

Work and Cancer: Getting the message out

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Work and cancer: getting the message out

Getting the message out

Executive summary

The number of working age people surviving cancer is increasing. However, support from employers for people returning to work after cancer leaves a lot to be desired. We know what best employment practice looks like; there are good resources available to support employers and employees. The challenge is to make employers aware of the resources and encourage them to use them.

In order to meet this challenge, Macmillan Cancer Support commissioned Affinity Health at Work and Loughborough University, to facilitate an expert seminar to look at how we get the message out to employers.

Key messages

- We need to get the message right. In particular, we must spell out the business case for getting cancer patients back to work.
- We must tailor our message to different audiences. The size of an organisation will determine whether they are in a position to be proactive or reactive when dealing with cancer in the workplace. Internet access in a particular sector, for example, will inform the method of communication. Senior management and Human Resources (HR) may require different messages to line managers.
- We need to work in partnership with relevant organisations and networks to increase our audience reach. Our messages should be integrated with broader health and employment messages, where possible, to increase uptake.
- Finally, we need to look at the levers which will encourage compliance with best practice. This can range from kite marks, recognition awards and financial incentives to legislation.

Next steps

This report, which was funded by the Department of Health, will contribute to the work of the National Cancer Survivorship Initiative (NCSI) which is seeking to improve return to work support for cancer patients. Macmillan will also be using the report's findings to inform the marketing of its *Working Through Cancer* toolkit to employers.

Work and cancer: Getting the message out

Background

106,000 people of working age are diagnosed with cancer each year in the UK.¹ It is estimated that there are 728,000 people of working age who have had a cancer diagnosis.² However, although survival rates are improving and more cancer patients are seeking to get back to work, support from employers still leaves a lot to be desired.

- 50% of cancer patients say they were not informed by employers of statutory rights and less than half are offered flexible working arrangements.³
- Only one in five employers, according to Department of Work and Pensions (DWP) research, is aware that cancer is covered by the Disability Discrimination Act.⁴
- 73% of employers do not have a formal policy in place for managing employees affected by cancer.⁵
- A Macmillan survey of line managers found that nearly 70% said they needed more information and guidance on cancer.⁶

To shift these statistics, it is important to find ways to improve employer awareness of cancer in the workplace and help them improve the support they give to employees who have or have had cancer. We know what best employment practice looks like. There are plenty of good information resources on how to support employees with cancer, such as Macmillan's *Working Through Cancer* toolkit and Breast Cancer Care's EMPLOY charter. However many employers, line managers and HR professionals simply don't know this information exists. The challenge is to make employers aware of these resources and, just as importantly, encourage them to use them.

In order to meet this challenge, Macmillan invited a range of experts to take part in the seminar in February 2010: the event was facilitated by experienced facilitators from

¹ This estimate is for 15-64 year olds. Cancer Research UK, <http://info.cancerresearchuk.org/cancerstats/incidence/age/> Figure 2.1

² J Maddams, D Brewster, A Gavin, J Steward, J Elliott, M Utlej and H Møller, Cancer prevalence in the United Kingdom: estimates for 2008, *British Journal of Cancer*, Table 4, 2009. The first two columns summed gives cancer prevalence for those aged 0-64 as at 31 Dec 2008. To get an estimate of those of working age we subtracted the 16,000 people estimated to be under 18 at that time (http://library.ncin.org.uk/docs/080714-TCR-UK_prevalence.pdf).

³ Cancerbackup, *Work and Cancer: How cancer affects working lives*, 2005.

⁴ Simm C, Aston J, Williams C, Hill D, Bellis A, Meager N, *Organisations' Responses to the Disability Discrimination Act*, DWP Research Report 410, 2007.

⁵ Cancerbackup, CIPD, *Working with Cancer: Survey Report 2006*, 2006.

⁶ Macmillan conducted an online survey of 370 line managers in 2008.

Affinity Health at Work,⁷ Loughborough University and Macmillan. To ensure that the full range of relevant perspectives was sought, additional interviews were conducted by Affinity Health at Work with a number of individuals who were unable to attend the seminar. The experts involved were drawn from government, employer organisations and charities, as well from the HR, marketing and Public Relations professions (see Appendix for a list of list of those who participated in the seminars and interviews). The seminar and interviews set out to address the following questions:

- How do we get the message across to employers that people can get back to work after cancer?
- How can we raise employer awareness of work and cancer information resources?
- How could we encourage employers to adopt best practice?
- How should we target different audiences, e.g. large and small employers, HR professionals, Occupational Health practitioners?

