

## EIA Summary

### Overview:

The proposal is for professionals to use an online referral as the default referral mechanism when the new operating Connect to Community and Area Team model goes live in March 2026.

Demand created by professionals is a major challenge for Adults Wellbeing and Health Partnerships (AWHP). In 2024 only 33% of professional referrals resulted in residents being supported by the service, meaning that 67% of referrals do not result in support from AWHP.

The number of new contacts has increased +5.8% in last 12 months. The number of inappropriate professional referrals continues to rise.

In 2024, 80% of contacts received were from professionals. Of this 80%, 40% of contacts come via email, 26% submitted online, 16% by telephone.

Many professionals referring to adult social care are not clear on what support we provide.

The Government has announced a commission on social care which will report in 2028. It's vital that we equip people to navigate the system that's in place now.

An April 2025 briefing to all key partner agencies, and Test and Learn pilot teams communications to local referrers has resulted in a 19% increase in online form usage for the period April to July 2025.

Professionals currently use the following forms to refer to AWHP:

- Adult safeguarding referral
- Deprivation of Liberty Safeguards (DOLs) authorisation request
- Transition referral
- Professional referral (generic)
- Carer professional referral

# Equality Impact Assessment

A separate referral form for the Mental Health Social Care Central Duty Team was introduced in February 2024.

We know that the majority of Safeguarding and Deprivation of Liberty Safeguard (DOLs) referrals are made online and have been for some time now. This demonstrates that this online referral route is accessible and used by professionals.

## Summary of Positive Impacts:

### Residents

- ❖ Residents with protected characteristics will benefit from improved security when professionals send confidential information relating to their case (reduced possibility of inadvertently using an unsecure channel)
- ❖ Provides greater alignment with the AWHP referral criteria for people with protected characteristics
- ❖ Residents with protected characteristics will benefit from a faster and more efficient process for professionals referring them into AWHP
- ❖ Person with protected characteristics will be responded to more quickly, with either information and advice or support they need at the right time provided by the right team.
- ❖ Professionals will be required to provide better information so that we can capture protected characteristics early on, as per our legal obligation and duties.

### Staff

AWHP staff with protected characteristics are not affected by the new mandatory online referral form. However, some other positive impacts include:

- Staff will benefit from using a secure means of recording and transferring confidential information, which reduces the risk of inadvertent use of unsecure methods of data transfer

# Equality Impact Assessment

- Staff will benefit from a faster and more efficient method for referral, with greater clarity into referral reason. Information can be added directly into the client record on the main Liquid Logic Adults System (LAS), rather than needing manual entry if received via email/telephone.
- More information is captured to help prompt decision-making about people and understand level of risk.

## Professionals

Professionals with protected characteristics are not affected by the new mandatory online referral form. However, some other positive impacts include:

- Referrers will receive an acknowledgement of the received referral
- Our online forms have been carefully created to collect the information we need to prioritise and assist residents. Professionals may find that the online referral form takes more time for them to complete because they need to find and complete information fields on the form that they would not include in an e-mail referral. However this upfront information collection saves time later as our staff are less likely to need to go back to the referrer to find more information which is better for the person being referred and more efficient for all professional and SCC staff
- Professional understanding of what AWHP can and can't do will increase with the new forms and communications. This will assist professionals to refer to the correct place in the first instance saving time and confusion and importantly getting people to the right service quicker.

## Summary of Negative Impacts:

### Residents

- ❖ Residents with protected characteristics will need professionals to be aware of and use online referral forms as default referral mechanism.
- ❖ Residents with protected characteristics may experience a slower route to referral if professionals struggle with online systems due to a lack of digital skills

# Equality Impact Assessment

## Mitigations:

- ❖ There will be a communications campaign to maximise the positive impacts of the online professional referral.
- ❖ Professionals who might struggle with digital skills / online access - i.e. perhaps those in smaller charities with less IT - could call the Information & Advice service for help
- ❖ Staff will be supported with guidance to help them support this new process and defer referrals coming to the service via other contact methods.
- ❖ In exceptional circumstances, we may accept a referral in person or over the phone.

