Clinical Practice Guidelines
Social Work (adults) Burn Patient Management

NSW Statewide Burn Injury Service

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Background

Adjustment to a major burn may be a prolonged and demanding journey for patients, families and staff working with this client group. As well as recovering physically, patients must work towards a psychological recovery by confronting a complex range of emotional responses to their injury (Thornton & Battistel, 2001:93)

A burn injury is a traumatic, painful and potentially life-changing event for patients and their families (Acton, Mounsey & Gilyard, 2007, Fauerbach, Lezotte, Hills, Cromes, Kowalske, de Lateur et al, 2005, Fauerbach, Pruzinsky & Saxe, 2007, Kleve & Robinson, 1999).

The impact of a burn injury on a patient and their family is enormous. The psychosocial support and assistance provided by social work is therefore a vital part of the holistic, multidisciplinary care delivered in a burns unit setting (Thornton & Battistel, 2001, Gilboa, 2001), with interplay between the disciplines of social work, psychiatry and psychology in these areas.

A patient with a burn injury may go through various physical, psychological and emotional stages while receiving treatment, from the acute stage through to rehabilitation. A patient's family and support network may also experience different emotions and needs as the patient reaches different stages of treatment and ability (Maaser, 1995, Phillips, Fussell & Rumsey, 2007). The burns treatment process may be long-term, painful and extremely complex and extensive – even following a patient's discharge from an acute care burns unit. A burns unit social worker is required to make assessments and apply interventions appropriate to each stage of a patient's treatment regime and be able to adapt as this process occurs.

A social worker working in this area needs to be aware of the possible physical and psychological impacts on patients and family members alike. A burn injury can be a life-altering event. Trauma and grief and loss responses, scarring, disfigurement and self-esteem and return to the community/work all need to be assessed and responded to by the social worker. This occurs in conjunction within the multidisciplinary burns team. Social workers work closely with psychiatry, psychology, allied health, nursing and medical teams to ensure patients have the best possible access to services and support to meet their specific needs.

Burn injuries can be highly complex, often involving injuries related to self-immolation, domestic violence and other criminal elements or events (Thornton & Battistel, 2001). The social worker will often be required to spend large amounts of time with burn-injured patients, their families and various external agencies and support services to ensure that patients' needs are met and their rights in terms of legal, financial and insurance matters explained.

The Principles for Practice established in this document highlight the varied, changing and often complex role of a social worker in a burns unit.

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1. Introduction

These Clinical Practice Guidelines have been developed by a steering committee consisting of Network Manager NSW Severe Burn Injury Service, Burns Unit social workers from Royal North Shore and Concord Repatriation General Hospitals, Heads of Social Work Departments from Royal North Shore and Concord Repatriation General Hospitals and a designated Social Work Project Officer.

They have been developed in consultation with consumers, multidisciplinary burns unit staff members and burns unit social workers from across Australia and New Zealand. A comprehensive literature search in the area of burn injury, social work and psychosocial support and intervention has also been conducted.

Guidelines Definition
Clinical Practice Guidelines are established to assist practitioners in decision making. 'Practice guidelines are a set of systematically tested knowledge and procedures to help practitioners select and implement interventions that are most effective and appropriate for attaining the desired outcomes' (Rosen & Proctor, 2003:1).

Use of Guidelines Document
It is important to recognise that no two admissions to a burns unit and subsequent referrals to the social worker will be the same. As such it is important to use a comprehensive set of professional knowledge, skills, assessments and judgements as well as clinical practice guidelines to inform social work practice in this area.

The availability of time, resources and staff will also impact on the service provided, and must be taken into account when applying clinical practice guidelines to practice settings.

The Practice Areas and Standards for social workers working in the burn injury area have been divided into five main categories:

- Direct Practice/Clinical Practice
- Teamwork
- Professional Development and Education
- Organisational Administration
- Research

Within each of these Practice Areas and Standards there are several Principles for Practice, formulating the clinical practice guidelines for social workers in regards to the interventions available for achieving best practice in the burn injury area.

2. PRINCIPLES

2.1 To provide all patients, their families and carers with a timely and effective crisis social work service upon admission to hospital following a burn injury.

Referral to social work as soon as possible after admission (at least within the first 24 hours) is important to ensure that appropriate psychosocial crisis care and support are provided to the patient, family and carers, and that their immediate practical needs are also addressed as soon as possible.

Knowledge and Skills

Crisis Theory and Intervention
Crisis Theory can be explained through the term 'Psychological First Aid' which involves 'approaching and offering support to people involved in the incident, with a focus on the establishment of safety, the provision of practical help in meeting basic human needs and physical care, for example, food, shelter and contact with loved ones. Supportive counseling is also provided' (Pockett, 2006:135).

Roberts (1991) lists seven stages for social workers of working through a crisis:

1. Assess risk and safety of clients and others
2. Establish rapport and appropriate communication with clients
3. Identify major problems
4. Deal with feelings and provide support
5. Explore possible alternatives
6. Formulate an action plan
7. Provide follow-up support

Trauma theory and intervention
"Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning" (Herman, 2001:33).

The distinguishing features of a traumatic event are:

- unpredictability
- uncontrollability
- the nature of the event tests and changes values and priorities
- everything changes (Saari, 2005)

From the outset, social work intervention is structured to ensure the patient, family and carers are actively involved in the recovery process, with promotion of recovery the primary goal. Intervention consists of:

- encouraging discussion about what occurred
- examining likely consequences and implications
- identifying and seeking solutions to any associated issues
- resolving any prominent post-trauma reactions (Watts, Anson & Battistell,1997).

'During early contacts it is usual for the social worker to perform the function of a 'sounding board', to be someone safe to talk with and provide an appropriate human response to any distress expressed. Providing written information about post-trauma reactions and positive adaptive strategies is a useful adjunct to these discussions' (Watts et al, 1997).

Interpersonal communication skills
Interpersonal communication for social workers includes verbal and non-verbal communication skills. The basic range of skills required to ensure effective and appropriate communication with patients and families include attending, empathy and active and reflective listening (Egan, 2007).

Practical information and assistance as required
Assessing and attending to the immediate and ongoing day-to-day needs of patients, families and carers is a vital social work role. Issues such as accommodation, transport, financial responsibilities, child-care, family location, employment and hospital orientation all need to be addressed adequately for patients, families and carers to be able to focus on the short- or long-term hospitalisation period.

