

Work and Cancer

Best Practice Guide
for

Line Managers



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®

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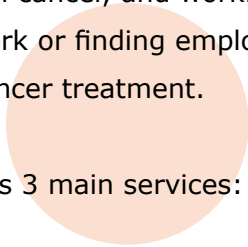
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ABOUT WORKING WITH CANCER[®]



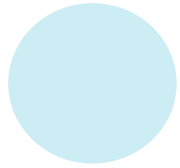
Founded in June 2014, Working With Cancer[®] is a Social Enterprise which advises employers, employees with cancer, and working carers about returning to work, remaining in work or finding employment at any stage during or after cancer treatment.

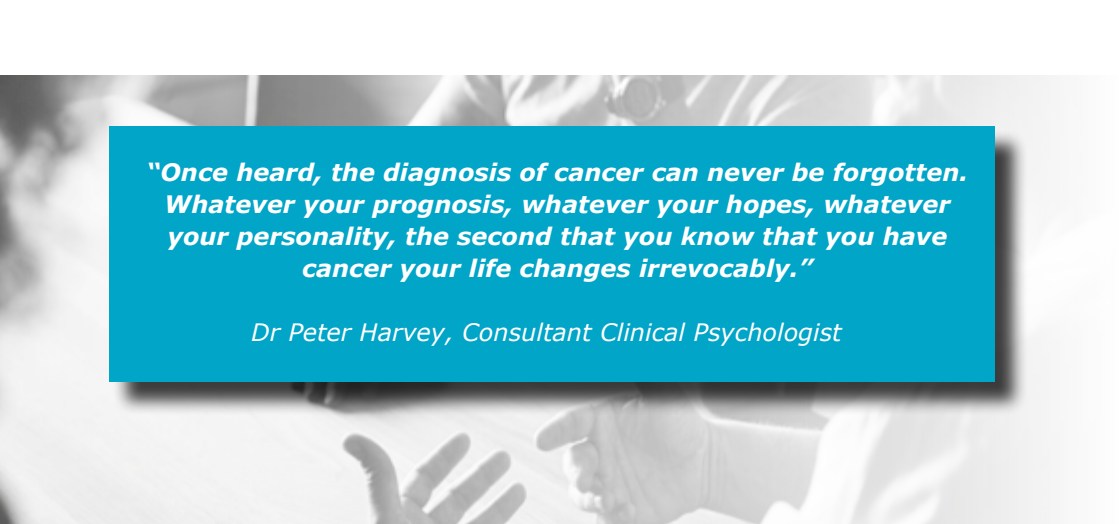


Working With Cancer[®] provides 3 main services:

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 this Best Practice Guide

The purpose of this guide is to:

- Help you understand the many challenges of managing and coping with work and cancer – for those with cancer and all those affected by it – colleagues, carers, friends and family.
- 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 whether you line manage an employee with cancer or a carer for someone with cancer.

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

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SUMMARY AND KEY MESSAGES

Six key messages:

- 1. Be guided by your employee whose experience of cancer will be unique to them.**
- 2. Be informed.**
- 3. Keep talking.**
- 4. Remember your employee's right to confidentiality.**
- 5. Make a plan but be flexible.**
- 6. Cancer impacts everyone, including you.**

As more and more people of working age are diagnosed with, and survive cancer, returning to work is becoming increasingly important both for an individual's social and financial wellbeing and for society as a whole. As a line manager you have a critical role to play in supporting members of your team affected by cancer to return to work.

As more and more of us of working age are diagnosed with, and survive cancer, returning to work is becoming increasingly important both for the individual's social and financial wellbeing and for society as a whole. As line managers we have a critical role to play in supporting employee members of our team affected by cancer to return to work.

The physical and psychological impact of cancer often makes returning to work difficult but too often this is exacerbated by the individual's and/or their line manager's mistaken assumptions and expectations about how long it will take to recover from treatment.

To properly support any member of your team affected by cancer it is important for you to have open, honest and regular conversations with them. You need to have private and structured discussions about the support your organisation provides at 4 key stages: at the point of diagnosis; at the start of active treatment; before returning to work; and after returning to work. You should also involve HR who will be able to provide you with valuable practical support.

It is also essential to understand the provisions of the UK Equality Act 2010 (in Northern Ireland the Disability Discrimination Act 1995 (DDA) (as amended)). A critical part of this legislation is the need to make adjustments to support an employee's return to work during and/or after their

cancer treatment. Adjustments should be offered from the point of diagnosis and should be an integral part of any return to work plan. For working carers there are also adjustments that you can make to support them whilst caring for a loved one.

It is also important, with your employee's permission, to keep their immediate team informed and involved when making adjustments, as they will also be impacted in various ways. Having planned for your employee's return to work it helps to remember that in these early days they will need three things above everything else: reassurance; support; stability. Treat these early days almost like an induction as during an absence of just a few months many things will have changed.

If over time it becomes clear that your employee cannot return successfully to their previous role, there are still many things you can do to support them and HR can provide the appropriate career advice, guidance and support.

In supporting an employee who is a carer your role is key in enabling them to navigate the best possible way forward that will both benefit them and the organisation over the long term. Please speak to HR to discuss how your organisation supports working carers.



1

INTRODUCTION FOR LINE MANAGERS

"Line managers play a critical role in supporting people affected by cancer to remain in work.

They can have the greatest impact on whether someone makes a successful return to work or not"

- Working With Cancer® -

In the summary at the start and back of this guide you will find some key messages on how to support any employee affected by cancer.

1.1 The line manager's role is critical – how you can make a difference

As more and more of us of working age are diagnosed with and survive cancer, returning to work is becoming increasingly important not only for an individual's social and financial wellbeing but for society as a whole. Remaining in work is also important for working carers because, as is the case for those diagnosed with cancer, it provides a lifeline back to normality. As a line manager you can provide employees affected by cancer with four main types of support, which are pivotal to managing people empathetically and effectively:

Being understanding and informed: line managers are often an employee's main point of contact and can set the tone and lay the foundations for a successful or unsuccessful return to work. Here in the UK it is particularly important to be aware of and understand the provisions of the Equality Act (In Northern Ireland, the Disability Discrimination Act 1995 (DDA)) and the protection it affords cancer survivors and working carers.

Being responsible: as a line manager you are responsible for the management of your employee including making required workplace adjustments. This can be an opportunity for innovative thinking to support them during and after treatment.

Being supportive: anxiety and loss of confidence are common side effects of cancer treatment. By recognising, managing and regulating your employee's workload, you can help reduce unnecessary pressure and stress on them and also on their colleagues.

By keeping in touch: by keeping the team informed and up to date with how their colleague is progressing, you can ensure that important working relationships are maintained. Also, by keeping in touch with HR you can ensure that the organisation is providing all the support it has available.





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 can impact return to work. Having a better understanding of cancer and the impact of its treatment on the working life of an employee with cancer, or a carer, will enable you to offer better support.

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.

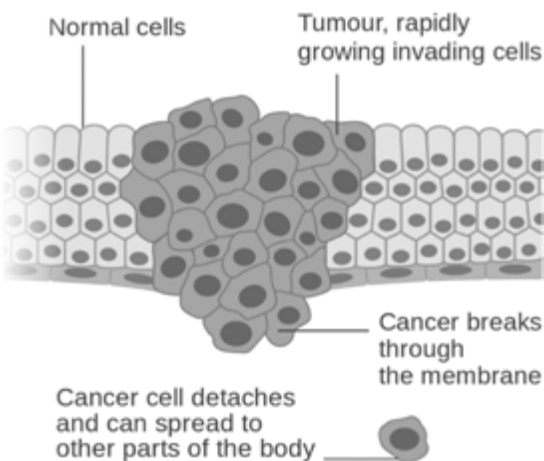
Possible signs and symptoms include a lump, abnormal bleeding, a prolonged cough, unexplained weight loss and a change in bowel movements.

