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A qualitative analysis of the experience of staff employed

within the forensic disability sector in Victoria, Australia.

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**Abstract**

Background: This qualitative research explores the experience of staff employed within forensic disability across Victoria, in order to understand service needs in this field. The complex needs of individuals with disabilities that are involved in the criminal justice system or presenting with offence related behaviours suggests that there is a requirement to improve services directed towards forensic disability.

Method: Four semi-structured group interviews, determined by geographical location were completed with employees (n= 14) within the Australian Community Support Organisation (ACSO); with an average of five years forensic disability experience. Data was analysed based on Thematic Analysis (TA).

Results: Five themes were revealed. Three pre-existing themes were emphasised that included: client complexity; poor responses from external services; and funding, and two novel themes of staff wellbeing and responses to risk.

Conclusions: Recommendations include multi-agency collaboration, funding forensic disability services, development of best practice initiatives and advocacy.

**Introduction**

Since deinstitutionalisation, community organisations in Australia and other western countries have struggled to manage the care needs of people with complex presentations, including those with disabilities (Bleasdale, 2007; Kormann & Petronko, 2003). An unintended consequence for some individuals has been contact with the Criminal Justice System (CJS; Baldry et al., 2013). In this paper, disability is used to include Intellectual Disability, Borderline Intellectual Functioning and, Autism Spectrum Disorder (as defined by the ICD-10). Research indicates that individuals with disabilities are over represented at various stages of the CJS (Baldry et al., 2013; McBrien, Hodgetts, & Gregory, 2003); however, are less likely to offend when compared to the non-disabled offending population (i.e., Holland & & Persson, 2011). There is comparatively little research regarding best practice initiatives for the forensic disability population (Close & Walker, 2010; Howard, Phipps, Clarbour, & Rayner, 2015), which places significant challenges on services to ensure that the forensic disability population is provided equal opportunities for rehabilitation (Baldry et al., 2013).

In Victoria (Australia), under the Mental Health Act 2014 and the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 an individual who has committed a crime but is unfit to

plead by nature of their mental illness, including disabilities can be made subject to a Custodial or Non-Custodial Supervision Order and is considered a forensic disability client. Alternatively, some individuals who have a disability are made subject to the Sentencing Act 1991 (Vic), if they are not considered unfit to be tried under the Mental Health Act 2014 and the Crimes Act 1997, whereby they are considered culpable for the offence. There are also individuals with disabilities that present with a range of challenging behaviours (i.e., aggression towards staff) that have not been made subject to legal or mental health acts but are considered suitable for services under the definition of forensic disability. In this paper, forensic disability is used to capture all of the above population groups in order to reflect the cohort that the Australian CJS and community organisations are servicing. This definition is similar to that of other western countries and therefore increases the transferability of this research.

The Australian CJS has few specialist assessment or treatment services available. Acceptance into the identified Victorian Disability Forensic Assessment and Treatment Service was found to be arbitrary and ill-defined (Glaser & Deane, 1999). Services are often underfunded and under resourced to meet the needs of the forensic disability population (Hayes, 2007; Kelly & Winkler, 2007). The recent rollout of the National Disability

Insurance Scheme (NDIS) will change funding and resource allocation to the forensic disability field across Australia. However, there are grave concerns as to how the forensic disability population group will be serviced under the new funding regime (Young, van Dooren, Claudio, Cumming, & Lennox, 2016).

This research focuses on the experience of staff at a community organisation in Victoria that is responsible for the rehabilitation and care of forensic disability clients. The collection of qualitative data is limited in the literature for forensic disability in Australia. Yet, the use of data collection in this manner has added valuable insights into the field of disability and forensic disability. For example, Talbot (2009) completed qualitative interviews with staff when reviewing the prison system in the UK, identifying a range of important issues related to disability needs that had not been revealed through quantitative data collection. In Australia, Cockram, Jackson, & Underwood, (1998) and Cockram (2005) utilised qualitative interviews with staff and family members to further explore how the CJS meet the specific needs of the forensic disability population. This research highlighted the unique challenges faced by the forensic disability population at each stage of the CJS. Qualitative research conducted within disability settings and forensic mental health facilities revealed further insights into

the complexity of treating clients with dual diagnoses (Lee & Kiemle, 2015; Kurtz & Jeffcote, 2011).

