

Improving employer support for those working with cancer:

The Bevan report

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Dedication



This report is dedicated to Stephen Bevan, the former Head of HR Research and Development at the Institute for Employment Studies and a Working With Cancer ambassador, who sadly died in June 2024.

Talking about his own return-to-work following cancer, Steve said:

"I have been remarkably lucky. My employer has been textbook in how you would like a return-to-work to be. I have learnt a lot about the challenges that others less fortunate have had with employers that are less understanding. So, I feel very privileged that my employer has been brilliantly supportive."

Steve spent over 40 years researching health and wellbeing at work, and HR and management practices to improve an employee's experience at work. His aim was to make work better, and as an ambassador for Working With Cancer hoped that others would have a positive return-to-work and would thrive at work. His work, passion and insights are greatly missed by all who worked with him. Through this research we hope to continue with Steve's mission to improve the experience of work for those living with cancer.

Executive Summary

Current projections suggest that one in two people will be diagnosed with cancer in their lifetime, but due to advances in research, earlier diagnosis and treatment, there has also been an increase in cancer survivorship. Therefore, it is more important than ever that those living with cancer have the opportunity to thrive and live in society. The Institute for Employment Studies (IES) led a study on behalf of Working With Cancer to understand current employer practices in supporting employees living with cancer back to work, and to identify enablers and barriers to good practice. This comprised a survey of 204 HR Managers and four organisational case studies.

Key findings

- Results from the survey regarding current organisational policies and practices found that **organisations are not doing enough to prepare for or support employees living with cancer (or other long-term health conditions) in their workforce**. HR Managers reported that organisations tend to have generic policies that do not cater specifically for employees working with cancer. Instead, they focus on meeting employers' legal obligations. Common policies include:
 - Health and safety (91 per cent).
 - Dignity at work/bullying and harassment (90 per cent).
 - Flexible working (87 per cent).
 - Absence management/return to work (83 per cent).
 - Equality, diversity and inclusion (83 per cent).
- Only **4 per cent of organisations currently have a specific cancer policy**, whereas only **45 per cent of HR Managers felt they needed one**. These results indicate an absence of a strategic approach to managing employees with cancer which could result in employees not being treated consistently.
- There was little understanding of how many employees may have or have previously experienced cancer. The survey found that only **18 per cent of HR Managers reported that their organisations collected data on this**. A further 72 per cent do not collect data, and 10 per cent said they did not know. As such, employers may not have an effective plan for managing cancer in the workplace but take a reactive approach on a case-by-case basis.
- A number of challenges to better supporting employees working with cancer were identified. These include:

- **Concerns about managerial capability** (58 per cent).
- **Limited training in how to manage cancer at work** (57 per cent).
- **Limited experience of managing cancer at work** (53 per cent).
- There were knowledge gaps in relation to employers' legal obligations, in particular the disability status of cancer. In the survey **25 per cent of HR Managers reported a lack of understanding about the Equality Act.**
- **Just over half (54 per cent) of HR Managers knew about Access to Work**, a government scheme which provides financial assistance for workplace adjustments. Knowing about schemes that provide financial aid is important, as **under half (44 per cent) of HR Managers said that business economic conditions were a barrier** to the provision of employee benefits.
- Even though significant line manager capability gaps were reported by HR Managers, few organisations are implementing practices to help improve this.
 - Only **11 per cent of organisations provided line manager training or coaching** to improve line managerial skills.
 - A **third (33 per cent) of HR Managers reported that their line managers do not have the time** to undertake people management responsibilities effectively.
 - **Specific line management training for supporting employees working with cancer was rare** (only 11 per cent offered this, 78 per cent had not offered this, 8 per cent were unsure).
 - Although the case studies indicated that coaching line managers to support employees working with cancer was beneficial (for both the line manager and the employee), **72 per cent of organisations had not provided specialist coaching for line managers.**
 - Some specific line managerial capability gaps were identified. Just under half (**48 per cent) of HR Managers said they were concerned about line managers saying the wrong thing** when trying to support an employee working with cancer, and **31 per cent lacked confidence in the ability of line managers to have a difficult conversation.**
 - **Over two-thirds (69 per cent) of HR Managers were extremely or quite confident that they were providing line managers with the appropriate support** to manage someone working with cancer.
- **13 per cent of HR Managers felt that lack of senior management support** presented a barrier to providing employees with further support.

Conclusions and recommendations

Given that one in two people will receive a cancer diagnosis in their lifetime, and the number of younger people (those under 50) being diagnosed is rising significantly, it is more important than ever that those living with cancer have the opportunity to work, contribute and thrive in society.

In previous research undertaken by the Institute for Employment Studies (IES), Bevan and Wilson ¹ observed that support to navigate a return to work after cancer treatment is improving, but more can still be done by organisations and HR to ensure that employees working with cancer have a positive experience of work.

Conclusions

Organisational and policy barriers

The need to develop specific policies and gather data

- The research found that organisational employment policies tend to be generic, and they do not cater for the specific difficulties and concerns that employees working with cancer often experience. There were also apparent 'policy gaps' in relation to the provision of financial wellbeing, line management responsibilities for supporting employees with cancer, and addressing the stigma around cancer.
- Not collecting or keeping any statistics on employees with cancer means that employers are unlikely to be aware of the issues or prevalence that cancer survivors face within their organisations.

The need to review how far employee benefits support those with cancer and long-term health conditions

- The survey and the case studies both highlighted a variety of employee benefits and workplace adjustments that are offered by organisations that could help employees working with cancer. The three most common were the opportunity to work flexibly (93 per cent), access to Employee Assistance Programmes (EAPs) (88 per cent) and referrals to Occupational Health (80 per cent) (although access to Occupational Health was more common in larger organisations). However, previous research ² has suggested that the least commonly offered benefits including physiotherapy (40 per cent), access to health-related coaching (27 per cent), and vocational rehabilitation (10 per cent), are more effective at helping employees with long-term health conditions to return and remain in work. There is also significant evidence that EAPs, which many organisations may rely on to provide employee support, tend only to provide generic advice and are underutilised ³.

¹ Bevan, S. and Wilson, B. (2022). *Cancer and Employment Survey. Summary of key findings*. Institute for Employment Studies: Brighton. Available at: <https://www.employment-studies.co.uk/system/files/resources/files/Cancer%20%26%20%20Employment%20Survey%20Results%20Summary.pdf>.

² Ballard, J., Bajorek, Z., and Sheldon, H. (2018). Long-term sickness absence: a biopsychosocial survey. Part 2: the management of long-term sickness absence and the biopsychosocial drivers promoting or hindering return to work. *Occupational Health at Work*, 14, 15-26

³ Bajorek, Z. M. (2016). *Employee Assistance Programmes (EAPs). Supporting good work for UK employers?* The Work Foundation: London.

- The case studies suggested that a successful return-to-work included employee benefits and interventions that were implemented in consultation with the individual, taking individual health into consideration, and included on-going discussions about work patterns, job role and job design.

The need for greater clarity in communicating employee benefits

- Employee benefits are only useful if they are communicated well and implemented in a timely manner. However, results from the survey indicated there appeared to be inconsistencies within organisations about whose role it is to communicate these (should it be HR, line managers, both?). This is something that organisations need to address, as HR Managers in the survey acknowledged that employees have a limited awareness of the benefits available to them. There does however need to be clarity about who is responsible for highlighting what policies and practices are available, so that consistency in the messages can be provided.

The need to consider additional benefits and services

- The survey provided an open-text opportunity for HR Managers to comment on what employee benefits they would ideally like to offer if resources allowed. Some of the responses provided would require additional organisational investment (for example, the ability to extend organisational sick pay, the provision of private health insurance, the provision of professional help for financial planning, and management training and/or coaching). Other additional employee benefits that were suggested did not necessarily require financial resources, but focussed on improving job design, reviewing policies and practices and better signposting to further expert advice and cancer charities.
- Some HR Managers reflected that their current practices were inadequate and saw responding to the survey as a chance to reconsider what they could potentially offer employees working with cancer in the future.

The need to present a business case for supporting staff with cancer

The perceived cost of benefits and business economic conditions were reported as barriers to the provision of employee benefits and the survey indicated some evidence of senior management resistance to extending them. This is a concern because senior managers set an organisation's culture. A better understanding of the business case for employee benefits, particularly those aimed at mitigating long term sickness absence is needed.

The need for greater awareness of the government Access to Work scheme

- Given the above, it is particularly important that employers are aware and informed about government schemes, notably Access to Work, which provide financial assistance to implement workplace adjustments.

Line management capability and capacity

- HR Managers recognised the limitations of line manager capability. Potential barriers to providing better support included limited experience of managing cancer at work, concerns about saying the wrong thing and a lack of confidence in having difficult and sensitive conversations. These are all skills that require emotional intelligence and usually require training or coaching to develop. However, only 11 per cent of organisations had provided line managers with training and coaching. Even when HR Managers felt line managers were adequately skilled, there were concerns about a line manager's capacity to provide the appropriate support required.
- Evidence of good HR and line manager practice was reported in the survey. Just over 60 per cent of organisations arranged a phased return to work on a case-by-case basis, understanding that individual differences to cancer diagnoses and treatments need to be considered and the importance of regularly reviewing adjustments made for an employee to ensure they were being effective. A range of support services were also accessed when additional expert advice was required (for example, Occupational Health, patient organisations and EAPs).

The Working with Cancer Pledge

- The majority of respondents (68 per cent of 132 respondents) were not familiar with the Pledge, with only 8 per cent reporting they were 'extremely' familiar. However, 82 per cent of respondents wanted to find out more about it.
- If the pledge is to be effective to support both current and future employees working with cancer, it needs to be promoted more widely.

Recommendations

Policies

- Employers should review their organisational policies to:
 - Consider the benefit of keeping data on the number of employees with cancer and how many return to work.
 - Determine if they need policies which cater specifically for cancer and other chronic illnesses.
 - Ensure that current policies recognise the provisions of the Equality Act, but also consider further policies to fill the gaps. These could address financial wellbeing, stigma and learning and development opportunities; all significant issues for employees living with cancer.
 - Develop a policy for supporting employees with an advanced or terminal diagnosis (a current gap identified in the survey and reported by cancer survivors in the 2021/22 survey).

- Clarify who within the organisation has responsibility for communicating employee benefits to those with cancer.

Employee benefits

- Employers should review their employee benefits to ensure that they are fit-for-purpose for employees working with cancer including how the length of a phased return is determined. They must be compliant with the Equality Act.
- Employers should consult with employees to determine whether there are further benefits that would help improve their return-to-work given situations vary on a case-by-case basis.
- Employers should make use of the support and expertise provided by Occupational Health and/or patient organisations to obtain 'cancer specific' recommendations related to an individual's work or role.
- It is also important for employers to recognise that psychological wellbeing may be a long-term barrier to a successful return to work. Providing workplace counselling, return to work coaching or specific cancer support for employees, for example, vocational rehabilitation and in-house peer networks can all be an important source of employee support.
- As financial considerations can be a barrier to workplace adjustments, employers should make themselves familiar with government schemes such as Access to Work that provide financial assistance to implement workplace adjustments.
- Any employee benefits used, as well as workplace adjustments implemented should be assessed regularly to ensure that they remain fit-for-purpose throughout an employee's continued recovery and transition back to employment.

Line manager capability and capacity and the role of HR

- All line managers and HR should receive training and/or coaching about how to support employees with long-term health conditions at work, including cancer. This might include:
 - The side effects of cancer including the psychological impact.
 - The challenge of cancer being a long-term and fluctuating condition.
 - Relevant company benefits and policies.
 - The Equality Act and reasonable adjustments.
 - When and how to have conversations about cancer.
 - Creating a return-to-work plan for and with an employee.
- The case studies highlighted the importance of HR Managers providing support to line managers if concerns arise. HR must keep abreast of disability legislation and the Equality Act and other relevant legislation when discussing return to work support, to ensure that discrimination does not take place.

- More support should be given to line managers, so they have the time to line manage people working with cancer effectively. This may mean undertaking a review of the expectations of line managers.
- Line managers should also have access to EAPs and emotional support if they have been 'triggered' by a line managerial discussion, especially if they have a 'lived experience' of cancer.

The Working With Cancer Pledge

- The Working With Cancer Pledge should be promoted more widely within the UK and organisations should be encouraged to sign up.

Previous research has shown that employees working with cancer can benefit from the therapeutic nature of well-managed work. Although the results of this survey have shown that there are some pockets of good organisational practice, there are further opportunities for improvements that could make a significant difference to the number of employees returning to work successfully. This can only be to the benefit of those living and working with cancer, their families and the community as a whole.

