Cancer in the School Community
A guide for staff members

For information & support, call 131120
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Cancer in the School Community is reviewed approximately every three years. Check the publication date above to ensure this copy is up to date.


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How this book was developed
Cancer in the School Community evolved from interviews with experts in oncology (oncologists, nurses, social workers, psychologists and counsellors), school staff, families, CanTeen, Camp Quality, NSW Department of Education representatives, hospital school staff and students. The quotations and stories in this book are authentic, but some names have been changed to protect people’s privacy. The content of this edition is relevant for school systems across Australia, but some services and terminology may vary according to location. Please check with your local education authority or children’s hospital for further information.

Gender-neutral language
To avoid gender-specific references, we have used third-person plural pronouns (they, their) in place of third-person singular pronouns (his or her, him or her) throughout this publication.

Note to reader
Always consult your doctor about matters that affect your health. This book is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals and you may wish to discuss issues raised in this book with them. All care is taken to ensure that the information in this book is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this book.

Cancer Council
Cancer Council is Australia’s peak non-government cancer control organisation. Through the eight state and territory Cancer Councils, we provide a broad range of programs and services to help improve the quality of life of people living with cancer, their families and friends. Cancer Councils also invest heavily in research and prevention. To make a donation and help us beat cancer, visit cancer.org.au or call your local Cancer Council.
Cancer in the School Community

Every school is a community, a network of relationships connecting students, parents and family members with teachers, principals and other school staff. When anyone in a school community is diagnosed with cancer, people usually want to help but may not be sure where to start.

*Cancer in the School Community* is a guide for school staff who would like to support students, families and colleagues affected by cancer. The content is relevant for all primary and secondary school staff throughout Australia. It may also be useful for parents, students and family members.

It is important to remember that each cancer journey is different, and every individual navigates it in their own way. Some people want to deal with cancer privately, others welcome all support. Some want to talk about it, others just want to blend in. How people feel about the involvement of the school community may change at different stages of the journey.

We hope this book helps you respond effectively and sensitively to the issues that cancer may raise in your school community.

If you need extra copies of this book, call Cancer Council 13 11 20. You can also download a digital version from your local Cancer Council website.
How to use this book

Each chapter of this book explores a particular issue your school community might encounter - for example, when a member of staff has cancer. You can choose to read the entire book in one sitting, but you may only need to refer to one or two chapters at a given time. Please keep in mind that Chapter 6: The bereaved school community may be confronting. Many people do survive cancer, so this chapter may not be relevant to the situation your school community is facing.

Individual students, families and school staff have generously shared their experiences with us. Their perspectives appear throughout the book as quotations and personal stories. The page margins feature colour-coded boxes that highlight particular types of information:

- Tips
- More information
- Alert
- Personal story
- Chapter checklist

If you need help with any cancer-related issue, call Cancer Council 13 11 20 or see Chapter 7: Finding further support at the end of this book.
# Contents

1 **Information about cancer** .......................................................... 5  
   introduction to cancer | treatments and side effects | who gets cancer |  
   common young people’s cancers

2 **Talking about cancer** .............................................................. 11  
   respecting privacy | appointing a liaison person | cultural differences |  
   communicating with all ages | different views of cancer

3 **When a student has cancer** .................................................. 20  
   supporting a student through all stages of the cancer | returning to  
   school after treatment | practical changes | learning impacts | helping  
   classmates understand

4 **When a family member has cancer** .................................... 40  
   how the cancer diagnosis of a parent, sibling or other family member can  
   affect a student | how your school can support the student and their family

5 **When a staff member has cancer** ...................................... 48  
   how cancer may impact a staff member’s life | how a school can provide  
   support at any stage of the disease | helping staff return to work | the role  
   of the principal

6 **The bereaved school community** .................................... 55  
   ways to prepare for death | helping people who are bereaved | students’  
   understanding of death | planning a school memorial service

7 **Finding further support** ...................................................... 64  
   contact details for Cancer Council | contact details for other support  
   organisations | education contacts | fundraising contacts

8 **Glossary and index** ............................................................. 71  
   how to define common cancer-related words for younger and older students  
   | references | detailed index
“Every school is different, every person’s situation is different. There are so many variables at play.”

Ruby, secondary student with cancer
This chapter may help you answer simple questions about what cancer is and how it is treated. There are more than 200 different types of cancer and a range of treatments. Being aware of what the treatments involve and their possible side effects can prepare you to support students, families and colleagues affected by cancer.
**What is cancer?**

Cancer is a disease of the cells, which are the body’s basic building blocks. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries. Normally, cells multiply and die in an orderly way.

Sometimes cells don’t grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or form a lump called a tumour. A tumour can be benign or malignant.

**Benign tumour** – Cells are confined to one area and are not able to spread to other parts of the body. This is not cancer.

**Malignant tumour** – This is made up of cancerous cells, which have the ability to spread by travelling through the bloodstream or lymphatic system (lymph fluid).

The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell affected.

A malignant tumour that has not spread to other parts of the body is called localised cancer. A tumour may invade deeper into surrounding tissue and can grow its own blood vessels (angiogenesis).

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, breast cancer that has spread to a lung is known as metastatic breast cancer, even though the person may be experiencing symptoms caused by problems in the lung.
There are more than 200 different types of cancer, each with its own name and treatment. Most areas of the body can be affected by cancer. Some cancers are more common than others (see page 10).

**Treatments and side effects**

Cancer and its treatment can have physical, cognitive and emotional impacts. There are a number of ways for staff to help a student or colleague manage these impacts in the school setting (see pages 30, 32 and 52).

People with cancer may have one type of treatment or a combination of treatments. The table on the next page provides an overview of the most common cancer treatments and their side effects. Some side effects occur immediately; others appear weeks or months later. For more information, call Cancer Council 13 11 20 or visit your local Cancer Council website.

**How long will treatment take?**

Some cancer treatments take a few months, and others take a number of years. An initial phase of intensive treatment may be followed by a longer period of maintenance treatment.

If cancer cells and symptoms reduce or disappear after treatment, the person is said to be in remission. If the cancer comes back after a period of improvement, it is called a recurrence or relapse.

Some people experience a recurrence of cancer after a period of remission. If this happens to someone in your school community, they may need extended support from school staff.

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**How cancer spreads**

- **Primary cancer**
- **Local invasion**
- **Angiogenesis – tumours grow their own blood vessels**
- **Lymph vessel**
- **Metastasis – cells invade other parts of the body via blood vessels and lymph vessels**

Cancer is not:
- contagious
- caused by something someone has said, or a punishment for bad behaviour
- caused by stress
- a death sentence.
## Common cancer treatments

<table>
<thead>
<tr>
<th>Description</th>
<th>Side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>• Chemotherapy is the use of drugs to kill or slow the growth of cancer cells.</td>
</tr>
<tr>
<td></td>
<td>• The drugs are most commonly given through a vein (intravenously), but can also be given orally as tablets.</td>
</tr>
<tr>
<td></td>
<td>• They act throughout the body and particularly affect cells that divide rapidly, such as cancer cells or the cells in a person’s hair, skin or nails.</td>
</tr>
<tr>
<td></td>
<td>• Treatment may take several months and is usually given in courses (cycles) of 1–3 weeks with rest periods in between.</td>
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<tr>
<td></td>
<td>• Side effects of chemotherapy depend on the drugs used and the stage of treatment.</td>
</tr>
<tr>
<td></td>
<td>• They may appear rapidly (within a few hours) or later (2–4 weeks).</td>
</tr>
<tr>
<td></td>
<td>• Short-term side effects may include nausea, vomiting, hair loss, mouth ulcers, sun sensitivity and lowered immunity.</td>
</tr>
<tr>
<td></td>
<td>• Long-term side effects may include tiredness and problems with concentration, memory and executive functioning – these can affect work or school performance for many years (see page 32). Some chemotherapy drugs can cause infertility.</td>
</tr>
<tr>
<td><strong>Radiotherapy</strong></td>
<td>• Radiotherapy uses high-energy beams directed onto a specific area to kill or damage cancer cells so they cannot multiply.</td>
</tr>
<tr>
<td></td>
<td>• It can be used to treat the original (primary) cancer or the symptoms of a cancer that has spread (metastasised).</td>
</tr>
<tr>
<td></td>
<td>• The radiation affects all cells exposed to it, but cancer cells are the most affected.</td>
</tr>
<tr>
<td></td>
<td>• Side effects appear throughout a course of radiotherapy, but particularly near the end.</td>
</tr>
<tr>
<td></td>
<td>• Short-term side effects may include nausea, headaches, tiredness, hair loss and reddening of the skin near the area that has been treated.</td>
</tr>
<tr>
<td></td>
<td>• Tiredness can persist for many weeks, especially after radiation to the head area.</td>
</tr>
<tr>
<td></td>
<td>• Long-term side effects may include sun sensitivity, learning difficulties, growth failure, thyroid nodules, infertility, hair loss and (rarely) a second cancer later in life.</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td>• Surgery involves the partial or total removal of a tumour.</td>
</tr>
<tr>
<td></td>
<td>• It sometimes requires removal of a part of the body (e.g. amputation).</td>
</tr>
<tr>
<td></td>
<td>• The most common side effect is pain at the site of the operation.</td>
</tr>
<tr>
<td></td>
<td>• Other possible side effects include infections and reactions to the anaesthetic.</td>
</tr>
<tr>
<td></td>
<td>• Some kinds of surgery require prolonged rehabilitation such as physiotherapy.</td>
</tr>
<tr>
<td></td>
<td>• An amputation can change physical appearance and ability, and may require the use of mobility aids such as a wheelchair or prosthesis.</td>
</tr>
<tr>
<td><strong>Steroid therapy</strong></td>
<td>• Steroid therapy uses corticosteroid drugs to reduce nausea or swelling.</td>
</tr>
<tr>
<td></td>
<td>• The drugs may be given orally or by injection.</td>
</tr>
<tr>
<td></td>
<td>• Short-term side effects include mood swings, fluid retention, behavioural changes, sleep problems, increased facial hair, increased thirst and appetite, muscle weakness, weight gain, stretch marks and acne.</td>
</tr>
<tr>
<td>Description</td>
<td>Side effects</td>
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<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
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</tbody>
</table>
| **Stem cell and bone marrow transplants**                                  | • A stem cell transplant is a long, demanding process that replaces stem cells destroyed by disease, chemotherapy or radiation (stem cells normally live in the bone marrow and give the body a constant source of blood cells).  
• It may also be called a bone marrow transplant, a peripheral blood stem cell transplant or a cord blood transplant (depending on the source of the stem cells).  
• Lowered immunity makes the person highly susceptible to infections, particularly in the first six weeks.  
• The treatment may involve many months off school or work and prolonged isolation.  
• Families living outside a major city may need to relocate for the treatment.  
• The donor cells sometimes attack normal cells, a reaction called graft-versus-host disease (GVHD). This can occur soon after the transplant or many months later and require more time away from school or work. |
| **Hormone therapy**                                                         | • Certain hormones stimulate the growth of some cancers. Hormone therapy either blocks or removes hormones from the body to slow or stop the growth of cancer cells.  
• It is mostly used for adults with breast, prostate, ovarian or thyroid cancer.  
• Side effects for men may include tiredness, weight gain, hot flushes, breast tenderness, depression and osteoporosis.  
• Side effects for women may include blood clots, weight gain, generalised swelling, hot flushes and irregular menstrual periods. |
| **Targeted therapies**                                                      | • Targeted therapies are new drugs that attack cancer cells while minimising harm to healthy cells.  
• They may be used instead of or together with chemotherapy.  
• Side effects vary depending on the drug.  
• They may include fevers, allergic reactions, rashes, diarrhoea and blood pressure changes. |
| **Complementary therapies**                                                 | • Complementary therapies are used alongside conventional cancer treatments and may help with managing their side effects.  
• The therapies focus on physical and emotional wellbeing.  
• Examples include acupuncture, yoga, massage, meditation, music therapy and art therapy.  
• Side effects depend on what type of complementary therapy is used. |
| **Alternative therapies**                                                   | • Alternative therapies are unproven therapies that are used in place of conventional treatment.  
• They are often promoted as ‘cancer cures’ without scientific testing.  
• Examples include shark cartilage, magnet therapy and drastic diets.  
• Some alternative therapies may cause serious side effects or interfere with conventional cancer treatment. |
Who gets cancer?

An estimated one in two Australians will be diagnosed with cancer in their lifetime. In Australia, more than 120,000 people are diagnosed with cancer every year. People over the age of 50 are the most likely to be diagnosed with cancer, and children are the least likely. Unfortunately, however, some children and young people are diagnosed with cancer.

In adult men, the most common forms of cancer are prostate cancer, bowel cancer, melanoma, and lung cancer. Adult women are most often diagnosed with breast cancer, bowel cancer, melanoma, and lung cancer.

Cancer in children and adolescents

In Australia, about 1000 school-age children develop cancer every year, which means that at any time there are thousands of school students who have had cancer. Advances in diagnosis, treatment and follow-up care mean the overall survival rate for children and adolescents is now more than 80%. This can vary depending on the age of the patient and their diagnosis.

Cancers affecting children generally differ from those affecting adults. Childhood cancers usually occur in different parts of the body and are not usually linked to lifestyle or environmental factors. They tend to be more responsive to chemotherapy, and children often tolerate the treatments better.

The treatments can cause long-term side effects, however, and some of these may not appear until years later (see page 32). This is particularly the case for a child who was treated at a young age. Any student who has survived cancer should receive appropriate support throughout all the years of their schooling (see pages 32–33).

Childhood cancers

The most common types of childhood cancer are:

- **leukaemia** – a cancer that affects the blood cells; the two main types are acute lymphoblastic leukaemia and acute myeloid leukaemia
- **brain tumours** – the most common types in children are gliomas (starting in the brain’s glial cells) and medulloblastoma (starting in the cerebellum, the lower back part of the brain)
- **neuroblastoma** – a cancer of the nerve cells involved in the development of the nervous system
- **lymphoma** – a cancer that develops in the lymphatic system; the two main types are Hodgkin lymphoma and non-Hodgkin lymphoma
- **sarcoma** – a malignant tumour that develops in the bone, muscle or connective tissue.
Talking about cancer is never easy, and you may feel concerned about saying the wrong thing. It can also be challenging to balance a person’s right to privacy with the need for others to know about their diagnosis. You should use your school’s existing wellbeing and communication guidelines and resources as you provide support.
Talking to someone with cancer

People often say they don’t know how to talk to someone with cancer, and they feel lost for words. The tips below can guide you, but the best advice is to just be yourself and try not to worry about whether you are saying the right thing. Saying something is often better than saying nothing because it acknowledges what is happening.

Listen and let them lead the conversation – If the conversation stops, it’s not necessary to fill in the gaps. A shared silence can be just as important as talking. They may also want to talk about other things rather than having cancer dominate every conversation.

Acknowledge their feelings – It’s okay for someone to feel sad or angry about their cancer diagnosis, so don’t try to change their feelings and don’t tell them to be positive. Let them cry or express themselves as they wish.

Avoid giving advice – Even if you have been in a similar situation, it is best not to tell the person what to do or that you know exactly how they feel. Try to use phrases like, “That sounds really difficult”, or, “You’re going through so much.”

Enjoy a laugh – People living with cancer want to talk about other things too. Not every conversation has to revolve around their diagnosis. Students, especially, see school as an opportunity for normality and routine.

Offer practical support – People overwhelmed by a cancer diagnosis often receive many open-ended offers of support (such as, “How can I help?”), but may prefer specific offers – for example, “I was thinking of organising some meals for you – would that be okay?”

Invite them places – If you used to eat lunch in the staff common room or sit together on playground duty, continue to ask the person along. If you think they are too ill, suggest another activity or join them where they are comfortable.

Students may find it difficult to talk to a peer with cancer. See Talking to a classmate with cancer on pages 36–37 for tips on how you can guide them.

Simply knowing that people are thinking of you helps to ease the isolation and anxiety.

