



## Liquidlogic Children's System (LCS)

**Refer to Adolescent Development Service**

Version No	Revision Date	EHM Version	Created By	Version Information
1.0	11/11/2021	LCS 14.5.4	M. Watkins	Form GO LIVE

## Contents

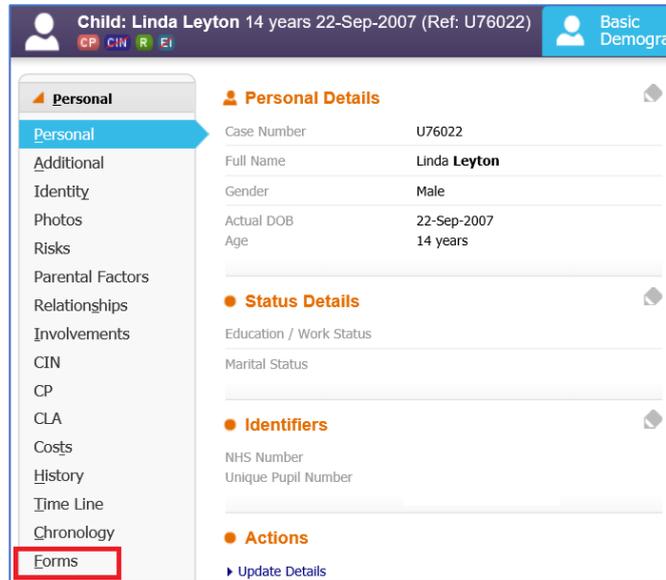
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### 1. Introduction

This Help Guide explains the process of making a referral to ADS from LCS (Social Care / LCS workers)

## 2. Complete and Send Referral Form (Allocated Case Worker)

Navigate to **Demographics** and then click on the **Forms** tab.



Child: Linda Leyton 14 years 22-Sep-2007 (Ref: U76022) Basic Demogra

**Personal**

Personal Details

Case Number U76022

Full Name Linda Leyton

Gender Male

Actual DOB 22-Sep-2007

Age 14 years

**Status Details**

Education / Work Status

Marital Status

**Identifiers**

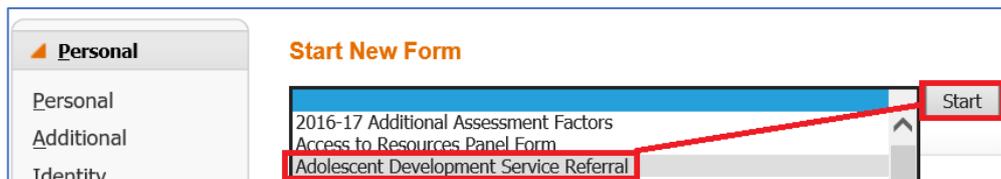
NHS Number

Unique Pupil Number

**Actions**

Update Details

Select the **Adolescent Development Service (ADS) Referral** form and then click **Start**.



**Personal**

Start New Form

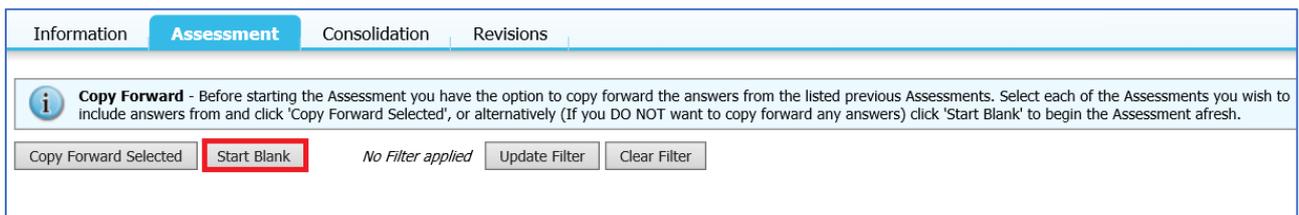
2016-17 Additional Assessment Factors

Access to Resources Panel Form

Adolescent Development Service Referral

Start

Click **Start Blank**.



