
p	0.373		0.293		0.129		0.798		0.009**	
Cramer's V									0.150	
Violence (N=304)	6	6	5	3	8	4	6	4	7	4
chi2 (df=1)	0.000									
p	1.000									
Fischer's exact			0.154		0.013*		0.139		0.075	
Cramer's V					0.155					
Questions (N=304)	66	61	33	26	45	36	46	36	42	39
chi2 (df=1)	1.677		5.909		7.234		12.997		0.948	
p	0.195		0.015*		0.007**		0.000***		0.330	
Cramer's V			0.139		0.154		0.207			
Reported (N=304)	24	24	14	10	21	14	19	14	19	15
chi2 (df=1)	0.008		2.290		5.592		2.833		1.722	
p	0.928		0.130		0.018*		0.092		0.189	
Cramer's V					0.136					
Unwanted help (N=304)	35	27	12	12	18	16	19	16	19	17
chi2 (df=1)	5.030		0.040		0.450		1.005		0.385	
p	0.025*		0.841		0.499		0.316		0.535	
Cramer's V			0.129							
Patronised (N=304)	45	46	24	20	38	27	38	27	35	29
chi2 (df=1)	0.390		2.371		10.479		10.480		3.066	
p	0.532		0.124		0.001**		0.001**		0.080	
Cramer's V					0.186		0.186			
Laughed at (N=304)	28	22	16	9	17	13	16	13	29	14
chi2 (df=1)	3.794		7.571		2.246		1.313		27.847	
p	0.053		0.006		0.134		0.252		0.000***	
Cramer's V			0.158						0.303	
Filmed (N=304)	19	16	17	7	12	10	18	10	16	10
chi2 (df=1)	0.714		19.831		0.771		10.365		4.481	
p	0.396		0.000***		0.380		0.001**		0.034*	
Cramer's V			0.255				0.185		0.121	
Followed (N=304)	6	14	9	6	14	8	13	8	14	9
chi2 (df=1)	0.735		2.378		6.268		4.335		4.873	
p	0.391		0.123		0.012*		0.037*		0.027*	
Cramer's V					0.144		0.119		0.127	
Envy (N=304)	64	56	26	24	40	33	37	33	46	36
chi2 (df=1)	3.806		0.462		3.905		1.169		8.936	
p	0.051		0.497		0.048*		0.280		0.003**	
Cramer's V					0.113				0.171	
Non-person treatment (N=304)	44	38	18	16	27	23	33	23	33	24
chi2 (df=1)	2.375		0.389		1.830		9.964		6.832	
p	0.123		0.533		0.176		0.002**		0.009**	
Cramer's V							0.181		0.150	

DT 2.11: Mobility Aids, Encounter Types, and Positive Interactions

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	No mobility aid						Manual wheelchair						Electric wheelchair						Walking stick						Crutches						Assistance dog						Rollator						Scooter											
	Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time													
Count	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E										
Percentage	110	62	51	105	84	57	163	17	46	89	76	83	133	65	38	202	3	15	176	35	10	157	58	17	92	1	7	80	16	5	68	25	7	232																				
N	223						246						226						248						236						220						221						232											
Types of encounters																																																						
Faking																																																						
Never	33	27	9	15	12	13	25	26	22	21	14	14	40	40	4	4	11	11	22	23	17	19	23	19	38	34	12	16	8	9	52	51	0	1	3	4	47	44	5	8	3	2	30	40	21	14	7	4						
Occasionally	55	61	39	33	29	29	57	57	49	47	12	15	88	90	11	10	24	24	53	50	40	41	39	41	67	73	37	35	23	19	109	112	3	2	9	8	98	98	18	19	5	5	95	87	25	30	6	9						
Frequently	19	20	11	11	10	9	14	14	29	31	12	10	32	31	2	3	8	8	14	16	17	13	12	13	26	24	13	12	3	6	3	4	9	8	2	3	29	32	10	6	1	2	30	28	8	10	3	3						
chi2 (df=4)	5.278						1.445						0.832						2.824						5.178																													
p	0.260						0.836						0.934						0.588						0.270												0.859						0.308						0.023*					
Fischer's exact																																					0.859						0.308						0.023*					
Cramer's V																																																	0.158					
N	217						240						220						237						227						216						216						225											
Confronted abuse																																																						
Never	36	34	17	18	14	16	36	29	20	24	13	16	52	48	80	82	25	27	26	26	27	22	17	23	41	38	19	19	7	11	63	61	2	1	1	4	52	51	10	10	2	3	54	45	10	17	3	5						
Occasionally	54	56	29	30	29	26	46	53	48	44	33	29	4	5	9	9	4	3	48	45	32	36	43	40	65	67	31	33	23	19	101	101	0	2	1	1	91	89	18	17	5	6	73	79	33	29	13	10						
Frequently	18	19	12	10	7	9	18	18	15	15	9	10	11	14	25	23	9	8	14	17	14	14	17	15	22	23	13	11	6	7	1	4	9	7	4	2	27	30	5	6	5	2	24	27	13	10	3	3						
chi2 (df=4)	1.591						4.772						2.047						4.821						2.937																													
p	0.810						0.312						0.727						0.306						0.568												0.040*						0.172						0.095					
Fischer's exact																																					0.040*						0.172						0.095					
Cramer's V																																											0.132											
N	216						238						219						237						227						213						213						223											
Harassed																																																						
Never	37	36	20	20	15	17	34	33	26	27	17	17	54	51	7	6	10	14	35	28	19	23	21	24	49	43	17	21	10	12	67	65	1	1	3	5	60	56	8	11	2	3	52	50	16	17	5	5						
Occasionally	58	60	26	34	28	28	55	55	48	46	28	29	92	91	7	10	27	25	48	53	45	43	46	44	66	70	38	35	20	19	111	111	2	2	8	8	94	98	22	19	6	5	88	88	31	30	8	9						
Frequently	9	8	2	5	6	4	9	10	8	9	7	5	10	14	3	2	6	4	5	7	7	5	6	6	10	12	7	6	4	3	16	18	0	0	3	1	14	14	3	3	1	1	12	14	5	5	3	2						
chi2 (df=4)	3.146						0.896						4.072						3.236						0.519																													
p	0.534						0.925						0.120						0.396						0.519												0.435						0.630						0.657					
Fischer's exact													0.120						0.396						0.519												0.435						0.630						0.657					
N	211						232						216						232						221						211						210						220											
Positive																																																						
Never	32	34	17	17	17	16	42	27	45	57	5	7	52	47	5	5	8	14	31	28	20	22	20	22	40	40	18	19	11	10	62	61	2	1	2	4	52	53	10	10	4	3	47	46	12	15	7	5						
Occasionally	59	60	31	30	28	28	16	23	56	49	7	6	82	89	10	10	33	26	48	51	42	40	42	41	72	72	36	34	17	19	108	110	0	2	11	8	97	95	16	18	5	5	85	87	32	29	9	10						
Frequently	11	9	3	4	3	4	8	15	30	32	6	4	14	12	1	1	2	4	7	7	5	6	6	6	10	10	4	5	4	3	16	16	1	0	0	1	12	14	5	3	0	1	13	12	5	4	0	1						
chi2 (df=4)	1.549						20.068						1.118						0.891						0.879						0.040*						0.485						0.546											
p	0.818						0.000***						0.166						0.891						0.879						0.040*						0.485						0.546											
Fischer's exact	0.863												0.166						0.891						0.879						0.040*						0.485						0.546											
Cramer's V							0.212																								0.148						0.201						0.210											
N	201						223						207						221						212						202						201						210											
Positive interactions																																																						
BBH small talk	58	57	35	32	23	27	47	56	49	45	35	30	86	86	9	9	24	24	37	46	45	39	45	43	68	69	34	34	20	20	102	102	1	2	8	8	90	90	19	18	4	5	77	83	33	31	12	9						
chi2 (df=2)	1.449						5.440						0.006						5.556						0.040						0.635						3.432																	
p	0.475						0.066						0.997						0.062						0.980						0.635						3.432																	
Fischer's exact																																					0.728						0.180											
N	223						246						226						248						236						922						221						232											
General small talk	41	40	21	23	20	19	28	40	33	32	33	22	53	58	6	6	22	17	33	33	28	28	30	31	47	48	26	23	12	14	67	72	1	1	10	5	63	61	13	12	1	4	52	56	24	21	7	6						
chi2 (df=2)	0.367						15.322						3.660						0.017						0.799						2.870						1.490																	
p	0.832						0.000***						0.160						0.991						0.671						0.238						0.475																	
Fischer's exact																															0.023*																							
Cramer's V							0.250																								0.177																							
N	223						246						226						248						236						220						221						232											
Wanted help	41	37	17	21	16	17	27	38	37	31	26	21	49	53	8	6	17	15	28	28	22	24	28	26	41	45	21	22	17	13	66	68	1	1	7	5	59	58	11	12	3	3	48	54	27	20	4	6						
chi2 (df=2)	1.834						9.368						2.485						0.422						2.623						0.101						5.720																	
p	0.400						0.009**						0.289						0.810						0.269						0.499						0.057																	
Fischer's exact																															0.499																							
Cramer's V							0.195																																															
N	223						246						226						248						236						220						221						232											