Genevieve, mother of primary student with cancer
Respecting privacy

Some people wish to keep their cancer diagnosis private. There can be a number of reasons for this:

- Students may see school as a place to be themselves and carry on with life as normal. Because fitting in with peers can be so important, they may want to minimise anything that makes them seem different.

- Parents or family members may want to avoid gossip or probing questions. Sometimes they need more time to talk to relatives or decide on treatment.

- A colleague with cancer may want to continue working and focus on their day-to-day activities, or they may wish to keep their diagnosis private until they know how it will affect their work schedule.

- Some teachers worry that their students are too young to understand cancer.

These are legitimate concerns, and people’s rights should be respected. Unless there are overriding health and safety issues, the person with cancer or their parent must give consent before anyone is told about the diagnosis.

In most cases, however, it will be easier for both the person with cancer and the school if at least key staff are aware of the diagnosis. An informed teacher can accommodate the person’s needs; anticipate questions from students, colleagues or families; and help to distribute information (if consent has been given).

Any members of the school community who are provided with personal information about a student, student’s family or a staff member need to treat the information sensitively and confidentially.

Appointing a school liaison person

If a student has cancer, one of the most helpful things you can do is to appoint a particular staff member as the key point of contact in the school. It may be the student’s main teacher but could also be another teacher or a member of the learning and support or wellbeing teams. It is important that the student and their family feel comfortable with this person.

The school liaison person can keep up to date with the family’s changing needs and communicate with other staff on their behalf. They can also liaise with the hospital school and other education professionals. This reduces the chance of messages being misunderstood or the family having to repeat information.
Understanding differences

It can be difficult to gauge the right level of contact and how much support is needed and welcomed by a family. The school community plays a central role in the lives of some families, but for others – often those with strong family networks – it is not as important. A family may not want help from the school.

If your school community includes diverse cultural groups, people will probably have different values and beliefs about health care. This will affect how they understand cancer, and can influence how information is shared.

In some cultures, cancer can have different meanings, and some people may not want to talk about it openly. Some cultures believe that cancer is contagious, caused by bad luck or is always fatal. Others may believe the cancer has been sent to test them.

When you talk about cancer, be respectful of different ways of coping. For example, you can ask what kind of support a colleague, family or student would like, rather than assuming you know the best way to help. If the person is uncomfortable discussing cancer or has privacy concerns due to cultural reasons, they will be able to let you know.

When a parent wishes to keep their own cancer diagnosis private, their children may be torn between respecting the parent’s wishes, and their own need for support. Organisations such as CanTeen (see page 66) may be able to help them.

Cancer and cultural background

Cultural factors can affect whether people with cancer seek help and the level of stigma they attach to the disease.

Research shows that, compared to people from Anglo-Saxon backgrounds, people from culturally and linguistically diverse (CALD) backgrounds experience more anxiety and depression after a cancer diagnosis. They also have more unmet needs regarding emotional support and information.4

As well as being culturally sensitive in your discussions, you can help by directing people to Cancer Council 13 11 20 for information about cancer and cancer services. If needed, they can call the Translating and Interpreting Service (TIS) on 13 14 50 and ask to speak to Cancer Council.

Using a professional interpreting service such as TIS maintains confidentiality. This can often be a better approach than using a family member or friend as an interpreter.
Communicating with people of all ages

A person’s understanding of cancer depends on their age, maturity level and experience with the disease. When someone they know is diagnosed with cancer, they may have a range of reactions. These reactions depend on their relationship with the person, their personality and temperament, and the support they receive.

Pages 16–19 outline how children, adolescents and adults without cancer may understand the disease, how they might react to someone’s cancer diagnosis, and how you can talk to them about it. Key treatment or testing milestones can also prompt anxiety and behavioural changes.

Be particularly alert for changes in behaviour. For example, a young child may regress to thumb-sucking, a social student may start to withdraw from peers, a top student’s grades may start to slip, an even-tempered teacher may become moody. You can use these behavioural changes as a starting point for a supportive conversation. Provide opportunities for professional counselling if needed. Your school counsellor should be able to help.

Remember that each person is unique and these are broad guidelines. Although the experience of cancer is often challenging, many people are resilient and have positive reactions. For example, siblings of children with cancer often grow in compassion and empathy for the hardship of others.

You can refer to the glossary on pages 72–74 for a list of cancer-related words. This glossary provides two definitions for each term: one that is suitable for younger children, and one that is more appropriate for older children, adolescents and adults.

Cancer Council’s book Talking to Kids About Cancer may help you with strategies for discussing cancer with students. Call 13 11 20 for a free copy, or download it from your local Cancer Council website. Camp Quality puppet shows (see page 35) can also help primary students understand and talk about cancer.

“I explained what would happen when he went to hospital. I didn’t get too detailed, but I was open to questions. They were pleased to be told the truth.”

John, primary schoolteacher of student with cancer
Different views of cancer

When someone in your school community is diagnosed with cancer, you are likely to encounter a range of reactions from students, families and colleagues. These general guidelines may help you pick up on signs of distress and provide age-appropriate support.

Possible reactions

• regression, e.g. stopping reading, starting to suck their thumb again
• comfort-seeking behaviours, e.g. using a security blanket or a special toy as a comfort object, thumb-sucking
• stuttering or baby talk
• withdrawing from conversations
• hiding behind a parent or significant adult when meeting other people
• fear of separation from others, especially at bedtime and going to school
• fear of the dark, monsters, animals, strangers and the unknown
• disturbed sleep, e.g. sleeplessness, wanting to sleep with a parent, sleepwalking or sleep talking, nightmares, bedwetting
• hyperactivity or apathy
• aggression, e.g. hitting or biting
• repeating questions about the same topic, even if it has been discussed several times
• commenting on physical changes and teasing if they don’t understand them

Suggested approaches

• listen to their feelings (expressed through speech or play) and be alert to their needs (including little things like lunch money)
• use picture books, dolls or stuffed animals to talk about the cancer
• read books together that explore anger, sadness and other feelings
• be honest
• reassure them that they will be taken care of and will be safe
• provide brief and simple explanations, but use all of the cancer terminology they may encounter (see pages 72–74); repeat your explanations if necessary
• keep routines consistent where possible, and explain any changes to their schedule
• encourage them to have fun at school and enjoy their other activities; physical activity can help to release anxiety and tension
• assure them that they have not caused the cancer by their behaviour or thoughts, nor will they catch cancer
• continue usual discipline and limit-setting

Early primary students

In the early primary years, students have a basic understanding of sickness. When someone they know has cancer, they may worry that they will catch the disease or that they caused it (e.g. by being naughty or thinking bad thoughts about the person). At this age, most children are egocentric: they often think everything is related to them and may not yet empathise with others. They tend to notice (and comment on) physical changes. Young students may be just starting to realise that people, including parents, can die.
Possible reactions

- irritability, anxiety, guilt, envy
- sadness, crying
- physical complaints, e.g. headaches, stomach-aches
- school refusal
- separation anxiety when going to school or away to camp
- hostile reactions, e.g. fighting or yelling
- poor concentration or daydreaming at school, possibly with a change in academic performance
- withdrawal from friends and family
- self-consciousness, feeling like the odd one out
- difficulty adapting to changes (such as a replacement teacher or new schedule)
- fear of performance, punishment or new situations
- sensitivity to shame and embarrassment
- trying to be extra good (more commonly seen in girls)

Suggested approaches

- listen to their feelings (expressed through speech or play) and be alert to their needs
- use books to explain disease, cancer, treatment and potential outcomes
- assure them their behaviour or thoughts did not cause the cancer
- be honest
- reassure them about their care and schedule
- maintain clear rules and expectations
- assure them that the chances of someone else getting cancer are slim
- let them know how they can help a teacher, classmate, sibling or parent with cancer
- take time to listen and let them know you care about their feelings
- appoint a teacher, staff member or buddy to ‘watch out for’ them
- if the prognosis is poor, ask for help from a social worker or psychologist to gently broach the topic of a parent, teacher or classmate dying
Secondary students
By the secondary years, students are starting to think more like adults. As their ability for abstract thought develops, they recognise relationships between events, such as cause and effect. They now appreciate that people are fragile and can imagine what it might be like to have cancer.

Possible reactions
- denying fear or worry to avoid discussion
- hiding feelings – parents, teachers and friends may not see true reactions
- anger, rebellion
- withdrawal, apathy
- depression, anxiety
- worry about being different and not fitting in
- becoming nervous in social situations
- wanting to be independent and treated like adults – may become more responsible
- regression, e.g. watching children’s TV shows, being dependent on parents
- critical view of the support offered by adults and friends
- friendship issues
- poor judgement and risk-taking, e.g. smoking, binge drinking, unsafe sex
- physical symptoms caused by stress, e.g. stomach-aches, headaches
- difficulty concentrating in class
- change in academic performance
- poor school attendance

Suggested approaches
- listen to them, don’t talk at them; encourage them to discuss their feelings, but realise they might not want to talk or may prefer to confide in friends
- express your feelings (e.g. mention that you miss a teacher who is on sick leave or that you are scared too), but do not burden them with the task of taking care of you
- provide privacy, as needed; highlight the importance of respecting privacy and using social media appropriately
- encourage them to maintain activities and friendships at school, if possible
- don’t expect them to take on too many extra responsibilities at school
- allow them to have time with friends
- allow flexibility and special consideration with schoolwork
- provide in-school opportunities for them to learn more about cancer and receive support; don’t expect them to be cancer experts
- treat them with respect as an emerging adult; let them know you are thinking about them, but be discreet and respectful
Parents and staff members
Because adults and some older students can think in abstract terms, they usually empathise with the person affected by cancer. They understand complex relationships between events and are likely to recognise the impact of a cancer diagnosis and treatment on all aspects of life (such as school and personal relationships).

Possible reactions
• depression, anxiety
• withdrawal
• sadness about their own experiences with cancer
• physical symptoms such as headaches
• fear about their ability to cope
• feeling overwhelmed
• needing to talk with others about how they are feeling
• putting extra energy into work or distracting activities
• fluctuation in mood, especially around significant testing and treatment dates of the person with cancer

Suggested approaches
• keep in mind that different people will feel comfortable with different approaches
• take time to listen and let them know you care about their feelings
• if a student has cancer, principals can give staff simple and factual information and encourage them to seek further information as necessary; they can discuss strategies for supporting the child and their siblings, what information may be shared with students and their families, and how to talk to children about cancer
• if a staff member has cancer, see page 50 for how to talk to parents about it
When a student has cancer

The news of a student’s diagnosis may come as a shock to many people in your school community. The school can play a key role in supporting the student, their family and other students at this time. It is important to maintain connections throughout the student’s treatment and to prepare for their return to school.
When a student is diagnosed

It is difficult for a family to receive the upsetting news of their child’s life-threatening illness, and they often describe the days and weeks after diagnosis as a whirlwind. Family members not only have to come to grips with the diagnosis, but they also have to make decisions about their child’s treatment protocol and inform their extended family network. Siblings of the child sometimes feel forgotten in the midst of a diagnosis and may need particular support from the school at this time (see pages 41–47).

While the family is coming to terms with the diagnosis, they may not tell the school about it. Teachers or peers may notice a student’s absence or speculate about any changes in the student’s behaviour. You should follow up if you are concerned about a student’s health or wellbeing, either by raising your concerns with the principal or discussing them with the family directly. Many families find that once the treatment has started and they have adjusted to the overwhelming situation, they feel more comfortable sharing information with the school and are more open to contact from teachers and students.

Try to minimise rumours if you suspect (or have confirmed in confidence) that the student has cancer. Once the family has told you about the cancer diagnosis, you can take a number of steps to ensure the student is well supported by the school community.

Take the lead – Offer your support to the family. Explain that a school liaison person can be appointed so they only have to communicate with one person (see page 13).

Ask who can be told – Establish if and how the family would like information about the student’s diagnosis and treatment to be shared with teachers and the rest of the school community.

Respect their wishes – Allow the family time to decide what role they would like the school to play. If they want to keep the diagnosis private, staff should comply with their decision (unless there are overriding health and safety issues). At some stage, you may feel that it would be in the student’s interest to share the diagnosis. Try to arrange a meeting with the family to discuss the issue – you may want to contact the student wellbeing coordinator or school counsellor for advice on how to approach this conversation.

Arrange a meeting – Organise a meeting between the family and key staff such as the principal, the class teacher or year adviser, and the school counsellor. If the family has had to travel for treatment, a conference call may be useful.

Making the calls

As soon as my son Leo was diagnosed, I called my children’s schools and spoke to the principals. At that point, I was still waiting for the doctor to come in and tell me he had made a big mistake. I wasn’t ready to go into a lot of detail with the schools but I wanted them to know. Their initial response was it will be okay, we will be here to help you.

As time progressed, I called them all again. The main thing I wanted was for them to be kind to my kids, and they were. Everyone just wanted to know how to help and we had a really positive experience with all the schools – maybe because we were open to help.

Genevieve, mother of primary student with cancer
Support siblings – Staff can play a key role in helping any siblings of the student who attend the school (see pages 41–47).

Work out the time frame – Consider how long the student may be away from school and how long their treatment may last. Some students with cancer are in and out of hospital for months, or even years. These students will need support throughout this time, which may involve a change of grade and teacher. Ask for a letter from the doctor to explain prolonged absences or sporadic attendance, and an individual health care plan to support staff in sick bay.

Get professional help – Offer to link the student and family with school counselling services. With a parent’s permission, staff from the hospital may be able to visit the school to discuss the student’s diagnosis and treatment with staff and classmates.

Contact Cancer Council – Call 13 11 20 for further information on cancer, treatment, and support services.

Setting up a communication channel
Talking openly about the cancer diagnosis helps the school community adjust to the news, and helps the school understand what support the student needs. Ask the family what the student knows about the cancer and how the student has responded. Some families limit the information the child has about the cancer, especially if the child is young.

Schools have various ways of disseminating information to their community. Your school should work with the student and their family to find out who in the school community needs to know and how much they should be told.

The family, school staff members and the key liaison person should discuss the family’s wishes and school policies for sharing information. Different families may need different communication styles. For example, some may want you, or one of your colleagues, to talk to their child’s classmates about cancer. Others may want the school to send a general letter to parents about cancer without mentioning the child’s name. The school’s parent association, such as the Parents and Citizens (P&C) or Parents and Friends (P&F), may be able to help the school communicate with families.

Be mindful of the student’s close friends, as they may be deeply affected by the news. It can be very reassuring for the student if their friends find ways to show their support.
Supporting a student during treatment

Keeping in touch

School represents normal life to most students. Going to school is more than just education – it establishes a familiar routine and provides a stable environment and an opportunity to socialise. A diagnosis of cancer is a major disruption for the student and leads to frequent absences from school.

Every situation is different. Not all families will want to maintain close contact with the school community, and a young child may not be able to respond to messages, depending on their age and symptoms. However, many students receiving treatment for cancer do want to maintain contact with classmates. Young people with cancer find it easier to return to school if friendships have been maintained throughout their absence. Regular communication can provide reassurance that they’ve not been forgotten by their friends and help to keep them engaged with their education.

The school community can keep in touch with a student while they are in hospital by using technology such as Skype, email and the school intranet. Educational social networking portals such as Edmodo can allow you to communicate with the student and the hospital school about their schoolwork. Videoconferencing sessions (such as Skype) can also allow the student to participate in classroom lessons.

Supporting families

When a child or adolescent is diagnosed with cancer, the family may experience emotional strain, financial stress and increased anxiety. One parent may have to take time off work so they can be with the child in hospital, while siblings are often left with just one parent at home. The changing family dynamics and stress can lead to relationship issues. In single-parent families, the pressures can be even greater.

Families in regional schools face extra complications. The major centres for cancer treatment are usually in large cities, away from the family’s main support network. Often the student must travel great distances and stay away from home and school for long periods. One parent usually has to travel with the child, while the other parent stays home for work and to care for siblings.

