Cerebral Palsy and accessibility. Guidance for occupational therapists.

GUIDANCE FOR OCCUPATIONAL THERAPISTS AND OTHER HEALTHCARE PROFESSIONALS



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Cerebral Palsy (CP) is the most common cause of childhood physical disability, with lifelong impacts on motor control, posture, and function.



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ABSTRACT

Cerebral Palsy (CP) is a non-progressive but lifelong neurological condition, affecting around 1 in 400 live births in the UK.

People with CP may experience muscle stiffness, weakness, involuntary movements, and challenges with coordination, often accompanied by sensory, communication, and cognitive differences.

Accessibility is central to enabling participation and independence for individuals with CP across the lifespan. For many, environmental barriers compound physical and functional limitations, making daily tasks more difficult and increasing reliance on carers. This white paper outlines clinical considerations and design principles to guide occupational therapists (OTs) in supporting accessibility through home and community environments, highlighting strategies that promote independence, dignity, and meaningful occupation.

What is CP?

Cerebral Palsy refers to a group of permanent disorders of movement and posture caused by non-progressive disturbances to the developing brain. The presentation varies widely depending on the area of the brain affected.

Types of CP:

- Spastic CP (stiffness, high tone, reduced range of motion).
- Dyskinetic CP (involuntary or fluctuating movements).
- Ataxic CP (poor balance and coordination).
- Hypotonic (low muscle tone impacting control and stability).
- Mixed CP (features of more than one type).

Common Symptoms Affecting Accessibility:

- Muscle stiffness, spasticity, or involuntary movements.
- Reduced balance, coordination, and motor planning.
- Fatigue from increased energy expenditure during movement.
- Fine motor challenges affecting self-care and daily tasks.
- Speech and communication difficulties.
- Sensory processing differences.
- Cognitive or perceptual challenges (in some individuals).

Epidemiology.

- Approx. 30,000 children and young people in the UK live with CP.
- Global prevalence: 1 in 400 live births.
- CP is non-progressive, but secondary complications (contractures, joint deformities, pain) may progress.



Why Accessibility Matters.

Accessibility is not only about mobility, it is about enabling participation in meaningful activities across self-care, work, education, and leisure. Poorly designed environments amplify disability and dependency, while accessible environments allow individuals with CP to engage with dignity, autonomy, and safety.

Key outcomes of accessibility-focused interventions:

- **Reduced carer reliance.**
- **Increased participation in daily occupations.**
- **Improved psychosocial wellbeing.**
- **Prevention of secondary health issues (falls, overuse injuries).**

1. Physical Accessibility

- Level access, wide doors, and circulation space for wheelchairs and mobility aids.
- Adjustable-height furniture and equipment.
- Positioning supports for posture and safety.

2. Fatigue and Energy Management

- Minimise unnecessary effort through proximity of essential fixtures.
- Promote use of seating during activities (e.g., shower chairs, perching stools).
- Explore powered mobility and assistive technologies.

3. Safety and Falls Prevention

- Anti-slip flooring and uncluttered pathways.
- Grab rails and support frames at user-specific heights.
- Stable seating and adjustable transfer aids.

4. Cognitive and Sensory Support

- Consistent, simple layouts to reduce cognitive load.
- Clear visual contrasts between walls, floors, and fixtures.
- Smart technology for simplified control of lighting, heating, and appliances.

5. Dignity and Independence

- Wash/dry toilets (e.g., Closomat) to reduce reliance on carers.
- Voice-activated or switch-adapted controls for those with limited fine motor function.
- Personalised solutions that respect privacy and choice.

Client Reflection – Rachel's story:

Rachel, a lead occupational therapist with cerebral palsy (right hemiplegia), offers a dual perspective as both clinician and service user. Her condition affects mobility, dexterity and balance, leading to fluctuating independence and fatigue. She uses walking aids indoors and an electric wheelchair outdoors, with stairs negotiable only under concentrated effort.

Throughout her life, Rachel has faced environmental, systemic, attitudinal and institutional barriers: inaccessible schools and workplaces, restrictive home environments, and bureaucratic hurdles in disability benefits. Proactive home adaptations—including dual stair rails, level-access shower, wider hallways, and clear layouts—have significantly improved her independence, safety, and dignity.