Introduction

The health of the UK population is changing. The Health Foundation (2023) reported that the UK population has grown by approximately a half over the past century, and life expectancy has increased by more than twenty years. The report argued that although longer lives are to be celebrated and does show that social and economic progress has been made, there are also concerns that people are living with multiple health conditions. The length of time individuals are projected to live with a major illness is expected to increase from 11.2 years in 2019, to 12.6 years in 2040, with the number of people living with a major illness projected to increase by 2.5 million in 2040 (an increase of more than a third).

The report also looked at how this change in health affects the working age population. It found that the number of 20–69-year-olds, (what the researchers classed as those approximately of working age) living with a major illness in England is 4 per cent. This number increased by over 25 per cent % from 2.4million to 3 million in the decade prior the COVID-19 pandemic, and is projected to increase to 3.5 million by 2030.

Consequently, as more people are projected to be living longer and with multiple health conditions, helping people to live and work with an illness becomes an important challenge for the UK.

This report focusses on one particular health condition, cancer.



Cancer and work

The statistic that 1 in 2 people will be diagnosed with cancer in their lifetime is sobering. With retirement ages increasing, it will be even more likely that more individuals of working age will be affected (Ferlay et al., 2018) and working alongside and managing someone working with cancer will be more common in workplaces of the future. The box below highlights some of the main statistics regarding work and cancer.

- According to the WHO, approximately 4.4 million people in Europe were newly diagnosed with cancer in 2020. There is a trend towards increasing numbers of cancer diagnoses because of changing demographics. With improved treatment, this has also led to increased chances of survival (Schellack, Breidenbach, Rick, Kowalski, 2024).
- An important part of an individual's survivorship is their employment status, and how people experience work. Schellack et al., (2024) reported that 36 per cent of new cancer diagnoses in Europe occur in the working age population.
- Cancer rates in the younger population are also increasing. Between the early 1990's and 2018, cancer incidence rates in 25- to 49-year-olds in the UK increased by 22 per cent. This a bigger percentage change than in any other age group, and more than twice the nine per cent increase in over-75s (Cancer Research, 2023).
- In the UK, it is estimated that almost one million people of working age are living with cancer (Working With Cancer, 2024), and around 700,000 people are juggling work and caring for someone with cancer (Macmillan, 2017). The number of people of working age living with cancer is set to increase by 1,150,000 by 2030.
- Approximately 160,000 new cancer diagnoses are for people of working age (Reframe Cancer, 2024).
- Work can be a positive experience for many (Lieb et al., 2022), however data suggests that sustaining a successful return to work is still difficult (Amir et al., 2018; Peterson et al., 2019), with fewer than two-thirds returning to work or still working a year after receiving their diagnosis (Mehnert et al., 2013). Research has consistently shown that unemployment rates are higher in patients with cancer in comparison to the general population (Mehnert, 2011; de Boer, 2009).
- Stapelfeldt et al., (2021) estimated that job loss can be experienced by 53 per cent of people living with cancer and unemployment can be 1.4 times more likely in people living with cancer than among those without cancer.
- Colombino et al., (2020), found that cancer patients who continued with work or who were re-employed had higher levels of quality of life, and anxiety and depression scores in female cancer survivors who returned to work were lower than those who did not.

Returning to work after cancer



Alongside the current improvements in diagnosis, treatment and survival rates of cancer, returning to work and remaining in employment is becoming of increasing importance for individuals, employers and wider society (Amir et al., 2010). Luker et al., (2013) discussed how for many, returning to work could be viewed as an important milestone for a return to normality. A report by the Association of European Cancer Leagues (2020) discussed how cancer patients returned to work for a number of reasons, including:

1. Financial concerns.
2. The risk of poverty and social exclusion.
3. Work being a part of people's identity.
4. The need to feel part of a community.
5. To contribute to society in a meaningful way.

Although the duration of a cancer patient's absence from work will vary dependent on their type of cancer and their prognosis and reaction to treatment, many wish to return to work to help them to re-establish structure to their daily lives, contribute to social relationships that may have been disrupted during treatment, improve their self-confidence and overall quality of life. However, the literature indicates that a number of barriers can exist which could be detrimental for helping an individual re-engaging with the workplace.

Clinical barriers

A number of barriers that patients may experience are clinical and may be dependent on the nature of their cancer and the side-effects of their treatment. Common side-effects from chemotherapy and radiotherapy include extreme fatigue, the increased risks of infection as a result of being immune-suppressed, pain, hair-loss or physical disfigurement following surgery and problems with attention and memory (so called 'chemo-brain') and feelings of distress (Bevan, 2018; Association of European Cancer Leagues, 2020). Alongside the clinical side-effects of treatment is the time needed for appointments, check-ups and scans that can lead to workplace attendance interruptions, and may lead to unpredictable absences (Duijts et al., 2014).

Psychological barriers

There have also been reports that individuals living with cancer may have psychological concerns or anxieties that could be a barrier to returning to work (especially if the workplace is perceived to be unsupportive or inflexible). Bevan (2018) noted that individuals may have reduced confidence in their ability to undertake their role (even evident in 'high performers'), and many side-effects of treatment have also been reported to affect individual self-esteem. Lieb et al., (2022) reported that individuals may experience anxiety and depression and concerns regarding what colleagues may perceive about their ability to work, as well as 'scan-anxiety' (the fear about what a follow-up scan may reveal). Bevan (2020) wrote about his experience returning to work following cancer, and commented that anxieties about career prospects, being perceived as a 'burden' or how to broach the topic of cancer among colleagues were all common.

Organisational barriers

de Rijk, Amir, Cohen et al., (2020) noted that one of the important reasons for why cancer survivors did not return to work given by patients was a reported lack of understanding and support from employers and organisations. The researchers highlighted that employers are in a position to make reasonable adjustments, provide and signpost employees to sources of support, and facilitate a smooth transition. However, research surveying employees living and working with cancer who have returned to work have shown mixed experiences.

Bevan and Wilson (2022) surveyed over 1,200 people living with cancer, exploring the factors that make a successful, sustainable and fulfilling return to work more likely, and exploring the barriers which remain for those returning to work either during or after their treatment. The results found that experiencing a cancer diagnosis and treatment has a profound impact on people, in ways that may not be appreciated by work colleagues and employers. Additionally, it was reported that employers cannot solely rely on line manager compassion and empathy to help employees navigate their cancer treatment and recovery, but that solid policies and practices such as job design and a phased-return to work need to be implemented effectively to ensure employees have the best chance of thriving at work if/when they return. Knowledge of the Equality Act was low among those

who had returned to work, suggesting that HR still need to do more to raise awareness of their obligation to undertake workplace adjustments and explain wider employee rights. However, positive experiences were also reported, including employees noting support from their employers and colleagues with many having access to time off for medical appointments and flexible work.

The Reframe Cancer (2024) report also indicated that employers could still be doing more to support employees living with cancer in the workplace. The main findings included that line managers and HR Managers required further training to help support employee transitions back to work. Similar concerns about line manager capability were made by Smerald et al. (2023) who reported survey findings indicating that line managers do not always feel they have the right support and training to help people living with cancer return to work. In their study, 86 per cent of line managers had not been given any training on how to support employees with long-term health conditions, including cancer, and only 36 per cent of line managers felt well equipped to support employees with cancer. The Economist Intelligence Unit (2017) also reported gaps in line managerial abilities showing that more work needed to be done in this area.

There has however, been less understanding about returning to work from the HR perspective. In a study commissioned by Check4Cancer (2016) HR professionals were surveyed to explore issues about support, management and benefits for staff affected by cancer. The central finding of the report was a lack of organisational planning among organisations to manage risks related to cancer at work, with 70 per cent of HR Managers saying they did not have policies in place for communication or management of employees who have received a cancer diagnosis. Nearly half of the HR Managers surveyed thought that line managers were unprepared for managing employees, with 13 per cent saying that they didn't think their line managers were prepared 'at all'.

These barriers to returning to work suggest that a lot more still needs to be done to help organisations and employees understand how to improve the return to work for employees working with cancer, and how organisations can support employees working with cancer to thrive in the workplace. To investigate this and what further support HR may need, IES have once again collaborated with Working With Cancer on a new survey with HR Managers to see where opportunities and challenges may still lie. This report provides an overview of the survey findings, including anonymous responses from free text questions, and supporting quotations from case studies undertaken alongside the survey to provide real-organisational examples of how cancer has been managed at work.

About the survey and the survey respondents



The research used a mixed methodological approach comprising both quantitative and qualitative approaches. A survey of HR Managers or individuals with HR responsibilities in their organisation was conducted between April and August 2024. Recruitment to the survey was undertaken via a number of approaches. A call for participation was made in HR Magazine which provided a link to the survey and explained its purpose. IES and Working With Cancer also reached out via their networks and social media. The survey was administered online and hosted by IES.

The survey sought to explore:

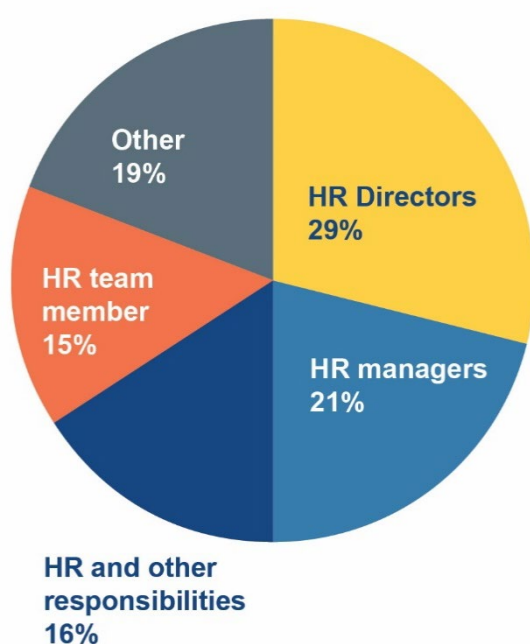
- Current employer policies and practices in relation to supporting employees with cancer and how they are applied.
- Strengths and challenges to the current approaches.
- Further support requirements.
- Current awareness of the Working With Cancer Pledge ⁴.

⁴ The Cancer Pledge is the world's first cross-industry coalition to erase the stigma of cancer in the workplace, initiated by Publicis and supported and partnered in the UK by Working With Cancer and Macmillan Cancer Support. Over 1,250 organisations globally have now committed to the pledge, including Pfizer, Meta, Disney, L'Oréal, Nestlé and Toyota. Each has promised to abolish job fear and insecurity that can exist for cancer sufferers in the workplace. To complete the pledge, organisations just need the name of the executive taking the pledge and a description of concrete actions they will be taking to support cancer patients at work. Once signed, the coalition also shares information and learnings.

A total of 204 HR Managers or individuals with HR responsibilities in their organisation consented to take part. Participants completed all or part of the questionnaire, depending on what was relevant to their organisation, and what they felt comfortable disclosing (although the survey was anonymous).

To complement the survey findings, four case studies were undertaken, with the aim to develop a more in-depth understanding of organisational approaches to a cancer diagnosis and the impact of organisational policies and practices for the organisation and the individual. The case studies were also used to understand what worked well and allowed participants to reflect on what else might support individuals working with cancer in the future. Case studies included interviews from HR Managers and/or line managers, and also included the individual working with cancer if they were willing to participate. Quotes from the case studies are used in the report to provide context to the survey findings.

The **key characteristics of the survey respondents** include the following:

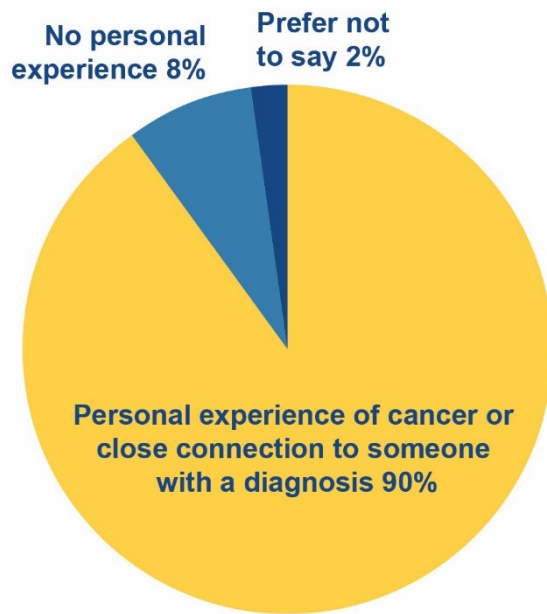


- Twenty-nine percent of respondents were organisational HR Directors, 21 per cent were HR Managers, 16 per cent reported that they undertook HR responsibilities alongside other organisational duties, and 15 per cent identified themselves as a HR team member. Other respondents of the survey included health and wellbeing leads, employee benefits managers, team leaders, organisational directors, and cancer network leads.

