BUDGET ESTIMATES 2024-2025

PORTFOLIO COMMITTEE NO. 8 – CUSTOMER SERVICE

Minister Chanthivong

Better Regulation and Fair Trading, Industry and Trade, Innovation, Science and Technology, Building, and Corrections

Tuesday 10th September 2024

Jubilee Room, Parliament House, Sydney

Responses to Questions Taken on Notice

Question from p.5

Ms CATE FAEHRMANN: What salary is Mr Minns on?

GRAEME HEAD: I'd need to take the specifics on notice. He's a band 2.

Ms CATE FAEHRMANN: If you could do that—salary and allowances, thank you.

Answer I am advised;

Mr Minns has a total remuneration package of $361,300 per annum inclusive of superannuation and allowances.

Question from p.7

The Hon. SARAH MITCHELL: Could you take on notice whether you've met with JETRO and KOTRA since you've been Minister?

Mr ANOULACK CHANTHIVONG: As I said, I disclose all my meetings with all my counterparts and certainly I'm happy to take that on notice.

Answer: I am advised:

Ministers' diary disclosures are published quarterly on The Cabinet Office's website (https://www.nsw.gov.au/departments-and-agencies/the-cabinet-office/access-to-information/ministers-diary-disclosures).

Question from p.8

The Hon. SARAH MITCHELL: Speaking of different companies and delegations, I understand that the Australian managing director of SMBC visited the Port of Newcastle yesterday as part of the JETRO hydrogen mission to Australia. Were you there, Minister?

Mr ANOULACK CHANTHIVONG: Yesterday? No, I wasn't, but I do know that we've supported and actually guided a number of delegations not only to the Hunter, I might say, but also down to the Illawarra as well.

The Hon. SARAH MITCHELL: I'm more focused on this visit yesterday. I understand if you weren't there, but did any senior Government representatives attend, that you're aware of?

Mr ANOULACK CHANTHIVONG: I might refer that to the deputy secretary.

REBECCA McPHEE: I will have to take that question and try to bring you an answer this afternoon.

Answer I am advised;

A senior representative from the NSW Department of Primary Industries and Regional Development attended and briefed the delegation - including SMBC - on the hydrogen opportunity.

Question from p.20

The Hon. AILEEN MacDONALD: I might jump in there. I turn to Fair Trading, Minister. Can you provide the details on the number of qualified supervisors disciplined under the Home Building Act during the financial years 2022-23 and 2023-24 for improper conduct? Specifically, how many cases involved specialists in the field of electrical wiring, refrigeration, air conditioning, plumbing, gasfitting and LP gasfitting?

Mr ANOULACK CHANTHIVONG: There are a number of questions in that, Mrs MacDonald, but I do appreciate your interest in that. I do know that so far in this particular 2023-24 year we've had about 44,000 complaints. We've done over 11,437 inspections. Part of the compliance enforcement—I might even ask the Fair Trading commissioner or the Building Commissioner to further supply specifics. They were quite specific questions, and I might ask the acting Building Commissioner to provide further details.

MATT PRESS: Yes, I can help with some of that. I think your question was around qualified supervisors in particular. I'd have to get that for you on notice, but of the decisions that we've done under the Home Building Act, I could say proportionally about 80 per cent are related to builders. So it'd be a subset of those, I think would be in your answer.

The Hon. AILEEN MacDONALD: I might do that on notice then so that you've got the specifics of that question. There is a follow-up on notice: What steps is the department taking to enhance that detection and handling of improper conduct among specialists to prevent further consumer harm? I'll do that one on notice as well, if you like. As a follow-up to you, Minister, how many electrical contractors were disciplined during 2022-23 and 2023-24 for improper conduct related to—and this is different—noncompliance with their duties under the WHS Act regulations particularly concerning—

Mr ANOULACK CHANTHIVONG: That's a very specific question. I'm happy to take that one on notice, but maybe I'll ask the acting commissioner if he has that specific statistical detail.

The Hon. AILEEN MacDONALD: Because I've only got 19 seconds I might say to take that one on notice.

Mr ANOULACK CHANTHIVONG: I'm happy to do that. That's fine.

MATT PRESS: In that electrical space—if this helps—we've issued 607 written direction notices. I don't have on hand how many of those activities have resulted in disciplinary action.

Answer I am advised;

Please refer to Supplementary Question 60 and Supplementary Question 61.

Question from p. 25

The Hon. AILEEN MacDONALD: Recommendation 31 of the Astill Inquiry was:

> Every executive of CSNSW should complete the entry-level Correctional Officer training as part of any onboarding for their respective role, and prior to any substantive uptake of the executive position.

How many executives are there within CSNSW?

Mr ANOULACK CHANTHIVONG: In terms of the SES numbers?

The Hon. AILEEN MacDONALD: Yes.

Mr ANOULACK CHANTHIVONG: I'm happy to take that on notice, or I can ask the acting commissioner. He might have an answer for you now.

Answer

I am advised:

This information is published in the Department of Communities and Justice Annual Report, available at https://dcj.nsw.gov.au/resources/annual-reports.html

Question from p. 25

The Hon. AILEEN MacDONALD: No, it's okay. I can come back to that in the afternoon. We did spend a bit of time in the last estimates talking about the Junee Correctional Centre. I understand that you have now visited the centre, in January of this year, according to your diary disclosure. What is the current cost to the State for running the Junee Correctional Centre?

Mr ANOULACK CHANTHIVONG: As members will be well aware, the Government put Junee back into public operations, as it has become part of the wider network of Corrective Services. We have a dedicated team at the centre working with staff at the facility but also engaging with the wider community about the change in its operation. I am happy to ask the acting commissioner to provide more details on the work around Junee.

LEON TAYLOR: I think we might have covered the cost in last estimates, but we can get that on notice. I don't have those numbers in the notes today.

Answer

I am advised:

Please refer to page 25 of the November 2023 transcript.

Question from p. 25

The Hon. AILEEN MacDONALD: Do you know how many inmates are currently held at Junee?

Mr ANOULACK CHANTHIVONG: I am happy to take that one on notice.

LEON TAYLOR: It's around 740.

Mr ANOULACK CHANTHIVONG: Thank you, Acting Commissioner.
Answer I am advised: Please refer to page 25 of the transcript by the Acting Commissioner of Corrective Services NSW.

Question from p.45

The Hon. JACQUI MUNRO: Could you please provide me, maybe on notice, the budget breakdown for Investment NSW from 2018 to this year, 2024-25?

REBECCA McPHEE: I can give you a couple of years' data now. The budget for this financial year for Investment NSW is $150 million recurrent and $3.2 million capital expenditure. Last financial year, 2023-24, the budget was $212,000.

The Hon. JACQUI MUNRO: Sorry, $212 million?

REBECCA McPHEE: Sorry, $212 million, absolutely—apologies. I don't have the prior years with me, so I can see what I can get for you.

The Hon. JACQUI MUNRO: Thank you. Could you please tell me what functions have been reduced given the cut of almost $65 million?

REBECCA McPHEE: The expenditure review looked across the department, and I believe that there were cuts across all areas of the department.

The Hon. JACQUI MUNRO: How many fewer staff, for example?

REBECCA McPHEE: We have, at the moment, 220 staff in the department. I would have to take on notice what that was prior to my joining.

The Hon. JACQUI MUNRO: When you say cuts to all aspects, perhaps you could provide on notice a list of grants that are currently available through Investment NSW and their value.

REBECCA McPHEE: I'm happy to provide that now, if you would like. I've got that information with me. The aggregate list of grants for Investment NSW this financial year is $16.8 million. That includes the Boosting Business Innovation Program, which includes TechVouchers at $3.4 million for this financial year. Many of these grants are funded over multiple years, so that one is $11 million over four years and $3.4 million this financial year. The Female Founders Program is in its second year at $0.28 million. The Fostering Innovation Sponsorship Program is at $0.88 million. The Growing Global Export Program is at $0.7 million. The Industry Capability Network had its funding boosted this year to $2.3 million. The MVP Ventures Program is $12 million over four years and $5.5 million in this financial year. The Techstars Accelerators program is $1.2 million in this financial year and $6.6 million over three years. And the Westmead Innovation Ecosystem Fund is $2.5 million in this financial year and $7.8 million over four years.

The Hon. JACQUI MUNRO: Could you also please provide me with a list of grants available in the last, let's say, three years, with their values in terms of the spend associated with them?

REBECCA McPHEE: I'll have to try and come back to you later with that.

Answer I am advised;

Investment NSW was not formed until 29 March 2021. Investment NSW's budgets since 2021 are not comparable to the functions of Investment NSW today, as Destination NSW, Office of the 24-Hour Economy Commissioner, and the Office of the Chief Scientist and Engineer were all part of Investment NSW when it was established but have since been separated.

Department and agency expenditure is published in Annual Reports and on OpenGov NSW and data.nsw.gov.au

Information on grants and funding is available at https://www.investment.nsw.gov.au/grants-and-rebates/

Question from p.46

The Hon. JACQUI MUNRO: What are the six hubs and 13 spokes? You can take it on notice.

REBECCA McPHEE: No, that's okay. I can answer it; I've got it in front of me. Apologies, I am only a few weeks into the role, so excuse me if I have to refer to my notes. The six hubs are San Francisco, London, Mumbai, Singapore, Tokyo and Shanghai.

The Hon. JACQUI MUNRO: And the spokes?

REBECCA McPHEE: I don't think I've got those written down—apologies. I'll bring those back to you.

Answer I am advised;

This information is available at www.investment.nsw.gov.au

Question from p.47-48

The Hon. JACQUI MUNRO: On the offshore/onshore, could you please provide me the numbers of offshore staff this financial year compared to the last two financial years, and also where they were based?

REBECCA McPHEE: I absolutely can. At the moment, as you recognised, our trade and international team comprises both onshore teams as well as those offshore-based teams. They work hand in glove together. At the moment we have 46 members of staff in that international network, who all report, along with our onshore team, to our executive director here in Sydney. I will have to take on notice the prior years' numbers of staff.

The Hon. JACQUI MUNRO: That would be excellent—and also where they're based would be helpful, please.

REBECCA McPHEE: Sure.

The Hon. JACQUI MUNRO: Very quickly, there were reports earlier in the year about Vietnamese students disappearing, for want of a better phrase, from South Australia. The NSW Department of Education informed partners in Vietnam that New South Wales would no longer receive applications from students in central provinces of Vietnam. I understand that there is now a partnership situation happening with Investment NSW going over to some sort of Vietnamese education showcase. What is the advice from Investment NSW? How is Investment NSW managing this, when I understand that

tertiary colleges here have been advised to be cautious when reviewing applications from these areas? Is there a kind of conflict going on?

REBECCA McPHEE: We do have an international education expo which we are attending at the moment in Vietnam. The support that my team provides relates not just to attraction of foreign students to tertiary education but is also extremely supportive of the transnational education system—that is, universities setting up campuses offshore—as well the edutech, or online learning and technical platforms for learning. That education expo covers those areas as well.

The Hon. JACQUI MUNRO: There's no concern that people might be coming to New South Wales and disappearing, essentially, as a result of partnerships between the Government and central Vietnamese province-based organisations?

REBECCA McPHEE: Not that I'm aware of, but let me take that question on notice.

Answer I am advised;

Information relating to staff are included in the annual report of the relevant department. The international network is located across the six hubs and 13 spokes.

Student visas are a matter for the Department of Home Affairs.

Question from p.49

MATT PRESS: There was a consultation for that design and building practitioner legislation. The fact of the matter was that the Design Institute of Australia and interior designers I don't think recognised that that consultation was occurring and I don't think made many submissions through that earlier process. There's a number of stakeholders who have felt a bit like that. The remedial industry as well were probably not as across the legislation as they could've been. I think it was thinking it was all about new construction. Since that legislation has come in, as Building Commission now and Fair Trading previously, we've been bringing those stakeholders on the journey and, particularly with the interior designers, having quite good quality conversations about where they could potentially fit under that legislation—the pros and cons and also the general licensing framework. That's where, in answering before, we believe there's a strong policy rationale for them to be a licensed profession under the—a licensed trade, if you like, but still we don't consider them as suitable under the DBP framework. That's our position and no doubt the DBP review will consider that and any other practitioners doing design work as part of their review.

The CHAIR: When you say that that initial consultation didn't include interior designers and any organisations that represent them, were there attempts made by the department to seek them to be part of that consultation?

MATT PRESS: I couldn't recall offhand. I'd have to check with others in the department. That's probably three years ago now so I'd have to check for you.
The CHAIR: Could you take that one on notice and find out? Just if anyone had actually sought their feedback as well.
MATT PRESS: Absolutely.