## Key points for decision-makers:

- ❖ (Summary of key points from analysis for the attention of Cabinet.)
- ❖ (Which groups/stakeholders were consulted, including any external/ partner organisations, staff networks, unions, resident groups etc.)

The proposal is for professionals to use an online referral as the default referral mechanism when the new operating Connect to Community and Area Team model goes live in March 2026.

Professionals and staff with protected characteristics are not affected by the new mandatory online referral form.

A summary of positive and negative impacts for residents with protected characteristics can be seen above, including mitigations.

# Equality Impact Assessment

## Summary of Evidence Base:

### Who is affected by the proposals?

- Professionals who refer to Adult Social Care.
- Surrey residents with care and support needs and carers.
- Social care staff (including Information and Advice Service) who will be redirecting other referral routes to the online form.

### Evidence base:

- Demand created by professionals is a major challenge for AWHP. In 2024 only 33% of professional referrals resulted in residents being supported by the service, meaning that 67% of referrals do not result in support from AWHP.
- The number of new contacts has increased +5.8% in last 12 months. The number of professional referrals that were outside the scope of the legal and operational remit of adult social care continues to rise.
  - In 2024, 80% of contacts received were from professionals. Of this 80%, 40% of contacts come via email, 26% submitted online, 16% by telephone.
  - Referrals from GPs: 70% of referrals resulted in information and advice only with 30% going on to an open case for further work.
  - Referrals from non-health professionals: 77% of referrals resulted in information and advice only with 23% going on to an open case.
  - Referrals from hospitals: 33% resulted in information and advice only with 67% going on to an open case.
- A large number of SIGNS forms from the Police are for people who are not eligible for social care. Between Jan - April 2025 our Mental Health Social Care Duty Team received 1,046 police contacts. Of these 6% progressed to a new social care referral or were an existing referral. A separate project is being implemented regarding a new SIGNS process and a form that is not linked to Adult Social Care Online.
  - Online forms will be received and triaged by the Information and Advice service. They have agreed KPIs around this which will be based on actual demand, rather than predicted demand.

### Challenges:

# Equality Impact Assessment

Engagement in user research to understand barriers, ensure early buy in and help compliance. 30 professionals were contacted over three months resulting in securing two interviews.

## Equality Impact Assessment: (EIA Title)

Did you use the EIA Screening Tool?

Yes. Please attach your screening tool when submitting your EIA.

No. Please return and complete the screening tool. If it is decided that an EIA is not needed please revisit corporate guidance here: [When should you undertake an EIA?](#)

### 1. Explaining the matter being assessed

The purpose of this EIA is to explore impacts around a specific change you are making.

# Equality Impact Assessment

## a. Select the type of proposal this is:

- Change to an existing strategy or policy
- Change to a service or function
- New strategy or policy
- New service or function
- Other – please provide more information:

Currently there is an online referral route for professionals. This proposal seeks to make it mandatory

## b. Summarise the proposal being assessed in this EIA:

### Summary:

#### **A description of the change being assessed and a short summary of the evidence you have used to assess the impact of your proposal.**

Proposal is for professionals to use an online referral form as the default referral mechanism.

Demand created by professionals is a major challenge for AWHP. In 2024 only 33% of professional referrals resulted in residents being supported by the service, meaning that 67% of referrals do not result in support from AWHP.

- The number of new contacts has increased +5.8% in last 12 months. The number of professional referrals that were outside the scope of the legal and operational remit of adult social care continues to rise.

In 2024, 80% of contacts received were from professionals. Of this 80%, 40% of contacts come via email, 26% submitted online, 16% by telephone.

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Many professionals referring to AWHP are not clear on what support we provide.