- The average length of time in their position was 3-10 years, although length of time ranged from just one month to 35 years.

- The average length of time that the respondents had worked in HR or undertaken

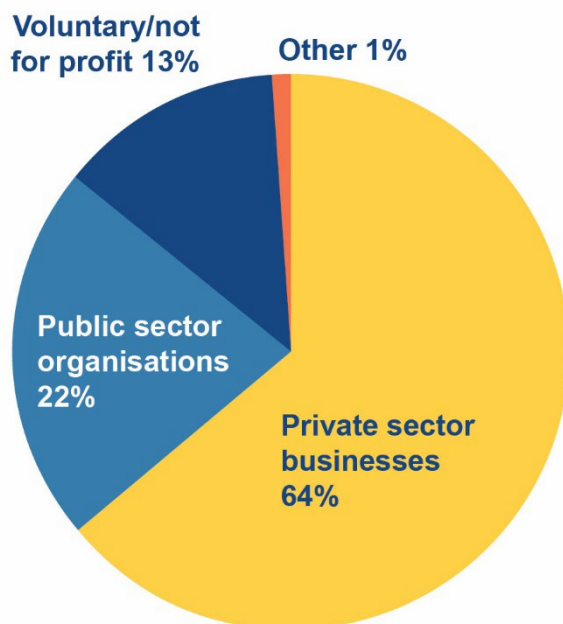
HR responsibilities was 16–25 years, but once again there were large ranges in time spans, ranging from 4 months to 36 years.



■ The respondents were asked **whether they have had a personal experience of cancer or had been closely connected to someone with a cancer diagnosis** (either through work or a personal connection). Of the 157 respondents who answered this question, 90 per cent reported having a personal experience, 8 per cent said they hadn't, and 2 per cent preferred not to say.

■ With regards to organisational size, of the 129 respondents who answered the question, 55 per cent were from organisations with over 500 employees, 10 per cent reported having 250-499 employees, 16 per cent had 51-249 employees, 16 per cent represented

organisations with 25–50 employees, 2 per cent had 11–24 employees, and 1 per cent was from a micro-organisation of 1–5 employees. Thus, the sample comprised predominantly larger organisations.



■ In terms of the **types of organisations represented by the survey respondents**, of the 129 who chose to answer the question, 64 per cent were from private sector businesses, 22 per cent were from public sector organisations, 13 per cent were from a voluntary or not from profit sector organisation, such as a charity or social enterprise, and 1 per cent stated 'other' (healthcare).

■ 130 survey respondents answered the question about trade union representation in the workplace, of which 65 per cent reported having a trade union, 32 per cent did not, and 2 per cent did not know.

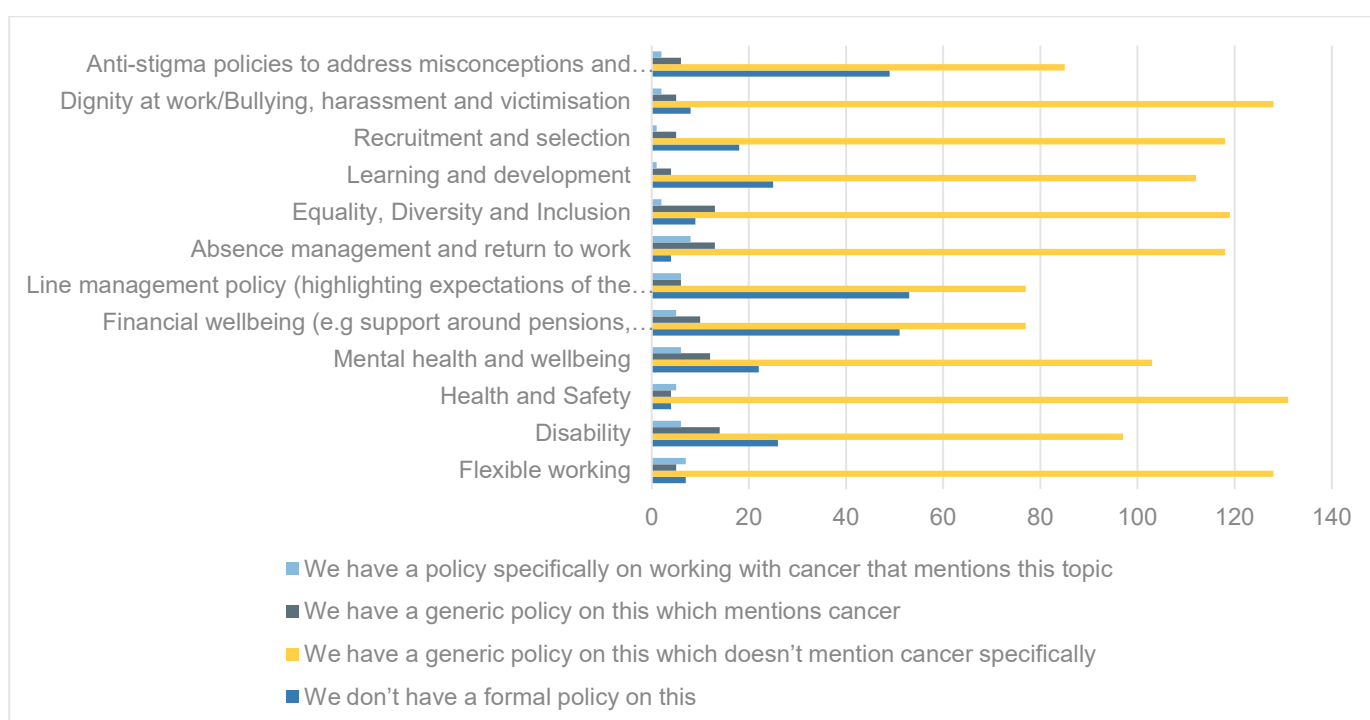
■ Finally, the survey asked whether the organisation was UK-based. Of the 129

respondents that answered the question, 89 per cent of the organisations were based in the UK, whilst 11 per cent reported that they operated in the UK while the organisation's headquarters were based outside of the UK.

Policies and practices

HR Managers were asked about a range of generic policies their organisations had in place that could be useful when supporting and managing an employee living and working with cancer. They were also asked whether each generic policy referenced cancer specifically or whether they had a policy specific to cancer mentioning the topic in question.

Figure 1: Organisational policies to support employees working with cancer



Source: IES Return-to-work cancer survey, 2024

As can be seen from Figure 1, many organisations have generic policies on a wide range of topics that could be relevant to an employee living and working with cancer. These include policies focussed on organisational health and safety, flexible work and absence management, equality, diversity and inclusion (to ensure organisational fairness), bullying and harassment, and consistent and fair approaches in recruitment and selection.

Very few organisations reference cancer in their policies or have a specific cancer policy. There also appears to be an absence of some types of policies with potential to support employees living and working with cancer. For example, over a third of respondents did not report having a formal financial wellbeing policy (highlighting available support in given circumstances around pensions, disability benefits, etc.). Such a policy could

benefit employees with cancer who may need extended time off from work or those considering early retirement. Also, over a third of respondents reported not having a line management policy or guidance about line manager expectations with regard to supporting employees with a long-term health condition. Ideally, managers should be equipped to signpost employees to appropriate policies when issues arise in one-to-one discussions. Lack of such guidance raises the risk of inconsistent or inappropriate line management practices within organisations. Finally, just over a third of organisations did not have anti-stigma policies to address negative misconceptions and prejudice about cancer (e.g. assumptions about capability in their role which can affect recruitment and access to promotions and progression).

The survey asked whether HR Managers believed there was a need for a specific 'working with cancer' policy providing specific guidance to HR and line managers about supporting an employee who discloses a cancer diagnosis. Of the 144 respondents who answered the question:

- 45 per cent reported a perceived need.
- 28 per cent said there was no need.
- 23 per cent were unsure.
- 4 per cent stated that they already had a specific cancer policy.

This difference in opinion was also highlighted in the case studies undertaken alongside the survey. For example, the HR Manager in a small charity argued that,

"A cancer policy is something that we are thinking about, but it could lead to a bit of a minefield if there should be policies about all the other conditions there could be policies about. There could be a way around it, a generic health policy, to help people who do have a long-term health condition, and what the organisation has in place and what they can do to help."

The employee with lived experience of cancer at the same organisation agreed that they were unsure about how beneficial a specific policy would be, but argued,

"It is not about having a specific policy, but making sure that you have got really good policies in place that are well understood and well implemented."

However, an employee with lived experience of cancer in a large public sector organisation argued that having a cancer specific policy was necessary, to ensure consistency in the line managerial approach to supporting employees:

"I think a cancer policy would be there to make things fair for all, to include things like reasonable adjustments or flexible work, because although line managers are important you don't expect them to know everything...there could be a person in another role who wouldn't get the same treatment."

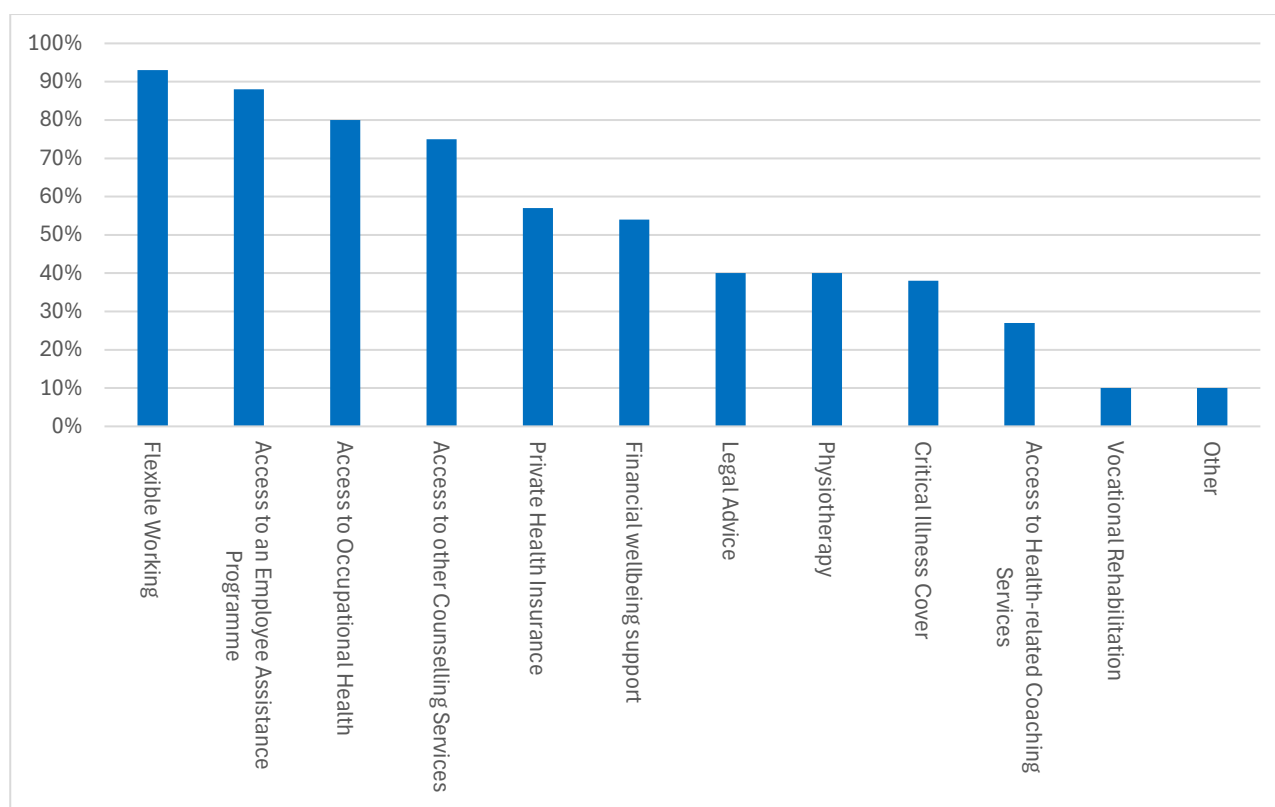
Their line manager believed that:

“There will eventually be a policy in the organisation because they are taking this really seriously”, but also commented that, “we could have a policy in our organisation for cancer, but I would like to see a policy that takes care of all eventualities that can happen.”

