




ORIGINAL ARTICLE

WILEY

Policy representation of everyday harm experienced by people with disability

Ciara Smyth¹  | Karen R. Fisher¹ | Sally Robinson²  |
Heikki Ikäheimo³ | Nicole Hrenchir¹ | Jan Idle² | Jung Yoon² 

¹Social Policy Research Centre, UNSW,
Sydney, New South Wales, Australia

²College of Nursing and Health Sciences,
Flinders University, Adelaide, Australia

³School of Humanities & Languages, UNSW,
Sydney, New South Wales, Australia

Correspondence

Ciara Smyth, Social Policy Research Centre,
UNSW Sydney, New South Wales, Australia.
Email: c.smyth@unsw.edu.au

Funding information

Australian Research Council, Grant/Award
Number: ARC LP210200536

Abstract

People with disability are at heightened risk of violence, abuse, neglect and exploitation (VANE) with policy geared towards responding to and eliminating VANE harm. Yet not all harm experienced by people with disability is captured within the VANE harm. Many people also experience harm in everyday interactions that leave them feeling uncomfortable, devalued, disrespected, threatened or silenced. Our multi-method study begins with the term 'everyday harm' to describe these subtle, difficult-to-define and easily overlooked experiences, with the proviso that a more appropriate vocabulary may emerge from subsequent fieldwork. This article presents the results of a policy review about the representation of everyday harm between people with disability and paid support workers in disability policies. Results show that everyday harm is acknowledged in some disability policies. However, this acknowledgement is neither consistent nor comprehensive and policies do not consider the cumulative impact of everyday harm nor the subjective experience of harm. This review suggests a gap in conceptualising this type of harm and having a vocabulary that people with disability, support workers and organisations can use to acknowledge, name and, ultimately, prevent this form of harm. Empirical research about their experience of everyday harm is needed to address this gap.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2023 The Authors. Social Policy & Administration published by John Wiley & Sons Ltd.

KEYWORDS

abuse, critical policy analysis, disability, recognition theory, violence

1 | INTRODUCTION

People with disability are at heightened risk of violence, abuse, neglect and exploitation (VANE) with findings from a recently finalised Australian royal commission providing disturbing insights into the scale of the problem (Disability Royal Commission, 2023). Many policies at international, federal, state and organisational levels promote the safety and wellbeing of people with disability. They include mechanisms for responding to VANE harm in services or institutions. Yet not all harm experienced by people with disability corresponds with the way policies frame harm as extreme, unusual, 'significant' or 'reportable' incidents. Other forms of harm are felt in everyday experiences and interactions that leave people with disability feeling uncomfortable, devalued, disrespected, threatened or silenced and these can have a cumulative effect (Robinson et al., 2023). In our study, we use the term 'everyday harm' to capture these experiences as distinct from VANE harm. In disability support relationships, everyday harm may include a failure to provide necessary support (physical/emotional), not facilitating connection to community or family, or not being provided with choice about things that give a person's life meaning. This everyday harm occurs at the interpersonal level and can be a result of institutional norms and culture. Everyday harm may also occur alongside VANE harm.

This article is one component of a multi-method study that seeks to understand this everyday harm. The impetus for the study is earlier research by the authors that found that people with intellectual disability regularly experience a range of harms that are part of the fabric of their daily relationships (Robinson et al. 2023). They are subtle, difficult to define, occasionally ambiguous and easily overlooked or ignored. They represent instances of misrecognition (Honneth, 1996) whereby a person feels a lack of care, a lack of respect or a lack of being valued and corresponds with other empirical research that people experience misrecognition as harm (Robinson et al., 2023; Pilkington & Acik, 2020). Everyday harm is hard to conceptualise because it sits both alongside and outside VANE harm, which presents harm as a significant incident that sits on the more extreme end of a continuum of severity (Robinson et al., 2023; Hollomotz, 2012). Conversely, everyday harm is subtle, discrete, and occasionally ambiguous. This is the starting point for our study in which we seek to address a theoretical gap in conceptualising this kind of harm. We use the term 'everyday harm' with the proviso that more appropriate vocabulary may emerge from subsequent fieldwork.

Our multi-method study involves several stages. This article describes one of the first steps: a policy review in Australia about the inclusion and representation of everyday harm between people with disability and paid support workers in disability policies. The aim of the policy review was to examine whether policies acknowledged everyday harm, clarify how such harm is described and identify gaps in how it is conceptualised. At this stage in our research, our understanding of 'everyday harm' is based on our research-informed assumptions and draws on Honneth's recognition theory. Later stages of the research will involve working with people with disability and their support workers to help develop a language that people with disability, support workers and organisations can use to name and, ultimately, prevent this form of harm.

The background describes the policy context and outlines the relevance of recognition theory to understanding everyday harm as a form of misrecognition. The method section explains the analytical approach adopted in the policy review and the findings are presented thematically. The discussion and conclusion draw implications for policy, practice and theory.

2 | BACKGROUND

Australia's National Disability Insurance Scheme (NDIS) commenced in 2013. This significant policy reform changed how supports are provided to people with disability, with a shift from block funding to individualised funding. Australia's ratification of the *United Nations Convention of the Rights of Persons with Disability* (UNCRPD) was a key driver behind the shift towards individualised funding models (Collings et al., 2016). The principles of self-determination, equity, and inclusion of people with disability, which includes people's right to be at the centre of decision-making about their support underpin the UNCRPD. The NDIS 'represents [Australia's] most significant undertaking to operationalise the principles embedded in the UNCRPD' (Collings et al., 2016, p. 272). With its emphasis on choice and control, the NDIS transformed the disability service system into a market which 'moves the exchange between governments and service providers (using block grant funding) to a direct exchange between people with disabilities and service providers' (Muir & Salignac, 2017, p. 59). It was recognised that this shift to a market-based system held potential risks for people with disability and that there was a need for a quality and safeguarding framework (Department of Social Services, 2016). In 2018, the NDIS Quality and Safeguards Commission was established to improve the quality and safety of services funded by the NDIS. While the policy context highlights an urgent need for policy and practice change to identify, act on and prevent harm, Australian policy and practice struggle with the embodied tensions between the safety, autonomy and well-being of people with disability who use support services. Critical disability research considers the complex interrelationships, systems, structures and their intersections that affect people's capacity to prevent and respond to harm (Fyson & Patterson, 2019; Robinson & Graham, 2021). Yet evidence about preventing harm against people with disability is limited. Most of the research focuses on heightened risk, prevalence (Krnjacki et al., 2016), and the impacts of abuse (Fisher et al., 2019), while calling for more research (Byrne, 2018). Little of the research focuses on preventing or addressing abuse within interpersonal relationships, although the need is noted (Araten-Bergman & Bigby, 2023; Mikton et al., 2014).