Impact:

- significant impact on demand management and volumes of enquiries we need to work through to agree a decision or action
- local people could have raised expectations about what AWHP could do for them and how this is funded
- duty teams and the Information and Advice Service are overwhelmed, causing delays. We still need to review all referrals and ensure people are safe and not in a crisis and do what we can to support them or signpost them to more suitable services
- education for referrers is critical to help the service manage current volumes of contacts

When a referral is received, AWHP will contact the person referred and have a conversation with them to find out what their social care needs are. These initial conversations with residents who have been referred by professionals often show that:

- the person was unaware of the referral or did not give consent
- the referral is for non-social care needs, for example equipment or health services like physiotherapy
- the referral relates to another organisation, for example district and borough councils or for a different local authority
- the enquiry could be resolved through self-service of online information, for example from SCC website, Healthy Surrey and Connect to Support Surrey
- the Government has announced a commission on social care which will report in 2028. It's vital that we equip people to navigate the system that's in place now.

Under the Care Act 2014, all partners have a duty to provide clear, accurate information and advice. By doing so, we help residents access the right support quickly and avoid being passed between services.

An April 2025 briefing to all key partner agencies, and Test and Learn pilot teams communications to local referrers has resulted in a 19% increase in online form usage for the period April to July 2025.

**The reason for writing the EIA.**

# Equality Impact Assessment

This Equality Impact Assessment (EIA) will assess any residents, staff or professionals with protected characteristics on the implementation of the mandatory online professional referral form.

It will provide insight to help break down any barriers to accessing services and to mitigate any potential negative impacts. The EIA will help us meet our commitment to ensure “no one is left behind”. Assessing the impact of these changes on different ‘protected characteristic’ groups is an important part of our compliance with duties under the Equality Act 2010.

## **If staff, residents or both will be impacted**

This Equality Impact Assessment (EIA) will assess any impacts on professional staff or any residents (indirect effect) with protected characteristics on the implementation of the mandatory online professional referral form. It assesses potential effects on professional staff and any indirect impacts on residents with protected characteristics.

The change is not expected to negatively impact professionals with protected characteristics, as employers are responsible for providing accessible equipment and reasonable adjustments under the Equality Act 2010. However, we recognise that some professionals may face practical barriers, such as limited digital skills, time constraints or language needs.

Surrey residents with protected characteristics may be indirectly impacted if professionals are unable to access or use the online referral form effectively. This could result in delays or inappropriate referrals, affecting access to timely care and support.

These risks disproportionately affect residents with protected characteristics due to their higher reliance on AWHP services.

AWHP staff with protected characteristics are not affected by the new mandatory online referral form.

## **The key characteristics that will be impacted.**

The protected characteristics of residents that could be impacted indirectly would be Age, Disability and Carers as these groups have high referral rates into AWHP due to higher rates of care and support needs.

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The mitigation for this would be a clear communication strategy providing good information and advice to professionals that this is the method to refer people into AWHP, therefore reducing the risk of delays in people being referred or not being referred. Measures could include:

- briefing and guidance for professionals on how to use the online referral form effectively
- alternative referral routes to remain available for exceptional cases or where reasonable adjustments are required
- clear signposting and support materials available to help professionals understand when and how to refer appropriately
- guidance for AWHP staff to help them defer referrals coming via other contact methods and help them promote the online route only

## c. Identify what support was provided by others to help complete this Equality Analysis.

| Name of person / team / group that has supported the design of the change and analysis of impacts | Organisation                            | What is their role in this EIA?        | What was their key feedback or actions?   |
|---|---|--|---|
| Sue Catherall   | Information & Engagement Team           | Completing the first draft of this EIA |   |
| Siobhan Abernethy   | Information & Engagement Team           | Reviewing the first draft of this EIA. | Providing context for completing this EIA and reviewing content   |
| Karen Burns   | AWHP Web & Digital Manager              | Reviewing the first draft of this EIA  | Comments on content of EIA  |
| Julie McPherson   | Business Systems & Digital Team Manager | Reviewing the first draft of this EIA  | Comments on content of EIA, including adding current online referrals forms and consideration to smaller organisations completing online forms. |



# Equality Impact Assessment

| Name of person / team / group that has supported the design of the change and analysis of impacts | Organisation                                | What is their role in this EIA? | What was their key feedback or actions?   |
|---|---|---------------------------------|---|
| Anja Barker   | Principle Social Worker and Head of Academy | Chair of DEG                    | General comments and feedback on AWHP eligibility and mitigations   |
| DEG (Directorate Equalities Group)  | AWHP, Surrey CC                             | Review of EIA                   | <p>Feedback that communications strategy should be more specific on who professionals are. Added to action plan.</p> <p>And question over whether the form can support voice to text functionality. It cannot as the provider for the platform does not provide this.</p> |

## d. Where will this proposal impact?

County-wide across Surrey

## 2. Vulnerable Groups and Protected Characteristics

a. Who may be affected by this activity? These groups apply to both staff and residents, people may also be a part of multiple groups.



