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Short-term perspectives of parents and teachers on school reintegration of childhood brain tumour survivors

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Abstract

Objective: To discover short-term changes in perspectives of parents and teachers of childhood brain tumour survivors on school reintegration, in order to reveal similarities and differences between them over time. *Methods:* Semi-structured interviews were conducted with parents and teachers of five children at the start and the end of a one-year period following the child's school re-entry. *Results:* Thematic analysis of data resulted in three main themes: 'the child's performance and wellbeing', 'the school's attitude and approach' and 'communication and working together'. Parental concerns about child-specific changes and the school's approach to the child could either decrease or increase over time. Teachers remained focused on assessing their pupil's learning potential and finding ways of appropriate support. Their different perspectives on communication and working together became more pronounced. *Conclusions:* This study emphasizes the importance of clear communication and collaboration, coordinated follow-up and availability of healthcare professionals during the child's school reintegration.

Key words

brain tumour; children; follow-up; key figures; school reintegration; semi-structured interviews

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Introduction

Childhood brain tumour survivors (CBTS) represent an important group among children and adolescents treated for cancer.[1] Many CBTS look forward to returning to school after completion of treatment, because school participation creates a sense of normality for them.[2] Unfortunately, numerous children experience reintegration into school in a negative way and feel constrained by various barriers.[3,4] Children treated for a brain tumour can encounter psychosocial problems due to their long absence from school, such as reduced self-esteem, increased anxiety and inadequate social readjustment.[5,6] In addition, they are more prone to developing learning difficulties because of impaired intellectual functioning, attentiveness and/or executive skills.[7,8] As a result, their school career might be compromised, leading to adverse outcomes concerning further education and vocational opportunities.[9,10] Therefore, it is crucial that parents and teachers as key figures in the child's school life recognize and respond timely to such vulnerabilities to ensure optimal academic and personal growth.

Illness- and treatment-related effects on learning outcomes in CBTS have been the primary focus of earlier research.[11-13] However, the perspectives of parents and teachers on the school career of these children are insufficiently examined and need more exploration. Studies have indicated that parents may be worried about their child's performance and wellbeing at school[14,15] or about the support from teachers, where there are (indications for) problems.[3] Feelings of relief and gratitude because of the child's return to standard activities can be accompanied by concerns, given the possible psychosocial and learning challenges.[16,17] Furthermore, many teachers are unfamiliar with or not informed about the potential impairments of CBTS.[3,18] They often lack the expertise or time to support and do not feel competent to meet the special educational needs of this group of survivors.[19,20] Such observations indicate that parents and teachers perceive the child's school trajectory differently and point to the need for more and integrated research into their views.

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42 Moreover, these perspectives should be investigated at more than one point in time, as situational
43 findings do not provide satisfactory insights into viewpoints and processes over time.

44 Consequently, we aim to study both perspectives of parents and teachers on school
45 reintegration of CBTS in depth, using a qualitative methodology and within a well-defined time
46 frame. A qualitative research design allows participants to disclose experiences, thoughts and
47 feelings in their own way, so patterns inherent to each perspective may informally emerge. The
48 expected results might reveal meaningful similarities and differences between the key figures'
49 viewpoints over time, resulting in implications for practice and eventually in policy recommendations
50 for follow-up of CBTS at school. Our research question can be formulated as follows: how do the
51 perspectives of parents and teachers on the school career of CBTS following the return change over a
52 one-year period?

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Methods

Study design

In this multiple case study, we conducted semi-structured interviews with parents and teachers of five CBTS following their return to school and after a one-year time interval.[21] Using semi-structured interviews allowed a profound exploration of their perspectives. Additionally, case-specific documentation such as medical records and school documents was consulted to gain a good understanding of the child's health and school performance.

Participants and recruitment

Participants were parents and teachers of CBTS between 6 and 12 years old, who had returned to school in mainstream education for longer than 6 months but less than 3 years. Parents had to be the child's primary caregivers, while teachers were responsible for teaching and supporting the child at school, such as classroom teachers, school counsellors and specialized teachers. In accordance with the technique of purposeful sampling, we focused on selecting a number of typical cases showing sufficient variation to obtain a realistic view of CBTS and their school trajectories in Flanders (Belgium).[22] Characteristics in the sample including age, medical history and time since the return to school reflect this diversity (see Table 1).

