

DIABETES AND EMPLOYMENT

Position Statement: February 2024

This position sets out the available evidence on diabetes and employment. We make recommendations for how employers, schools, and health and employment services can ensure people with diabetes can safely manage their diabetes at work and return to work where they may have taken time out due to their health. We also make recommendations to policymakers about the wider structures and regulations which need to be in place and adequately enforced to make sure that people with diabetes can remain in work and earn enough to live healthy lives.

Why have we produced this position statement?

With appropriate support, many people with diabetes can effectively manage their condition and remain in work. However, significant numbers of people living with or caring for someone with diabetes experience discrimination or difficulties in the workplace which can lead to them leaving full-time employment. Employment and working conditions also make a significant contribution to the health inequalities which can make it more difficult to manage and prevent type 2 diabetes. This position statement sets out how employers can support workers with diabetes, what support is needed for people who are not in work due to diabetes or require support to re-enter work, and what national government needs to do to facilitate this if it is to reduce rates of economic inactivity related to ill-health.

There are now 5 million people across the UK living with diabetes, 60% of whom are aged between 20 and 69 years old. Between 2019 and 2023, the number of people exiting the workforce on long-term sick leave with diabetes listed as their primary health condition increased by 79%.¹ It's vital that people with diabetes have appropriate support to stay well and avoid preventable complications so that they can remain in work where possible.

We are seeing an increase in the number of people living with type 2 diabetes, especially in people under 40. 140,000 people aged 18-39 are currently living with type 2 diabetes. Type 2 diabetes is known to have more severe and acute consequences in people under 40 and, without the right treatment and support, it can lead to serious complications that include kidney failure and heart disease.

Effective diabetes management requires attending routine medical appointments for diabetes checks. Non-attendance can have serious long-term implications, which mean that these

regular checks are crucial for early identification of risks and informing the care and treatment required to prevent complications in working age people. Being able to attend appointments is also important in preventing type 2 diabetes - people with non-diabetic hyperglycemia (NDH) who complete the NHS National Diabetes Prevention Programme cut their risk of developing diabetes by a third.²

Employers have a responsibility to ensure that workforces are set up to support people living with diabetes. However, work can often act as a barrier to appropriate and effective diabetes management. Common issues include:

- Entitlement to reasonable adjustments not always being well recognised or understood by managers and workers. Many people with diabetes struggle to get the time off they need for healthcare appointments or the flexibility to plan breaks for food and medication. People with diabetes who have a continuous glucose monitor or flash device must be allowed to keep a mobile phone on their person to check readings, as well as breaks for this and to respond to alarms alerting them to low or high blood sugar readings. A manager's attitude and knowledge about diabetes can be a deciding factor in whether a person with diabetes is able to remain in work and receive the care they need.
- Stigma in the workplace from managers and colleagues resulting in workers with diabetes being reluctant to disclose their condition or not being confident in asserting their rights. This can lead to having to work reduced hours, change jobs, or stop working completely.
- Travel and working patterns, particularly for those in lower paid employment or who work shifts and at night. This can make it more difficult to do things needed to remain healthy like preparing fresh meals.
- Healthcare appointments and education courses only being available during working hours. This can make it more difficult for people with diabetes as well as their parents and carers to attend routine appointments if they can't get paid time off work. This can be especially hard for lower paid workers and workers who receive hourly pay.

Workplaces also have a role to play in supporting healthy environments which can contribute to preventing type 2 diabetes on a population-wide level, and so that people can live well with diabetes and avoid complications. Employers can also help to fight stigma in the workplace, ensuring that those who live with diabetes feel comfortable talking about their condition and can be confident in asserting their rights, and so that those around them understand the importance and impact diabetes has on a person's life.

We see a key role for government in ensuring employers have the structures and guidance needed to support employees with diabetes, and to enforce legislation in a way which is straightforward and accessible to workers. At present, the employment legislation and enforcement landscape is patchy and confusing and the tribunal system is experiencing

significant delays. This makes it more difficult for employers to know their obligations, and for workers with diabetes to understand their rights and entitlements and where to turn when these are breached.

Additionally, low and insecure income affects health and can mean that people in low-paid and insecure work, such as agency, zero-hours and so-called 'gig economy' work, can be at particular risk of developing type 2 diabetes and related complications. Black and South Asian communities are also overrepresented in low-paid work,³ while being more likely to be living with type 2 diabetes.

