

contact

MAGAZINE

Siblings

How might siblings be affected by their brother or sister's cancer? What can help them?

- + RESIDENTIAL TRIPS AND ADVENTURES
- + CHARITY TOOLKIT TO SUPPORT SIBLINGS



Family Story

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Contact

is a free, quarterly magazine for families of children and young people with cancer.

Contact aims to reduce the sense of isolation many families feel following a diagnosis of childhood or young people's cancer.

CCLG: The Children & Young People's Cancer Association brings together childhood and young people's cancer professionals to ensure all children and young people receive the best possible treatment and care. **Contact magazine was founded by The Lisa Thaxter Trust and CCLG and first published in 1999.**

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Past issues of Contact: The wide variety of articles published during the year in Contact adds up to a valuable and informative reference archive. If you would like any back issues, please contact the Editor. Details of key articles in previous editions are listed on our website.

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Hello!

We know that siblings of children or young people with cancer may often experience natural feelings of fear, jealousy, guilt and loneliness as their family navigates a hugely challenging time, and one of great upheaval for all, including the brother or sister of the poorly child or young person.

In this edition of Contact, we hear from several wonderful organisations who, through their various programmes, are offering valuable practical and emotional support to siblings. Their programmes may facilitate vital chances to connect with others going through similar experiences or provide opportunities for siblings to express themselves so that they feel seen, heard and included.

Elsewhere, experts offer helpful tips, advice, strategies and resources to adults to help them support brothers and sisters, of all ages, of a child or young person with cancer, while we also hear from parents, and siblings themselves, who have kindly shared the challenges they've faced and what support, and from whom, they've received along the way.

Hopefully, this gives an idea of just what help and support is out there and what it may look like.

Sam

If you would like to **SHARE YOUR STORY** in Contact or have an idea for a theme for us to cover, please let us know. Email us at editor@cclg.org.uk

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MEDICAL ADVISER

Prof. Bob Phillips

Candlelighters Chair of Supportive Care Research for Children and Young People with Cancer, University of York; Consultant Paediatric Oncologist at Leeds Children's Hospital; and CCLG member

Siblings come in all shapes and sizes. There are little baby ones, toddling ones, school-grumbling ones, exam-stressing ones, university-flying ones, and those with families of their own. There are those who blend and bend and grow along with their sibling, twinkling and sprinkling delight to help the poorly child or young person in a way that only a brother or sister can.

There are brothers or sisters who want to be seen and included in conversations, so they can understand what's going on and what's happening to the person they care most about (even if they love trying to take their games and use their makeup). There are those, too, who want to just be allowed to have some normality and not be 'the brother or sister of the child with cancer'.

There are siblings who may feel like they've become invisible as parents' attention is, understandably, focused on the poorly child or young person, and then there are those who are floating between relatives and friends, attempting to navigate this huge upheaval.

They also all have their own distinct personalities and ways of dealing with their emotions and processing what's going on around them, which can be a hard thing to do. Just like parents finding it hard to talk with their friends about the experience of their child having cancer, it can be tough for siblings to talk to their pals, or anyone, too.

This is where the support of psychologists, counsellors and charities, to name a few, become so important. In this issue of Contact, you can read about a number of organisations who are providing practical or emotional support to siblings, as well as the poorly child or young person, making them feel special and included during the most challenging of times for them. We've also got some hints, tips and approaches from professionals about communicating with siblings, to hopefully help parents, grandparents, club leaders, teachers or whomever it may be, to help siblings have those difficult conversations and help them process what they're going through.

Hopefully, you find this helpful, and if you do, why not share it with other families to help them too?

NEWS IN BRIEF

New AI tool can help diagnose types of childhood brain tumours

Researchers have developed an AI tool called M-PACT that can identify 92% of childhood brain tumours using just a small sample of spinal fluid. Early results show that M-PACT can track treatment response, spot relapses, and reveal how a tumour is behaving.

(Source: *Nature*)

Healthy diet linked to lower risk of early ageing in childhood cancer survivors

A large US study found that maintaining a healthy diet may contribute to reducing the risk of early ageing in adult survivors of childhood cancer. The research said that those who ate more healthily had a lower risk of premature ageing, suggesting that interventions that support healthy eating may play a key and beneficial role in long-term health outcomes after childhood cancer.

(Source: *American Cancer Society*)

Distinct tumour 'neighbourhoods' could guide more targeted treatments in aggressive childhood brain cancer

New research shows that aggressive childhood brain tumours called supratentorial ependymomas are made up of different groups of cells with distinct roles, such as cancer stem cells and mobile, neuron-like cells. Understanding how these 'neighbourhoods' work and their influence on tumour growth and spread could better predict how they will respond to treatment.

(Source: *Nature*)

Age and genetics impact thyroid cancer outcomes in young people

A study of children and young adults with thyroid cancer found that the odds of severe cancer decreased with age, but that this was due to differences in genetic mutations between age groups, rather than age alone. Understanding the patterns of these mutations could help doctors tailor treatment more precisely.

(Source: *European Thyroid Journal*)

Researchers uncover new way to fight key cancer protein

Swedish researchers have found a new way to tackle the N-MYC protein, which helps cancer cells grow and survive, by stopping it from interacting with another protein, called Aurora A. By identifying where the two proteins connect, they hope this approach could lead to more targeted treatments.

(Source: *Nature Communications*)

How my experiences of my brother's cancer treatment have inspired me to help others

Evie Mattison was nine years old when her brother, Dan, was diagnosed with leukaemia as a teenager in 2014. Here, she describes what helped her during Dan's treatment, and how her family's experiences have shaped her life, studies and ambitions.

Before his diagnosis, Dan was fit, active and thriving as a keen footballer, so when he was diagnosed with acute lymphoblastic leukaemia (ALL) aged 14, it completely turned all our lives upside down. At first, I didn't fully understand what was happening because I was so young, but I could tell how serious it was from the way my family reacted to the news.

Dan's treatment involved long periods in and out of hospital, which was both physically and emotionally draining for him, especially since he missed out on being a 'normal teenager'. It was really hard for me to process over the first few months as so much had changed in our everyday lives, and it was upsetting to see him so unwell. One Christmas, he was hospitalised for 16 days, which was an especially difficult time as we were all apart.

In the early stages of Dan's treatment, one of the most helpful things was a book given by the nurses explaining what ALL was and how the treatment would help, making things easier to understand and a little less scary. Dan was also given 'Beads of Courage', where he received a different bead for each procedure or treatment. We added these to a string to create something positive to look back on, showing Dan's strength and everything he'd overcome.

