

Work and Cancer

Best Practice Guide
for

Employees



WORKING
WITHCANCER®

Changing the conversation about work and cancer

About this Guide

This Guide is a part of a series of four Best Practice Guides:

1. Best Practice Guide for Line Managers
2. Best Practice Guide for Employees
3. Best Practice Guide for Working Carers
4. Best Practice Guide for Colleagues

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Working With Cancer®

Registered Address:

36 Station Road

Thames Ditton

Surrey

KT7 0NS

Mob: 07919 147784

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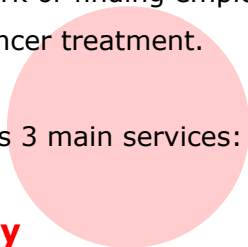
ABOUT WORKING WITH CANCER®



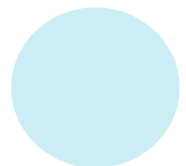
Founded in June 2014, Working With Cancer® is a Social Enterprise which advises employers, employees with cancer, and working carers about returning to work, remaining in work or finding employment at any stage during or after cancer treatment.

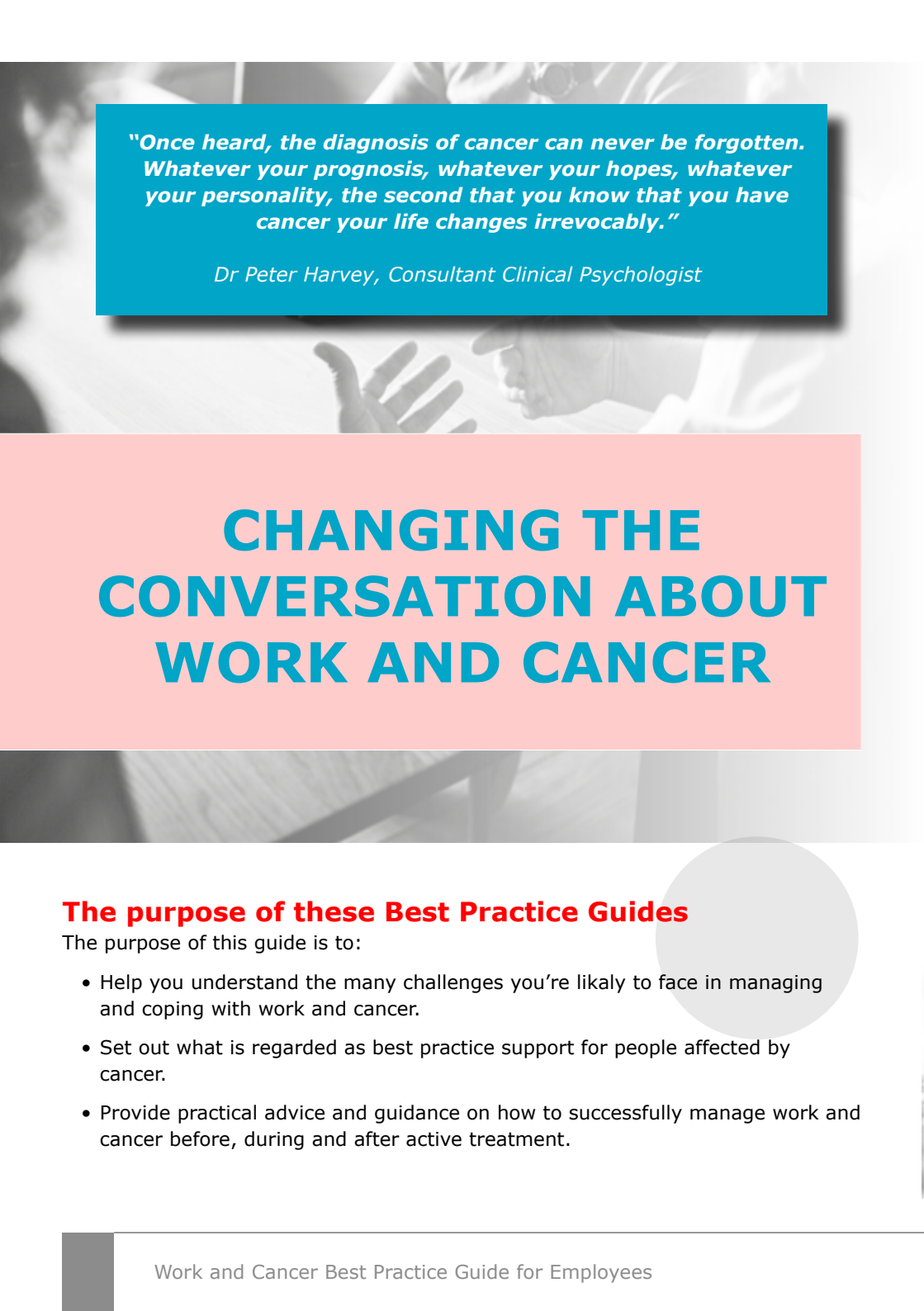
Working With Cancer® provides 3 main services:

Consultancy
Training
Coaching



Working throughout the UK, our associates are all cancer survivors or have been working carers, and are trained professionals with wide-ranging business experience and expertise.





"Once heard, the diagnosis of cancer can never be forgotten. Whatever your prognosis, whatever your hopes, whatever your personality, the second that you know that you have cancer your life changes irrevocably."

Dr Peter Harvey, Consultant Clinical Psychologist

CHANGING THE CONVERSATION ABOUT WORK AND CANCER

The purpose of these Best Practice Guides

The purpose of this guide is to:

- Help you understand the many challenges you're likely to face in managing and coping with work and cancer.
- Set out what is regarded as best practice support for people affected by cancer.
- Provide practical advice and guidance on how to successfully manage work and cancer before, during and after active treatment.

Cancer and work statistics

According to Cancer Research UK 1 in 2 people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime.

The four most common cancers are lung, breast, bowel and prostate cancer. These four types of cancer account for around four in ten of all cancers diagnosed, and have been amongst the most commonly diagnosed worldwide since 1975.

In the UK 120,000 people of working age are diagnosed with cancer each year. Although survival rates for patients with cancer vary significantly depending on the type and stage of their cancer, with the increasing effectiveness of cancer treatments and a steady improvement in survival rates, returning to work has become increasingly important for patients and for society as a whole.

Not surprisingly for those of working age, the majority want to continue to lead full lives and, if at all possible, return to work. However, although many are able to continue working, the average return to work rate is only 64% after 18 months, and those surviving cancer are 1.4 times more likely to be unemployed, and three times more likely to receive disability benefits.

It is also estimated that there are 1.5 million people in the UK caring for someone with cancer and that in any workplace at least 1 in 9 people are working whilst juggling their caring responsibilities. All the evidence suggests that carrying on working benefits a carer, their employer, the person they care for and the wider community as a whole.

Working With Cancer® has created four guides that have been tailored to meet the needs of four different audiences:

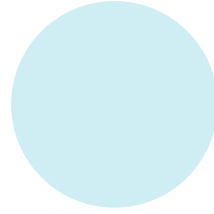
1. Line managers
2. Employees diagnosed with cancer
3. Employees who are working carers
4. Colleagues

We would encourage you to read the guide most relevant to you and, if possible, all four guides in order to get a comprehensive picture of how to support any employee affected by cancer.



For more information about managing work and cancer please read on or visit the Working With Cancer® website: www.workingwithcancer.co.uk

CONTENTS



| | | |
|-----------|--|-----------|
| | Summary and key messages | 1 |
| 1: | Introduction for employees | 3 |
| | 1.1 How you can make a difference | |
| 2: | Cancer, treatment, side effects and impact on work | 5 |
| | 2.1 What is cancer? | |
| | 2.2 How is it treated? | |
| | 2.3 Treatment side effects | |
| | 2.4 The impact of side effects on (return to) work | |
| | 2.5 The impact of physical side effects on work | |
| | 2.6 The impact of emotional side effects on work | |
| | 2.7 Cancer isn't over when treatment is over | |
| 3: | How cancer treatment affects our working life | 13 |
| | 3.1 Why might you carry on working? | |
| | 3.2 The impact of cancer on your finances | |
| | 3.3 The typical journey back to 'normal' | |
| 4: | The Equality Act (2010) and workplace adjustments | 17 |
| | 4.1 The Equality Act 2010 and Disability Discrimination Act 1995 | |
| | 4.2 Types of discrimination | |
| 5: | Creating a supportive environment for yourself | 21 |
| | 5.1 Important conversations at the 4 key stages | |
| | 5.2 Reconnecting with work colleagues | |
| | 5.3 Building a wider support network | |
| | 5.4 Conversations with family and children | |

| | | |
|------------|---|-----------|
| 6: | Returning to work | 33 |
| | 6.1 Workplace adjustments explained | |
| | 6.2 Creating a return-to-work plan | |
| 7: | Future decisions about work and life | 37 |
| | 7.1 Creating a 'Life Map' | |
| | 7.2 Long term career decisions | |
| 8: | Living and working with advanced cancer | 41 |
| | 8.1 What is advanced cancer? | |
| | 8.2 Treatment options for advanced cancer | |
| | 8.3 The impact of living and working with advanced cancer | |
| | 8.4 Getting the right support | |
| 9: | Six key messages | 45 |
| 10: | Checklist & Further Resources | 47 |



SUMMARY AND KEY MESSAGES

Six key messages:

- 1. Be kind to yourself.**
- 2. Engage your line manager.**
- 3. Talk to work colleagues about your cancer experience.**
- 4. Be prepared for setbacks.**
- 5. Ask for support.**
- 6. Focus on your future.**

Summary and key messages

This Best Practice Guide reviews the impact that your cancer diagnosis and treatment may have on your working life. More and more of us will receive a cancer diagnosis and survive cancer whilst still working.