Developing diabetes-related complications in turn decreases people's capacity to perform well and remain in work – risking leaving people with diabetes trapped in a cycle of low incomes and poor health. Supporting people to remain in and return to good quality work can help narrow these inequalities and reduce rates of economic inactivity related to ill health.

What do we say about this issue?

Living with diabetes is a full-time job in itself. The Equality Act 2010 in England, Scotland and Wales and Disability Discrimination Act 1995 in Northern Ireland mean that people with diabetes should have a level playing field in the workplace, with reasonable adjustments set out to allow them to remain healthy and in work. The Employment Relations (Flexible Working) Act 2023 also means that, as of 2024, all employees have the legal right to request flexible working from day one. But expecting workers to be solely responsible for educating employers on their rights and legal entitlements, relying on manager discretion, and chasing healthcare providers to reschedule appointments creates an additional unneeded burden for people with diabetes to navigate while trying to stay well.

This is on top of wages and sick pay not always being sufficient for people to live healthy lives and manage their condition, patchy occupational health provision which often varies in availability and quality, and an inconsistent enforcement landscape which does not have the capacity to deal with issues relating to discrimination in a timely manner. All of these can worsen health and devastate household finances, exacerbate health inequalities which disproportionately affect people in low-paid or poor quality work, and needlessly force people out of the workforce through ill-health without the right support to return to work.

Likewise, there will be people living with diabetes whose health will mean that they are unable to work regardless of support from employers. This group should not have to live in fear of sanctions, and instead need support to avoid destitution and prevent their health from worsening.

Recommendations for employers

- Become a living wage employer.

- Support employees to access healthy options. Provide healthy, affordable food options, as well as time and space to prepare and eat food.
- Support employees to be physically active by encouraging active travel through bike storage, shower and changing areas and cycle to work schemes.
- Proactively offer options for flexible working from day one.
- Make timely workplace adaptations for people living with diabetes. This should include prioritising access to mobile phones for people using diabetes technology eg. CGM and flash glucose monitors.
- Avoid stigmatising or stereotyping people living with diabetes and guide staff on how to do this.
- Engage with trade unions to understand employees' needs and requirements, and follow their recommendations for individual workplaces.
- Ensure all workplace information for people living with and at risk of diabetes is:
 - simple and accessible – both printed and digital
 - in audio visual formats as well as written
 - easy to share via social media and messaging apps
 - translated and adapted as guided by input from specific communities, not based on assumption and produced with input from people with lived experience of different backgrounds, cultures, and diverse ethnicities at all stages of the process.

Recommendations for healthcare providers and commissioners

- ICBs, Health Boards and Health and Social Care Trusts must deliver care and treatment with sensitivity around working patterns, particularly where these are irregular and where workers risk missing out on pay to attend appointments. This should include exploring options so that it as straightforward as possible for patients to rearrange appointments where there are clashes.
- Collaborative care planning, which includes support for the impact that living with diabetes can have on mental health and how this interacts with working life, should be a routine part of diabetes care.
- Local services should be joined up to provide more efficient and coordinated multidisciplinary care and support, with the person with diabetes at the centre, to reduce the need for multiple appointments where possible.
- ICBs, Health Boards and Health and Social Care Trusts should ensure they can offer a menu of options for diabetes education courses in their local area, accounting for the barriers that people in employment may face. This must consider shift workers who receive an hourly wage, and workers on zero-hour contracts who may not have consistent hours.

Recommendations for supporting parents of children with diabetes

- All schools should provide a level of support for children with diabetes so that parents aren't forced to leave the workforce. 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.
- Parents of children with diabetes must also be entitled to paid time off to take their children to diabetes appointments and quarterly clinics.
- Employers must take flexible working requests from parents and carers of children with diabetes seriously, and be familiar with how this relates to requirements under the Equality Act 2010.

