



Helplines Data Collaboration Group

The State of the Nation

May 2021

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Executive summary

This State of the Nation report looks at the extent to which social care advice demand and provision has changed due to the COVID-19 health crisis as well as ongoing chronic underfunding in the social care sector.

It is widely acknowledged across the political spectrum that the resources available for social care have not risen at the same rate as demand. Everyday millions of older and disabled people are denied the social care they need. Data gathered by local authorities and central Government about unmet need for social care is inadequate.

Access Social Care have been leading a data collaboration project in partnership with helplines from Royal Mencap Society, Age UK, Carers UK and Independent Age. Our report draws together over 43,000 separate data points. We have matched over 1,000 separate organisational data categories to a set of harmonised group categories ('universal themes'). These universal themes match similar group member queries into one category (further information on process at Annex B), allowing us to derive greater collective insight.

Data is presented by categorising into **group types: 'Carers', 'older people' and 'learning disability'**. We compare key social care trends across England and investigate the changing pattern of advice demand and provision on these group types. We detail some examples of the impact this has had on people with social care needs and their families.

Our findings indicate sharp and alarming rises in many areas of social care. The rate of growth is extremely concerning, particularly against the backdrop of known and imminent cost efficiency targets within some adult social care budgets from 2021/22 onwards.

We want a social care system that is properly funded, readily available, and fairly distributed; enabling people to choose to live fulfilled and meaningful lives.

The authors of this report are Hannah Hewish, Legal Strategy Manager (Access Social Care) and Owen Bowden, Insight and Analytics Lead (Mencap).

Key findings

Significant increase in overall demand for carers advice

Advice for carers rose by **394%** in April 2021 compared to March 2019. Carers UK expanded capacity to process additional demand, receiving over 1,000 COVID 19 related contacts in a period of 12 months since March 2020. Carer wellbeing for many people is spiralling and most group members have received calls from carers now feeling suicidal, unable to access appropriate respite support or vital support directly for their loved ones.

Social care needs assessment enquiries rise by 84%

Care and support needs assessment queries rose 84% in March 2021 compared to April 2019 across all combined group data. Assessments are usually carried out by a social worker and form an important part of the care planning process, establishing what care and support needs a person has. Queries about assessments were lower during periods of national restrictions rising again as restrictions lifted. Academic research is underway to assess the impact of local authority easements.

Despite only 8 local authorities formally and for a very short time introducing easements to the Care Act permitted by the Coronavirus Act, many people are still reporting struggling to secure assessments. This is a concern. Without it they are living with either no support or inadequate levels of care and support to meet their care and support needs.

Social care charging queries rise by 45%

Advice for people concerned about the charges due for their social care rose by 45% across all combined group data in March 2021 compared to April 2019. More people are having to pay increasing amounts for their social care and many are finding it increasingly difficult to make ends meet.

Safeguarding concerns about disabled people continue, peaking in easing of national restrictions

We reported an increase in helplines receiving safeguarding concerns about disabled people in our last report. Safeguarding queries have continued throughout 2020 into 2021.

COVID-19 – All organisations have, of course, seen significant numbers of calls relating to COVID-19. Contacts to organisations highlighted concerns around lack of in person visiting in settings where this could lawfully be facilitated by following set procedures. They also highlighted concerns around an inability to access vaccine priority for unpaid carers. The impact of COVID-19 has spread across every area of social care, bringing with it new challenges such as lack of in person contact for disabled people whose health and wellbeing heavily rely on family contact.

National restrictions affected social care related calls to helplines in the first wave, with advice provision rising again from May 2020 as the country came out of lockdown one. November's 'circuit breaker' lockdown briefly affected advice provision on social care issues. On the announcement of the Tier system from 2nd December 2020, call queries began to increase again and continued to increase well into January 2021's lockdown. Access Social Care has led the Helpline Group Data Collaboration project with support from Mencap. For more information, please see Appendix C.