The value of staff perspectives is further emphasised through acknowledgement of the interpersonal relationship between a disabled client and staff. Clients with disabilities are often reliant on paid staff or identified carers in order to ensure their wellbeing, personal safety and capacity to lead a fulfilling life (Kormann & Petronko, 2003). The quality of the interpersonal relationship between staff or carer and the disabled client has been associated with improved client outcomes, staff performance and retention (Clarkson, Murphy, Coldwell, & Dawson, 2009; Hatton et al., 2004; McVilly, Stancliffe, Parmenter, & Burton-Smith, 2006). However, maintaining staff commitment and morale can be a challenge in forensic and disability settings due to the complex presentations of this cohort, such that staff burnout and emotional exhaustion are not uncommon (Hensel, Lunsky, & Dewa, 2012; Dempsey & Arthur, 2002; Coffey, 1999; Kurtz & Jeffcote, 2011). Subsequently, the role of staff on the rehabilitation of the forensic disability population is relevant for organisations and judiciaries that service this cohort.

The collection of qualitative data aimed to explore the experiences of staff employed within the forensic disability sector in Victoria, Australia, and thus attempts to map the

contours of intellectual disability in forensic settings. The results will aid in the planning and management of the forensic disability cohort under the NDIS. The specific questions posed were:

1. What are the needs of the forensic disability population and how do these differ from the mainstream offender population within the Victorian CJS?

2. What is the experience of managing the needs of disabled offenders from the perspective of employees from the forensic disability sector?

3. How can the needs of disabled offenders be better met?

**Methodology**

Corrections Victoria (CV) and the Australian Community Support Organisation (ACSO) were approached for participation in the research. Ethical approval was initially gained from Coventry University Ethics Committee and then submitted to the Corrections Victoria Research Committee (CVRC) and the ACSO Ethics and Research Committee. The research proposal was approved by ACSO, a leading provider of community services for individuals that come into contact with the CJS, including those with disabilities. The CVRC rejected the research proposal due to: concerns with the proposed methodology, the research site requested representing a small proportion of all prisoners with

an Intellectual Disability (ID) across the prison system, that Corrections Victoria (CV) did not systematically identify prisoners with a learning disability, a large number of research projects already running and the NDIS being implemented within Victoria such that it is unclear about the resulting impact for prisoner's with an ID.

Participants

Fourteen participants (eight male and six female) took part in the research. Participants were chosen by purposive sampling, selecting staff within ACSO that had direct contact with forensic disability clients. Those approached for the research included residential support staff in the disability houses managed by ACSO (n = 2), outreach support (n = 2), the clinical and behavioural management team of whom were psychologists or social workers (n = 7) and the associated managers (n = 3) across rural (n = 1) and metropolitan sites (n = 3) within Victoria. The average age of the participants was 35 years, ranging from 24-49 years (SD = 7.39). The average number of years experience in forensic disability was five years, ranging from one month to 25 years (SD = 6.94), where 11 of the participants were educated to University level.

Procedure

Staff were invited to one of four semi-structured interviews, by

email sent from their direct management depending on their geographical location. Semi-structured interviews were utilised due to the homogeneity of the participant groups. The semi-structured interviews comprised between two-seven participants, and lasted from 60-120 minutes (M = 80, SD = 13.49). Participants provided informed consent.

Materials

The study utilised a semi-structured interview format involving a script of pre-defined questions; however, was flexible to explore topics raised by the participants. Specific questions raised in each interview included: initial attraction to the position; most rewarding and challenging aspects of the role, including personal experiences and self-developments; and views on the current level of service provisions in the field of forensic disability. Interviews were audio recorded, transcribed and analysed using Thematic Analysis (TA).

