

## Before and During Employment Well-Being Assessment

The following chart<sup>1</sup> should be used by employment services professionals, ideally in consultation with the person with FASD, to assess and monitor the latter's well-being over time. The final table allows you to highlight concerns and target specific actions to support the employee with FASD (referred to as 'client' here).

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date of initial assessment: \_\_\_\_\_

<sup>1</sup> The charts have been adapted and reproduced with permission from Makela, Kapasi and Pei (2019).

Makela, M., Kapasi, A., & Pei, J. (2019). Guide for employment professionals supporting employment in adults with Fetal Alcohol Spectrum Disorders\_V2. Retrieved from [Supporting Employment in adults with Fetal Alcohol Spectrum disorder \(nofasd.org.au\)](http://nofasd.org.au)

## Chart 1. Assessing Well-being

Indicators of Well-Being		Date: ____/____	Date: ____/____	Date: ____/____	Date: ____/____	Date: ____/____	Date: ____/____
<b>Basic Needs.</b> <i>I know if the client has access to:</i>	Appropriate housing/accommodation	<input type="checkbox"/>					
	Adequate nutrition and food	<input type="checkbox"/>					
	Appropriate medical care	<input type="checkbox"/>					
	Income support	<input type="checkbox"/>					
	Recreational and leisure activities	<input type="checkbox"/>					
	Appropriate work wardrobe	<input type="checkbox"/>					
<b>Support Network of Family and Friends</b>	I know of the client's personal support system	<input type="checkbox"/>					
	I have contacted the client's guardian/caregiver/friends with their consent	<input type="checkbox"/>					
	I am aware of relationship concerns or difficulties that may impact the client's employment	<input type="checkbox"/>					

<b>Mental Health</b>	I am aware of the client's mental health status	<input type="checkbox"/>					
	I understand the client's mental health status	<input type="checkbox"/>					
	I understand whether substance use is part of the client's life	<input type="checkbox"/>					
	I understand the stressors and triggers in the client's life	<input type="checkbox"/>					
	I understand how the client's mental health can impact on their employment and I have discussed it with them	<input type="checkbox"/>					
	I have discussed with the client, the implications of these triggers in relation to their work	<input type="checkbox"/>					
	I am aware of the client's coping and self-care strategies	<input type="checkbox"/>					
	I have sought consent from the client's permission to liaise with other professionals involved in their mental health care	<input type="checkbox"/>					
	I have liaised with other professionals involved in the client's mental health care to discuss relevant strategies (with the client's consent)	<input type="checkbox"/>					
	I have discussed mental health coping resources with the client	<input type="checkbox"/>					

	I have identified possible accommodations that the client will need in the workplace to support their mental health	<input type="checkbox"/>					
	I have discussed those accommodations with the client and they have identified ones that might be more helpful to them	<input type="checkbox"/>					
<b>Cognitive Functioning</b>	I am aware of the client's cognitive strengths	<input type="checkbox"/>					
	I understand the client 's cognitive strengths and the implications in a work context.	<input type="checkbox"/>					
	I am aware of the client's cognitive weaknesses	<input type="checkbox"/>					
	I understand the client 's cognitive weaknesses and their implications in a work context.	<input type="checkbox"/>					
	I am aware of specific strategies the client has put in place to manage their cognitive weaknesses.	<input type="checkbox"/>					
	I have liaised with other professionals involved in the client's cognitive functioning to discuss relevant strategies (with the client's consent)	<input type="checkbox"/>					
	I have identified possible resources or accommodations that the client may need to manage their cognitive weaknesses in the workplace.	<input type="checkbox"/>					
	I have discussed those resources and strategies with the client and they have identified ones that might be more helpful to them.	<input type="checkbox"/>					

| Legal/Justice Issues | I know whether the employee has legal issues   | <input type="checkbox"/> |
|----------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                      | If there are legal issues, I am aware of the nature of these legal issues  | <input type="checkbox"/> |
|                      | I am aware of Australian laws regarding the employment of individuals with a criminal record history and a disability, as stipulated by the Australian Human Rights Commission   | <input type="checkbox"/> |
|                      | I understand how the client's <u>past</u> legal issues may impact on their current employment opportunities and I have discussed this with them  | <input type="checkbox"/> |
|                      | I understand how the client's <u>current</u> legal issues may impact on their current employment opportunities and I have discussed this with them   | <input type="checkbox"/> |
|                      | I have sought consent from the client to speak with other professionals involved in their legal issues   | <input type="checkbox"/> |
|                      | I have liaised and spoken to other professionals involved in the client's legal issues, when necessary   | <input type="checkbox"/> |
|                      | I have discussed with the client when it would be appropriate and necessary to disclose their criminal record history to their employer (e.g., when the nature of their crime was/is directly related to the type of job they are seeking, when there is a legal requirement to do so, etc.) | <input type="checkbox"/> |

	I have discussed with the client when in the employment process it may be more appropriate to disclose their criminal record history (e.g., pre-employment or during employment)	<input type="checkbox"/>					
	I have discussed with the client, their legal right to not disclose their criminal record history when it is not deemed necessary or requested by the employer	<input type="checkbox"/>					
	I have discussed with the client, ways to manage the disclosure of a criminal record history with colleagues	<input type="checkbox"/>					
	Where appropriate, I have discussed with potential employers, the implications of the client's criminal record on their work/proposed work duties	<input type="checkbox"/>					
	Where appropriate, I have discussed with potential employers, ways to manage the client's criminal history in the workplace	<input type="checkbox"/>					
<b>Family and Dependents</b>	I know whether the client has needs related to children or dependents	<input type="checkbox"/>					
	I understand the client's family needs and the implications of those on their employment	<input type="checkbox"/>					
	I understand how the client's children or dependents may impact their employment	<input type="checkbox"/>					

<b>Employment Readiness</b>	<p>After considering all above aspects, I believe that the client is in a state of well-being (where relevant, ready to move towards employment). Please circle;</p>	Date: <u>  </u> / <u>  </u> / <u>  </u>	Date: <u>  </u> / <u>  </u> / <u>  </u>	Date: <u>  </u> / <u>  </u> / <u>  </u>	Date: <u>  </u> / <u>  </u> / <u>  </u>	Date: <u>  </u> / <u>  </u> / <u>  </u>	Date: <u>  </u> / <u>  </u> / <u>  </u>
		Yes	Yes	Yes	Yes	Yes	Yes
		No	No	No	No	No	No

Date	Current Issues	Agreed Action Plan	Progress Made	Successes Encountered	Move to a different phase is needed? Yes/No. Specify what change is needed.