

**Patches presents on FASD**  
**Challenges, Hopes and How-to-guide**



# Acknowledgement To Country

We at Patches would like to acknowledge the Nyoongar People as the traditional custodians of the city of Perth from which we are hosting this meeting. We recognise their strength and resilience and pay our respect to their Elders past, present and emerging. We extend that respect to all Aboriginal and Torres Strait Islander Peoples of the local community within our state, the Northern Territory and neighbouring states.



Image by Mari Michon

# Self-Care

Today's content may trigger difficult emotional reactions.

It is important to be mindful of your own feelings during this presentation.

Please seek out support if you find yourself feeling distressed. Practice self-care after this (mindfulness, exercise, family time).



# Introduction to Patches

## Our Mission

To provide the highest quality  
assessment and therapy services, wherever you are, what  
ever your age.

## Vision

Supporting Individuals  
Empowering Communities  
Changing Lives



# Part 1 What Is FASD and Trauma



# FASD Is A Diagnosis Of Exclusion

- There are many causes of developmental disability.
- Prenatal alcohol exposure is the leading preventable cause.
- Not all children with developmental impairment or disability have FASD.
- Some do.
- Formal diagnosis is important.
- FASD is preventable.



# Facial Features of FASD

**Smooth philtrum  
(gutter between  
nose & lip)**

**Thin upper lip**

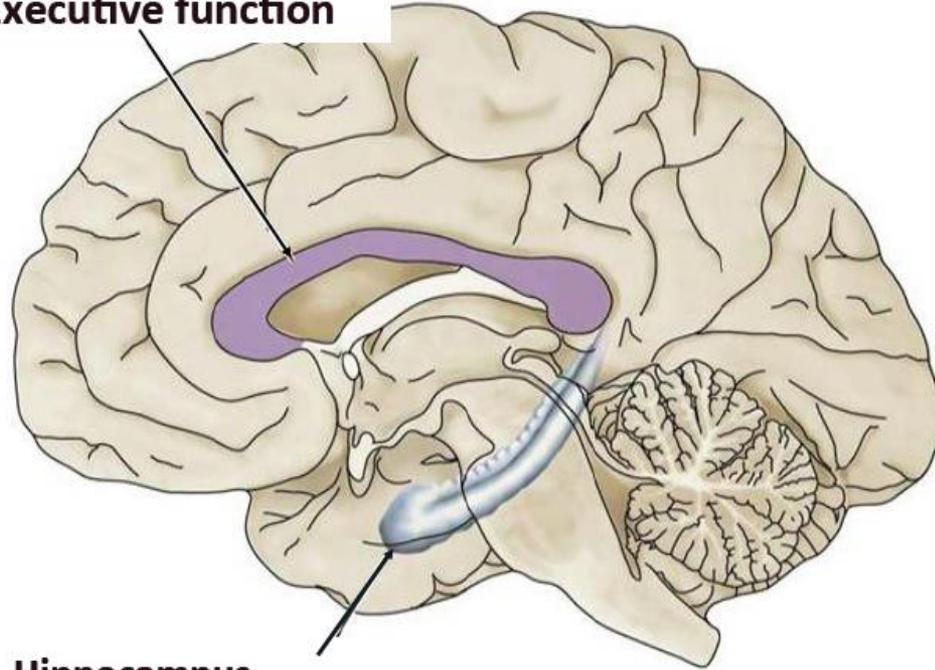


**Short eye  
openings  
(palpebral  
fissure length)**

*Courtesy Ken Jones and  
this child's family/*

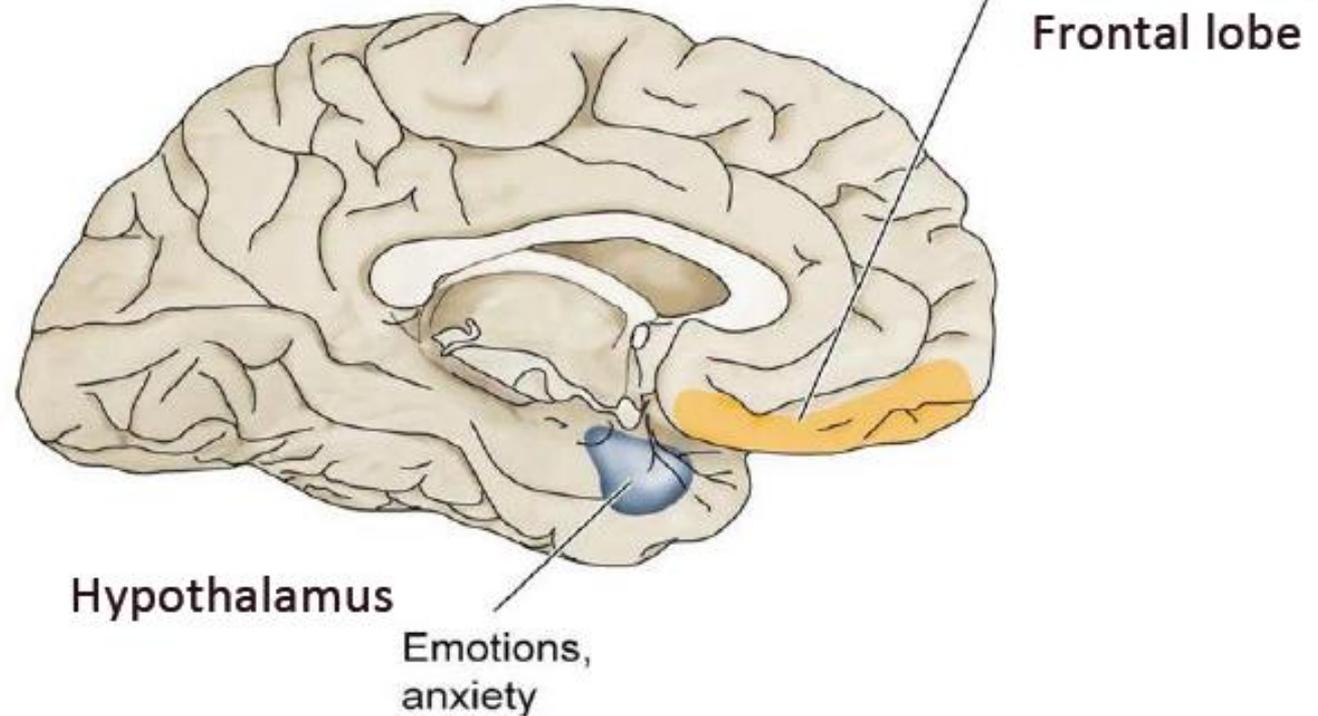
# Brain Regions Targeted

**Corpus callosum**  
**Executive function**

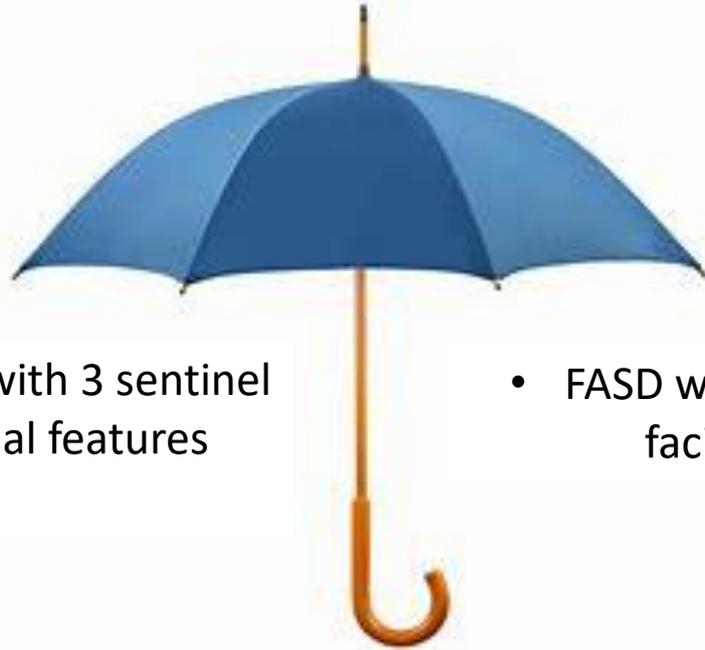


**Hippocampus**  
**Learning and memory**

# Brain Regions Targeted



# FASD Is Now A Diagnostic Term



- FASD with 3 sentinel facial features

- FASD with < 3 sentinel facial features

# FASD – Cognitive Deficits

Patchy/foggy memory

Concrete reason and thinking (inability to understand metaphorical and abstract thinking).

Distractible: too much stimulation --> increased strain and fatigue.

In order to be diagnosed with FASD, individuals need to experience severe cognitive deficits in 3 neurodevelopmental domains.

Children with FASD won't always have a lower IQ but will have trouble applying their intelligence in everyday life. May not exhibit facial dysmorphology.

How might these affect a child with FASD? Hold a brief group discussion.

# FASD In The Justice System

In Western Australia:

89% of youth in the justice system experience a neurodevelopmental impairment.

36% of youth in the justice system have FASD.

Roughly 60% of males (10-31 years old) diagnosed with FASD

(<http://bmjopen.bmj.com/content/8/2/e019605>)

# What to Expect From a Child with FASD

Trouble adjusting/coping to change.

Impulsivity/poor judgement

Inability to foresee consequences of actions

