Centre for Inclusive Employment

Centre for Inclusive Employment & Disability Employment Australia
Lunch & Learn session | Wednesday, 26 August 2026

Understanding FASD in the Workplace

Speakers: Robyn Smith, NOFASD Australia
Host: Renae Hartmann, NDIS Policy Manager, Disability Employment Australia

RENAE HARTMANN: Good morning everyone, if you are in the west good afternoon. If you are everywhere else in the country, my name is Renae Hartmann, I am the NDIS policy manager for Disability Employment Australia. I'd like to start this Webinar with an acknowledgment to Country. Disability Employment Australia acknowledges and pays respect to the past and present Traditional Custodians and Elders of the lands on which we are meeting on today. I come to you from the near Bardi Jawi lands in the western desert area of the Pilbara in Western Australia. I'd like to acknowledge the continuation of culture and education and practices of Aboriginal and Torres Strait Islander peoples, and I extend that respect and acknowledgment to any Aboriginal and Torres Strait Islander peoples on the Webinar today.

So just want to introduce these Lunch and Learns. If you haven't been on one of our Lunch and Learns before, these sessions are delivered by the Centre For Inclusive Employment in partnership with DEA, and the Centre supports providers with practical resources tools and training to help deliver high quality employment services for people with disability and employers. These Lunch and Learns will not only be sent as resources to you after the session, they are also on the Centre For Inclusive Employment online hub. Disability Employment Australia is the peak body for the National peak body for representing disability employment providers. The Centre is delivered by a National consortium led by the centre for social impact at Swinburne University of Technology bringing together research, lived experience and sector expertise. So just a bit of housekeeping now. We have a live captioner with us, thank you Mel, and this is being provided by Expressions Australia. We also have our Lunch and Learn

Webinar guru Liv from DEA in the background and she'll be supporting additional information in the chat so she'll pop in the chat now how you can access that captioning. This session will be recorded and will be available to view on our online hub along with the slides and transcript.

So without further ado I'd like to introduce our speaker today. In this session we will be joined by Robyn Smith from NOFASD Australia. Robyn Smith is the Helpline services manager. Robyn has extensive experience supporting individuals and families affected by FASD drawing from both her professional expertise and personal journey. Her work spans aged care programs, parenting advice and support programs, offender reintegration and transition strategies for school students and youth at risk. Robyn is dedicated to raising awareness and advocating for better supports and outcomes for people affected and impacted by FASD. There will be an opportunity to ask questions and you can use that Q&A feature in Teams and we'll work with questions at the time or we'll wait for the end of the session. We'll see how things are going. So I will now hand over Robyn. Thank you, Robyn.

ROBYN SMITH: Thank you, Renae. Thank you very much and thank you all for joining me here today. I'd also like to say that NOFASD Australia acknowledges and pays respect to past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples. So today we are going to have a look at what is FASD. So when women consume alcohol but what happens with that? How does a person present with FASD? What sort of signs would you see that a person may have FASD. FASD is very much under diagnosis. Also when I am talking about FASD I am talking about Fetal Alcohol Spectrum Disorder. I am going to look at some strategies to work with them, and some adjustments you can make and then we'll have a little bit of time for any questions that you might have coming through there. So what is Fetal Alcohol Spectrum Disorder? It is a term we use to describe the physical and/or the neurodevelopmental disorder that can result from prenatal alcohol exposure. FASD is caused by alcohol exposure. We know drugs causes brain injury as well, but we are talking with FASD we are purely talking about alcohol. Alcohol is a poison, it is a teratogen, and it is an agent that is known to cause birth defects and permanent brain injury in the fetus. It can affect the developing baby at any stage during the pregnancy. This is a video here that I just would like to show you, because I think it can explain much better than I can the affect that

alcohol has on the brain.