The following report summarises the views gathered through the seminar and interviews, and suggests next steps for a dissemination strategy moving forward. In some cases we have quoted people directly, in others we have provided quotes from small group or plenary discussions that are not directly attributable to specific individuals. We are most grateful to all who took part for their invaluable input.

Dissemination solutions suggested by experts

The seminar and interviews provided an enormous range of constructive suggestions for dissemination activities. The themes emerging from the data are set out as follows:

A. Content of messages:

- Benefits of best practice
- Integration and prevention
- Case studies, exemplars and champions

B. Different audiences – segmentation and tailoring:

- Small versus large employers
- Sector differences
- Different levels of management

⁷ www.affinityhealthatwork.com

C. Mechanisms:

- Using the media and specialist press
- Promotional activities and market research
- Linking to other information sources and initiatives
- Partnerships and networks
- Compliance levers

A. Content of messages

Participants had strong recommendations on what the content of the dissemination and messaging should be. We need to be clear about what our messages are, and emphasise why best practice is beneficial to employers as well as employees. Integrating the return to work messages with broader health or employment themes, e.g. public health or prevention, might be a useful approach.

Benefits of best practice

A particularly consistent theme in the workshops and interviews was the need to clearly show to managers what the benefits of adopting best practice for managing cancer in the workplace would be for them.

"...need to show that this is a business/work topic, not just a charity/fundraising topic"

Small group comment

The particular benefits mentioned were:

- Financial benefits: avoiding the cost of absence from work, maintaining capability and productivity, retaining experienced staff, knowledge management, good human capital management (i.e. getting the best out of your people) – also emphasising that retaining staff is of increasing financial importance due to the aging workforce.
- Legal benefits: compliance with employment law, the Disability Discrimination Act (DDA), and employers' legal responsibilities - including avoiding the potential for tribunal cases if best practice is not adopted.
- Engagement benefits: providing the 'feel good factor', increasing engagement and improving morale, being an employer of choice, family-friendly agenda.
- Image benefits: part of an integrated corporate social responsibility agenda, raising profile for being a positive, people-focused employer.

“There is a danger in only thinking ‘this can it save us money’. The fact is all employers have duties under the DDA.”

Phil Wynn, Durham County Council

Fairly small changes by employers can make a big difference – both for people with cancer and their carers.

Integration with broader health or employment themes

Working Through Cancer messages would be most likely to be adopted if integrated into broader health or employment themes or messages. In particular:

- Broader health and wellbeing policies
- Broader aspirations to be a good employer that cares for staff/shows good Corporate Social Responsibility
- Employee engagement
- Flexible working
- Retention of staff.

We should consider including proactive, preventative messages as well as rehabilitation or return to work messages, for example, reducing exposure to carcinogenic substances.

“As a trade union we would want to include not only cancer and work, but also cancers that might be caused by work, which we estimate to be at least 12% of all cancers.”

Bud Hudspith, Unite the Union

Case studies, exemplars and champions

Positive case studies should be part of the dissemination strategy. ‘Real life stories’ of ‘exemplar employers’ can demonstrate that best practice can make a difference to the individual and the business – particularly showing the business benefits.

“People like stories. Talk to a best practice employer. If you’re going to sell this to HR Today, you want to speak to the HR director of n-power.”

Louise Aston, Business in the Community

Employer case studies should consider the following:

- Draw from a range of companies, including small and large organisations and different sectors, so that all employers can identify with at least one.
- Make cases relevant, real and not too perfect.
- Give both the employer and the manager perspective.
- Possibly include celebrities or high profile people, but ensure that the case studies are about the employer, not just the individual.
- Include examples of ‘quick wins’, so best practice seems achievable.

“...not just flagship case studies from top companies”

“...many employers are turned off by ‘best in class’ case studies”

Small group comments

Create a community of ‘champions’. These companies/employers could constitute a panel of exemplar organisations that could be a source of case studies – perhaps both in terms of written case study material and in terms of availability to talk to journalists and others. They might also offer to ‘buddy up with’ other organisations to provide help based on their own experience of implementing best practice effectively.

“Create a community of champions. Say to employers: here are those already championing best practice.”