We selected five children who had been treated in two academic hospitals (UZ Brussel and UZ Gent). The children and their families were invited to participate in the study by their paediatric oncologist. If they agreed, they were contacted by the main researcher (S.V.). Through the parents, we reached the children's teachers and invited them to participate. After one year, the parents were interviewed again and asked to communicate our request for a second interview with the child's current teacher(s) at school.

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[INSERT TABLE 1 HERE]

Data collection

In total, 31 semi-structured interviews with parents and teachers of CBTS at the start and the end of a one-year period were held, using an interview guide (see Table 1). In advance, we conducted explorative interviews with stakeholders in healthcare and education and a literature study to develop this guide. During the first interview, parents and teachers were questioned about the child's school re-entry and about the period following the return. During the second interview, we asked them to reflect on the child's current school situation, as well as on the past year. Each respondent was interviewed in the corresponding setting, i.e. at home or at school. Interviews lasted approximately between 30 and 90 minutes. With permission of the participants, the interviews were audio-taped and transcribed. The research protocol was approved by the ethical committees of the UZ Brussel and the UZ Gent. Table 2 provides a description of the main topics that were discussed during the interviews, along with examples of questions.

[INSERT TABLE 2 HERE]

Data analysis

The aim of data analysis was to identify themes which could offer insights into the participants' perspectives and associated changes over time. Therefore, we explored the data according to the principles of inductive thematic analysis.[23] The process of analysis was performed without a theoretical framework to remain closely linked to the data, consisting of subsequent steps. After the first round of data collection, we read each interview transcript and its corresponding field notes several times. Then, the data set was coded using a codebook to detect and label descriptive units

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that were meaningful to the research objective. This coding process was iterative, as we constantly added new codes and merged existing codes into units. As a result, we obtained a structure of units to be examined for themes.[24] To analyse the second set of data, the initial codebook was modified with information gathered during this last round of data collection. Units found after analysis of this final set were again investigated for themes. Our final step consisted of aggregating and comparing themes resulting from both rounds to determine overarching themes in the two perspectives over time. We carried out the analysis using the computer program NVivo 8 software for qualitative data management (QSR International Pty Ltd).[25]

Trustworthiness

We addressed different quality criteria to ensure trustworthiness. Firstly, several strategies were applied to establish credibility.[26] We pursued data triangulation by gathering case-specific documentation as an objective source of information in addition to conducting interviews. These documents were primarily consulted to contextualize the experiences reported by participants and to confirm what their narratives seemed to indicate. The principle of member checking was followed by providing participants who were interviewed twice, the opportunity to review their statements from previous interviews for accuracy and resonance with their experiences. Also, peer debriefing took place regularly within the research team (S.V., J.B., L.P., A.J.) who discussed the different steps of the research, such as study purpose, preparation of data for analysis and interpretation of findings. Furthermore, dependability was enhanced by team meetings with the aim of conducting research that is logical, transparent and sufficiently documented.[27] Lastly, the main researcher used a reflective journal to write down personal feelings, insights and biases to achieve confirmability.[28]

