



Scotland Disabled Members

HEALTH AND DISABILITY IN THE WORKPLACE SURVEY

Report

28 January 2026

FOREWORD

This report presents the findings of the Health and Disability Survey of UNISON members in Scotland and sets out clear actions for UNISON Scotland's Disabled Members Committee in response.

The survey highlights issues relating to disability identification, workplace experience, and engagement with UNISON support, alongside evidence of discrimination and inconsistent workplace practices at work, and barriers to participation within UNISON.

The recommendations focus on strengthening UNISON Scotland's organising and campaigning activity, encouraging disability self-identification, improving engagement with members and stewards, and moving towards collective approaches that challenge systemic workplace issues.

Together, the findings provide a strong evidence base to inform Committee priorities and deliver meaningful improvements for members with health conditions and disabilities.

CONTENTS

Methodology		1
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Analysis	1. <i>Public Service Group</i>	1
	2. <i>Disability</i>	2
	3. <i>Reason for Non-disclosure</i>	2
	4. <i>Reasonable Adjustments</i>	3
	5. <i>Discrimination</i>	4
	6. <i>Seeking Help</i>	4
	7. <i>Why Members would not go to UNISON</i>	5
	8. <i>Member Participation</i>	5
	9. <i>Barriers to Participation</i>	6
	10. <i>What would help at Work</i>	7

Findings	1. <i>Public Sector Employment Context</i>	7
	2. <i>Prevalence of Long-term Health Conditions</i>	7
	3. <i>Disability Identification Gap</i>	7
	4. <i>Disclosure Challenges</i>	7
	5. <i>Understanding of Reasonable Adjustments</i>	8
	6. <i>Discrimination at Work</i>	8
	7. <i>Engagement with UNISON</i>	8
	8. <i>Participation Appetite and Barriers</i>	8
	9. <i>Workplace Support Priorities</i>	8

Lived Experiences		9
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Conclusions		10
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Recommendations	1. <i>Recruiting and Supporting Disabled Members</i>	10
	2. <i>Organising and Campaigning on Workplace Issues</i>	10
	3. <i>Improving Engagement with Members</i>	11
	4. <i>Strengthening Steward Engagement and Capability</i>	11
	5. <i>Encouraging Activism and Participation</i>	12
	6. <i>Monitoring and Accountability</i>	12

Summary		12
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Key Messages		13
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METHODOLOGY

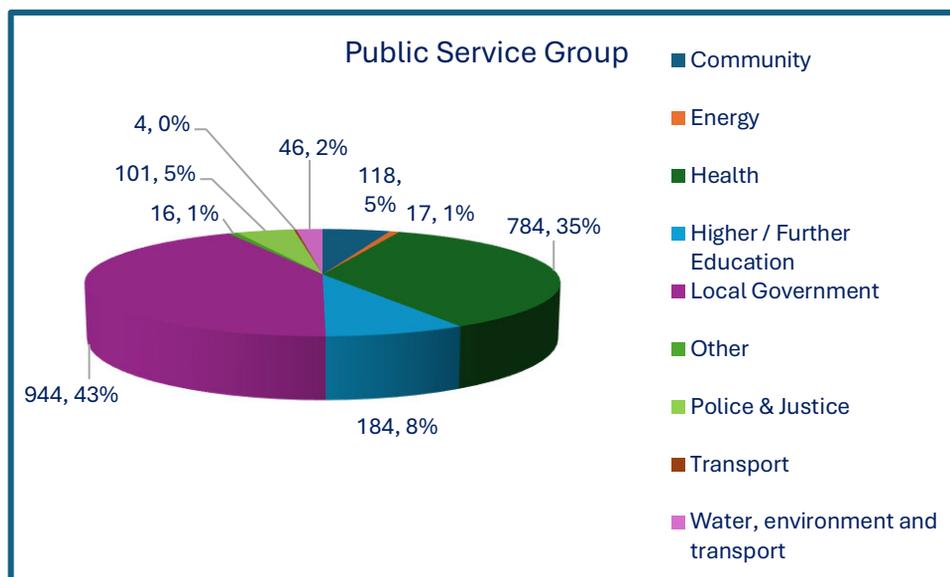
- The Health and Disability Survey was open to all UNISON members in paid employment in Scotland and ran from 11 August to 30 September 2025.
- The survey was framed as a 'health' survey. It was completed online and responses were anonymous.
- In total, 2,222 responses were received. Eight responses from retired members were removed, leaving 2,214 responses included in the analysis. Some questions allowed multiple answers, so totals may be higher than the number of respondents.
- The survey asked about health and disability, workplace experiences, and engagement with UNISON in Scotland. Disability-related questions were based on the Equality Act 2010 definition. Responses were analysed using percentages, and written comments were grouped into common themes.

