



Supporting Diabetes in the Workplace

A Guide for Trade Union Reps

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Trade union reps face increasing challenges in the workplace supporting members with a wide range of health conditions, disability and impairments: quite often against draconian workplace policies such as sickness absence management and/or performance improvement procedures that can ultimately lead to disciplinary action being taken against the individual.

Living with diabetes can present challenges but if people are supported to self-manage their diabetes well they can live healthy, happy lives with a reduced risk of developing complications. Ensuring people with diabetes are safe and healthy at work will provide benefits not only to the individual but also to fellow staff and employers. Increased productivity reduced sick days and improved wellbeing will help create a more content, motivated workforce.

This latest guide from the STUC Disabled Workers' Committee aims to provide reps with a better understanding of diabetes and what can be done to support members with diabetes, or being newly diagnosed with the condition to manage their condition in the workplace by helping them understand:

- diabetes as a disability;
- job design and diabetes;
- how people with diabetes can be helped to manage the condition in their workplace;
- how to raise awareness of diabetes as a workplace issue and the need for adequate workplace policies for workers with the condition;
- the impact of diabetes on personal and working lives; and
- considering diabetes and pregnant members.

This guide is not designed to make trade union reps experts on diabetes but rather as a resource to help them represent members with diabetes more effectively, and signpost reps towards resources to improve their understanding of diabetes as workplace issue.

Background

There are over 285,000 people living with diabetes in Scotland. Diabetes Scotland is dedicated to ensuring that people affected by the condition are at the heart of any decision making processes regarding the care and support offered.

With a further 500,000 at high risk of developing Type 2 diabetes it would be hard to identify someone who does not have a connection with diabetes: either as someone with the condition, a family member, a teacher, health care professionals, employers and of course trade union representatives.

Diabetes is a complex condition that requires management every hour of the day to ensure people can live full and active personal, social and working lives. People living with diabetes spend the majority of their time self-managing their condition. On average, they spend only 3 hours per year with their GP, nurse or consultant.

As the condition develops, despite self-management or at times when an individual has complications related to their diabetes, the impact on the individual's capacity to perform satisfactorily in the workplace may leave the individual open to performance improvement and/or sickness absence management procedures.

In such circumstances the support of trade unions reps with the knowledge of diabetes could be crucial in protecting the individual's job.

However, trade unions and their reps also have an important role to play in highlighting issues in the work environment that may have a detrimental impact on the health and wellbeing of members with diabetes, such as workplace stress, precarious employment, refusal of time off to attend medical appointments, as well as ensuring diabetes awareness is included in any workplace health and wellbeing initiatives.

It is hoped the following information will be of use to reps in creating diabetes friendly workplaces including being able to provide more effective support to members encountering difficulties in the workplace related to their condition.

Is diabetes a disability?

Many people with diabetes do not consider themselves disabled as they live full and active lives due to their ability to self- manage the condition effectively. However individuals with diabetes can develop complications that may impact on the individual capacity to do normal everyday things, including work.

People with diabetes are covered by the definition of disability under the Equality Act and should be encouraged to consider disclosing their condition to their employer in order to ensure full protection of the legislation. This may also deter reasonable employers from subjecting members with diabetes to internal procedures such as performance or sickness absence management when there is an indication any shortfall in performance or higher incidences of absence are related to their diabetes.

Job design and diabetes

There are few jobs that individuals with diabetes cannot undertake provided their condition is managed effectively and their employers make reasonable adjustments to ensure their continued employment. This will become increasingly important as a result of the ageing workforce and individuals with diabetes to work for longer.

The Health and Safety Executive's website has two case studies of positive outcomes for workers where employers have looked at job design and made reasonable adjustments to allow workers to continue in employment: the first is in a [multi-site bakery company](#), and the other, involving a firefighter gives an account on how adjustments can be made to front line emergency personnel.

The latter example can be found in the [HSE guidance on Health and Safety for Disabled Workers and their Employers](#) and shows that with proper support workers with diabetes can function in highly pressurised roles such as front line firefighting.

Managing diabetes in the workplace?

As outlined earlier disclosing the condition provides a degree of workplace and legal protection that employers cannot ignore, although they often do.

Trade union reps can support individuals encountering difficulty in the workplace by discussing these issues with the member and ask them to identify any reasonable adjustments required to remove or reduce the risk of harm to the member's health caused by existing working conditions or arrangements.

