Case Study and Performa

[Name of the Writer]

[Name of the Institution]

**Case Study and Performa**

**Part 1**

1. **Inpatient Mental Health Worker (464)**

Inpatient mental health workers are the medical practitioners or the individuals working in the fields of medicine that tend to take care and look after the patients just like other physicians. The only difference that lies in between these health workers and the people working in other areas of medicine is that inpatient mental health workers work specifically for the patients dealing with mental health issues. These are trained professionals that have specialization in the area of psychiatry or psychology and help the patients recover from various kinds of mental disorders.

Inpatient Mental health Workers also known as psychiatric technicians. They are expected to monitor and help out patients in different psychiatric units and mental health setups. These individuals do not work alone but are expected to perform their duties under the observation of a qualified nurse. These health specialists work directly with the patient most of the times and assist in the therapy, monitor the progress of the patients and perform the regular health checkups of the patient like blood pressure and the heart rate.

Mental health workers especially inpatient mental health workers play a very important and vital role in the providence of the right kind of therapeutical services to the children suffering from various kind of mental disorders. These individuals are assigned the duty of taking care of depressed and other minors who are suffering from different kinds of mental disturbances and are under the age of 18. These professionals work strictly under the laws and legislations defined by the Constitution of Australia and try to provide the best level of services to the young population of the country.

The rules and regulations for the mental health of children have been clearly defined and elaborated in the constitution of Australia and all the health workers, especially working in the area of psychology, psychiatry and pediatrics are strictly expected to follow them. Section 31 of the Children and Young People (Safety)Act of 2017 makes sure that the medical practitioners, especially inpatient mental health workers report any suspicious case to the Department of Child Protection. The Child Protection - Mandatory Notification of actual or suspected child abuse or neglect 0 to 18 years Policy Directive ensures the smooth implementation of the Children and Young People (Safety) Act. This policy or act especially designed for the protection of minors consists of the following conditions:

* Reporting all the cases that are reasonably suspicious and there is a high chance that the patient is at risk.
* The mental health staff is completely aware of their legal obligations to report the issues when they identify that a child or young individual is at risk.
* Staff has complete knowledge of various kinds of risks and child protection.

1. **Youth Worker (460)**

Youth workers, as the name implies, are the individuals who work with young people to help them out with their mental and physical problems. The job duties of Youth Workers are very wide and varied from discipline to discipline. Most of the times, they are expected to help and support young people in times of distress. They guide and support the youth in their social, professional, educational and most importantly personal areas so that they can develop themselves and reach the maximum level of potential in these respective areas.

Most of the subjects, who these Youth Workers assist or help are in between the ages of 11 years to 25 years. These subjects may be their colleagues, peers, friends at school, and members of any faith-based group. These subjects may be the patients or members of any youth centre. A youth worker is expected to help out the subject in the matters of physical, mental or social stress and report any such condition that may prove to be risky for the subject themselves or the society.

The Youth workers in Australia are required to have certain qualification and certification in order to get the position of a Youth Worker. These certifications include various sorts of pieces of training and courses, after which a degree or certificate is awarded to them implying that the specific individual can become a professional Youth Worker. The minimum requirements for becoming a Youth Worker in Australia is the possession of an HLTAID004 'Provide Emergency First Aid in an Education and Care Setting' certificate, which enables a person to respond immediately in an emergency situation and provide first aid to the subject or patient so that the situation can be handled before the patient is taken to the nearest medical facility. In addition to this, it is mandatory for a youth worker to attend a 6-week full-time training program that enables the worker to grasp the necessary knowledge required for youth training and counselling. This training is rich in information and completely paid. Moreover, the youth worker should complete the Certificate IV in the Child, Youth and Family *Intervention* within the first 12 months of employment.

The Youth Workers in Australia work under the same legislation that is followed by the inpatient mental health workers, i.e., Section 31 of the Children and Young People (Safety) Act of 2017. This Act or policy is especially important in this respect that it focuses on the protection and safety of the children and the youth of the country. This act is also very noticeable for the fact that poses great protection of the mental health of the youngsters and teenagers in the society and responds immediately whenever it senses any danger or risky condition.