Theories of recognition are applied to social policy contexts to understand the experiences of marginalised people (Munford & Sanders, 2020; Paulsen & Thomas, 2017). Less common is the analytical application of the concept of misrecognition to these contexts. The main insight from recognition theory relevant to this study is that *the way a person experiences how other people relate to them supports or hinders their positive self-conception* (Honneth, 1996; Ikkäheimo, 2022). Lack of recognition or misrecognition can harm a person's sense of self, even when others may not deliberately want to cause harm, or when they may not understand that harm is occurring or what causes it. Recognition theory provides analytical tools for understanding precisely the 'recognitive quality' of a relationship, for identifying what in a relationship may not be going well, thereby occasioning everyday harm. As these instances of misrecognition in a relationship are often subtle, it might be unsurprising that policies rarely consider them. This could be problematic as lack of recognition or misrecognition in a relationship between people with disability and their support workers may cause harm. Equally, organisational factors may enhance or exacerbate the quality of recognition in the relationship between people with disability and their support workers. These factors include (but are not limited to) institutional rules, norms or regulations governing relationships, along with informal, unwritten norms, values or expectations, often influenced by the cultural norms of the surrounding society or of the families of the people or the workers (Fisher et al., 2021).

2.1 | Research aims and analytical approach

The aim of the review is to inform policy and practice that improve the wellbeing and safety of people with disability by examining the representation of harm in policy. The research question guiding the review was: *How is everyday harm between people with disability and paid support workers represented in disability policies?* Recognition theory frames the broader project. Honneth's modes of recognition (love or care, respect, social-esteem or appreciation) focused the analysis on instances of misrecognition – that is, a lack of care, a lack of respect and a lack of

valuing of a person. This focus informed the list of keywords used in Stage 2 to search the policies and to identify a sample for the Stage 3 critical analysis.

The Stage 3 critical analysis applied recognition theory to Bacchi's 'what's the problem represented to be' (WPR) approach to interrogate whether and how everyday harm is covered in disability policy. Bacchi's WPR approach 'recommends 'problem' questioning as a form of critical practice' while noting that the WPR approach is intended 'as an open-ended mode of critical engagement, rather than... a formula' (Bacchi, 2012, p. 23). Integrating Bacchi's approach with recognition theory, particularly the concept of misrecognition, allowed us to develop a series of questions to interrogate whether policies acknowledged incidents that might constitute everyday harm. Policy documents that described situations of misrecognition were deemed to acknowledge everyday harm, which enabled us to further question the policy using the additional questions concerning the scope, impact, attribution, reporting, response to and prevention of everyday harm.

3 | METHOD

3.1 | Scope

The review looked at policy at four levels: international, Australian federal, state and organisational. Policy at the organisational level was sourced from four research partner organisations selected for contrast to cover national, state, support services, criminal justice, digital, place-based, large and small organisations. Policies from one state were reviewed for feasibility of the research with Victoria selected due to its comprehensive disability and safety policy.

3.2 | Policy domains

The review examined policies specific to disability support.ⁱ As the desktop review focused on the content of multiple policies, it was not feasible to examine context, actors, or the policy process for each. Following Fisher et al. (2019), the analysis adopted a three-stage process.

Stage 1 policy identification. Stage 1 involved online searches to identify policies and requests to partner organisations in New South Wales, Victoria and South Australia for their current policies that met the inclusion criteria of disability support policy, current in Australia in 2022.

Stage 2 textual analysis. Stage 2 was a keyword search of the Stage 1 policies. The list of keywords about everyday harm was informed by concepts from recognition theory concerning modes of recognition in interpersonal relations (Honneth, 1996), mediated by rules and norms (Ikäheimo, 2022). The list was supplemented with words identified through a background literature review. The keyword list was refined through piloting on a sample of policies. Ninety-six keywords (and keyword combinations) were used in the Stage 2 analysis (Tables 1–3). Standalone keywords included words such as 'distrust' and 'interrupt' and keyword combinations included 'fright/frighten/frightened' and 'exclude/exclusion'. A text search query was created for each of the 96 keywords in NVivo, the qualitative data analysis software.

Stage 3 critical content analysis. Stage 3 involved analysis of a sample of the policies based on the keywords they included. This involved 'asking' questions of the policy to interrogate how everyday harm was represented. Eight questions guided the critical analysis and they were informed by the research question, recognition theory, and Bacchi's questions. They were:

- *Acknowledged:* Is everyday harm acknowledged in the policy?
- *Scope:* What kinds of everyday harm are acknowledged?

- *Impact*: How are the impacts of everyday harm described?
- *Attribution*: Is everyday harm attributed to interpersonal action, the consequence of institutional rules and norms or a combination of both?
- *Actors*: Who are the actors involved in everyday harm?
- *Reporting*: How does policy describe mechanisms for people with disability to report everyday harm?
- *Response*: How does policy describe mechanisms for organisations to respond to instances of everyday harm?
- *Prevention*: How does policy describe ways for organisations to develop the conditions/cultures to prevent and protect people from everyday harm?

Each policy was coded in NVivo, with a memo created to collate the responses to the Stage 3 questions. The analysis is presented thematically using the questions that guided the analysis.

The method was piloted and refined with advice from a national advisory group of partner organisations from government, service providers and disability advocacy groups. Four community researchers with cognitive disability are part of the research team. Their knowledge and expertise grounds the research in lived experience.