School staff can link the family to school counselling services and offer support to any siblings who also attend the school (see pages 41–47). If your school has fees, the principal could consider how these can be adjusted to ease the family’s financial burden. Fellow parents often play a key role in coordinating support when a child has cancer, particularly if there isn’t any extended

How to maintain contact

- Send postcards, letters, drawings or paintings.
- Make an audio or video recording of a school event, or of personal messages.
- Post a package of photos or small gifts.
- Email notes or photos.
- Consider age-appropriate programs such as Monkey in My Chair (see page 26).
- Create a website or blog about what is happening at school.
- Use social networking or videoconferencing such as Skype, FaceTime or Google Drive.
family to help. With the family’s permission, they may organise a roster for meals, childminding or local transport (such as taking siblings to school, sport or other activities), or set up a fundraising website. A group of parents may organise this help among themselves, or it could be coordinated by the school’s parent association, such as the P&C or P&F.

**Helping with schoolwork**

It is natural for a parent to feel anxious about how the student is going to keep up with their schoolwork. Students may also worry about falling behind, particularly if that might mean being separated from their peer group when they do return to school. Talk to the student and the parents about their expectations, and how you can help maintain some form of ongoing learning.

Any school-aged student who has an extended hospital stay will be enrolled in a hospital school or hospital education service that caters for all school-aged students. A hospital school aims to provide continuity of education to make the return to school as easy as possible and to boost a young person’s spirits and self-esteem. To do this, the hospital school may contact the student’s regular school to discuss the educational program. Students attend a classroom or, if necessary, are visited on their ward by a teacher.

> My parents encouraged me to give up Year 11 and do it next year, but I didn’t want to be left behind.

*Jeremy, secondary student with cancer*

More children and adolescents are now receiving treatment as outpatients. This can make it difficult for them to visit the hospital school, but they may not be well enough to attend their regular school. If you know the student is spending long periods of time at home, liaise with the family and the hospital school to ensure they are receiving educational support and peer contact. They may be able to participate in distance education programs.

If the student transitions to high school or another new school, staff should share information about the student’s learning needs so that the appropriate plans can be put in place.

**Redkite**

Redkite is a national organisation that supports children, young people and their families through cancer. They offer grants to help young people aged up to 24 years achieve their work and study goals, and personalised assistance to help them get back on track with work, study or training.
While Redkite’s educational assistance is usually coordinated by hospital social workers, families and young people can also contact Redkite directly. You can help by making parents aware of Redkite’s support services, or by referring a student yourself.

Redkite also provides information, support and telephone and email counselling for young people diagnosed with cancer, their families and support networks. For more details, call 1800 REDKITE (1800 733 548), email support@redkite.org.au or visit redkite.org.au.

**Ronald McDonald Learning Program**

Provided by Ronald McDonald House Charities Australia, the Learning Program helps seriously ill children and adolescents as well as the parents and professionals who support them. The program includes various services:

- Individual tuition helps students catch up on their missed schooling – this can include speech and/or occupational therapy if required.
- A book called *What about school? A resource for parents of children, adolescents and young adults with cancer* is distributed nationally through oncology units in hospitals or can be downloaded in part from the Learning Program’s website.
- Education Liaison Coordinators support the ongoing education of students (see *Hospital-based programs* below).
- EDMed, a free accredited professional development unit for teachers, helps schools to meet the educational needs of children with cancer and other serious illnesses.

To find out more about the Ronald McDonald Learning Program, visit learningprogram.rmhc.org.au or call 1300 307 642.

**Hospital-based programs**

Some hospitals have specialised programs to prepare students for the return to regular school. In NSW, for example, the Back on Track program is available through the Children’s Hospital at Westmead. Similarly, the Ronald McDonald Learning Program (see above) has Education Liaison Coordinators at hospitals in Randwick, Newcastle and Melbourne. These programs liaise and collaborate with families, schools, hospital schools and oncology units to keep the child connected to their learning, their peers and their school community.

Back on Track at Westmead can be contacted on 02 9845 0418. In other areas, you can ask the student’s hospital school what support is available.

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**Ways to support an absent student**

- Provide the hospital school with curriculum outlines and a list of textbooks.
- Send copies of worksheets and projects to the student at home or at the hospital school.
- Make sure the student receives school newsletters and handouts.
- Let the hospital school know if the student needs an extension or remediation program.
- Facilitate online access to assignments or websites with information about school activities.
- Understand that the student may be so unwell during their treatment that they may not be able to continue with their schoolwork.
- Organise visits to the hospital by classmates, if approved by the student’s parents. The student may have reduced immunity, so anyone with a cold, cough or other viral or infectious illness should reschedule their visit.
- Find creative ways (such as Skype or video calls from class) to link the student with the school, especially if they are away from home or in isolation.
Monkey in My Chair
This charity supports younger children while they are absent from school by providing a large toy monkey to sit in the absent child’s chair. The absent child also has a monkey. The class includes the monkey in all normal class activities and excursions, and photos are sent between children. For more information, visit missingschool.org.au/monkey-in-my-chair-news.

Supporting the student’s classmates
If you are telling students about a classmate’s cancer, parents need to be aware that their children may come home upset, worried or with questions. The principal can send an email or a note home to prepare the parents.

You can expect a range of responses from students to the news. It’s important to remember that everyone reacts differently to a stressful situation. Some students may be visibly upset. Others could be angry, confused or annoyed. Some may have no outward reaction to the news.

Give the students opportunities to voice their feelings or ask questions. They might ask some difficult or sensitive questions, such as if they can ‘catch’ cancer or if their classmate will die. You should approach the class in a sensitive manner. In some cases, a member of the patient’s treatment team (such as the clinical nurse consultant) may visit the school to explain what is happening to their classmate and how the student will look and feel when they return.

Refer to pages 16–19 for strategies on how to talk to students of different ages. To prepare for potential questions about death, see How young people understand death on page 59.

Try to establish beforehand if some students are more likely to be upset because of their friendship with a classmate with cancer. If a student becomes very distressed, they may need to speak with a counsellor or teacher with whom they feel comfortable. Contact the parents to let them know about their child’s distress.

Keep classmates regularly informed of the student’s progress. This will help to keep the class connected and prepare them for the student’s return. Events such as fundraising for cancer charities may help channel the thoughts and energies of older classmates.

Siblings of students with cancer need particular support. For information on how you can help them, see pages 41–47.
Supporting a student after treatment

Returning to school

Getting back into a school routine is important to children and adolescents. It maintains continuity in their education and their friendships, and it reinforces the idea that life will go on and they have a future. It can be daunting for the student to return to school, however, and it is important to consider what support they will need. A clinical nurse consultant or the oncology social worker may be able to visit the school to talk to staff about how the school can best support the student’s return.

Encourage the student to return as soon as they feel up to it – To help a student become involved as much as possible in day-to-day lessons and school activities – rather than avoiding school – it’s important the school is always accommodating and flexible. Ideally, the school will help the student by facilitating partial attendance (such as half-days) at first and modifying work, such as assessment tasks. It is important to realise that ongoing medical treatment and follow-ups may continue to affect school attendance. The family’s medical team can provide a letter to support this, if required.

It will be easier for the student to readjust to being back at school full-time if many short visits or half-days are kept up during active treatment. On some days, they may just visit school at lunchtime so they can socialise with friends.

“Coming back to school after treatment takes a lot of bravery. You have been through such a traumatic experience and you look so different.”

Genevieve, mother of primary student with cancer

Plan for the individual needs of the student – Preparing for the student’s return is essential so that any adjustments, such as modified grading procedures, can be put in place. This relies on communication between the school and the student, their family and the treatment team. The school liaison person should coordinate communication with teachers, the school counsellor and other staff.

A school counsellor can conduct an educational assessment of the student and provide recommendations on how to meet the student’s individual needs. This may include further referrals, such as for occupational or speech therapy. Students may also need practical changes to accommodate their physical needs (see pages 30–31). It is important to treat the student as normally as possible, within the limits set by their condition.
Anticipate anxieties about returning to school – Returning to school can be daunting for both the student and parent after a prolonged absence, especially if the student has had to be held back a year and is entering a different peer group. The school counsellor or another appropriate member of staff should arrange a meeting with the student and parents to discuss the student’s feelings about returning to school and how the school can help. Reassure the student that they will be treated the same as before, and identify ‘safe’ people they can go to if they have a problem or feel lonely, especially during lunchtimes. Discuss with the student whether they would like this to be a trusted staff member and/or a buddy assigned from their peer group. (Peer buddies should also receive support from school staff.)

It is natural for parents to have a wide range of feelings about their child returning to school. Some may be overprotective or stressed about the transition, while others may be relieved or pleased. If you have difficulty managing a parent’s reaction, talk to the student wellbeing coordinator or a school counsellor about how to handle the situation. With the parents’ permission, you could also contact the clinical nurse consultant from their treatment team for guidance. Sometimes parents need reassurance that their child’s physical and emotional needs will be supported.

Building resilience
Resilience allows children to cope with adversity – to bounce back. Although living with cancer can be undeniably difficult, in most cases young people are very resilient, demonstrating maturity and wisdom beyond their age.

To help all students build resilience, teachers can:
+ create a supportive environment
+ value all contributions from students
+ set clear expectations and rules
+ encourage students to accept responsibility
+ praise sustained effort and perseverance
+ prompt students to think and act independently
+ model and teach empathy and caring
+ teach students how to resolve conflict.

To find out more about promoting resilience in schools, visit the Resiliency Resource Centre at embracethefuture.org.au. The website includes a link to their Kids’ site for primary students. You can also ask your local education authority if they have any resources.

For secondary students, the ReachOut Professionals portal at au.professionals.reachout.com has a Building Resiliency in Young People resource, which includes lesson plans.
The returning student’s concerns

When students have had a lot of time off school for cancer treatment, their worries may encompass social, academic, psychological and physical issues. Some of the common concerns are listed below, along with ways that school staff may be able to provide support. Not all returning students share all these concerns, so use this to start a conversation with your student and take your lead from them.

Keeping up with schoolwork – Reassure the student that their being back at school is what’s important and that it will take time to catch up. Provide additional support through your school’s student wellbeing team, learning and support team or liaison person, or arrange a study buddy (peer support), tutoring or special assistance. Consider modifying grading procedures and assessments if appropriate.

Being left out or rejected – Let the student know that their classmates did miss their company, and explain that their peers may be shy initially, but will eventually be more welcoming. Prepare classmates for the student’s return before they arrive. Remind peers of the returning student’s right to privacy and about the dangers of comments on social media.

Being the centre of attention – Students may worry about being stared at or being bombarded with questions about their absence or appearance. With the student and family’s permission, communicating with the school community (see page 22) before the student’s return can encourage sensitive reactions from peers. Preparing the student with simple responses to typical questions can also help.

Being bullied or teased – Your school will already have policies to deal with bullying, discrimination and harassment. Closely monitor the reactions of other students – misunderstanding can lead some peers to resent what they see as special treatment, but educating students about cancer in age-appropriate ways can help (see pages 34–35). It is also important to remind them about social media etiquette. Equip the student with cancer with strategies to respond to bullying behaviour.

Fitting in with other classmates – A student who looks different (because of weight gain or loss, hair loss or a physical disability, for example) might worry about their friends’ reactions. Talk with classmates honestly to raise awareness. Some students with hair loss may wear a head covering (cap or scarf) while their hair is regrowing. Inform all teachers to avoid unnecessary embarrassment of the student for being out of uniform.

Everyone stared

When I went back to school after chemotherapy, I had lost so much weight and was so weak that I had to use a wheelchair. I felt awkward and really nervous. Everyone looked really shocked. People stared a lot, especially the younger students. I hated it. I can’t blame them because it’s not every day you see someone looking so different and they were probably trying to understand what was going on. I kind of got used to it, but I still didn’t like it.

Ruby, secondary student with cancer
Feeling that their classmates are immature – After the experience of having cancer, many older students feel they have more in common with their peers’ parents than with the peers themselves. The latest celebrity gossip or music news can seem unimportant. This can affect the student’s social standing. Try helping the student to find new interests to share with peers. Remember that while the returning student may seem to be older in some ways, they are still only children or adolescents.

Getting sick again – After treatment has finished, it is common for a student and their family to be concerned about the disease returning (cancer recurrence). This concern can arise each time they have a check-up and may last for years. For some students, the treatment leaves them with a compromised immune system and they are highly susceptible to infections. Reinforce your school’s standard infection control measures and encourage general hygiene, such as handwashing, throughout the school.

The principal should also send a letter to all families emphasising the importance of not sending children with infectious diseases to school. They should also be asked to inform the school of any cases of measles or chickenpox as soon as possible so that the parents of the child with cancer can be alerted. The letter can explain that one of your students has lowered immunity after cancer treatment but need not mention the student by name.

Making practical changes
A student with cancer will usually need some support related to their health care. A written management plan prepared with the input of the student, their parents and their health care team helps to avoid misunderstandings. This individual health care plan (or student health support plan) should consider the student’s full range of learning and support needs, including treatment effects, care needs, and emergency signs and procedures.

Many young people prefer not to draw attention to themselves. Talk to the student about ways they can discreetly signal their need for a break or physical assistance (e.g. by using a white time-out card).

“\When I first went back to school, my friends were happy to help me, but once they thought I was better, they sort of drifted away. But you need help for longer than you look like you need help.\”

Ruby, secondary student with cancer
Accessibility – Fatigue is a common side effect of cancer treatment, so when a student first returns to school, they may find it easier to manage if their classes are moved to easily accessible rooms. For secondary students, allow a window of time for movement between classes so they can avoid crowds.

In some cases, the cancer or its treatment can cause a physical disability. For example, a student may have had an amputation, they may need to use a wheelchair or they may have loss of vision. School buildings may already be modified to ensure access for other students with physical disabilities, but you may need to provide permission to use more accessible toilets, access to a lift, or classrooms on the ground floor.

If the student is weak and needs assistance with carrying books or pushing their wheelchair, create a buddy roster from their peer group so that the student does not have to repeatedly find someone to help.

Sensitivity to sunlight – Students receiving cancer treatment can be very prone to sunburn. To limit sun exposure, encourage the usual SunSmart guidelines of using sunscreen, wearing hats and ensuring access to shaded areas (for more information, call 13 11 20 or visit your local Cancer Council website). On hot days, encourage indoor activities, but do so without isolating the student – for example, the student could go to the library with a few classmates.

Central venous access device – Some students will have a central venous access device (CVAD), which is a tube inserted into a vein in the neck, groin, chest or arm. It may be called a port, port-a-cath, central venous catheter, PICC line or central line. The device allows medical staff to administer chemotherapy and other drugs, fluid or blood transfusions, or to draw blood.

All school staff, including those in charge of sports and sick bay, need to be aware of precautions and care while a student has a CVAD. Contact sports can cause the device to break or loosen, and some types should not be submerged in water because of the risk of infection. Ask the student's parents what precautions the medical team have recommended, and discuss how the student can still participate in school sports, such as by recording results.

In the unlikely event that a CVAD is tugged or damaged, the site may start to bleed. If this happens, use a sterile gauze pad to apply pressure to the area between the line and the bleeding site, and promptly call the parent to take their child for medical assistance. If a cap has fallen off or the line has come out, call the parent or the clinical nurse consultant at the student's hospital. If in doubt, school staff can call 000 for guidance.

If the student becomes unwell

- If a student with cancer complains of feeling unwell, particularly if their temperature is rising, contact their family.
- If a student who is still receiving active treatment or has a central line develops a fever of 38°C or above, it might indicate a serious infection and they usually need to go to hospital immediately. The student's health care plan should indicate who to contact and in what order. If in doubt, call the family and/or 000 for assistance.
- If the school's first aid kit does not include a thermometer, parents may need to provide the school with one for their child.
Understanding learning impacts

A student returning to school may have to manage the effects of cancer treatment on their academic performance. Some of these impacts may be delayed, appearing months or even years after treatment has ended. Parents of students with cancer have reported significant effects on writing, mathematics, handwriting, confidence, exam performance, memory, concentration and physical education, and many felt that their child needed more educational support.5

It is important to recognise that cancer treatment can change the way the student learns and that the student may need support throughout all the years of their schooling. In particular, some students develop long-term difficulties with executive functioning. This affects the ability to plan, organise, form abstract concepts, practise self-regulation and initiate action. The student may have trouble taking notes or copying information, remembering things, concentrating, getting started on activities, or completing tasks on time. In some cases, the student's struggle to manage these challenges can lead to a lack of engagement with education or disruptive behaviour in the classroom.