A 'physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'
[Equality Act 2010]

ANALYSIS

1. Public Service Group

Respondents were asked what service sector they worked in. [n = 2,214]



- 78% (1,728) of respondents worked in Local Government or Health service.

2. Disability

Respondents were asked questions to assess whether they met the legal definition of disability. [n = 2,214]

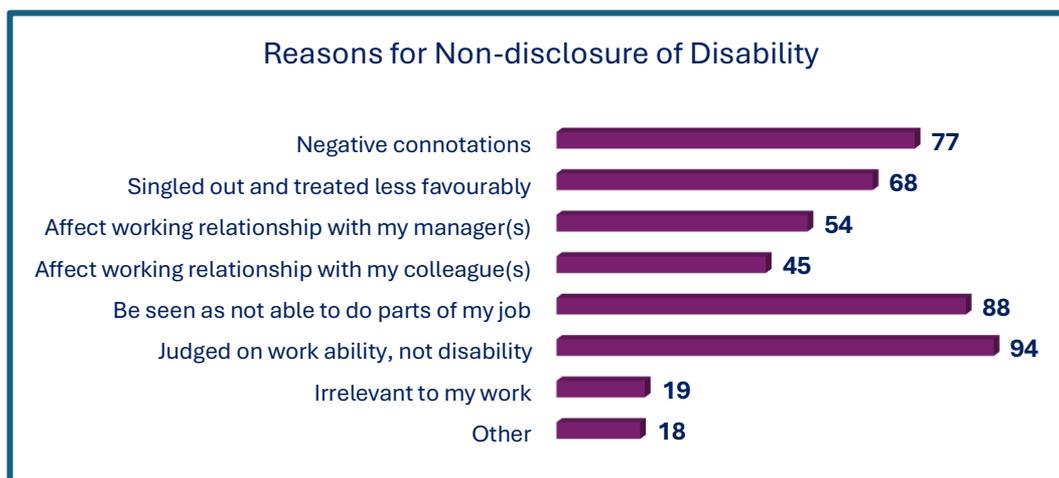


- 2,117 respondents have a longstanding health problem, of these 95% (2,013) said it had a substantial impact on their daily life.
- Of those whose health problem had a substantial adverse impact on their daily lives, 69% (1,393) identified as disabled.
- 31% (620) of respondents did not identify as disabled despite their health issue(s) meeting the definition of disability.

3. Reasons for Non-disclosure

Respondents were asked if they would disclose their disability to their employer. [n = 1,432]

Of the 65% (1,432) that responded, 9% (129) would not disclose.



