

NSW Engagement and Support Program (ESP)

→
**A different
pathway**

New Client Referral Form

Overview of the NSW ESP

The NSW Department of Communities and Justice's Engagement and Support Program (ESP) is an intervention program within NSW's countering violent extremism strategy.

The ESP is a voluntary program that aims to assist individuals make positive behavioural changes to limit their risk of participating in violent extremism. The program includes an assessment process which informs eligibility and the development of a support plan tailored to the individual's needs.

The Program is supported by a Multi-Agency Panel that provides expertise from various disciplines. This includes specialists from across the Department of Communities and Justice in the areas of Child Protection, Corrective Services, and Youth Justice as well as NSW Police, the Department of Education, and NSW Health.

The Program employs a holistic case management approach to working with individuals to address identified needs and risks and strengthen protective factors. Case Managers take a strengths-based and trauma-informed approach to their work, helping to divert and/or disengage people who are vulnerable to, or engaging in, violent extremism.

For more information about the Program, please visit <https://dcj.nsw.gov.au/resources/engagement-and-support-program.html>

If you believe there is an individual who may be suitable for the Program and could benefit from interventions, please complete the referral form below.

Please note, referrals will only be accepted for people that meet the following criteria:

- They must be 10 years of age or above.
- They must reside in NSW or plan to reside in NSW within 3 months of referral.
- They must be currently living in the community or within 4 months of their earliest possible release date or end of custodial sentence.

It is important that you provide accurate and detailed information to support us in determining suitability and eligibility of the referred individual. If you have questions about this referral form or need advice, please contact us via:

- Email: esp@dcj.nsw.gov.au
- Phone: 1800 203 966

Once completed, please email the referral form to esp@dcj.nsw.gov.au.

A member of the team will be in touch to provide feedback about your referral and advise of next steps.

Referral Date:

Referrer Details

Full name:

Organisation:

Position:

Phone:

Email:

Relationship to referred individual:

Participant Details

First name:

Surname:

Other names (if any):

Date of birth:

Contact number:

Email:

Gender identity:

Address:

Family circumstances:

Cultural background:

Aboriginal or Torres Strait Islander:

Main language spoken:

Ideology/Ideas of concern:

Parent/Guardian Details (if aged 16 years or younger)

Full name of parent/guardian:

Relationship to referred individual:

Contact number:

Email:

Address:

Reason for Referral

Please provide a detailed reason for why this individual is being referred to the Engagement and Support Program, focussing on aspects related to violent extremism.

Information on the individual’s vulnerabilities

Factors relating to Violent Extremism (VE)

This section outlines the factors that can make an individual vulnerable to violent extremism. Please answer the relevant questions below, and provide information/examples where appropriate:

Is this person expressing any grievances or ideological views? If so, who to & how?	
Do they have links to an extremist group or movement? Could be online or in person.	
Has there been a change in appearance or behaviour? Have they withdrawn from activities or friendship groups?	
Is there evidence of negative views or threats of violence directed towards a particular group of people?	
Are they spending time researching their ideological views? If so, how? (e.g. online research, social media, or chat)	
Have their interests and/or behaviours escalated over time?	

Non-VE related vulnerabilities

This section refers to the non-VE related factors that can make an individual vulnerable to negative outcomes. Please provide further information/examples for any relevant factors below:

Concerns about self-esteem/sense of identity	
Mental Health concerns and/or Neurodivergence	
Negative experiences with government agencies or supports	
Alcohol and other drug use	
Impulsivity/self-control	
Anti-social and/or aggressive behaviours	
Experiences of trauma or adverse life events	
School, work, or peer challenges	
Family challenges	
Problem solving/grievances	

Information on the individual’s protective factors

Protective Factors

This section refers to the positive factors in an individual’s life, that can be used or built upon to create positive outcomes.

Please provide information/examples for the relevant protective factors you believe the individual has:

Safe and secure living environment	
Stable/supportive social or family networks	
Education, skills, or qualifications	
Employment/School Attendance	
Future goals/aspirations	
Pro-social relationships	
Hobbies/Interests	
Other protective factors	

Additional Information

What existing services or supports are in place for this person?

What role do you see ESP playing in supporting this person?

Has this referral been discussed with the person/caregiver? If so, how receptive were they to the idea?

Additional information that may assist in determining suitability for the Program: