

Community Transport Association

How We Talk About
Disability

cta
community transport
association

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How we speak about disability at CTA

Introduction



At CTA, we use the social model of disability as the foundation for how we think and talk about disability. This model makes a clear distinction between someone's impairment and disability, which arises from the social, physical, and attitudinal barriers that prevent people from fully participating in society.

This approach reflects CTA's mission to lead a thriving community transport movement in the UK. It aligns with our vision of a world where everyone in their communities can access transport that meets their needs, and supports our values of equity, integrity, and excellence. It aligns with our vision of a society where community transport plays a vital role in ensuring that no one is left behind, especially those most often excluded by mainstream systems.

We recognise that language is personal, and that disabled people will have different preferences. Some may identify as a "disabled person" (identity-first language), while others may prefer "person with a disability" (person-first language). There is no single "correct" way that suits everyone, and we always respect individual preference.

This guide is not about prescribing what people must say but about offering a consistent and thoughtful approach that supports our work and values.

We recognise that language is constantly evolving and that conversations around inclusive language can feel unfamiliar or even awkward. This guide is to offer support and raise awareness. We encourage openness, curiosity, and respect. It's okay to make mistakes, if we're willing to listen, learn, and adapt. Inclusive language is ultimately about building understanding and fostering a more respectful environment for everyone.

We encourage the following:

- Follow the social model in our communications;
- Avoid outdated or disempowering terms (e.g. "handicapped", "suffers from");
- Be guided by how individuals describe themselves, and always respect their individual preferences.
- Stay open to learning, as language and understanding continue to evolve.

Ultimately, our goal is to challenge disabling barriers and promote equality and equity, not just in what we say, but in what we do.

- Equality is about treating everyone the same.
- Equity is about recognising different needs and providing the support required for fair outcomes.

Promoting both shows a deeper understanding of inclusion, aligning with the social model's focus on removing systemic barriers.

Social model of disability

The social model of disability is a way of understanding disability that shifts the focus from an individual's condition to the barriers created by society. According to this model, people are disabled not by their impairments or differences, but by the social, physical, and attitudinal obstacles that exclude or disadvantage them.

Disabled people face many barriers in daily life, from inaccessible buildings and services to negative attitudes. Inaccessible transport is just one of these barriers, but it can have a significant impact on independence, inclusion, and opportunity. The social model has been hugely influential in shaping disability rights movements and legislation, promoting equality and accessibility. Disability activists created the social model of disability in response to civil rights movements in the late 20th century. You can read more about the model in a [guide](#) produced by Inclusion London.

You can also watch this [video](#) to learn more about the social model.

It's important to remember that with the social model of disability, impairment and disability are not the same.

An impairment is a functional difficulty someone experiences in their body or mind.

Disability is the experience of not being able to participate in society because of barriers you face with your impairment. It is a result of the way society is organised. For example, a person using a wheelchair is disabled not by the wheelchair itself, but by infrastructure barriers such as inaccessible buildings or lack of ramps. Or a lack of step-free access. This is a barrier created by the environment, not the individual.

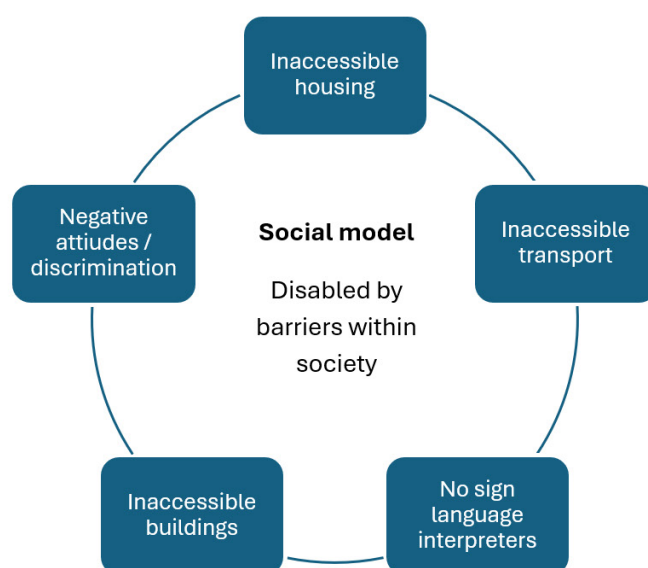


Figure 1: Diagram illustrating the Social Model of Disability.

Medical model of disability

In contrast to the social model of disability, the medical model sees disability as a problem within the individual that needs to be 'fixed' or 'cured'. This suggests people are disabled because of impairments or conditions that they have.