Provision of orientation to hospital/ward setting
'In addition to any traumatic component of being injured, admission to an acute medical hospital, characterised by fleeting encounters with a large number of clinical staff, can be distressing' (Watts et al, 1997).

Added to this is the possibility that patients may have been transferred to the burns unit from a rural or regional area and they, their families and carers may be unfamiliar with the general geographic area as well as the hospital environment.

It is important for social workers to assist patients, families and carers by orientating them to the ward and general hospital environment as well as providing assistance with parking, food and other basic services as required. Providing written information on the role of social work may also be appropriate.

Psychosocial assessment
A psychosocial assessment is an important tool in gaining information about a patient, their family and carers and their past and current psychosocial situations.

Assessment is an ongoing and changing process, and it is not necessary to gain all the information needed in one interview/intervention.

Information that forms part of a psychosocial assessment includes:
- Immediate details surrounding events that led to burn injury and hospital admission
- Practical information such as current accommodation, employment and financial status
- Family structure
- Other support structures
- Current involvement with any health or welfare service providers
- Mental health
- Drug and alcohol issues
- Past trauma and/or bereavement experiences
- Previous hospitalisation
- Any other issues that may impact on current hospital admission and treatment

Possible Interventions
Social worker to:

- Receive referral for patient and/or family and carers, and to liaise with medical and nursing staff to obtain initial information about the patient, their injury and possible short-term outcomes

- Provide crisis intervention responses and support as necessary
- Meet with patient, if possible, and address initial concerns or information needs
- Provide information on possible trauma responses for patient, family and carers and to normalise these emotions and responses
- Meet with the patient's family and carers and conduct initial basic psychosocial assessment to ascertain any immediate needs or concerns
- Provide relevant assistance regarding accommodation, transport and orientation for patients, families and carers who have been admitted or transferred to the hospital from a rural or regional area
- Assist in preparing family and carers to see the patient for the first time by providing them with information about the patient's appearance and medical environment. Special attention and intervention to be provided to children in this situation.

2.2 To provide a timely, appropriate and effective social work service to patients whose injury has been sustained through a natural disaster or act of terrorism, and to the patient's family and carers.

Australian social workers in health care have become important members of hospital disaster response teams, with a significant role in the immediate psycho-social care of those people affected (Pockett, 2006:132).

It is important to refer to the relevant hospital social work disaster plan as well as the NSW Health Plan for further guidance and information.

Knowledge and Skills

Crisis Theory and Intervention
See 2.1.

Trauma Theory and Intervention
See 2.1.

Grief and Loss Theory and Counselling Skills
'Working with and recognising grief and loss issues have long been identified as one of the core skills of social work practice' (Goldsworthy, 2005:167)

Grief is a predominant emotion after a burn injury (Smith, Smith & Rainey, 2006:105) so it is important for social workers to be familiar with grief and loss theory and intervention and support skills not just in the area of death but also linking grief and loss theory to issues of change.

Social workers will provide support to families following the death of a patient, but will also provide grief and loss interventions and support to the patient and family in relation to the losses and changes that occur following burn injury.

Interpersonal Communication Skills
See 2.1.

Psychosocial Assessment
See 2.1.

Liaison
Liaison involves verbal and/or written communication undertaken by a social worker with other members of the multi-disciplinary team, the patient, family and carers and external agencies and service providers in order to help communicate the needs and wants of the patient, family and carers.

Liaison is the forming and facilitation of a communication link between all parties involved in the patient's care and well-being.

Liaison involves the social worker communicating with the patient, family and carers, other multidisciplinary team members, hospital staff and relevant external government and non-government agencies and services to ensure that the needs of the patient and family and carers are addressed in an effective way.

Advocacy
Advocacy in direct client practice refers to the work that a social worker does to ensure that the needs and wants of the patient and/or family and carers are heard and recognised by relevant service providers and agencies.

'Case advocacy refers to the process of working with, or on behalf of, another or a small group, to obtain services to which they are entitled or to influence a decision that affects them' (O'Connor, Wilson & Setterlund, 2003).

Organisational skills
Effective organisational skills require a social worker to be able to manage competing priorities within their direct client work along with other tasks required of their role. Effective time management and the ability to prioritise are essential.

Possible Interventions
Social worker to:

- Provide immediate crisis intervention and support to patients, families and carers
- Provide initial trauma and grief and bereavement counselling as required
- Provide information regarding trauma responses, burn injury and the recovery process, children's and adolescents' responses to trauma and loss, and information regarding available local services
- Assess and attend to the immediate practical needs of patients, families and carers
- Assist with accommodation, financial assistance (Centrelink) and access to legal assistance and information
- Provide support to patients, families and carers throughout official interviews with police or other agencies
- Liaise with relevant hospital staff and government and non-government agencies as required.

2.3 To obtain information, through psychosocial assessment and liaison with health professionals and other agencies, regarding the circumstances of the burn injury in order to ensure appropriate and relevant intervention

Details surrounding the circumstances of the burn injury are important in assessing for possible domestic violence or self-inflicted injury, and to identify any child protection and victim of crime issues. It is important to remember that the full history of the circumstances of the injury can emerge over a number of days due to the trauma and shock experienced by the patient, family and carers.

Knowledge and Skills

Trauma theory and intervention
See 2.1.

Interpersonal communication skills
See 2.1.

Liaison
See 2.1.

Psychosocial assessment
See 2.1.

Possible Interventions
Social worker to:

- Conduct initial and ongoing psychosocial assessment with patient, family and carers
- Liaise with medical, nursing and allied health staff, and external agency staff as appropriate
- Make referrals to relevant statutory and support agencies as necessary. For example, the Department of Community Services, the police and Forensic Medicine
- Document psychosocial assessments in patient file.

2.4 To provide initial and ongoing practical assistance and support to the patient, family and carers in dealing with the impact of burn injury, the trauma associated with burns treatment and hospitalization and management of pain

‘Social workers have an important role in working with burn survivors to help them adjust and adapt to the impact of their injury’ (Thornton & Battistel, 2001).

Wiechman and Patterson write: ‘Adjustment to a burn injury seems to involve a complex interplay between the patient’s characteristics before the injury, moderating environmental factors and the nature of the injury and ensuing medical care’ (Wiechman & Patterson, 2004).

The social worker is ideally placed to conduct ongoing assessments of the impact of these varying circumstances for the patient, family and carers, and to participate as part of a

multidisciplinary team in addressing the practical and psychological needs that arise. Practical concerns such as accommodation, transport, financial issues, child-care and employment need to be addressed early in the patient's admission.