As I got older, I attended some of Dan's hospital appointments and although it was overwhelming at times, it helped me process what was happening and made me feel more involved. His attitude throughout

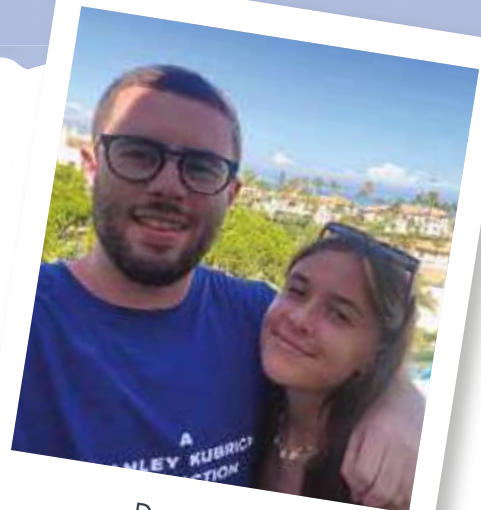
treatment also had a huge impact. Despite everything, he never complained and was always so positive, which I found really inspiring and it helped us all stay strong.

How our family's experiences have inspired me

Our family's experiences have significantly shaped who I am today. Spending time in the hospital and seeing the impact of Dan's treatment first-hand made me realise just how much it not only affected him, but our whole family.

Now at university, I'm currently in my third and final year studying Pharmacology at Newcastle University. As a result of my studies, I've begun to understand how much work goes into developing and delivering these treatments, which has further changed my perspective.

Having a personal connection makes my studies more meaningful and motivates me to want to help and to be a part of the whole process. I've recently completed my dissertation where I focused on validating novel anticancer targets in head and neck squamous cell carcinoma. I also completed a summer placement, investigating a chromosome linked to a subtype of ALL. Being a part of real research has really solidified my interest in cancer research, particularly in drug discovery and development, as I've seen exactly how important this work is.



Dan and Evie

Today, life looks very different for our family. Dan's treatment was successful, and he was thankfully given the all-clear in 2018, just before his 18th birthday. He's now a Foundation Year 2 (F2) doctor and hopes to specialise in paediatrics. Although it was a very difficult time for us all, it has brought us a lot closer, and we're incredibly grateful to be in the position we're in now.

My advice to other siblings

For other siblings going through a similar experience, I would say that it's completely normal to feel a mix of emotions, whether that's worry, frustration or even confusion. It's so important to talk about how you're feeling and to take things one day at a time as it can be very overwhelming. Most of all, remember you're not alone. Looking back, I realise how strong it made me and it has given me a new appreciation for the small things in life.



◀ The Mattison family



▶ Evie in the lab



How our kind-hearted son kept our family going during his sister's treatment

Colette Robinson-Mellor's daughter, Hollie, was diagnosed with an eye cancer, called retinoblastoma, aged 13 months in 2024. Here, Colette tells us how Hollie's brother, Ted, who was four at the time of his sister's diagnosis, helped and supported the whole family, and how they also navigated his own worries.

Hollie had always been a very confident, independent and content little baby. She loved her food, sleep, and most of all, adored her big brother, Ted. She wanted to be just like him and followed him everywhere. Anywhere Ted was, Hollie wanted to be!

It was on Ted's fourth birthday that I noticed from flash photos that Hollie had a white glint in one of her eyes. I thought nothing of it until a few days later when picking her up from her cot I noticed her pupil looked like glass. I could see there was a white substance through her pupil. We had her checked at the St Helens Eye Clinic and from there we were referred to a team of amazing specialists at Waterfall House in Birmingham Children's Hospital. After a few days, Hollie was officially diagnosed with retinoblastoma.

As parents, we were in our worst nightmare. We were completely shocked, angry and in absolute terror. We didn't understand it, didn't know what we needed to do next, and felt completely helpless.

Hollie would have to receive nearly all of her treatment at Birmingham, which was quite a distance from home. Within two weeks, she'd undergone her first round of chemotherapy. Our normal family life had to stop, and it suddenly became filled with appointments, phone calls and cancelling work, holidays and future plans. We began grieving the family life we once had.

How Ted kept us going

A week after Hollie had been diagnosed, it was time for Ted to start his first day in reception at school. As parents we don't really remember Ted's first day of school. We remember it as the day Hollie had her first MRI to check if the cancer had spread to her optic nerve. We tried our absolute best to not let it affect Ted and to try to continue to celebrate his little milestones, despite what was going on around him.

Ted, keeping his routine and begging us to get up in the morning to go downstairs to play and wake Hollie to come with him, kept us going as a family and pushing through every day, even if we felt like we couldn't face it. At age four, he kept our whole family life rotating. Even though he could see we were emotional and having difficult days, he'd give us cuddles, wipe our tears away and simply ask, "Can you come and play with us now?"

Ted's support for Hollie

Ted could see over time, through reading books with him and coming to appointments at the hospital, that his sister was poorly, and that we as a family had to deal with all these changes and sacrifices to try to save Hollie's eye. He could see her vulnerabilities when she was poorly from treatment and was so kind-hearted in helping to look after her. He'd always let her have a choice of cartoon, first choice on toys to play with

and, if Hollie was being clingy to me, he wouldn't get jealous. Instead, he'd get her dummy, blankie, or a toy she liked to help comfort her. On appointments at the hospital, Ted always came in at visiting time like a breath of fresh air. Everyone looked forward to his arrival, especially Hollie. As soon as she could hear him coming round the curtain she'd try to sit up and want to play immediately. He'd be just as excited to see her and would climb up onto the bed to join her.

Hollie would struggle to eat when she was on treatment so Ted turning up with snacks to share could always get her nibbling something. He could translate what she wanted, whether it be a particular cartoon or toy, as he was so in tune with her when she was just beginning to learn to talk. He was so helpful and he was able to give us a minute as she was so happily occupied with him. Ted has stood by her at parties and at soft play when other children have asked what's wrong with her eye and why it doesn't move. Ted will simply reply: "That's just Hollie, my sister, there's nothing wrong with her." He stands up for her and protects her at all costs.

helps support families affected by childhood cancers through a range of services. Early on, a charity called Phoenix Rising provided us with so much support and information on how to get help.

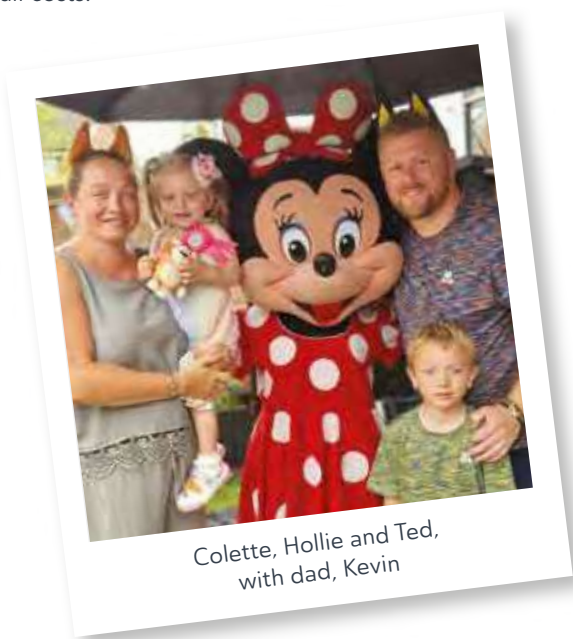
The Childhood Eye Cancer Trust (CHECT) also greatly supported us. Ted helped to raise over £7,000 for CHECT through bake sales, litter picking and raising awareness of the charity during Retinoblastoma Awareness Week, which was the week when Hollie had her eye removed. He and Hollie were awarded CHECT Champion Awards for courage and bravery in the face of adversity.

