



Diabetes

An Advice Guide
for Usdaw Reps



What is Diabetes?

In the UK, diabetes affects approximately 4.9 million people. This includes around 1 million people with undiagnosed diabetes.

The hormone insulin, produced by the pancreas, keeps the level of glucose in the blood within a fairly strict range. When the pancreas fails to produce the correct amount of insulin, this condition is called diabetes.

Type 1 diabetes usually starts in childhood and is caused by a lack of insulin from damaged cells in the pancreas. In type 1 diabetes, the body's immune system attacks and destroys the cells that produce insulin. As no insulin is produced, glucose levels increase, which can seriously damage the body's organs.

Type 1 diabetes is often known as insulin-dependent diabetes.

Type 1 diabetes is less common than type 2 diabetes. About 10% of all people with diabetes have type 1. A member diagnosed with type 1 diabetes will need insulin injections. They will also need to pay special attention to certain aspects

of their lifestyle and health to ensure their blood glucose levels stay balanced – for example, by eating a healthy diet and carrying out regular blood tests.

Type 2 diabetes is a serious condition that develops when the body cannot produce enough insulin or when the insulin produced does not work effectively. It usually starts after the age of 40 as genetic and lifestyle influences take effect over time. Many people have type 2 diabetes for years without realising because early symptoms tend to be general. This is sometimes called insulin resistant diabetes.

A member diagnosed with type 2 diabetes may be able to control their symptoms by eating a healthy diet and monitoring their blood glucose level. However, as type 2 diabetes is a progressive condition, they may eventually need medication, usually in the form of tablets.



Symptoms of Diabetes

Supporting Disabled Members in the Workplace

Someone who has diabetes may be entitled to the protection of the Equality Act (Disability Discrimination Act in Northern Ireland). This can help them get the right support at work because the Equality Act gives members important legal rights.

Members with diabetes may need the support of their Union rep. Their condition may affect their attendance or performance and this may lead to them being disciplined under capability procedures or absence management policies. They may also find that aspects of their job make their condition worse.

Unfortunately, managers sometimes do not realise that members with diabetes may have rights under the Equality Act.

This guide explains what diabetes is and how reps can use the Equality Act to help support members with this condition.

Common symptoms of both types of diabetes are:

- Feeling very thirsty.
- Urinating frequently, particularly at night.
- Feeling very tired.
- Weight loss and loss of muscle bulk.

There are two types of episodes that a person with diabetes can have – hypoglycaemia (blood sugar too low) and hyperglycaemia (blood sugar too high).

Some people believe that diabetes is a mild and easily managed condition. However if not properly controlled, diabetes can cause serious long-term health problems.

Excess glucose in the blood can damage the blood vessels, contributing to heart disease, strokes, kidney disease, impotence and nerve damage. If blood sugar levels become dangerously low, someone can have a hypoglycaemic episode and there is a risk that someone could fall into a coma; this can be fatal.

It is therefore vitally important that members with diabetes get the right support at work to enable them manage their condition.

Supporting Members With Diabetes

Members with diabetes may not think of themselves as disabled. However, people with long-term health conditions such as diabetes may have rights under the law that can help them stay in work.

The Equality Act has replaced the Disability Discrimination Act (the DDA) but all the rights members had under the DDA still apply and in some cases have been strengthened.

A member with diabetes would be entitled to the protection of the Equality Act if they can meet the definition of a disabled person as set out in the Act. If you can show that the member meets this definition, you will have a much stronger case in arguing that the employer should support the member.

Most members with diabetes will be covered by the Equality Act, though not all. Very few conditions are automatically covered under the Act and diabetes is not one of them. Instead you have to show that the member meets the definition of a disabled person as set out in the Act.

When deciding if a member is covered by the Equality Act (DDA in Northern Ireland), look at the following:

1. Does the member have a physical or mental impairment?

Diabetes is clearly a physical impairment so members with diabetes would normally meet this part of the definition.

A person with diabetes may not look disabled and managers may therefore not believe they have anything wrong with them. It is not always obvious that someone is disabled. Nonetheless they can be covered by the Equality Act.

2. Is it more than a trivial condition?

Some members may not find their diabetes too much of a problem, but for others it could have a significant impact on their life. You would have to show that the impact on the member's life is more than trivial.

3. Has the condition lasted or will it last for more than a year?

In most cases diabetes lasts for more than a year. The member does not have to be constantly experiencing problems and fluctuating conditions such as diabetes can be counted.