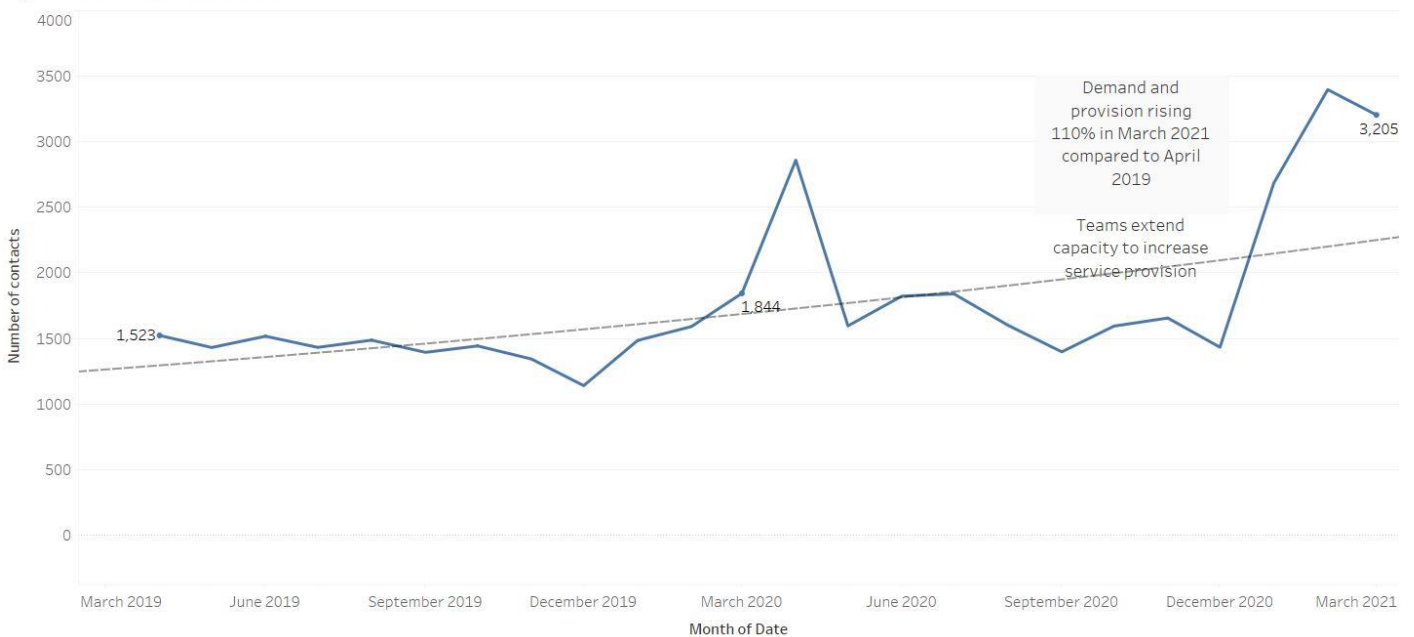
Thematic analysis

We observed spikes in advice provision in line with the first and second wave of the COVID-19 pandemic relating to various themes. Notably, the second spike rose higher than the first, and began at the onset of the Tier Restrictions in December 2020. This ran consistently into February 2021, tailing off into March 2021. We observed some variation between group members.

Advice provision

Group members combined

April 2019 - March 2021



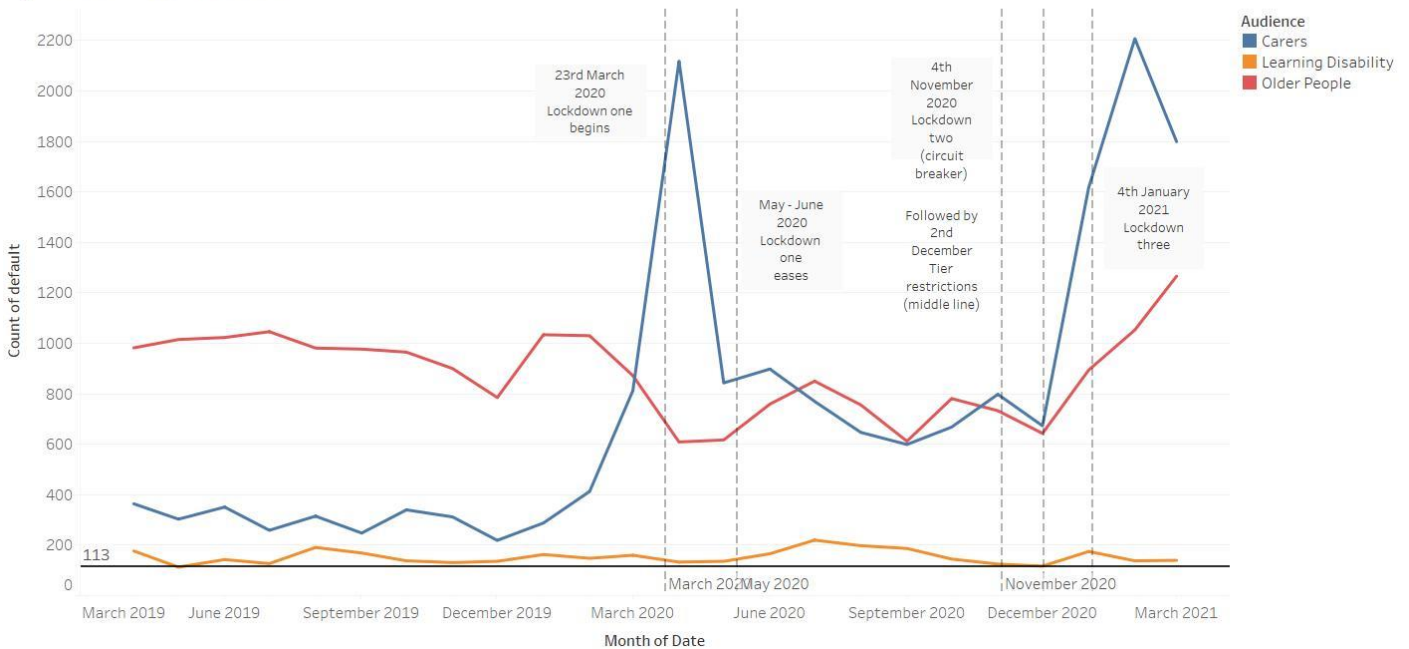
In a period of two years, demand has risen significantly with a **110%** increase in the number of contacts received in March 2021 compared to April 2019. There is some variation between each group member, as set out below.