A particularly interesting finding was that a majority of organisations do not record how many of their staff currently have or have had a cancer diagnosis. Out of the 147 HR Managers who responded, only 18 per cent reported that their organisation collects data on the number of employees with a cancer diagnosis, 72 per cent reported that they do not collect data and 10 per cent did not know. Therefore, organisations may have more employees who require support to work with cancer than they realise.

HR Managers were also asked to report on the employee benefits provided at their organisation to support employees with long-term health conditions, including cancer in the workplace.

Figure 2: Current employee benefits provided by organisations



Source: IES Return-to-work cancer survey, 2024

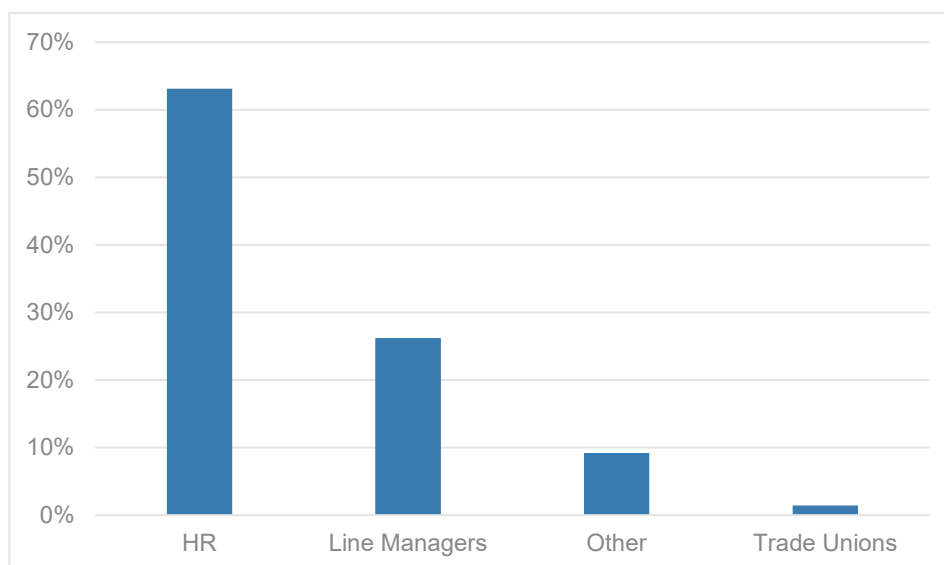
As Figure 2 indicates, the most common employee benefits include the provision of flexible working (e.g. to allow an employee to work when and where they feel able to, and the autonomy to make that decision), access to Employee Assistance Programmes (EAPs) and referrals to Occupational Health. These were also the most common benefits discussed in the organisational case studies. Arguably the benefits most frequently reported are those of most advantage to employers (e.g. to encourage attendance), rather than those most supportive for employees living with cancer. For example, access to

EAPs appears to be widespread, but EAP providers may not be able to provide the specialist counselling and support that those living and working with cancer require. Research shows that the psychological symptoms of a cancer diagnosis and treatment may be greater barriers to returning to work than physical symptoms; therefore, specialist cancer counselling and support may be appropriate for employers to add to their employee offer.

Financial support (e.g. private health insurance and financial wellbeing) was also a less obvious employee benefit offered (this may be a function of cost and industry), which is surprising as cancer patients often return to work because of financial concerns. In research by Ballard, Bajorek and Sheldon (2018) regarding long-term sickness absence and return to work, OH practitioners reported that physiotherapy (especially when in combination with a psychological intervention) was most likely to hasten an employee's return to work. However, interventions such as physiotherapy and vocational rehabilitation were among the employee benefits least offered by organisations.

However, employee benefits are only useful when employees know what is available to them. Therefore, these need to be communicated effectively and at times when they would be of most benefit to employees.

Figure 3: Who in practice is responsible for making employees living with cancer aware of organisational benefits?



Source: IES Return-to-work cancer survey, 2024

Of the 142 HR Managers who answered the item, 63 per cent noted that it was HR's responsibility to make employees living and working with cancer aware of the benefits available to them, 26 per cent answered that it was the line managers role and 1 per cent believed it was the role of trade unions. Thirteen per cent provided 'other' responses, which included *"it is a shared responsibility of all those named above, along with others who might have knowledge and are able to signpost, including staff networks, wellbeing leads and mental health first aiders."* Other positions responsible for communicating

benefits included officer managers, senior leadership teams, wellbeing hubs on the intranet, outsourced benefit providers and Occupational Health. What is most important is that access to benefits is made in a timely manner, so they can be reached when most needed. Consequently, it may be that both HR Managers and line managers offer reminders about the benefits available to all staff in a consistent manner so staff can access them when required (and they know where to access them from) throughout their cancer journey.

In an open-ended question, survey respondents were asked (hypothetically) if there were no limits available to resources, what additional benefits they would like to be able to offer employees living with cancer. The responses clustered around 6 main themes:

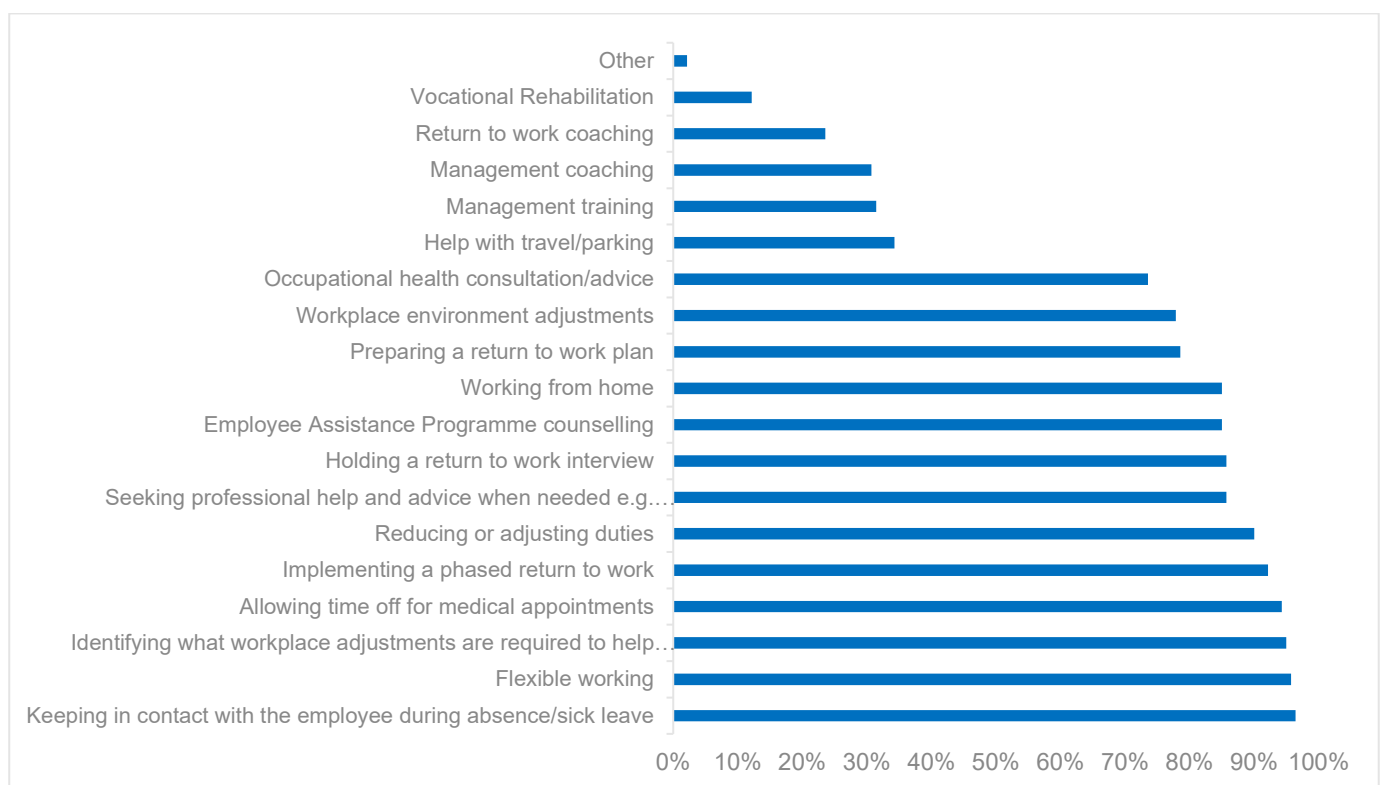
- Further financial help and support: Comments included better support around full sick pay for extended periods of absence for treatment and recovery, critical illness cover, the provision of private health insurance and financial coaching. *“We would love to provide private health insurance for all employees and their loves ones and a health cash plan for all employees”* and *“better extension of sick pay allowances, better pension advice and financial advice on a one-to-one basis.”*
- Management training and development: Many respondents noted that to better support their employees it would be beneficial to engage in management training and development. *“Targeted management training to deal with and manage employees suffering from cancer or long-term illnesses”, “training and coaching for managers who manage people returning to work”* and *“training line managers to be able to support employees on the more emotional side so they can have more compassion...they can do a brilliant job sometimes, but they are not sufficiently trained.”*
- Expert advice: Comments included signposting to, or providing the opportunity to engage with other experts that could be beneficial during diagnosis, treatment and return to work: *“access to a dietician”, “access to health related coaching and cancer specific coaching”, “education support and campaigns for cancer”, “awareness of services, and contributions towards specialist items such as wigs and prosthetics as examples”, “access to genetic screening”* and *“we would love to offer vocational rehabilitation.”*
- Organisational support: Some managers discussed practical benefits that could be provided in organisations, including: *“Better access to flexible working and increased flexibility in working hours”, “specific organisational policies and having one point of contact for organisational advice and support”* and *“champions and mentors in the organisation or a peer network”*.
- Adaptations to the individual’s job or role: Comments here included: *“tailoring the role to what an individual may now be able to do”, “the provision of a comfortable work environment and reducing working stress”, “extended return-to-work process”* and *“more personalised job support.”*
- Improved communication and access to cancer resources: There was a recognition that organisations could be doing more to engage with and promote resources and advice provided by specific cancer charities. Responses included: *“Wider*

communication about cancer charities and networks”, “signposting of all cancer support charities and organisations” and “better knowledge of support at either national or local cancer support groups”.

Others commented that in completing the survey they recognised that they could be doing more and would reconsider their current offering. Some respondents also recognised that although their organisation offered a range of benefits, they needed to be more consistent in their promotion and application. It was also evident that many of these could be achieved without additional financial resources but may require changes to HR policies and current ways of working, as well as better management to improve implementation.

When discussing the support provided to help employees living and working with cancer return to work, the survey indicated a range of practices that organisations routinely implement.

Figure 4: Current organisational practices to support employees with long-term health conditions, including cancer



Source: IES Return-to-work cancer survey, 2024

As can be seen from Figure 4, those most popular included:

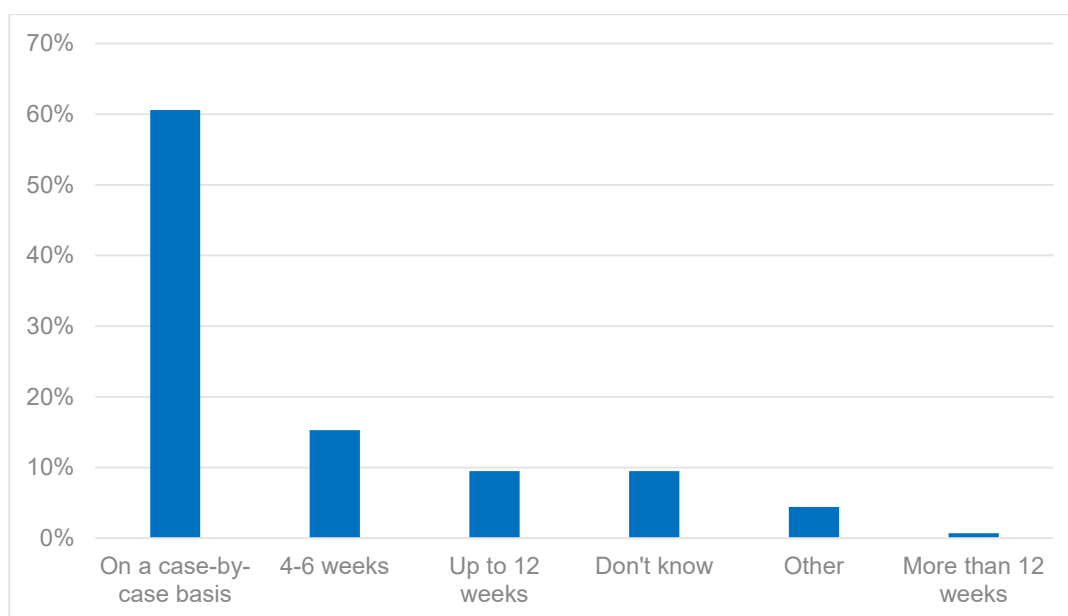
- Flexible working opportunities (96 per cent).
- Identifying reasonable or workplace adjustments that would help employees living (95 per cent) and working with cancer return to work.
- Allowing time off for medical appointments (94 per cent).