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3 125 **Results**
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6 126 Parents' and teachers' perspectives on the school career of CBTS were found to evolve over time,
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8 127 even during the short period of one year. Three main themes appeared to be prominent in their
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10 128 views: 'the child's performance and wellbeing', 'the school's attitude and approach' and
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12 129 'communication and working together'. However, parents and teachers presented different
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14 130 viewpoints and experiences with regard to these themes. The key findings are discussed by theme
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16 131 and structured according to the specific perspective.
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22 133 1. The child's performance and wellbeing
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24 134 This first theme describes how the child performs, feels and behaves at school. Performance covers
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26 135 aspects in terms of academic achievement and learning, such as test results, knowledge acquisition
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28 136 and educational needs. Wellbeing relates to the child's psychosocial functioning defined by, among
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30 137 others, personality, social participation and behaviour.
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36 139 1.1. The child's performance and wellbeing: parents' perspective
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39 140 Parents were consistently preoccupied with their child's performance. Parents who initially feared a
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41 141 decline in performance still showed concern at follow-up, even when the child did not present
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43 142 deficits or had made progress. Concerns were reported in relation to various points, for example, the
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45 143 impact of disease and treatment on learning outcomes, curriculum-based problems and fluctuating
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47 144 test results. They were worried that reaching educational goals would be hard at the end of the
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49 145 school year and in the years to come. Parents could also be concerned when no impaired
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51 146 performance was observed. Reasons for their concern were mostly difficulties demonstrated by the
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53 147 child, such as a delayed processing of study material, poor writing skills and a lack of organizational
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3 148 abilities. The combination of such negative changes and the increasing teaching tempo made them
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5 149 expect lower grades in the future.
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8 150 *'Sometimes they (school grades) are good and sometimes they are not. We don't always know why.*
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10 151 *Maybe he needs more help?* […] *We need to understand it better, especially in view of the coming*
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12 152 *years.'* (parent at moment 2)
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15 153 *'Right now, she is doing well, even though she struggles with writing and easily forgets. She shows*
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17 154 *progress but at the same time, the study material will increase. I will not be surprised if she will get*
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19 155 *lower grades.'* (parent at moment 2)
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21
22 156 In addition to performance, parents raised concerns about their child's psychosocial
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24 157 wellbeing at school. After one year, these concerns were found to be reduced in some, but to be
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26 158 lasting or more pronounced in others. Following the return to school, children could show a lack of
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28 159 connectedness with classmates or limited social participation. By readapting gradually to the
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30 160 company of peers at school, most children's relationships improved, which reassured their parents.
31
32 161 Unfortunately, other parents' psychosocial concerns continued to exist or even increased. Sources of
33
34 162 their concern were mainly associated with the child's growing awareness of physical limitations
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36 163 and/or weaker skills needed to perform academically (after comparison with others). Such a
37
38 164 realization could lead to low self-esteem and a negative self-image, along with an overall negative
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40 165 school experience.
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43 166 *'Apparently, she is more talkative at school. When she had just returned (to school), she felt alone.*
44
45 167 *Fortunately, she no longer feels this way. I'm relieved because as a parent, you can't do anything*
46
47 168 *about it.'* (parent at moment 2)
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49
50 169 *'He knows that he lacks certain skills, now even more than before. It influences how he looks at*
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52 170 *himself and this will only increase, especially in his teenage years. I feel so sorry for him.'* (parent at
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3 172 1.2. The child's performance and wellbeing: teachers' perspective
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6 173 Concerns about the child's performance and wellbeing were less prominent in perspectives of
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8 174 teachers, as they rather focused on determining academic strengths and weaknesses. They did reveal
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10 175 how they perceived their pupil's performance and wellbeing, but essentially in an objective manner.
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12 176 From these teachers' perspectives, evaluating the child's learning potential and educational needs
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14 177 within the context of their teaching approach was more important. At follow-up, this assessment
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16 178 seemed easier to make for most of them, although some were still struggling to estimate individual
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18 179 abilities and points of concern. Factors that complicated this already challenging process included
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20 180 changing efforts to perform, fluctuating results on tests and an inconsistent need for additional
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22 181 support displayed by most children. In addition, teachers focused on comprehending child-specific
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24 182 observations or behaviours in class. When their pupil exhibited notable or altered patterns in
25
26 183 attitude or behaviour, teachers tried to determine whether this observation was primarily linked to
27
28 184 the children's individuality or brought about by their condition. Examples included children who
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30 185 worked slowly, were quickly distracted during tasks or showed a lack of social interest. Over time,
31
32 186 this focus lessened because they knew the child's personality better and how to approach certain
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34 187 difficulties or needs.
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37 188 *'Now I know that spelling is difficult for him and why. His grades went up and down since he came*
38
39 189 *back. But today, this is less so and meanwhile, I know him very well. It was challenging though.'*
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41 190 (teacher at moment 2)
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43
44 191 *'I did not know for a long time why she works so slowly. Because of the treatment or simply because*
45
46 192 *she is perfectionistic? The difference implies that you can expect change or not, you see?* [...] *Do you*
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48 193 *try to help her as much as possible or do you need to leave her alone? I still find it difficult.'* (teacher
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50 194 at moment 2)
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2. The school's attitude and approach

