The Politics of Parking:

Encounters with strangers inaccessible parking spaces

Summary report from Blue Badge holder survey

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Executive summary

Background

304 respondents completed the survey between 1 January and 30 June 2023. Participants had a Blue Badge for 12 years on average (ranging from 1 to 55 years). 67% of participants were women. People aged between 40-59 made up almost half of the sample. LGBA (22%) and transgender (8%) were overrepresented in the survey, and Black and Minority Ethnic people were underrepresented (6%). Most participants had mobility impairments (81%) and/or chronic illness (76%), and most had more than one impairment type (74%). 44% had an always visible impairment, 39% a sometimes visible impairment.

Types of encounters

Being accused of faking and confronting non-Blue Badge holders abusing bays emerged as the two main types of encounters. Faking accusations were experienced by young people, never or sometimes visible impairments, women, and were more common in South England. Faking accusations range from direct accusations and demands to inspect Badge, to surveillance, and passive-aggressive disapproval (tutting, staring). People with chronic illness also experienced more harassment. People over 60 were more likely to confront those abusing Blue Badge bays.

Positive and negative interactions

69% of participants had at least one positive encounter. Small talk with other Blue Badge holders was the most common positive interaction (53%). Positive encounters with passers-by less likely for those with 'incongruous' impairments (chronic illness, neurodivergence, mental health conditions). Solidarity from other Blue Badge holders and strangers had a big positive impact for many participants.

Staring (80%), intrusive questions (63%), envious comments (53%) were the most common negative encounters. Surveillance interactions (e.g., staring, being filmed, photographed, or followed) were not associated with visibility, but with 'incongruous' impairments. Being younger and having a less visible impairment increased the likelihood of intrusive questions and being reported. People with always visible impairments more often experienced unwanted help and physical violence. Envious comments were most common in the South and Midlands.

Location & Frequency

Supermarket (87%), shops (70%), and doctors' surgeries/hospitals (58%) were the most common locations reported. Many participants (42%) had had 20 or more encounters, most between a few times a year & a few times per month. Mental health conditions and chronic illness were associated with more frequent encounters.

Factors in encounters

Participants felt that not looking disabled (67%) and not behaving in the right way (54%) were common factors leading to confrontations. Both led to accusation of faking and were experienced by younger people and those with incongruous impairments. A hierarchy of mobility aids also emerged, with manual wheelchair users having more positive encounters but also unwanted help. Age (62%) was a significant factor for young people who were deemed 'too young to be disabled'. Gender was perceived as a factor by women, making them an 'easy' target. Travelling with children leads to increased surveillance and violence. The factor data highlighted the assumption that disabled people should not have children, drive new/expensive cars, have nice clothes, hair, or make-up. The 'scrounger' discourse of austerity politics (e.g., that many people are faking impairments to get a Blue Badge) also persisted in Blue Badge spaces.

Strategies to manage encounters

Many participants tried to avoid encounters, for example by ignoring the other person (46%) or staying in the car (45%). Ignoring the other person was used for occasional encounters, while staying in the car or limiting trips to certain times and places were used by those who had experienced more frequent or hostile encounters. Some also used mobility aids or exaggerated their impairment to make it more visible to avoid harassment. All of these were more likely to be used by women, queer people, and those with incongruous impairments (chronic illness, mental health, neurodivergence). Preparing answers was another common strategy (46%), especially by those who had experienced faking accusations or harassment. Educating others was used frequently (45%), especially by those who confronted abuse or experienced microaggressions. Many participants consciously chose to be non-confrontational initially but escalated to a more direct strategy when not successful.

Impact & reporting

91% of participants said they worry about encounters, with 40% worrying frequently. Two thirds (68%) said worrying sometimes stopped them from going out. Having experienced faking and harassment more often increased the frequency and amount of worry. People under 50, women, non-binary people, and people with incongruous impairments worried more frequently. The stories from participants showed how encounters are highly emotionally charged and their impact can last for many years.

Only 32% of participants had reported an encounter, most to the management of the location where they parked (62%). Of those who had reported, 40% said no action had been taken, while 34% did not hear back. Many participants called for more enforcement and harsher penalties, but some had had negative encounters with traffic wardens and police that replicated stereotypical assumptions about who is a 'legitimate' Blue Badge holder.