Design

The results were interpreted by the primary researcher, using inductive TA. The process involved data familiarisation, initial coding of data relevant to the research questions, identification of themes, and lastly defining and labelling of themes (Braun & Clarke, 2006). The validity of the research was maintained through the direct transcription of the interviews, such that any

themes identified in the data were drawn from the content of the data. The reliability of the data was enhanced through the use of a semi structured interview format, which acted to maintain consistency between research groups and ensured specificity to the research questions (Braun & Clarke, 2006). Additionally, personal reflection diaries and supervision were completed to ensure reliability of the interpretation of data (Mauthner & Doucet, 2003). Validity was further improved by ensuring that participants were interviewed from a range of positions and locations throughout the organisation. This had the benefit of increasing the transferability of the results to other forensic disability service providers across Australia and to other western locations. Lastly, respondent validation was utilised to increase the legitimacy of the research, where each participant was provided the opportunity to comment on the final outcomes of the data analysis.

**Results**

The analysis resulted in five superordinate themes, see Table 1.

Table 1

A summary of identified themes is provided using interview extracts, with GP indicating group number and F/M indicating female, male gender respectively. Text omitted from quotes is denoted by (…). All participant responses and commentary

relate to the forensic disability population.

Staff wellbeing

An aspect raised by all participants was the importance of support for their own mental health and wellbeing in the role. All participants commented on the value of understanding from colleagues, where staff support was considered vital.

> I've sat with girlfriends at the end of the week and had a catch up; I can't talk about my work. It's probably here that you know that people understand what you do and the challenges that the staff face on the ground day to day. (GP4F2)

Having the ability to talk and debrief on an informal and formal basis regularly was viewed as a component necessary to complete the role, maintain personal wellbeing and retention.

> We have team meetings but we also talk so much like as a group. (GP1M2)

Two participants had sought individual counseling through the employment assistance program for stressors related to the workplace.

Client complexity

A core theme that represented a large proportion of semi-structured interviews was that of complexity, which can be divided into sub-themes of victimisation, institutionalisation, and poor comprehension. All of the participants discussed the broad range of support needs of the forensic disability population, which was a challenge to address in their individual roles and as an organisation.

> Multiple competing needs… complexity is about… you being able to manage all those needs at the same time and prioritise what's most important. (GP2F2)

*Victimisation*

Twelve participants discussed victimisation from subjective experience and objective data. They detailed that the forensic disability population as a group experienced a range of disadvantage from a young age.

> I haven't worked with a client that hasn't first been a victim … It could be sexual assault against them when they were children or violence against them when they were children and or mental health issues that were not managed or dealt with in a timely manner ... Not getting on with family or having problems in their school

environment. (GP1M1)

In addition to a trauma history and co-morbid mental health, lack of employment history, homelessness and social isolation were also factors raised by participants. It was the view that these factors were further perpetuated by involvement with the CJS. Once residing in the community, participants discussed the difficulty of being required to address multiple areas in a client's life that were in disarray, whilst also maintaining community safety.

*Poor comprehension*

Despite often being subject to compulsory orders, ten participants reported that the clients that they serviced had little or no understanding of their legal obligations.

> It's more of a challenge for the client to know what they can and can't do... So there's a lot of educating the client and then the next shift you'll be re-educating them on exactly the same thing. (GP1M2)

Participants felt that they were required to educate or to advocate on the client's behalf as the client was unaware of their rights and/or legal responsibilities. On the other hand when a client was enabled to have an input in their care

planning, this was viewed to be of benefit to the client and the organisation.

> They [clients] have got to be aware of the decisions being made and have involvement in terms of what services they are accessing and how support might shape around them. That's what seems to benefit the person and results in better outcomes. (GP2M3)

*Institutionalisation*

There was also concern by three participants that clients with disabilities were vulnerable to becoming institutionalised by the CJS. Clients were described as having a distinct lack of independent functioning skills following a period of incarceration.

