

Balancing Dignity of Risk and Duty of Care

This information sheet is about risk, responsibilities and balancing duty of care with dignity of risk for service providers working with participants and workers in the Lifetime Care & Workers Care schemes.

It's about understanding the current ethical and legal considerations when respecting the rights of all people to make decisions, exercise choice and to take risks.

It endeavors to describe the responsibilities service providers have and the responsibilities the person themselves has, to ensure the safety of participants and of others.

This information sheet is not legal advice.

The starting point for determining duty of care and risk tolerance is the promotion of decision-making rights, the assessment of decision-making capacity, and the provision of supported decision-making when needed. However achieving the right balance between decision-making autonomy, dignity of risk and duty of care when working with people with compromised or fluctuating decision-making ability is difficult, and decisions about risk tolerance and decision-making capacity must be made on a case-by-case and decision-by-decision basis.

While we can provide some guidance for the practical application of Duty of Care and Dignity of Risk in the context of Lifetime Care and Workers Care, we also acknowledge the importance of service providers seeking independent advice regarding professional expectations, ethical considerations, community expectations and organisational policies.

PART 1: Concepts and Principles under-pinning Best Practice and Decision-making

What is Capacity?

All people, regardless of disability, are presumed to have capacity to make decisions.

The NSW Trustee and Guardian ([Supported decision-making and capacity | NSW Trustee and Guardian](#)) provides the following definition of "capacity" as it applies to people making decisions for themselves:

Decision-making capacity is the ability to make your own life decisions by:

- *understanding the situation, facts or information about a decision*
- *understanding the choices available*
- *understanding what will or could happen from making a decision*
- *using reason to weigh the risks and benefits of a decision*
- *being able to clearly communicate consistent decisions*

If you're unable to follow this process, you are said to 'lack capacity'.

Capacity is decision-specific. A determination of decision-making capacity cannot be extrapolated from one decision to another, or from one point in time to another.

Sometimes people will have the capacity to make some or most decisions, but may lack the capacity to make other, or specific decisions. Many people, regardless of disability, will need some support to fully understand the situation, their options, the possible consequences of choices and the potential risks and benefits of their decisions. This does not necessarily mean that they lack capacity, but rather that support is needed to enable them to achieve decision-making capacity. (see *What is Supported Decision-Making?* below)

Only once adequate support has been provided, and failed, to enable the person to achieve decision-making capacity can a determination that they lack capacity to make a safe decision in the circumstance be made.

Assessment of decision-making capacity

As a starting point, it should be assumed that everyone has decision-making capacity. Injury, illness, disability, and circumstances can impact a person's ability or capacity to make an informed decision. Providing the right support can build a person's ability to make their own decisions. There will be times where maximum support provision will still result in what might be considered 'poor decision making'. This is where decision-making capacity and assessing the level and impact of risk to the person or others is required by those around them. This may be done informally using the capacity assessment principles found in the [Capacity Toolkit](#) formally via professional assessment.

Generally day-to-day decisions such as what to wear and when to go to bed do not require formal assessment of capacity but are supported and guided by the people close to the person.

Many personal choices and decisions regarding lifestyle and rehabilitation goals and strategies do not require formal assessment of capacity either – but rather require the provision of adequate support to enable the person to make their own, informed decision. Everyone providing formal and informal support to the person has a responsibility to support their decision-making capacity.

Decisions that may have significant or legal consequences may require formal assessment of capacity and may require referral for assessment for appointment of a guardian to act as a substitute decision-maker for specific types of decisions (e.g. healthcare, financial). This is a last resort.