4. **What would happen if the member stopped taking medication?**

This is a key issue. Employers sometimes argue that the member is not disabled because their condition is controlled by medication. However, in deciding whether or not someone is disabled **they must be assessed as if they were not taking their medication.** A member with type 1 diabetes who stopped having insulin injections would be at risk of serious and/or fatal illness. Even though a person's condition might be controlled by medication the member is still to be regarded as disabled.

This is because insulin injections control the symptoms of diabetes; they do not make it go away. On this basis all people taking insulin should meet the definition as they would face major consequences to their health without it.

5. **Does the condition affect the member's everyday life?**

If you can show that the member's diabetes has a substantial effect on how they carry out normal day-to-day activities, they should meet this definition. Go through the list of common symptoms in this leaflet with the member and mark off which they experience. Then go through a typical day with them and ask how their symptoms affect their day-to-day activities. It does not matter if the effect is not there every day.

If you can show that the member meets these five criteria, they would be entitled to the protection of the Equality Act. The employer would then have a duty to make **reasonable adjustments** to take account of the member's diabetes. This means that they have to change some aspects of the member's working arrangements to help them stay in or get back to work. The member will be the best judge of what adjustments they need, but examples of reasonable adjustments could include:

- Changing elements of the member's job. A member with diabetes might need to change their hours of work. Working on a night shift, for example, can lead to difficulties with diabetes control, especially for people on insulin. Changes to meal timings, different levels of activity at night, increased stress on the body and timing of sleep can cause problems for employees working out timing and dosage of insulin injections.
- Allowing disabled workers to take additional rest breaks is one way that an employer can fulfil their duty to make reasonable adjustments. The example on the following page is taken from guidance for employers produced by the Equality and Human Rights Commission.

"A worker has recently been diagnosed with diabetes. As a consequence of her medication and her new dietary requirements, she finds that she gets extremely tired at certain times during the working day. It is likely to be a reasonable adjustment to allow her to take additional rest breaks to control the effects of her impairment."

- In workplaces where a risk assessment has shown there to be a need for protective footwear, a person with diabetes may need adjustments to ensure footwear is suitable. Because diabetes can lead to poor circulation the feet can be more prone to infection if injured; this can lead to serious complications and so protective footwear is an important issue in the management of diabetes in some workplaces. If only one style of protective footwear is used it may not suit someone with diabetes. A reasonable adjustment might be for the employer to provide alternatives which might include extra wide fitting, padded, more depth to allow movement of toes or removable insoles to accommodate orthotic insoles. There are also carbon fibre toecaps available instead of steel which reduce moisture in the shoe.
- Adjusting sickness absence formula so that absences related to diabetes are counted separately and not used to trigger disciplinary action could also be classed as a reasonable adjustment.

Support and information

For further support and information about diabetes members can contact:

Diabetes UK

Diabetes UK can offer specialist advice and support for people affected by diabetes.

Web: www.diabetes.org.uk

Helpline: **0345 123 2399**

0141 212 8710 in Scotland



The Social vs the Medical Model of Disability

For some time now disabled people have emphasised that it is not so much their disability that prevents them from fully participating in society, but instead it is the way in which society fails to make adjustments for their disability that excludes them.

This emphasis on changing the barriers put up by society, rather than seeing the disabled person as the 'problem', is known as the 'social model of disability'. In other words, disabled people are people with impairments/health conditions who are disabled by discrimination, exclusion, prejudice and negative attitudes towards disability. Their impairment is not the problem.

The 'medical model' attributes the problems resulting from a disability to medical conditions alone. It concentrates on a person's impairment. Rather than focusing on the barriers society throws up that prevents disabled people from participating equally, the 'medical model' focuses on what disabled people should do to adapt to fit into the world as it is. If they are unable to adapt, the medical model accepts their exclusion.

For example, while a mobility difficulty can have an adverse effect on a person's ability to walk, the fact that the transport system is inaccessible to them has a far greater effect on their ability to get around.

The law is unfortunately rooted in the medical model. It has been rightly criticised for focusing on an individual's impairments and their ability to carry out normal day-to-day activities, rather than on getting rid of the barriers society puts in the way of disabled people.

This leaflet is designed to help understand how the law can support disabled members in the workplace and therefore tends to focus on the medical model.



More Information

Usdaw Nationwide

Wherever you work, an Usdaw rep or official (Area Organiser) is not far away. For further information or assistance, contact your Usdaw rep or local Usdaw office. Alternatively you can phone our Freephone Helpline **0800 030 80 30** to connect you to your regional office or visit our website: www.usdaw.org.uk

You can also write to the Union's Head Office. Just write **FREEPOST USDAW** on the envelope and put it in the post.

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