VIDEO PLAYED-

"The impact of alcohol on the developing brain affects individuals differently. Based on the pattern of brain growth, we know that the greatest areas of difficulty will typically be in regions of the brain that are further from the brainstem. The impact on specific neurons depends on the timing of the brain exposure. The brain grows from bottom to top. It begins in a tube and it is from this tube that brain cells move upward and outward to gradually grow the brain. First brain cells that support cells of the brain begin to move upward and outward branching out from the tube forming scaffolding called neurons. The neurons climb up the scaffolding moving to a specified location, and in some cases, replicating to form more neurons. Some neurons have a short journey, others have a long journey. When alcohol is introduced to the process of brain growth it may disrupt the cells in many ways damaging the basic scaffolding, confusing the neurons so they are unsure of where they need to go and/or killing the neurons. Because of the upward and outward progression of the neurons and cells the neurons that may be more vulnerable to the exposure of alcohol are those with further to travel as there is a greater likelihood of misdirection. Alcohol exposure before birth can cause brain injury which is permanent, but challenges faced by individuals with FASD are a result of these injuries to their brain. When we understand this we can focus on supporting individuals to develop personal and social capability and the knowledge and skills required for learning and communication."

ROBYN SMITH: That is very important to keep in mind too when you are working with someone with FASD. It is also very important to keep in mind that sometimes there is 9 domains of the brain that are looked at and sometimes they can be different. So strategies that may work for one person that has FASD may not work for another person that has FASD. But generally there is a lot of common traits and so that's what I am going to be discussing here today with you today.

So in the diagnostic process there are 3 sentinel facial features, they are the philtrum which is the little groove at the top of your lip there and a thin top

upper lip and also what they call pupillary distance, which is the distance you can see on the arrow from A to B. Each culture has a different chart, but they are the only alcohol is the only substance that causes these 3 sentinel facial features, but they are only formed on 4 days of the pregnancy, day 17 to day 20. So if there is no alcohol in that period of time there are no facial features. That actually means someone that is living with FASD looks like everyone else, because they have a brain impairment which can't be seen. So this is where it is very hard sometimes you know when you can see a person has a disability like if someone is in a wheelchair you wouldn't ask them to get up and walk around the room, but if someone has FASD people often expect them to understand what they are saying and to answer straight away.

So the 9 domains that are looked at are communication, includes how a person understands what is said to them, how they express themselves using words and sentences. The use of grammar, sometimes their vocabulary and sentence structure doesn't quite makes sense and sometimes they don't understand what words mean and relationships. There is also motor skills there, so the motor skills, just being able to complete written forms may appear slow or clumsy or uncoordinated when completing tasks. There is also the intellectual ability which covers reasoning, so understanding information and making sense of it, problem-solving, figuring out solutions, abstract thinking, understanding ideas that aren't concrete, working memory, holding information in mind, slow processing speeds as well. Then we look at attention. So it is difficult - the person often has difficulty in concentrating and focusing, so they have difficulty staying focused on tasks or instructions, may appear restless or struggle to sit still, may also act impulsively without thinking. There is memory, difficulty remembering rules, routines or instructions and sometimes too many instructions at one period means that that one time they won't remember. So difficulty in remembering is very much there as well. We have the executive functioning, which is our ability to plan and they'll have trouble with planning, problem-solving and organisation. Also trouble in completing tasks, understanding what is wrong and the consequences of actions, and difficulty controlling emotions. Then we have the emotional regulation, so emotional responses may be intense or fluctuate quickly, may struggle to manage stress, frustration or conflict. There is also the literacy and numeracy skills, so reading and writing skills can be sometimes not very good, and then we have the adaptive behaviour and social functioning. So they may have a lack of empathy, social judgment and communication skills. So it is permanent damage, unlike stroke that sometimes if a person has a stroke, they are able to learn again

