

Requesting a Referral for assistance from the Disability Justice Service to better support an individual with disability interfacing with (or at risk of interfacing with) the justice system can be made by the Disability Justice Service Portal:

<https://djsportal.communities.wa.gov.au>

Disability Justice Service Portal

- > Make a general enquiry
- > Provide general feedback
- > Make a request for training
- > Provide feedback for training
- > Request for Disability Justice Service
- > All other requests

In the first instance, please contact a [Justice Coordinator](#) who can assist you with the referral process and further information which is required to proceed with a Request for Disability Justice Service (DJS).

Following contact with a [Justice Coordinator](#), if the individual with disability who is interfacing with (or at risk of interfacing with) the justice system is known to ex-Disability Services, please submit 'Request for Disability Justice Service'.

If the individual with disability interfacing with (or at risk of interfacing with) the justice system is unknown to ex-Disability Services or the Department of Communities, please select 'Make a general enquiry'. This option will allow DJS to determine if the individual is eligible to receive In-reach/Outreach services.

Instructions for submitting a Request for Disability Justice Service:

You will be prompted to complete the client's general details.

You must provide at least one phone number.

An accurate **File Number** is important as it allows the request to be matched with a person record in the DJS database.

***NDIS Participant Number is not a required field.** However, if a number is entered it must be the correct format – i.e. ten digits, starting with a **zero**.

Please enter your contact details, and then select the 'Next' button. NOTE: You must provide at least ONE contact (business, home or mobile) number.

Client Details

First Name *

Last Name *

Date of Birth *

Business Phone

Home Phone

Mobile Phone

Email *

File Number *

NDIS Participant Number

At least 1 Family Member/Care Giver or Guardian details must be entered.

Primary Family Member/Carer/Guardian

First Name *

Rita

Last Name *

Bailey

Contact Number *

Secondary Family Member/Carer/Guardian

First Name

Fred

Last Name

Bailey

Contact Number

0123 333 333

Enter the code displayed and click 'Next'.



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Enter the code from the image

Next

1. Contact ✓

2. Consent/Language/Disability

3. Referrer

4. Supporting Information and Service Request

5. Review

6. Finish

Please enter your consent/language/disability details and then select the 'Next' button...

Language Details

Language spoken at home

English



Communication difficulties or hearing impairment?

No Yes

Details

Wears hearing aids

Cultural background

Australian

Interpreter requirement

No Yes

Details of Languages, Communication needs and cultural background can be provided.

Details of Consent given are to be provided.

Only one option is required to be 'Yes'
– others should be marked as 'No'.
Consent Details must also be added.

Nature of Disability outlined including details of any other disability the individual has.

Click Next at the bottom of the page

Consent Details

If Guardianship Order, has Guardian given consent? *

No Yes

If the person is more than 18 years of age, has the person given consent for the referral? *

No Yes

If the person is less than 18 years of age, has the parent or legal Guardian given consent for the referral? *

No Yes

Details

consent

Nature of Disability

Does the person have an intellectual disability? *

No Yes

Does the person have a cognitive disability? *

No Yes

Does the person have an autism spectrum disorder? *

No Yes

Does the person have any other disability? *

No Yes

Details

he has hearing difficulties

Details of the person submitting the Referral

1. Contact ✓ 2. Consent/Language/Disability ✓ 3. Referrer 4. Supporting Information and Service Request 5. Review 6. Finish

Please enter the referrer details and then select the 'Next' button...

Referrer Details

First Name *

Last Name *

Relationship to person *

Agency Name *

Street 1 *

Street 2

Street 3

Suburb *

State *

Post Code *

Business Phone

Mobile Phone

Email *

Justice Coordinator

Date of Pre-Referral Consultation



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You are then prompted to provide as much detail as they can in the following fields:

- Background - e.g., family situation, trauma details, substance use
- Description of Behaviour - e.g. what does it look like, where does it happen, how often, with whom, and severity
- Individual's current interface with the justice system – e.g. any interface with WA Police, Department of Justice, Court appearances occurred/upcoming, description of charges, any conditions the person is subject to (e.g. bail, orders in place).
- Strengths for the client and the client system - e.g. social skills, level of independence, family support
- What has been tried before during the previous 12 months? - Provide details such as: By Whom? When? Outcome?
- Is the behaviour likely to result in serious harm to self, staff or others? - If yes, please describe
- What processes are in place to manage these issues? - e.g. reporting /safeguarding /development of safety plans.