3.3 | Results stage 1: Identification of policies

This stage identified 84 policies at international (5), Australian federal (32), Australian State (3) and partner organisation level (44).

3.4 | Results stage 2: Presence of keywords in the policies

Stage 2 identified how many of the 84 policies included the keywords. Some keywords featured in multiple policies, with 'harm'/'harmful' featuring in 56 policies. Just nine keywords featured in 20 or more of the 84 policies, followed by 12 keywords in 13–19 policies (Table 1). A further 56 keywords appeared in 1–11 policies (Table 2). Nineteen keywords did not feature in any policy (Table 3).

The keyword analysis provides interesting insights into how harms (everyday or otherwise) are acknowledged in policies. First, as expected, VANE harms feature in more policies than other forms of harm. Second, words that capture everyday harm feature in fewer policies (e.g., upset, disrespect, embarrass) or do not feature at all (e.g., rude, provoke).

3.5 | Results Stage 3: Questioning the policy

Stage 3 was a critical content analysis of a sample of the Stage 1 policies. The sample selection was guided by the results of the Stage 2 keyword analysis, which showed that some keywords featured in more policies than others. Words about VANE harm featured in more policies than words that might indicate everyday harm. Given the research focus, we selected the 46 policies that included the words in Table 2 (56 words) that were more closely aligned with our working definition of everyday harm. This was a pragmatic decision; however, it had its limitations. While Table 1 featured the VANE keywords, Table 2 also included several keywords that indicate potentially reportable and criminal forms of harm (e.g. cruelty, maltreatment, degrading, negligence, oppress). Nevertheless, it was a necessary step to select a specific sample capturing everyday harm. Within this preliminary sample we examined the number of keywords in each policy (Figure 1), which ranged from 1 to 21. Using this as a guide for the Stage 3 critical analysis, we removed policies that included just one keyword, which reduced the sample to 36 policies.

TABLE 1 Keywords and the number of policies in which they feature.

Keywords	Number of policies
Harm_harmful	56
Neglect	44
Control_controlling	41
Exploit_exploitation	36
Negate_negative	25
Confidence_confident_unconfident	25
Withdraw_withdrawn	23
Assault	21
Minimise_minimising_minimize_minimizing	20
Harass_harassment	19
Abuse_abusive	18
Conflict	18
Inappropriate	18
Exclude_exclusion	17
Coerce_coercion_coercive	15
Distress_distressing	15
Aggression_aggressive	14
Threaten_threatening	14
Danger_dangerous	13
Dependent	13
Punish_punishment	13

Note: 21/96 keywords or keyword combinations found in 84 policies.

These 36 policies were in the four policy levels—international, federal, state and organisational. While they all met the Stage 3 sampling criteria (2 or more Table 2 keywords) they were examined to determine whether they acknowledged everyday harm.

The findings are presented thematically using the questions that guided the analysis and presented in Table 4 which lists the number of policies by element of representation.

3.6 | Is everyday harm acknowledged in the policy?

The first question was whether the policy acknowledged everyday harm. As Table 5 shows, 19 of the 84 policies acknowledged everyday harm. While all 5 international policies met the sampling criteria, they were excluded from the Stage 3 analysis because they included Table 2 keywords that captured VANE harms (cruelty, maltreatment, degrading, etc.) but not everyday harm.

3.7 | What kinds of everyday harm are acknowledged?

Nine of the 10 federal policies that acknowledged everyday harm described the scope of everyday harm. *Australia's Disability Strategy 2021–2031* covered discrimination, stigma, unconscious bias, and ableism. The *Disability*

TABLE 2 Keywords and the number of policies in which they feature.

Keywords	Number of policies
Anxiety_anxious	11
Humiliate_humiliation; Withhold_withholding	10
Bully_bullying; Exposed; Isolate_isolating_isolated	9
Unsafe; Upset_upsetting	8
Anger_angry; Fright_frighten_frightened; Pressure	7
Maltreat_maltreatment	6
Cruel_cruelty; Degrade_degrading; Discomfort; Judge_judgement; Manipulate_manipulation; Undermine; Unhappy	5
Deny_denying; Disregard; Intimidate_intimidating_intimidated; Offend_offensive; Reject_rejection; Shout_shouting; Uncomfortable	4
Demean_demeaning; Derogatory; Disrespect_disrespected_disrespectful; Embarrass_embarrassing_embarrassment; Ignore; Incapable Interrupt; Segregate_segregation; Unwelcome_unwelcoming	3
Blame_blaming; Contempt; Criticise_criticising_criticize_criticizing; Discourage_discouraging; Discriminate_discrimination; Distrust; Insult_insulted_insulting; Justify_justifying; Negligence; Unequal	2
Conditional; devalues; Disempower_disempowering; Dominate_dominating_domination; Insensitive_insensitivity; Joke_joking; Mock_make fun of; Oppress_oppression_oppressive; Ridicule; Scare_scared_scary; Unsupportive_unsupported	1

Note: 56/96 keywords or keyword combinations found in 84 policies. These keywords were used to select the Stage 3 policies.

TABLE 3 Keywords not featured in any policy.

Belittle/belittling; condone; corrupt/corrupting; denigrate/denigrating/denigration; deride/derision; indifferent/indifference; indignity; inequity/inequitable; invalidate/invalidating; laugh at; provoke, rude; slight, taunt; terrorise/terrorise; unappreciated; uncaring; unpleasant; worthless.
--

Note: 19/96 keywords or keyword combinations searched in 84 policies.

Discrimination Act 1992 included instances of everyday harm that constitute discrimination against people with disability. These include direct and indirect disability discrimination; and discrimination in employment, education, access to premises, in relation to goods, services and facilities and more. Under each type of discrimination, the Act includes examples that could include everyday harm inflicted through direct and indirect disability discrimination. The scope of everyday harm in the *NDIS Quality and Safeguarding Framework, 2016* included trolling, poor experience of voicing complaints or barriers to making complaints, not having control, and discrimination.