Continuing to work during treatment and/or returning afterwards is important for our social and financial wellbeing. However, uncertainty surrounding the impact of the physical and psychological side effects brings many challenges, and may lead you and your colleagues to make a number of uninformed assumptions about how long it will take to recover from treatment.

Cancer changes lives irrevocably, but there are many positive steps you can take to navigate the road to your 'new' normal. In this Guide we cover how to get support from your line manager and work colleagues, as well as building a wider support network.

It will also cover some of the plans you can put in place to support a successful return to work and provides a model to help you think through future decisions about life and work.

Although cancer can feel as if you have lost control of your life, there is in fact much you can influence, change and take the lead on, whilst still remaining in the driving seat in managing your career.

"Like many I was so eager to "get back to normal" and a large part of that was to get back to work. It wasn't nearly as easy as I thought it was going to be, but my manager and colleagues really helped me through a difficult time."

- Cancer Survivor -





1

INTRODUCTION FOR EMPLOYEES

"My world was crazy. In a few short weeks from feeling fit and well I had been diagnosed with cancer, undergone treatment including surgery and returned to work, whilst waiting for a second operation. Just hearing the word 'cancer' changes everything."

- Cancer Survivor -

1.1 Cancer and the impact on your working life

Receiving the news that you have cancer is an enormous shock. It is often unexpected and sudden. Many people describe it as feeling like being in a whirlwind or a serious car crash.

You suddenly have to make important medical decisions, communicate this to family, friends and work colleagues and put the rest of your life including work 'on hold' whilst at the same time confronting the life changing impact for yourself.

For many of us work is vitally important. It is part of who we are and what we do. It's about our identity. Work is also a source of financial security, it provides a sense of structure and normality in our lives, and important social interaction.

For some people getting a cancer diagnosis means stopping work whilst

having treatment, others feel able to keep working in some capacity. How it affects our work life will depend on several things:

- The type of cancer and its stage (if it has spread)
- The treatment and side effects
- Our finances
- The practical support from family, friends and work colleagues

We are all unique with different physiologies, and we will have different emotional reactions when faced with personal trauma. It is easy to make comparisons with others who have had a similar diagnosis. However, it is important to focus on your own circumstances and make decisions that will work for you.





2

WHAT CANCER IS, HOW IT IS TREATED, COMMON SIDE EFFECTS AND IMPACT ON (RETURN TO) WORK

In this chapter, you'll learn more about what cancer is, how it is treated, its side effects and how this might impact your return to work.

2.1 What is cancer?

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body.

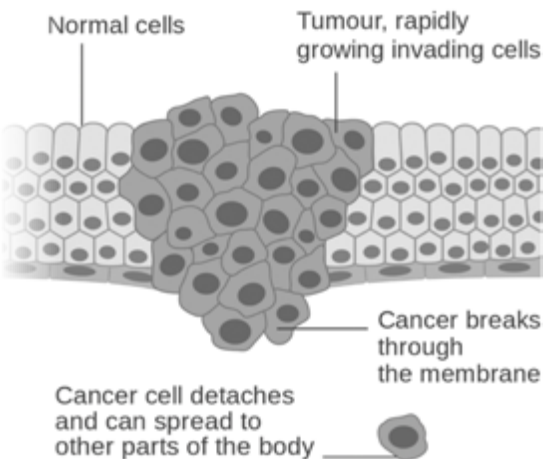
Possible signs and symptoms include a lump, abnormal bleeding, a prolonged cough, unexplained weight loss and a change in bowel movements.

While these symptoms may indicate cancer, they can also have other causes.

There are more than 200 different types of cancer, and each is diagnosed and treated in a particular way.

The 4 most common types of cancer are:

- breast cancer,
- prostate cancer,
- lung cancer,
- bowel cancer.



2.2 How is cancer treated?

Many treatment options for cancer exist. The primary ones include:

Surgery: surgery is the primary method of treatment for most isolated, solid cancers and can involve removing a tumour, an entire organ or just the affected organ and surrounding tissue.

Chemotherapy: chemotherapy is a treatment where medication is used to kill cancer cells. The drugs disrupt the way cancer cells grow and divide but they also affect normal cells. Chemotherapy may be used if cancer has spread or there's a risk it will.

Radiation therapy: uses X Rays and similar rays to treat the disease, to destroy or shrink tumours and to destroy cells adjoining the tumour to prevent its spread.

Hormone therapy: some hormones accelerate the growth of some cancers; a hormonal treatment uses medicines to block or lower the amount of hormones in the body to slow down or stop the growth of these cancers (e.g. breast and prostate cancer).

Immunotherapy: also called biological therapy, this treatment method is still new and is a type of cancer treatment that boosts the body's natural defences

to fight cancer. It works by helping the immune system to recognise and attack cancer cells.

Clinical trials: often used as a last resort but can be very successful (e.g. using modified Herpes virus to control skin cancer).

Most often, a mix of the above treatments is used to treat cancer. The treatments used will depend on the type, location and grade of cancer, as well as the patient's general health and preferences.

2.3 Treatment side effects

The most common side effects of cancer treatment are:

Surgery: pain after surgery and permanent missing body tissue. When lymph glands are removed it can also lead to lymphoedema causing swelling in the body's tissues.

Chemotherapy: as well as killing cancer cells, chemotherapy can damage healthy, fast-growing cells in the body, such as blood cells, skin cells and cells in the stomach. This can cause a range of unpleasant side effects, such as:

- fatigue
- feeling sick and vomiting
- hair loss
- increased risk of picking up infections
- a sore mouth
- dry, sore or itchy skin
- diarrhoea or constipation
- infertility

- numbness and tingling in the hands and feet (neuropathy)
- chemo-brain (symptoms are being unusually disorganised, short term memory loss, mental foginess, difficulty concentrating and taking longer to finish routine tasks).

Radiation therapy: fatigue, sore and red skin.

Hormone therapy: this can cause a range of unpleasant side effects such as:

- tiredness
- menopausal symptoms
- hair thinning
- muscle and bone thinning
- weight gain
- memory problems
- headaches, moods swings
- a decrease of libido
- depression
- infertility

Immunotherapy: fatigue, diarrhoea, fever.

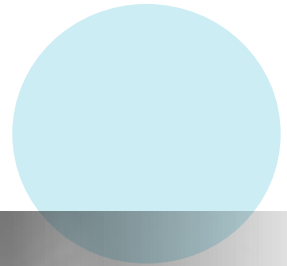
Clinical trials: these new treatments often have unknown side effects.



2.4 The impact of side effects on (return to) work

Whether you have finished your cancer treatment, or are still undergoing it, it's very likely that you will experience side effects.

Some people have side effects which last for months or, in some cases, years after the treatment has finished. These include both physical and emotional side effects. Most side effects fade with time, but to a varying extent will need to be accommodated at work with reasonable, 'workplace adjustments' (see chapter 6).



