

# Liquid Logic Children's Portal



# Referral Mini Guide

#### **Accessing the Portal**

- The portal can be accessed here: ehchildandfamilies.bedford.gov.uk
- But can also be found on the Council website.
- The portal has a few different options, however, this guide is to focus on making a referral.

#### **Accessing the Portal**

This is what the main page of the portal looks like:



You can click the report a concern about a child area, and can also find this in the professional area.

#### **Report a Concern about a Child**

The first option will take you straight through to the referral form, the second will give you additional option as below.



Again, we can click the Report a concern area, which will start the referral form.

#### **Completing a Referral**

- In the first section of the form you will be asked to say if you are a professional, family member or member of the public.
- The professional version asks for professional role and organisation name and

address.

Home > Portal > Report a concern about a child

Report a concern about a child

#### 0% complete IMPORTANT INFORMATION Important information 2 Consent to information If you think a child or young person is being abused or mistreated or you have concerns about the safety or welfare of a child, you sharing must speak to someone immediately. 3 Children's details If it is an emergency please call 999 4 Family details If you are unsure that a child may be suffering but are worried, or if you are concerned that a child has suffered harm, neglect or abuse, you can either call us directly or complete this form. 5 Concern details During office hours, you can call us on 01234 718700. 6 Supporting documentation In an emergency outside normal office hours, please call our Emergency Services on 0300 300 8123 or call the police on 999 or 01234 841212 or NCPCC's 24 hour Child Protection Helpline on 0808 800 5000. Other contact details: Bedfordshire Police: 01234 841212 NSPCC 24 hour Child Protection Helpline: 0808 800 5000 About you Please select \* Professional O Family member or member of the public **Professional role** 2A - Schools ~ Organisation name and Tammy Teacher address \* 123 School Bedford Next >

#### **Completing a Referral**

 The Family/ Public version of the form will ask you to specify your relationship to the family, if any.

Home > Portal > Report a concern about a child

#### Report a concern about a child

1	Important information	IMPORTANT INFORMATION 0% complete				
2	Children's details Family details	If you think a child or young person is being abused or mistreated or you have concerns about the safety or welfare of a child, you <b>must</b> speak to someone immediately.				
4	Concern details	If it is an emergency please call 999				
5	Supporting documentation	If you are unsure that a child may be suffering but are worried, or if you are concerned that a child has suffered harm, neglect or abuse, you can either call us directly or complete this form.				
		During office hours, you can call us on 01234 718700.				
		In an emergency outside normal office hours, please call our Emergency Services on 0300 300 8123 or call the police on 999 or 01234 841212 or NCPCC's 24 hour Child Protection Helpline on 0808 800 5000.				
		Other contact details: • Bedfordshire Police: 01234 841212 • NSPCC 24 hour Child Protection Helpline: 0808 800 5000				
		About you				
		Please select * O Professional				
		Please select Friend/Neighbour				
		Next				
		Print Save for later Close Cancel				

Once this page is complete, in either instance, click next.



## **Consent Sharing**

1

3

Professionals will have to complete a consent sharing section. Once completed click Next.

#### Home > Portal > Report a concern about a child

#### Report a concern about a child

Important information	CONSENT TO INFORM	ATION SHARIN	G			17% complete
Consent to information sharing	Is the child / young person aware of the contact? *	No				~
Children's details						
Family details	ls/are parent(s) / carer(s)	Yes				~
Concern details	aware of contact? *					
Supporting documentation	Have the parent/carers consented? *	Yes				*
	Method of consent	Verbal				•
	Date of consent	11-05-2021				曲
	← Previous					Next 🗲
			Print	Save for later	<u>Close</u>	<u>Cancel</u>

# Login / Register

You will then be asked to log in or register to complete the rest of the form. Click Login or register.





If you already have an account you can click to add the details and then sign in, however, if this is the first time making a referral, click Register for new account.

#### Home > Portal > Secure login - step 1

#### Secure login - step 1

New to Bedford Borough Online Services? Register for an account on the right. Already using Bedford Borough Online Services? Sign in below.

Existing users	
Email	
tilly.teacher@123school.com	

Password

.....

For additional security, we will confirm your account by sending an authentication code to your email address.

SIGN IN CANCEL Forgotten password?

#### New users

If you're new to Bedford Borough Online Services, sign up for an account here

REGISTER FOR NEW ACCOUNT



Once logged in you will see any new forms that have been delegated for you to complete. The blue box around the below children is to denote these are siblings and the form relates to both of them.

Click anywhere in the blue box to go to the form.

#### **Bedford Borough Social Care Portal**

Tasks

ently Assigned Tasks		Recently Retracted Tasks		Recently Submitted Tasks	
Tack I					
Task List					
	Form Type	Name	▼Due Date	Comments	
1		Name Teddy Test	▼Due Date	Comments	

### Tasks Form

The form shown here is for a MASH assessment, however, this could be for a section in any form in the system. They will all work in the same way. In the MASH delegated forms there will be information about the child/ren and also why information is being requested.