What life looks like for us now

Hollie is incredibly resilient and is learning to love sleep, food and life again. She loves going to nursery and has become such a funny little character, full of sass and sweetness. After her eye removal, we saw a massive difference in her personality. She developed a spring in her step and started singing all the time. Her physical movement improved, and she was just so much happier.

As parents we didn't realise how much pain Hollie was in with her eye as it had become her normality and she just learned to deal with it. Since her eye removal, Hollie has been in remission. Her right eye socket is healthy and the small tumour that had developed in her left eye is now a scar and is being closely monitored for any changes. Hollie's cancer is genetic and means she is more susceptible to melanoma and sarcoma in childhood. Her and Ted are still best friends and absolutely adore each other and love spending time together. Hollie wants to start playing football on the weekend to be like him.

Moving forward, we hope to become more financially stable, process the trauma and get back to some normality with fewer hospital appointments. We've tried to press the restart button on family life and leave behind the things that didn't lift us up. This included me finding the strength to leave my job of 14 years to pursue a different career and find the support I needed. We also found that although we lost touch with a lot of people, and felt very isolated during diagnosis and treatment, by reaching out to charities, we have been able to find new friendships.



Colette, Hollie and Ted, with dad, Kevin

Navigating Ted's worries and emotions

With Hollie's condition, she sometimes had 'rose tears' after treatment. This is blood when she cries, which Ted was a bit unsure about. Ted also sometimes struggled with the concept of bandages due to Hollie always looking sore and poorly when her bandages were removed because before treatment, she looked fine to him. He almost believed that the bandages caused the soreness. Ted is overcoming these worries as time goes on and he can see the change in his sister now she's had her eye removed to remove the cancer. No matter how poorly Hollie looked or how unsettled and sick she was, he never judged her. He treated her the same no matter what. He respected her vulnerability and it brought out a caring and loving character from him. Ted still struggles to understand how she'll never be able to see from that eye again and it upsets him that it won't work for her.

What support have we received?

We're currently receiving days out from the Owen McVeigh Foundation, whose aim is to create memories for children affected by childhood cancers, and the Joshua Tree, which



Understanding and supporting the sibling experience



Dr Claire Wright

*When a child or young person is diagnosed with cancer, this is felt across the whole family, and though not undergoing treatment themselves, siblings are often affected in ways that may be less visible but deeply felt. Here, **Dr Claire Wright**, Clinical Psychologist at Birmingham Children's Hospital, explains how siblings might feel, and offers tips and advice to help support them.*

A cancer diagnosis for a child or young person can bring sudden and unexpected changes to family life. Everyday routines will shift while attention is necessarily focused on treatment and care. Parents may spend more time in hospital, while other trusted adults take on a greater role at home.

This means siblings are adjusting to not only their brother or sister being unwell, but also to a new and uncertain reality. While this can be challenging, siblings can still feel included and held in family life.

How might a sibling feel and respond?

Siblings can respond in many ways. They may feel unsettled, anxious, sad, frustrated, or angry. It's also common for love and pride to sit alongside more difficult feelings like fear or guilt. They may worry about their own health or that of other family members. At times, siblings may feel on the outside, when time and attention is directed elsewhere. There is no 'right' way to feel, and responses will be shaped by their age, relationships, and changes within family life.

School can offer a helpful sense of routine and familiarity, but it can also be a place where some of these changes begin to show. Siblings may find it harder to concentrate, manage friendships, or respond to questions. Some may prefer to keep school separate from what is happening elsewhere.

Many siblings also show remarkable strength and adaptability, and families often share with us how their children care for and look out for one another.

What might help?

Siblings benefit from support to understand what's happening in ways that match their age and level of understanding. This helps reduce potential misunderstandings and supports them to make sense of treatment. Healthcare professionals, including doctors, nurses, or play specialists, can support this understanding and help siblings feel included.

It's important to acknowledge how difficult changes in routine and parent availability can be. Small, regular moments of connection, such as a few minutes spent together doing something they enjoy, can help them feel remembered and secure.

Trusted adults can create opportunities for siblings to share thoughts and feelings, while recognising that not all children will want to talk. Some siblings may be highly sensitive to the worry and stress a diagnosis brings and may not always feel able to express their own feelings or needs. Gentle, curious comments, such as "I wonder if this might feel really confusing" can help children feel understood and normalise feelings, without an expectation for them to respond.

“Supporting a child through cancer treatment places extraordinary demands on family life. It may not always be possible to meet every need as you might wish, and this does not reflect a lack of care – often, it's quite the opposite.”

Supporting sibling relationships through change

Sibling relationships are often among the earliest and most influential in a child's life. A sibling can be a first friend and confidant, as well as someone to test boundaries and work through disagreements with.

When one child is diagnosed with cancer, these relationships can change. Time together may be reduced due to hospital stays, and there may be times when their brother or sister feels too tired to interact as they did before. This can feel confusing or upsetting, especially if not well understood.

Younger children may make sense of what's happening in personal ways and might wonder if they have done something to cause these changes. Older siblings may understand more but still struggle with the emotional impact, including feelings of loss or uncertainty about how to relate to their sibling. Some

may hold back through concern, while others take on a more caring role.

It's important to reassure siblings that there's no 'correct' way to be with their brother or sister, and that their relationship remains important even if it looks or feels different for a while. Supporting small, manageable ways for siblings to stay connected, such as sharing a meal or exchanging messages when apart, can help maintain closeness.

Developing through difficult circumstances

When a child's diagnosed with cancer, family life can feel like it's changed overnight and it's natural to worry about how siblings will be affected. While this can be extremely challenging, many siblings navigate these experiences in ways that build resilience and empathy. They may develop a deeper awareness of others' feelings and learn ways to offer comfort or support. These strengths can grow alongside the difficulties they face.

What matters most

Supporting a child through cancer treatment places extraordinary demands on family life. It may not always be possible to meet every need as you might wish, and this does not reflect a lack of care – often, it's quite the opposite.

What it means to be 'good enough' will look different in these circumstances. What matters most is that siblings feel safe and held in mind, particularly when things feel difficult or uncertain. Often, small everyday moments, such as a thoughtful gesture or focused attention, offer powerful reassurance that they're loved and important.