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There are 9 protected characteristics (Equality Act 2010) to consider in your proposal. Though not included in the Equality Act 2010, Surrey County Council recognises that there are other vulnerable groups which significantly contribute to inequality across the county and therefore they should also be considered within EIAs. If you feel these groups may be impacted by your proposal, then you will need to consider them in your analysis.

(Check the boxes of those impacted)

| Protected characteristic   | Are they affected by this proposal? |
|--|-------------------------------------|
| Age  | <input checked="" type="checkbox"/> |
| Disability   | <input checked="" type="checkbox"/> |
| Gender reassignment  | <input type="checkbox"/>            |
| Pregnancy and maternity  | <input type="checkbox"/>            |
| Race including ethnic or national origins, colour or nationality | <input type="checkbox"/>            |
| Religion or belief including lack of belief                      | <input type="checkbox"/>            |
| Sex  | <input type="checkbox"/>            |
| Sexual orientation   | <input type="checkbox"/>            |
| Marriage/civil partnerships                                      | <input type="checkbox"/>            |

Surrey County Council also recognises that there are other vulnerable groups which significantly contribute to inequality across the county and therefore they should also be considered within EIAs; some of these are already protected under the Equality Act (2010). **If relevant, you will need to include information on the following vulnerable groups** (Please refer to the EIA guidance if you are unclear as to what this is).

- Members/Ex members of armed forces and relevant family members (in line with the Armed Forces Act

2021 and [Statutory Guidance on the Armed Forces Covenant Duty](#))



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- Adult and young carers\*
- Those experiencing digital exclusion\*
- Those experiencing domestic abuse\*
- Those with education/training (literacy) needs
- Those experiencing homelessness\*
- Looked after children/Care leavers\*
- Those living in rural/urban areas
- Those experiencing socioeconomic disadvantage\*
- Out of work young people)\*
- Adults with learning disabilities and/or autism\*
- People with drug or alcohol use issues\*
- People on probation
- People in prison
- Migrants, refugees, asylum seekers
- Sex workers
- Children with additional needs and disabilities\*
- Adults with long term health conditions, disabilities (including SMI) and/or sensory impairment(s)\*
- Older People in care homes\*
- Gypsy, Roma and Traveller communities\*
- Other (describe below)



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(\*as identified in the Surrey COVID Community Impact Assessment and the Surrey Health and Well-being Strategy)

**Insert Other Vulnerable Groups:** (drawing from the above list)

- Adult and young carers
- Adults with learning disabilities and/or autism
- People with drug or alcohol use issues
- Adults with long term health conditions, disabilities (including SMI) and/or sensory impairment(s)
- Older people in care homes

## 3. Service Users / Residents

a. Use the table below to collate information about each of the vulnerable/protected characteristics that might be impacted for service users and/or residents. You should include all the protected characteristics at a minimum and expand this to other characteristics as needed. You should write about:

- Which characteristic you are writing about and how many people are in this group.
- Potential positive impacts.
- Potential negative impacts.
- Mitigations for the negative impacts. If this impact can't be mitigated, you need to explain why.
- Data, research or other information that evidences the impact.

| Group/<br>Characteristic | Potential Positive Impacts   | Potential Negative Impacts  | Mitigations   | Supporting Data and Evidence  |
|--------------------------|--|---|---|---|
| Age<br>Disability        | Residents with protected characteristics will benefit from a faster and more efficient process for | Residents with protected characteristics may experience a slower route to referral if professionals are not aware of how to refer using this process. | Communications to professionals<br><br>Clear advice and guidance on referral route in several places on SCC | People with these protected characteristics or other vulnerable groups are more likely to have care and support |