All group members have taken the decision during the course of this reporting period to expand their advice team capacity to meet growing demand. Mencap’s Learning Disability Helpline received funding from the Department of Health And Social Care to do this, responding to 44% more calls as a result. Carers UK created a new COVID-19 data category in March and received a significant uplift in email traffic. They doubled their call centre opening times which helped to process a significant increase in queries. Age UK similarly expanded their team capacity to increase advice provision, as did Mencap and Access Social Care.

Advice provision

By group type

April 2019 - March 2021



We record certain learning disability social care queries to our universal themes of data categorisation (more at Annex A). This does not include overall call volume. The overall volume of contact from each group is also relative to the size of that audience group in the population. Call volume has in fact risen by over 44% for learning disability related enquiries, as seen in the below graph.

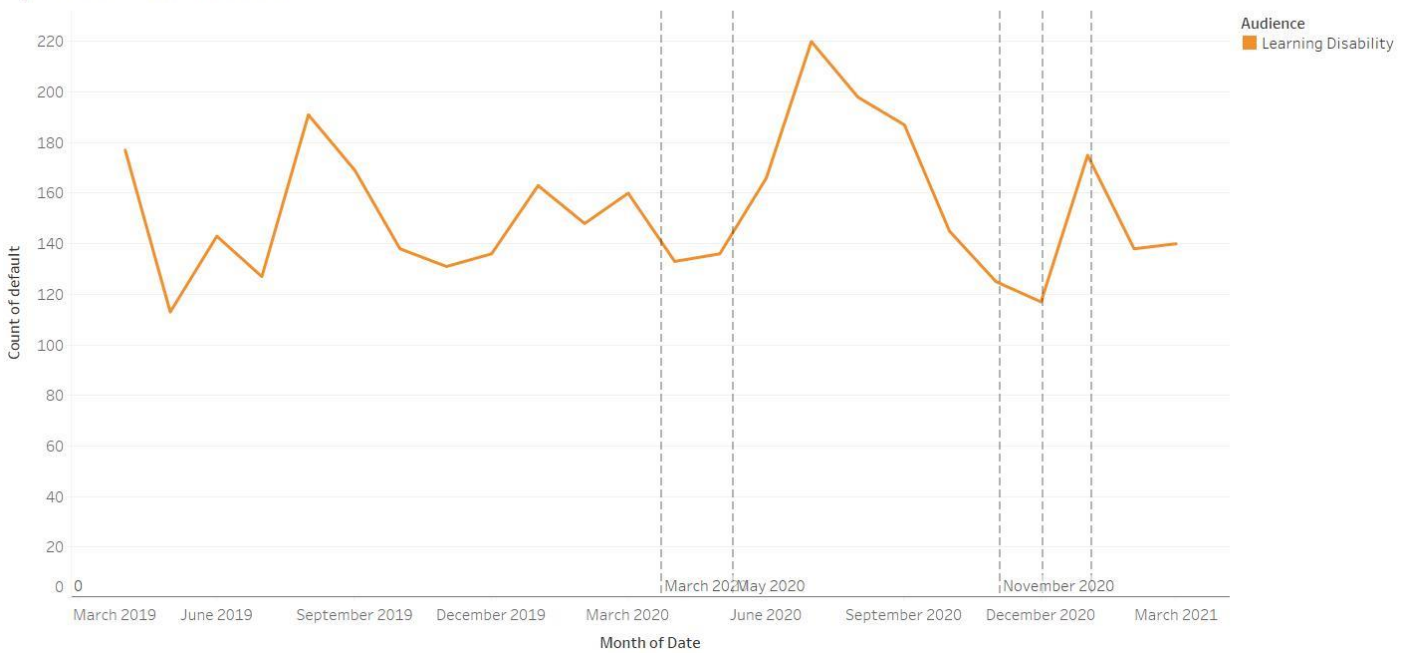
Advice for carers rose drastically in the first wave of the pandemic. Many day services across the country closed. Some people with care and support needs had no option but to return from supported living or care home to their families, afraid they would not be allowed contact during the outbreak and relying heavily on this to maintain their health and wellbeing. Similar issues were reported across all other group helplines, who see rises in advice demand at the same time again in the second wave from December 2020. The second spike in calls related to similar issues. Thematic trends are set out further below.