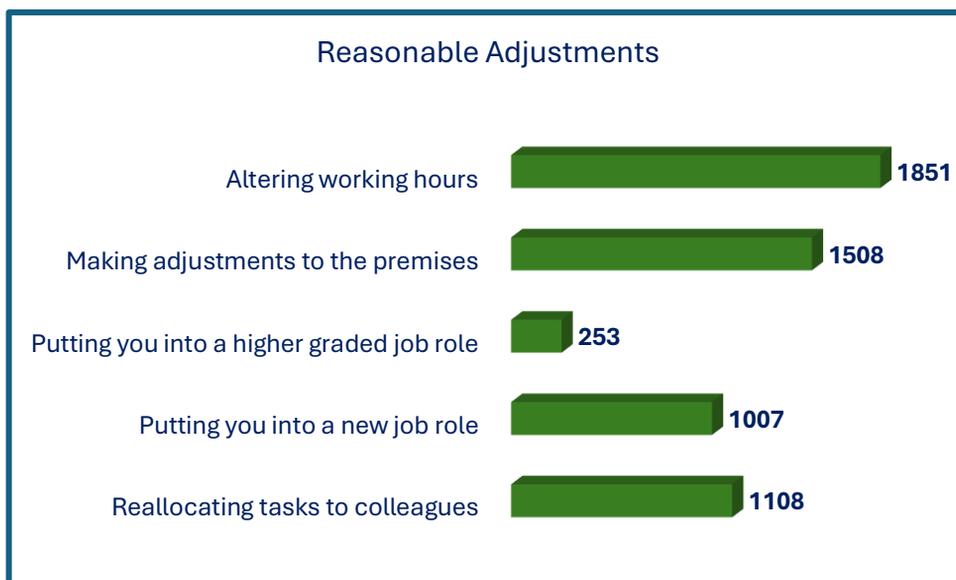
- Reasons for non-disclosure included [*n* = 129]:
 - 73% (94) wanted to be judged on their ability, and not their disability.
 - Reasons for non-disclosure related to stigma and organisational culture due to connotations and attitudes.

4. Reasonable Adjustments



Reasonable adjustments are changes made by an employer to help a disabled worker overcome a significant disadvantage they face at work due to their disability.

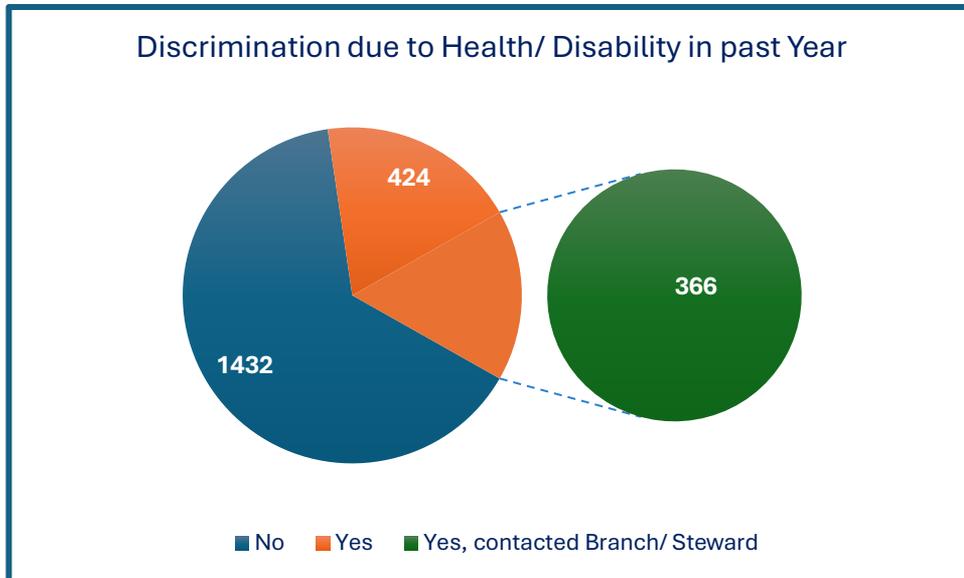
Respondents were asked what changes they felt were Reasonable Adjustments. [*n* = 2,214]