1. **Parenting Support Caseworker (469)**

The role of a family support worker or parent support worker is becoming critical in contemporary times. The worst problem that families face today is disintegration. We have witnessed the inception of the new social norms and structures owing to globalization. These newly formed social patterns have torn the traditional family structure asunder which paved the way for another profession I.e. family support worker. Family support workers are trained professionals who help parents to cope with their problems such as drug abuse, financial instability, family disintegration etc.

The main job of the family support worker is to take care of the children who do not get proper attention and emotional support from their parent. Normally, family support workers spend most of their visiting people in their homes. Albeit, some of the daily activities of family support worker remain same, however, their activities may vary depending upon the condition of children and the problems parents are confronted with. The planned piece of work hinges upon supporting, encouraging, and teaching parents. They normally teach parents in a number of particular tasks which are as follows:

* Supporting parents or children in case of disability
* Coping with behavioural and discipline related problems
* Giving children appropriate emotional support by loving them
* Taking care of all the health-related issues of the children

More often than not, parent support professionals help parents to cope with their financial problem through proper budgeting. Some people are of the view that family support professionals take on the family tasks which is not true. Family support professionals only help parents in the management of certain problems they confront.

**Legislation**

In Australia, it is a combined responsibility of both state and territory governments to administer the operations the child protection services. Family support workers are required to align their work with the rules delineated by state and territory governments in their respective legislation. Following are principal acts concerning child protection in Australian states and territories.

* Child and Young People Act 2008
* Children and Young Persons (Care and Protection) Act 1998
* Care and Protection of Children Act 2007
* Children Protection Act 1999
* Children’s Protection Act 1993
* Children Young Person and their Families Act 1997
* Children Youth and Families Act 2005
* Children and Community

After becoming a party to the United Nations Convention on the Rights of the Child, Australia's Child protection legislation now includes a number of principles of the convention. Such principles provide guidance to the states and territories while designing legislation concerning Children protection and particularly Family law Act 1975. Child protection legislation varies according to the local needs but the guiding principles in all the states and territories remain the same. The guiding principles are the following:

* Early Intervention
* Child’s best interest
* Children and young people must be allowed to participate in decision-making processes.

1. **Welfare Officer (488)**

Child welfare officer is not an easy job to do. Government agencies usually employ child welfare workers and their job spins around assessing, advising, investigating cases related to children. Their job is to make sure that children are not suffering from any uncomfortable condition. Child welfare officers are required to ensure a productive, healthy, and safe environment to the children. More often than not they work under the umbrella of social services.

The eligibility criteria for such a job delineates certain requirements which applicant need to fulfil prior to qualifying for the job. As far as the job description is concerned then their job primarily requires them to ensure that children do not live in a threatening, depressive, and harmful environment. Sometimes, child welfare professionals are required to cope with the emotional problem that most of the children face. Coping with emotional problems in a few cases demands to separate the children temporarily or permanently from parents and provide them with a secure environment to live. Additional duties in some cases may include the following:

* Complaint investigation
* Participation in a court hearing
* Advising services
* Home assessments

A bachelor's degree is a pre-requisite to sign up for this job. In addition, majors such as psychology or sociology would earn the applicant an additional bonus while signing up for the job of child welfare worker. Typically, a bachelor’s degree in Social Work is proffered by employers.

**License Requirements**

Almost all Australian states require registration or licensure for social services. As far as required experience is concerned, it is the state's prerogative whether or not to mandate levels of testing. Levels of testing may depend upon the type of career, practice, and qualification. Additional registration from the state's educational board is required if anyone is intended to provide services in school settings.

All those who are providing social service or plan to provide social services are required to align their manifestos with Child protection legislation in states and territories. Undoubtedly all the legislations related to child protection in Australian states and territories incorporate the guiding principles of UNCRC. On the same patterns, social services must also incorporate those principles. All the states and territories must ensure that social services are working according to the Human Rights Act 2004 and the Human Rights Commission Act 2005.

All the legislative principles must imitate the services and goals government aim to achieve, coupled with the policy frameworks. Legislations in all the jurisdiction have one thing in common i.e. the primary principle is to consider and work for the best interests of the child. Social services are also required to do the same i.e. to prioritize the child's best interests. State and territory legislations have put a restriction on the type of work and conditions of the workplace for the children. Social services must also ensure that no child is working under the conditions or undertaking any work declared harmful by state or territory legislation.