The impact of physical and emotional side effects depends on:

- The type of treatment
- Length and amount of treatment
- How you respond to treatment (physically and emotionally)
- Your general health
- The amount and nature of support you receive during treatment

2.5 Impact of physical side effects on work

Many physical side effects are 'invisible' and people may wrongly assume that if you look well, you must therefore be well enough to do your normal work. Understanding the physical side effects of cancer treatment is important, with the most common side effects being:

| Symptom | Short description | Examples of impact on work |
|---------------------------------|--|---|
| Fatigue | Extreme tiredness that affects between 70 to 80% of people undergoing treatment and/or after treatment. Fatigue makes you feel like you can't do things at your normal pace and it might not go away even after rest. People may also feel breathless and dizzy and struggle to do relatively simple tasks. It can last for weeks, months or years after the end of treatment. | <ul style="list-style-type: none"> • Can make it difficult to work the usual number of hours • Can affect concentration • Can limit the amount / level of responsibility at work • Can limit the amount of physical work and delay recovery |
| Pain or limited movement | Wounds from surgery may take some time to heal, so may cause pain or a loss of flexibility and/or strength as a result. This can be temporary or permanent. | <ul style="list-style-type: none"> • Can limit the amount of physical work • Can limit the amount of travel. |
| Risk of infection | Chemotherapy can cause a drop in the white blood cell count, which could put an individual at risk of infection. These effects usually begin around 7 to 10 days after each treatment and return to normal between 21 and 28 days. | <ul style="list-style-type: none"> • Alternative transport to work when commuting by public transport • The need for a contained desk space, avoiding an open-plan work environment |
| Changes in appearance | Common changes are hair-loss, changes to skin or nails, weight loss or gain. There may also be scars due to surgery. Keep in mind however that in many cases appearance improves over time as the body heals. The treatment of head and neck cancers can be particularly noticeable. | <ul style="list-style-type: none"> • Can cause embarrassment and loss of confidence and reluctance to be around others/attend meetings. |

| Symptom | Short description | Examples of impact on work |
|---|---|---|
| Neuropathy | Numbness or tingling of the hands and/or the feet, caused by some chemotherapy drugs. This is most likely temporary but can sometimes last for years or even be permanent. | <ul style="list-style-type: none"> • Can make it difficult to operate a keyboard or machines at work • Can make it difficult to drive a car or lorries |
| Lymphoedema | Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. It usually develops in the arms or legs. Sometimes sections of the lymphatic system have to be (partly) removed during surgery for cancer e.g. when the cancer has spread to these lymph nodes. It is often a (life-long) risk after breast cancer surgery when the lymph nodes in the armpit have been removed. | <ul style="list-style-type: none"> • Can cause embarrassment and loss of confidence • The need for time-off to see a special lymphoedema masseur on a regular basis • Avoid working with sharp objects • The need to wear a support sleeve or extra protection such as gloves |
| Risk of bleeding | After undergoing cancer treatment, people may find their platelet cells are low and this increases the likelihood of bleeding and/or bruising. | <ul style="list-style-type: none"> • Not able to contribute to activities that could cause a cut or bruise • Physical activity limited |
| Needing to eat little and/or often | The individual may need to snack regularly to keep energy levels up during or after cancer treatment. They may need to bring snacks to work. | <ul style="list-style-type: none"> • Regular breaks for little snacks |
| Using the toilet more often | This is a common side effect especially during and after treatment of the bladder, prostate or bowel. | <ul style="list-style-type: none"> • Can limit travel to and from work • May need to be positioned closer to toilet facilities in the office • May need extra breaks |

2.6 Impact of emotional side effects on work

Research shows that it is common for people to experience the emotional impact of cancer particularly after treatment has finished. This emotional processing of a cancer experience often happens at the same time you are considering returning to work. Internal struggles and shifts in priorities often make it difficult to make decisions about work. This may result in some hesitation to move forward with returning to work, and may be interpreted by others as a loss of interest in working.

On the outside the emotional impact of cancer isn't always visible to others and as with the physical impact, the assumption that the person 'looks OK and therefore must be OK' is easily made. Understanding the emotional and psychological impact of cancer treatment is important, with the most common side effects being:



| Symptom | Short description | Examples of impact on work |
|--------------------------------|---|---|
| Living with uncertainty | 45% of those diagnosed with cancer become fearful that their cancer will return (fear of recurrence) where every little ache or pain can cause panic. | <ul style="list-style-type: none">• Panic attacks at work• Hyperventilation• Withdrawal from work and colleagues• Becoming anxious or stressed just prior to medical follow-up appointments• May need time off prior to these and/or afterwards to cope with this anxiety |
| Loss of confidence | Most experience a 'loss of self' compared to how they felt before their diagnosis. Cancer changes the way people experience their physical and emotional abilities, and the outlook on their work and life. | <ul style="list-style-type: none">• Common tasks at work which were done with ease and confidence pre-diagnosis can now become more challenging |

| Symptom | Short description | Examples of impact on work |
|------------------------------|--|--|
| Cognitive problems | Often called a 'chemo-brain' as a result of chemotherapy, causing difficulty in concentrating and in remembering information. <i>NB: This is a physical side effect which is exacerbated by stress i.e. it is both physical and emotional.</i> | <ul style="list-style-type: none"> • Difficulty in following instructions, in planning work, in making decisions and in learning new tasks • Generally, feeling 'slow' in thinking |
| Depression | Affects up to 25% of cancer patients, regardless of the point in their cancer journey (compared to 7% of the general population). | <ul style="list-style-type: none"> • Can cause loss of interest and engagement with work, life and colleagues |
| A shift in priorities | A critical illness often makes people more aware of their mortality. It is common for people to become more focused on how they spend their time, which includes how much they work and what kind of work they do. Some may feel they would like to spend more time with their family and want to cut back on work. Others may want to focus more on engaging in meaningful work. Research has identified this as a "change of priorities," and it has been found to both motivate and deter some cancer patients in returning or staying at work. | <ul style="list-style-type: none"> • Loss of interest in work • Questioning work-load and/or work responsibilities • Quitting their job • In need of a career change |

2.7 Cancer isn't over when treatment is over

It's normal for people to feel low and experience grief, guilt, helplessness; to feel 'lost in limbo', and find it hard to make decisions. It can be difficult to put one's finger on a specific cause as it's often a mix of things; the treatment itself and the emotional response to a life-threatening diagnosis. Also, it can be challenging to find a way forward after treatment, including finding a 'new normal' in both work and life.

Many of the physical side effects described can be treated or mitigated. Although the physical side effects of chemotherapy and radiotherapy may last for a long time after treatment has finished, overcoming the emotional side effects of a cancer diagnosis and treatment usually take longer. It's important to be aware that these 'invisible' side effects are common and to be alert for them.



3

HOW CANCER TREATMENT AFFECTS OUR WORKING LIFE

"Like many I was so eager to 'get back to normal' and a large part of that was to get back to work"

- Cancer Survivor -

3.1 Why might you want to carry on working?

A lot of people stop working during treatment and for a period afterwards, as they prefer to focus on getting well and want to keep contact with work to a minimum. Others carry on working perhaps with some adjustments to their hours, their job responsibilities or typical working pattern.

You may find that:

- You want to continue working as it helps you take your mind off your illness. It helps you feel that everything is 'normal' and that you are in control of your situation.
 - You can work successfully during treatment; it gives a focus and structure to your life.
 - You want to continue working because you need the income and feel you can't afford to take sick leave, or you may worry that taking too much sick leave will damage your career prospects.
- You want to continue working even with a terminal diagnosis, as it gives you a sense of purpose and value. For further information about living and working with terminal or advanced cancer see chapter 8.

Continuing to work can have many benefits for you and your experience of cancer, but it is a very individual choice. If you can, it is always a good idea to talk to your line manager or HR about your diagnosis as soon as you are aware of it, to discuss the potential impact on your work and to explore options. For further advice about important work conversations and when to have them, see chapter 5.



3.2 The impact of cancer on your finances

Following a cancer diagnosis one of the first things you may think about is your mortality and life expectancy. This then gets overtaken by the inevitable round of hospital appointments, tests and discussions about your treatment options. However, it won't be long before you start to think about the impact your diagnosis will have on other aspects of your life, such as your finances. If you are one of the major financial contributors to your household this can bring with it unwanted stress and many questions and concerns. Some of these questions may relate to your current employment, others may relate to your broader financial situation.

The following are some of the questions you may want to discuss with your employer and/or family members and/or an Independent Financial Advisor:

1. How long will I continue to receive full pay and what is the sick pay provision?
2. How will my pension be impacted by my cancer and possible periods of absence?
3. What are my death benefits and provision for my dependents?
4. What provisions are there for Critical Income Protection, Permanent Health Insurance and how will any Private Medical cover be impacted?
5. What impact will my cancer diagnosis have on any personal/family insurance policies, such

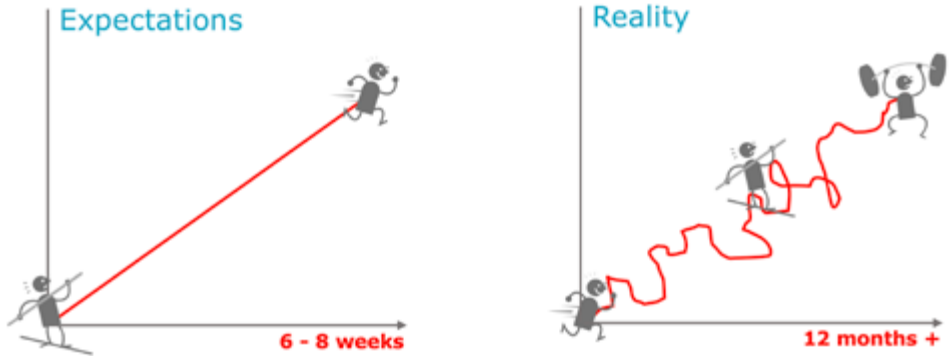
as travel, car, PHI (private health insurance), mortgage/income protection?