Recommendations for national decision makers

- Government should make a commitment that National Minimum Wage rates at least keep track with inflation.
- Government should implement parity for minimum wage rates across age bands – with the current 'National Minimum Wage' for 16–22-year-olds increased to the over age 23 'National Living Wage' rate (as set independently by the Living Wage Foundation).
- Government must ensure that in-work benefits keep pace with inflation and are updated by this measure.
- An independent process must ensure that the standard rate of Universal Credit as an in-work benefit covers the cost of essentials such as food and energy. Deductions must never pull support below this level.
- There should be a comprehensive review of National Minimum Wage rates and they should be increased to a level that allows for an adequate standard of living.
- Government should ensure adequate rights at work and sufficient enforcement where rights are breached to create fair workplaces for all. This must include funding for employment advice services and tribunals to make sure the process is straightforward for workers and to minimise backlogs.
- Government must ensure that the Health and Safety Executive has sufficient funding to effectively regulate and investigate employers. This includes the Northern Ireland Department for the Economy ensuring this is the case for the Health and Safety Executive for Northern Ireland.
- Government should introduce legislation ensuring employers provide a contractual right to paid time off to attend medical appointments. This must also include parents and carers of children with diabetes.
- Government should take action to ensure zero hours contract workers, and workers in the so-called 'gig economy' have full employment rights and protections, including access to Statutory Sick Pay.

Recommendations for supporting people to return to work and for people unable to work

- Employers should embed occupational health into workplace culture. This should at a minimum include an occupational health policy and ensuring employees have access to a well-resourced occupational health scheme.
- Employers must offer training for employees and line-managers to know what to expect from occupational health, and how best to engage with them.
- Government must ensure that funding and capacity is in place for good quality occupational health schemes in workplaces, encourage more people to train as occupational health nurses, and focus on increasing take-up in SMEs where levels are particularly low.
- Government must ensure that people with diabetes who can't work, can only work limited hours, need specific types of work, or require guarantees around accommodations are protected from sanctions following changes to Work Capability Assessments. Any assessment criteria must consider the barriers to work which people with diabetes face.
- Government must invest in the benefits system and commit to ensuring there are no further reductions in the real-terms value of social security, that social security payments rise at least in line with inflation, and that this is enough for people to afford essentials and avoid destitution if they are unable to work.

Evidence and analysis – the reasons why we are saying what we do

- Living with diabetes can have physical, psychosocial, and financial impacts, which can impact employment. These can be worsened by living with complications.
 - Our Tackling Inequalities Commission has found that employment, along with the interlinked issues of poverty and racism, is a major driver of health inequalities e.g. workers feeling that diabetes prevented them from accessing higher paid jobs.
 - A survey on stigma commissioned by Diabetes UK found that of 450 people living with and at risk of diabetes, 1 in 5 reported experiencing stigma in the workplace at least every few weeks.
 - Workers with diabetes may stop working prematurely and may experience unemployment, which can translate into a reduction in earned income and savings, and a loss of self-esteem.⁴
 - 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 symptoms.⁵

- Research by the IPPR has found that living with diabetes can have a significant and life-changing impact through loss of earnings after onset. This research also found that the onset of a health condition disproportionately increased the likelihood of employment exit among people on lower incomes, but that reducing rates of ill health by 10% would boost earned income for workers in the lowest paid income quartile more than any other group.⁶
- There is strong evidence that good-quality employment has a positive effect on our health and wellbeing. By contrast, low autonomy, low pay, low flexibility and low-security jobs can be as harmful to health as unemployment.⁷⁸
 - In the Marmot Review: 10 years on, good quality work is defined as ‘including job security; adequate pay for a healthy life; strong working relationships and social support; promotion of health, safety and psychosocial wellbeing; support for employee voice and representation; inclusion of varied and interesting work; a fair workplace; promotion of learning development and skills use; a good effort-reward balance’.⁹
- Evidence from the Commission on Health and Prosperity has shown that poor health is more prevalent outside the south of England – and that, in turn, nations and regions with the worst health are hardest hit by economic inactivity due to long-term sickness. Economic inactivity due to long-term illness is twice as prevalent in the North East, Scotland and Wales as in the South East.¹⁰
- Employment, deprivation, and ethnicity are often interlinked and can amplify issues people with diabetes face in work and worsen health inequalities
 - People of South Asian ethnicity are two to four times more likely to develop type 2 diabetes than someone of White European ethnicity. And people of Black ethnicity are 1.5 to 3 times more likely to develop diabetes than someone of White European ethnicity.¹¹ People of Black and South Asian ethnicity are also more likely to develop type 2 diabetes at a younger age and for people of South Asian ethnicity, at a lower BMI.¹²
 - Of people living with type 2 diabetes, 24% live in the most deprived areas of England and Wales versus 14% in the least deprived. For the under 40s, the difference is even more marked, with 35% of those living with type 2 living in the most deprived areas versus 8% in the least deprived.¹³
 - Working-age adults of Asian and Black ethnicities are more likely to be experiencing persistent low income than those of White ethnicity.¹⁴
 - People from Black and South Asian backgrounds are more likely to be paid the minimum wage, and so would most benefit from increases. Bangladeshi and Pakistani workers would particularly benefit from a National Living Wage increase.¹⁵
- Inequalities in being able to access routine care mean it’s vital to remove barriers to this in the workforce such as not being awarded paid time off to attend appointments. Receiving healthcare checks, known as the nine care processes and eight SIGN

processes in Scotland, from a healthcare professional has been shown to reduce the chances of developing many complications of diabetes.