**Part 2**

1. **Inpatient Mental Health Worker** (500)

From the presented case study, it is very much clear that the subject or the patient, Asma, who is 14 years old is depressed. She has shown evident symptoms of aggression and anger at various instances towards her family and in her social circle. Asma's behaviour is clearly understood that she has recently reached the age of puberty and there are a lot of changes going on in her mental and physical structure currently at this stage. She has been born and bred and in typical Muslim family from Pakistan, which she takes as a very conservative and bossy.

Asma's parents are typical Asian parents. She thinks that her parents are way too strict and do not get her. She considers her Pakistani roots to be the main cause of her parents' mindset. In a discussion with the social worker, she has clearly confessed that her parents are very conservative and bossy. Her father is a conventional, Pakistan husband and the family follows a typical South Asian structure or pattern where the husband is the ruling authority in the house. She thinks that her mother is a very submissive person and she does not resist in front of her father. Asma thinks that her mother should have an opinion and she should also contribute to the decisions of the family but she remains completely silent in front of her father which irritates her a lot. She has also one reservation against her mother that she gives everything away to Badariya, her younger sister, and does not listen to her at all. Asma thinks that her parents do not take care of her and do not spoil her like the way they spoil her younger siblings

The biggest and the major issue being raised by the recent teenager is that her parents do not get her. It is very hard for them to understand the life of youngsters especially teenagers nowadays and nothing except a “brain transplant” can help them to understand the lifestyle and requirements of the new generation. Thes all factors have contributed significantly to giving rise to the symptoms of Teen Depression in Asma. In a young age of 14, she is showing aggression towards her family and has rebellious behaviour.

An inpatient mental health worker can help the family in this situation that it can admit the subject, Asma, in the hospital and conduct regular sessions with her that her parents are not her enemies. She should listen to them and try to convey to them what she wants. In addition to this, the mental health worker can take to help of Section 13 of Children and Young People (Safety) Act of 2017. He or she can observe the behaviour of the subject, Asma, and then can immediately report any suspicious activity or change in her behaviour. Although it has not started yet, this change may be in the form of suicidal thoughts or the idea of self-harm.

1. **Youth Worker (532)**

Considering the case of Younis Family, a Youth Worker may be the best option who can help the family in this situation. The basic problem or the issue being faced by the Younis Family is the disobedience and the aggressiveness of their eldest daughter, Asma. Asma has recently stepped into her teenage and is showing rebellious behaviour towards her parents and family. She has been found involved in drugs and heavy drinking and her company or social circle was also found to be consisting of highly suspicious and rowdy people who were involved in drug trafficking, fighting and various street crimes.

In an incident where Asma and her friend lost temper and indulged into a fight with a fellow, a kid got injured. Her friend was carrying a pen knife which she used to injure the other opponent in the fight. This greatly worried Asma’s family, especially her father and he decided to move to another location, a suburb in the vicinity of Melbourne city. This angered the teenage girl more and she became more aggressive towards her parents.

Her parents, especially Mr Mohammad thought that this would change the conditions and Asma’s behaviour would improve but the results were opposite. This filled the youth with more hostility and she charged back unexpectedly. Her behaviour was evident from her actions and reactions to different events. She was being constantly absent from the school, was coming late home consistently and once she disappeared from the home for a whole weekend where she was later found at her Aunt Laila’s home.

In all such circumstances, a Youth Worker may be the best or most appropriate option because of the fact that very less age difference lies between the subject and the community worker. A youth worker can understand the problems and issues going on with Asma much better than anyone else in the society or her own family. The subject Asma, has herself confessed that she feels comfortable with her Aunt Laila, who lives in Melbourne. It seems like her aunt and Asma share a very close bond, which may be due to the reason that there is a very less age difference between both two. The same conditions will imply in the case of a Youth Worker and the subject.

In addition to this, it would be much easier for the Youth Worker to build up the trust of the subject, Asma, for the same reason that it is easier for the youth worker to develop communication between each other. The subject will feel comfortable while sharing her concerns with the youth or community worker as she would have a perception that the youth worker can relate more to her issues as compared to her old parents. The youth worker can supervise her like both a parent and a friend and can counsel her much friendlier way as compared to her parents. The worker can also use Section 13 of Children and Young People (Safety) Act of 2017 in his or her legal right in the case of emergency or risky condition. Hence, the Youth worker may emerge as a blessing or an angel for the whole family.

