

Diabetes and Employment

Position Statement (Published: June 2018)

This position sets out the available evidence on diabetes and employment. We also make recommendations for employers, schools, health and employment services, and decision makers to ensure people with diabetes or caring for someone with diabetes can safely manage their diabetes and achieve their potential at work.

Why have we produced this position statement?

With appropriate support, many people with diabetes can effectively manage their condition and live full and productive lives. However, significant numbers of people living with diabetes or caring for someone with diabetes experience discrimination or difficulties in the workplace, which can lead to them leaving full-time employment. We believe this is unacceptable.

We know that the majority of people living with diabetes are of working age, with around 60% of those diagnosed in the UK aged between 20 and 69 years old¹. In England, more than 450,000 people with diabetes are of working age but not in work². Parents of children with Type 1 diabetes also often face difficulties maintaining full-time employment alongside caring responsibilities³.

The cross-national DAWN2 study (which includes data from the UK) found that, of those not working full-time, as many as two in five (42.9%) people with Type 1 diabetes and one in five (19.3%) people with Type 2 diabetes do not work full-time because of their diabetes⁴. However, there is very limited data on the representation of people with diabetes in the UK labour market, which makes it difficult to assess and effectively address this issue.

In 2017, the Diabetes UK 'Future of Diabetes' survey found:

- 37% of those in employment said that diabetes had caused them or their family member difficulty at work;
- 16% said they felt they had been discriminated against by their employer because of their diabetes;
- 7% had not told their employer that they had diabetes;
- While 40% said they felt supported enough at work, 25% said they would like flexibility to take breaks to eat, test their blood glucose or take medication, and 24% said they would like time off work for diabetes-related appointments⁵.

Effective diabetes management requires attending medical appointments for diabetes checks. Non-attendance can have serious long-term implications⁶. There is also robust evidence that education courses for people with diabetes reduce the onset of complications and are cost effective or even cost-saving to the NHS⁷. However, aspects of work can often act as a barrier to effective diabetes management. Common issues include:

- A lack of employer understanding about diabetes and its complications and a related failure to make reasonable adjustments. A manager's attitude can be a

deciding factor as to whether the person living with diabetes can make a job work for them.

- A lack of flexibility in allowing employees with diabetes to take breaks to eat, test or administer medication, or to attend medical appointments and diabetes education courses. Similarly, the lack of coordination of healthcare appointments and limited availability of diabetes education courses outside of standard working hours can mean that people with diabetes struggle to balance attending these essential parts of diabetes management with their work commitments.
- Unhealthy work environments, encouraging sedentary behaviour, poor diet and lack of routine.

How did we develop this position?

We carried out a literature review of the available evidence from the UK and internationally and brought this together with findings from our engagement work with people living with diabetes. This includes findings from the Future of Diabetes report, which more than 9,000 people contributed to, and from qualitative work with people with diabetes that we commissioned on this topic.

What do we say about this issue?

There should be a level playing field in the workplace for people with diabetes and other long-term health conditions, with reasonable adjustments made to allow them to remain healthy and in work as set out in the Equality Act 2010, or the Disability Discrimination Act 1995 in Northern Ireland.

We do not accept blanket bans on access to employment to any roles for people with diabetes treated with insulin, with the exception of the UK armed forces, who are exempt from the Equality Act 2010. Decisions made on someone's suitability for employment in the police, fire and ambulance services should be made by a process of individual assessment.

Recommendations for employers

- Employers should be aware of the implications of living with diabetes and encourage greater understanding of Type 1 and Type 2 diabetes in their employees. This should form part of a preventative approach to both diabetes-related complications and the development of Type 2 diabetes. Our resource [Supporting people with diabetes in the workplace](#) provides guidance on this.
- Employers should allow and encourage employees to attend medical appointments and diabetes education courses, including through paid leave and/or flexible working patterns, so this practice is normalised in the workplace.
- Employers should seek to ensure that normal working practices allow employees to take breaks to eat, test and take insulin and other medications.
- Employers should understand the emotional burden of living with diabetes and encourage employees to seek support as appropriate.

- Employers should take steps to address unhealthy work environments which encourage sedentary behaviour and lack of routine. This would have wider benefits for the health and wellbeing of the whole workforce.

Recommendations for joining up diabetes care, the workplace and welfare

- Collaborative care planning, which includes support for the psychosocial aspects of living with diabetes such as the interaction with working life, should be a routine part of diabetes care.
- Local services should be joined up to provide more efficient and coordinated care and support, with the person with diabetes at the centre, reducing the need for multiple appointments where possible.
- Clinical Commissioning Groups and Health Boards should ensure they can offer a menu of options for diabetes education courses in their local area, taking into account the barriers that people in employment may face in attending.
- The Government should work with the NHS and local areas to consider approaches for widening access to technologies including Flash Glucose Monitoring, Continuous Glucose Monitoring and insulin pumps, where these could help to support more people to manage their diabetes in a working environment.
- Work coaches in job centres should be trained to have a good understanding of Type 1 and Type 2 diabetes. The roll-out of personalised employment support should develop to include support which can be tailored to the individual needs of people with diabetes and integrated with diabetes care.

Recommendations for supporting parents of children with diabetes

- All schools should provide a level of support for children with diabetes so that parents are not forced to leave the workforce⁸. Every child with diabetes should have an individualised healthcare plan (IHP) which sets out what care they need and how it will be carried out.

