

CASE NOTES

Returning to school after Burn Injuries

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A child's schooling is a vital aspect of his life and his adjustment to school indicates his probable future adaptation and adjustment to life. The child who receives severe burns and requires hospitalisation, frequently faces difficulties in returning to school and resuming his former place in his peer group. Active intervention at the local school by hospital staff may ease the return to school and assist the child to overcome these difficulties.

SAMPLE AND METHOD

A sample of ten children who had received significant injuries warranting surgery, was reviewed one to three months after discharge. Hospital interviews were conducted, home visits and school visits made, and questionnaires administered. The aim was to compare the parents' perceptions of the children's school performance before and after the accident, and to verify the findings by using the teachers' assessments.

The children in the sample, all of whom were boys, ranged in age between five and 13 years, most about 10. All were Australian born. Families with known significant medical, psychiatric or social problems were excluded as were first generation migrant families, so that findings could be fairly confidently related to the burn injury and not to any pre-existing problem. There was an average of four children in the families selected and six of the 10 patients were youngest children. We judged six of the 10 families to be stable, cohesive units, and three to be definitely unstable. We were doubtful about the tenth. In six of the 10 accidents, the children were playing with petrol and matches when the accident occurred.

FINDINGS AND DISCUSSION

There was general agreement between the parents' assessments of the children's school attendance and performance, and those of the school teachers. There were some differences of opinion about the level of academic achievement, regularity of school attendance, and the child's willingness to participate in organised activities. However in all cases the differ-

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ence was a matter of one degree — the parents' assessments being more generous than the teachers' assessments.

1. Regularity of school attendance showed most change after the accident with five of the 10 children staying away from school more frequently. Various reasons were given for this but it seems to indicate significant emotional difficulties in some children as a result of the injuries and hospitalisation.

One example was the eight year old boy who felt very guilty about having played with petrol and matches and about his subsequent injury, and all the trouble and distress it had caused to his family. He felt that he was 'bad' and 'worthless' and that no one at school wanted to talk to him or to play with him. He had keenly attended school, but after the accident became reluctant to go, and tearful when pressed to do so.

2. Academic achievement was unchanged for nine of the 10 boys and improved for the tenth, despite significant absences from school, ranging from three weeks to nearly five months. This very desirable state of affairs is probably attributable to the very able teaching and management the children received whilst in-patients, from the hospital school teacher assigned to the Burns Ward.

3. Peer group relationships showed little change also in that only one child became an isolate after the accident.

4. In the area of physical activities eight sets of parents reported the children willing to participate in organised activities. The teachers assessed five of the 10 to be unwilling to participate in organised activities but reported that this predated the accident.

5. Other problems at school included three instances of increased aggressiveness towards other children. One child, who had previously had a behaviour problem at school, used his injuries as an excuse to avoid participation in organised activities, and to bully and manipulate other children. He hit other children knowing that they would be chastised if they retaliated. In this case the teachers were aware of the child's manipulative

behaviour but were concerned about the legal responsibility, should any further injury occur if they forced the child to participate in activities. They raised the question of whether the hospital should supply a certificate stating that the child was fit to resume normal schooling. 6. Problems of general adjustment were common. Eight boys acquired new problems which included teasing by older children; self-consciousness about scarring; increased sensitivity and reduced tolerance to stress; guilt feelings about the accident and feelings of being 'bad', fear of fire; increased level of aggressive and manipulative behaviour, tension with and jealousy of siblings; and acute depression and emotional withdrawal. Two families denied the existence of new problems but in both cases it is possible that the problems were of such magnitude that the parents had difficulty in facing them. Both children had facial burns which necessitated the wearing of masks.

CONCLUSIONS

Most of the children suffered some personal difficulties as a result of their accidents but it was reflected in school performance only by less regular school attendance. This contrasts with the experience of patients reviewed in an earlier study of adolescents. A service now provided, which was not available when the adolescents were ward patients, is the work of a hospital school teacher. She works with the children during their hospitalisation, and also makes contact with the local school in order to prepare the school for the burned child's return.

It is possible that despite personal difficulties the children may be helped to cope with the academic and social demands of school if the liaison between hospital and school is satisfactorily established. However it is also possible that despite a good, immediate readjustment to school, problems may develop in later years, in particular when the children reach early adolescence.

It is not possible to draw firm conclusions on the basis of this small study, but it is encouraging to note the improvement in the children's readjustment to school. However, in order to reach an accurate assessment of this readjustment, a follow up should be maintained for two or three years.