DT 2.12: Mobility Aids and Negative Interactions

	No mobility aid						Manual wheelchair						Electric wheelchair						Walking stick						Crutches						Assistance dog						Rollator						Scooter											
	Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time		Never		Some of the time		Most or all of the time													
	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E												
Count	132	62	51	105	84	57	163	17	46	89	76	83	133	65	38	202	3	15	176	35	30	157	58	17																														
Percentage	49%	28%	23%	43%	34%	23%	72%	8%	20%	36%	33%	33%	56%	28%	16%	92%	1%	7%	80%	15%	10%	58%	25%	7%																														
N	723						746						728						728						723						723						723						723											
Negative interaction																																																						
Interacts	50	53	31	32	25	25	49	49	39	39	27	27	75	78	5	8	27	22	41	43	36	37	43	40	58	63	36	31	18	18	96	96	2	3	6	7	81	86	22	17	5	5	78	73	24	27	6	8						
ch2 (df=2)	0.631						0.013						3.463						0.612						2.428						3.517						2.108						2.108											
p	0.729						0.994						0.177						0.736						0.297						0.190						0.349																	
Fluor x assist																																																						
N	223						246						228						248						226						221						232						232											
Questions	91	32	50	52	46	43	93	88	66	90	46	48	137	136	14	14	38	39	75	73	85	82	65	68	111	111	56	54	30	32	171	172	3	3	13	13	150	147	20	29	8	8	139	132	42	49	14	14						
ch2 (df=2)	2.090						3.730						0.076						1.592						0.903						0.276						8.251						0.016*											
p	0.352						0.155						0.963						0.406						0.437						0.216																							
Fluor x assist																																																						
Cramer's V																																																						
N	223						246						228						248						226						221						232						232											
Threats	35	35	11	20	20	16	28	35	34	28	19	19	48	53	6	6	19	15	25	30	20	25	32	28	45	44	21	22	12	12	65	64	0	1	5	5	57	58	13	12	4	3	42	35	28	20	8	8						
ch2 (df=2)	3.219						4.035						3.382						3.219						0.090						0.496						16.277						16.277											
p	0.314						0.133						0.304						0.343						0.956						0.781						0.006**																	
Fluor x assist																																																						
Cramer's V																																																						
N	223						246						228						248						226						221						232						232											
Violence	7	8	4	4	4	3	5	7	6	6	5	4	7	10	1	1	6	3	2	5	3	3	8	5	7	8	3	4	4	2	13	12	0	0	3	11	10	2	2	0	3	6	10	1	4	3	3							
ch2 (df=2)	1.130						0.588						4.183						0.183						0.090						0.496						16.277						16.277											
p	0.549						0.599						0.076						0.123						0.956						0.781						0.006**																	
Fluor x assist																																																						
Cramer's V																																																						

DT 2.13: Preventative Strategies, Demographic Variables, and Encounter Types

[Click here to return to the main text](#)