because those brain neuropathways are there to start with and they are able to relearn. But that does not mean that someone with FASD cannot learn. People with FASD are able to learn, but they learn differently. Quite often they are very hands-on, they learn by looking and doing. They can quite often have amazing skills in being able to do things like music, pick up and play a tune just purely by ear. So they can have some exceptional skills as well. One of the common things with an individual that has FASD is developmental delay. We actually call it dysmaturity. So what that means is a person that you may be working with, they may be 20 years of age, but socially, emotionally and mentally they may be a much younger age and sometimes quite often half their chronological age. So this 20 year old that you might be working with might be socially and emotionally that of an 8 or 10 year old person. Dysmaturity is very complex. So you may have an actual 18 year old who has got through school, they have extremely good expressive language. People with FASD want to fit in and they want to be liked, so their expressive language is usually very, very good. This 18 year old, possibly gone for a job interview, was able to talk the talk absolutely fine, got the job, has the reading ability of a 16 year old, so may be able to get away with that okay. Living skills of an 11 year old. So they come into work not showered, hair not done. Money and time concepts, they are very difficult because they are actually abstract concepts, so time and money they might go to lunch at 12 o'clock and not come back until about 3 o'clock in the afternoon. After their first pay they may go down to JB Hi-Fi and blow the whole lot on games. They have nothing to live on again for the rest of the fortnight. The social skills of a 7 year old, so maybe very, very immature. When they are talking to other work colleagues they may be saying dumb jokes, very, very strange and reading and comprehension maturity of that of possibly a 6 year old, which they get very upset if the boss says that, "Oh my goodness that work is not good" they'll get very upset and angry over it. With memory distortions and perception, how I like to describe it, I am very old school. If say you asked me a question and you asked me where Coles is and I'll go up into this little room in my bring and I will have neatly stacked filing cabinets, all stacked (a) to (z) and I go into (c) and then in (c) I go into (d) and bring out directions. So I am able to tell you straight away where Coles is. But if you go into that room of a person that has FASD, you will find filing cabinets up-ended everywhere, files scattered all over the place. So it might be a case where if you ask them where Coles is they actually have to search through all those files to find that information. So sometimes we do need to give them longer time to actually think about this and to be able to come up with the answer.

So some adjustments you can make for this. So what you might see is lateness or missed shifts. It looked like the individual is disinterested, they don't care. Instead of what's really happening, this person has a brain injury. Forgetfulness can be lacking motivation. Instead, it can be someone who is struggling to do the best they can. Incomplete tasks or messy work, it may look like they don't desire employment, but really that is someone who really wants to succeed. Mistakes in task completion, may look like they are lazy. This is someone who very much cares about doing very well. Reckless or dangerous behaviour, they can sometimes look like they are just careless, but this person has difficulty making sense of how our brains work.

So adjustments you can make and things you can do, when the person comes into you and an adult comes into you and they are looking for a job, you might need to delve in a little bit there to find out what they do in their spare time. Sometimes it will be difficult for them to explain what they like and what they don't like. You can find out by asking operative questions. "Who do you hang out with? What do you do?" If this person is quite a loner, they might be much better off getting a job in a factory or somewhere where they don't have to interact too much with other people. If they are very social they might be better in a retail job. Do they like to play sport, what sort of - do they like to work with animals, if they play an instrument and ask them, "What sort of job would they like?" Sometimes when they answer that it might be like they might like to be a rocket scientist, but you know that's not going to happen. So this is where getting a little bit of a background on them to start with and then talking about things that might interest them to give them and to give you a little bit of an idea of how to work with them.

An example of FASD in the workplace was Jacob. He is 23, he has had 5 jobs since leaving school, but has not lasted in one more than a week. What's happened usually he can't remember what to do, he doesn't turn up on time, it might start out alright, but he's been in and out of employment. Then he went for a job at Dominos Pizza Hut and he was there for 5 months and seemed to be doing really, really well. Actually, he realistically was doing more than really well. After about four and a half months the management looked and sort of saw how good he was doing, he was very keen and they decided to promote him and put him on the phones. But why Jacob did so well in Dominos because he was putting pizza tops on the pizzas, so there were stations there, so the Mediterranean pizza he had all the ingredients right there to show what to put