6. If I have long periods off work or working from home, how will this impact household bills and energy costs?
7. What is the longer-term impact of my cancer on my financial affairs – wills, inheritance tax planning and providing for dependents and loved ones?

For some people receiving a cancer diagnosis means they want to take a break from work and focus on getting well and having time with family and friends. In other cases, it might mean a reduction in working hours or taking unpaid leave. It is always a good idea to talk to your employer about the options and, before making any decisions, how any changes might impact your pay and benefits.

If you have to reduce your hours such that your income and benefits are impacted, you will find various sources of information and advice about managing your finances, accessing benefits and debt management, and about insurance on Working With Cancer's website.

3.3 Typical journey back to 'normal'



Returning to work is a process, not an event. Whether people have finished their cancer treatment, or they are still undergoing it, it's very likely that they will experience side effects that will impact their (return to) work for a significant period of time.

As this diagram shows, the **'typical journey back to normal'** is not linear and typically takes many months, sometimes years.

If you are worried about this, try to sit down with your line manager and share some of your concerns. You may have concerns about your ability to do your job, your relationship with work colleagues, concerns or guilt that others are now doing parts of your old job and frustration that you are not able to be back at work as usual. It is not self-indulgent to share your worries and concerns....it is essential.





4

THE EQUALITY ACT (2010) AND WORKPLACE ADJUSTMENTS

"Quite soon I realised that returning to work after cancer required more thought and understanding about how best to set things up so that I could be as effective as possible, whilst acknowledging the recovery required in returning to work after cancer."

- Cancer Survivor -

4.1 The Equality Act 2010 and Disability Discrimination Act 1995 (DDA)

In the UK everyone with a cancer diagnosis is classed as disabled under the Equality Act 2010 (or in Northern Ireland, the Disability Discrimination Act 1995 (DDA) (as amended)) and protected against discrimination in the workplace because of cancer. The protection is lifelong regardless of whether treatment is continuing or completed, or whether you are in remission or not.

This legislation covers all areas of employment including the pre-employment recruitment process and post-employment references. It also covers carers and in many cases people who are self-employed.



4.2 Types of discrimination

In respect of cancer survivors, there are three main forms of discrimination:

1. Direct disability discrimination
2. Indirect disability discrimination
3. Discrimination arising from disability

Other forms of discrimination are:

Other forms of discrimination are:

4. Harassment
5. Victimisation
6. The failure to make reasonable adjustments (see chapter 6.3 Workplace adjustments).

In Northern Ireland, the DDA does not cover 3 above and only partially covers 5.

Direct disability discrimination

This applies when, because of a disability, an individual receives less favourable treatment than someone who does not have that disability.

Examples are: *not recruiting or promoting or training someone because they have cancer.*

Indirect disability discrimination

This applies when a rule or policy or practice which applies to everyone puts disabled people at a disadvantage compared with those who are not disabled, although this may not apply if it can be shown that it is meant to

achieve an organisational objective and is fair and balanced in its application. Not knowing about a person's disability i.e. that they have cancer, is not an excuse for indirect discrimination.

Examples are: *not being selected for a role or promotion or training because of a reason related to having cancer e.g. having too many days sick leave.*

Discrimination arising from disability

Discrimination arising from disability is when someone is treated unfavourably because of something arising as a consequence of their disability rather than the disability itself.

With this form of discrimination there is no need to compare the individual's treatment with someone else's but it cannot occur unless the employer knew (or should have known) that someone was disabled. However, this is not a license for employers to ignore issues. The Equality and Human Rights Commission Guidance states that "an employer must do all they can reasonably be expected to do to find out if a worker has a disability."

As with indirect disability discrimination, this form of discrimination may not apply if it can be shown that it is meant to achieve an organisational objective and is fair and balanced in its application.

Examples are: *needing to have regular rest or toilet breaks or having difficulties in using public transport or needing regular*

hospital appointments, which impact an individual's performance or work commitments and lead to unfavourable treatment at work.

Harassment

Harassment is when someone behaves in a way which offends another employee or makes them feel distressed or intimidated. This could be abusive comments or jokes, graffiti or insulting gestures.

Examples are: *being teased about frequent trips to the toilet, about hair loss, or about forgetting things because of 'chemo-brain'.*

Victimisation

If an individual believes they have been treated badly because they have complained about discrimination or harassment or because they have helped someone who has been discriminated against, this is called victimisation and is unlawful under the Equality Act.

This only partly applies in Northern Ireland where an employee would need to prove that they had been treated less favourably than someone who had not made a complaint.

Employers can also be held vicariously liable for how their employees behave at work where this results in direct discrimination and harassment.

4.3 Workplace adjustments explained

Within the UK and Northern Ireland employers have a legal duty to make 'reasonable adjustments' (also called 'workplace adjustments') to the workplace and working practices, so as not to place an individual at a 'substantial disadvantage' because they have or have had cancer. Examples of these are provided on the next page.

It is generally acknowledged that making adjustments is an essential part of securing an employee's successful return to work and that they should be offered to an employee from the point of their diagnosis but also be an integral part of any return to work plan.

There is no fixed description of what a 'reasonable workplace adjustment' is because what is reasonable for one individual or organisation may not be reasonable for others. It will depend on how practical it is to accommodate and the cost of the adjustment. For more information and examples see chapter 6.





CREATING A SUPPORTIVE ENVIRONMENT FOR YOURSELF

Most people worry about telling their employer that they have cancer and need treatment. It inevitably raises concerns about job security, being a valued team member and relationships with work colleagues in general.

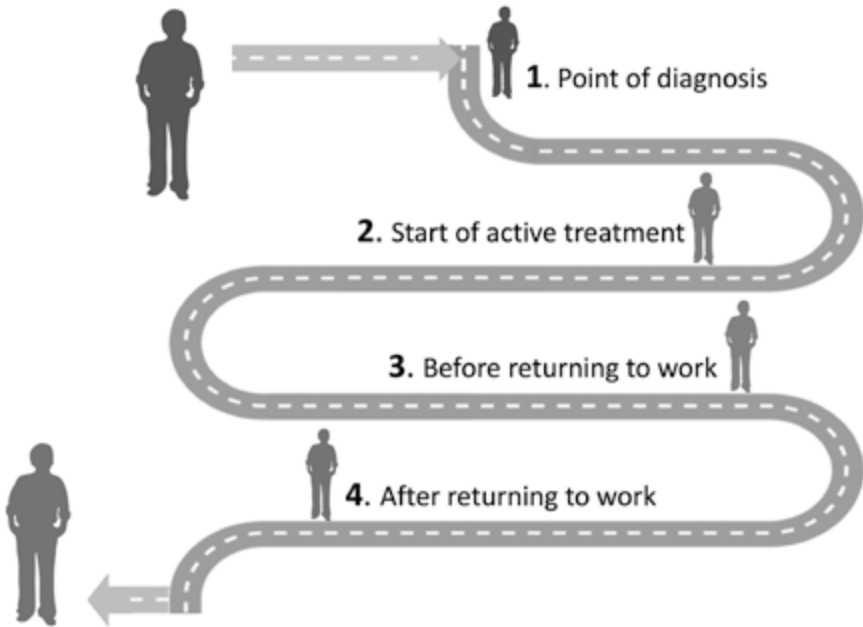
You don't have to tell your employer all the details of your cancer and treatment, but unless they know, they cannot support you and help you to make changes to your work life. Also, if you don't tell your employer and your ability to do your job is affected, it might cause problems later. You might find that you are asked questions about your absences and work performance.



5.1 Important conversations at the 4 key stages

Let's be clear, it is not easy talking about cancer with our family and friends let alone with your line manager and work colleagues. You may feel awkward and not know what to say, or when or how. You may have concerns about the confidentiality of discussions and who else they will tell in the organisation. This may be the first time you have had a conversation that touches on personal matters with your line manager and work colleagues. Nonetheless, not talking about your cancer with your employer will make it harder for them to support you.

There are four stages when you should have a prepared and structured conversation with your line manager. See below some things to think about at each stage:



1. At the point of diagnosis

Before a diagnosis of cancer, your line manager may have noticed that you were unwell, or that you have needed time off to see a doctor or attend hospital for various tests and procedures. Hopefully, your line manager will speak to you about the outcome of these but it is equally important that you share as much of the detail of the diagnosis as you feel comfortable and able to do.

- As soon as you find out that you have cancer ask to have a meeting

with your line manager. It might make it easier to share details of the diagnosis if you bring along a friend, a family member, or work colleague.

- Sometimes first conversations can be quite emotional, so be prepared for the fact that you might get upset. It is a good idea to ensure you find a private space where you will not be interrupted or overlooked.
- Ensure you discuss the confidentiality of the conversation and make it clear whether you want your line manager to share any details of your illness with other

colleagues. Some colleagues may have noticed that you were looking unwell and needed time off, so it is best to agree what is shared and with whom.