In many school systems, specialist learning support staff help classroom teachers to address the additional educational needs of students. They may be part of a learning and support team (sometimes known as the program support group). This team is made up of all those involved in the student's education, including parents, the principal or other school leader, the class teacher and the school. In some cases, the team may decide to create a formal plan, which may be known as an Individual Education Plan (IEP) or Individual Learning Plan (ILP).
Parents or caregivers have an important role to play in discussing and planning for their child’s needs. You can refer them to *What about school? A resource for parents of children, adolescents and young adults with cancer*, which is produced by the Ronald McDonald Learning Program (see page 25).

Your school will need to work together with the parent and student to develop realistic expectations about what can be achieved academically.

**Adjustments to support learning**

In addition to any adjustments to accommodate physical needs (see *Making practical changes*, page 30), schools may need to make temporary or permanent adjustments to manage the returning student’s changes in academic performance and behaviour. These adjustments may include:

- seating them towards the front of the class
- organising an in-class buddy or teacher assistant to help with note taking or recording assignment due dates
- providing catch-up work in different key learning areas
- offering extra tutoring
- adapting work so the student can manage the load
- discreetly allowing extra time for homework and assessment tasks, and increasing time limits in tests or exams
- providing a scaffold that shows the steps in a task
- giving verbal prompts and written reminders
- helping the student organise thoughts using graphic organisers and mind maps
- allowing the student to work without interruption as much as possible
- revising the number or types of subjects taken by the student.

Students may also need special consideration for physical education classes. This will be obvious if the student’s treatment has involved a visible change such as an amputation, but also needs to be considered when the student is managing fatigue from chemotherapy or radiotherapy.

> **Since his treatment, he’s had some difficulty remembering numbers like times tables. He’s having tutoring now and he’s got a few tricks that the tutor has taught him.**

*Rebecca, mother of a secondary student with cancer*
Helping young people understand cancer

Giving students factual information about cancer increases their understanding and reduces the risk of gossiping and bullying (see box, opposite page). Most students want to be supportive, but need the tools and knowledge to do so effectively.

Before starting a discussion with your students, consider their age and maturity and anticipate any difficult questions they might ask (see margin box, page 26). You might practise what you will say, or ask the family how they would like you to approach the class.

Planning a lesson about cancer

In some cases, a lesson or class discussion about cancer can help students understand their classmate’s condition. Depending on the content, this may support the curriculum for health and physical education and/or for science – check with your local education authority (see pages 68–69).

There are a number of books about cancer (see margin box, opposite page) that you can share with your students. Staff from the student’s hospital school may be able to recommend other age-appropriate resources about cancer that you can use in class. With the permission of the student’s parents, you could also ask if a clinical nurse consultant or other member of the medical team can visit the school to talk to students and staff.

Hosting a cancer awareness and education day

While it is important to integrate information about cancer into the core curriculum, your school may also consider hosting a cancer awareness and education day. Many awareness days include a fundraiser, such as buying ribbons or coming to school out of uniform in exchange for a gold coin donation (see page 70). However, your school does not have to collect funds.

Ask the person with cancer (or their family) if they are comfortable with the idea. While the information can be presented in a very general way, families may want to ensure certain details are kept private. You should also send a letter to all parents informing them of the upcoming event.

“Often people are most disturbed by what they don’t know. If people are brave enough to ask questions, I think there shouldn’t be fog and mirrors. No mystery.”

Shirley, secondary school teacher with cancer
The cancer awareness and education day could involve brief in-class discussions or lessons from teachers. Younger students could draw pictures or write stories. Older students may want to hang posters, make presentations about cancer, or set up a stall to distribute information.

**Arranging a puppet show**

For a cancer awareness day in a primary school, you may want to arrange a visit from the Camp Quality Primary School Education Program. This free program explains cancer to children through an interactive puppet show that addresses the challenges of living with cancer and the importance of friendship. Camp Quality also provides free resources for teachers to use in class. Call 1300 662 267 or visit campquality.org.au.

If you are hoping to book a Camp Quality puppet show, plan well in advance. Up to two months’ notice may be required. It is also important to inform all parents of the planned visit.

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**Dealing with teasing and bullying**

When a positive school climate of respectful relationships is maintained, inappropriate behaviour such as teasing and bullying is less likely to occur.

Schools are legally obliged to develop and implement strategies to prevent harassment and victimisation of students, including those with cancer (see margin box, page 28). Schools also need to respond appropriately if an incident occurs. Consult your school’s anti-bullying or anti-harassment policy for general guidelines.

The best way to prevent bullying is to be as open as possible about a student’s cancer. Young people may have little understanding of what a student with cancer is going through and what treatment involves. This may make them feel frightened.

The more classmates know about cancer, the more likely they are to be supportive. Discuss the benefits of openness with the student and the family and make sure you have their permission to share information about the student’s situation.

It’s important to be aware that some students may feel resentful when a student with cancer returns to class. They may believe their peer is receiving undue special treatment. You can explain that the student needs extra support related to their health but still has to follow the same school rules as everyone else. Try to maintain a normal classroom atmosphere.

For general information on creating a supportive school culture, you can explore the resources at safeschoolshub.edu.au.

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**Books about cancer**

**For younger children**

*My Mum’s Got Cancer*
Dr Lucy Blunt (author), Eloise Osborn (illustrator)
Jane Curry Publishing, 2009

*Butterfly Kisses and Wishes on Wings*
Ellen McVicker (author), Nanci Hersh (illustrator)
[butteflykissesbook.com](http://butterflykissesbook.com)

*Safina and the Hat Tree*
Cynthia Hartman
Nomota, 2004

*I’m a Kid Living with Cancer*
Jenevieve Fisher (author), Casey Huie (illustrator)
Isaiah 11:6 Publishing, 2010
[iknowsomeonewithcancer](http://iknowsomeonewithcancer)

**For older children and adolescents**

*Wait ... Did You Say “Cancer”?!?*
CanTeen, 2013

*Medikidz Explain Cancer* series (graphic novels)
[medikidz.com](http://medikidz.com)

*Allie McGregor’s True Colours*
Sue Lawson
Black Dog Books, 2006

*The Fault in Our Stars*
John Green
Guiding classmates
It is not uncommon for the classmates of a student with cancer to feel helpless and unsure about what to do or say when they are with the student. Sometimes students will look to teachers or their parents for guidance on how to act, but at other times you might simply notice that the students are feeling uncomfortable. There are various ways that you can help the students to become more at ease, including:

Listening – Be prepared to listen to students’ concerns.

Facilitating discussion – Encourage students to talk about what cancer is, its treatments and possible side effects. This will help prepare students for any physical or emotional changes in their classmate. See Chapter 1 (pages 5–10) for more facts about cancer.

Answering questions – Discussing the facts openly helps reduce anxieties and uncertainties. If you don’t know the answer, offer to find out. Remind students of their classmate’s right to privacy and the potential impact of sharing information on social media.

Talking to a classmate with cancer
Like some adults, students sometimes worry so much about saying the wrong thing that they start to avoid a classmate who has cancer. Teachers can help by discussing the following tips with their students:

Acknowledge the situation
Students can say: “I don’t know what to say, but I want you to know I care”, “We missed you”, “It’s good to see you”, “How are you going?” or “Is there any way I can help in class?”

Understand that their classmate might act a little differently
Their classmate may be more tired or less social than before. Students can show their support by being patient and accepting that it may take time to adjust.
Being prepared – When a student has cancer, it’s a good bet most classmates are thinking, “Will they die?”, and a few will probably ask. Balancing the truth and family wishes can be a challenge. A gentle way to respond might be: “Cancer is a very serious illness and we are all worried about your classmate, but we know that the treatment team at the hospital is working hard to help them. If we learn of any developments, we will let the class know.”

Providing advice – Give students guidance on how to talk to a classmate with cancer. For some ideas, refer to the box below.

Encouraging emotional expression – Provide the opportunity for friends to debrief and express their feelings about cancer. For some students, activities such as painting, writing or composing music will help them work through their emotions.

Inviting an expert – You could ask a member of the student’s medical team, such as a clinical nurse consultant, to speak to the class (with the consent of all parents, including the parents of the student with cancer). This will help students gain a better understanding of what their classmate is experiencing.

Try to talk normally about day-to-day things

Their classmate is probably tired of talking about cancer all the time. But the students also need to understand that their classmate might not be interested in trivial topics such as the latest celebrity gossip.

Take cues from their classmate with cancer

People who have had cancer react in different ways. By observing how their classmate behaves, students might work out how to respond.

Between friends

My daughter’s friends are very caring, and they’d all have a good cry together out of the blue.

I’d ask, “What’s going on?”, and they’d say, “No, it’s got nothing to do with you.” You know, certain things they just don’t tell you.

Sarah, mother of secondary student with cancer
Special provisions for exams

Exams in primary school

The National Assessment Program – Literacy and Numeracy (NAPLAN) involves annual tests for students in Years 3, 5, 7 and 9.

Students with cancer may be unwell at the time of the tests, or their cancer treatment may have temporary or permanent effects such as fatigue or learning difficulties. Parents may not be aware that their child can apply for special examination provisions, so the school should raise the issue with them. The student’s treatment centre can provide documentation to support a request for special provisions. For more information, school staff can visit nap.edu.au and search for ‘Adjustments for students with disability’, or contact their state or territory test administration authority (see pages 68–69).

Special provisions may also be available if the student is attempting placement tests for selective classes or schools. Contact your local education authority (see pages 68–69) if you know these tests are coming up.

Senior assessments

The senior assessments at the conclusion of secondary schooling are known by different names throughout Australia. In general, all students are required to meet the course requirements, but the relevant education board can adapt assessments to provide reasonable adjustments to the special needs of students with cancer.

The permitted provisions depend on the rules in your state or territory and on each student’s circumstances. For example, some students may be allowed rest breaks between exams or an extension of test time. Other students may need to have physical disabilities accommodated (e.g. by using a scribe, a reader or assistive technology). In particular cases, the student’s marks may be based on their scores throughout the school term/s, rather than the usual combination of in-school assessments and external exams.

If possible, it is preferred that students sit their exams, and then appeal for a different marking procedure. However, if you know a student might be eligible for special provisions for an upcoming exam, you should talk to the student and their parents about their options.

In most schools, applications for special provisions are made to the education board through the principal, school counsellor or learning support staff. If possible, it is best to apply well in advance, as applications may take several weeks or months to process. For students who become suddenly ill around
the time of the exams or who have a family member with cancer, illness or misadventure provisions may be available.

If a student is finding the demands of the senior years too great, they can explore the options for extending the time frame. To find out what is available in your state or territory, talk to the school principal or contact your local education authority (see pages 68–69).

Access to tertiary study
In some states and territories, access schemes can help a student enter tertiary study if they have experienced long-term educational disadvantage because of a cancer diagnosis or treatment. Depending on the location, these are known as Schools Recommendation Schemes (SRS), Educational Access Schemes (EAS) or Special Entry Access Scheme (SEAS). Each university applies its own access scheme calculation to the student's final score and determines if they will be admitted into their elected program of study.

Visit the website of the universities/tertiary admission centre in your state or territory (see pages 68–69 for details) to find out more about applying for an access scheme. If your state or territory does not have an access scheme, contact the tertiary institutions directly to find out if any alternative pathways are available to students. The school careers counsellor should also be able to offer guidance.

Grants for further study
School staff could explore whether there is any extra financial assistance available for the student. Redkite’s educational assistance includes grants to help students pursue tertiary study after cancer (see pages 24–25). Cancer Council Queensland offers Seize the Day Study Awards. These help with the costs of post-secondary education and are open to young Queenslanders aged 16–21 who have had cancer themselves or who have had a close family member with cancer. Call 13 11 20 or visit cancerqld.org.au to find out more.
When a family member has cancer

When a child’s parent, sibling or other important family member has cancer, the impact can be profound. School attendance and performance, social relationships and behaviour can all be affected. Teachers and other school staff play a key role in maintaining a sense of stability and normality for the child during this challenging time.
When a parent has cancer
Each year in Australia, more than 120,000 people are diagnosed with cancer. About one-third of these people are under 60 and many will have a child under age 18.¹

When a parent is told they have cancer, their first concern is often for their family. How will the children react? What should they be told? How will it affect their lives? Each parent answers these questions in their own way, depending on their individual circumstances. They may make many difficult personal decisions, experience financial strain, feel overwhelmed or become more protective of their children. These are all common reactions.

Children may experience a range of conflicting emotions when their parent has cancer, from sadness, fear and anxiety to anger, frustration and guilt. They may have to take on more responsibilities at home and cope with disrupted routines, changes in family dynamics and even increased conflict.

Without age-appropriate information, young people often realise their parent is ill but imagine a scenario that might be much worse than the reality. Information tailored to the age and individual needs of the child can reduce fears and help them cope with the challenges facing the family. If the family would like help finding appropriate and reliable information, you can suggest they contact Cancer Council 13 11 20.

When a sibling has cancer
Young people with a brother or sister who has cancer can experience huge disruptions in their life. The parental attention at home is suddenly shifted, daily routines are disrupted, and family roles and responsibilities change.

Healthy siblings have the highest unmet needs in families affected by childhood cancer.⁶ They may feel great sadness, fear and anxiety, as well as more complicated emotions such as guilt, jealousy, resentment and anger. Because so much focus is on their brother or sister, they may feel that their needs do not deserve to be met and that they have no right to complain. They may also feel embarrassed about their family now being different to other families.

If the child with cancer attends the same school, the sibling may be asked questions about their brother or sister’s diagnosis that they find distressing or don’t have the answers to. If the family agrees, it may be appropriate to include teachers and students from the sibling’s class in any talks about...
cancer given to the sick student’s class (see pages 34–35). It would also be supportive to nominate a trusted staff member as the sibling’s ‘go to’ person, someone they can talk to about their worries or frustrations.

Despite the many challenges of having a brother or sister with cancer, some siblings are enriched by the experience. They grow in compassion and empathy towards others and find their own inner reliance and strength.

**When another family member has cancer**

Children can be greatly affected by the cancer diagnosis of family members such as grandparents, as well as of any other key figures in their life, including guardians and close family friends. They are likely to feel worried and sad about the person’s illness.

If the child’s parents are closely involved with the person who has cancer, life at home might be disrupted and the child may feel like they are receiving less attention.

**Respecting a family’s privacy**

Schools encourage all families to let them know of changes at home that may affect a student’s schooling. Although some families choose to tell the school about a cancer diagnosis, others may wish to keep it private. This is a personal decision and your school should respect their wishes. Parents are not obliged to share information unless it is having an impact on their child’s education.

If a family tells you about a cancer diagnosis, work with them to be an additional support during this time.

**How young people react**

Children and adolescents deal with the news that their family member has cancer in different ways. How they express their feelings will depend on their age and maturity, their coping style, their relationship with the family member, and their understanding of cancer.

When any close family member has cancer, the child may feel sadness and concern for them but also react to the change in family dynamics and grieve the loss of parental attention. This can be over seemingly simple things, such as the parent not going to watch them play sport or attending school events. Older students may also worry about whether the cancer runs in their family.
A child or adolescent may not be able or willing to talk about how they feel, but might express these feelings through behaviour. They may misbehave in the classroom, mirror their family member’s symptoms or side effects, and be distracted, sad, angry or withdrawn. Changes at home may make it difficult for the young person to keep up with their schoolwork and other commitments such as sports training. For example, they may have to go straight to the hospital after school or they may have to take on extra household responsibilities.

Because children spend so much time at school, parents usually choose to tell select members of the school community about the diagnosis. This allows school staff to create a positive school environment for the student. A liaison person such as a year adviser or student wellbeing coordinator can help establish trust and confidentiality with the parents and student.

If you are aware that a student’s family member is ill, try to maintain the school routine. Just like a young person with cancer, the student may view school as a safe, comfortable place. They may enjoy feeling normal, or even take pleasure in receiving attention from teachers or classmates.

