

London Borough of Hillingdon

Stronger Families Portal

Submitting Early Help Assessments



Version No	Revision Date	Portal Version	Created By	Version Information
2.0	30/09/2021	Portal V4.0	M. Watkins	Early Health Notification Integration
1.0	19/07/2021	Portal V4.0	M. Watkins	Stronger Families Hub GO LIVE

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1. An Introduction to Stronger Families & the Children's Portal

Stronger Families is a 24/7 front door to ensure that local families have fast access to a wide range of support services around the clock.

Stronger Families is a locality based Early Help and Prevention Service supporting children at the earliest possible stage by working closely with partners across Hillingdon.

Hillingdon's vision is to empower families to be and feel strong, safe and healthy through the provision of early and targeted support to reach their full potential.

To achieve our vision, we need to respond to need when it arises and work together to ensure we have the right person for the child and family leading the right intervention.

To support this the **Children's Portal**, has been developed. The **Children's Portal** allows agencies referring into Hillingdon to complete an **Early Help Assessment online** and submit it directly to the **Stronger Families Hub**.

There is one form to complete for the following types of referrals:

- SEND
- Portage
- Early Health Notifications (Health Professionals Only)
- Stronger Families (Early Help & Prevention)
- Social Care
- Attendance issues
- Children Missing from Education
- Targeted Programmes (Adolescent Development Services)

Referrals for Education Statutory Fines will continue to be referred via **The Hillingdon LEAP** (<u>https://leap.hillingdon.gov.uk/</u>)

2. Purpose of this Help Guide

This Help Guide has been designed as a guide for Key Agencies to:

- Access the Hillingdon Stronger Families web page
- Create a new Personalised Portal Account
- Create and submit an **Early Help Assessment** to the Hillingdon Stronger Families Hub via the Children's Portal.
- Maintain their **Portal Accounts**.

3. Start the Referral Process

The **Hillingdon Stronger Families web page** is the first point of access for Stronger Families online services. The web page can be accessed via the following web address: <u>https://www.hillingdon.gov.uk/stronger-families</u>



The centre tile on the web page contains instructions and links to create and submit an Early Help Assessment to the Stronger Families hub.

Click on the **centre tile** to access the professionals page.



The **Professionals** page contains lots of useful information about the Stronger Families Hub and MASH services. To begin the process of completing an online Early Help Assessment, click on the yellow **Make a referral** button.



You will be navigated to the Hillingdon Children's Portal. Several referral options are presented on the Portal screen.

Refer a Family for Early Help or Social Care Support Report Poor Attendance / Child Missing from Education Refer for Special Education Needs and Disabilities Support (SEND)	Selecting one of these options will start a new Early Help Assessment form
Early Health Notifications	Selecting this option provides guidance to the referring Health Professionals regarding Early Health Notifications and a further option to start a new referral via the Early Help Assessment.
School Holiday penalty fines (via LEAP)	Clicking on this option will redirect the referrer to the LEAP site. An Early Help Assessment will not be presented for completion.

Click on the relevant tile to start the process.



On the first page of the Early Help Assessment you will be prompted to record the **names** of the child to whom the referral is about. If you are referring a sibling group / family, record the **forename** and **surname** of the youngest child within the fields below and then click **Confirm**.

1	Early Help Assessment	EARLY HELP ASSESSMENT			
2	Your Details	Who is this about?			
3	Request for Support	In the section below please add the name of all persons that this form is about, You will need to details for at least 1			
4	Consent	individual, If you need to add more people, use the 🛨 icon to add a new row. Using the 📄 icon will remove a person from the form.			
5	Additional Details				
6	Services	Once completed use Confirm to save your changes. You will not be able to progress through the form until changes			
7	The Child and their Family's Assessment				
8	Upload Documents	Please at details of all persons to be included by this form to be submitted to the Local Authority			
9	Submit Referral	Forename Surname Honour Track Confirm Image: Confirm model			

The remaining family members details can be recorded within later sections of the form.

The first page "**How does this tool work**" provides guidance on how to complete the form. It contains information such as:

- Navigating through sections of the form
- Mandatory questions
- Saving the form to complete at a later date

Once you have recorded the child's names and reviewed the guidance, click Next.