on the pizza. The Hawaiian pizza, each station had all the ingredients there to he knew what to put on those. When he got promoted and went on to the phone orders, he got every one of them mixed up, it was just a nightmare in every way because he was just mixing it up all the time. What happened instead of going to management he was so upset with himself and so embarrassed he just left, instead of going up to them and say, "This is not working out for me, could you put me back on to the pizza toppings?" So it is about having that understanding and sometimes shifts in jobs, somewhere where the routine and the structure which we will have a look at in a minute are some of the things that people with FASD work really well in. So another example is Emma is 18 years old and she has FASD and has just got her first job in the local café. What happened there, before she went to work she was prepped by mum and Grandma, they were telling her the main thing you've got to do when you get a job is listen to the manager and he'll tell you what to do; you just do what he says. That was fine. After a couple of days at work there, she had been at work there, she was doing quite well and the manager came in and of course it was explained to her to begin with on the first day that the main task was to serve the customers, the customers must come first. The manager came in and it was quiet, there was no customers there, so he said, "Can you fill up the salt and pepper shakers here behind the counter make sure they are all full?" That was fine, she started to do that but then customers started coming up to the counter, she totally ignored the customers. It wasn't until the manager came up to her and got quite upset with her, "Why aren't you serving the customers?" It was because he had told her to fill the salt and pepper shakers. It is very, very concrete doing exactly what's asked of. So he should have actually said, reminded her that you only do that if there is no customers, because she had forgotten what she had been told a couple of days prior to that.

So the impact on the individual is difficulty in remembering tasks. We have speech and language disorders that can contribute. Difficulty with reading comprehension, quite often might be able to read it out to you, but the comprehension of what they are actually saying, or what they are reading does not happen. As we said often there can be literacy, numeracy and abstract thinking difficulties.

Also impulsivity. This is Ricky and he is just giving a little bit of an idea. He'd love to drive, but with his impulsiveness he knows that he can't.

"I want to drive, but I can't because it is dangerous for me because what happens if I drive I might want to go my speed limit and that will be not appropriate for the rest of the people and I will get in trouble with that. I am driving in a car with my mum and I happen to see a stray dog, I wanted to get - lucky my mum cut me by the string of my thing because I opened the door, swing door, and I was about to go in the four lanes of the freeway and my mum grabbed me just barely by the tip of her hands, or else I would have maybe got hit or something. That's the types of things I like to do guys. I just do it. I don't want to be going places with my mum. I want to be more independent than staying at home. It is not a seizure tick, it is not something I decide to do it, it just random comes. Don't know when it is going to - make me go out and do something destructive to somebody, I just do it."

ROBYN SMITH: I think there are two key things to keep in mind. First, dysmaturity: as I mentioned, a 20-year-old may function socially and emotionally more like a 10-year-old. By the time that person reaches 30, they may be mature enough to get a driver's licence. Second, FASD is a spectrum disorder, which means no two people are the same. While Ricky may not be able to get a driver's licence, others with FASD may be able to.

I love this analogy, and it really makes so much sense to me. It comes from a lady that lives with FASD. She said that living with FASD is like living every day with a lamp with a short in it. Some days it is bright and shining. On those days you can take in information, you can learn on those days, you can remember and you can do things on those days. The next day it might be flickering, so you might be able to do it in the morning but not in the afternoon. Then there is possibly days where absolutely nothing is going to happen, and they are days where they find it so hard to remember keep making mistakes, those sort of things. I really recommend later you'll be sent out some information and there will be up on the website, I believe too, there is a link there and I strongly recommend that you actually look at that and it is Myles Hendrik. He is an adult with FASD and I really encourage you to watch that. So there are 8 essentials to success here we have and I think that is structure. Routine and structure is so important for people who are living with FASD. It is the glue that holds everything together and they know what's happening. There is predict ability in routine and structure. So this is why often individuals with FASD are very, very good at doing things like factory work, or doing jobs where there is repetitive tasks to be done. But also when you are working with them you've got to keep