Conclusions

The survey highlights the following points about disability and everyday encounters with strangers:

1. While visibility and age are important factors, they are part of a wider package of 'incongruous' behaviour that affects how disabled people can exist in Blue Badge spaces.
2. Disabled people are expected to be a 'normal' disabled person in a Blue Badge space. Not matching a stereotype or being marginalized in other ways increases the risk of a negative encounter.
3. Anti-austerity rhetoric, while largely absent in Blue Badge reporting, still 'sticks' to disabled people and persists in Blue Badge spaces.
4. Encounters do not have to be extreme to have a negative impact. Blue Badge spaces are full of constant microaggressions but also sometimes solidarity.
5. All Blue Badge holders are affected by encounters, none of us can 'win' as long as stereotypes and narrow ideas of disability persist.

Introduction

This report summarises the findings from a survey with Blue Badge holders on their encounters with strangers in accessible parking spaces, as part of the "Politics of Parking" research project. The survey was conducted alongside a content analysis of UK newspaper articles on Blue Badges, and these findings are summarised at the start of this report. Throughout this report, I use the concept of "(in)congruence" to describe whether a person does or does not match a 'stereotype' of disability.

The survey was open to disabled people over 18 in England, who hold or have previously held a Blue Badge, and had at least one 'encounter' while using the spaces. It accepted responses from 1 January to 30 June 2023 and was disseminated through Disabled People's Organisations and social media (Twitter, LinkedIn). The survey received 304 valid responses.

Content analysis

The content analysis looked at how Blue Badges were represented in major UK newspapers during 5-year period of January 2018 to December 2022. In total, there were unique 773 articles mentioning the terms "Blue Badge" and "disability" during this period, of which every second was included in the analysis sample (387 articles). The articles covered a broad range of topics with a total of 28 distinct topics identified, the five most common being:

1. Blue Badge holders receiving a parking fine (49 / 13%)
2. Expansion of the Blue Badge scheme (47 / 12%)
3. Encounters with strangers (45 / 12%)
4. Blue badge fraud incl. theft of blue badges (45 / 12%)
5. Abuse of blue badge bays (43 / 11%)

Most articles were published in tabloid (80%) and right-leaning newspapers (72%). Encounters were almost exclusively reported on in tabloid papers, and particularly the Mirror. Most encounter articles focused on experiences of people with 'hidden' disabilities (69%), and often covering 'younger' disabled people (under 50) or children. The articles also often used medical model language, including detailed description of people's impairments. The expansion of the Blue Badge scheme was covered frequently in 2018 and 2019, and often closely based on government press releases, focussing on 'hidden' impairments. Quotes in these articles were dominated by policymakers (60%) and charities (40%), with only 2 of the 47 articles quoting disabled people. A

significant minority (21%) of articles described the Blue Badge as a perk, and the same amount suggested that parking space were scarce and under further pressure by the expansion. The most common topic of Blue Badge holders receiving a parking fine was particularly prevalent during the cost-of-living crisis in 2022, playing into a stereotype of 'vulnerable' disabled people receiving unfair fines.

Overall, while encounters and different types of impairments are receiving more media attention, the reporting still frequently relied on stereotypes about disability. While a fifth of articles focussed on people with 'invisible disabilities', these articles often used medical model ideas. Overall, almost a third of all articles (29%) used medical model language (e.g., suggesting that people were disabled by their impairment or that they "suffered" from their impairment). Only 21 articles took a clear social model approach to reporting about disability, focusing on barriers and rights. Many encounter articles presented disabled people as victims (71%) and suggested a lack of awareness of 'hidden disabilities' was a common reason for these confrontations. While articles on encounters reported sympathetically on the impact of disabled people being accused of 'faking' (49 articles), they did little to acknowledge the wider 'scrounger' rhetoric perpetuated by the government and the media themselves. The articles therefore do little to truly challenge narrow ideas about disability, and instead focus on accessible parking in a sensational way to rile up negative emotions (about faking, abuse, and envy) to maximise readership.