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).

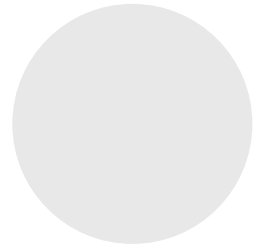
Radiation therapy: fatigue, sore and red skin.

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.

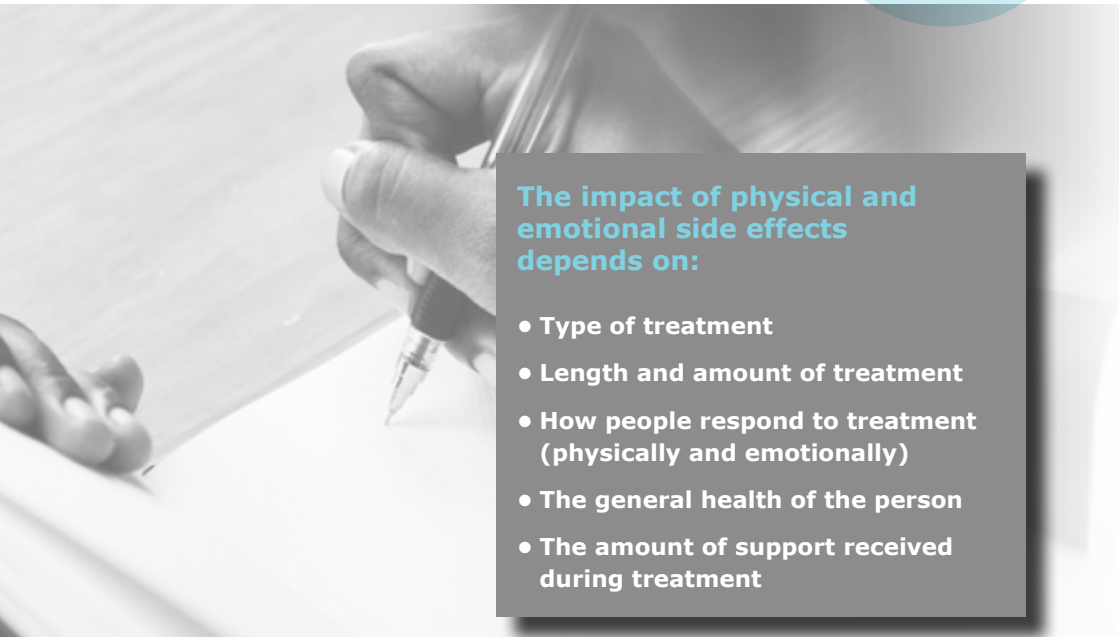
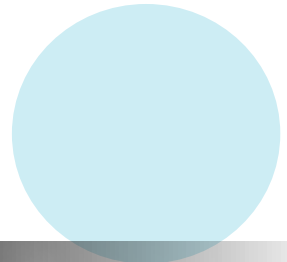


2.4 The impact of side effects on (return to) work

Whether people have finished their cancer treatment, or they are still undergoing it, it's very likely that they 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 adjustments, see chapter 6.



The impact of physical and emotional side effects depends on:

- Type of treatment
- Length and amount of treatment
- How people respond to treatment (physically and emotionally)
- The general health of the person
- The amount of support received during treatment

2.5 Impact of physical side effects on work

Many physical side effects are 'invisible' and it is wrong to assume that if an individual looks well they must therefore be well enough to do their 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 individuals to experience the emotional impact of cancer particularly after treatment has finished. The emotional processing of a cancer experience often happens at the same time someone is considering returning to work. Internal dialogue 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 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 these side effects described above can be treated or prevented, although the physical side effects of e.g. chemo and radiotherapy can last for a long time after treatment has finished. Overcoming the emotional side effects of a cancer diagnosis and treatment usually takes longer. It's important to be aware that these 'invisible' side effects are common and to be aware of them.



3

WHY WORK IS IMPORTANT TO CANCER SURVIVORS

*"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 How a cancer diagnosis and treatment may affect someone at work

The impact of cancer on an individual and on their work can vary significantly depending on a number of factors, for example, the type of cancer, its stage, and the treatment required.

But in addition to this we are all unique with different physiologies, and we will also have different emotional reactions when faced with personal trauma, which are sometimes more troubling and long lasting.

Because of this it is inadvisable to make assumptions and have expectations about how someone will cope with cancer and its side effects, and unhelpful to make comparisons with others who may have had the same diagnosis and treatment.

You will find that some people:

- Want to continue working as it helps them take their mind off their illness. It helps them feel that everything is 'normal' and that they are in control of their situation.
- Can work successfully during treatment but many can't and may be disappointed at their inability to

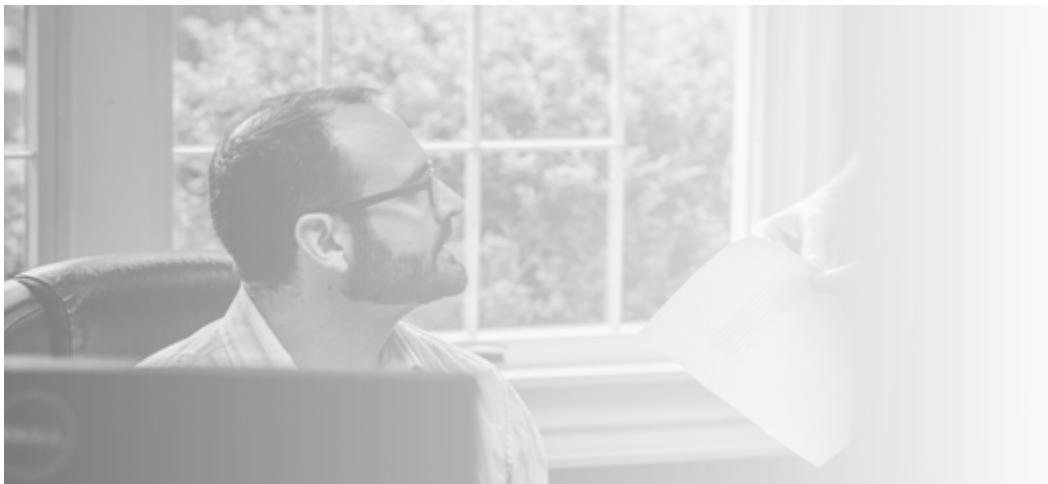
continue working during treatment.

- Don't want to continue working as they prefer to focus on getting well and may want to limit their contact with work to a minimum.
- May want to continue working because they need the income and feel they can't afford to take sick leave, or they may worry that taking too much sick leave will damage their career prospects.
- May continue working through treatment or come back to work too soon because they feel guilty about asking their team to pick up their work. Or they may feel that only they can do their job to the required standard, and fear letting go or loss of control.
- Want to continue working even with a terminal diagnosis. In our experience some are able to do this, with adjustments at work, up until a few weeks before their death.