Rachel's experience highlights key principles of inclusive design: functionality, dignity, energy conservation, cognitive accessibility, and future-proofing. Her advocacy and professional credibility underline the importance of person-centred design and systemic change, reminding practitioners to consider both physical and attitudinal barriers in enabling autonomy and participation for people with cerebral palsy.



DESIGN PRINCIPLES SUMMARY

Principle	Key Focus
Functionality	Enable activities of daily living (ADLs) with minimal effort
Consistency	Familiarity in layout and controls to reduce cognitive demand
Safety	Reduce fall, posture, and fatigue risks
Future-proofing	Plan for growth, ageing, and evolving support needs
Dignity	Promote independence in self-care and personal routines

RESOURCES FOR FURTHER GUIDANCE

- Cerebral Palsy Foundation – www.cerebralpalsyfoundation.org.
- NICE Guidelines – Cerebral Palsy in Adults (NG119) and in Children (NG62).
- Scope UK – www.scope.org.uk.
- Foundations DFG Guidance – www.foundations.uk.com.
- Building Regulations – Approved Documents M & K.

CEREBRAL PALSY AND ACCESSIBILITY CONCLUSION

For people with Cerebral Palsy, accessibility is central to independence, participation, and wellbeing. Occupational therapists play a vital role in assessing needs, recommending adaptations, and advocating for inclusive environments. By combining evidence-based practice, universal design principles, and lived experience, OTs can help create spaces that foster dignity, safety, and opportunity throughout the lifespan.



We're specialists in helping people with specific toileting needs.

We invented the Wash and Dry toilet over 60 years ago, and tens of thousands of people use our products every day to help them live their best lives. So we can say, with confidence, that we understand the needs of users better than any other manufacturer and we use this unrivalled knowledge to determine what is important (and what is not!).

We help OTs build specifications every day, and we can be there for you whether you need us on site with you to help determine the best possible solution for your client, or we can do this remotely, should access not be possible for clinical reasons.



Our products have been designed in consultation with healthcare professionals and have a range of clinical, health and well-being benefits.

We know that everyone is different, even if they have the same disability or condition. That's why we ensure our products are customisable in thousands of ways. This may seem complicated; but it isn't. It simply means that we can support you whatever your client's requirements are at the time of specification or into the future.



We're the only specialist UK-based manufacturer of Wash and Dry Toilets.

We have our own service team and our own engineers, meaning that we can ensure a consistent and expert back up service for our products, for you, and for your clients.

We understand that our products provide a much-valued level of independence, which is relied on every day. As such our in-house service team are on hand to maintain, repair and adapt your toilet for as long as your client needs it.



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We hope that you have found this white paper informative and that it has given you a good overview of what needs to be considered when you are building a specification for your clients with toileting needs.

This white paper is part of a series available at: closomat.co.uk.

In these white papers we've covered what you should keep in mind, with particular importance being given to the needs of the user.

If you require any further support, such as more detailed technical data, or help with specifications then please get in touch (details on the back page).


Understanding and specifying Wash and Dry Toilets. Guidance for occupational therapists.
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Designing enabling bathrooms for people with Multiple Sclerosis. Guidance for occupational therapists.
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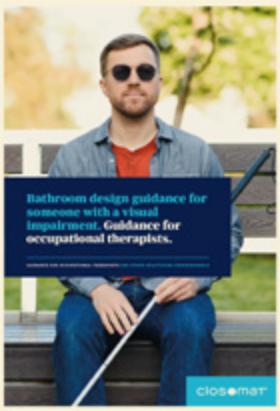

Considerations in the provision of toilet aids for children with disabilities. Guidance for occupational therapists.
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Considerations in bariatric toileting provision. Guidance for occupational therapists.
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Design guidance and considerations for a domestic accessible toilet. Guidance for occupational therapists.
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Specification for moving and handling in a toilet environment. Guidance for occupational therapists.
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Age-Related Decline: Is it Real and Does it Impact Toileting? Guidance for occupational therapists.
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Bathroom design guidance for someone with a visual impairment. Guidance for occupational therapists.
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Functional Implications of Urinary Tract Infections (UTIs) and Risk Management. Guidance for occupational therapists.
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