	-		0% complete
Health Supporting Documentation	Name: Teddy Test DOB: 05-Jul-2013 Address: 18 Preston Road, Bedford, MK40 4DX Form Type: MASH Assessment	Required By: No due date specified Sent By: Adam Auty Department: EHM IT Services Address: EHM IT Services	
	HEALTH		
	Contact Reason		
	Health visitor has raised concerns around neglect.		
	Answer for: ? Teddy Test Tula Test		

## Register a New Account Step 1

#### For a new account add your name, then click next.

Home > Portal > Register a new account - step 1

#### Register a new account - step 1

Forename	
Tilly	
urname	
urname	



## Register a New Account Step 2

Then add an email and password, password confirmation and then click next.

Home > Portal > Register a new account - step 1

#### **Register a new account - step 2**

Email address			
Tilly.teacher@	123scholl.com		
Password			
Confirm passw	vord		
BACK	NEXT	CANCEL	

## Registration

You will then receive an email, this will have an eight digit code in and is used to verify that this is the correct email.

From: donotreply@bedford.gov.uk <donotreply@bedford.gov.uk>

Sent: Tuesday, May 11, 2021 4:08:13 PM To: Tilly Teacher <Tilly.Teacher@123School.edu.uk > Subject: Please verify your email address

Dear Tilly Teacher

Thank you for using Bedford Borough Online Services. Please enter the following code on the email verification page:

2832 6372

Kind regards

Bedford Borough Online Services

#### Enter the code and click next.

We have just sent you an email to confirm your email address. Please enter the code this contains below. Hit **back** if you would like to change your email address and try again or **Please send me a new code** if you need another one.

If you can't find this email, it may be in your spam/junk email folder.

Code			
63849481			
BACK	NEXT	CANCEL	Please send me a new code

## Completing a form

You will now be directed back to the form. Complete all the relevant details, ensure that the children are in the correct boxes, some referrals have come through previously with the professionals name in the child section.

First Name *	Tilly	
Last Name *	Teacher	
Email *	tilly.teacher@123scholl.edu.uk	
Telephone	014141123156	
Who is this information about?		
I am completing this form on behalf of: *	Someone else in a professional capacity	
Your relationship to person *	Teacher	
First Name *	Teddy	
Last Name *	Test	
Date of Birth *	dd-mm-yyyy	i
	Estimated DOB?	
Gender *	Estimated DOB?	
Gender * Ethnicity *	Estimated DOB?	
	Estimated DOB?	
Ethnicity *	Estimated DOB?	
Ethnicity * Email	Estimated DOB?     Estimate	
Ethnicity * Email Telephone	Estimated DOB?	
Ethnicity * Email Telephone NHS Number	Estimated DOB?      E	

### Address

From the address section add in the house number and postcode, then click find address. Once the list is pulled through select the correct address.

Address			
Select Address *		Select an address	~
Search Again	Enter A	Select an address	A
-		Flat 4, Howbury Court, Howbury Street, Bedford, MK40 3QT	
Answer for: 1 Teddy Test		Flat 3, Howbury Court, Howbury Street, Bedford, MK40 3QT	
		Flat 2, Howbury Court, Howbury Street, Bedford, MK40 3QT	
		Flat 1, Howbury Court, Howbury Street, Bedford, MK40 3QT	
our Details		61 Howbury Street, Bedford, MK40 3QT	
Firs	t Name *	63 Howbury Street, Bedford, MK40 3QT	
Las	t Name *	65 Howbury Street, Bedford, MK40 3QT	
		67 Howbury Street, Bedford, MK40 3QT	
	Fmail *		

### Address

This will now show as the child's address.

Ensure this is completed for each child that has been added to the referral and the select next.



Address		
77 Howbury Street Bedford MK40 3QT		
Reset Address	Search Again	

# Adding Family Members

Consent to i

<u>Children's d</u>
 Family deta

Supporting

You then get the option to add any other known family members, this is where you would add, mum, dad and any siblings not included in the referral. Click the plus symbol to add more relatives. Once all relatives and been added click the next button.

ormation	FAMILY DETAILS					50% complete
formation	Family / household members and	significant others				
tails	Please use the + button to add m	ore household men	nbers.			
<u>ls</u>	Please enter any known relationsh	iips, including parer	nt/guardian information			
iils	Name					
ocumentation	Name	John Test	Tracy	Test //		
	Relationship to Child(ren)/Young Person	DAD	MUM	1		
	Approximate Age (if known)	34	41			
			<i>A</i>	18		
	Contact Details (if known)		07856	5985237		
				h)		
		+	- +	_		
	Answer for: ⑦ Teddy Test	Trudy Test				
	← Previous					Next 🗲
		Print	Save for later	Create PDF	Close	Cancel

Why are you worried?