1. Contact ✓

2. Consent/Language/Disability ✓

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Please enter the supporting information and service request details and then select the 'Next' button...

Referral Issue(s)

Background Information/Issues *

Ms Doe sustained a brain injury from a motor vehicle accident she was involved in when she was 14 years old. This has resulted in her experiencing difficulty with managing her emotions, making decisions and impulse control. It has also affected her memory and learning capacity.
Ms Doe has been appointed a Guardian (Guardian Name – Office of the Public Advocate)

Description of the behaviour impacting on the individual *

a positive behaviour support plan dated August 2019 revealed her behavioural difficulties to also include alcohol and other drug use, shouting and swearing at staff and family, behaves based on how she is feeling and dividing/splitting supports due to alternating between idealising and devaluing individuals." Cognitive difficulties included issues with memory, problem solving and judgement and decision making, with "reduced capacity to understand risk and initiation of goal directed behaviours." Triggers for the challenging behaviours that were identified in the plan include disruption of routine, feeling unheard, not being provided with choice, meeting new support staff, increase in unpleasant emotions due to life stressors.

What is the individual's current interface with the justice system? *

MS DOE was participating in the Intellectual Disability Diversion Program between 16.09.2019 and 10.02.2020 (when sentenced) due to committing the offences of Criminal Damage or Destruction of Property, Assault Public Officer and Creating False Belief. Whilst on the program, she displayed little motivation to change and overall, her response to the program was poor as she failed to report for supervision and urinalysis testing as directed, her engagement with various service providers was inconsistent and she failed to utilise the numerous opportunities that were provided to her to try and assist her. She was subsequently sentenced to 3 x Community Based Order with a program only requirement which are being managed by the IDDP Team.

What are the strengths for the client and the client system? *

Good sense of humour; spends time with a friend; with encouragement, she is able to complete self care and household duties; good use of technology, basic food preparation; she is able to access community services/activities with support.

What has been tried before during the previous 12 months? *

The following was stated in the Positive Behaviour Support Plan (August 2018) Jane has been attending Psychological intervention since October 2018. This utilises an evidence based treatment called Dialectical Behaviour Therapy (DBT). This type of therapy was developed for individuals with borderline personality disorder. DBT uses concepts of being aware of and attentive to the current situation and emotional state. DBT also teaches skills that can help control intense emotions, reduce self-destructive behaviours and improve relationships. A number of barriers have impacted Jane's level of progress including her ABI, the function of her behaviour and daily stressors. Jane has developed insight into her behaviours and feelings."

What are the strengths for the client and the client system? *

Good sense of humour; spends time with a friend; with encouragement, she is able to complete self care and household duties; good use of technology, basic food preparation; she is able to access community services/activities with support.

What has been tried before during the previous 12 months? *

The following was stated in the Positive Behaviour Support Plan (August 2018) "Jane has been attending Psychological Intervention since October 2018. This utilises an evidence based treatment called Dialectical Behaviour Therapy (DBT). This type of therapy was developed for individuals with borderline personality disorder. DBT uses concepts of being aware of and attentive to the current situation and emotional state. DBT also teaches skills that can help control intense emotions, reduce self-destructive behaviours and improve relationships. A number of barriers have impacted Jane's level of progress including her ABI, the function of her behaviour and daily stressors. Jane has developed insight into her behaviours and feelings."

Is the behaviour likely to result in serious harm to self, staff or others? *

Ms Doe has reportedly continued to engage in suicidal and self-harming behaviour (including swallowing objects) resulting in many hospital admissions.

