

Advocacy Referral Form

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Background

We have been asked to introduce the POhWER Advocacy Referral form within LAS Protocol, so have developed a document and rtf output to allow this to happen.

Creating Advocacy Referral Form

To access this Referral form, go to the Documents tab in the Case File.

At the bottom of the screen is start form, select 'Advocacy Referral Form' from the pick list and then click on the start button

The screenshot shows the 'Case Files' section of the 'Liquidlogic Adult Social Care UAT 3 System'. The 'Documents' tab is active. In the 'Start Form' section, the 'Advocacy Referral Form' is selected in the dropdown menu, and the 'Start' button is highlighted. A red box encloses the dropdown and the 'Start' button. A red arrow points from the text 'Select Advocacy Referral Form from the pick list and then click Start' to the 'Start' button.

This will open the copy forward or start blank screen, either select the required forms to copy forward or start blank

The 'Copy Forward' screen displays a table of previous assessments for Michael Wise. The table has columns for 'Created', 'Subject', 'Assessment', and 'Started By'. Two assessments are listed: 'Moving and Handling Risk Assessment' (Tuesday, 21 April 2015, 15:17) and 'Panel Form' (Wednesday, 18 March 2015, 12:52). Above the table, there are buttons for 'Copy Forward Selected', 'Start Blank', 'No Filter applied', 'Update Filter', and 'Clear Filter'.

This will then open the start of the form.

The 'Advocacy Referral Form' start screen includes the following fields and buttons:

- Buttons: Print, Save, Finalise Assessment, Cancel Assessment, Reassign, Close
- Text: Present location, postcode, tel. (If different from Main Address)
- Text: If hospital please include ward number
- Text: Date Referral made
- Text: Is this advocacy under the Care Act? (Yes/No radio buttons)
- Text: If 'Y' please complete the following boxes, if 'N' please go to Next Page

Complete the first two sections of the form 'Advocacy Referral Form' and 'Stage the client is at in the required area of Support'

The screenshot shows the 'Advocacy Referral Form' section of the Liquidlogic Adult Social Care UAT 3 System. The form is titled 'Advocacy Referral Form' and includes a 'Print' button. The left sidebar shows 'Advocacy Referral...' as the active section, with sub-sections 'Stage the client is...' and 'Outcome Stage'. The main content area contains the following fields and questions:

- Present location, postcode, tel.** (If different from Main Address)
- TESTING ONLY** Present location, postcode, tel. (If different from Main Address)
- Date Referral made:** 21-Jun-2017
- Is this advocacy under the Care Act?** (If you please complete the following boxes, if it please go to Next Page)
 - ☒ Yes ☐ No
- Has the client been assessed by referrer as having substantial difficulty to engage in assessment/safeguarding process?**
 - ☐ Yes ☐ No
- Has the client been deemed by referrer as having no appropriate person to support them to engage in assessment/safeguarding process?**
 - ☐ Yes ☐ No
- If there are persons involved with the client but referrer has deemed them not appropriate, please detail whom and why:**
- Has the client been supported with Information and Advice around the assessment/safeguarding process?**
 - ☐ Yes ☐ No

The screenshot shows the 'Stage the client is at in the required area of support' section of the Liquidlogic Adult Social Care UAT 3 System. The form is titled 'Stage the client is at in the required area of support' and includes a 'Print' button. The left sidebar shows 'Advocacy Referral...' as the active section, with sub-sections 'Stage the client is...' and 'Outcome Stage'. The main content area contains the following fields and questions:

- Currently Stage:**

Stage	Select Stage
Beginning of process	Yes
Pre-assessment	
Post Assessment	
- Area of Support required:**

Area of Support Required	Support Required
A needs assessment under Section 9	Yes
A Care's assessment under Section 10	
Preparation of a care and support plan or support plan under Section 25	
A review of a care and support plan or support plan under Section 27	
A safeguarding enquiry or Safeguarding Adult Review	
- Reason for Community Advocacy Referral – not under the Care Act**

What is the issue the client wants to access support for? Please provide as much detail as you can:

TESTING ONLY: What is the issue the client wants to access support for? Please provide as much detail as you can:
- Consent**

Consent Options	YES / NO
Has client consented to this referral?	No
If no have they been made aware of referral? If not why not?	
If the client is not able to consent, are you giving us instruction?	Yes
- Specific Cultural and Communication Needs**

List is empty

Update Records

Once all required information is recorded in these two sections click the '**Save**' button
DO NOT complete the Outcome stage at the time.