Answer I am advised;

The initial consultation was carried out by the Department of Customer Service on the DBP Regulation from November 2020 - January 2021. Peak body Design Matters National was involved in that consultation process. Their membership includes interior designers.

Question from p.52)

The Hon. JACQUI MUNRO: I am very mindful that the Chief Scientist and Engineer has been sitting patiently all day. If there are no other questions from the rest of the Committee, we're happy to try to get through all of our Innovation, Science and Technology questions. First of all, what is your budget this year?

HUGH DURRANT-WHYTE: It is $42.657 million in opex and $61 million in capex.

The Hon. JACQUI MUNRO: What is the $61 million for capex?

HUGH DURRANT-WHYTE: It's the RNA manufacturing facility.

The Hon. JACQUI MUNRO: Excellent. Is that solely for that?

HUGH DURRANT-WHYTE: Yes.

The Hon. JACQUI MUNRO: What are the forward estimate budgeted figures?

HUGH DURRANT-WHYTE: I have to take that on notice. I can do it individually, but then I'll have to add it up, if you see what I mean. But I can also break it down by—

The Hon. JACQUI MUNRO: If you can break it down by year, that would be fabulous.

HUGH DURRANT-WHYTE: By program, I meant.

The Hon. JACQUI MUNRO: That would be excellent, so that's capex and also opex. You released the quantum algorithm report earlier this year.

Answer I am advised;

Department and agency expenditure is published in annual reports and on OpenGov NSW and data.nsw.gov.au. Information on grants and funding is available at https://www.investment.nsw.gov.au/grants-and-rebates/

Question from p.53

The Hon. JACQUI MUNRO: Thank you, that is very helpful. Ms McPhee, on the Investment NSW budget, could I also get the forward estimate per year breakdown, please?

REBECCA McPHEE: I'll take that on notice.

The Hon. JACQUI MUNRO: I also wanted to get a little bit more clarity. I know you said before that all parts of the department were looked at when referring to the cuts, but could you be a bit more

specific about what actually was reduced in terms of the operation of the department?

REBECCA McPHEE: I've obviously been in the role for just four weeks now so I can't speak to the previous cuts. I'll have to take that on notice.

The Hon. JACQUI MUNRO: That would be helpful—I mean any programs, for example. Obviously we've already spoken about staff, but funding for grants, any reduced capacity to negotiate trade deals, for example—or not negotiating trade deals specifically, that's probably more a Federal Government responsibility, but certainly facilitating trade deals, for example.

REBECCA McPHEE: I will absolutely take the specific question on notice. I will reiterate that the department did continue to meet its targets last financial year and continues to do so.

Answer I am advised;

Funding allocations for Investment NSW form part of the budget for the Department of Enterprise, Investment and Trade in the 2024-25 Budget. Future budget allocations will be subject to the standard budget process.

Information regarding employee numbers will be published in the Annual Report.

Question from p.57

Ms ABIGAIL BOYD: There's a lot to unpack there. One of the most frustrating things here is that this is not a new thing. This has been something that we've been pushing the previous Government to accept, and now the current Government for almost 18 months. With the previous Government, I understand from the department's perspective there are no instructions to implement it, so that makes sense, even though we know that NSW Labor at the time also was backing in the stance of not implementing this. At what point did the Minister instruct you to start looking at it as a serious proposition?

MATT PRESS: That would have been before my time as acting Building Commissioner, probably within the former Building Commissioner and the work done in the first six months of the year, so I will have to take that on notice.

Answer

Please refer to the Minister's comments published in Hansard on this matter from 8 August 2024:

I thank the member for Sydney for his question and for his advocacy for housing justice in New South Wales. The former Government chose not to adopt the Livable Housing provisions from the 2022 National Construction Code, but the Minns Labor Government is committed to housing justice. The Government is working harder than ever before to ensure that everyone in the community can access good, quality homes. When it comes to the silver livable housing standards, we are leading by example to deliver better homes that work for everyone in the community.

Nothing says more about the Government's commitment to the issue highlighted in the question of the member for Sydney than leading by example and showing industry that accessible and affordable housing can go together. We have made a record $5.1 billion investment in more than 8,000 social housing properties, and that includes $1 billion for the upgrade of 30,000 homes. Every one of these homes will be built to the silver standard, meaning they will all be accessible. We are

also directing Landcom to ensure that at least 30 per cent of all medium- to high-density homes comply with these standards. The Apartment Design Guide is encouraging at least 20 per cent of apartments to be delivered to the silver standard. The metrics are the floor and not the ceiling.

The moves are a great start, but I understand the enthusiasm of members in this House to do even more. The Government has heard the voices of advocates loudly, including the members representing the electorates of Sydney, Newtown, Balmain and Ballina. I also recognise my colleague and good friend the member for Gosford; she is working extremely hard every day to ensure this issue is a top priority for me as Minister for Building and for my colleague the Minister for Disability Inclusion. That is why we are working through the issues very carefully. The Building Commission NSW is working across government and with other jurisdictions to understand the impact of any future implementation. While other States have adopted the provisions, they originally signed up but also delayed their implementation. Our friends in South Australia and Tasmania have delayed commencement to later this year. Our friends in Queensland have delayed them to March next year, demonstrating the complexities of implementing the reforms. The Government wants to learn from those experiences. [Extension of time]

We want to learn from the experiences of our colleagues in other States, but as we wait for meaningful data to come through, the Building Commission NSW is also working with stakeholders in our State at present. We brought together the disability community and the building industry at a government forum on accessible housing in September last year to discuss how best to meet the needs of all occupants, regardless of their mobility or age. We are committed to ongoing engagement as we leverage our record investment in new and accessible housing. As part of the Government's work responding to the disability royal commission, my colleague the Minister for Disability Inclusion is also playing a leading coordinating role. Following the release of our response to the royal commission, further stakeholder forums will be conducted and other recommendations will be scheduled for later this year.

We are in a housing crisis and every decision we make must be geared to easing the pressure on housing. I want to be transparent to colleagues, though, about the challenges associated with the standards. Housing is the number one issue for people in our State. We need more homes; we need them to be of a higher quality and we need them to be affordable. The Government is working hard to meet these challenges. Unlike some other States, we are building a large proportion of freestanding residential buildings, and the standards are a bigger challenge at those sites. We are conscious of the need not to increase the cost of compliance for builders or the cost of homes for consumers. We have to strike a balance.

The Government is committed to delivering housing justice for the whole community. That includes accessibility, affordability and availability. The National Construction Code 2025 will be considered for approval by the Commonwealth and State and Territory governments in late 2024. This will be a great opportunity for governments to further consider their positions on disability accessibility regulations in the building space. I thank the member for his question.

Question from {Page 58 & 59)

The CHAIR: I may not have a full 10 minutes if Ms Boyd has further questions. I'll see how we go with that 10 minutes if she wants to hang around. I have a couple of follow-up questions for Mr Taylor in regard to our discussion before on the Ombudsman report. The Ombudsman has requested that Corrective Services NSW provide its final response to the recommendations made in the final report within two months and provide updates every three months regarding its process

in implementing the recommendations. Do you know if Corrective Services NSW intends to comply with that timeline?

LEON TAYLOR: Yes. We will table a response in October—next month.

The CHAIR: Will there be those updates as well every three months?

LEON TAYLOR: Yes.

The CHAIR: Will they be public—those three-monthly updates?

LEON TAYLOR: I'll take that on notice. It will be a response to the Ombudsman. I'm not sure of the convention around that.

The CHAIR: If you could take that on notice, that would be fantastic.

Answer

I am advised:

Per convention, Corrective Services NSW will respond directly to the NSW Ombudsman.

Question from p.59

Ms ABIGAIL BOYD: I'll just come back to this—and I think you can tell that I'm quite frustrated because I have been here for years asking this question. I've seen the data, and I think that even if it was a small amount added to the cost of construction at the outset, we would be doing people a favour for anyone who wants to age in place or wants to have somebody around for a cup of tea who happens to be in a wheelchair. It would be great for everybody if we had this level of accessibility that everywhere else has. Are you able to give me anything in terms of a timeline for expectations? It would give comfort if there was a process that the department was following through with and a deadline where it would then hand a bit of advice or something to the Minister. Is there something going on?

GRAEME HEAD: I can't at this stage. The Government is committed to further stakeholder forums to consider this issue. I can take it generally on notice and see if I can come back to you with something.

Answer

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apartments to be delivered to the silver standard. The metrics are the floor and not the ceiling.

The moves are a great start, but I understand the enthusiasm of members in this House to do even more. The Government has heard the voices of advocates loudly, including the members representing the electorates of Sydney, Newtown, Balmain and Ballina. I also recognise my colleague and good friend the member for Gosford; she is working extremely hard every day to ensure this issue is a top priority for me as Minister for Building and for my colleague the Minister for Disability Inclusion. That is why we are working through the issues very carefully. The Building Commission NSW is working across government and with other jurisdictions to understand the impact of any future implementation. While other States have adopted the provisions, they originally signed up but also delayed their implementation. Our friends in South Australia and Tasmania have delayed commencement to later this year. Our friends in Queensland have delayed them to March next year, demonstrating the complexities of implementing the reforms. The Government wants to learn from those experiences. [Extension of time]

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The Government is committed to delivering housing justice for the whole community. That includes accessibility, affordability and availability. The National Construction Code 2025 will be considered for approval by the Commonwealth and State and Territory governments in late 2024. This will be a great opportunity for governments to further consider their positions on disability accessibility regulations in the building space. I thank the member for his question.

Question from p.60

The Hon. JACQUI MUNRO: On Fair Trading, I want to ask about the automotive repairs. There have been concerns raised that, because of the complexity and high costs associated with motor vehicle repairs, there is a shortage of Fair Trading inspectors who handle these disputes. Is that something

that is going to be addressed?

NATASHA MANN: At Fair Trading we have a pool of inspectors, and we look at where the highest need is and the highest risk is. Then we will deploy the inspectors accordingly. We're looking at that issue currently and looking at how we resource it.

The Hon. JACQUI MUNRO: Are there enough Fair Trading inspectors to handle the disputes that are arising?

NATASHA MANN: To this point, yes, there are. But, as I said, we're keeping a watching brief on that, and we can redeploy people into the area if required.

The Hon. JACQUI MUNRO: What's the time frame that you like to resolve disputes within?

NATASHA MANN: In the automotive industry?

The Hon. JACQUI MUNRO: Yes.

NATASHA MANN: I'm not sure whether we actually have a KPI for automotives, in particular. But I can certainly take that on notice and come back to you.

Answer I am advised;

NSW Fair Trading aims to finalise automotive complaints within 30 days, with the exception of complex or technical matters which may require longer to resolve.

Question from p.61

The Hon. JACQUI MUNRO: How many automotive-specific inspectors are there?

NATASHA MANN: I may have to take that figure on notice for you. Let me have a look. Yes, I do have that figure. We currently have 10 dedicated automotive inspectors.

The Hon. JACQUI MUNRO: How many have been dedicated automotive inspectors over the last three financial years?

NATASHA MANN: I can get that on notice for you.

The Hon. JACQUI MUNRO: Thank you very much; that would be helpful. Is there any recruitment happening at the moment for those roles?

NATASHA MANN: I believe there are maybe a couple of vacancies that are being recruited for, yes.

The Hon. JACQUI MUNRO: Do you know how many vacancies?

NATASHA MANN: I don't have that information.

The Hon. JACQUI MUNRO: Could you please provide it on notice?

NATASHA MANN: Yes.

Answer I am advised;

As at 23 September 2024, NSW Fair Trading has two vacancies. The number of dedicated automotive inspector roles has remained the same over the last three financial years.

Question from p.61

The Hon. JACQUI MUNRO: Thank you. I wanted to ask about the battery rebate that was recently announced. There have been some concerns about the regulation around providers. Is that something that Fair Trading are examining at the moment? Is there any focus?

NATASHA MANN: It doesn't primarily sit in our space, although I am aware that we have been having discussions with IPART on the issues. So it is on our radar but it doesn't sit squarely in our space.

The Hon. JACQUI MUNRO: Where would it usually sit?

NATASHA MANN: IPART has been taking the lead on that.

The Hon. JACQUI MUNRO: When you say they've been taking the lead, they've been engaging with stakeholders?

NATASHA MANN: They have been engaging stakeholders. They are aware of some of the issues that you raise. They have been talking to us about whether we can do something in a combined way. I know that my inspector and investigators are dealing with the IPART counterparts

The Hon. JACQUI MUNRO: Can I just understand why it sits with IPART, from a functional point of view, rather than Fair Trading?