Knowledge and Skills

Crisis Theory and Intervention
See 2.1.

Trauma Theory and Intervention
See 2.1.

Psychosocial Assessment
See 2.1.

Interpersonal communication skills
See 2.1.

Brief intervention skills
Some basic assumptions of brief therapy or intervention are that the clients should define the goals of therapy or intervention and that the social worker should acknowledge the strengths, skills and resources of the client.

In this way, brief intervention involves the social worker being able to make an assessment regarding the strengths, resilience and coping skills of the patient and family and then assist them to clarify goals and develop strategies to achieve them (Durrant, 2001).

Possible Interventions
Social worker to:

- Conduct initial and ongoing psychosocial assessment with patient, family and carers to ascertain support needs
- Devise and document intervention/supportive contact plan for patient, family and carers for duration of inpatient admission (being aware that plan may change in accordance with patient and family circumstances and needs)
- Liaise with and refer to other multidisciplinary team members, health professionals and external support agencies and services as appropriate and necessary and with the knowledge and consent of patient and family and carers
- Maintain supportive contact with patient, family and carers throughout hospital admission as required.
- Social worker to be involved in patient discharge planning

2.5 To identify, through psychosocial assessment and supportive contact, the practical service and support needs of the patient, family and carers and to facilitate co-ordination of these needs

'Assessment is undertaken to facilitate purposeful intervention, that is, to aid in the development of strategies and tasks which assist people to develop power and control over their own lives' (O'Connor, Wilson & Setterlund, 2003).

In the context of burn injury, the social worker conducts initial and ongoing psychosocial assessment to ensure that appropriate and effective interventions are put in place to meet the needs of the patient, family and carers, in relation to the psychological and practical impacts of the burn injury.

It is important to remember that the social work role in regards to psychosocial assessment and subsequent intervention is ongoing throughout the patient's hospitalization, and may change as the needs and experiences of the patient, family and carers change.

Knowledge and Skills

Psychosocial Assessment
See 2.1.

Interpersonal Communication Skills
See 2.1.

Report writing and documentation skills
It is important that social work case notes and reports are accurate and concise and contain only information essential to the relevant aspects of patient care and service provision (AASW, 2003:10).

Information obtained through the psychosocial assessment process should be documented in the patient's file and any information relevant to other health professionals within the multi-disciplinary team highlighted appropriately.

The social worker also needs to refer to the mandatory documentation requirements of the health facility in which they are based.

Case and intervention planning
Case and intervention planning involves the social worker devising and documenting a clear and detailed intervention plan within the patient's file. Information to document in this plan could include: psychosocial assessment information, social work interventions to be implemented, service providers to be contacted and outcomes of interventions.

Possible Interventions
Social worker to:

- Conduct an initial psychosocial assessment as soon as possible after admission, with ongoing psychosocial assessment of patient, family and carers as required. Tedstone, Tarrier & Faragher (1998) found that post-burn psychological morbidity was strongly associated with psychological factors, including psychological morbidity, in the first two weeks of sustaining the injury. This indicates an early and ongoing psychosocial assessment process by social work and other multidisciplinary team members is required

- Assess pre-injury functioning level of patient, family and carers, including previous psychiatric or mental health history, drug and alcohol use, domestic violence, learning difficulties, developmental delay, previous bereavements or losses, previous traumas and previous hospitalization

- Assess patient and family and carer strengths, previous coping strategies and current available supports

2.6 To provide education and information to patients, family and carers regarding psychosocial responses to trauma, burns treatment, recovery and adjustment, and to normalise responses to these issues

A 2007 study of family members found that their main support needs included advice, support and information regarding scar permanence, realistic expectations of outcomes, acceptance of altered appearance and potential after-effects of burn.

Families also said they needed support in understanding how a burn patient may change or respond following injury, and advice regarding constructive methods of coping with altered family dynamics and after-effects of burn (Phillips, Fussell, & Rumsey, 2007).

Other literature also discusses patients' need for information and explanations regarding their injuries and what is going to happen to them (Partridge & Robinson, 1995).

Knowledge and Skills

Knowledge of burn treatments and terminology
It is important for the Burn Unit Social Worker to have an understanding of the physical and psychological impacts of burn injuries, and the subsequent range of treatments that may need to be applied, in order to then assist the patient, family and carers in understanding the process.

Social workers should attend relevant ward meetings, case conferences and education and training sessions, as well as liaising with medical, nursing and allied health staff, so as to be aware of the relevant burns information.

It is important that all medical information and advice be provided by the medical team. The social worker can provide an important supportive and educative role in this process and check understanding of medical information with the patient, family and carers. If further discussion is required, the family and carers are referred back to the medical team.

Interpersonal communication skills
See 2.1.

Trauma theory and intervention
See 2.1.

Possible Interventions
Social worker to:

1) Provide oral and written information to patient, family and carers regarding psychosocial responses to trauma, burns treatment, recovery and adjustment

2) Undertake ongoing assessment regarding patient, family and carers' information needs, and deliver this information in a timely, appropriate and supportive manner

3) Work with multidisciplinary team members to ensure appropriate and relevant information is provided to the patient, family and carers regarding burns treatment and recovery.

2.7 To identify psychosocial factors that will impact on treatment compliance and successful treatment outcomes at different stages of the treatment process and to determine intervention goals with the patient, family and carers

As part of the ongoing psychosocial assessment and social work intervention and support process, it is important to identify factors that may impact on successful treatment outcomes for the patient.

Some research has shown that apart from the severity of the burn injury psychological and social factors have a considerable influence on rehabilitation outcome (Wallis et al, 2006).

Demographics of patients admitted to hospital with a burn injury show they present with higher levels of pre-existing psychological difficulties than in the general hospital population (alcoholism, deliberate self-harm, psychosis and depression) (Wisely, Hoyle, Tarrier, & Edwards, 2007).

These pre-existing factors can greatly impact on a patient's treatment plan and possible short- and long-term outcomes and it is important they are identified, acknowledged and addressed appropriately.

Knowledge and Skills

Psychosocial assessment
See 2.1.

Interpersonal communication skills
See 2.1.

Liaison and advocacy
See 2.2.

Knowledge of possible pre-existing factors for patients presenting with a burn injury e.g. mental health and illness, drug and alcohol, domestic violence and trauma
In the process of conducting initial and ongoing psychosocial assessments with the patient, family and carers, the above information may be obtained by the social worker and then shared with the multidisciplinary team if the information is relevant to the patient's treatment and rehabilitation.