Information **Assessment** Consolidation Revisions

**Copy Forward** - Before starting the Assessment you have the option to copy forward the answers from the listed previous Assessments. Select each of the Assessments you wish to include answers from and click 'Copy Forward Selected', or alternatively (If you DO NOT want to copy forward any answers) click 'Start Blank' to begin the Assessment afresh.

Copy Forward Selected **Start Blank** No Filter applied Update Filter Clear Filter

Next, record the **form start date**. The Allocated Case Worker's name and Department will be recorded automatically.

Information **Assessment** Consolidation Revisions Save Send to ADS Team (EHM) Cancel ReAssign Close

Print

### Adolescent Development Service Referral

Form Start Date	11-Nov-2021
Allocated Case Worker Name	Laura
Allocated Case Worker Department	Childrens' Social Work

Navigate to the **Person making the referral** section and complete information about the person creating the form.

Print

### Adolescent Development Service Referral

- Person making the Referral
- Referral Details
- About the Person Being Referred
- Primary Carer Details
- Send Referral to Adolescent Development Servic...

Stage: Assessor

#### Person making the Referral

**Who can be referred to the programme?**  
Professional referrals can be made for children and adolescents who:

- are aged 8 to 19-years-old and living, working, studying, or in care in Hillingdon and already receive targeted support from the council (through children's social care, our youth justice service or other intervention services)
- have the ability to participate in discussion-based and group work activities.
- are willing and able to commit to the proposed intervention

Name of worker creating this form	Vivian Worker
Name of Department of worker creating form	Test Department
Address of Department of worker creating form	Civic Centre 225 High Street Uxbridge UB1 1UW
Email Address	VWorker@hillingdon.gov.uk
Telephone Number	01895 111222

**Please note:** Places will be confirmed via email once your referral has been reviewed by our team.

Next, complete questions in the following sections:

- Referral Details
- About the Person Being Referred
- Primary Carer Details

Print

### Adolescent Development Service Referral

- Person making the Referral
- Referral Details
- About the Person Being Referred
- Primary Carer Details
- Send Referral to Adolescent Development Servic...

Stage: Assessor

#### Referral Details

Current School Year of person you are referring: L. 10

Young Person's Education, Employment and Training (EET) status

- Full time employed
- Further Education / College
- Higher Education / University
- Part time employed
- Primary / Junior School Education
- Secondary School Education
- Unemployed
- Vocational Training / Apprenticeships
- Not in Education, Training or Employment (NEET)
- Education, Employment and Training (EET) status

To complete the form, navigate to the **Send Referral to ADS Team (EHM)** and complete the following information:

- Date of Transfer

- Comments
- Are parent's aware of the transfer?
- Transfer Recipients Tray – Adolescent Development Service
- Date Transfer form completed

Once complete, click **Send to ADS Team (EHM)**.

The screenshot shows a web application window titled "Send Referral to Adolescent Development Service (EHM)". The window has a menu bar with "Information", "Assessment", "Consolidation", and "Revisions". Below the menu bar are buttons for "Save", "Send to ADS Team (EHM)", "Cancel", "ReAssign", and "Close". The "Send to ADS Team (EHM)" button is highlighted with a red box. The main content area is divided into a left sidebar and a main form area. The sidebar contains a "Print" button and a list of items under "Adolescent Development Service Referral", including "Person making the Referral", "Referral Details", "About the Person Being Referred", "Primary Carer Details", and "Send Referral to Adolescent Development Service...". The "Send Referral to Adolescent Development Service..." item is highlighted with a blue arrow. Below the list is a "Stage: Assessor" section. The main form area is titled "Transfer Step" and contains "Transfer Details". It includes a "Date of Transfer" field with the value "11-Nov-2021", a "Comments" text area with the text "Refer to ADS", a "Are parents aware of this transfer?" dropdown menu with the value "No", a "Transfer Recipient(s)" dropdown menu with the value "Adolescent Development Service", and a "Date Transfer Form Completed" field with the value "11-Nov-2021".