- Respondents believed that altering working hours (84%, 1,851) and adjusting premises (68%, 1,508) were reasonable adjustments.
- Half of respondents believed that reallocating tasks to colleagues (50%, 1,108) and putting a disabled person into a new job role (45%, 1,007) were reasonable adjustments.
- However, while 45% of respondents felt putting a disabled member of staff into a new job role may be a reasonable adjustment, only 11% (253) believed that it was reasonable that the role was of a higher grade. This is despite the fact that employers are able to consider redeployment into a role of a higher grade as a reasonable adjustment [*Archibald v Fife Council, 2004 House of Lords - Archibald (Appellant) v. Fife Council (Respondents) (Scotland)*]

5. Discrimination

Respondents were asked if they had experienced discrimination in their workplace due to health problems or disability in the last 12 months. [n = 2,214]



- 36% (790) of respondents believed they had been discriminated against because of health or disability in the past 12 months, of these 46% (366) made contact with their UNISON steward or branch for support.

6. Seeking Help

Respondents were asked who in UNISON they would approach if they had a work problem related to health or disability and needed help. [n = 2,214]



- 48% (1,067) of respondents would approach their local steward if they needed help.
- Despite being a UNISON member 10% (220) of respondents would *not* contact the union if they needed help.
- 30% (673) of respondents are aware there is a regional disabled members committee.

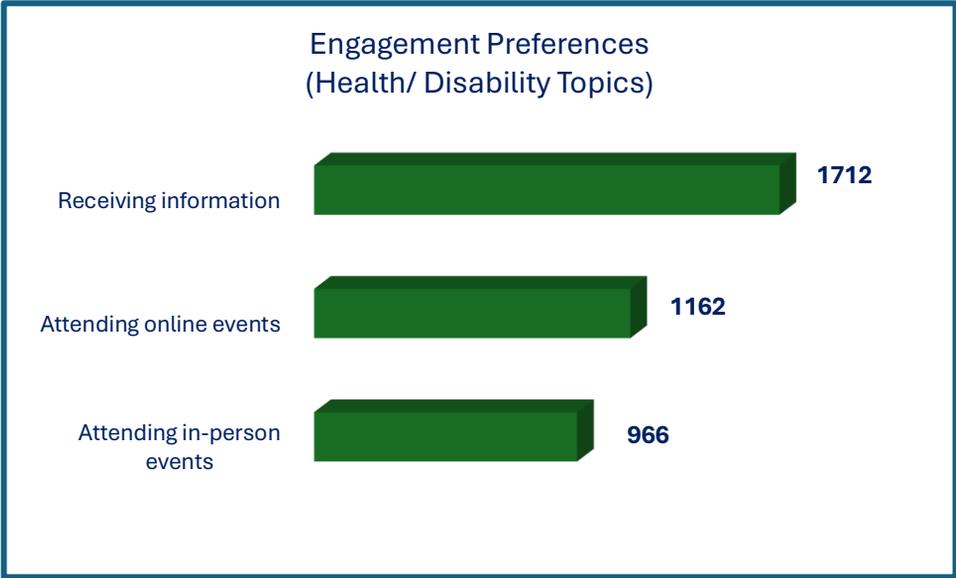
7. Why members would not go to UNISON

Respondents were asked why they would not approach UNISON if they needed help. [n = 220]

- 3% (65) of respondents were unsure who to contact.
- Other reasons included:
 - A bad previous experience where they did not feel supported or UNISON failed to reply.
 - They did not know they *could* contact UNISON.
 - They preferred to approach their supervisor or manager, employer support network, or a healthcare professional.
 - They were hesitant to ask.

