

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: [www.elsevier.com/locate/burns](http://www.elsevier.com/locate/burns)

# A qualitative study of teachers' experiences of a school reintegration programme for young children following a burn injury

Hannah M.N. Wilson<sup>a,\*</sup>, Sarah L. Gaskell<sup>b</sup>, Craig D. Murray<sup>a</sup>

<sup>a</sup> Lancaster University, Bailrigg, Lancaster, United Kingdom

<sup>b</sup> Royal Manchester Children's Hospital, Oxford Road, Manchester, United Kingdom

## ARTICLE INFO

### Article history:

Accepted 18 January 2014

### Keywords:

Qualitative

School reintegration

Paediatric burn care

School personnel

## ABSTRACT

School reintegration programmes provide support to both children absent from school as a result of a serious health problem and their teachers, but little is known regarding their efficacy, or the impact of the situation on teachers. This qualitative study explored the experience of primary school teachers who were involved in a school reintegration programme, following a burn injury to a child in their class. Data was collected using semi-structured interviews with four primary school teachers. Transcripts were analysed using interpretative phenomenological analysis. The findings indicated that participants were positive regarding the programme, but detailed aspects which could be improved, for example better communication before the child's return. They discussed their fears and concerns, including a strong need to protect the child from further harm. Implications of this study include the need to provide adequate support to teachers in similar positions, and further develop school reintegration programmes to best facilitate the child's return to school.

© 2014 Elsevier Ltd and ISBI. All rights reserved.

Research indicates that unintentional fire-related burns contribute significantly to children's hospitalisation and disability [1]. During hospitalisation, these children are often separated from their family, subjected to painful procedures, and restricted from seeing friends [2]. Treatment for burn injuries often also results in missed education. Staley et al. [3] found that a group of 34 children with a burn injury missed, on average, 22 days of school. The National Burn Care Review Committee (NBCRC) [4] suggested individuals who suffer a burn injury can face physical difficulties, such as limited movement, which affect their return to work or school.

Once children with burn injuries are discharged from hospital, they may wear splints or pressure garments, or have visible injuries or scarring [5,6]. Research conducted by

Changing Faces, a support charity for those with disfigurements, indicated that some pupils with visible differences experience "bullying, behavioural problems and identity issues" [7] (p. 38). The NBCRC also highlight that children with visible injuries often experience teasing, which may lead to social withdrawal [4]. Anecdotal evidence indicates these factors can lead children to fear returning to school, particularly others' reactions in addition to missed school-work.

As uncertain as the child may feel about returning to school, it is likely this also presents challenges for their teachers. Despite the vital part which schools play in a child's rehabilitation, there has been little research regarding the effect on teachers of having a burn-injured child in their class.

\* Corresponding author at: Department of Clinical Psychology, C27 Furness College, Lancaster University, Lancaster LA1 4YG, United Kingdom.

E-mail address: [h.wilson@lancaster.ac.uk](mailto:h.wilson@lancaster.ac.uk) (Hannah M.N. Wilson).

<http://dx.doi.org/10.1016/j.burns.2014.01.012>

0305-4179/© 2014 Elsevier Ltd and ISBI. All rights reserved.

Blakeney [8] reports that, "school personnel quite likely have no information about or experience with burn injury and recovery, and they are susceptible to all the fears, anxieties and failings of human beings" (p. 181). Cahners [9] suggested that teachers may feel "threatened" (p. 167) by their task of helping the child in their return, and need support in processing their feelings. Teachers are encouraged to treat the child as "normal," but may struggle to do so, and fear further injury or damage to the child's healing skin. They may also worry about the effect on the child's peers [10] and that the returning child will require a disproportionate amount of the teacher's time [11]. Other concerns described by teachers of children with chronic health conditions include feeling under-informed about the health conditions [12] and parents perceiving school personnel as unable to cope [13].

It is important that despite these uncertainties, teachers are able to aid children in returning to school after hospital absences. Horridge et al. [14] found that school support was an important factor in ensuring that children return to school as quickly as possible. This referred particularly to parents experiencing schools as receptive and caring during the child's absence, and trusting the child would be safe at school.

