Close the Gap

Excluded by Design: Research on disabled women's employment in Scotland

Contents

Foreword

Disabled women's experiences of the labour market represent one of the most pressing yet overlooked inequalities in Scotland today. While the challenges faced by women and disabled people in work are increasingly recognised in policymaking, the unique experiences of disabled women at the intersection of gender and disability remain largely invisible.

Excluded by Design marks a significant milestone; it is the first research of its kind to provide a Scotland-specific evidence base on disabled women's employment experiences. Through the voices of more than 900 women, this report fills a critical gap in our understanding of how intersecting forms of discrimination constrain disabled women's opportunities and outcomes in the labour market.

The timing of this research could not be more urgent. The economic, political and social volatility seen in recent years has disproportionately affected disabled women. They are navigating a perfect storm of pressures - the lasting impacts of devastating austerity policies, the Covid-19 pandemic, and the ongoing cost-of-living crisis have all hit disabled women harder, contributing to rising levels of poverty and deepening structural inequalities. And now, proposed UK Government cuts to disability benefits and Access to Work support threaten to push disabled women further from employment rather than support them into it - a policy direction that fundamentally misunderstands the structural barriers they face.

The voices of disabled women are core to this report, with their experiences revealing a system that is fundamentally failing them. They

describe difficulties securing reasonable adjustments, discrimination in recruitment, and the feeling that they need to work harder than non-disabled colleagues to prove their worth. They describe the emotional and practical labour of repeatedly having to advocate for their rights, and being more likely to experience sexual harassment, bullying, and other types of harm at work. For racially minoritised disabled women, these experiences are compounded by systemic racism.

What emerges is not simply a story of individual experiences, but evidence of systemic exclusion baked into workplace cultures, employer practices, and policy frameworks. Disabled women are less likely to have a job, more likely to be in low-paid and insecure work when they do, and face persistent obstacles to career progression. The pay and employment gaps they experience are caused by policy and practice that routinely overlook how gender and disability, and other oppressions such as racism, interact to produce distinctive and compounded inequalities.

This research makes clear that inclusion cannot depend on individual resilience, but instead requires collective responsibility and systemic reform at every level. Policymakers must move beyond siloed approaches to disability equality and gender equality, and instead recognise how inequalities overlap and compound. The Scottish and UK Governments hold levers that can transform disabled women's labour market equality, but only if they choose to use them.

Employers must also fundamentally shift their approach. They must build disability and gender competence across their organisations, review policies through an intersectional lens, and work with trade unions to identify and dismantle the barriers that prevent disabled women from accessing good quality jobs and progressing in their workplaces.

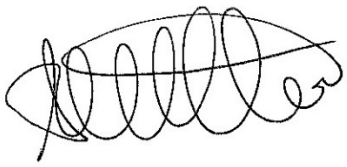
Trade unions have a critical role in ensuring disabled women's employment rights are protected and advanced. They can build the capacity of union reps to support disabled women workers, make space

within their structures for disabled women members, and hold employers accountable for creating genuinely inclusive environments.

The recommendations set out in this report provide a clear pathway forward, but they require political will, resources, and sustained action.

Close the Gap recognises that addressing the inequalities experienced by the most marginalised is imperative to realising women's labour market equality. This research deliberately sought participation from women with a diverse range of experiences. It is their expertise that must steer the path.

This research provides the evidence base. The recommendations provide the roadmap. Disabled women have waited long enough for change. It is time to deliver it.



Anna Ritchie Allan
Executive Director
Close the Gap

1. Executive summary

Disabled women are among the most marginalised groups in the labour market, but their experiences are rarely considered in policymaking or by employers. There is currently a lack of Scottish-specific and UK-level data on disabled women's workplace experiences, and how they engage with the labour market is an under-researched area. The evidence that is available shows that structural inequalities prevent disabled women from getting a job and, when they are employed, progressing in their career. Disabled women experience discrimination because they are disabled, but also because they are women – with racially minoritised disabled women also facing racialised discrimination. This significantly impacts how they engage with the workplace, while also putting them at increased risk of poverty and negatively affecting their wellbeing.

The policy context

Disabled women's labour market participation sits at the intersection of multiple policy frameworks on disability equality, the gender pay gap, fair work, employability, and the economy. A critical gap across these frameworks is the lack of meaningful intersectional analysis that recognises how disability and gender, and other oppressions such as racism, overlap and compound to create distinct inequalities for disabled women. Policies focused on disability equality, tackling the gender pay gap, and enabling fair work, often operate in silos, failing to address the compounded discrimination disabled women experience.

Recent data on economic inactivity has shown that ill health has become the top reason for women being economically inactive, now surpassing

caring responsibilities for the first time. This is against the backdrop of UK Government proposals to cut disability benefits and reduce Access to Work support, which many rely on. Evidence shows that many disabled people want to work but are prevented from doing so by structural barriers to the workplace, which drives the disability employment gap and contributes to disabled people's higher levels of poverty.

There is recognition of disability as a driver of poverty by Scottish Government, but policy responses on tackling child poverty lack meaningful intersectional and gender analysis. There is a Scottish Government commitment to halve the disability employment gap by 2038. However, critical system influencers such as employability and flagship policies such as fair work do not include actions to address the intersecting barriers disabled women face.

Despite policy commitments at both Scottish- and UK-levels, and legal provisions to create more equality for disabled people in the workplace, employer practice often falls short. Employer understanding of disability and the legal responsibilities around this are poor, with implementation gaps and weak enforcement widespread. The reasonable adjustments framework places the burden on disabled women to disclose their impairments, articulate their needs, and advocate for support. This reactive, individualised approach fails to address structural barriers. Commitments by both Scottish and UK Governments to require employers to publish disability pay gaps are important, but evidence shows that reporting alone does not drive change. Mandatory action plans, which centre intersectional analysis, are a necessary step to achieve workplace transformation for disabled women.

The absence of comprehensive intersectional data on disabled women's experiences hinders effective policymaking and employer action. These data gaps are not neutral as they render disabled women's lives invisible in policymaking and employer practice, making it easier for structural inequalities to go unchallenged. Addressing these data gaps must be a

priority for Scottish and UK Governments. Equally as important is the need to build gender and disability competence and the ability to do intersectional analysis in policymaking. Existing policy commitments remain fragmented, under-resourced, and weakly implemented. These shortcomings matter. Without targeted action, disabled women will continue to be excluded from fair and sustainable work, thereby deepening poverty, widening inequalities, and weakening Scotland's economy.

What existing evidence tells us

Disabled women face a range of barriers to accessing and progressing in good-quality jobs. This includes discrimination in recruitment, inaccessible workplaces, inflexible jobs, lack of employer awareness of disability and reasonable adjustments, and inadequate support services – particularly severe delays in Access to Work. This is compounded by unequal caring responsibilities and low pay due to occupational segregation. This contributes to their exclusion from the labour market, and increased risk of poverty and violence against women (VAW).

There is a rising number of disabled people living and working in Scotland, with women more likely to be disabled than men, and disabled women more reliant on social care support. Recent figures show that the employment rate for disabled people in Scotland was 51% compared to 83% for non-disabled people, representing a disability employment gap of 29 percentage points. There are also significant pay gaps for disabled women, whose average hourly pay is less than non-disabled men (23.2% gap), non-disabled women (9.6% gap) and disabled men (9.0% gap). A key driver of this is acute and chronic occupational segregation, with more than 40% of disabled women working in health, social care, or education, in jobs which are often low paid and undervalued and offer limited career progression.

The economic inactivity rate for women aged 16 to 64 in Scotland in April 2024 to March 2025 was 26.4% compared with 20.3% for men.

Just over a third (34.6%) reported this was because of being 'long-term sick or disabled', the highest proportion since the time series began in 2004-2005. The main reason for women being economically inactive has historically been 'looking after family/home' - in other words, caring responsibilities - which reflects entrenched gendered patterns of unpaid care. However, in recent years, being long-term sick or disabled is now the most attributed reason for women being economically inactive. More research is needed to understand the reasons for this. However, strong correlations exist between unpaid caring and poor health, and between inactivity due to poor health and previous low pay, with women overrepresented in both groups.

Disabled women are more likely than other groups to be in insecure work, including on zero-hours contracts, which often exclude access to statutory sick pay and maternity pay - critical protections for disabled women. Flexible and part-time work are particularly important for disabled women, many of whom need to work flexibly to manage health needs and, for some, also caring responsibilities. However, part-time work is often low paid and concentrated in undervalued sectors, reinforcing the cycle of in-work poverty.

Poverty disproportionately affects disabled women and their children. Across the UK, official statistics show that 35% experience poverty compared with 17% of non-disabled women. However, this does not account for the higher living costs associated with disability, estimated at £1,095 extra per month. When this is taken into account, it is estimated that the rate of poverty for disabled women is closer to 50%.

The compounding inequalities disabled women experience, such as the greater likelihood of them experiencing poverty and having less access to power and resources, means that they are at higher risk of being affected by violence against women. This further limits their ability to participate in the labour market and progress in their career. Two-thirds of disabled women report experiencing sexual harassment at work and many report

lasting mental health impacts or leaving their jobs as a result. The intersection of disability, gender, and economic dependence heightens vulnerability to domestic abuse, particularly where the perpetrator is also a carer.

The existing evidence shows that disabled women's inequality and disadvantage is systemic, spanning all facets of labour market participation. These inequalities are intensified by gendered caring responsibilities, higher rates of poverty, and VAW. Disabled women's lower earnings, overrepresentation in part-time and low-paid roles, and economic inactivity reflects a labour market that continues to exclude them, and undervalue their skills. The lack of intersectional policy responses exacerbates and cements these systemic inequalities further.

Methodology

This Close the Gap research investigates the employment experiences of disabled women in Scotland. Following a literature review and two exploratory focus groups (n=18) to identify key themes, a mixed methods approach was used which involved interviews (n=12), a focus group (n=4) and an online survey (n=894). Recruitment for the research targeted disabled women and women with long-term health conditions, recognising that not all women will identify as being disabled. Efforts were made to recruit women with a range of conditions and impairments, and from different labour market sectors to try to capture the breadth of experiences disabled women have. The focus group was specifically for racially minoritised disabled women to better understand how their experiences of disability and gender were impacted by race. The interviews and focus groups were conducted by disabled women researchers, and the survey analysis and initial final report was developed by Manchester Metropolitan University. The research provides rich insights into the barriers disabled women face in accessing, sustaining, and progressing in employment.

Key findings

Access to employment

Health and caring responsibilities were the most cited reasons for not being in employment. Many respondents were unable to work consistently due lack of support, particularly around fluctuating health. Employability programmes were under-used, often due to poor health, lack of awareness, or perceived irrelevance to respondents' level of skill and experience.

Recruitment barriers

Around a quarter of survey respondents reported discrimination during recruitment, and just under a third said they had found it difficult to navigate a recruitment process. This increased to two-thirds for neurodivergent women who cited inaccessible formats and unclear communication. Racially minoritised women were also more likely to report these barriers. Anxieties around disclosing conditions/ impairments during the recruitment process was also a theme because of a fear of discrimination.

Reasonable adjustments

Lack of line manager awareness of legal responsibilities was a common theme. Only a third of survey respondents had reasonable adjustments implemented immediately by their employer while nearly one in five never received them. Supportive line management was a critical factor. Respondents in 'high support' workplaces were more confident and encountered less doubt or questioning of their access needs. A 'hierarchy of impairment' was evident, with mental health needs and neurodivergence less likely to be accommodated by employers. Participants highlighted a range of challenges when moving to a new employer or getting a new line manager, including: fear of being seen as the 'demanding employee'; power differentials, with more senior or established employees better positioned to advocate for their adjustments; employer concerns about the cost of adjustments and

lengthy wait times; and the onus being on the employee due to a lack of employer understanding and support.

Line manager and colleague support

Line managers are key to whether disabled women have a positive or negative experience. Women with a 'high support' workplace were more likely to feel confident asking for new reasonable adjustments, and more likely to have flexible, compassionate, and proactive support. Those in 'low support' workplaces were more likely to have negative experiences such as not having access needs met and not feeling supported. Those with physical health conditions were more likely than those without to be in a 'high support' workplace, while neurodivergent women were more likely to be in a 'low' or 'medium support' workplace.

Flexible working

While many had access to flexible working, availability varied by occupation. Women in low-paid caring and service jobs had the least access, which was a particular challenge due to their physically demanding roles. Remote work and adaptable schedules were seen as essential for meeting health needs, supporting wellbeing, and balancing caring responsibilities. Some expressed anxiety about the potential withdrawal of flexible working arrangements when managers failed to understand their ongoing importance.

Training and progression

Participation in training was limited by the lack of adjustments available. Lack of funding, encouragement and support in meeting access needs were highlighted as key barriers to training and development opportunities. Only 17% of the survey sample felt they had clear progression opportunities, with more than half saying they felt their non-disabled colleagues had more opportunities than them. The risk of losing workplace adjustments created a barrier to promotion for many.

Employment histories and career journeys

In the interviews, women highlighted the intersecting inequalities they faced from education to retirement. This included early education experiences which undermined confidence, with some being pressured into unsuitable career paths due to low expectations and lack of support. These early challenges often had long-lasting effects on self-esteem and career decisions. A recurring theme was taking jobs out of survival rather than choice, often in precarious or low-paid work. Racially minoritised participants described encountering multiple forms of discrimination which limited their access to meaningful employment and advancement.

Workplace culture

Many survey respondents felt judged by colleagues and managers, leading to the undervaluing of women's skills and pressure to overperform. Over 80% of respondents with multiple conditions reported feeling they had to work harder to prove themselves, highlighting the extra scrutiny placed on them. More than half had had their performance questioned at work, with women experiencing both formal and informal performance management.

Mental and physical harm

Experiencing mental and physical harm was a key theme in the exploratory focus groups, and almost three-quarters (73%) of the survey respondents experienced physical or mental harm at work. This was caused by not having reasonable adjustments in place, or having to fight for adjustments, harm caused by organisational barriers, processes, and procedures; and harm related to the need to overperform or work longer and/or harder. Racially minoritised women were more likely to feel this way. 44% of survey respondents reported that they had experienced bullying or harassment, and most (83%) felt that this had either worsened their health and/or resulted in them acquiring additional health problems. Only 57% of these women reported the bullying or harassment to their employer, and most were dissatisfied with how it was handled.

Violence against women

For the purposes of the survey, VAW included sexual harassment, domestic abuse, rape or sexual assault, stalking, and 'honour-based' abuse. The majority (59%) reported that they had experienced a form of VAW either at work or outwith the workplace, the most common experience being sexual harassment. Women with mental health conditions and neurodivergent women were more likely to have experienced VAW. Only 11% reported it to their employer. The survey participants who had experienced VAW were also significantly more likely (62%) to have had their performance questioned at work compared to those who had not experienced VAW (36%).

The findings of this research reveal the depth of inequality that disabled women face in Scotland's labour market, and the urgent need for systemic change. Policy failings, poor employer practice, and weak accountability have allowed discrimination to persist unchecked. The recommendations on page 99 set out what must change so that disabled women can access, sustain, and progress in good-quality work.

Terminology

Close the Gap uses the term ‘disabled women’ rather than ‘women with disabilities’ as we recognise that it is the failure of society to remove barriers to participation that makes someone disabled. This reflects the social model of disability, which is used by disabled people’s organisations in Scotland, and was developed by disabled people.

Disability refers to the experience of disablement - being restricted or excluded by social, structural, and attitudinal barriers. It is not something a person ‘has’ but something they experience when systems fail to accommodate difference. We use *impairments* to describe types of difference, such as mobility, sensory, mental health, or neurodivergence, especially when comparing groups. We also use *conditions* where people identify with long-term illness or diagnosis. While ‘condition’ can sound medicalised, many people prefer it, and respecting self-identification is important. There is a full glossary of terms on page 105.

Close the Gap recognises that disabled people use a wide range of everyday terms that may differ from the policy or research language used here. We acknowledge that not everyone who has a long-term health condition or impairment will identify as disabled.

In designing this research, we purposefully sought participation from both women who identified as disabled, as well as those who do not – because they both have experience of a long-term health condition or impairment.

In this report we reflect people’s own words in quotations, while our analysis draws on social model terms to highlight barriers, discrimination, and exclusion.

2. The policy context

Disabled women's labour market participation sits at the intersection of multiple policy frameworks on disability equality, the gender pay gap, fair work, employability, and the economy. Understanding this policy landscape is necessary to contextualising the structural barriers disabled women face in accessing, sustaining, and progressing in employment.

A critical gap across these frameworks is the lack of meaningful intersectional analysis that recognises how disability and gender, and other oppressions such as racism, overlap and compound to create distinct inequalities for disabled women. Policies focused on disability equality, tackling the gender pay gap, and enabling fair work, often operate in silos, failing to address the compounded discrimination disabled women experience. This section outlines the key policy commitments and frameworks relevant to this research, identifies where policy intent fails to translate into lived experience, and highlights significant data gaps that render disabled women's experiences invisible in policymaking.

Rising economic inactivity and the health crisis

Recent data on economic inactivity has shown that ill health has become the top reason for women being economically inactive, surpassing caring responsibilities for the first time. Scotland has a higher level of economic inactivity than the rest of the UK, reflecting both a higher proportion of the population with long-term conditions and a higher correlation between long-term health conditions and inactivity.[1] This higher level has been exacerbated by the lasting impacts of the Covid-19 pandemic, which

[1] Randolph, Hannah (2024), *Economic Activity and Ill Health in Scotland*, Scottish Parliament Information Centre

disrupted healthcare services and worsened existing health inequalities, though underlying long-term conditions remain the primary driver.

This health-driven rise in economic inactivity occurs against the backdrop of UK Government proposals to cut disability benefits and reduce Access to Work[2] support. The Pathways to Work consultation set out an aim of supporting more disabled people into employment, while also reducing the social security budget by proposing significant cuts to disability benefits including Personal Independence Payment (PIP) and the health element of Universal Credit. Although disabled people claiming PIP have now been moved over to Scotland's Adult Disability Benefit, many disabled women in the rest of the UK use PIP to cover essential costs that enable them to work in the first place. Removing PIP and the health element of Universal Credit will force many disabled women out of employment rather than into it, ignoring the structural inequalities they face including discrimination in recruitment, inaccessible workplaces, lack of flexible working, inadequate employer awareness of reasonable adjustments, and severe delays in the Access to Work programme. Evidence shows that many disabled people want to work but are prevented by structural barriers to the workplace, which drives the disability employment gap and contributes to their higher levels of poverty.

Disabled women's poverty, and child poverty

Disabled women experience disproportionately high levels of poverty. As set out in more detail in section 3, on average disabled women earn less per hour than disabled men, non-disabled women, and non-disabled men. This is compounded by the additional costs of being disabled, estimated at around £1,095 per month on average.[3] When disabled women are

[2] Access to Work is a key government grant scheme that supports disabled people to gain employment or stay employed by providing financial support to overcome the barriers and additional costs related to work, for example, equipment, physical adaptations, transport costs, and support workers.
[3] Scope (2025), *Disability Price Tag 2025*

employed, they are more likely to be in low-paid and precarious work, which is a major cause of the higher level of poverty they experience. In 2024, the poverty rate for disabled women in the UK was 35%.[4] When taking into account the higher cost of living associated with disability, it is estimated that the poverty rate rises closer to 50%.

There is recognition in Scottish Government policymaking that disability is a driver of poverty. The current Tackling Child Poverty Delivery Plan identifies families with a disabled member as one of six priority groups.[5] However, child poverty policy lacks meaningful intersectional and gender analysis. The current plan does not sufficiently recognise that women's poverty is inextricably linked to children's poverty, it does not adequately address how disability and gender interact within households, and it does not recognise that the vast majority of single parent families are headed by women. Although there is intersectional analysis in the plan's analytical annex, this has not translated into targeted action to tackle disabled women's poverty. Disabled mothers face structural barriers to employment, such as inaccessible childcare, due to both disability discrimination and gendered norms around caring, yet there are no actions targeted at the specific barriers disabled women face in accessing and progressing in employment. These inequalities are compounded further for other groups of marginalised disabled women such those who are racially minoritised, migrants, and single parents.