NATASHA MANN: I'll have to take that on notice. I know that they have been the lead on it and have engaged with us. But it is sitting with them.

The Hon. JACQUI MUNRO: That would be helpful to understand that.

Answer I am advised;

The Independent Pricing and Regulatory Tribunal (IPART) is the scheme administrator for the Peak Demand Reduction Scheme (PDRS) in conjunction with the NSW Department of Climate Change, Energy, the Environment and Water (DCCEEW).

Question from p.61-62

REBECCA McPHEE: We're engaging more broadly across government on the innovation blueprint, including with colleagues in other departments, absolutely.

The Hon. JACQUI MUNRO: Which other departments are involved in that?

REBECCA McPHEE: I will have to get a full list. Clearly, departments like Customer Service, Treasury—I think the work is actually engaged very broadly across government departments. I might ask Ms Noonan to join me if she's got a broader list of engagement.

LIZA NOONAN: Yes, we are consulting extensively across government. The innovation blueprint is relevant to many sectors and much of the work of government, so there is a very extensive list. All of those agencies which Ms McPhee just referenced are included, in addition to Health, Transport—I won't do the list justice, but I'm happy to provide it.

Answer I am advised;

Investment NSW engaged with the following:

- Department of Climate Change, Energy, the Environment and Water
- Department of Customer Service
- Department of Education
- NSW Health
- Department of Planning, Housing and Infrastructure
- Department of Primary Industries and Regional Development
- Transport for NSW
- The Cabinet Office
- Treasury

Question from p.62

The Hon. JACQUI MUNRO: Yes.

LIZA NOONAN: With all of the programs that we administer, we have an evaluation framework as part of those programs. For things like the MVP Ventures program, BBIP, Westmead, Female Founders, we have a program logic for each one of those programs which have targeted outcomes, and we have a dedicated evaluation team that we work closely with on assessing who's applying for those grants, who's receiving those grants, what happens to those businesses after they receive those grants. It's an area we're continuing to work on and improve so we can see the impact of that funding.

The Hon. JACQUI MUNRO: Could you please provide me with a breakdown of the remote and regional versus urban recipients, and also the proportion of men and women who are receiving grants?

LIZA NOONAN: Across all programs, no, but I could for something like MVP. I have the data—

The Hon. JACQUI MUNRO: Okay. Why not across all programs?

LIZA NOONAN: It's not just with me at the moment, but happy to get that information for you.

The Hon. JACQUI MUNRO: That would be fabulous.

LIZA NOONAN: Would you like me to talk to MVP?

The Hon. JACQUI MUNRO: I'm happy for it to be taken on notice with the other aspects. I mean, there has been some reporting, for example, about the regional aspect of MVP, but I'm just happy to have the figures on notice.

LIZA NOONAN: Sure.

Answer I am advised;

Refer to supplementary questions 114-115.

Question from p.64

The Hon. JACQUI MUNRO: You mentioned it was temporary. Is there a time frame on that? Or when does it become not temporary?

MATT PRESS: That was a 60-day suspension initially and then we followed that up in August with a further 60-day suspension. At the same time we issued both of those parties with a notice to show cause. That commences the formal disciplinary process where we give both of those parties an opportunity to respond to our investigation findings. Then we assess that and determine what action we would take, whether that be reprimands, caution, suspension et cetera.

The Hon. JACQUI MUNRO: When is that show cause deadline in place? Is it within the 60 days?

MATT PRESS: We're currently within the 60 days. We're about roughly halfway through that period.

The Hon. JACQUI MUNRO: What's the date for their show cause deadline?

MATT PRESS: I'm not sure I if I have that specifically to hand. I won't guess but I'm fairly certain it's some date in this month of September.

The Hon. JACQUI MUNRO: Could you please take the date on notice?

MATT PRESS: Absolutely. From that point then we determine what action is taken.

Answer I am advised;

On 27 August 2024, ANSA Homes Pty Ltd entered into liquidation.

On 11 September 2024, NTSCs were reissued to ANSA Homes Pty Ltd and Mr Maloney, with submission response dates for each being 27 September 2024.

Question from p.64

The Hon. JACQUI MUNRO: Sorry to jump around. I also want to clarify, with the Advanced Manufacturing Research Facility, what is the role of Investment NSW in that?

REBECCA McPHEE: That isn't part of my portfolio of responsibilities.

The Hon. JACQUI MUNRO: I understand that Professor Durrant-Whyte is on the investment

committee, I think it's called. Do you have any reporting lines related to the AMRF?

REBECCA McPHEE: I'm afraid we'd have to pass that question to the chief scientist.

Answer I am advised;

The Advanced Manufacturing Research Facility is being delivered by the Bradfield Development Authority.

Question from p.66

Ms SUE HIGGINSON: Who has designed the Seeking Safety program?

JENNIFER GALOUZIS: We've adapted it internally, but it's an off-the-shelf program that we've purchased and adapted.

Ms SUE HIGGINSON: When you say "off the shelf", is it possible to find out whose shelf it came from?

JENNIFER GALOUZIS: Absolutely. I probably have that here. We have a whole discussion paper that we can provide on the history of that program and why we selected it and how we adapted it.

Ms SUE HIGGINSON: Would you be able to provide that on notice?

JENNIFER GALOUZIS: Yes.

Answer

I am advised:

The program originates from Seeking Safety: a treatment manual for PTSD and substance abuse (2002) by Lisa M. Najavits.

For access to the literature review highlighting the links between trauma, offending and best practice programs, please see attached document titled '*Literature Review: Trauma Stabilisation Program Project*'.

Question from p. 66-67

Ms SUE HIGGINSON: I mentioned, very briefly, to the Minister this morning recommendation 16 of the Astill Inquiry, about the safe reporting line. How many operators are currently working that telephone system? Do you have that detail?

MICHAEL TIDBALL: I don't.

Ms SUE HIGGINSON: You can take it on notice.

LEON TAYLOR: I think I might.

Answer

I am advised:

Please refer to page 67 of the transcript by the Acting Commissioner of Corrective Services NSW.

Question from p. 67

Ms SUE HIGGINSON: Are you able to indicate how many calls they've currently received? Is there a number?

LEON TAYLOR: Yes, I'll do that on notice.

Ms SUE HIGGINSON: If there's a breakdown of calls per day or calls overall, I'd be really interested to know what the volume is.

LEON TAYLOR: Yes, happy to on notice.

Answer

I am advised:

From commencement on 15 December 2023 to 10 September 2024 the Sexual Misconduct Reporting Line has received 515 calls.

Question from p. 68-69

The Hon. AILEEN MacDONALD: I turn now to Junee. When it was under the GEO group the total cost was approximately $60 million per year. Now that it is under Corrective Services, what measures would you put in place to obtain metrics so that inmates will have better results, less recidivism, better community integration and those kinds of things?

LEON TAYLOR: Junee transitions to the State operation on 1 April 2025. The metrics that Junee will operate under will be the same and reported in the same manner as for other State-managed correctional centres.

The Hon. AILEEN MacDONALD: Would you expect that it would be under that $60 million?

LEON TAYLOR: I'll take that on notice. I'm not sure what we have. I know we canvassed that in detail in the previous estimates, so I'll take that on notice and respond.

Answer

I am advised:

Please refer to page 25 of the November 2023 transcript.

Question from p.71

The Hon. AILEEN MacDONALD: Leanne, who was suspended back on 23 October has indicated that she still hasn't been advised of the reason. Is that a long period of time?

LEON TAYLOR: Yes. It sounds a while, but I don't have an answer to that question. I might answer that on notice, or at least talk to—

The Hon. AILEEN MacDONALD: On notice, okay.

Answer

I am advised:

It is not appropriate to disclose information about individual employment matters.

Question from p.71

The Hon. AILEEN MacDONALD: Are you able to provide—probably you would have to do this on notice—the number, out of the 82, who have been on suspension for three months or less, six months, nine months, and 12 months or over?

LEON TAYLOR: Yes, sure. We'll give you some time frames.

The Hon. AILEEN MacDONALD: What would be the longest time that an employee would be suspended while the matter's being investigated?

LEON TAYLOR: I'll answer that on notice. There are some people who are suspended that are subject to police matters that are protracted, and those types of matters are often outside of the department's hands. In the information we provide on notice, we may just put a comment where that circumstance exists, but the time frames are an area that we're seeking to improve.?

Answer

I am advised:

- Three months or less – 16
- Six months or less – 15
- Nine months or less – 9
- More than 9 months – 42

Question from p.71

The Hon. AILEEN MacDONALD: Are you able, probably also on notice, to provide a dollar figure on the annual cost of, while someone's on full pay, what that annual figure would be?

LEON TAYLOR: Yes. We'll see what we can provide on notice. Sure.

Answer

I am advised:

The amount is dependent on the salary of the staff member.

Question from {Page 72-73)

Ms SUE HIGGINSON: And food?

LEON TAYLOR: The Correctional Food Services Working Party is the group that oversights the meal production and nutrition within prisons. We serve and deliver 14 million meals a year, so it is at some scale. That group is chaired by an assistant commissioner. Justice Health are on there and dietitians. We have environmental health officers because it also looks after water treatment at a number of our facilities. Official Visitors is on there. Chaplains are on there. There's a whole range of people. They're responsible for the menu control plan that exists across Corrections. That is reviewed every two years against the Australian Dietary Guidelines, and it's just getting updated as

we speak. There are items that go on and items that go off. That review has just happened. I'm happy to provide it on notice as it's quite an impressive menu. It'll be the one that's about to be superseded, but just to give you an idea of what prison nutrition looks like—they've just been through that. It involves an inmate survey as well.

Answer

I am advised:

A copy of the Menu Control Plan is attached.

The Hon. AILEEN MacDONALD: On the question on notice with regard to the dollar figure for people on suspension, are you able to do a breakdown of, say, what the highest salary is? Not every single person, but just, say, what the highest and the lowest would be.

The Hon. JACQUI MUNRO: And the band.

LEON **Question from p.73**

TAYLOR: Yes. We'll do something like that. We'll work out a way.

Answer

I am advised:

Please refer to supplementary question 132.

Question from p.73

The Hon. AILEEN MacDONALD: I have one more on notice. Can you provide data on how many people leaving prison each year are able to receive post-release services that are run by community sector organisations? Also, how many people leaving prison are released into homelessness?

LEON TAYLOR: We'll provide whatever data we have.

MICHAEL TIDBALL: We're happy to agree to do our best. That's a challenging task, and to do it with accuracy is going to be challenging.

Answer

I am advised:

Corrective Services NSW does not hold this data.

Question from p.74

The Hon. JACQUI MUNRO: Can I finally ask perhaps Ms McPhee to put on notice the number of generalists in Investment NSW currently?

REBECCA McPHEE: I'm happy to take that question on notice, although, obviously, many of our staff have varied and myriad different skills and experiences, rather than technical qualifications.

Answer I am advised;

Recruitment in the NSW Public Service is governed by a legal framework – further information is available at https://www.psc.nsw.gov.au/

Communities and Justice

Literature Review

Trauma Stabilisation Program Project

Version	1.0
Status	Final
Contact	Chief Psychologist, Risk Management Programs
EDRMS	TBC

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Table of Contents

1. Introduction

Mental health has been extensively studied and recognised as a significant issue in the criminal justice system. In fact, mental health disorders have consistently been found to be more prevalent among prisoners than the general population (e.g., Butler et al., 2006; Barrett et al., 2006; Australian Institute of Health and Welfare, 2013). A recent report published by the Australian Institute of Health and Welfare (2022) on the health of people in Australia's prisons for instance, indicated that 1 in 2 prison entrants reported being told they had a mental health condition, with almost 1 in 5 taking medication for mental health related concerns. More than half (51%) reported a previous diagnosis of a mental health condition. Specifically, females were more likely than males to report a history of a mental health condition (63% compared with 49%) and to be taking medication for a mental health condition (28% compared with 19%). Non-Indigenous prison entrants were also more likely than First Nations entrants to report a history of a mental health condition (60% compared with 43%) and to be taking medication for it (24% compared with 17%).

Research has demonstrated that two of the most prevalent disorders amongst prison populations are Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUDs), with prisoners being more likely to have a SUD and PTSD compared to the general Australian population (Butler et al., 2005; Butler et al., 2006). The co-occurrence of substance use disorders and PTSD has also been noted by many others (e.g., Kubiak et al., 2004; Toussaint et al., 2007; McCauley et al., 2012; Barrett et al., 2015). The long-term implications are sobering, with those experiencing both disorders having higher rates of poly substance use, poorer physical and mental health, increased risk of violence, poor treatment adherence and higher rates of suicide attempts (Mills et al., 2006; McCauley et al., 2012).