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| Group/<br>Characteristic   | Potential Positive Impacts  | Potential Negative Impacts   | Mitigations   | Supporting Data and Evidence                             |
|--|---|--|---|--|
| <p>Adult and young carers</p> <p>Adults with learning disabilities and/or autism</p> <p>People with drug or alcohol use issues</p> <p>Adults with long term health conditions, disabilities (including severe mental illness) and/or sensory impairment(s)</p> <p>Older people in care homes</p> | <p>professionals to refer them to AWHP.</p> <p>Residents with protected characteristics will benefit from improved security when professionals send confidential information relating to their case (reduced possibility of inadvertently using an unsecure channel)</p> <p>Provides greater alignment with the AWHP referral criteria for people with protected characteristics.</p> <p>Person with protected characteristics will be responded to more quickly, with either information and advice or support they need at the right time provided by the right team.</p> | <p>Residents with protected characteristics may experience a slower route to referral if professionals struggle with online systems due to a lack of digital skills.</p> <p>Referrals will need to be completed by professionals, AWHP will not have capacity accept half completed referrals except in exceptional circumstances.</p> | <p>website and via communications to professional partners.</p> | <p>needs and therefore require a referral into AWHP.</p> |
|  |   |  |   |  |



# Equality Impact Assessment

| Group/<br>Characteristic | Potential Positive Impacts | Potential Negative Impacts | Mitigations | Supporting Data and Evidence |
|--------------------------|----------------------------|----------------------------|-------------|------------------------------|
|                          |                            |                            |             |                              |
|                          |                            |                            |             |                              |
|                          |                            |                            |             |                              |

## Summarise the findings of your research that show the potential impacts:

**Summary:** (this should contain data or a summary of findings from research, consultations or other engagement activities which supports the claims made around anticipated positive and negative impacts. If local data is not available then you should draw from national research or broader consultation and engagement activity)

**Age.** The usually resident population of Surrey, counted by the 2021 Census, was 1,203,108. This represents an increase of 70,718 (6.2%) since 2011. The largest 5 year cohort across Surrey are those aged 50 to 54 years, with a population of 87,327. The fastest growing cohort compared to previous Census are those aged 70 to 74, with a growth of 34.1% (an additional 14,869 persons) and reflects the post-WWII baby boom. Other older age groups have also increased - those aged 75 to 79 by 18.1%, and those aged 80 or older by 14.6%. The overall effect of this is that Surrey's population is made up of a large and growing proportion of people aged over 70s. Health and age are closely related, with older people being more likely to be in poorer health and needing social care and support.

**Disability.** In the 2021 census 21.3% of Surrey residents were classified as having a disability under the Equality Act or had a long term physical or mental health condition (but day-to-day activities were not limited). One in 20 residents were classified as disabled under the Equality Act where their day-to-day activities were limited 'a lot' and represented 61,835 individuals.

**Carers.** Based on the 2011 Census and population projections, the number of carers in Surrey is projected to increase to 124,176 by 2025. An increase is projected in all age groups but the biggest increase is projected for carers aged 65 and over. Of those, 11% are projected to be 85 or over. Based on the 2011 Census and population projections, it is estimated that there are



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higher numbers of female carers in Surrey. The proportion is the highest in the 16-64 age group, where 60% of carers are female. This increases to 67% in that age group where they are caring for 50 or more hours per week. The 85+ age group is an exception to this, however, as the majority of carers (57%) are male. This increases to 58% for carers aged 85 and over who are caring for more than 20 hours per week.

## Summarise the findings of your research that supports your mitigations:

### Summary:

The online referral form is necessary to manage referrals that fall within scope of the legal and operational remit of adult social care.

There is no impact on staff or professionals with protected characteristics and any potential impacts on residents with protected characteristics will be mitigated against.

## 4. Impacts on Staff

AWHP staff with protected characteristics are not affected by the new mandatory online referral form.



## 5. Recommendation

Based on your assessment, please select which course of action you are recommending to decision makers. You should explain your recommendation underneath.

**Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken

**Outcome Two: Adjust the policy/service/function** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?

**Outcome Three: Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:

- Sufficient plans to stop or minimise the negative impact
- Mitigating actions for any remaining negative impacts plans to monitor the actual impact.

**Outcome Four: Stop and rethink the policy** when the EIA shows actual or potential unlawful discrimination. (For guidance on what is unlawful discrimination, refer to the [Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act](#) concerning employment, goods and services and equal pay).

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**Explanation:** (to be completed)

- Potential impact on residents with protected characteristics is indirect and can be adverted via mitigations and clear communications strategy.

## 6. Action plan and monitoring arrangements

Insert your action plan here, based on the mitigations recommended.

Involve you Assessment Team in monitoring progress against the actions above.



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| Item | Initiation Date | Action/Item   | Person Actioning                        | Target Completion Date | Update/Notes   | Open/ Closed |
|------|-----------------|---|---|------------------------|--|--------------|
| 1    | January 2026    | Communications campaign to professionals who we anticipate will be impacted by the online form becoming mandatory.            | Information, Advice and Engagement Lead | March 2026             | Following feedback from DEG 19.1.26. Communications campaign on Linked In asset and in comms we can add more details on who we mean by professionals | Closed       |
| 2    | January 2026    | Brief staff in AWHP, including the Information & Advice Service on online referral form becoming mandatory.                   | Information, Advice and Engagement Lead | March 2026             |  |              |
| 3    | January 2026    | Updated content for professionals in the SCC website and the online portal providing clear guidance on how to make referrals. | Information, Advice and Engagement Lead | March 2026             |  |              |

## 7a. Version control

| Version Number | Purpose/Change | Author        | Date           |
|----------------|----------------|---------------|----------------|
| 1              | Initial draft  | Sue Catherall | September 2025 |

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|   |                                |               |                  |
|---|--------------------------------|---------------|------------------|
| 2 | Amended to focus on equalities | Sue Catherall | 24 November 2025 |
|   |                                |               |                  |
|   |                                |               |                  |

The above provides historical data about each update made to the Equality Impact Assessment.

Please include the name of the author, date and notes about changes made – so that you can refer to what changes have been made throughout this iterative process.

For further information, please see the EIA Guidance document on version control.

## 7b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

The level of EIA sign off will depend on who the change affects. Generally speaking, for strictly internal changes, Head of Service/ Exec Director sign off should suffice. For changes affecting residents, the Cabinet Member is required to approve completed EIAs.

| Approved by        | Date approved  |
|--------------------|--|
| Head of Service    | Kathryn Pyper, Head of Quality and Assurance<br>24 November 2025 |
| Executive Director |  |
| Cabinet Member     |  |



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|   |  |
|---|--|
| Directorate Equality Group/ EDI Group (If Applicable)<br>(arrangements will differ depending on your Directorate. Please enquire with your Head of Service or the CSP Team if unsure) |  |
|---|--|

## Publish:

It is recommended that all EIAs are published on Surrey County Council's website.  
Please send approved EIAs to: [equalityimpactassessments@surreycc.gov.uk](mailto:equalityimpactassessments@surreycc.gov.uk)

## 7c. EIA Team

| Name (of SCC Officers involved) | Job Title                               | SCC Directorate or Organisation (if non-SCC) | Team Role |
|---------------------------------|---|--|-----------|
| Sue Catherall                   | Communities & Prevention Team Leader    | SCC  |           |
| Siobhan Abernethy               | Information, Advice & Engagement Lead   | SCC  |           |
| Karen Burns                     | AWHP Web & Digital Manager              | SCC  |           |
| Julie McPherson                 | Business Systems & Digital Team Manager | SCC  |           |
| Anja Barker                     | Directorate EDI lead                    | SCC  |           |

If you would like this information in large print, Braille, on CD or in another language please contact us on:

- **Telephone:** 03456 009 009
- **Textphone (via Relay UK):** 18001 03456 009 009
- **Text (SMS):** 07860 053 465



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- Email: [contactcentre@surreycc.gov.uk](mailto:contactcentre@surreycc.gov.uk)
- British Sign Language: [www.surreycc.gov.uk/bsl](http://www.surreycc.gov.uk/bsl)