Trouble reading social cues and body language

Trouble self-regulating emotions.

Trouble expressing themselves via speech.

Issues with theory of mind/perspective

How might these affect a child with FASD? Hold a brief group discussion.

# Where to From Here?

FASD impacts cognition and behavior. As therapeutic helpers, we need to cater for these changes.

We need to create **consistent, respectful and predictable** environments in which we can interact

**Structured, repetitive routines** and interactions with **supervision** (inability to visualize future consequences).

**Positive change is possible**, but we need to adapt our approach and cater for the difficulties FASD introduces

# The 8 Magic Keys – Supporting Youth with FASD

## 1 Concrete

- Keep it **concrete**: Refrain from using phrases with double meanings or cliché's. Avoid figurative, ambiguous and idiomatic speech

## 2 Consistent

- Keep it **consistent**: Avoid change when possible. Limit changes to environment and use **consistent and concrete phrases**

## 3 Repetition

6

- FASD = Chronic STM problems. So; teach, reteach and teach again. Ask a child with FASD to explain a concept to you using their own words.

## 4 Routine

- Children with FASD cope much better with stable routines. Provide the child with a **reference** point to their daily **routine** (e.g. timetable).

## 5 Simplicity

- “Think younger”; make direct eye contact and deliver information **slowly, steadily and concretely**.

## 6 Specific

- Say exactly what you mean.

## 7 Structure

- Predictability and organization.

## 8 Supervise

- FASD = Naivety/unaware of consequences. Supervision results in patterns of appropriate and responsible behavior.

# Your Role: Therapeutic Helping

- **Anyone** can become a therapeutic helper.
- A therapeutic helper is someone that creates a **positive** and **transformational** experience.
- E.g. teacher, support worker, family member, friend.
- It is important that therapeutic helpers remain logical and calm → operate within logical brain.

During your time as a therapeutic helper, you need to:

- 1) **Ensure mastery:** The individual must control their own destiny.
- 2) **Emphasize significance:** The individual is unique and important, and the issues they are facing are significant.
- 3) **Develop a healthy & therapeutic relationship.**
- 4) **Be respectful:** Always treat the person with dignity and respect.

# Trauma



# What is Trauma?

Trauma can be simple or complex.  
Trauma has serious effects on a person and their surroundings.  
FASD/Trauma comorbidities; how the two interact and coexist.

**Simple Trauma:** The individual is exposed to a single traumatic event.

**Complex Trauma:** The individual is exposed to multiple, chronic traumatizing events which are often interpersonal.

Living with a neurological disorder such as FASD that introduces

chronic developmental adversities can be considered traumatic (Bath & Seita, 2018).

An individual experiences trauma, but trauma cannot define an individual.