Sarah Westlake, MS Society

B. Different audiences – segmentation and tailoring

There was a consensus amongst participants that different approaches need to be taken to disseminate messages and materials to different audiences. The need to tailor messages according to the audience was emphasised, targeting different audiences differently and being sure to ‘talk the language’ of the specific target segment.

Small versus large employers

Small employers should be targeted differently to large employers. There is a disparity in resources between Small and Medium sized Enterprises (SMEs) and large organisations. Some employers are in a position to be proactive, while others can only be reactive in dealing with cancer in the workplace.

“Small and micro businesses will probably want reactive resources: for example, an owner-manager will need help fast if one of their staff members is diagnosed with cancer and will particularly be looking for a clear narrative on what others have done, what they need to do and what support they can get. By contrast, large employers have the capacity to develop proactive mechanisms and will potentially benefit from resources to help with this, such as policies, learning and development materials for managers, business case information and guidance: this will need to be targeted at the HR department.”

Ben Willmott, Chartered Institute of Personnel and Development (CIPD)

This means that language needs to be carefully chosen in terms of potential costs, feasible activities and timescales according to the size of employer. Related to this is the issue of whether an employer has the resources or inclination to aim for compliance or for ‘best in class’ status. We need to be realistic and tailor ‘proportionate best practice’ according to business type and size.

“Some employers won’t be able to reach best practice and that’s OK.”

“Some may only be able to take on board what do you actually need to do to manage someone with cancer and no more.”

Small group comments

However, compliance might be a step along a path towards aiming for best practice.

“Particularly for small businesses, they may be compliance-driven initially, but over time they start to see the opportunity to be seen as a good employer in the local area and the benefits this may bring.”

Peter Brown, Health and Safety Executive (HSE)

Sector differences

Approaches to dissemination and to the content of best practice guidance may need to differ according to business sector.

"I deal with very different sectors, including the financial sector and the construction industry. Very different messages are required."

Ehab Elkaffass, Jobcentre Plus

A factor that will influence which is the best dissemination approach is whether an employer or manager has easy internet access or not. For example, a manager in a retail or construction setting may not be best served by web-based resources.

"About 50% of SMEs do not have access to the internet at work. Even if you work at a large employer such as Tesco, most employees do not have direct access to internet."

Nick Bason, Employers Forum on Disability

Other factors that may affect what best practice looks like for a particular employer include whether there is a physical capability requirement to the work and whether it is realistic to offer adjustments such as flexible working, home working etc. Different sector and organisational cultures will also mean that, for some, signposting key issues will be sufficient, whereas others will need more 'spoon feeding' and in-depth guidance.

Different levels of management

We need to think about dissemination to different levels of management within organisations. All levels need to be made aware of the issues/resources, from first line managers to board-level executives. The language will need to be different at different levels and senior management will be particularly interested in the business benefits angle to effective management of cancer in the workplace. Different levels of management might need different approaches. Senior management might respond best to face-to-face contact and it will be vital to get them on board for organisational engagement. Line managers and supervisors need to be targeted in order to ensure implementation at the local level.

C. Mechanisms

Many of the suggestions made looked at how the messages could be disseminated to employers, exploring different routes for reaching the relevant audiences. The point was made that people absorb messages best if they are hearing the same thing from a range of sources. This means that it is probably advisable that the dissemination strategy includes most or all of the mechanisms suggested: seeking media/press coverage; linking

to other information sources; working with partners and networks; undertaking promotional activities; and compliance levers.

Using the media and specialist press

We should use the media to get 'cancer at work' messages across to employers. A specific media campaign to raise awareness of the issues could use 'hard-hitting' case-studies and stories to get the message across. The ideal is to aim for a broad range of media coverage, including magazines, news press, internet and bill board adverts.

"We need some media myth busting: cancer doesn't mean death."

Louise Aston, Business in the Community

We should also aim to get more specifically employment-focused coverage, by:

- targeting business pages in the national press
- targeting practitioner journals, particularly HR and Occupational Health publications, such as People Management and Personnel Today
- working with trade associations to run employment case studies in publications relevant to particular sectors, bringing the issues alive in the particular context (e.g. in the printing industry, hair-dressing etc)
- targeting the SME press (through features or inserts/mailshots) to reach smaller businesses, for example the Federation of Small Businesses (FSB) magazine 'First Voice'
- using the local media to publicise case studies of local businesses – allowing employers to promote themselves within their communities as good, socially responsible employers.

