Liquidlogic Help Guide Children's Portal for Partner Agencies

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3.0	14.0.11	16 th October 2020	Matthew Sutherland

This guide contains guidance on how to register and make referrals to Early Help and Safeguarding Hub (EHaSH) via the Liquidlogic Children's Portal.

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1.1 Submitting a Referral to EHaSH

If you have reported a concern for the safety of a child by making a telephone call to EHASH, you will be guided by the call-taker as to whether:

- a) EHASH will be taking immediate action in response to your phone call but require you to submit a written referral via the multi-agency referral form for professionals requesting children's social care that is available on the website; or
- b) You need to submit a portal referral to trigger the triage process by EHASH.

The Liquidlogic Children's Portal can be accessed from the Hull City Council 'Worried about a child' internet page, as below.

Hull City Council - Worried About a Child Page

If you are a professional wanting to make a referral into Hull Children's Services select the 'I am a professional in the Hull Area' button on the children's portal.



If an Early Help Service is required select the 'Early Help Request for Support' button and if a Social Care Service is required select the 'EHASH Referral' button. All submissions, via whichever route, are received by EHaSH.

Please note: If there is any doubt about which service is required please select the 'EHASH Referral' button.



The children's portal has various security features so you will be asked to confirm you are a human as opposed to an automated bot trying to randomly access software.

Tick the 'I'm not a robot' option

<mark>کی السال</mark> کی City Council						A A A
	CYP Home	CYP Info & Advice	Recover a form	Safeguarding Board	View Submitted Forms	My CYP Account
Human Tes	st					
Home / CYP Home / Huma	n Test					
Are you humar	ז?					
Why are you seeing this?	2					
Unfortunately, there are au for genuine people who ne make this as simple as poss	tomated syster ed to use it. Th ible. Please en reCAPTCHA Privacy - Terms	ns which try and atta is is why we sometim ter the details you see	ck web sites. This ca nes need to perform e below.	an affect the performand a check to ensure that a	te of the web site and even a real person is using the w	i make it unavailable eb site. We try and

Select the appropriate pictures and select the 'Verify' button



The EHASH Referral form is now displayed.

Enter the child/children's name(s) in the Forename and Surname fields below, using the '+' button to add multiple children.

Then select 'Confirm' to save.

Please note: If the child's name is unknown please enter this in the Forename and Surname fields.



The remainder of this page will provide information on how to navigate the form. There are also a number of buttons in the page footer as follows: -

- 'Print' Allows the form to be printed
- 'Save for Later' and 'Close' Using the 'Save for later' and 'Close' options the form can be saved and closed for later input in case it cannot be completed in one session
- 'Cancel' Allows the form to be cancelled

Select the 'Next' button to continue

Forename	Surname
Adam	Wilson +
Confirm	
Changes can be made person(s).	at any point whilst completing the form by returning to this section and amending the
You will be asked for r	nore details about the child later in the form.
How does this tool w	ork?
Click on the numbere	d sections on the left hand side of the window
use the Next > and	 Previous options to move through the pages.
Don't use the Browser	'Back' button
Questions	
You DO NOT need to	answer every question, you need only complete what is relevant.
Select the option(s) that best describe your situation.
This symbol \star indic	ates that the question is mandatory and must be answered in order to continue.
Save the Form	
Use the Save for Late	r option to Save the form to return to at any time. 🕢
Print the Form	
Use the Print optio	n to Print a copy of the form if required. 🕖
	Next 🗲
	Print Save for later Close Cancel

Complete the 'About your Referral or Request for Support' page. Select 'Next' to continue.

There is also a 'Previous' button to return to the previous page, if required.