*“The most important property of humankind is the capacity to form and maintain relationships. Relationships are absolutely necessary for us to survive, learn, work, love and procreate.” (Bruce Perry)*



# Protective Factors: The Power of Relationships

Protective factors for young people include:

- Loving relationships.
- Attachment to **at least** one other person.
- Strong family relationships, social inclusion, safe upbringing.
- Not experiencing a disability (mental or physical).
- Positive schooling environment.
- Feeling **safe, respected** and **related to**.



# 6 Key Neuro-Relational Beliefs



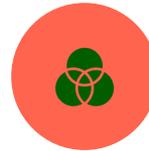
The brain reacts to every experience. We are a result of both good and bad experiences.



People are primary in relational change.



The brain will change for the better when trained individuals understand it's basic functions and needs.



Relationships and ecological factors = states and traits.



The more we understand, the more we can change.



Interventions are powerful and can support young people to do well.

# Part 1 What is FASD

## Questions and Discussion



# Part 2 Diagnosis and Assessment Process

Presented by Rowena Friend

# I think my child might have FASD

## What next?

One primary criteria in the assessment of FASD is confirming there was prenatal alcohol exposure.

Speak to the child's CPFS worker to see if they have any information on file and/or that they consent to the assessment.

Possible sources of information:

- CPFS records
- Medical records (both child or mother)
- Speaking to the birth mother herself
- Reliable sources who witnessed the mother drinking alcohol

\*can be obtained during the assessment process, but are great to be able to give to the assessment team as part of referral

# FASD Diagnostic Guidelines - Australia

Step 1: Assess prenatal alcohol exposure.

Step 2: Assess sentinel facial features.

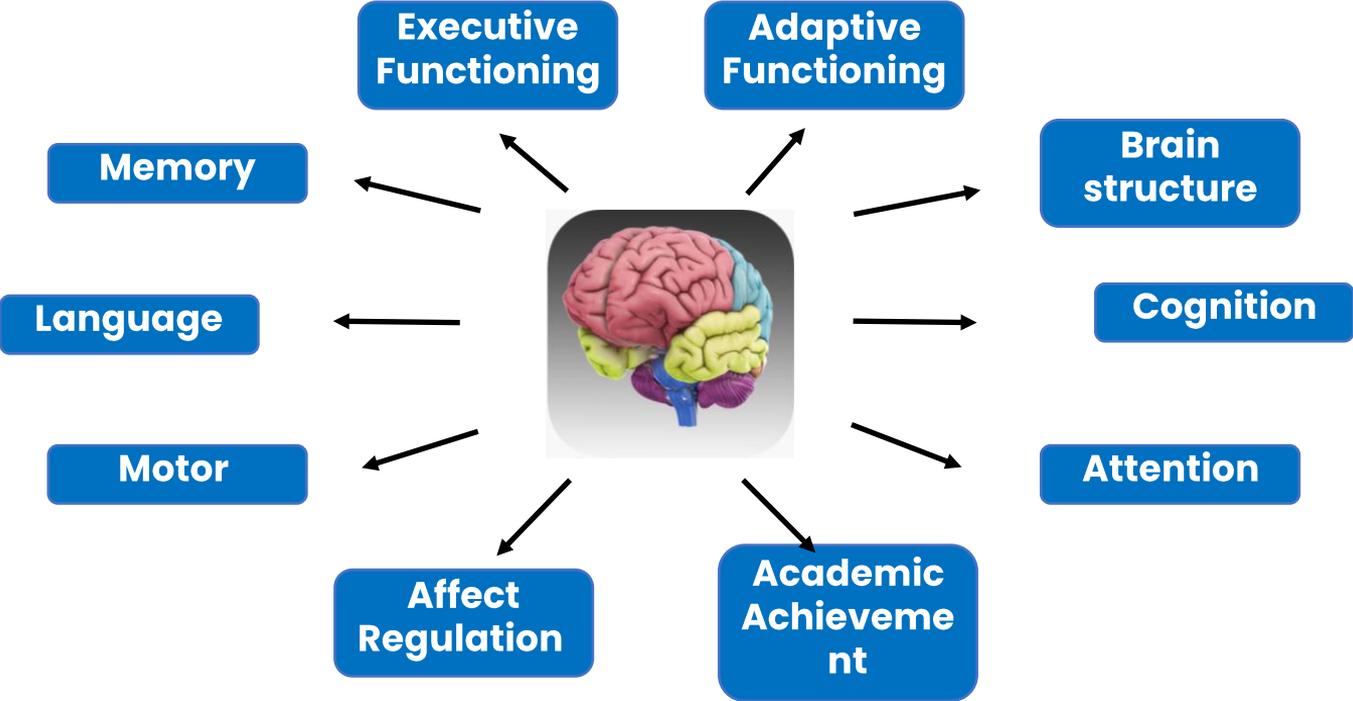
Step 3: Assess 10 affected brain domains:

- Brain structure/Neurology
- Executive Functioning
- Language
- Cognition
- Motor Skills
- Attention
- Affect Regulation
- Academic Achievement
- Adaptive Functioning
- Memory

Step 4: Determine severity of impairment.

Step 5: Require severe impairment in 3 or more domains.

# FASD Domains



# Where to access FASD Assessment and Diagnosis

In Western Australia there are multiple avenues for FASD Diagnosis

- WA Child Development Services: <https://www.cahs.health.wa.gov.au/Our-services/Community-Health/Child-Development-Service>
- Statewide Neurosciences Unit: <https://www.nmhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health/Specialties/Neuro>
- Multiple providers listed on the FASD Hub: <https://www.fasdhub.org.au/fasd-information/assessment-and-diagnosis/>
- **Patches Assessment Services:** A Multidisciplinary team of Paediatrician, Neuropsychologist and Speech Pathologist: <https://patches.com.au/what-we-do/assessment-services/>
- Private and WA Health Paediatricians – for medical screening in metropolitan and regional / rural areas
- Child and Adolescent Psychiatrists – for consideration of mental health issues

# Diagnosis Process With Patches

- See a GP to obtain a referral for a FASD assessment with Patches (GP referrals are valid for 12 months).
- Complete the Patches General Information Form (including consent from legal guardian).
- Obtain any relevant reports from Medical/Allied Health Professionals that the child may have previously seen (School psychologist, Speech Therapist, Occupational Therapist, Paediatrician).
- Send request through to our Patches Assessment Services Team at: [diagnosis@patches.com.au](mailto:diagnosis@patches.com.au).