"You know the ‘look’ you get when people feel sorry for you – when I’m at school, I just want to think about school stuff and my friends, not cancer."

Josh, secondary student whose parent has cancer

Some young people ask their parents not to tell the school about the family member’s cancer. They might not want their classmates or teachers to perceive them differently.

Keep in mind that some children whose family member has cancer seem able to cope, but there may be times when it gets too much. Key milestones in their family member’s testing or treatment can be especially difficult and may lead to anxiety or changes in behaviour. Even when the active treatment has finished, there may still be blood tests every three or six months and the student may continue to feel distress about the possibility of the cancer coming back.

For more information on how people react to cancer, see the Communicating with people of all ages section on pages 15–19.
Changes in school performance

When a family member has cancer, the child will probably be preoccupied with what is going on at home. Studying and completing homework may not always be their main priority. Away from school, a young person may be acting as a carer, visiting the hospital, looking after younger siblings and taking on household duties. They may have limited time to socialise. In single-parent families, the situation can become even more demanding for the student.

You, or a school liaison person, should anticipate changes in the student’s academic performance and talk to the student’s family about adjusting their expectations. While many families will hope their child can keep up with their schoolwork, it is important to identify changes in school performance and respond appropriately, such as by offering flexible due dates or tutoring.

If students whose family members have cancer are sitting NAPLAN or senior exams, they may qualify for special consideration (see page 38).

“\nWhen his little brother was having treatment, Alastair would have to study for exams in the hospital cafeteria. He said he felt like he was drifting in and out of worlds."

*Genevieve, mother of primary student with cancer*

How your school can help

There are many ways your school can assist students after a family member’s cancer diagnosis. With the family’s consent, you might:

**Keep track** – Appoint the student wellbeing coordinator or year adviser to provide regular contact with the student, monitor their behaviour, and help keep track of assignments and school events. Offer the student the option of seeing the school counsellor. Special consideration may be needed for examinations and assessments. The student may also need flexibility with their attendance of compulsory sports training or music rehearsals.

**Notice changes** – Ask the teacher to look out for changes in the child’s behaviour, social interactions and academic performance, and keep the family updated.

**Connect** – Put the family in touch with another family in the school community who has experienced cancer and is willing to be contacted.
Organise a parent team – A group of parent volunteers can be organised privately or by the school’s parent association, such as the P&C or P&F. These parents can help the family stay on top of excursions, homework, school events and after-school activities. They may also want to help by giving the student lifts to and from school and after-school activities (such as sports training), providing child care or meals. Another way to help is to arrange video recordings of school events so that the family can share them at home.

Educate – Arrange for a clinical nurse consultant from the hospital to visit and conduct an education session about the treatment.

Contact Camp Quality – Camp Quality supports children living with cancer and their families, and children who have a parent with cancer. They offer a free educational puppet show for schools across Australia (see page 35). Launching in 2015, their Kids Guide to Cancer app answers common questions and is particularly aimed at children aged 8–13 who have a parent, sibling or friend with cancer. Camp Quality also organises recreation programs, camps and family experiences to support siblings of children living with cancer. To find out more, visit campquality.org.au or call 1300 662 267.

Get in touch with CanTeen – CanTeen is an organisation for young people aged 12–24 who are affected by cancer, including siblings and offspring. It offers counselling in person or by phone, email or instant messaging, and can collaborate with school wellbeing staff. CanTeen also runs camps, recreation days, seminars and workshops, and produces resources for young people (see canteen.org.au). Call 1800 226 833 or visit their online forum for kids whose parent or sibling has cancer at nowwhat.org.au.

Contact Young Carers – Help the student connect with Young Carers, an organisation that supports young people who care for someone in their family with an illness or other problems. Visit youngcarers.net.au.

Visit My Parent’s Cancer – If the family member has breast cancer, suggest that the student look at Cancer Australia’s website for 13–19 year olds whose parent, grandparent or other close adult has breast cancer. It has stories and offers reliable, practical help. Visit myparentscancer.com.au.

Link with Kids Helpline – Put students in touch with the Kids Helpline. This is a telephone, web and email counselling service with a fun, interactive website for kids, teens and young adults aged 5–25. It offers confidential counselling for anything worrying a child or young adult. Contact them on 1800 55 1800 or visit kidshelp.com.au.

Being a young carer

My mother was diagnosed with breast cancer when I was 15. It’s just me and Mum, and we didn’t really have any support, so I took on the role of Mum’s carer. I suddenly had to learn how to iron, cook, wash clothes, hoover.

Because I was helping so much at home, I started struggling with school. I had high expectations of myself and didn’t want to ask for help, but I couldn’t always get my work done on time.

I kept up my attendance at school, but my grades dropped a lot. I couldn’t focus in class and I wasn’t engaged. If Mum was having a bad day, it would affect me. I had so much going on in my head and I’d stew in my thoughts.

Emma, secondary student whose mother had cancer
Helping classmates understand
Parents may be concerned about the reactions of their child’s classmates to the situation. Awareness raising and education about cancer can help encourage a supportive environment, but it’s important to discuss this first with the student and their family.

It’s also a good idea to include the student in discussions about how to share the news about their family member’s diagnosis. Young people can be particularly self-conscious and sensitive to others’ reactions. Talking about the situation with their classmates can increase understanding and acceptance, and may make life easier for the affected student. Be mindful, however, that some affected students will prefer to deal with their family situation privately and their wishes should be respected.

Ways to create a supportive school environment include:
- integrating information about cancer into the curriculum
- maintaining a positive school culture of respectful relationships where bullying or cruel comments (either in person or online) are less likely to occur (see page 35)
- planning cancer awareness activities or events (see page 34) to teach students more about cancer
- holding a cancer fundraising event, if the family agrees (see box below).

Cancer fundraising events
When a member of your school community is confronted by cancer, people usually ask: “How can we help?” While the primary role of schools is to educate students, some schools allow students and staff to organise fundraising programs. These can be stand-alone events or may be combined with other awareness-raising activities (see pages 34–35).

A family member’s cancer often leads to considerable financial strain because income is lost and treatment-related expenses mount. However, it is important to check with the family before any...
Talking about cancer

Children and adolescents will vary in how comfortable they feel talking about cancer. A young person may want to keep school as a place where they don’t have to constantly think about their family member’s cancer. You should never force a student to discuss the disease.

If a student whose parent or sibling has cancer would like to talk about their situation, you may want to involve members of your school’s student wellbeing team, learning and support team or the school counsellor. If the student shows signs of prolonged distress, such as marked changes in their behaviour, they should be referred to professional counselling support. This can be arranged by the school counsellor.

When talking to a student about their family member’s cancer, you will naturally tailor your conversation according to their age and responses (see Different views of cancer, pages 16–19). It is also worth keeping in mind a few general pointers:

- Use words they can understand.
- Find out what they already know.
- Be honest.
- Offer a listening ear.
- Don’t make promises you cannot keep.
- Show your own emotions.

For more information, see Cancer Council’s book Talking to Kids About Cancer. This may help you with strategies for discussing cancer in a school setting. You can also pass it on to parents if they are interested. Call 13 11 20 for a free copy, or download it from your local Cancer Council website.
When a staff member has cancer

If a staff member in your school has been diagnosed with cancer, it can affect every aspect of their life, including their employment. The staff member may have to take extended leave from work, and could need support from the school community during and after treatment.
How cancer affects the staff member
Work is an important part of life for most people – besides income, working at school may provide satisfaction, enjoyable challenges and a chance to mix with people from different age groups and backgrounds.

When one of your colleagues is diagnosed with cancer, they have to make many decisions:

**Who to tell** – Some people may decide they want to keep their diagnosis private. Their wishes should be respected (see Respecting privacy, page 13). Others are happy for students and parents to know, or they may wish to tell only a few people such as the principal, a staff support officer or colleagues they are close to. You should not share information about a colleague’s health without their consent.

**How to say it** – A person with cancer may choose to make a personal announcement, but they might prefer to use another method, such as writing a letter or asking the principal to tell colleagues.

**Plan of action** – While some people may continue working, others may take time off or retire. Flexible working arrangements can sometimes help to accommodate treatment side effects (see pages 8–9).

Many school staff are also parents, and this adds to their stress when they have cancer. They will probably be preoccupied with managing changes at home and may need particular understanding from their workplace.

Choosing to tell parents and students
Although a staff member is not obligated to tell parents and students about their diagnosis, they may choose to share some information. This can be particularly helpful in smaller communities, where the staff member may be confronted with questions about their absence if they run into students and parents at the shops or other local places.

The staff member should discuss how to tell the school community with the appropriate colleagues, such as the school principal, counsellor, student wellbeing team and/or staff wellbeing officer.

Most parents will appreciate a straightforward approach. Parents can be contacted by letter, email or phone; a parent group such as the P&C or P&F could be asked to relay the news; or parents can be invited to a meeting.
It’s a good idea to explain to parents how the school plans to maintain the students’ schedules.

Telling students requires a sensitive approach. Remember, students come from all types of backgrounds, so some of them may not know much about cancer and others may have a personal experience with it. A young person’s age and maturity also affect their level of understanding.

Plan what to say to students in advance (using words the students will understand) and prepare answers to any likely questions. It is wise to send a letter or email home to parents so they know that their children might want to talk about their teacher’s cancer. Any letter should include contact details for appropriate support services and resources.

**How people may react**

When people in your school community learn about a colleague’s cancer, there will be a variety of reactions. Some people will ask questions or be extremely helpful; others will pretend they don’t know or will go out of their way to avoid the person with cancer.

On rare occasions, there may be parents who will make it clear they don’t want their child in the class of a teacher who has cancer because they believe their child’s schooling will be disrupted. In this situation, it will be helpful for the principal to explain how long the teacher will be away and how their work will be managed.

If any member of your school community reacts in an insensitive manner to the news of the diagnosis, or how the school plans to manage the absence, the person with cancer should speak to the principal or staff wellbeing officer.

The principal can assist students and parents who want to find out more about cancer or would like to access counselling services. See pages 65–69 for a list of reliable organisations and websites.

> "Some of my colleagues were so uncomfortable they didn’t even talk about it. I don’t think they had a lack of concern, I just think they had no idea what to say."

*Shirley, secondary schoolteacher with cancer*
How parents can help
If parents are aware of your colleague’s cancer, they might offer to help in various ways. The school could appoint a contact person to manage these offers. The contact person can check what sort of help the colleague would like from parents and then coordinate the support.

Depending on school policy, a parent’s assistance in the classroom may be helpful at this time. The principal can clarify whether this is allowed and what clearances (e.g. Working with Children Check) are needed, and the teacher can decide if it would be welcome.

Many teachers have their own personal support network outside the school community and may prefer to keep their professional and personal lives separate. However, others gratefully accept offers such as a meal roster or help with their own children.

If a teacher with cancer does not want direct support, you can check whether they would be happy for your school to host a general cancer awareness or fundraising event (see pages 34–35 and 46–47).

Cancer in the workplace
About two-thirds of employees continue to work while undergoing cancer treatment. Whether or not a person is able to work depends on their position, type of cancer treatment and prognosis.

As more people are diagnosed in early stages – and as survival rates and treatments improve – it is increasingly likely that an employee will return to work after treatment or continue to work during treatment in some capacity. A supportive work environment is positively associated with the likelihood that a cancer survivor will resume their employment.

School staff returning to work are often anxious about how they will manage cancer-related fatigue, employer expectations, and changes in their workload, productivity and relationships with colleagues and students.

To find out more about providing a supportive and fair work environment, call Cancer Council 13 11 20 and ask for the Workplace Fact Sheets, or check your local Cancer Council website. The fact sheets cover topics such as Managing the effects of treatment, Creating cancer-friendly workplaces and Supporting a colleague with cancer.

Rights at work
For more information about employees’ rights at work, you can:
• contact your local education authority (see pages 68–69)
• visit the Australian Government workplace and employee relations website, fairwork.gov.au
• call Cancer Council 13 11 20 or visit your local Cancer Council website.
Dealing with side effects
People diagnosed with cancer or undergoing treatment often experience side effects such as nausea, vomiting and fatigue. Long-term physical changes might be visible, such as the loss of a limb, but they can also be less obvious, such as loss of strength or diminished vision.

Cancer treatment sometimes causes temporary cognitive impairment, such as short-term memory loss or difficulty concentrating. People can usually manage these cognitive difficulties by getting extra sleep, making to-do lists and avoiding situations where quick thinking might be required.

The school community can help by being patient and understanding. A person who has had cancer treatment may not be as efficient as they once were for some time, but can usually make a successful transition back to work if the environment is supportive.

The role of the principal
Initial support
When a staff member informs the principal that they have cancer, they need a sensitive and sympathetic response. Aside from worrying about work, the person may be making several difficult personal decisions. The principal can remind them of any staff counselling services, such as the Employee Assistance Program (EAP), that they and their family members can use.

If the person is newly diagnosed, they may feel like they are being bombarded with information. Rather than adding to this ‘information overload’ in the initial conversation, the principal might want to set up a meeting at a later time and come prepared with relevant material, such as detailed information about working arrangements and leave entitlements.

It is important for the principal to respect a staff member’s preferences about how much they would like to disclose about their cancer, and who they would like to tell.

Many people with cancer find it helpful to talk to someone in a similar situation. If there is another staff member with cancer, the principal could put the employees in touch with one another (with their permission). Another option is for the staff member to contact someone with a similar experience through Cancer Council. They can call 13 11 20 and ask about Cancer Connect, the telephone peer support service, or explore the online community of Cancer Connections at cancerconnections.com.au.
When a staff member has cancer

The principal can provide advice and guidance regarding changes to a staff member’s work schedule. The staff member may consider taking a break, changing their workload or arranging a flexible work schedule. The principal can help the staff member make these decisions in line with leave and relief staffing procedures. They should also consider how to reduce the impact on students. For example, organising a single relief teacher can maintain continuity for students during extended absences.

Return to work

By law, employers must make reasonable adjustments for an employee affected by cancer or its treatment. These may involve physical adjustments, such as access to disabled bathroom facilities, or adjustments to workload.

When a staff member returns to work after a long absence, the principal should arrange a return-to-work meeting. With input from the staff member’s health care team, they can develop a written return-to-work plan that outlines the adjustments and establishes a timeline. This makes the situation clear for all involved and can help prevent misunderstanding among colleagues.

There are several ways to reduce an employee’s anxiety and help them during their transition back to work. These can include:

- specifying regular meetings in the return-to-work plan to help the person manage their workload and talk about any concerns they may have (such as job security)
- adjusting their work schedule and load as agreed in the return-to-work plan
- making necessary physical adjustments
- liaising with other staff (being a contact person or coordinating offers of help)
- taking a proactive role in liaising with parents and students, if appropriate
- offering counselling/EAP support for the person and their family
- supporting the employee’s decisions and offering reassurance.

When a family member has cancer

The information in this chapter may also be helpful if a colleague’s partner, child or parent is diagnosed with cancer. The colleague is likely to need time off work to care for their family member. If the treatment hospital is a long way from home, they may require particular flexibility.

Working carers must juggle many demands alongside their workplace responsibilities. A supportive work environment can help them manage. Call Cancer Council 13 11 20 and ask for the Supporting working carers fact sheet, or check your local Cancer Council website.
Supporting other colleagues
When an employee is diagnosed with cancer, the principal can help to address any concerns that other staff may have. The staff member with cancer may ask the principal to liaise with colleagues on their behalf. Support should be offered to employees who are upset. If your school offers an EAP, staff can be referred to this service.

If an employee has to take a leave of absence, the principal can work with colleagues to organise substitutes for the absent employee. Most colleagues are likely to be flexible and accommodating, but a temporary substitute or permanent replacement may need to be arranged.

Supporting students and families
A staff member may wish to inform parents or students about their cancer diagnosis, but may be uncomfortable standing up in front of the class or calling parents to relay the news. The principal can offer support by coordinating how the information is shared. They can also liaise with any parents who are concerned and explain how the school will maintain the students’ continuity of education during the staff member’s absence.