There are options for substitute decision-making and for formally or informally representing the person's will and preferences when the person is deemed to lack capacity to exercise their right to make an important decision. A "person's representative" might be

1. A person chosen and appointed by the person as an enduring guardian
2. A guardian appointed by the NSW Civil and Administrative Tribunal (NCAT)
3. The person's spouse/de facto/partner where there is a close and continuing relationship
4. An unpaid carer who is providing close and continuing support to the person
5. A relative/friend/neighbour who has a close personal relationship with the person – frequent contact and a personal interest in the person's welfare

Generally, a court- or tribunal-appointed guardian is only necessary when¹:

- there is no one available to make substitute decisions informally
- the person hasn't put legal arrangements in place to appoint someone to make decisions for them when they lack capacity
- there is a disagreement or problem preventing decisions from being made

Service providers can refer to the "person's representative" when they have concerns about a participant's capacity for making a particular, important decision. Generally, a "person's representative" knows the person

¹ [Capacity Toolkit \(nsw.gov.au\)](#)

well and can be trusted to provide good support or seek further advice around their decision-making ability and their legal rights.

Service providers are never the substitute decision-maker.

For more information about capacity and capacity assessments, refer to the NSW Government Communities and Justice [Capacity Toolkit \(nsw.gov.au\)](https://www.nsw.gov.au/capacity-toolkit)

What is Supported Decision-making?

Supported decision-making is the support or guidance a person may need to help them achieve decision-making capacity and to exercise their right to make decisions for themselves. It involves assisting or supporting someone **by giving them the tools they need to make the decision for themselves**.

Support may be required for any or all of the steps involved in decision-making:

- *understanding the situation*
- *understanding the options available*
- *understanding possible consequences*
- *weighing up the potential risks and benefits*
- *communicating consistent decisions and executing the right to choose*

Supported decision-making is closely linked to health literacy, person-centred planning and support, and the achievement of self-efficacy.

To understand more about Supported Decision-Making and its practical application, visit the NSW Trustee and Guardian website at: [Supported decision-making and capacity | NSW Trustee and Guardian](#)

The National Disability Services (NDS) has also produced a guide for service providers of the National Disability Insurance Scheme (NDIS) on Supported Decision-Making which includes practical information in the delivery of best practice support.²

People who have decision-making capacity or have achieved decision-making capacity through support, may still make a decision that the people around them do not agree with, and which may result in a poor outcome for them either in the short or long term. It is important to understand that all people, including people with a disability, have the right to make poor choices, and to learn from their mistakes. Supported decision-making is not about convincing the person to adopt someone else's perspective or preferred option for the decision in question, but rather is ensuring they are making a fully informed choice.

However, to ensure service providers meet their obligations in providing support and protect themselves in the event a poor choice by a participant does result in some harm, it is important to also consider the concepts and application of Duty of Care, Dignity of Risk and Negligence.

What is Dignity of Risk?

The terms 'dignity of risk' and 'risk enablement' promote each person's human right to make choices, including the choice to take risks. The *Disability Inclusion Act 2014* acknowledges the right of people with disability to make decisions involving risk.

² [People with Disability and Supported Decision-Making: A guide for NDIS providers in NSW, NDS 2019 People with Disability and SDM-Guide for NDIS Providers in NSW.pdf \(nds.org.au\)](#)

Dignity of Risk talks to the right that we all have to make mistakes and learn from our mistakes. It's about freedoms and civil liberties enjoyed by all people, including people with disabilities. It's referred to in the United Nations CRPD³ as the right for people with disability to “*enjoy the right to liberty and security of person*” (Article 14); and that “*State Parties shall ensure that all measures that relate to the exercise of legal capacity provide appropriate and effective safeguards to prevent abuse.....*” and “*...such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, free of conflict of interest and undue influence....proportional and tailored to the person's circumstances....*” (Article 12). The first principle (Article 3a) of the Convention is “*respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*”

While there is broad sector understanding and acceptance that people with disabilities have the right to make decisions about their own lives, this becomes complex for service providers when the person's choices involve risk – to themselves or to others, and when the nature of the disability includes cognitive impairment.