# Information Form



Assessment Services  
General Information Form

## Client details

Family name

Given names

Other names

Date of birth

Hospital of birth

Biological Mother's name  Ethnicity

Gender  Male  Female  Other

ATSI details  Aboriginal  Torres Strait Islander  Both  Neither

Preferred spoken language

Legal Guardian

Relationship to the patient

Residential address

Postal address

Postcode:

Postcode:

Phone number ( )  Email

Person completing referral

Relationship to the patient

Phone number ( )

Email



Assessment Services  
General Information Form

Medicare Card Number

IRN (Place on card)  Expiry date

CRN

## Additional details

Previous diagnoses

This referral is for:  Paediatrician only  Global Developmental Delay  ID  Autism  
 ADHD  Neuropsychology  Psychiatry  FASD  
 Other:

Are there any current consent orders or legal proceedings in relation to the child?  Yes  No  
Details:

Patient in care of Child Protection & Family Support?  Yes  No Case worker:

Contact details  
Email  Phone number ( )

Carer details  
Name  Email   
Phone number ( )

Patient known to Child Development Services?  Yes  No Service:

Contact details  
Email  Phone number ( )



Assessment Services  
General Information Form

Patient known to Aboriginal Health Service?  Yes  No Service:

Contact details  
Email  Phone number ( )

## Development

Has the Patient had developmental assessments in the past?  Yes  No If yes - Service(s)

Clinician details

Were there any concerns during the pregnancy with your child?  Yes  No

If yes, please list

Did the child's mother use alcohol or other drugs during pregnancy?  Yes  No

If yes, please give details

Was your child born to full term?  Yes  No At how many weeks' gestation were they born?

Did your child have any health concerns at birth or before their first birthday?  Yes  No

If yes, please give details

Did you ever have any concerns about your child's development?  Yes  No

If yes, what were you concerned about?

# Information Form



Assessment Services  
General Information Form

Have you ever seen any health professionals about your child's development?  Yes  No

If yes, please list

Are there things that you need to help your child with that you would expect them to be doing by themselves?  Yes  No

If yes, please list

What do you think your child is good at?

## Medical

Does your child have any ongoing health concerns?  Yes  No

If yes, please list

Is your child currently taking any medication?  Yes  No

If yes, please give details

Has your child needed to go to hospital?  Yes  No

If yes, please give details including which hospital



Assessment Services  
General Information Form

How would you describe your child's sleep?

Do they have any difficulties with eating?  Yes  No

If yes, please give details

## Speech Pathology

Has the Patient had Speech Therapy treatment or assessments in the past?  Yes  No

If yes, please give details

Clinician details

### Current Concerns (please list)

Speech/Articulation

Language comprehension/  
Understanding spoken language

Phonological Awareness/Literacy

Social skills

Stuttering (Length of time)

Voice

Feeding/Eating/Swallowing



Assessment Services  
General Information Form

## Occupational Therapy

Has the Patient had Occupational Therapy treatment or assessments in the past?  Yes  No

If yes, service(s)

Clinician details

### Current Concerns (please list)

Eye-hand coordination

Fatigues during tasks

Difficulty with Pencil/Scissor skills

Difficulty copying or reading from a board

Sensory processing (e.g. difficulty with concentration or fidgety)

Personal care (e.g. toileting, dressing)

Feeding/Eating/Swallowing

# Information Form



Assessment Services  
General Information Form

## Physiotherapy

Has the Patient had Physiotherapy treatment or assessments in the past?  Yes  No

If yes, service(s)

Clinician details

### Current Concerns (please list)

Not reaching motor milestones

Clumsiness

Moving awkwardly

Poor posture

Poor gross motor skills

Poor ball skills

Biomechanical (eg. Hip, foot dysfunction)

## Psychology

Has the Patient had Psychological treatment or assessments in the past?  Yes  No

If yes, service(s)

Clinician details

### Current Concerns (please list)

Behavioural concerns

Cognitive difficulties

Related history



Assessment Services  
General Information Form

## Other

Do you have any other concerns?  Yes  No

If yes, please list

What do you hope to get out of a Patches Assessment?

How did you hear about Patches?



Assessment Services  
General Information Form

## Patient/Legal Guardian consent

Your consent gives permission for your child (the patient) to be seen by the Patches team until your child is "discharged from the service". You may formally withdraw your consent at any time.

I give my consent for Patches to:

- Undertake assessments and therapy interventions at any site, including schools and clinics
- Obtain, release and exchange reports and relevant information (both written and verbally) with other agencies and individuals as required including:
  - › The patient's school, including school Psychologist service reports
  - › The patient's nominated GP
  - › Aboriginal Medical Services
  - › Any relevant Medical or other Child Development Services
- Make audio and/or visual recordings of my child for assessment, management and therapy purposes
- I understand that Patches is obliged to release relevant information to the Department of Child Protection pertaining to patients in care
- I understand Patches will not administer any medication to my child

### Research at Patches

- As well as using the information we collect about your child for their clinical care, we also use it for research and evaluation purposes. For example, we might use your child's data for annual reports about our service, to look at ways we can improve our service, conference presentations and/or research publications.
- Whenever we present information, we do it so that identifying information is not included and you or your child cannot be identified e.g. we do not use your child's name.
- We sometimes work with researchers from outside our clinic. The research we do is approved by a Human Research Ethics Committee and tends to look at groups of people rather than just one person (e.g., what was the average age of our clients).

- While there are no direct benefits to you or your child from letting Patches use your child's information for research, this information might help us improve our understanding and treatment of various psychological and medical conditions, potentially benefiting future patients.
- It is ok if you do not want your child's information used for research purposes.
- You can change your mind at any time after signing this Consent Form.

### Confidentiality

All medical records are stored securely. Only Patches staff members have access to these records, unless the law requires us to disclose it.