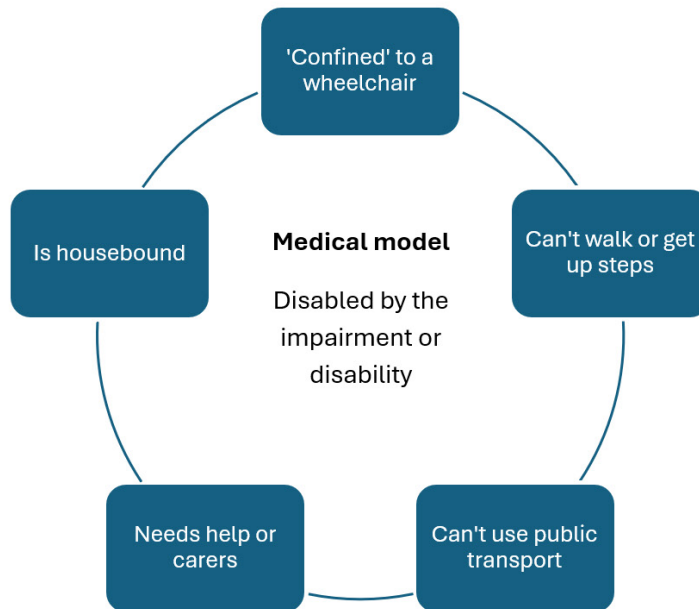


Figure 2: Diagram illustrating the Medical Model of Disability.

CTA's approach

We say:

- disabled person
- disabled people

We do not say:

- person with a disability
- people with a disability
- person has a disability
- people have a disability

We respect everyone's personal language choices. However, when we speak internally and externally at CTA, we aim to use language that is informed by the social model and is barrier aware.

Equality Act 2010

The Equality Act 2010 (UK) definition of disability:

Under the Act, a person is disabled if they have:

“a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”

Some aspects of the Equality Act 2010 in relation to disability discrimination, follow the medical model of disability as they focus on what a person is unable to do. The Act also sets out specific criteria which must be met if an individual is to be protected under the legislation.

Where the Equality Act aligns with the social model:

- The Equality Act aims to protect people from discrimination and requires adjustments to remove barriers. This is a key goal of the social model.
- It acknowledges that external factors such as inaccessible environments or discriminatory attitudes can affect someone's ability to participate in daily life, which reflects the social model.

Where it differs:

- The definition itself is grounded in the medical model, focusing on the impairment and its effects.
- It frames disability in terms of limitations the individual experiences, rather than barriers imposed by society.
- To be protected, a person must prove their condition meets certain criteria, which can shift focus away from removing societal barriers.

Whilst the Equality Act supports the goals of the social model like inclusion, accessibility, and anti-discrimination, the way it defines disability is still rooted in the medical model. So, while it's a useful legal tool for promoting social model outcomes, it does not fully embody the principles of the social model.

The importance of collaboration

At CTA, we believe that meaningful change happens when we work in partnership. Whether it's with charities, advocacy groups or organisations providing community transport, collaboration is central to our approach. We know that by working together, we can tackle inequality and exclusion more effectively and deliver transport systems that work for everyone.

Within this, we recognise the importance of centering both lived and ongoing lived experience. That's why we value and actively collaborate with disabled activists and Disabled Peoples Organisations (DPO). For example, in our Motability-funded research on disabled young people's access to transport, we worked closely with organisations such as Transport for All, Disability North and Disability Rights UK, who champion the rights of disabled people to travel on an equal basis.

DPO's are groups that are run by and for disabled people, with most of their leadership and staff being disabled themselves. We will always opt to work with DPO's first wherever we can, because these partnerships strengthen our work, bringing lived experience and insight to the heart of what we do at CTA.

We recognise that DPO's play a vital role in holding systems to account and amplifying the voices of disabled people, particularly in areas where services, policy, or infrastructure fall short. We do not just advocate for accessible and inclusive transport; we do so with those who know firsthand what exclusion looks like and what fundamental change is needed.

At CTA, our approach is grounded in respect, listening and co-production. We are committed to working alongside organisations to push for transport systems that truly work for everyone.

Top tips for inclusive language:

Person-first vs. Identity-first language: Whilst person-first language ("person with a disability") emphasizes the individual before the condition, identity-first language ("disabled person") is preferred by many within the disabled community as it reflects disability as an integral part of their identity. This adheres to the social model.

Avoid making assumptions: Try not to assume someone's disability based on appearance or behaviour. Many disabilities are less visible, and individuals may have multiple or fluctuating conditions or disabilities. It's important not to assume that individuals with the same condition or impairment will have identical needs or experiences. Access requirements can vary from person to person.

Avoid asking questions like "What's wrong with you?": These questions reflect a medical model view that disability is a problem within the person. Instead, in line with the social model, focus on whether any support is needed and approach conversations with respect.

Be aware of tone and context: Steer clear of language that portrays disability negatively, such as "suffers from" or "victim of". Instead, use neutral terms like "has" or "experiences".