Tips for supporting siblings when family life feels stretched

- Name what's happening and offer reassurance. You might say "things feel different right now, and it's okay to feel unsure, we will keep talking and you can ask any questions"
- Prepare them for any changes in their brother or sister's energy, mood or appearance, using simple explanations or pictures
- Keep at least one predictable routine, such as a weekly walk or movie night, that feels familiar
- Offer small gestures to show they're thought about, such as preparing their favourite meal, sending video messages, or bringing them back something small from the hospital
- Identify their 'village' of trusted people and keep them updated
- Let school staff know what's happening so they can offer support and flexibility
- Understand that siblings may not always want to talk, while keeping the door open

Younger children might not fully understand their sibling's diagnosis but are sensitive to changes and disruptions. Try to:

- keep routines consistent where possible
- recognise difficulties separating and other changes in behaviour or sleep as important communications
- use simple, reassuring explanations to prevent misunderstandings
- include them through small roles, such as choosing a toy for their sibling
- use storybooks about a sibling's illness, written for young children, which can support understanding
- make hospital visits more familiar where possible, by spending some time in a play area or visiting a cafe

Primary school-aged children may understand more but are still developing their sense of fairness and can be particularly sensitive to changes in time and attention in the family. Try to:

- keep them informed in simple terms and prepare them for any changes
- normalise a range of feelings
- create opportunities for expression through play or drawing

Teenagers may be navigating a growing need for independence alongside a heightened sense of responsibility to their family. You could:

- keep communication open and honest
- offer choice in involvement. For example, "Do you want to help?" or "Do you need to take a break today?"
- discuss what they'd like shared with school or college
- give permission to 'just' be a teenager and support them to have normal teenage experiences
- stay connected through short messages

Where to get more advice or support

Many siblings adjust over time with support from family and school. However, additional support may be helpful if there are ongoing worries, sleep difficulties, behaviour changes, or school challenges. Some hospitals offer sibling support through healthcare teams, including play specialists.

Further guidance, resources and emotional support is available through organisations that support families affected by childhood cancer, including Young Lives vs Cancer, Teenage Cancer Trust and Macmillan Cancer Support. CCLG has produced practical guides for people supporting siblings, such as its '**Supporting Brothers and Sisters**' publication and animation, both of which are available on its website by scanning the QR code or by visiting <https://bit.ly/4tNNQf6>





Rebecca Wood

“We know that the immediate family can’t do it all alone and shouldn’t have to”

Rebecca Wood is CEO of Tom’s Trust, a charity that provides psychological support to children with brain tumours and their families. Here, she explains how the charity recognised the need to help families support the brothers and sisters of children with cancer by developing an expert-written sibling toolkit.

In 2023, Tom’s Trust was proud to fund and launch the UK’s first Sibling Toolkit. This resource is designed to help the brothers and sisters of children with cancer who are often left feeling sad, angry and lonely – a recognised, long-term gap which we knew was important to fill.

Before creating the toolkit, many families had confided in our team and clinical psychologists that the needs of siblings was a huge issue. Parents were looking after their poorly child in hospital, while trying to keep some normality and routine for their children at home. It was difficult giving all their children the attention they needed, while trying to help them understand what was happening, and dealing with the practical challenges of separation during hospital stays.

As a charity which prioritises our families, we know that the immediate family can’t do it all alone and shouldn’t have to. But we were also aware that others might not know how to help, or how much that help is needed.

Developing the toolkit

The lead for the service we help to fund at the Great North Children’s Hospital in Newcastle had the answer. Paediatric neuropsychologist, Dr Sarah Verity, suggested a sibling toolkit to support brothers and sisters of a child with cancer. Tom’s Trust exists to support crucial psychology provision for children with brain tumours and their families, so we were keen to fund this amazing resource. Over 18 months, supervised by Dr Verity, our psychologist consulted experts and families around the country to produce the best possible resource.

It was the first of its kind to address the needs of children who experience the trauma of the diagnosis, treatment, after-effects, and sometimes bereavement of a sibling with cancer. While we focus on children with brain tumours, it was evident that siblings of children with all types of cancer needed this kind of support, so it was written in a way that applied to every family of a child with cancer.

It’s also designed for other adults in and around the family, such as grandparents, aunts and uncles, teachers, friends, or club leaders. In the toolkit, clinical psychologists reassuringly explain how to offer help: for example, giving lifts to clubs, so normal life can continue in small ways, and talking about the subject of a child’s illness with their sibling. It was a whole-family approach, which has always been at the forefront of what we do at Tom’s Trust.

Our co-founder Deborah Mitchell started Tom’s Trust after the tragic death of her beautiful nine-year-old son, Tom, from a brain tumour in 2010. She explained how Tom’s sisters sometimes spent months in hospital where Tom was confined to one room due to his low immunity. His sisters felt confused, anxious, sad, angry, and sometimes traumatised by what they saw – but the resources from professionals were only available to their brother. She knew the document would have made an enormous difference to Tom’s sisters, and many children like them.

How the toolkit has been received

Over the two years since launch, we have received thanks from families across the country – both those who could see how valuable the toolkit would have been in their family’s own journey, had it been available, and those who have used it themselves. One of the most poignant statements for me about the toolkit was: “Thank you for not forgetting about us, the siblings.”

Post-launch, awareness continued to grow. We were invited to speak to media outlets including BBC Breakfast. The toolkit was presented at the International Symposium on Paediatric Neuro-Oncology conference in America and has since been downloaded over 1,000 times. We’re so excited to see that number grow as we work to make the toolkit more accessible and create other resources that help children and their families thrive beyond diagnosis.



www.tomstrust.org.uk/sibling-toolkit

"It was confusing for her, but we did our best to be open and honest"

Rosa Kaminska's son, George, was diagnosed with T-cell lymphoblastic lymphoma in December 2022 aged six. Here, she explains the impact of this on George's sister, Anna, what helped them as a family during his early treatment, and offers advice to others.

During George's early treatment, we spent a total of 18 days in Southampton Hospital. We were offered accommodation at the Ronald McDonald House while splitting time between the hospital and home.

My husband, Radek, and I have an elder daughter, Anna, who was 10 at the time and being looked after at home by Radek's parents from Poland, and my mum.

It took a while to build up to the conversation to tell Anna that George had cancer. She was wondering what was going on with her brother, with Nanny now looking after her and taking her to school. She'd want to hear Mum and Dad's voice to know we're okay, when we had to give 100% of our energy to George while we navigated this devastating situation. It was confusing for her, but we did our best to be open and honest in our conversations. All of this was happening against the backdrop of Christmas, and all she really wanted was to have her brother home. She even wrote a heartfelt card to our consultant, asking if he could come home for Christmas.

George's treatment, which finished in April, has been tricky for us to navigate. At times, George was inevitably getting our full attention, and from nurses and doctors, too. Anna was almost expected to put her needs aside while George was going through the initial six months of intensive treatment, because we had to adapt our routine and activities, so he didn't get an infection.

What helped us

Abby's Heroes offered us a sibling day at Go Ape, where she was able to have my full attention and have fun and make

memories with her friend. At times, George's outbursts, not helped by the steroids he was taking affecting his mood, were tiring for Anna, so to get out and enjoy the outdoors was great for her.

During summer 2023, we also signed up to the Young Lives vs Cancer Kid's Summer Challenge, which challenged us to step, swim and cycle to fundraise for them. This was a welcome distraction – it was something we could do as a family and really gave us all something positive to focus on. It was a team effort and meant that George and Anna got to have some fun together during a tough time.