Lifecycle and Systems Theory
Lifecycle theory enables the social worker to see the patient and their family in the context of life stages. At difference stages of the life cycle, people will hold onto different role and life expectations, which means that a burn injury will impact on a person in different ways at different stages of his/her life.

Systems theory acknowledges that the environments, people and situations surrounding a person are important in being able to see them and their context in a holistic manner. Social workers are able to gather information about a patient's varying systems, and how they interact, through psychosocial assessment and interaction. Some examples of systems in a patient's life may be a family system, work system and cultural system.

Possible Interventions
Social worker to:

- Include information regarding pre-existing psychosocial factors for patient, family and carers in initial and ongoing psychosocial assessment processes

- Liaise with other multidisciplinary team members, health professionals and external agencies and services as appropriate regarding pre-existing psychosocial factors

- Provide education for multidisciplinary team members and advocacy for patient, family and carers around pre-existing factors and their possible impact upon the patient's treatment and recovery

- Co-ordinate and implement intervention goals and treatment plan to address pre-existing psychosocial factors, insofar as they impact on the patient. This is done in collaboration with patient, family, carers, multidisciplinary team members and external agencies and services as appropriate.

2.8 To provide support and interventions which enhance existing coping strengths and strategies of the patient, family and carers

Through ongoing psychosocial assessments, a patient's strengths, existing coping mechanisms and support networks are identified (Molter, 1993).

Although some research has shown patients with a burn injury develop high levels of emotional distress, it has also been shown that some patients report high levels of resources such as general optimism, self-efficacy and perceived social support (Wallis et al, 2006).

Social workers are well placed to work from a strength perspective in their work with patients, families and carers. Through regular supportive contact and counselling sessions, the social worker is able to focus on an individual's previous coping methods, as well as helping to enhance functional responses to try to prevent possible maladaptive adjustment to the burn injury.

This is achieved by discussing and addressing issues such as adjustment to body image, grief and loss responses, trauma responses, the hospitalisation and treatment processes and changes in lifestyle and future functioning ability.

Knowledge and Skills

Trauma theory and intervention
See 2.1.

Grief and loss theory and counselling skills
See 2.2.

Interpersonal communication skills
See 2.1.

Case and intervention planning
See 2.5.

Possible Interventions
Social worker to:

- Conduct initial and ongoing psychosocial assessment with patient, family and carers which explores past and current coping mechanisms, strengths and support systems

- Identify possible maladaptive coping mechanisms and address with patient, family and carers in a supportive and constructive manner

- Provide supportive contact around building on strengths and coping mechanisms to patient, family and carers throughout period of hospitalisation and on discharge.

2.9 To provide information and support to patients and families and carers in relation to end-of-life decision making

'Families and healthcare professionals have an obligation to work together to make compassionate decisions for patients who lack decision-making capacity, taking account of previously expressed patient wishes where known' (NSW Health, 2005:2).

Social workers are an integral part of the treating and support team for patients, families and carers when end-of-life decision making is occurring concerning a patient with a serious burn injury.

Any work by social workers in this area needs to be conducted with reference to NSW Health guidelines relating to end-of-life care, and any relevant local health facility policy.

Knowledge and Skills

Grief and Loss theory and counselling skills
See 2.2.

Liaison and Advocacy
See 2.2.

Interpersonal communication skills
See 2.1.

Possible Interventions
Social worker to:

- Provide practical and emotional support to patient, family and carers in discussion with the medical team surrounding end-of-life decision making.

- Liaise with multidisciplinary team around the wishes of the patient, family and carers surrounding end-of-life decision making.

2.10 To conduct ongoing review and assessment of patient, family and carer responses to altered body image, lifestyle changes and future functioning ability and to provide support and other appropriate intervention.

Assessment of the patient's pre-burn injury body image and lifestyle provides a baseline for evaluating the impact of the losses incurred (Tedstone & Tarrier, 1997).
It is important to assess whether lifestyle changes are inevitable and whether there are psychological, social or physical impediments to achieving previously held goals or potentials.

Knowledge and Skills

Psychosocial assessment

See 2.1.

Interpersonal Communication skills
See 2.1.

Lifecycle and Systems theories
See 2.7.

Grief and Loss Theory and counselling skills
See 2.2.

Trauma and adjustment theory
See 2.1.

Cognitive Behavioural Therapy and theory
This approach teaches people cognitive and behavioural strategies to enable them to achieve desired goals, reduce stressful communication, create a more positive communicative climate and solve problems (Koprowska, 2005:113).

Narrative Therapy and theory
Narrative approaches to counselling and community work place people in the centre as the experts in their own lives, and views problems as separate from people.

Narrative approaches assume that people have many skills, competencies, beliefs, values, commitments and abilities that will help them to reduce the impact of problems in their lives. The word 'narrative' refers to the emphasis that is placed upon the stories of people's lives and the differences that can be made through particular tellings and retellings of these stories. For more information, see www.dulwichcentre.com.au

Narrative therapy can be used with a patient with a burn injury, their family and carers in order to help them tell their story and prepare for the changes that will occur in their lives as a result of the injury.

Possible Interventions
Social worker to:

- Provide the patient, family and carers with the opportunity and space to express the wide range of emotional responses to a burn injury
- Use trauma and adjustment and grief and loss theories and interventions in working with the patient, family and carers in order to address the losses that have occurred and possibly will occur in relation to the burn injury
- Provide practical and supportive strategies for patient, family and carers in relation to body image adjustment and adaptation, lifestyle changes and future functioning ability
- Address the expectations and perceptions of the patient, family and carers regarding returning to work/study and pre-injury lifestyle
- Encourage the patient, family and carers to discuss their fears, uncertainties and hopes in regards to the injury.

2.11 To actively participate in the development of patient discharge plans, together with other multidisciplinary team members, the patient, family, carers and any relevant external agencies and services

In partnership with the patient, family, carers, the multidisciplinary team and relevant external agencies and services, a co-ordinated discharge planning process is developed and implemented.