Dignity of risk is the starting point for all decisions around supporting a person to do what they have said they want to do and to live the life they choose to live, but there are, professionally, other considerations for service providers.

What is Duty of Care?

Duty of Care refers to the obligations placed on people to act towards others in a certain way, in accordance with certain standards.

Under the *NSW Civil Liability Act* (2002) a duty of care may be owed to a person when:

- a risk is foreseeable
- a risk is not insignificant
- a reasonable person, in the same position would take particular precautions

Duty of Care does not just apply to therapeutic relationships. In any situation or context, if it is *reasonably foreseeable* that a person might suffer some sort of harm or loss because of something you do (or don't do), then you owe that person a duty of care.

This means that participants and workers also have a duty of care to other people.

Factors to consider⁴ which influence duty of care in a health service-provision context include:

- **Legal** - What does the law suggest you do?
- **Professional/ethical** - What do other similar professionals do/consider as reasonable practice/expect you to do?
- **Organisational** - What does your organisation, and the organisations you work with/for say you should do?
- **Community** - What do your participants/workers/clients, their families and other community members expect you to do?
- **Personal** - Are your own beliefs and values influencing your approach?

In all situations when balancing duty of care with dignity of risk, service providers need to balance the will and preference of the person and the safety of the person against other concerns such as:

- the safety of other people – including the service providers own personal safety

³ Convention on the Rights of Persons with Disabilities. Adopted by UN 2006 and ratified by Australian Government 2008

⁴ Adapted from Australian Government, Dept of Health

- the rights of other people (e.g. the right to privacy)
- the aims of the service (e.g. to empower people and to promote self-determination and self-efficacy)
- the limits of their organisation to mitigate risk so far as is reasonably practicable (e.g. organisational Guidelines, roles and resources)

Part 2: Application in the context of Lifetime Care and Workers Care Service Provision

When do service providers have a duty of care?

In the therapeutic context, duty of care applies only in areas where the person relies on the service provider for professional assistance, support, or advice. For example, a physiotherapist owes their clients a duty of care to make sure that they provide safe physical therapy but does not owe clients a duty of care in other areas like deciding who the client lives with.

If it is reasonably foreseeable that the client is in imminent risk of harm from a choice they are making which is outside of the physiotherapist's immediate role, the physiotherapist may inform a family member, a health professional who may have a role in supporting that decision or a "person's representative" (and documenting that they have done so).

While service providers often feel they have responsibility to keep a person safe, under Dignity of Risk principles, service providers do not have responsibility for preventing individuals from harming themselves or others when they exercise their right to make informed choices that they are deemed to have capacity to make (using the 5 steps in decision-making listed above).

Ambiguity arises for service providers when they are:

- a) unsure if the decision the person is making could be deemed within their area of therapeutic responsibility (this is particularly difficult for broad-scope service providers such as case managers, social workers and attendant care providers)
- b) unsure if the person does have decision-making capacity in one or more of the decision-making steps

Concerns around duty of care can lead to over-protection, restrictive practice and denial of a person's civil liberties if applied unnecessarily.

The level of risk is important in determining breaches in duty of care. A service provider can only be found to have breached their duty of care if the action/inaction poses:

- foreseeable
- imminent risk
- of death or permanent, serious disability

Failure to meet a service providers duty of care may be termed "neglect" or "negligence" (see Part 3).

Does having a duty of care mean I can/should make decisions for the participant?

No. Your duty of care may be to help the person make a decision or provide them with all the information they need to make a decision, but it does not mean that you can be a substitute decision-maker.

The "duty" of service providers and rehabilitation case managers working in the Lifetime Care and Workers Care context is to promote informed, safe decisions by providing information under supported decision-making

best practice, document the information and advice that they have provided, and refer their concerns to someone with authority to provide substitute decision-making or gain authorisation for restrictive practices.

Are there situations where service providers do not have to support a choice by the participant which carries risk?