Glossary

Able-bodied – Use the term ‘non-disabled’ instead. “Non-disabled” simply means a person does not have a disability. It focuses on the presence or absence of disability, not on physical ability or assumptions about what someone can or cannot do. It also acknowledges that many disabilities are not physical (e.g. neurodivergence, chronic illness and more).

Autism – Use the term ‘autistic’. We follow the guidance from the National Autistic Society (NAS) and therefore we do not use ‘person with autism’ or ‘person who has autism’. However, there is some debate about how to refer to autistic people. As such, it is important to always respect individual choices.

Blind – blind people, partially sighted people, visually impaired people. Not ‘the blind’ or ‘the visually impaired’.

Cerebral Palsy (CP) – someone has ‘cerebral palsy’ or ‘lives with cerebral palsy’. Use of CP for short.

CTO – Community Transport Operator

Cripple or crippled – These are considered outdated and offensive terms. However, some disabled people may utilise the terms ‘cripple’ or ‘crip’ in their own expression, which is a personal choice. Some disabled people may choose to use these terms as means through which to reclaim or reappropriate slurs.

This reclamation is part of a broader cultural and political movement, sometimes referred to as [crip theory or the crip movement](#), that seeks to challenge stigma.

Deaf - ‘deaf person’ or ‘deaf people’. Also use ‘people with hearing loss’ and ‘people with a hearing impairment’. Not ‘the deaf’ or ‘the hearing impaired’.

NB: Some people refer to themselves as ‘Deaf’ with a capital D. This is [the cultural model of deafness](#). If someone uses ‘Deaf’ in a quote, we will keep this. Some organisations use d/Deaf or D/deaf to be inclusive of this. We do not use these because slashes can cause issues for screen readers. And screen readers do not read out capital letters.

Disabled person / people – Avoid use of terms such as ‘invalid’, the ‘handicapped’ or ‘the disabled’.

Disease and disorder – We do not use the words ‘disease’ or ‘disorder’ unless it is part of a medical term.

DPO – Disabled People’s Organisation.

DDPO – Deaf and Disabled People’s Organisation.

Hidden or invisible impairment – Use less visible impairment/condition or emphasise that ‘not all impairments or conditions are visible’. This helps to describe peoples lived experience. Not ‘less visible disability’ or ‘hidden disability’ as these do not align with the social model.

Learning difficulty - A learning difficulty is a condition that affects a person’s ability to learn in a typical way but does not affect overall intelligence. This includes conditions such as Dyslexia, Dyspraxia, Dyscalculia.

Learning disability – A learning disability is different from a learning difficulty as a learning difficulty does not affect general intellect. For example, Williams Syndrome or Down Syndrome are both considered learning disabilities. It is possible for a person to have both a learning disability and a learning difficulty. We do not use the abbreviation 'LD'.

Long-term condition (chronic) – Use 'long term condition' or 'long term health condition'. However, some people might use 'chronic condition' or 'chronic illness' to talk about themselves. This is a personal choice.

Mental health – Use mental health conditions. See [here](#) for a guide on inclusive language around mental health.

Neurodivergent – This term describes individuals whose brain functions, processes, or experiences differ from what society considers "typical." Rather than viewing differences in thinking, learning, or processing information as deficits, the social model highlights that many challenges arise from a lack of accommodation and inclusive environments.

This includes people who are autistic, have ADHD, dyslexia, dyspraxia, Tourette's syndrome, or other forms of cognitive or neurological difference. Neurodivergence is not a deficit, but people are often disabled by environments that do not accommodate different ways of thinking, communicating, or processing.

Neurotypical – This refers to individuals whose neurological development and cognitive functioning align with what society expects as "normal" or standard. Their social, sensory, and communication styles tend to be widely accepted and accommodated. Neurotypical people rarely encounter disabling barriers based on how they process information or interact with the world.

Non-disabled – used to talk about people who are not disabled. Not 'able-bodied people' or 'people/persons without a disability' or 'normal/healthy people'.

Older people – this term is generally preferred over 'elderly people', which may reinforce negative stereotypes of frailty or decline. Older people is considered more neutral and person-centred.

Suffers – Try not to say that someone 'suffers from' a condition. This suggests they have a reduced quality of life. Instead, use language that is of a more descriptive nature i.e. 'he/she/they has or have.....' or 'he/she/they are/was diagnosed with' or 'he/she/they lives with.....'

Vulnerable – Try not to use 'vulnerable' when speaking about disabled people. However, disabled people might be more vulnerable than non-disabled people in particular contexts. But being disabled does not make someone vulnerable by default. Use terms like 'marginalised', or 'disabled people facing societal or structural barriers' or 'at risk due to inaccessibility and/or or discrimination' instead.

Wheelchair user – Use the term 'wheelchair user' (wheelchair users if plural) or a 'person who uses a wheelchair'. Not 'wheelchair bound' or 'confined to a wheelchair'. Any reference to walking should include wheeling.