These are all practices that you would expect organisations to undertake under the Equality Act.

Although the above practices are important, it should be noted that less frequently reported benefits are equally important for successful return to work. For example, training and coaching should be provided to people managers to ensure that conversations about return to work are undertaken with compassion, empathy and understanding of both organisational practices and employee needs. Discussions about adjusting duties and job design will also occur during these conversations.

The survey also asked about the typical duration over which a phased return to work is permitted for cancer and other long-term health conditions.

Figure 5: The normal duration of a phased return to work



Source: IES Return-to-work cancer survey, 2024

Of the 136 HR Managers who responded to this question, 61 per cent said that a phased return to work was undertaken on a case-by-case basis, 15 per cent reported that a return to work normally occurred between 4–6 weeks, 10 per cent reported up to 12 weeks, and 10 per cent did not know. In open responses other respondents noted that this is dependent on recommendations from Occupational Health.

Arguably, a case-by-case basis understanding of employee needs is the most preferable basis for planning a phased return to work. Organisations should ensure that return to work conversations are undertaken in a way that serves both the individual and the organisation.

Evidence from the case studies provided positive examples of how a phased return to work can be implemented. For example, in one large public sector organisation, the employee living with cancer had an open and honest working relationship with their line

manager. This meant they were able to let their manager know when it was appropriate for them to return to work:

“I couldn’t even think about going back to work as the second round of chemo was a lot worse than the first. My line manager was great and told me to just do what I could do.”

The line manager in this case also highlighted how individual needs had to be taken into consideration to achieve optimal outcomes:

“It is really important to take one situation for its own independent need, because people have their own cancer journeys and have very different needs.”

When discussing a phased return to work in a small charity, any return to work was once again employee-led but was also aided by a referral to Occupational Health to ensure that both the work and the workplace environment would be suitable for the employee. The HR Manager commented:

“We don’t have an in-house Occupational Health, but we used an external one here. They can be helpful...they can provide some really good professional ergonomic advice so we know what we can implement in conjunction with the knowledge that the line manager has... We looked at the job role and the work that they were doing and tried to focus their time on the pockets of the role that would be less stressful but still enjoyable for them to be working on.”

The employee with lived experience of cancer in this organisation was grateful for the flexibility in approach offered post their surgery:

“I did do a phased return to work. We started off slowly to see what I was able to cope with. We had meetings about how this would work, but it was very much about giving me autonomy and flexibility. Things are still a bit flexible now, as the ability to work can very much depend on whether I have slept or if I have a lot of appointments going on.”

Finally, HR Managers were asked whether their organisation had a policy in place specifically to support employees with an advanced or terminal diagnosis who were unable to return to work. 138 respondents answered this question:

- 18 per cent indicated that they have a specific policy.
- 45 per cent reported having no arrangement.
- 25 per cent said this was something that they had not experienced.
- 10 per cent did not know.

Respondent comments in an open text box indicated that this was likely to be covered by other policies such as an ill-health retirement policy, guidance from Occupational Health, or income protection or insurance policies.

Although cancer survivorship is increasing, many may be living with a long-term terminal diagnosis, or receive a diagnosis where work is no longer possible or is the individual's priority. Organisations need to recognise that many won't want to continue working, but

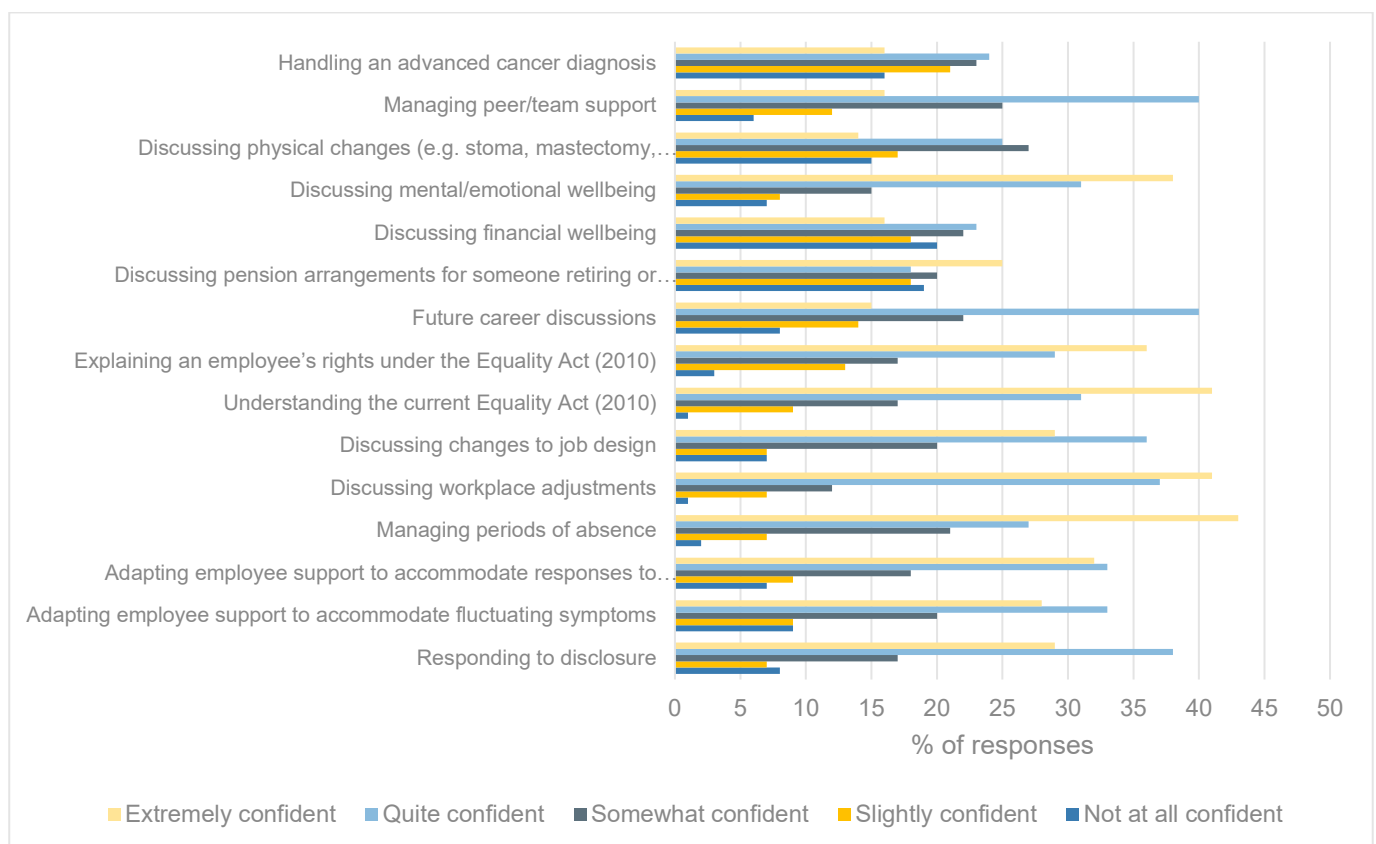
many will, and may be able to do so for many years. Therefore, organisations should be prepared in such circumstances to have policies and practices to ensure that employees are 'managed well' in such times, in order to minimise additional stresses or pressures.



Organisational barriers to good practice

The survey aimed to shed light on the challenges that can arise for organisations when supporting an employee with cancer to remain and thrive at work. The results highlighted substantial gaps in employers' confidence to respond appropriately.

Figure 6: Confidence in supporting an employee working with cancer



Source: IES Return-to-work cancer survey, 2024

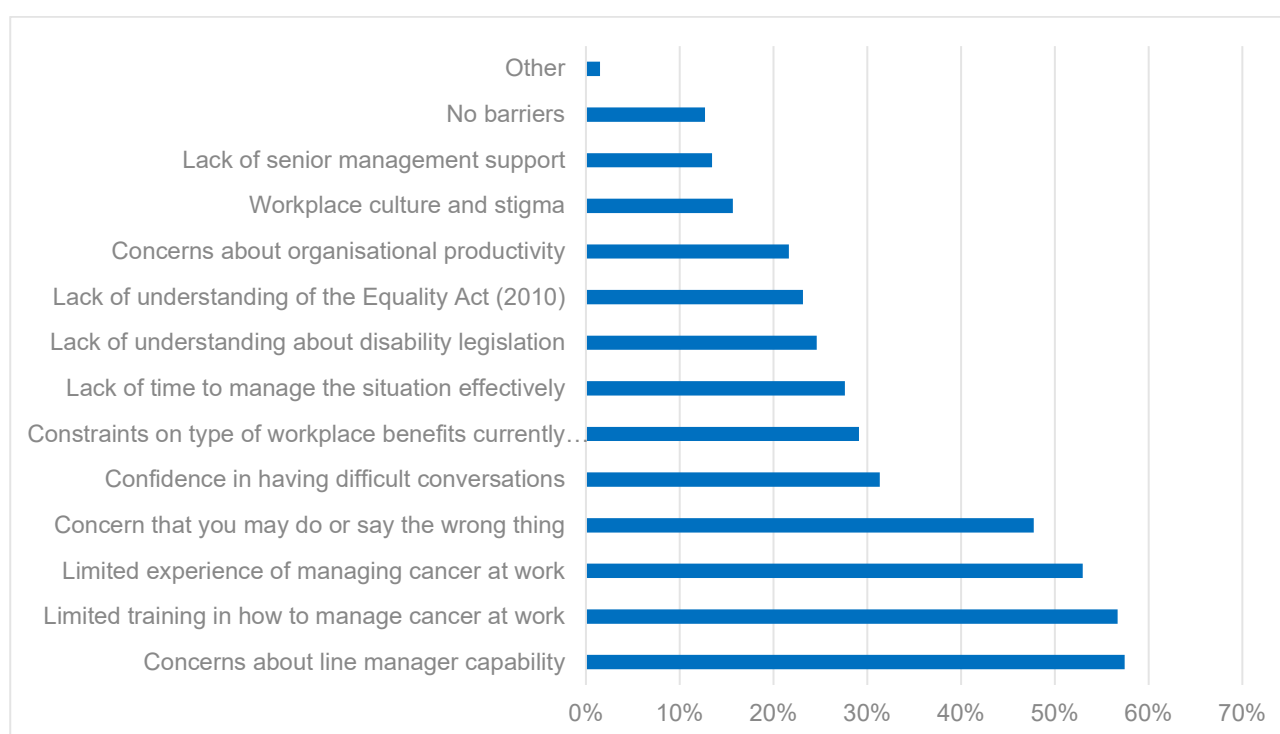
As Figure 6 suggests, conversations about actions and practices that fall under employment regulation (or may form part of more everyday discussions in the workplace) are those where HR Managers or those with HR responsibilities feel more confident. For example, 78 per cent of respondents reported feeling 'extremely confident' or 'quite confident' about discussing workplace adjustments, while 70 per cent also felt 'extremely confident' or 'quite confident' about managing periods of absence. However, just over two-thirds of respondents (69 per cent) noted feeling extremely or quite confident about discussing mental and emotional wellbeing.

The above findings suggest that more support is required in conversations about mental and emotional wellbeing, especially as research has suggested that people working with cancer may struggle more with emotional rather than physical side-effects of their cancer experience. Only 55 per cent reported feeling extremely or quite confident in having future career discussions with employees living with cancer: cancer patients may be keen to discuss this if their cancer or treatment has resulted in impairments or led to a re-evaluation of life priorities.

The survey findings indicate less confidence around areas that require more expertise or, more generally, situations that arise less frequently. These are important to address, if as predicted, rates of cancer and cancer survivorship are to increase. Previous literature has suggested many people living with cancer return to work because of financial concerns, yet financial wellbeing was the area that HR Managers reported feeling least confident addressing (with 20 per cent 'not at all confident'). Other areas where HR Managers were 'not at all confident' at addressing included discussing physical changes (e.g. stoma, mastectomy, lymphedema) which may be common in cancer treatment. This is another issue which can impact HR's handling of an advanced cancer diagnosis.