- Consistent with State Health policy and legal standards, all medical records are kept for a minimum of 7 years after the death of a patient and then destroyed
- Your child's information will be used as described in this form and not otherwise disclosed (unless disclosure is required by law).

If you have any questions, we can talk to you before you sign this consent form.

- I have read and understood the information provided above. Any questions that I have asked have been answered to my satisfaction.
- I understand that if I have further questions or I wish to withdraw my consent at a later date, I may contact Patches on (08) 6280 1299.
- I give my permission for Patches to enter my child's information into a database with the understanding that any information used for reports, conference presentations and/or research publications will be de-identified.
- I understand that the information I provide will be kept in the strictest confidence by Patches, unless obliged to release by law.
- I understand that, if I wish, I may ask for a copy of this Information and Consent Form.

## Signatures

Name of child/client

Legal Guardian Name

Legal Guardian Signature

Date

Send the signed and completed form to:

WA Email: [diagnosis@patches.com.au](mailto:diagnosis@patches.com.au)  
Fax: 08 6208 1202

NT Email: [ntdiagnosis@patches.com.au](mailto:ntdiagnosis@patches.com.au)  
Fax: 08 6208 1202

# Intake Process

## **Our team of clinicians will discuss the child's case during the Patches Intake meeting:**

- The clinicians review all information provided to us and determine the most suitable assessment for that child
- Patches Administration Support Officer then contacts the family or CPFS to discuss the outcome from the Intake meeting and allow the family to ask any additional questions they may have.
- Costs of the assessment are discussed, and if being funded by CPFS then approval for funding will need to be obtained.
- Patches Administration Support Officer will be in touch with the family or CPFS to provide the next available appointment date.

# Appointment Making Process

Patches Administration Support Officer will make contact with family or CPFS and arrange an appointment.

Questionnaires are sent to the family or CPFS for the family and teacher (if applicable) to complete 4 weeks prior to the assessment. Questionnaires that may be required are:

- Vineland-3 (daily life skills, communication etc.)
- BRIEF-2 (higher order functions like planning, problem solving)
- Connors (CBRS) (attention and behaviour)

Questionnaires are either submitted via the online portal and/or emailed back to [diagnosis@patches.com.au](mailto:diagnosis@patches.com.au)

# Appointment Day

FASD assessments are generally conducted on the same day by the following clinicians:

- **Paediatrician**
- **Psychologist**
- **Speech Therapist (or sometimes Occupational Therapist)**

What carers and clients can expect each clinician will do during the assessment ....

# Paediatrician

## 1.5 hours

### Family and child interview

- Discussion of goals
- Developmental history
- Psychosocial history
- Current concerns

### Medical examination of child

- Including height, weight, head circumference
- Assessment of facial features
- Contributes to **Brain structure/ neurology domain** and **facial features**

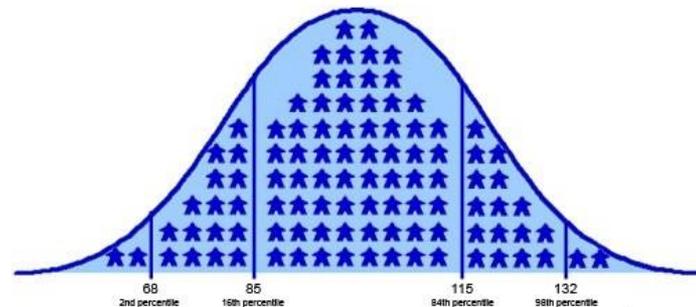


# Psychologist

## 3 hours

### Assessment Day

- Cognition – IQ assessment
- Attention – simple attention tasks
- Academic Achievement – reading, writing and spelling assessments
- Executive Functioning – higher order thinking skills, complex tasks, tasks involving multiple steps
- Memory – remembering stories, pictures, design



# Psychologist

## Assessment of questionnaires/background information

- Attention – carer/school questionnaires
- Academic Achievement – school records
- Executive Functioning - carer/school questionnaires
- Affect Regulation – mood and behavioural history
- Adaptive Functioning – carer/school questionnaires
- Overall, contributes to:
- Cognition, Academic Achievement, Attention, Executive Functioning, Memory, Affect Regulation and Adaptive Functioning domains

# Speech Therapist / Occupational Therapist

## 1 hour

### Speech and Language Assessment (Speech Therapist)

- Assesses both speaking and understanding
- Contributes to **Language domain**

### Motor Assessment (Occupational Therapist)

- Assesses both fine and gross motor skills
- Contributes to **Motor domain**



# After The Appointment

- All 3 Clinicians will discuss the case after the assessment and determine and agree on a diagnosis.
- A report is completed by all three Clinicians which is provided to the family or CPFS.
- The report will cover the information in the external reports that have been provided to Patches, the questionnaires completed by parent & teacher and the tests and examinations that were conducted on the day of the appointment.
- The Diagnosis is provided in the report.
- Recommendations are provided on ways the family and/or school can assistance the child with the challenges they face.

# We Have A Diagnosis

## Now what?

- Feedback appointments are available with the Paediatrician at an additional cost.
- This provides families or CPFS an opportunity to discuss the diagnosis and any further questions that they may have for the Paediatrician.
- Child may be eligible for NDIS funding.
- Therapy services available at Patches Therapy Services for additional support.