3.2 Why cancer survivors want to work

There are a number of reasons why most cancer survivors of working age, want to continue working, either full or part-time:

- **A sense of identity:** many people define themselves in relation to their work and their job. It's about who they are.
- **Self-esteem:** for many people their work is a source of pride and gives them a sense of achievement.
- **Sense of purpose and value:** a job gives an individual a sense of purpose, of doing something that matters, a reason to get up in the morning.
- **Structure:** a job gives the day structure which is less apparent when an individual is at home and feeling unwell.
- **Social interaction:** work is a source of friends and often long term friendships. It helps an individual feel part of wider society.
- **Financial independence:** being able to earn an income, to be independent and/or help support the family is a critical part of all our lives.
- **Physical and emotional recovery:** there is increasing evidence that being able to work may, in many circumstances, support an individual's psychological and emotional recovery.







4

WHY THINGS CAN GO WRONG



"I now realise that returning to work after cancer takes time and patience.

In hindsight we all recognise that L. returned to work too early"

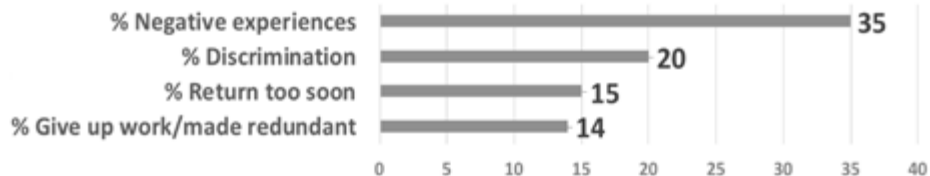
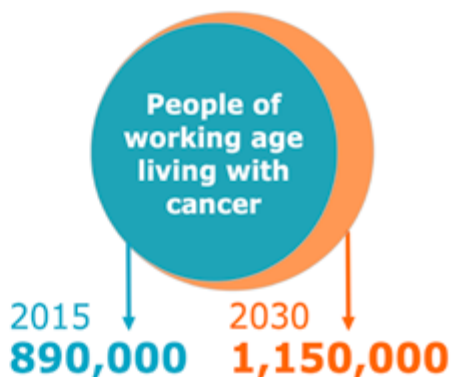
- Line Manager -

Although the majority of cancer survivors want to work during and after treatment, too often many don't.

Research in the UK undertaken by Macmillan Cancer Support (see below) showed that a fifth of people who returned to work after being diagnosed with cancer say they faced discrimination from their employer or colleagues.

47% of those working when diagnosed with cancer had to give up work or change roles as a result of their diagnosis

Source: Macmillan Survey 2012



Source: Macmillan Survey Nov 2016

More than a third (35%) reported other negative experiences, such as feeling guilty for having to take time off for medical appointments and a loss of confidence in their ability to do their job.

(15%) said they returned to work 'before they felt ready' and 14% of people gave up work altogether or were made redundant as a result of their diagnosis.

Once out of work, cancer survivors are 1.4 times more likely to be unemployed than the general population.

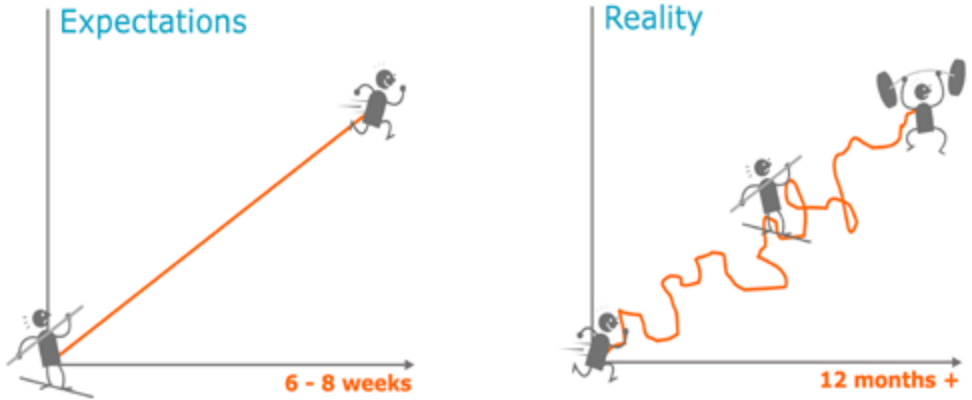
4.1 Why do things go wrong?

Research undertaken in the UK in 2012, and reinforced by subsequent studies, highlighted two main reasons why employees have difficulty returning to their previous work status after cancer treatment:

- A poor understanding by both the employer and the employee of the side effects of cancer treatment and the period required for recovery. This led to both making false assumptions and having overly optimistic expectations about how quickly an employee would 'return to normal'.
- Inadequate or infrequent communication between the employer and employee, leading to misunderstandings.



4.2 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.





IMPORTANT CONVERSATIONS

"People assumed that if I was back at work then I must be fine, but it's not that simple. I didn't understand, or want to acknowledge, how vulnerable I was, so how could my boss understand?"

- Cancer Survivor -

5.1 Preparing for a conversation

Let's be clear, it is not easy talking about cancer with family and friends let alone with work colleagues. You may feel awkward and not know what to say or when or how. Your employee may be a 'private person', someone a lot older or younger, or a different gender, or from a different cultural or ethnic background.

Nonetheless, not talking to your employee about their cancer will make it harder for you to support them and for them to get the help they need from you, from their colleagues and from the organisation.

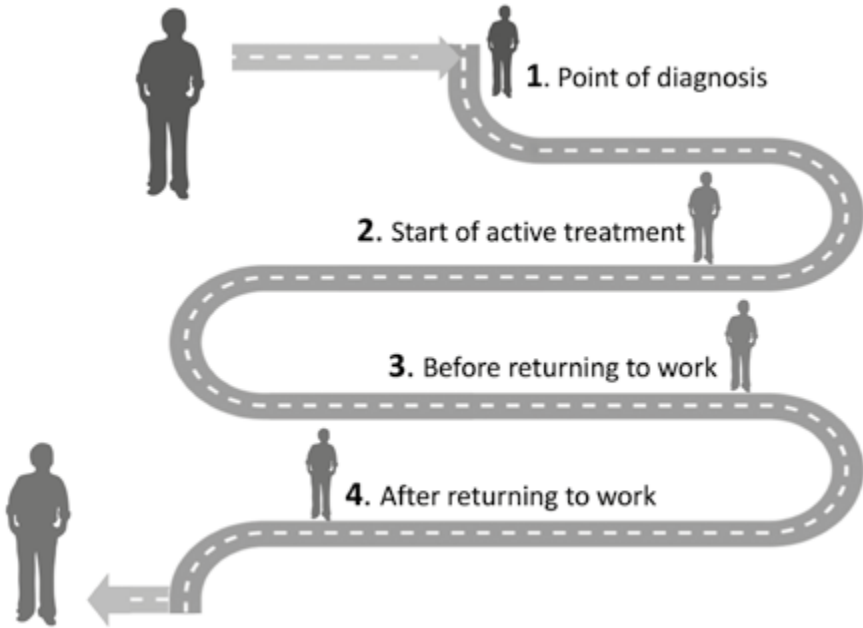
5.2 Confidentiality

Please remember that any conversations you have with your employee about their health are of a confidential nature, so you will need their permission to inform others within or external to the organisation about their cancer diagnosis.



5.3 When to have a conversation, how, what and why: 4 key stages

There are four key stages when you should have a prepared and structured conversation with your employee. You should involve and seek the advice of your HR representative before doing this. The four key stages of communication are:



Before you have these conversations, make sure you find a private space where you will not be interrupted and allow plenty of time for the meeting, letting it overrun if necessary.