Scotland's disability and fair work commitments

Scottish Government has committed to halving the disability employment gap by 2038, with the gap reducing from 37.4 percentage points in 2016 to 31.5 percentage points in 2024. This commitment was articulated through the Fairer Scotland for Disabled People: Employment Action

[4] Joseph Rowntree Foundation (2024), *UK Poverty 2024: The Essential Guide to understanding poverty in the UK*

[5] Scottish Government (2022), *Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026*

Plan[6], which recognises disabled people's right to work and emphasises the importance of fair work. However, while the plan acknowledges the need to support disabled people to enter work, it places considerably less emphasis on the quality of employment, workplace experiences, retention, and progression. There is also no mention of disabled women specifically or the specific labour market barriers they face at the intersection of disability and gender. Although the reduction in the disability employment gap is ostensibly welcome, evidence published by the Scottish Parliament Information Centre shows that this is largely due to an increase in disability prevalence, in other words, more working people becoming disabled.[7] Over half of the change in disability prevalence is due to an increase in reporting of conditions that are mental health related and learning difficulties. Indeed, recent data from the Scottish Health Survey shows that half of adults in Scotland now have at least one long-term health condition.[8]

In 2022, Scottish Government published a refreshed Fair Work Action Plan[9] into which the Gender Pay Gap Action Plan, and actions from the Disabled People's Employment Action Plan, were subsumed, along with a new Anti-racist Employment Strategy. This had the purported aim of mainstreaming equality in fair work policy. The causes of the gender pay gap are varied and inter-related and extend far beyond the workplace, and the Gender Pay Gap Action Plan recognised this. It set out action on critical systemic influencers such as employability programme design,

[6] Scottish Government (2018), *A Fairer Scotland for Disabled People: Employment action plan*

[7] Catalano, Allison and Christy McFadyen (2024), *The declining disability employment gap in Scotland: the reasons behind the increasing number of disabled people in employment*

[8] Scottish Government (2025), *Half of adults now have at least one long-term condition the Scottish Health Survey shows,* available: https://www.gov.scot/news/half-of-adults-now-have-at-least-one-long-term-condition-the-scottish-health-survey-shows/

[9] Scottish Government (2022), *Fair Work Action Plan: Becoming a leading fair work nation by 2025*

social security, and violence against women.[10] The Fair Work Action Plan, by its nature, is more narrowly focused on the workplace.[11] The merging of the Gender Pay Gap Action Plan into the Fair Work Action Plan has resulted in diminished attention on the complex, interrelated causes of women's labour market inequality, and a much more limited range of action to address these causes. In particular, it has undermined efforts to improve intersectional analysis. While the plan acknowledges the need for an intersectional approach, there is little meaningful analysis of the inequalities disabled women face, such as access to flexible working, progression, and experiences of men's violence, and no targeted actions focused on realising fair work for disabled women.

No One Left Behind is Scotland's devolved employability approach, with a Strategic Plan For 2024-2027[12] outlining key priorities for employability services delivered through local employability partnerships. It has a policy aim to deliver 'person-centred support' but, in reality, the available support is some distance from meeting disabled women's needs. There is no intersectional analysis in the policy framework, and no targeted action on disabled women and employability support. Most activities geared towards disabled people's employment focus on a perceived lack of capacity, rather than the barriers faced by disabled people, including negative attitudes and exclusionary practices. There are also no actions or outcomes to deliver gender-competent employability support more broadly, no actions to centre tackling occupational segregation and women's concentration in low-paid work in employability activity, and no recognition that capacity needs to be built in employability services to deliver change for women. This combination of barriers compounds disabled women's labour market inequality and widens the disability employment gap.

---

[10] Scottish Government (2019), *A Fairer Scotland for Women: Gender pay gap action plan*

[11] Scottish Government (2022), *Fair Work Action Plan*

[12] Scottish Government (2024), *No One Left Behind: Employability strategic plan 2024-2027*

There is no intersectional data in the implementation evaluation of No One Left Behind[13], but the data that is available shows that disabled participants were significantly more likely to find it difficult to access employability services than non-disabled participants; more likely to report a lack of suitable employment or training opportunities; less likely to have accessed job search support; and more likely to have accessed support for volunteering or a work placement, mental health support, and support with reasonable adjustments. Evaluation data also shows gendered differences in participation and outcomes. For example, childcare responsibilities were reported as preventing access to training or work by 53% of single parents, 25% of all women, and just 5% of men, and single parents were twice as likely to strongly disagree that employment services treated them with dignity and respect (10% compared to 5% of those who were not single parents).

Although not employment-specific, the 2025 Disability Equality Action Plan[14] provides important wider context for understanding disabled people's rights in Scotland. Its publication followed a targeted campaign by disabled people's organisations (DPOs) Inclusion Scotland, Glasgow Disability Alliance, and Disability Equality Scotland, which urged the Scottish Government to act on rising poverty and inequality. The plan includes the allocation of additional funding, and immediate and longer-term actions to increase access to welfare rights, advice and support services; tackle digital exclusion; centre lived experience in decision making; and increase accountability and partnerships with DPOs. While it does not directly address employment, it signals a broader shift towards recognising structural barriers and resourcing partnership with DPOs. These developments form part of the policy environment in which disabled women's labour market inequality persists, and highlight both the pressure from DPOs and the need for employment-specific action.

[13] Scottish Government (2023), *No One Left Behind and the Young Person's Guarantee: Implementation evaluation*
[14] Scottish Government (2025), *Disability Equality Action Plan*

The legal framework

Despite policy commitments and legal provisions, employer practice often falls short, with weak enforcement and inconsistent implementation of equality measures. Under the Equality Act 2010 employers are required to make reasonable adjustments to remove or reduce barriers that place disabled employees at a disadvantage. This duty is anticipatory and ongoing, requiring employers to proactively consider access needs rather than waiting for individuals to request support. The Act also protects workers from discrimination during recruitment, training, promotion, and dismissal, and prohibits harassment and victimisation related to protected characteristics such as disability, sex, and race.

However, there is a persistent gap between legal obligations and workplace reality. Employer understanding of legal responsibilities remains inconsistent, particularly regarding less visible conditions such as mental health and neurodivergence. The reasonable adjustments framework places the burden on disabled women to disclose their impairments, articulate their needs, and advocate for support. This reactive, individualised approach fails to address structural barriers and does not recognise the additional labour disabled women undertake in navigating workplace systems, educating employers, and managing the emotional and practical costs of self-advocacy. Similarly, widespread discrimination and harassment continue, with individuals having to shoulder the responsibility to seek redress after harm has occurred. This is compounded by weak enforcement mechanisms, leaving disabled women vulnerable to exclusion and disadvantage in the workplace.

The Public Sector Equality Duty represented a critical shift in equality law by requiring public bodies not only to respond to discrimination but to proactively advance equality. Scottish-specific duties extend this further, requiring equality mainstreaming, impact assessments, equality outcomes, reporting on gender pay gaps, and equal pay statements. Despite being in place for more than a decade, the Public Sector Equality Duty has failed to deliver the transformational change that

was envisaged. Furthermore, while the language of intersectionality is increasingly adopted, it is rarely embedded in practice, leaving disabled women - particularly those facing racism or other forms of oppression - without systematic protection or proactive support.

Recent steps, such as commitments by both Scottish and UK Governments to require employers to publish disability and ethnicity pay gaps are important, but evidence shows reporting alone does not drive change.[15] Mandatory action plans are a necessary lever to ensure that commitments translate into workplace transformation. Pay gap action plans must also be accompanied by intersectional analysis or else disabled women's distinct experiences risk being obscured.

The legal framework provides critical protections, but weak employer practice and limited enforcement mean these protections are too often ineffective in practice. Closing this gap is essential to ensure that legal rights deliver tangible change in disabled women's working lives.

Data gaps, and gender and disability competence

The absence of comprehensive, intersectional data on disabled women's experiences represents a significant barrier to effective policymaking and employer action. These data gaps are not neutral as they render disabled women's experiences invisible in policymaking and employer practice, making it easier for structural inequalities to go unchallenged. This problem is even more acute for disabled women who experience other oppressions such as racism. Addressing these data gaps must be a priority for Scottish and UK Governments.

Equally as important is the lack of gender and disability competence and the ability to do intersectional analysis in policymaking. The need for urgent investment in improved intersectional data and analytical

[15] Close the Gap (2025), *From Data to Action: The need for mandatory gender pay gap action plans in Scotland's public sector*

capability has been persistently highlighted by national women's organisations, and by the First Minister's National Advisory Council on Women and Girls.[16]

Policy coherence and implementation gaps

While Scottish Government has set out a range of policy commitments intended to tackle the disability employment gap, narrow the gender pay gap, and deliver fair work, these remain fragmented, under-resourced, and weakly implemented. There continue to be critical gaps in the policy and legal context including an absence of intersectional analysis; focus on labour market entry over quality of employment and progression; reactive rather than proactive approaches to reasonable adjustments; inconsistent employer understanding and implementation; and weak enforcement and accountability mechanisms. Furthermore, where there are good policy intentions, the increasingly evident implementation gap means that there is often no discernible change in disabled women's lives.

These shortcomings matter. Without targeted action, disabled women will continue to be excluded from fair and sustainable work, thereby deepening poverty, widening inequalities, and weakening Scotland's economy. Employers will face entrenched workplace inequalities and struggle to recruit and retain talent, while government ambitions to improve employment rights and deliver fair work will remain unmet. Closing these gaps requires urgent investment in intersectional data and analysis, a stronger Public Sector Equality Duty, and a shift in focus from labour market participation alone to the quality, security, and progression of disabled women's employment. Above all, it demands collaboration between government, employers, and unions, alongside the expertise of DPOs and women's organisations, to turn policy commitments into meaningful change. Only then will disabled women be able to access and thrive in fair work on equal terms.

[16] First Minister's National Advisory Council on Women and Girls (2024), *Second focus of scrutiny report*

The next section of this report examines what existing evidence tells us about disabled women's lives, and where there are gaps in the evidence base, before presenting new findings from this research.

3. What existing evidence tells us

Disabled women are among the most marginalised in the labour market, but their experiences are rarely considered in policymaking or by employers. There is currently a lack of Scottish-specific and UK-level data on disabled women's labour market experiences[17], and disabled women's employment is an under-researched area. This contributes to the lack of intersectional analysis in policymaking, and means disabled women's specific needs are not recognised or addressed in policy related to the labour market or in employment practice.

Structural inequalities impact disabled women's experiences of the labour market, such as discrimination in recruitment practice, inaccessible workplaces, inflexible work, lack of employer awareness of disability and implementing reasonable adjustments, and inadequate support services including severe delays in the Access to Work programme. These inequalities are deeply entrenched and normalised across all facets of society. Disabled women experience discrimination because they are disabled, but also because they are women – with racially minoritised disabled women also facing racialised discrimination. This significantly impacts their ability to enter the labour market and progress in their career, while also putting them at increased risk of poverty and negatively affecting their wellbeing. Disabled women also experience health inequalities and poorer life outcomes overall which is often compounded by loneliness and isolation.[18] Barriers such as lack of accessible transport

[17] Close the Gap (2018), *Close the Gap response to the Scottish Government's consultation on Increasing the Employment of Disabled People in the Public Sector*
[18] National Advisory Council on Women and Girls (2025), *Glasgow Disability Alliance: Case Study,* available at: https://www.generationequal.scot/glasgow-disability-alliance/

and the built environment; lack of access to services; fewer opportunities to learn, work or volunteer; a lack of access to rights and justice; and significant barriers to participation prevent disabled people from fulfilling their full potential[19]. Disabled women are also at increased likelihood of violence and abuse, face lower expectations through school and adulthood, and die younger than the general population.[20]

The economic, political, and social volatility seen in recent years has disproportionately hit disabled women. The lasting impacts of more than a decade of austerity policies, the Covid-19 pandemic, and the ongoing cost of living crisis have hit disabled women harder, contributing to their rising levels of poverty and deepening structural inequalities.

This review of existing evidence examines what is known about disabled women's labour market engagement. It looks at research on the employment rate for disabled women and the pay gaps they experience. It examines features of disabled women's employment including occupational segregation, working patterns, and insecure work. It then gives an overview of economic inactivity data and school leaver destinations, and provides context for disabled women's higher poverty rates. Finally, it explores evidence on how men's violence and abuse shapes disabled women's labour market participation.

Disabled women in Scotland

There is a rising number of disabled women and disabled people overall living and working in Scotland. Recent data from the Scottish Health Survey finds that half of all adults report having at least one long-term health condition, with almost two in five adults (39%) reporting having a long-term condition that limits their activities.[21] The 2022 Scottish census found that over a fifth (21%) of people reported having a long-term health

[19] Ibid.
[20] Ibid.
[21] Scottish Government (2025), *The Scottish Health Survey, a*vailable at: https://www.gov.scot/collections/scottish-health-survey/#2024

condition (for example, arthritis, cancer, diabetes, and epilepsy) and this was the most common type of condition reported.[22] A further 11% reported a mental health condition and almost 10% reported a physical condition. This does not account for when people have more than one condition, which is often the case, especially when mental health conditions overlap with other conditions.

The census found that the rate of people reporting a mental health condition increased from 232,900 in 2011 to 617,100 in 2022, which was the largest increase across all condition types.[23] In 2022, 15% of people aged 16 to 24 reported a mental health condition, up from 3% in 2011, a five-fold increase.[24] UK-level disaggregated data from the Office for National Statistics also reflects this trend showing the rise in people meeting the definition of disabled as being greater for women, 1.6 million (43%), compared with men, 960,000 (31%).[25] The largest increases across age, gender and health condition were for women aged 16 to 34 with a mental health condition (as their main condition) which saw an increase of 470,000 (181%).

This is supported by Scottish research showing that adolescents' mental wellbeing in Scotland has worsened in recent years, and this is especially marked amongst adolescent girls, who report poorer mental wellbeing than boys of a similar age across a range of indicators.[26] This appears to continue as young people reach adulthood as over 20% of women aged 16 to 34 reported a mental health condition in 2022 compared to about

[22] Scotland's Census (2025), *Scotland's Census 2022 - Health, disability and unpaid care*
[23] Ibid.
[24] Scottish Government (2025), *The Scottish Health Survey,* available at: https://www.gov.scot/collections/scottish-health-survey/#2024
[25] Office for National Statistics (2023), *Employment of Disabled People*
[26] Scottish Government (2019), *Exploring the reported worsening of mental wellbeing among adolescent girls in Scotland*

5% of that same age group in 2011.[27] This higher disclosure rate could be partly due to women and girls being socialised to talk more openly about their feelings compared to men and boys.

Disability employment rate

The employment rate for disabled people has been consistently lower than the employment rate for non-disabled people in Scotland.[28] In 2024, the employment rate for disabled people aged 16 to 64 was 51%, compared to 83% for non-disabled people[29], resulting in a disability employment gap of around 32 percentage points.[30] There were 5.5 million disabled people in employment in the UK in Q2 2025 and the disability employment rate was 52.8%, compared to 82.5% for non-disabled people.[31] This results in a UK disability employment gap of 29.7 percentage points.[32] At a UK level disabled women had a slightly higher employment rate than disabled men, 55.5% compared to 54.9% respectively, but this difference is not statistically significant.[33] The employment rates decline as the number of health conditions increases. Less than a third (30.5%) of disabled people with five or more health conditions were in employment in 2024-2025 compared to 65.4% of those with one condition.

Data from the Office for National Statistics looking at the employment of disabled people[34] highlights that the gender gap in the employment rates of disabled women and men has been closing for several years. The employment rate for disabled men in 2022-2023 was estimated at 54.2%, marginally greater than for disabled women at 53.6%, but this

[27] Scottish Health Equity Research Unit (2024), *Scotland's Census: Understanding changes in health and socioeconomic inequality since 2011*
[28] Scottish Government (2025), *Scotland's Labour Market Insights: April*
[29] Ibid.
[30] Ibid.
[31] UK Government (2025), *The employment of disabled people 2025*
[32] Ibid
[33] Ibid
[34] UK Government (2023), *Employment of disabled people 2023*

difference is not statistically significant. The UK employment rate for disabled women has increased by 10.5 percentage points since 2013-2014, up from 43.1%, with the rate for men increasing more slowly - by 8.2 percentage points from 46% in 2013-2014. The parity between the employment rates of disabled men and disabled women contrasts with non-disabled people in the UK where, in 2022-2023, women had an employment rate of 78.6% compared to 85.0% for men, a difference of 6.4 percentage points.

Pay gaps

There is no Scottish-specific data on the gender pay gap experienced by disabled women. However, UK-level data from Office for National Statistics in 2024[35] provides insight into the gender and disability pay gaps faced by disabled women. Table 1 shows that the median hourly pay for disabled women is lower than that of disabled men, non-disabled women, and non-disabled men. The pay gap experienced when comparing with disabled men is similar to the pay gap when comparing with non-disabled women (9.2% and 9.6% respectively). When comparing with non-disabled men the pay gap is significantly higher at 23.2%. Women as a group are concentrated in low-paid work, but this pay data shows that disabled women are even further disproportionately affected by low pay. The types of jobs and industries in which disabled women work are a key factor in this.

[35] Office for National Statistics (2024) *Disability pay gaps in the UK: 2014 to 2023*

Table 1: Pay gaps for disabled women			
Group	Median hourly pay	Pay difference (£)	Pay gap (%) for disabled women
Disabled women	£13.11	-	-
Disabled men	£14.44	+1.33	9.2%
Non-disabled women	£14.50	+1.39	9.6%
Non-disabled men	£17.08	+3.97	23.2%

Source: Office for National Statistics (2024) Disability pay gaps in the UK: 2014 to 2023

Occupational segregation

Occupational segregation, which describes the tendency for men and women to work in different types and levels of employment, is a key contributing factor to the gender pay gap and the disability pay gap, and the levels of insecurity and poverty faced by disabled women. Occupational segregation data for disabled women by industry and occupation is not routinely published. However, 2023-2024 data published by Office for National Statistics in 2024 provides valuable insight in the patterns of occupational segregation which disabled women experience in the UK. Disabled women show distinctly different employment patterns compared to non-disabled women, disabled men, and non-disabled men, revealing how occupational segregation is amplified at the intersection of gender and disability.

Occupational segregation by job type

The effects of compounding discriminations are clear when comparing the occupational distribution for disabled women with that of disabled men. More than three times as many disabled women (15.7%) work in caring, leisure and service occupations compared with disabled men (4.5%). Similarly, 14.9% of disabled women work in administrative and secretarial roles compared to 6.2% of disabled men. Disabled women are also more likely to be in caring, leisure and service occupations than non-disabled women (13.5%) and non-disabled men (3%). Stark patterns are also seen in skilled trades, where disabled women comprise just 2%. They are also underrepresented in management roles compared with disabled men (7.3% compared with 10.1%) showing that disabled men still have more access to leadership roles. The professional and occupational gap with non-disabled women is also clear: 21.8% of disabled women are in professional roles compared with 29.1% of non-disabled women.

Figure 1: Occupational groupings for disabled men and disabled women in employment

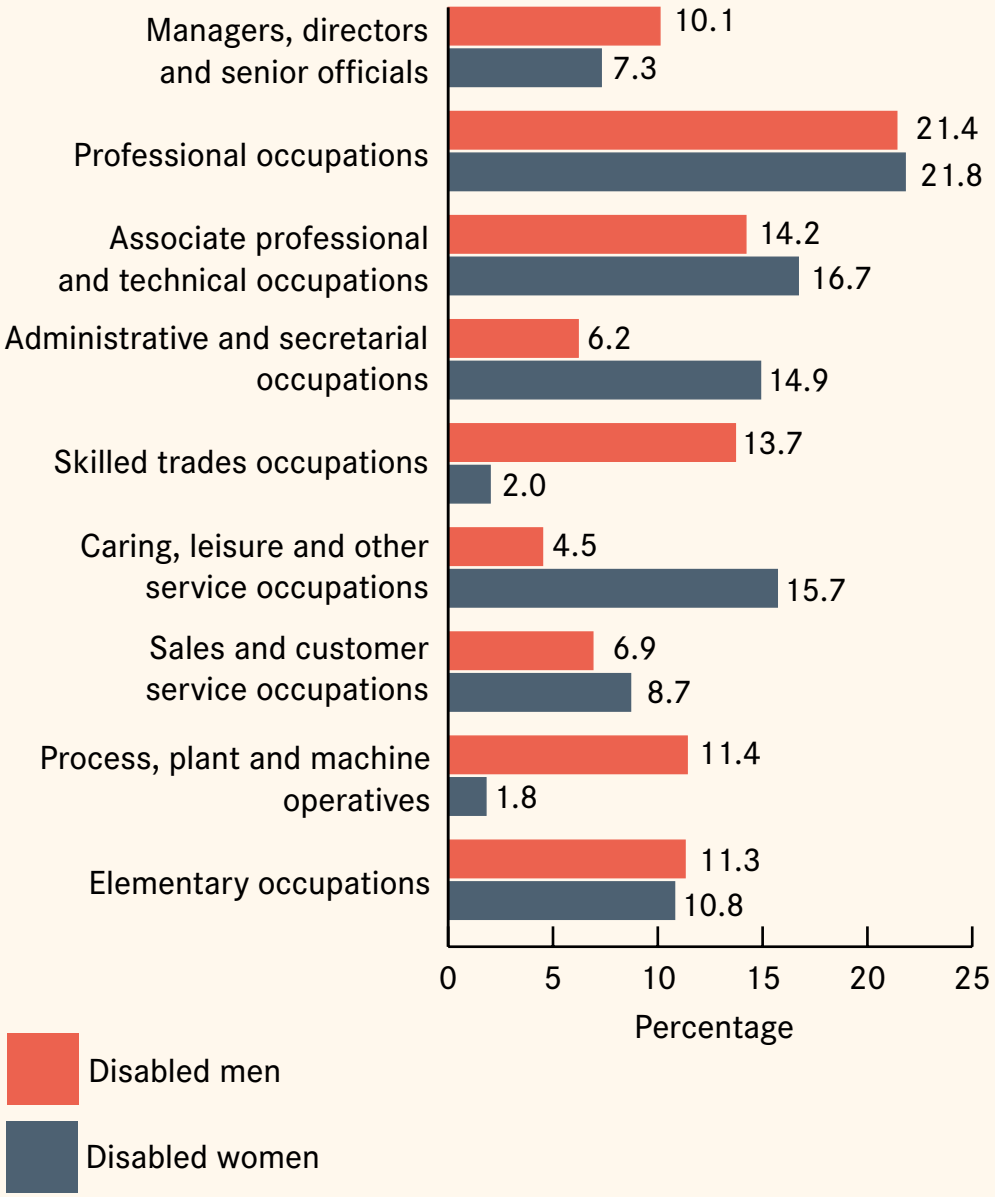


Image description: bar chart titled ‘Occupational groupings for disabled men and disabled women’. Categories shown are: managers, directors and senior officials; professional occupations; associate professional and technical occupations; administrative and secretarial occupations; skilled trades occupations; caring, leisure and other service occupations; sales and customer service occupations; process, plant and machine operatives; and elementary occupations.