things concrete, so don't use words with double meanings or idioms. If you say, "Oh, you can did that that's a piece of cake", they are just looking around for their piece of cake, that's what they are looking for. Remember to also keep things very, very simple, keep it short, keep it sweet and try and not give too many instructions at a time. But the one thing with instructions - and I can't stress enough - is visuals are so good because they can actually see what to do then. So we need to use consistent familiar and predictable language and communication and responses. It might be see if they use the term "toilet" at home and you might go to them and say to them in the workplace, they are told, "Oh, the bathroom is down there, down the passage way and to your right. " They don't have a clue what a bathroom is, can't move language, everything has got to be consistent with them. You need to be specific and say exactly what you mean. There was a case of like if you ask them to go, "Oh, can you go and empty the rubbish bin in the kitchen please?" Quite likely what they'll do is go into the kitchen, grab the rubbish bin and up-end it onto the floor because that's what you've asked them to do, go empty the rubbish in the kitchen. You need more directions, "Can you go get the rubbish bin in the kitchen and take it outside please?" So you need to be very, very specific with what you say. Repetition, reteaching is needed frequently. This comes in, like to teach them it must be over and over and over again. Eventually they do learn, but also there is a memory, when they are learning something new it can take quite a while, so there is that repetition and there is the memory issue in there as well that they might have forgotten they've been told. Supervision, as much as possible, have as much supervision just to make sure things are on track.

So visuals, as I say, visuals are extremely important. They are extremely good. So having visuals like this, especially with sandwiches, taking photos, going in there, it is like what to do there. Now I can't stress enough how this second one on how to clean a floor is because something like I know when I was managing a shop when I was - many, many years ago I had a young 17 year old boy come in and he was neurotypical, and I asked him to wash the floor, and he didn't have a clue how to do it because his mum had always done it at home, so that's fine. So we do know that all tasks need to be taught. Visuals for someone who has FASD is excellent because you can tell them what to do but they will forget it the next day when they have to wash the floor. If you gave them this instruction of how to clean the floor that would be an absolute disaster. This is how not to do instructions. They must be step by step, but they must be very specific. If you have a look what it says there on the first step, fill bucket with water and floor cleaner. So they'll just keep filling and put the whole bottle of

floor cleaner into the bucket because that's what the instruction says to do. You could imagine the mess that you would have with the overflowing bucket of water and the suds going all over the place, it would be an absolute disaster. We must be very, very careful and very specific in cutting down tasks to make sure that they are very, very one step at a time.

The other one we have here is support strategies also with visuals. As I say time is very much an issue with individuals that have FASD. So we do have timers that go there. So quite often clocks are not so good, so either backward timers, sand timers are really, really good, they are able to show there, they can see because time is an abstract thing there, so it is very, very good for them to be able to see time disappearing because they can see it there.

So I do have any questions. I'd also like to actually before I go into any questions I would like to point out that we do also have, and there will be links to that on our website a foundations in FASD course which is 7 modules, it is online and it is free. It is a certificate course that you can do afterwards. But this actually does give you an in-depth look, because I am afraid in a short period of time here and I am very keen because I would imagine there is a lot of questions that people might like to ask, so I would strongly suggest that you do the foundations in FASD course. We also have on our website a lot of information that is very useful and pages there on working with adults with FASD. So I would recommend that you have a look at that. So I would like to open up and see if there is any questions that anyone has.

RENAE HARTMANN: Thanks Robyn, that was so informative. I am going to jump the queue if you don't mind and ask some questions?

ROBYN SMITH: Certainly.

RENAE HARTMANN: So look, I am just trying to visualise it from supporting someone on the ground and I just wonder do you have examples where that support can taper off or whether can you support someone in an IEA program or do they really need an NDIS type of one-on-one mentor? Where can someone from an IEA provider get additional support to work out how much support to wrap-around? I guess the other part of my question sorry is that do

employment specialists need some guidance from an OT or something to provide them with the background of this specific person's barriers to their FASD diagnosis? Do you know what I am trying to say there?