Yes

- When the choice involves anything that is **illegal**
- When the **rights of others** (such as safety) would be compromised
- When there is an **imminent risk of serious harm** – to self or to others
- When the provider doesn't have the **skills, qualifications or resources** to provide the support necessary
- When the person has been assessed as **lacking capacity** to make that choice

Service providers should document their concerns and actions, refer to their own internal processes regarding appropriate responses, and refer the issue to a "person's representative". Service providers may also need to advise icare of the situation and their actions.

When a service provider owes someone a duty of care, does this mean that they can stop them from doing anything which they think is dangerous?

In most cases no. If you owe someone a duty of care, you are responsible for your own actions and for doing whatever is reasonable to prevent or minimise the person from being significantly injured or harmed (e.g. advising, referring on), but this does not mean that you can stop them from making decisions that they have been deemed competent to make.

In recent years, greater emphasis has been applied to identification of "restrictive practices" which require an authorization process in order to be used. Both icare and the National Disability Insurance Agency (NDIA) have written policies and procedures⁵ on the identification and management of restrictive practices.

Sometimes identifying, acknowledging and accepting a level of risk in activity is a way to progress, learn and improve level of function. Risk Enablement⁶ ensures service providers support the person to take measured, considered risks to help them achieve their goals.

As an example, taking the bus to the shops might involve some risk of falls for a person with compromised mobility. The occupational therapist (OT) might judge that the risk can be mitigated to an acceptable level and advise the person to use their walking stick, take a seat near the front door, and not stand up until the bus has come to a complete stop. The OT should also point out to the person the inherent risks still present and make a record of the advice they provided regarding safe use of buses. The person retains the right to make decisions about whether they feel safe to use the bus and if they wish to comply with the OTs advice on safety.

When a person knows about the risks involved, if they still choose to go ahead with those risks, no one can stop them without legal authority to do so. Having a duty of care is not in itself enough to give a service provider legal authority to stop people from doing the things that they want to do.

⁵ [Regulated Restrictive Practices Guide | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndis.gov.au/quality/safeguards/guide-to-regulated-restrictive-practices)

⁶ <https://www.enablingriskresource.com.au/> | La Trobe University

How do service providers assess if the person has decision-making ability for a specific decision that involves risk?

Formal assessment tools for decision-making ability exist to help healthcare clinicians determine if a person has capacity to grant consent for medical interventions; and help courts and tribunals to determine if a person has ability to make lifestyle and financial decisions.

These types of assessment tools were not designed for use in community and social environments. In the context of plan development and providing case management support, service providers need to use a strengths-based approach to assessing decision-making ability, and ensure they re-assess ability frequently, and on a decision-specific basis.

The National Disability Services (NDS) provides guidance on how clinicians and service providers might approach assessment of decision-making ability on a decision-specific basis⁷. They include considerations such as:

- what do you know of the person's communication skills – their ability to express their choices?
- how well do you understand their will and preferences? Is this decision consistent with other, similar decisions the person has been able to make independently in the past? Or with what type/level of support?
- consider the nature of the decision – was it a snap decision? Out of character?
- is the person able to articulate how they weighed up the advantages/disadvantages of their options?

If a service provider does not feel confident to make an informal assessment of decision-making capacity in a given situation, they should consult with other formal and informal supports or refer to the "person's representative".

What does a service provider have a duty of care to do if they believe that the person does not understand the dangers inherent in a choice they are making, or the potential consequences?

Understanding the risks and potential consequences of choices are two of the five steps in decision-making. (see *What is Supported Decision-Making?*). Using best practice supported decision-making, the service provider would try to help the person understand and minimize the risks in a way that does not involve taking away their normal rights and freedoms.

If, after applying a supported decision-making approach, a service provider is concerned that a person does not understand the risks and dangers of a particular choice, it may be their responsibility to refer them for more formal assessment and/or involvement of a substitute decision-maker.