1. **Parenting Support Caseworker (528)**

The role of a Parenting Support Caseworker is the most important part of this whole case after the Youth Worker. As it has been observed that the deviant behaviour of the main subject, Asma, is the result of long term decisions of the whole family. The aggression and anger built up in the teenager is not a one day but a consequence of a series of events that have taken place over an extended period of time. A family support worker or a parenting support caseworker can look into the details of all these events and can build a better approach to resolve the issues of Younis family.

The parenting support coworker can conduct counselling sessions with the whole family in a combined form or separately with each member of the family. These sessions need to be specially conducted with the elders of the family, i.e, Mr and Mrs Mohammad Younis or Mohammad and Benazir (as mentioned in the case study). The eldest member of the family, Mr Mohammad Younis is a 40 years old man, who hails from a Muslim family, born and bred in Pakistan. He moved from Pakistan to Australia at a very young age and settled his business here. He married Benazir when she was only 17 years old. They raised their family consisting of 4 children. Asma is their eldest child who is 14 years old, then comes Waseem who is 13 years old, Badriya comes next who is 10 years old and then the youngest child is Mawra who is four years old. Mr Mohammad does not take any interest in the household matters and remains busy in his business matters. Mr Mohammad needs to be counselled in this respect that he should give proper time to his family so that he may know about the problems and issues going in the family. His participation in family matters would boost up the morale of the family and the children will feel more connected to their father.

In addition to this, the primary client or the main persona that needs to be approached by the parenting support coworker is the female head of the family, Benazir Younis. Benazir is the mother of the 4 kids and she is the main caretaker of the whole family. Benazir is a stay at home mom and she takes care of the whole house as all the other family members go out for business or educational purposes. Mrs Benazir Mohammad Younis needs to be counselled in this respect that she does not take proper care of the diet of her children, which is why her daughter Badriya is getting overweight day by day. Her carelessness can be seen in the form of her meal that she handed over to her kids Badriya and Mawra when the social worker visited their house. She handed a big back of chips and coke to both the kids so that they can stay away and not disturb them during the conversation. Moreover, both the parents need to be reminded that their eldest daughter, Asma is no longer a kid and she needs to be treated in an appropriate way.

1. **Welfare Officer (514)**

As explained earlier, a child welfare worker or officer is a social worker that works in a community for the betterment and protection of the minors of that community. These welfare officers are mostly working with various kinds of units and institutes in the community so that children and minors in that community can be developed in them and they can do better in the fields of sports and education both. The role of a welfare officer can also be seen clearly in this case study as the helper and well-wisher of the student and the children of the Younis family.

This welfare officer has been employed at the school where these children study. The case of Asma was first mentioned by the welfare officer, Demi that used to work in the school and secondary college where the kids used to study in Melbourne. Demi informed the parents and the family that Asma's behaviour was an issue in the school and it had been creating in her academic record. After checking multiple records, Demi informed the social worker that Asma had received detentions in the past due to her misbehaviour with the teachers and principal in the class. In addition, there was an incident where she was found smoking in the schoolyard and there were issues her attendance as well.

Here a point is very noticeable that when first contacted, the welfare coordinator, Demi did not know much about the individual students which meant that most of the times Asma did not involve in destructive order in at the school. Moreover, the other welfare officer at the primary school where Badriya and Waseem study, remained constantly in contact with the Younis family and told that she is very much concerned about the health of Bardriya. In fact, the welfare officer of the primary school is the same person who is the principal of the school, Mrs Gibbs. Mrs Gibbs tells the community worker that she is worried about the children of the Younis family. Badriya is an intelligent but slow child. She is gaining weight and on the border of obesity. She cannot participate in much of physical activities because of her physical condition and students have started to tease her. She has got no friends except one girl from another Pakistani family and that's all. About Waseem, she is quite relieved as he is an active child and a very good soccer player.

With reference to this case study, a welfare officer can be much useful in the resolution of the case of the troubled child. The welfare officer can work in collaboration with the school administration and the family of the child for bringing an improvement in the behaviour of the student. The welfare officer can sit and conduct counselling sessions with Asma to tell her the grave consequences of her habits like drug usage and smoking. She can also communicate to her that staying out late would bring shame to her reputation as well as the reputation of her family. Moreover, her education is more important than anything.