Exporting Advocacy Referral Form

Once you have completed the above stages select the hyperlink '**Export document**'

Stage the client is at in the required area of support
this will help us triage the case more rapidly

Currently Stage

Stage	Select Stage
Beginning of process	Yes
Pre-assessment	
Post Assessment	

Area of Support required

Area of Support Required	Support Required
A needs assessment under Section 9	Yes
A carer's assessment under Section 10	
Preparation of a care and support plan or support plan under Section 25	
A review of a care and support plan or support plan under Section 27	
A safeguarding enquiry or Safeguarding Adult Review	

This will then open the Document Details screen
Completed

- Document date
- Select Advocacy Referral Form
- Click on Create

3. Click Create Button

Document Details

Document Date: 21-Jun-2017

1. Enter Date

Category Filter

<All Categories>

IAS/Forms

Advocacy Referral Form

2. Click on the Radio button to select 'Advocacy Referral Form'

This will open the Document Details Screen

Download Document

To download the rtf document so it can be printed with the correct headings and Service Users details

Click on the hyperlink 'Download Document'

The screenshot shows the 'Liquidlogic Adult Social Care UAT 3 System' interface. The top navigation bar includes 'Home (1)', 'Help', 'Menu', 'System', 'Find', and 'Leonard Hiles'. The main content area is titled 'Document #17161 - Advocacy Referral Form, 21-Jun-2017'. On the left, there's a sidebar with 'Details' and 'Audit' tabs. The 'Details' tab is active, showing 'Document Details' with fields for Document Type, Creation Date, Document Date, Editor, Status, and File. Below this, there's an 'Edit Locally' section with a red box around the 'Download Document' link, which is labeled 'Click hyperlink Download Document'. Other options include 'Update Details', 'Delete Draft Document', 'Complete Document', 'Edit the Document', and 'Upload Document'. The right sidebar shows 'Subject', 'Notes / Comments', 'Access Control', and 'Notification' sections.

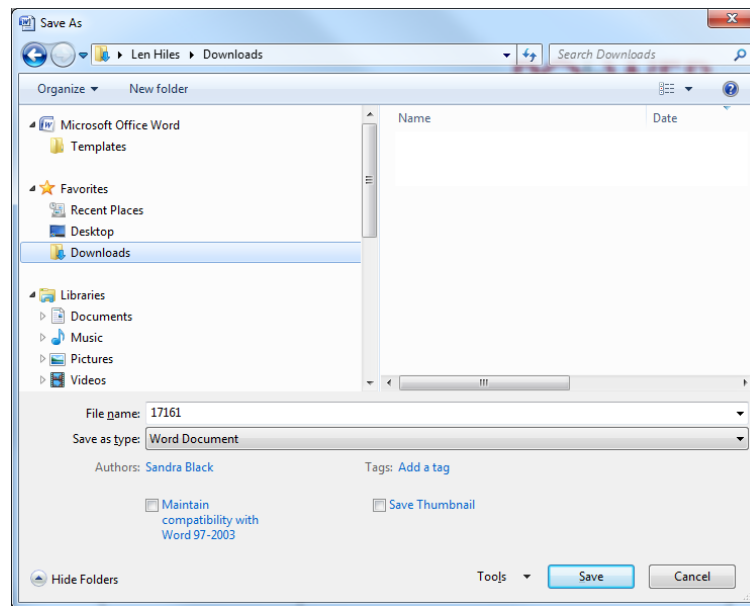
Then find and open the Word Document or id given the option to open form then just open the form

The screenshot shows the 'Adults- Community Advocacy Referral Form (Including the Care Act)'. The form is titled 'POhWER advocacy, making your voice heard'. It includes a header with the title and a note: 'Please complete in block capitals or type – Please ensure all details have been completed fully including Specific Cultural and Communication Needs'. The form is divided into two main sections: 'Client Information' and 'Referral Details'. The 'Client Information' section includes fields for Client Name, Title, Date of Birth, Local Authority, Home Address, Postcode, and Telephone number. The 'Referral Details' section includes fields for Present location, postcode, tel. (if different from above), Date referral made, and a section for 'Is this advocacy under the Care Act?'. The 'Date referral made' field is filled with '21-Jun-2017'. The 'Is this advocacy under the Care Act?' section has a 'Yes' option selected.