The second theme concerns the way in which the school responds to the child's return and further reintegration process. This approach is mainly determined by the school staff's attitude towards their pupil's inclusion, the initiation of (additional) support and the follow-up of the child's academic or psychosocial development.

2.1. The school's attitude and approach: parents' perspective

Parents reported to have positive experiences but especially concerns when talking about the school staff's attitude and approach. Their positive experiences contained descriptions of teachers who displayed competency and responsibility, representing an open mentality towards children with special educational needs. When parents discussed concerns the first time, most of them repeated them in the following year. Some were still afraid that their child's learning process or wellbeing was not monitored (enough) by the classroom teacher or school counsellor, despite clear indications of obstacles. Others questioned the effectiveness of individual adjustments or level of support provided during lessons, worrying that the adaptations did not sufficiently alleviate the child's needs. In addition, the issue of future classroom support was repeatedly mentioned by parents, even when teachers responded adequately to the child's current needs. Continuation of support remained their major concern, since they considered drawing attention to educational needs and showing active involvement as necessary actions throughout the child's further school career. By contrast, parents' initial doubts about a lack of proper knowledge among teachers to handle their child's deficits could also have become less strong. This increased trust was usually accompanied by the initiation of more support at school, whether or not in cooperation with teachers from specialized education.

'If the teacher is not willing (to support), then it will not work. So far, we have been lucky, but there are others as well (teachers providing less support). I'm already worried about that, for sure.' (parent at moment 2)

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'I was convinced that the school could not help him if necessary. But I no longer think this way because of the extra assistance (from a specialized teacher). They do what they can and that's fine.' (parent at moment 2)

2.2. The school's attitude and approach: teachers' perspective

At follow-up, most teachers revealed that they had learned to approach the child's situation in the best way. These situations referred to children who demonstrated learning, psychosocial and/or physical difficulties in class. Teachers recalled specific actions or practices contributing positively to their ways of teaching and support. For instance, some of them had decided to simply discuss general information (e.g. average grades) with the child's previous teacher at the start of the school year. By asking only essential details, they considered themselves less biased and influenced by colleagues, creating conditions for a neutral treatment of their pupil. Other teachers wanted to prepare themselves as much as possible, for example, by talking with the child's parents in advance, reading about the condition and attending an information session. They believed that the insights gained through this preparation, had improved their teaching method and made them more confident during interactions with the pupil at later points in time. Furthermore, organizing regular meetings with colleagues to discuss the child's evolution and receive feedback on their teaching approach was introduced by several teachers. Reflecting on their pupil's situation in group made them feel better able to provide support for challenges or problems in the classroom.

'I found it useful and interesting (the information session), specifically about visual deficits, like the best position for him in the classroom, how his exercise book should lie on the desk, during crafts activities. [...] *I knew what could help him and it gave me a good feeling.'* (teacher at moment 2)

'Talking about it (the child's problems) with others here helps me to find out what may help her. By reflecting together with others, you become a better teacher because you have more knowledge.' (teacher at moment 2)

