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Measuring the impact of a burns school reintegration programme on the time taken to return to school: A multi-disciplinary team intervention for children returning to school after a significant burn injury

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ABSTRACT

Introduction: Returning to school can be a major step for burn-injured children, their family, and staff and pupils at the receiving school. Previous literature has recognised the difficulties children may face after a significant injury and factors that may influence a successful reintegration.

Aim: A regional paediatric burns service recognised that some patients were experiencing difficulties in returning to school. A baseline audit confirmed this and suggested factors that hindered or facilitated this process, initiating the development of a school reintegration programme (SRP). Since the programme's development in 2009, it has been audited annually. The aim of this paper was to evaluate the impact of the SRP by presenting data from the 2009 to 2011 audits.

Method: For the baseline audit, the burn care team gathered information from clinical records (age, gender, total body surface area burned (TBSA), skin grafting and length of stay) and telephone interviews with parents and teachers of the school returners. For the re-audits, the same information was gathered from clinical records and feedback questionnaires.

Results: Since its introduction, the mean length of time from discharge to return to school has dropped annually for those that opted into the programme, when compared to the baseline by 62.3% (53 days to 20 days). Thematic analysis highlights positive responses to the programme from all involved. Increased awareness and feeling supported were amongst the main themes to emerge.

Conclusions: Returning to school after a significant burn injury can be challenging for all involved, but we hypothesise that outreach interventions in schools by burns services can have a positive impact on the time it takes children to successfully reintegrate.

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1. Introduction

Attending school is a vital part of a child's life and development, both in terms of gaining academic achievements and developing a range of social skills. Depending on the location and extent of the injury, a paediatric burn injury can result in both emotional and physical challenges for the child. The time it takes them to return to school can be an important indicator of their emotional adjustment and functional aptitude [1]. Previous research has highlighted some of the difficulties children may face and factors that may influence a successful reintegration following a burn injury [2,3]. Research has emphasised the importance of children continuing with school work during inpatient hospital admissions where possible, to provide children with a sense of normality and to ensure they do not fall behind academically. Continuing with a sense of normality can also prevent children from feeling isolated during the recovery period, as once a child becomes accustomed to isolation, it can be difficult to achieve successful social reintegration [4]. It is advocated that steps for a successful school reintegration should begin whilst the child is still in hospital. This can include preparing teachers, parents and peers for what it might be like when the child finally returns to school and the changes that will need to be made, both emotionally and physically [5,6]. There is a potential emotional impact on teachers including a worry that the child's peers will be insensitive with regards to their burn injury and a desire to protect the child from further harm [7]. Teachers who are not prepared for the reintegration of a child with a burn injury may feel inadequate in their abilities [3]. Research has noted that children and parents can feel anxious about the ways in which peers may react to the child's new appearance [8], and being accepted back into their social and academic surroundings [9]. Horridge et al. [10] highlighted that parents had to regain their confidence in three key areas after their child's burn: in their abilities to protect their child; in their child's abilities to take care of themselves and in the school's ability to keep the child from harm.

Canter and Roberts [11] conducted a quantitative review of research on the effects of school re-entry interventions for children with chronic health conditions. These interventions can take the form of a workshop aiming to increase disease or injury-specific knowledge, and decrease anxiety surrounding the return of an ill child back to the class room, and can also involve discussing the needs and fears of the ill child and of the class. Results of this review found support for the effectiveness of such programmes in terms of increasing illness-specific knowledge and enhancing positive attitudinal change. In particular, they found larger effects for interventions targeting teachers compared to healthy peers. They also identified a need for more empirical work to be conducted in this area.

When comparing previous literature in this area, the reported length of time to return to school following a burn injury has been varied. In earlier research, Engrav et al. [12] reported a mean time to return to school of 8.5 weeks after discharge. This study however had several limitations. The sample they used only included patients who had been hospitalised for 5 days or more or had required a skin graft. The mean percent of TBSA burned from the sample was 11.6%, however this included the whole sample which incorporated both adults and children who were treated at the University of Washington Burn Centre; therefore it is unclear as to what the TBSA was for the school-aged children alone. Out of 325 patients, only 43 of these were classed as students/school-aged for which time to return to school was calculated. Staley et al. [13] reported a mean time for returning to school of 7.4 days after hospital discharge for a sample of burn injured children. This study incorporated 34 patients aged 6–16 years, with an average TBSA burn of 25.9% (range 2–85%) and an average hospital stay of 30.8 days (range 3–198 days). More recently, research has found similar findings regarding time to return to school. Christiansen et al. [1] found that the average time to return to school was an average of 10.5 days and median time of 7.5 days. This sample consisted of 64 patients with an average TBSA burn 14.3% (range 1–50%), and an average length of hospital stay of 23.7 days (range 1–123 days).

Within healthcare, audits are an important tool used by healthcare professionals to be able to assess, evaluate and improve care of patients efficiently. A baseline audit is necessary to assess current practice/standards and compare it against a desired standard. Keen to review and improve the care it was offering, a baseline audit within a Regional Burns Service was conducted to look at how long it was taking children to return to school following their injuries. A randomly selected sample of all school-aged patients whom had sustained a burn injury and were admitted to a Regional Burns Service between September 2007 and February 2008 were used as a baseline sample to establish how long, on average, it took children to return to school. The data collected from these eight participants was used to establish the average time to school re-entry following discharge from the hospital. The baseline audit found that on average it was taking 53 days (range 5–185 days) for children to return to school from hospital discharge, significantly longer than published literature had reported. The audit also indicated that there were a number of influencing facts that may hinder or facilitate a successful school reintegration, such as pre-return meetings and good two-way communication between families and schools, and contact with peers during the recovery phase. This prompted a review of the support that the burns service was offering to children returning to school following a burn injury, and whilst acknowledging that there are a range of factors that impact on a child's reintegration to school, a SRP was developed to address some of the identified gaps.

Since 2009, the SRP has been offered to all school-aged children admitted as an inpatient for 48 h or more following a burn injury. Children that have previously been discharged from the inpatient unit and attend follow up appointments in the outpatient clinics can also opt into the SRP if a need is identified. The pathways are highlighted below in Fig. 1.

The Burns booklet that is sent to all head teachers of school aged children covers information on; the structure of the skin, scar management, physiotherapy, occupational therapy, sun care, nutrition, and psychological well-being, with guidance on how best to support the returning child. A cover letter is attached in order to explain the nature of the booklet and the family and their child are informed that a booklet will be sent