	Exaggerating impairment		Using mobility aids		Prepare answers		Call / look for help	
	O	E	O	E	O	E	O	E
Count (N=304)	72		86		140		28	
Percentage	24%		28%		46%		9%	
Region (N=301)								
North	18	20	23	24	33	39	9	8
Midlands	22	21	20	20	40	41	7	8
London	5	7	5	9	12	14	4	3
South	27	23	29	27	46	45	10	9
chi2 (df=3)	2.067		2.628		4.524		2.293	
p	0.559		0.453		0.210		0.514	
Age Group (N=303)								
19-29	14	6	11	7	17	12	3	2
30-39	16	11	14	13	27	20	6	4
40-49	15	15	18	18	31	0	4	6
50-59	11	19	21	23	36	37	9	7
60-69	9	12	15	15	21	24	4	5
70	7	9	7	10	7	17	2	3
chi2 (df=5)	22.856		4.350		19.108			
p	0.000***		0.500		0.002**			
Fischer's exact							0.699	
Cramer's V	0.275				0.251		0.699	
Gender (N=302)								
Female	35	48	59	57	103	92	19	19
Male	16	22	24	27	31	43	8	9
Non-binary	1	2	3	2	4	3	1	1
chi2 (df=2)	4.133		1.187				0.282	
p	0.127		0.552				0.869	
Fischer's exact					0.009**			
Cramer's V					0.173			
Ethnicity (N=294)								
BME	7	4	4	5	9	8	2	2
White	64	67	80	79	127	128	26	26
chi2 (df=)			0.379		0.108			
p			0.538		0.742			
Fischer's exact	0.155						0.684	
Sexual Orientation (N=282)								
Asexual	5	3	4	4	8	6	3	1
Bisexual	12	7	13	8	18	13	4	3
Gay	3	3	3	4	3	5	1	1
Heterosexual	46	54	60	65	96	101	18	21
Lesbian	3	1	2	2	3	2	1	1
Fischer's exact	0.029*		0.326		0.137		0.215	
Cramer's V	0.193							
Transgender identity (N=302)								
Cis	66	66	79	79	127	127	26	26
Trans	6	6	7	7	11	11	2	2
chi2 (df=)	0.019		0.006		0.000			
p	0.890		0.938		0.989			
Fischer's exact							1.000	
Impairment Visibility (N=298)								
Always	13	31	22	38	50	61	13	12
Sometimes	40	28	49	34	67	55	10	11
Never	18	11	14	13	21	22	5	4
chi2 (df=2)	25.914		18.484		8.603		0.255	
p	0.000***		0.000***		0.014*		0.880	
Cramer's V	0.295		0.249		0.170			
Impairment Type								
Chronic illness (N=304)	58	55	71	65	117	106	25	21
chi2 (df=)	1.079		2.838		8.182		2.989	
p	0.299		0.092		0.004**		0.084	
Cramer's V					0.164			
Mental health condition (N=304)	23	17	24	20	42	33	12	7
chi2 (df=)	3.562		1.183		5.727		6.723	
p	0.069		0.277		0.017*		0.012*	
Cramer's V					0.137		0.144	
Mobility (N=304)	56	58	73	69	110	113	24	23
chi2 (df=)	0.478		1.412		0.678		0.517	
p	0.489		0.235		0.410		0.472	
Neurodivergent (N=304)	15	11	14	13	25	21	7	4
chi2 (df=)	2.388		0.123		4.790			
p	0.122		0.726		0.029*			
Fischer's exact							0.161	
Cramer's V					0.126			

	Exaggerating impairment		Using mobility aids		Prepare answers		Call / look for help	
	O	E	O	E	O	E	O	E
Count (N=304)	72		86		140		28	
Percentage	24%		28%		46%		9%	
Types of encounters								
Faking accusation (N=280)								
Never	10	18	14	20	24	35	7	7
Occasionally	43	35	46	44	79	76	13	16
Frequently	13	12	19	14	33	25	8	5
chi2 (df=2)	5.783		4.883		12.200		2.354	
p	0.055		0.087		0.002**		0.308	
Cramer's V					0.209			
Confronted someone else (N=287)								
Never	22	18	19	22	41	36	9	7
Occasionally	35	36	49	45	74	73	13	15
Frequently	10	13	14	16	19	26	5	5
chi2 (df=2)	2.224		1.353		4.902		0.746	
p	0.329		0.508		0.086		0.689	
Harassment (N=271)								
Never	25	20	23	26	33	43	5	9
Occasionally	35	35	47	44	76	74	16	16
Frequently	2	7	8	8	20	14	7	3
chi2 (df=2)	5.568		0.675		9.887		8.104	
p	0.062		0.713		0.007**		0.017*	
Cramer's V					0.191		0.173	
Positive encounter (N=262)								
Never	22	19	21	24	46	39	5	8
Occasionally	36	36	48	46	68	76	15	15
Frequently	1	4	6	5	10	9	2	2
chi2 (df=2)	3.999		0.678		3.892		1.752	
p	0.135		0.712		0.143		0.416	
Positive encounters								
BBH small talk (N=304)	37	38	54	46	75	74	13	15
chi2 (df=1)	0.094		4.652		0.039		0.528	
p	0.760		0.031*		0.844		0.467	
Cramer's V			0.124					
General small talk (N=304)	26	27	39	32	51	52	13	10
chi2 (df=1)	0.022		3.730		0.019		1.218	
p	0.883		0.053		0.890		0.270	
Wanted help (N=304)	23	23	32	28	49	46	13	9
chi2 (df=1)	0.017		1.178		0.700		2.699	
p	0.888		0.278		0.403		0.100	