A strong and special bond

Anna, now 13, and George, nine, have a special bond. They still have squabbles and fallouts, and George might not feel like having a cuddle with his sister, but when they do get on, they have a fun time, and George really does love his caring sister!

One thing that has really helped George is attending the same school as his sister. Originally, it was suggested that a special school, an hour's bus ride away, was the best way for him to catch up on his education. I had to convey the importance of him being close to his sister, and with his friends, too. How this would give him confidence and motivate him and help him to thrive.

After a positive transfer meeting at George's primary school in 2024, with a number of professionals present, it was confirmed that George would be offered a place at the middle school where Anna attend. I'm pleased to say, he's settled in well at his new school.



Advice to other families

You will get stronger and more resilient. Try to enjoy those 'normal' activities as a family where you can, like the park or a walk in the forest, even if you need to adapt what you do. The world will look different, too. What you worried about before cancer isn't relevant anymore. What's important is cherishing every day and being thankful for everything you've got.

► The family at Legoland Windsor



George and Anna

I've learnt so much about the quiet strength of siblings

Elizabeth's daughter, Sarah, who also has Down syndrome, was diagnosed with leukaemia in 2016, aged 15. Here, she tells us how her youngest daughter, Hannah, then eight, provided support to her sister, and about the challenges of balancing family life while a child is on treatment.

Siblings of children with serious illnesses take on many roles, often without being asked. They become young carers, motivators, and joy bringers. They are the brave ones who stand aside yet remain ever-present. They are the emotional anchors, the quiet supporters, and the ones who must continue with school and routine even when their world feels anything but routine.

Hannah has been all these things. Despite the six-year gap, Hannah and Sarah were close growing up. They squabbled like all siblings do, but Hannah also looked out for her sister, making sure she was always safe.

The day Sarah was diagnosed she and Hannah had performed in a dance event together. They were part of the same dance group, a disability dance group where we could see both children dance together. Sarah collapsed after the dance and Hannah had to go home with Sarah's friend's family. She was there for hours, not knowing what was happening. When she was eventually picked up, she reassured us that if Sarah was getting treatment, she'd be okay. I quietly held on to this hope.

Hannah's kindness and the sacrifices she made

Hannah has always been kind-hearted and even fundraised for two local cancer charities with her friends earlier that year, when she was only seven. She had to take on a lot of responsibility at a young age, always acting with a maturity and compassion beyond her years.

One such example was when Hannah isolated in her room for seven days through the early stages of the COVID-19 pandemic to protect her sister. She developed COVID-like symptoms the week we went into lockdown and, as Sarah was clinically vulnerable, the advice

was for her to isolate. For a week, she would just see me when I took food up to her and sat at a distance to check on her. I was so proud she did it, and without complaining once, unlike some adults doing the same.

“Hannah has always been kind-hearted and even fundraised for two local cancer charities, when she was only seven. She had to take on a lot of responsibility at a young age.”

During the pandemic, Hannah was also homeschooled for longer periods than her peers and celebrated her 13th birthday quietly in a park with five friends, socially distanced, while her sister, who'd recently relapsed, underwent CAR T-cell therapy. Several years later, she also mentioned how she sometimes wondered if she'd see a family friend picking her up from school instead of me or my husband, which would have meant Sarah had an unexpected hospital admission.

I admired her maturity and uncomplaining manner. Hannah has held back her own pain, so as not to add to ours. She understood, far earlier than most children should, that her parents loved her with all their hearts, even when our time

and energy were consumed by hospital stays, treatments and a fear of the unknown.

Hannah recently turned 18. On her birthday, I was reminded of how many years of her life revolved around Sarah's illness. Family life was organised around medication timings, hospital visits, unexpected hospital admissions and the need to stay home and isolate. Holidays were cancelled. Short trips were carefully planned or skipped altogether. Watching other families travel freely was a constant reminder of what we were missing.

What Hannah has taught me

Today, Hannah has grown into a compassionate and courageous young woman. Deeply empathetic, she stands up for fairness, inclusion, and for the treatment of others with respect and dignity. Through Hannah, I've learned that siblings deserve recognition for their strength, patience and quiet endurance. We must make time for them, celebrate their milestones, keep them informed and involved, and most of all remind them they are loved.

*All names have been changed in this article.



Supporting siblings to build connections with special residential trips



Siobhan Kavanagh

Barretstown offers free, specially designed camps and programmes for children living with cancer and other serious illnesses and their families. Here, Siobhan Kavanagh, its Director of Medical and Programme, tells us about their support for siblings.

At Barretstown, we create spaces where children and young people with cancer and other serious illnesses, and their siblings, can step away from hospital routines and reconnect with fun, friendship and confidence in a safe, medically supported environment. We provide free residential camps and outreach programmes, and everything we do is grounded in therapeutic recreation. This means we use play, challenges, creativity and shared experiences to help build confidence, independence and connection at a time of uncertainty.

Who we are

In 1994, actor and philanthropist Paul Newman founded Barretstown in partnership with the Irish Government, as part of what's now the SeriousFun Children's Network. The vision was to create a place where children could be children again, not defined by diagnosis, and where families could feel understood by people who truly 'get it'.

For many families, Barretstown becomes a rare pause in the intensity of treatment schedules and appointments, and somewhere to make memories not centred on illness. We welcome children and families from across Ireland, Northern Ireland, the UK, Europe and the USA. Our programme model includes a range of residential camps, alongside outreach delivered in hospitals and schools.

Residential programmes include family camps, children's summer camps, teen camps, a young adult programme, bereavement family camps, and dedicated sibling programmes. Our

outreach programmes bring elements of camp creativity, play, peer connection and emotional support into clinical and community settings, helping to reduce isolation and strengthen coping during and after treatment.

Sibling support

Within our broad programme offering, sibling support is a vital and growing area of focus. Siblings can carry a lot: worry about their brother or sister, guilt for being well, and a sense that they need to be 'fine'. They often become the 'strong one' adapting quickly, worrying silently, and trying not to add to the load at home. They may also miss out on attention, routine and time with parents as family life understandably reorganises around treatment and care.

At Barretstown, we create dedicated spaces where siblings can be seen, heard and celebrated. Our Sibling Camp is designed specifically for siblings of children and young people with cancer and other serious illnesses. It gives them the chance to step away from the pressures of home, meet peers who understand without explanation, and take part in age-appropriate activities that build confidence, connection and joy.

That sense of connection is powerful. Through shared experiences from outdoor adventure to creative arts, siblings can relax, have fun and rediscover a sense of normality.

Our Brothers & Sisters Camp offers a different but equally important kind of support, with it welcoming siblings and the poorly child or young person together. It recognises that sibling

wellbeing is closely tied to the whole family system. By creating positive shared memories, strengthening relationships and offering opportunities for both individual and shared experiences, the camp helps families reconnect beyond the medical narrative as brothers and sisters first.