The *NDIS Code of Conduct Guidance for NDIS Providers* and the *NDIS Code of Conduct Guidance for Workers* both included rich examples of actions and omissions that result in everyday harm to people with disability. Rather than simply articulate a value that workers or providers should follow (e.g. respect a person's right to privacy), the policies presented scenarios to illustrate how an action or omission failed to uphold the right and caused harm to the person. The scope of these harms was broad. Harms resulting from support workers' actions/omissions included: communicating with families instead of communicating directly with the person; treating the person like a child, interrupting them in conversation; not using appropriate nonverbal communication; shouting at the person, calling them stupid; breaching confidentiality by discussing them without permission; making sexually inappropriate comments; and unwelcome physical contact.

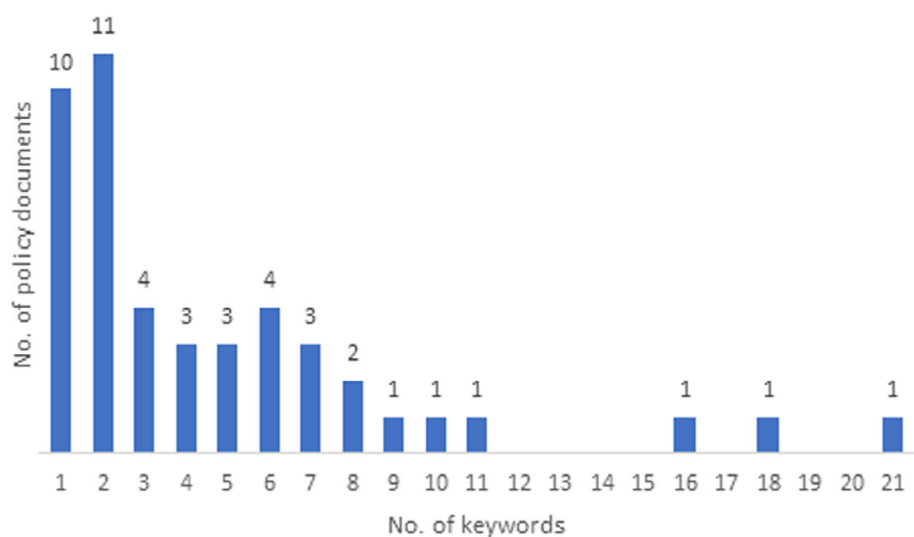


FIGURE 1 Number of policies by number of keywords. Everyday harm keywords from Table 2 analysis. [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/spol.12985)]

TABLE 4 Number of policies by element of everyday harm represented.

	No. of policies by element of representation
Acknowledge	19
Scope	17
Impact	15
Attribution	14
Actors	17
Reporting	10
Response	5
Prevention	12

TABLE 5 No. of policies acknowledging everyday harm.

Policy level	Policies in stage 2 keyword analysis	Policies in Stage 3 sampling criteria (2 or more Table 2 keywords)	Policies acknowledging everyday harm
International	5	5	0
Federal	32	12	10
State	3	2	2
Organisational	44	17	7
Total	84	36	19

The scope of everyday harm acknowledged in the *NDIS Workforce Capability Framework*, included: stigma, discrimination, exclusion, personal judgements/beliefs/attitudes/biases, assumptions about what the person with disability needs or wants, unwanted advances/attentions, power imbalances, conflicts of interest, prejudice, and

rescuing behaviour. Restrictive practices (seclusion, physical, chemical, mechanical, and environmental) can only be used if they are authorised in a person's behaviour support plan to reduce the risk of harm to themselves or others. If used, it should be for the shortest time possible. The *NDIS Quality & Safeguards Commission Regulated Restrictive Practice Guide 2020* acknowledged everyday harm in the context of environmental restraint. The policy described environmental restraint as 'restrict[ing] a person's free access to all parts of their environment, including items or activities' that is 'beyond ordinary community standards for the purposes of addressing a behaviour of concern that can cause harm to persons with disability and/or others'. This includes '[l]ocking a door, cupboard or fridge to prevent a person's access'. The policy notes that '[e]nvironmental restraint can be difficult to identify, as this category of restriction is broad and vast'. An eighth policy is the *Regulated Restrictive Practices with Children and Young People with Disability, Practice Guide 2021*, which also covers environmental restraint.

The *NDIS Complaints and Feedback Policy, July 2020* addressed everyday harm implicitly by how it suggests that Level 1 complaints should be managed (and reflected in many of the scenarios in the NDIS Codes of Conduct for workers and service providers noted above):

4.1. Level 1 complaint management: Many complaints will raise issues or concerns that can be effectively resolved by the staff member who first receives the complaint or their immediate supervisor without the need for detailed inquiries. Some complaints can be resolved by providing an explanation, acknowledging the concern and agreeing on local action to address it, and/ or by providing an apology (if required). Depending on the nature of the complaint it may be referred to another staff member, team or office better situated to deal with the complaint.

The *NDIS Reportable Incidents, Detailed guidance for registered NDIS provider* covers psychological or emotional harm, discussed in impacts below.

Two of the three state policies that acknowledged everyday harm discussed its scope. The *Centre for Developmental Disability Health FACT SHEET Working with people with intellectual disabilities in healthcare*, covered manipulating ideas and disrespecting people as causing everyday harm:

Never pretend to understand! To do this devalues the communication and is extremely disrespectful to the person concerned.

The *Code of conduct for disability service workers, Zero tolerance of abuse of people with a disability*, contained 21 of the keywords. It stated five obligations of disability service workers, the components of the obligation (i.e. what the worker must do), an explanation for the obligation and example behaviours of what a worker must and must not do. Example behaviours that the worker must not do cover a range of everyday (and other) harm and includes to:

- mock or make fun of people with a disability, a person's culture, religion or sexual identity
- speak or act towards people with a disability with contempt or ridicule
- make sexually suggestive comments about another person's sexuality, gender identity or the way they look
- deny someone access to their possessions, property or money.