This literature review aims to highlight the links between trauma and offending, to explore the impact of trauma on the mental health of people in custody, and to identify a group-based program that can be implemented in Corrective Services New South Wales (CSNSW) in accordance with best practice trauma treatment guidelines, to address the psychological symptoms associated with trauma. Further aims include reducing behavioural symptoms such as self-harm, suicidal ideation, substance abuse and interpersonal aggression. The purpose of this initiative is to improve the lives and overall wellbeing of people who have experienced and been impacted by trauma. It is anticipated that such a program will also assist in enhancing motivation and readiness to engage in offence specific behaviour change programs.

2. What is trauma?

There are multiple definitions of trauma within the existing literature. For the purpose of this review, trauma is defined as exposure to an actual or perceived life-threatening event or series of events that may be physically or emotionally overwhelming and can cause long-lasting psychological and physical distress that is unique to each individual (Australian Institute of Health and Welfare, 2022). An event may have little impact on one person but cause severe distress in another. Stressful situations which appear less severe to some, may still trigger traumatic reactions in some people (Australian Psychological Society, APS).

Situations and events that can lead to psychological trauma are varied and include:

- acts of violence such as an armed robbery, war and combat experiences, or terrorism
- natural disasters such as bushfires, earthquakes, or floods
- interpersonal trauma such as sexual assault, domestic violence, or child abuse
- traumatic loss of a loved one, including the suicide of a family member or friend
- experience of a life-threatening illness or injury
- involvement in a serious motor vehicle or workplace accident
- finding out that a close family member or close friend was involved in a traumatic event.

Trauma can be considered from an individual or collective perspective, and can be experienced as a single event or through repeated exposure to harmful incidents (complex trauma):

- *"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Services Administration, SAMHSA 2014, p. 7).*

- *"Collective trauma can be experienced by whole communities of people. For example, this is seen in groups of people with shared experiences (such as surviving a natural disaster, forced adoption or institutional abuse). It is also seen in indigenous populations and people from refugee backgrounds who have been exposed to violent dispossession and physical, cultural and spiritual genocide over long periods" (Framework for Trauma Informed Practice, Department of Families, Fairness and Housing, Victoria, 2022, p.9).*

- *"Complex trauma is chronic, cumulative and has its origins in people's relationships. This includes trauma that occurs early in life and impacts development and attachment relationships" (Framework for Trauma Informed Practice, Department of Families, Fairness and Housing, Victoria, 2022, p. 18).*

3. Prevalence

Whilst it is difficult to report figures that accurately reflect the degree to which people experience trauma, it is acknowledged that trauma is a very common experience. The Department of Families, Fairness and Housing, Victoria (p.18, 2022) reported statistics from a variety of sources, illustrating the prevalence of trauma in Australia:

- *"Trauma affects millions of Australians (Kezelman & Stavropoulos 2017).*
- *Sixty-nine per cent of adults will have a serious traumatic event sometime in their life (UnitingCare ReGen 2012).*
- *One in six women and one in 9 men experience abuse before the age of 15 (ABS 2019).*
- *One in six Australian women have experienced physical or sexual violence by a current or previous partner (AIHW 2019).*
- *One in four Australian adults are living with the impacts of childhood trauma (Kezelman & Stavropoulos 2017).*
- *In 2021, one in 17 Indigenous children in Australia were in out-of-home care (AIHW 2022).*
- *About 80 per cent of people using alcohol and other drug treatment services report a trauma history (Dore et al. 2012)".*

4. Impacts of Trauma

Despite the serious and distressing nature of traumatic experiences that many people endure, research suggests that most people will recover after exposure to traumatic events (APA, 2023). However, for some, the impact can be significant and can manifest in a variety of symptoms that can be profound and enduring. Trauma has the potential to affect one's emotional and psychological well-being, in addition to their physical health and overall quality of life, with the impacts varying from person to person.

- Emotional and psychological distress - Trauma often triggers intense emotional and psychological distress. This includes the experience of feelings such as fear, anxiety, anger, grief and sadness and can lead to an array of psychological symptoms and disorders (Phoenix Australia, 2024). These emotions can be overwhelming and persistent; however, the impact has also been noted as being different amongst individuals, with PTSD not being an automatic consequence of a trauma experience (Verhaeghe and Vanheule, 2005).

- Psychological symptoms and disorders – There is increasing evidence that a history of trauma can contribute to the development of many forms of psychological disorders that can disrupt daily life, such as psychosis, schizophrenia, eating disorders, personality disorders, anxiety, panic disorder, depression, substance abuse and posttraumatic stress disorder (PTSD) (Brady et al., 2000; Teplin et al., 2006; Fang, Chung & Wang, 2020)

    - *Posttraumatic stress disorder* (PTSD) is "a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being. Examples include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence and bullying.

    - People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or

people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.

- Symptoms of PTSD fall into the categories of intrusion, avoidance, alterations in cognition and mood and alterations in arousal and reactivity" (American Psychiatric Association,2024).

- PTSD is one of the most common mental health conditions in Australia, and whilst not everyone who experiences trauma will develop PTSD, about 5-10% of Australians will suffer from PTSD at some point in their lives (Phoenix Australia, 2024).

- Physical symptoms - Trauma can contribute to physical health issues e.g., nausea, headaches, excessive alertness, being easily startled, sleep disturbance, fatigue, muscle tension, chronic pain, increased blood pressure and heart rate, and increased vulnerability to long term or chronic illness (Mind; Australian Psychological Society, APS; American Psychiatric Association).

- Cognitive symptoms – People who have experienced trauma may experience cognitive symptoms including intrusive thoughts, memories and visual images of an event, nightmares, poor concentration, memory difficulties, disorientation and confusion (APS, 2023).

- Behavioural symptoms – Avoidance of places and activities that are reminders of an event, withdrawal and isolation, are common behavioural symptoms associated with traumatic experiences (APS, 2023).

- Behavioural difficulties - A history of trauma has been demonstrated to be highly correlated with high-risk behaviours. Researchers have stressed that there is a robust relationship between the number and types of trauma experiences an individual is exposed to and the severity of behavioural problems. That is, the greater the frequency and types of traumas a person is exposed to, the greater the likelihood of high-risk behaviours and behaviour problems (Zelechoski, et.al., 2013). It has been suggested that some maltreated adults may demonstrate callousness, poor emotionality, and reduced capacity for empathy towards others, which places them at a higher risk for violence (Weiler & Widom, 1996). This process that has been initiated by adverse experiences in childhood, is proposed as a possible channel through which maltreated youth go on to commit violent offences with this group being considered to be at the greatest risk of violent recidivism (Crooks et al., 2007; Chang, Chen & Brownson, 2003).

- Relationship Strain - Experiencing a traumatic event can significantly impact family, social and work life (Phoenix Australia; Department of Families, Fairness and Housing, Victoria). Trauma can strain relationships, as individuals may struggle with trust, intimacy, and communication. They may have difficulty relating to others and withdraw from social situations and interactions.

- Coping Mechanisms - Some individuals may turn to unhealthy coping mechanisms after experiencing a traumatic event, such as substance abuse or self-harm, as a way to manage emotional pain and distress (Phoenix Australia, 2024).

- Neurological impacts - Trauma can have a significant neurological impact on individuals, affecting various parts of the brain and contributing to a range of cognitive and emotional changes. Bessel van der Kolk (2014), who is widely regarded as the expert in the treatment of trauma, has conducted extensive brain scans and studies on traumatised victims and found that traumatised victims have specific brain functioning associated with the trauma. His work has been substantiated by brain scan research, which shows that when a person is traumatised and remembers a traumatic event, they will relive the event in the moment as though it was occurring right now, resulting in PTSD symptoms. The brain's memory centres in the frontal lobes shut down, and the person gets overwhelmed by feelings and impulses instead of recalling the events as a memory. The limbic system responds with increased activity, especially in the amygdala – the brain's emotional memory centre. The amygdala 'sounds the alarm' as if the person was in danger right now. The reptilian brain (brainstem) reacts instinctively to the amygdala's alarm. The heart rate increases, the person stops breathing or hyperventilates. Muscles tense. The person either speeds up or shuts down. The brain thinks*: I am in danger* and so increases its activity (Fisher, 2011).

5. Links between Trauma and Offending

Historically, there has been a focus on the mental health issues associated with trauma and different kinds of adverse life experiences, however the relationship between trauma and the propensity to offend has been a relatively more recent development. It has been suggested by Hocken, Taylor & Walton (2022, p.298) that "the presence and prevalence of trauma and adversity in the histories of people in prison present an important factor in understanding the trajectory to offending".

There is increasing recognition that trauma of different kinds is pervasive in the backgrounds of people who have offended, with a growing body of evidence highlighting a correlation between trauma and criminal behaviour (Carlson, & Shafer, 2010; Ardino, 2011, Honorato et al., 2016) with offenders being found to demonstrate higher levels of PTSD than the general population. Fox et al., (2015) also highlighted the relationship between the number of adverse childhood experiences that an individual endures, and the likelihood of serious, violent, and chronic offending by age 35 (Fox et al., 2015). The studies below provide further evidence of links between trauma and childhood abuse and criminal behaviour:

- Widom (1989) conducted a study on 900 people who had experienced abuse prior to the age of 11 and found that a history of childhood abuse or neglect was associated with 53% greater risk of juvenile arrest, and 38% greater risk of arrest for violence.
- Jespersen et al., (2009) conducted a meta-analysis comparing the rates of sexual and other forms of abuse reported in 17 studies. The study involving 1,037 sexual offenders and 1,762 non-sexual offenders found a higher prevalence of sexual abuse history amongst adult sexual offenders than non-sexual offenders.
- Carlson & Shafer (2010) studied the trauma histories and the experience of stressful life events of 2279 incarcerated people in Arizona, United States of America (USA). They described various types of childhood and adulthood stressors and traumatic events reported by incarcerated men and women, including childhood sexual and physical abuse; adult experiences of sexual and physical violence; loss and trauma; living in out of home care, such as foster care and institutions; having substance abusing and incarcerated parents; homelessness and neglect. They found a powerful relationship between the number of childhood stressful/trauma events reported and age at first arrest, with those arrested as juveniles reporting a significantly higher number of traumatic events than those first arrested

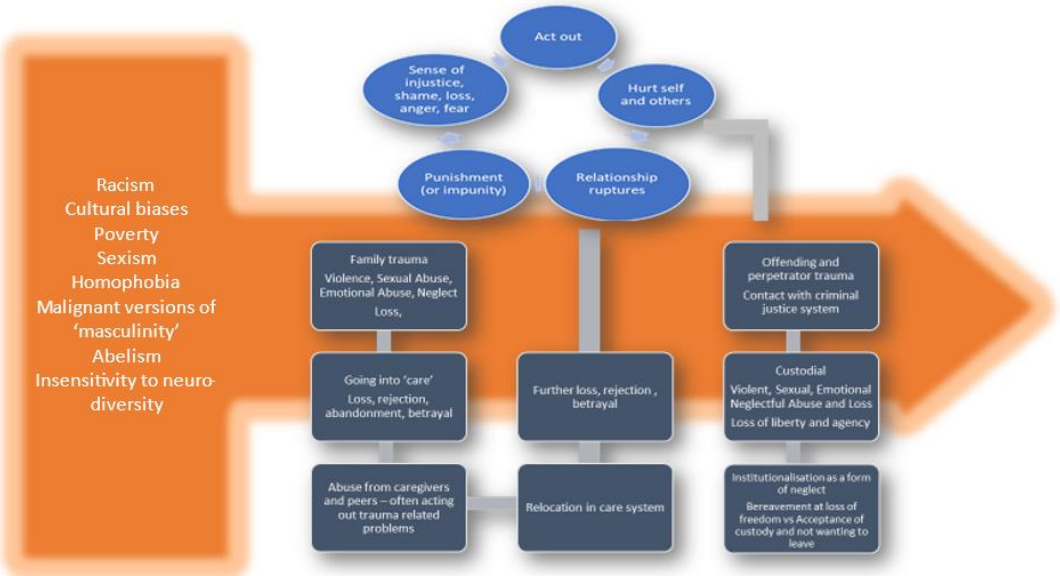
as adults, concluding that traumatic exposure is strongly associated with being arrested at a younger age and that sexual abuse, physical abuse and neglect were common amongst sexual offenders.