It is also important for the principal to talk to students regularly to assure them that the school is supporting their teacher and to let them know if their teacher will be taking time off. Principals can also remind students that school staff are available to support them.
The bereaved school community

This chapter introduces a very difficult issue – one that hopefully never affects your school community. Although cancer survival rates are increasing because of better treatments and early detection, some people with cancer do die. There are ways to prepare if you know the prognosis is poor. The school can also support people who are bereaved.
How to prepare for a cancer death

When a person with cancer has a poor prognosis and it is known that they are going to die, your school community can plan ahead to prepare people for what might happen. This might include:

- staff and students visiting the person, if desired by their family
- students, staff and parents continuing to communicate with the person in other ways (via letters and emails, for example)
- the principal arranging for key community members to be told of the situation and kept up to date
- staff having discussions with students about death, loss and grief.

Keep in mind that after the person dies, the school may decide to host a service, arrange a memorial prize, offer counselling and/or fundraise.

Action to take when someone dies

When someone in your school community dies – particularly a student or colleague – your school’s guidelines for managing critical (serious) incidents may apply.

The school must decide, with the family’s permission, how to inform people. It is usually better to tell students in their normal class groups or in small groups, rather than holding an all-school assembly. The principal can encourage staff to discuss among themselves how to share information, plan what to say to students and support each other. The school counsellor may also be able to offer guidance.

Staff can be briefed with the following information:

- an outline of key points that clearly explains the circumstances of the death
- some positive words of reminiscence
- details of how the school will honour the person who has died, if appropriate
- details of the funeral service and arrangements for attendance, if known and appropriate
- the best way to send condolences from the school and individual staff and students
- information about support and counselling services (see page 63).

Staff should be asked to speak to classes only if they feel able to manage students’ reactions and questions. Some staff may like a member of the school executive team or the school counsellor to be with them when the class is told. In some schools, or for some individuals, faith or religious tradition plays
a central role in dealing with loss. If your school has a chaplain or spiritual adviser, they may be able to help tell people about the death and provide pastoral care – religious and personal advice and support.

The purpose of telling students is to draw the school community together and facilitate the grieving process. Keep in mind those students who are experiencing or have previously experienced other forms of loss (e.g. sick parent, family separation or divorce), as they may need extra comfort or support. The cultural diversity of your school community may also influence what you say, and how you say it.

Be aware that older students may have already found out about the death through social media such as Facebook. Social media can help students and other members of the school community to share their sorrow, record memories and send condolences. However, students should be reminded of the family’s right to privacy and the importance of not spreading rumours or adding to the family’s grief.

Not everyone in the school community will hear the news through class meetings, so you may need to use other means. For example, you can send a letter to parents, put a note in the school’s newsletter or meet separately with colleagues. Remember to tell all the other people who need to know, including canteen staff, Outside School Hours Care staff, part-time staff, external teachers of religion, music or drama, and parish members.

When death is sudden

While members of your school community will usually be aware if someone is near death, in some cases, a person’s death will be sudden or unexpected. As with other deaths, you should follow your school’s critical incident procedures.

It can be hard for some people to grieve – and react to a crisis – if they feel unprepared. Students might be angry that they weren’t told the person’s prognosis in advance. Others might feel hurt that they could not say goodbye.

For suggestions about how to help people who are bereaved, see page 58. You and your colleagues will have to be particularly sensitive if the death was sudden. You should be prepared for strong emotional reactions, and be ready to offer support (such as counselling) to those who need it.

Additionally, the school needs to inform others who may be affected or who might need to support the students (for example, by sending a letter to parents).

Indigenous families

If an Indigenous member of your school community dies, any information should be handled in a culturally sensitive manner. In some cases, it may be offensive for the school to mention the person’s name or to use the image, voice or video recording of the person. School staff should be aware of this possibility and check with the person’s family or community.

Funerals in Indigenous communities often take up to five days, so affected students may need to be away from school for a week or more.
Helping people who are bereaved

If someone in your school community dies, each person’s reaction and grieving process will be unique. Responses to grief depend on the individual’s personality, how close they were to the person who has died, their own experiences with death and their access to support services. Bear in mind that it is normal for someone to feel out of control, overwhelmed or even disbelieving.

Be mindful that the staff who are trying to support grieving students may also be dealing with their own grief and loss. Staff should not feel that they need to hide their grief. It is important for students to see the adults around them modelling a range of healthy grieving processes. For people who are bereaved, you can:

**Listen** – Encourage the bereaved person to talk about the person who has died. If you have a conversation, be attentive and non-judgemental. Allow the person to silently reflect on their loss. Don’t try to talk about other things if they aren’t interested. Let the person cry, act angrily or talk about something else.

**Find outlets** – Explore different ways that the students can express their emotions. Primary students may want to make cards to send to the family, while adolescents may want to be with close friends in a supported setting. With the family’s permission, an online tribute or remembrance page may be a good way for the school community to share memories and send condolences. If it seems appropriate and the family agrees, a school memorial service (see page 62) can also help grieving students, staff and parents. Other options include creating an area of remembrance or raising money for a cancer charity.

**Show support** – If you can, offer support to the family or closest friends. Sending a note of sympathy is a simple but effective gesture.

**Be patient** – Accept that it may take some time for the intense feelings of grief to abate. As time goes by, it can become easier to recognise birthdays and anniversaries, although life has changed forever.

**Stick to school routines** – Some consistency can be helpful for students as long as teachers are flexible about how much schoolwork they can cope with.

**Teach about cancer** – Include discussion of cancer research and treatment in the curriculum where appropriate, particularly if students raise the topic.

**Seek further support** – Bereavement support services (see page 63) may help you or someone you know who is going through a difficult time.
How young people understand death

Children and adolescents understand loss in different ways, depending on their age and maturity level. To find out more, consult your school counsellor or the hospital social worker.

Early primary students
- may think death is temporary
- might realise that death means someone isn’t around anymore, but may not understand the cause of death
- sometimes believe their behaviour caused the death
- might wonder who will look after them or teach them
- might worry that cancer is contagious or that they will die too
- may be very open and ask confronting questions

Late primary students
- understand death is permanent
- know some reasons why death happens (e.g. illness, old age)
- are less likely to blame themselves for the loss, but might blame someone else
- want to know the facts about death, including what happens after death
- are better able to articulate their feelings and act sympathetically

Secondary students
- usually understand the facts of death
- might respond in a self-centred way to the loss
- may struggle with their own mortality
- may express their distress through risk-taking behaviours (e.g. skipping classes, experimenting with drugs or alcohol, acting recklessly)
- may express feelings in positive ways (e.g. listening to music, playing sports, writing in a journal)
- usually want to spend more time with friends after a loss
- need to know support and counselling are available
- might find it especially helpful to participate in a private or public memorial service (see page 62)
When a student dies

The survival rates of cancer for children and young adults have improved substantially over the past 20 years. Today, about 80% of young people with cancer will survive the disease, and this rate is expected to increase because of improvements in treatments. However, some children and young adults do die from cancer.

The death of a young person is an enormous tragedy, and it can be difficult to accept. It is important that your school community responds in a compassionate manner. The principal or the student wellbeing coordinator should ask the family of the deceased student what the school can do to help, how the parents would like to inform staff and students (if they don’t already know) and if a memorial can be organised.

If you and your colleagues worked closely with the student, you are likely to feel saddened and will need to take time to deal with your own feelings before talking to students. It may be helpful to attend the funeral service.

The student’s classmates will react in different ways, depending on how old they are (see page 59). Their reactions will depend on their relationship with the student and their own coping mechanisms. Classmates should be able to turn to school staff for guidance and support.

Schools sometimes choose to acknowledge the death of a former student. Although the person is no longer at school, their death may be confronting for some people in your school community.

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When a parent dies

When a parent in the school community dies, the reactions of community members can vary. If the parent was a well-known community member, people may outwardly grieve the loss. If the parent was not particularly well known in the school community, many people may be unaware of their death.

Students who know a classmate’s parent has died will probably worry about their own family. They might want to express sympathetic sentiments, and wonder how to support their friend and what to say. With the family’s

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I was devastated when Lisa died. I didn’t think it would happen. She was my best friend and school just wasn’t the same without her.

Melissa, classmate of secondary student who had cancer
permission, some students may attend the funeral service to support their classmate, as may staff and other parents.

Other parents may also reach out to help the family in the weeks and months afterwards. Parents can help make meals, keep track of the child’s homework, or provide transport to school and after-school activities.

You and other school staff members will probably be aware of the death, and you should explain the situation to students, if necessary. You will need to grieve the death in your own way and provide in-class support (such as more flexible homework deadlines) to a student who has lost a parent.

**When a student’s sibling dies**
The loss of a student’s sibling is extremely traumatic. No matter how close the young person was to their sibling, they will need time to mourn the loss. The student may have to take time away from school, and their parents will likely be occupied with making funeral and other arrangements.

Schools can be supportive when the student is away from school, and try to help them manage their schoolwork on their return. It is understandable that a student may be more focused on their family than on schoolwork for a time. Sometimes it is helpful to refer a grieving child or young adult to school or other counselling services, in consultation with their family.

The sibling’s treatment team can also support the bereaved student, especially by answering any questions about the illness and explaining the medical aspects leading up to the death. A hospital or school chaplain may be another source of support. You can check that the family is aware of the bereavement services offered by CanTeen and Redkite (see page 63).

**When a staff member dies**
When a teacher or other prominent member of the school community dies, there is a far-reaching impact. You and your colleagues will need to deal with your own grief, as well as comfort students who may also be grieving.

If you are grieving, find out about all available employee support services and take time to deal with your own feelings. If you worked closely with the person, you may wish to attend the funeral. The school may organise a memorial service to honour your colleague and to allow staff, parents and students to pay their respects.

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**How to support grieving children**

- **Understand that each child will react to loss in their own way.**
- **Do not underestimate the impact of a bereavement, even if a child is very young or does not seem sad. Their grief may be expressed through play or other behaviour.**
- **Realise that children often work through their feelings slowly, facing them in bearable doses.**
- **Explain the death in concrete terms. Avoid euphemisms such as ‘passed away’ or ‘lost’.**
- **Answer questions in an open, honest and age-appropriate way. Accept that children may need to ask the same questions many times.**
- **Allow children space to grieve – you do not need to ‘fix’ their sorrow. It is natural for people to express sadness in various ways, just as they express other emotions.**
- **Maintain routines and boundaries. School can offer a reassuring sense of predictability.**
Students can take the death of a teacher particularly hard. They will mourn in individual ways. It is okay for students to know that you are sad, too – they rely on adults to model healthy grief. Reassure students that grief is a natural reaction, and that counselling is available. The principal or a counsellor can talk to students about grief and ways to remember their teacher (see box, left).

**Planning a memorial**

Your school might hold a memorial service to honour the life of a student, parent or colleague. Community members can collaborate with the family to organise the event. When planning a service, you might consider:

**The setting** – Will the service be held at the school? How formal will it be? Is there any special music that could be played or performed?

**Who will attend** – Will you make a public or school-wide announcement to let people know about the service? Would the family like you to ask everyone to wear a particular colour as a gesture of support?

**Who will lead the service** – Are there school staff, friends, students or family who would like to be involved?

**Sharing memories** – How can people share favourite memories or thoughts? Will there be a program or a slide show?

**Flowers, donations and cards** – Should people bring flowers, or would the family prefer donations to a charity? Where can people leave sympathy cards?

Appoint a staff member (school counsellor, chaplain or teacher) for children to talk to if they become upset before, during or after the memorial service.

**Seeking professional support**

It is important to understand that bereavement is a process, not a single event, and can take many months or even years. A person should be referred to professional help if they simply need someone to talk to, but especially if they demonstrate significant changes in behaviour, such as:

- saying they want to die too or becoming extremely preoccupied with dying
- suffering academically or at work for an extended period after the death
- acting sad and withdrawn for an extended period
- increased risk-taking or self-harm
- having trouble socialising.
Talk with your school principal and colleagues about ways to support bereaved members of your school community. If you think that a student needs professional support, consult your school counsellor. Staff who need counselling for themselves may be able to access it through an Employee Assistance Program (EAP) if this is available at your school.

You could also contact one of the organisations listed in the table below. These can be good starting points for general advice or for referrals to bereavement counselling.

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**Chapter checklist**

- If a prognosis is poor, take time to plan how best to communicate with students, families and staff.
- In the event of a person’s death, ask the family for consent to tell the school community.
- Tell students in small groups.
- Send a letter home to all families, if appropriate.
- Create opportunities for students to talk about the death and ask questions.
- Encourage students to express grief and sympathy in ways that feel comfortable to them.
- Model healthy grief.
- Be sensitive to cultural differences.
- Consider holding a memorial service.
- Explore ways to honour the memory of the person in an ongoing way.

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**Bereavement support services**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
</tr>
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<tbody>
<tr>
<td>Australian Centre for Grief and Bereavement</td>
<td>1300 664 786 grief.org.au</td>
</tr>
<tr>
<td>GriefLine</td>
<td>1300 845 745 griefline.org.au</td>
</tr>
<tr>
<td>The Compassionate Friends</td>
<td>thecompassionatefriends.org.au</td>
</tr>
<tr>
<td>Cancer Council 13 11 20</td>
<td>13 11 20 For your local Cancer Council website, see back cover.</td>
</tr>
<tr>
<td>CanTeen</td>
<td>1800 226 833 canteen.org.au</td>
</tr>
<tr>
<td>Redkite</td>
<td>1800 733 548 redkite.org.au</td>
</tr>
</tbody>
</table>
If you are supporting students, parents or colleagues affected by cancer, you are not alone. Cancer Council can provide information and support, and can point you in the right direction for more specialised assistance. This chapter lists many different organisations that can help you help your school community.
Cancer Council services
Cancer Council offers a range of services to support people affected by cancer, their families and friends.

Cancer Council 13 11 20 – This is many people’s first point of contact if they have a cancer-related question. Trained professionals will answer any questions you have about the situation in your school community. For more information, see the inside back cover.

Practical help – Your local Cancer Council can help people access services or advice to manage the practical impact of a cancer diagnosis. This may include access to transport and accommodation or legal and financial support. Call 13 11 20 to find out what is available in your state or territory.

Support services – It can be helpful to share experiences with other people affected by cancer. For some people, this means joining a support group. Others prefer to talk to a trained volunteer who has had a similar cancer experience. Cancer Council can link people with others by phone, in person or online at cancerconnections.com.au. Call us to find out what services are available in your area.

Life after cancer – It’s natural to feel a bit lost after finishing treatment. Cancer Council can provide support and information to people adjusting to life after cancer – call 13 11 20 for details.

Printed, online and audiovisual resources – Cancer Council produces easy-to-read booklets and fact sheets on more than 20 types of cancer, as well as treatment, emotional issues and recovery. All publications are developed in consultation with health professionals and consumers, and content is reviewed regularly.

School support services
Schools can access support from several different areas, including:
- student wellbeing teams
- learning and support teams
- school psychologists or counsellors
- pastoral care teams
- learning and engagement officers or special education teams
- staff wellbeing officers
- health resources from your school’s education authority
- local support networks through your school’s education authority.

Related publications
You might also find the following free Cancer Council publications and resources* useful:
- Talking to Kids About Cancer
- How Can I Help? Supporting Someone with Cancer (brochure)
- Cancer, Work & You
- Workplace Fact Sheets
- Cancer Care and Your Rights
- Caring for Someone with Cancer
- Emotions and Cancer
- Understanding Complementary Therapies
- Relaxation and Meditation CDs
- Living with Advanced Cancer
- Understanding Palliative Care
- Facing End of Life
- Understanding Grief
- Living Well After Cancer

Call Cancer Council 13 11 20 for copies, or download them from your local Cancer Council website.