Demographics

In total, the survey received 304 responses. Of these, 67% were from women, suggesting that women either have more encounters or are more willing to share them. While disability rates increase with age, the survey received responses from all age groups, with 40-59 year-olds most common (48% of the sample). Queer (Lesbian, Gay, Bisexual, and Asexual / LGBA) people made up 22% of the sample and were likely therefore overrepresented, as were transgender people (8%). 18 participants identified as an ethnic minority including Asian (7), Black (6), and mixed ethnic groups (5), meaning that these groups were underrepresented, despite efforts to specifically target disabled people from ethnic minorities. Respondents could select one or more impairments, with the most common being mobility (81%) and being chronically ill (76%). Other common impairments included mental health conditions (23%) and neurodivergence (15%). Almost three quarters (74%) had more than one impairment type. Just under half (44%) described their impairment as always visible or recognisable to strangers, with another 39% describing it as

sometimes visible, and only 16% saying their impairment was never visible. The participants had held a Blue Badge between 1 and 55 years, with an average of 12 years.

Types of encounters

The survey explored six broad encounter types:

1. Being accused of 'faking' a disability
2. Challenging abuse by non-Blue Badge holders
3. Being harassed for being disable
4. Positive encounters
5. Being stopped from parking in a bay
6. An argument about lack of parking

All these encounters had been experienced at least once by between, 67-75% of participants. Most had experienced them rarely or sometimes (see Table 1 for full data). Different groups of disabled people tended to have different encounters but overall, being accused of faking and challenging abuse emerged as the two topics participants where most concerned with.

People accused of faking were often incongruent with a stereotype of disability. They tended to be younger and have impairments that were never or sometimes visible, especially chronic illness, mental health conditions and/or neurodivergence. Women and people from the South of England were also more likely to be accused of faking. People with chronic illness were also more likely to experience harassment. The survey highlighted that participants were not always directly accused of faking, but this was often expressed more subtly. It could range from staring, gestures of disapproval (tutting, hushed comments) to intrusive questions, surveillance, and outright accusations, being followed, and being reported. Several people described having random strangers demand to inspect their badge. Others spoke about being physically blocked by people accusing them:

> "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 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)

In contrast, those who confronted others about abusing Blue Bays were most often over 60. Older people and those with visible impairments also reported being denied access to parking spaces more frequently. Most participants described getting a negative reaction when challenging those misusing Blue Badge spaces, with many abusers simply not caring and minimising the impact of their abusers ("I'll only be 5 minutes" was a response cited by many participants). A couple of participants also described abusers they confronted trying to steal their badges.

Positive interactions

Overall, 69% of participants had at least one positive encounter. Being older and having a visible impairment, and specifically a mobility impairment, were associated with having more frequent positive encounters. Just over half of the total sample (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%). Having a positive encounter with a random bystander was less likely for people with chronic illness, mental health conditions, and/or neurodivergence, suggesting that a positive encounter with the general public depends on being congruent with a stereotype of disability. Positive encounters described by participants included chats about assistive equipment and solidarity from others during encounters. 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 envy of Blue Badge parking (59%). The full list of negative interactions and their counts and frequencies can be found in Table 2. Staring, as well other acts of surveillance such as being photographed, filmed, or followed, were not

associated with visibility of impairment, but more likely experienced by those with chronic illness, neurodivergence, and mental health. Women and bisexual people were also more likely to be stared at.

Intrusive questions and being reported were related to being younger, having less visible impairments, or being queer. Intrusive questions were more likely to happen to chronic ill and/or neurodivergent participants. People with these impairments and younger people were also more likely to have experienced being patronised. People with always visible impairments were more likely to report having received unwanted help as well as physical violence. Envious comments the third most common encounter, were more common in the English South and Midlands, and associated with being younger and with chronic illness and mobility impairments. Insults were also more common for those with chronic illness, and in the South.

People & locations

The most common other party in encounters were people abusing the bays (70%), followed by random passers-by (59%). Around a third (36%) of participants had had encounters with another Blue Badge holder. Members of staff (24%) and traffic wardens (16%) were encountered less frequently. Younger people (under 50) were more likely to have confrontations with both other Blue Badge holders and random bystanders, and many participants described being challenged by older people about their legitimate use of the space. Women and queer people were also more likely to have encounters with random bystanders. Being over 60 and/or white were associated with encounters with those abusing Blue Badge bays, while learning disabled people were less likely to experience this encounter.