- In the early stages you may not be certain about your diagnosis or your treatment. But try to give your manager as much information as you can about the next steps and what time off you will need for

doctor and hospital appointments. If you don't know be honest and say so.

- Discuss to what extent you feel able to stay actively at work and how your employer could help you at this early stage.

2. At the start of and during active treatment

Some people feel able to work in some capacity through most of their active treatment including chemotherapy. However, most want to take time off work to rest and recover from their treatment at home. It is important to make the right decision for you and not to feel pressurised into coming into work too soon.

- Discuss with your line manager the



treatment and its probable side effects and how this might impact your ability to work.

- If you are taking extended periods of sick leave how do you want your employer to keep in touch with you: by email, phone, Skype? You may want complete privacy during your treatment, but this can make it difficult for your employer to know what support you will need on your return.
- Before you start your treatment and sick leave it is a good idea to agree with your line manager what you share with your team and work colleagues about your absence and details of your illness. You might want to prepare a short explanation of your cancer, treatment, and side effects for your line manager to email to colleagues.
- When you start your treatment, you may not know what effects it will have, although your medical team will have given you information on what to expect. Many treatments have a cumulative effect on your body, with the side effects getting more difficult to cope with over time. You will need to keep things flexible and continue to review the arrangements you have with your employer. If you are continuing to work during your treatment you may want to discuss adjustments to your travel arrangements, such as the time of day you travel.

3. Before returning to work

If you have taken sick leave during your treatment it is a good idea to contact your employer 3 – 4 weeks before you are thinking about your return to work. This will allow you to discuss the impact of the side effects and jointly agree a flexible 'return to work' plan.

You may be required to see an Occupational Health advisor or company doctor. They will assess your situation and can offer you useful advice and guidance on getting back to work.

- Share with your line manager details of your current health and the impact of the treatments and longer-term side effects. For example, fatigue, concentration, physical capabilities, risk of infection etc.



- What are your preferences regarding a phased return and resuming your full job responsibilities? For example: number and length of the days in the office, ability to resume long distance travel, extended periods standing or sitting.
- What do you want to communicate to colleagues? You could agree that your line manager sends out an email giving a short explanation of the cancer and side effects, the wording to be agreed with you in advance.
- Discuss with your line manager what will happen on Day 1. If you have had an extended period off work there may have been many changes in the work environment - such as where you sit, your log-in for the computer system, changes in team members etc.
- It is important to be realistic about what you will be able to achieve on your return. Be careful that you don't overcommit in the early stages, even if you feel fine.

4. After returning to work

After you have returned to work it is important to continue to review your progress with your line manager.

- Try to meet on a regular basis (e.g. once every two weeks) to review your return and how well any adjustments are working.
- Use this meeting to raise any concerns you have about your role and responsibilities.
- Expect to have good days and bad days.... recovery is very rarely a linear progression as shown in the diagram on page 16.



5.2 Reconnecting with work colleagues

Talking about cancer is difficult for us all. You may find that initially some colleagues avoid you as they don't know what to say or are worried about saying the wrong thing. You may not want to mention the word 'cancer' but often people jump to the wrong conclusions and expect the worst if given inadequate information.

Showing them that you are willing to talk openly about your illness from the outset may help. For example:

- A short explanation of your cancer and treatment can help to reduce the awkwardness, but also allow you to then steer the conversation back to your work life and where you need help.
- Sending an email or note to colleagues (often via your line manager) can be a great way to share information about your cancer and the side effects, as well as reducing the number of repetitive conversations upon your return.

Sharing your cancer story can often precipitate similar stories from work colleagues, about their own personal cancer experiences or that of family and friends. For many this sharing of similar experiences can be a way to reconnect with work colleagues; for others it can feel like an intrusion and a lack of empathy for their own unique situation. Do remember that people generally mean well but they don't always get it right.

Colleagues are well intentioned and want to re-establish the working relationship but may not realise the emotional and physical impact cancer has had on your life. It is important to decide what you want to share and with whom but keeping connected with colleagues during and after your treatment can be a great source of support and comfort.





Some things to think about:

- If you are undergoing treatment you might want to consider sending regular email updates to team colleagues, letting them know how things are going. This can reduce the amount of questioning you have on your return.
- Prior to returning you could prepare an email for team colleagues. This could include a short explanation of your cancer, the treatment you have undergone and the side effects. If there are obvious changes in your appearance it will help to prepare people by letting them know in advance. It is also important to outline specific side effects that are not visible, such as a compromised immune system, so that you can avoid further risks to your health.
- You might want to ask your line manager to brief the team ahead of your return.
- Think about your response to the typical greeting "You look great, how are you feeling? This can be a very difficult question to respond to and often lends itself to a reply such as "I'm fine!" A different approach is to give them a quantifiable response, along the lines of "it is one of my better days, a "7/10" or "not one of best days, a 3/10" This allows people to get a very quick update on how you feel and perhaps guide them in supporting you.

- You may see returning to work as a way to give the “cancer talk” a rest, at least for a period of time during the day, whereas your work colleagues may feel they need to show their concern by asking you lots of questions about your cancer, your treatment and how you are feeling. You can steer the focus onto work topics, by saying something as simple as “Wasn’t that a good meeting?” or “Tell me what has been happening whilst I was away?” Saying something like this can go a long way to helping you and your colleagues to feel like things are getting back to normal. It can also help your colleagues feel that being part of the team is still important to you.
- If you were part of a team that is used to working well together, where everyone is clear on priorities, responsibilities and what needs to be achieved, you may find it hard to realign with them when your own priorities have changed as a result of the cancer. That is because your focus whilst off work was getting through treatment and managing your recovery afterwards. You have not been concerned about meeting deadlines or been well enough to sit behind a desk all day, attend meetings or make phone calls. Your life has changed.

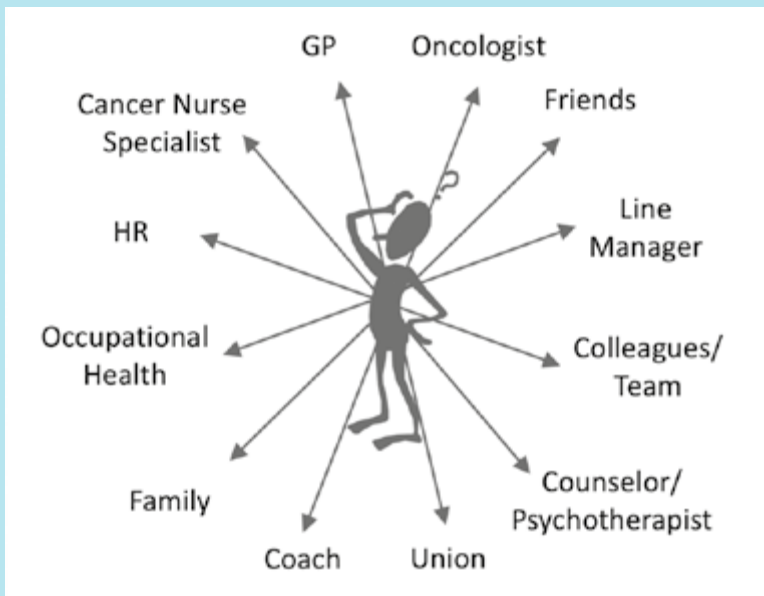


5.3 Building a wider support network

Following your cancer diagnosis, you will have come across many different people who will be able to help you. It can at times feel quite overwhelming – who do you turn to for what? The picture below captures just a few of the different professional and support relationships that you may have encountered. It is important not to be overwhelmed, but instead review the list and decide what support they can provide, versus what your needs are now and in the future.

able to provide you with the help of a specialist coach or counsellor to support your return to work.

It is usual to feel overwhelmed and depressed, which may have a negative impact on your return to work. Please don't hold back in asking for support. Your Line Manager and/or HR may be





5.4 Conversations with family and children

Family and close friends are an important part of your support network. Keeping them in the picture about your cancer will help them to support you, as well as knowing when you need private time. Sharing information with family, and in particular young children, may feel daunting but it is important that you do this if possible.

It's important to be honest with family members and children because:

- They will sense something is wrong and may imagine the worst if they are not told otherwise.
- They may become anxious if they aren't told about what is happening.
- They may feel upset or even question mutual trust if they hear the news from someone else.
- If you pretend that everything is fine, close family and in particular children, may feel that they have to keep their worries to themselves and feel even more anxious.

Here are some things to consider when telling your children - much of this will also apply when sharing information with other family members and close friends:

- Think through and prepare what you are going to say and how you are going to say it so that your

language is clear and simple. It might be helpful to involve your partner when sharing the news with children. A good message to get across is that having cancer is not a secret and does not need to be hidden from other people. If you want to restrict them sharing the news of your cancer with a wider group, be very clear who they can tell and what they should say.