1. At the point of diagnosis

Before a diagnosis of cancer, you may have noticed that your colleague is unwell, or they may have spoken to you already about seeing their doctor or attending hospital for various tests and procedures. Hopefully, they will feel able to speak to you about the outcome of these but it is equally important that you ask them about their health if you

are aware they have been having tests but you hear nothing more.

- Once you are aware that your employee has cancer, be supportive and explain how you and the organisation can help. Set up a meeting in a private and quiet space to talk things through. If they want to bring someone with them to help them have the conversation, for example a work colleague or a family

member, let them do this.

- Sometimes first conversations can be quite emotional. They are more about you listening, showing empathy and understanding. You can always have more practical conversations, and, with your employee's permission, invite HR to be present when everyone is calmer and more able to give, as well as to absorb, information.
- Be aware that at this early stage your employee may not be certain about their diagnosis or their treatment. It is as important for you to know this as it is to know their exact diagnosis so that you and the organisation can support them during this intensely stressful time.
- Discuss your employee's wishes concerning disclosure and wider communication. If they say they don't want you to tell anyone else, do your best to persuade them to at least let you tell HR and their immediate team. Agree between you who will say what to whom and how and, if possible, agree this in writing so you are both clear about what exactly is being said.
- Provide information on your organisation's health policies including

At point of diagnosis:

- Listen,
- Show empathy
- Understand
- Give and receive information

sick pay and sick leave, on workplace adjustments and on the organisation's responsibilities towards employees undertaking cancer treatment. If you are unable to answer some of your employee's questions, please contact HR on their behalf (with their permission) or put them in touch with HR to obtain the information directly.

- Check what support they are getting at home or from other sources and advise them about services available within your organisation, for example, coaching and counselling.
- Check if they have any further medical appointments booked or planned so you can both manage around them.
- Discuss whether they want to stay actively at work at least for the time being, to what extent and for how long. If necessary or useful, discuss cover arrangements – all the more reason to let close colleagues know the situation.
- Agree next steps, confirming things confidentially in writing between you.



2. At the start of and during active treatment

Some employees continue to work in some capacity through most of their active treatment including chemotherapy. Where this is the case, you should keep a close eye on how your employee is coping with work and treatment and seek the advice of your HR representative if you have any concerns. The key issue is to be flexible and to ensure your employee knows that they can take time off whenever they want or need to do this.



If your employee does decide to continue working during treatment, you should consider what changes or adjustments might be made to support them. For example, you might consider adjusting your employee's start and finish times or various aspects of their work so they are less onerous. You should also consider contacting Access to Work, part of the Department of Work and Pensions, which can provide practical and financial support to employees and their employers. There is more about making workplace adjustments in Chapter 6

However, most employees take sick leave during this stage and it is often easy to lose touch with them. It's

important to keep in contact with your employee either directly or via a colleague if that's preferable, but to do this in a way where your employee feels valued rather than pressured into coming back to work too soon.

- Discuss cover arrangements in more detail and do your best to ensure they are comfortable with these.
- If they are only now starting a period of sick leave, agree with your employee how others will be made aware of this, who will do this and what the message will be.
- Before they start their sick leave, agree arrangements for keeping in touch. For example:
 1. *Do they want to receive newsletters or emails, or to dial-in to meetings?*
 2. *Do they want to hear from colleagues, and how would they feel about the occasional phone call or even a visit?*
 3. *How will you keep in contact, about what and how often?*
- Be aware that as treatment proceeds, their desire for contact might change, so you will need to keep these arrangements flexible and under review.
- If you have agreed to keep in touch, for example a fortnightly phone call, do your best to honour this. If you can't, give your employee plenty of notice so as not to give them the impression that you are too busy to talk to them (and by implication don't care).

Finally, be aware that a few people are fiercely private people and reject

contact, particularly during treatment. If this is the case, do not press the case now but contact them later either directly via a letter or email or via a friend or colleague.

3. Before returning to work

About 3 to 4 weeks before your employee is due to return to work, you will need to start planning how this will work in practice. In doing this you should involve your HR representative and, after an initial planning meeting, arrange to discuss this in person with your employee – either in the office or wherever is convenient for them.



Areas for discussion will be:

- Their current health status and likely issues they will encounter in returning to work. As part of this what medical appointments are currently planned?
- The adjustments needed in the workplace to support their return (see Chapter 6 for a more detailed explanation of workplace

adjustments) and the potential phasing of those adjustments.

- Arrangements concerning temporary cover required or currently in place.
- The additional services your organisation offers employees to support their return to work, for example, coaching and counselling, or general programmes to support health and wellbeing.
- What to communicate, how and when, to colleagues about the individual's return to work.
- What will happen on Day 1 and then during the first few weeks in particular to ease their transition back to work (see Chapter 7).

4. After returning to work

After your employee has returned to work it is important to:

- Meet on a regular basis (e.g. once every week two weeks) to review how their return and any adjustments are working.
- Use these meetings to address any concerns on both sides.
- Expect good and bad days.



5.4 Speaking to the team

It is important to discuss with your employee at an early stage what they want their team and colleagues to know. You will need to discuss who will be told what, when, how and by whom.

If your employee decides that they would like the team to be informed, you should arrange a joint meeting with HR to discuss how this should be done. For example, your employee might want to tell their immediate team themselves and ask you to inform other colleagues they know less well.

The employee may not want to mention the word 'cancer' but often people jump to the wrong conclusions and expect the worse if given inadequate information. Being open with the team and colleagues from the outset is more likely to secure an understanding and supportive response particularly when it comes to changing work arrangements and explaining long or sudden absences.

Assuming your employee agrees that the team should be informed about their cancer, you should ensure that they are provided with copies of WWC's Best Practice Guide for Colleagues.



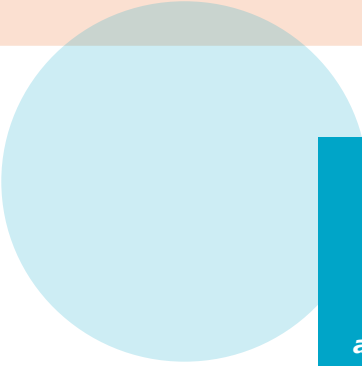
Common communication traps and how to avoid them

1. **Providing false reassurance:** saying, for example, 'You'll be fine' or 'Things could be worse' when you both know that you can't possibly know.
2. **Providing advice based on articles you have read** for example 'have you tried apricot kernels/ goji berries/ crystal therapy....' Also telling people they have to be positive can feel like a rebuke rather than kindly meant advice.
3. **Avoiding talking about cancer at all;** it is much better to ask 'How are you?' and to listen sensitively and thoughtfully to their answer.
4. **Sharing stories about people you know with a similar diagnosis who either worked throughout their treatment without any difficulty or who died 'losing their brave battle'.**
5. **Talking about cancer in warlike and binary terms as if it were a war or battle to be bravely fought and won, or lost.**
6. **Being surprised that an individual is not celebrating that their treatment has come to an end.** Many cancer survivors will be pleased about this but also worried about the future and the possibility of the cancer returning.
7. **Thinking that an emotional response to a question means that they are depressed or unable to cope.** Often hormonal changes due to treatment or medication can impact an individual's emotional responses for a while.
8. **Thinking that because someone looks well that they are OK.** They may well be experiencing a number of physical and psychological side effects after the trauma of cancer treatment.





THE EQUALITY ACT (2010) AND MAKING 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 -



6.1 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 the individual is 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.

6.2 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:

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 you can show it is meant to achieve an

organisational objective and is fair and balanced in its application. Not knowing about a person's disability 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 in 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 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 you can show 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: *an employee being teased about frequent trips to the toilet, about hair loss, or about forgetting things because of 'chemo-brain'.*

Victimisation

If an employee 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.