Supermarkets were the most frequent location where encounters took place (87%), followed by shops (70%) and doctor's surgeries/hospital (58%). Around a quarter had encounters at home (28%), at the gym (28%), at train stations and airports (26%), or at school/university (20%). Work (16%) and sporting events (11%) were the least common locations.

Frequency

A significant part of the sample had had 20 or more encounters (42%), reflecting that most participants had had a Blue Badge for over a decade. Only 22% of the sample reported having had less than 5 encounters (full details in Table 3). Most participants reported having a few encounters

per year (34%) or one or more month (34% combined). Weekly or more encounters (13% combined) or yearly or less encounters (17%) were less common (see Table 4). People with mental health conditions and neurodivergence were more likely to have a higher number of encounters, despite these impairments being those only recently qualifying for a Blue Badge. People with chronic illness, mental health conditions, bisexual, and asexual people reported higher frequencies of encounters. One participant highlighted that encounters did not need to happen frequently to have strong 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)

Factors

The survey explored what factors disabled people think may play a role in why they were confronted 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%). A full list of factors and their counts and percentages can be found in Table 5.

Incongruence and (in)visibility

The two most common factors of 'not looking disabled' and 'not behaving in the right way' highlight the important role of (in)congruence of impairment. While two thirds of participants felt 'not looking disabled' was a factor in their encounter(s), 44% of the sample had an always visible impairment, suggesting that 'looking' disabled (or not) goes beyond whether an impairment is visible to strangers. Both 'not looking disabled' and 'not behaving in the right way' were associated with being under 60 and with chronic illness, mental health conditions, and neurodivergence, as well with the North and South of England. However, only 'not looking disabled' was associated with impairment visibility and was less likely to be seen as a factor by people with a mobility impairment. Not behaving in the right was also associated with some queer identities, especially bisexuality.

Both 'not looking disabled' and 'not behaving in the right way' were associated with having been accused of faking and related interactions (staring, intrusive questions, being filmed or photographed, and being reported). Those not behaving in the right way also disproportionately experienced harassment, and interactions including insults, being patronised, laughed at, or envious comments. While those not looking disabled were less likely to experience unwanted help or non-person treatment, those behaving in the wrong way were *more* likely to have these

encounters. Many participants said they were explicitly told during encounters that they did 'not look disabled'. Some mentioned using 'Not all disabilities are visible' stickers to raise awareness of 'invisible' impairments. Others felt they were targeted for harassment or intrusive questions because of being visible as disabled person: "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)

Mobility aids

The survey asked participants which mobility aids they used and how often (see Table 6 for full list). The results were checked for associations with types of encounters. Using a manual wheelchair was associated with positive encounters, in particular with positive help and small talk with non-Blue Badge holders, but also with frequent unwanted help and occasional non-person treatment. In contrast, electric wheelchair users were also more likely to receive unwanted help and non-person treatment, as well as envious comments, but not more likely to have positive encounters. Walking stick users were less likely to report receiving unwanted help. While those using a mobility scooter were less likely to be accused of faking or reported, they more frequently faced threats from others. Those using no aids some or most of the time were more likely to be filmed or photographed and less likely to receive non-person treatment.

The data highlighted a hierarchy of mobility aids, with those using a manual wheelchair perceived as both as 'legitimate' and as being 'in need of help' (whether wanted or not). Participants described being accused of not really needing a Blue Badge space if they were able to walk or using the 'wrong' type of mobility aid (e.g., crutches instead of a wheelchair). The responses also illustrated that visibility is not always straightforward, and could depend on the use of a mobility aid:

> "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, mental health condition, and mobility impairment, 18-29, Unknown region)

Other factors of incongruence

Multiple other factors may also make a disabled person not match disability stereotypes. Having the wrong type of impairment was felt to be a factor by those whose impairment were only visible sometimes, and those who were deaf, neurodivergence, or had mental health conditions. This factor was associated with more frequent experience of being accused of faking or receiving harassment.

Both travelling with children and travelling with other people were associated with increased surveillance (staring, intrusive questions, being patronised, and being followed), and those with children were more often accused of faking and more likely to experience physical violence. Participants discussed the assumption that disabled people cannot or should not have children. Several also highlighted that travelling alone was another factor that made them a target, particularly because of the assumption that all disabled people have carers.