We could team up with a media partner to run a series of articles in order to explore the issues from a range of aspects, using real life examples of what employers have done (see also the section on case studies above).

Promotional activities and market research

Promotional activities could include: seminars, breakfast meetings, launch events, one-off promotional events; involvement in relevant conferences in the form of attendance, exhibition stand and/or presentation; an 'awareness month' for *Working Through Cancer*, with press campaign and partnership involvement; and a workplace-focused campaign, similar to 'jeans for genes'.

A survey exploring the key challenges for employers regarding dealing with cancer in the workplace could serve dual purposes of: a) enabling the resource provision to be tailored to address the most prevalent challenges; and b) providing media-friendly headlines/statistics. This would encourage journalists to cover the issues.

Market research might be needed to help inform the strategy. For example it would be useful to: find out where employers go now for information relating to cancer in the workplace; identify how employers want the information delivered (e.g. online versus paper-based); and conduct focus groups with small employers.

Linking to other information sources and initiatives

The *Working Through Cancer*/best practice resources could be linked to other information sources and initiatives to achieve better access. This could be done by:

- providing a link from relevant websites, such as Health and Safety Executive (HSE), Chartered Institute of Personnel and Development (CIPD), Society of Occupational Medicine, Business Link, Directgov and NHS Direct
- feeding into any advice/support/helplines that employers might use to gain information on health issues, such as the new occupational health advice lines, to provide a 'joined-up information resource'⁸
- exploring possibilities of partnering with governmental bodies to ensure that their information resources provide a link to *Working Through Cancer* wherever relevant – the current proliferation of different information sources and guidance can make things confusing for the user, so it would be good to get information providers (such as the Equality and Human Rights Commission, Business Link, Access to Work services etc) to sign-post/link to the *Working Through Cancer* resources rather than repeating them
- linking the *Working Through Cancer*/best practice resources with the new 'fit note' in some way, perhaps by encouraging GPs to mention the materials to employers when giving an employee a 'fit for some work' assessment
- contacting the HSE team that deals with work-related cancers to see if they could mention the *Working Through Cancer*/best practice resources when they send information to employers
- reaching employers via the individual cancer patient/survivor and/or their medical practitioners, disability advisors, trade unions, employee representatives etc.

⁸ In response to Dame Carol Black's Review of the health of Britain's working age population, the Government is piloting occupational health advice lines for small businesses that will run until March 2011.

“The fit note will be a major source of information for employers.”

Phil Wynn, Durham County Council

Participants were specifically asked if they knew of current or planned national initiatives (campaigns etc) that might be relevant to the dissemination strategy, to which the dissemination of work and cancer information could be linked or integrated. The following were suggested:

- Fit for Work Service pilots/roll-out
- Royal College of GPs/Department of Work and Pensions (DWP) workshops for GPs
- Carers strategy memorandum of understanding signed by six Government Departments
- DWP Family Friendly Working Hours task force
- Business in the Community’s Business Action on Health campaign (though this takes a proactive, preventative approach to health in the workplace)
- “Work Life”, the new DWP funded website about living with long-term fluctuating conditions (including, but not exclusively, cancer).

Partnerships and networks

Dissemination and encouraging uptake could be considerably enhanced through working in partnership with other organisations. A range of business-related networks were mentioned:

- Business representative groups and employer organisations such as the Confederation of British Industry and the Federation of Small Businesses, and also sector-specific bodies, including the Engineering Employers Federation
- Membership organisations for practitioners, such as the Chartered Institute of Personnel Development (CIPD) and other HR networks, the National Employment and Health Innovations Network and any manager networks
- Campaigning organisations such as Business in the Community and the Employers Federation on Disability
- Regional development agencies and other agencies/bodies that communicate with and support employers in their area
- Education, training and assessing organisations, such as management development organisations, those training HR and Occupational Health practitioners, Investors in People etc
- Trade unions could be a powerful voice both in terms of negotiating for particular individuals to ensure employers show best practice and, more importantly, by reaching

national and organisational agreements with employers that build best practice into standard procedures, thereby covering large numbers of individual employees (information provision and training for officials and negotiators could be used to embed this).

Employers could also be targeted through their relationships with other businesses, for example through:

- the supply chain – e.g. large companies feeding information to their supplier network
- insurance providers – e.g. incentives/reduced premiums for those adopting best practice around cancer
- Employee Assistance Providers and other support providers.