You should also note that employers can also be held vicariously liable for how their employees behave at work where this results in direct discrimination and harassment.

6.3 Workplace adjustments explained

Overview

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.

What is important is to discuss any adjustments first of all with HR and then with the employee so they are consulted and involved before putting them into effect. You should also involve the team where possible so they understand what adjustments are being made, why, and the impact upon them.



Sources of advice

Before making any adjustments it is important to consult HR to understand the legal position. The employee must also be consulted about any adjustments and it may also be necessary to seek medical advice from their GP or oncologist.

You should also seek HR's advice and guidance about the impact of the adjustments you intend to make on your employee's pay and other terms and conditions.

You should also note that Access to Work, part of the Department of Work and Pensions, can give practical and financial support to employers to make workplace adjustments. This might include:

- Providing specialist equipment in the workplace
- Adapting equipment
- Subsidising any extra travel costs to and from work or funding adaptations to a vehicle
- Other practical help at work, such as funding the type of coaching we provide at WWC

The Channel Islands and the Isle of Man are not covered by Access to Work and there is a different service in Northern Ireland.

Duration and management

Because each individual experiences the impact of cancer differently, and they will not know what side effects they will experience and how quickly they will recover, it is important to keep lines of communication open and to be flexible at all times.



Examples of workplace adjustments:

Sometimes just a few, small, relatively inexpensive, changes, for example, in working hours or duties might be necessary to help your employee remain in or return to work. Here are some examples:

- *Allowing a phased return to work which allows the employee gradually to increase their hours and duties over a period of 3 to 6 months, sometimes longer. For example, an employee who was originally working full time might work just 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. HR will provide advice on the options.*
- *Removing particularly onerous aspects of their work such as foreign or frequent travel.*
- *Changing hours of work to allow for a shorter working day or allowing them to work more flexible hours.*
- *Allowing extra breaks to cope with fatigue or providing a quiet room where they can have a short rest.*
- *Allowing the individual to work from home for part of the week.*
- *Allowing time off to attend medical or health related appointments.*
- *Making physical changes e.g. changes to their desk or chair or computer software to cope with the side effects of treatment.*
- *In cases of impaired mobility, providing a car parking space and easy access to a lavatory.*
- *Allowing extra time for training or retraining to help an employee cope with chemo-brain.*

Do please bear in mind that:

- The best made plans may have to change depending on the recovery of your employee – so you need to be flexible.
- Temporary adjustments may not work and so it is important to keep them under review with your employee.
- In some cases, temporary adjustments may need to be made permanent - but only where this can be accommodated by the organisation. You should always seek the advice of HR about this.



HELPING AN EMPLOYEE TO RETURN TO WORK SUCCESSFULLY

See Best Practice Guide for Employees
for further details

*"People assumed that if I was back
at work then I must be fine.
It's not that simple...."*

- Cancer Survivor -

7.1 Managing the first few weeks

Day one

You will know what it is like returning to work after a few weeks' holiday. Imagine how this would feel had you been away for months. While they have been away their colleagues may have changed, systems and processes may have changed, you may be new in the job too. In these early days employees returning to work will need three things above everything else: reassurance, support and stability.

Here are some practical steps to help your employee ease themselves back into work:

- Be there on the first day to welcome them into the office or phone them if you can't be there. In these circumstances arrange for a close colleague of theirs to greet them and take them to their desk.
- Make sure the rest of the team are expecting them and can make time to say 'hello'.
- If you can, meet at the start of the day to check how they are, to discuss work arrangements and to see if they have any concerns.
- Make sure you have agreed and diarised a regular review meeting to discuss how the arrangements you have agreed are working.

Induction and re-training

In these first days back, your employee will probably be struggling to remember and/or learn how to use new systems

and processes. Do they need a new password for their computer? Do they know how to use the phone network? What else has changed during their absence?

To help them, you may need to arrange an appropriate induction and training or retraining (and you can discuss and plan for this before their return to work).

Resetting objectives and targets

As your team member will be undertaking a phased return with various adjustments, one additional adjustment you must make is to discuss and revise any objectives and targets to ensure they reflect those changes; it would be entirely wrong and discriminatory to compare the performance of someone recovering from cancer with someone who is unaffected. This should remain the case for as long as reasonable adjustments are in place.

Meeting, reviewing and monitoring

Again, be sure to monitor the arrangements you have made on a regular basis and be prepared to change them if they are not working.

7.2 And if it isn't working?

If, in spite of all best efforts, the arrangements you have made are clearly not working, you should seek the advice of HR.

It may be that the employee can be offered suitable alternative employment in another part of the organisation on either a temporary or permanent basis. Any change of this nature must first be discussed and then organized through HR and with the full understanding of the employee.

If the employee wants to resign – and for some people leaving work may be the best choice – then, the HR team will ensure the employee leaves following the appropriate procedure. In any case such as this, the aim is to treat each and every employee with sensitivity, fairness, dignity and respect.



7.3 Longer term career planning

As your employee starts to feel more comfortable and confident about their return to work it is inevitable that they will start to think about the future. This is a natural consequence of having to confront and come to terms with a potentially life limiting illness.

They may start to think about what balance they want to achieve between their personal life and their work. The focus during their treatment and before returning to work will have been very much driven by events. For example, the next hospital appointment, getting through the radiotherapy and then the first day back at work. But the focus of their life may have changed completely – they may now have different priorities and concerns.

If, in these circumstances, they want to change their role within the organisation, then with what appropriate career advice and guidance can you provide them? There may well be opportunities for alternative employment or retraining.

Sadly, it is still too often the case that following a cancer diagnosis an employee, or their line manager, will form the opinion that the individual's longer-term career is at an end, or at least has been significantly damaged. Too often employers have been known to remark "you are not the person you used to be" or "why not retire and spend more time with your family".

In our view colleagues living with a cancer diagnosis should always be allowed to fulfil their career potential if they wish to and are physically and emotionally able to do so.

Even those who are terminally ill or living with advanced metastatic cancer can continue working successfully for some time. It is up to your employee to decide what is right for them.





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,

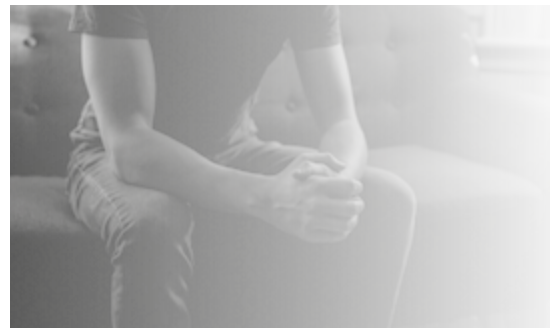
and can reduce side effects from cancer treatments. At any stage of advanced cancer, a range of other palliative care services can enhance quality of life.

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

Most people living with advanced cancer experience a wide range of feelings and emotions as they come to accept the diagnosis. Living with the uncertainty that comes with advanced cancer can be physically and emotionally very demanding.

They are likely to feel a range of strong emotions feeling shocked and frightened, or angry about their sudden change of circumstances. Many people find that these feelings become easier to manage with time, as they start making decisions and plans.

Talking to others can also be very helpful. This could be someone close, or they might prefer to talk to someone they 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, they might benefit from therapeutic, psychological support.

Life after diagnosis

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.