ROBYN SMITH: I do, I do exactly and very good questions. Yes, the one thing is - and this is one thing that is very hard with Fetal Alcohol Spectrum Disorder there is no two people the same. So what will happen there when someone presence with a diagnosis of FASD it will be a case of, okay, this person has FASD, but it depends on where those brain impairments are. Some people will be able to hold down jobs, they will be able to - things are just a little bit more difficult for them. People with FASD are really, really good workers. Once they get to know, once they get over that they are one of your best workers because they love what they do and they can do it there. But it depends on the person, so I can't say every person needs - there will be some that need more support that need one-on-one, but not everyone that has FASD needs one-on-one. With their diagnosis it is very - it is a very good and important with them too that the diagnosis is understood and if you sit there, if they have their diagnosis with an OT report that can also give you a little bit of steps to go there. But I think the main thing is to work with the employer, for you to actually set up meetings with the employer explain, work out with this person to start with where their strengths are, where their weaknesses are. You can get some of that from the diagnosis, but you can also get some of that from the person themselves. You can ask them what their strengths are, what they like doing. You can also go through and make sure that they have visuals in the workplace. So we can do some of those visuals really well and even go to the employer and say, "Look do you mind if we take some photos?" So to have photos that they can put up there and instructions there. So the thing is visuals don't disappear. Words disappear. So this is where it is very important that the visuals go there. I think to start with it is about working with them, finding out the strengths of this person who has FASD, finding out what sort of employment you think they'll like because often they don't know themselves. As I say, if they are a loaner, if they are social, if they are not social, that can blend into what they are doing as well a little bit there. So I hope that's answered it properly?

RENAE HARTMANN: Yeah, absolutely. Thanks Robyn. I do have - we do have a question in the Q&A section from Rod. What are some of the common assumptions people make of someone living with FASD in the employment context?

ROBYN SMITH: That they understand exactly what you are saying. That is so common for someone and you say, "Do you understand?" They say, "Yes." That is one of the hardest things. Very good question Rod because that is one of the hardest things to overcome, because you ask them and they say, "Yes I do understand" because they are actually wanting to please you and say that they do, but they actually don't understand. Sometimes it is about asking them, "Oh, that's great, can you show me what that means?" Then you get the understanding, okay, maybe you don't actually know. Make sure that you say to them, that, "That's okay. I did wonder. We just need to do it this way or do it that way." Then sometimes give them options of what, "Would you like to do it this way or that way?" But that is one of the most common things is people think that they understand. Also that the processing time. Sometimes you need to give that person a little bit more time just to process what you are saying. So they have learnt over the time though that everyone wants answers straight away. We say quite often that 10 second people in a 1 second world. You ask a question, you want it straight away. You cannot believe how long 10 seconds is. It is just like...(long pause). That's 10 seconds. Now, that's a long time. If I just asked you a question at the beginning of that, you are saying, "Oh, did you hear me? Robyn, I asked you a question. Where is Coles?" Is that sort of thing. You need to give them time, they are not being rude. This is where sometimes they will answer with something they don't know straight away because they know you expect an answer. If you ask them something, they'll just say, "I don't know", so that will be there go-to answer because they haven't had time to actually process what's happening there.

RENAE HARTMANN: Thanks Robyn.

ROBYN SMITH: I see Melanie.

RENAE HARTMANN: I have just got a comment. Melanie or Melissa, I believe you do have something - Melanie, yes, sorry, I will go back to Q&A. I was in chat. Melanie asked where would we send them to get external supports outside of work if they had no DSP or NDIS unlimited family support? Common.

ROBYN SMITH: Unfortunately, and I hate to say this, but this is where they slip

through so many cracks and unfortunately there is not the support there. It is so unfortunate too that many people with FASD don't get a diagnosis and they slip through all the cracks during schooling and growing up. Once you turn 18 unfortunately it is very, very expensive to get a FASD diagnosis, even prior to that. A lot of these individuals with FASD do come in out-of-home care as well. It is very, very sad that they do not get that diagnosis when they are in out-of-home care, because that is what actually gives them the support, gives them the understanding. So if they do not - I take it Melanie you think if they have FASD they would be able to get NDIS support I am assuming this is if they are undiagnosed, you are saying there. Unfortunately there is not that support there.