> I have a client at the moment… he feels more comfortable in prison because he doesn't have to worry about paying his rent, paying any bills, doesn't have to worry about where his next meal is coming from … he just needs to go ok, when they tell me to get up, I get up. When they tell me to eat, I eat. When they tell me to go to bed, I go to bed. It's just easier. (GP1M2)

On the other hand, some clients were reported to be fearful of

the police and being sentenced to custody.

Poor responses from external services

A prominent theme present in each focus group was the difficulty in having services accept referrals and ensuring a consistent and appropriate response from external services, namely the police. It was the view of ten participants that referrals were often rejected on unreasonable grounds with poor multiagency collaboration.

> Often it becomes a bit of a too hard basket for some services … so getting everyone on board and being united and consistently providing that approach for clients can be quite difficult. (GP1F1)

In other cases, referrals were rejected on the basis of the learning disability and/or forensic history.

> A lot of services will not work with people with disabilities that are also forensic clients. (GP1M1)

In the case of mental health, often presentations were assumed to be behavioural and therefore in context of a learning disability rather than assessed for mental health.

> I think especially with mental health … a lot of our clients are assessed as not having mental health conditions when they quite likely could … their symptoms … are camouflaged by their disability. (GP2M4)

Police responses were raised as an area of concern by every participant.

> It [police involvement] can be disproportionate and even inconsistent… examples where you don't get the desired response … and then there are others who get picked up quite easily… I don't think it's always consistent unfortunately. (GP2M2)

One participant shared a personal account of his experience when contacting the police to attend a residential house.

> Ridiculous ... I had a client he came into the office and tried to get a knife ... Police came and wouldn't take him… I had to stay in this house alone for another two hours, with someone who just tried to get a knife to stab me. (GP3M2)

Poor police responses were also reported if the client was an

alleged victim of a crime.

> They [police] kind of laughed the victim away. (GP2F1)

The importance of having a consistent approach from the police was raised by all participants who recognised that this was essential to effectively manage illegal behaviours and reinforce behaviour change.

Participants identified weaknesses and strengths of having a multiagency approach.

> Sometimes you have so many different external stake holders involved that it's quite slow to progress something ... We try to get as creative as we can to make sure that this person has a decent quality of life … it's a challenging situation for us. (GP2M1)

Defining roles and responsibilities appeared to be an important area to determine multiagency success in addition to best practice initiatives specific to the field of forensic disability.

> One of our services, which is in dual disability has a really, really fantastic relationship with the local police and their PACER unit. (GP4F1).

When working with external services, legitimate concerns were raised in regards to the capacity of untrained staff to recognise and respond to forensic risk. The importance of collaborating and further educating external agencies in order to support client outcomes was identified as an ongoing need.

Responding to risk

When working in the forensic sector being able to recognise and respond to risk is an essential component. All participants interviewed presented with an understanding of criminogenic risk factors and the requirement for ongoing review of risk of recidivism. There was a clear understanding of notifying relevant persons if a client was to offend and/or breach conditions of an order.

> If a client breaks the law, that's a part of our role we have to notify the police… At the end of the day I am working for the community as well and I want to keep both people, both safe. (GP1M2)

Incidents were disclosed that involved staff assaults and a client's suicide attempt. Subsequently, staff faced a range of risk scenarios that required immediate responses. Participants recognised the organisation's internal limitations to assess risk

and the lack of best practice initiatives and/or a specific model for forensic disability.

Working within the forensic disability sector raised ethical concerns for participants who discussed the competing and opposing frameworks of disability and forensic approaches.

> Trying to support a client to develop whilst restricting how they do those things (GP2M4)

Working within these two frameworks, participants discussed the balance of addressing individual rights, whilst maintaining community safety. Although discussing means in which this has been adopted, i.e., use of the good lives model, participants discussed the challenge of providing opportunities for clients to evidence behavioural change whilst also ensuring risk measures were in place.