Occupational segregation by industry

Similar patterns can be seen when looking at occupational segregation by industry. Disabled women are concentrated in health and social work, accounting for a quarter (25.1%) of all disabled women’s employment compared with 21.7% of non-disabled women. Just 7.3% of disabled men work in health and social work. The second most common industry is another which is female-dominated, education, in which 15.3% of disabled women work, compared to just 6.4% of disabled men. This means that health and social work and education account for more than 40% of disabled women’s employment. At the same time, disabled women are underrepresented in higher-paid, male-dominated industries compared with non-disabled women, who as a group are also underrepresented. For example, in professional, scientific and technical activities, they comprise just 6.5% compared with 8.9% for non-disabled women, in financial services they make up 3.4% compared with 4.2%, and in information and communication they comprise just 2.6% compared with 3.3% for non-disabled women.

Figure 2: Percentage of disabled women and non-disabled women employed by industry

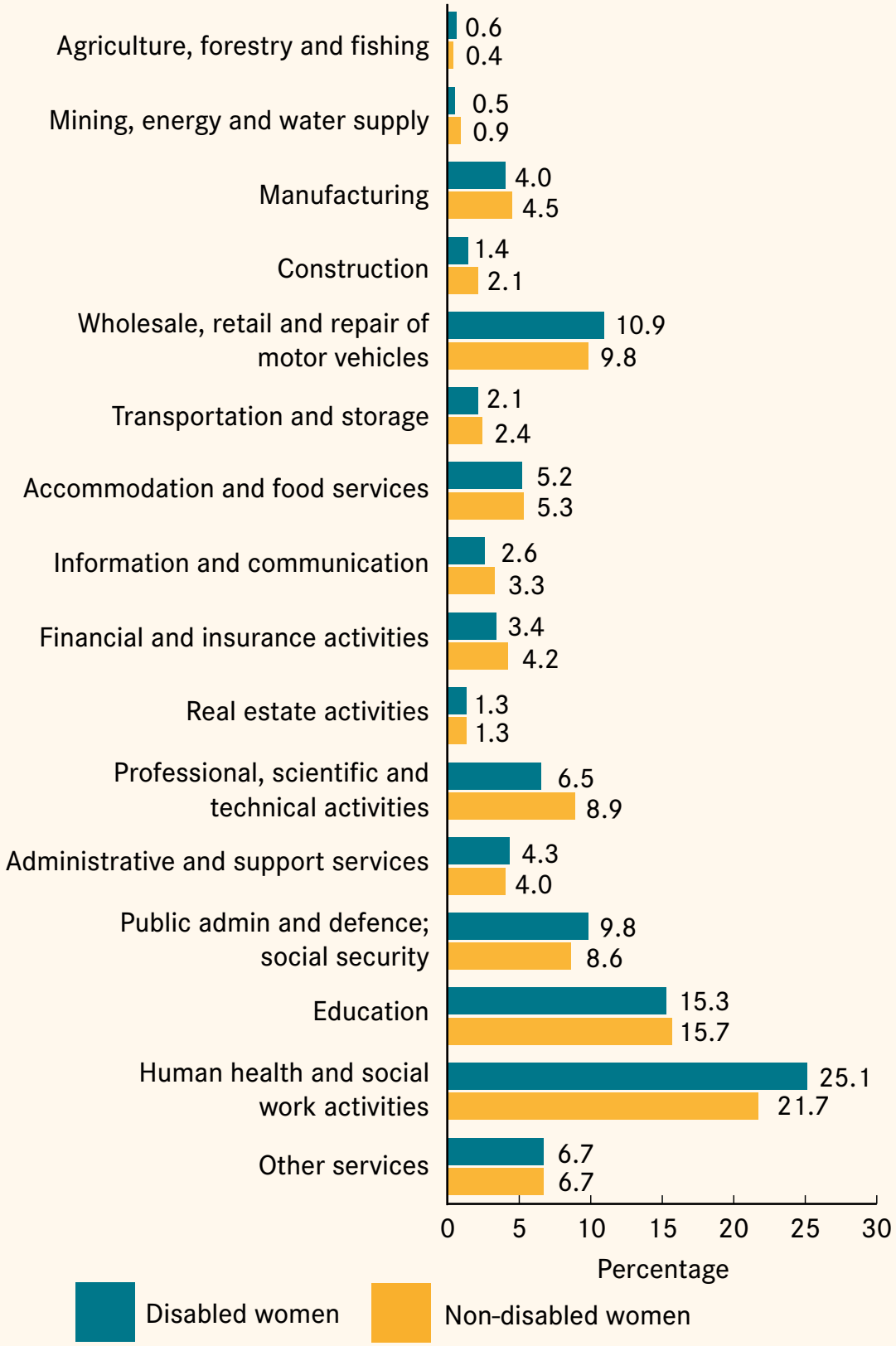


Image description: bar chart titled 'Percentage of disabled women and non-disabled women employed by industry'. Categories shown are: agriculture, forestry and fishing; mining, energy and water supply; manufacturing; construction; wholesale, retail and repair of motor vehicles; transportation and storage; accommodation and food services; information and communication; financial and insurance activities; real estate activities; professional, scientific and technical activities; administrative and support services; public admin and defence, social security; education; human health and social work activities; and other services.

Disabled women's overrepresentation in undervalued female-dominated work is significant because these are often low paid, low quality, and physically demanding, with poor working conditions, and little flexibility beyond reduced-hours work.[36] These patterns of occupational segregation contribute to disabled women's higher levels of poverty and insecure work. Many of these jobs also deliver essential public services, which correlates with higher levels of work-related stress and mental health conditions and musculoskeletal conditions which disproportionately affect women.[37]

Economic inactivity

The economic inactivity rate for women aged 16 to 64 in Scotland in the period 2024-2025 was 26.4% compared with 20.3% for men.[38] Just over a third (34.6%) reported this was because of being 'long-term sick or disabled', the highest proportion since the time series began in 2004-2005. The main reason for women being economically inactive has historically been 'looking after family/home', in other words caring

[36] Close the Gap (2022), *Gender Pay Gap Statistics*
[37] Close the Gap (2024), *Close the Gap response to the Scottish Government consultation on the next steps on delivery of Employment Injuries Assistance*
[38] Scottish Government (2025), *Labour Market Insights – July 2025*

responsibilities, which reflects entrenched gendered patterns of unpaid care. Women's unpaid work is worth an estimated £1.1 trillion to the UK economy, equivalent to 56% of GDP.[39] Despite women's unpaid work being critical to the functioning of the economy, the system of national accounts does not identify it as 'productive'. Instead, women doing unpaid work are counted as being economically inactive. In recent years, the main reason women report being economically inactive has changed; being long-term sick or disabled is now most attributed, while caring responsibilities is now the second most common reason.[40]

UK-level data shows that an estimated 1,490,000 women are out of the workforce due to long-term sickness, 158,000 more than men. Work by the Women's Budget Group[41] notes that increases in inactivity due to ill health for men were predominantly triggered by the onset of the Covid-19 pandemic in 2019, with a particular increase in mental health problems for men aged 16 to 24. However, this trend for women has been taking place in all age groups since 2014. More research is needed to better understand the rise in female economic inactivity because of long-term sickness. Women's Budget Group highlight women's higher rate of sickness absence compared to men, reported as almost double that of men aged 35 to 49. Furthermore, there are strong correlations between those who provide unpaid care and poor health, and people reporting inactivity due to poor health who previously worked for low pay. Women are overrepresented in both groups. Indeed, in recent years female-dominated sectors such as care and retail have experienced higher rates of outflow into inactivity due to ill-health.[42] This reflects the physically demanding nature of these roles and means that occupational

[39] Engender (2020), *Gender and Unpaid Work: The impact of Covid-19 on women's caring roles*
[40] Scottish Parliament (2024), *Economic inactivity and ill health in Scotland*
[41] Women's Budget Group (2024), *Women and the labour market - Briefing 1: Introduction and headline measures*
[42] TUC (2022), *Older Workers After the Pandemic: Creating an inclusive labour market.* Available here https://www.tuc.org.uk/research-analysis/reports/older-workers-after-pandemic-creating-inclusive-labour-market

segregation makes it more likely that women will leave the labour market because of their health.

Insecure work

Quality of employment tends to be lower for both women and disabled people across Scotland and the UK, and this is reflected in disabled women's experiences at the intersection of disability and gender. Evidence from the UK Insecure Work Index shows that disabled women are more likely to be in 'severely insecure work' than both non-disabled women and disabled men in the UK.[43] Additionally, 48% of young disabled women experienced severely insecure work in 2021 compared to 44% of young disabled men at a UK level.[44]

Women in general are more likely to be in insecure work, accounting for 55% of UK workers on zero-hour contracts.[45] This pattern is replicated when looking at other marginalised groups of workers. Disabled workers are more likely than non-disabled workers to be employed on zero-hours contracts (4% compared to 3%). Racially minoritised disabled women are over three times more likely (7%) than non-disabled white men (2%) to be employed on a zero-hour contract.[46] Zero-hour workers do not have access to many key employment rights such as statutory sick pay, and others that are particularly important to women, for example, statutory maternity pay. This is especially damaging to disabled women who are more likely to benefit from these rights. Taking unpaid sick leave regularly or being ineligible to take maternity leave are contributing factors in disabled women's higher poverty levels and in-work poverty rates.

Flexible and part-time work

Flexible working practices are particularly beneficial for both disabled

[43] Work Foundation (2022), *The UK insecure work index: Two decades of insecurity*
[44] Ibid.
[45] Close the Gap (2023), *Gender Pay Gap Statistics*
[46] UK Government (2024), *The employment of disabled people 2024*

people and women overall. Disabled women's working patterns are influenced by the intersecting gendered and disability-related structural inequalities. Persistent gender norms mean that women shoulder the burden of unpaid care for children and adults, and therefore often need to find flexible or part-time work to manage this. Disabled people often seek part-time work, as this allows them to better manage their condition and have their access needs met.

Data on part-time working by gender and disability is not available: it is therefore difficult to establish how many disabled women work part time in Scotland. However, both women and disabled people are overrepresented in part-time work in Scotland and the UK. In 2024 -2025, 37% of women worked part-time compared with 14% of men.[47] Equivalent published data for disabled people in Scotland is not available, but analysis by Scottish Government for the period January to December 2022, found that one in three (32%) disabled people worked part-time compared with around one in four (24%) non-disabled people.[48] Research from 2020 on the intersectional discrimination experienced in employment found that 47% of the disabled women held part-time contracts compared with 14% of disabled men.[49] Although there is no disaggregated data in official statistics, it is reasonable to assume that there is a large proportion of disabled women working part time. The prevalence of disabled women in part-time work is important because part-time jobs tend to be associated with lower pay than full-time jobs, and are concentrated in undervalued occupations and industries such as care, cleaning, and retail. This will contribute to the higher levels of in-work poverty experienced by disabled women.

[47] Scottish Government (2025), *Scotland's Labour Market Insights July 2025*
[48] Scottish Government (2023), *Labour Market Statistics for Scotland by Disability: January to December 2022*
[49] Kim, E. J., Skinner, T., & Parish, S. L. (2019). A study on intersectional discrimination in employment against disabled women in the UK. *Disability & Society,* 35(5), 715–737. https://doi.org/10.1080/09687599.2019.1702506

2024 research by Flexibility Works in Scotland found that almost a fifth (18%) of survey respondents who are disabled or have a long-term health condition say their physical health is their main reason for flexible working.[50] There are a growing number of people using flexible working to support their mental health, particularly younger workers. 14% survey respondents aged 18 to 24 said mental health is their main reason for flexible working.[51]

Disabled women are a group that are traditionally viewed as being cared for, but disabled women's caring roles are an important aspect of their labour market experiences that is often hidden and overlooked. 2025 research from Flexibility Works found that caring responsibilities were the main reason for respondents working or wanting to work flexibly, accounting for one in three.[52] There is no disaggregated data available for this survey, however it is reasonable to assume a significant proportion of these respondents were disabled women.

School leaver destinations

The Scottish Government publishes annual information on the follow-up destinations of school leavers in Scotland, nine months after the end of the academic year in which they left school. The most recent available figures cover all 2023 to 2024 school leavers from publicly-funded mainstream schools. The aim is to monitor how many pupils transition into a 'positive destination', defined as including higher education, further education, training, employment, voluntary work, personal skills development, and (between 2010-2011 and 2017-2018) activity agreements.[53]

---

[50] Flexibility Works (2024), *Flex for Life 2024*
[51] Ibid.
[52] Flexibility Works (2025), *Flex for Life: What's happening to flexible working in Scotland?*
[53] Scottish Government (2025), *Summary statistics for follow-up leaver destinations, no. 7: 2025 edition*

In 2023-2024, 93% of all pupils were in a positive initial destination. Of these, 96% were also in a positive follow-up destination.[54] Despite the fact that disabled people have poorer educational and employment outcomes, there is no follow-up data for disabled school leavers.

The Scottish Government does publish data on pupils in mainstream education who have Additional Support Needs (ASN), some of whom are disabled or have a long-term health condition, although this is disaggregated, by gender. The ASN category is broad and includes young people who require additional support because, for example, they are an unpaid carer, they have experience of the care system, are experiencing a bereavement, or have significant social and/or emotional behavioural needs.[55]

The proportion of pupils with ASN reaching positive destinations was 89%; lower than school leavers without ASN (96%). There is some data on disability which, when disaggregated by reason for support, shows variation in positive destination attainment rates: 93% for those who are dyslexic, 90% for those with a visual impairment, 88% with a physical or motor impairment, 86% who have autistic spectrum disorder, and 83% for those who are Deafblind.[56]

The term 'positive destination' has been widely criticised for being too broad, which may lead to an overestimation of positive outcomes. The categories used for positive destinations can also mask inequalities. For example, 'employment' includes every kind of paid work, no matter the length and security of contract, the level of earnings, or the work conditions. Additionally, while being in unpaid voluntary work can help develop skills and preparedness for work, it does not allow the individual to financially support themselves. ASN school leavers are more likely

[54] Ibid.
[55] Education Scotland (2023), *What are additional support needs?*
[56] Scottish Government (2025), *Summary statistics for follow-up leaver destinations, no. 7: 2025 edition – supplementary table L1.4*

to be in voluntary work than those without ASN. Pupils with a learning disability (2.5%), autistic spectrum disorder (1.8%), communication support needs (1.7%), mental health problems (1.6%), and physical or motor impairments (1.5%), were more likely to be in voluntary work than the overall average (0.7%).[57]

Disabled women and poverty

As set out, disabled women are less likely to be employed and more likely to be economically inactive. When they are employed they are concentrated in low-paid, insecure work, with fewer opportunities for progression. These systemic inequalities have been exacerbated by years of austerity policies and recent economic shocks, which have pushed more disabled women into poverty. There is a lack of granular data to show precisely how many disabled women in Scotland live in poverty. This is because poverty data is often not intersectional, and a further problem is the use of household statistics rather than data for individuals. Household statistics mask intra-household resource allocation and incorrectly assume that in mixed-sex households, women have equal access to household income and resources.

A 2024 Joseph Rowntree Foundation analysis of poverty in the UK[58] finds that disability is a critical influencer in people's experiences of poverty. Looking at working-age people (aged 16 to 64) data reveals that disabled people are twice as likely (36%) to experience poverty than non-disabled people (17%). The poverty rate for disabled women was 35%, 17 percentage points higher than non-disabled women. Disabled men experienced a higher rate at 38%, double the rate for men who were not disabled. The higher poverty rate among disabled men partly reflects household composition: 46% are single without children, compared with 34% of disabled women, and single adults face higher poverty rates

[57] Ibid.

[58] Joseph Rowntree Foundation (2024), *UK Poverty 2024: The Essential Guide to understanding poverty in the UK*

than those in couples. Family structures are an important factor, and poverty data consistently shows that having a disabled person in a family increases the risk of living in deep poverty in the UK[59] and Scotland.[60] Disabled women's poverty is inextricably linked to child poverty, and children in families with a disabled person are one of the priority groups in Scottish Government's Tackling Child Poverty Delivery Plan.[61]

Official poverty statistics do not consider the higher living costs associated with being disabled. Disabled people's organisations often cite that almost half of disabled people live in poverty because of the extra costs of disability, such as higher energy, transport, care, and medical expenses, that official measures ignore. Household statistics can also mask individual poverty if a disabled person lives with non-disabled household members. Research from Scope finds that disabled households require an extra £1,095 each month on average to have the same standard of living as non-disabled households.[62] As inflation is expected to rise over the next five years, the extra cost of disability is estimated to reach £1,224 per month by financial year 2029-2030.[63] The 'disability price tag' explains why disabled women have been harder hit by the cost-of-living crisis. Disabled households have to divert their income to pay for specialist products and services, as well as pay more for essentials. This can include specialist disability-related products and services such as mobility aids, and car or home adaptations,[64] along with personal social care support.[65] Many disabled households also use more energy, incur extra accessible transport options, or purchase more expensive ready meals. For different groups of disabled women, such

[59] Ibid.
[60] Scottish Government (2025), *Tackling Child Poverty Delivery Plan: Progress report 2024-25*
[61] Ibid.
[62] Scope (2025), *Disability Price Tag 2025,* available at: https://www.scope.org.uk/campaigns/disability-price-tag
[63] Ibid.
[64] Scope (2023), *Disability Price Tag 2023: The Extra Cost of Disability*
[65] Inclusion Scotland (2022), *Disabled People, Poverty and the Cost of Living Crisis*

as those who are racially minoritised or single parents, the impacts are greater as they face compounding systemic inequalities which prevent them from accessing good-quality jobs and services that are needed to live free from poverty.

Violence against women

The term 'violence against women' (VAW) refers to violent and abusive behaviour that is carried out against women, primarily by men, because of their gender. This can be physical, emotional, psychological, sexual or economic, and stems from women's deep-rooted inequality in all facets of society.[66] Forms of VAW, such as domestic abuse, stalking, sexual harassment, sexual assault and rape, so-called 'honour-based' abuse, and child sexual abuse, can impact women's experiences at work. However, VAW is often not seen as a workplace issue by employers. VAW is also so normalised that many women also struggle to recognise their experience as gendered, and it is therefore widely under-reported as women may fear judgement or not being believed, or lack confidence in reporting procedures and confidentiality.

The compounding inequalities disabled women experience, such as the greater likelihood of them experiencing poverty and having less access to power and resources, means that they are at higher risk of being affected by VAW. For example, they are more likely to be unemployed and economically inactive, or when they are employed it is likely to be in a low-paid job. This puts them at increased risk of financial abuse, especially when the abuser is their carer on whom they are dependent.

How VAW affects disabled women's labour market participation is an under-researched area. However, there is some evidence on their experiences of sexual harassment. 2021 research by the TUC examined disabled women and sexual harassment in the workplace across the

[66] Equally Safe at Work (2025), *Women's workplace inequality* available at: https://www.equallysafeatwork.scot/inequality-vaw/

UK. More than two-thirds (68%) of the 1,100 disabled women who responded had experienced sexual harassment, compared to 52% of women in general from a previous TUC survey.[67] This rose to more than three-quarters (78%) for young disabled women. Around half (49%) of disabled women had heard unwelcome jokes of a sexual nature, 44% had received unwanted comments about their body or clothes, and more than two-thirds (38%) of disabled women experienced unwelcome sexual advances. Disabled women were twice as likely as non-disabled women to have experienced unwanted touching. Over half had experienced two forms of sexual harassment, and 45% had experienced three forms. Two-thirds (66%) of those who had experienced sexual harassment did not report it to their employer, with the most common reason for not doing so being that they did not think it would be taken seriously (39%), followed by thinking it would negatively impact their career or work relationships (31%). Of those who did report, more than half (53%) said it was not dealt with satisfactorily. The research also shows the impact of sexual harassment on disabled women with over a third (34%) reporting a mental health impact as a result, and one in eight (12%) feeling forced to leave their job.