Reavis et al., (2013) reported a study in which the Adverse Childhood Experiences (ACE) Questionnaire was administered to 151 people who had committed four different types of offences (nonsexual child abuse, domestic violence, sexual offences, and stalking). The group reported nearly four times as many adverse childhood events than a general male population sample. People convicted of sexual offences and child abuse were also more likely to report experiencing sexual abuse in childhood than people who had committed other offences.

- Honorato et al., (2016) engaged in 11 in-depth interviews with people incarcerated in a high security male correctional centre in Queensland, Australia. They found that childhood or adolescent/early adulthood trauma (characterised by events such as sexual abuse, witnessing family violence, kin committing suicide or being killed, and being subject to severe bullying), a lack of support or treatment for trauma experiences, and maladaptive coping methods including substance abuse, were significant risk factors for violent offending and incarceration.
- Pettus-Davis, Renn, Lacasse & Motley (2019) found that trauma symptoms, such as increased sensitivity to stress, high levels of negative emotionality, sensation seeking, aggression, impulsivity and impaired ability to adequately assess risk and risk for recidivism, were correlated.

Jones (2023) posited that it is often the case that it is not necessarily one traumatic episode that people who offend experience, but several traumatic events that accumulate over the course of one's life. For many people who have offended, the developmental pathway includes a history of family trauma and abuse from caregivers (including that of a violent, sexual and emotional nature), neglect, loss, rejection, betrayal, abandonment, placement in out of home care and relocation as highlighted in Figure 1 (Jones, 2023).

Figure 1: *The developmental pathway experienced by men who have offended (Jones, 2023)*



5.1 Co-morbidity of PTSD and Substance Use Disorders and Links to Offending

Research also suggests a high co-morbidity of PTSD and personality disorders, mood and anxiety disorders, and substance abuse (Mills et al., 2005; Ardino, 2012; Barrett et al., 2015). Incarcerated men with substance abuse problems and PTSD have been demonstrated to be more likely to have higher recidivism rates than those with only substance abuse disorders; women with co-occurring disorders are also more likely to relapse than those with only substance use disorders (Kubiak, 2004). As previously mentioned, Honorato et al., (2016) reported that trauma (along with a lack of treatment for trauma experiences) and substance abuse, are common risk factors for aggression and violence, and a trajectory to violent offending and incarceration.

6. Considerations within the CSNSW Context

6.1 Indigenous People

It has long been established that First Nations people are over-represented in the criminal justice system, with recent statistics reflecting that First Nations people represent 32% of the prison population and only 3.2% of the Australian population (Australian Bureau of Statistics, 2023). The prevalence of trauma and significant life stressors experienced by First Nations people is also well documented. Many Aboriginal and Torres Strait Islander people have a long history of trauma experiences, which has occurred directly through their own life experiences, or as a result of intergenerational trauma experienced through colonization, including dispossession, forced removal of children, and discrimination, with such experiences profoundly affecting their physical, mental and social wellbeing (AIHW, 2022; Darwin et al., 2023). Disconnection from family and kinship systems, Country, spirituality and cultural practices are also sources of trauma that are passed on from generation to generation.

Noting the prevalence of mental disorders and trauma experiences amongst individuals in custody, a study by Heffernan et al., (2015) of 396 Indigenous Australians in custody, examined the prevalence of mental disorders. Findings revealed that 12.1% of men and 32.3% of women in custody had PTSD. Having a diagnosis of PTSD was also correlated with a higher number of additional mental disorders (such as anxiety, depression, psychosis, and substance abuse), lifetime suicidal ideation (50.1%), and suicide attempts (34.4%). Those with PTSD were more likely to experience mental health issues, lifetime suicide thoughts, and suicide attempts compared to those without PTSD, as well as high levels of intoxication at the time of arrest. However, the majority of Indigenous Australians included in the research had not accessed any form of mental health care prior to incarceration (58.9%), highlighting the importance of identifying and managing PTSD in both community and custodial populations. Data from the 2015 National Patient Health Survey Report on Aboriginal People's Health revealed similar findings with 7% of Aboriginal men and 22.7% of Aboriginal Women reporting diagnoses of PTSD.

The experience of trauma can negatively impact Indigenous people's engagement in rehabilitation programs and their likelihood of reoffending. Studies have found that trauma can lead to a lack of trust in authority figures and confusion around how to navigate the criminal justice system (Bartels & Gaffney, 2011). This can make it difficult for Indigenous people to participate in rehabilitation programs and access the support they need to avoid reoffending.

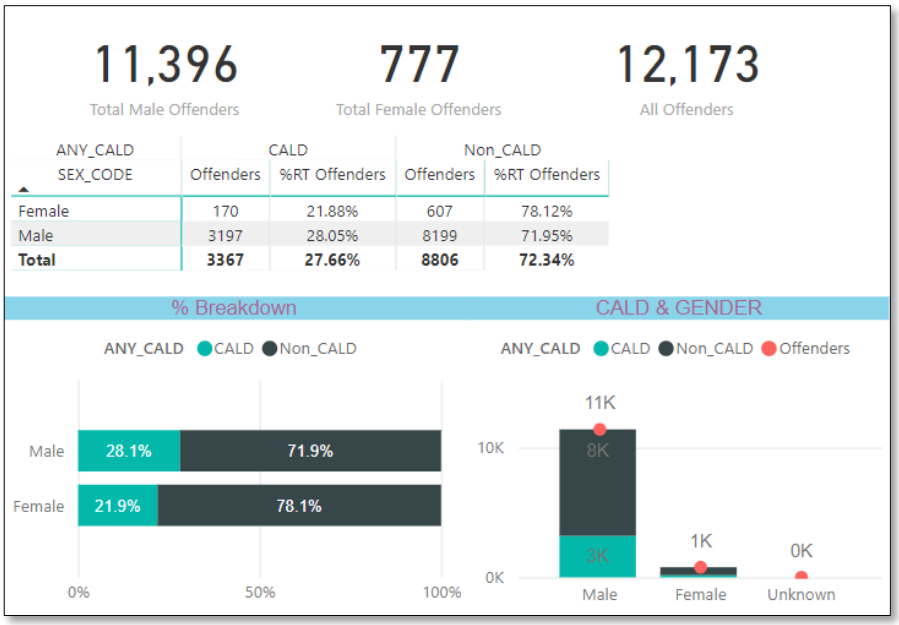
The over-representation of Indigenous people in custody in Australia is linked to the ongoing impacts of colonization and intergenerational trauma. Addressing the trauma experienced by Indigenous people in

custody requires a holistic approach that acknowledges the historical and ongoing impacts of colonization and prioritizes culturally safe and trauma-informed practices. This includes the provision of culturally appropriate support services and programs that address the unique needs of Aboriginal and Torres Strait people in custody, as well as services delivered to them by Aboriginal or Torres Strait Islander facilitators.

6.2 Culturally and Linguistically Diverse People

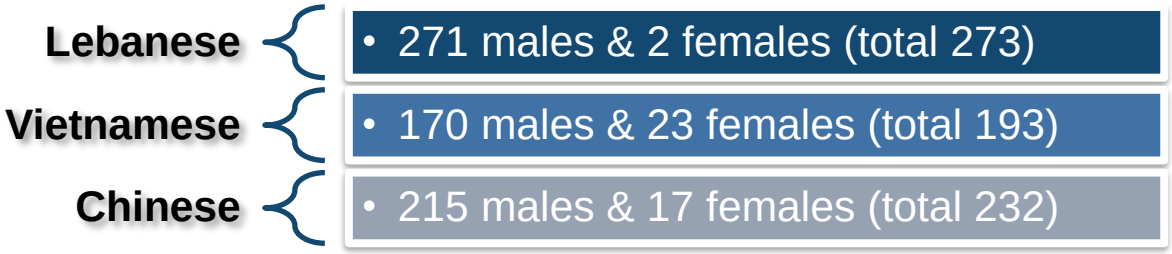
Australian adults who have experienced trauma and/or have been diagnosed with PTSD come from diverse ethnic and cultural backgrounds, with English being a second language for many. People from culturally and linguistically diverse (CALD) communities make up a significant proportion of the CSNSW population. As of January 2024, a total of 3197 male offenders and 170 female offenders made up the population of incarcerated CALD offenders within CSNSW. The figure below provides a further breakdown of these statistics (Corrections Research, Evaluation and Statistics, 2024).

Figure 2: *CALD representation in custody*



Of the total 27.66% CALD offenders within custody, a number of nationalities are overrepresented. The top 3 cultures within CSNSW Custody are outlined in the below figure (Corrections Research, Evaluation and Statistics, 2024).

Figure 3: *Top 3 Cultures within CSNSW Custody*



It has been acknowledged that people from non-English speaking backgrounds have specific needs, especially refugees, who may have experienced significant trauma (including pre-migration and displacement related trauma and post-migration stress), which increases their susceptibility to mental health issues.

6.3 Women

According to the National Center for PTSD, more than half of all women will be exposed to at least one traumatic event in their lifetime, with research suggesting that women are more likely to experience sexual assault and childhood sexual abuse than men (Vogt, 2023) .

Whilst findings generally suggest that men and women experience PTSD in similar ways, women have been described as being more likely to report co-occurring internalizing disorders e.g., anxiety and depression, whereas men are more likely to report externalizing disorders, e.g., substance abuse (National Center for PTSD, 2023).

There is a significant body of research which reflects the childhood and adult victimisation histories of women who have been incarcerated (Carlson & Shafer, 2010). This includes exposure to childhood physical and sexual abuse; physical abuse by intimate partners in adulthood and sexual victimisation, in addition to stranger perpetrated physical and sexual abuse (Carlson & Shafer, 2010). Research has shown that women in custody have higher rates of trauma than men. A study by Kinner et al. (2014) found that 93% of women in custody in Australia had experienced at least one traumatic event in their lifetime, compared to 87% of men. Women in custody are also more likely to have experienced sexual abuse and intimate partner violence than men (Kinner et al., 2014). Within NSW, the National Patient Health Survey Report (2015) revealed that women were more likely to report experiencing or witnessing traumatic events (70.1%) than men (64.9%).

The impact of trauma on women in custody can be severe and lead to mental health issues. Women who have experienced trauma may have difficulty trusting others and therefore have difficulty forming relationships, which can make it difficult for them to engage in rehabilitation programs (Bloom et al., 2004). Given the significant effects of trauma on men and women it is important that efforts are made to provide intervention that is responsive to the diverse needs of everyone who has been impacted.

6.4 Individuals with Disabilities

There is an overrepresentation of people with cognitive impairment in custody (McCausland & Baldry, 2013). It has been suggested that people with cognitive impairments and other disabilities in custody may be more vulnerable to trauma, as they may face additional barriers to accessing care and support (Sobsey & Doe, 1991). These barriers can include physical barriers to accessing facilities, communication difficulties with staff, and a lack of understanding and accommodations for their specific needs.

Trauma symptoms can differ for individuals with disabilities, as they may experience unique challenges related to their disability. According to Sobsey & Doe (1991), they may have difficulty with the following:

a) **Communication:** Difficulty communicating their thoughts and feelings, which can make it challenging for the person to express or explain their experience of trauma symptoms. This can lead to behaviours such as aggression, withdrawal, or self-injury.

b) **Sensory sensitivities:** These sensitivities can be triggered by trauma. For example, loud noises or bright lights may be overwhelming and trigger anxiety or panic attacks.

c) **Physical symptoms:** Specifically, symptoms related to the trauma, such as headaches, stomach aches, or other health concerns. These physical symptoms may be related to a person's disability or exacerbated by it.

d) **Behavioural challenges:** Difficulty sleeping, eating, or engaging in social activities. These behaviours may be related to a person's disability or may be exacerbated by it.

e) **Cognitive challenges:** Difficulty processing information or understanding their emotions. These challenges may be related to a person's disability or may be exacerbated by it.

It is important for professionals working with individuals with disabilities to have a deep understanding of the unique challenges that these individuals may face having experienced trauma. This can help to ensure that trauma symptoms are properly identified and treated in a way that is sensitive to the individual's specific needs and abilities.

7. Trauma in a custodial setting

It is well established that the prevalence of trauma and mental health problems among incarcerated people is much higher than the general population (Blaauw, Roesch, & Kerkhof, 2000; Andersen, 2004; Cabeldue; Croysdale et al., 2008; Carlson & Shafer, 2010; Fazel & Baillargeon, 2011; Gunter et al.,2012). A study by Kinner et al. (2014) found that 87% of people incarcerated in Australia had experienced at least one traumatic event in their lifetime, which is significantly higher than the general population, where the prevalence of trauma is estimated to be around 50% (Finkelhor et al., 2015). Within the NSW context, the 2015 Network Patient Health by Survey Report Justice Health & Forensic Mental Health Network (JH&FMHN) revealed that almost 66% of those surveyed had experienced or witnessed at least one type of traumatic event, with women being slightly more likely to report such an event than men.