Changes can be made at any point whilst completing the form by returning to this section and amending the person/s,			
You will be asked for more details of the person/s later in the form.			
How does this tool work?			
Click on the numbered sections on the left hand side of the window or			
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 suit your response			
This symbol \star indicates that the question is mandatory and must be answered in order to continue.			
Save the Form			
Use the Save for Later ontion to Save the form to return to at any time 2			
ose the Save tor Later option to save the form to return to at any time.			
Print the Form			
Use the Print option to Print a copy of the form if required, 2			
Next 🗲			
Print Save for later Close Cancel			

4. Create a New Children's Portal Account

Before completing an **Early Help Assessment** form for the first time you must create your own **Children's Portal account**.

If you have already created an account and have logged in before completing this step, <u>click here</u> to jump to the next section of this Help Guide.

To begin, click on the Login or Register button.

Hom	Home > Stronger Families > Forms Home >					
1	Farly Help Assessment	LOGIN OR REGISTER				
2	Your Details	In order to progress with this form you must either log in or complete a simple registration for a new account. Yo	su			
3	Request for Support	can then continue to complete this form. This will enable you to track the form at a later date.				
4	Consent	Login or Register				
5	Additional Details					
6	Services	← Previous No	ext 🗲			
7	The Child and their Family's Assessment					
8	Upload Documents					
9	Submit Referral					
		Print Save for later Close Can	icel			

On the next page, click on the **Register for a new account** button.

Secure login – step 1 New to Adult, Children, Young People and Families Online Services? Register for an account on the right. Already using Adult, Children, Young People and Families Online Services? Sign in below.			
Email	If you're new to Adult, Children, Young People and Families Online Services, sign up for an account		
Password	here Register for new account		
For additional security, we will confirm your account by sending an authentication			
code to your email address.			

At this time **generic accounts** that your service may intend to use and share login information across several team members **are not permitted**. This is to ensure that:

- Accounts and your personal information remain secure
- Referring officers can be contacted quickly and directly should further information be urgently needed
- Your organisation's Data Protection Act / GDPR obligations are adhered to
- Personal information about children and their families are kept secure

You must create your own **personal account**, using your **own work email address**.

Step 1: Enter your Forename and Surname, then click Next.

R	egister a new account - step i
Forename	
Comfort	
Surname	
Warren	
Cancel	

Step 2: Enter:

- Your work email address
- A password
- Confirm the password

Email address	Password policy
C.Warren@comfortcareservices.com	Your password must meet the following requirements:
Password	It must be at least 12 characters lon It must contain at least one letter
	It must contain only letters, digits, and special characters
Confirm password	It must contain at least one upper- case letter
Back Next Cancel	It must contain at least one numerical digit It must contain at least one special
	character. It must be different to your current
	It must be different to your previous password
	Click to see list of special characters

The Password must meet the following requirements:

- It must be at least 12 characters long
- It must contain at least one letter
- It must contain only letters, digits, and special characters (such as ?,!,%)
- It must contain at least one upper-case letter
- It must contain at least one numerical digit
- It must contain at least one special character.
- It must be different to your current password
- It must be different to your previous password

Once complete, click Next.

Your password must meet the following requirements: It must be at least 12 characters long
following requirements: It must be at least 12 characters lon
It must be at least 12 characters for
It must contain at least one letter
It must contain only letters, digits,
and special characters
It must contain at least one upper-
It must contain at least one
numerical digit
It must contain at least one special
It must be different to your current
password
It must be different to your previou
password

A **code** will be generated and sent to the **email address** used to register your account. Access your email account to access the code.

Register a new account -	step 3
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.	
ir you can't find this email, it may be in your spam/junk email folder. Code	
Back Next Cancel Please send me a new code	

Make a note of the code provided in your email, then navigate back to the **Portal** page.



Enter the code in the box provided, then click Next.

	Register a new account -	step 3
We have just sent you ar contains below. Hit back Please send me a new c If you can't find this ema	n email to confirm your email address. Please enter the code this (if you would like to change your email address and try again or (if you need another one. (il, it may be in your spam/junk email folder.	
Code		
9937 1398 Back Next Cance	Please send me a new code	

If successful, a confirmation message will be displayed. Click **Continue** to complete the process.

