



## **Position Statement: The Role of Ayres Sensory Integration® in Occupational Therapy Practice**

### **What is Occupational Therapy (OT)?**

Occupational therapy aims to promote independence and participation across all aspects of life. For children and young people, this includes engagement in learning, social relationships, play, and daily living activities. Where sensory integration difficulties are present, occupational therapists (OTs) consider how these challenges impact functional performance and participation in everyday activities.

OTs are trained to use a range of approaches. This may include:

- **Top-down approaches**, such as task-specific programmes (e.g., handwriting support).
- **Medical/rehabilitation models**, such as aids and adaptations.
- **Bottom-up approaches**, such as Ayres Sensory Integration® (ASI), where clinically indicated.

When an OT is additionally trained in sensory integration, they can use evidence-based tools and interventions to address the sensory needs that underpin participation and independence.

### **What is Sensory Integration?**

We are sensory beings living in a sensory world. The brain constantly organises information from eight sensory systems (sight, hearing, touch, taste, smell, vestibular, proprioception, and interoception). Sensory integration is the neurological process that enables this information to be organised and interpreted, providing a foundation for learning, behaviour, and participation (Ayres, 2005; Bundy & Murray, 2002).

When children experience difficulties in sensory integration, daily activities such as eating, dressing, sleeping, participating in play, or accessing education can be significantly affected (Di Martino et al., 2009; Mazurek & Petroski, 2015; Miller-Kuhaneck & Britner, 2013).

### **Terminology**

In the UK, occupational therapists do **not** diagnose "Sensory Processing Disorder" (SPD). SPD is an American diagnostic term and is not recognised in the DSM-5. Instead, UK practice acknowledges that many children and young people experience

**sensory differences, challenges, or difficulties** which impact daily functioning and participation.

These differences are particularly well-documented in autistic children and young people, with research suggesting that between 90–95% experience sensory differences (Hawthorn, 2020). Rather than pathologising these experiences as a “disorder,” OTs adopt **neuro-affirming language and approaches**, recognising sensory differences as part of the individual's profile. The professional focus is on understanding the child's sensory needs and supporting participation in meaningful occupations through assessment, intervention, and environmental adaptation.

Ayres Sensory Integration® (ASI) therefore does not aim to “treat a disorder” but to **support children in developing strategies, adaptive responses, and environments that enable them to thrive**. This aligns with both RCOT guidance (2021) and the principles of the SEND Code of Practice (2015), which emphasise inclusion, participation, and holistic support.

### **What is Ayres Sensory Integration® (ASI)?**

ASI is a play-based, child-led intervention that integrates neuroscience, therapeutic use of self, and carefully designed sensory-motor activities. The therapist provides the “just right challenge” within a sensory-rich environment to support adaptive responses that promote participation and functional skills (Schaaf & Mailloux, 2015).

ASI is delivered using a **fidelity measure** (Parham et al., 2011) to ensure consistency and adherence to the original principles developed by Dr. A. Jean Ayres. It is always preceded by a comprehensive assessment and goal-setting process.

### **Evidence Base for ASI**

Criticism of ASI often cites outdated or misleading reviews, particularly those that fail to differentiate between **Ayres Sensory Integration® (ASI)** and more general **sensory-based interventions** (such as sensory diets or isolated sensory activities). These are not the same intervention.

- **Systematic reviews:**

- Schaaf et al. (2018) and Schoen et al. (2019) concluded that ASI delivered with fidelity is effective for children with autism.
- **Hume et al. (2021)**, in a comprehensive systematic review of interventions for autism, classified Ayres Sensory Integration® (ASI) as one of 28 evidence-based practices. This recognition followed rigorous appraisal using the National Clearinghouse for Autism Evidence and Practice framework.
- In contrast, **Kovach and colleagues'** reviews are often cited to argue against ASI. However, these reviews did not distinguish between fidelity-

based ASI and non-specific sensory strategies. As a result, their conclusions are not representative of the current evidence supporting ASI as a structured, evidence-informed intervention.

- **Randomised controlled trials:**

- Schaaf et al. (2014) found significant improvements in functional goals for autistic children receiving ASI.
- Pfeiffer et al. (2011) demonstrated improvements in social participation, sensory processing, and goal attainment.

- **Functional**

- **outcomes:**

Research consistently shows gains in participation, regulation, self-care, sleep, motor skills, communication, and learning readiness (Pfeiffer et al., 2011; Kashefimehr et al., 2018; Iwanaga et al., 2014).

### **Alignment with RCOT and Professional Guidance**

It is sometimes misrepresented that the Royal College of Occupational Therapists (RCOT) does not support sensory integration. This is not the case. RCOT's 2021 position statement acknowledges both the use of sensory integration and sensory-based interventions in practice. It encourages OTs to critically evaluate research and apply interventions in an evidence-informed way. This is exactly what trained ASI practitioners do—using fidelity measures, standardised assessments, and outcome tools such as Goal Attainment Scaling (Mailloux et al., 2007).

The absence of “Sensory Processing Disorder” as a DSM-5 diagnosis does not negate the relevance of sensory differences. DSM classifications are diagnostic tools, whereas occupational therapy is concerned with function and participation. The NICE autism guidelines (2017, 2021) also recognise the importance of considering individual sensory sensitivities and making environmental adjustments—an area where OTs trained in SI have unique expertise.

### **Why Include ASI in Multidisciplinary Services?**

- **Clinical effectiveness:** Evidence demonstrates ASI improves participation and functional outcomes in autistic children and others with sensory integration challenges.
- **Family and school support:** ASI-trained OTs work not only directly with children, but also coach parents and teachers to embed strategies across environments (Miller-Kuhaneck & Watling, 2018).
- **Equity of access:** While NHS OTs may not always have resources or postgraduate SI training, HCPC-registered private OTs with advanced SI qualifications provide the same regulated and evidence-based service.

- **Legal framework:** Under the SEN Code of Practice (2015) and SEND Regulations (2014), local authorities must seek appropriate expert advice, which includes SI-trained OTs where sensory integration difficulties are impacting function.

Some NHS occupational therapists do have postgraduate training in sensory integration, including York and Scarborough NHS Trust, and many NHS services also provide useful free resources for parents and carers through their webpages. OT4me provide a private service, please see our website for all services on offer: [www.OT4me.co.uk](http://www.OT4me.co.uk).

### **Final word...**

Ayres Sensory Integration® is an evidence-informed, clinically effective intervention that addresses the sensory needs underpinning daily functioning for children and young people, particularly those with autism. RCOT supports its use when applied with fidelity, and recent systematic reviews confirm its evidence base.

For children with sensory integration difficulties, an SI-trained occupational therapist is not optional—it is essential to ensure accurate assessment, intervention, and recommendations that directly impact participation, learning, and wellbeing.

### **Authors:**

Louise Newton Clinical Director. Specialist Occupational therapist (BSC) Post Graduate certification in Ayres' Sensory Integration® (PGDip)	Elizabeth Huxford Clinical Director. Specialist Occupational therapist (BSC) Post Graduate certification in Ayres' Sensory Integration® (PG Cert)
--	--

05.09.2025

OT4me

Company number: 12400937

**If you would like to book an appointment with our service please fill in a referral form via this link [here](#)**