Click **OK**.

The screenshot shows a small dialog box titled "Message from webpage". It contains a question mark icon and the text "Please confirm you wish to Send to ADS Team (EHM)?". Below the text are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red box.

The form has now been sent to the **ADS Team**.

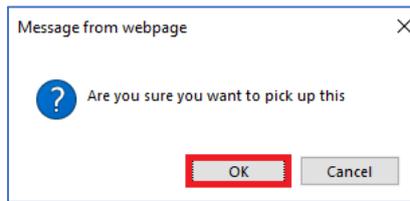
The transfer service between LCS and EHM runs every 5 minutes. It may take up to 5 minutes for the transfer task to reach the EHM system.

### 3. Process Referral Form (ADS Duty Worker)

New referrals from LCS are received within the **Adolescent Development Service New Referrals** group tray. Navigate to the tray and click on **Pickup** next to the task.

The screenshot shows a task tray interface. On the left, there is a list of trays: "All", "Empty", "Vivian Worker", "Lee Moses", "Marvin Manager", and "Adolescent Development Service New Referrals". The "Adolescent Development Service New Referrals" tray is highlighted with a red box. On the right, there is a task list. The task list has a header with "Group By: Date | Task | Priority | Person | Address | Locality | Episode Group" and "Order By: Start Date | Due Date | Timeframe | Subject | Priority". Below the header, there is a task entry for "11-Nov-2021" with a "TR" icon, "Leyton, Linda (14 years)", and "Transfer from London Borough of Hillingdon LCS - Please revi...". A "Pickup" button is visible next to the task entry and is highlighted with a red box.

Click **OK**.

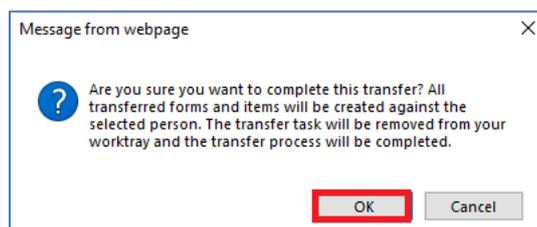


Click **Complete Transfer**.

**Linda Leyton**

- Person Details - Remote System**
  - Forename: Linda
  - Surname: Leyton
  - Date of Birth: 22-Sep-2007
  - NHSNo:
  - NINumber:
  - Gender: Male
  - Address Line 1: 50
  - Address Line 2: Royal Lane
  - Address Line 3: Uxbridge, West Drayton
  - Postcode: UB7 8DJ
  - Ethnicity: White British
  - Religion: No religion
- Person - Local System**
  - EHM Person: Linda Leyton, 14 years
  - [Find a different Person in local system](#)
- Transfer Details**
  - Warning:** This transfer includes attached forms and/or objects. These will be copied to the identified person upon completion.
    - [Preview Attached Items](#)
  - Transfer ID: 4471
  - Transfer From: London Borough of Hillingdon LCS
  - Transfer Date: 11-Oct-2021
  - Transfer Comments: Refer to ADS
  - Are the parents aware of this transfer?
- Professional requesting transfer**
  - Case Transferred By: Vivian Worker
  - Position: Test Worker
  - Agency: Test Department
  - Address: Test Department  
Civic Centre  
225 High Street  
Uxbridge
  - Telephone: 07888999999
  - Email:
- Available Actions**
  - [Continue with Existing Stronger Families Episode](#)
  - [Start new Stronger Families Episode](#)
- Customer Workflows**
  - [Start SEND Panel](#)
- Transfer Completion**
  - [Complete Transfer](#)
- Transfer Rejection**
  - [Reject Transfer](#)

Click **OK**.



