Cerebral Palsy - Early Identification

Results from four co-design workshops

4 co-design workshops (7-13 participants each) included 12 parents (children ranging GMFCS I-V, diagnosis received between 8-36months of age) and 14 clinicians



CLINICIAN-FAMILY COMMUNICATION

Diagnostic information not always communicated

Clinician reluctance to verbalise CP possibility

Wording is important – say 'at risk of' or 'monitoring for CP' instead of 'wait and see'

Ask families what they already know before conveying (or not) information



SERVICE PROVISION

System is complex, inefficient Juggling multiple appointments Some Whānau find it difficult to accept 'help', ask questions or bring up problems Lack of diagnosis counselling Continuity of care – may 'fall through the cracks' particularly if 'mild' Family and clinicia

EARLY EXPERIENCE

Starship

Foundation

Fear, shock, isolated, unsupported, adjusting to new normal, trying to cope

Uncertain, lack of information -'what might it be?', 'how bad is it going to be?', 'what's next?'



INFORMATION

Not knowing who to go to for advice, where to find information Insufficient information resources Digital information is overwhelming, not NZ relevant and not always trustworthv Not knowing the 'variety' of CP

Information=empowerment



FAMILY EXPERIENCE THROUGH CO-DESIGN

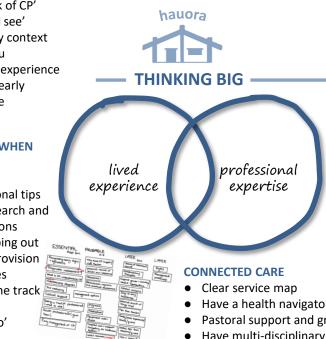
HONEST OPEN COMMUNICATION

- Convey CP suspicions early to family
- Wording say 'at risk of CP' ٠ rather than 'wait and see'
- Consider wider family context ٠
- Acknowledge whānau knowledge and lived experience
- Talk about cognitive early
- Talk about alternative treatments

RESOURCE PACK GIVEN WHEN CP IS SUSPECTED

- Personal stories
- Family tips, professional tips •
- Includes current research and complementary options
- Visual diagram mapping out • people involved in provision of care and their roles
- Where to go down the track and who is involved
- Recommended 'go to' websites





Working together – relationship with whānau forming a foundation from which to support holistic needs

Spiritual & emotional wellbeing -

people to reflect together and learn from each others experiences

Equitable access – through different modes of information sharing: technology, telehealth, health navigator, physical information resource

Regional hub – can be referred by health professional & self-refer. Has coordinated appointments in one place (hearing, dental, vision, splinting etc.), organised according to child age, accessible information, one care plan, well being support

- Have a health navigator
- Pastoral support and grief counselling
- Have multi-disciplinary consultations

Supporting clinicians in communicating openly and empowering whanau to know what and when to ask, by providing an information resource, have become priorities in ongoing work in early CP identification