Dissemination would benefit from collaboration with other third sector/charitable organisations. For example, linking with other charities concerned with cancer, other critical illness charities and/or other health conditions is a way of providing a single, integrated, potentially more powerful message.

Compliance levers

Specific mechanisms designed to promote, enforce or incentivise best practice include:

- **Kite-marks, awards and recognition** – an award or public recognition system might encourage employers to adopt best practice – perhaps linking into existing awards, such as Investors in People's new health award and/or the two ticks scheme.
- **Training for managers and employers** – training for line managers, either as a stand-alone or linked to generic training. For example, *Working Through Cancer* issues could be included as a module with CIPD training, as part of absence management training, and/or as part of induction programmes (this might be part of the partnership working mentioned above, with practitioner bodies and educators). E-learning was mentioned and a need to target managers across all levels within organisations .
- **Government legislation** – lobbying for better enforcement of existing legislation or exploring potential additional legislation to cover cancer in the workplace.
- **Incentives** – introducing incentives to encourage employers to adopt best practice, in the form of financial incentives or financial help, particularly for SMEs.

Next steps

The information above provides a rich picture on which to build a dissemination strategy. Rather than repeating the messages, this section suggests the next steps required to achieve the strategic implementation of the major suggestions.

1: Prepare the content and messages

- Draw together information on the benefits of adopting best practice for managing cancer in the workplace – ‘the business case’
- Identify and write-up a series of case studies from a range of employers and, at the same time, ask relevant employers to join a panel/community of champions
- Adapt messages and language to target a range of audiences – particularly small vs large employers
- (if resource available) Conduct market research on where employers currently access health/cancer information and how they want the information delivered
- (if resource available) Conduct a survey on key challenges for employers.

2: Build relationships, networks and links

- Draw on the partnership/networking suggestions made,
 - identify existing relationships and build on/refresh them
 - decide key new relationships to establish and make contact
- Draw on the suggestions of relevant information sources (helplines, websites guidance etc.) and initiatives (Government and national activities), make contact with providers and initiating/organising bodies
- Draw up a list of target journals, then establish which can be targeted through partner organisations (e.g. sector-specific magazines through trade bodies, practitioner journals through membership bodies etc) and which will need to be targeted directly (e.g. local press).

3: Implement

- Work with partner organisations to channel messages, information, resources, case studies etc to their members/users/contacts – including building *Working Through Cancer* into existing education/training initiatives, awards or kitemarks where possible
- Work with information sources to build *Working Through Cancer* information into their materials, information provision etc
- Contact relevant journals and press/media to place articles and features
- (if resource available) Work up plans for specific initiatives such as promotional activities, training, lobbying for legislation and/or incentives for employers.

Appendix 1: Expert seminar participants and interviewees

Delegate	Job Title	Organisation
Dr Katherine Ashby	Researcher – Health and Wellbeing	The Work Foundation
Louise Aston	Director - Business Action on Health	Business in the Community (BITC)
Jenny Ball	HR Director	Ford Motor Company
Nick Bason	Public Affairs Manager	Employers Forum on Disability
Peter Brown	Head of Work - Environment, Radiation and Gas Division	Health and Safety Executive
Nneka Chukwurah	Survivorship Support Officer - NCSI	Department of Health
Andrew Death	Assistant Director - ER Participation & Flexibility Branch	Department for Business, Innovation & Skills
Nicole Dobbin	Marketing Manager	Macmillan Cancer Support
Maureen Dowling	AHP Lead & NCSI Work & Finance workstream chair	South West London Cancer Network
Ehab Elkaffass	Senior Account Manager	Jobcentre Plus
Clare Haddow	Committee Member	Federation of Small Businesses (FSB)
Bud Hudspith	Health and Safety Adviser	Unite the Union
Raquel Rogers	Medical Policy Advisor - Health Work and Well-being Directorate	Department of Work and Pensions
Marc Silverside	Head of Communications	Macmillan Cancer Support
Dr Luise Vassie	Head of Research and Technical Services	Institution of Occupational Safety and Health (IOSH)
Sarah Westlake	Editor - Worklife website	MS Society
Ben Willmott	Senior Policy Adviser	Chartered Institute of Personnel & Development (CIPD)
Phil Wynn	Senior Occupational Health Physician	Durham County Council