Driving the wrong type of car was associated with being stared at and receiving unwanted help, and more likely reported by those with mobility impairments. Multiple participants highlighted that the attitude from strangers that disabled people should not have large, new, or expensive cars. Some also discussed the assumption that being able to drive themselves meant they were not 'disabled enough' to need a Blue Badge space.

Participants who thought that the way they dressed influenced encounters tended to have more frequent encounters, and were subject to increased, insults, staring, intrusive questions, being laughed at, and being filmed/photographed. People with non- or sometimes visible impairments, as well bisexual, Black, and Asian participants felt their dress was a factor. Some participants mentioned 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:

> "People assume you cannot be disabled and successful at the same time." (Man with mobility impairment, 18-29, North of England)

> "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 for some." (Woman with chronic illness and mobility impairment, 40-49, South of England)

Demographics

Age was by far the most common demographic factor reported in the survey. Those who thought age was a factor were more likely to have been accused of faking or experienced harassment, including insults, staring, questions, being reported, patronised, laughed at, being filmed/photographed, and being followed. They were less likely to have confronted abuse and had more frequent encounters. Younger participants, especially those under 40, women and non-binary people, and those with chronic illness and/or neurodivergence, were more likely to report age as a factor. Age was frequently described in the comments as a factor that determines whether one looks disabled, with many told that they are 'too young' to be disabled, including participants in their 40s and 50s. Participants highlighted that many assumed that mostly old people had Blue Badges:

> "A traffic warden was hovering over the car, grinning through the windscreen. I put my blue badge on the dashboard and as I got out the car he said "Sorry I just needed to check that you actually had a badge, since usually old people have them. So if you didn't have that you couldn't park there." (Woman with chronic illness, mobility impairment, and neurodivergence, 18-29, North of England)

Age is also part of a disability hierarchy, with many reporting that the other party in an encounter claimed priority over a Blue Badge space due to being older: "I am often approached by elderly drivers saying they have more right to the spaces" (Woman with chronic illness and mental health condition, 40-49, South of England). This highlights how age is another key factor that can make people 'incongruous' with a stereotype of disability.

Women, non-binary, and queer participants were more likely and non-binary people were more likely to feel that their gender was a factor in encounters and received more frequent harassment. Some men some men reported that they felt being a man and physically large helped de-escalate encounters from potentially turning violent, while one participant felt she was perceived as "an easy target" (Woman with chronic illness and neurodivergence, 30-39, South of England) for being female and in a wheelchair.

Black, Asian, and mixed race respondents were more likely to feel their ethnicity mattered than white participants, and gay men, trans and non-binary people were more likely to think that being LGBTQ was a factor that got them confronted. Neither of these factors were associated with any specific encounters. People who thought their body weight was a factor were more likely to be harassed and experience over hostility, such as insults, threats, and being filmed or followed.

Envy and 'scrounger' rhetoric

Envy of Blue Badge parking also plays a significant part, particularly in Blue Badge abuse, with many reporting that abusers said they were entitled to misuse Blue Badge spaces as they were better spaces. Several participants linked the Blue Badge to other benefits and particularly to the 'scrounger' rhetoric of austerity politics. They felt this had caused significant mistrust of disabled people and perpetuated the idea that many are fakers. Several reported confrontations where the other person employed 'scrounger' language:

> "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 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)

Strategies

The survey asked participants if they had used different strategies to get through an encounter. The most common strategies were to prepare answers for inquiring strangers or ignoring the other person (both 46%), followed by staying in the car (45%) and educating the other person (45%). This highlights that most disabled people choose non-confrontational and even avoidant strategies. Around a third confront said they would confront the other person (38%), limit when/where they go out (32%), or park elsewhere (31%). A smaller number said they used mobility aids to make their impairment more visible (28%) or exaggerate their impairment (24%). Only a few people (9%) said they would look for help from someone else (see list of strategies in Table 7.

Ignoring encounters was most frequently used by people who occasionally experienced accusations of faking, was also associated with positive small talk with non-Blue Badge holders and receiving wanted help. This suggests those who had positive encounters may find it easier to overlook negative ones. More extreme avoidance strategies such as staying in the car and limiting trips to certain times and places were more likely employed by those who reported overtly hostile encounters, and those who had frequent experiences of being harassed or accused of faking. Both were more frequently employed by women, queer people, and people with chronic illness or mental health conditions. Parking elsewhere was more frequently employed by people with a never visible impairment.