> It's an ongoing tension around how you balance risks and safety and that persons individual human rights. (GP2M1)

Participants discussed a range of internal and recognised risk assessment tools to assist in guiding decisions in relation to risk on an individual basis. Having access to information was

identified as a necessity to measure and update risk assessments.

Funding

All participants raised concerns in regards to the roll out of the NDIS and the impact that this would have on clients.

> I envisage it getting worse with the NDIS. (GP2F1)

The potential loss of funding for clients raised concerns for community safety and the client.

> It feels like we are going a little bit backwards... If you have a forensic disability then you need a specialised response. (GP2M1)

Overall, all participants expressed their concerns in regards to the allocation of sufficient funds to cater to the needs of the forensic disability clients that they serviced. Some theorised that a withdrawal of funding would led to significant harm to the community due to an offence occurring that could have otherwise been prevented.

**Discussion**

This study explored the experiences of staff employed in the

forensic disability sector. The perception from staff was that client's needs differed in terms of complexity from the mainstream offending population, which impacted on their rehabilitation. This view has been previously reflected in forensic disability research, where emphasis has been placed on the requirement for specialised services (Baldry et al., 2013; Ellem & Wilson, 2010).

The experiences from staff indicated that staff wellbeing was vital for work performance and employee wellbeing (e.g. sickness and absence, staff turnover and employee motivation). There were a range of systemic concerns that impacted on how staff perceived their ability to complete their roles to best service the client, adding to current research regarding staff support and wellbeing. Difficulties with multiagency collaboration and funding for specialist forensic disability services were viewed as important areas to address in order to meet the needs of the forensic disability cohort. Such recommendations have been previously raised in research completed by Howard et al., (2015) and Young et al., (2016).

Staff support

Maintaining staff wellbeing is a vital consideration for disability organisations, as the behaviour of staff has a direct influence on the wellbeing and lives of clients (Hatton et al.,

2004). Based on a UK study of direct care staff in disability residential settings, job satisfaction was positively related to perceived staff support (Hatton et al., 1999). Conversely, a lack of staff support was associated with reduced positive interactions between clients and staff (Kurtz & Jeffcote, 2011; Rose, Jones, & Fletcher, 1998). Debriefing following critical incidents has been demonstrated as vital for staff wellbeing (Baker, 2017). Subsequently, the benefit of formal and informal supervision and debriefing is an important factor related to maintaining staff wellbeing and morale (Kurtz & Jeffcote, 2011), which in turn has a positive impact on client outcomes.

Complexity

The language used by participants to describe the forensic disability population was: complex, challenging and with multiple needs. It is recognised within the literature that the forensic disability population are disadvantaged in multiple domains when compared with the general population that includes; fewer social connections; chronic poor life conditions; homelessness and housing stress; exploitation and victimisation; lower rates of education and employment; mental illness; poor physical health; drug abuse; and lower socioeconomic status (Hyun, Hahn, & McConnell, 2014; Oshima, Huang, Jonson-Reid, & Drake, 2010). Such characteristics of the forensic disability population were

recognised by all participants in this study, who described in detail the consequential impact on implementing prosocial change and the rehabilitative prospects for clients. This qualitative perception emphasises the requirement for a holistic treatment model that differs from the general disability or forensic population.

Another area of concern was client comprehension of their rights and legal responsibilities. When compared with non-disabled peers, disabled individuals were less able to comprehend written or verbal information provided to them within the CJS and had less knowledge of legal terms and proceedings (Ericson & Perlman, 2001; Loucks, 2007). Although the use of easy-to-read text has become widespread within the disability field (Fajardo et al., 2014), the availability of such texts and/or effectiveness for legal sources is unknown. Participants in this study appeared to provide a vital role in educating clients on the requirements of their respective orders, behavioural expectations and advocating individual rights. The importance of advocacy by educating and empowering the individual to become a voice within their treatment was an aspect raised by several participants. The availability of formal advocates is limited; however, when involved was generally viewed as being helpful for the client. There continues to be much work in the area of advocacy for the forensic disability

cohort.

