

Dignity of Risk and Duty of Care Explained | eLearning (Transcript)

Good day everyone! If you are tuning into today's e-learning we will be covering a brief introduction to Getting Rights, rights. Let's get started!

So if we are going to get rights, right... we need to start with some foundational knowledge and beliefs. I am going to talk about the concepts of Duty of Care vs Dignity of Risk and how they sometimes get misunderstood in our services. Imagine if there was a continuum between these two concepts and Duty of Care was on the far left of the continuum and Dignity of Risk on the far right. The term Duty of Care refers to a legal responsibility that was set up to ensure people with lived experiences are not harmed by the services an organization and its staff provide. They needed to put this in place because people were often being mistreated and abused in the past and even to this day people still experience such treatment.

Over time this concept of Duty of Care got misconstrued and we developed this understanding that we had an obligation to protect people with lived experiences from themselves protect them from the choices they were making, protect them from insignificant or unfounded harm, protect people from making mistakes. And this is so far off the mark from the original intent remember - it was put in place to protect people from us we have a duty to not hurt people.

At the other end of the continuum there is Dignity of Risk and this refers to the right that every one of us has the right to make choices, take risks, and even make mistakes and even to make mistakes over and over again so we can learn from those experiences. How many of you did something and said I will never do that again and yet you did it again? Dignity of Risk is about freedom. It was first coined in 1972 by Robert Perske in relation to people living with disabilities and it was a reaction to what people were experiencing under a lens of duty of care. Supports were overprotective and paternalistic in nature. The approach was patronizing and it diminished a person's freedom and dignity.

Historically, services have started from the left side of the continuum with duty of care as we interpret it today. We protect people because we care and don't want to see any harm come to people so we bubble wrap or Velcro them to us, all in the name of safety, therapy, policy. When we feel it is safe and comfortable to do so, it is only then we encourage people to make decisions and choices. And slowly move close to the right side of the continuum.

People's education, exposure and opportunities to experience a full life are not robust. People have an impoverishment of life experiences including those experiences of failure and disappointment and that is just wrong. What we should be doing, is start at the other end of the continuum start with dignity of risk and

then balance that approach with duty of care. We need to recognize that every person has the right to decide how they want to live their life. The bottom line is, if you and I can choose to make this decision, so can those we support.

Our role in all of this, is to provide people with exposure, experiences and education so they can make informed decisions and be there to support even if it is a decision, we would not have made it's not about us, but the person.

Sometimes there are situations when we have to step into duty of care but our starting point should always be dignity of risk and cross over not the other way around.

We need to be consciously aware of the extremes on both ends of the continuum.

With duty of care, we need to be careful to not overprotect people and on the side of dignity of risk we can't neglect or abandon people to their decisions.

Now that we have this foundational knowledge, we can start to uncover the rights restrictions that some of the people we support may experience. In order to learn more about rights restrictions, please tune into the e-learning on Rights

Restrictions 101. Thank you for signing on and we will see you soon!