Respondents were also asked what organisational barriers they faced when supporting employees working with cancer.

Figure 7: Organisational barriers to supporting an employee working with cancer



Source: IES Return-to-work cancer survey, 2024

Figure 7 indicates substantial line manager capability gaps in managing cancer in the workplace (58 per cent of respondents reported this) and limited availability of managerial training in how to manage cancer at work (57 per cent reported this). There was also

concern about saying the wrong thing (48 per cent), a lack of confidence to have difficult conversations (31 per cent), and lack of time (28 per cent).

Even though cancer is classed as a disability, and as such any workplace adjustments would fall under the Equality Act, a quarter of HR Managers reported a lack of understanding about disability legislation, and just under a quarter (23 per cent) of respondents noted a lack of understanding of the Equality Act. This could have major implications for how cancer is managed in the workplace and how supported people working with cancer feel.

Just over a fifth of respondents felt that concerns about organisational productivity could be a barrier to supporting employees working with cancer. This challenge was also discussed in the case studies, with HR and managers hoping this wouldn't be the case yet noting a tension between the desire to provide full support (e.g. by making adjustments to work tasks and patterns) and operational priorities.

In the case studies it was often the line managers who have the day-to-day challenges of ensuring an employee is not over-burdened yet had to meet organisational targets that discussed these tensions. For example, a line manager in a large public sector organisation mentioned that:

"There are a lot of pressures at work, and the challenge is that work doesn't go away, so you are reliant on other people stepping up as we still need our targets and everything, but at the same time you know you have to be empathetic."

Another manager commented that:

"There was a tension that I was saying to take as much time as you need, but at the same time balancing the conversation with work that still needs to be done...there does come a time when the work does really need to be done, and that does cause some challenges."

The important factor in this case was that the line manager and the employee with lived experience of cancer had a positive work relationship and:

"We worked through it...there will always be some time when you have a disagreement and the strength of the relationship is to get through such disagreements...but there are these tension points."

A HR Manager in a private sector SME through conversations with their line managers also recognised that this was a common challenge that organisations can experience:

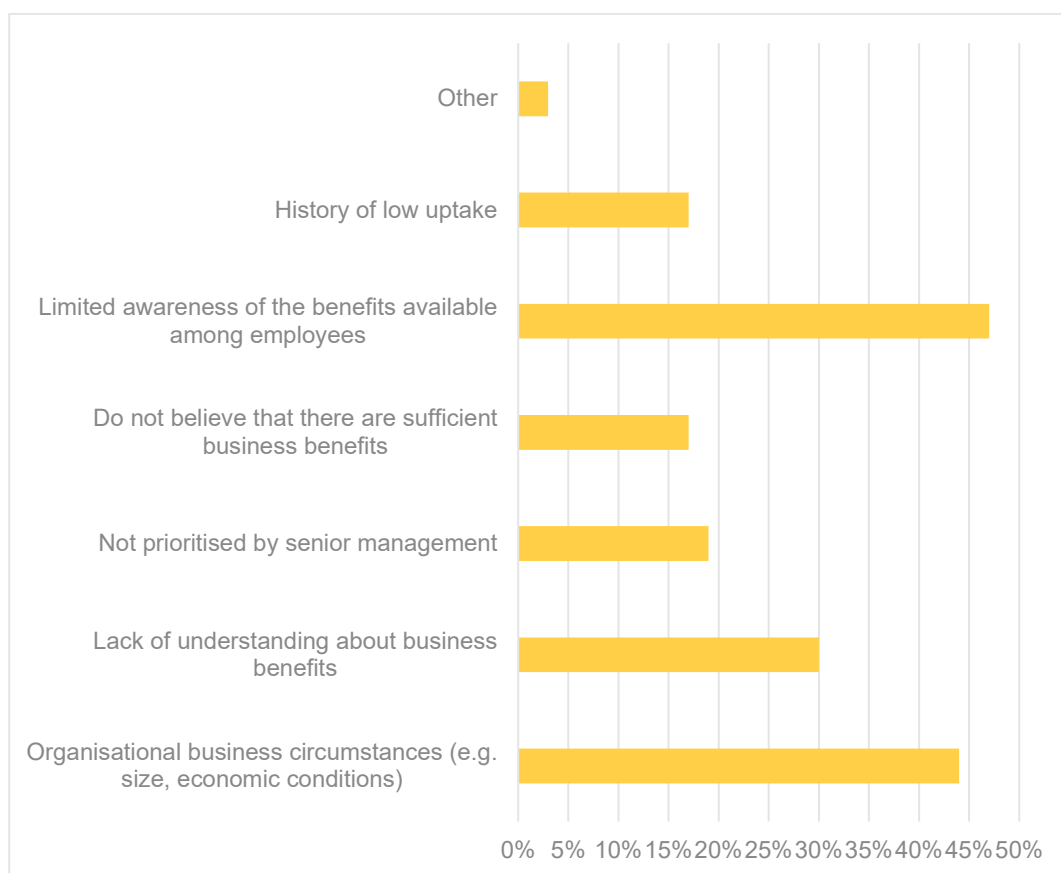
"The major challenge is ensuring that the support is able to be given whilst ensuring the longevity of the business concerns...that is a practical consideration. It is weighing up that we have to get the work done...that is being honest, it is a concern for the business."

Finally, the survey found that 13 per cent of HR Managers perceived a lack of senior management support on this issue. This is potentially concerning as senior managers

are often responsible for setting the ‘culture’ and ‘tone’ of an organisation, as well as sign-off of procurement and implementation of employee benefits.

In relation to employee benefits specifically, respondents identified a range of barriers to uptake from employees affected by cancer.

Figure 8: Organisational barriers to the provision of employee benefits



Source: IES Return-to-work cancer survey, 2024

Employee awareness was perceived as being the main barrier (47 per cent), highlighting the importance of communicating the benefits, for example via one-to-one discussions, employee communications (intranet, staff newsletters) and wellbeing events. In this context, it is not surprising that some managers reported low uptake as another barrier (17 per cent). Forty-four per cent cited business size and economic conditions as a potential barrier affecting the provision of the employee benefits. This lack of organisational financial resources could be a reason for the hesitation by some organisations (17 per cent) to introduce employee benefits. Almost a fifth (19 per cent) of respondents reported that employee benefits were not prioritised by senior managers. As employee benefits to support people working with cancer could help other employees, gaining senior manager support could help many other employees in an organisation, and so understanding the reason for senior manager hesitation is important.

Access to Work, a government run scheme providing financial aid for implementing workplace adjustments, provides a potential means for employers to address economic

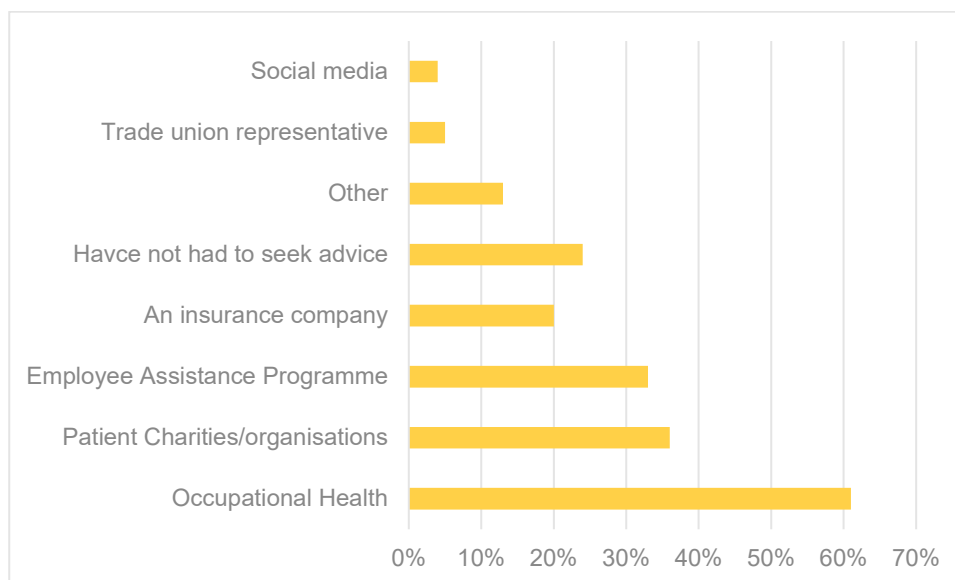
constraints to employee support. Therefore, awareness of this was explored in the survey. Among the 134 respondents who answered the question:

- 54 per cent said they were aware of the scheme.
- 42 per cent reported being unaware.
- 4 per cent replied that they did not know.

This apparent knowledge gap persists among employers despite the fact that the scheme is more than 30 years old.

The survey also explored where respondents had previously sought advice to help them support employees working with cancer.

Figure 9: Where support advice has previously been sought



Source: IES Return-to-work cancer survey, 2024

Occupational Health was noted as the most common source of support (61 per cent), and larger organisations were more likely to have made a referral. Patient charities were also a common source of support (36 per cent). Other sources of support in the open text included medical advice from GPs and specialist nurses, employment lawyers, ACAS and employee cancer networks within organisations that could provide a 'real life' perspective about working with cancer. Almost a quarter (24 per cent) of respondents reported not needing to seek any further support or advice.

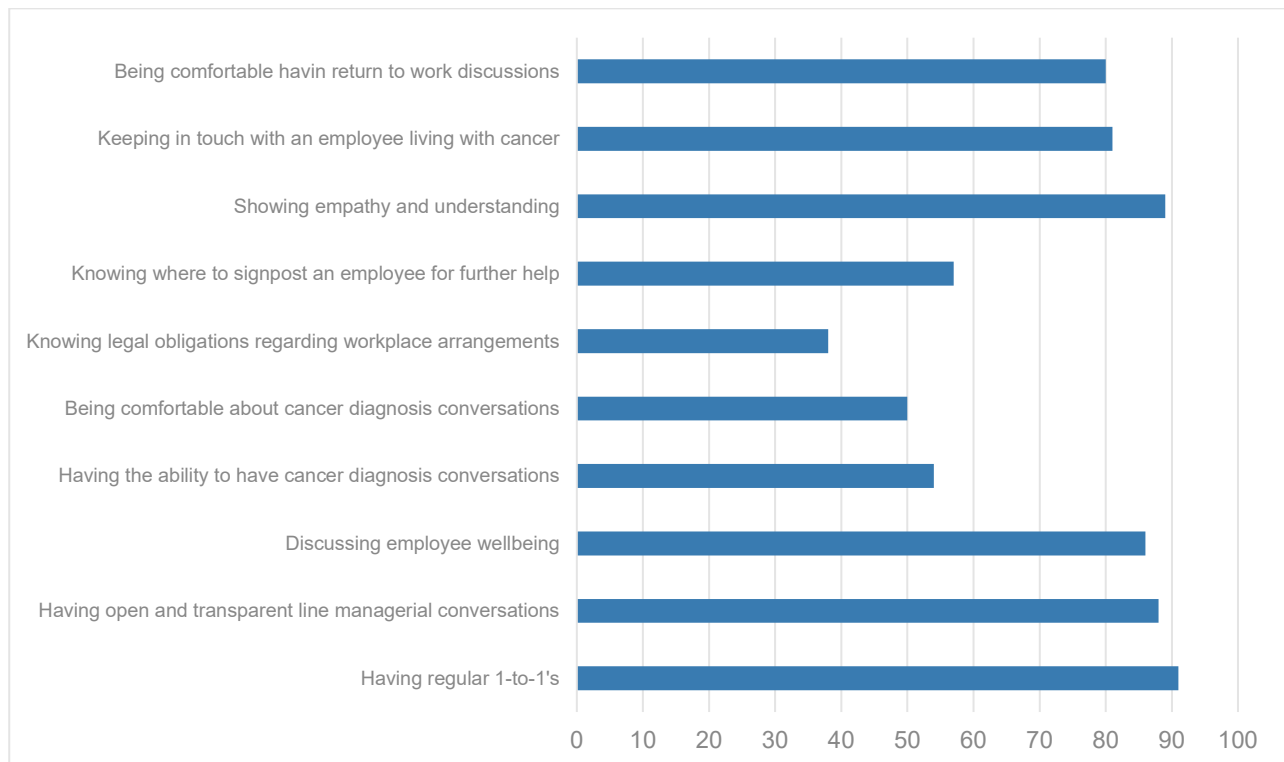
On a positive note, it appeared that organisations seemed satisfied with the advice they had received from the above sources. When asked where they would go to for further advice in the future, Occupational Health, patient charities/organisations and EAPs were once again given as the most common responses.