RENAE HARTMANN: There also is that notion with the NDIS that sometimes, depending on the functional capacity that some people just don't make access even with the diagnosis. So there is certainly those challenges.

ROBYN SMITH: Those challenges, yes. Sometimes - and I must admit sorry, Renae, I will just say too and I will put that in there, because depending on the - what is quite sad is with the NDIS sometimes too the planning coordinator or support coordinator that is working with them quite often doesn't understand FASD as well, so does not give access to what the person actually needs. So we do, as an organisation we actually support and we can advocate for someone that has been knocked back if the impairments - I have seen what you couldn't imagine incredible impairments that they have been knocked back from, but we can advocate for that. Sometimes that's purely the misunderstanding of the person who is in control of that yes or no to whether they get access, or not. So there is another way of that too.

RENAE HARTMANN: Yeah. Thank you, that's excellent to know that you have an advocacy group there that people can go to. Melanie was just coming back to you there where it has been on the assessment that Inclusive Employment Australia consultant will get, however it is not recognised outside of that. So that's where they haven't got DSP or they haven't got NDIS or other supports. So that can be challenging for when you are working with someone one-on-one where this is the information you've been given to work with, but that's not recognised. So I just want to quickly go to some comments outside of the Q&A before we close. So Melissa says, "Thank you, I have custody of my 9 year old

grandson who has an official diagnosis and you have summed him up perfectly. No two minutes are the same. What works today will not work tomorrow, and don't forget no emotional stability." Paul, "I find my director called it quits with a client when my client lost his third job with me. It all was okay with him until I started fading - until I started fading in my employment support. Out service was for people who could be independent unfortunately. I wish I was able to help him." This is difficult for people who work in this system when the system creates more boundaries than the barriers that our participants face, it is really soul destroying sometimes.

ROBYN SMITH: It is, I agree.

RENAE HARTMANN: Madeline says, "How significant is sleep disturbances in people with FASD? From a behaviour support perspective how can we best support this and what strategies are most effective?"

ROBYN SMITH: Yeah, that is a sleep is a very big issue there. Unfortunately that's something that needs to be gone through with a medical practitioner to actually do that. Sometimes things like melatonin can help, but they need to be careful. But sleep and eating disorders as well, and I say eating disorders, not necessarily just disorders, but things like forgetting to eat, not being able to sleep properly, those sort of things do play a very big part. When you are working with a person you are actually not sure what's happened, have they had lunch or are they really hungry? Is that why they are flagging? They actually don't realise that themselves. These sort of things can make a very, very big difference, even into whether it is hot or cold. Sometimes they just don't feel it or they won't see it, so it is about all of this emotional regulation and the environment around them that makes all the difference on day-to-day as well. This is where it is a tricky one and very hard for you because you don't know their personal life and how they have slept. Sometimes asking some of those questions too can be, especially if you notice they come in and it is freezing cold and they don't have a jumper, they may have forgotten to take it. So they are actually cold, it is not that they don't feel it, they are actually cold, but they didn't think to bring their jumper. Or it might be a stinking hot day and they have got a sweat shirt on. Those sort of things, reminding them, "Gee, you'd probably feel more comfortable if you took that sweat shirt off."

RENAE HARTMANN: We could go on for another half an hour, but we can't folks, we really do need to acknowledge our time and our time is up. Robyn that was excellent. Thank you so much. Just want to, guys, I am going to put a short poll in the chat. It is only 2 questions, it will literally take 5 seconds. It is very important for our Lunch and Learns if you could just fill those in, please? Additionally I would like to remind you that the resources will be made available to you, and to log your CPD points please so you can get your professional development points up. The next session will be held on the 9th of September and we'll focus on Psychologically Safe Leadership. So thanks everyone, thanks to Robyn so much and have a great fortnight and keep up the great work that you all do.

(End)