Conclusion

The evidence shows that disabled women's inequality and disadvantage is systemic, spanning all facets of labour market participation. These inequalities are intensified by gendered caring responsibilities, higher rates of poverty, and VAW. Disabled women's economic inactivity, lower earnings, and overrepresentation in part-time and low-paid roles reflect a labour market that continues to undervalue their skills and contributions. Moreover, the lack of intersectional policy responses exacerbates and cements these systemic inequalities.

There is a concerning lack of Scottish-specific intersectional data

[67] Trade Union Council (2021), *Sexual harassment of disabled women in the workplace*

which masks the full extent of these inequalities. A lack of good-quality, granular data hinders targeted action that will meaningfully address the marginalisation of disabled women in the labour market. Addressing this requires a coordinated effort from policymakers to both improve the range and depth of data about disabled women's experiences and to develop policy and services that are gender competent and centre intersectional analysis. Employers need to develop improved intersectional gender-competent employment practice, that recognises disabled women's needs so that they are supported to engage with the labour market and progress in their career.

4. Methodology

An initial research phase involving focus groups was carried out in 2023 by Close the Gap in collaboration with a disabled woman researcher. This served as an exploratory phase, aimed at identifying preliminary themes and potential areas of focus that informed the design of the larger research project. Two 90-minute exploratory focus groups were held online and in person with 18 self-identifying disabled women (11 online, 7 in person), recruited via social media and newsletters. Participants received a voucher in recognition of their time. Group discussion was a key element with participants supported to contribute in a variety of ways such as online chat/reactions and in-person flipchart/post-it notes. Activities included asking participants for three words that described their individual experience of the workplace with space to discuss the reasons for their choices and a discussion around workplace support and barriers. There was also an open space for participants to discuss anything they wished, acknowledging the power dynamics in research. A full report of the design of the focus group and the thematic analysis can be found on the Close the Gap website.

Along with the literature review, this exploratory stage identified common themes which were used to design the larger research project and informed the following questions that this research aims to answer:

- What factors affect the labour market participation of disabled women?
- Do disabled women feel supported by their employer? For example, in meeting their need for reasonable adjustments, work flexibility, development and progression.

- How do experiences of men's violence and abuse shape labour market participation and experiences?
- How do experiences vary for people with different impairments or health conditions, given the access (or lack thereof) provided?

Data collection

In answering the above questions, this report uses a mixed methods approach, drawing on the analysis of an online survey (n=894), semi-structured interviews (n=12) and a focus group (n=4). The survey aimed to identify average response patterns and differences between groups in a large sample. The interviews and focus group were aimed at gaining deeper insight into disabled women's lived experiences to add meaning and understanding to the survey results. This approach recognises the strengths of using both quantitative and qualitative data in obtaining a fuller picture of a research problem.[68]

Online survey

The survey was designed and distributed using an online survey instrument. A strong theme from the exploratory focus groups emerged around reasonable adjustments or lack thereof, as being key to positive and negative experiences in the workplace. This included experiences of adjustments not being honoured or actioned, delays, doubt from employers, stigma, and differences between visible and non-visible conditions and impairments. Relevant survey questions were therefore designed to explore the prevalence of these themes in a larger sample; the survey also included opportunities for participants to introduce new perspectives via the use of open text responses, for example, 'Please tell us more about your experience of asking to have your access needs met in the text box below. This could be a good or a bad experience.'

Other key sections included experiences of employability programmes,

[68] Creswell, J. (2015), *A Concise Introduction to Mixed Methods Research.* Los Angeles: Sage Publications

recruitment processes, access to flexible working, training/development and progression opportunities. Respondents were also asked whether they had experienced physical or mental harm at work and about experiences of men's violence and abuse. The question formats included demographic items (for example, occupation), Likert scale statements (for example, 'To what extent do you agree or disagree with the following statement: My line manager is supportive of me and my needs as a disabled woman'), and open text responses (for example, 'Please tell us more about your experience of recruitment processes. This could be a good or bad experience').

Responses to the survey were invited using Close the Gap's existing networks as well as promoting the survey more widely using social media and through external newsletters. For example, disabled people's organisations, their members, and women-specific networks were especially targeted, along with employers working with Close the Gap and their staff networks.

Interviews

Women living in Scotland were invited to participate if they identified as disabled, had an impairment or a long-term health condition, and had experience of employment in Scotland. Participants were identified using networks with disabled people organisations, and disabled women who had expressed an interest in the project. A concerted effort was made to ensure the sample was diverse and reflected a wide range of impairments, conditions, and access needs.

A semi-structured interview guide was created which consisted of two parts: (1) participants had the chance to share their employment journey in their own words; and (2) a set of thematic areas (informed by themes emerging from the exploratory focus group and literature review) with related questions was provided, allowing researchers to choose the most relevant topics based on each participant's unique experience. The interviews lasted one hour on average.

Focus groups

A key area for further exploration was the need to apply an intersectional lens to disability, with a particular focus on the experiences of racially minoritised disabled women, which resulted in a focus group tailored to this demographic. Focus group participants met the same eligibility requirements as interview participants with the additional requirement of being racially minoritised. They were recruited from Glasgow Disability Alliance's member network and the focus group was held in person at a venue familiar to the participants. Considering the group dynamics, relationships, and time limits, the session was designed to be interactive and focused. This included three main parts:

- A word cloud activity where participants shared their experiences in 3–5 words.
- Open spaces for people to talk about their experiences.
- An opportunity to agree or disagree with specific statements, with space to elaborate or provide further explanation.

Both the interviews and focus group were led by two researchers who identified as disabled women. A conscious effort was made to accommodate a wide range of access needs. This included offering options for participation either in person or online, providing questions in advance, and using closed captions. Consent and equality monitoring forms were used to ensure participants were comfortable taking part. Participants received a voucher in recognition of their time. Where relevant, participants were also signposted to additional support services.

To ensure accuracy, sessions were recorded, transcribed, and recordings were deleted after transcription. All data remained confidential between Close the Gap and the research team, with any identifiable information anonymised. In the report, we include contextual descriptors to give depth to respondents' perspectives, but these are presented in a way that protects privacy and prevents identification of individuals.

The sample

Online survey

Total valid responses were 894 which included both complete and partial submissions. The option to skip non-relevant or sensitive sections likely contributed to the partial responses, along with the survey's length and format. This approach helped prevent respondent fatigue and ensured accessibility. The most answered sections were around experiences of recruitment, reasonable adjustments, physical/mental harms, and violence, with the least answered being the section on training and development. However, sections were overall well answered, and many respondents included extra detail in the open text responses boxes provided which showed that time and consideration had gone into their responses even towards the end of the survey. The number of respondents for each section is noted in the analysis below.

Overall, as can be seen from Table A1 in the Appendix, the sample was mainly white (94.8%), aged between 26 and 64 (94%). The majority were employed or self-employed (90.1%) and worked in the public sector (89%) with over a third (38%) working in professional and managerial roles. 68% of respondents worked 35 hours or more each week with this more common in professional, managerial and associate professional occupations and less common at lower occupational levels such as administrative and secretarial. 24% of the sample indicated they had annual household income of £30,000 or less, compared with a UK median of £36,700 in 2024.

The survey sample is not fully reflective of occupational segregation at the labour market level, as disabled women in professional and managerial occupations are overrepresented compared with national data (see section 3). This may reflect factors such as digital access, available time, and connections through Close the Gap's networks. It also reflects a greater proportion of white, full-time working women and those working within the public sector, compared to national statistics. For example,

in Scotland in 2023-2024, 61.4% of women worked full-time and 38.5% of employed women worked in the public sector.[69] Therefore, the survey findings provide a snapshot of the labour market experiences of disabled women who may, overall, be in relatively better employment positions than many disabled women in Scotland.

Interviews and focus group

12 participants took part in the interviews and 4 participants in the focus group. Women aged 46 to 64 made up two thirds of the sample compared to a third who were aged 26 to 46. Half of the sample identified as white, with 31.25% identifying as Asian, 12.5% as Black, and 6.25% as mixed ethnicity. 59% of participants were educated to degree level or above, 23% had pursued further education, 8% were school leavers, and 8% had no qualifications. Two thirds (66.6%) stated they were employed, 20% were unemployed, with 13.3% currently unemployed but seeking employment. Two thirds of participants indicated they had caring responsibilities. Mental health conditions (27%) and long-term health conditions (23%) were most common followed by physical impairment (15%), learning difficulty (12%), hearing impairment (12%), visual impairment (8%), and other conditions and/or impairments (3%).

Analysis

The survey responses were analysed, first looking at overall patterns of response for each question, followed by further analysis in line with the research questions above. Responses were compared by condition/impairment type and number of conditions to help identify differences in experiences. For example, the analysis examined differences in experience between people with mobility-related access needs and those with mental–health–related access needs, as well as between people with one condition/impairment and those with multiple. Occupational, sectoral, and other differences were also explored, informed by findings from the existing literature.

[69] Scottish Government (2024), *Scotland's Labour Market Insights July 2024*

Grouping respondents in this way is useful to identify patterns in the data however, this can, of course, obscure individual experiences. The open text survey responses were also analysed to help address this limitation and are presented here, along with the analysis of the interview and focus group data, to help add depth and insight to the survey findings.

5. Findings

Condition/impairment type

Regarding condition/impairment type, 894 respondents answered this question. Respondents were able to select more than one condition and/or impairment from the list provided and to specify their own description if preferred, which was categorised appropriately (the 'others' mainly fell into the 'health' category, for example, multiple sclerosis, or cerebral palsy). Results are shown in Fig. 3 with the most frequently reported conditions and/or impairments being health conditions, mental health conditions, mobility-related impairments, and neurodivergence. Respondents were asked when they became disabled or first experienced their condition/impairment. Over half reported that this occurred during employment, while just over a quarter (27%) were disabled from birth.

Although using different categorisations, this is broadly in line with the Scottish census figures which suggested that the most common conditions were long-term health conditions (for example arthritis, cancer, diabetes, and epilepsy), mental health conditions, and physical impairments.

Figure 3: Type of condition and/or impairment reported (n=894)

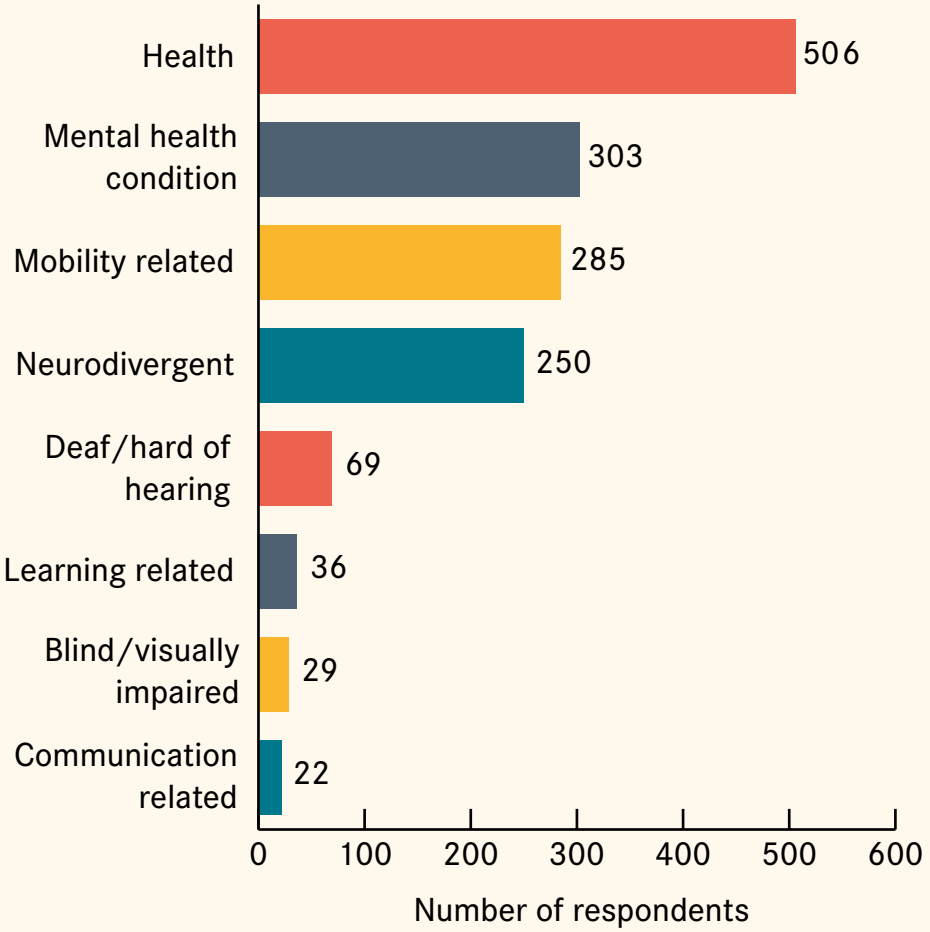


Image description: bar chart titled 'Type of condition/impairment reported'. NOTE: Respondents could report more than one condition and/or impairment. Categories shown are: health, mental health condition, mobility related, neurodivergent, deaf/hard of hearing, learning related, blind/visually impaired, and communication related. Health is the largest category by far, followed by mental health, mobility, and neurodivergence. Deaf/hard of hearing, learning, visual, and communication related are less commonly selected categories.

Of the 894 respondents, 54.1% indicated that they had one type of condition or impairment, 29.5% had two, and 16.3% had three or more. Exploring the number of conditions and impairments across different sample characteristics revealed differences that appeared to be more linked to the number of conditions respondents had than to the specific type. For example, of those reporting only one condition or impairment, 30.6% had a household income of £70,000 or more, compared to only 16.4% of those who reported three or more conditions or impairments (Fig. 4). Similar patterns were present when looking at hours worked per week and employment status (Charts 1a and 1b in Appendix). As would be expected, those in the sample who had multiple conditions/ impairments worked fewer hours and fewer were employed or self-employed compared to women with only one condition or impairment. Finally, when exploring condition/impairment type by age, comparing those aged 18 to 45 with those aged 46 and over, key differences emerged: mobility-related conditions were more common in the over-45 category, whereas mental health conditions and neurodivergence were more prevalent among those aged 18 to 45. This is in line with the rise in mental health conditions found in young women between 2011 and 2022[70] and also increased awareness, improved diagnostic criteria, and more societal acceptance around neurodivergence.

[70] Scotland's Census (2022), *Health, disability and unpaid care*

Figure 4: Household income by number of conditions/ impairments (n=711)

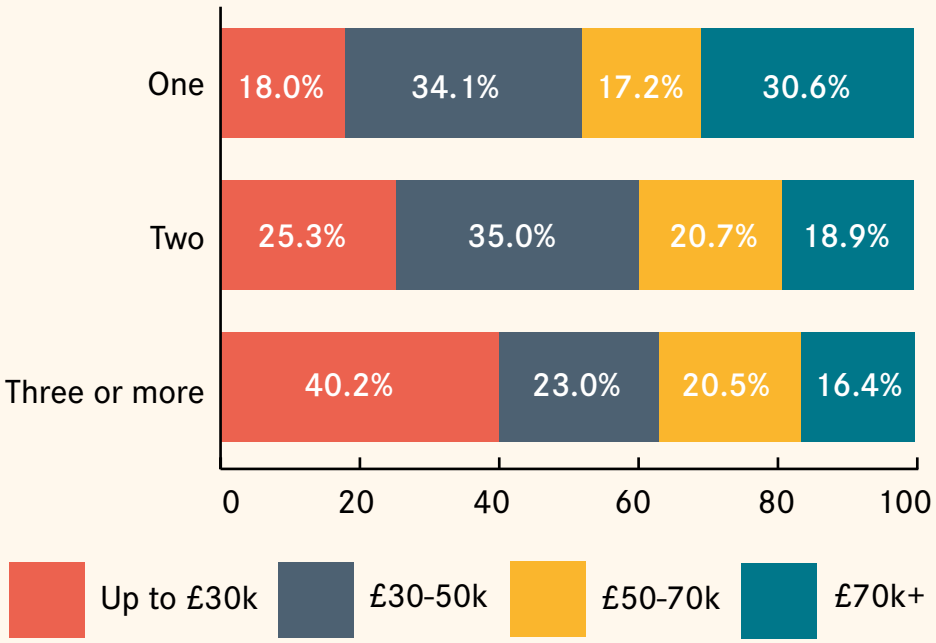


Image description: Stacked bar chart titled 'Household income by numbers of conditions/impairments'. Categories shown on the y axis are one condition, two condition, and three or more conditions. These are stacked by income bracket, up to £30k, £30-£50k, £50-£70k, and £70k+. Those with three or more conditions reported lower household incomes, with 40.2% earning up to £30k and only 16.4% reporting £70k+.

Access to employment

Of the 89 respondents who were not currently employed, 89% had previously been in employment with over half of these (56%) indicating that the main reason they were not employed was health-related barriers to working. Only 21% of these respondents indicated that their impairment or condition was not a factor in leaving employment.

Respondents were also invited to set out their individual reasons for not being currently employed. A recurring theme was a combination of caring responsibilities and health-related barriers, reflecting findings in the literature on how gendered caring roles intersect with disability. Some examples of the open text responses are as follows:

> "It's a combination of I can't work due to my disability, but my disability has been made worse by my role as a carer for adult family members. My caring is a full-time job in itself, but one which has worsened my health conditions." (**survey respondent, long-term health condition, mobility-related impairments, neurodivergent, educated to degree level, annual household income below £30,000**)

> "A combination of poor health, having kids, benefits risk etc. I volunteer though." (**survey respondent, long-term health condition, mental health condition, mobility impairment, further education qualification, annual household income below £30,000**)

> "I am on benefits, my husband also needs care and I am not reliably able to work consistently due to my condition." (**survey respondent, long-term health condition, educated to degree level, annual household income below £30,000**)

> "I've been volunteering for five years. I'm on benefits now which is not great, but I really want a paid job opportunity - yet the job centre hasn't recommended anything suitable for me." (**focus group participant, speech impediment, mobility impairment, educated to degree level**)

Few differences were found between employment status and the point at which respondents became disabled, except among those whose condition/impairment resulted from a workplace accident, injury, or illness. A fifth (20%) of this group was not currently employed compared to 9% of those who had not had not become disabled in this way.

Of the 21 respondents who were self-employed 19 strongly agreed or agreed that being self-employed allows them to better manage their access needs related to their conditions and/or impairments. This is likely to due to self-employment offering them flexibility and choice over when, where, and how the work is done.

Employability programmes

It is encouraging that 46% of respondents had not needed to use employability programmes, although this likely reflects the overrepresentation of those in professional and managerial occupations within the sample. Increasing awareness of such programmes may nevertheless be beneficial, as around 40% of respondents were unaware of them, unsure how to apply, or did not know they were eligible to participate (Fig. 5).