Eŀ	HASH Referra	l	
Hom	e / CYP Home / EHASH Referral		
1	About making online referrals	ABOUT YOUR REFE	17% complete
2	About your Referral or Request for Support	About You	
3	Professional Referral for Children's Social Care Services	Which of these roles best describes who you are in contacting us? *	Professional V
4	Supporting Documentation Additional Details Submit Referral	What type of service are you requesting? *	Children's Social Care 🗸
0	Submit Referrat	If you are unclear about wh our website pages where th	ether you are asking for an Early Help or Social Care Service, please refer back to is is explained in detail.
		Referrer Tel No	0773687374848
		Referrer Email	Example@Education.com
		Include role and organisation details	Class Teacher Hull Primary School
		How would you like us to provide you with feedback?	Email
		← Previous	Print Save for later Close Cancel

Complete the 'Professional Referral for Children's Social Care Services' or the 'Professional Referral for Early Help Service's' page depending on which service was selected on page 2.

Select 'Next' to continue.

There is also a 'Previous' button to return to the previous page, if required.

EHASH Referra	l				
Home / CYP Home / EHASH Referral					
1 About making online	PROFESSIONAL REF	ERRAL FOR CHILDREN	S SOCIAL CAI	RE SERV	33% complete
About your Referral or Request for Support Professional Referral for Children's Social Care Services Supporting	Are you worried that this child or young person is currently at risk of harm and requiring immediate protection? *	No			~
Additional Details	Worries				
6 Submit Referral	What have you seen or hear	d that you are worried about? *			
	What have you seen or heard t	that you are worried about?			li
	If you have identified any contextual safeguarding risks for this child or young person, please tick all those that are relevant	 Gang Membership/Serious You Missing Child Criminal Exploitation Harmful Sexual Behaviours Child Sexual Exploitation Trafficking Radicalisation Other 	th Violence		
About Consent					
Does the family know you are making this referral to us? *	Yes				*
Have they given consent? *	No				*
Please explain your ratio	nale for making a referra	l without parental consent			
Please explain your ration	ale for making a referral with	out parental consent			1
← Previous		Print	Save for later	Close	Next →

If you have not already logged in or registered then this is the point this needs to be completed.

Select the 'Login or Register' button and refer to section 1.2 of this guide for further information.



Once the user has logged in, any supporting documentation can be uploaded to accompany the referral to EHaSH using the 'Upload Document' link.

Notice there is also a new 'Create PDF' button available

Select 'Next' to continue

EF	HASH Referra	l
Hom	e / CYP Home / EHASH Referral	
1 2 3	About making online referrals About your Referral or Request for Support Professional Referral for Children's Social Care Services	50% complete SUPPORTING DOCUMENTATION This is your opportunity to attach any supporting documentation, this may include any assessments you have completed. You will only be able to attach the following file types: Word Documents PDF Files Images (in jpg / png format)
4 5 6	Supporting Documentation Additional Details Submit Referral	L Upload Document

Complete the 'Additional Details' page and select 'Next' to continue.

Eŀ	ASH Referra	l	
Hom	e / CYP Home / EHASH Referral		
1	About making online referrals	ADDITIONAL DETAI	67% complete
2	About your Referral or Request for Support	About you (the person compl	eting the referral)
3	Professional Referral for	First Name *	Julie
	Children's Social Care Services	Last Name *	White
4	Supporting Documentation	Email *	julie_white@hotmail.com
5	Additional Details	Telephone	0743253253
6	Submit Referral	Who is this about?	
		I am completing this form on behalf of: *	Someone else in a professional capacity
		Your relationship to person *	Class Teacher
		First Name *	Adam
		Last Name *	Wilson
		Date of Birth *	02-08-2014
			Estimated DOB?
		Gender *	Male
		Ethnicity	White British 🗸
		Email	
		Telephone	

To submit the referral to EHaSH select the 'Send Referral to EHaSH' button

EH	IASH Referra	l					
Home	e / CYP Home / EHASH Referral						
						83	% complete
1	About making online referrals	SUBMIT REFERRAL					s comptete
2	About your Referral or Request for Support	Send Referral to EHaSH					
3	Professional Referral for Children's Social Care Services	← Previous					
4	Supporting Documentation						
5	Additional Details						
6	Submit Referral						
			Print	Save for later	Create PDF	Close	Cancel

Confirm the submission by selecting the 'Submit' button.