	Exaggerating impairment		Using mobility aids		Prepare answers		Call / look for help	
	O	E	O	E	O	E	O	E
Count (N=304)	72		86		140		28	
Percentage	24%		28%		46%		9%	
Negative encounters								
Insults (N=304)	30	33	45	40	73	65	19	13
chi2 (df=1)	0.843		1.704		3.464		5.719	
p	0.358		0.192		0.063		0.017*	
Fischer's exact							0.137	
Staring (N=304)	65	57	67	69	129	111	22	22
chi2 (df=1)	6.619		0.213		25.126		0.020	
p	0.010*		0.644		0.000***		0.887	
Cramer's V	0.148				0.288			
Threats (N=304)	13	23	31	27	46	45	14	9
chi2 (df=1)	2.989		0.945		0.108		4.646	
p	0.084		0.331		0.743		0.031*	
Fischer's exact							0.124	
Violence (N=304)	2	5	7	5	10	9	7	2
chi2 (df=1)			0.731		0.353			
p			0.393		0.552			
Fischer's exact	0.263						0.001**	
Cramer's V							0.247	
Questions (N=306)	49	46	57	55	108	89	23	18
chi2 (df=1)	0.850		0.403		20.877		4.631	
p	0.357		0.525		0.000***		0.031*	
Cramer's V					0.262		0.123	
Reported (N=304)	21	18	28	21	44	35	8	7
chi2 (df=1)	1.026		4.014		6.377		0.253	
p	0.311		0.045*		0.012*		0.615	
Cramer's V			0.115		0.145			
Unwanted help (N=304)	22	20	0	24	46	39	11	8
chi2 (df=1)	0.315		2.854		3.089		1.964	
p	0.574		0.091		0.079		0.161	
Patronised (N=304)	30	34	44	41	52	66	15	13
chi2 (df=1)	1.230		0.693		13.065		0.476	
p	0.267		0.405		0.000***		0.490	
Cramer's V					0.207			
Laughed at (N=304)	16	16	26	19	37	31	10	8
chi2 (df=1)	0.001		4.271		2.464		3.163	
p	0.973		0.039*		0.117		0.075	
Fischer's exact			0.119					
Filmed (N=304)	9	12	17	15	28	24	9	5
chi2 (df=1)	1.411		0.559		1.534			
p	0.235		0.439		0.216			
Fischer's exact							0.035*	
Cramer's V							0.127	
Followed (N=304)	15	10	13	12	24	20	10	4
chi2 (df=1)	3.476		0.093		1.921			
p	0.062		0.760		0.166			
Fischer's exact							0.002**	
Cramer's V							0.197	
Envy (N=304)	45	42	64	50	94	82	14	16
chi2 (df=1)	0.606		12.440		7.891		0.930	
p	0.436		0.000***		0.005**		0.335	
Cramer's V			0.202		0.161			
Non-person treatment (N=304)	24	28	39	34	57	55	14	11
chi2 (df=1)	1.489		1.733		0.167		1.430	
p	0.222		0.188		0.683		0.232	

DT 2.14: Avoidant Strategies, Demographic Variables, and Encounter Types

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	Ignore		Park elsewhere		Only go out to certain places or at certain times		Stay in car	
	O	E	O	E	O	E	O	E
Count (N=304)	139		93		97		137	
Percentage	46%		31%		32%		45%	
Region (N=301)								
North	41	39	23	26	28	27	40	38
Midlands	36	41	26	27	24	28	40	40
London	9	14	7	9	8	10	8	14
South	51	44	6	30	36	31	47	44
chi2 (df=4)	6.038		3.268		2.614		4.687	
p	0.110		0.352		0.452		0.196	
Age Group (N=303)								
18-29	14	12	9	8	9	8	16	12
30-39	22	20	14	14	15	14	26	20
40-49	29	30	21	20	24	21	34	29
50-59	37	37	27	25	28	26	36	36
60-69	26	24	15	16	12	17	16	24
70	11	17	7	11	9	12	9	16
chi2 (df=5)	4.772		2.870		3.938		17.858	
p	0.444		0.720		0.558		0.003**	
Cramer's V							0.243	
Gender (N=302)								
Female	98	92	62	61	76	65	100	91
Male	37	43	28	29	19	30	31	43
Non-binary	3	3	2	2	2	2	6	3
Fischer's exact	0.310		0.966		0.007**		0.002**	
Cramer's V					0.174		0.199	
Ethnicity (N=294)								
BME	7	8	6	6	8	6	8	8
White	127	126	86	86	86	88	126	126
chi2 (df=1)	0.346		0.037		1.371		0.010	
p	0.556		0.847		0.242		0.921	
Sexual Orientation (N=282)								
Asexual	10	7	5	4	4	5	12	6
Bisexual	16	13	12	9	18	10	16	13
Gay	4	6	6	4	5	4	7	5
Heterosexual	97	02	65	69	66	74	88	100
Lesbian	3	2	0	2	1	2	4	2
Fischer's exact	0.179		0.186		0.011*		0.002**	
Cramer's V					0.215		0.242	
Transgender identity (N=302)								
Cis	125	127	86	85	90	89	123	126
Trans	13	11	6	7	7	8	14	11
chi2 (df=1)	0.754		0.367		0.104		1.769	
p	0.385		0.544		0.747		0.183	
Impairment Visibility (N=298)								
Always	59	61	33	40	41	42	47	60
Sometimes	58	55	36	36	37	38	61	54
Never	20	22	22	14	17	15	27	21
chi2 (df=2)	0.675		7.779		0.473		9.511	
p	0.714		0.020*		0.789		0.009**	
Cramer's V			0.162				0.179	
Impairment Type								
Chronic illness (N=304)	110	106	79	71	86	74	121	104
chi2 (df=1)	1.393		5.895		12.538		20.793	
p	0.238		0.015*		0.000***		0.000***	
Cramer's V			0.139		0.203		0.262	
Mental health condition (N=304)	35	33	27	22	33	23	44	32
chi2 (df=1)	0.317		2.120		0.421		9.811	
p	0.573		0.145		0.004**		0.002**	
Cramer's V			0.166				0.180	
Mobility (N=304)	114	112	70	75	76	78	108	110
chi2 (df=1)	0.331		2.428		0.458		0.494	
p	0.565		0.119		0.499		0.482	
Neurodivergent (N=304)	21	21	14	14	19	15	37	21
chi2 (df=1)	0.000		0.001		2.203		27.388	
p	0.992		0.980		0.138		0.000***	
Cramer's V							0.300	

	Ignore		Park elsewhere		Only go out to certain places or at certain times		Stay in car	
	O	E	O	E	O	E	O	E
Count (N=304)	139		93		97		137	
Percentage	46%		31%		32%		45%	
Types of encounters								
Faking accusation (N=280)								
Never	28	34	28	22	22	23	21	35
Occasionally	85	75	37	49	42	51	80	76
Frequently	20	24	22	16	27	17	34	25
chi2 (df=2)	6.320		9.650		12.203		17.890	
p	0.042*		0.008**		0.002**		0.000***	
Cramer's V	0.150		0.186		0.209		0.253	
Confronted someone else (N=287)								
Never	38	34	28	23	28	25	43	35
Occasionally	71	70	42	48	50	51	71	72
Frequently	20	25	8	17	15	18	18	25
chi2 (df=2)	2.442		2.501		1.353		7.340	
p	0.295		0.286		0.508		0.025*	
Cramer's V							0.160	
Harassment (N=271)								
Never	37	42	28	28	20	30	30	44
Occasionally	77	72	50	48	58	51	89	75
Frequently	14	14	7	9	13	10	14	14
chi2 (df=2)	1.744		0.827		7.854		13.481	
p	0.418		0.661		0.020*		0.001**	
Cramer's V					0.170		0.223	
Positive encounter (N=262)								
Never	33	38	31	26	34	29	41	39
Occasionally	77	74	42	50	52	56	73	75
Frequently	11	9	8	6	5	7	9	9
chi2 (df=2)	2.669		4.353		2.367		0.314	
p	0.263		0.113		0.306		0.855	
Positive encounters								
BBH small talk (N=304)	74	74	45	49	52	51	70	73
chi2 (df=1)	0.008		1.125		0.024		0.348	
p	0.929		0.289		0.877		0.555	
General small talk (N=304)	60	51	32	34	32	36	47	51
chi2 (df=1)	4.401		0.341		0.909		0.689	
p	0.036*		0.559		0.340		0.406	
Cramer's V	0.120							
Wanted help (N=304)	55	45	24	30	34	32	50	45
chi2 (df=1)	5.718		2.788		0.401		1.755	
p	0.017*		0.095		0.527		0.185	
Cramer's V	0.137							