Figure 5: Why haven't you participated in an employability programme? (n=783)

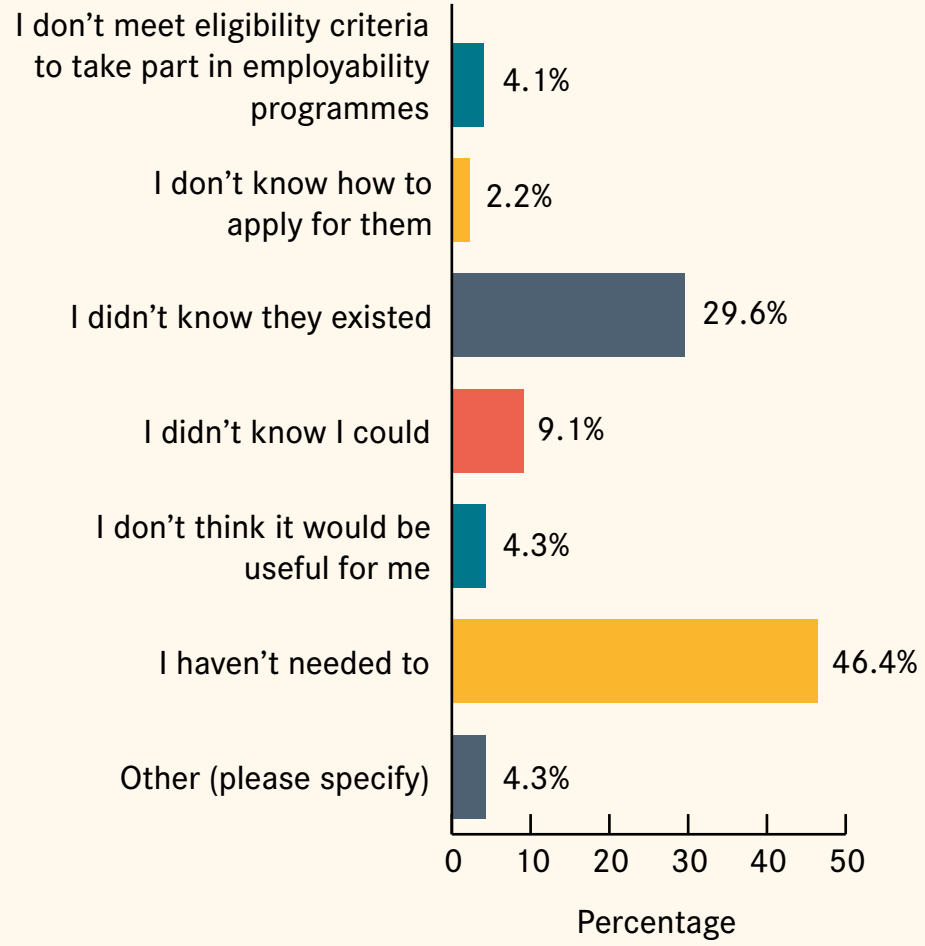


Image description: bar chart titled 'Why haven't you participated in an employability programme?'. Categories shown are: I don't meet eligibility criteria to take part; I don't know how to apply for them; I didn't know they existed; I didn't know I could; I don't think it would be useful for me; I haven't needed to; and other. The categories with the highest response rates are 'I haven't needed to' (46.4%) and I didn't know they existed (29.6%).

Several other reasons were cited as to why respondents had not participated in a programme in the survey's open text responses, which highlighted the following themes:

Poor health, workload, and fatigue

> "I'm not actively looking for work because my health is so unreliable." (**survey respondent, long-term health condition, mental health condition, mobility-related impairment**)

> "Working 16 hours is already too hard for me, I've been told by healthcare that I should cut hours or stop working." (**survey respondent, long-term health condition**)

Lack of appropriate support

> "I don't need help getting into employment. I need help staying in work - primarily in advocating for myself so employers don't take advantage of my disability by denying me adjustments or try to dismiss me unfairly." (**survey respondent, long-term health condition, mental health condition, neurodivergent**)

Failure to meet participants' needs

> "If professionals have been out of work they need more than a CV writing hand or a basic bookkeeping or some other such course – do better and offer access to courses at an appropriate level not just the low-level courses utterly useless to many." (**survey respondent, mental health condition, neurodivergent**)

Ineffective services and time constraints

> "I had organised to use the service as support but I felt there were too many different appointments [in the process] on application. I spent too much time meeting in coffee shops but not moving forward/already knew the info given." **(survey respondent, long-term health condition, mental health condition, mobility impairment, learning-related impairment, neurodivergent)**

Of the 75 respondents who participated in an employability programme, two thirds indicated that it did not meet or only partially met their needs. The most common reason for this was that it was not appropriate for their level of skills and experience (33.3%) which also reflects the above themes.

The recruitment process

Of 852 respondents, around a quarter felt they had experienced discrimination at the application stage of a recruitment process (25.6%) or at a job interview (27.8%) with 32.7% indicating they had found it difficult to navigate a recruitment process. Racially minoritised women were more likely to feel this way (although the small group sizes here mean these results should be interpreted with caution).

Differences between the largest condition/impairment type groups are shown in Fig. 6 below. For example, more than two thirds (68.2%) of neurodivergent respondents found recruitment processes difficult to navigate, compared with less than a third (29.2%) of those with mobility-related access needs.

Figure 6: Experiences of recruitment by condition/impairment (n=852)

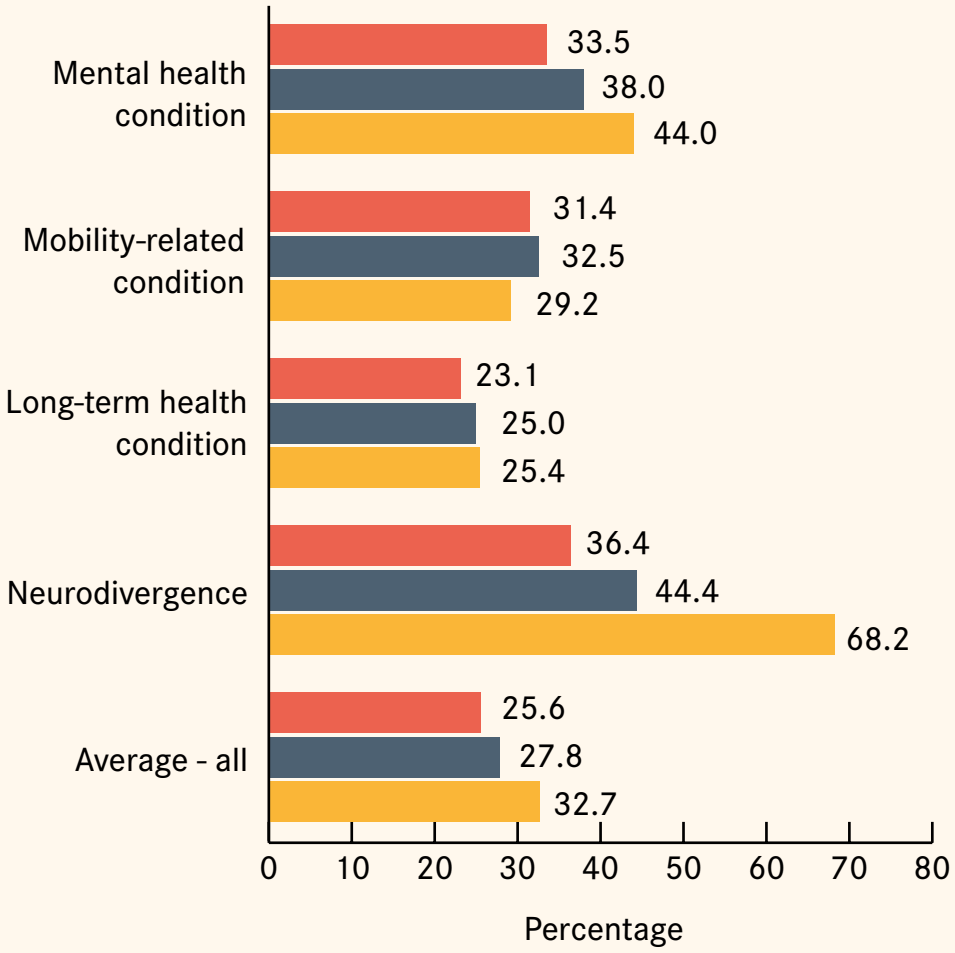


Image description: bar chart titled ‘Experiences of recruitment by condition/impairment’. Categories shown are: felt they had experienced discrimination at the application stage of a recruitment process; felt they had experienced discrimination at a job interview; and found it difficult to navigate a recruitment process. This is disaggregated by type of condition; neurodivergence, long-term health condition, mobility-related condition, mental health condition, and an average for all condition types.

Questions about experiences (both good and bad) of the recruitment process prompted a high number of open text responses (over 400) which offered further insight. Themes were challenges with interview communication, anxiety and social pressure, lack of accommodations, application process barriers, and hidden conditions and impairments/ disclosure dilemmas. Positive experiences were less frequent but were linked to supportive interviewers, clear communication, and flexible or adjusted processes.

Neurodivergent respondents in particular expressed anxiety around the social dynamics of in-person interviews due to difficulty interpreting the implicit meaning behind interview questions, for example, one respondent stated, “Poorly worded/unclear application questions and interview questions. Difficult to navigate as a neurodivergent individual, struggle to understand the subtext of what questions are often actually asking”. Others described a tendency to interpret questions too literally, which hindered their ability to present their experience effectively. As one respondent shared, “I struggle to navigate filling out applications - it is difficult for me to quantify or specify my experience. In interviews, I struggle with autism and anxiety. I struggle to match the question with what they are ‘really’ asking me, so my answers are often too short/don’t provide enough information”.

A further barrier identified was a lack of access to interview questions in advance, limiting their ability to prepare and process information at their own pace and leaving them reliant on interviewers' understanding - an adjustment that could reduce anxiety and improve performance. While participants indicated this practice was becoming more common among employers, their comments suggest that gaps remain.

Disclosing or sharing a condition and/or impairment during the recruitment process presented its own set of challenges, with barriers surrounding early disclosure, including anxieties about discrimination and the fear of information being used against them. The following quotes reveal several important themes and concerns related to discrimination and disclosure in recruitment which may discourage future disclosure or participation in recruitment processes:

> "I once went to an interview and disclosed mental health issues during the interview which had been going very well, and I could tell by the body language used that this information was being used against me. When I called to find out the results of the interview I was told outright that I would have got the job if I had not mentioned health issues." (**survey respondent, mental health condition**)

> "I don't put my disability on applications as I feel this could hinder my chances at getting the job. I never have opted in for guaranteed interview. I know this also might hinder me as then I do not have option to get sent the questions beforehand or know what the interview process might entail. I have had written and reading exercises at interviews that have been timed and these have been very stressful I have not always had my overlays or rulers to help do this that has had extra pressure." (**survey respondent, visual impairment, learning-related impairment**)

Experiences of disclosure in the workplace

Most respondents had told their employer (i.e. line manager, HR, or business owner) about their conditions and/or impairments, either formally to request reasonable adjustments (61.2%, n=452) or in an informal capacity to make them aware (30.8%, n=227). A minority had not told their employer, or said this did not apply to them (8%, n=59). Respondents with mobility-related impairments (70%) and those with three or more conditions (70%) were the most likely to formally inform their employer, likely because some conditions and impairments are more difficult to keep hidden. In the words of one interview participant, "there was no way I could not tell" because "as I walk into a room, it's painstakingly obvious even if I didn't have my white stick".

Of those who had not told their employer, reasons included being worried it would affect their job/career, feeling unable to verbalise their needs, and not wanting to be labelled as the disabled employee. Findings from the interviews add further insight here regarding concerns connected to fear of judgement in the workplace and a need for self protection:

> "They're just gonna judge me or make assumptions or just treat me differently, I just don't like to be seen as vulnerable or be seen as that way, I just feel like it just does more damage to me." **(interview participant, mental health condition, degree-level education)**

Interview participants' experiences revealed a recurring pattern: on a personal level, managing one's impairments is challenging enough, but in the workplace, additional barriers and concerns only heighten the frustration and anxiety of being vulnerable and open.

Experiences of obtaining reasonable adjustments

Throughout the survey, interviews, and focus group there was a common theme: that line managers were often aware of their responsibilities regarding reasonable adjustments, but that this did not always translate to a meaningful and timely change when making these adjustments.

For example, while 61.9% of respondents indicated that they strongly agreed or agreed with the statement 'My line manager was fully aware of their legal responsibilities in providing reasonable adjustments', only 36.4% of the respondents had their reasonable adjustments put in place immediately, with 18.6% indicating that adjustments had never been put in place (Table 2 below).

Table 2: Were your reasonable adjustments put in place in a timely manner? (n=624)	
Yes, they were put in place immediately	36.4%
No, it took over six weeks to put them in place	10.9%
No, it took over three months to put them in place	13.0%
My reasonable adjustments were only partly put in place	21.2%
They have never been put in place	18.6%

Differences by type of condition/impairment

Neurodivergent survey respondents had the lowest levels of agreement that their adjustments were put in place immediately (28.6% compared to the average across all groups of 36.4%) with the interview and survey open text responses highlighting the narrow and limited understanding many employers and organisations may have regarding the diverse nature of conditions and impairments:

> "[Employers] don't get it with mental health, they don't get spectrum disorders, neurodivergence, it doesn't fit their model… any other thing like chronic illness blows their mind." (**interview participant, physical impairment, long-term health condition, mental health, degree-level education**)

> "I disclose my diabetes because I am confident that I will be accommodated but I don't disclose my mental health and neurodivergence." (**survey participant, long-term health condition, mental health conditions, neurodivergent**)

As noted above, this points to how ableism shapes recognition: conditions/impairments such as mobility-related impairments or health conditions are often more visible or more readily understood, and therefore more likely to be accommodated by employers. This suggests the presence of a 'hierarchy of impairment', identified in both the literature and exploratory focus groups: the belief that certain impairments are more disabling or more genuine than others. This may surface in requests for adjustments, for example a feeling that resources are being taken away from people that need it more, being made to feel guilty for asking for help, or feelings of doubt around a condition (see further below).

However, challenges with obtaining reasonable adjustments were found across all types of conditions/impairments in the interviews and open text responses, which also highlighted additional challenges when moving to a new employer or line manager:

Fear of being seen as the 'demanding employee'

> "I think everyone is always a bit unsure of how system works. It's easy to feel like a nuisance." (**survey respondent, long-term health condition, mobility impairment, neurodivergent**)

> “Asking for adjustments is truly difficult. You feel like a bother to them.” (**survey respondent, long-term health condition, mental health condition, mobility-related impairment**)

> “I told my previous and now present line manager, and they were both excellent and basically advocated for me… however I would be slightly more wary giving details of my access needs to a new boss. I don’t want to seem like a difficult person straight away, and get a reputation, however bad that sounds.” (**survey respondent, long-term health condition, mental health condition, mobility-related impairment, neurodivergent**)

Power differentials with more senior or established employees better positioned to advocate for their adjustments

> “It’s almost like, ‘yeah we can do her a favour because she’s worth it’. But as a junior person, you haven’t yet proved yourself to the institution, you haven’t had the chance, you’ve got no social capital to bargain with.” (**interview participant, physical impairment, long-term health condition, mental health, degree-level education**)

Cost concerns and processing times

The process of procuring adjustments was long due to systemic delays or the need to provide evidence to prove their conditions/impairments to their manager. The cost of adjustments was seen as an expensive venture by managers and suggested a lack of knowledge regarding grants available:

> “My line manager continually complains about how much my reasonable adjustments cost, and moans at having to complete paperwork for having it implemented.” (**survey respondent, mental health condition, mobility-related condition, neurodivergent**)

> “Employers see adjustment as inconvenient and if there’s a cost, it’s seen as a problem.” (**survey respondent, communication-related**

impairment, mental health condition, mobility-related impairment, neurodivergent)

"I was told to stop telling other people what support I was getting because they were afraid that other people would start asking for it. And they couldn't afford it. They're like, we'll give you this and this laptop and the earphones but it's expensive so don't tell anybody else." **(interview participant, neurodivergent, degree-level education)**

"I was then told to apply for [Access to Work] for a computer that would be able to have [specialist software] installed. This took over 6 months to come... When I left that job they told me they were keeping the computer and it belonged to them... I have not applied for it at my new job as I am unsure I would get it again and feel bad asking for expensive equipment again that my current employer could also just keep." **(survey respondent, visual impairment, learning-related impairment)**

Onus on the employee due to a lack of employer understanding and support

Several survey and interview respondents indicated feeling a lack of understanding from managers and colleagues with the onus being on them to explain their needs and advocate for their adjustments:

"I had to (strongly/forcibly) advocate for myself and only when I privately funded formal assessment/diagnosis and shared this with employers did more supportive conversations occur. However, this was following an extremely distressing attendance/capability HR processes... I feel my future career progression has been adversely impacted as I require reasonable adjustments." **(survey respondent, long-term health condition, neurodivergent)**

> "I required adjustments which were initially granted but were removed as soon as I appeared to be 'well'. There is a lack of compassion and understanding that a disability doesn't just go away and if a person appears well, it is because the adjustments are working for the individual. I was stigmatised and looked down upon due to being disabled, treated different from others. I was also compared to others with manager stating that I was 'not the only one who has ailments you know'." **(survey respondent, long-term health condition, mental health condition)**

Interview participants repeatedly emphasised the critical need for self-advocacy and support ("there's a little bit of an expectation for you to know everything"), especially regarding information about their rights as disabled people, which proved instrumental in securing access to entitled workplace support. However, not all employees had the skills, knowledge, or confidence to be able to do this, particularly those with complex conditions:

> "I don't feel confident at all asking for reasonable adjustments. When speaking informally, I often feel that business needs have taken priority over my own ability. I don't feel like I understand my own long-term needs enough to formally request reasonable adjustments." **(survey respondent, mental health condition, mobility-related impairment, neurodivergent)**

Notably, interview participants seldom referred to their rights and entitlements in the workplace related to their gender or caring status. Throughout many of the participants' employment journeys, there were instances where their intersectional identities exacerbated the situation, but disability was the primary focus when advocating for their rights and needs. One possible explanation for this could be employers' limited knowledge and understanding of their responsibilities regarding disability, as compared to gender and caring responsibilities. This may also reflect the reactive and individualised approach to reasonable adjustments,

in contrast to other areas of employer responsibility that are typically addressed through established policies and processes.

The importance of line manager and colleague support at work

The literature consistently shows that the role of line managers and colleagues is key to inclusivity in the workplace. While survey respondents tended to share negative experiences of obtaining adjustments in the workplace in their open text responses, there were several positive responses indicating existing good practice. As set out in the Appendix, a measure was created using the survey responses to indicate how supportive a workplace the respondent felt they had. 35.4% (n=624) of respondents were found to be in a 'high support' workplace, 34.1% in 'medium support' workplaces and 30.4% in 'low support' workplaces. This means that those classed as being in a high support workplace either strongly agreed or agreed with all of the following statements:

- My line manager was fully aware of their legal responsibilities in providing reasonable adjustments.
- My line manager responded quickly to address my access needs at work.
- My line manager has told me to take it easy when I was having problems.
- My colleagues are supportive and help accommodate my needs.
- If I struggle with my work, my colleagues have been willing to help.

Differences were found when comparing these levels of support with the question, 'When you asked for reasonable adjustments, did you feel your disability, impairment or condition was doubted by your employer?'. Fig. 7 shows that 65.3% of those with low support answered 'yes' to this question compared to only 11.8% and 29.1% of those with high and medium support workplaces respectively. Following this, Fig. 8 shows

differences in confidence in requesting new adjustments should access needs change, for example, 82.4% of those in high support workplaces would be confident compared to 25.8% in those with low support.

Figure 7: Feelings that condition/impairment was doubted by employer (n=624)

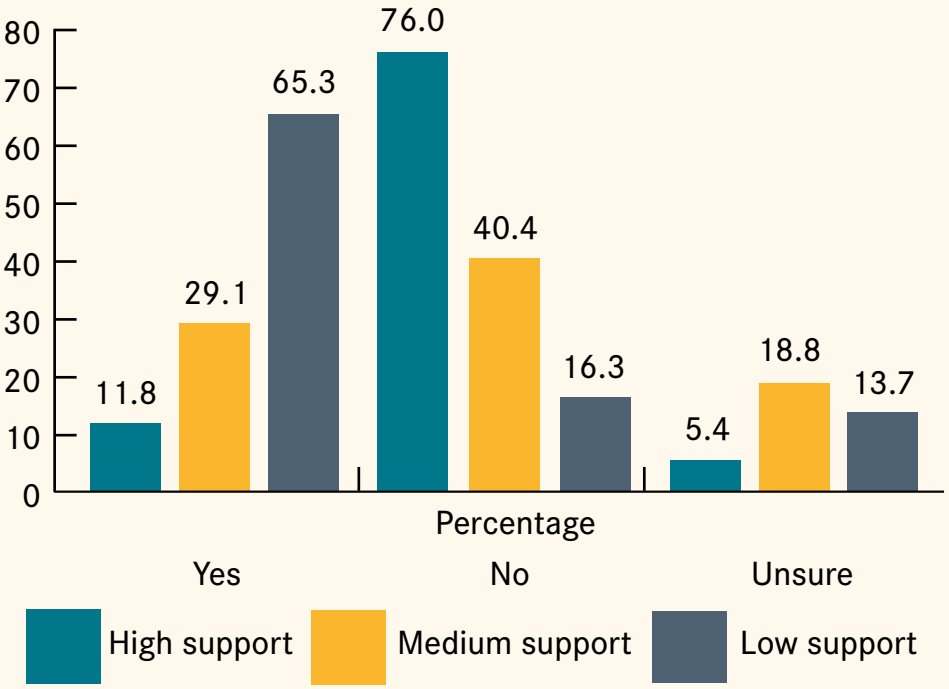


Image description: bar chart titled 'Feelings that condition/ impairment was doubted by employer'. Categories shown are high support, medium support, and low support. Those with low support were more likely to report feeling their condition/impairment was doubted by their employer.