Poor responses from external services

There was great concern that other professionals did not have accurate knowledge regarding developmental disabilities, which has been detailed in previous research findings (i.e., Gething & Fethney, 1997; Iacono, Davis, Humphreys, & Chandler, 2003; Werner & Stawski, 2012). Lack of knowledge can also lead to discriminating perceptions of individuals with disabilities, which further impacts on the quality of responses from services (Tervo & Palmer, 2004). Conversely, training and experience improved perceptions and care given to disabled clients (Iacono et al., 2003; Thompson, Emrich, & Moore, 2003). Recommendations to increase training in regards to disability are longstanding within the literature, yet knowledge of disabilities in generic medical and legal fields continues to be less than satisfactory.

Contact from police requires further exploration; notably the largest commentary in regards to police involvement was that it was inconsistent. More often than not, it was the experience of participants that police officers were reluctant to lay charges upon a disabled individual when an alleged offence had occurred. The definition of offending behaviour within the disability field is multifaceted; there is often debate within

specialist fields between what is considered an offence and what is deemed "challenging behaviours" (McBrien et al., 2003). Although some may view offending by individuals with disabilities to be less harmful, research completed by Mason and Murphy (2002) revealed that offences committed by individuals with disabilities were similar to that of the general offending population. Inconsistent police responses create management difficulties for the services supporting the forensic disability client, impede the individuals learning of appropriate behaviours and reduce staff and community safety.

Responding to risk

Participants interviewed recognised the requirement to continuously assess the risk of harm that a client may pose to others, and themselves. There have been advances in the forensic disability field in regards to the implementation of formalised risk assessment measures, i.e., Boer, McVilly, & Lambrick (2007); however, the use of formalised risk assessments are not consistent across service providers. Understanding client risk is central to ensure staff, client and community safety, inform risk management plans and to guide clinical decision making. A standardised method to assess and manage risk within forensic disability across service providers is required.

NDIS

Since the roll out of the NDIS concerns have been raised as to how complex support needs will be managed and if this will be sufficient. There are recognised benefits of the NDIS; it supports a person centered approach, where the individual has control and selection of services. However, there is much confusion from service providers, family members and clients in regards to the implementation of the NDIS (Green & Mears, 2014). The NDIS has been reported to lack consideration for the funding of services for forensic disability clients (Collings, Dew, & Dowse, 2016; Dowse et al., 2016; Young et al., 2016). Much is yet to be learnt in regards to how the NDIS will impact the forensic disability population and the specialist services that cater to this cohort.

**Implications and future recommendations**

The present findings have identified a range of strengths and current service dilemmas in the field of forensic disability. Recommendations provided are relevant to organisations that service the forensic disability cohort. Specialist forensic disability services are required to cater to the unique needs of this population (Close & Walker, 2010). The NDIS is in a positon to ensure sufficient funding to forensic disability services across Australia.

There is a need for best practice initiatives specific to the field of forensic disability. Organisations that cater to this population group should be encouraged to conduct research and publish. The publication of qualitative and quantitative research regarding the forensic disability population serves to benefit services providers and better inform policy models.

The value and importance of staff wellbeing is a growing field across the workforce literature and was identified in this research as a necessary component to ensure staff productivity, morale and wellbeing. Ongoing formal and informal supervision should become an integral aspect for staff employed within the forensic disability sector. Being proactive in providing staff support is likely to increase job satisfaction levels, improve retention, decrease burnout and improve client outcomes.

In regards to the identified challenges with external services, namely police and mental health providers, better multiagency collaboration is required. Improving multiagency collaboration could be addressed through the completion of memorandums of understanding to establish links between key stakeholders such as mental health, local police forces, and other community organisations. Establishing key roles and responsibilities is an important aspect related to multiagency success.

This paper identified inconsistencies at the first point of contact with police. There appeared to be systemic issues regarding initial police contact for individuals with disabilities, which requires internal review.