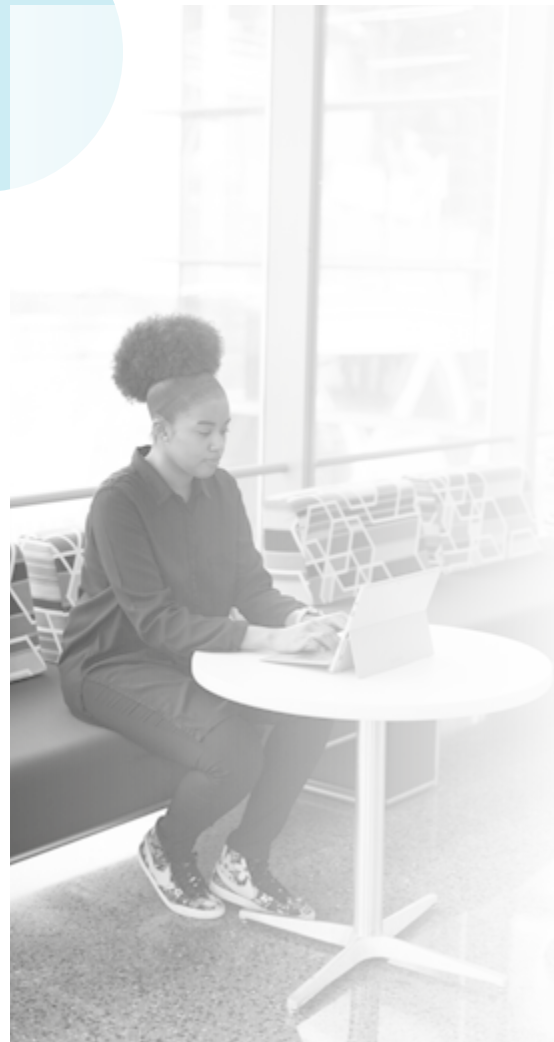
8.4 Your role as a manager

If your employee's advanced cancer diagnosis is their first experience of cancer, or this is the first time you have managed someone with cancer, all the issues set out in the previous chapters apply in terms of how you can best support them, except that this type of diagnosis is more distressing and potentially more difficult for your employee to manage.

Your employee is likely to need significant time off work to get to grips with their changed circumstances and to attend hospital for advanced and continuing treatment/s but that does not mean they cannot continue to work or do not want to continue working for all the reasons given in the earlier chapters of this Guide. Please be guided by your employee and consider what adjustments – for example, part time, home based or flexible working – including coaching and/or counselling can be made to support them during treatment. Remember too that the team may also require coaching or counselling support to help them come to terms with their colleague's diagnosis, as may you.

If your employee has a recurrence of cancer and you managed them successfully during their previous cancer experience, then you should be well equipped to support them now, but do please re-read this Guide and bear in mind that your employee may now have different feelings about their illness, their work and their future life. Your assumptions and expectations

about how they will deal with this stage of their illness and theirs may be false or change as their cancer continues. Given this, please ensure you keep in close touch with your employee to ensure you fully understand their situation and their wishes, and that your organisation is fulfilling its responsibilities and meeting their needs as much as is reasonable and possible.





9

SUPPORTING EMPLOYEES WHO ARE WORKING CARERS

**See Best Practice Guide for Working Carers
for further details**

"There are only four kinds of people in the world - those who have been caregivers, those who are currently caregivers, those who will be caregivers and those who will need caregivers."

- Rosalyn Carter - Former First Lady of the USA -

A diagnosis of cancer not only has a profound impact on the person diagnosed, it also affects their family, friends and colleagues. The emotional and psychological trauma for the person diagnosed are well recognised and we talk about them in Chapter 2 in this guideline.

In this chapter we draw your attention to the impact of a cancer diagnosis and the medical treatment on the family member or carer who is your employee. Increasingly companies want to move from being responsible employers to being great employers. How organisations can enable their employees to stay in work and simultaneously be effective carers is an important part of becoming a great employer.

The transition to caring can be a major trigger to leaving paid work, especially if an employer is not supportive. Any carer clearly has a lot going on in their life and will benefit greatly from being part of an organisation that has a policy for working carers and a culture in which talking about cancer is already

accepted practice and talking about cancer and caring is the norm.

Line managers are increasingly seen as the key to enabling this positive culture to evolve and thrive. Carrying on working can benefit the carer, their employer and the person that they are caring for.



What do we mean by the term 'carer'?

An employee is a carer if they provide unpaid support to someone who could not manage without this help. They might be caring for:

- **A mother, father, son, daughter, spouse or civil partner**
- **Anyone who lives with them, other than a tenant, lodger, boarder or employee**
- **Someone who relies on them for help if they become ill or needs care arrangements to be made for them.**

There is clear evidence that once an employee spends more than 5 hours a week caring, it impacts their work, health and often earnings potential

One of the challenges faced by those who find themselves in a caring role is that they do not identify themselves as a carer and they therefore do not reach out to friends and work colleagues to share their experiences or to specialist agencies to get the support they need.

Self-identifying as a carer and having support through a concerned line manager to do so may well be a milestone to a more fulfilling and positive experience of being a working carer.

It is estimated that there are currently 100 million informal carers in Europe and up to a third of these may be supporting someone with cancer.

9.1 The impact of cancer on a working carer

If your employee is caring for someone with cancer, they will be dealing with a great deal of stress and anxiety. A cancer diagnosis may be sudden or unexpected or be made after weeks, sometimes months, of worrying tests.

Some people respond by wanting to put their life on hold and focus only on the person who is ill. It is important for the carer to realise that life does go on and that staying connected to work, and to the community more broadly, is often of great benefit to the carer over the longer term. Work can be a source of energy, connection with people outside the caring situation as well as social and financial support. It is important therefore for the carer to keep their own life and needs, including work, on track as much as possible.

It can sometimes be very hard to juggle work and caring at the same time, and

many carers will feel torn between caring for their loved one and fulfilling their work responsibilities.

- **They may also be deeply worried about the financial consequences of not working.**
- **They may feel guilty or lose confidence if they are unable to do their job as normal.**
- **They may be losing sleep and be less able to concentrate on their job.**
- **They may be worrying about the impact of taking time off work on their career development and future prospects.**
- **It may affect their health and worsen an existing condition – so they may need time off to look after their own health.**

Caring responsibilities cause absences, often suddenly. An employee might take sick leave or use their annual leave to cope with emergencies rather than

asking for time off work. They often do this because they mistakenly believe that taking time off to care for someone is not a valid reason to request leave or will be seen as showing a lack of commitment.

Getting a balance between being a carer and an employee, alongside being able to take care of themselves and possibly other family members can be a challenging but not an impossible task. Balancing these different roles is made all the more difficult because of the changing nature of cancer as well as the needs of the person diagnosed. This uncertainty is at its most acute in the first-year of diagnosis and treatment but may well continue for a number of years.

The working carer will need to evaluate the different tasks that they will need to perform which may include daily personal care, healthcare and emotional care for the person with cancer, additional household tasks of cleaning and cooking specific meals, attending medical appointments and engaging regularly with the health care team, supporting children and other family members.

Sometimes people taking care of a loved one with cancer experience misunderstanding and discrimination from others who have a negative attitude about cancer, usually due to misinformation or fear.

Knowing that their employer has a working carers' policy, linked to wider HR policies, will be a great source of support to any employee as well as to you, the Line Manager.

9.2 Your role in supporting a carer

In supporting an employee who is a carer your role is key in enabling them to navigate the best possible way forward that will both benefit them and the organisation over the long term.

While more employers are realising the benefits of supporting carers, for many employees asking for support from their manager may not come easily even though it is one of the keys to maintaining both physical and mental wellbeing at this very demanding time.