Seven of the 17 organisational policies acknowledged everyday harm and all discussed their scope. These seven policies were from just two organisations, and six of these seven were from one organisation (Organisation B). The first policy from Organisation A addressed terms of use for an online platform. It covered VANE and everyday harm. The scope of everyday harm was included where the policy warns users not to post prohibited content that:

(a) is offensive, defamatory, distressing, harmful, insulting, intimidating, menacing, harassing, discriminatory, unlawful, false or misleading, content of any kind; (b) poses, or may pose, a risk to any person;

... (c) threatens, harasses, humiliates or ridicules any person, or is otherwise unlawful, or encourages any such activity.

The rest of the policies described in this section are from Organisation B. The second policy was a positive behaviour support framework. It acknowledged everyday harm in the context of 'behaviours of concern' that, if unaddressed, can amount to everyday harm to the person with disability, or can result in the use of restrictive practices. The scope of the harms includes a limit or denial of personal freedom, loss of dignity and a reduction in meaningful interactions with others. The third policy was also about implementing behaviour support in the NDIS. The policy acknowledged everyday harm in the context of prohibited practices, with the emotional impact of the action of 'any punishment' emphasised (humiliate, frighten). A fourth policy, the *NDIS Serious Reportable Incidents Policy and Procedure* document focused on 'serious reportable incidents'. However, some actions included under the types of abuse that meet reportable incident criteria ranged from physical actions clearly intended to harm to more subtle actions or omissions that might not be understood as occasioning harm. These were provided as examples of psychological or emotional abuse that are reportable incidents if they cause *significant emotional or psychological anguish, pain or distress*. This is picked up under the next theme concerning impacts.

The fifth policy (Support Staff Guidelines) opens with a commitment to a 'zero tolerance' approach to abuse and neglect and describes proactive ways for staff to avoid causing everyday harm. The sixth policy (Restrictive Practices – SBSS) notes that people are sometimes subject to restrictive practices authorised in their behaviour support plan to reduce the risk of harm to themselves or others. The policy lists prohibited restrictive practices, with practice examples of prohibited staff behaviour. Under psycho-social restraint, prohibited practices that constitute everyday harm are listed and are broad in scope. Examples include behaviour of staff (demeaning tone of voice or leaving people in bed) and withholding basic human rights (food, warmth and positive social interaction). Under the prohibited practice of *exclusion*, the policy lists practice examples of staff behaviour that capture everyday harm, including preventing a person from participating in an activity or decision. The seventh policy, *Serious Reportable Incidents Involving the Use of a Restrictive Practice*, covered the five categories of restrictive practices—seclusion, physical, chemical, mechanical, and environmental. Restrictive practices include everyday harm, and a policy goal is to eliminate or reduce their use. The definition of environmental restraint captures everyday harm: '[e]nvironmental restraint restricts a person's free access to all parts of their environment, including items and activities'.

3.8 | How are the impacts of everyday harm described?

Not all policies that acknowledged everyday harm discussed its impact. Among the federal policy documents that did, impacts included:

- The impact of ableism: 'where people with disability can be seen as being less worthy of respect and consideration, less able to contribute, and not valued as much as people without disability'. (*Australia's Disability Strategy 2021–2031*)
- fear, disempowerment, and negative experiences (*NDIS Quality and Safeguarding Framework*, 2016)
- feeling embarrassed, infantilised, uncomfortable, humiliated, angry, upset, concerned, shocked, unhappy, and insulted (*NDIS Code of Conduct Guidance for NDIS Providers* and the *NDIS Code of Conduct Guidance for Workers* (2019)
- distressing, triggering, disempowering, stigmatising, limiting, unsafe, feeling judged and discriminated against (*NDIS Workforce Capability Framework*).
- the impact of environmental restraint on the person with disability and 'any communal "ripple effects" of environmental restraints on the human rights of others sharing a service or residence' and aim to limit the impacts on

others (NDIS Quality & Safeguards Commission Regulated Restrictive Practice Guide 2020 and Regulated Restrictive Practices with Children and Young People with Disability, Practice Guide 2021)

- psychological or emotional abuse defined in terms that suggest everyday harm in addition to being reportable harms (NDIS Reportable Incidents, Detailed guidance for registered NDIS provider)

Among the organisational policy documents that acknowledged everyday harm, impacts included the emotional impacts of posting prohibited content online about the person with disability that might offend, humiliate, or ridicule them (Organisation A).

The remaining organisation policies described here were from Organisation B. A positive behaviour support framework acknowledged the impact of the use of environmental restrictive practices on a person with disability by limiting or denying their personal freedom, loss of dignity and reducing meaningful interactions with others.

An organisational policy concerning the NDIS *Serious Reportable* focused on 'serious reportable incidents'. However, some actions included under the types of abuse that meet reportable incident criteria ranged from physical actions clearly intended to harm to more subtle actions or omissions that might not be understood as occasioning harm. These were provided as examples of psychological or emotional abuse that are reportable incidents if they caused *significant emotional or psychological anguish, pain or distress*.

Psychological or emotional abuse – verbal or non-verbal acts that cause significant emotional or psychological anguish, pain or distress including verbal taunts, threats of maltreatment, harassment, humiliation or intimidation, or a failure to interact with a person with disability or acknowledge the person with disability's presence.

The subjective nature of emotions, however, suggests that if such actions are not construed as causing '*significant emotional or psychological anguish, pain or distress*', they might not be considered reportable, but may constitute everyday harm. In other words, in this policy the emotional impact of the behaviour on the person with disability determines whether it is reportable (VANE harm) or not (everyday harm), not the behaviour itself.

An organisational policy opens with a commitment to a 'zero tolerance' approach to abuse and neglect and describes proactive ways for staff to avoid causing everyday harm and in doing so acknowledges its impacts. Suggestions include behaving in a way that 'people feel able to complain without fear of retribution' and 'act to ease people's loneliness and isolation'. Another example describes ways to minimise fear and stress by letting people 'know what is going to happen during the day, including specific events, by having clear and reasonable expectations and maintaining routines'.

3.9 | Is everyday harm attributed to interpersonal action, the consequence of institutional rules and norms or a combination of both?