The social worker plays an integral role in this process through addressing psychosocial discharge issues such as accommodation, finances, domestic and carer support issues, and referrals to support groups, government departments and community support agencies where appropriate. Social work plays an important role in this discharge process because, as Williams & Griffiths (1991) point out, a patient's discharge will often focus on their physical care and not so much their psychological well-being. There are also important psychological issues to address, as Thornton and Battisel (2001) discuss:

> *As discharge approaches, the anxiety associated with leaving the secure hospital environment may trigger a crisis of confidence in patients, families and friends. This is common to all patient groups but may be of greater concern in the cases of burns patients where there is visible scarring and disfigurement. Patients need to prepare for and anticipate their discharge. The social worker can greatly assist patients by exploring their thoughts, fantasies and fears about discharge.*

Some studies have shown that patients with a burn injury are still experiencing significant psychological problems, such as anxiety, up to two years following discharge from an acute hospital setting (Williams & Griffiths, 1991) (Kleve & Robinson, 1999). Patients in these studies identified that the best time for intervention in regard to these psychological issues was just before or immediately after discharge, and that they preferred a psychological service which was closely linked with their medical follow-up treatment (Williams & Griffiths, 1991) (Kleve & Robinson, 1999).
This makes the Burn Injury Unit social worker ideally placed to provide an initial psychosocial follow-up for patients soon after discharge.

Knowledge and Skills

Discharge planning
Discharge planning skills involves working with the patient, family and carers, the multi-disciplinary team and relevant external agencies and services to prepare the patient and family and carers psychologically and physically to leave the acute hospital setting and go home or move into rehabilitation.

Referral
The social worker needs to be able to assess when a service or agency may be required for the patient, family and carers, and have knowledge of relevant and available services. In order for the referral to be made, the social worker must have knowledge of the appropriate referral structures and processes for each agency and service.

Interpersonal Communication skills
See 1.1

Liaison and Advocacy
See 2.2

Possible Interventions
Social worker to:

- Liaise with multidisciplinary team members regarding patient progress and start discharge planning well before day of discharge
- Work with patient, family and carers around the discharge plan and encourage them to communicate their fears and hopes
- Advocate for the patient with the medical and multi-disciplinary team and their family and carers regarding their needs and wants for their discharge process
- Address practical needs for patient and family and carers upon discharge and make relevant referrals to external agencies and support services
- Make relevant referrals for patients and families and carers from rural or regional areas in relation to post-discharge service needs
- Ensure proper psychological and support services are put in place for patient, family and carers following discharge

2.12 To ensure appropriate psychosocial follow-up and referrals to relevant support services and agencies have been arranged for the patient, family and carers following discharge from the acute hospital facility

A burn injury can create changes and/or losses that will require ongoing adjustments by the patient, family and carers.

These can be difficult to process and adapt to, especially post-discharge when the patient and family and carers are away from the more attentive acute hospital environment and back in their everyday reality. In one study following up patients with a burn injury 3-4 months after discharge from an acute burns unit, it was found that the greatest impact of the injury appeared to be on psychological well-being and that this was not related to the severity of the burn injury (Shakespeare, 1998).

Many of these patients responding in this study stated they would have benefited if further psychological follow-up care had been available after discharge. ‘It is important for optimal outcome that patients who have received good quality care as inpatients should be assured of appropriate help or treatment after discharge if this is needed’ (Shakespeare, 1998:744).

It is for this reason that it is important that the patient, family and carers have access to appropriate and effective psychosocial support in the community post-discharge. This may be done in consultation with or liaison between social work, psychiatry and psychology.

Knowledge and Skills

Knowledge of external agencies and support services
A comprehensive and up-to-date knowledge and resource guide of relevant external agencies and support services is important for the social worker to maintain.

Liaison, Advocacy and Referral skills
See 2.2 and 2.11.

Interpersonal communication skills

See 2.1.

Possible Interventions
Social worker to:

- Discuss with patient, family and carers possible psychosocial needs post-discharge as part of the discharge planning process. In some cases this may also involve liaison between the social worker, psychiatrist and psychologist
- Assess and address practical post-discharge needs prior to discharge, such as transport, personal care needs and domestic assistance
- Inform patient, family and carers about possible psychosocial support options in their community
- Make referrals to relevant support agencies or provide patient, family and carers with contact details
- Liaise with external support agencies and where necessary advocate on behalf of patient and/or family and carers for inclusion into service
- Follow up where appropriate with patient, family and carers post-discharge. This is to ensure that the external psychosocial and practical support options put in place by social work prior to discharge are meeting the needs of the patient, family and carers, and to ascertain whether any further referrals or information are required.

2.13 To develop and implement therapeutic and educational group work programs for patients, families and carers in order to facilitate psychosocial adjustment, provide practical and psychosocial education and enable support structures to be developed

The aim of supportive and educational group work in the burn injury area is to assist patients, families and carers to develop a greater understanding of the injury, to discuss social aspects of the injury, normalise responses, encourage a demonstration of feelings and experiences and facilitate the learning process through group participation (Summers, 1991).

Knowledge and Skills

Interpersonal communication skills
See 2.1.

Group work content and process skills
Group work facilitation skills include facilitating communication and movement towards goals, assessing the climate of the group, checking for understanding and providing information and education where appropriate (O'Connor et al, 2003:132).

Education and training skills
Providing education around burn injury topics requires that the social worker is familiar with adult learning principles and is able to produce a relevant and appropriate training and/or education session around topics such as the psychological and physical impact of burn injury, returning home and coping with community response, return to work, depression and anxiety, body image and grief and loss issues.

Possible Interventions
Social worker to:

- Devise and implement supportive and/or educational group programs for patients, families and carers as required or requested in collaboration with multidisciplinary team members. Some examples of groups that may be run include: separate support and/or information groups for patients, family members and carers around the impact of burn injury; groups to help normalise responses to re-integration into the community after a burn injury; and general support and discussion groups for patients and/or family members and carers around different issues relating to burn injury.

2.14 To provide support opportunities/debriefing for staff following the death of a patient or when managing difficult or traumatic cases

Adults with burn injuries can often have complex and difficult care needs (Molter, 1993). It is important that staff on a burn unit have avenues for discussing the difficulties involved in some cases and receive professional support for the work they do. The burn unit social worker may be in a position to offer this support and avenue for debriefing, utilising the skills inherent in a burn unit social work position.

Social workers are able to provide opportunities for staff to: talk about concerns and issues that may have arisen in an informal context; discuss strategies on how to deal with patient, family and carer responses; discuss self-care strategies for staff members; and provide information to help staff understand family dynamics, cultural values and beliefs, and any other areas that may impact on patient and family functioning in the burn unit.

Knowledge and Skills

Knowledge of Vicarious Trauma and Professional Burnout
Vicarious trauma has been defined as ‘the cumulative effect upon the trauma therapist of working with survivors of traumatic life events…It is the process through which the therapist’s inner experience is negatively transformed through empathic engagement with a client’s trauma material’ (Pearlman & Saakvitne, 1995:31).