- You will need to consider when you tell your children and if the news is best shared with the family all together or one child at a time first, depending on their ages, followed by everyone being together.
- Be prepared to answer questions, but don't be concerned if you don't have all the answers in the first conversation. It may be some time before you have the full picture about your treatment and prognosis. In the first conversation it is helpful to share what you know, for example:
 - *the name of the cancer*
 - *in which part of the body the cancer is*
 - *how the cancer will be treated.*

Children will look for reassurance and to know how the routines of their lives are going to be affected. Being honest about what is known and what is not yet clear at this early stage is important, especially as time goes on and the situation changes. Older children may want to visit the treatment centre or to know how they can help/be involved. It is a good idea, if possible, to have another trusted adult present and that may also help to reassure younger children. Talking about cancer and sharing feelings is hard for many people, but it can be even harder to hide thoughts and feelings so it is important to reassure children that feeling sad, upset and anxious is normal. Spending time together can be a source of great support and comfort and keeps the lines of communication open.



6

RETURNING TO WORK

What are
my rights,
what info?

phased
return,
HOW?

Going back to work will be a big step in your recovery. However, it can often feel like jumping on to a fast-moving train, bringing with it feelings of anxiety and stress – will I be able to do my job, can I cope with the workload and hours, what will I tell my work colleagues?

It is important to set realistic expectations in the early weeks, months and possibly years after returning to work. You have been through a lot and are most likely still coping with side effects and difficult feelings about the future.

You will know what it is like returning to work after a few weeks' holiday. So not surprisingly you may feel apprehensive about returning when you have been away for months. While you were away work colleagues, systems and processes may have changed. Your employer can do a lot to support your return to work, but it is a two-way process.

6.1 Workplace adjustments explained

Within the UK and Northern Ireland employers have a legal duty to make 'reasonable adjustments' (also called 'workplace adjustments') to the workplace and working practices, so as not to place an individual at a 'substantial disadvantage' because they have or have had cancer. Examples of these are provided below.

There is no fixed description of what a 'reasonable workplace adjustment' is because what is reasonable for one individual or organisation may not be reasonable for others. It will depend on how practical it is to accommodate and the cost of the adjustment.

What is important is that you and your employer talk about how the cancer and your treatment might or will affect your work life and what changes would support your return to work. Because each person experiences cancer differently, any changes will be very personal to you, your cancer and the treatment regime you are undergoing. Many side effects emerge and continue after the treatment programme has

finished, so keeping the lines of communication open is essential as a way of reviewing progress on a regular basis.

Sources of advice

When considering adjustments, you and your line manager may wish to consult with HR or an Occupational Health advisor. Your manager may also want to seek medical advice from your doctor. They will need your permission to do this. You also have the right to see any medical report before it is sent to your employer.

Examples of workplace adjustments

Sometimes it is just a few small changes, for example, in working hours or duties that make all the difference to a successful return to work. Here are some examples:

- Allowing you a phased return to work where you gradually increase your hours and duties over a period of 3 to 6 months, sometimes

longer. For example, if you were originally working full time you might work two short days for 2 to 4 weeks, followed by three short days for the next 2 to 4 weeks and so on until back to working a full week. Your HR or your O.H. advisor (if your employer uses one), will usually provide advice on the options.

- Removing particularly onerous aspects to your work such as foreign or frequent travel
- Changing your hours of work to allow for a shorter working day or to work more flexible hours
- Allowing you extra breaks to cope with fatigue or providing a quiet

room where you can have a short rest

- Allowing you to work from home for part of the week
- Allowing you time off to attend medical or health related appointments
- Making physical changes e.g. changes to your desk or chair or computer software to cope with the side effects of treatment.
- If you have impaired mobility, providing a car parking space and easy access to a lavatory
- Allowing extra time for training or retraining to help you cope with 'chemo-brain'



6.2 Creating a return-to-work plan

This involves working with your line manager to create a plan for the first weeks and months of your return to work. This should be flexible and will need regular review to allow changes along the way. Although you may feel too well to stay at home, until you return it's difficult to understand the impact of the working day and working environment on your recovery.

Some of the important elements to consider are:

- Based on your cancer, treatment and recovery what reasonable adjustments (see above) would support your return?
- What do you need to communicate to the team, colleagues, and clients/suppliers (where relevant)?
- Do you need to set up a "team awareness" session to update your colleagues on your cancer, treatment and the impact of side effects?

- You and your manager should organise regular check-ins
- You and your manager should also organise a more formal progress review and involve HR
- What support do you need from family and friends? They may have concerns about your health and wellbeing if they feel you are returning to work too quickly. You may also be relying on family members for transport to and from work.
- Training processes, procedures and technology might have changed since you left and you might need some training, refresher training, or some sort of induction programme. Your line manager may be able to arrange a 'team buddy' to support you in the first days/weeks.

Preparing for Day One

You will know what it is like returning to work after a few weeks holiday. So it is not surprising that it feels daunting going back to work after a number of months. Whilst you have been away there may have been many changes in the work environment.

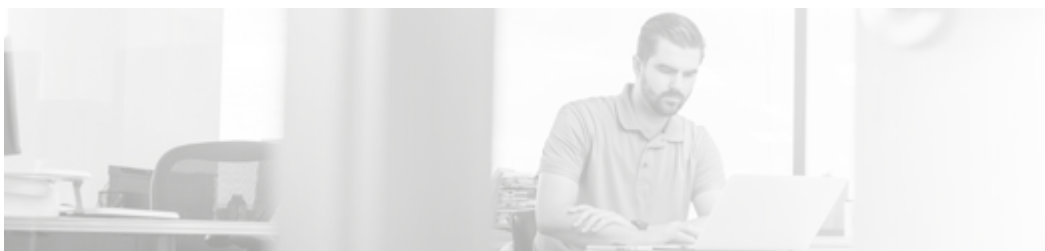
Day one check list:

1. Arrival time and who should you see first - line manager, HR?
2. Do I have the same work station/desk?
3. Do I need a new security pass or log-in for my computer?
4. Have there been any changes to my team and are they aware of my return?
5. Have there been any changes in policy and practices that affect my job?

Resetting objectives and targets

In the first few weeks and months of a phased return you will be adjusting and possibly relearning your old role.

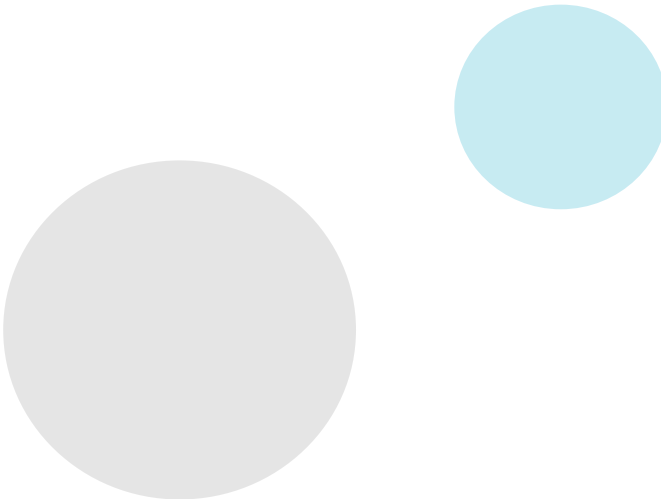
You may initially have reduced responsibilities. It is important to ensure that you agree objectives with your line manager that reflect your phased return, and that they are both realistic and achievable. Over ambitious expectations of your work performance from you and your employer during your phased return could add additional stress and anxiety and impede your successful return.