	Ignore		Park elsewhere		Only go out to certain places or at certain times		Stay in car	
	O	E	O	E	O	E	O	E
Count (N=304)	139		93		97		137	
Percentage	46%		31%		32%		45%	
Negative encounters								
Insults (N=304)	72	65	43	43	57	45	75	64
chi2 (df=1)	3.022		0.001		8.781		7.014	
p	0.082		0.973		0.003**		0.008**	
Cramer's V					0.170		0.152	
Staring (N=304)	121	111	78	74	84	77	121	109
chi2 (df=1)	8.744		1.502		4.290		11.669	
p	0.003**		0.220		0.038*		0.001**	
Cramer's V	0.170		0.119		0.156			
Threats (N=304)	46	44	27	30	40	31	53	44
chi2 (df=1)	0.166		0.510		5.707		5.274	
p	0.684		0.475		0.017*		0.022*	
Cramer's V					0.137		0.132	
Violence (N=304)	8	8	6	6	9	6	12	9
chi2 (df=1)	0.107		0.009		2.230		2.680	
p	0.744		0.923		0.135		0.102	
Questions (N=304)	99	88	57	59	65	62	105	87
chi2 (df=1)	6.612		0.279		0.763		8.619	
p	0.010*		0.597		0.382		0.000***	
Cramer's V	0.148						0.246	
Reported (N=304)	35	34	18	23	29	24	47	34
chi2 (df=1)	0.036		2.038		2.093		12.459	
p	0.850		0.153		0.148		0.000***	
Cramer's V							0.302	
Unwanted help (N=304)	52	39	18	26	28	27	41	38
chi2 (df=1)	11.353		4.926		0.058		0.479	
p	0.001**		0.026*		0.810		0.489	
Cramer's V	0.193		-0.127					
Patronised (N=304)	78	66	44	44	55	46	77	65
chi2 (df=1)	7.859		0.000		4.977		7.810	
p	0.005**		0.990		0.026**		0.005**	
Cramer's V	0.161				0.128		0.160	
Laughed at (N=304)	31	31	24	21	31	22	39	31
chi2 (df=1)	0.001		0.912		7.545		5.342	
p	0.980		0.340		0.006**		0.021*	
Cramer's V					0.158		0.133	
Filmed (N=304)	24	24	19	16	25	17	31	23
chi2 (df=1)	0.005		1.045		7.548		5.364	
p	0.945		0.307		0.006**		0.021*	
Cramer's V					0.158		0.133	
Followed (N=304)	25	20	18	13	22	14	33	19
chi2 (df=1)	3.111		2.995		9.547		20.302	
p	0.078		0.084		0.003**		0.000***	
Cramer's V					0.168		0.258	
Envy (N=304)	92	81	53	55	67	57	86	80
chi2 (df=1)	6.151		0.135		6.496		1.831	
p	0.013*		0.713		0.011*		0.176	
Cramer's V	0.142				0.146			
Non-person treatment (N=304)	62	55	37	37	40	8	60	54
chi2 (df=1)	2.822		0.005		0.185		1.950	
p	0.093		0.941		0.667		0.163	

DT 2.15: Engaging Strategies, Demographic Variables, and Encounter Types

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	Confront the other person		Educate	
	O	E	O	E
Count (N=304)	115		124	
Percentage	38%		41%	
Region (N=301)				
North	37	33	37	35
Midlands	38	34	40	37
London	6	12	9	12
South	34	37	38	40
chi2 (df=8)	6.401		2.423	
p	0.094		0.489	
Age Group (N=303)				
18-29	5	10	7	11
30-39	20	17	19	18
40-49	19	25	22	27
50-59	33	30	39	33
60-69	27	20	23	21
70	11	14	14	15
chi2 (df=5)	12.537		5.873	
p	0.028*		0.319	
Fischer's exact	0.203			
Gender (N=302)				
Female	66	77	83	83
Male	46	36	38	39
Non-binary	3	3	3	3
Fischer's exact	0.023*		0.970	
Cramer's V	0.153			
Ethnicity (N=294)				
BME	4	7	6	7
White	107	104	114	113
chi2 (df=3)	1.969		0.445	
p	0.082		0.505	
Sexual Orientation (N=282)				
Asexual	4	5	5	6
Bisexual	15	11	14	12
Gay	6	5	5	5
Heterosexual	81	85	94	93
Lesbian	2	2	0	2
Fischer's exact	0.428		0.385	
Transgender identity (N=302)				
Cis	107	106	115	9
Trans	8	9	114.1	10
chi2 (df=1)	0.249		0.137	
p	0.618		0.712	
Impairment Visibility (N=298)				
Always	46	50	53	54
Sometimes	50	45	51	48
Never	16	18	17	19
chi2 (df=2)	1.669		0.645	
p	0.434		0.724	
Impairment Type				
Chronic illness (N=304)	89	87	104	94
chi2 (df=1)	0.200		7.134	
p	0.655		0.008**	
Fischer's exact			0.153	
Mental health condition (N=304)	28	27	26	29
chi2 (df=1)	0.045		0.855	
p	0.832		0.355	
Mobility (N=304)	100	93	106	100
chi2 (df=1)	4.790		3.204	
p	0.029*		0.073	
Cramer's V	0.126			
Neurodivergent (N=304)	16	17	18	19
chi2 (df=1)	0.214		0.062	
p	0.644		0.804	