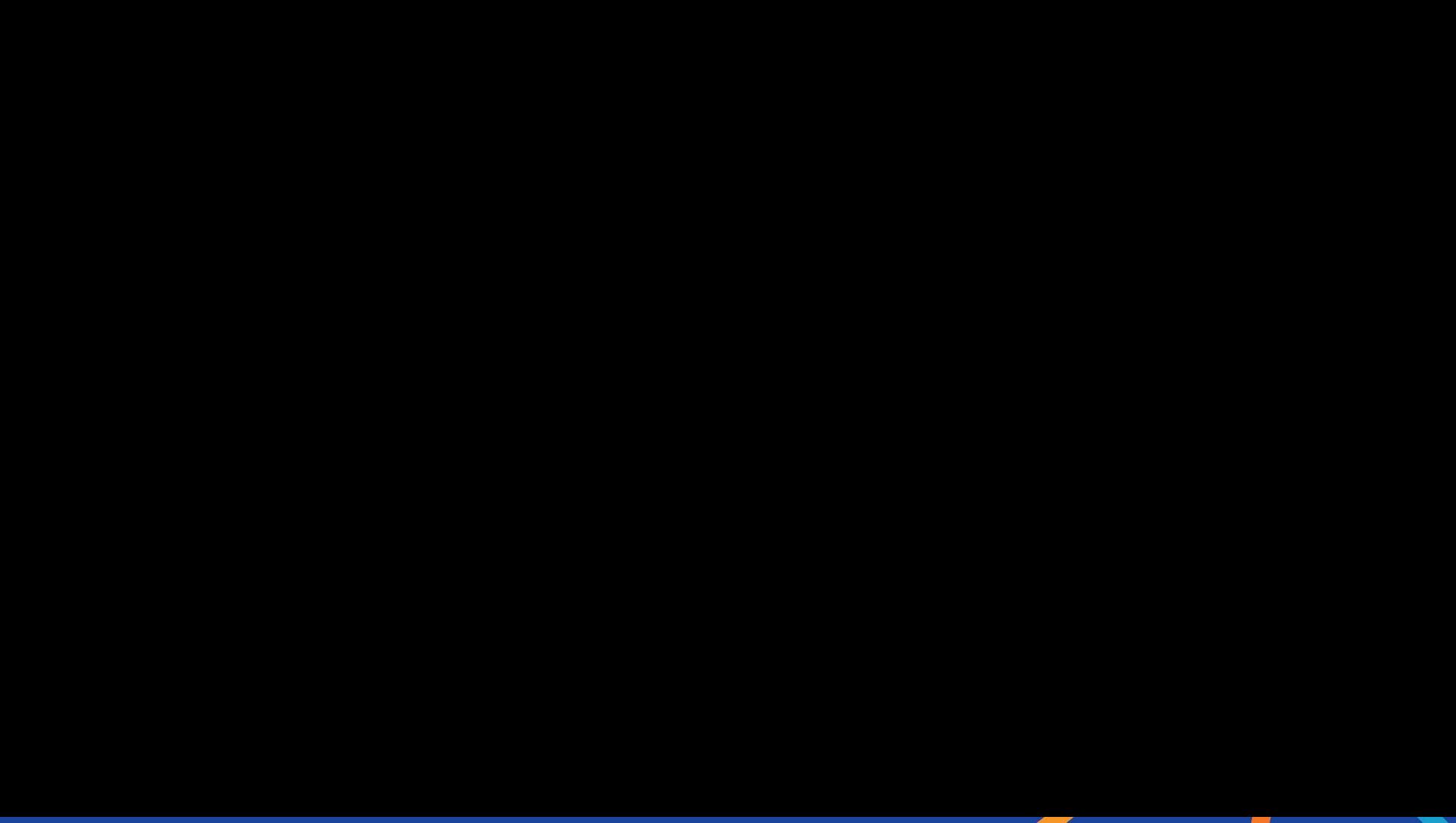
# Part 2 Assessment Process Questions and Discussion

