

**Conference Proceedings**

**Risk as a Right: Supporting Dignity of Risk in Disability Services**

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### Abstract

People with disabilities have long faced over-protection from caregivers, guardians, and others in their lives who are tasked with supporting and caring for them. Due to this over-protection, disabled people are often robbed of their right to take risks and learn from the consequences of their behavior. In this article, a summary of a presentation at the 40th Annual Pacific Rim Conference on Disability held in Honolulu, Hawaii, USA, in April 2025, the author explores the balance between dignity of risk and duty of care, provides context for the importance of preserving people's right to take risks, and outlines some guidelines for care providers to facilitate dignity of risk for the people they support while still upholding their duty of care.

*Keywords:* dignity of risk, duty of care, disability, human rights, consequence

### **Risk as a Right: Supporting Dignity of Risk in Disability Services**

To understand the importance of dignity of risk, we must first understand risk as a concept. So, what is risk? If you look up the word in the dictionary, you will find several definitions. The Cambridge Dictionary defines risk as “the possibility of something bad happening” and Merriam-Webster lists definitions of risk such as “possibility of loss or injury” and “someone or something that creates a hazard”. There is another definition of risk however, that speaks to the potential of positive outcomes and offers a fresh perspective on a concept that has long been thought to be adverse. Encyclopedia.com defines risk as “...a person or thing regarded as likely to turn out well or badly...” This definition suggests that, although we may more readily associate the idea of risk with negative outcomes, the risk in and of itself is not the negative power we may have believed it to be. Instead, it suggests that the outcome of risk is what determines positive or negative impact. Venturing further into this idea, one could even conclude that all behavior is risk. That is to say, everything we do or say is in pursuit of a desired outcome. Whether that potential outcome has a positive or negative impact, we are taking a risk that the behavior we are engaging in will result in the outcome we are seeking. Risk, therefore, is neutral.

In disability services, service providers often over-protect the clients they are tasked with supporting and prevent them from taking reasonable risks in many areas of their lives. This may mean preventing them from making simple decisions, such as what to have for dinner or when to go to bed. It can also mean infringing on their privacy, preventing them from seeking interpersonal relationships unsupervised, or limiting their ability to participate in preferred activities. This over-protection, rather than keeping people safe, often displays a

paternalistic approach to services for disabled people (Mohler, 2020). Dignity of risk, a term coined in 1972 by Dr. Robert Perske, “implies respect for individuals’ rights to make their own decisions, to participate in a broad range of desired activities, even if those activities have risk, and to expose themselves to potential consequences or learning opportunities” (Chicoine & Kirschner, 2022, p. 189). Care providers, however, may struggle with supporting the dignity of risk of those in their care as they possess a responsibility to keep their clients safe. This responsibility, often termed duty of care, is the responsibility of an organization and their staff to ensure they do no harm to the people they support (Interchange, 2020). While duty of care is a legal responsibility, it does not mean that an organization or staff is required to protect a person from themselves in all situations. Instead, duty of care outlines that care providers have a responsibility to step in on situations if there is a risk of death (including suicide), permanent or serious disability or injury, environmental or property damage, harm to another person, or lack of capacity (Interchange, 2020). Outside of those circumstances, a care provider is not legally required to intervene in the life of a person they are caring for. In fact, many advocates and self-advocates would argue that intervening outside of the parameters outlined in the legal responsibility of duty of care is over-protection and prevents people with disabilities from living fulfilling lives. Max Barrows, a self-advocate, is quoted as saying, “Life is about learning from the mistakes you make. I appreciate, and we appreciate, protection from people, but please don’t protect us too much, or at all, from living our lives” (What is Dignity of Risk, 2023).

Callus, et al. (2019), in an article published in the journal *Disability & Society*, stated:

"Overprotection is a disabling barrier...People with intellectual disability who experience overprotection live very structured lives. They cannot develop their skills,

abilities, or potential. Furthermore, they cannot live their life on their own terms, but on terms determined by others. This creates a sustained dependence on others, especially the family." (p. 345).

Inherent in the idea of dignity of risk is the idea that life experiences come with an element of risk, which even the best planning and support cannot eliminate.

One important component to the necessity of risk in everyday life is learning due to consequences we experience. Consequences are the direct result of a behavior, usually with the goal or effect of teaching a lesson or encouraging positive alternative behavior choices (Levy, 2018). Consequences can be natural or imposed, and can be negative or positive (Cummings, 2018). See figure 1 for examples. Consequences help us to learn how to navigate our world and society and support us in forming important relationships with the people around us. If people with disabilities are not able to take risks due to over-protective caregivers, they may never experience the consequences of their behavior and therefore never learn the lessons those consequences can teach. For example, a person who does not learn appropriate social skills through trial and error in social settings may spend their life unable to form meaningful social relationships due to their lack of social skills.