The next page is where you will add the detail of the referral. Once all information has been added then click next.

Please tell us the reasons why y	ou are contacting child	iren's services *		
I am worrried that these child	ren are being negelcty	ed becaause		
				10
Answer for: <b>1</b> Teddy Test	Trudy Test			
What is going well for this fami	y and what resources/	services are already in	place?	
				10
Answer for: ⑦ Teddy Test				
What needs to change to make	things better and safe	r for this child/children	?	
				11
Answer for: ⑦ Teddy Test	Trudy Test			
-				
				Next -
Previous				

You will now be asked to upload any relevant documents, this could be written consent, and additional information that may support the referral etc. Click on upload document.

You may add any supporting documentation/information by using the upload button below and attach any files.

You can only attach the following file types:

- Word documents
- PDF files
- Images (in jpg / jpeg / png format)

🛓 Upload Document

This will take you to the standard file browser to select the relevant documents. Select a document and click open.



This will now show as being attached to the referral. You can keep uploading more files in the same way.



Once this stage is complete, you may want to save a copy of the referral before submission. To do this, click create PDF. This will download a copy of the referral for your records.

Submit form					
Submit to Local Authority					
← Previous					
	<u>Print</u>	Save for later	Create PDF	<u>Close</u>	<u>Cancel</u>

You can also print using the print button, if required.

Once this is done click the Submit to Local Authority button.



# Once this is done click the Submit to Local Authority button.

Submit form						
Submit to Local Authority						
← Previous						
	<u>Print</u>	Save for later	Create PDF	<u>Close</u>	<u>Cancel</u>	

### Submission of Form

×

You will get a warning to confirm you have entered all the information and this is the last chance to make any changes, if you are happy click Submit.

Submit to Local Authority

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.

You will now see the thank you screen and your referral has been submitted.

#### Thank You

Your information has been submitted to the Bedford Borough Council Children's Services.

We will contact you in the next few days in response. Please allow additional time for weekends or bank holidays.

Thank you for using this service.

Cancel Submit

If you navigate back to the portal page you can select to log back into your account. From this page click my account.





#### Children, young people and families online services and information



If you navigate back to the portal page you can select to log back into your account. From this page click my account.



#### Home > Portal

Recover a form

Submitted forms

My account

Home

#### Children, young people and families online services and information



You will then be asked to provide your login details, provide them and click sign in.

#### Secure login - step 1

**New to Autonomy?** Register for an account on the right. **Already using Autonomy?** Sign in below.

tammy.teacher@12	23school.edu.uk
_	
Password	

Again you will be emailed a code and then needs to be entered for verification. Enter this and click finish.

#### Secure login - step 2

We have just sent you an email to confirm your account. Please enter the code this contains below.

If you can't find this email, it may be in your spam/junk email folder.

Code			
6526635	9		
Finish	Cancel	Please send me a new code	

#### Select an Account Manager

You will then be logged into your account. You can access any forms that you have not had time to finish and also can see any submitted forms. You will get a message stating that your account needs to be activated, however, this does not need to done for you to access saved forms and submitted forms.

#### Select an Account to Manage

#### Welcome, Adam Auty

Thank-you for registering, your account will be activated as soon as Bedford Borough Council have made the necessary checks. To return to the Children, Young People and Families page please click the button below.

urn to Children, Young People and Families page

From this page, click your name in the top right. Select the option that you want.



### Recover a Form

If you have previously saved a form for later then you will be able to retrieve it and carry on form here. Click on the form to continue complete it.

#### **Recover a Saved Form**



### Submitted forms

This will show a list of previously submitted forms up to 30 days after submission. Click on a form to view a PDF version.

#### **Submitted Forms**

<u>Home</u> <u>Recover a soci</u> Recover an ea

Subm	itted Forms		
Recently	y Submitted Forms (Last 31 Day	s)	
Details		Name	Date
Report a	a concern about a child	Trudy Test	11 May 2021
🗩 Resp	onse: Pending		
Report a	a concern about a child	Teddy Test	11 May 2021
🗩 Resp	onse: Pending		

### Submitted Forms

# This can be then saved for your own records if required.

Bedford Borough Council All Departments Tel: Fax:	BEDFORD BOROUGH COUNCIL		
Important information			
About you			
Please select	Professional		
Professional role			
	2A - Schools		
Organisation name and address	sdfdsf		
Consent to information sharing	]		
Is the child / young person aware of the contact?	No		
Is/are parent(s) / carer(s) aware of contact?	No		
Have the parent/carers consented?	Yes		
Method of consent	Verbal		
Date of consent	11-May-2021		
Children's details			