Educating others was associated with more frequently confronted abuse and having had occasional positive encounters. It was also associated with 'microaggressions' such as unwanted help, intrusive questions, being patronised, non-person treatment, and envious comments. Preparing answers was used to manage encounters involving accusations of faking or harassment and was most likely used by young people under 40, women, non-binary and queer people, and those with a sometimes visible impairment. In contract, confrontation as a strategy was more likely to be used by people in their 50s and 60s, as well as men and people with mobility impairment.

Exaggerating an impairment to become more congruous with societal ideas of disability was associated with being harassed more frequently and with being stared at, and used more often by younger people, women, queer people, and those with a never or sometimes visible impairment. Using mobility aids to make an impairment visible was also associated with having a sometimes visible impairment. Calling help was reserved as a last resort for outright hostile encounters, such as harassment, and insults, threats, violence, intrusive questions, being filmed, or followed.

Several participants explained they explicitly chose non-confrontational approaches, including when 'challenging' abusers: "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). The participants' Blue Badge encounter stories highlight that confrontation is often a last resort after other techniques have failed. In response to challenge someone else's unacceptable behaviour, disabled people were then sometimes told it was *they* who were 'rude' and aggressive:

"I calmly explained that it was my blue badge "No it's not!" So in frustration I re-opened the car, and pulled out the badge, held up the photo on the back to my face and said 'who's face is that?! Who's face is that?! Oh yeah it's my fucking face!" She reprimanded me for being rude but she deserved it." (Woman with chronic illness, mental health conditions, and neurodivergence, 18-29, North of England)

Impact

The survey asked participants about how much and how often they worried about encounters, and whether this worry ever stopped them from going out. 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% did not go out often or always. The full data can be found in Table 8.

Faking, harassment, and associated negative interactions were associated with being worried more and more frequently, and were more likely to stop disabled people from going out. Those who had had more positive encounters worried less frequently, and this was particularly pronounced for those who had positive interactions with non-Blue Badge holders. People under 50, women and non-binary people were likely to worry more frequently, alongside those with people with sometimes visible impairment. Chronic illness, mental health, and neurodivergence increased worry across all three categories. People with learning disabilities were more likely to avoid going out. Having a mobility impairment was associated with not worrying as often or as much.

The data suggests that while upsetting, confronting abusers was not nearly as impactful as being accused of faking or experiencing harassment. Those not matching stereotypical ideas of disability are particularly affected by these encounters, which do not just occur more often but can have a lasting effect on people's wellbeing and emotions. Participants described still being affected by encounters from years ago. They spoke about a range of emotions as result of encounters, including being too scared or anxious to confront abusers or to use Blue Badge spaces at all because of the hostility they had experienced. Several people described how upsetting the encounter was in the moment and speak about not feeling able to complete the task or activity they set out to do, whether that was grocery shopping or having an operation. 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 constant 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 everytime 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.

Reporting

Only 32% of participants had 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%). Most participants said they either had never any action taken because of the report (40%) or had not heard back (34%) (see full data in Table 9). Participants in living in the North of England or in London were most likely to have reported encounters, as well as those over 50 and people with mobility impairments. The only encounter not associated with having reported was being accused of faking, Interactions with overt hostility (insults, threats, and violence) were more likely to be reported.

Many participants called for more enforcement, harsher penalties, and better reporting mechanisms particularly for abuse 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)

Some participants mentioned having positive encounters with traffic wardens, while others reported having negative encounters with traffic wardens or police offers who accused of them of misusing Blue Badges or 'faking' their impairment to get a Blue Badge. While some campaigns have asked for increased enforcement, this may increase the risk of negative encounters for people who do not meet a disability stereotype.