Not all policies that acknowledged everyday harm discussed their attribution. Among the federal policy documents that did, everyday harm is attributed to:

- both interpersonal actions (including community attitudes) and institutional actions, rules and norms (Australia's Disability Strategy 2021–2031, Disability Discrimination Act 1992, NDIS Quality and Safeguarding Framework, 2016, NDIS Quality & Safeguards Commission Regulated Restrictive Practice Guide 2020) or to
- interpersonal action (NDIS Workforce Capability Framework).

The scenarios in the NDIS Codes of conduct provide examples of harms that can be attributed to a combination of interpersonal and institutional actions. These include frequent changes in support workers who do not know the

person's communication preferences and lack of accommodation of the person's preference for the gender of their support workers. None attributed everyday harm to institutional actions, rules and norms only – in all cases interpersonal interactions are implicated.

At the organisational level, one policy attributed everyday harm to interpersonal action, yet it acknowledged the influence of organisational culture on promoting inclusion and a zero tolerance approach to abuse. Another organisational policy addressed everyday harm between co-workers ('bullying, harassment or other kind of discrimination'). Their mention in a workplace strategy suggests that institutional values and expectations influence interpersonal behaviour. A further policy provided suggestions for avoiding everyday harm but focuses on interpersonal action, specifically, how the support worker can minimise harm. It does not discuss any institutional rules and norms that might occasion everyday harm.

3.10 | Who are the actors involved in everyday harm?

At the federal level, *Australia's Disability Strategy 2021–2031* emphasises community attitudes, suggesting that the actors involved in perpetrating everyday harm could be anyone. Similarly, the *Disability Discrimination Act 1992*, notes that the actors involved in everyday harm are potentially all members of the community. The *NDIS Quality and Safeguarding Framework*, notes that the actors involved in everyday harm include support workers and family members. The *NDIS Code of Conduct Guidance for NDIS Providers* and the *NDIS Code of Conduct Guidance for Workers* describe a range of scenarios that capture a range of everyday harm perpetrated by support workers, a mother, a bus driver, an external service provider and a psychologist. The *NDIS Workforce Capability Framework* applies to support workers, allied health assistants, health and allied health practitioners and to ancillary workers, such as cleaners and receptionists. In the *NDIS Quality & Safeguards Commission Regulated Restrictive Practice Guide 2020*, the actors involved are facility staff. At the state level, one of the policies implicates disability service workers' involvement in everyday harm. At the organisational level, several policies identify the actors involved in everyday harm as people with disability and paid support workers.

3.11 | How does policy describe mechanisms for people with disability to report everyday harm?

Not all policies that acknowledged everyday harm described mechanisms for people with disability to report everyday harm (though many discuss mechanisms for reporting VANE harms). For example, *Australia's Disability Strategy 2021–2031* states that '[a]ll levels of government have committed to deliver more comprehensive and visible reporting', however, mechanisms to report everyday harm are not discussed in detail. Similarly, the *Disability Discrimination Act 1992*, does not cover how people can report or complain about discrimination or how organisations can respond or develop ways to prevent people from discrimination, but it acknowledges the role of the Australian Human Rights Commission to address these matters. The *NDIS Quality and Safeguarding Framework*, 2016 discusses the importance of an effective complaints system and describes how this works in the National Disability Insurance Scheme (NDIS).

In contrast, the Codes of Conduct state that NDIS providers must foster a culture 'where people with disability, their families, carers and workers feel safe to make a complaint', operate effective complaints processes, have an effective incident management system, undertake investigative and disciplinary action and comply with external investigations. With respect to reporting the occurrence of everyday harm, the scenarios in the two Codes illustrate the steps taken by the person (independently or with support) or by the support worker, a family member or advocate to report the harm. The ways in which everyday harm were reported included:

- Person with disability supported by friends/family/support worker/advocacy organisation to report to the service manager
- Family member of person with disability contacting service manager
- Support worker reporting another support worker's poor conduct to service manager or NDIS Commission.

The *NDIS Workforce Capability Framework* states that support workers are expected to assist people with disability to report both serious (VANE harms) and everyday harm (e.g., discrimination). The *NDIS Quality & Safeguards Commission Regulated Restrictive Practice Guide* states that the use of restrictive practices must be recorded. Environmental restraint which is a restrictive practice could be interpreted as an everyday harm.

At the organisational level, few of the policies provide details about mechanisms for people with disability to report everyday harm. One from Organisation B acknowledged the policy and organisational goal of reducing or eliminating the use of restrictive practices, which as noted above may include some everyday harm through the use of environmental restraints and emphasises the need to monitor and report on their use. Another discusses reporting obligations in relation to reportable harms (VANE), but notes that staff can also raise safety or care concerns anonymously or confidentially.

3.12 | How does policy describe mechanisms for organisations to respond to instances of everyday harm?

Not all policies that acknowledged everyday harm describe mechanisms for organisations to respond to instances of everyday harm. At the federal level, one notes that worker conduct is monitored using information 'such as employer reports of serious incidents, complaints and potential breaches of the code of conduct'. The scenarios in the codes of conduct illustrate how the service or the NDIS Commission responded to instances of everyday harm. Responses to everyday harm vary by scenario, but most begin with an apology from the manager and/or the support worker to the person. Many responses involve meeting with the person and asking them what changes they would like to improve their support. Occasionally responses include ensuring that the support worker has a better understanding of the person's needs/preferences and/or that these are included in the person's behaviour support plan. Other remedial actions included:

- Providing the support worker with updated training
- Offering the person a different support worker
- Investigating a support worker's behaviour and notifying the NDIS Commission, including warning, formal discipline or dismissing the worker.

At the state level, one of the policies stated that workers are encouraged to report abuse or suspected abuse to the Disability Services Commissioner if they think their employer has not acted on their report. At the organisational level, none of the policies that acknowledge everyday harm discussed organisations' response to instances of everyday harm.

3.13 | How does policy describe ways for organisations to develop the conditions/cultures to prevent and protect people from everyday harm?