Your registration has been completed a session.	Registration completed
Continue	
When registering and logging in, y you do not have an active accou Professionals and your account y completed. This message will be c	ou may see a message advising you that nt yet. This message does not apply for vill be active once the registration process is orrected in a future update of the Portal.
Select an	Account to Manage
Welcome	
You don't seem to have an active account yet. If you have already m as we have made the necessary checks.	ade an application, you don't need to do anything - your account will be activated as soon
If you haven't made an application yet, or you would like to make a n	ew application, please select the option below.
Go back	

If you had started the process of completing an Early Help Assessment, you will be navigated back to the form on the Portal.

1	Early Help Assessment	LOGIN OR REGISTER	
2	Your Details	Your Details (Portal User)	
3	Relationships and the Wider Family Details	First Name *	Raynes
4	Request for Support	Last Name *	Portal
5	Consent	Email *	Raynesportal@outlook.com
6	Additional Details	Telephone	0788899000

5. Complete and Submit an Early Help Assessment

5.1 Referrer and Child Details

Upon logging in and starting the Assessment, you will be navigated to the **Your Details** page. You will be prompted to record your details as the **person making contact**.

Your **name** and **email address** will be automatically populated from your account. Enter a **telephone number** which you can be contacted on to enable the Stronger Families Hub to contact you if required.

1	Early Help Assessment	LOGIN OR REGISTER		
2	Your Details	Your Details (Portal User)		
3	Relationships and the Wider Family Details	First Name * Raynes		
4	Request for Support	Last Name * Portal		
5	Consent	Email * Raynesportal@outlook.com		
6	Additional Details	Telephone 0788899000		
7	Services	•		

The child's name that was recorded at the beginning of the process will **automatically copy through to the form**.

Next, record the following information:

- You are completing the form for someone else in a professional capacity
- Your relationship to the person
- Date of birth (click **Estimated DOB** if the date of birth is estimated)
- Child's gender
- Child's **ethnicity**
- Child's email address (if known)
- Child's telephone number (if known)
- Child's NHS number (if known)

1	Early Help Assessment		LOGIN OR REGISTER
2	Your Details	Your Details (Portal User)	
3	Relationships and the Wider Family Details	First Name *	Comfort
4	Request for Support	Last Name *	Warren
5	Consent	Email *	Cwarren0521@outlook.com
6	Additional Details		
7	Services	Telephone	07888999000
8	The Child and their Family's Assessment	Who is this form for?	
9	Upload Documents	l am completing this form	Someone else in a professional capacity
10	Submit Referral	on behalf of: *	
		Your relationship to	School Teacher
		person	
		First Name *	Honour
		Last Name *	Track
		Date of Birth *	01-07-2008
			Estimated DOB?
		Gender*	Female V
		Ethnicity *	Any other ethnic group 🗸
		Email	
		Telephone	01895 000000
		NHS Number	

Next, record the person's home address. This can be recorded in the following ways:

• Enter the house number and post code, then click Find Address.

		Address	
	House Number or Name	9	
	Postcode * 😮	UB9 4BA	
F	Find Address Enter Address		

If listed, the address will be displayed.

	Address	
9 Nine Stiles Close		
Denham		
Uxbridge		
UB9 4BA		

If the address is not listed, click Enter Address to enter in manually.

Address				
We couldn't find a matching Otherwise use the Enter Add	We couldn't find a matching address. Please check that you entered the correct information and try again. Otherwise use the Enter Address button to enter the address details manually.			
House Number or Name	9			
Postcode * ?	UB9 4BA			
Find Address Enter Address				

Enter the address details.

		Address
Pro	perty Name	
	House No	9
	Street *	Stiles Close
	Area	
	Town/City*	Uxbridge
	County	
Po	ostcode * 🝞	UB9 4BA
Search Again	Enter Address	

Click **Next** to proceed to the next section of the form.