Employer experience of managing employees with cancer



It is usually the role of the line manager to implement organisational policies and practices and to provide ‘day-to-day’ support to employees. Line managers are often seen as the ‘lynchpin’ between HR and their direct reports and are seen as pivotal for both employee health and wellbeing and organisational productivity (Bajorek, 2020). Knowing this, our survey aimed to explore perceptions of line managers’ capability to support employees living and working with cancer and explore what further organisational support could be provided to help those in line manager positions.

HR Managers were asked what actions they expected of their line managers to undertake when managing an employee working with cancer.

Figure 10: Line manager expectations when managing an employee living with cancer

Source: IES Return-to-work cancer survey, 2024

As can be seen in figure 10 HR Managers expect line managers to undertake varied tasks when supporting employees working with cancer. The tasks cited most frequently included:

- Having regular one-to-ones (91 per cent).
- Showing empathy and understanding for employees (89 per cent).
- Having open and transparent conversations (88 per cent).

All of these tasks require high levels of emotional intelligence and may lead to line managers feeling stressed and burnt out as well.

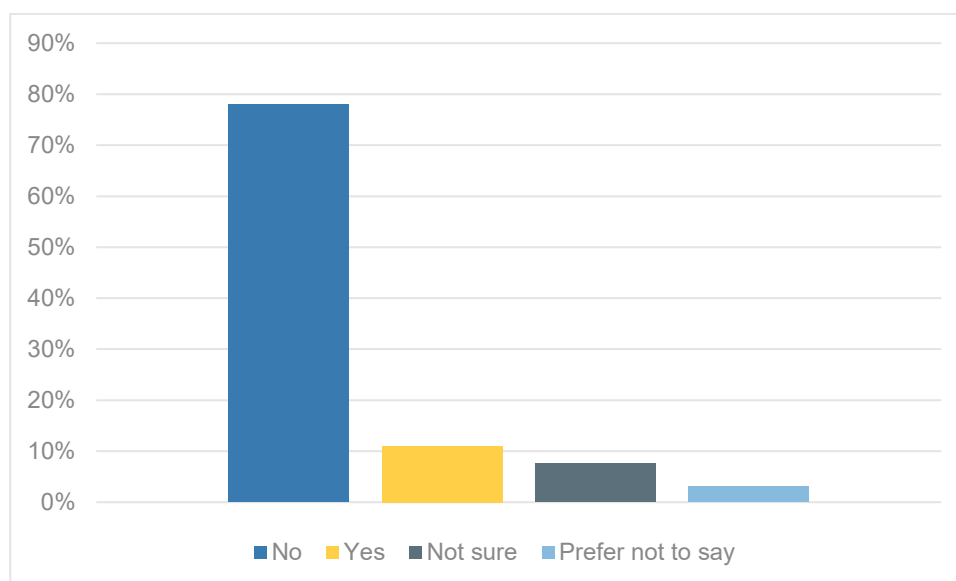
Arguably line managers should be equipped (or supported by HR) to signpost employees to appropriate support but only 58 per cent of respondents viewed this as an expected action of line managers. Also, only 38 per cent of HR Managers thought that line managers should know about the legal obligations regarding workplace arrangements for those working with cancer.

HR Managers were asked how confident they were that line managers had the time to undertake people management responsibilities effectively. Only 30 per cent said they were 'confident' or 'quite confident' that line managers had the time for this role, suggesting that there are capacity issues that create barriers to effective support.

The survey also asked whether line managers have sufficient support from HR to manage an employee working with cancer. Just over two-thirds of the respondents (69 per cent), were 'extremely' or 'quite' confident that line managers receive appropriate support, suggesting that a significant minority do not.

HR Managers were asked whether they have provided line managers with any specific training about supporting an employee living with cancer.

Figure 11: Has your organisation provided line management training?



Source: IES Return-to-work cancer survey, 2024

As can be seen from figure 11, there is a 'training gap' with regard to line managers and the potential support they could be providing to employees in this area. Of the 132 HR Managers who responded to the question:

- 78 per cent said that line managers had not received training.
- 11 per cent reported they had.
- 8 per cent were unsure.
- 3 per cent preferred not to say.

Of those who did receive training, the main sources of training came from patient charities (36 per cent had accessed support from Working with Cancer and Macmillan) and HR (29 per cent). Other sources of training included occupational health providers, and organisational employee cancer networks.

The survey also explored the content of line manager training, to understand if key topics were being adequately addressed, and what other aspects could be included to better equip line managers.

The training that line managers typically received tended to focus on equipping them with skills to manage employees with cancer, including being able to talk about receiving a

diagnosis, how to support employees with long-term health conditions and how to have difficult conversations. Those less commonly discussed were the more clinical aspects of managing someone with a long-term condition (including description of treatments, understanding potential signs and symptoms). Training in these areas should help line managers use appropriate language in conversations or usefully address misperceptions and stigma.

In addition to training, previous research has suggested that more targeted coaching is thought to be beneficial to help support employees living with cancer. However, as with training, there was little evidence that coaching had been provided to help managers support employees. Of the 130 respondents who answered the question:

- 72 per cent had not been offered coaching.
- 21 per cent did not know.
- Only 9 per cent said coaching had been provided.

Evidence from the case studies suggested that coaching can be beneficial in such circumstances. An HR Manager in a small charity recognised the pressures that line managers can experience, and so described how coaching was part of the support and outreach they were able to provide:

“Line managers need to have support from HR and know that we are here to support, have that conversation and where they can get further resources to help...Managing their emotions is just as important.”

The line manager described the coaching as “*so beneficial and helpful*”, as it provided professional and expert advice which meant the manager had increased confidence when supporting employees living with cancer. The manager stated:

“The coaching was really helpful as you had someone with experience of the situation, and it was good to talk to someone about how stressful that situation can be, how to protect the individual and the organisation and how to balance everything.”

The employee living with cancer in this case study felt reassured that because of the coaching they would be getting appropriate support and that their line manager would have the support they required. The employee also received coaching to help them understand what impact the treatment may have on them, as well being told of their legal rights.

In a large public sector organisation, coaching was seen as beneficial to the line manager to have open discussions and the more ‘difficult conversations’ with their employee working with cancer, as well as having an opportunity to disclose their concerns and have an emotional outlet to someone with professional expertise. The employee working with cancer commented that:

“The coaching was great and provided me with so much support. They were able to help me see that cancer is not a linear progression to recovery...I was able to have a good chat with

them, and they helped me to understand that just because I felt good one day, that would not always mean that I would feel the same the next."

Survey respondents were asked via open text response about further training or support that could be beneficial for line managers. The responses centred around six main themes:

- Having a greater understanding of employment law. *"Understanding about what we require of line managers and the legal advice to give and employment law."*
- Ensuring line managers are more confident in managing employees with cancer. *"Managers need to be more confident and being able to be more comfortable about talking about cancer at work. Some are some aren't."*
- Long-term management of cancer. *"There needs to be awareness of more long-term illness management."*
- Use of case studies that provide a more 'real-life' perspective. *"It could be talking to individuals that have had cancer and getting their perspective of what it is like to work with cancer and learn from that."*
- Regular updated training of best practice. *"There needs to be continued training, regular training for updates about what should and shouldn't be done."*
- How to have difficult conversations. *"Anything about how to have difficult conversations, and how to support people through difficult transitions and what people should be asking and saying."*

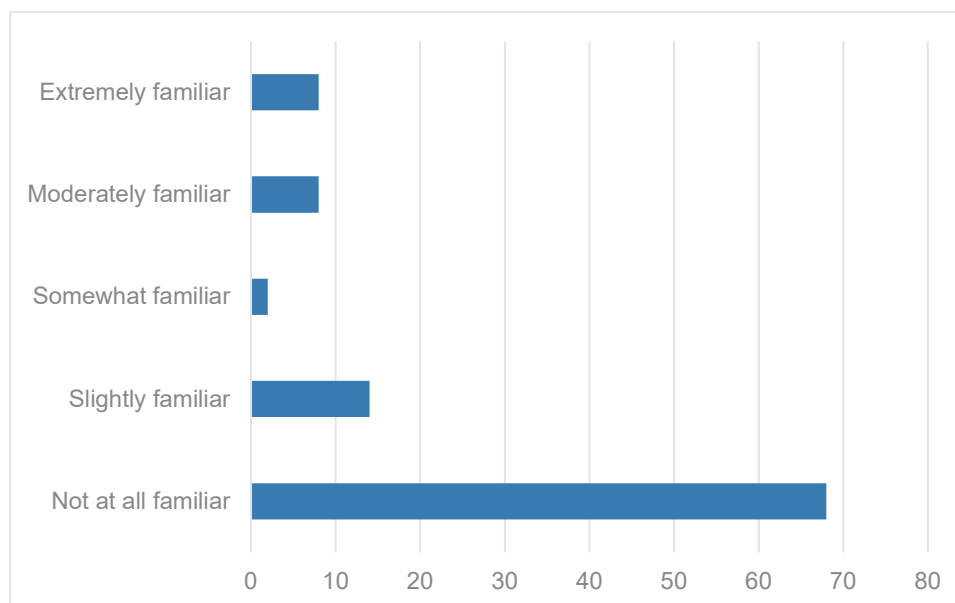
In addition to these specific themes, another emerging message was that 'any training' would be beneficial as currently there was little happening. The responses also noted that if this training was offered for employees living with cancer, the principles of the training could also be beneficial to employees with other health conditions.

Awareness of the Working With Cancer Pledge

The Working With Cancer Pledge campaign⁵ was developed so that leaders from companies, healthcare providers and not- for-profits can stand together, and pledge to provide a more supportive and recovery-forward culture at work, for people with cancer. The last section of the survey focussed on awareness of the Working With Cancer Pledge, why organisations have signed the pledge, and what, if any, changes have been made as a result of being a pledge signatory.

Among 131 HR Managers responding on this issue, 10 per cent said their organisation had signed the Pledge, 66 per cent said their organisation had not and, 24 per cent did not know.

Figure 12: Familiarity with the Working With Cancer Pledge



Source: IES Return-to-work cancer survey, 2024

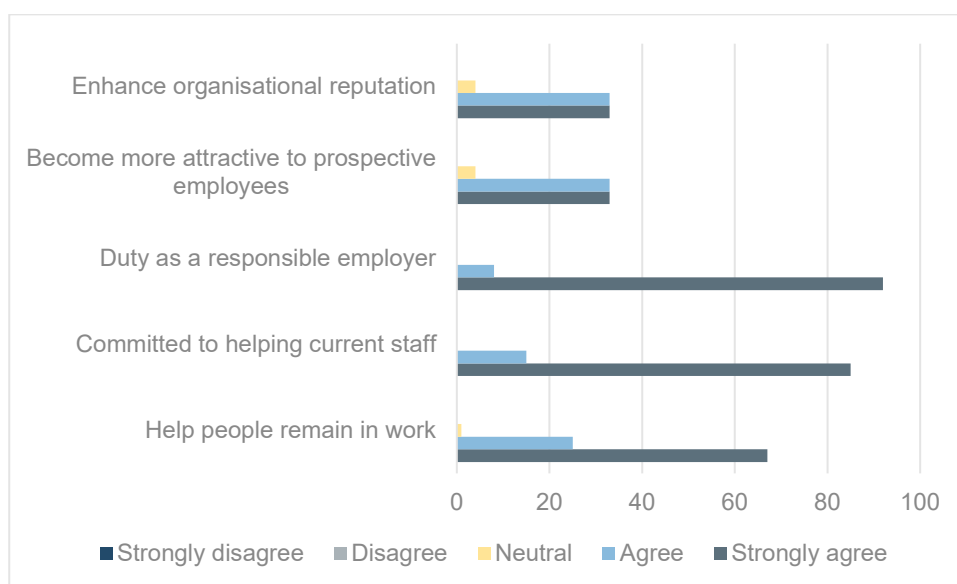
As Figure 12 shows, the majority of respondents (68 per cent of 132 respondents) were not familiar with the Pledge, with only 8 per cent reporting they were 'extremely' familiar. However, 82 per cent of respondents wanted to find out more about it.

⁵ <https://workingwithcancerpledge.com/>

Those familiar with the Pledge, had learned about it from a variety of sources, including: social media, word of mouth, through searching for organisational best practice, or when accessing support from charities or patient organisations. Others had heard about it as a result of their own cancer diagnosis, through their association with Working With Cancer and, in some cases, through the current survey.

Those whose organisations had signed the Pledge were asked about reasons for doing so.