	City Council	Send Referral to EHaSH	×
C	YP Home CYP Info & Advice	Have you entered all the information you need to? You will not be able to make any further changes once you press the 'Submit' button	
U	odate Account Automatic R	Cancel Submit	
E⊢	IASH Referra	l	
Home	/ CYP Home / EHASH Referral		
1	About making online referrals	SUBMIT REFERRAL	
2	About your Referral or Request for Support	Send Referral to EHaSH	
3	Professional Referral for Children's Social Care	← Previous	

The referral is now submitted and a confirmation email will be received too.

Thank you	
Your information has been submitted to the Early Help and Safeguarding Hub We will contact you within 24 working hours. If you have not heard from us and wish to discuss the case please call:	
Early Help and Safeguarding Hub: (8.30 – 5pm Monday to Friday) Tel: 01482 448 879	
Out of Hours Emergency Duty team: Tel: 01482 300 304	
Child in immediate danger: Tel - 999	

Immediately the referral is received by EHaSH directly into Liquidlogic.

User Julie Savill Business Systems Team (B	HM) Task 1	Trays 🚨 🔂	tas
All Empty 🔻 🔍 🖡	Group By: Date Task Prior	ity Person Address Locality	Episode Group Order By: Start Date Due Date Timeframe Subject Priority
La Julie Savill 31	• No Due Date (1)	Person	Task Description
Manager Tray	No Due Date	Adam Wilson	Online Request for Children's Social Care and/or Early Help Support
► EH Allocations 24			
👪 EHaSH Triage 1			
Sing (EHM) 1			

1.2 Children's Portal Registration

If you are navigating from the Children's Portal Home page select 'My CYP Account'.



Otherwise if you are navigating from the EHASH Referral form select 'Login or Register' button.



Select the 'Register for new account' button.

Secure login - step 1	
lew to Adults and Children's Self Service Hub? Register for an account on the Iready using Adults and Children's Self Service Hub? Sign in below.	right.
Existing users Email Password	New users If you're new to Adults and Children's Self Service Hub, sign up for an account here Register for new account
For additional security, we will confirm your account by sending an authentication code to your email address.	

Provide your Forename and Surname and select 'Next' to continue

Register a new account - step 1					
Forename					
Julie					
Surname					
White					
Next Cancel					

Provide your email address and enter your required password twice. Select 'Next' to continue.

Register a new account - s	step 2
Email address	Password policy
julie_white@hotmail.com	Your password must meet the following requirements:
Password	It must be at least 8 characters long It must contain at least one letter
	It must contain at least one letter It must contain only letters, digits, and
Confirm password	special characters
	It must contain at least one upper-case
Back Next Cancel	 Ietter It must contain at least one numerical digit It must contain at least one special
	character.
	Click to see list of special characters

You will now receive an email with a verification code. Enter the code here and select 'Next' to continue.

Register a	new account - step 3
We have just sent you a below. Hit back if you we code if you need another If you can't find this ema Code	n email to confirm your email address. Please enter the code this contains ould like to change your email address and try again or Please send me a new er one. il, it may be in your spam/junk email folder.
95232863	
Back Next Cance	Please send me a new code

Tick to agree to the privacy notice and then select the 'Continue' button

Terms and Privacy Notice	
How Hull City Council processes personal information	
Terms and disclaimer	A
We seek to provide high quality information on this website and aim to make sure it is accurate and up to date, however this is not guaranteed. We liability for injury, loss or damage arising from inaccuracies, omissions or interpretation of its content.) disclaim
Although we aim to provide constant, uninterrupted access to this website, we do not guarantee this. We accept no responsibility or liability for any interruption or delay.	с.
Virus protection	
We make every effort to virus check any downloadable files on this website. We cannot accept any responsibility or liability for any loss or damage happen from the use of downloaded material. We recommend that you run an anti virus program on any material you download.	which may
Security	
To maintain a secure site, we monitor network traffic to detect or investigate - unauthorised uses such as attempts to upload or change information 	*
✓ I agree to these terms and privacy notice	
Continue Cancel	

1.3 Consolidated Records for Siblings

Referrals to EHaSH can be submitted for multiple siblings in a single form.