9.3 Having important conversations

Listening carefully to the situation of your employee and helping them to recognise and articulate their needs may well enable them to describe themselves as a carer. Identifying themselves as a carer is a very important first step in them getting the support that they need both from you as the employer and from the wider network of colleagues inside the organisation as well as from specialist charities, support groups and welfare services in the wider community.

- **It is important that you talk to your employee as soon as you are aware of their circumstances to demonstrate your understanding and support, to reassure them about the security of their employment, and to discuss what work arrangements can be put in place to ease the burden of work at this very difficult time.**
- **Colleagues may also be willing and able to provide additional cover and support, assuming your employee is willing to disclose their situation.**
- **You should also seek advice from HR about the organisation's policies towards working carers (see below).**
- **Every carer's circumstances will be different so do make the time to listen and be sensitive to their needs.**

need to change their duties or reduce their hours for a temporary period or take leave, sometimes without a great deal of notice, or even give up work for a little while. It is important that you speak to HR to get their advice about the organisation's policies to support carers in the workplace, to discuss the options for leave and to put your employee in touch with carers' services and organisations within and outside the organisation.

- You should also make your employee aware of their employment rights – for example to emergency leave and flexible working - and let them know what information you need from them so you can be as supportive as possible.

Some things can be relatively simple to do, for example, many carers welcome being able to make and take health related calls at work.

Here are some examples of what a working carer might be able to request:

9.4 Workplace policies, flexible working and other adjustments

Good workplace policies alongside having supportive and sensitive managers and HR professionals can help the employee evaluate what support they may need and how they can best access this support both inside and outside the workplace.

- Once they learn about the cancer and the implications in terms of treatment schedules etc. your employee may

- **Flexible working**
- **Time off in emergencies**
- **Unpaid leave**
- **Parental leave if they have a child**

As a line manager, and with the support of your HR colleagues, you may want to encourage the establishment of a Carers' Support Group to provide ongoing peer support throughout the carer's journey.

9.5 Supporting a carer whose child has cancer

No one is ever prepared to hear that their child has a life-threatening illness. Parents and family members have a lot to manage after a child is first diagnosed with cancer and the first few weeks can be overwhelming. Parents will need time to adjust to the ever changing emotional and practical demands of this new caring role, for example, it may be necessary for them to be at the hospital or clinic during treatment and overnight.

As a line manager it will be important for you to listen carefully, to be sensitive and to be as flexible as possible. Again, you should seek advice from HR about how to support employees coping with this situation.



9.6 Supporting a carer for someone who is terminally ill

Looking after someone as they reach the end of their life is emotionally and physically demanding. A carer may well need acute support from health care professionals and other specialist services during this period and is likely to need significant time off work.

An employee may want to apply for specific leave during this time, allowing them to care for a relative who is receiving end of life care. In these circumstances it is important that you are flexible and agree cover arrangements with them while this is happening. When the person they care for dies, they will need time off work to grieve and be with their family. They may also need time off work to sort out practical things, such as arranging the funeral and dealing with financial or legal matters.

If there are children who were close to the person who died, your employee will need to give them extra time and support. It may not always be easy to predict when they will be needed at home or to manage or attend school activities. In some cases, an employee may request a sabbatical or more flexible working or a part-time role in order to deal with their changed circumstances. Do please seek the advice of HR if this is the case.

Some people may want to talk about the person who has died, while others may not. Take guidance from your employee and act accordingly, if need be seeking the advice of HR.



10

ENGAGING WITH AND SUPPORTING THE TEAM

See Best Practice Guide for Colleagues for further details



"When a colleague has cancer, it impacts the whole team."

- Working With Cancer[®] -

Your own emotions

You may equally be affected emotionally by a colleague's diagnosis of cancer. This is only natural and normal. It may help to speak to a colleague but remember that the information you have is strictly confidential and you must not inform others about an individual's health without their permission.

There may be support services your organisation can offer line managers and if you would like to use these, you should raise this with HR to seek their advice.

10.1 Why this is important?

The team can play a critical role in supporting a colleague with cancer or a colleague who is a carer for someone with cancer.

- They can help with easing the burden of work and by ensuring that any agreed workplace adjustments work effectively. In some cases, by working together, team members can keep additional cover arrangements and costs to a minimum.
- They can create a caring and supportive environment.
- They can boost the morale and confidence of colleagues affected by cancer.
- They can keep in close touch with a colleague during treatment or with a carer having to spend more time at home and thus provide an effective communication channel.

10.2 What to say, when and how

As soon as you know a colleague has cancer it is important that you encourage them to let the team know, either personally or via you. If this does not happen and nothing is said or the reason given is vague, teams can often get suspicious and think badly of a colleague who, for inexplicable reasons, is having a lot of time off work.

If your employee agrees that others should know, you'll need to ask them:

- If they want to tell the team personally, and if not
- Who else should do it and whether they want to be present
- How the team should be told – face to

face, email, team meeting

- How much the team should be told.
- It is also helpful to brief the team more fully, but with your employee's express consent and input, about:
- The type of cancer your employee has and the expected treatment
 - The typical impact and side effects of their cancer treatment
 - The likely duration of treatment
 - How they should keep in touch (if that is what the employee wants) about what and how frequently
 - How the employee feels talking about their cancer.

You should also provide regular updates to the team and ensure they are well prepared and ready to welcome back the employee when they return, especially on their first day.



10.3 Supporting the team in other ways

You will find that some team members are quite deeply affected by a colleague's diagnosis of cancer. This is even more the case should there be a recurrence or a terminal diagnosis. Do please monitor team members' reactions and if you think they need some support e.g. counselling or coaching advice, please contact HR to seek their advice.



11

SIX KEY MESSAGES

Be guided by your employee whose experience of cancer will be unique to them 1

Given there are over 200 forms of cancer, and many forms of treatment for each type of cancer, we each react to cancer treatment based on our own physiology and psychological make up. Each individual with cancer and each carer will have their own unique experience of cancer. Making comparisons with other people you know who have been affected by cancer will not be helpful. Ensure you are clear about your employee's particular needs and keep in regular touch with them so you are aware of any changes in their circumstances.

Be informed

2

Once you are aware that your employee has cancer or is a carer, find out about the form of cancer and typical treatments. You should also make sure you are clear about the organisation's policies and approach to supporting employees affected by cancer, and that your employee is aware of them too.

Keep talking

3

Make the time to have regular meetings with your employee so you can ensure you know what is happening, how they are doing, and whether they are receiving the help they need. Ensure you find a private and comfortable space to do this.

Respect your employee's right to confidentiality

4

If your employee discloses their cancer to you or that they are a carer for someone with cancer, you need their consent to let other people know – even HR. Do all you can to gently persuade your employee to speak to, or let you speak to, HR so they can access the support they need.

Make a plan but be flexible

5

As soon as you know your employee needs time off work, discuss with them what time they will need, possible cover arrangements, workplace adjustments, and how you can keep in touch. BUT be flexible – cancer is unpredictable. Do seek advice from HR who can advise you about policies and options to support your employee.

Cancer impacts everyone, including you

6

For an employee, and for a working carer, a cancer diagnosis changes their life immediately but there might also be a significant impact on the team, including you. The organisation may have access to a variety of services to ensure everyone gets the support they need. Please contact your HR team to find out more.

12

CHECKLIST & FURTHER RESOURCES

Checklist for Line Managers

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 Employees with cancer
- 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.



