**Oral Presentations**

*Title*: **Partnering With Whānau and Health Professionals to implement Best Practice Recommendations for Early diagnosis of CP through a regional Hub in Aotearoa, New Zealand.**

*Objective:* The key to improving life-long outcomes for children with cerebral palsy (CP), and their families, is early diagnosis. High–risk infants with CP can be identified as early as 3 months corrected age, by combining General Movements Assessments (GMA), Hammersmith Infants Neurological Examination (HINE), and brain imaging.

In 2022, The New Zealand *Best Practice Recommendations for early detection of CP* (BPR*)* were published to aid the use of these tools. Discrepancies between the evidence-based recommendations and clinical reality are apparent. Neurodevelopmental follow-up and early intervention in New Zealand are highly fragmented and vary significantly, making assessment coordination and collation of results difficult. Currently, less than 40% of children with CP are diagnosed before 12 months of age.

To bridge this gap, we aimed to develop a new model of care to facilitate equitable implementation of the BPR, taking cultural needs and resources into account, including support for regional areas without, or with limited access, to CP assessments.

*Design:* We partnered with whānau (families) and health professionals to co-design an early diagnosis Hub according to the principles of Kaupapa Māori to decrease inequitable access to assessments, support, and promote consistent communication.

*Method:* We undertook a planning and preparation phase with three key steps: i) Relationship development: Identification of key stakeholders including whānau, local high-risk follow-up health providers, regional clinicians, whānau care and Pasifika health support workers, and local iwi, followed by formal and informal collaborations through hui (gatherings, regional site visits and establishment of a diverse advisory group. (ii) Priority Setting: Co-design workshops to ensure a culturally safe and equitable approach, minimising barriers to access, inform clinical and research data collection strategies. (iii) Skill and capacity building: HINE and GMA training, early CP diagnosis workshops, cultural and research training.

*Results:* The *Partnering Early to Provide for Infants At Risk of Cerebral palsy (PĒPI ARC*) Hub was established in Wellington, incorporating a māori–centred relationship model of care including: 1) face-to-face multidisciplinary clinic for infants/whānau, 2) virtual Hub supporting regional infants/whānau and local/regional health professionals, 3) use of telehealth to increase flexible access to care, and 4) resources to aid health literacy.

*Conclusion:* A feasibility study is now underway to determine if implementing the BPR through the PĒPI ARC Hub can decrease inequities in access to early CP assessments in Aotearoa New Zealand and reduce the age of diagnosis, while meeting cultural needs, safety and utilizing existing resources.