Select the '+' and '-' buttons to add and remove siblings as required. Select 'Confirm' to finalise the names of the siblings required in the form.

is form is about. You will need to provid use the 💽 icon to add a new row. Usin ot be able to progress through the form o be submitted to the Local Authority

For consolidated siblings each question response provided can be for all siblings as below.

ral
ral
ABOUT YOUR REFERRAL OR REQUEST FOR SUPPORT
Which of these roles best describes who you are in contacting us? * Answer for: Ben Brown Bridget Brown

Or an individual response can be provided separately for each of the siblings (as below).

Select one of the siblings to duplicate the question, one for each child.

EHASH Referral						
Home	Home / CYP Home / EHASH Referral					
1	About making online referrals	ABOUT YOUR REFERRAL OR REQUEST FOR SUPPORT				
2	About your Referral or Request for Support	About You				
3 4	Supporting Documentation Additional Details	Which of these roles best describes who you are in contacting us? *				
5	Submit Kererral	Answer for: Ben Brown Bridget Brown				

The question is now duplicated. Once for the first sibling and again for the second sibling.

1	About making online referrals	ABOUT YOUR REFERRAL OR REQUEST FOR SUPPORT	20% complete
2	About your Referral or Request for Support	About You	
3 4 5	Supporting Documentation Additional Details Submit Referral	Which of these roles best describes who you are in contacting us? * Answer for: Ben Brown + Include	~
		Which of these roles best describes who you are in contacting us? * Answer for: Professional Professional Professional + Include	~

To re-consolidate the duplicated question to provide a single response for all siblings, hover on the '+ Include' button and select the child you wish to include to re-consolidate the siblings.

1	About making online referrals	ABOUT YOUR REFERRAL OR REQUEST FOR SUPPORT	20% complete
2	About your Referral or Request for Support	About You	
3 4 5	Supporting Documentation Additional Details Submit Referral	Which of these roles best describes who you are in contacting us? * Answer for: Ben Brown + Include Bridget Brown	~
		Which of these roles Professional best describes who you are in contacting us? * Answer for: ? Bridget Brown + Include	~

The question is now re-consolidated for all siblings

EHASH Referral							
Hom	Home / CYP Home / EHASH Referral						
1 2	1 About making online referrals ABOUT YOUR REFERRAL OR REQUEST FOR SUPPORT 2 About your Referral or Request for Support About You						
3 4 5	Supporting Documentation Additional Details Submit Referral	Which of these roles best describes who you are in contacting us? * Answer for: Ben Brown Bridget Brown					

1.4 Viewing Completed Forms

Select the 'View Completed Forms' link to access all saved and submitted forms in the last 30 days.

CYP Home CYP Info & Advice I	lecover a form Safeguarding Board	ew Submitted Forms	Julie Savill M	y CYP Account		
Update Account Automatic Replie	s Logout					
Submitted Forms						
Home / CYP Home / View Submitted Forms						
Submitted Forms Recently Submitted Forms (Last 30 Days)						
	Details	Na	ime	Date		
	Portal Request for Early Help and Social	Care Jul	lie Savill	17 Sep 2020		
	Response: Pending			17.0		
	Response: Pending	<u>Lare</u> An	arew Abbott	17 Sep 2020		

1.5 Out-of-hours / Emergency Duty Team Referrals

In the event of an out-of-hours emergency requiring a response from children's social care, the most appropriate route to ensuring the right support at the right time is to ring the Emergency Duty Team on 300304. Referrals via the portal will not be routinely accessed out-of-hours. However, if you have made a portal referral outside of normal working hours and feel that an emergency response is required, you must contact the Emergency Duty Team on 300304 to alert them to this. The Emergency Duty Team will have the appropriate access to the information and will respond to risk accordingly.

1.6 Getting Help

If you require assistance completing the referral form to EHaSH please refer to EHaSH in the first instance.

If you have a technical issue with registering and/or logging into the portal please contact EHaSH on 01482 448 879 option 4 or <u>EHASH@hullcc.gov.uk</u>