For people with a disability who cannot make a particular decision, the legal mechanisms include:

- Recognising or formally appointing a person who can make decisions on behalf of someone else. Currently in NSW, this includes the roles of Person Responsible (for medical/ dental treatment decisions), Guardian, and Financial Manager.
- A government body with authority to make decisions directly on behalf of another person. In NSW, the NSW Civil and Administrative Tribunal (NCAT Guardianship Division), can make certain decisions relating to medical and dental consent.

Where a service provider believes that the person is making an informed choice to engage in an activity which places themselves or others at imminent risk of danger, then they do have the option to take the matter up with informal supports of the person or to inform the police. Particularly if the activity involves something illegal, such

⁷ People with Disability and Supported Decision-Making: A guide for NDIS providers in NSW, NDS 2019 (nds.org.au)

as driving a car without a license or keeping/using firearms. Where the risk is to others, such as children, then the service provider has a duty to report the issue under Mandatory Reporting requirements (refer to the NSW Dept Communities and Justice).

Do service providers have a responsibility to help people with disabilities meet their duty of care to others?

Part of supported decision-making is to guide people in identifying and understanding the potential risks and consequences of their actions for others – not just for themselves. Therefore, if a service provider is providing supported decision-making guidance, then they do have a role in assisting the person to understand their duty of care to others.

For example, when planning with a person with compromised speed of processing, poor judgement and mobility restrictions, the person expresses the desire to walk their young children to school without support. While they may not be at risk mobilizing to the school themselves, the case manager knows that their limited ability to direct and manage their children's behaviour and their inability to hold hands or otherwise physically restrain their young children around traffic, means that the children would be at imminent risk of harm if other support was not available. A case manager in this situation has a responsibility to support the person to identify the potential risks and consequences of the activity, and to guide their identification of safer ways to achieve their goal of supporting their children on the journey to school.

Ultimately, if the person has decision-making capacity then they still have the right to make their own decision regardless of the advice the case manager has provided. However where the service provider has concerns of imminent risk of serious harm to others, they may need to employ unauthorized restrictive practices to manage the crisis situation; refer the matter to appropriate providers, informal supports or a "person's representative"; or as a last resort, report the matter under Mandatory Reporting obligations or to the police.

Keeping records of what support and advice has been provided and what referrals have been made, is crucial – so service providers can always demonstrate that they took reasonable steps to inform and support choices, mitigate risk and keep others safe.

What if a person needs assistance to execute their choice, but the service provider does not believe the activity is safe and therefore declines to provide the necessary support?

Service providers, support workers and family/friends are under no obligation to assist the person to execute a choice if they believe the action fits within one of the 5 exemption categories of:

- it involves anything that is **illegal**
- the **rights of others** (such as safety) would be compromised
- there is an **imminent risk of serious harm** – to self or to others
- the provider doesn't have the **skills, qualifications or resources** to provide the support necessary
- the person has been assessed as **lacking capacity** to make that choice

Where the service provider is paid to deliver reasonable support to the person outside of these categories, then refusing to do so could be considered an unauthorised restrictive practice.

Application of "**imminent risk of serious harm**" can cause some confusion as people have different thresholds of what is considered an imminent risk and what might be considered serious harm. People may make lifestyle choices that favour short term quality of life over quantity of life or quality in the longer term, but which do not pose an imminent risk of serious harm.

For example, if a person wishes to eat unhealthy food but is unable to access or consume this food without physical assistance, support workers should enable them to execute their informed choice despite the long-term health risks associated with poor diet. Denying them access to the food by refusing to buy it, locking it in a cupboard, or refusing to open the packaging, all constitute restrictive practices.

At the other extreme, support workers would be under no obligation to assist a participant into the ocean if they determined that this action posed an imminent risk of the person (and/or themselves) drowning.