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3 245 3. Communication and working together
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6 246 The relationship between parents and teachers and their ways of communicating and working
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8 247 together are represented by this last theme. This broad topic discusses the experiences, needs and
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10 248 expectations that parents and teachers have when they interact in the context of the child's
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12 249 reintegration process.
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17 251 3.1. Communication and working together: parents' perspective
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20 252 Parents sought an adequate relationship with the school to be aware of their child's functioning and
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22 253 wellbeing following school re-entry. Most of them presented themselves as available to school staff,
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24 254 assuming that they would have questions or need help. Also, parents provided information about the
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26 255 child's condition that they thought could be useful at school. After one year, most parents expected
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28 256 more or different ways of communication and working together. These parents wished to have more
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30 257 contact or to exchange more information with school staff. Examples included parents who
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32 258 experienced the formal meetings with the classroom teacher as insufficient to understand their
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34 259 child's difficulties, wanted to be more systematically informed about the child's performance, and
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36 260 needed more clarity about the school's viewpoint on future school reorientation. In response to
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38 261 these experiences, they approached teachers with the request for extra consultation, provided more
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40 262 information about their opinion themselves or focused on other ways to reach school staff. In
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42 263 addition, some parents preferred different topics to communicate about with the school. They also
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44 264 wanted to be briefed about other matters than learning and performance, such as work attitude,
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46 265 school satisfaction and relationships. Especially when parents believed that their child was
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48 266 experiencing social difficulties or when recurring misunderstandings had taken place with the child's
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50 267 teachers, they needed clear information to be exchanged.
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54 268 *'Everything was fine and now they (school) suddenly report that he has problems and suggest to*
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56 269 *contact a speech therapist? Then they should make the effort to discuss this, even briefly.* […] *I don't*
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think that this level of interaction is sufficient, especially because he is a special pupil.' (parent at moment 2)

'They should tell me about her relationships and be clear about it. She keeps most of it to herself, so I don't know. […] *It is possible that they have no idea what's going on, we don't think alike, definitely.'* (parent at moment 2)

3.2. Communication and working together: teachers' perspective

Teachers pursued a feasible relationship with parents, allowing them to integrate condition-related information with their own acquired insights and therefore, to optimize their approach to the child's inclusion following re-entry. They indicated to be open to suggestions from parents without disregarding their own ideas or preferences. At follow-up, teachers did not display different perspectives: they did not express the need for more or other ways of communication and working together with parents, even when reviewing negative experiences. Different teachers at the start and the end of the one-year period reported similar narratives, suggesting that certain ways of interacting between schools and families had been well-established. Experiences could relate to barriers that they encountered, such as contrasting opinions of the child's need for inclusive support in class, different expectations of commitment or responsibilities regarding the child's situation, and insufficient follow-up of advice on schoolwork at home. Some of them wondered how they should assist the family considering their miscommunication and disagreements on a regular basis, for example, towards the transition to secondary school. However, several teachers raised merely positive experiences of working with the child's parents both at the start and the end of the one-year period. They described their relationships as teamwork, involving open evaluation and discussion of the child's development. According to them, these parents' realistic expectations and achievable learning goals for their child facilitated school progress, as well as constructive consultation.

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'According to her mother, she needs more support and should be monitored by the school counsellor. We don't agree, what makes working together difficult. As for next year, I don't know how we can come to a proposal that is acceptable for her (the mother)?' (teacher at moment 2)

'His parents understand that he can't accomplish everything. I think that's why he performs so well, without feeling pressure. And it's good for the collaboration between those involved, such as the external teacher and the therapists from the rehabilitation centre.' (teacher at moment 2)

Discussion

This study reveals two important findings. Firstly, parents and teachers talk about the same themes related to school reintegration of CBTS, but in different and sometimes opposing ways. Secondly, perspectives of parents and teachers on the child's school career evolve during the short period of one year under the influence of positive and negative experiences.

Over time, the initial concerns reported by most parents regarding their child's school career either decreased or increased. These concerns were related to the child's performance and wellbeing, as well as to contextual factors such as the school's attitude towards inclusion of the child. Some worries had emerged from a specific situation, for instance, when the child demonstrated impaired social skills or the teacher's approach showed little consistency. Other concerns could not be directly linked to observations, for example, parents feeling worried about deteriorated performance without a decline in grades or about classroom support in the years to come. Where there are no clearly identifiable obstacles, indications for concern may be situated in the parents themselves. Parental feelings of concern might be induced by negative emotions such as anxiety, distress and uncertainty, generated by their accumulated knowledge about the child's condition.[29,30] Indeed, numerous studies have confirmed the wide-ranging difficulties facing CBTS at school[3,31,32], as well as disadvantages arising from a school environment failing to accommodate the child's special needs.[19,33,34] Without timely and appropriate intervention, many CBTS complete their education