	Confront the other person		Educate	
	O	E	O	E
Count (N=304)	115		124	
Percentage	38%		41%	
Types of encounters				
Faking accusation (N=280)				
Never	22	27	30	31
Occasionally	68	59	68	67
Frequently	16	19	21	22
chi2 (df=2)	4.529		0.099	
p	0.104		0.952	
Confronted someone else (N=287)				
Never	19	30	20	33
Occasionally	66	61	77	67
Frequently	28	22	26	24
chi2 (df=2)	10.206		11.622	
p	0.006**		0.003**	
Cramer's V	0.189		0.201	
Harassment (N=271)				
Never	28	35	32	39
Occasionally	68	60	72	67
Frequently	11	12	15	127
chi2 (df=2)	4.003		3.622	
p	0.135		0.164	
Positive encounter (N=262)				
Never	29	32	28	36
Occasionally	68	62	79	69
Frequently	5	7	6	8
chi2 (df=2)	2.685		6.565	
p	0.261		0.038*	
Fischer's exact			0.158	
Positive encounters				
BBH small talk (N=304)	64	61	73	66
chi2 (df=1)	0.538		2.937	
p	0.463		0.087	
General small talk (N=304)	43	42	59	46
chi2 (df=1)	0.877		10.379	
p			0.001**	
Fischer's exact			0.185	
Wanted help (N=304)	41	38	46	40
chi2 (df=1)	0.370		1.958	
p			0.162	

	Confront the other person		Educate	
	O	E	O	E
Count (N=304)	115		124	
Percentage	38%		41%	
Negative encounters				
Insults (N=304)	61	53	64	58
chi2 (df=1)	3.301		2.305	
p	0.069		0.129	
Staring (N=304)	90	92	101	99
chi2 (df=1)	0.206		0.440	
p	0.650		0.507	
Threats (N=304)	47	37	46	40
chi2 (df=1)	6.837		2.595	
p	0.009**		0.107	
Fischer's exact	0.150			
Violence (N=304)	8	7	7	8
chi2 (df=1)	0.158		0.131	
p	0.691		0.718	
Questions (N=304)	83	73	89	79
chi2 (df=1)	6.022		6.205	
p	0.014*		0.013*	
Fischer's exact	0.141		0.143	
Reported (N=304)	30	28	30	31
chi2 (df=1)	0.200		0.026	
p	0.655		0.873	
Unwanted help (N=304)	35	32	47	35
chi2 (df=1)	0.562		10.278	
p	0.453		0.001**	
Cramer's V			0.184	
Patronized (N=304)	62	55	69	59
chi2 (df=1)	3.178		5.755	
p	0.075		0.016*	
Cramer's V			0.138	
Laughed at (N=304)	33	26	33	28
chi2 (df=1)	4.265		2.173	
p	0.039*		0.140	
Fischer's exact	0.118			
Filmed (N=304)	23	20	24	21
chi2 (df=1)	1.093		0.747	
p	0.296		0.387	
Followed (N=304)	15	16	20	18
chi2 (df=1)	0.185		0.679	
p	0.667		0.410	
Envy (N=304)	75	67	83	73
chi2 (df=1)	3.386		0.064	
p	0.066		0.014*	
Cramer's V			0.141	
Non-person treatment (N=304)	57	45	62	49
chi2 (df=1)	7.885		9.712	
p	0.005**		0.002**	
Cramer's V	0.161		0.179	

DT 2.16: Reporting, Demographic Variables, and Encounter Types

	Reported an encounter	
	Y	N
Count (N=291)	92	199
Percentage	32%	68%
Region (N=288)	O	E
North	30	26
Midlands	21	26
London	15	10
South	25	30
chi2 (df=8)	8.420	
p	0.038*	
Cramer's V	0.171	
Age Group (N=290)		
18-29	7	8
30-39	7	13
40-49	13	20
50-59	31	25
60-69	20	15
70+	14	11
chi2 (df=5)	13.304	
p	0.021*	
Cramer's V	0.214	
Gender (N=289)		
Female	53	61
Male	36	29
Non-binary	3	2
Fischer's exact	0.072	
Ethnicity (N=282)		
BME	4	6
White	84	82
Fischer's exact	0.599	
Sexual Orientation (N=270)		
Asexual	2	4
Bisexual	7	8
Gay	7	4
Heterosexual	68	68
Lesbian	1	1
Fischer's exact	0.142	
Transgender identity (N=289)		
Cis	83	85
Trans	9	7
chi2 (df=1)	0.904	
p	0.342	
Impairment Visibility (N=285)		
Always	49	40
Sometimes	33	36
Never	10	14
chi2 (df=2)	4.621	
p	0.099	
Impairment Type		
Chronic illness (N=291)	71	70
chi2 (df=1)	0.180	
p	0.671	
Mental health condition (N=291)	17	21
chi2 (df=1)	1.569	
p	0.210	
Mobility (N=291)	81	75
chi2 (df=1)	4.232	
p	0.04*	
Cramer's V	0.121	
Neurodivergent (N=291)	12	14
chi2 (df=1)	0.321	
p	0.571	

	Reported an encounter	
	Y	N
Count (N=291)	92	199
Percentage	32%	68%
Types of encounters	O	E
Faking (N=267)		
Never	24	22
Occasionally	43	47
Frequently	17	15
chi2 (df=2)	1.286	
p	0.526	
Confronted someone else (N=275)		
Never	16	24
Occasionally	37	46
Frequently	34	17
chi2 (df=2)	30.858	
p	0.000***	
Cramer's V	0.335	
Harassed (N=259)		
Never	23	28
Occasionally	46	47
Frequently	15	9
chi2 (df=2)	7.013	
p	0.030*	
Cramer's V	0.165	
Positive (N=250)		
Never	17	25
Occasionally	51	46
Frequently	8	5
chi2 (df=2)	6.665	
p	0.036*	
Cramer's V	0.163	
Positive encounters		
BBH small talk (N=291)	52	49
chi2 (df=1)	0.700	
p	0.403	
General small talk (N=291)	36	33
chi2 (df=1)	0.674	
p	0.412	
Wanted help (N=291)	29	29
chi2 (df=1)	0.001	
p	0.981	