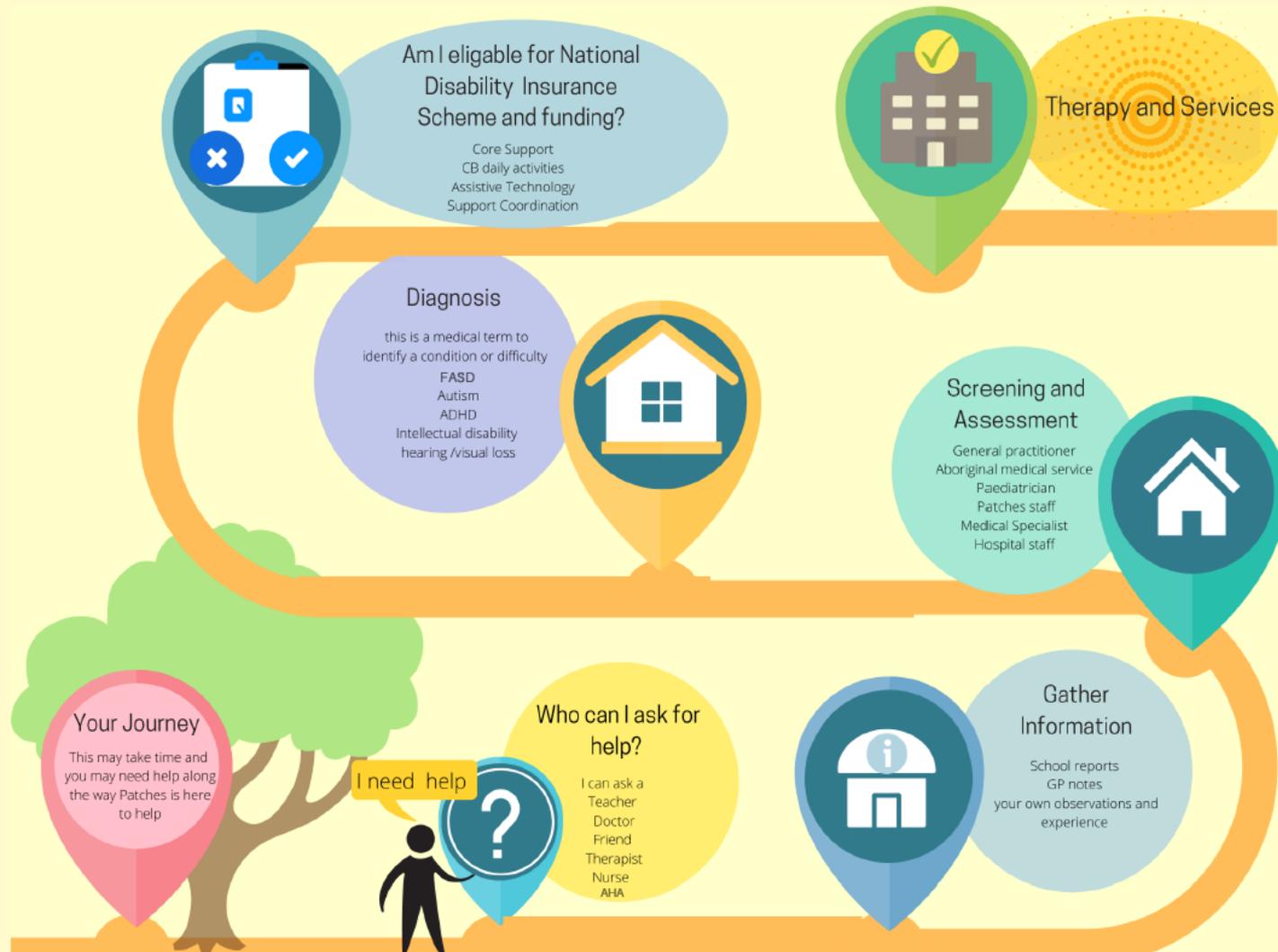


# Section 3 Model of Care Transition to the NDIS for therapy and supports

Presented by Jen Leahy







# Contacting The NDIS



We are a registered NDIS  
provider

[www.ndis.gov.au](http://www.ndis.gov.au)

1800 800 110

# Referral to Patches Therapy

1. Referral form is online at- <https://patches.com.au/referrals/>
2. Once your referral is received it will be allocated to a team leader.
3. You will receive a phone call from the team leader to schedule an initial appointment.
4. Please bring your NDIS plan and reports.
5. You will then be referred to a therapist to commence therapy and interventions.

# Therapy Available Through Patches



Patches offers a multidisciplinary team approach we have an experienced therapy team including;-

- Occupational Therapists
- Speech Therapist
- Psychologist
- Physical Therapist
- Educators
- Aboriginal and Torres Strait Islander Allied Health Assistants
- Behaviour support practitioners

# Occupational Therapy



# Occupational Therapy

Promoting quality of life and independence across the lifespan

- An Occupational Therapist can support children in all areas of life such as at school, at home and in the community.
- An Occupational therapist has a holistic view of the child and family and will work with all people involved to support and strengthen the child's skills.



# Self Help

Building independence through routines

Why are self- help skills important?

- Self- help or self-care skills are an important part of development. These are the first ways that children learn to perform necessary daily tasks

## **Four main types of self-help skills:**

1. Self-feeding
2. Independent dressing and grooming
3. Hygiene and toileting
4. Helping with daily chores

# Tips To Improve Self-Help Skills

- **Visual schedule** of the steps involved.
- **Reward chart:** Use this in the beginning stages so your child sees what they have completed.
- **Small steps:** Breaking down the task into smaller steps. This helps them master one part before moving on to another step. This also gives them a sense of accomplishment and makes them want to do more.
- **Routine:** Having the same routine will help them learn faster.
- **Consistency:** Keep instructions short and simple.
- **Pretend Play:** Children can practice these skills with dolls or stuffed animals.
- **Allow enough time:** If a child is rushed and not successful they will then be less likely to do this task in the future. You want to set your child up for success. Practice getting dressed or eating when you are home and not going out at a certain time.

# Sleep

Disruption to sleep is a common concern 10 tips

1. Set up a bedtime routine.
2. Relax before bedtime.
3. Keep regular sleep and wake times.
4. Keep older children's naps early and short.
5. Make sure your child feels safe at nights.
6. Check noise and light in the bedroom.
7. Avoid the clock.
8. Eat the right amount at the right time.
9. Get plenty of natural light in the day.
10. Avoid caffeine.

**Section 3 (Continued):  
Supporting a child with FASD through  
with Allied Health services**



# Exercise, Self-Regulation and FASD

## Presented by Josh Knuiman



# Exercise Physiology

Supporting self-regulation and creating opportunities for inclusion:

- An Exercise Physiologist specializes in using exercise as a functional tool for existing health conditions, and achieving participation and inclusion goals
- Exercise Physiologists work collaboratively with families and other therapists to incorporate physical activity as a therapeutic tool into young people's lives

# Cognitive Benefits

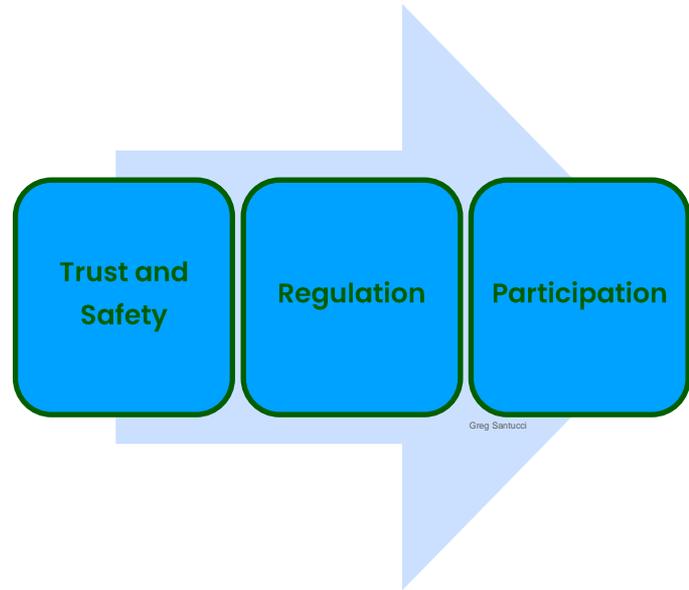
Exercise has been demonstrated to support:

- Improved mood
- Increased attention in the classroom
- Improvements in short-term memory
- Stimulate neuroplasticity