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3 319 more slowly compared to healthy peers and in parallel, need to rely on special educational
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5 320 services.[35,36] Consequently, parents feel the need to act proactively towards school staff to ensure
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7 321 optimal support for the child and to ease their own concerns.
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10 322 Generally, teachers remained focused on assessing the child's learning potential and finding
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12 323 ways of adequate support. Most of them were aware of the child's changes since the return and
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14 324 recognized the greater effort required in future school years, but without demonstrating in-depth
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16 325 knowledge. However, they all understood the importance of their own attitude and support for the
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18 326 child's further development. Gradually, most teachers became confident in approaching the child as
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20 327 they discovered ways to respond to challenges, possibly assisted by colleagues or external
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22 328 stakeholders. Because this search process may be difficult, supporting professionals including
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24 329 specialized teachers and healthcare providers are valuable for teachers working with children with
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26 330 health conditions in mainstream education.[37,38] In this way, the teacher's varying questions, doubts
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28 331 or needs are discussed, the child's learning process is monitored and possible attitudinal barriers at
29
30 332 school are diminished.[39,40] Such barriers include not pursuing individualized assistance for the child,
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32 333 not sharing child-specific details with colleagues and not depending on information received from
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34 334 stakeholders.[41,42] In this study, school staff did not display negative attitudes, but their experiences
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36 335 do show a lack of preparedness for teaching children such as CBTS.
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39 336 Overall, parents' and teachers' different perspectives on communication and working
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41 337 together had become more pronounced over time. Parents knew what they needed from school staff
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43 338 including more initiative, commitment and communication in general as found in earlier studies.[43,44]
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45 339 Their increased expectations might be caused by adverse changes at school such as learning
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47 340 disabilities recently identified in the child. Parents are possibly unaware of or have doubts about the
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49 341 school's approach to such changes and consequently, need clear communication and involvement.
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51 342 Teachers did not express (other) expectations of communicating with parents, not even after
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53 343 revealing negative experiences. Those who raised positive experiences seemed to be satisfied with
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their relationships and did not indicate points for improvement. Others who mentioned ineffective ways of working together perhaps considered these patterns difficult or impossible to change and in consequence, did not disclose explicit expectations. These experiences relate to an important barrier to successful school reintegration of children with health conditions: suboptimal communication between family, education and healthcare.[45,46] Unrealistic expectations of parents regarding readjustment[47], inaccessible school staff to stakeholders in healthcare[48] and insufficient knowledge of healthcare providers about the educational system[19] are some examples of impeding factors for constructive collaboration.

Implications for research and practice

The findings from this research provide evidence for the concerns of parents and the focus of teachers that may become apparent following the return to school of a seriously ill child.[3,20] Further (qualitative) research should be conducted to examine their perspectives specifically on these aspects of the child's school career. Our results are consistent with the well-known problems related to performance and wellbeing in CBTS, despite this not being the focus of study.[7,49] This research emphasizes the importance of providing knowledge and training to school staff teaching children with chronic conditions such as CBTS.[50,51] Future studies could focus on specifying information and strategies that enhance their teaching practices to be included in such additional training. Lastly, our findings confirm the value of regular consultation between stakeholders starting upon the child's return to school. Because practices of communication and collaboration either facilitate or impede the child's reintegration process, it is appropriate to study experiences of parents, school staff and healthcare providers extensively on this point.