Discussion

This report highlights that far from a mundane activity, using accessible parking is complex and full anxiety for many disabled people. It shows how negative and stereotypical ideas about disability 'stick' to disabled bodies. While certain groups of disabled people are more likely to have some types of encounters, all disabled people have the potential for both positive and negative encounters. Encounters are rarely as straightforward as suggested by the media. In particular, this research highlights four key points about disability and encounters with strangers:

'Not looking disabled' is wider than invisibility of impairment

This survey has highlighted while visibility is a relevant factor in some encounters, it is not the all-explaining reason it is often presented as in the media and awareness campaigns. The data highlights that visibility is far from a stable concept, with many participants describing they were accused of 'not looking disabled' before getting out of the car or until revealing their mobility aids or impairment:

> "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 highlights that age is not just an important factor in determining encounters, but is also closely associated with visibility, with many being told they don't 'look disabled' due to being too young. While much of the newspaper reporting focuses on younger people, this research highlights that even people in their 40s and 50s still get confronted because of their age. Both

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visibility and age are two major factors in a wider package of 'incongruous' behaviour that is at odds with how disabled people should *be* in public spaces. It is not just about looking the part, but about publicly enacting the inferior position disabled people have been assigned in an ableist society. Disabled people should not have new or expensive cars, wear nice clothes or make-up, have children, or be out at peak times. Disabled people should also be deferential and grateful in public spaces, even in the face of confrontation. The Blue Badge space, far from being an 'accessible' space, thus turns into a microcosm of wider negative societal prejudices about disability.

There is a 'normal' disabled person

The idea of 'normality' is central to what happens in Blue Badge spaces. While all Blue Badge holders have the potential for encounters, the most impactful encounters happen most often to those who are further removed from the idea of a 'normal' disabled person. 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. In addition, the data also highlights that those with multiple marginalised identities which remove them further from this 'normal' disabled person are more affected as a result. Gender and sexuality are frequently associated with negative encounters and impacts, suggesting that women and queer people are particularly affected by encounters. This is likely also the case for race, but less obvious due to the small sample size which makes it more difficult to achieve statistically significant results. In addition to needing to approximate the disabled 'normal', then, Blue Badge holders also need to adhere to other stereotypical ideas of normality (being white, male, cis, straight, thin) to have a better chance to avoid confrontations.

The impact of anti-austerity rhetoric

The findings highlight the lasting impact of over a decade of anti-austerity rhetoric. Despite the content analysis finding that 'scrounger' discourse is largely absent from Blue Badge reporting, these types of discussions in the media still have an impact on the encounters that take place. Participants frequently referenced TV and newspapers articles about 'scroungers' as a factor in the negative encounters they had faced, as well as making links to other benefits. While the Blue Badge scheme has not been affected by cuts but in fact has expanded, ideas of widespread misuse and a resulting scarcity of resources nevertheless 'sticks' to disabled bodies and are played out in Blue Badge spaces.

All encounters have an impact

This survey has highlighted the breadth of encounters that take place in Blue Badge bays, alongside a scale of hostility, as well as rare positive moments of connection and solidarity. While outright violence is thankfully rare, there is still a lot of hostility in the form of threats and insults. On top of this, disabled people face constant microaggressions of being interrogated, surveyed, and have unwanted help forced upon them. This survey has gone some way in documenting the cumulative impact of this never-ending ordeal. On the other hand, it has highlighted the importance of solidarity and support by both other Blue Badge holders and bystanders in lessening the impact of this constant negativity. The impact of these encounters, as well as the choices that go into the management strategies which disabled people employ, will be investigated further in the second part of this study through interview with Blue Badge holders.

Limitations

The aim of this survey was to provide a snapshot of the types of encounters that happened, but it has several limitations. As the 304 participants were in a non-random way, the data cannot claim to be representative of all Blue Badge holders, which would not be possible anyway due to lack of available demographic information about the 2.3 million Blue Badge holders in England. Having experienced at least one encounter was a prerequisite for the survey, so it is not possible to say how common encounters are overall or what percentage of Blue Badge holders have had encounters. However, the aim of the survey was not to establish frequency, but to show that even if they do happen rarely, encounters can nevertheless have a significant impact on Blue Badge holders' lives. The impersonal nature of the survey means that participants could have been reluctant to share some potentially stigmatising information, such as using exaggeration of impairment as a strategy. For this reason, strategies and the emotional impact will be explored in more detail in the 1-to-1 interviews, where a more personal connection can be established with the aim to enable participants to share their experiences without fear of judgment.