**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

Supporting an employee with cancer

1. DIAGNOSIS	2. DURING TREATMENT
<p>How far do you understand your employee's diagnosis and situation? Is there any more information you need and how might you obtain that without unduly upsetting your employee?</p> <p>Is your employee aware of the health and other support services including coaching and counselling available to them within the organisation? Do they have a copy of the Best Practice Guide for Employees with Cancer?</p> <p>What information does your employee need about sick leave, sick pay, health insurance etc? Is there any other information they are seeking and if so, how can you support them?</p> <p>What information does your employee want to share with immediate colleagues, other managers, third parties etc and how and when do they want to do this?</p> <p>Has your employee spoken to HR about their circumstances? If not, how will you encourage this to happen?</p> <p>How does your employee feel about working for the time being? Are you aware of your legal obligations under the Equality Act 2010 (Disability Discrimination Act, 1995 in Northern Ireland)? What if any workplace adjustments does your employee need at this stage?</p>	<p>What if any cover arrangements do you need to put in place during this period?</p> <p>How far have you discussed these with your employee and the wider team?</p> <p>How comfortable is your employee with what has been agreed? If they have some concerns, what other options might you consider and discuss with them?</p> <p>If they have some concerns, what other options might you consider and discuss with them?</p> <p>What further conversations are needed with colleagues, other managers, third parties etc and how and when does your employee want these to take place?</p> <p>In what way and how often would your employee like to keep in touch during treatment and about what topics? If they are reluctant to do this, what other options are there for keeping in touch?</p> <p>Does your employee want to hear about job or career development opportunities during this period and if so, how will you keep them informed?</p> <p>If a performance review is to take place during their treatment, how will you handle this? From whom can you seek advice about what to do?</p>

Are you aware of services within your organisation that can help support you and employees affected by cancer?

Supporting an employee with cancer

3. BEFORE RETURNING TO WORK	4. AFTER RETURNING TO WORK
<p>How clear are you about when your employee will be returning to work? If you are not clear, how can you find this out?</p> <p>When do you plan to have a return to work conversation with your employee? How will this be organised and who will be present?</p> <p>What adjustments will be needed to support your employee's return and how will these be phased?</p> <p>What information and advice might you need before discussing or agreeing to any adjustments?</p> <p>What other support are you able to offer your employee to support their return to work, for example, coaching or counselling?</p> <p>What information does your employee wish to communicate to colleagues, other managers, third parties etc about their return to work and how and when do they want to do this?</p> <p>What plans have been made to welcome back your employee on their first day back?</p> <p>What arrangements have been made to ensure your employee has the time and support to get to grips with any changes in people, systems and processes during their absence?</p>	<p>What arrangements can you put in place to monitor how well the workplace adjustments you and your employee have implemented are working successfully?</p> <p>If changes are required and feasible, whose advice will you seek and how will you go about organising these?</p> <p>If the workplace adjustments you have put in place are not working, despite various changes, what other options are open to your employee? With whom can you discuss this?</p> <p>How will you reassure your employee about their career and also gain an understanding of how they view their current work and future career? Whose advice might you seek before doing this?</p>

Do you have a copy of the Best Practice Guides for Employees?

Supporting a working carer

1. DIAGNOSIS	2. DURING TREATMENT
<p>How far do you understand the diagnosis and situation with which your employee is dealing? Is there any more information you need and how might you obtain that without unduly upsetting your employee?</p> <p>Is your employee aware of the leave and other support services including coaching and counselling available to working caregivers within your organisation? Do they have a copy of the 'Best Practice Guide for Working Carers'?</p> <p>Is there any other support, information or reassurance your employee is seeking and if so, how can you help them obtain this? Are you aware of your legal obligations under the Equality Act 2010 (Disability Discrimination Act 1995 in Northern Ireland)?</p> <p>What information does your employee want to share with immediate colleagues, other managers, third parties etc and how and when do they want to do this?</p>	<p>How does your employee feel about working for the time being?</p> <p>What, if any, workplace adjustments does your employee need at this stage and are cover arrangements required now or in future? Where can you seek information and advice about making appropriate adjustments?</p> <p>What further conversations are needed with colleagues, other managers, third parties etc and how and when does your employee want these to take place?</p> <p>In what way and how often would you and your employee like to keep in touch during periods when they are on 'care leave', supporting their loved one during periods of treatment?</p> <p>Does your employee want to hear about job or career development opportunities during this period and if so, how will you keep them informed?</p> <p>If a performance review is to take place, how will you handle this? From whom should you seek advice about what to do?</p>

Are you aware of services within your organisation that can help support you and working carers for those with cancer?

Do you have a copy of the Best Practice Guides for Working Carers?

Supporting a working carer

3. BEFORE RETURNING TO WORK	4. AFTER RETURNING TO WORK
<p>How clear are you about the support your employee will need on returning to work?</p> <p>If it is the case that your employee's loved one has died, how far are you aware of the options available to support their return to work? From whom can you seek this information and advice?</p> <p>If your employee has been taking 'care leave' (either full or part-time), when do you plan to have a return to work conversation with your employee? How will this be organised and who will be present?</p> <p>What adjustments will be needed to support your employee's return and how will these be phased? What advice might you need before discussing or agreeing to any adjustments?</p> <p>What other support are you able to offer your employee to support their return to work, for example, coaching or counselling?</p> <p>What information does your employee wish to communicate to colleagues, other managers, third parties etc about their return to work and how and when do they want to do this?</p> <p>What plans have been made to welcome back your employee on their first day back?</p> <p>What arrangements have been made to ensure your employee has the time and support to get to grips with any changes in people, systems and processes during their 'care leave'?</p>	<p>What arrangements can you put in place to monitor how well any workplace adjustments you and your employee have implemented are working?</p> <p>If changes are required and feasible, whose advice will you seek and how will you go about organising these?</p> <p>If any workplace adjustments the organisation has put in place are not working, despite various changes, what other options are open to your employee? With whom can you discuss this?</p> <p>How will you reassure your employee about their career within the organisation and also gain an understanding of how they view their current work and future career? Whose advice might you seek about doing this?</p>

Supporting colleagues

1. DIAGNOSIS	2. DURING TREATMENT	3. BEFORE RETURNING TO WORK	4. AFTER RETURNING TO WORK
<p>How far do your employee's colleagues understand the diagnosis and situation?</p> <p>How far is your employee willing to share their situation with immediate colleagues? If they are prepared to do this, how and when would they like this to be managed and what would they like to do?</p> <p>How appropriate is a fuller team briefing? Who can you speak to about arranging this?</p> <p>Is the team aware of the health and other support services including coaching and counselling available to colleagues within the organisation?</p> <p>Do they have a copy of the Best Practice Guide for Colleagues?</p>	<p>What steps are you taking to keep the team updated about your employee's situation?</p> <p>How appropriate is a fuller team briefing? Who can you speak to about arranging this?</p> <p>How far do you need to remind the team or team members about the health and other support services including coaching and counselling available to colleagues within the organisation?</p>	<p>What can you do to ensure the team is well prepared and ready to welcome back your employee, especially on their first day back?</p> <p>How appropriate is a fuller team briefing? Who can you speak to about arranging this?</p> <p>How far do you need to remind the team or team members about the health and other support services including coaching and counselling available to colleagues within the organisation?</p>	<p>How far are colleagues continuing to support your employee? What additional support does your employee require from them? How will this be communicated to them?</p>

Are you aware of services within your organisation that can help support you and colleagues?

Do you have a copy of the Best Practice Guide for Colleagues?

FURTHER RESOURCES

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

NOTES



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

