

Policy for Sensory Integration Therapy

Ref:	LSCICB_Clin14
Version:	2
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	1.1
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Commissioning Committee
Cross reference to other Policies/Guidance	
Date Ratified:	July 2026
Date Published and where (Intranet or Website):	October 2026 (Website)
Review date:	July 2031
Target audience:	All LSCICB Staff

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Document control:		
Date:	Version Number:	Section and Description of Change
November 2021	V1	Ratified
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
July 2026	V2	No changes to commissioning criteria. Policy applies to sensory integration therapy as a stand-alone intervention. Supporting narrative and references updated to reflect the limited and variable evidence base and the recommendation for a holistic, individually tailored approach to meeting sensory needs.

1. Policy

- 1.1 The ICB will not routinely commission sensory integration therapy (stand-alone, one-to-one clinic-based therapy), as it considers that the intervention does not accord with the Principles of Effectiveness and Cost-Effectiveness.

2. Scope and definitions

- 2.1 This policy is based on the ICB Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 There is no single agreed definition of sensory integration therapy. A range of theories, approaches and interventions are described within the literature, including Ayres Sensory Integration® (ASI). For the purposes of this policy, sensory integration therapy is defined as a stand-alone, one-to-one intervention provided to children or adults who have been assessed as having sensory processing difficulties or sensory dysfunction.
- 2.3 This policy applies to requests for stand-alone, one-to-one sensory integration therapy and any associated equipment recommended solely for the delivery of that intervention, including, but not limited to, weighted blankets and similar sensory aids.
- 2.4 This policy does not apply to:
- The assessment of sensory processing needs as part of a wider multidisciplinary assessment or diagnostic pathway.
 - Reasonable adaptations and consideration of sensory needs within healthcare, education or care settings.
 - Advice, support and sensory-based strategies provided to individuals, families, carers, educators or professionals as part of a holistic care plan.
 - Occupational therapy or other specialist interventions that incorporate sensory approaches as one component of a broader multidisciplinary package of care.
- 2.5 The ICB recognises that a patient may have certain features, such as
- having sensory disorder/dysfunction,
 - wishing to have a service provided for their sensory disorder/dysfunction,
 - being advised that they are clinically suitable for sensory integration therapy, and
 - being distressed by their sensory disorder/dysfunction, and by the fact that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

- 3.1 The purpose of sensory integration therapy is normally to support or improve a patient's adaptive responses to sensory experiences.
- 3.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the principle of appropriateness. Nevertheless, if a patient is considered exceptional in relation to

the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.

4. Effective Healthcare

- 4.1 This policy relies on the Principle of Effectiveness as the ICB considers there is insufficient evidence to demonstrate sensory integration therapy is effective in supporting or improving a patient's adaptive responses to sensory experiences.

5. Cost Effectiveness

- 5.1 This policy relies on the criterion of Cost-Effectiveness in that the ICB considers that it is not possible for a procedure to be Cost-Effective if it is not Effective.

6. Ethics

- 6.1 The ICB does not call into question the ethics of sensory integration therapy and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of sensory integration therapy and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality. The current NICE guidance for Autism Spectrum Disorders does not make any mention of sensory integration therapy.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.

- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

- Shropshire Community Health NHS Trust, *Position Statement on Sensory Processing Difficulties Children's Occupational Therapy Service*. 2025: <https://www.shropscommunityhealth.nhs.uk/content/doclib/14443.pdf>.
- National Autistic Society. *Autism and sensory processing*. 2025 [cited 2025 11/11/2025]; Available from: <https://www.autism.org.uk/advice-and-guidance/topics/about-autism/sensory-processing#Professional%20support%20for%20sensory%20differences>.
- Randell, E., et al., *Sensory integration therapy for children with autism and sensory processing difficulties: the SenITA RCT*. Health Technology Assessment 2022. 26: p. 29.
- Healthcare Improvement Scotland, *SIGN145 Assessment, diagnosis and interventions for autism spectrum disorders A national clinical guideline*. 2016.
- National Institute for Health and Care Excellence, *CG170 Autism spectrum disorder in under 19s: support and management*. 2021: <https://www.nice.org.uk/guidance/cg170>.
- Lancashire and South Cumbria Integrated Care Board. *Children and young people with sensory processing needs Lancashire and South Cumbria position statement January 2024*. 2024; Available from: <https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/all-programmes/cyp-sensory-processing-position-statement-january-2024>.
- National Institute for Health and Care Excellence, *CG142 Autism spectrum disorder in adults: diagnosis and management*. 2021: <https://www.nice.org.uk/guidance/cg142/resources/autism-spectrum-disorder-in-adults-diagnosis-and-management-pdf-35109567475909>.
- Miyahara, M., et al., *Task-oriented interventions for children with developmental co-ordination disorder*. Cochrane Database of Systematic Reviews, 2017(7).
- Prior, D., et al., *Behavioural and cognitive-behavioural interventions for outwardly directed aggressive behaviour in people with intellectual disabilities*. Cochrane Database of Systematic Reviews, 2023(2).
- Morgan, A.T., E. Murray, and F.J. Liégeois, *Interventions for childhood apraxia of speech*. Cochrane Database of Systematic Reviews, 2018(5).
- Royal College of Occupational Therapists, *Evidence Spotlight Sensory integration and sensory-based interventions - children & young people*. 2021. [Sensory integration and sensory-based interventions - children & young people](#)
- Royal College of Occupational Therapists, *Informed View Sensory Integration and sensory-based interventions*. 2021: <https://www.rcot.co.uk/explore-resources/children-young-people-families/sensory-approaches>.