**Biopsychosocial Assessment**

**(Inpatient Mental Health Worker)**

**Client Details** (Name, address, phone number, date of birth)

Asma Younis

**Date of Birth:** 2005

**Referral Information** (Source of referral, reason for referral)

Child First, Melbourne

**Reason for Referral:** The eldest child Asma’s deviant, rude and aggressive behaviour towards the family. The conflict between Asma and her father, Mohammad and reported case of Mohammad physically abusing Asma.

**Sources of information** (All people who provided information for the assessment, whether the information was obtained face-to-face, by telephone, or through written form, dates on which the information was obtained, whether others were present at the time)

**31/8**. Phone Call to Child First caseworker, Jenny

**1/9** Home Visit to Younis Family House (only Benazir was present). Face to face short conversation.

**2/9.** Telephonic Conversation with Secondary College Welfare Coordinator, Demi.

**3/9.** Telephonic Conversation with the local Primary School principal, Mrs Gibbs. (Mrs Gibbs called)

**5/9.** Phone call received from Mrs Younis or Benazir. Only Benazir was present.

5/9. Home Visit to Younis Family House. Mr and Mrs Mohammad Younis both were present but Mohammad left quickly.

**6/9.** Phone Call from Asma

**7/9.** Office Interview with Asma. Face to Face Interaction. Only Asma and social worker were present.

**9/9.** Home Visit to Younis Family House. Mohammad, Benazir, Asma, Badriya, Mawra all were present except Waseem, who had gone for Soccer practice

**10/9**. Telephonic Conversation with Benazir.

**13/9.** Home meeting with Mohammad, Benazir and Asma.

**14/9.** Telephonic Conversation with Social Worker from the Youth Recovery team (Mental Health) at the local hospital.

**Presentation During Assessment** (Orientation to person/place/time, mood, affect (eye contact, facial expressions, tone of voice, rate of speech, and gestures and whether effect is broad, restricted, blunted, flat, labile or inappropriate, engagement)

During the first interaction with Mrs Younis or Benazir, she was in a hurry, as she had to pick up Mawra from Kindergarten, so her tone was rushy. The second interaction was with the school welfare coordinator, Demi, who was a little unaware of the specific details. The next interaction was with the primary school principal, Mrs Gibbs, who seemed very concerned. In the next call, that was received by Benazir on 5/9, she was very worried and almost hysterical and in the home visit the same day, the family clearly seemed distressed. In the meanwhile Asma came back and was pretty much disturbed but showed a careless attitude and locked herself up in the room, refusing to talk to anyone. In the next meeting with Asma, in the social worker’s Office, she was quite relaxed. In the last meeting at their home, Asma seemed quite disturbed and hopeless, and when Asma informed that she was pregnant, Younis and Benazir got pretty upset and started yelling.

**Personal Information** (Age, ethnicity, religious/spiritual beliefs, sex, gender identity, sexual orientation, relationship status, dependents, pets, living situation, housing/security of housing, risks to safety)

**Mohammad:** 40, Male, Muslim, Pakistani, Straight, married, 4 dependants, No pets, Owns a house in the Suburbs. Employed.

**Benazir:** 32, Female, Muslim, Pakistani, Straight, Married, 4 dependants, No pets, Own House in the Suburbs. Housewife.

**Asma:** 14, Female, Muslim, Pakistani, Straight, Single, No dependants, No pets, Student.

**Waseem:** 13, Male, Muslim, Pakistani, Not known, Single, No Dependants, No pets, Student.

**Badriya:** 10, Female, Muslim, Pakistani, Not Known, Single, No dependants, No pets, Student.

**Mawra:** 4 Female, Muslim, Pakistani, Not Known, Single, No dependants, No pets, Kinder Garten Student

**Family History** (Family composition and relationships with biological, foster, adoptive, and/or chosen family. Significant life events, attachments, births, deaths, separations, divorce, geographic moves, family history of abuse, health issues, addiction. Consider use of genogram.)

Moved from Pakistan to Australia and Raised his family here. No Family History of Abuse., addiction or use of Genogram,

**Education and Employment** (Schools attended, level of engagement with schooling, relationships with teachers and peers, academic ability, level of education attained. Employment history, length of employment, relationships with employers and colleagues, current source of income, whether income meets all current needs)

Secondary College Student.