Our study indicates that parents and teachers should have the opportunity to address an independent partner when they feel the need to discuss the child's school career. This service or person is preferably specialized in working with children with special educational needs due to health

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problems and knows the child's individual situation. Moreover, this partner can coordinate the child's academic and psychosocial follow-up and organize regular meetings between parents, school staff and health professionals. In this way, not only the child's development at school is monitored, barriers to optimal collaboration and practical or organizational concerns also receive attention on time. Healthcare providers who provide services of aftercare should be involved as much as possible in the child's school career, given their expertise in condition-related effects on functioning and wellbeing. Introducing a school liaison to establish connections between the different stakeholders may ensure that the healthcare perspective is more strongly represented throughout the child's follow-up process.[19,52]

Strengths and limitations

To our knowledge, this study is unique in combining perspectives of parents and teachers on school reintegration of CBTS explored at two points in time and using a qualitative methodology. This research is important because its findings reveal different time-related experiences of both stakeholders to be included as areas of concern in the future school policy on CBTS.

Our study also has some limitations. Firstly, not all teachers questioned at follow-up had been questioned at the start of the study and vice versa. Therefore, other results can be expected when interviewing the identical group of teachers at both points in time. However, the change of teachers over time reflects the reality of CBTS at school. We acknowledge that the period of one year is short to draw conclusions within a temporal perspective. A longer follow-up study is needed to investigate important processes characteristic of school trajectories of CBTS. Furthermore, we analysed data collected at two predefined times, so that findings on changes that have occurred between these two points are only preliminary. Conducting trajectory research makes it possible to gain more insights into how viewpoints of parents and teachers gradually change over time.[53] Finally, the findings from this research are based on experiences of stakeholders and not on direct

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observations. Participant observation in various situations at school would add complementary information to our study.

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Declaration of interest

The authors have no conflicts of interest to declare.

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	Case 1	Case 2	Case 3	Case 4	Case 5
Gender	F	M	M	M	F
Age at inclusion	10	10	10	7	8
Cancer diagnosis	Pilocytic astrocytoma	Anaplastic ependymoma	Medulloblastoma	Low-grade glioma	Medulloblastoma
Medical treatment	Surgery	Surgery, radiotherapy	Surgery, radiotherapy, chemotherapy	Surgery, chemotherapy	Surgery, radiotherapy, chemotherapy
Months since return upon inclusion	7	28	12	21	6
First interview round	2 parents, 3 teachers	2 parents, 3 teachers	2 parents, 3 teachers	1 parents, 2 teachers	2 parents, 2 teachers
Second interview round	2 parents, 3 teachers	2 parents, 2 teachers	2 parents, 1 teacher	1 parents, 1 teacher	2 parents, 1 teacher

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Participant	Main topics	Examples of questions
Parents	1. Return to school	*How did you and your child experience the return to school?*
	2. School performance	*How are your child's current grades and have they changed in the past period?*
	3. Learning ability and educational needs	*Is your child experiencing consequences resulting from his/her condition in the classroom?*
	4. Emotional wellbeing at school	*Have the child's experiences following the return to school had an influence on his/her self-image?*
	5. Social life at school	*How do you feel about your child's friendships at school?*
	6. School's approach and support	*Does the school provide adjustments to meet your child's needs? If so, what can you tell about their adjusted approach?*
	7. Parental roles concerning school life	*What do you do to stimulate your child's learning progress at home?*
	8. Communication and collaboration with school staff	*How would you describe your communication and collaboration with the child's school?*
	9. Expectations of future school career	*How do you look at your child's school career in the coming years?*
Teachers	1. Return to school/entry into class	*Did you prepare for the child's (re-)entry into the classroom and if so, how?*
	2. School performance	*Have the child's school grades changed compared to his/her grades from the pre-illness period?*
	3. Learning ability and educational needs	*Does the child show changes in terms of acquiring knowledge since the return to school?*
	4. Emotional wellbeing at school	*Have you observed any differences in the child's personality in the past period?*
	5. Social life at school	*How would you describe the child's relationships with classmates?*
	6. Teaching approach and support	*Which teaching methods are used by you and/or other school staff to support the child?*
	7. Communication and collaboration with parents	*How do you experience your communication and collaboration with the child's parents?*
	8. School climate and policy	*Could you explain the school's point of view on teaching children with medical needs such as the child?*
	9. Expectations of future school career	*How do you expect the child will develop in the coming years in terms of learning and performance?*

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