

**BSc Health and Social Care.
Changemakers: Building your Personal
Brand for Sustainable Employment.
BMHP5015_BIRM.**

Chloe Harries.

**Assignment 1: E-Portfolio Evidence of
Learning.**

**Solomon Lopez
1914083**

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Solomon Lopez

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December 27, 2021

DMR Services

1 Southgate
Wolverhampton
West Midlands
WV1 4PT
United Kingdom

Dear Sir/Madam,

I am writing in regards of your current vacancy for a child and family contact worker. I have recently completed my Health and Social Care Bsc. and believe this would be the ideal job to start my career journey. I am very hardworking and efficient with a great attention to detail and a positive attitude to match. The role of a family support worker appeals to me as it not only does it coincide with my passion but also allows me to make a positive change in the lives of the families I come into contact with.

I have excellent interpersonal skills and thrive in a fast-paced environment using communication skills, active listening skills to work well as a team or on my own using my own initiative. As a support worker I understand that I will have a number of cases at any time and caseload management is of the utmost importance in ensuring safeguarding issues are highlighted early with no case falling between the cracks. I have an empathetic nature and approachable manner abling me to engage with clients to gain a better understanding of personal issues, assistance needed or potential safeguarding issues.

Providing support to service users, empowering them to address various challenges, reducing problems and risks are just some the responsibilities I expect to deliver on whilst undertaking this role.

I am computer literate with a good understanding all Microsoft Office applications e.g. Excel, Word, and PowerPoint. I am always willing to learn new skills and improve on thoses I already possess to progress within my job role.

Attached is a copy of my CV and hope you will consider me for this role.

With best regards,

Solomon Lopez

SOLOMON LOPEZ

Family support worker

PERSONAL PROFILE

I am a hard working, reliable person who applies himself one hundred per cent to all tasks undertaken. I work well within a team or alone, using my communication skills to support and assist others. When working alone I can be called upon to use my own initiative, whilst presenting myself articulately to clients and colleagues alike. I have recently completed my Health and Social Care Bsc. in the hope this will enable me fulfill my dream role as a Family Support Worker. Before completing my degree I studied to become a personal trainer and enjoyed this role for many years before setting up a mobile valeting business with a friend of mine. Both roles I deeply enjoyed but my true passion is making a difference in the lives of at risk children and their families. In 2021 I left the business as to apply myself fully to my studies and aim to gain employment and experience in the sector.

PERSONAL INFORMATION

Solomon Samuel Lopez - 19/01/1989
261 Stoney Lane
Yardley
Birmingham
B25 8YG
07305687173
Solomonslopez@hotmail.com

EMPLOYMENT HISTORY

Mobile Valet Company Co-owner

Clean 'n' Glow mobile valeting | 2016 - 2021

- Liaising with clients for a full description of work needed and finding a package to suit.
- Dealing with private & trade enquiries
- Using databases to book in customers and amend details regarding the booking system
- Briefing other team members on tasks we need to complete
- Handling queries via email, phone, and post
- Updating social media with relevant business information

Personal Trainer

Self-employed | 2011 - 2016

- Liaising with clients to formulate a plan for the specified time frame
- Custom diet plans
- Individual workout packages
- Updating social media with relevant client progress and offers

SKILLS AND ABILITIES

- Project management
- Strong communication and interpersonal skills
- Fast learner
- Team player
- Hard working
- Motivated and dedicated

EDUCATION HISTORY

University of Wales Trinity St. David
Birmingham Learning Centre, 636A Stratford Rd,
Birmingham B11 4AR

Handsworth Grammar School
Grove Lane, Handsworth, Birmingham, West Midlands, B21 9ET

FURTHER QUALIFICATIONS

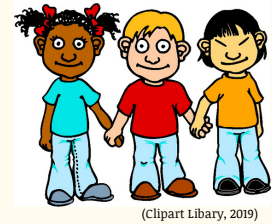
- Health and Social Care Bsc.
- Book-Keeping and Accounts, City and Guilds level 1
- Health & Fitness, AQA
- Personal Training, Focus Level 1, 2 & 3
- Diet and nutrition, AQA
- First aid at work
- ECDL Level 1 & 2

Assignment 1: E-Portfolio Evidence of Learning - Pitch



(Granada Preparatory School, 2019)

This is a proposal for a short book exploring the link between poor mental health and looked after children. In a study by Bazelgette et al (2015) they found looked after children are four times more likely to have mental health issues than those residing with their birth family. The book will explore causes and effects with recommendations on measures that may be useful to assist with management and prevention.