Across all programmes, our teams work to ensure every child and sibling feels safe, included and empowered. Again and again, families tell us that what matters most is feeling less alone and seeing their children, including siblings, relax into being themselves.

Lily, a sibling Barretstown has supported, said:

"I've been to two sibling camps in the last two years. I have loved going each time and I look forward to going again this summer. At camp, I stay in a cottage with nine other girls from different countries. We do so many fun activities together and the volunteers are friendly and great fun. Everyone at camp had a different story, some similar to mine. It felt good to know that other girls my age had also experienced things that my family and I had experienced too. It made it seem more normal in a way."



For more information please contact families@barretstown.org

Supporting siblings with care and understanding so they're not overlooked

*The Joshua Tree supports the whole family of a child or young person diagnosed with cancer, during and after treatment. Here, **Rich Driffield**, CEO at The Joshua Tree, explains why it recognises that brothers and sisters, like Phoebe, 23, whose teenage brother was diagnosed with cancer, need care, understanding and space too.*



Rich Driffield, CEO at The Joshua Tree

When a child or teenager is diagnosed with cancer, the impact reaches far beyond the individual receiving treatment. Siblings often carry a quiet, complex emotional weight; loving fiercely, coping silently, and growing up faster than they expected. Amid exhaustion and emotional strain, moments of joy become magnified. And, while much of the focus quite rightly centres on the child receiving treatment, siblings often step into new emotional roles.

This is where The Joshua Tree's sibling-focused work makes a difference. We deliver bespoke, age-appropriate support that recognises their unique emotional and practical needs. Support is tailored to each sibling's age and interests and includes counselling, play days, activities and events that foster friendship and meaningful peer connection. By creating safe spaces, peer connection, emotional support and opportunities just for siblings, we ensure they're not overlooked.

Phoebe's story

Phoebe's experience of supporting her 14-year-old brother, Corey, through cancer treatment captures just how profoundly sibling life changes, and how we ensure siblings are seen, supported and reminded that they matter just as much...



Phoebe and Corey

Phoebe said: "Living with my teenage brother as he's gone through cancer treatment has changed almost everything about our daily lives. Before all of this, our house felt loud and normal. During his treatment, so much of our time revolved around hospital visits, medication schedules, and watching for side effects. The house would feel quiet and heavy while we waited for them to come home.

As siblings, my other brother, Blake, and I have had to sit back and watch Corey face this at such a young age. As older siblings, we've tried to keep a brave face for him, even when it has felt terrifying to see someone you love so much go from being strong and full of life to seeming fragile. We love him deeply and want to make everything easier for him, yet there have been moments when we've felt invisible and helpless. And our parents' attention naturally shifts to his needs, and sometimes our own problems feel small and selfish in comparison.

The three of us have always been close, but this experience has brought us even closer. We've grown up faster than we expected, becoming more responsible and independent because we've had to. And for me, as a mum to a two-year-old, it's been difficult helping my son, Theo, understand why his uncle looks different or doesn't always feel well. Explaining that Corey doesn't always have the strength to run around or pick him up has been painful, but he still makes Theo laugh and shares special moments with him. Small moments like Corey laughing at a

silly joke or when he's felt well enough to sit with us mean more than they ever did before.

The Joshua Tree has been one of our greatest sources of comfort. They treat us not just as a family affected by cancer, but as people who matter. It's a place where we, as siblings, feel at home, surrounded by people who genuinely understand without needing long explanations. The staff have made me feel heard, both as an older sister and as a mum, during a time that can feel incredibly isolating. Whether it's sharing a laugh or offering space to cry, their generosity means more to us than we could ever fully express."



▲ Phoebe with Corey, their brother, Blake, her son, Theo, and mum, Jayne

Website: www.thejoshuatree.org.uk Email: familysupport@thejoshuatree.org.uk

A parent's view...

Why the impact of being a bereaved sibling is always there

Gill Thaxter's daughter, Lisa, was diagnosed with osteosarcoma when she was 10 years old in 1992 and sadly died aged 12. Here, Gill tells us about the impact this had on Lisa's sister, Rebecca, and how communication has been key to supporting each other.

When you're 12 years old and discover that your 10-year-old sister has cancer, life changes in an instant. We as parents were trying to explain to Rebecca what was happening to Lisa using words like blood count, platelets and neutropenic, all of which were completely alien to her.

Despite all we were going through, our strong family unit locked together, worked together and talked endlessly as life carried on. Sadly, after 18 months, Lisa died.

The support from friends and family was immense. Professional help kept us busy for a few months as did a wonderful GP, who, on his day off, appeared weekly to chat. We contemplated having another baby, but Rebecca was 14 and in four years would be off to university, so we decided against it. And no one could replace Lisa.



Thaxter family

Instead, our motto became "three wheels on my wagon", like the song. We kept rolling on. As a threesome, going on holiday, issues became apparent on fun fair rides, when one parent had to

sit by themselves. The same applied to seating arrangements in restaurants, so we learnt to alternate, so no one felt left out. Our unit remained strong.

But the impact of being a bereaved sibling on Rebecca was huge and brought with it a wide range of challenges that she shouldn't have had to navigate. Thirty-two years ago, there was little support for bereaved siblings. Rebecca did form a sibling group which offered support but then as teenagers, other issues took over.

Socialising as a bereaved sibling could be difficult, especially when all her friends had siblings. They were sympathetic, but didn't really understand what she was going through. But how could they? She'd joined a club which she hoped none of her friends would ever have to join themselves. At university, telling her new flat mates that her sister died could be a great 'conversation stopper', so she didn't, but would feel guilty for not doing so.

“The impact of being a bereaved sibling on Rebecca was huge and brought with it a wide range of challenges that she shouldn't have had to navigate.”

For Rebecca, it was tough seeing her sisters' friends at school every day,



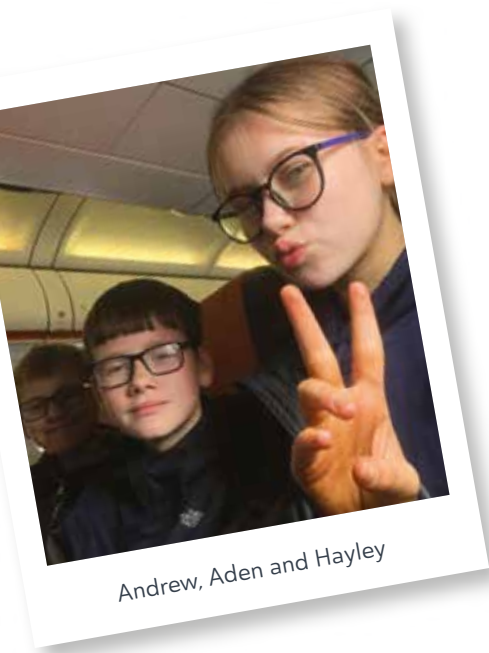
Rebecca and Lisa

too. And, of course, as Lisa's friends left secondary school, went to university, had boyfriends, got married and had children, there was always the thought, "I wonder what Lisa would have done?" We still ask that question today when Rebecca's children ask her about their aunt.