	Address
Property Name	
House No	9
Street *	Stiles Close
Area	
Town/City *	Uxbridge
County	
Postcode * 🝞	UB94BA
Search Again Enter Address	
← Previous	Next →

5.2 Relationships and the Wider Family Details

Relationships for the family should be recorded within this section. New columns can be added to the table by clicking on the + at the bottom of the page.

1	Early Help Assessment	RELATIONSHIPS AND THE WIDER FAMILY DETAILS				
2	Your Details	Details of the wider family and people who are significant to the child or young person (E.G Mother, Father). Please indicate who has parental responsibility. This must include all children and young people in the bousehold up to the				
3	Relationships and the Wider Family Details	age of 18, as well as adults.	onsidinty. This must include a	an chinaren ana young people in the nousehold up to the		
4	Request for Support	Forename	Ron	Pearl		
5	Consent					
6	Additional Details	Surname	Storm	Storm		
7	Services		//			
8	The Child and their Family's Assessment	Relationship to child	Brother	Mother		
9	Upload Documents					
10	Submit Referral	PR? Ø	No	Yes		
		DOB	30-01-2009	dd-mm-yyyy		
		Address	9 Stiles Close <u>Uxbridge</u> UB9 48A	9 Stiles Close <u>Uxbridge</u> <u>UB9 48A</u>		
		Telephone Number		07888999888		
		Email Address				
			+ -	+ -		

5.3 Request for Support

Within the Request for Support section, various options will be presented. If you know specifically which Team you would like to refer to from the list, select the services required and then click **Next**. If you do not require these specific services or you are not sure, move on to the next page by clicking **Next**.

1	Early Help Assessment	REQUEST FOR SUPPORT
2	Your Details	Does this referral relate to any of the following services?
3	Relationships and the Wider Family Details	If yes, please select them below If no, please move onto the next question
4	Request for Support	
5	Consent	Adolescent Development Service
6	Additional Details	□ Children's Centres - including Family Information Service (FIS)
7	Participation Team	Participation Team (school attendance / child missing from education)
′		Portage Team
8	SEND Information	Safeguarding / MASH
9	Services	Special Educational Needs or Disabilities Services (SEND) / SEND Advisory Service (SAS)
10	The Child and their Family's Assessment	Notify us that a child may have long-term SEND, using the Statutory Early Health Notification (Health Professionals only)
11	Upload Documents	
12	Submit Referral	Which Service do you require?*
		 Early Health Notification (Health Professionals Only)
		Early Years SEND Advisory Team
		O New-born Hearing Screening Notification
		$^{\bigcirc}$ Request for Education Health and Care Needs Assessment
		 Schools SEND Advisory Team (Including Post-16)
		○ Sensory Team
		SEND Key Work Team
		○ I am not sure

5.4 Consent

Consent **must be sought** from the parents or carers before the referral is made. Where possible, you **must obtain written consent** from the family and <u>upload</u> this onto the Portal Assessment, however verbal consent can be accepted for a limited time.



Scenarios where it may not possible / required to provide consent are where:

- informing the parents would place the child or family at risk of significant harm.
- a referral is being made for a child missing from education or has poor attendance at school

Complete the Consent questions and then click **Next** to proceed.

			CONSENT	
1	Early Help Assessment	Before completion please note that th	is assessment will not be accepted and will be returned without parental consent being obtain	ed. Consent
2	Your Details	is mandatory.		
3	Relationships and the Wider	The exceptions to this requirement are where:		
	Panning Details	- informing the parents would place th	e child or family at risk of significant harm.	
4	Request for Support	- a referral is being made for a child m	issing from education or has poor attendance at school	
5	Consent	2		
6	Additional Details			
7	Participation Team			
8	SEND Information	Have the Parent(s) /	Yes	~
9	Services	assessment and referral		
10	The Child and their Family's Assessment	record being completed and sent to Stronger		
11	Upload Documents	Families?*		
12	Submit Referral			(
		Parent / cl	hild's consent for information storage and information sharing	
		Does the parent agree to the information recorded on this assessment being shared with other practitioners and /or services in order to support you? Please tick as appropriate *	Yes	~
		Does the parent agree that the information on this form can be securely stored centrally by Stronger Families? *	Yes	~
		← Previous		Next 🗲

5.5 Additional Details

Within the Additional Details section, record:

- The child's education Unique Pupil Number (UPN) if known
- Current Education Setting (where appropriate)
- School Start Date (where appropriate)
- Disabilities or special needs
- Special Education Needs

1	Early Help Assessment		ADDITIONAL DETAILS
2	Your Details	Unique Pupil Number	
3	Relationships and the Wider Family Details	(UPN)	
4	Request for Support	Current School /	Uxbridge School School Road
5	Consent	/f N/A please mays to the	UXBRIDGE
6	Additional Details	question below	
7	Participation Team		
8	SEND Information	School Start Date	01-09-2015
9	Services		
10	The Child and their Family's Assessment	Does the child or anyone in the immediate family	No
11	Upload Documents	disability? *	
12	Submit Referral		
		Does the child / young person have Special Education Needs? *	No
		← Previous	Next →

5.6 Participation Team

If you selected **Participation Team** within the <u>Request for Support</u> section of the form, the Participation Team section will be presented.

Select the type of support required from the list.

If support is required regarding a **child's attendance at school**, select the option from the list.

Complete the questions as shown below. Where the attendance letters have been sent to the family, these should be attached at the **end** of the Early Help Assessment.

1	Early Help Assessment		PARTICIPATION TEAM
2	Your Details	Referrer's Name *	Ed Teacher
3	Relationships and the Wider		
-	Family Details	Referrer's Email *	Ed.Teacher@School.net
4	Request for Support		
5	Consent		
6	Additional Details	Referrer's Telephone Number *	01222333444
7	Participation Team		
8	SEND Information	Type of support required *	
9	Services		
10	The Child and their Family's Assessment	 Support regarding a child / Support regarding a child to 	young person's attendance at school hat is missing from Education
11	Upload Documents		
12	Submit Referral	Attendance	
		day, 5 days per week)*	Ves
		1,2 and 3 all been sent to the parent's / carers?*	153
		Date last attendance meeting was held	04-05-2021
		Is the young person at risk of permanent exclusion? *	Yes 🗸
		Will supporting documents be upload as part of this referral and assessment?*	Yes 🗸
		Please upload all relevant doo	cumentation at the end of this form

If support is required for a **child that is missing from education**, select the option from the list. Record the required information and **upload** any relevant documents. Once complete, click **Next**.

1	Farly Haln Assessment		PARTICIPATION TEAM
2	Your Details	Referrer's Name *	Ed Teacher
2	Polationships and the Wider		
J	Family Details	Referrer's Email *	Ed.Teacher@School.net
4	Request for Support		
5	Consent		
6	Additional Details	Referrer's Telephone	01222333444
7	Participation Team	Number *	
8	SEND Information	Type of support required *	
9	Services	Type of oupport required	
10	The Child and their Family's	Support regarding a child /	young person's attendance at school
	Assessment	Support regarding a child to	hat is missing from Education
11	Upload Documents		
12	Submit Referral	Child Missing from Education	
		Last date the child was at	dd-mm-yyyy
		school	
		Has the child been	
		removed from the School	
		Roll? *	
		\A/(II	Vac
		documents be upload as	163
		part of this referral and assessment? *	
		assessment	
		Please upload all relevant doo	cumentation at the end of this form
		← Previous	Next 🗲

5.7 SEND Information

If you selected Special Educational Needs or Disabilities Services (SEND) / SEND Advisory Service (SAS) or Notify us that a child may have long-term SEND, using the Statutory Early Health Notification (Health Professionals only) within the <u>Request for Support</u> section of the form, questions relating to **Special Education Needs** will be presented for completion.

Not all questions in the section are mandatory.

Once complete, click **Next** to move to the next section.

