



Aged Care Dignity of Risk Guideline

1. Purpose

This guideline outlines practical steps to help WA Country Health Service (WACHS) employees and volunteers support a person's right to make informed choices, even when those choices involve risk, while still meeting WACHS' duty of care.

The guideline should be read in conjunction with the [Aged Care Dignity of Risk Policy](#) and used alongside the [RC29 My Choices - Dignity of Risk](#) form.

This guideline applies to all WACHS employees, volunteers and associated providers working with individuals in:

- residential aged care settings including Multi-Purpose Service (MPS) sites
- Support at Home or Commonwealth Home Support Program (CHSP) services
- flexible care in the home, community or MPS setting including Transition Care Programme (TCP).

2. Guideline

2.1 Supported decision making

The following should be considered when supporting a person to make decisions about their treatment, care or support, while helping them balance safety with independence:

- Allow the person to choose someone they trust to support them (e.g. family, friend, advocate). Ensure the supporter understands their role is to assist the person, not decide for them.
- Make sure the person feels comfortable and not pressured. Watch for signs of distress, confusion, or coercion and offer to revisit the decision if needed.
- Always presume the person has decision making capacity, unless there is clear evidence otherwise. Avoid assumptions based on age, disability, or communication style.
- Explain options clearly, in plain language and provide information in formats the person can understand (e.g. visual aids, interpreters, Easy Read).
- Give the person enough time to process information. Ask what they want, actively listen and avoid substituting your own personal judgment.
- Where a legal guardian is involved, ensure culturally safe supported decision-making continues, recognising that some legally appointed guardians, such as those from the Office of the Public Advocate, may not have comprehensive knowledge or prior connection to the individual.
- Involve Aboriginal Health Workers, Aboriginal Liaison Officers or Clinical/Cultural Workers when appropriate.
- Use accredited interpreters and culturally safe communication strategies whenever needed.
- Agree on a plan and check the person feels informed and confident about the decision. Document on [RC29 My Choices - Dignity of Risk](#) form.

2.2 Shared decision making

Shared decision-making (SDM) is a collaborative process where staff, the person receiving care and supporters work together to make informed choices. It combines clinical advice with the person's values and preferences to reach decisions that align with their goals. It requires preparation and a safe, respectful space for meaningful discussion.

The following should guide shared decision making when supporting a person's dignity of risk:

- Explain care options, including risks and benefits in plain language they can understand (use visual aids if helpful).
- Ask about the person's goals and concerns and actively listen without judgment.
- Acknowledge any cultural, spiritual, kinship or personal factors influencing their decision.
- Support decision-making with written information or decision aids, encourage questions, and allow time to reflect or consult supporters.
- Involve Aboriginal Health Workers, Aboriginal Liaison Officers or other clinical/cultural workers when needed.
- Agree on a plan and check the person feels informed and confident about the decision. Document on [RC29 My Choices - Dignity of Risk](#) form.

For guidance on discussing and documenting a resident's agreed goals of care in the event of clinical deterioration, refer to the [Residential Goals of Care Guideline](#).

2.3 Concerns regarding decision making capacity

If, after repeated discussions, staff have ongoing concerns about a person's decision-making capacity:

- check whether the person has an Advanced Health Directive (AHD) or Enduring Power of Guardianship (EPG) to guide who should support decision making
- discuss concerns with the person's carer, family member or registered supporter, and consider referral to an appropriate professional (involve Aboriginal Health Workers when needed for culturally safe support)
- escalate to a line manager or senior staff member to determine if a formal capacity assessment is required.

For detailed guidance and referral pathways, refer to the [Adults with Impaired Decision Making Capacity Procedure](#) and [Advance Health Directive and Enduring Power of Guardianship Procedure](#).

2.4 Working with Aboriginal people

Cultural safety is essential to respecting and upholding the dignity of risk for Aboriginal people. WACHS understands that only Aboriginal people, or their nominated representative, can determine if the care and services they receive are culturally safe.

When working with Aboriginal people consider the following:

- use culturally appropriate tools to support culturally informed care (e.g. My Life Tree, Aboriginal Name Map)
- respect Aboriginal healing and spirituality including access to traditional healers and pastoral care

- document gender preferences, cultural protocols (e.g. kinship avoidance, Sorry Business, who can be present), language group and skin group where relevant
- if preferences cannot be met, provide a respectful, plain-language explanation and offer of alternatives, for example, rescheduling with a preferred supporter (e.g. *“I understand you prefer a male nurse. At this time, we cannot provide one, but we respect your choice and will try to meet it in the future”*).

3. Roles and Responsibilities

WACHS Older Adult Program is responsible for:

- providing subject matter expert advice to sites on legislative requirements under the [Act](#)
- providing compliance reporting to the Older Adult Program Committee.