Rebecca has grown up, got married and had three lovely children, who ask about cousins. That's when I wish that we'd considered more about the decision not to have another baby after Lisa died. I feel sad that Rebecca is aware that her children miss out on big family occasions and gatherings.

Communication has been paramount since Lisa was diagnosed, treated, died, and as life continued. When Rebecca's dad, Geoff, was taken ill and later passed away, our mother and daughter bond kept us afloat through some very difficult times. Our motto is now "two wheels on my wagon".



Andrew, Aden and Hayley

How transformative trips help support siblings as well as young people with cancer

Andy Calvert's daughter Keira was diagnosed with leukaemia in 2022 aged 14. Andy tells us how the Ellen MacArthur Cancer Trust has supported both her and her younger siblings, Hayley, Aden and Andrew, with their sailing and adventure trips.

Keira was diagnosed with leukaemia at 14. I had a cousin who was diagnosed with leukaemia as a teenager, and he sadly died a few years later. I was just a couple of years younger than him at the time, so that experience came flooding back to me. It would all play out in my head, but treatment and technology have vastly improved since that happened.

When we got the news about Keira's leukaemia, her siblings were all scared and nervous. I was trying to reassure them everything will be okay. That she'd have to stay in hospital for a while and have treatment, then she'd come home when it was safe to and be around the rest of them.

They'd say to tell Keira they miss her and love her. They all changed from fighting, squabbling kids to caring for her. It was nice to see them show their caring side.

Hayley and Keira were at school together, and Hayley would get asked questions about what was going on. Some people were genuinely nice, but there were others who said Keira was faking it and said she shaved her hair off for sympathy. I don't know why, but sometimes you don't understand how people's brains work.

Much-needed support

The hospital was confident Keira would get through it and lead a normal life after. It was while in the hospital that Keira heard about the Ellen MacArthur Cancer Trust, who she's now enjoyed three adventures with. She was nervous before her first trip, as she hadn't done anything like it before, and she hadn't even been out of the country. First time flying, first time being on a boat. But she came back better, a bit more confident. She was glad she went, and she's met so many nice people. She's made friendships and stays in contact with others she was on previous trips with.

Last summer, she joined one of its sailing trips. At the same time, her three younger siblings were benefitting from the charity's special siblings-only adventure, in the Brecon Beacons, too. These trips give siblings a place they can go and meet others who share their experience of having a brother or sister with cancer.

When we talked about Hayley, then 15, Aden, then 14, and Andrew, then 13, all going on a siblings' adventure, they were a bit hesitant. I said to go and meet new people, but they felt shy and awkward. Keira convinced them to give it a go in the end, and they're glad they went. It was fun and they're still in contact with people they met, too.

It got them away from me hanging over them. They could have time as a group, and build a stronger bond. At home they wouldn't bother with each other a lot, but on their trip, they had each other's backs, and could talk to each other and give each other comfort. Part of a crew is being a team and relying on each other, and that brought them together. It's nice there's people who can help and take them away to have a bit of fun and take the pressure off.

On the parent side, the last few years have been emotionally draining, carrying all that weight and trying to be strong for the kids. All of them having their own thing has given them a confidence boost and a push to do stuff they didn't think they could. I'd recommend these trips to anyone.

“They'd say to tell Keira they miss her and love her. They all changed from fighting, squabbling kids to caring for her.”



▲ Andrew, Keira, Hayley and Aden



► Hayley Calvert

www.ellenmacarthurcancertrust.org

Finding kinder drugs in genetically matched cell models for childhood leukaemia



Professor Alex Thompson

- ▶ **PROJECT TITLE:** Twin-based models for more effective treatment of childhood leukaemia
- ▶ **LEAD INVESTIGATOR:** Professor Alex Thompson
- ▶ **INSTITUTION:** University of Nottingham
- ▶ **AWARD:** Approx. £95,000 (funded by The Little Princess Trust and administered by CCLG)

Although significant advances in the treatment of childhood leukaemia have been made over the last two decades, patients are often left with long-term health problems. Many of these problems are due to side-effects of the current drugs that couldn't be picked up when the drugs were being designed, developed and tested. These side effects damage or kill normal cells in the patient as well as the leukaemia cells. The goal of childhood leukaemia research is now to protect normal cells while still killing the cancer. This means that, as researchers, we need new ways to compare healthy cells and leukaemia cells, ensuring that any new treatments are less toxic to children.

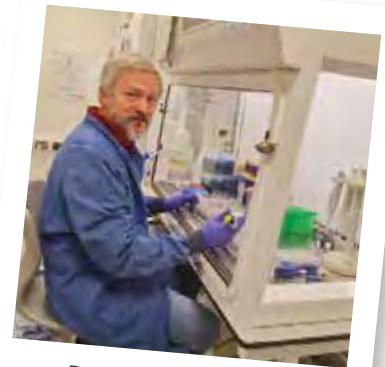
Our research

Our study involves making blood cells in the laboratory that we can engineer to be genetically identical, as in twins, except for the key cancer-causing mutation. In this way, normal blood cells will be produced beside childhood leukaemia blood cells, which will allow us to examine current and new experimental drugs side by side. This direct comparison in genetically identical cells, apart from the mutation, will allow us to rule out drugs that damage or kill the normal cells while identifying those that are specific for the leukaemia.

To achieve this, Dr Sasha Kondrashov will use a protein that acts like a pair of microscopic scissors to cut the DNA in a specific type of normal stem cell that can generate all the different cells of the body. The DNA cut will be specific to the position of the mutation seen in childhood leukaemia. Once the cut has been made, he will paste in a DNA sequence that will allow for the production of the cancer-causing mutation. A second or more round of selection will be used to generate the genetically identical leukaemia equivalent twin to the normal stem cells. Work's already well under way to create the twin stem cell lines. These stem cells are very fragile and will need to be grown for several months to make sure they're strong enough to be made into normal or leukaemia blood cells.

Once the set of twin stem cells have been generated, Sasha will grow them in specific nutrients and growth factors to promote their ability to make blood cells. The specific type of normal blood cells being made are equivalent to those that are often damaged during current leukaemia treatment and are therefore a good 'model' to look at side effects. Once established, Sasha will use the twin-based normal and leukaemia blood cells to look at the effect of current leukaemia drugs and compare

these to experimental drugs being developed in the laboratory or around the world.



Dr Alexander (Sasha) Kondrashov

Proof that the drugs work against the leukaemia cells will be determined by several methods including reduced cell growth, increased cell death and loss of leukaemia ability. Proof that the drugs don't work against the normal cells will be determined by normal cell growth, lack of cell death and retention of normal stem cell ability. Drugs that are effective against the leukaemia but keep the normal blood cells alive will be selected for future clinical trial. Using this method, we aim to find kinder drugs for childhood leukaemia.