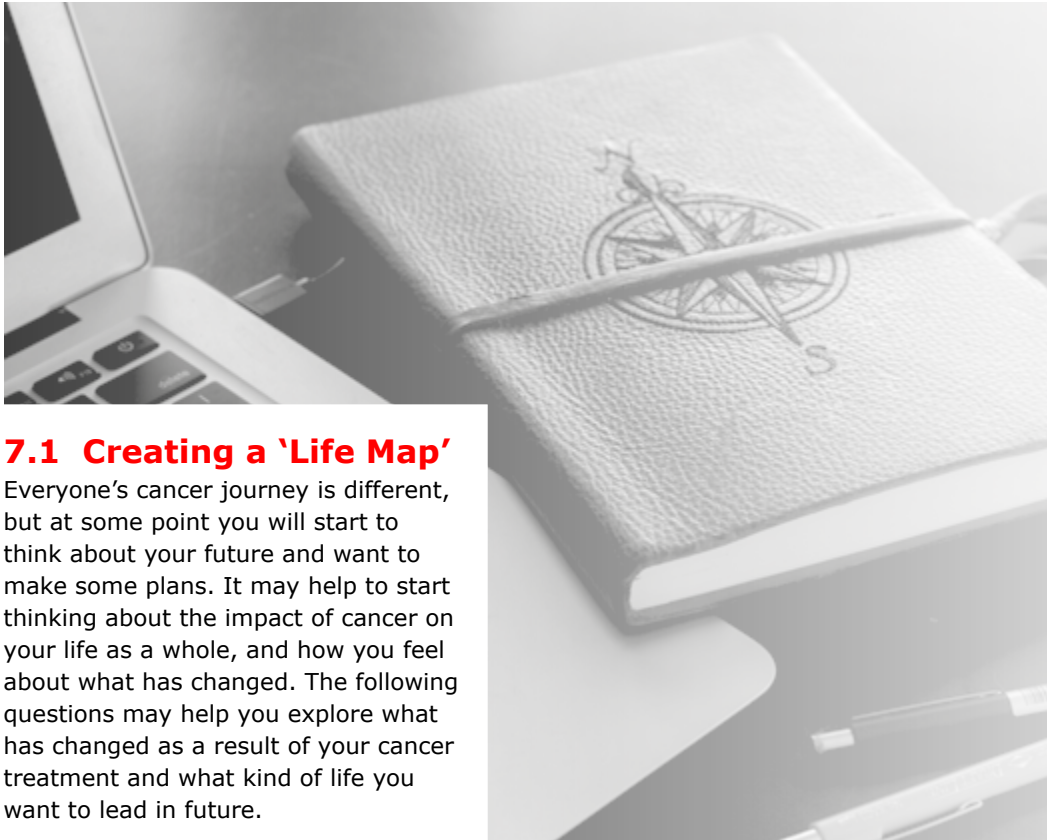
7

FUTURE DECISIONS ABOUT WORK AND LIFE



As you start to feel more comfortable and confident about returning to work and finding your 'new normal' following treatment, it is inevitable that you will start to think about the future. This may bring up lots of worries about whether the cancer will come back or about further treatment you may still need to have. You may also start to think about your future and what balance you want to achieve between your personal life and your work.

Your focus during your treatment and before returning to work may have been very much driven by events. For example, the next hospital appointment, getting through the radiotherapy, the first day back at work, and telling working colleagues about your cancer. However, suddenly your treatment has ended and you are now back at work, and you may feel that you are supposed to put the whole experience behind you. But the focus of your life may have changed completely – you may have different priorities now - and change isn't always easy to handle.



7.1 Creating a 'Life Map'

Everyone's cancer journey is different, but at some point you will start to think about your future and want to make some plans. It may help to start thinking about the impact of cancer on your life as a whole, and how you feel about what has changed. The following questions may help you explore what has changed as a result of your cancer treatment and what kind of life you want to lead in future.

What do you want to have achieved or have happened over the next 3 years?

| | |
|------------------------|---|
| Family | <p><i>How do you envisage family life in three years' time?</i></p> <p><i>What do you enjoy doing with them?</i></p> <p><i>How would you like your relationship with your parents, siblings, and other family members to be?</i></p> |
| Finance | <p><i>What do you need to take into consideration?</i></p> <p><i>Will your spouse/partner be earning and how much?</i></p> <p><i>What do you want or need to be earning?</i></p> <p><i>How much do you want to be able to save?</i></p> <p><i>What situation do you prefer with regard to mortgage, debt, pension, and so on?</i></p> |
| Health | <p><i>How do you see your recovery progressing?</i></p> <p><i>What can you do to take care of yourself and those you love?</i></p> |
| Friends | <p><i>Do you want to give more or less time to friends?</i></p> <p><i>Do you want to develop new friends or new networks?</i></p> <p><i>What would you like to be doing with your friends?</i></p> |
| Material things | <p><i>Are there certain things you would like? For example, car, boat, second home, technology or labour-saving gadgets?</i></p> <p><i>Are there ways you can start to save for these now?</i></p> |
| Home | <p><i>Are you happy in your current home?</i></p> <p><i>What improvements do you want to make to it?</i></p> <p><i>If you want to move, where will you have moved to?</i></p> <p><i>What kind of area will it be in?</i></p> <p><i>What will the house look like?</i></p> |
| Travel | <p><i>Do you enjoy travel? Are there specific places you would like to visit on business or for leisure? List these and consider why you want to go there?</i></p> <p><i>On a more mundane basis, are there any ways to improve your current, daily travel arrangements?</i></p> |
| Relationships | <p><i>What is your ideal picture for your relationship with your spouse/partner? How can this be enhanced?</i></p> <p><i>What would you like to be contributing?</i></p> <p><i>What would you like to be sharing with your spouse/partner/close friends?</i></p> |

| | |
|--------------------|---|
| <p>Work</p> | <p><i>What do you want to be doing? What are the options open to you? Would you rather be self-employed? What would your ideal day look like? What type of people do you want to have as colleagues? Do you like a more routine job or more variety? Do you want to travel more? Do you want to work in a town or the countryside or from home? What are your key skills and strengths?</i></p> |
| <p>Me</p> | <p><i>How would you like to be feeling in yourself? Fitter? Better diet? More confident? More assertive? More relaxed? Taking more time for hobbies and pursuits? Reading or studying more? Meditating, exercising? What does this changed you look like and feel like? What kind of person do you want to be?</i></p> |

Don't feel pressurised to start making plans: a lot has happened to you and you will need time to heal and take it all on board.

You will know when it is the right time to start moving forward and thinking about the future. You may want to share all or part of the map with family and close friends. They may be quite surprised and perhaps relieved that you are moving forward and interested to hear what is important in your life...a lot may have changed!

7.2 Long term career discussions

When you return to work you may feel a lot has changed, both within your team and work environment, as well as your priorities. For many cancer survivors getting confident in their old role is enough. Others will start to think about their role and the future direction of their career.

Questions about the type of role and the demands this puts on you and family life are very normal after the trauma you have just undergone. However, you might also have concerns that as a result of your cancer your employer may be holding back from giving you responsibilities that would put increased pressure and stress on you. If you are starting to think about changes to your role or have concerns about your future career direction it is vital that you discuss these with your line manager and/or your HR representative at the earliest opportunity.





8

LIVING AND WORKING WITH ADVANCED CANCER

"I, like many others I meet, don't want to stop work; why should I?"

Why should I give up when I love my job and it gives me purpose beyond my cancer?"

- Coachee of Working With Cancer -

8.1 What is advanced cancer?

Advanced cancer is defined as cancer that is unlikely to be cured. Healthcare professionals may also use the terms secondary, metastatic, terminal or progressive cancer to describe it. Advanced cancer may be primary or secondary cancer:

- Primary cancer refers to the first mass of cancer cells (tumour) in an organ or tissue. The tumour is confined to its original site, such as the bowel. This is called cancer in situ, carcinoma in situ or localised cancer.
- If cancer cells from the primary site move through the body's bloodstream or lymph vessels to a new site, they can multiply and form other malignant tumours (metastases). This is known as secondary or metastatic cancer. Secondary cancer keeps the name of the original, primary cancer. For example, bowel cancer that has spread to the liver is still called metastatic bowel cancer, even when the person has symptoms caused by cancer in the liver.

Some people's cancer may be advanced when they are first diagnosed. For others, the cancer may spread or come back (recur) after initial treatment.

Although medical treatments may not be able to cure advanced cancer, some treatments may still be able to slow its growth or spread, sometimes for months or even years. Palliative care can also help manage cancer symptoms, which may include pain,

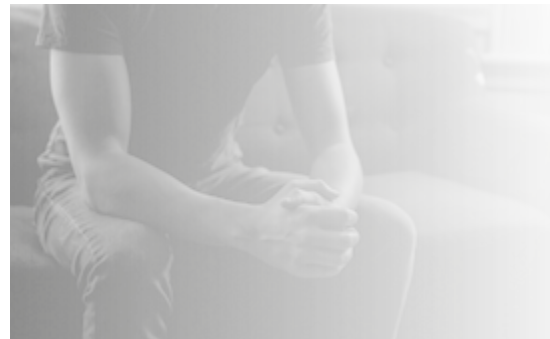
and can reduce side effects from cancer treatments. At any stage of advanced cancer, a range of other palliative care services can enhance quality of life.

8.2 Treatment options for advanced cancer

The treatment options for advanced cancer will depend on the purpose of treatment – whether it's to try to cure the cancer, keep the cancer from spreading, or to control symptoms.

Treatment will depend on where the cancer started, how far it has spread, the individual's general health and preferences. The most common treatments include chemotherapy, radiotherapy, surgery, targeted therapy, hormone therapy, immunotherapy, or a combination of these. Sometimes, treatment is available through clinical trials.

Treatments can be used for different reasons, so it's important to understand the aim of each treatment. As the cancer progresses, the aim may change from trying to cure the cancer, to controlling the cancer, to relieving symptoms and improving quality of life.



8.3 The impact of living and working with advanced cancer

Coping with feelings and emotions

If you are given a diagnosis of advanced or terminal cancer you will experience a wide range of feelings and emotions. It may be that you have had a previous cancer diagnosis and the resulting treatment, but it has returned and now spread. Alternatively you may have advanced cancer as a first diagnosis. In both cases this is a very frightening time and brings a lot of uncertainty along with physical and emotional demands.