The transfer has now been completed. **Click on the young person's name** to access their record.

**Leyton, Linda (14 years)**

- Person Details - Remote System**

Forename: Linda  
Surname: Leyton  
Date of Birth: 22-Sep-2007  
NHSNo:  
NINumber:  
Gender: Male  
Address Line 1: 50  
Address Line 2: Royal Lane  
Address Line 3: Uxbridge, West Drayton  
Postcode: UB7 8DJ  
Ethnicity: White British  
Religion: No religion
- Person - Local System**

EHM Person: **Linda Leyton, 14 years**
- Transfer Details**

**⚠** This transfer included attached forms and/or objects. These have been copied to the identified person.  
Transfer ID: 4471  
Transfer From: London Borough of Hillingdon LCS  
Transfer Date: 11-Oct-2021  
Transfer Comments: Refer to ADS  
Are the parents aware of this transfer?
- Professional requesting transfer**

Case Transferred By: Vivian Worker  
Position: Test Worker  
Agency: Test Department  
Address: Test Department Civic Centre, 225 High Street, Uxbridge  
Telephone: 07888999999  
Email:
- Available Actions**

No further actions, this transfer has been completed
- Transfer Completion**

**This transfer has been completed**

Click **Create a new Adolescent Development Programmes Referral**.

Linda Leyton, 14 years (Case No: U76022) Basic Demographics

- Personal**
  - Personal
  - Further Details
  - Risks
  - Relationships
- Name & Gender**

Case Number: U76022  
NHS Number:  
Unique Pupil Number:  
Title:
- Addresses**

\*Main address: Royal Lane, Uxbridge, West Drayton, UB7 8DJ (from 22-Jun-2007)  
Placement: Royal Lane, Uxbridge, West Drayton, UB7 8DJ (from 22-Jun-2007)
- Actions**
  - Create a new Contact
  - Create a new Stronger Families Episode
  - Create a new Adolescent Development Service Referral**
  - Create a new SEND Panel

Click **OK**.

Message from webpage

Are you sure you want to 'Create a new Adolescent Development Service Referral'

**OK** Cancel

Click **Start**.

**Family Pathways**

Family Pathways - You may use the following table of related persons to start a grouped episode. Any selected persons will be included in the group.

<input type="checkbox"/>	Relationship	Name	Age	Info
<input checked="" type="checkbox"/>	Self	Linda Leyton CP CIN R	14 years	Automatically included in group

Start Date: 11-Oct-2021

Start

Click **Assign to me** then click **Assign**.

Click **Create a new Adolescent Development Service Referral**.

Relationship	Name	Age	Info
Self	Linda Leyton CP CR R	14 years	Automatically included in group

Select the referral form for copying and then click **Copy Forward Selected**.

Created	Enquiry	Started By
Leyton, Linda (14 years)		
Today	Targeted Programmes (ADS) Referral (Monday, 11 October 2021)	Vivian Worker

Record the date and select the **New Referral received in the Referral Tray from Social Care LCS (ADS workers only)**.

Review the remainder of the form and then click **Finalise Enquiry**.

Information Enquiry Consolidation Delegate Revisions Save Finalise Enquiry Cancel Close

Print

Adolescent Develo...  
Personal Details  
Person making the...  
Referral Details  
About the Person B...  
Primary Carer Deta...  
Attachments (0)

**Primary Carer Details**

Primary Carer's Full Name Mrs Smith  
Primary carer's relationship to young person Mother.  
Primary carer's address Address  
Primary Carer's Postcode UB1 1AA  
Primary Carer's Contact Number 01895 222222  
Primary Carer's Email Address Email@Address  
Has the primary carer approved this referral?  Yes  No

Finalise this form and send for authorisation

Click **OK**.

Message from webpage

Finalise - are you sure?

OK Cancel

Next, pick up the task from the **Adolescent Development Service New Referrals** tray.