The most common types of traumas experienced by people incarcerated in Australia include physical and sexual abuse, neglect, and witnessing violence (Kinner et al., 2014). These experiences can result in a diagnosis of PTSD (Butler et al., 2005; Honorato et al., 2016), in addition to substance use disorders, with research finding that this combination of disorders being most prevalent amongst prison populations (Barrett et al., 2015).

For people in custody, imprisonment itself can have a negative and traumatising impact on people's wellbeing (The Bugmy Bar Book, 2022). Prison is a harsh environment that can be physically and psychologically oppressive and coercive (Jones, 2023). It involves the loss of freedom and connection to family and community, which can significantly impact people and their well-being (Barnert et al., 2016; Crisanti & Frueh, 2019).

The Victorian Parliament's Inquiry into Victoria's Criminal Justice System (2022) found that "Victorian prisons are harming vulnerable people by exacerbating existing mental health conditions and causing

new experiences of poor mental health (Finding 55, p. 594)". It was reported that prisons may be "controlling, oppressive, and punitive institutional environments (which) worsen mental health for all people, particularly those who have suffered from past traumas:

> *Practices such as use of isolation, restricting visits from family and friends, overcrowding, poor access to health services and programs, and negative interactions with correctional officers have a significant impact upon mental health.*
>
> *The psychiatric impacts of prison are particularly acute for Aboriginal and Torres Strait Islander people. For example, Aboriginal women in prison are hospitalised for mental illness at triple the rate of Aboriginal women in the community (p. 594)".*

Imprisonment also exposes people to others who may be violent or abusive and increases their potential for being witness to, or victims of abuse, which can further exacerbate existing trauma symptoms (Ford, 2006; Ford & Russo, 2006). It has also been noted that incarceration has been shown to exacerbate symptoms associated with untreated lifetime traumatic experiences. For incarcerated people, the number of lifetime traumatic experiences is also highly correlated with the number of incarcerations (Pettus-Davis and colleagues (2019).

The impacts of incarceration for family and community are also noted to be greater for Aboriginal and Torres Strait Islander people, particularly women. "The loss of culture and disconnection from Country and community due to imprisonment may have adverse impacts on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people who experience incarceration" (The Bugmy Bar Book, 2022).

Experiences of trauma can impact the social dynamics of gaols, making it difficult for people to trust others and to form positive relationships. Recent research has found that people in custody with a trauma history have an increase in responsivity issues. Trauma can hinder one's ability to participate in rehabilitation programs and engage with services to support their reintegration into the community, leading to an increased risk of re-offending (Fritzon 2021; Mills et al., 2018; Gueta, Chen & Ronel, 2022). Anecdotal accounts from CSNSW program facilitators suggests that reluctance to discuss past experiences due to the potential re-triggering of traumatic memories is a hinderance to group-based treatment participation.

The impacts and mental health conditions associated with trauma can be particularly challenging for people in custody who may not have access to adequate mental health care and support. Addressing the trauma experienced by people in custody is therefore essential and requires a holistic approach that prioritizes trauma-informed care in addition to culturally appropriate support services (Maruna & Toch, 2005; Wolff & Shi, 2012). Trauma-informed practice is an approach that "recognises that trauma is common and that people accessing services and people delivering services may be affected by trauma. Trauma-informed practice is an approach that is holistic, empowering, strengths-focused, collaborative and reflective. It promotes physical, emotional, spiritual and cultural safety" (DFFH, 2024).

8. Treatment approaches for trauma and PTSD

There is extensive research available in relation to treatment approaches for people who have experienced trauma and been diagnosed with PTSD, with the goal being to help individuals process and heal from the traumatic experiences they have endured.

In the Practice Guidelines for the Treatment of Acute Stress Disorder and Post Traumatic Stress Disorder, the American Psychiatric Association (2004) highlighted that effective treatments for the symptoms of PTSD involve different various approaches that can be delivered alone or in combination. These include:

a) **Psychopharmacology** which may include selective serotonin reuptake inhibitors (SSRIs), anti-depressants, benzodiazepines and antipsychotic medications.

b) **Psychotherapy** including:

I. **Cognitive Behaviour Therapy (CBT):** The central premise of CBT is the interdependent relationships between how an individual thinks (cognition), acts (behaviour) and feels (emotion), and that unhelpful thoughts and thinking styles and their associated behaviours can perpetuate negative emotions (NDIS, 2020). CBT has been found to be an effective treatment for PTSD. It can assist people by "challenging the unhealthy thought processes and emotions connected to someone's trauma" (Skedel, 2023). Key elements include cognitive restructuring to explore and challenge negative thoughts.

II. **Prolonged Exposure Therapy (PE):** Prolonged exposure-based therapy helps individuals confront and process their traumatic memories in a safe and controlled environment. It involves gradually exposing the individual to the memories and emotions associated with the trauma and helping them develop coping strategies to manage their distress.

III. **Cognitive Processing Therapy (CPT):** Cognitive Processing Therapy is a cognitive-behavioural treatment for PTSD that helps individuals identify and challenge negative thoughts and beliefs related to their trauma (American Psychology Association, 2017). It focuses on understanding how trauma has affected the individual's beliefs about themselves, others, and the world, and helps them develop more adaptive ways of thinking.

IV. **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR is a therapy that combines elements of CBT, exposure therapy, and bilateral stimulation (such as eye movements or tapping) to help individuals process traumatic memories and reduce their emotional distress.

V. **Psychodynamic approaches:** Psychodynamic therapy focuses on unconscious processes as they are manifested in the client's present behaviour. The goals of psychodynamic therapy are client self-awareness and understanding of the influence of the past on present behaviour (National Library of Medicine, 1999)

VI. **Psychological debriefing:** A formal version of providing emotional and psychological support immediately following a traumatic event; the goal of psychological debriefing is to prevent the development of post-traumatic stress disorder and other negative sequelae (Society of Clinical Psychology, 2022).

c) **Psychoeducation and other supportive measures** which focus on the expected physiological and emotional response to traumatic events; strategies for decreasing secondary or continuous exposure to the traumatic event; stress-reduction techniques such as breathing exercises and

physical exercise; the importance of remaining mentally active; the need to concentrate on self-care tasks in the aftermath of trauma; and recommendations for early referral if symptoms persist.

The Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder (ASD), Posttraumatic Stress Disorder (PTSD) and Complex PTSD provide an overview of the current research on best practice mental health care for people who have developed, or are at risk of developing, symptoms of ASD or PTSD after a traumatic event. The Guidelines, which have been endorsed by the Royal Australian and New Zealand College of Psychiatrists, the Royal Australian College of General Practitioners, and the Australian Psychological Society, provide evidence-based recommendations that promote recovery following trauma, as well as effective treatment options for those who develop ASD or PTSD.

9. Trauma Treatment in Custody

The treatment of trauma symptoms in custody is important for several reasons. Untreated trauma symptoms can lead to further negative outcomes, such as increased risk of recidivism when associated with substance use, decreased mental health, and increased risk of suicide (Facer-Irwin et al., 2019). Studies have found that individuals with PTSD have higher rates of recidivism and are more likely to engage in violent behaviour while in custody (Facer-Irin et al., 2019).

The treatment of trauma symptoms can improve mental health and overall well-being. Trauma-focused interventions have been shown to be effective in reducing PTSD symptoms, anxiety, and depression, as well as reducing substance use (Ford & Blaustein, 2013). Effective treatment can lead to improved functioning, increased coping skills, and increased self-esteem.

Overall, the research suggests that trauma treatment in custody can be effective in addressing the underlying issues that contribute to criminal behaviour and promote successful re-entry into society (Najavits & Hien, 2013; Vitopoulos et al. 2019). However, more research is needed to determine the most effective approaches for trauma treatment and to ensure that all people in custody have access to high-quality mental health care.

While trauma can be treated in custody, there are several challenges that can make it difficult in these settings (Baillargeon et al., 2009). Some of the reasons why trauma may not be treated in custody include:

1. **Lack of resources:** Many correctional facilities have limited resources and may not have the staff, funding, or expertise to provide trauma treatment.

2. **Lack of training:** Correctional staff may not be adequately trained in trauma-informed care, which can lead to a lack of recognition or understanding of trauma symptoms and their impact.

3. **Stigma:** There may be a stigma attached to mental health issues in custody, which can prevent individuals from seeking help or receiving appropriate treatment.

4. **High turnover rates:** Correctional facilities may have high turnover rates for both staff and people serving custodial sentences, making it difficult to establish and maintain relationships that are necessary for trauma treatment.

5. **Security concerns:** Correctional facilities must prioritise security and safety, which may conflict with the needs of individuals who have experienced trauma, and early trauma dynamics may be re-enacted within such settings. The inherently unsafe nature of the prison environment can also exacerbate feelings of vulnerability and make intervention particularly challenging.

There is no clear answer as to which treatment is preferred for treating trauma in custody. The choice of treatment may depend on the specific needs and preferences of the individual, as well as the resources available in the correctional facility. It may also be beneficial to incorporate aspects of various treatment approaches and tailor them to the individual's unique needs. Ultimately, the goal of trauma treatment in custody should be to provide effective and evidence-based care that promotes healing and recovery.

10. Phased-based Approaches to Trauma Treatment

Compared with the substantial research on short-term cognitive behavioural and exposure treatments for PTSD and Acute Stress Disorder, research outcomes for treatment of complex PTSD are limited.

Phase oriented treatment has been proposed as a standard of care for trauma treatment. The concept of phase-based interventions was suggested by Herman (1992) and based on a triphasic model of reconciling trauma. Phase oriented models of trauma treatment are commonly used with people with trauma histories with the aim of stabilising trauma symptoms prior to engaging in more in-depth trauma focused intervention (Willis, Dowling & O'Reilly, 2023). They have primarily been utilised out of safety concerns for vulnerable clients with complex trauma and provide tasks that are sequenced and can be approached in a hierarchical way (Ford et al.,2015). The phases consist of **Safety and Stabilisation**, **Remembrance and Mourning** (processing) and **Reconnection**.

Phase 1 in this model is focused on safety and stabilisation. It is characterised by psychoeducation and skills building, with the goals being to ensure client safety (eliminating or decreasing dangerous behaviours and relationships), development of self-regulation skills, improving one's ability to express emotions, increasing positive beliefs about oneself, addressing feelings of guilt and shame, and improving interpersonal functioning (Darby et al., 2023). Safety in the therapeutic relationship is also a focus (Van der Hart et al., 2001). This phase is generally considered a short-term approach and can range from 8 weeks to one year; it is not considered to be a long-term psychotherapy or a comprehensive form of trauma treatment. However, it has been proposed as a sole intervention that is effective in alleviating trauma related symptoms (Eichfeld et al., 2019; Courtois & Ford, 2009). The key focus areas include developing safety, skills and a secure relationship (Ford et al.,2015).

Phase 2 involves explicit trauma memory confrontation and processing or re-experiencing of trauma events. The majority of best practice guidelines recommend cognitive therapy as a treatment option for the second phase of the three-phase approach.

Phase 3 provides follow up care and focuses on consolidation of treatment gains (Darcy et al., 2023; Willis, Dowling & O'Reilly, 2023). The aim is to enhance social, relational, and emotional skills, and the person is supported to live a functional life, which has often been impacted by the effects of trauma (Darby et al., 2023; Van der Hart et al., 2001). Movement between the phases is not linear and is dependent on development of skills; people can move back to earlier phases as part of their therapy journey (Darby et al., 2023).

11. Trauma Stabilisation

Trauma stabilisation involves providing immediate support and resources to help individuals manage their symptoms and cope with the impact of trauma, with the goal being to help individuals feel safe and supported while they work towards long-term healing. The primary focus of trauma stabilisation is on personal and environmental safety and includes safety planning as required (Herman, 1992; Fisher, 1999; Ford et al., 2015). This is critical given the unsafe situations, environments, relationships, and circumstances that trauma survivors have previously experienced and may continue to experience. Importantly, therapeutic work cannot be undertaken if someone is in danger or feels unsafe (Fisher, 1999).