Knowledge of self-care strategies and techniques
Self-care strategies for professionals in the burn injury area are many and varied – each worker will have their own set of strategies and activities that work best for them in the areas of physical, psychological, emotional and professional self-care. Professional clinical supervision is one way a worker can identify and establish successful self-care strategies.

Debriefing and support skills
Debriefing skills include being able to listen to and facilitate communication with a person or group of people who have experienced a traumatic situation. Providing information, education and normalisation around trauma responses is also important.

Interpersonal Communication skills
See 2.1.

Possible Interventions
Social worker to:

- Engage on a regular basis with other multidisciplinary team members

- Attend and participate in multidisciplinary team meetings

- Provide education about social work role with patients, families and significant others and also staff members

- Role model appropriate professional behaviour by adopting self-care strategies and attending regular clinical supervision sessions.

2.15 To work effectively as part of the multidisciplinary burn team as well as with external agencies and services that make up the care and support team for the patient, family and carers

The effective communication and co-operation of the Burn Unit multidisciplinary team, as well as any relevant external agencies and services, is vital for the successful and appropriate holistic treatment of the patient, family and carers.

Knowledge and Skills

Interpersonal Communication Skills
See 2.1.

Liaison
See 2.2.

Advocacy
See 2.2.

Possible Interventions
Social worker to:

- Attend relevant ward meetings and case discussions in order to communicate with other team members and advocate for the patient, family and carers when required

- Liaise with and make referral to relevant external agencies and services such as: Centrelink, Work Cover, Victims of Crime Services, Department of Housing, Department of Community Services, Mental Health Services, Drug and Alcohol Services, Guardianship Tribunal, Isolated Persons Travel and Accommodation Assistance Scheme, Community Support Services, Burn Support Foundation, Aged Care Facilities, Department of Forensic Medicine, Police, Department of Immigration and Ethnic Affairs and Schools and community groups

- Ensure that any patient who is involved with Workcover or another insurance-related case has these agencies involved from the beginning of their admission to ensure timely and appropriate services are provided.

2.16 To contribute to education programs for various multidisciplinary teams, health and other professional groups and external agencies and services as required

It is important for social workers to contribute to any educational or training opportunities in relation to the psychosocial aspects of burns care, so as to ensure that information regarding best practice in this area is well understood and distributed among relevant agencies and health professionals.

Knowledge and Skills

Education Training Skills
See 2.13.

Interpersonal Communication Skills
See 2.1.

Group Work Content and Process Skills
See 2.13.

Possible Interventions
Social worker to:

- Develop and disseminate relevant training and information packages relating to the psychosocial aspects of burn injury and the social work role with patients, families and carers.
  Some possible training topics may include:
  - change in body image
  - traumatic aspects of burn injury
  - grief and loss issues
  - return to the community following acute admission
  - families' concerns about intensive care
  - end of life issues

2.17 To participate in regular individual and/or group clinical supervision in order to reflect upon practice and to receive professional support

As the AASW Practice Standards document states: 'Supervision is utilised as part of professional development to enhance knowledge and skills in direct practice' (AASW, 2003:11).

Knowledge and Skills

Interpersonal Communication Skills
See 2.1.

Organisational Skills
The social worker is required to balance direct casework and other tasks related to their role as well as prioritising regular supervision sessions

Possible Interventions
Social worker to:

- Maintain regular supervision sessions with clinical supervisor/team leader
- Actively participate in the supervision process by establishing an agenda and preparing case examples and other work to discuss in supervision sessions
- Make contact with supervisor outside regular scheduled supervision sessions when debriefing or support is required

- Attend group or peer supervision sessions when available.

2.18 To attend and participate in relevant training programs and workshops and to locate and read up-to-date literature and research on the psychosocial impact of burn injury on patients, families and carers and the role of social work with these groups, in order to apply new knowledge and skills to practice

The AASW Practice Standards document states that an effective social worker keeps abreast of developments in their own field of practice, that they identify training required for particular aspects of practice and ensure appropriate training is undertaken (AASW, 2003:27). Recommended courses include: Child Protection training, Crisis Intervention, Bereavement Counseling, Domestic Violence training, Disaster Management and Family Therapy as well as training in Mental Health and Drug and Alcohol issues.

Knowledge and Skills

Research and Critical Reading Skills
The development of research and critical reading skills includes being able to search for and locate relevant items of literature and research, and being able to read, reflect, summarise, interpret and apply the principles of that literature to practice.

Possible Interventions
Social worker to:

- Locate and attend relevant training programs and workshops in the areas of the psychosocial impact of burn injury, trauma responses, grief, loss and bereavement, body image, rehabilitation of long-term injuries, trauma and injury management and disaster intervention
- Engage in regular literature searches and reading in the area of the psychosocial impact of burn injury and the role of social work in providing a service to this client group
- Discuss their attendance at training sessions and their literature findings in supervision sessions and relevant team meetings.

2.19 To develop and/or participate in education and training programs for health professionals, external agencies and services, burns survivors and the general public which include information about the psychosocial factors or sequelae of burn injuries

It is important for social workers to contribute to any educational or training opportunities related to the psychosocial aspects of burns care to ensure that information regarding best practice in this area is well known and distributed among relevant agencies and health professionals

Knowledge and Skills

Education and Training Skills
See 2.13.

Interpersonal Communication Skills
See 2.1.

Group Work Content and Process Skills
See 2.13.

Possible Interventions
See 2.16.

2.20 To attend and participate in regular NSW Severe Burn Injury Service Social Work meetings and to participate in interstate, national and international Burn Injury Social Work professional activities and meetings as appropriate

Social workers working in Burn Units can benefit from networking and working co-operatively to optimise knowledge, skills and resources. By networking together and sharing resources, service delivery and outcomes for patients, families and carers may be enhanced. This network can also allow for peer supervision and debriefing opportunities.

Knowledge and Skills

Networking Skills
Networking involves the ability to locate, contact and communicate with relevant service providers and agencies, and to build a co-operative working relationship.

Possible Interventions
Social worker to:

- Keep an updated list of all social workers currently working in the burn injury area in Australia, New Zealand and other locations
- Attend meetings with other NSW Severe Burn Injury Service social workers on a regular basis in order to engage in case discussion, debriefing, peer supervision and administrative tasks
- Attend, when possible, relevant interstate, national and international professional activities and meetings with other burn unit social workers and multi-disciplinary staff

2.21 To attend and participate in Australian New Zealand Burns Association (ANZBA) conferences and other relevant national and international conferences

Attending national and international conference offers a unique opportunity to network with peers and to collaborate around issues of service delivery and research.

