



# Standard of Care (Standard of Practice)

## Personal Support Workers Supporting Individuals with Autism (2026)

**Applies to:** PSWs working in home care, community support, adult day programs, schools, congregate settings, respite, and long-term care.

**Effective:** January 2026

**Developed for use by:** OPSWA / CANSWA PSWs (adaptable to employer policies and local legislation)

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### 1) Purpose

To set clear expectations for **safe, respectful, person-centred, and evidence-informed** PSW care for individuals with Autism across the lifespan, while supporting dignity, autonomy, communication rights, and quality of life.

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### 2) Core Principles

PSWs will provide care that is:

1. **Person-centred and strengths-based** (support the person's goals, interests, and independence).
2. **Neuroaffirming** (respect differences in communication, behaviour, sensory needs, and social interaction).
3. **Trauma-informed and psychologically safe** (assume past stress/trauma may exist; reduce triggers).
4. **Consent-based** (seek consent/assent continuously; adapt communication to ensure understanding).
5. **Least intrusive** (use the least restrictive strategies that maintain safety).
6. **Culturally safe and equitable** (adapt supports to culture, language, identity, and family context).
7. **Collaborative** (work with the person, family/caregivers, and the care team).

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### 3) Scope and Role Clarity

### PSWs may:

- Support activities of daily living (ADLs), routines, community participation, and life skills.
- Use communication strategies and/or AAC supports **as trained and directed**.
- Implement behaviour support strategies outlined in a **Behaviour Support Plan** or Plan of Care.
- Observe, document, and report changes, triggers, escalation patterns, and outcomes.
- Support emotional regulation through agreed proactive strategies (sensory supports, routine, choice, calm spaces).

### PSWs must not:

- Create or independently change clinical assessments, diagnoses, therapy programs, or behaviour plans.
- Use restraint, seclusion, or restrictive practices **unless** explicitly authorized by law/employer policy, trained, and only in emergency safety situations (and reported immediately).
- Provide psychotherapy/counselling beyond supportive listening and appropriate referral/reporting.

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## 4) Required Competencies (2026 Expectation)

PSWs supporting individuals with Autism must demonstrate competency in:

- Autism-informed support across ages and settings
- Communication supports (including AAC awareness)
- Sensory processing differences and environmental adaptation
- Positive Behaviour Support (PBS) basics: triggers, functions, proactive strategies, reinforcement
- De-escalation, safety awareness, and crisis response procedures
- Consent, privacy, dignity in personal care
- Documentation, incident reporting, and professional boundaries

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## 5) Standard Statements (What PSWs MUST Do)

### A. Communication & Relationship

PSWs must:

- Use **respectful, plain, literal language** and confirm understanding.
- Offer **processing time** and avoid rushing.
- Use preferred name, pronouns, and preferred communication method.
- Support AAC use (e.g., picture supports, devices) as per plan/training.
- Avoid shaming language (e.g., “non-compliant,” “manipulative”); describe observable behaviour instead.

## **B. Predictability, Routine, and Transitions**

PSWs must:

- Maintain consistent routines where possible and **prepare for change** early.
- Use visual schedules, countdowns, and “first/then” supports when helpful.
- Reduce surprises; explain what will happen and what the person can control (choices).

## **C. Sensory Support & Environment**

PSWs must:

- Identify sensory preferences and triggers (noise, lighting, touch, smell, crowding).
- Adapt the environment (dim lights, reduce noise, limit people, offer quiet space).
- Offer agreed sensory supports (headphones, weighted items, movement breaks) per plan.

## **D. Personal Care & Dignity**

PSWs must:

- Ask permission before touch and explain each step of personal care.
- Use privacy measures (doors/curtains, covered body parts, respectful exposure).
- Adapt hygiene routines to sensory needs (water temperature, unscented products, slow approach).
- Never force care unless it is an immediate safety necessity and permitted by policy—**seek help**.

## **E. Behaviour Support (Positive, Preventive Approach)**

PSWs must:

- Follow the **Behaviour Support Plan** / Plan of Care consistently.
- Focus on **proactive strategies** first: routine, choices, sensory regulation, clear expectations.



- Track **ABC information** (Antecedent/Behaviour/Consequence) when behaviours escalate.
- Reinforce safe, functional communication and coping skills.
- Avoid power struggles; prioritize safety and regulation over “winning.”

*(Behaviour toolkits emphasize understanding the **function** of behaviour and using practical proactive strategies.)* [Autism Speaks](#)

## **F. De-escalation & Crisis Safety**

PSWs must:

- Recognize early signs of distress (pacing, vocal changes, shutdown, increased self-stim).
- Use de-escalation: reduce demands, offer calm space, soften voice, increase distance, offer choices.
- Follow site emergency protocols; call for assistance early.
- After an incident: ensure medical checks if needed, complete documentation/incident report, participate in debrief, update the team on triggers and effective supports.

## **G. Health, Medication, and Co-occurring Needs**

PSWs must:

- Observe and report changes in sleep, appetite, pain indicators, bowel/bladder patterns, and mood.
- Understand that communication differences may mask pain or illness.
- Support medication only within scope, training, and delegated directives (where applicable).

## **H. Consent, Rights, and Safeguarding**

PSWs must:

- Support the person’s right to refuse (unless immediate safety risk and policy applies).
- Report suspected abuse/neglect/exploitation immediately according to employer policy and law.
- Maintain confidentiality and professional boundaries at all times.

## **I. Documentation (Minimum Standard)**

PSWs must document objectively:

- What support was provided (what, when, how).
  - Observed responses and outcomes.
  - Triggers, early warning signs, and de-escalation strategies used.
  - Any incident, injury, refusal, or change in baseline.
  - Who was notified and when.
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## **6) Family/Caregiver and Team Collaboration**

PSWs must:

- Respect caregiver expertise while maintaining professional boundaries.
  - Use consistent strategies across shifts/settings to reduce distress.
  - Participate in team communication: handovers, care conferences (when invited), and updates.
  - Encourage coordinated services and referrals through appropriate channels.
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## **7) Quality Improvement (2026)**

Organizations/employers supporting PSWs should ensure:

- Orientation to autism-informed care and crisis procedures.
  - Access to Behaviour Support Plans and clear escalation pathways.
  - Ongoing training (AAC basics, PBS, sensory support, de-escalation).
  - Safe staffing and environmental supports for sensory and behavioural needs.
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## 8) References (Recommended for 2026 Standards)

- Government of Ontario. **Ontario Autism Program: Guidelines for Core Clinical Services and Supports** (June 23, 2021). [Ontario](#)
- Public Health Agency of Canada. **Framework for Autism in Canada** (Sept 26, 2024). [Canada](#)
- NICE. **Autism spectrum disorder in adults: diagnosis and management (CG142)** (last updated June 14, 2021). [NICE](#)
- Autism Speaks. **Challenging Behaviors Tool Kit**. [Autism Speaks](#)