Whilst safety is being established, psychoeducation about trauma, PTSD and skill development in relation to emotion identification and emotion regulation can occur (Fisher, 1999; Ford et al., 2015). The stabilisation phase aims to reduce self-regulation issues, and improve emotional, social and psychological skills (Chu, 2011; Herman, 1992). The approach is non-confrontational - rather than processing specific trauma events, it focuses on skill development to cope with distressing symptoms and emotional experiences without the use of maladaptive coping behaviours (Wolfsdorf & Zlotnick, 2001). This is achieved whilst providing a sense of safety for the individual (Herman, 1992; Fisher, 1999). This phase aims to build on the personal resources of the individual and reinforce their strength and resilience (Ford et al.,2015).

11.1 Components of Stabilisation

Fisher (1999, p.2) suggested that the most important components of stabilisation are psychoeducation about victimisation and trauma, therapist modelling of attention to safety, skill building and empowering the individual to take a primary role in the therapeutic process.

Psychoeducation is particularly important and has two purposes:

1. It decreases one's sense of shame, confusion, and self-blame.
2. It helps the individual make sense of symptoms: including how to recognise and anticipate them, what symptoms mean and how to manage them.

This phase is key in providing an opportunity to normalise and inform survivors about trauma in such a way that allows them to become aware of the developmental impacts of trauma and to appreciate that their symptoms are understandable responses to traumatic events and experiences (Fisher, 1999; Ford et al., 2015). Symptoms can then be re-framed through the psycho-educational process, thereby decreasing shame.

The other key aspect of stabilisation relates to symptom management. Ford et al. (2015, p. 127) note that it *"is essential to stabilise symptoms… that are causing emotional distress in order to increase the client's ability to think clearly and to maintain and increase functioning".* A variety of therapeutic approaches, including CBT, Interpersonal Therapy, DBT, and Acceptance and Commitment Therapy (ACT), have been demonstrated to be effective in stabilisation, reducing associated anxiety and depressive symptomology and enhancing emotion regulation (Ford et al., 2015). Experiential, sensorimotor and meditative techniques in addition to stress inoculation training and anxiety management training are also referenced as being effective in assisting clients to focus on the present and in providing practical self-management skills (Ford et al., 2015).

Fisher (1999, p.5) has suggested that "the skills needed by trauma patients in order to stay stable" include the following:

- Grounding and centering techniques
- Coping strategies for dealing with suicidal and self-abusive impulses
- Contracting for safety with themselves and others
- Learning how to anticipate stressful or triggering events
- Learning how to calm the mind and body
- Distinguishing past and present reality and how to stay *'in the present'*
- Recognizing and making better use of dissociative abilities.

Key components of stabilisation intervention include:

- Development of assertiveness, problem solving and decision-making skills
- Learning skills to cope with distressing trauma symptoms such as flashbacks, nightmares, and intrusive memories
- Learning how to regulate arousal and impulses by improving emotional, social and psychological skills, thereby reducing self-regulation issues.
- Developing skills in self-management and self-care to self-soothe and self-rescue in order to establish a 'safe' environment for further trauma work (Ford et al., 2015).
- Reducing shame, fear, and intrusive symptoms (memories/traumas/distress) by increasing individual control, awareness of the present moment, and accessing individual strategies/life-skills/resources.

Examples of techniques aimed at achieving safety and stabilisation include progressive muscle relaxation, autogenic relaxation, sensory grounding and containment, anchoring, breathing techniques, imagery of a safe place, positive self-talk and thought stopping, and utilisation of emotional support systems (Baranowsky & Gentry, 2015).

11.2 Advantages of Stabilisation

Trauma stabilisation and trauma treatment are both important aspects of addressing the needs of individuals who have experienced trauma. However, trauma stabilisation may be prioritised over trauma treatment in custody settings for several reasons:

1. **Immediate relief:** Trauma stabilisation provides immediate support and resources to help individuals manage their symptoms and cope with the impact of trauma. This can help individuals

feel safer and more supported in the short term, while they are waiting to engage in further, more comprehensive trauma treatment.

2. **Accessibility:** Trauma stabilisation may be more accessible to individuals in custody settings, as it can involve providing access to mental health services, connecting individuals with support groups, and offering other resources that are readily available.

3. **Safety concerns:** In custody settings, safety concerns may take precedence over trauma treatment. The priority may be to ensure that individuals are stabilised and safe, rather than engaging in longer-term therapy that may not be feasible in such an environment.

4. **Trauma treatment readiness:** Some individuals may not be ready or able to engage in trauma treatment immediately after experiencing trauma. Trauma stabilisation can help individuals build resilience and coping skills, which can be helpful in preparing them for later trauma treatment. It also lays the foundation for further healing and recovery.

Overall, trauma stabilisation and full-length trauma treatment are important components of addressing the needs of individuals who have experienced trauma, and the prioritisation of one over the other may depend on the specific circumstances and needs of the individual. It is important to recognise that trauma stabilisation is an ongoing process, and that progress may be slow. It is essential to provide ongoing support and resources to individuals who have experienced trauma to help them manage their symptoms and build resilience over time.

12. Trauma Stabilisation Programs

There are various evidence-based programs that are effective for trauma stabilisation. Examples of such programs include:

1. **Seeking Safety:** Seeking Safety (Najavits, 2001) is a present-focused, cognitive behavioural model that provides psychoeducation and coping skills to help clients reduce trauma and substance-related problems concurrently. The treatment is based on central ideas including safety as the priority of the first stage of treatment; integrated treatment of PTSD and substance abuse; a focus on ideals; contains four content areas encompassing cognitive, behavioural, interpersonal and case management domains; and pays attention to therapist process.

2. **Skills Training in Affective and Interpersonal Regulation (STAIR):** STAIR (Cloitre et al. 2002) is a therapy that focuses on improving emotion regulation and interpersonal skills, which can be particularly helpful for individuals who have experienced interpersonal trauma. It includes elements of CBT, DBT, and mindfulness-based therapies.

3. **Trauma Affect Regulation: Guide for Education and Therapy (TARGET):** TARGET (Advanced Trauma Solutions Professionals, n.d) is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. It teaches a set of seven skills (summarized by the acronym FREEDOM (Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution) that can be used by trauma survivors to regulate extreme emotional states, manage intrusive trauma memories, and promote self-efficacy. It has been used with individuals with co-occurring disorders, PTSD,

CPTSD, substance abuse, anxiety, depression, emotional, behavioural and/or cognitive dysregulation amongst others.

4. **The Trauma Recovery and Empowerment Model (TREM):** (CEBC, 2024) The Trauma Recovery and Empowerment Model (TREM) is an evidence-based approach to healing from the effects of trauma. It draws on elements of CBT and combines elements of social skills training, psychoeducational and psychodynamic techniques, and emphasises peer support. TREM consists of three major parts. The first section, on empowerment, helps group members learn strategies for self-comfort and accurate self-monitoring as well as ways to establish safe physical and emotional boundaries. The second section focuses more directly on trauma experience and its consequences. In the third section, focus shifts explicitly to skills building. These sessions include emphases on communication style, decision-making, regulating overwhelming feelings, and establishing safer, more reciprocal relationships.

5. **Trauma Focused Psycho-Social Support + / Resource Oriented Trauma Therapy with Elements of EMDR (TPSS+ /ROTATE): TPSS+/ROTATE** is a short-term resource-based trauma therapy approach that is especially suitable for clients with complex trauma conditions, i.e., PTSD and comorbid conditions. It can be used as a tool for psycho- traumatologists and counsellors in the field of psychological trauma. It aims to strengthen resilience and coping capacities by activating positive personal resources and includes a variety of imaginative resource-activating methods within a framework informed by affective neuroscience and resilience research. It largely draws on psychodynamic principles of therapeutic relationship and attachment theory and includes several elements of EMDR (Shapiro 2001).

A Trauma Program Analysis was conducted to review the suitability of existing programs for delivery to participants in a custodial setting within Corrective Services NSW (CSNSW), focusing primarily on phase one, trauma stabilisation. Research has indicated that psychoeducation programs that provide participants with skills to establish personal and environmental safety are necessary prior to any other treatment being undertaken. Further information on these programs can be found within this document (D23/0575266).

13. Conclusion and Recommendations

The current review of existing literature and research has highlighted the significant levels of mental illness and psychological distress in the prison population. Given the long-lasting impacts of trauma and the link between trauma and offending, it is recommended that efforts are made to provide intervention to people in the care of CSNSW, to reduce PTSD and trauma related symptoms; enhance coping skills; reduce the likelihood of self-destructive behaviours (including self-harm, substance misuse, aggression and violence) and enhance overall well-being, daily functioning and quality of life.

Despite the challenges that treating trauma in custody presents, efforts are underway to enhance the wellbeing of people in custody who have experienced trauma in their lives. CSNSW is committed to delivering services within a trauma informed framework and providing staff with training to recognise and respond to symptoms of trauma.

There is an abundance of literature that refers to the variety of intervention methods relevant to the treatment of trauma and PTSD. Despite this, there remains a lack of clarity regarding the most effective, including for people with offending histories within a custodial setting. Given the inherent complexities

involved in treating trauma in such an environment, the type of intervention that is most effective may depend on the individual's specific needs and preferences, as well as the severity and type of trauma they have experienced. The introduction of a Trauma Stabilisation group program is however, an initiative that is proposed as a way to begin addressing the myriad of issues stemming from the trauma experiences of people in custody.

It is recommended that CSNSW explores an existing trauma program that can be delivered in either an individual or group-based format, to assist with addressing the impacts and effects of trauma on individuals within the care of CSNSW.

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CSI MENU CONTROL PLAN WEEK 1

Menu Control Plan Week 1 Version 2024.1 (15/02/2024)

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	Breakfast	1 X Ration Pack (E Pack = 1 X Cereal*, 3 X Coffee Sachet, 3 X Tea Bags, 7X Sweetener, 1 X Jam) ; (C Pack = 1 X Cereal*, 3 X Coffee, 4 X Sweetener, 1 X Jam) "Cornflakes, Wheat flakes, Weet Bix, Sultana Bran Flakes, Sports Grain, Oat Rings, Rice Crispy,"						
	Bread	4 slices daily (4UP) for Females & Males (White or Wholegrain or Wholemeal)						
	Milk	300 ml CSI Lite Milk- Men 600 ml CSI Lite Milk- Women						
Lunch	REGULAR Lunch	Pineapple Crush and Yoghurt Pack	Cream Cheese Sweet Chilli Dip & Salad Pack	Chicken Finger Salad Pack	Dutch Sausage Salad Pack	Fruit Salad & Yoghurt Pack	Sausage Roll	Shortland Chicken Pie
		63440	**63589**	**63481**	**63591**	**63408**		
		Frankfurt & Bean Pack	Chicken Honey Mustard Wrap	Beef Burger,Cheese, Tomato& Basil Roll Supply Issues: Temp Replaced Devon Salad	Curried Egg Sandwich	Corn Beef and Mustard Pickle Roll		
		63553	**63590**	**63572**	**63464**	**63580**	**64132**	**64214**
	VEGETARIAN Lunch	Pineapple Crush and Yoghurt Pack	Cream Cheese Sweet Chilli Dip & Salad Pack	Tofu Salad Pack	Falafel & Cucumber Dip Salad Pack	Fruit Salad & Yoghurt Pack	Vegetarian Sub Roll	Vegetarian Quiche
		63440	**63589**	**63483**	**63592**	**63408**		
		Falafel & Bean Pack	Mushroom Honey Mustard Wrap	Sweet Potato, Tomato Roll	Curried Egg Sandwich	Lentil Salad Roll		
		63564	**63562**	**63558**	**63464**	**63593**	**64170**	**64174**
	RELIGIOUS FRIENDLY Lunch	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR
	Fruit with Lunch	Apple	Pear	Oranges	Banana	Oranges	Banana	Pear
		64101	**64103**	**61838**	**64102**	**61838**	**64102**	**64103**
Dinner	REGULAR Dinner	Beef Patties with Potato & Veg	Green Thai Chicken Curry	Crumbed Fish & Green Leafy Salad	Moroccan Beef	Schnitzel Salad	Pasta Bolognaise	Roast Chicken with Potato and Vegetables
		62448	**62440**	**62012**	**62354**	**62789**	**62139**	**62462**
	VEGETARIAN Dinner	Vegetarian Patty & Gravy	Vegetarian Thai Curry	Tofu Salad	Sweet Pototo & Fennel Patties	Vegetarian Schnitzel Salad	Vegetarian Ravioli	Spanish Omelette
		62267	**62417**	**62213**	**62963**	**TBC**	**62790**	**62531**
	RELIGIOUS FRIENDLY Dinner	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR
	Potato/Starch/ Vegetables	Diced Potato Carrots Batons Tomato, Capsicum	Rice Carrot, Capsicum Broccoli	Baby Spinach Cucumber Tomato	Sweet Potato Diced Carrots Cauliflower	Coleslaw Tomato Cucumber	Peas Corn Cauliflower	Chat Potato Pumpkin, Beans Carrots
	Dinner Dessert	Oranges	Jumbo Cookie (Choc Chip)	Caramel Cupcake	Apple	Blueberry Muffin	Apple Lattice	Oranges
		61838	**64217**	**64213**	**64101**	**64134**	**64295**	**61838**