Figure 8: If your access needs changed would you be confident in asking your employer to put these new adjustments in place? (n=624)

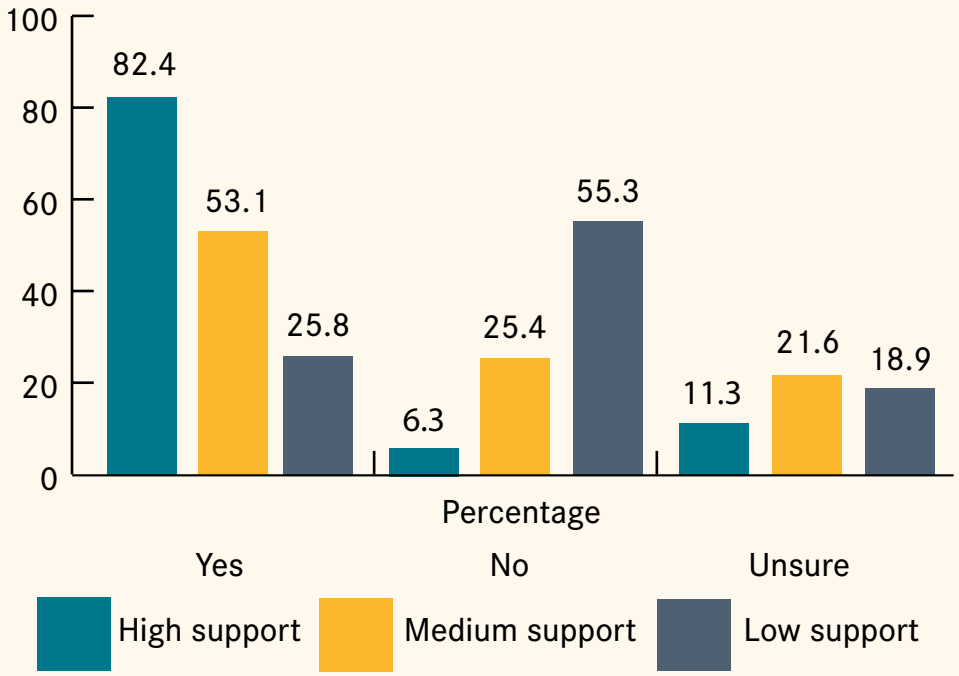


Image description: bar chart titled 'If your access needs changed would you be confident in asking your employer to put these new adjustments in place?'. Categories shown are high support, medium support, and low support. Those with high support were most likely to feel confident asking their employer for new reasonable adjustments should their access needs change.

This underscores the importance of supportive line management, which was echoed in the interview and focus group findings. Good line management was associated with increased disability awareness and understanding and managers who had their employees' best interests at heart, who, as one participant described, "would back you up." Compassionate and flexible line management was also key, with participants sharing instances where their managers were actively

responsive and proactive regarding their wellbeing, encouraging them to leave work to rest or seek medical attention.

Yet, as shown in the survey findings, supportive line managers and colleagues were found in only a third of respondents' workplaces, with differences by condition/impairment type (as also suggested in earlier sections) evident in the analysis. This suggests that employers may be better at supporting employees with certain impairments. Those with health conditions appeared more likely than those without to rate their workplace as high support, whereas neurodivergent respondents were more likely than to rate it as medium or low support. Those in workplaces with medium or low support were more likely to have negative experiences, as shown in the following sections.

Impact of not having access needs met

Unsurprisingly, the results suggest that not having access needs met in a timely manner is likely to reduce employee efficiency. For example, of the 324 respondents who experienced delays in having their access needs met, the most cited impact of this was doing their job at a much slower pace (52%) or not able to do all parts of their job (28%) (Fig. 9 below). The implications of this in terms of employee performance and progression are discussed further below.

Figure 9: Impact of delay in having access needs met (n=324)

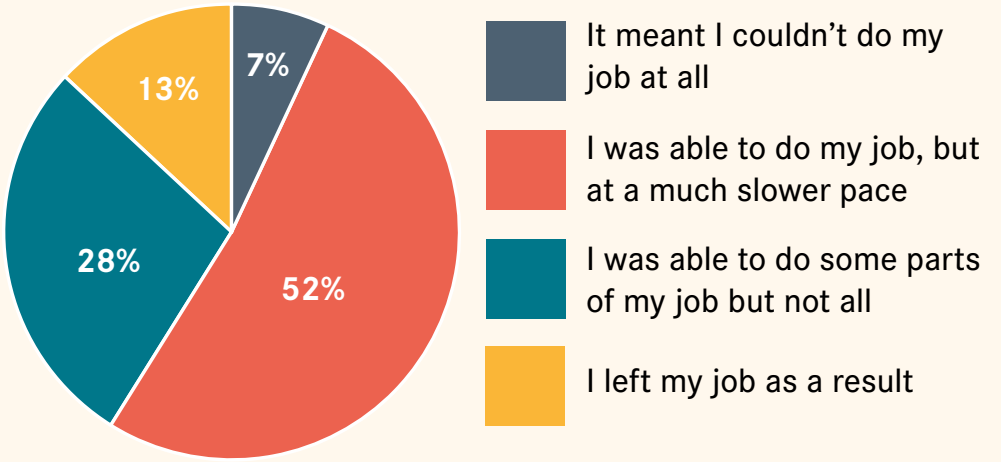


Image description: pie chart titled 'Impact of delay in having access needs met'. Categories shown are: it meant I couldn't do my job at all; I was able to do my job, but at a much slower pace; I was able to do some parts of my job but not all; and I left my job, as a result. 52% of respondents selected that they were able to do their job but at a much slower pace.

Flexible working

Responses around flexible working availability were generally positive (see Appendix), for example, 69% of the 420 who answered this question strongly agreed or agreed that they currently had access to a variety of flexible working options. However, the availability of flexible working, a key component of enabling disabled people to access and remain in work, appears to vary for the disabled women in the sample, showing differences by occupational group. For example, those in the caring, service and elementary occupational groups had the lowest level of agreement with the statement that a range of flexible working was available to them (Fig.10 below).

Figure 10: Agreement that flexible working is available to me by occupational group (n=411)

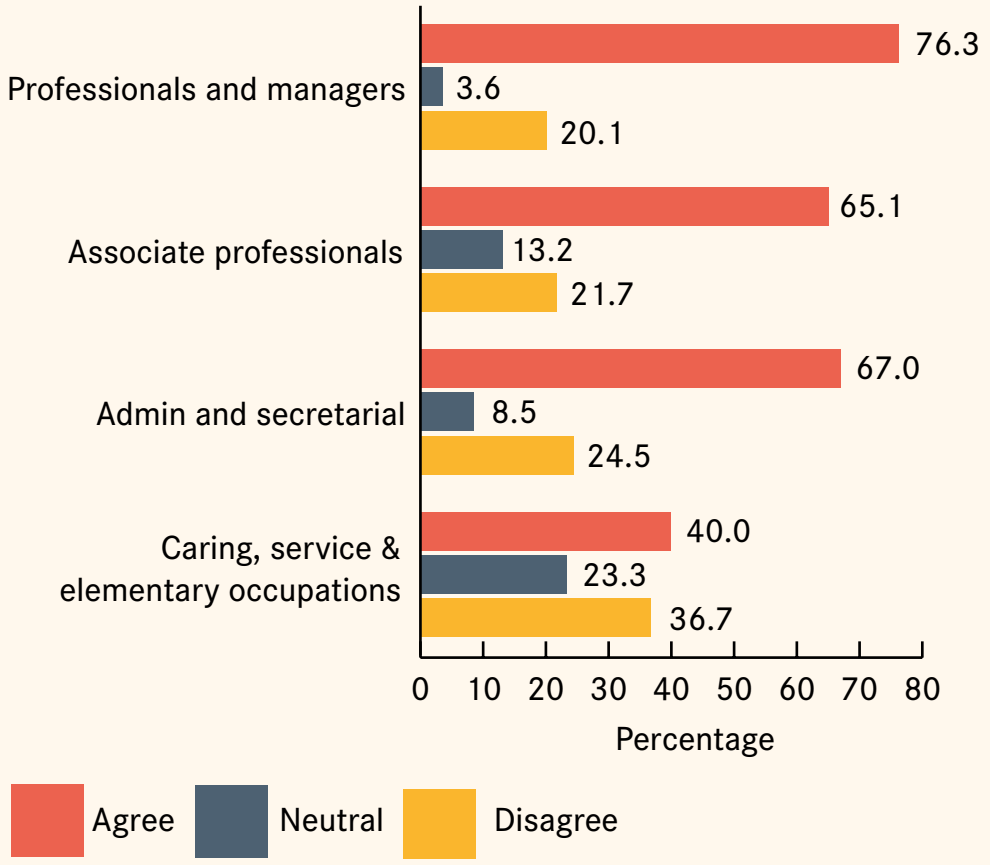


Image description: bar chart titled 'Agreement that flexible working is available to me by occupational group'. Categories shown are: professionals and managers, associate professionals, admin and secretarial, and caring, service and elementary occupations. Those in caring, service and elementary occupations are significantly less likely to agree that flexible working arrangements are available to them.

Respondents with mental health or mobility-related impairments, and those with three or more impairments, were more likely to be employed in caring, service or elementary roles than in other occupational groups. The following quotes highlight experiences of survey respondents working

in these types of occupations who, due to the nature of their roles, often do not have access to regular remote working and/or are required to do physically demanding work.

> "When discussing the adjustment of working one afternoon a week from home, one of my managers said it's not reasonable as my coworkers would be jealous of me." **(survey respondent, long-term health condition, mental health condition, mobility-related impairment)**

> "...my supervisor...manager...knew my condition...kept giving me all hard jobs...i.e. clearing and emptying big fridge freezers loaded with food...cleaning floors...supposed to be a cleaning rota...I just kept getting hard jobs." **(survey respondent, mobility-related impairment)**

> "I was working as an early years practitioner... they made no adjustments and if I refused to, say, change a nappy on the floor I was made to feel bad." **(survey respondent, hearing-related impairment, long-term health condition, mental health condition, mobility-related impairment, neurodivergent)**

Flexible working opportunities are a key part of providing reasonable adjustments, or an alternative (for example, reduced hours) if reasonable adjustments are not put in place:

> "I asked for reasonable adjustments and they only offered me very limited options thus resulting in me reducing hours at work ... they disregarded my letter from the GP." **(survey respondent, neurodivergent)**

> "Due to the overwhelming tiredness that comes with my condition, my employer has agreed that I can work from home for the foreseeable future." (**survey respondent, long-term health condition**)

Turning to the experiences of the interview participants, remote work and adaptable schedules were seen as essential for managing health conditions, supporting mental wellbeing, and balancing caregiving responsibilities. Participants valued the autonomy to structure their workday, such as starting earlier or later, and the ability to work from home, which allowed them to control their environment and reduce the stress of commuting. For some, this flexibility also supported their access needs, including the ability to work with personal assistants or manage sensory sensitivities in a more predictable setting. However, despite the clear advantages, several participants encountered barriers to accessing or maintaining flexible work. Some reported that remote work, although advertised, was restricted by probationary periods or inconsistently applied policies. Others expressed anxiety about the potential withdrawal of these arrangements, especially when managers failed to understand their ongoing importance. Open-plan offices and hot-desking were also cited as particularly challenging for those with anxiety or sensory sensitivities.

Training and development opportunities

80% of the 249 respondents who answered this section indicated that they had been able to access training and development opportunities in their role. However, as might be expected, participation levels were shaped by respondents' experiences of disability, with both positive and negative examples shared, which can be seen in Table 3 below and the survey open text responses.

Table 3: Training and development experiences (n=192)	
Statement	% who strongly agreed or agreed
My condition/impairment affects how I participate in training and development opportunities.	70.3%
My condition/impairment prevents me from attending training and development opportunities as much as I would like.	55.2%
There are a range of training and development opportunities, and I can do these within my usual working hours.	58.9%
I can choose to take part in training and development opportunities either in person or remotely to suit my circumstances.	58.3%
My line manager helps me identify suitable training and development opportunities.	42.7%
There are specific training and development opportunities for me because I'm disabled.	7.3%
My employer provides training and development opportunities, but they're held outside my working hours.	17.2%

Within the open text comments, many respondents mentioned the support (or lack thereof) from managers or employers. This includes funding, encouragement, and assistance in accessing training.

Respondents shared how training (or the lack of it) affected their mental health, energy levels, and overall wellbeing. Some responses highlighted

experiences of exclusion, bias, or being treated unfairly due to their condition/impairment or other factors. There was however recognition that more online opportunities helped address some of the limitations of in-person training. The following quotes illustrate these themes:

> "Training opportunities don't consider disabilities enough, e.g. access/parking at buildings, starting times being far too early." **(survey respondent, long-term health condition, mental health condition)**

> "Currently still a lot of training opportunities are held in the office... I cannot put myself forward for these as the office is inaccessible." **(survey respondent with mobility-related impairment)**

> "Simple accommodations such as providing handouts/slides... have either not been available or not provided when requested." **(survey respondent, neurodivergent)**

> "My previous employer made no attempt to help me when it came to training. I cannot stand, but he refused to let me sit or get a seat as the rest of the employees had to stand so I was made to." **(survey respondent, mobility-related impairment)**

> "While most of my co-workers were required to do [name of qualification] in person, I've been allowed to do a remote course around my health." **(survey respondent with long-term health condition, mental health condition)**

It is worth noting that this section received the fewest responses of all survey sections, with a higher proportion of professional and managerial staff participating compared to those in caring and service roles. While this does not imply that training and development are unimportant to disabled women, it may indicate that more immediate concerns, such as securing and sustaining employment, take precedence. This is also a theme in the following section.

Career progression opportunities

The factors affecting progression present a complex picture which will be specific to the organisational context, position and funding available, and also how disability and race intersect with other oppressions.

Only 17% of respondents felt that their employer provided clear opportunities for them to progress at work, with 58% strongly agreeing or agreeing with the statement 'I feel my non-disabled colleagues have more access to promotion opportunities than I do' (n=238). Open text comments that highlighted that progression challenges related to conditions/impairments were linked to the need for reasonable adjustments, concern about retaining adjustments, and a lack of time to dedicate to progression, for example:

> "I am too scared to progress as I find recruitment so triggering for my mental health." **(survey respondent, long-term health condition, mental health conditions, neurodivergent)**

> "I don't feel there would be any adjustments for my mental health for the processes required to progress." **(survey respondent, mental health condition)**

> "Progression feels difficult due to biases against working from home. I'm very cautious about potentially moving to a new role/area where I have to fight for my adjustments again." **(survey respondent, long-term health condition, mental health condition, mobility-related impairment)**

> "There are opportunities for me to progress at my work, but I would have to be on site in the office more frequently which adversely affects dealing with my [health condition]." **(survey respondent, long-term health condition)**

> “There are opportunities to progress but not with the reasonable adjustments I need to do the job.” **(survey respondent, mobility-related impairment)**

> “As a disabled person, I also need a lot of time to rest, attend medical appointments, and participate in essential therapies and I don’t get any time for that - so when am I supposed to work on my career progression or development?” **(survey respondent, long-term health condition, mental health condition, neurodivergent)**

(Fragmented) employment histories and career journeys

The interviews provided a useful source of data in understanding the overall career journeys (often fragmented) of the participants, which highlight intersectional inequalities from education to retirement. Many participants described early educational experiences that undermined their confidence, with some being pressured into unsuitable career paths due to low expectations or lack of support. These early challenges often had long-lasting effects on their self esteem and career decisions.

A recurring theme was the necessity of taking jobs out of survival rather than choice, often in precarious or low-paid roles. Participants encountered discrimination based on disability, gender, and race, which limited their access to meaningful employment and advancement. Some sectors, such as the third sector, were seen as more inclusive but offered lower pay and fewer opportunities for progression. Voluntary and unpaid work was common, with many contributing significantly to their communities without compensation. This lack of recognition further highlighted the undervaluing of their skills and labour.

Re-entering the workforce after breaks due to the impact of conditions/impairments or caregiving was particularly difficult. One participant explained:

> "I looked at [name of programme], but because I was in a minimum wage job rather than unemployed, I was ineligible. The programme required six months of unemployment to access, so I couldn't get employability support, even though I was underemployed. It felt like a Catch-22 situation." **(interview participant, long-term health condition alongside other impairment types)**

Even those who had reached senior roles faced setbacks once their conditions became known, experiencing exclusion and a loss of trust.

Adding to this already complex picture may be the timing of the acquisition of impairments/conditions. This was difficult to explore through the survey and interview data. However, future research could examine this further, as findings from the exploratory focus groups suggested different workplace experiences depending on when respondents first acquired their impairment or condition. For example, young disabled women trying to enter the workplace for the first time are likely to need a different type of support compared to more experienced women who acquired their impairment or condition later in their careers.

Overall, the data suggest that disabled women risk being 'trapped' in certain jobs or roles due to persisting barriers linked to access to and progression within the workplace.

Perceptions of co-workers

Many respondents answered that they had felt judged because of their impairment/condition. With 29% (n=291) saying they felt this judgement came from their manager, 36% (n=359) from colleagues and 10% (n=98) from customers. The impact of being judged led to feelings of:

- Skills and experience are undervalued (34% agreed).
- Feel like been treated as if less intelligent (26% agreed).
- Feel that I am not as capable as colleagues (33% agreed).

These themes were also evident in the interviews:

> "I can do my job... I don't need people to tell me, I've worked here 19 years but every time there's someone new, they feel like they need to tell me what to do again." **(focus group participant, condition/ impairment details not shared)**

> "It doesn't mean I can do the same level of work as other as someone who is sighted... pressured to work faster, like everyone." **(interview participant, visual impairment)**

> "My line managers were good, but my colleagues (who had the same role as me) were less understanding. They told me how me being off sick adds stress to the team... my colleagues made the work environment unpleasant." **(interview participant, long-term health condition among other impairment types)**

Pressures to perform

Of the 647 respondents to this survey section, 52% had had their performance questioned at work because of attitudes toward their impairment/condition, and 16% were involved in a formal performance review with 36% in an informal review. Further, 81% (n=525) had felt the need to overcompensate or work harder at their job to prove that they were as capable/productive as colleagues, which was also a theme coming out of the interviews and focus group. As one person explained, "You have to doubly demonstrate [your ability]; mediocre men have got things that women somehow missed out on, and there's that additional layer of disability on it." She added that this pressure is compounded for people of colour, who are often taught from a young age that they must be 'better than the rest' due to the systemic advantages afforded to others.

Experiencing multiple impairments or health conditions was also associated with these outcomes (Fig 11 below); those with three or more conditions reported the highest levels of feeling the need to overcompensate and of having their performance questioned.

Figure 11: Pressure to perform by number of conditions and/or impairments (n=639)

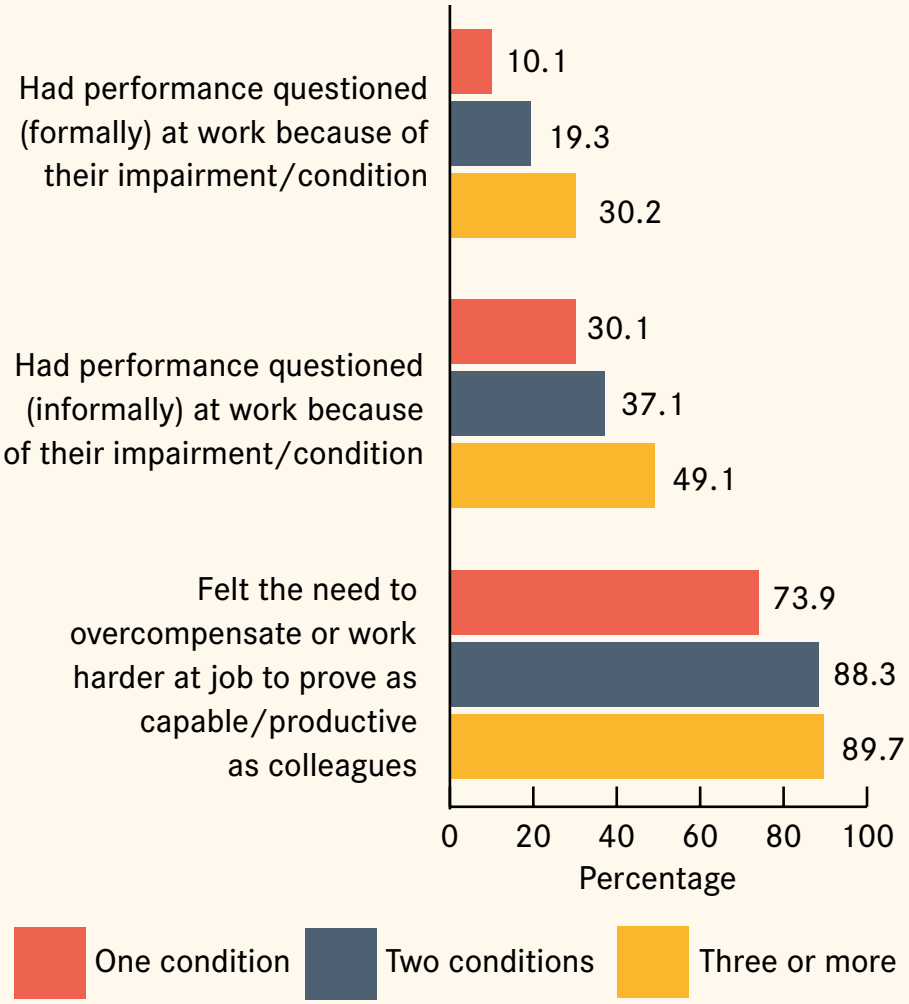


Image description: bar chart titled 'Pressure to perform by number of conditions and/or impairments'. Categories shown are: had performance questioned (formally) at work because of their impairment/condition; had performance questioned (informally) at work because of their impairment/condition; and felt the need to overcompensate or work harder at job to prove as capable/productive as colleagues. Those with three or more conditions and/or impairments had the highest rates of agreement across all categories.