What processes are in place to manage these issues? *

problem solving); provide her with choices; ask how she is feeling and respond with validation; acknowledge her positive behaviour choices and offer praise; maintain clear boundaries at all times (i.e. not contacting her outside of shift); use positive reinforcement; if she purchases alcohol/drugs during support shifts, she is to be taken home and end the shift; if swearing etc try use deescalate the situation – use distraction techniques.
Please refer to the Positive Behaviour Support Plan.

The current services involved must be indicated by clicking the tick-box(es).

Current Services Involved *

- IDDP
- Local Coordination
- Office of the Public Advocate
- Public Trustee
- Public Transport Authority
- City of Perth Rangers
- WA Police
- Department of Communities
- Other

Additional details should be provided that relate to:

- Where does the person live?
- Is the person/family/support system consenting to the referral and likely to have the capacity to implement intervention strategies effectively with support?
- **Service Request** – outline the types of assistance (for example, consultancy regarding how the individual’s disability and how it may impact on risk of offending, and understanding unmet needs, and supporting the person’s good life) and support being sought for the client.

Support/Capacity

Where does the person live? *

Ms Doe lives with her parents

Is the person/family/support system consenting to the referral and likely to have the capacity to implement intervention strategies effectively with support? *

With the assistance of Disability Justice Service for capacity building regarding supporting Ms Doe with the complexities of her ABI and Borderline Personality Disorder.

Service Request *

Capacity building of Support Agency support workers an understanding of Jane’s ABI and support needs.
Review current Positive Behaviour Support Plan for an alternative perspective and new ideas on how to assist Ms Doe in achieving her goals.

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After clicking Next, you will be given the opportunity to review the details that you have entered

If you need to change anything, you can click on Previous at the bottom of the screen.

If you are happy with what you have entered, you can click Next at the bottom of the screen.

A receipt number will be provided for the request.

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Request for Disability Justice Service

- 1. Contact ✓
- 2. Consent/Language/Disability ✓
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- 5. Review ✓
- 6. Finish

Your request has been processed

Please quote the following receipt number in future correspondence...

DJS00176

Instructions to Make a General Enquiry:

You will be requested to enter your contact information.

Make a general enquiry

Your Contact Details

Title * <input type="text" value="Mr"/>	First Name * <input type="text" value="John"/>	Last Name * <input type="text" value="Doe"/>
Business Phone <input type="text" value="0402171379"/>	Home Phone <input type="text"/>	Mobile Phone <input type="text" value="0400 000 000"/>
Email * <input type="text" value="djs@communities.wa.gov.au"/>		

Your Address

Street 1 * <input type="text" value="Level 3"/>		
Street 2 <input type="text" value="5 Newman Court"/>		
Street 3 <input type="text"/>		
Suburb * <input type="text" value="Fremantle"/>	State * <input type="text" value="WA"/>	Post Code * <input type="text" value="6160"/>

You will be requested to enter information about your connection to the individual with disability interfacing with (or at risk of interfacing with) the justice system.

Please ensure you provide the name of the individual with disability interfacing with (or at risk of interfacing with) the justice system, along with the [Justice Coordinator](#) you have liaised with.

Any further information regarding the individuals' interface with the justice system should also be entered here.

Enter the code and select, 'Next'.

You will then be provided with a receipt number to reference in future correspondence/ liaison with DJS.

Your Role/Membership

Are you an individual, carer, or family member of a person with a disability? *

No Yes

Are you from a disability sector organisation? *

No Yes

Are you from a State Government Agency? *

No Yes

Are you from a Federal Government Agency? *

No Yes

Please provide details

Communities, CPFS

Your Request

Details

As per my recent communication with <Justice Coordinator>, please consider <name of individual with disability interfacing with the justice system> eligible for Disability Justice Service In-reach/Outreach services.
<name of individual interfacing with the justice system> has recently <provide details here>



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Your request has been processed

Please quote the following receipt number in future correspondence...

ERS00166