	Reported an encounter	
	Y	N
Count (N=291)	92	199
Percentage	32%	68%
Negative encounters		
Insults (N=291)	55	43
chi2 (df=1)	9.700	
p	0.002**	
Cramer's V	0.183	
Staring (N=291)	70	73
chi2 (df=1)	1.016	
p	0.294	
Threats (N=291)	40	29
chi2 (df=1)	9.327	
p	0.002**	
Cramer's V	0.179	
Violence (N=291)	12	6
chi2 (df=1)	9.355	
p	0.002**	
Cramer's V	0.179	
Questions (N=291)	56	58
chi2 (df=1)	0.323	
p	0.570	
Reported (N=291)	19	22
chi2 (df=1)	1.023	
p	0.312	
Unwanted help (N=291)	26	25
chi2 (df=1)	0.040	
p	0.842	
Patronised (N=291)	43	43
chi2 (df=1)	0.000	
p	0.999	
Laughed at (N=291)	26	21
chi2 (df=1)	2.722	
p	0.099	
Filmed (N=291)	20	15
chi2 (df=1)	2.686	
p	0.101	
Followed (N=291)	15	12
chi2 (df=1)	0.976	
p	0.323	
Envy (N=291)	49	53
chi2 (df=1)	1.281	
p	0.258	
Non-person treatment (N=291)	37	35
chi2 (df=1)	0.170	
p	0.680	

DT 2.17: Impact and Demographic Variables

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	Worry Frequency						Worry amount						Worry stop going out					
Original code	Never		Rarely	5/times	Often	Always	Not at all		A little		A lot		Never		Rarely	5/times	Often	Always
Count (N=304)	28		54	98	77	47	48		151		105		98		57	101	41	7
Percentage	9%		18%	32%	25%	15%	16%		50%		35%		32%		19%	33%	13%	2%
	Never		Occasionally		Frequently		Not at all		A little		A lot		Never		Occasionally		Frequently	
Count	28		152		124		48		151		105		98		155		48	
Percentage	9%		50%		41%		16%		50%		35%		32%		52%		16%	
	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Region (N=301)																		
North	9	8	45	43	31	35	16	14	42	42	27	29	29	28	42	44	14	13
Midlands	8	8	43	45	38	36	14	14	44	44	31	31	34	29	42	46	13	14
London	1	3	17	15	12	12	3	5	17	15	10	10	9	10	17	16	4	5
South	9	9	46	49	42	40	15	16	46	48	36	34	26	32	55	50	16	15
chi2 (df=6)	2.532						1.909						3.272					
p	0.865						0.928						0.774					
Age Group (N=303)																		
18-29	0	2	13	13	13	11	1	4	13	13	12	9	10	8	12	14	4	4
30-39	0	4	14	22	30	18	3	7	20	22	21	15	10	14	26	23	8	7
40-49	2	6	33	32	30	27	10	10	26	32	29	23	15	21	38	34	12	10
50-59	8	7	41	40	31	33	10	13	44	40	26	28	20	26	46	42	14	13
60-69	8	5	31	26	13	21	12	8	30	26	10	18	25	17	21	27	6	8
70	10	3	19	18	7	15	12	6	17	18	7	13	18	12	14	19	4	6
chi2 (df=10)	44.991						27.534						17.896					
p	0.000***						0.002**						0.057					
Fischer's exact	Not ava table																	
Cramer's V	0.273						0.213											
Gender (N=302)																		
Female	13	19	94	100	94	83	20	32	100	99	81	70	56	65	110	104	25	22
Male	15	9	53	47	26	39	26	15	48	46	20	33	39	31	42	49	13	15
Non-binary	0	1	3	4	4	3	2	1	1	4	4	2	3	2	4	4	0	0
Fischer's exact	0.005**						0.000***						0.147					
Cramer's V	0.154						0.195											
Ethnicity (N=294)																		
Asian	0	2	10	9	8	7	0	3	11	9	7	6	6	6	9	10	3	3
White	26	24	137	138	113	114	45	42	136	138	95	96	87	87	146	146	43	43
chi2 (df=2)	1.864						3.506						0.057					
p	0.394						0.173						0.972					
Sexual Orientation (N=282)																		
Asexual	1	1	5	7	8	6	3	2	4	7	7	5	5	5	6	7	3	2
Bisexual	0	3	10	15	19	12	1	5	13	15	15	10	4	9	18	15	7	5
Gay	1	1	5	7	6	5	0	2	7	6	5	4	3	4	7	6	2	2
Heterosexual	24	21	119	112	79	90	40	35	116	113	66	75	77	71	113	117	32	35
Lesbian	0	1	3	3	2	2	0	1	3	3	2	2	1	2	4	3	0	1
Fischer's exact	0.076						0.070						0.359					
Trans status (N=302)																		
Cis	28	26	135	138	115	114	45	44	141	137	92	97	92	90	142	144	44	44
Trans	0	2	15	12	9	10	3	4	8	12	13	8	6	8	14	12	4	4
chi2 (df=2)	3.362						4.364						0.681					
p	0.186						0.113						0.711					
Impairment Visibility (N=298)																		
Always	22	11	66	67	44	54	29	21	61	66	42	46	49	43	59	65	24	21
Sometimes	1	10	37	60	61	48	12	19	61	59	6441	23	32	38	72	62	15	19
Never	2	4	25	24	17	19	6	7	26	23	15	16	15	15	23	24	9	8
chi2 (df=4)	25.972						7.565						6.671					
p	0.000***						0.109						0.154					
Cramer's V	0.209																	
Impairment Type																		
Chronic illness (N=304)	11	21	107	116	113	94	23	37	113	115	95	80	55	75	132	120	44	37
chi2 (df=2)	38.856						32.918						32.606					
p	0.000***						0.000***						0.000***					
Cramer's V	0.358						0.329						0.328					
Mental health condition (N=304)	5	7	20	36	47	29	4	11	27	36	41	25	8	23	44	37	20	
chi2 (df=2)	23.714						22.783						23.165					
p	0.000***						0.000***						0.000***					
Cramer's V	0.279						0.274						0.276					
Mobility (N=304)	26	23	127	123	92	100	44	39	123	122	78	85	83	79	126	127	36	39
chi2 (df=2)	6.790						6.506						2.086					
p	0.034*						0.039*						0.352					
Cramer's V	0.150						0.146											
Neurodivergent (N=304)	1	4	12	13	33	19	2	7	14	23	30	16	8	15	24	24	14	7
chi2 (df=2)	21.841						23.301						11.069					
p	0.000***						0.000***						0.004**					
Cramer's V	0.268						0.277						0.191					