The themes identified in the open text responses supported these findings:

Colleagues not believing/doubts

> "As if my condition wasn't real" (**survey respondent, long-term health condition, mobility-related impairment**)
>
> "I feel as though some people have not taken my condition seriously due to being the youngest in the department" (**survey respondent, long-term health condition, mental health condition, mobility-related impairment**)

Judgements around competence/feeling like an inconvenience

> "Embarrassed that I'm not always as competent as my colleagues" (**survey respondent, hearing impairment, long-term health condition**)
>
> "I felt like the weakest link in the team and was never asked to lead bits of work" (**survey respondent, long-term health condition, mobility-related impairment, neurodivergent**)
>
> "I have been made to feel a burden and not a team player" (**survey respondent, mobility-related impairment**)
>
> "Attitude of resentment and judgement from colleagues when returning from sick leave" (**survey respondent, mental health condition, neurodivergent**)
>
> "Called lazy" (**survey respondent, long-term health condition, mental health condition**)

Perceptions of senior management and business leaders were not explored in the survey but are also likely to be relevant. Those in senior positions are often involved in assessing and monitoring employee performance (such as using productivity data) yet may lack contextual information, for example around disabilities and reasonable adjustments. This may also influence feelings of a pressure to perform and is something that should be considered further by employers.

Mental and physical harm

This was a key theme emerging from the exploratory focus groups, which included experiences of mental and physical harm as a direct result of not having reasonable adjustments in place, or having to fight for adjustments; harm caused by institutional barriers, processes, and procedures; harm related to the need to over perform or work longer/harder to achieve expected productivity; and victimisation and bullying directly as a result of raising grievances or concerns.

The survey results support this, with 73.1% of respondents answering 'yes' to 'Have you ever experienced physical or mental harm at work?' (Fig. 12). For the survey purposes, physical harm was defined as injury or sickness, with mental harm including worsening or new mental health conditions such as anxiety, depression, and stress. Racially minoritised women were more likely to feel this way (although the small group sizes here mean these results should be interpreted with caution).

Figure 12: Have you ever experienced physical or mental harm at work? (n=647)

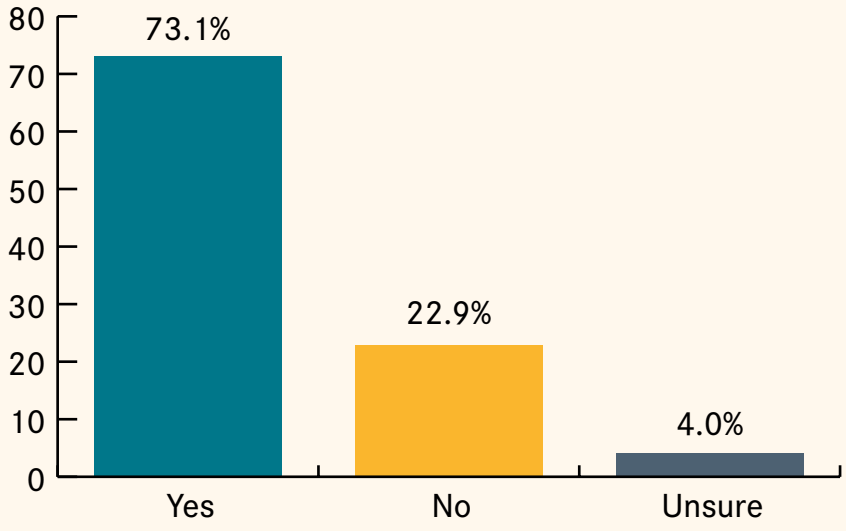


Image description: bar chart titled 'Have you ever experienced physical or mental harm at work?'. Categories shown are yes, no, and unsure. 73.1% of respondents reported experiencing physical or mental harm at work.

Further, when asked if they had experienced bullying, harassment, or victimisation in the workplace, 44% answered 'yes' (Fig.13), with 83% of this group feeling that their experiences had either worsened their condition/impairment and/or also resulted in them experiencing new or worsened health problems. Of these, while 57% reported it, the majority (over 80%) were dissatisfied with how their report was handled.

Figure 13: Have you experienced bullying, harassment or victimisation in the workplace? (n=647)

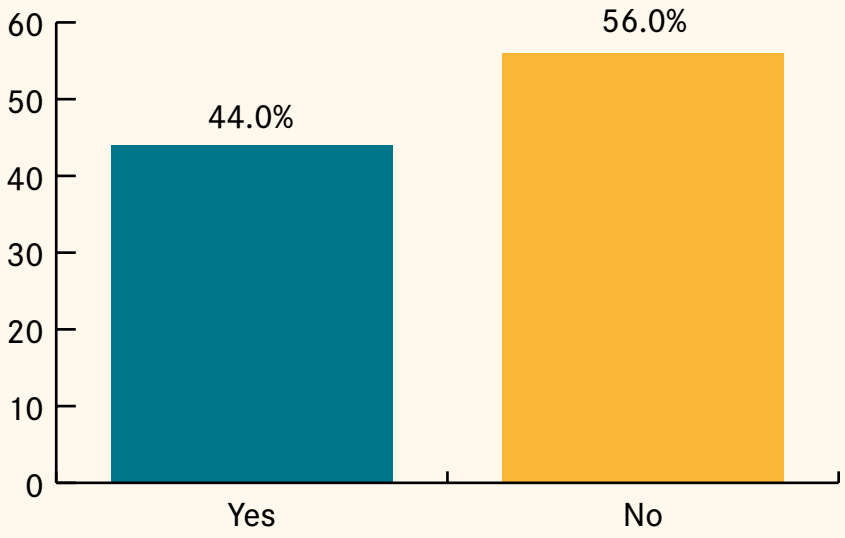


Image description: bar chart titled 'Have you experienced bullying, harassment, or victimisation in the workplace?'. Categories shown are yes and no. 56% of respondents have not experienced bullying, harassment, or victimisation in the workplace.

Dissatisfaction included feeling that there had not been any consequences for the person who discriminated against them (71%), feeling that their report did not result in any change (51%), and feeling that they had been treated more negatively and/or unfairly since reporting (38%). Open text responses indicated respondents had experienced harassment and bullying from managers which they felt was not always taken seriously by their employer. Key themes here were a

lack of confidence in employer reporting systems, inadequate reporting procedures, and inaction from employers:

> "Very unsure if instances will be taken seriously/support offered if reported." (**survey respondent, long-term health condition**)

> "It made me feel unsure whether to report it as I have reported stuff in the past and may be considered 'a pest' by management." (**survey respondent, mental health condition**)

> "I reported being harassed by a colleague. This was not taken seriously." (**survey respondent, long-term health condition**)

Indeed, for the 125 respondents who chose not to report the bullying, harassment, or victimisation, the most common reason for not reporting was that they did not think it would make a difference or they thought it would make the situation worse (92%).

Violence against women both in and outside the workplace

For the purposes of the survey, Violence Against Women (VAW) was defined as including domestic abuse, rape and sexual assault, sexual harassment, stalking, or 'honour-based' abuse. A substantial proportion of the survey respondents had experienced VAW (Fig.14) and the most common type experienced was sexual harassment (Fig.14a).

Differences by condition/impairment type were found. Women with mental health conditions and neurodivergent women appeared more likely to have experience of VAW compared to those who did not have that condition. For example, of those with a mental health condition, 74.4% said they had experienced VAW compared to 52.6% of those who did not report this condition. Similarly, of those with neurodivergence, 77.6% said they had experienced VAW compared to 52.7% of those who were not neurodivergent. No differences by ethnicity were found.

Figure 14: Have you ever experienced a form of Violence Against Women at work or outside the workplace? (n=606)

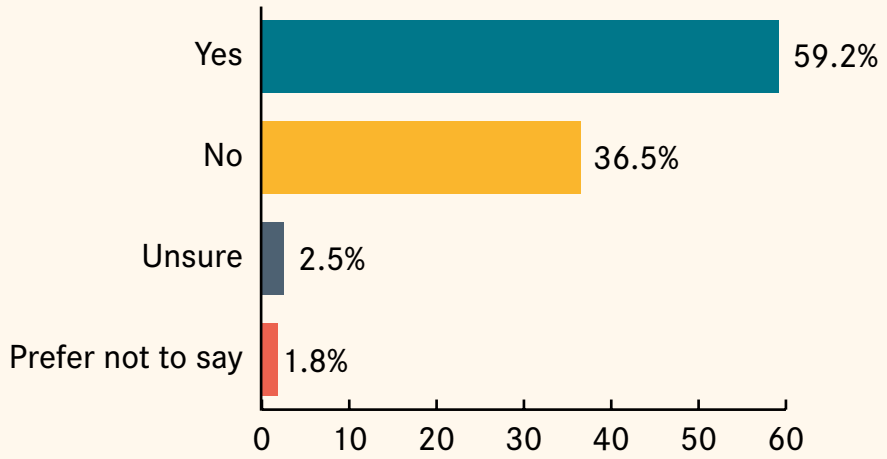


Image description: bar chart titled 'Have you ever experienced a form of Violence Against Women at work or outside the workplace'. Categories shown are yes, no, unsure, and prefer not to say. 59.2% of respondents have experienced a form of Violence Against Women at work or outside the workplace.

Figure 14a: Have you ever experienced the following? (n=588)

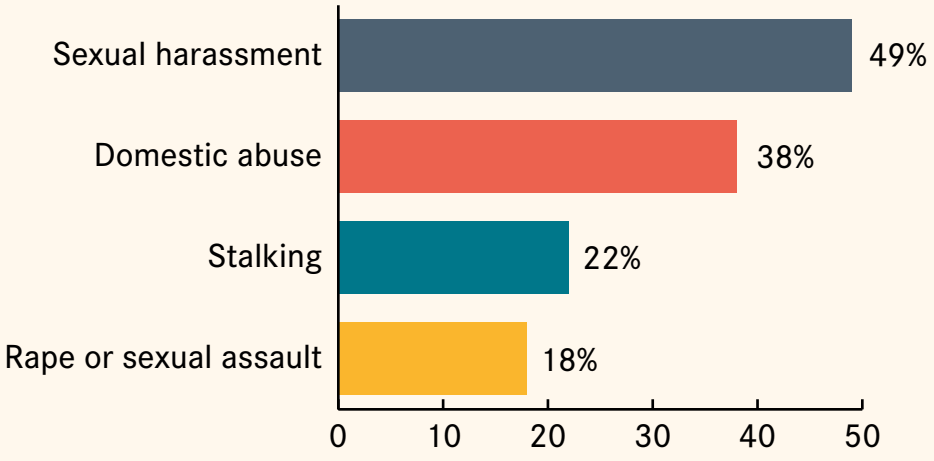


Image description: bar chart titled 'Have you ever experienced the following?'. Categories shown are: sexual harassment, domestic abuse, stalking, and rape or sexual assault. 49% of respondents have experienced sexual harassment.

Respondents were also asked about their experiences of different types of unwanted sexual behaviour, which most commonly included hearing comments about other women/women in general and unwelcome jokes of a sexual nature (Table 4).

Table 4: Have you ever experienced the following types of unwanted sexual behaviour? (n=599)	
Type of unwanted sexual behaviour	% who had experienced this
Hearing comments of a sexual nature about other women/women in general	56%
Unwelcome jokes of a sexual nature	53%
Unwelcome sexual advances	45%
Unwanted touching	42%
Feel uncomfortable alone with a colleague	40%
Threats or intimidation	27%
Receiving unwanted messages with material of a sexual nature by email or on social media	27%
Forced to watch/listen to sexually graphic material	10%

Of the 376 respondents who experienced VAW, only 11% made a formal report to their employer (45% told their employer or a colleague informally and 44% didn't tell anybody). As set out in the review of existing evidence in section 3, research suggests that disabled women find it difficult to complain to employers who had not sufficiently met agreed reasonable adjustments, that is, disabled women did not have a relationship of trust with managers and this prevented them from seeking support. Exploring this in the survey data suggests a pattern, in that those working in high support workplaces were slightly more likely to tell their employer or a colleague than those in medium/low support workplaces. Exploring differences by condition/impairment type, a higher proportion of neurodivergent respondents were less likely to tell their employer/a colleague than those with other types of conditions/impairments.

As also set out in the review of existing evidence, a lack of awareness of these signs could make employers take disciplinary action or overlook women for opportunities due to perceived underperformance. Using the survey data to explore this further suggests that, of those who have experienced VAW, 62% (n=198) have had their performance questioned at work compared to only 35.8% (n=120) of those who have not experienced VAW (Fig.15).

Figure 15: Have you ever had your performance questioned, by experiences of VAW (n=505)

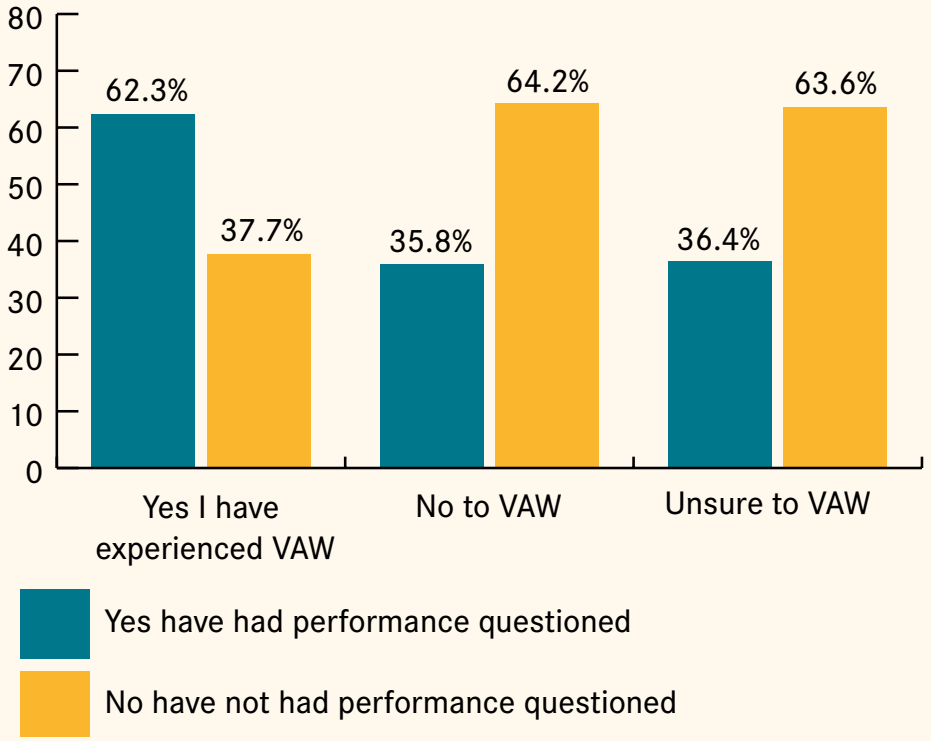


Image description: bar chart titled 'Have you ever had your performance questioned, by experiences of VAW'. Categories shown are: yes I have experienced VAW; no to VAW; and unsure to VAW. 64.2% of respondents who have not experienced VAW have not had their performance questioned, while 62.3% of those who have experienced VAW have had their performance questioned.

Survey respondents were asked about how their experiences of VAW had affected them, which prompted a high number of open text responses. These highlighted the impact of VAW with respondents reporting feeling anxious, uncomfortable, and isolated as a result. Several respondents indicated their experiences affected their attendance at work or meant they left the workplace altogether. The following quotes illustrate this and highlight the long-lasting impact that VAW has on disabled women's

mental health and labour market participation (regardless of whether this happened in or outside of work). This is also linked to the above theme of perceived under-performance:

> "A feeling of being perpetually at risk, and constantly on edge for future incidents." (**survey respondent, long-term health condition**)

> "I am affected every day I feel in how these experiences have shaped my mentality and approach to work & people. I find it very hard to trust anyone and always question if they support or believe in me in a truthful way." (**survey respondent, long-term health condition**)

> "I have had to change jobs, been off sick a number of times, and felt extremely low mood wise." (**survey respondent, mental health condition, neurodivergent**)

> "I had a breakdown and had to leave my job." (**survey respondent, mobility-related impairment**)

6. Discussion

Disabled women face overlapping and compounding inequalities in the labour market. These include inaccessible recruitment, inadequate practice on reasonable adjustments, discrimination and harassment, and exclusion from progression opportunities. The burden of self-advocacy is high, especially for those with less visible or multiple conditions/impairments. Racially minoritised disabled women face intensified challenges.

Experiences vary by type and number of conditions and/or impairments. Employers may be more likely to accommodate those that are more visible or more widely recognised, such as mobility and physical impairments, while marginalising those with less visible conditions and/or impairments, including mental health conditions and neurodivergence. This reflects the 'hierarchy of impairment' where some impairments are seen as more legitimate or deserving of support than others. As a result, women with less visible impairments or conditions may choose not to disclose or face doubt and resistance when doing so. Employers must be equipped to understand the diverse nature of conditions and impairments and to respond with empathy and flexibility. Given the recent rise in mental health needs in young women, this should be a key policy priority.

Neurodivergent women in particular described recruitment processes as inaccessible, overly rigid, and poorly aligned to their strengths and communication needs. These barriers are also likely to affect women whose access needs relate to learning or communication. However, due to the small number of respondents from these groups in the survey, the scope for detailed analysis was limited. Future research should actively

engage these women using more creative and accessible methodologies, moving beyond traditional surveys and interviews to better capture their voices.

The survey sought to explore how the timing of when women acquired their condition or impairment might shape their workplace experiences. This was informed by earlier exploratory research suggesting differences, for instance, between young disabled women entering the workforce for the first time and those who became disabled later in their careers. Analysing the impact of this timing proved challenging, as over half of the survey sample reported having more than one condition or impairment and 16% had three or more, often with varying timelines of onset. This complexity highlights the challenges faced by women with multiple impairments or conditions in accessing, sustaining, and progressing in employment - challenges that are further shaped by intersections with race, age, job seniority, career stage, and other factors such as caring responsibilities.

Racially minoritised disabled women face distinct and intensified challenges in the workplace with survey respondents reporting higher levels of discrimination during recruitment and being more likely to experience mental and physical harm at work. These findings echo broader evidence that racism and disability discrimination intersect to create unique challenges in employment, progression, and workplace safety. Although the number of racially minoritised survey respondents was small, the focus group provided deeper insight. Participants described a lack of trust in employers, particularly around disclosure and support, and shared experiences of being judged, undervalued, and excluded. Some reported that their access needs being dismissed or deprioritised.

A recurring theme in the findings is the disproportionate responsibility placed on disabled women to advocate for their own support in the workplace. Many participants described the emotional and practical

labour of educating employers, navigating complex systems, and repeatedly articulating their needs. Managing impairments and conditions is already demanding and, in employment contexts, this advocacy becomes an additional layer of work - one that is often invisible and undervalued. The expectation to self-advocate is especially burdensome for those with fluctuating or less visible impairments, and for women who may lack organisational power or confidence to challenge norms, such as those in junior roles or with communication access needs.

The need for self-advocacy also reflects broader patterns of disadvantage across the life course. From early educational experiences shaped by low expectations to fragmented employment histories influenced by health and caring responsibilities, disabled women face cumulative barriers that limit career progression. Training and development opportunities are often constrained and concerns about losing reasonable adjustments can leave women 'trapped' in certain roles, affecting pay, personal development, and wellbeing. These inequalities are compounded by systemic failures including inaccessible employability programmes and ineffective reporting mechanisms, which leave disabled women vulnerable to exclusion, harm, and underemployment. Policymakers must recognise that self-advocacy is not a substitute for structural support. Employers must take proactive responsibility for creating inclusive cultures, reducing reliance on individual resilience, and addressing inequalities at every stage of the employment journey. There is a need for a deeper understanding of, and responsiveness to, intersecting inequalities and the compounding disadvantage this produces.

Limitations exist with the survey sample which provides details of the labour market experiences of disabled women who may, overall, be in relatively better employment positions than many disabled women in Scotland. Regardless, the survey data demonstrates valuable insight into disabled women's experiences which was previously lacking, while the interviews and focus group add meaning and understanding to the survey results.