**Recreational** (Hobbies, interests, recreational activities)

**Asma:** Hanging out with friends.

**Waseem:** Soccer

**Badriya:** Binge-eating

**Mental Health** (Current and past mental health concerns, contact with mental health professionals, risk to self or others, whether current mental health needs are being met)

**Asma:** Currently being assessed by Inpatient Mental Health Workers

**Physical Health** (Current and past health concerns, contact with health professionals, whether current health needs are being met)

Not Mentioned

**Substance Use/Addiction** (Use of alcohol, cigarettes or illicit drugs. Misuse of prescription medication. Gambling, sex, social media, gaming or other addictions. History, frequency, impacts, and attempts to change pattern of use and/or behaviour.)

**Asma:** Frequent use of Alcohol, Drugs, Dope, and Cigarettes, Involvement in Street Fights and most probably sex.

**Legal** (Any historical or current legal issues including fines)

Nil or Not Mentioned.

**Community Supports** (All community supports currently being accessed that provide support for physical, psychological, spiritual and/or social wellbeing. Consider eco-map.)

Only the current community service that is being used. And the Child First Organization in the past.

**Informal Supports/Strengths/Usual Ways of Coping** (Informal support provided by family and friends. Self-reported or observed strengths. Usual ways of coping.)

Nil. Or Not Mentioned

**Assessment Summary** (Brief summation of client context, key concerns and goals, hopes for the future, strengths and supports, possible barriers for change)

Moving of the patient with her Aunt. Laila

**Intervention Plan** (Agreed upon actions to meet immediate needs as well as short, intermediate and long-term goals, including information on who will be responsible for what action and in what timeframe, and any scheduled date to meet and review)

The most immediate action that has been taken to cope up with the behaviour of Asma, is admittance to the medical facility in the psychiatry or psychology department. So that her suicidal thoughts can be cured.

**Biopsychosocial Assessment**

**(Youth Worker)**

**Client Details** (Name, address, phone number, date of birth)

Asma Younis

**Date of Birth:** 2005

**Referral Information** (Source of referral, reason for referral)

Child First, Melbourne

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**Biopsychosocial Assessment**

**(Parenting Support Caseworker)**

**Client Details** (Name, address, phone number, date of birth)

Asma Younis

**Date of Birth:** 2005

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Child First, Melbourne

**Reason for Referral:** The eldest child Asma’s deviant, rude and aggressive behaviour towards the family. The conflict between Asma and her father, Mohammad and reported case of Mohammad physically abusing Asma.

**Sources of information** (All people who provided information for the assessment, whether the information was obtained face-to-face, by telephone, or through written form, dates on which the information was obtained, whether others were present at the time)

**31/8**. Phone Call to Child First caseworker, Jenny

**1/9** Home Visit to Younis Family House (only Benazir was present). Face to face short conversation.

**2/9.** Telephonic Conversation with Secondary College Welfare Coordinator, Demi.

**3/9.** Telephonic Conversation with the local Primary School principal, Mrs Gibbs. (Mrs Gibbs called)

**5/9.** Phone call received from Mrs Younis or Benazir. Only Benazir was present.

5/9. Home Visit to Younis Family House. Mr and Mrs Mohammad Younis both were present but Mohammad left quickly.

**6/9.** Phone Call from Asma

**7/9.** Office Interview with Asma. Face to Face Interaction. Only Asma and social worker were present.

**9/9.** Home Visit to Younis Family House. Mohammad, Benazir, Asma, Badriya, Mawra all were present except Waseem, who had gone for Soccer practice

**10/9**. Telephonic Conversation with Benazir.

**13/9.** Home meeting with Mohammad, Benazir and Asma.

**14/9.** Telephonic Conversation with Social Worker from the Youth Recovery team (Mental Health) at the local hospital.

**Presentation During Assessment** (Orientation to person/place/time, mood, affect (eye contact, facial expressions, tone of voice, rate of speech, and gestures and whether effect is broad, restricted, blunted, flat, labile or inappropriate, engagement)

During the first interaction with Mrs Younis or Benazir, she was in a hurry, as she had to pick up Mawra from Kindergarten, so her tone was rushy. The second interaction was with the school welfare coordinator, Demi, who was a little unaware of the specific details. The next interaction was with the primary school principal, Mrs Gibbs, who seemed very concerned. In the next call, that was received by Benazir on 5/9, she was very worried and almost hysterical and in the home visit the same day, the family clearly seemed distressed. In the meanwhile Asma came back and was pretty much disturbed but showed a careless attitude and locked herself up in the room, refusing to talk to anyone. In the next meeting with Asma, in the social worker’s Office, she was quite relaxed. In the last meeting at their home, Asma seemed quite disturbed and hopeless, and when Asma informed that she was pregnant, Younis and Benazir got pretty upset and started yelling.