Recommendations for national decision makers

- Measures for supporting employers to recruit and retain people with diabetes should be trialled. These may include a 'one-stop shop' for building employer knowledge of all types of diabetes and other long-term conditions, the development of employer networks or information campaigns, possibly in partnership with the third sector.
- The Department of Work and Pensions should conduct research into the impact of diabetes in the workplace and how people with diabetes can be better supported. This should form part of the UK Government's commitment to develop a comprehensive evidence base on what works for whom, why and at what cost.

- The public sector should lead by example across the UK. This would include making sure employees can attend appointments and education, improving understanding and encouraging peer support where appropriate. Diabetes UK can offer advice and information in developing programmes of diabetes employment support to help build the evidence base of what works well.

Evidence and analysis

Living with diabetes can have both physical and psychosocial effects, which can in turn impact on employment. A systematic review of the burden of diabetes on the ability to work concluded that lost productivity due to absenteeism, presenteeism (potential loss of productivity among people who remain in work) and early retirement is an important economic issue⁹. A 2012 study estimated that almost 8 million sickness days are taken as a result of diabetes every year, costing the UK economy almost £1bn. The additional cost of diabetes-related presenteeism was estimated at over £3bn a year¹⁰. It is likely that these figures are now even higher as the prevalence of diabetes has continued to rise.

These issues are exacerbated by living with the complications of diabetes, as the international research literature shows. In one study, individuals with diabetes and neuropathic symptoms were found to be 18% more likely to lose more than 2 hours of work per week due to illness when compared to individuals without diabetes or individuals with diabetes and no neuropathic symptoms¹¹.

The emotional impact of living with diabetes can also play a significant role. A Hungarian study found that, while individuals with diabetes had between 5.4 and 18.1 days of absenteeism per year compared with 3.4 to 8.7 days for individuals without diabetes, the number of days lost from work due to illness among individuals with diabetes and depression was much higher¹². There is a strong case for routinely providing more person-centred and psychosocial support to people with diabetes from the point of diagnosis¹³, which could help to alleviate this. However, three quarters of people with diabetes report that they did not receive emotional or psychological support when they needed it¹⁴.

Employees with diabetes may stop working prematurely and may experience unemployment, which could translate into a reduction in earned income and savings, and a loss of self-esteem¹⁵. One study which considered the effects of unemployment on younger adults with Type 1 diabetes in Ireland found that unemployment was associated with poor diabetes management¹⁶.

In terms of lost income, evidence from Australia suggests that people who retire early because of diabetes have a far lower average level of savings compared to those who keep working with no long-term conditions¹⁷. Longitudinal analysis of the Swedish Childhood Diabetes Register has also shown that being diagnosed with Type 1 diabetes in childhood has a negative impact on employment and earnings for men and women across socioeconomic groups, with the effect on earnings increasing with age and disease duration¹⁸.

Further information

Support for people with diabetes

Legislation sets out the principles that employers should follow in their treatment of employees and job applicants with a disability. In England, Wales and Scotland, this is the Equality Act 2010. In Northern Ireland, it is the Disability Discrimination Act 1995. Although many people with diabetes may not consider themselves to have a disability, workers with diabetes will often be protected by these provisions. Our [Employment and diabetes advocacy pack](#) (2015) provides information and guidance about possible discrimination and your rights as an employee with diabetes.

Diabetes UK also provides a range of support services for people with diabetes, including:

- Helpline – specialist information and advice on all aspects of living with diabetes by phone or email.
- Local support groups
- Online communities

For more information about these services go to www.diabetes.org.uk/talk.

Support for employers

[Supporting people with diabetes in the workplace](#) (2017) - this resource provides employers with information to help support people with diabetes in the workplace or when returning to work.

References

1 NHS Digital (2017), National Diabetes Audit 2015-16.

2 From Annual Population Survey data for 2015-16, cited in a House of Commons Written Answer to PQs 58890 – 58894 (Jan 2017). Available at: [http://qna.files.parliament.uk/qna-attachments/669115/original/PQ_UIN_58890, 58891, 58892, 58893, 58894.xlsx](http://qna.files.parliament.uk/qna-attachments/669115/original/PQ_UIN_58890,58891,58892,58893,58894.xlsx).

3 Diabetes UK (2010) [State of diabetes care in the UK 2009](#).

4 Nicolucci A, Kovacs Burns K, Holt RI et al (2013) Diabetes Attitudes, Wishes and Needs second study (DAWN2™): cross-national benchmarking of diabetes-related psychosocial outcomes for people with diabetes. *Diabetic Medicine* 30 (7); 767-777.

5 Diabetes UK (2017) [The Future of Diabetes](#).

6 NHS Digital (2017) [National Diabetes Audit Complication and Mortality 2015-2016](#).

7 Diabetes UK (2016). Diabetes education: the big missed opportunity in diabetes care. Available at: <http://www.diabetes.org.uk/self-management-education>.

8 In England, schools must make arrangements for supporting pupils with medical conditions at school in line with their duties under the Children and Families Act 2014.

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- 17 Schofield D, Curich M, Kelly S et al (2015) The Impact of Diabetes on the Labour Force Participation, Savings and Retirement Income of Workers aged 45-64 Years in Australia. *PLoS ONE* 10(2): e0116860. doi:10.1371/journal.pone.0116860.
- 18 Persson S, Dahlquist G, Gerdtham U-G et al (2018) Why childhood-onset type 1 diabetes impacts labour market outcomes: a mediation analysis. *Diabetologia* 61:342-353.