Over-protection of people with disabilities can also lead to adverse outcomes. People who are over-protected may experience lowered self-esteem due to being told (either verbally or non-verbally) that they are incapable of completing simple tasks or making decisions for themselves. They may underachieve or lack a desire to try new things if they have consistently been shown or told that they will not be successful. They may display

**Table 1**

*Examples of Consequences*

	Natural	Imposed
<b>Positive</b>	If you take good care of your garden all year, you may have delicious tomatoes to enjoy in the summer.	If you work hard at your job, you may receive a good bonus at the end of the year.
<b>Negative</b>	If you run down a hill, you may fall and injure yourself.	If you do not complete your chores, you will not receive your weekly allowance.

*Note: A table that lists examples of consequences that can be natural or imposed and can be negative or positive.*

learned dependency, stemming from forced dependency throughout their lives. They may also experience a decreased ability for self-care if they have not been allowed to make personal care decisions or have been over-provided with personal care services (Waldman et al., 2019). Additionally, staff who regularly engage in over-protection of the clients they support are at greater risk of burnout due to over-vigilance and exhaustion. While staff may be operating from a mindset disguised as concern for the welfare of their clients, these attitudes and habits of over-protection have been labeled as “benevolent ableism” (Pandey, 2022). Benevolent ableism often stems from a misunderstanding of disability or a pity for disabled people. It can take the form of passiveness, such as when a person dismisses inappropriate behavior from a disabled person as being caused by their diagnosis. It can also look like an over-correction or idealizing of disability, such as labeling a diagnosis as a “superpower” or a “divine gift.” This attempt at eliminating negative connotations of disability places people with disabilities on a pedestal, which in turn makes them unequal to

their non-disabled counterparts. Ultimately, benevolent ableism results in the same outcomes as active discrimination—exclusion and marginalization of people with disabilities.

While care providers in disability services may be approaching their work with what they feel are the best intentions, avoiding over-protection can often be a difficult task. To assist care providers in promoting the dignity of risk of those they support, here are a few guidelines that can be used to determine the best course of action.

1. **Decision Making:** allow people with disabilities to make decisions about their own bodies, their time, and their activities. If a decision does not pose imminent risk of death, permanent or serious injury or disability, environmental or property damage, or harm to another person, caregivers' opinion of that decision should not be a factor.
2. **Environment:** care providers should facilitate an environment for the people they support that can reduce the risk of specific choices, without eliminating the ability for someone to make those choices. For example, when supporting a person with a disability in the community, a care provider may choose to implement tools such as social stories or other training and support to help their client to safely cross streets and walk through parking lots. What they must not do is prevent their client from ever crossing streets or going anywhere where they may need to walk through a parking lot as a means of preventing being hit by a car. People should be supported to learn skills to prevent harm while still being able to access everyday activities and relationships.
3. **Context:** care providers should provide their clients with context in the moment to help them understand the possible consequences of an action or choice they are considering. For example, if someone would like to eat a large snack ten minutes before dinner will be ready, explaining that the snack may make them too full

to eat dinner allows for the person to understand the consequences of their actions before deciding what to do. Then, once the care person has provided context and checked for understanding, they should step back and allow the person they support to make their own decision about their behavior. While this may seem like a simple or pedantic example, this concept can be applied to many decisions a person is faced with each day and can take a significant amount of stress off a care provider who will no longer need to constantly make small decisions for the people they work with.

4. Consequences: once a decision has been made, it is the responsibility of the care provider to support their client to deal with the consequences of that choice. This does not mean finding ways to reduce the consequence or eliminate the consequence to preserve the client's feelings but instead means supporting the client to understand why they are experiencing that consequence and how to avoid it next time. These are the lessons we all learn as we move through life that help us to make appropriate decisions. Explaining to someone why their lack of attention resulted in dropping and breaking their snow globe from their last vacation to a theme park, or how choosing to go home to watch movies instead of working their scheduled shift at the grocery store led to a write up in their personnel file, supports lessons of care for our belongings and responsibility to our employer. This approach also helps people to form an understanding of consequence, the direct impact our choices have on our experiences, and can provide information and training for decision making in the future.

### **Conclusion**

Dignity of risk is not a concept that absolves a care provider of their duty of care, but it does highlight the human right to make mistakes and learn from consequences. People with disabilities, though they may need some support, have the right to bolster their success

through taking risks, and disability services staff have a moral responsibility to facilitate and support that right.

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