60 SECONDS WITH **Rosie Johnson**



Senior Family Support Practitioner at the Child and Family Support Service within Diana Children's Community Service in Leicestershire

Q: Tell us a little about your career so far?

A: After completing my Nursery Nurse Examination Board exam and working in placements in day nurseries and a primary school, I went to Nottingham City Hospital to do a course with neonatal babies. I loved this, but wanted to be with older children, and also wanted to travel. So, at the age of 19, I ended up as a nanny in Turkey, where I remained for the next 20 years, marrying and having two children. During this time, I completed an online Teaching English as a Foreign Language course and taught English to school-aged children. I then worked in an international school as a reception class teacher in Istanbul and later in Antalya.

After returning to the UK in 1996, I completed my certificate in Hospital Play Specialism and had placements in Leicester Royal Infirmary and Derby Children's Hospital. After completing my Healthcare Play Specialist Education Trust, I worked as a play specialist on the paediatric oncology ward, where my passion for sibling support began. I observed that most of the care and support was directed towards the sick child and the parents. I read various research papers and articles, which showed that siblings are likely to have emotional and behavioural problems, headaches and stomach aches, changes in appetite, sleep problems and changes at school.

In 2001, I started a sibling support group to provide fun and friendship for siblings aged 4-15, and children enjoyed a variety of activities as well as information days where they could ask questions and share and talk about their feelings. It proved a great success and continued until I left in 2007 to work as a community play specialist for the

Child and Family Support Service (CAFSS) in Leicestershire, part of the Diana Children's Community Service. The next big milestones in my career were completing a master's degree in counselling children and young people, graduating in 2011, then becoming team lead for CAFSS in 2018.

“The sibling information days I facilitated while on the oncology ward gave me great insight into their thoughts and feelings.”

Q: Tell us about your role in supporting children with cancer and their families

A: CAFSS provides emotional support and specialist play to children who have been diagnosed with a life limiting/threatening medical condition, and their siblings. A large part of our caseload is oncology, and we use counselling techniques and creative narrative techniques, which provide a safe environment for children to talk and share their thoughts and feelings about their own, or their sibling's diagnosis and treatment. Techniques include therapeutic story writing, social stories, relevant books and games, worksheets, hospital play and a variety of art and craft activities.

Q: Why's it so important for care and support to include siblings too?

A: When a child's diagnosed with cancer it affects the whole family.

Anxious for their sick child, and feeling overwhelmed by the situation, parents may inadvertently overlook the needs of their other children. Treatment means parents spend extended amounts of time in hospital and siblings may often be left in the care of others.

The sibling information days I facilitated while on the oncology ward gave me great insight into their thoughts and feelings. Siblings referred to themselves as sometimes feeling invisible, with an account by one sibling explaining he'd been out with his dad, and a neighbour had stopped and asked his dad how his brother was. Although this was an oversight, he had felt ignored and "invisible".

Q: What's the most rewarding thing about your role?

A: Working with children and seeing how they benefit from our service. I think I can speak for my colleagues when I say I feel privileged to be able to offer the support we do helping children and young people navigate an extremely difficult and traumatic experience in their lives. I'm proud to work for such an amazing service. The care and support given to families by the whole Diana Service is exemplary.

Q: Do you have a message for children and young people with cancer and their siblings?

A: Sharing your thoughts and feelings is important, never feel any question you want to ask is a 'stupid one', and you are resilient, you will get through this.

ASK THE Expert



Dr Amy Savage, Dr Sarah Punton and Dr Lara Felder,
Clinical Psychologists
at Southampton
Children's Hospital

What are three key components of sibling support?

There's no 'one-size-fits-all' approach to supporting siblings of children and young people with cancer. There are, however, key components of support that can make a big difference to siblings, which we've established through listening to the voices of siblings* themselves.

Having someone to talk to

The first essential component of sibling support is having someone to talk to and check in with, whether a healthcare professional, school staff member, friend, or family member. Siblings may withhold their feelings and experiences to protect their immediate family – it's therefore important for siblings to have a place where their thoughts, feelings and experiences can be heard, held and validated.

This supporting individual should be someone who the young person feels safe to talk to, and who is available regularly to provide a consistent, supportive space. This could be inside or outside of school, or in a club or activity that the young person attends regularly. It's paramount that this space is made consistently available after treatment finishes, which often represents another big life adjustment for siblings.

Siblings can experience significant physical and emotional separation from their families during cancer treatment. Making time to intentionally engage in an activity with siblings, in which you're fully present and connected with them, may support with this. This can look like many things depending on the sibling's preferences, but might include things

like reading together, going for a walk, building or making something, crafting, or having a meal together.

Access to information

Having access to age-appropriate information about their unwell sibling's care is another key protective factor for siblings. Due to individual differences, it's most helpful to ask them what they already know, what they want to know, how much they want to know about it, and who they want to hear it from. Where possible, ask the young person how they'd prefer to receive the information (a conversation, a book or leaflet, a trusted website etc).

Withholding information from young people about their sibling's care, even when coming from a place of wanting to protect them, often increases anxiety for them. Encourage siblings to ask questions (there are no silly questions!) and try to talk openly and honestly in age-appropriate language, within the boundaries of what the young person wants to know.

Balancing normality with reality

Everyone copes differently. Some young people find grounding themselves in 'normality' provides a temporary relief at a time of great

disruption and turbulence in their lives. This might look like being distracted and keeping busy, increasing family time, visiting friends, going to school and engaging in interests and activities. For others, they may wish to be actively involved in the 'doing', to combat feelings of helplessness. This might look like involvement in fundraising, taking on caring roles, or asking for 'jobs to do'.

It's important to support and encourage young people to continue engaging in things they enjoy, while still enabling time and space to talk about what's happening in the family. This can prevent siblings feeling 'shut out' from the realities of cancer. Lastly, where possible, support young people to visit their unwell sibling, or have some form of regular contact with them (video calls, for example), if they're receiving care in hospital.

*This article is based on the voices of those who have contributed to Dr Sarah Punton's research thesis, 'Young people's experiences of sibling cancer treatment'.

To read this research, visit <https://eprints.soton.ac.uk/493412> or scan the QR code.



Go Gold this September

Join us for Childhood Cancer Awareness Month and help change the future for children and young people with cancer.

You can help us raise funds and awareness by taking part in the following...



GOLD RIBBON RUN

Rally your school, workplace or community for a fun run with purpose. Choose your distance, wear gold, and raise vital funds together.



GOLD RIBBON PIN BADGES

Become a Gold Ribbon Champion by ordering a fundraising box and selling pin badges in your community to spread awareness and support.



BAKE IT GOLD

Host a golden-themed bake sale at school, work, or home. Share treats and collect donations to help raise vital funds.



For more information, visit cclg.org.uk/ccam or email fundraising@cclg.org.uk



The Children &
Young People's
Cancer Association

www.cclg.org.uk     @cclguk

Century House, 24 De Montfort Street, Leicester LE1 7GB • 0333 050 7654 • Email: info@cclg.org.uk
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