Not all policies that acknowledged everyday harm describe ways for organisations to develop the conditions/cultures to prevent and protect people from everyday harm. At the federal level, one policy notes that providers are obliged

to have 'preventative processes and internal training to develop positive work cultures'. The scenarios in the two codes of conduct described steps taken to prevent everyday harm from happening in the future. These included:

- Sharing with consent a short document with support workers so that they know what matters to the person.
- Reviewing internal complaints systems to ensure issues are addressed and reviewed in audits.
- Ensuring support workers have refresher training about client privacy.
- Revising staff recruitment processes.

Another federal policy's discussion of prevention places the onus on leadership/management to 'establish and embed NDIS values in organisational culture and practice' that are consistent with the principles of the United Nations *Convention on the Rights of Persons with Disabilities*. Federal policy on the use of restrictive practices, which includes environmental restraints that may constitute everyday harm, commit to reducing the use of restrictive practices.

A state policy emphasised that employers are obliged to foster inclusive, respectful workplaces where abuse is not tolerated. At the organisational level, one policy stated a commitment to eliminating such behaviours that cause everyday harm, another noted the goal of eliminating the use of restrictive practices and another adopted a preventative focus to avoid causing everyday harm and emphasised a duty of care and protection towards people with disability.

4 | DISCUSSION AND CONCLUSION

This policy review explored how everyday harm is represented in policy relevant to people with disability and paid support workers. The three-step methodology (identifying policies, keyword search and analytical questions) was useful for structuring the process. The concepts from recognition theory (Honneth, 1996) informed the development of the keyword list, the focus on interpersonal and institutional rules and norms (Ikäheimo, 2022) and the Stage 3 critical analysis integrated recognition theory with Bacchi's (2012) WPR approach.

The review found that everyday harm between people with disability and paid support workers is represented in approximately a third of the policies examined at each of the three levels of Australian disability policy. While everyday harm was not acknowledged in the five international conventions, these documents have a different purpose than policies at the other levels that guide the operation of services. As noted above, the NDIS, aims to operationalise the principles embedded in the UNCRPD (Collings et al., 2016).

The keyword analysis showed that VANE harms feature frequently in policies, but as expected, everyday harm is addressed comparatively less often. Unquestionably, policy must tackle VANE harm that can have devastating impacts. Equally though, addressing instances of everyday harm is critical to prevent the harms generated by actions and omissions that can have a damaging effect on a person's sense of self and relationships (Svanelöv, 2019; Vedeler et al., 2019).

The Stage 3 analysis showed that policies at federal (10/12), state (2/3) and organisational (7/17) levels acknowledged everyday harm. This suggests some policy recognition of everyday harm, but not in a coherent or systematic way. Most policies that acknowledged everyday harm described its scope, or a range of acts or omissions. These included: discrimination, stigma, unconscious bias, ableism, trolling, poor experience of voicing complaints or barriers to making complaints, not having control, treating the person like a child, denying someone access to their possessions, property or money. The analysis identified some Australian federal policies that provided rich descriptions of everyday harm and covered reporting, response and prevention. Of note were the two Codes of Conduct produced by the NDIS Quality and Safeguards Commission.

Several policies at both federal and organisational level highlight the subjective nature of harm and how certain behaviours, actions or communication are experienced. They also raise questions about who decides whether a harm

is a serious reportable incident or an everyday harm and draw attention to the overlap between the two. For example, preventing someone from accessing their possessions (an environmental restrictive practice) is a reportable incident if it is not included in the person's behaviour support plan. Some policies illustrated everyday harm with examples, some of which touched on the intersection of disability with age, gender, sexuality and faith (Flynn, 2020).

While many policies acknowledged the harmful impact of everyday harm, none drew attention to its cumulative impact (Koh et al., 2021; Robinson et al., 2023; Robinson, 2013). A person's reaction to an everyday harm might be considered excessive if viewed as a reaction to a single incident, but it might be considered understandable if recognised as a response to multiple incidents. Alternatively, it may lead the person to become withdrawn or complacent to protect themselves from the constancy of harm (Mason et al., 2022).

Policies attribute everyday harm to interpersonal actions and institutional actions, rules and norms. This underscores the importance of organisational policies and safeguarding cultures that commit to identifying and eliminating VANE and everyday harm and ensuring that individual workers understand their obligations to treat the people they support with care, respect and dignity. An observation of this analysis is that if all staff at the organisational level were actively engaged with the federal Codes of Conduct, they would be better equipped to prevent and respond to everyday harm. This raises questions about how to support organisations and their staff to engage with useful resources already in the field. A more difficult question is how to encourage disability support workers who are self-employed or supervised by the person with disability they work for to engage with useful policy resources.

This analysis highlights a policy awareness about everyday harm but suggests a gap in conceptualising this kind of harm. It raises questions about what words we should use to describe everyday harm to help the actors involved acknowledge, name and, ultimately, prevent this form of harm. The next stage of this research will involve working with people with disability and their support workers to help develop a language to name these types of harms drawing further on recognition theory.

Limitations of the research include that the analysis was of written policies and included only one of eight states and territories. It is also possible that there was some selection bias in the organisational policies provided to the research team. Further research could extend the application of the method to other policies and complementary research about policy implementation and intersectional experiences, including policy in other states about disability rights and harms including policy concerning restrictive practices.

ACKNOWLEDGEMENTS

Thank you to the representatives from the 10 partner organisations in the project who provided valuable advice and feedback as the paper was developed. Thanks also to our Community Researchers Ruby Nankivell and Rachel High and Research Associate Raffaella Cresciani for their contributions. Open access publishing facilitated by University of New South Wales, as part of the Wiley - University of New South Wales agreement via the Council of Australian University Librarians.

FUNDING INFORMATION

This work was supported by the Australian Research Council (ARC LP210200536).

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ORCID

Ciara Smyth  <https://orcid.org/0000-0003-1991-5780>

Sally Robinson  <https://orcid.org/0000-0002-5768-0065>

Jung Yoon  <https://orcid.org/0000-0002-8872-3726>

ENDNOTE

ⁱ For a list of the policy documents included in the analysis, please contact the corresponding author.