- Section On Complementary And Integrative Medicine, et al., *Sensory integration therapies for children with developmental and behavioral disorders*. Pediatrics. 2012 Jun;129(6): p. 1186-1189.
- Steinbrenner, J.R., et al., *Evidence-based practices for children, youth, and young adults with Autism*. The University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, National Clearinghouse on Autism Evidence and Practice Review Team, 2020.
- Kashefimehr, B., H. Kayihan, and M. Huri, *The Effect of Sensory Integration Therapy on Occupational Performance in Children With Autism*. OTJR: Occupational Therapy Journal of Research, 2018. 38(2): p. 75-83.
- Pfeiffer, B.A., et al., *Effectiveness of Sensory Integration Interventions in Children With Autism Spectrum Disorders: A Pilot Study*. The American Journal of Occupational Therapy, 2011. 65(1): p. 76-85.
- Schaaf, R.C., et al., *An Intervention for Sensory Difficulties in Children with Autism: A Randomized Trial*. Journal of Autism and Developmental Disorders, 2014. 44(7): p. 1493-1506.
- Piller, A., et al., *Occupational Therapy Interventions Using Ayres Sensory Integration® for Children and Youth (2015–2024): A Systematic Review*. The American Journal of Occupational Therapy, 2025. 80(1).
- Acuña, C., et al., *Ayres Sensory Integration® With Children Ages 0 to 12: A Systematic Review of Randomized Controlled Trials*. The American Journal of Occupational Therapy, 2025. 79(3).
- Schoen, S.A., et al., *A systematic review of ayres sensory integration intervention for children with autism*. Autism Research, 2019. 12(1): p. 6-19.
- Schaaf, R.C., et al., *Efficacy of Occupational Therapy Using Ayres Sensory Integration®: A Systematic Review*. The American Journal of Occupational Therapy, 2017. 72(1): p. 7201190010p1-7201190010p10.
- Abdul-Majeed, H.M., M.S. Khodeir, and N.G. El-Din Hafez, *Sensory Integration Therapy as a Management of Sensory Deficits in Autistic Spectrum Disorders*. QJM: An International Journal of Medicine, 2023. 116(Supplement_1).
- Hockey, R., et al., *Trauma-informed or sensory-based practices in preschool settings: A scoping review*. Australian Occupational Therapy Journal, 2025. 72(3): p. e70027.
- Mittal, R., et al., *Impact of sensory-based therapy on problems with balance and posture in children with cerebral palsy: a systematic review and meta-analysis*. Discover Public Health, 2024. 21(1): p. 197.
- Oh, S., et al., *Effectiveness of sensory integration therapy in children, focusing on Korean children: A systematic review and meta-analysis*. World Journal of Clinical Cases, 2024. 12(7): p. 1260-1271.
- Yana, M., E. Kavlak, and M. Güneş, *Combined sensory integration therapy plus neurodevelopmental therapy (NT) versus NT alone for motor and attention in children with Down syndrome: a randomized controlled trial*. International Journal of Developmental Disabilities, 2024. 70(5): p. 849-856.
- Omairi, C., et al., *Occupational Therapy Using Ayres Sensory Integration®: A Randomized Controlled Trial in Brazil*. The American Journal of Occupational Therapy, 2022. 76(4).