District Directors are responsible for:

- ensuring the implementation of this guideline in their area of responsibility
- monitoring and oversight of compliance with the relevant standards for accreditation and registration
- ensuring staff have access to and can interpret and apply legislative requirements related to this guideline.

Regional Aged Care Managers are responsible for:

- acting as the regional contact for sharing information and guidance on an individual's right to exercise dignity of risk
- supporting sites and staff to manage and mitigate the risks of individuals exercising their dignity of risk
- supporting staff to escalate concerns regarding an individual's decision-making capacity.

Line Managers and senior staff are responsible for:

- ensuring they are familiar with the procedure and any legislative or compliance requirements
- addressing any feedback, including complaints, received by the health service from individual, carers or families
- monitoring and escalating risks.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies, procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

The Older Adult Program will monitor implementation compliance of this guideline through relevant standard reporting via the self-assessment tool, led by the WACHS S&Q Program. Districts will complete self-assessments and develop and implement associated action plans. Identified gaps and action plans will be reviewed quarterly at District Safety and Quality meetings.

Emerging trends, systemic issues, and areas of risk are escalated to the Older Adult Program Committee for governance and oversight.

Evaluation of this guideline is to be carried out by the Older Adult Program every five (5) years

5. References

Nil

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Dignity of Risk	A person's right to make their own choices and decisions, including those that involve a degree of risk, in order to maintain their autonomy, independence or quality of life.
Duty of care	An obligation to take reasonable steps to prevent harm. Staff are required to provide safe, competent and timely care, with risks identified and managed to protect an individual's wellbeing.
Registered Supporter	Someone who promotes the rights of an individual, supports them to make their own decisions and is identified on the My Aged Care system as a registered supporter. Supporters can request, access and receive information and assist the person in communicating information and decisions, but cannot make decisions for the person.
Supporter	Someone the person informally chooses to help them understand information and is not registered on My Aged Care.

7. Document Summary

Coverage	All WACHS Residential Aged Care and community settings
Audience	All WACHS staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	• Aged Care Act 2024 (Cth) • Aged Care Rules 2025 (Cth) • Carer Recognition Act 2004 (WA) • Guardianship and Administration Act 1990 (WA) • Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	• Clinical Governance, Safety and Quality Policy Framework
Related WACHS Policy Documents	• Adults with Impaired Decision Making Capacity Procedure • Advance Health Directive and Enduring Power of Guardianship Guidelines • Aged Care Dignity of Risk Policy • Aged Care Services Policy • Community Aged Care Guidelines (under development) • Residential Aged Care Guidelines • Restraint Minimisation Policy (under development)
Other Related Documents	• ACQHC Aged Care Code of Conduct • Aboriginal and Torres Strait Islander Aged Care Framework 2025–2035 • WACHS Clinical Governance Framework 2025
Related Forms	• RC00H.1 Residential Goals of Care • RC6 Specific Care Plan • RC7 Resident Care Plan • RC13 Behaviour Assessment and Support Plan • RC25 Resident Care Conference • RC29 My Choices - Dignity of Risk • MR66.4 Abbreviated Mental Test Score (AMTS) • CAC3 Community Aged Care – Care and Service Plan • CAC5 Community Aged Care – Home Risk Assessment
Related Training	Available from MyLearning: • Altura: Dignity of Risk (DIGR EL2) • Sexuality and Dementia (SD EL1) • The New Aged Care Act: Understanding and Adapting to the New System (NACA EL1) • Strengthened Aged Care Quality Standards (ACQS EL2) Available from Aged Care Quality and Safety Commission – ALIS online learning: • Strengthened Quality Standard 1: The Individual

	Code of Conduct in Aged Care Available from OPAN: Supported decision-making
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4691
National Safety and Quality Health Service (NSQHS) Standards	2.03, 2.05, 2.06, 2.07, 2.08, 2.10, 4.03, 5.03, 5.08, 5.09, 5.10, 5.13, 5.14, 5.17, 5.20, 6.03, 6.08, 6.09, 6.10, 6.11
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	Integrated Health and Aged Care Services (IHACS) Module - 1, 2, 3, 7, 8, 9 Strengthened Aged Care Quality Standards (effective 1 November 2025) - 1.1, 1.2, 1.3, 2.4, 2.5, 3.1, 3.2, 3.3

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	10 August 2026	10 August 2026	New guideline

9. Approval

Policy Owner	Chief Operations Officer
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery Services
Contact	Safety & Quality Coordinator – Aged Care
Business Unit	Aged Care
EDRMS #	ED-WA-26-120527

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