

Dignity of Risk: Turning "No" Into a Plan

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People with IDD have the right to take reasonable risks. This principle was first named in 1972 by Robert Perske. Perske argued that overprotection has a cost. It can limit growth, self-esteem, and block the chance to learn from experience.

From Principle to Practice

Dignity of risk is easy to state and harder to apply day to day. Parents, carers, and service providers must balance individual choice with safety. In addition, service providers must consider regulations regarding risk management.

The Shared Risk Agreement

One practical approach comes from a Wyoming-based service provider. It's called the Shared Risk Agreement. The method starts with an individual and a stated desire. That desire (e.g., walking to the store alone) includes some risk for that individual.

The team does not start with "no." Instead, the team identifies the smallest safety measures needed to make the choice possible. Those measures might include a check-in schedule, a practice route walked with staff first, or training on crossing streets safely.

The team documents this training and any environmental changes made. This creates a clear record. It shows how risk was addressed and reduced, not simply avoided.

State Guidance Echoes the Same Approach

North Dakota's person-centered risk toolkit calls for full documentation of risk conversations. It states that overprotection can be harmful. And, that overprotection can strip away a person's hopes and expectations.

Missouri's Department of Mental Health describes a similar three-step process. First, name the choice and the risk together. Second, weigh the likely positive and negative outcomes. Third, plan supports that reduce harm without removing the choice.

What This Means in Practice

Dignity of risk does not mean no safety planning. It means safety planning starts from the person's goal. It does not start from the system's comfort with risk.

Applying Dignity of Risk in California

California law already builds dignity of risk into the system. The Lanterman Act requires services in the least restrictive conditions necessary. It also guarantees dignity, privacy, and humane care. The Individual Program Plan (IPP) is where these rights become a plan.

For Individuals

You have the right to make choices about your own life, including choices that carry some risk.

- Bring your goal to your IPP meeting.
- Ask your planning team to plan safety measures, not just say no.
- Ask for an IPP review if your goals change.

For Families

Families can support a stated goal while asking for a documented safety plan.

- Ask the planning team to name specific safety measures.
- Request a review within 7 days if health or safety is at risk.
- Otherwise, request a review within 30 days of asking.
- Keep a copy of the IPP and any notices of action.

For Service Providers

Providers can build dignity of risk into everyday practice and documentation.

- Raise risk conversations during person-centered planning meetings.
- Document training, practice steps, and environmental changes.
- Base decisions on the least restrictive conditions necessary, not on general worry.

For Service Coordinators

Service coordinators can facilitate the risk conversation within the IPP process itself.

- Help the team name the goal and the risk together.
- Record agreed-upon safety measures directly in the IPP.
- Explain appeal rights if a requested service is denied.
- Schedule an earlier review when a person's goals change.

Sources

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