1	Early Help Assessment		SEND INFORMATION
2	Your Details	SEN Category of Need	Cognition and Learning Needs
3	Relationships and the Wider		
	Family Details	SEN Primary Need	Multi-Sensory Impairment
4	Request for Support		
5	Consent	SEN Secondary Need	×
6	Additional Details		
7	Participation Team	School Year Group	F.4
8	SEND Information	Places envide success	95%
9	Services	attendance rate in % and	
10	The Child and their Family's Assessment	outline any reduced time timetables in place (e.g.	
11	Upload Documents	attending 1 hour per day, 5 days per week)	
12	Submit Referral		
		Is an Education, Health and Care Plan Needs Assessment (EHCNA) currently in progress?	No 🗸
		Does the child / young person have an Education Health and Care Plan (EHCP)?	No v
		Is Early Support Funding in Place?	No
		Is Early Years SEND Inclusion Funding in Place?	No
		Is Exceptional Funding in Place?	No
		Does the child have a Pupil Premium?	No

5.8 Services

Within the Services section, record the following information:

- Services that you are aware are currently involved with the family
- Any services that were **previously involved with the family**

To record Services **currently involved** with the family, please record the details in the vertical table as shown below. You can add more columns by clicking on the

			SERV	ICES
1	Early Help Assessment			
2	Your Details		What services are presentl	y involved with the family?
3	Request for Support	In addition please detail the	support provided by your agenc	y with the family to date and whether you hav
4	Consent	family to any other service I	pefore completing this assessme	ent,
5	Additional Details	Name	Dr. Deat	Amu lanas
6	SEND Information		Di bear	Arriy Jones
7	Participation Team			
8	Services	Agency	Hillingdon GP Surgery	Homes and Money Hub
9	The Child and their Family's Assessment		l. li	
10	Upload Documents	Start Date (if known)	dd-mm-yyyy	dd-mm-yyyy
11	Submit Referral			
		Address	Hillingdon GP Surgery 123 Uxbridge Road	1 Town Square Dagenham
		Telephone	01895 222666	020 8772233

Next, scroll down the page and record any Services that were **previously involved** with the family. If there are **none** or this is **unknown**, these options can be recorded respectively. Once complete. Click **Next**.

Has the family previously	Adult Services
worked with the	Child and Adolescent Mental Health Services
following services? *	Children's Social Care
	SEND Advisory Service (SAS)
	Special Educational Needs or Disability Services (SEND)
	Specialist Health Services
	Stronger Families
	Voluntary Sector (please give details)
	Youth Offending
	Other Service
	Unknown at time of Referral
	None
Previous	Ne

5.9 The Child and their Family's Assessment

The Child and Family's Assessment section is the main part of the assessment where the family's situation and the support required is recorded.

The following sections should be completed in full:

- What is happening for this family
- What in the family's circumstances is currently impacting on them?
- The parent or carers current capacity to meet the needs of the child and or children's needs
- What help and support is required at this time?
- Please comment on any specific risks to be considered
- The wishes and feeling of the child, young person and their siblings
- The views of parent(s) or carer including what should happen next
- How will we know when the family and universal services are able to meet the needs of the child? In other words, what positive change would you like to achieve?

Once complete, click Next.

How will we know when the family and universal services are able to meet the needs what positive change would you like to achieve?			ds of the child? In	other words,
Assessment information is reco	rded here			Ĩ
Date Form Completed *	05-07-2021			₩
← Previous		Print Save for later	Create PDF	Next→ Close Cancel

5.10 Upload Documents

Any relevant documentation regarding the referral and assessment can be **attached to the Portal form** within this section.

		UPLOAD DOCUMENTS	
1	Early Help Assessment		
2	Your Details	Please upload all relevant documentation using the link below	
3	Request for Support		
4	Consent		
5	Additional Details		
6	SEND Information	← Previous	Next 🗲
7	Participation Team		
8	Services		
9	The Child and their Family's Assessment		
10	Upload Documents		
11	Submit Referral		

Clicking on the **Upload Document** button will open up a documents window on your device. **Double clicking** on the desired document will attach it to the Assessment.

C Open					:
\leftarrow \rightarrow \checkmark \uparrow \clubsuit > This PC > Downloads				ب 5	Search Downloads
Organise 🔻 New folder					🎫 - 🔟 (
★ Quick access Desktop	^	Name ~ Today	Date modified	Туре	Size
 Downloads Documents Pictures 	A A A	(순) 21-Jul-2021 10_12_Referral Record, 20-Jul-2021 중 21-Jul-2021 10_11_Referral Record, 16-Jul-2021	21/07/2021 10:12 21/07/2021 10:11	Adobe Acrobat Document Adobe Acrobat Document	65 KB 62 KB

You can add further documents by repeating the process.