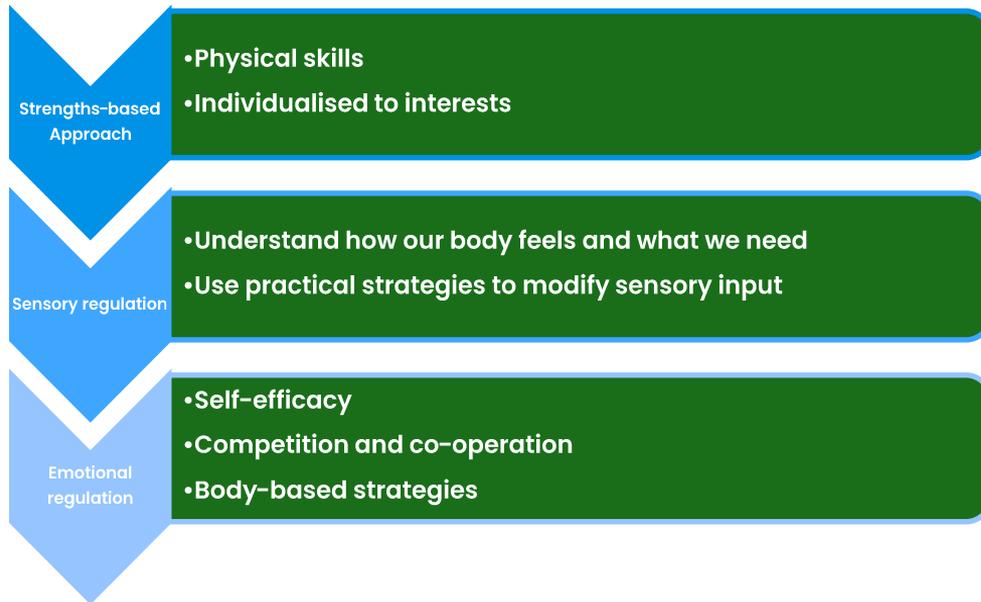
# Self-Regulation

"Self-regulation is the ability to monitor and manage your energy states, emotions, thoughts, and behaviors in ways that are acceptable and produce positive results such as well-being, loving relationships, and learning."



# Self-Regulation and Exercise

Exercise has the potential to positively affect self-regulation across multiple domains:



# FASD and Exercise



Exercise is an opportunity for inclusion, acceptance and self-esteem building.

# Self-Regulation and Exercise Tools

Physical activity is an opportunity to implement self-regulation and coping skills, and reinforce learning.

1 Concrete

2 Consistent

3 Repetition

4 Routine

5 Simplicity

6 Specific

7 Structure

8 Supervise

Vestibular



Proprioception

# FASD and Employment



# FASD and Employment: Context

- According to the Australian Institute of Health and Wellbeing (2020), people with disability are underemployed compared to those without –
  - Rate of employment in individuals without disability is 80%
  - Rate of employment in individuals with disability is 48%
- Significant proportion of people with FASD at significant risk of underemployment as they may lack the skills needed for long-term employment due to: e.g., disrupted education/academic underachievement, difficulties with independent living, incarceration history, etc...
- A main issue, however, relates to **cognitive and behavioural difficulties.**

# Cognitive/Behavioural Issues and Employment

Individuals with FASD can experience employment-related challenges due to cognitive and behavioural difficulties:

- **Processing speed and working memory**
  - Difficulties working quickly or grasping information quickly
  - Difficulties manipulating information in mind for higher order processing
- **Attention**
  - Difficulties concentrating/focusing
  - Difficulties resisting distractions
  - Proneness to making mistakes
- **Memory**
  - Difficulties remembering instructions
  - Difficulties remembering to do things



# Cognitive/Behavioural Issues and Employment (continued)

- Language

- Issues with communicating information and with comprehension.

- Executive Functions

- Difficulties switching between tasks/Transitioning
- Difficulties organising/planning
- Difficulties controlling impulses and controlling emotions
- Grasping concepts such as money, time (scheduling), basic math

- Social Difficulties

- Immaturity
- Poor inhibition



# Manifestations and Interpretation of Cognitive/Behavioural Problems in the workplace:

## Examples:

Cognitive Domain	What employer may see	What employee might conclude	Instead of...
Speed/Working memory/Attention	Slowness/Mistakes in completing tasks	Lazy, unwilling	Who often cares very much about doing well
Memory	Forgetfulness/Incomplete tasks	Lacking motivation	Who is struggling to do the best they can
Executive Functions (planning and scheduling)	Lateness/Missed shift	Disinterested	An individual with brain injury
Executive functions (impulsive/emotionally dysregulated)	reckless, rash decision-making	Careless	Has difficulty making sense of how their brain works

Adapted from: Makela et al.,

# FASD and Employment

Individuals with FASD experience employment-related challenges mainly due to:

**Cognitive and Behavioural Difficulties**

Medical Problems and Sleep

Problems with **adaptive functioning and activities** of daily living

Under-supported by social and health systems

Stigma

# FASD and Employment

People with FASD also have strengths and untapped potential:

## Heterogeneity of Presentation

Typical strengths include:

- Good communications skills (i.e., chatty and engaging)
- Loyal and friendly
- Generous and helpful
- Perseverance
- Creative and artistic (e.g., musical)
- Practical aptitude
- Good with animals, young children and the elderly



# Current Work to Address Employment Issues in WA

## Patches in collaboration with University of Western Australia

### Aim

Enhance understanding of FASD within the criminal justice system and employment settings

### Activity 1:

Develop and Disseminate Resources within Employment and Criminal Justice Settings

### Activity 2:

Develop and Pilot Employment Pathways



**Duration**

1 May 2020 to  
30 November 2022

Funded by  
the  
Department  
of Health

# Objectives



Update existing FASD Resources to include contemporary views on FASD and include practical strategies to enhance interactions between people with FASD, employment consultants, the justice and policing workforce

Develop an understanding of the ramifications for people with FASD within employment settings and the criminal justice system.

Distribute a suite of FASD Resources in employment settings and the criminal justice system.

Increase awareness of FASD in employment settings and the criminal justice system

# Expected Project Outcomes

Increased knowledge and awareness in employment settings and the justice and policing workforce about the impacts from FASD on the physical, cognitive and behavioural capabilities of a person with the disorder.

Improved systems and processes for people with FASD entering, navigating and exiting the criminal justice system.

**Expected outcomes**

Improved employment opportunities for people with FASD.

Increased Resources to people in employment settings and people in the criminal justice systems to support people with FASD.

**We Welcome  
Questions and Discussion**