All Empty

Vivian Worker 26  
Lee Moses 52  
Marvin Manager 29

Adolescent Development Service New Referrals

Group By: Date | Task | Priority | Person | Address | Locality | Episode Order By: Start Date | Due Date | Timeframe | Subject | Priority

Tomorrow (1) Person Task Description

12-Nov-2021 Leyton, Linda (14 years) [Case No: U76022] Adolescent Development Service Ref... Pickup

Click **OK**.

Message from webpage

Are you sure you want to pick up this

OK Cancel

Navigate to the Referral Outcomes section and:

- Record the Referral Outcome
- Record the Reason for the Outcome
- Record the date
- Click Finalise Enquiry

Information Enquiry Consolidation Delegate Revisions Save Finalise Enquiry Cancel Close

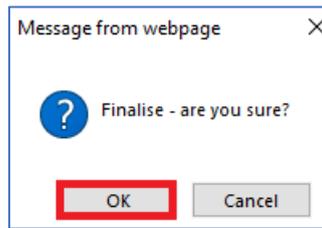
Print

Adolescent Develo...  
Personal Details  
Person making the...  
Referral Details  
About the Person B...  
Primary Carer Deta...  
Referral Outcomes  
Attachments (0)

**Referral Outcomes**

Decision  
Outcomes  Adolescent Development Service Episode  
 No Further Action  
Reason for Outcome Open Episode...  
Date Form Completed 11/11/2021

Click **OK**.



Click **Authorise**.

### Adolescent Development Service Referral

Active Task: Vivian Worker (Reassign) Started: 11-Nov-2021 Due: 12-Nov-2021

Adolescent Development Service Referral Task Details No Other People ▼

**Enquiry Authorisation Stage:** Review the completed Enquiry and amend if applicable. Once satisfied finalise the Enquiry and choose to Grant Authorisation or to Request Further Information.

Authorise Request Further Information

▶ View Adolescent Development Service Referral by Vivian Worker (Test Department) - Test Department (Awaiting Authorisation) ▶ Amend

**Adolescent Development Service Referral**

The Enquiry Assessor Reviewer

Adolescent Development Service Referral (Session Finalised) [ Print ]

Vivian Worker (Test Worker) (11-Nov-2021 to 11-Nov-2021)

Vivian Worker (Test Worker) (11-Nov-2021 to 11-Nov-2021)

Click **OK**.



If the outcome of the referral is **Adolescent Development Service Episode**, the workflow will be triggered.

Full Map Local Map ▼

Contact Record Details MASH

Adolescent Development Service Referral No Further Action

Adolescent Development Service Episode Refer to Stronger Families

End Adolescent Development Service Episode

### Adolescent Development Service Episode

Reason: Open Episode...

Active Task: Vivian Worker (Reassign) Started: 11-Nov-2021 Due: unspecified

Adolescent Development Service Episode Decisions Task Details No Other People ▼

Targeted Support Programmes, Started on: 11-Nov-2021

**Details**

Start Date: 11-Nov-2021  
End Date:

**Subjects**

Leyton, Linda (14 years)

**Change Workspace Links**

▶ Change Workspace Links

Back to: Adolescent Development Service Referral

Where the outcome is **No Further Action**, the workflow will automatically close.

The screenshot displays a workflow interface. On the left, a flowchart shows a sequence of steps: 'Contact Record Details' and 'MASH' are at the top, with arrows pointing down to 'Adolescent Development Service Referral'. From this step, an arrow points to a box labeled 'No Further Action'. On the right, a summary panel titled 'No Further Action' provides details: 'Reason: .', 'Initiator: Vivian Worker (Test Worker)', 'Started: 11-Nov-2021', and 'Completed: 11-Nov-2021'. Below this, there are buttons for 'No Further Action', 'History', and a dropdown menu 'No Other People'. The main title of the summary panel is 'Adolescent Development Service - No Further Action', and below it is the text 'Reason for Assessment/Record'.

- End of Document