- Across the entire population, the most frequently reported reasons for missed appointments included work or family/childcare commitments. Patients that were most likely to miss an appointment included those that were younger, who had missed appointments previously, who are from low socioeconomic backgrounds, and those with a mental health or physical health condition.^{16,17}
- Just 47% of people across England and 18% of people across Scotland diagnosed with diabetes received all of their care processes in 2021 to 2022.¹⁸ People aged 18-39 living with type 2 diabetes are less likely to receive all their essential annual diabetes health checks.¹⁹
- 38% of people with diabetes in England told us that they found it difficult to make appointments for their diabetes check ups.
- While many people had difficulties contacting their healthcare team in 2022, those in the most deprived areas were more likely to experience this. And 1 in 10 in the most deprived areas reported having no contact at all in over a year.
- People of Black and South Asian ethnicity are less likely to be offered more up to date treatments than those of White ethnicity. People from Black or South Asian backgrounds or living in deprivation are also less likely to use technology such as wearable glucose monitors or insulin pumps to manage their diabetes.²⁰ This means that it's particularly important for workers from these groups to have support from their employers to attend routine care appointments and stay well to avoid complications and ill health.
- Shift and low-paid workers are disproportionately likely to be classed as a type of worker who lacks legal entitlements and protections to certain rights. So-called 'gig economy' workers for instance do not have an automatic right to entitlements such as sick leave, with implications for access to routine care.
 - Compared to all workers, people in insecure work are more likely to be Black or South Asian, more likely to be aged 18-29, and earn less than half as much as the average worker per hour.²¹
- Acas has found that improving access to occupational health and having a clear organisational occupational health policy can help address line managers lacking confidence in implementing adjustments, and assist in putting effective workplace adjustments in place. There is benefit in not only using occupational health when an employee returns to work, but from as early as possible.²²
- There is evidence that sanctioning people who are not in work may result in higher employment rates in the short-term, but comes with negative long-term impacts on health via poor job quality and instability, along with higher rates of exits to non-employment or economic inactivity, and more rapid returns to benefit claiming.²³
- Sufficient sick pay is essential to prevent cycles of ill health and economic inactivity. Sick pay which is enough to get by on can enable households to avoid severe financial

strain if workers with diabetes are forced to take sick leave, and can thereby support workers to remain well enough to return to work.

- Around 2 million employees in the UK do not earn enough to be eligible for statutory sick pay.²⁴ For workers who are eligible, the UK's rate of sick pay is among the lowest in the OECD.^{25,26}
- South Asian workers are around 40% more likely to lack access to sick pay than White British workers. The IPPR attributes this disparity to racism as it cannot be attributed to income, occupation, or employment status.²⁷
- Households earning less than £25,000 are around twice as likely to lack access to any sick pay compared to households earning above £75,000. The IPPR finds that occupations with elevated odds of lacking access to sick pay are also more likely to be classed as "working class" by the Goldthorpe class schema.²⁸
- 850,000 people are living with type 2 diabetes but are currently undiagnosed. There is emerging evidence of a drop off in people being diagnosed with type 2 diabetes and consequently being "sicker" when they do receive a diagnosis, either through experiencing complications and illness or being diagnosed in an emergency state in hospital.²⁹ It's vital that employers create space for people at risk to get help and support. Studies show that achieving early glycaemic control is particularly critical in preventing complications.³⁰ HbA1c and blood pressure are important associations with admissions for diabetic complications, as is duration of diabetes.³¹

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 [Work and Diabetes webpage](#) provides information on how to manage diabetes at work and to support you in knowing your rights at work.

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 https://www.diabetes.org.uk/how_we_help

Support for employers

[Supporting someone with diabetes at work: A guide for employers and colleagues](#) (2019) – this resource provides employers with information to help support people with diabetes in the workplace or when returning to work.

The Equality and Human Rights Commission has guidance for employers on the [Equality Act 2010](#).

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