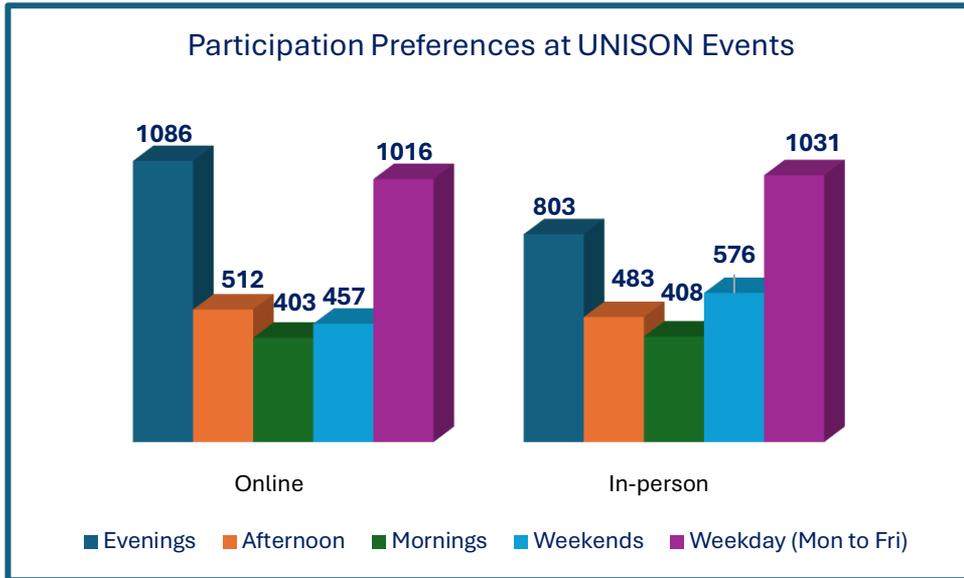
8. Member Participation

Respondents were asked their preference(s) in how they engaged with UNISON on health and disability subjects. [n = 2,214]



- 77% (1,712) respondents wished to receive information on health and disability topics.
- 52% (1,162) would attend online events, and 44% (966) would attend in-person events.

Respondents were asked their preferences regarding online versus in person events, and preferences over the time of day events were held. [n = 2,214]



- Preferences for online and in-person events were comparable.
- For online events 46% (1,016) preferred a weekday daytime to a weekend (21%, 457).
- For in-person events 47% (1,031) preferred a weekday daytime to a weekend (26%, 576).
- Evenings were the most popular time to participate: 49% (1,086) of respondents preferred online events in the evening; 36% (803), in-person.

9. Barriers to Participation

Respondents were asked to identify any barriers to participation in events. [n = 2,214]



- 58% (1,284) of respondents stated the greatest barrier to participation was time off during working hours.
- Some barriers related to personal difficulties including childcare (13%, 296), finance (25%, 555), and travel/transport (30%, 665).
- Other barriers were identified including health, accessibility and venue-related barriers, location, personal commitments outside of work time, and other factors.

10. What would help at Work?

Respondents were asked what one thing would help them most at work. [*n* = 2,007]

Respondents believed the following supports would most improve their working lives:

- Flexible Working Arrangements
- Workplace Adjustments and Accommodations
- Management and Organisational Understanding
- Workload and Job Role Adjustments
- Workplace Environment and Facilities
- Support and Recognition
- Policy and Procedure Changes
- Union and Advocacy Support
- Training and Awareness
- Health and Safety Enhancements
- Emotional and Psychological Support

FINDINGS

1. Public Sector Employment Context

The survey captured 2,214 responses from UNISON members in Scotland, with three-quarters employed in Local Government or the Health Service. The findings are strongly relevant to public sector workplace practices and cultures.

2. Prevalence of Long-term Health Conditions

While the survey was labelled as a health survey, it was completed primarily among members with health problems, which were overwhelmingly long-term (2,117) and having a substantial adverse impact on daily life for 95% of affected members (2,013).

3. Disability Identification Gap

Despite meeting the legal definition of disability:

- Only two-thirds of affected members identified as disabled.
- The remainder did not, and reported barriers such as lack of awareness, stigma, or reluctance to adopt the label, among the reasons.