TOTAL NUMBER OF SERVES PER DAY BASED ON MINIMUM DAILY AMOUNT AS DEFINED BY AUSTRALIAN GUIDE TO HEALTHY EATING FOR AN ADULT 19 YEARS AND OLDER

* Subject to change due to seasonal, product availability or operational contingency

CSI MENU CONTROL PLAN WEEK 2

Menu Control Plan Week 2 — Version 2024.1 (15/02/2024)

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	Breakfast	1 X Ration Pack (E Pack = 1 X Cereal*, 3 X Coffee Sachet, 3 X Tea Bags, 7X Sweetener, 1 X Jam) ; (C Pack = 1 X Cereal*, 3 X Coffee, 4 X Sweetener, 1 X Jam) "Cornflakes, Wheat flakes, Fruit Muesli, Rice Bubbles,Medley Grain, Oat Rings, Rice Crispy,"						
	Bread	4 slices daily (4UP) for Females & Males (White or Wholegrain or Wholemeal)						
	Milk	300 ml - Men 600 ml - Women						
Lunch	REGULAR Lunch	Muesli & Berry Yoghurt Pack	Hommus & Vegetable Pack	Cheese Kranksy Salad Pack	Satay Meatball Salad Pack	Dried Fruit and Yoghurt Pack	Wellington Pie	Chicken Hot Dog Wrap
		63594	**63279**		**63596**	**63300**		
		Chicken Pasta Pack with 2 Slice Bread	Ground Beef and Salsa Wrap	Ham, Sliced Cheese and Onion Roll	Chicken Lettuce and Mayonnaise Sandwich	Devon Salad Roll		
		62312	**63582**	**63170**	**63110**	**63598**	**61750**	**64296**
	VEGETARIAN Lunch	Muesli & Berry Yoghurt Pack	Hommus & Vegetable Pack	Spring Rolls & Sweet Chilli Sauce	Satay Tofu Salad Pack	Dried Fruit and Yoghurt Pack	Spinach and Ricotta Rolls	Vegetarian Roll
		63594	**63279**	**63538**	**63271**	**63300**		
		Red Kidney Bean Pack with Bread	Falafel & Grain Mustard Wrap	Egg, Cheese Pineapple Roll	Sweet Potato Lettuce Mayonnaise Roll	Lentil Salad Roll		
		63559	**63570**	**63595**	**63597**	**63599**	**64231**	**64133**
	RELIGIOUS FRIENDLY Lunch	Same as REGULAR	Same as REGULAR	Same as VEGETARIAN	Same as REGULAR	Same as VEGETARIAN	Same as REGULAR	Same as REGULAR
	Fruit with Lunch	Apple	Pear	Oranges	Banana	Oranges	Banana	Pear
		64101	**64103**	**61838**	**64102**	**61838**	**64102**	**64103**
Dinner	REGULAR Dinner	Chicken & Cheese Krensky Sausage w Mushroom Gravy	Cottage Pie	Mediterranean Chicken Kebab Salad	Hot & Spicy Chicken Bites	Ham and Salad	Beef Sausages Tomato & Onion Gravy	Chicken Casserole
		62443	**62298**	**62017**	**62119**	**62348**	**62604**	**62120**
	VEGETARIAN Dinner	Vegetarian Sausages	Vegetarian Cottage Pie	Egg & Cheese Salad	Pumpkin Falafel	Five Bean Salad	Chilli Vegetarian Sausages	Vegetable Casserole
		62421	**62299**	**62747**	**62800**	**62346**	**62605**	**62332**
	RELIGIOUS FRIENDLY Dinner	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as VEGETARIAN	Same as REGULAR	Same as REGULAR
	Potato/Starch/ Vegetables	Mashed Potato Beans Mushroom	Corn Peas Broccolli	Tortilla Tomato Cucumber Lettuce	Diced Potato Corn Beans	Potato Salad Tomato Cucumber	Mashed Potato Corn Kernels, Beans Tomato	Rice Cauliflower Mushrooms
	Dinner Dessert	Oranges	Banana Bread Slice	Madeira Cupcake	Apple	Raspberry Muffin	Apple Lattice	Oranges
		61838	**64252**	**64213**	**64101**	**64247**	**64295**	**61838**

TOTAL NUMBER OF SERVES PER DAY BASED ON MINIMUM DAILY AMOUNT AS DEFINED BY AUSTRALIAN GUIDE TO HEALTHY EATING FOR AN ADULT 19 YEARS AND OLDER

* Subject to change due to seasonal, product availability or operational contingency

CSI MENU CONTROL PLAN WEEK 3

Menu Control Plan Week 3 — Version 2024.1 (15/02/2024)

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	Breakfast	1 X Ration Pack (E Pack = 1 X Cereal*, 3 X Coffee Sachet, 3 X Tea Bags, 7X Sweetener, 1 X Jam) ; (C Pack = 1 X Cereal*, 3 X Coffee, 4 X Sweetener, 1 X Jam) "Cornflakes, Wheat flakes, Fruit Muesli, Rice Bubbles,Medley Grain, Oat Rings, Rice Crispy,"						
	Bread	4 slices daily (4UP) for Females & Males (White or Wholegrain or Wholemeal)						
	Milk	300 ml - Men 600 ml - Women						
Lunch	REGULAR Lunch	Fruit Salad & Yoghurt Pack	Egg & Vegetable Pack	Thai Fish Cake Salad Pack	Chicken & Corn Salad Pack	Fruit Museli & Yoghurt Pack	Hot Dog Wrap	Sausage Roll
		63408	63470	63355	63453	63542		
		Bean Salsa Pack	Ham, Cheese & American Mustard Wrap	Peanut Butter and Honey Roll	Tuna Onion & Cheese Sandwich	Corned Beef Chutney Salad Roll		
		63537	63460	63388	63569	63472	64229	64132
	VEGETARIAN Lunch	Fruit Salad & Yoghurt Pack	Egg & Vegetable Pack	Chick Pea Salad Pack	Cous Cous Salad Pack	Fruit Museli & Yoghurt Pack	Vegetarian Sub Roll	Vegetarian Quiche
		63408	63470	63471	63567	63542		
		Bean Salsa Pack	Mushroom American Mustard Wrap	Peanut Butter and Honey Roll	Savoury Lentil Sandwich	Sweet Potato Chutney Salad Roll		
		63537	63461	63388	63568	63473	64170	64174
	RELIGIOUS FRIENDLY Lunch	Same as REGULAR	Same as VEGETARIAN	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR
	Fruit with Lunch	Apple	Pear	Oranges	Banana	Oranges	Banana	Pear
		64101	64103	61838	64102	61838	64102	64103
Dinner	REGULAR Dinner	Chicken Schnitzel	Mexican Beef	Devil Wing Salad	Peri Peri Chicken Balls with Macroni	Pizza & Pasta Salad	Butter Chicken (Under Development)	Roast Chicken with Potato and Vegetables
		62985	62405	62785	62567	62647	TBC	62462
	VEGETARIAN Dinner	Vegetarian Schnitzel	Mexican Vegatarian	Lentil Pattie Salad	Vegetarian Cream Corne	Five Bean Salad	Frittata & Cous Cous Medley	Cheese Omelette
		62791	62405V	TBC	62125	62346	62226	62627
	RELIGIOUS FRIENDLY Dinner	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as VEGETARIAN	Same as REGULAR	Same as REGULAR
	Potato/Starch/ Vegetables	Mashed Potato Beans Corn Cob	Barley Beans Carrots Capsicum, Tomato	Potato Salad Tomato Cucumber	Pasta Peas, Tomato Capsicum	Pasta Tomato Capsicum	Rice Mixed Veg Broccoli	Chat Potato Pumpkin, Beans Carrots
	Dinner Dessert	Oranges	Anzac Biscuit	Cherry Ripe Cupcake	Apple	Mango Coconut Muffin	Apple Lattice	Oranges
		61838	64123	64213	64101	64219	64295	61838

TOTAL NUMBER OF SERVES PER DAY BASED ON MINIMUM DAILY AMOUNT AS DEFINED BY AUSTRALIAN GUIDE TO HEALTHY EATING FOR AN ADULT 19 YEARS AND OLDER

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CSI MENU CONTROL PLAN WEEK 4

Menu Control Plan Week 4 — Version 2024.1 (15/02/2024)

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	Breakfast	1 X Ration Pack (E Pack = 1 X Cereal*, 3 X Coffee Sachet, 3 X Tea Bags, 7X Sweetener, 1 X Jam) ; (C Pack = 1 X Cereal*, 3 X Coffee, 4 X Sweetener, 1 X Jam) "Cornflakes, Wheat flakes, Fruit Muesli, Rice Bubbles,Medley Grain, Oat Rings, Rice Crispy,"						
	Bread	4 slices daily (4UP) for Females & Males (White or Wholegrain or Wholemeal)						
	Milk	300 ml - Men 600 ml - Women						
Lunch	REGULAR Lunch	Oats Seed & Yoghurt Pack	Deli Vegetable Pack	Dutch Sausage & Dip Pack	Spring Roll Salad Pack with Plum Sauce	Fruit Museli and Berry Yoghurt Pack	Wellington Pie	Spinach & Ricotta Roll
		63484	**63474**	**63332**	**63447**	**63594**		
		Chicken Pasta Pack	Lemon Pepper Tuna Wrap	Vegemite and Cheese Roll	Chicken Cranberry Sandwich	Chicken Schnitzel Roll		
		62312	**63477**	**63156**	**63478**	**63550**	**61750**	**64231**
	VEGETARIAN Lunch	Oats Seed & Yoghurt Pack	Vegetable Cracker Pack	Sweet Potato Falafel & Dip Pack	Spring Roll Salad Pack with Plum Sauce	Fruit Museli and Berry Yoghurt Pack	Vegetarian Roll	Spinach & Ricotta Roll
		63484	**63476**	**63333**	**63447**	**63594**		
		Red Kidney Bean Pack	Savoury Mushroom Wrap	Vegemite and Cheese Roll	Cheese Cranberry Sandwich	Sweet Potato Roll		
		63559	**63477**	**63156**	**63479**	**63560**	**64133**	**64231**
	RELIGIOUS FRIENDLY Lunch	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR
	Fruit with Lunch	Apple	Pear	Oranges	Banana	Oranges	Banana	Pear
		64101	**64103**	**61838**	**64102**	**61838**	**64102**	**64103**
Dinner	REGULAR Dinner	Chicken Portions with Mac n Cheese	Meatballs w Pasta and Sauce	Devil Wing Salad	Lamb Ratatouille	Egg & Cheese Salad	Beef Lasagne	Chicken Rendang
		62143	**62768**	**62785**	**62446**	**62747**	**62106**	**62445**
	VEGETARIAN Dinner	Soy Lentil Curry	Vegetraian Meatballs w Tomato Gravy	Falafel Salad	Soy Ratatouille	Egg & Cheese Salad	Vegetable Lasagne	Soy Randang
		62444V	**62796**	**62786**	**62147V**	**62747**	**62158**	**62445V**
	RELIGIOUS FRIENDLY Dinner	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR	Same as REGULAR
	Potato/Starch/ Vegetables	Mac N Cheese Veg Medley Peas, Corns	Pasta Beans Pumpkin	Potato Salad Tomato Cucumber	Rice Diced Carrot Broccoli, Capsicum	Pasta Salad Tomato Cucumber	Carrots Carrots Broccoli Beans	Rice Veg Medley Carrot
	Dinner Dessert	Oranges	Butterscotch Cookie	Buttercake Slice	Apple	Choc Chip Muffin	Apple Lattice	Oranges
		61838	**64217**	**64125**	**64101**	**64121**	**64295**	**61838**

TOTAL NUMBER OF SERVES PER DAY BASED ON MINIMUM DAILY AMOUNT AS DEFINED BY AUSTRALIAN GUIDE TO HEALTHY EATING FOR AN ADULT 19 YEARS AND OLDER

* Subject to change due to seasonal, product availability or operational contingency