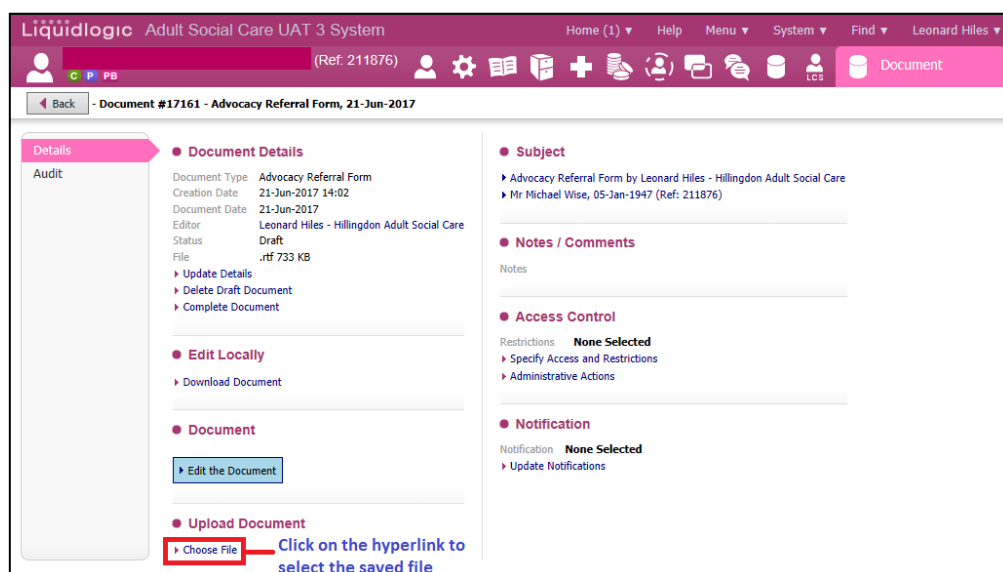
Client Name:	
Title:	
Date of Birth:	
Local Authority:	London Borough of Hillingdon
Home Address	
Postcode	UB10 8FT
Telephone number	
Present location, postcode, tel. (if different from above) If hospital please include ward number	TESTING ONLY Present location, postcode, tel. (If different from Main Address)
Date referral made:	21-Jun-2017

Is this advocacy under the Care Act? If Y please complete the following boxes, if N please go to Next Page	Yes
Has the client been assessed by referrer as having	

Once printed, save the document to a location that you can access.



To upload the document you have just saved

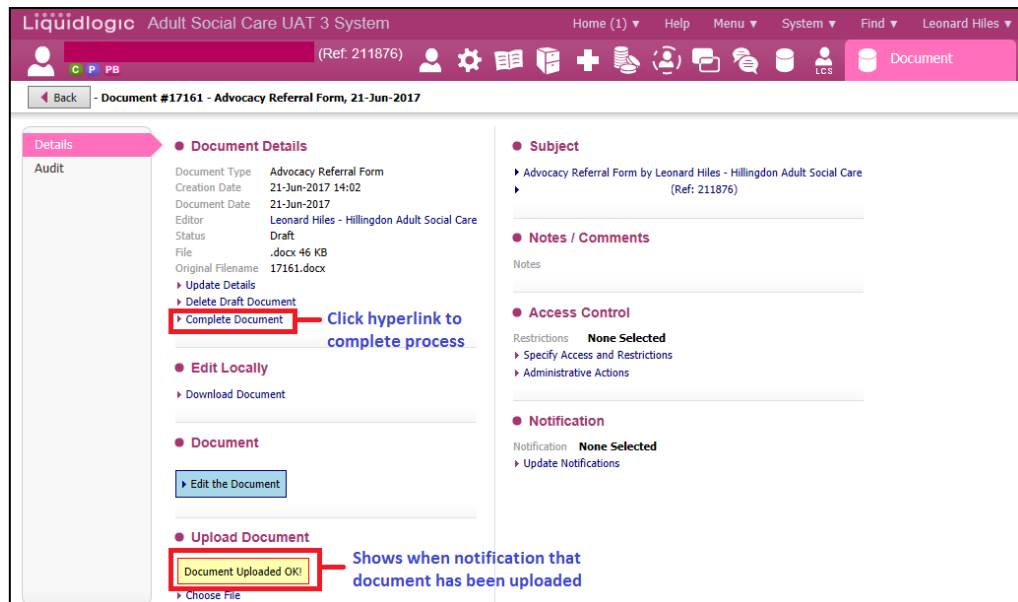


Once saved a message will appear under 'Upload Document' saying '*Document Uploaded OK!*'

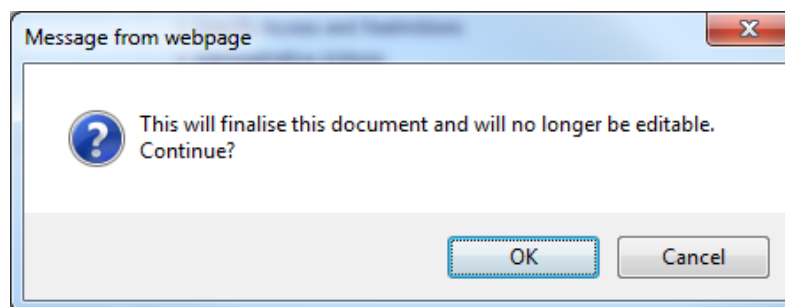
Complete Document

To finish the document stage to secure the document so it will only be view only

Click on the Hyperlink 'Complete Document'



This will generate a message asking you to finalise document, click OK button



Process has now been completed and available as a read only document

Clicking the back arrow will take you back to the form, click Save and Close, do not Finalise Assessment. This will leave an 'Advocacy Referral Form' task in your work tray.

Leave this in your tray until POHWER reply to say they have accepted or rejected the referral.

Open the 'Advocacy Referral Form' and go to the 'Outcome Stage' and complete this stage.

The completed 'Advocacy Referral Form' can be seen in the Document Screen