4. Disclosure Challenges

A minority of members would not disclose their disability to an employer. Non-disclosure is primarily driven by:

- Desire to be judged on ability rather than disability.
- Concerns about stigma, organisational culture, and negative attitudes.

5. Understanding of Reasonable Adjustments

Members broadly recognise common adjustments as reasonable (e.g., altered working hours and premises adjustments). Awareness is more limited for adjustments such as redeployment into higher-graded roles, despite legal precedent allowing this.

6. Discrimination at Work

Discrimination related to health or disability is experienced by a substantial number of members. While some seek union support, many do not, indicating barriers to reporting and a need to strengthen trust and accessibility of support mechanisms.

7. Engagement with UNISON

Stewards are the main point of contact for support, yet some members do not reach out due to:

- Lack of awareness of contact points.
- Previous unsatisfactory experiences.
- Preference for supervisors, employer networks, or healthcare professionals.

8. Participation Appetite and Barriers

Members show strong interest in engaging with UNISON on health and disability matters. Key barriers include:

- Time off during working hours was the most significant barrier.
- Other barriers included travel, transport, childcare, health, accessibility, venue-related, and personal commitments.

9. Workplace Support Priorities

When asked what would most improve their working lives, members emphasised:

- Flexible working arrangements.
- Workplace adjustments and accommodations.
- Improved management understanding.
- Workload and job role adjustments.
- Support, recognition, and advocacy.
- Training, awareness, and emotional support

LIVED EXPERIENCES

THE FOLLOWING ANONYMISED STATEMENTS REFLECT RECURRING THEMES RAISED BY SURVEY RESPONDENTS, ILLUSTRATING THE LIVED EXPERIENCES BEHIND THE DATA.

Quotes are drawn from common themes identified in survey responses and reflect the experiences of respondents.

"Some basic empathy and human kindness from managers and personnel would go a long way."

"I don't disclose my condition because I want to be judged on my ability to do my job, not on assumptions about my health."

"I've experienced discrimination related to my health, but I wasn't confident that raising it would make a difference and I thought I would be seen to be making too much of a fuss."

"There's definitely a stigma around disability in my workplace and asking for help just singles me out."

"I wasn't sure who to contact in UNISON, so I didn't ask for help."

"I had a previous experience where I didn't feel supported, which made me reluctant to approach my branch again."

"Flexible working has made such a difference to me and has kept me in work."

"What would help most is better understanding from managers about health conditions and reasonable adjustments."

"Online events make participation possible for me in a way that in-person meetings often don't."

"My literacy isn't very good, and my autism makes it so difficult to attend events and is so tiring."

CONCLUSIONS

The survey reveals high levels of long-term health conditions, discrimination, under-disclosure of disability, and strong demand for better support (both from employers and UNISON) among members.

Engagement appetite is high, but trust, awareness, time, and accessibility remain are barriers.

Members are not asking for special treatment — they are asking for fair treatment, timely support, informed managers, and a union that has their back.

RECOMMENDATIONS

1. Recruiting and Supporting Disabled Members

Action 1

Develop and deliver a campaign to encourage members to self-identify as disabled, clearly explaining:

- Why self-identification matters
- How information will be used
- How confidentiality will be protected

Action 2

Publicise existing member-focused materials on disability and health at work, including:

- The legal definition of disability
- Rights to reasonable adjustments
- How UNISON can support members

Action 3

Ensure disability and health issues are visibly included in recruitment messaging, demonstrating UNISON's role as an advocate for disabled workers and workers with long-term health conditions

2. Organising and Campaigning on Workplace Issues

Action 4

Support branches to use the survey findings to inform bargaining and campaigning priorities, focusing on:

- Flexible working
- Reasonable adjustments
- Workload management
- Tackling discrimination related to health and disability

Action 5

Co-ordinate targeted organising activity in workplaces or sectors where:

- Discrimination is prevalent
- Adjustment processes are inconsistent
- Engagement with UNISON is low

Action 6

Support collective approaches to resolving health and disability issues, moving beyond individual casework to challenge systemic workplace practices by identifying patterns across multiple cases, joining the dots between members' experiences, and challenging employers at organisational level.