* May not be available in all states and territories.
### Support and information directory

<table>
<thead>
<tr>
<th>Not-for-profit support organisations</th>
<th>Services and Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Camp Quality</strong></td>
<td>Provides services to build optimism and resilience in children aged 0–13 who are living with cancer themselves or have a sibling or parent with cancer.</td>
</tr>
</tbody>
</table>
|                                    | **1300 662 267**
|                                    | campquality.org.au |
| **Cancer Council**                  | Provides a wide range of support and information services for people affected by cancer (see page 65 for more details). |
|                                    | **13 11 20**
|                                    | For your local Cancer Council website, see back cover. |
| **CanTeen**                         | Supports young people aged 12–24 living with cancer, children of people with cancer and siblings of people with cancer. |
|                                    | **1800 226 833**
|                                    | canteen.org.au
|                                    | nowwhat.org.au |
| **Leukaemia Foundation**            | Offers free services to support people with leukaemia, lymphoma, myeloma and related blood disorders, and their families. |
|                                    | **1800 620 420**
|                                    | leukaemia.org.au |
| **Make-A-Wish Australia**           | Grants wishes to young people with a life-threatening illness. |
|                                    | **1800 032 260**
|                                    | makeawish.org.au |
| **Redkite**                         | Offers financial, emotional and educational support for children and young people with cancer and their families and networks. |
|                                    | **1800 REDKITE (1800 733 548)**
|                                    | redkite.org.au |
| **Ronald McDonald Learning Program**| Provides individual tuition and liaison support for young people whose education has been disrupted by a serious illness, as well as professional development for teachers and information for parents. |
|                                    | **1300 307 642**
|                                    | learningprogram.rmhc.org.au |
| **Starlight Children’s Foundation Australia** | Supports seriously ill children by providing in-hospital programs, granting wishes and organising family escapes. |
|                                    | **1300 727 827**
|                                    | starlight.org.au |
| **Young Carers**                    | Runs camps, activities and support groups for kids who care for a parent with a serious illness, and offers free counselling for all carers. |
|                                    | **1800 242 636**
<p>|                                    | youngcarers.net.au |</p>
<table>
<thead>
<tr>
<th>Online cancer information</th>
<th>Workplace relations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer Council</strong></td>
<td><strong>Fair Work Ombudsman</strong></td>
</tr>
<tr>
<td>clinically reviewed information about cancer by topic and by type; PDFs and ebooks of Understanding Cancer booklets and fact sheets; links to local support groups, programs and services</td>
<td>gateway to information and advice about Australia’s workplace rights and rules, including awards, entitlements and national employment standards</td>
</tr>
<tr>
<td>For your local Cancer Council website, see back cover.</td>
<td>13 13 94 fairwork.gov.au</td>
</tr>
<tr>
<td><strong>Cancer Australia</strong></td>
<td><strong>Attorney-General’s Department</strong></td>
</tr>
<tr>
<td>information about cancer, healthy living and clinical best practice from the Australian Government’s cancer control agency</td>
<td>an overview of Australia’s discrimination legislation and disability standards, including links to resources in every state and territory</td>
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<tr>
<td><strong>healthdirect Australia</strong></td>
<td><strong>Cancer Council</strong></td>
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<tr>
<td>an overview of common types of cancer and other health conditions, provided on behalf of the governments of Australia</td>
<td>articles, fact sheets and posters about cancer and work for workplaces, employers and employees</td>
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<tr>
<td>healthdirect.gov.au</td>
<td>13 11 20 Check your local Cancer Council website (see back cover).</td>
</tr>
<tr>
<td><strong>Now What...?</strong></td>
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<tr>
<td>information about cancer types and topics, developed by CanTeen and written specifically for young people</td>
<td></td>
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<tr>
<td>nowwhat.org.au</td>
<td></td>
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<tr>
<td><strong>Macmillan Cancer Support</strong></td>
<td></td>
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<tr>
<td>information about many aspects of cancer prevention, diagnosis and treatment from the leading United Kingdom cancer charity</td>
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<tr>
<td>macmillan.org.uk</td>
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</tr>
<tr>
<td><strong>American Cancer Society</strong></td>
<td></td>
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<tr>
<td>detailed information about cancer types and topics from the largest voluntary health organisation in the United States</td>
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<tr>
<td>cancer.org</td>
<td></td>
</tr>
</tbody>
</table>
## Support and information directory

<table>
<thead>
<tr>
<th>Education bodies</th>
<th>Australian Curriculum, Assessment and Reporting Authority (ACARA)</th>
<th>acara.edu.au</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bullying No Way!</td>
<td>bullyingnoway.gov.au</td>
</tr>
<tr>
<td></td>
<td>Independent Schools Council of Australia</td>
<td>isca.edu.au</td>
</tr>
<tr>
<td></td>
<td>National Catholic Education Commission</td>
<td>ncec.catholic.edu.au</td>
</tr>
<tr>
<td><strong>Australian Capital Territory</strong></td>
<td>ACT Board of Senior Secondary Studies</td>
<td>bsss.act.edu.au</td>
</tr>
<tr>
<td></td>
<td>ACT Education and Training Directorate</td>
<td>det.act.gov.au</td>
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<tr>
<td></td>
<td>Association of Independent Schools of the ACT (AISACT)</td>
<td>ais.act.gov.au</td>
</tr>
<tr>
<td></td>
<td>Catholic Education Archdiocese of Canberra and Goulburn</td>
<td>cg.catholic.edu.au</td>
</tr>
<tr>
<td></td>
<td>Universities Admissions Centre</td>
<td>uac.edu.au</td>
</tr>
<tr>
<td><strong>New South Wales</strong></td>
<td>Association of Independent Schools of NSW</td>
<td>aisnsw.edu.au</td>
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<td></td>
<td>Board of Studies, Teaching and Educational Standards (BOSTES) NSW</td>
<td>boardofstudies.nsw.edu.au</td>
</tr>
<tr>
<td></td>
<td>Catholic Education Commission NSW</td>
<td>cecnsw.catholic.edu.au</td>
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<tr>
<td></td>
<td>NSW Department of Education and Communities</td>
<td>dec.nsw.gov.au</td>
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<tr>
<td></td>
<td>NSW Public Schools</td>
<td>schools.nsw.edu.au</td>
</tr>
<tr>
<td></td>
<td>Physical As Anything</td>
<td>physicalasanything.com</td>
</tr>
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<td></td>
<td>Universities Admissions Centre</td>
<td>uac.edu.au</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
<td>Association of Independent Schools of the Northern Territory (AISNT)</td>
<td>ais.nt.asn.au</td>
</tr>
<tr>
<td></td>
<td>Catholic Education Northern Territory Diocese of Darwin</td>
<td>ceont.catholic.edu.au</td>
</tr>
<tr>
<td></td>
<td>NT Department of Education</td>
<td>education.nt.gov.au</td>
</tr>
<tr>
<td></td>
<td>Northern Territory Board of Studies</td>
<td>education.nt.gov.au/teachers-educators/ntbos</td>
</tr>
<tr>
<td></td>
<td>South Australian Tertiary Admissions Centre (SATAc)</td>
<td>satac.edu.au</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
<td>Department of Education and Training (Queensland Government)</td>
<td>education.qld.gov.au</td>
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<tr>
<td></td>
<td>Independent Schools Queensland</td>
<td><a href="http://www.isq.qld.edu.au">www.isq.qld.edu.au</a></td>
</tr>
<tr>
<td>Region</td>
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<tr>
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<td>qcec.catholic.edu.au</td>
</tr>
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<td></td>
<td>Queensland Curriculum and Assessment Authority (QCAA)</td>
<td>qcaa.qld.edu.au</td>
</tr>
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<td></td>
<td>Queensland Tertiary Admissions Centre (QTAC)</td>
<td>qtac.edu.au</td>
</tr>
<tr>
<td>South Australia</td>
<td>Association of Independent Schools of SA (AISSA)</td>
<td>ais.sa.edu.au</td>
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<tr>
<td></td>
<td>Catholic Education South Australia</td>
<td>cesa.catholic.edu.au</td>
</tr>
<tr>
<td></td>
<td>Department for Education and Child Development South Australia (DECD)</td>
<td>decd.sa.gov.au</td>
</tr>
<tr>
<td></td>
<td>South Australian Certificate of Education</td>
<td>sace.sa.edu.au</td>
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<tr>
<td></td>
<td>South Australian Tertiary Admissions Centre (SATAC)</td>
<td>satac.edu.au</td>
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<tr>
<td>Tasmania</td>
<td>Department of Education Tasmania</td>
<td>education.tas.gov.au</td>
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<td></td>
<td>Independent Schools Tasmania (IST)</td>
<td>independentschools.tas.edu.au</td>
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<td></td>
<td>Office of Tasmanian Assessment, Standards and Certification (TASC)</td>
<td><a href="http://www.tqa.tas.gov.au">www.tqa.tas.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>Tasmanian Catholic Education Office</td>
<td>catholic.tas.edu.au</td>
</tr>
<tr>
<td></td>
<td>University of Tasmania Admissions</td>
<td>utas.edu.au/admissions</td>
</tr>
<tr>
<td>Victoria</td>
<td>Catholic Education Commission of Victoria (CECV)</td>
<td><a href="http://www.cecv.catholic.edu.au">www.cecv.catholic.edu.au</a></td>
</tr>
<tr>
<td></td>
<td>Department of Education &amp; Training Victoria</td>
<td>education.vic.gov.au</td>
</tr>
<tr>
<td></td>
<td>Independent Schools Victoria</td>
<td>is.vic.edu.au</td>
</tr>
<tr>
<td></td>
<td>Victorian Curriculum and Assessment Authority</td>
<td>vcaa.vic.edu.au</td>
</tr>
<tr>
<td></td>
<td>Victorian Tertiary Admissions Centre (VTAC)</td>
<td>vtac.edu.au</td>
</tr>
<tr>
<td>Western Australia</td>
<td>Association of Independent Schools of Western Australia (AISWA)</td>
<td>ais.wa.edu.au</td>
</tr>
<tr>
<td></td>
<td>Catholic Education Western Australia</td>
<td>ceo.wa.edu.au</td>
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<tr>
<td></td>
<td>Department of Education WA</td>
<td>education.wa.edu.au</td>
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<tr>
<td></td>
<td>School Curriculum and Standards Authority</td>
<td>scsa.wa.edu.au</td>
</tr>
<tr>
<td></td>
<td>Tertiary Institutions Service Centre (TISC)</td>
<td>tisc.edu.au</td>
</tr>
</tbody>
</table>
## Fundraising options

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australia’s Biggest Morning Tea</strong></td>
<td>Every May and June, more than a million Australians come together at school, work, home and in their community to donate money for cups of tea and coffee. Cancer Council uses this money for cancer research and to support those affected by cancer.</td>
<td>1300 65 65 85 biggestmorningtea.com.au</td>
</tr>
<tr>
<td><strong>Daffodil Day</strong></td>
<td>The daffodil is a sign of hope, and Daffodil Day is a day to remember people touched by cancer, celebrate survivorship, hope for a brighter future and raise money to fight cancer. Daffodil Day is held by Cancer Council every August.</td>
<td>1300 65 65 85 daffodilday.com.au</td>
</tr>
<tr>
<td><strong>Hospital fundraisers</strong></td>
<td>Many hospitals coordinate fundraising events that support them directly.</td>
<td>Contact your local children’s hospital (or general hospital providing cancer treatment).</td>
</tr>
<tr>
<td><strong>National Bandanna Day</strong></td>
<td>Organised by CanTeen, this event sells bandannas as a symbol of cancer’s impact on young people. It is held each year in October.</td>
<td>1800 226 833 canteen.org.au</td>
</tr>
<tr>
<td><strong>Pink Ribbon Day</strong></td>
<td>Focused on raising awareness about breast and gynaecological cancers, this Cancer Council event is held in October. The proceeds from sales of pink ribbons, bracelets and other merchandise go towards women’s cancer research.</td>
<td>1300 65 65 85 pinkribbon.com.au</td>
</tr>
<tr>
<td><strong>Relay For Life</strong></td>
<td>Relay For Life is a fun, outdoor community event where teams of 10–15 people take turns walking or running around a local oval or school campus to raise funds for Cancer Council.</td>
<td>1300 65 65 85 relayforlife.org.au</td>
</tr>
<tr>
<td><strong>Starlight Day</strong></td>
<td>Each May, the Starlight Children’s Foundation Australia holds a fundraiser for children and families who live with a serious disease and need to stay in hospital.</td>
<td>1300 727 827 starlightday.org.au</td>
</tr>
<tr>
<td><strong>World Wish Day</strong></td>
<td>Held each April by Make-A-Wish Australia, this day raises awareness and collects funds to help grant a special wish to children with a life-threatening illness.</td>
<td>1800 032 260 makeawish.org.au</td>
</tr>
</tbody>
</table>
The glossary in this chapter will help you define and explain common cancer-related words. For each word, there is a simple definition suitable for young children, as well as a plain English definition suitable for older children, adolescents and adults. An index for this book can be found after the glossary.
# Glossary