Figure 13: Why organisations have signed the Working With Cancer Pledge



Source: IES Return-to-work cancer survey, 2024

As shown in figure 13, the main reasons that organisations signed the pledge were about showing commitment to current staff who may be working with cancer (85 per cent strongly agreed) and that supporting employees working with cancer is their duty as a responsible employer (92 per cent strongly agreed). Other, less common reasons were making the organisation attractive to prospective employees and for reputational advantage. These should be important considerations for organisations. Research has suggested that people living with cancer still perceive there to be a stigma against recruiting individuals who have experienced cancer, and signing the pledge can highlight that an organisation has inclusive recruitment practices in place.

Respondents were invited to comment on other motivations for signing the Working With Cancer Pledge. The most common responses drew upon particular employee experiences. For example, a respondent answered:

“Over the last year we have had a number of our employees diagnosed with cancer and we have worked hard to support them. We signed the pledge to ensure that every employee either diagnosed with cancer or supporting someone who is, feels comfortable to talk to us about their situation in the knowledge that they will be treated with respect and gain significant support from us.”

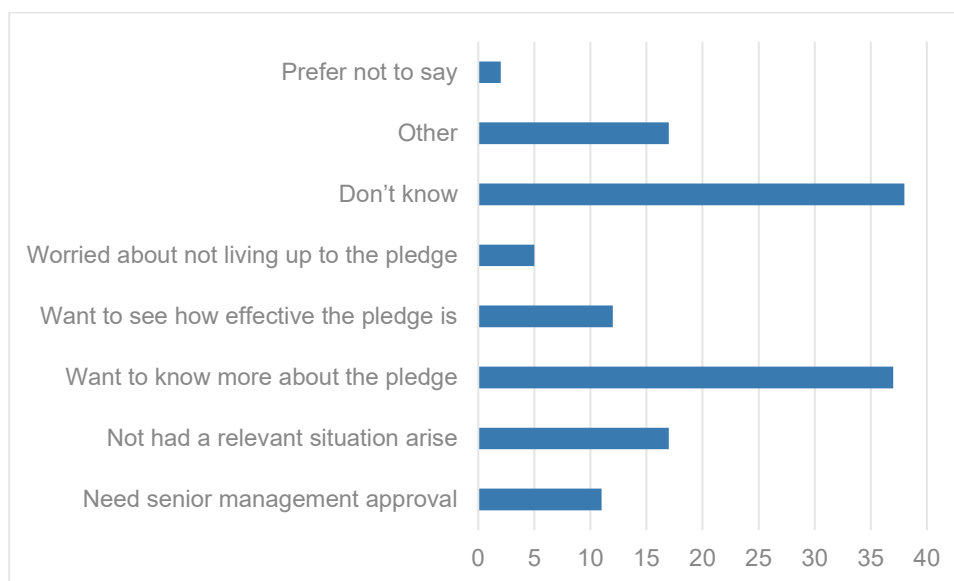
The survey also asked what changes organisations had introduced since signing the Pledge. The most common responses centred on increasing signposting to sources of medical advice (55 per cent) and occupational health support (36 per cent). This suggests pledge organisations are keen to ensure that employees have access to professional advice about what can be done to help employers support employees in the workplace. Other common responses included reviewing health and wellbeing policies (27 per cent) and availability of workplace adjustments (27 per cent), setting up internal support networks (27 per cent) and introducing new policies (e.g. a chronic conditions policy/improved sickness absence policy) (18 per cent). Training managers to support staff working with cancer or about disability policies were the least common changes.

HR Managers were asked what areas they expected to see positive change in as a result of signing the Pledge. Common areas included reducing the stigma around cancer (67 per cent) and improving line manager support (64 per cent). Areas of expected change less commonly cited included employees feeling more comfortable to disclose their cancer and increasing understanding of the Equality Act. The case studies indicated that signing the pledge could provide the momentum that organisations need to lead to changes in organisational practices. For example, a line manager in a small charity commented that:

“I think that a pledge can be a good mechanism for creating a hook that brings people together to create a platform through which hopefully change can be made. They can create a signal, and a level of accountability.”

Respondents who had not signed the pledge were asked why this was the case.

Figure 14: Reasons why organisations have not signed the pledge



Source: IES Return-to-work cancer survey, 2024

As seen in Figure 14, the most common responses centred on wanting to understand more about the Pledge and the requirements of it (37 per cent). Some reported that no

relevant situations had arisen necessitating the Pledge (17 per cent). The need for senior management approval was also raised (11 per cent), as well as a fear that they may not to 'live up to' the conditions of the Pledge (5 per cent). Further comments in the open text responses emphasised a lack of awareness of the Pledge: *"Was not aware of the pledge"* and *"I have not heard of this pledge until now."* This indicates that efforts should be made to foster greater awareness of the benefits of signing up to the Pledge. Being able to highlight that the Pledge sends a positive message to job applicants that the organisation will support them is especially important.



Conclusions and recommendations



One in two people will receive a cancer diagnosis in their lifetime and due to advances in research and treatment there has also been an increase in survivorship. Therefore, it is more important than ever that those living with cancer have the opportunity to thrive and ‘live’ in society. This may also mean a successful return to employment and being fully supported to thrive in the workplace. In a previous IES report Bevan and Wilson (2022) observed that support to navigate a return to work after cancer treatment is improving. However, this study has shown that many improvements are needed to ensure employees working with cancer have a positive experience of work. The main conclusions included:

- Relevant organisational policies tend to be generic and do not take into account the specific difficulties and concerns that employees working with cancer may experience. There are also apparent policy ‘gaps’ in relation to financial wellbeing, line management responsibilities and addressing the stigma around cancer.
- Not collecting or keeping any statistics on employees with cancer means that employers are unlikely to be aware of the prevalence of cancer within their organisations, or the issues that cancer survivors face.

- A variety of employee benefits are offered by organisations, the most common being the opportunity to work flexibly, having access to an Employee Assistance Programme and referrals to Occupational Health (although this last benefit was more common in larger organisations). However, previous research has suggested that the least commonly offered benefits (including physiotherapy, access to health-related coaching and vocational rehabilitation) are more effective at helping employees with long-term health conditions to return and remain in work.
- The case studies suggested that a successful return-to-work included employee benefits and interventions that were implemented in consultation with the individual, taking individual health into consideration, and included on-going discussions about work patterns, job role and job design.
- However, employee benefits are only useful if they are communicated and implemented well. There were inconsistencies in organisations about who should communicate the benefits (is it the role of HR or line managers, or both?). This is something that organisations may wish to address, as HR Managers acknowledged in the survey response that there can be limited awareness of organisational benefits among employees.
- There also needs to be clarity about who is responsible for highlighting what policies and practices are available, so that there is consistency in the messages provided.
- Perceived costs of benefits and the economic conditions of organisations were also reported barriers to the provision of employee benefits. The case studies suggested that successful interventions or employee benefits that aided a return to work were those that included discussions about job role and job design and how work patterns could be adjusted to take individual health into consideration.
- However, the survey also indicated that there was some evidence of senior management resistance to extending employee benefits. This is a concern as senior managers set an organisation's culture. Although organisations were still implementing benefits, a better understanding about the value of business benefits would be beneficial to make the case for further employee benefit procurement and implementation.
- The open text responses in the survey about what additional benefits could be provided served as a call to action for some HR Managers. The respondents were asked to consider what they would ideally want to offer if resources allowed. Some of the additional benefits would require additional financial resources (for example the ability to extend organisational sick pay, the provision of private health insurance, financial coaching and management training or coaching). Others do not necessarily require financial resources, but focussed on improving job design, reviewing policies and practices and signposting to further expert advice and cancer charities. Some HR Managers reflected that their current practices were not sufficient and saw responding to the survey as a chance to reconsider what they could potentially offer employees in the future.
- Some important findings centred on HR Managers recognising there may be limitations to line manager capability. Potential barriers to providing better support

included limited experience of managing cancer at work, concerns about saying the wrong things and a lack of confidence in having difficult and sensitive conversations. These are all skills that require emotional intelligence and may require training or coaching to develop. However, only 11 per cent of organisations had provided line managers with training and coaching. Even when HR Managers felt line managers were adequately skilled, there were concerns about a line manager's capacity to provide the appropriate support required.

- Evidence of good practice was reported in the survey. Just over 60 per cent of organisations arranged a phased return to work on a case-by-case basis, understanding that differences in cancer diagnoses and treatments need to be taken into account. A range of support services were also accessed for when additional expert advice was required (for example, Occupational Health, patient charities and EAPs etc).

Recommendations

Based on the conclusions above, a number of recommendations for future practice have been developed.

Policies

- Employers should review their organisational policies to:
 - Consider the benefit of keeping data on the number of employees with cancer and how many return to work.
 - Determine if they need policies which cater specifically for cancer and other chronic illnesses.
 - Ensure that current policies recognise the provisions of the Equality Act, but also consider further policies to fill the gaps. These could address financial wellbeing, stigma and learning and development opportunities; all significant issues for employees living with cancer.
 - Develop a policy for supporting employees with an advanced or terminal diagnosis (a current gap identified in the survey and reported by cancer survivors in the 2021/22 survey).
 - Clarify who within the organisation has responsibility for communicating employee benefits to those with cancer.

Employee benefits

- Employers should review their employee benefits to ensure that they are fit-for-purpose for employees working with cancer including how the length of a phased return is determined. They must be compliant with the Equality Act.

- Employers should consult with employees to determine whether there are further benefits that would help improve their return-to-work given situations vary on a case-by-case basis.
- Employers should make use of the support and expertise provided by Occupational Health and/or patient organisations to obtain 'cancer specific' recommendations related to an individual's work or role.
- It is also important for employers to recognise that psychological wellbeing may be a long-term barrier to a successful return to work. Providing workplace counselling, return-to-work coaching or specific cancer support for employees, for example, vocational rehabilitation and in-house peer networks can all be an important source of employee support.
- As financial considerations can be a barrier to workplace adjustments, employers should make themselves familiar with government schemes such as Access to Work that provide financial assistance to implement workplace adjustments.
- Any employee benefits used, as well as workplace adjustments implemented should be assessed regularly to ensure that they remain fit-for-purpose throughout an employee's continued recovery and transition back to employment.

Line manager capability and capacity and the role of HR

- All line managers and HR should receive training and/or coaching about how to support employees with long-term health conditions at work, including cancer. This might include:
 - The side effects of cancer including the psychological impact.
 - The challenge of cancer being a long-term and fluctuating condition.
 - Relevant company benefits and policies.
 - The Equality Act and reasonable adjustments.
 - When and how to have conversations about cancer.
 - Creating a return-to-work plan for and with an employee.
- The case studies highlighted the importance of HR Managers providing support to line managers if concerns arise. HR must keep abreast of disability legislation and the Equality Act and other relevant legislation when discussing return to work support, to ensure that discrimination does not take place.
- More support should be given to line managers, so they have the time to line manage people working with cancer effectively. This may mean undertaking a review of the expectations of line managers.
- Line managers should also have access to EAPs and emotional support if they have been 'triggered' by a line managerial discussion, especially if they have a 'lived experience' of cancer.

The Working With Cancer Pledge

The Working With Cancer Pledge should be promoted more widely within the UK and organisations should be encouraged to sign up.

Previous research has shown that employees working with cancer can benefit from the therapeutic nature that 'good work' and good management practices can provide. Although the results of this survey have shown that there are pockets of good organisational practice to support employees when returning to work, there are opportunities for improvements that could make work better and a return to work during or after cancer treatment more successful. The research has provided valuable insights about current employer behaviours, which has led to the development of a number of recommendations that could help organisations allow those returning to work after a cancer diagnosis to thrive at work.



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Inclusive Terminology

The terminology used to define ethnicity continues to evolve, and greater awareness has arisen about gender, cognitive differences as well as of disability. IES seeks to be a learning organisation; as such we are adapting our practice in line with these shifts. We aim to be specific when referring to each individual's ethnicity and use their own self-descriptor wherever possible. Where this is not feasible, we are aligned with Race Disparity Unit (RDU) which uses the term 'ethnic minorities' to refer to all ethnic groups except white British. RDU does not use the terms BAME (black, Asian, and minority ethnic) or BME (black and minority ethnic) as these terms emphasise certain ethnic groups and exclude others. It also recommends not capitalising ethnic groups, (such as 'black' or 'white') unless that group's name includes a geographic place. More broadly, we understand that while individuals may have impairments it is society that disables them, hence we refer to disabled people. Not all people identify with male or female and we reflect their self-descriptions in our work and use the term non-binary should abbreviation be necessary. We value neurodiversity. Where possible we always use people's self-descriptors rather than impose categories upon them.

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