**Personal Information** (Age, ethnicity, religious/spiritual beliefs, sex, gender identity, sexual orientation, relationship status, dependents, pets, living situation, housing/security of housing, risks to safety)

**Mohammad:** 40, Male, Muslim, Pakistani, Straight, married, 4 dependants, No pets, Owns a house in the Suburbs. Employed.

**Benazir:** 32, Female, Muslim, Pakistani, Straight, Married, 4 dependants, No pets, Own House in the Suburbs. Housewife.

**Asma:** 14, Female, Muslim, Pakistani, Straight, Single, No dependants, No pets, Student.

**Waseem:** 13, Male, Muslim, Pakistani, Not known, Single, No Dependants, No pets, Student.

**Badriya:** 10, Female, Muslim, Pakistani, Not Known, Single, No dependants, No pets, Student.

**Mawra:** 4 Female, Muslim, Pakistani, Not Known, Single, No dependants, No pets, Kinder Garten Student

**Family History** (Family composition and relationships with biological, foster, adoptive, and/or chosen family. Significant life events, attachments, births, deaths, separations, divorce, geographic moves, family history of abuse, health issues, addiction. Consider use of genogram.)

Moved from Pakistan to Australia and Raised his family here. No Family History of Abuse., addiction or use of Genogram,

**Education and Employment** (Schools attended, level of engagement with schooling, relationships with teachers and peers, academic ability, level of education attained. Employment history, length of employment, relationships with employers and colleagues, current source of income, whether income meets all current needs)

Secondary College Student.

**Recreational** (Hobbies, interests, recreational activities)

**Asma:** Hanging out with friends.

**Waseem:** Soccer

**Badriya:** Binge-eating

**Mental Health** (Current and past mental health concerns, contact with mental health professionals, risk to self or others, whether current mental health needs are being met)

**Asma:** Currently being assessed by Inpatient Mental Health Workers

**Physical Health** (Current and past health concerns, contact with health professionals, whether current health needs are being met)

Not Mentioned

**Substance Use/Addiction** (Use of alcohol, cigarettes or illicit drugs. Misuse of prescription medication. Gambling, sex, social media, gaming or other addictions. History, frequency, impacts, and attempts to change pattern of use and/or behaviour.)

**Asma:** Frequent use of Alcohol, Drugs, Dope, and Cigarettes, Involvement in Street Fights and most probably sex.

**Legal** (Any historical or current legal issues including fines)

Nil or Not Mentioned.

**Community Supports** (All community supports currently being accessed that provide support for physical, psychological, spiritual and/or social wellbeing. Consider eco-map.)

Only the current community service that is being used. And the Child First Organization in the past.

**Informal Supports/Strengths/Usual Ways of Coping** (Informal support provided by family and friends. Self-reported or observed strengths. Usual ways of coping.)

Nil. Or Not Mentioned

**Assessment Summary** (Brief summation of client context, key concerns and goals, hopes for the future, strengths and supports, possible barriers for change)

Moving of the patient with her Aunt. Laila

**Intervention Plan** (Agreed upon actions to meet immediate needs as well as short, intermediate and long-term goals, including information on who will be responsible for what action and in what timeframe, and any scheduled date to meet and review)

The most immediate action that has been taken to cope up with the behaviour of Asma, is admittance to the medical facility in the psychiatry or psychology department. So that her suicidal thoughts can be cured.

**Biopsychosocial Assessment**

**(Welfare Officer)**

**Client Details** (Name, address, phone number, date of birth)

Asma Younis

**Date of Birth:** 2005

**Referral Information** (Source of referral, reason for referral)

Child First, Melbourne

**Reason for Referral:** The eldest child Asma’s deviant, rude and aggressive behaviour towards the family. The conflict between Asma and her father, Mohammad and reported case of Mohammad physically abusing Asma.

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