Knowledge and Skills

Networking Skills
See 2.20.

Presentation Skills
Effective presentation skills involve being able to research, write, develop and present effective oral and visual presentations in various formats such as Power Point, posters, speeches and interactive education sessions.

2.22 To maintain accurate and specific written documentation of all contact with patient, family, carers, multidisciplinary team members and external agencies and services in accordance with ethical practice and relevant legislation

The AASW Practice Standards document states: 'Records are kept and maintained in accordance with ethical principles and the relevant legislation regarding record keeping, privacy and freedom of information provisions relevant to the jurisdiction in which the social work service is being offered' (AASW, 2003:10)
For social workers working in the NSW Severe Burn Injury Service this means that records need to be maintained in accordance with the relevant health facility in which they are employed.

Knowledge and Skills

Written Communication Skills
This refers to the use of correct grammar and spelling, as well as producing a piece of writing that accurately and concisely represents the social worker's interactions with the patient, family and carers. The writing should also convey in non-biased and objective language, the professional assessments made by the social worker in relation to the patient and their care.

Possible Interventions
Social worker to:

- Document in the patient's file all interactions, assessments and interventions with patients, family and carers as well as all communication with multi-disciplinary team members and external agencies relevant to the patient's care and well-being.

2.23 To write reports that accurately and objectively reflect client circumstances

The writing of reports can be an important tool in providing an effective social work service to a patient, as well as ensuring advocacy and liaison on behalf of the patient, family and carers with relevant agencies and service providers.
Reports can also be necessary in fulfilling legislative and mandatory requirements, for example the Guardianship Tribunal, the Department of Community Services and the Department of Housing.

Knowledge and Skills

Written Communication Skills
See 2.22.

Possible Interventions
Social worker to:

- Formulate and write reports regarding their involvement with, and assessment of, the patient when called upon by legislative or mandatory requirements, or as a way of advocating for the patient with external services and agencies

2.24 To collect, record and maintain relevant statistical information regarding social work service provision

The collection, recording and maintenance of relevant statistical information regarding case loads and interventions allow the social worker and their supervisor/manager to accurately reflect upon and manage the work being undertaken. Statistical records also enable social workers to advocate for certain resources based on case load and need.

Knowledge and Skills

Data Collection and Recording Skills
Regularly collect, record and maintain relevant data relating to patient contact and other administrative tasks undertaken by the social worker. The ability to use relevant statistical databases is also necessary.

Possible Interventions
Social worker to:

- Keep a record of their current case load and the interventions undertaken in relation to each patient, their family and carers

- Regularly record statistical data relating to direct client work and other tasks associated with their role in the appropriate database/recording tool.

2.25 To develop and conduct qualitative and quantitative research projects, where appropriate, with burns patients, their families and carers, health professionals and external agencies and services, in order to ensure and continue best practice methods in social work provision

“We are still in the early stages of understanding the impact on long-term psychosocial adjustment from problems such as body image dissatisfaction, post-trauma distress and depression or conversely, the enhancing effect of factors such as resilience and post-traumatic growth. There is, without question, an important bridge to be built between our

emerging understanding of the psychosocial needs among burn survivors and the offering of hope through intervention or prevention" (Fauerbach et al, 2007: 588-589).

As the frontline workers with patients who have a burn injury, social workers are ideally placed to initiate and drive this research agenda.

Knowledge and Skills

Research Skills
The ability to use literature searches, develop a research question and methodology, gather data (both quantitative and qualitative), interpret and record results and write up conclusions and recommendations based on research outcomes is required.
Case or practice research also involves reflecting on practice and discussing cases with other health professionals to draw out best practice points.

Possible Interventions
Social worker to:

- Develop and carry out relevant research projects as part of their role when possible
- Engage in case discussion and reflection in order to observe the interventions that have worked well in relation to direct clinical practice
- Write up research reports and papers for publication in professional journals and newsletters.

2.26 To undertake regular, consistent and relevant evaluation of social work service provision

Social workers demonstrate a commitment to the provision of a high quality level of service provision and to the issues of quality assurance and continuous improvement (AASW, 2003:16). Regular and consistent service evaluation allows social work practitioners and managers to reflect on practices that are working well, and to initiate strategies for practices that may need changes or improvements.

Knowledge and Skills

Evaluation Skills
These involve the ability to reflect on and monitor practices in a consistent manner through the use of supervision, statistics, case discussions and feedback from patients, families and carers, multi-disciplinary team members and external agencies and services.

Possible Interventions
Social worker to:

- Engage in regular evaluation of direct service provision through supervision and case discussion
- Engage in regular systematic evaluation of direct service provision through the methods and processes set out by their relevant health facility

2.27 To ensure social work practice is informed by evidence based practice in the area of burn injury

'Connections between social work practice and the knowledge base for practice are clearly articulated, and the social worker regularly updates knowledge and skills for practice through a range of professional development activities such as systematic reading of the research literature and the attendance of conferences, seminars and workshops' (AASW, 2003:26).

Knowledge and Skills

Research Skills
See 2.25.

Possible Interventions
Social worker to:

- Keep up to date with the research literature in the area of burn injury and psychosocial support and intervention
- Attend relevant training sessions, workshops and conferences
- Apply best-known social work evidence-based practice in the area of burn injury.

3. Direct Practice/Clinical Practice

The Australian Association of Social Workers has stated the following requirements for the education and training of social workers

A four-year Bachelor of Social Work (BSW) degree is required for entry into the occupation of social worker, as required by the professional body, the AASW, which approves social work courses.

The four years of study may be structured in different ways, depending upon the individual university. For example, some may be four-year courses but some may be two years following completion of a relevant degree (or two years thereof) with specified prerequisite subjects.

Master of Social Work (qualifying) is offered by a number of universities.
The AASW reviews courses in social work offered by universities throughout Australia to establish whether graduates are eligible for membership of their professional association.

Social work courses in Australian universities giving eligibility for membership of the AASW

According to the Australian Association of Social Workers' Practice Standards for Social Workers, the outcome of direct social work practice is that:

- The needs of clients are met

- Their potential is developed
- Their control over their lives is fostered through mutual engagement and the application of the social worker's knowledge and skills (AASW, 2003:7).

