Psychosocial support for families of children with neurodisability who have or are considering a gastrostomy: the G-PATH mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

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C hildren with neurodisability, for example those with cerebral palsy, can experience difficulties eating and drinking. Professionals may recommend a surgical feeding tube because they are concerned about a child's growth or ability to swallow safely. Parents can find the decision to approve a feeding tube for their child difficult because they want to feed their child by mouth and maintain family routines. Evidence reviews recommend structured support to ensure informed decision-making.

We conducted a survey to identify types of psychosocial support for parents and their children and chose four services for in-depth study. We conducted interviews and focus groups with parents and professionals, observed clinics and reviewed service documents. We estimated the cost of providing psychosocial support through questionnaires, although our estimates were based on a small number of parents who responded.

Parents expressed differences in the amount and type of support they wanted. Some were more concerned about support for technical aspects of care whereas others wanted more emotional support. Psychosocial support was provided by members of a multidisciplinary team in clinical appointments, which sometimes made it difficult for parents to raise concerns. Psychologists were not usually part of the team and parents were rarely offered the chance to speak to one. In interviews, different views were expressed about the value of peer-to-peer parent support, which was not consistently offered, in part owing to concerns about confidentiality. When asked to state a preference, both parents and professionals preferred enhanced support involving peers and an appointment with a psychologist over usual care.

The study suggests that psychosocial support is personalised to the needs of families and should be assessed in appointments at which it is the main focus. Services should record the provision of psychosocial support so that the costs and benefits can be estimated. We make suggestions for staff training and discuss limitations of the study, including barriers to participation in the research.

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