You may feel a whole range of strong emotions such as shock, despair, feeling frightened, or anger about this sudden change of circumstances. For many of us these feelings become easier to manage with time, as you start making decisions and plans.

Talking to others can also be very helpful. This could be someone close, or you might prefer to talk to someone you are not so close to - a coach, counsellor or members of a support group. Complementary therapies may also help to reduce stress and anxiety. In some cases when feelings are very difficult to cope with, you might benefit from therapeutic, psychological support.

Life after diagnosis

For some knowing that their cancer might not be curable can give an individual the chance to decide what's important to them and how they want to live their life. Concentrating on what they can enjoy and achieve can be satisfying. But during this time, many people can also carry on with their day-to-day lives – including continuing to work – as it provides a sense of normality as well as continuing financial security.

If you are currently working following an earlier cancer diagnosis you may want to sit down with your line manager and re-visit your working arrangements and adjustments that are in place. You may also start to think again about the impact your treatment will have on your working life. You may find that this type of diagnosis is more distressing and difficult to talk about with work colleagues and family. It might be that this new diagnosis will change the way you look at work and the importance it has in your life.

If an advanced cancer diagnosis is your first experience of cancer you should try to share this news with your line manager as soon as possible. Chapters 3, 4 and 5 will help you to think through some of the important conversations and things to consider.

8.4 Getting the right support

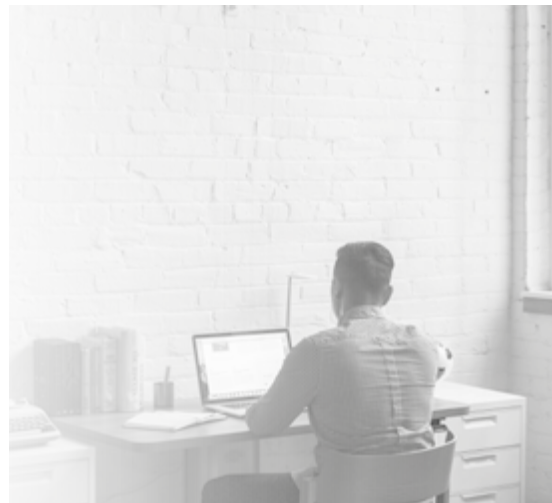
If this is your first diagnosis of cancer, or your cancer has returned, all the issues set out in the previous chapters apply in terms of how you can get the best support, except that this type of diagnosis is much more distressing and potentially more difficult to deal with. The fact that this may be described as terminal or treatable but not curable brings a whole set of further questions and uncertainties. Some of these may include: "How long do I have?"; "What will my quality of life be going forward?"; "How do I tell my family and loved one?"; "What provisions do I want to put in place if I am no longer around?" These are critical questions and ones that you should try to share with those close to you. Whilst it is very upsetting confronting such questions, it can also be quite liberating to get them out in the open. We are all different and only you know when it is the right time to confront concerns and who you want to share these with.

Telling work colleagues about your diagnosis or that the cancer has returned can be very hard, but the sooner you are able to share some details of your diagnosis the better they will be able to support you. It is important to be very clear with your line manager and work colleagues about your wishes regarding work and what they can tell other colleagues. It is quite natural for people to assume that you may wish to spend more time at home with family and friends following a terminal diagnosis. However, many people choose to continue to work as

long as possible as it brings some sense of normality to their lives. They need to be guided by your wishes, so it is important that you share what you can with them.

It is also important to discuss any changes to your work arrangements. As outlined in previous chapters, you will need time off for hospital appointments and for treatment. You may need flexibility in other areas, such as working hours, home based or flexible working.

If you want to spend more time at home with family it is also important to speak to work colleagues about any contact arrangements as they may be very unsure how they should interact with you at this stage of your illness and what to do and say as your cancer progresses. The more you can talk to others about your circumstances, the more they can provide you with the support you need at a very difficult time.





9

SIX KEY MESSAGES

Be kind to yourself

1

Set yourself realistic expectations about your return to work. You have been through a great deal and it will take time.

Engage your line manager

2

Your line manager is an important person in supporting you in a successful return to work. The more you feel able to share about your cancer, the treatment and the side effects, the easier it will be to explore and implement reasonable adjustments.

Talk to work colleagues about your cancer experience

3

Telling colleagues about your cancer can help them to understand what you have been through and what support you need. You may want to prepare a short and a longer explanation dependent on the audience. Sending an email to your team ahead of your return may reduce the number of difficult conversations on your first few days back at work.

Be prepared for setbacks

4

Recovering from cancer and its treatment is not a linear progression. You will have good days and bad days.

Ask for support

5

Don't be afraid to ask for help from friends, family and work colleagues.

In most cases they will feel honoured and eager to help.

Focus on your future

6

Whatever your cancer, it will have changed your life irrevocably, so don't be afraid to make plans and take decisions about your future life and what part you want work to play in that.

10

CHECKLIST & FURTHER RESOURCES

Checklist for Employees with cancer

In addition to developing this Best Practice Guide we have provided a comprehensive checklist of questions for you to consider.

Is there any more that you or others can or should do to obtain or provide advice, guidance or support?

There are also three more Guides in this series that you may want to get hold of;

- Best Practice Guide for Line Managers
- Best Practice Guide for Working Carers
- Best Practice Guide for Colleagues

There is also space at the back of this guide where you can write your own notes.



1. DIAGNOSIS

How well do you understand your diagnosis and situation? Is there any more medical information you need and how might you obtain that?

Have you spoken to your line manager? If not, what information and support do you need to help you prepare for a conversation with your line manager?

What about HR? Have you been in touch with them?
Are you aware of what your entitlements are regarding sick leave, sick pay, health insurance etc?

Are you aware of your rights under the Equality Act 2010 (Disability Discrimination Act 1995, Northern Ireland)?

What information about your cancer treatment do you want to share with work colleagues? Can your line manager or any team member help you with this?

2. DURING TREATMENT

How well do you understand the treatment programme and the likely side effects?

Is there any further medical information you need about your treatment programme? Who could help you find out more about your treatment, side effects and longer-term impact?

Have you spoken to your line manager about your treatment? Are you able to carry on working during your treatment?

What adjustments do you need to put in place during treatment, e.g. flexible working, adjustment of hours, duties performed etc?

What information about your cancer treatment do you want to share with work colleagues? Can your line manager or any team member help you with this?

If you are not working during your treatment, in what way and how often do you want them to be in touch?

What other support do you need from your line manager and work colleagues during your treatment?

Do you want to be kept informed about new job opportunities and discuss your future career during your treatment? Have you shared this with your line manager?

Do you have any concerns about your contractual entitlements during your treatment? Who could you speak to about this?

Are you aware of the support services provided by your organisation, including coaching and counselling?

What do you want to communicate to family, friends and neighbours?

3. BEFORE RETURNING TO WORK

How clear are you about the support you will need on returning to work? If you are not clear, how can you find this out?

Do you have any concerns about the long-term impact of your cancer? Who could you talk to about this?

Do you have a view about when you will be ready to return to work? And have you shared this with your line manager?

What information and advice might you need before discussing or agreeing to any workplace adjustments?

What support and advice do you need to help prepare for a meeting with your line manager?

Have you explored what support services your organisation can offer you to help with your return to work, for example, coaching or counselling?

Do you have any concerns about your role and job responsibilities?

Do you have any concerns about your contractual entitlements? Have you shared these with your line manager and/or HR?

What support will you need from family members and friends to support you in returning to work?

What information do you want to communicate to colleagues, other managers, third parties etc about your return to work and how and when do you want to do this?

What adjustments do you need at home to support your return to work, e.g. help with jobs at home?

4. AFTER RETURNING TO WORK

What arrangements do you have in place to monitor how well your return to work is going and whether the workplace adjustments are working? What arrangements do you have in place to review your progress with your line manager?

Do you have any concerns about the long-term impact of your cancer? Who could you talk to about this?

How will you reassess your career within your organisation and also gain an understanding of how they view your current work and future career? Whose advice might you seek about doing this?

How will you share your on-going progress with family and friends?

How will you share your progress with work colleagues?

If the workplace adjustments that have been put in place are not working, despite various changes, what other options are open to you? With whom can you discuss this?

Are you aware of the services within your organisation that have been put in place to support you?

FURTHER RESOURCES

| Resources | Contact details |
|-------------------------------|-----------------|
| HR Advisor | |
| Occupational Health Advisor | |
| Employee Assistance Programme | |
| Employee Support Group | |
| Working With Cancer® | |
| Other organisations | |

NOTES



**If you have any feedback about this Best Practice Guide,
please [get in touch with us](#).**

**For further information and resources
please visit our website at:**

www.workingwithcancer.co.uk



Working With Cancer®

Website: www.workingwithcancer.co.uk
Email: admin@workingwithcancer.co.uk
Tel: 07910 83558
Twitter: [@WorkWithCancer](https://twitter.com/WorkWithCancer)
LinkedIn: www.linkedin.com/company/working-with-cancer