3. Improving Engagement with Members

Action 7

Improve visibility and clarity of UNISON support by:

- Clearly communicating who members should contact for help
- Explaining what support and representation involve
- Setting clear expectations around response times

Action 8

Expand accessible engagement opportunities for members, including:

- Online and hybrid events
- Varied timings, including evenings and weekdays
- Accessible formats and reasonable adjustments for participation

Action 9

Develop regular communication with members on health and disability issues, sharing:

- Rights and guidance
- Campaign updates
- Opportunities to get involved and participate

4. Strengthening Steward Engagement and Capability

Action 10

Deliver structured training for stewards on health and disability, covering:

- Equality Act duties and reasonable adjustments
- Supporting members sensitively and confidentially
- Escalation routes and complex case handling

Action 11

Provide stewards with practical tools, including:

- Clear guidance notes
- Case studies
- Referral pathways to specialist support

Action 12

Encourage stewards to actively promote:

- Disability self-identification
- Disabled members' committees and networks
- Participation in health and disability-related campaigns

5. Encouraging Activism and Participation

Action 13

Actively support and promote disabled members' structures, ensuring they are:

- Visible
- Accessible
- Integrated into wider UNISON campaigning and organising activity

Action 14

Continue to create opportunities for members with lived experience of disability to shape UNISON policy, campaigns, and negotiations, including through forums, surveys, and representative roles.

Action 15

Remove barriers to activism and participation by:

- Providing reasonable adjustments for UNISON activity
- Supporting travel, childcare, and access costs where possible
- Offering alternative ways to participate for members unable to attend in person

6. Monitoring and Accountability

Action 16

Monitor engagement, participation, and casework related to health and disability, using data to:

- Identify gaps in support
- Target organising activity
- Measure progress against the action plan

SUMMARY

These actions position UNISON in Scotland to move from reactive support to proactive organising, campaigning, and engagement on health and disability.

They aim to build trust, encourage disclosure, strengthen steward capacity, and increase activism and participation among members.

KEY MESSAGES

This survey highlights a number of consistent themes relating to the experiences of disabled workers and workers with long-term health conditions in public sector workplaces in Scotland.

- ✓ **Many workers meet the legal definition of disability but do not identify as disabled.** *A substantial proportion of respondents reported long-term health conditions with a significant impact on daily life, yet a notable number did not identify as disabled.*
- ✓ **Workplace culture influences disclosure decisions.** *Concerns about stigma, being judged on ability, and organisational attitudes remain important factors in whether workers choose to disclose a disability.*
- ✓ **Understanding of reasonable adjustments varies.** *While commonly recognised adjustments such as altered working hours are well understood, awareness of the full range of lawful adjustments is more limited.*
- ✓ **Discrimination related to health and disability remains a concern.** *Over one-third of respondents reported experiencing discrimination in the last 12 months, indicating the need for continued attention to workplace practices.*
- ✓ **Not all members seek union support when issues arise.** *Although stewards are the most common point of contact, some members do not approach UNISON due to lack of awareness, uncertainty, or previous experiences.*
- ✓ **There is strong interest in engagement on health and disability issues.** *Many members wish to receive information and participate in events, particularly where accessible and flexible formats are offered.*
- ✓ **Structural barriers limit participation.** *Time off during working hours, alongside accessibility, travel, caring responsibilities, and health-related factors, were identified as key barriers to engagement.*
- ✓ **Flexible working and workplace adjustments are central priorities.** *Respondents consistently identified flexible working arrangements, reasonable adjustments, and improved management understanding as key factors in improving working lives.*

This survey provides an evidence base to inform future recruitment, organising and campaigning around policy, engagement, and workplace practice.



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