REFERENCES

- Araten-Bergman, T., & Bigby, C. (2023). Violence prevention strategies for people with intellectual disabilities: A scoping review. *Australian Social Work*, 76(1), 72–87. <https://doi.org/10.1080/0312407X.2020.1777315>
- Bacchi, C. (2012). Introducing the 'What's the problem represented to be?' approach. In A. Bletsas & C. Beasley (Eds.), *Engaging with Carol Bacchi: Strategic interventions and exchanges* (pp. 21–24). University of Adelaide Press.
- Byrne, G. (2018). Prevalence and psychological sequelae of sexual abuse among individuals with an intellectual disability: A review of the recent literature. *Journal of Intellectual Disabilities*, 22(3), 294–310. <https://doi.org/10.1177/1744629517698844>
- Collings, S., Dew, A., & Dowse, L. (2016). Support planning with people with intellectual disability and complex support needs in the Australian National Disability Insurance Scheme. *Journal of Intellectual & Developmental Disability*, 41(3), 272–276. <https://doi.org/10.3109/13668250.2016.1151864>
- Department of Social Services. (2016). *NDIS quality and safeguarding framework*. Australian Government (Department of Social Services). <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework-0>
- Disability Royal Commission (2023). Royal commission into violence, abuse, neglect and exploitation of people with disability: Final report. *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.
- Fisher, K. R., Gendera, S., Robinson, S., Graham, A., Johnson, K., & Neale, K. (2019). Disability and support relationships: What role does policy play? *Australian Journal of Public Administration*, 78(1), 37–55. <https://doi.org/10.1111/1467-8500.12351>
- Fisher, K. R., Robinson, S., Neale, K., Graham, A., Johnson, K., Davy, L., & Hall, E. (2021). Impact of organisational practices on the relationships between young people with disabilities and paid social support workers. *Journal of Social Work*, 21(6), 1377–1398. <https://doi.org/10.1177/1468017320954351>
- Flynn, S. (2020). Theorizing disability in child protection: Applying critical disability studies to the elevated risk of abuse for disabled children. *Disability & Society*, 35(6), 949–971. <https://doi.org/10.1080/09687599.2019.1669433>
- Fyson, R., & Patterson, A. (2019). Staff understandings of abuse and poor practice in residential settings for adults with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 33(3), 354–363. doi.org/10.1111/jar.12677
- Hollomotz, A. (2012). Disability and the continuum of violence. In A. Roulstone & H. Mason-Bish (Eds.), *Disability, hate crime and violence* (pp. 52–64). Routledge.
- Honneth, A. (1996). *The struggle for recognition: The moral grammar of social conflicts*. MIT press.
- Ikäheimo, H. (2022). *Recognition and the human life-form: Beyond identity and difference*. Taylor & Francis.
- Koh, J., Kembhavi-Tam, G., Rose, V., Featherston, R., & Shlonsky, A. (2021). Rapid evidence review: Violence, abuse, neglect and exploitation of people with disability. In *Research report for Royal Commission into violence. Neglect and Exploitation of People with Disability*. Monash University.
- Krnjacki, L., Emerson, E., Llewellyn, G., & Kavanagh, A. (2016). Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population-based study. *Violence and Trauma*, 40, 1,16–1,21. <https://doi.org/10.1111/1753-6405.12498>
- Mason, K., Sasidharan, A. B., Cooper, A., Shorten, K., & Sutton, J. (2022). Discriminatory abuse: Time to revive a forgotten form of abuse? *Journal of Adult Protection*, 24(2), 115–125. <https://doi.org/10.1108/JAP-12-2021-0042>
- Mikton, C., Maguire, H., & Shakespeare, T. (2014). A systematic review of the effectiveness of interventions to prevent and respond to violence against persons with disabilities. *Journal of Interpersonal Violence*, 29(17), 3207–3226. <https://doi.org/10.1177/0886260514534530>
- Muir, K., & Salignac, F. (2017). Can market forces stimulate social change?: A case example using the national disability insurance scheme in Australia. *Third Sector Review*, 23(2), 57–80.
- Munford, R., & Sanders, J. (2020). Shame & recognition: Social work practice with vulnerable young people. *Child & Family Social Work*, 25, 53–61. <https://doi.org/10.1111/cfs.12652>
- Paulsen, V., & Thomas, N. (2017). The transition to adulthood from care as a struggle for recognition. *Child & Family Social Work*, 23, 163–170. <https://doi.org/10.1111/cfs.12395>
- Pilkington, H., & Acik, N. (2020). Not entitled to talk:(mis) recognition, inequality and social activism of young Muslims. *Sociology*, 54(1), 181–198.
- Robinson, S. (2013). *Preventing the emotional and psychological abuse and neglect of people with intellectual disability: Stopping insult and injury*. Jessica Kingsley Publishers.

- Robinson, S., & Graham, A. (2021). Feeling safe, avoiding harm: Safety priorities of children and young people with disability and high support needs. *Journal of Intellectual Disabilities*, 25(4), 583–602. <https://doi.org/10.1177/1744629520917496>
- Robinson, S., Fisher, K. R., Graham, A., Ikäheimo, H., Johnson, K., & Rozengarten, T. (2023). Recasting 'harm' in support: Misrecognition between people with intellectual disability and paid workers. *Disability & Society*, 38(9), 1667–1688.
- Svanelöv, E. (2019). An observation study of power practices and participation in group homes for people with intellectual disability. *Disability & Society*, 35(9), 1419–1440. <https://doi.org/10.1080/09687599.2019.1691978>
- Vedeler, J. S., Olsen, T., & Erikson, J. (2019). Hate speech harms: A social justice discussion of disabled Norwegians' experiences. *Disability & Society*, 34(3), 368–383. <https://doi.org/10.1080/09687599.2018.1515723>

How to cite this article: Smyth, C., Fisher, K. R., Robinson, S., Ikäheimo, H., Hrenchir, N., Idle, J., & Yoon, J. (2024). Policy representation of everyday harm experienced by people with disability. *Social Policy & Administration*, 58(5), 691–707. <https://doi.org/10.1111/spol.12985>