Training for professionals in regards to disability is an ongoing requirement. In order to increase knowledge in the field of disability across professionals, core modules related to disability needs and responsivity could be included in higher level educational courses.

In order to better support the learning disabled population formal pathways for advocacy services are required. This has the benefit of providing further education and assistance for the individual so that they are better able to understand their rights, legal obligations, court attendance and other matters related to their legal status. Access to advocacy could be funded under the NDIS and should be seen as a priority for the forensic disability population.

There continues to be a need for preventative services and programs for the disabled cohort to reduce initial contact with the CJS (Cockram, 2005; Unruh & Bullis, 2005). The forensic disability population present with high incidents of past trauma

across multiple levels, including sexual and physical abuse. Greater attention is required to protect learning disabled individuals from potential victimisation.

**Limitations**

There are a number of limitations identified in this study. The recruitment and purposive sampling of participants could have created unknown biases. However, the triangulation of perceptions by obtaining views from multiple positions within the organisation and from rural and metropolitan settings strengthens the transferability and validity of the research, where themes identified were raised from various milieus. The participants in this study had contact with a broad range of disabilities and offending behaviour. Due to the broad definition of disability used and the necessity to consider individual differences and responsivity needs, recommendations may not be applicable to the entire forensic disability population.

The experiences of staff within ACSO may differ from other forensic disability employers and/or settings. Although a moderate sample size for qualitative research, greater participant numbers would further strengthen the validity, reliability and transferability of any identified themes. In the original research proposal it was intended that the participant

sample would also include interviewees from the prison service in order to broaden the scope of data collection and provide a comparison group. As the ethics proposal was rejected, this was not possible. Gaining further qualitative data from other organisations, including prison settings who service the forensic disability population will be of value in order to further explore key themes identified in this research. There is also value in completing interviews with rehabilitated forensic disability clients in order to determine their perspectives of interactions with staff and if identified themes correlate.

In reference to chosen methodology, the use of TA recognises that the researcher's perspectives inevitably influence the interpretation of the data (Braun & Clarke, 2006). Furthermore the results were interpreted by one researcher; therefore inter-rater reliability could not be applied. In order to mitigate a potential bias, formal supervision and self-reflective diaries were completed to validate the analysis and findings. Themes identified were outside of the prescribed interview script, which evidences that the facilitation of focus groups was guided by the participants and interpretation of data was not dictated by researcher influence.

## Conclusions

From the perspective of experienced staff in the forensic

disability field, the needs of the forensic disability population were described as complex, multidimensional and challenging. The importance of informal and formal support within the work place was valued by all participants for personal wellbeing and capacity to complete the role. A range of service dilemmas relating to responses from external services and addressing individual care needs of clients were identified as areas for further improvement. The use of qualitative data collection in this manner has been a novel approach that adds to the literature of forensic disability.

Current literature identifies the requirement for a targeted specialised response in order to cater to the needs of the forensic disability population (Howard et al., 2015; Riches, Parmenter, Wiese, & Stancliffe, 2006; Young et al., 2016). The importance of specialised forensic disability services that have an understanding of forensic and disability needs and are able to work in a holistic individualised approach has been highlighted in this research. The NDIS is urged to further consider funding specialised services in order to meet the needs of this highly vulnerable population group, recognising that the allocation of appropriate resources ensures wellbeing of the individual and community safety.

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Table 1

| Table 1 A list of themes and superordinate themes | | |
|---|---|---|
| *Superordinate themes* | *Themes* | *Number of participants who endorsed theme* |
| Staff wellbeing | | 14 |
| Client complexity | Victimisation | 12 |
| | Institutionalisation | 3 |
| | Poor comprehension | 10 |
| Poor responses from external services | Mental health | 12 |
| | Police | 14 |
| | Multiagency collaboration | 14 |
| Responding to risk | Awareness of criminogenic factors | 14 |
| | Disability and forensic frameworks | 14 |
| Funding | | 14 |