Examples of reasonable adjustments that may be required could include:

- Providing necessary equipment to allow the member to do their job; UK Government [Access to Work](#) funding may be available
- Flexible working to accommodate the members management of the condition including diet regimes, adequate meal or snack breaks, medication and testing of blood sugar levels
- Modifying existing duties to ensure the health and wellbeing of members with diabetes does not suffer adversely as a result of working conditions e.g. removing or reducing exposure to stress in the workplace
- Identifying a suitable alternative role for individuals diagnosed with diabetes if their existing role does not allow for adequate self-management of diabetes. (This also applies for members who have disclosed diabetes to their employer but where the condition develops or complications arise that impact on the members to meet the existing demands of the role).

This list is obviously not exhaustive and reps often have a greater insight into job demands in workplaces than the job holders themselves. This can be invaluable in helping members and employers identify adequate reasonable adjustments that meet the needs of the member as well as the employer. The rep can also help counter employer's arguments that adjustments requested are unreasonable as often happens. The most common reasons are cost and business needs, both of which reps with a knowledge of diabetes, the demands of the job and an understanding of the workplace can provide vital support for their member in negotiations with the employer.

Diabetes as a workplace issue: developing policies and raising awareness of the condition

Union reps can also negotiate changes to workplace policies, practices and procedures to accommodate the needs of individuals with long term conditions or disabilities.

In the case of diabetes this could include allowing regular breaks to meet individual dietary requirements and/or ensuring sickness absence/performance improvement policies reflect the need for members with the condition to need more short to medium term absences directly related to their diabetes. Having diabetes does not necessarily make members more prone to sickness but managing the condition may require absences from work for medical appointments, attending education courses or for other matters related to their diabetes.

It should be made clear that such absences should be discounted when taking any decision to invoke disciplinary procedures due to an individual's sickness record. Similarly, drops in performance that can be directly attributed to their diabetes should be ignored when implementing performance improvement procedures, e.g. this may happen when members are in the course of changing medication.

Colleagues can also play a role in supporting members with diabetes in the workplace and reps should encourage members with the condition to be open about the condition with them.

This is a particularly sensitive area and many reps may be uncomfortable with this approach. However, it should be remembered that it is important that the members with diabetes retain control over all decisions on managing their diabetes in the workplace based on advice given by reps, occupational health and employers.

Those who manage their diabetes with insulin and specific classification of oral antidiabetic medication may be at increased risk of hypoglycaemia. Putting appropriate measures in place to be able to recognise and respond to such incidents are advisable. It is important to recognise that everyone's diabetes is different and they will not all present with the same signs and symptoms.

A useful video [*What is a hypo? How to recognise and treat a hypo*](#) can be found on the Diabetes UK website and you can use this to explain how to intervene when a colleague is having a hypo and the importance of knowing what the individual's treatment(s) are and where they can be found.

Hyperglycaemia is when the blood glucose levels are too high. There are several reasons why this may happen and treatment will be dependent on the cause of the raised blood glucose levels. Further information can be found on the Diabetes UK website, and Diabetes UK videos provide different interventions on how to lower blood levels and contains more information about the signs and symptoms ([*Diabetes UK video Hyperglycemia Symptoms and Treatment*](#))

Further information on hypo and hyper attacks can be found on the Diabetes UK [*Guide to Diabetes*](#) webpages.

The impact of diabetes on personal and working lives

Diabetes is a uniquely personal condition and the capacity to manage the condition varies from individual to individual. A diagnosis is life changing and support from family members, employers and colleagues is vital in helping people with diabetes lead full and active family and working lives.

People living with long term conditions, including diabetes, are known to be more likely to develop mental health and well-being issues such as depression and anxiety. Stress at home and in the workplace is known to impact negatively on glycaemic control and the individual's ability to self-manage.

Employers have a duty to manage workplace stress under the Health and Safety at Work Act and this is a powerful tool to use should an employer refuse to make a reasonable adjustment to eliminate or reduce the cause of stress that may harm workers with diabetes.

Members with diabetes may also suffer diabetes burnout, also known as diabetes distress, is a natural and rational response to living with a demanding, long-term condition. It's the term given when people feel frustrated, defeated and/or overwhelmed by diabetes.

People who have been managing their diabetes for a long time are more prone to diabetes burnout, but it can happen at any age as a result of the demands of living with a long-term condition.

Diabetes burnout may also have an impact on their capacity to perform in the workplace and more information can be found here [Diabetes burnout: a natural response](#)

Reps may become aware that members have diabetes when they are approached for representation in procedures being taken by the employer to improve performance or sickness absence.