Conclusion

The findings of this survey confirm the assertion that wider power relations are replicated and amplified in parking spaces. Parking is a necessity for many of us, especially Blue Badge holders. It is rarely a pleasant or enjoyable experience, even when uneventful. While parking is a highly emotional experience, these emotions are usually negative. This survey has highlighted feelings of

envy (by those abusing Blue Badge bays), anxiety and fear (for Blue Badge holders), and anger (by both BB holders and others). These emotions, along with wider negative ideas about disability, cling to parking spaces, and affect the encounters that take place within them.

The most important conclusion one can draw from this survey is that, while hierarchies of impairment undoubtedly exist and affect encounters, that it is not merely a 'competition' between those who can 'pass' as disabled and those who cannot. This survey challenges such a crude binary by highlighting that anyone can have a chance of any negative or positive encounter. At the same time, the idea of a 'normal' disabled person is extremely narrow, and everyone has the potential to be disabled in the 'wrong' way at some point and therefore be at risk of getting challenged. Even those who are close to the stereotype are more likely to face unwanted help and other microaggressions. While narrow and reductive ideas about disability persist in wider society, none of us can win while using Blue Badge spaces. The aim for individual Blue Badge holders, then, becomes to develop strategies of survival which may or may not be successful in helping to navigate these encounters. This will form the focus of the second phase of the research, using one-to-one interviews to explore the choices disabled people must make and their impact in a world where we cannot really make a right choice.

Appendix: Tables

Table 1: Types of Encounters

Types of interactions	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Almost always (%)
Faking	72 (25.7%)	42 (15%)	115 (41.1%)	44 (15.7%)	7 (2.5%)
Challenged abuse	76 (26.5%)	77 (26.9%)	79 (27.5%)	45 (15.7%)	10 (3.5%)
Harassed for being disabled	89 (32.8%)	72 (26.6%)	81 (29.9%)	24 (8.9%)	5 (1.9%)
Positive encounter	83 (31.7%)	91 (34.7%)	69 (26.3%)	17 (6.5%)	2 (0.8%)
Denied access	84 (29.9%)	54 (19.2%)	76 (27.1%)	59 (21%)	8 (2.9%)
Lack of space	87 (31.5%)	54 (19.6%)	90 (32.6%)	39 (14.1%)	6 (2.2%)
Other encounter	52 (31%)	28 (16.7%)	52 (31%)	27 (16.1%)	9 (5.4%)

Table 2: Negative Interactions

Negative interaction type	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%
Violence	19	6%

Table 3: Number of encounters

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

Table 4: Frequency of encounters

Encounter frequency	Multiple a week	Once a week	Several a month	Once a month	Few a year	Once a year	Less than yearly
Count	17	21	70	38	104	28	25
Percentage	6%	7%	23%	13%	34%	9%	8%

Table 5: Factors

Factors	Count	Percentage
Not looking disabled	204	67%
Age	189	62%
Not behaving in the right way	165	54%
Type of impairment I have	100	33%
Type of car I travelled in	96	32%
Body weight	61	20%
Travelling with children	57	19%
Travelling with other people	57	19%
Gender	46	15%
The way I dress	41	13%
Other	30	10%
Being LGBTQ	15	5%
Race/ethnicity	13	4%

Table 6: Mobility aids

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

Table 7: Strategies

Strategy	Count	Percentage
Prepare answers	140	46%
Ignore	139	46%
Stay in car	137	45%
Educate	124	41%
Confront the other person	115	38%
Only go out to certain places / at certain times	97	32%
Park elsewhere	93	31%
Using mobility aids	86	28%
Exaggerating impairment	72	24%
Call or look for help	28	9%
Other strategy	18	6%

Table 8: Impact

How often do you worry?	Count	Percentage
Never	28	9%
Occasionally	152	50%
Frequently	124	41%
How much do you worry?		
Not at all	48	16%
A little	151	50%
A lot	105	36%
Does the worry stop you from going out?		
Never	98	32%
Occasionally	158	52%
Frequently	48	16%

Table 9: Reporting

Who did you report to?	Count	Percentage (of those who reported)
Police	30	33%
Local authority	34	37%
Traffic warden	14	15%
Management of the place I visited	57	62%
Employer of the person confronting me	17	18%
Other report	7	8%
Was action taken as a result of the report?		
Never	37	40%
Some of the time	18	20%
All the time	5	5%
Didn't hear back	31	34%