With regard the **rights of others**, this is particularly true for the Work Health and Safety rights of service providers. For example, if a person wishes to smoke but requires physical assistance of a support worker to hold the cigarette, this potentially places the support worker at unreasonable risk of passive smoking, and they can therefore decline to provide the assistance. The person's choice is not to be preserved above the safety of others, and the safety of others does not have to meet the imminent risk of serious harm criterion.

If the actions of a person are reasonably likely to pose an unreasonable risk or negatively impact someone else, then the person owes those people a duty of care. This means that people who are deemed to be able to provide informed consent and have decision-making capacity, regardless of their injury/disability, have to take reasonable care to ensure that others are not harmed or injured as a result of the things they do.

Part 3. What is Negligence?

Negligence is when a service provider owes someone a duty of care, fails to exercise reasonable care and skills to achieve a *reasonable standard of care* and causes harm such as serious injury or death.

Reasonable steps include things like:

- providing services consistent with professional standards and expectations
- talking to the person about the potential impact or consequences of their choices
- involving the person's guardian where there is one
- consulting and collaborating with others such as treating team, colleagues or people leaders to establish the best course of action or management strategy
- referring to policies and procedures
- documenting everything, including advice provided

Negligence is defined in the *Civil Liability Act 2002* and is only determined by a court of law when a claim of negligence has been brought before the court.

What is reasonable standard of care?

The standard of care is the level of care a service provider should take to meet their duty of care. While this implies a level of subjectivity in definition, there are some guidelines which can help:

- A service provider must act as a *reasonable person* of the same skills, qualifications and/or job description would in the same situation.
- the *Civil Liability Act* has provisions that specify the standard of care for professionals. These provisions apply to circumstances where the defendant is a professional acting in his or her professional capacity. In accordance with these provisions:

[A professional is not liable in negligence]...if it is established that the professional acted in a manner that...was widely accepted in Australia by peer professional opinion as competent professional practice.⁸

⁸ Section 50 *Civil Liability Act 2002*.

Exactly what a *reasonable person* would have done is something which the court decides, and the court may consult with AHPRA and/or professional associations to establish whether a service provider's action met with accepted *reasonable practice* for that profession. The court may also consider:

- What the risk of harm occurring was and the possible seriousness of that harm;
- The difficulty of removing or reducing the risk; and
- The 'usefulness' of the activity

So, if there is an imminent high risk of injury, and it is an activity the service provider owes them a duty of care for, then the reasonable service provider would certainly do something to remove or reduce the risk to meet their standard of care.

For example, if walking outdoors with a single stick is likely to lead to a serious fall, then a reasonable physiotherapist would prescribe a more supportive walking/mobility aid for use outdoors or recommend avoiding walking outdoors until a safer standard of walking is achieved. (Note that they can't **stop** the person from walking outdoors unaided if that is their **choice**.)

But if there is a small chance of falling, and any injury might be minor, and walking short distances outdoors is a useful activity for achieving therapeutic mobility and fitness goals, then the benefit of walking outdoors is greater than the risk of injury from a fall. In these circumstances, the physiotherapist might support the person to identify the risks, suggest strategies for minimising the risk of a fall, and ensure they understand that they have a choice whether to walk outdoors or not. The physiotherapist will also document the advice they have provided and the decision the person has made.

In both of these scenarios, even if the person is seriously injured when walking outdoors, the court might say that nobody was legally at fault for this because the service provider did everything needed to satisfy their standard of care (as distinct from "to prevent an injury occurring"). If the court consults AHPRA, then the physiotherapy advisers to AHPRA would agree that the physiotherapist had met the expected *reasonable practice* for physiotherapy.

Even if the service provider made a mistake, the court might find that this mistake was reasonable and that they did not breach their standard of care. People do make mistakes, and these are allowed so long as they are reasonable mistakes.

For a person to win a negligence case in court they would have to show three things:

1. That the service provider owed them a duty of care in that situation (they had a duty of care);
2. That the service provider did something or failed to do something that a reasonable person in the same circumstances wouldn't have done (they breached their duty of care);
3. That they suffered some harm or loss because of what the service provider did or didn't do (the provider caused harm).