Overall, the findings identify multiple, intersecting inequalities that disabled women face in accessing, sustaining, and progressing in employment, which reflect the themes identified in existing literature. Employer failures to meet access needs, a lack of inclusive practices, and widespread experiences of harm, discrimination, and VAW underscore the need for structural reform to ensure disabled women can participate fully and fairly in the workforce.

7. Recommendations

The findings of this research reveal the depth of inequality that disabled women face in Scotland's labour market, and the urgent need for systemic change. Policy failings, poor employer practice, and weak accountability have allowed discrimination to persist unchecked. The following recommendations set out what must change so that disabled women can access, sustain, and progress in good-quality work.

Recommendations for policymakers

Scottish Government should:

1. Centre disabled women in the new Child Poverty Delivery Plan, and design and implement targeted interventions that will reduce the higher level of poverty disabled women and their children face.

2. Design and deliver tailored employability support for disabled women that is accessible, flexible, appropriate to skill level, and that proactively challenges occupational segregation and provides good-quality employment opportunities.

3. Use regulation 11 of the Public Sector Equality Duty to direct public bodies to develop equality outcomes to tackle the causes of disabled women's inequality in the workplace.

4. Improve the range of intersectional data to better understand and reflect disabled women's experiences of employment, upskilling and reskilling, employability programmes, childcare and social care, education, and self-employment.

5. Prioritise fair work for disabled women in the delivery of the Fair Work Action Plan, and ensure that the inequalities they face in employment are core to future fair work policy.

6. Ensure that work on addressing economic inactivity is gender and disability competent and recognises disabled women's experiences of ill health and caring, and design targeted action to tackle the barriers they face in entering and sustaining employment.

7. Redesign employment injuries assistance, centring disabled women's experiences of workplace injury, illness and disease, and ensure that they can access the support they need to stay in, or return to, work.

8. Deliver a programme of training to build disability and gender competence in Scottish Government policy officials and analysts to ensure that disabled women's experiences are core to policymaking.

9. Ensure that the next phase of the Women's Health Plan prioritises the needs of disabled women so that they can access high-quality healthcare services when needed, including mental health support and public health screening, to enable them to participate in the labour market.

10. Set out a clear timeline for implementing the commitment to scrap non-residential social care charges.

UK Government should:

1. Reverse all planned cuts to the Access to Work programme, and take immediate action to address the backlog and fast track urgent cases.

2. Invest in reform of Access to Work processes, co-designed with disabled people and key stakeholders, which recognises the diversity of the modern labour market, including hybrid working and freelance work.

3. Introduce mandatory disability pay gap action plans for employers, with a requirement to report on progress, to drive employer action beyond reporting data.

4. Strengthen employer accountability on reasonable adjustments by requiring employers to notify employees of a decision on reasonable adjustment within two weeks of an application. Adjustments could include providing flexible working, giving written rather than verbal instructions, and installing assistive software.

Recommendations for employers

1. Work with trade unions to review employment policy and practice around disabled women's experiences to identify where barriers are preventing them from accessing, and progressing in, the workplace.

2. Build capacity in senior leaders, HR, and line managers on the intersection of disability and gender, key considerations for different conditions and impairments, and on the specific barriers disabled women face in accessing, and progressing in, work.

3. Ensure senior leaders visibly foster workplace culture that builds trust with disabled women staff, challenges stigma, and demonstrates that disability is a priority for the organisation.

4. Develop accessible recruitment practice including training for hiring managers on inclusive, accessible interviews, providing clear communication and advance access to interview questions, and giving constructive feedback to unsuccessful applicants.

5. Develop accessible and inclusive career development planning for disabled women staff to support their progression.

6. Work with disabled people's organisations and specialists on

disability equality to provide training for line managers on providing reasonable adjustments.

7. Introduce a reasonable adjustments passport to ensure that disabled women have consistent access to the support they need in the organisation.

8. Record disability-related sick leave separately from other sick leave to avoid triggering absence management processes which disproportionately affect disabled women who may have a higher level of absence because of their impairment.

9. Review formal and informal performance management practice to identify where disabled women may be disproportionately and unfairly affected.

10. Gather and analyse intersectional data on performance management, disciplinaries, and VAW to identify patterns in disabled women's experiences.

11. Review bullying and harassment policies to include specific information and provisions on sexual harassment, and disability-related bullying and harassment, and seek views from disabled women staff on the effectiveness of the complaint reporting system.

12. Embed anti-racism practice across all disability and gender equality measures to ensure the overlapping impact of racism, sexism, and disability discrimination is recognised and racially minoritised disabled women are not left behind.

13. Provide flexible working at all levels to support disabled women to do their job well and to manage their health and any caring roles they have, and ensure that availability of flexible working is included in job adverts.

14. Have a 'default yes' approach to flexible working requests to accommodate disabled women's needs, including providing remote and hybrid working as a reasonable adjustment.

15. Provide accessible, flexible training and development including remote, part-time, or self-paced learning to allow disabled women to upskill and progress.

16. Line managers should ensure that communication with direct reports is clear and concise, and agree with neurodivergent employees how best to communicate and work together.

17. Recognise that menopause symptoms can meet the legal definition of disability, and can also exacerbate existing conditions/impairments, therefore workplace menopause support should be disability competent.

18. Join the Equally Safe at Work[71] community of practice to build knowledge and practice on supporting disabled women who are victim-survivors of VAW.

19. Use Close the Gap's Think Business, Think Equality[72] resource to get a tailored action plan that will help tackle the inequalities disabled women face in the organisation.

[71] Equally Safe at Work is Close the Gap's employer accreditation programme. It is designed to enable employers to develop improved gender-competent employment practice and prevent violence against women and girls (VAWG). See www.equallysafeatwork.scot

[72] Close the Gap's Think Business, Think Equality is an online self-assessment resource that enables smaller employers to identify and tackle the causes of women's workplace inequality in their organisation. See www.thinkbusinessthinkequality.org.uk

Recommendations for trade unions

1. Build capacity in trade union reps on disabled women workers' experiences and rights, and on securing reasonable adjustments.

2. Prioritise disabled women's workplace equality in the bargaining agenda, and work with employers to review policies and practice including flexible working, performance management, reasonable adjustments, development, and sexual harassment.

3. Work with employers to ensure disabled women's needs are centred in both gender pay gap and disability pay gap reporting and related action plans.

4. Make achieving accessible workplace environments, policies, and communications a trade union priority, and hold employers to account for meeting accessibility standards.

5. Trades councils should enable disabled women members' activism by making reasonable adjustments.

8. Glossary of terms

Diversity

The recognition and valuing of difference, in its broadest sense. It is about creating a culture and practices that recognise, respect, value and harness difference for the benefit of service users, members of the public and employees.

Disability

The Equality Act (2010) defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities.

'Substantial' is more than minor or trivial, for example it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more, for example a breathing condition that develops as a result of a lung infection.

Social model of disability

The social model of disability is a way of viewing the world, developed by disabled people. The model says that people are disabled by barriers in society, not by their impairment or condition. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people cannot do certain things. Removing these barriers creates equality and offers disabled people more independence, choice, and control.

Domestic abuse

Domestic abuse can be perpetrated by partners or ex partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape), and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money, and other types of controlling behaviour such as isolation from family or friends).

Equality

Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities, and opportunities will not depend on whether they are a woman or a man. Gender equality means that the interests, needs, and priorities of both women and men are taken into consideration – recognising the diversity of different groups of women and men.

Gender

Refers to roles, attitudes, values, and behaviours that men and women are encouraged and enabled to adopt by society. These characteristics can vary depending on the society around us. For example, historically, gender role stereotyping would suggest that women should look after children at home while men go to work in the formal labour market.

'Honour-based' abuse

So-called 'honour-based' abuse is a form of violence and abuse that is committed to protect family and community honour. It is the belief that family and community honour is rooted in women's behaviour, appearance, and sexuality, and is to be guarded by men.

Impairment

Impairment is a characteristic, feature, or attribute within an individual which is long term and may be the result of disease, genetics, or injury and may:

- Affect that individual's appearance.
- Affect the function of that individual's mind or body, either because of or regardless of society.
- Cause pain or fatigue, affect communication, or reduce consciousness.

This covers people with learning difficulties, physical impairments, sensory impairments, facial disfigurement, speech impairment, mental illness, and mental distress. Impairment neither causes nor justifies disability; rather, people with impairments experience disabling barriers, and they may also face other forms of oppression simultaneously.

Intersectionality

An intersectional analysis means recognising that that women are not a homogenous group and do not experience inequality in the same way. Different groups of women experience multiple, intersecting inequalities and discriminations that overlap and combine to create different levels of inequality.

For example, sexism, racism, and Islamophobia together shape racially minoritised Muslim women's experiences of inequality and discrimination.

Occupational segregation

Refers to the clustering of men and women into different types of work (horizontal segregation) and into different levels of work (vertical segregation).

Rape and sexual assault

Rape and sexual assault can be defined as any behaviour of a sexual nature which is unwanted and that takes place without consent or understanding. Sexual assault covers other sexual contact and behaviour that is unwanted, ranging from touching to any other activity if it is sexual in nature.

Sexual harassment

Sexual harassment is unwanted conduct of a sexual nature which is intended to, or has the effect of, violating a person's dignity or creating an intimidating, hostile, degrading, humiliating, or offensive environment.

Stalking

Stalking is persistent and unwanted attention that aims to curtail freedom. It is defined as two or more incidents of behaviour directed towards a victim-survivor which causes physical or psychological harm, or fear for the safety of the victim-survivor.

Undervaluation

In economics, the undervaluation of 'women's work' means that there is evidence of lower returns to women's productive characteristics. In practical terms, this means that work which is typically done by women tends to be poorly valued and underpaid.

Violence against women

Violence against women is a violation of a women's human rights and an enduring social problem that undermines workplaces and communities. VAW encompasses (but is not limited to):

- physical, sexual, and psychological violence including domestic abuse, rape, and incest;
- sexual harassment, bullying, and intimidation in any public or private space, including work;

- commercial sexual exploitation, including prostitution, pornography, and trafficking;
- child sexual abuse, including familial sexual abuse, child sexual exploitation, and online abuse; and
- so called ‘honour based’ violence, including dowry related violence, female genital mutilation, forced and child marriages, and ‘honour’ crimes.

Victim-survivor

The term victim-survivor is used to capture that individuals experiencing VAW can be both victim and survivor. Victims are often portrayed as helpless, powerless, or passive in contrast to survivors who are active, heroic, and resourceful. However, the terms used separately don’t capture the experience of VAW or the external factors that affect women’s ability to leave.

Appendix

Table A1: Characteristics of the sample (n=720)	
Employment status	
Currently employed	87.7%
Currently self-employed	2.4%
Not employed or self-employed	9.9%
Sector	
Public sector	88.7%
Private sector	4.0%
Third/voluntary sector	**7.3%**
Working hours	
Less than 8 hrs pw	0.5%
9 to 15 hrs pw	3.7%
16-24 hrs pw	11.3%
25-34 hrs pw	16.5%
35 hrs plus pw	68.1%
Age	
18-25	3.1%
26-45	41.2%
46-64	52.8%
65+	2.9%

Caring responsibilities	
For a child	26.0%
For an adult	17.6%
None	56.4%
Is a line manager	
Yes	28.9%
No	71.1%
Ethnicity	
White	94.8%
Non-white	5.2%
Sexual orientation	
Heterosexual	81.4%
LGB+	18.6%
Annual household income	
Up to £30k	23.9%
£30-50k	32.6%
£50-70k	18.8%
£70k+	24.7%
Education	
School leaver or Further Education	33.9%
Higher Education including degree	37.5%
Professional qualifications	28.6%

Occupational group	
Professionals and managers	37.8%
Associate professionals	26.9%
Admin and secretarial	25.4%
Caring and service, sales, skilled trade & elementary occupations	9.9%

Line manager and colleague support

The five questions in table A2 below were combined into a single measure to indicate 'workplace support level' which was divided into three categories: high, medium, and low support. This combined analysis is shown in table A3. A low support workplace means that the respondent either strongly disagreed or disagreed or to all the above five questions; 30% of respondents fell into this category. Related analysis is presented in the main body report.

Table A2: Line manager and colleagues' support (n=624)	
Statement	% of respondents who strongly agreed or agreed
My line manager was fully aware of their legal responsibilities in providing reasonable adjustments.	61.9%
My line manager responded quickly to address my access needs at work.	52.1%
My line manager has told me to take it easy when I was having problems.	55.0%
My colleagues are supportive and help accommodate my needs.	57.1%
If I struggle with my work, my colleagues have been willing to help.	44.2%

Flexible working

Table A3: Combined questions in a total score to indicate how supportive a workplace (n=624)	
High support workplace	35.4%
Medium support workplace	34.1%
Low support workplace	30.4%

Table A4: Flexible working (n=420)	
Statement	% who strongly agree or agree
I currently have access to a variety of flexible working options.	69%
My organisation has a clear policy showing what is and isn't available in relation to flexible working.	65%
My manager proactively asks me about improving the flexibility of my job.	27%
I feel comfortable asking for more flexible working.	50%
The process of asking for flexible working options is accessible.	56%
Flexible working is not available for the type of job I do.	13%
I don't know if flexible working is an option for me.	9%
Have you ever made a request for flexible working? (n=420)	
Yes, accepted	54%
Yes, rejected	13%
No	30%
I didn't know I could	4%

Did you feel that your flexible working request was refused because of discrimination? (n=57)	
Yes	70%
No	30%

Charts

Chart 1a: Employment status by number of number of conditions/impairments (n=894)

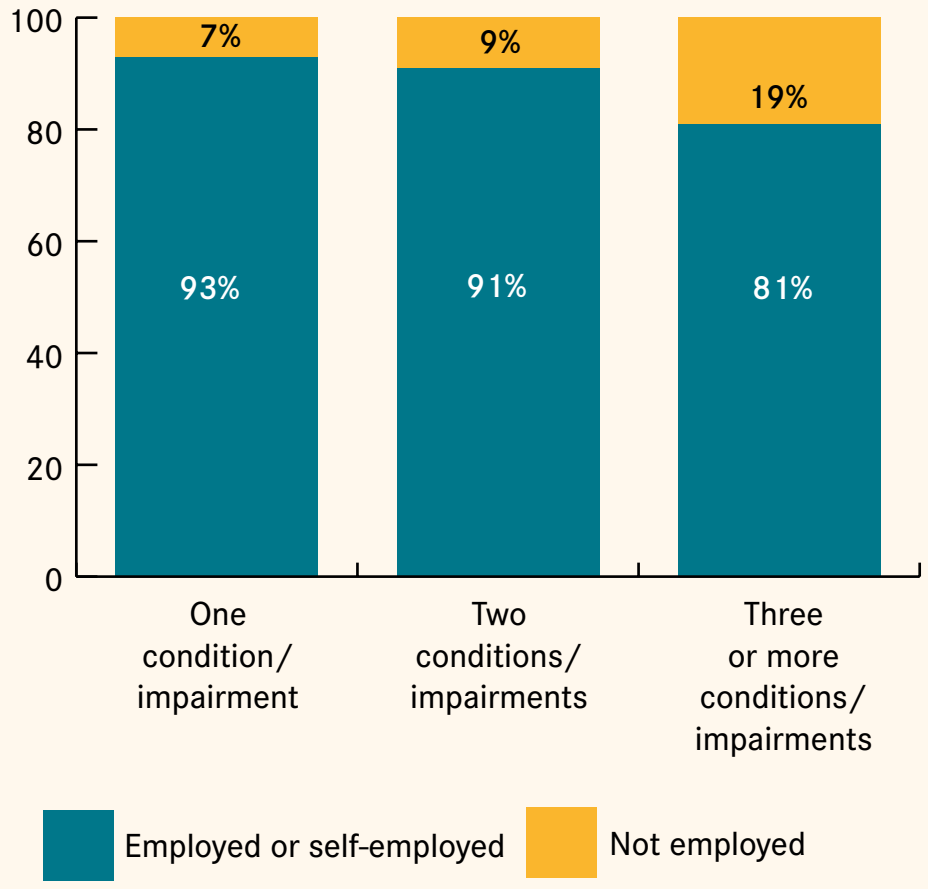


Image description: stacked bar chart titled 'Employment status by number of conditions/impairments'. Categories show are employed or self employed, and not employed. 81% of those with three or more conditions/impairments are employed compared to 93% of those with one condition/impairment.

Chart 1b: Hours worked per week by number of impairments/ conditions (n=894)

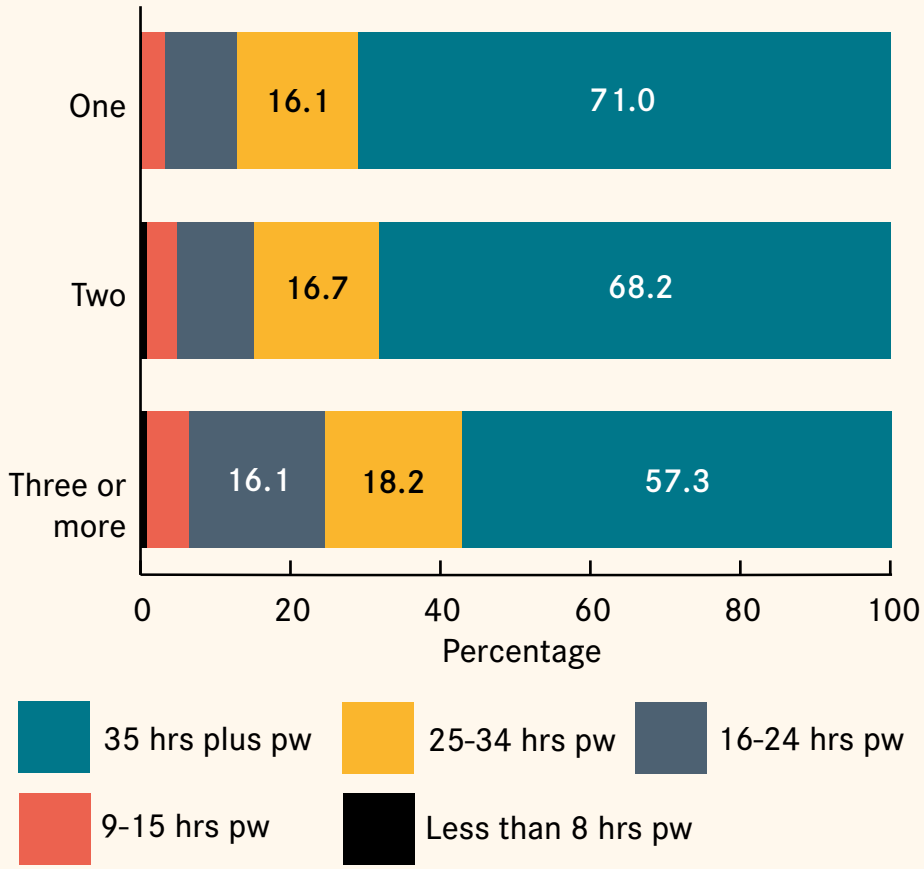


Image description: stacked bar chart titled 'Hours worked per week by number of impairments/conditions'. Categories shown are: less than 8 hours per week, 9 to 15 hours per week, 16 to 24 hours per week, 25 to 34 hours per week, and 35 hours plus per week. 57.3% of those with three or more conditions/impairments worked 35 hours per week or over compared to 71% of those with one condition.

Acknowledgements

Close the Gap would like to thank the following individuals and organisations whose work and support made this research possible.

Zara Todd, who designed and facilitated the focus groups and interviews with women, and provided valuable expertise to help shape the project.

Tasnim Hassan, who designed and facilitated the focus groups and interviews with women, and whose helpful expertise and comments informed the final report.

Dr Joanna Wilson and Amanney Omami from the Q-Step Centre at Manchester Metropolitan University, who advised on the survey design, analysed the survey, and contributed to the final research findings.

Any remaining errors are our own.

Branch Social Research, who produced an early literature review which informed this work.

People First, for supporting the research and facilitating engagement with their membership.

Karen Wylie at Glasgow Disability Alliance, Toni Valbonesi at Inclusion Scotland, Carol Wood from the STUC Disabled Workers Committee, Catriona Stewart from The Wedge, and Rachel Thomson from the STUC whose helpful advice and comments shaped the research recommendations.

Special thanks to Glasgow Disability Alliance for supporting this research and its launch event.

Finally, we would very much like to thank the women who participated in this research for sharing their experiences.

Close the Gap works in Scotland on women's labour market participation. We work with policymakers, employers and unions to influence and enable action that will address the causes of women's inequality at work.

Close the Gap
166 Buchanan Street
Glasgow
G1 2LW

+44 (0)141 572 4730
email: info@closethegap.org.uk
www.closethegap.org.uk

closethegap.org.uk
Close the Gap

Close the Gap

Published November 2025