DT 2.18: Impact and Encounter Types

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	Worry Frequency						Worry amount						Worry stop going out					
Original code	Never		Rarely	S/times	Often	Always	Not at all		A little		A lot		Never		Rarely	S/times	Often	Always
Count (N=304)	28		54	98	77	47	48		151		105		98		57	101	41	7
Percentage	9%		18%	32%	25%	15%	16%		50%		35%		32%		19%	33%	13%	2%
	Never		Occasionally		Frequently		Not at all		A little		A lot		Never		Occasionally		Frequently	
Count	28		152		124		48		151		105		98		158		48	
Percentage	9%		50%		41%		16%		50%		35%		32%		52%		16%	
	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E	O	E
Types of encounters																		
Faking (N=280)																		
Never	11	5	37	37	24	30	16	11	36	35	20	27	28	22	34	39	10	12
Occasionally	8	11	90	80	59	66	22	24	85	76	50	50	49	48	94	84	14	25
Frequently	1	4	15	26	35	22	4	8	14	25	33	19	8	16	22	27	21	8
chi2 (df=4)	26.022						23.535						33.336					
p	0.000***						0.000***						0.000***					
Cramer's V	0.216						0.205						0.244					
Confronted someone else (N=287)																		
Never	6	7	31	37	39	32	7	13	35	37	34	27	20	24	40	40	16	12
Occasionally	14	15	86	77	56	65	29	26	80	75	47	55	52	50	87	81	17	25
Frequently	7	5	24	27	24	23	12	9	23	26	20	19	20	18	22	29	13	9
chi2 (df=4)	6.424						7.715						8.882					
p	0.170						0.103						0.064					
Harassed (N=271)																		
Never	11	7	49	44	29	38	21	14	47	42	21	33	41	27	35	46	5	9
Occasionally	7	11	77	76	69	66	18	23	75	73	60	57	42	48	87	82	17	16
Frequently	2	2	8	14	19	13	2	4	7	14	20	11	6	15	31	25	7	5
chi2 (df=4)	13.820						23.024						20.560					
p	0.008**						0.000***						0.000***					
Cramer's V	0.160						0.206						0.195					
Positive (N=262)																		
Never	6	6	30	41	47	36	9	13	40	40	34	30	23	26	44	44	16	14
Occasionally	9	12	90	78	61	70	27	24	77	77	56	59	50	50	87	84	23	26
Frequently	4	1	8	9	7	8	4	3	9	9	6	7	8	6	7	10	4	3
chi2 (df=4)	14.781						2.427						3.114					
p	0.005**						0.658						0.539					
Cramer's V	0.168																	
Positive encounters																		
BBH small talk (N=304)	18	15	82	81	61	66	30	25	81	80	50	56	54	52	89	84	18	25
chi2 (df=2)	2.207						2.984						5.506					
p	0.332						0.225						0.064					
General small talk (N=304)	13	10	65	56	35	46	24	18	57	56	31	39	46	36	53	58	13	18
chi2 (df=2)	6.872						6.042						6.997					
p	0.032*						0.049*						0.030*					
Cramer's V	0.150						0.141						0.152					
Wanted help (N=304)	58	50	32	40	99	99	17	16	55	49	27	34	33	32	53	52	13	16
chi2 (df=2)	4.747						3.446						0.781					
p	0.093						0.179						0.677					
Negative encounters																		
Insults (N=304)	10	13	60	71	71	58	16	22	62	70	63	49	32	46	76	73	33	22
chi2 (df=2)	10.096						12.836						17.272					
p	0.006*						0.002**						0.000***					
Cramer's V	0.182						0.206						0.238					
Staring (N=304)	11	22	120	121	111	99	25	38	123	120	94	84	64	78	133	126	42	38
chi2 (df=2)	35.580						29.076						20.292					
p	0.000***						0.000***						0.000***					
Cramer's V	0.342						0.309						0.258					
Threats (N=304)	7	9	4	49	49	40	16	15	39	48	42	34	27	31	48	50	22	15
chi2 (df=2)	5.621						5.778						5.310					
p	0.060						0.056						0.070					
Violence (N=304)	2	2	3	10	14	8	1	3	8	9	10	7	1	6	10	10	8	3
chi2 (df=2)	10.158						3.576						13.465					
p	0.006*						0.167						0.001**					
Cramer's V	0.183												0.211					
Questions (N=304)	8	18	98	97	87	79	21	31	98	96	74	67	51	62	111	100	31	31
chi2 (df=2)	17.172						10.409						8.684					
p	0.000***						0.005**						0.013*					
Cramer's V	0.238						0.185						0.169					
Reported (N=304)	3	7	29	38	43	31	6	12	30	37	39	26	14	24	46	39	15	12
chi2 (df=2)	12.173						14.489						8.484					
p	0.002**						0.001**						0.014*					
Cramer's V	0.200						0.218						0.167					
Unwanted help (N=304)	3	8	48	43	34	35	12	13	44	42	29	29	31	27	43	44	11	13
chi2 (df=2)	5.141						0.319						1.306					
p	0.077						0.853						0.521					
Patronised (N=304)	8	13	68	72	68	59	18	23	67	72	59	50	36	46	83	75	25	23
chi2 (df=2)	7.166						5.697						6.562					
p	0.028*																	
Cramer's V	0.154																	
Laughed at (N=304)	26	34	38	28	38	28	6	11	30	34	32	24	13	22	35	35	20	11
chi2 (df=2)	8.370						7.211						14.975					
p	0.015*						0.027*						0.001**					
Cramer's V	0.166						0.154						0.222					
Filmed (N=304)	2	5	17	26	33	21	5	8	18	26	29	18	7	17	30	27	15	8
chi2 (df=2)	13.623						12.563						14.027					
p	0.001**						0.002**						0.001**					
Cramer's V	0.212						0.203						0.215					
Followed (N=304)	1	4	12	22	30	18	2	7	13	21	28	15	5	14	22	22	16	7
chi2 (df=2)	17.778						21.302						21.159					
p	0.000***						0.000***						0.000***					
Cramer's V	0.242						0.265						0.264					
Envy (N=304)	11	16	90	89	77	73	24	28	89	88	65	62	53	57	99	93	26	28
chi2 (df=2)	4.952						1.942						2.285					
p	0.084						0.379						0.319					
Non-person treatment (N=304)	13	11	53	60	54	49	29	19	53	60	44	41	34	39	69	62	17	19
chi2 (df=2)	2.778						2.901						2.433					
p	0.249																	
Cramer's V	0.234																	
	0.296																	