<table>
<thead>
<tr>
<th>Word</th>
<th>For younger children</th>
<th>For older children, adolescents and adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>benign</td>
<td>Not cancer.</td>
<td>Cells that are not malignant (cancerous).</td>
</tr>
<tr>
<td>biopsy</td>
<td>When the doctor looks at cells in the body to see if they’re healthy or not.</td>
<td>A test to diagnose cancer. The doctor takes small bits of tissue from the body and looks at them under a microscope to see if the cells have changed.</td>
</tr>
<tr>
<td>blood count</td>
<td>A test that checks how healthy the blood is.</td>
<td>A test that counts the different types of blood cells in the body.</td>
</tr>
<tr>
<td>bone marrow</td>
<td>The soft, spongy kind of jelly inside bones where different blood cells are made.</td>
<td>The soft spongy area in the middle of bones where red and white blood cells and platelets are made.</td>
</tr>
<tr>
<td>cancer</td>
<td>Cancer is a disease that happens when bad cells stop the good cells from doing their job. These bad cells can grow into a lump and can spread to other parts of the body.</td>
<td>Cancer is the name for over 200 diseases in which abnormal cells grow and rapidly divide. These cells usually develop into a lump called a tumour. Cancer can spread to other parts of the body.</td>
</tr>
<tr>
<td>cells</td>
<td>The body is made up of billions of tiny things called cells, and each has a job to make your body work and stay healthy.</td>
<td>Cells are the building blocks of the body. Our bodies constantly make new cells to help us grow, to replace worn-out cells, or to heal damaged cells after an injury.</td>
</tr>
<tr>
<td>central line</td>
<td>When a person has a tube in their body so they don’t have to have needles.</td>
<td>A small tube that is used to get direct access to a vein so blood or chemotherapy can be given.</td>
</tr>
<tr>
<td>chemotherapy</td>
<td>Special medicine that kills the bad cancer cells.</td>
<td>Special drugs that kill cancer cells or slow their growth.</td>
</tr>
<tr>
<td>CT scan</td>
<td>A test that makes pictures so doctors can see what’s happening inside the body.</td>
<td>A procedure that takes x-rays to get 3D pictures of the inside of the body. The pictures show if cancer is present.</td>
</tr>
<tr>
<td>diagnosis</td>
<td>When the doctor works out what is making someone sick.</td>
<td>Working out what kind of disease someone has.</td>
</tr>
<tr>
<td>donor</td>
<td>A person who gives someone else blood or another part of their body.</td>
<td>The person who gives blood, tissue or an organ to another person for transplantation.</td>
</tr>
<tr>
<td>haematologist</td>
<td>A doctor who treats people whose blood makes them unwell.</td>
<td>A specialist doctor who treats people with blood disorders.</td>
</tr>
<tr>
<td>immune system</td>
<td>The part of the body that helps someone stay well by getting rid of germs inside the body. It fights illness if somebody does get sick.</td>
<td>A network of cells and organs that helps protect the body from germs like bacteria and viruses, which can make people sick.</td>
</tr>
<tr>
<td>immuno-compromised</td>
<td>When someone gets sick very easily.</td>
<td>Weakening of the immune system, often caused by disease or treatment.</td>
</tr>
<tr>
<td>intravenous (IV)</td>
<td>Putting a needle into a vein (where blood is in the body).</td>
<td>Something put into the vein, like a drip for feeding, or a needle to give medication or take out some blood.</td>
</tr>
<tr>
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<tr>
<td><strong>lymph nodes</strong></td>
<td>Lymph nodes are like filters that remove germs that could harm you. Sometimes, the germs can make some of the lymph nodes swell.</td>
<td>Small, bean-shaped structures that form part of the lymphatic system and help fight infection.</td>
</tr>
<tr>
<td><strong>maintenance treatment</strong></td>
<td>When someone is given medicine for a long time to help keep the cancer away.</td>
<td>Treatment given for months or years as part of the treatment plan. Often used for acute lymphoblastic leukaemia.</td>
</tr>
<tr>
<td><strong>malignant</strong></td>
<td>Another word for cancer.</td>
<td>Cancer. Cells that are malignant can spread to other parts of the body.</td>
</tr>
<tr>
<td><strong>medical oncologist</strong></td>
<td>A special doctor who uses strong medicine to treat people.</td>
<td>A specialist doctor who treats cancer with chemotherapy.</td>
</tr>
<tr>
<td><strong>metastasis (advanced cancer)</strong></td>
<td>When the bad cells have travelled to another part of the body.</td>
<td>When cancer has spread from one part of the body to another.</td>
</tr>
<tr>
<td><strong>MRI scan</strong></td>
<td>A way to take pictures of the inside of a person's body to see if they are sick.</td>
<td>A medical scan that shows the organs in the body.</td>
</tr>
<tr>
<td><strong>nausea</strong></td>
<td>Feeling sick in the tummy.</td>
<td>Feeling as if you're going to vomit.</td>
</tr>
<tr>
<td><strong>palliative care</strong></td>
<td>Sometimes the doctors and nurses can't stop the cancer from growing, and they will give someone medicine to make them feel better and get rid of any pain.</td>
<td>Treatment that focuses on relieving symptoms without trying to cure the cancer.</td>
</tr>
<tr>
<td><strong>prognosis</strong></td>
<td>What the doctors think might happen after treatment, and someone's chances of getting better.</td>
<td>The likely outcome of a disease. This helps doctors decide on treatment options.</td>
</tr>
<tr>
<td><strong>radiation oncologist</strong></td>
<td>A special doctor who uses x-rays that go into the body to kill cancer cells and make the cancer smaller.</td>
<td>A specialist doctor who prescribes radiotherapy and organises the treatment.</td>
</tr>
<tr>
<td><strong>radiotherapy</strong></td>
<td>Invisible beams called x-rays that go into the body to kill cancer cells and make the cancer smaller.</td>
<td>The use of radiation in the form of x-rays to kill or injure cancer cells so they can't grow or multiply. This is different to when you get x-rayed to see inside you (e.g. for a broken leg).</td>
</tr>
<tr>
<td><strong>recurrence/relapse</strong></td>
<td>When cancer comes back and the person feels sick again.</td>
<td>When cancer comes back after a period of improvement.</td>
</tr>
<tr>
<td><strong>remission</strong></td>
<td>When cancer goes away after treatment.</td>
<td>When cancer cells and symptoms reduce or disappear because of treatment. Remission doesn't mean the cancer is cured, but that it is now under control.</td>
</tr>
<tr>
<td><strong>side effects</strong></td>
<td>Problems that can make someone feel sick or tired or lose their hair after treatment. Someone might gain or lose weight or experience other changes. Most side effects go away after some time.</td>
<td>The unwanted effects of treatment, such as nausea, fatigue and hair loss. This is because treatment damages the cancer cells and some healthy cells as well, but the healthy cells usually recover after a while (e.g. hair grows back again).</td>
</tr>
<tr>
<td>Word</td>
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</tr>
<tr>
<td>stage</td>
<td>When the doctor tells the person how sick they are.</td>
<td>The extent of the cancer and whether it has spread from an original site to other parts of the body.</td>
</tr>
<tr>
<td>surgery</td>
<td>When someone has an operation and a surgeon cuts out the cancer.</td>
<td>An operation to remove the cancer. Sometimes large parts of the body will be removed with the cancer, such as a breast or the bladder.</td>
</tr>
<tr>
<td>symptoms</td>
<td>What people feel (e.g. sore, itchy) or see (e.g. redness, a lump) when something’s not right in the body.</td>
<td>Changes in the body caused by an illness, such as pain, tiredness, stomach-ache or rash. These help the doctor work out what is wrong.</td>
</tr>
<tr>
<td>tumour</td>
<td>A lump in the body that shouldn’t be there.</td>
<td>A lump in the body caused by uncontrolled growth of cells. Tumours can be benign (not cancer) or malignant (cancer).</td>
</tr>
<tr>
<td>ultrasound</td>
<td>A test that allows doctors to look inside the body so they can work out if anything is wrong.</td>
<td>A scan that uses soundwaves to create a picture of part of the body. It helps show where and how big a tumour is.</td>
</tr>
</tbody>
</table>

References

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Index

absences from school, see school attendance
academic performance, 32–33, 44
accessibility, 31, 53
access schemes, tertiary, 39
acne, 8
adjustments, reasonable, 27, 28, 33, 38, 53
alternative therapies, 9
amputation, 8, 31
angiogenesis, 6
anxiety
on returning to school, 28–30, 43, 53
anxiety disorder, 8
application, 8
alternative therapies, 9
amputation, 8, 31
adjustments, reasonable, 27, 28, 33, 38, 53
anxiety
on returning to school, 28–30, 43, 53
angina, 8
angiosarcoma, 6
attendance
absences from school, see school attendance
Back on Track, 25
behavioural changes
as an expression of grief, 61, 62
as a side effect, 8
in a student after diagnosis, 21
when someone else has cancer, 15–19, 23, 43
app, Camp Quality, 45
attendance, see school attendance awareness and education day, 34–35
Back on Track, 25
behavioural changes
as an expression of grief, 61, 62
as a side effect, 8
in a student after diagnosis, 21
when someone else has cancer, 15–19, 23, 43
benign tumour, 6
bereaved school community, 56–63
bereavement support, 63
blog, 23, 50
blood clots, 9
body image, 33
bone marrow transplant, 9
books about cancer, 35
bowel cancer, 10
brain tumours, 10
brain tumour, 10
buddy, 17, 28, 29, 31, 33
bullying, 29, 34, 35
Camp Quality, 45
puppet shows, 35
support for siblings, 45
cancer
awareness and education day, 34–35
information about, 5–10, 72
in school-age children, 10
in the workplace, 51
side effects, 7–9, 52
statistics, 10, 41, 51
treatments, 7–9
understandings of, 16–19
Cancer Connections, 52, 65
CanTeen, 45, 63, 66, 70
careers
working, 53
young, 45
central line, see central venous access device
central venous access device, 31, 72
centre of attention, 29
chaplain, 57
chemotherapy, 8, 33, 72
classmates
fitting in with, 29
guiding, 36–37
supporting, 26
teaching about cancer, 34–35, 46
clinical nurse consultant, 26–28, 34, 37, 45
cognitive impairment, temporary, 52
colleagues, see staff members
confidentiality, 13
communicating
about cancer, 15–19
with a student during cancer treatment, 23, 25
with the school community, 22, 49–50, 54
treatment, 22
complementary therapies, 9
counseling
bereavement, 63
for siblings and offspring, 45
for staff members with cancer, 52
for young people with cancer, 25
counselor, school, see school counselor
cultural diversity, 14, 57
cycles, chemotherapy, 8
death
action to take, 56–57
of a parent, 60–61
of a sibling, 61
of a staff member, 61–62
of a student, 60
preparing for, 56
sudden, 57
understandings of, 16–19, 59
definitions of cancer-related terms, 72–74
delayed impacts on learning, 32
delayed response to family member’s cancer, 43
depression, 9, 14, 18, 19
diagnosis, 72
of a parent, 41
of a sibling, 41
of a staff member, 49
of a student, 21
diabetes, physical, 29, 31
Disability Discrimination Act 1992, 28
Disability Standards for Education 2005, 28
discrimination, 28, 29
distance education, 24
EdMed, 25
Educational Access Schemes (EAS), 39
educational assessment, 27
educational assistance, 24–25, 39
Education Liaison Coordinators, 25
education, 22
emotions, see feelings
Employee Assistance Program (EAP), 49,
52–54, 63
exams, special provisions for, 33, 38–39
executive functioning, 8, 32–33
facial hair, 8
family, impact on, 23–24
family member with cancer, 41–45
fatigue, 8, 9, 31, 33, 51, 52
feared, 16–19
feelings
of someone diagnosed with cancer, 12
ways to express, 37
when a family member has cancer, 41–43
when someone else has cancer, 16–19
fertility, see infertility
fever, 9, 31
financial assistance, 24, 39, 65
financial stress, 23, 41, 46
flexible working arrangements, 49, 53
fluid retention, 8
friends, effect on, 22, 26
friendship issues, 18, 23
fundraising, 24, 26, 34, 46–47, 70
funeral, 56, 57, 60, 61
glossary, 72–74
gossip, 13, 34
graft-versus-host disease, 9
grandparents with cancer, 42
grants, 24, 39
grief, 57–68, 61–63
guardians with cancer, 42
GVHD, 9
hair loss, 8, 29
hormone therapy, 9
hospital school, 24, 25
health and physical education, 33, 34
health care plan, see individual health care plan
immunity, see lowered immunity
immuno-compromised, see lowered immunity
Indigenous families, 57
Individual Education Plan (IEP), 32
individual health care plan, 22, 30
Individual Learning Plan (ILP), 32
infection, 8, 30, 31
infertility, 8, 33
information
about cancer, 5–10, 67
overload, 52
sharing, see sharing information
workplace, 67
isolation, 9, 25
keeping in touch
with a student, 23
with a teacher, 50
Kids Helpline, 45
learning and support team, 13, 29, 32
learning impacts, 8, 32–33
legal obligations, 28, 35, 53
lesson about cancer, 34
leukaemia, 10
liaison person, see school liaison person
localised cancer, 6
long-term side effects, 8–9, 10
lowered immunity, 8, 9, 25, 30, 72
lung cancer, 10
lymphoma, 10
maintenance treatment, 7, 73
malignant tumour, 6, 73
melanoma, 10
memorial service, 62

Glossary and index
memory loss, 8, 52
metastasis, 6, 7, 73
mood swings, 8, 15, 19
NAPLAN (National Assessment Program – Literacy and Numeracy), 38, 44
nausea, 8, 52, 73
neuroblastoma, 10
not-for-profit support organisations, 66
nurse, see clinical nurse consultant
online
access to assignments, 25
cancer information, 67
forums, 45, 52
tribute page, 58
Outside School Hours Care (OSHC), 30
ovarian cancer, 9
palliative care, 32, 73
parents
death of, 60–61
of student with cancer, 21–22
reactions to someone having cancer, 19
ways they can help, 23, 45, 51
with cancer, 41–45
Parents and Citizens (P&C), 22, 24, 45, 49
Parents and Friends (P&F), 22, 24, 45, 49
pastoral care, 57
peers, fitting in with, 13, 29
peer support, telephone, 52
peripheral blood stem cell transplant, 9
physical disability, 29, 31
physical education, 33, 34
primary cancer, 6
primary students
reactions to someone having cancer, 16, 17
understanding of death, 59
principal, role of,
when a staff member has cancer, 50, 51, 52–54
when a student has cancer, 19, 21, 26, 30, 32, 38
when someone dies, 56, 60
privacy
bereaved family, 57
cancer diagnosis, 13, 21, 42, 49
returning student, 29, 36
prognosis, poor, 56
program support group, see learning and support team
prostate cancer, 9, 10
psychologist, school, see school counsellor
puppet shows, see Camp Quality
questions from classmates, 26, 37
radiotherapy, 8, 73
recurrence, 7, 30, 73
reactions
to death, 59
to having cancer, 41
when a family member has cancer, 42
when a teacher has cancer, 50
when someone else has cancer, 15–19
Redkite, 24–25, 39, 63, 66
regional families, 9, 23
regression, 15, 16, 18
relapse, see recurrence
remission, 7, 73
resilience, 15, 28
resources, 28, 35, 63, 65, 67
returning to school after treatment, 27–33
return-to-work meeting, 53
rights at work, 51
Ronald McDonald Learning Program, 25, 66
sarcoma, 10
school attendance, 18, 21–23, 27, 32
school counsellor, 21–23, 27–28, 44, 56, 59, 63
school fees, 23
school liaison person, 13, 21, 22, 27, 29, 43, 44
school psychologist, see school counsellor
school refusal, 17
school performance, see academic performance
Schools Recommendation Schemes (SRS), 39
schoolwork
when a family member has cancer, 43–44
when the student has cancer, 23–25, 29, 32–33
when the student is bereaved, 61
science, 33, 34
secondary cancer, 6
secondary students
reactions to someone having cancer, 18
understanding of death, 59
selective classes or schools, 38
senior assessments, special provisions, 38–39
separation anxiety, 16, 17
sexuality, 33
sharing information
about a cancer diagnosis, 13, 21, 49–50
about a death, 56–57
communication channels, 22, 49, 54
to discourage bullying, 35
sibling, 15, 23, 41–45, 61
side effects, 7, 8–9, 10, 73
single-parent families, 23, 44
sleep problems, 8, 16
social media, 18, 23, 29, 36, 57
social worker, 17, 27, 59
Special Entry Access Scheme (SEAS), 39
special provisions for exams, 38–39
staff members
death of, 61–62
reactions to someone having cancer, 19
with cancer, 49
staff wellbeing officer, 49–50
staring, 29
statistics, cancer, 10, 41, 51
steroid therapy, 8
stigma, 14
student health support plan, 30
students
death of, 60
explaining cancer to, 34–35, 72–74
telling them about a death, 56–57
telling them about someone’s cancer, 13
understanding of cancer, 15–19
understanding of death, 59
with cancer, 21–37
student welfare team, see student wellbeing team
student wellbeing coordinator, 21, 28, 43–45, 60
student wellbeing team, 13, 29, 47, 49
sun sensitivity, 8, 31
Support and Information directory, 66–70
support, providing
age-appropriate, 16–19
for a staff member with cancer, 51–54
for a student whose family member has cancer, 44–47
for a student with cancer, 21–33
for classmates, 26
for colleagues of someone with cancer, 54
for families, 23–24
for the bereaved, 58–63
practical, 12, 65
support services
Cancer Council, 65
directory, 66–69
school, 65
survival rate, 10
swelling, 8, 9
talking about cancer
to a student whose family member has cancer, 47
to someone with cancer, 12, 36–37
to staff, 19
to students, 15, 16–19
targeted therapies, 9
teachers, see staff members
teaching, 16, 29, 35
telling parents, 22, 49–50
telling students, 12, 50
temperature, 31
tertiary study, 39
thyroid cancer, 9
tiredness, see fatigue
Translating and Interpreting Service (TIS), 14
treatment
as outpatient, 24
for cancer, 7, 8–9
supporting a student during, 23–26
tributes, 62
tuition, individual, 25
tumour, 6, 7, 74
tutoring, 29, 33, 44
understanding of cancer, 15–19
unmet needs, 14, 41
videoconferencing, 23
vision loss, 31
visits to hospital, 25
weight gain or loss, 8, 9, 29
wellbeing team, see student wellbeing team
wheelchair, 6, 29, 31
withdrawal from friends, 16–19, 43
working with cancer, 51–54
workplace relations information, 67
Young Carers, 45, 66
Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn’t just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our cancer nurses are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.

Cancer Council services and programs vary in each area. 13 11 20 is charged at a local call rate throughout Australia (except from mobiles).

If you need information in a language other than English, an interpreting service is available. Call 13 14 50.

If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service. www.relayservice.gov.au
Visit your local Cancer Council website

Cancer Council ACT
actcancer.org

Cancer Council NSW
cancercouncil.com.au

Cancer Council NT
nt.cancer.org.au

Cancer Council Queensland
cancerqld.org.au

Cancer Council SA
cancersa.org.au

Cancer Council Tasmania
cancertas.org.au

Cancer Council Victoria
cancervic.org.au

Cancer Council WA
cancerwa.asn.au

Cancer Council Australia
cancer.org.au

For information and support on cancer-related issues, call Cancer Council 13 11 20. This is a confidential service.

This booklet is funded through the generosity of the people of Australia. To support Cancer Council, call your local Cancer Council or visit your local website.