Teachers are instrumental in facilitating a child's return to school and ensuring that their educational and social reintegration occurs smoothly. This may be a difficult expectation for them to fulfil, when research indicates that they have multiple concerns, and feel they lack the relevant knowledge and personal support. One method of providing knowledge and support to schools is via school reintegration programmes, which can be beneficial to staff, children with illnesses or injuries, and their peers.

---

## 1. School reintegration programmes

The NBCRC [4] noted that there is currently no nationally accepted system concerning psychological care and rehabilitation during, and after, a burn injury. However, it described four main areas of adjustment which burns care teams should focus on: family support; social skills; functional ability; and information (p. 40). School reintegration visits following a burn injury to a pupil particularly aim to address the social skills and information aspects of this, although the school network could be seen as another "family" whom the team work with to encourage support of the individual. A specific recommendation of the NBCRC was that, "if necessary, and with the consent of the patient and family, a burn service should contact the patient's school or workplace and offer suitable information and literature about burn injuries, with the additional offer of a visit from the outreach team" (p. 42). After the NBCRC review, a set of standards regarding care for those with a burn injury were published. The section regarding "paediatric issues," recommends that a school re-entry programme is provided [15].

School reintegration, or re-entry, programmes for children who have suffered a burn injury are described as containing several key principles [8]: planning for school re-entry should begin as soon as possible after the injury; the child's family should be encouraged to participate; each plan should be individualised; it is assumed each child will return to school on

discharge; and the burns care team should continue to be available if problems arise. Through contact with the team, the aim is to make school personnel feel part of the process, and to gain knowledge and understanding about burn injuries [9].

Research regarding the efficacy of school reintegration programmes for children who have suffered a burn injury is scarce, and mostly anecdotal (cf. [16]) and little is known about how teachers involved in such programmes experience them. Due to the lack of research concerning teachers' experiences of school reintegration programmes, the present study sought to investigate how teachers experience a school reintegration programme for young children in order to inform the development of such programmes more widely.

---

## 2. Service context

The service in which the present research was conducted is located in a city in the North of England. The service treats over 500 children and adolescents, up to the age of 16, for a burn injury every year. This treatment is delivered by a multi-disciplinary team (MDT) which includes nurses, doctors, surgeons, psychologists, play specialists, occupational therapists and physiotherapists. Clinical psychologists within the team have been instrumental in the development and evaluation of the school reintegration programme delivered by the service.

The service began offering a school reintegration visit in 2009, in line with national burn care standards. The aim of the visit is to provide support and information to both school staff and the injured child's peers, to reduce any potential difficulties when the child returns to school. All children are now offered a school reintegration visit, which is provided for all those who request one.

The central feature of the school reintegration programme is a visit to the school, in addition to liaison with the school throughout the child's hospital stay. The visit is usually delivered by representatives from the MDT, and a presentation for the child's peer group is adapted depending on the audience age. For young children, puppets may be used and hands-on activities such as handling pressure garments are encouraged. For older children, the presentation includes more specific information regarding skin, burns and first aid. All presentations include information about burn injuries and how they happen. They also discuss the treatment, and what support the children can offer their peer on their return. For schools outside of the burns service's locality, a DVD has been developed which simulates the visit. Each visit is managed around the individual child and their needs. The message that each visit has in common, though, is the concept that the child is still the same on the inside, even if something has changed on their "outside." The school reintegration visit can also provide school staff with additional information regarding the child's injury and how to deal with any difficulties that may arise once they return to school. The presentation can model ways in which to discuss the burn injury with the child's peers, and allow the teacher to feel more confident in their knowledge of the child's abilities and needs.

Audit data indicates that since introducing the school reintegration programme, the length of time between dis-

Download English Version:

<https://daneshyari.com/en/article/3104539>

Download Persian Version:

<https://daneshyari.com/article/3104539>

[Daneshyari.com](https://daneshyari.com)