The direct practice standard concerns every aspect of direct social work. It draws on all the core areas of social work knowledge and skills but focuses on:

- Methods of intervention
- Interpersonal and communication skills, reflective thinking, critical thinking and analysis, data collection and management, and negotiation and mediation
- Making assessments and deciding on the most appropriate social work intervention with which to respond to a particular situation (AASW, 2003:7).

4. Teamwork

The AASW Practice Standards for Social Workers document outlines the role and importance of teamwork in clinical practice: 'Within the multidisciplinary team, the social worker maintains social work principles, values and practice whilst acknowledging the practice base of other disciplines' (AASW, 2003). This may involve liaison/consultation amongst team members such as psychiatry, psychology, occupational therapy, physiotherapy, speech pathology, nutrition and dietetics.

The AASW document states that the indicators for achieving this teamwork practice standard are that:

- The social worker can articulate the domain of social work practice
- The social worker contributes discipline specific social work values, principles and practice to team activities
- The social worker negotiates respectfully with colleagues from other disciplines (AASW, 2003).

As the Greater Metropolitan Transition Taskforce Report (2004) states: 'The nature and complexity of severe burn injury requires a collaborative approach to patient care. This is provided by a multidisciplinary team with expertise in the management of severe burns in a Burn Unit, with supporting services such as critical care, surgery, reconstruction and rehabilitation'.

5. Professional Development and Education

The AASW Practice Standards Document states that 'the social worker recognises the importance of continually increasing their knowledge and skills and is committed to a process of continuing education' (AASW, 2003).

According to the AASW document, the key aspects and concepts of this area of practice are:

- Commitment to the ongoing development of skills and knowledge
- Importance of supervision
- Reflection on practice
- Development of ethical practice
- Relationship between research and learning
- The development of skills and knowledge related to the demands of a changing society.

6. Organisational Administration

Organisational administration refers to the aspects of the burn unit social worker's practice which includes, according to the AASW Practice Standards for Social Workers document (AASW, 2003)

- Service development
- Recording and record keeping
- Report writing
- Statistical and data collection and recording.

7. Research

The AASW Practice Standards for Social Workers document defines research as 'the systematic search for knowledge to inform social work practice. It comprises a range of activities including the searching through literature bases for knowledge to inform practice, the evaluation of research studies, the evaluation of social policy, the planning and implementation of research projects, and the critical evaluation of the social worker's own practice'(AASW,2003).

8. USEFUL RESOURCES

Burn Associations
Australian and New Zealand Burn Association – www.anzba.org.au
American Burn Association – www.ameriburn.org
International Society for Burn Injury – www.worldburn.org

Support Groups

Burn Foundation Australia
A non-profit organisation that provides social and psychological support to burns survivors and their families. This organisation provides a free newsletter every three months and two retreats to young adult and/or adult burns survivors.
Address:
PO Box 1172 Crows Nest, Sydney NSW 1585
Telephone: 02 9873 2054
Mobile: 0404 012 121
Website: www.burnfoundation.org.au

Burns Support Foundation Inc
A non-profit self-help organisation helping burns survivors and their families return to productive life following injury, providing a free newsletter and two weekend camps per year.
Address:
PO Box 476 Paddington NSW 2021
Telephone: 1800 655 042
Fax: 1800 655 042

Changing Faces
Provides free and confidential help, support and information for children (and their parents) and adults who have facial disfigurements
Address:
1 & 2 Junction Mews
London W2 1PN

Telephone: 0171 706 4232
Fax: 0171 706 4234
Email: info@faces.demon.co.uk
Website: www.changingfaces.co.uk

Phoenix Society for Burns Survivors
An international, non-profit self-help organisation helping burn survivors and their families.
Website: www.phoenix-society.org

Burns Support Groups Database
A register of burns support groups world wide.
Website: www.burnsupportgroupsdatabase.com

Burn Survivors On Line
Provides information and support for burn survivors and their families throughout the world
Website: www.alpha-tek.com/burn/

Survivors of Burn Injury
Burn resource centre for survivors on burn injury
Website: www.burnsurvivor.com

Burns Support – Waikato
Burn support organisation in Waikato, New Zealand
Website: www.burnsupport.org.nz

Journals

Burns
Journal of the International Society for Burn Injury

Journal of Burn Care and Rehabilitation
Journal of the American Burn Association
Website: www.burncarerehab.com

Journal of Wound Care
Email: jwc@healthcare.emap.co.uk

Burns Camping Programs

Queensland
Camp Oz (Junior)
Location: Leslie Dam, Warwick
When: March
Length: 5 days
Age range: 8 – 13 years
Co-ordinator: Sandra King, Director of Burns Camp
Contact:
Burns Outpatients
Royal Children's Hospital
Herston Road, Herston 4029
Telephone: 07 3636 8682
Fax: 07 3636 1877

Camp Oz (Senior)

Location: Brisbane, Qld and surrounding areas
When: October
Length: 3 days
Age range: 13 years and over
Co-ordinator: Sandra King
Contact:
Burns Outpatients
Royal Children's Hospital
Herston Road, Herston 4029
Telephone: 07 3636 8682
Fax: 07 3636 1877

New South Wales
Children's Burn Camp
Location: Sydney, NSW
When: March
Length: 4 days
Age range: 10 – 18 years
Co-ordinators: Cheri Templeton and Anne Darton
Contact:
Locked Bag 4001, Westmead NSW 2145
Telephone: 02 9845 0000
Fax: 02 9845 3489

Camp Corroboree
Location: Sydney, NSW
When: March and October
Length: 2 -3 days
Age range: Adult and paediatric survivors and their families
Co-ordinator: Cheri Templeton
Contact:
Burn Support Foundation Inc
PO Box 476, Paddington NSW 2021
Telephone: 1800 655 042
Fax: 1800 655 042

Western Australia
The Burns Adventure Camp
Location: Perth, WA
When: March/April
Length: 5 days
Age range: 10 – 16 years
Contact:
Cheng Tan or Daniela Antoni
Total Care Burns Unit
Princess Margaret Hospital
Perth, WA 6153
Telephone: 08 9340 8257
Fax: 08 9340 7120

New Zealand
Auckland Burn Support Group
Location: Auckland, New Zealand
When: January
Length: 3 days
Age range: 8 – 13 years

Contact:
Ruth Wall
Room 11, Support Building Middlemore Hospital
Private Bag, Otahuhu Auckland
Telephone: 09 276 0250

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