(Clipart Library, 2019)

01 *Who are looked after children?*

McNicholas *et al* (2016) found the term looked after children had first been used in 1989 by the Department of Health to describe children, under the age of eighteen, who were subject to care services provided by either the public care sector, foster parents or residential care (children's homes, schools or secure units). The term does not apply to those who have turned eighteen, have been adopted or have returned to the family home. The reasons behind children becoming looked after children are varied and include but are not limited to parental agreeance, due to being unable to cope or the child needing respite care and children services intervention due to safeguarding concerns where court orders are placed on children deemed to be at significant risk of harm (NSPCC 2021).

02 *Causes*

The risk to looked after childrens mental health has been identified to be at a greater risk than their counterparts living with their birth families in the same age group (Utting *et al*, 1997). Understanding the fundamental reasons for this is vital in enabling change and preventing the decline of these children mental health. In a study by Gilbert *et al* (2009) they found that child maltreatment is the leading cause of poor mental health in children with the effects long-lasting. A 2006 study by Selwyn *et al* (2006) found that instability and placement problems were directly linked to the severity of the abuse suffered. Severe maltreatment has been directly linked with high levels poor of mental health and behaviour issues. When assessing a child previous exposure to maltreatment is a key indicator that points to a child's heightened risk of poor mental health (NSPCC, 2015). The length of time a child has been exposed to maltreatment is the other and must be given equal attention as in a study conducted by Selwyn *et al* (2006) they noted that "The extent of children's recovery from abuse and neglect is known to be inversely related to the depth and length of their experience of adversity". In 2015 the NSPCC conducted a report on looked after children and they found that many looked after children entering the care system have experienced issues predisposing them to the development of mental disorders. issues in here

These factors along with the stigma of becoming a looked after child can become the beginning of a child journey with mental health issues (NSPCC, 2015).

Assignment 1: E-Portfolio Evidence of Learning - Pitch Cont.

03 *Effects*

Nearly all types of psychiatric disorders have been associated with children falling under 'looked after status', with children living in residential placements or living independently displaying high rates of emotional and conduct disorders. Children under local authority care displaying higher levels of psychopathology, educational difficulties and neurodevelopmental disorders and psychiatric disorders presenting highest in those living in residential care and frequent placement changes. Even those children in disadvantaged familial households, looked after children still displayed a higher risk of developing neurodevelopmental difficulties. Even after adjustments are made for age and gender the mental health risks for looked after children still place highest. In ranking order of psychiatric rates, looked after children placed highest with the lowest rates found in none disadvantaged children (Ford *et al*, 2018). A child's poor mental health is not only distressing for the child in the present but has been shown to affect progress in later life (NSPCC, 2015). Poor mental health and a lack of academic achievements are often closely associated with looked after children (NSPCC, 2015) with Selwyn *et al* (2006) finding that children with greater emotional and behavioural difficulties were expected to leave school with no qualifications.

04 *Recommendations*

In Sempik *et al* (2008) study they found looked after children often enter care with a wide range of psychiatric issues, disorders and problems. The care system, although not the cause, must ensure that support, services and treatments are accessible and engaged with to prevent the decline of a child's mental health. It is the responsibility of the system to ensure early assessments are carried out thoroughly to address areas of concern and offer the support needed. Early assessments alongside the creation of consistent, effective personalized care plans are key to assessing and assisting in a child's recovery.

Placements, where possible, should be tailored to the child's needs and be consistent. The constant upheaval of different placements is upsetting and unsettling, with permanent placements always the preferred option.

The continued care of children once they turn eighteen is a major issue for concern as progress made whilst under youth services can be undone once treatment tails off. This is a consistent care issue and regardless of age these issues will not stop so care needs to be given to ensure that care objectives are still met once the transition to adult services is made.

05 *Conclusion*

In conclusion, looked after children present an ever-growing area for concern. Upon entry into care, social workers and caregivers must seek to ensure that early assessments are sought to ensure the best level of individualised care is being given. We have read how upon entry into care a large number of children have existing mental health issues which again stresses how important early intervention is. Communication between agencies must happen as quick and efficient as possible to ensure appropriate safeguarding especially in the transition between adult and children services. When Dumaret *et al* (1997) conducted interviews of adults who had been raised in a stable foster home with tailored support from their retrospective foster agencies. Sixty-eight per cent of interviewees were 'well integrated' or 'average'. This shows recovery is possible and to ensure levels of recovery are improved on, all areas highlighted must be acted on and with equal emphasis shown to all areas of concern.

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