Courts will also consider whether the person contributed to the harm and loss that they suffered. This is important because it means that people who execute their right to make informed decisions for themselves retain responsibility for the choices they make and any unfavourable consequences of these choices – they can't subsequently hold someone else accountable for the outcome.

Denying a person their human right to make decisions for themselves and take risks because of service provider fears of being sued as negligent must be avoided. Well-documented Supported Decision-Making provides a framework where-by people can execute their rights and service providers can protect themselves.

Part 4. Documentation

Across all applications of risk enablement, supported decision-making and exercising duty of care, service providers need to keep clear and detailed records of their assessments, their actions, the advice they have provided and the responses they received/observed. They should record who they have referred concerns to, and any formal reports they have made.

Service providers working for icare should also inform the icare contact of concerns they have with regards to risk, decision-making and safeguarding.

The Living with Disability Research Centre at La Trobe University has developed free online training⁹ and resources on Supported Decision Making and Risk Enablement that can help professionals understand these concepts and processes - including areas for documentation.

References

NSW Trustee and Guardian website at: [Supported decision-making and capacity | NSW Trustee and Guardian](#)

People with Disability and Supported Decision-Making: A guide for NDIS providers in NSW, NDS 2019
[People with Disability and SDM-Guide for NDIS Providers in NSW \(nds.org.au\)](#)

Capacity Toolkit, New South Wales Government Communities and Justice 2020 | [Capacity Toolkit \(nsw.gov.au\)](#)

Civil Liability Act 2002 (NSW) | [Civil Liability Act 2002 No 22 - NSW Legislation](#)

Disability Inclusion Act 2014 | [Disability Inclusion Act 2014 No 41 - NSW Legislation](#)

Enabling Risk: Putting Positive First | on-line Learning Module | La Trobe University
<https://www.enablingriskresource.com.au/>

The La Trobe Support for Decision Making Practice Framework Learning Resource (on-line learning) | Living with Disability Research Centre | La Trobe University
<http://www.supportfordecisionmakingresource.com.au/module-1.html>

UNCRPD <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

NDIS Act | [National Disability Insurance Scheme Act 2013 \(legislation.gov.au\)](#)

NDIS Quality & Safeguarding Framework | [NDIS Quality and Safeguarding Framework | Department of Social Services, Australian Government \(dss.gov.au\)](#)

National Disability Standards | [National Standards for Disability Services | Department of Social Services, Australian Government \(dss.gov.au\)](#)

NDIA Regulated Restrictive Practices Guide | [Regulated Restrictive Practices Guide | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)

⁹ <https://www.supportfordecisionmakingresource.com.au/>

<https://www.enablingriskresource.com.au/>

icare's policy on Restrictive Practices | [Insurance and Care NSW](#) | [icare](#) (search "Restrictive Practices" for download)

What is Duty of Care? Duty of Care vs Dignity of Risk by Emi Golding of The Mental Health Recovery Institute (MHRI) 2015 (video) [What is Duty of Care? Duty of Care vs Dignity of Risk - YouTube](#)

NSW Trustee & Guardian website [Guardianship](#) | [NSW Trustee and Guardian](#)

AHPRA website | [Australian Health Practitioner Regulation Agency - Home \(ahpra.gov.au\)](#)

ACIA – "Balancing Duty of Care & Dignity of Risk" <http://acia.net.au/>

Lifetime Care

GPO Box 4052, Sydney, NSW 2001

General Phone Enquiries: 1300 738 586

Email: care-requests@icare.nsw.gov.au

www.icare.nsw.gov.au

Workers Care

GPO Box 4052, Sydney, NSW 2001

General Phone Enquiries: 1300 738 586

Email: care-requests@icare.nsw.gov.au

www.icare.nsw.gov.au