Early action reps could take would be to prove that individuals are taking every possible action to manage the condition including accessing the [15 healthcare essentials](#), the minimum individuals should get from their health care team. Should a member not be getting access to adequate support from their healthcare team then reps can provide advocacy and support to encourage them to do so.

Trade union reps along with employers can work together to ensure workers are provided with time off to attend diabetes education courses. For those with a recent diagnosis of Type 2 diabetes the [Type 2 Diabetes and me](#) website is a useful resource and reps should direct members to this site, (requires log in).

For members with diabetes there are restrictions that apply in holding a driving license. However having, or being diagnosed with diabetes, neither automatically means that someone will have to give up driving, nor does it mean they cannot carry out certain jobs involving driving.

General guidance is that;

- Members with diabetes who are treated with insulin must notify the DVLA, this would normally result in the license being subject to renewal every three years;
- Members with Type 2 diabetes treated with dietetic interventions or medication do not require to inform the DVLA, although good practice would be for people with Type 2 (and their employers) to be aware of potential issues around driving with diabetes and what they can do to plan ahead;
- People treated with insulin can only hold a Group 2 license (for HGVs etc.) on a one year renewable basis and subject to a health assessment, figures show that roughly half of those applying or reapplying for a license to drive a HGV or PSV are successful.

There are potential implications for those who drive for a living and the DVLA has produced a video on [*When to inform the DVLA about your diabetes*](#). Trade union reps should encourage all members who are occupational drivers to ensure they meet their legal requirement regarding reporting health conditions to the DVLA.

Diabetes and pregnancy

Women with diabetes who are pregnant or planning to have a family will likely be having, or have had, increased health monitoring of their condition before or after conception.

Considerations for trade union reps supporting members who are pregnant include the need for additional time off for medical appointments to monitor their baby's health as well as their own including increased checking of their diabetes for complications during pregnancy.

Some women may develop [gestational diabetes](#) later in pregnancy, a condition that in most cases disappears after the baby is born. In such cases reps should review the risk assessment carried out in the early stages of the members pregnancy (if one has been) as well as supporting the member to identify any reasonable adjustments that may be required to allow the member to continue working right up until her chosen date to commence maternity leave.

Summary

This Guidance has been published using information provided by Diabetes Scotland to give trade union reps a reasonable level of knowledge of diabetes, and how it can impact on individuals in the workplace and their ability, at certain times, to function at levels demanded by employers. In many sectors more is being demanded from less and reps should be vigilant on the impact that increased workload and stress levels can have on someone with diabetes.

Diabetes is a life-long complex condition, which is very difficult to live with. How people effectively manage their condition may vary by individual and over time itself. Those struggling to manage their diabetes effectively may require additional support from reps and require signposting to additional sources of information /or professional support.

Where trade unions can make a difference for everyone with diabetes is to ensure that employers understand diabetes as a workplace issue, and that their workplace policies reflect this. Sickness absence policies should be designed to support and not discipline workers with diabetes or any other long term health condition. It is essential that absence in the workplace due to diabetes is regarded, and recorded, in line with disability leave. Similarly performance improvement procedures should ensure that consideration is given to workers with disability and long term health conditions when invoking what is often a draconian and stressful policy, in itself a potential danger for workers with diabetes.

Resources and further reading

Diabetes Scotland

[Diabetes Scotland](#) is part of Diabetes UK, the leading charity that campaigns on behalf of all people affected by and at risk of diabetes.

If you are concerned about anything relating to diabetes, whether for yourself or someone you care for, please contact Helpline Scotland in confidence.

How to contact Helpline Scotland:

Call 0141 212 8710*, Monday–Friday, 9am–5pm

Email helpline.scotland@diabetes.org.uk

Write to Diabetes Scotland:

Helpline
Diabetes Scotland
The Venlaw
349 Bath Street
Glasgow
G2 4AA

Guide to Living with Diabetes

Diabetes UK's [Guide to Living with Diabetes](#) contains a wealth of information on managing the condition day-to-day. You can also discuss anything relating to diabetes in the [Support Forum](#), and get advice from others living with the condition.

[Many resources and booklets](#) can be ordered from Diabetes UK free of charge.

Diabetes UK Advocacy Service

If you have a question relating to your rights in the workplace, Diabetes UK runs an Advocacy Service. The Advocacy Service supports people to take action by providing information on rights and discussing possible action that can be taken.

Web: www.diabetes.org.uk/How_we_help/Advocacy

Email: advocacy@diabetes.org.uk

Telephone: 0345 123 2399*

*Calls may be recorded for quality or training.