Note: The appearance of the document window on your device may differ to what is shown above, depending on which browser or device you are using.

When attaching documents that contain sensitive and / or third-party information, you are advised to ensure that this is in compliance with your Organisation's data sharing agreements, Data Protection Policies and GDPR.

The London Borough of Hillingdon cannot be held responsible for items that are attached to the Portal via a third-party in error.

If you attach a document in error and submit the Assessment, **you must contact the Stronger Families Hub immediately** to ensure steps are taken to remove such documents from the Portal.

Once complete, click Next.

1	Early Help Assessment	UPLOAD DOCUMENTS
2	Your Details	Please upload all relevant documentation using the link below
3	Request for Support	21-Jul-2021 10_12_Referral Record_ 20-Jul-2021,pdf Remove
4	Consent	
5	Additional Details	
6	SEND Information	
7	Participation Team	Previous Next →

5.11 Submit Referral

Once all of the information has been recorded in the Assessment and you wish to send the Assessment to the Stronger Families Hub, click on the **Send to Local Authority** button.

1	Early Help Assessment	SUBMIT REFERRAL
2	Your Details	Send to Local Authority
3	Request for Support	
4	Consent	← Previous

A **pop-up window** will be displayed. If you wish to add further information to the Assessment at this point, click **Cancel**. If you wish to submit the Assessment, click **Submit**.

	Send to Local Authority	×
Have y	ou entered all the information you need to?	
You wi	I not be able to make any further changes once you press th	he
"Submi	t" button.	

The process is now complete. A confirmation message will be displayed.

Thank You			
Home Recover a Social Care Form Recover an Early Help Form	Thank you for contacting Children, Young People and Families Online Services, We will contact you in the next few days in response to your request, Please allow additional time for weekends or bank holidays. Thank you for using this service,		
View Submitted Forms			

You will receive an email to confirm that the form has been submitted.



6. Portal Response Notifications

The Stronger Families Hub will **send a message back to you via the Portal** to advise on the status of the Referral once it has been processed.

Where a message is sent back, you will receive an email to advise of this.



To view the message, **log into your Portal Account** and click **Submitted Forms** under you name on the top right of the page.



Navigate to the View Submitted Forms Tab to view the message.

Submitted Forms			
Home Recover a Social Care Form	Submitted Forms		
Recover an Early Help Form	Recently Submittee	l Forms (Last 90 Days)	
View Submitted Forms	Details	Name	Date
	Portal Early Help Referral and Assessment	Honour Track	21 Jul 2021
	Response: Referral Received Comments: I confirm that this has been received and	nd referred onto the Stronger Fa	milies Keywork Team.
	Regards		
	SF Workers		
	Portal Early Help Referral and Assessment	Heather Storm	20 Jul 2021
	Response: Pending		

7. Save a PDF Copy of the Submitted Form

You can generate and save a PDF version of the Assessment **at any time**. The best time to do this may be at the point that you are submitting the Assessment to the Stronger Families Hub. You also have **up to 30 days to retrieve the Assessment** on the Portal and generate the PDF if you wish.

To generate the PDF, click on the **Create PDF** button on any section of the Assessment.

1	Early Help Assessment	SUBMIT REFERRAL
2	Your Details	Send to Local Authority
3	Request for Support	
4	Consent	← Previous
5	Additional Details	
6	SEND Information	
7	Participation Team	
8	Services	
9	The Child and their Family's Assessment	
10	Upload Documents	
11	Submit Referral	
		Print Save for later Create PDF Close Cancel

The PDF output will normally be saved in your **downloads** folder. You are advised to move this to a more secure area on your network where applicable.





Note: The appearance of the download process may differ depending on your device and browser.

8. Change Password

You can change the password on your Portal Account at any time.



To change your password, click on your name at the top of the screen, then click on **My Account**.



On the next screen, click Change Password.

Update Account Details		
Change profile details		
To keep your account secure, we'll ask you to enter your password to authorise your details change.		
Change profile details		
Change password		
Change password		

Review the Password Policy to the right of the screen, then:

- Enter your current password
- Enter your new password
- Confirm the password
- Click Finish

Please enter your new password	
Your current password	Password Policy Your password must meet the following
Your new password	It must be at least 12 characters long It must contain at least one letter It must contain only letters, digits, and special
Confirm password	characters It must contain at least one upper-case letter It must contain at least one numerical digit It must contain at least one special character.
Finish Cancel	It must be different to your current password It must be different to your previous password

9. Forgotten Password

If you forget your password, this can be easily **reset** via the Portal.

Navigate to the Portal Home Page and click on My Account.



On the login page click Forgotten Password.

Secure login - step 1		
New to Adult, Children, Young People and Families Online Services? Regis Already using Adult, Children, Young People and Families Online S	ter for an account on the right. ervices? Sign in below.	
Existing users	New users	
Password	account here Register for new account	
For additional security, we will confirm your account by sending an authentication code to your email address.		
Sign in Cancel Forgotten password?		

Enter your email address, then click Next.

Reset password - step 1		
Email Cwarren0521@outlook.com	Please enter your email address and we will email you a code to allow you to reset your password.	

A message will be displayed advising you that a **code** has been sent to your **email address**.

Reset password - step 2		
Please enter the verification code that we emailed to you		

Open your emails and make a note of the code.

💁 Email - C	omfort Warren - Outlook - Work - Microsoft Edge	-		×
🗇 http	ws://outlook.live.com/mail/0/deeplink?popoutv2=1&version=20210711001.06		Đ	5 €
ペン Rep	ply all 🗡 🗓 Delete 🛇 Junk Block …			
Pleas	e verify your email address			
D	donotreply@hillingdon.gov.uk 5 Wed 21/07/2021 19:34 5 To: Cwarren0521@outlook.com 5	≪ -	→ …	-
	Dear Comfort Warren,			
	Thank you for using Adult, Children, Young People and Families Online Services. Please enter the following code on the email ver page:	ification		
	9523 4242			

Navigate back to the **Portal page**, **enter the code** and then click **Next**.

Reset password - step 2		
We have just sent you an email to confirm your email address. Please enter the code this contains below.	Please enter the verification code that we emailed to you	
if you can't find this email, it may be in your Spam/Junk Email Folder. Code		
9523 4242		

Review the password policy on the right of the screen, then:

- Enter your new password
- Confirm the password
- Click Finish

Reset password - step 3	3
Your new password Confirm password Finish Cancel	Password Policy Your password must meet the following requirements: It must be at least 12 characters long It must contain at least one letter It must contain only letters, digits, and special characters It must contain at least one upper-case letter It must contain at least one numerical digit
	It must contain at least one special character, It must be different to your current password It must be different to your previous password

Your password has now been changed.

Password Reset Confirmation		
Your password has been changed. Press OK to return to the login page.		

10. Retrieve a saved form

To retrieve a saved form, **log into your Portal Account** and click **Recover a form** under your name on the top right of the page.



Forms that are in process are displayed in the Recover an Early Help Form Tab. Draft forms are kept for **up to 30** days before they are deleted from the Portal.

Click on the form to open it.

Recover a Saved Form				
Home	Saved Forms			
Recover a Social Care Form	Start Date	Description	Days Left	
Recover an Early Help Form	1 20 Jul 2021 3:38 PM	Portal Early Help Referral and Assessment	29	
View Submitted Forms	Cancel			

11. View Submitted Forms

You can access **submitted forms** within your account by clicking on your name on the top right of the screen and selecting **Submitted Forms**.

HILLINGDON Forms Ho LONDON	ne •	Le <u>Comfort Warren</u> - My Account
Home > Stronger Families > Forms Home > Submitted Forms		Recover a form Submitted Forms Update Details Logout

All forms submitted within the **last 90 days** will be displayed. Click on the **form link** to open the form.

Submitted Forms						
Home Recover a Social Care Form	Submitted Forms Recently Submitted Forms (Last 90 Days)					
Recover an Early Help Form						
view Submitted Porms	Details	Name	Date			
	Portal Early Help Referral and Assessment ● Response: Pending	Heather Storm	20 Jul 2021			

End of Document