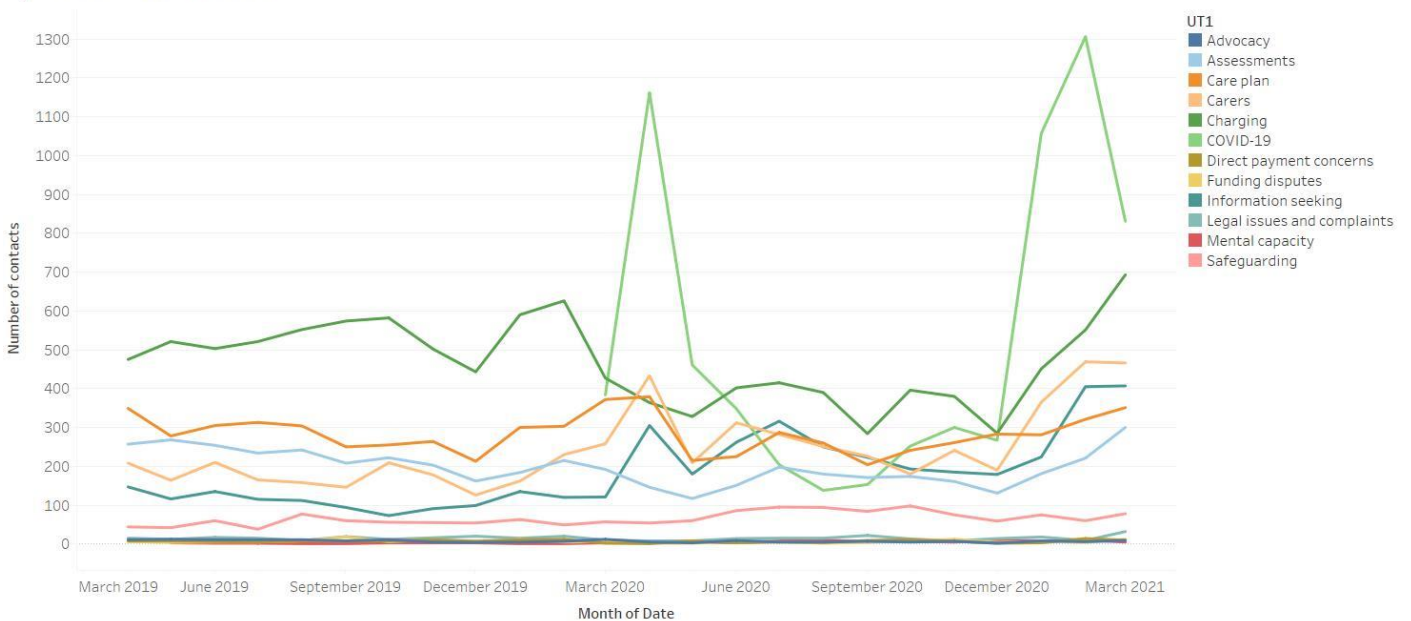
Learning disability advice demand rose by 44.9% in March 2021 compared to March 2020.

Learning disability data *matched to our group universal themes* spiked in July 2020, in the centre of national restrictions easing. Mencap’s Learning Disability Helpline in fact received significantly more calls in total than are reflected in these figures, which reflect only the social care categories that the group have matched specifically:

Advice provision
Learning disability
April 2019 - March 2021



Universal themes
All group members
April 2019 - March 2021



Key areas of advice demand across group members centred around COVID-19 queries, charging, care plans and carers as well as assessments of need and are set out in further detail below.

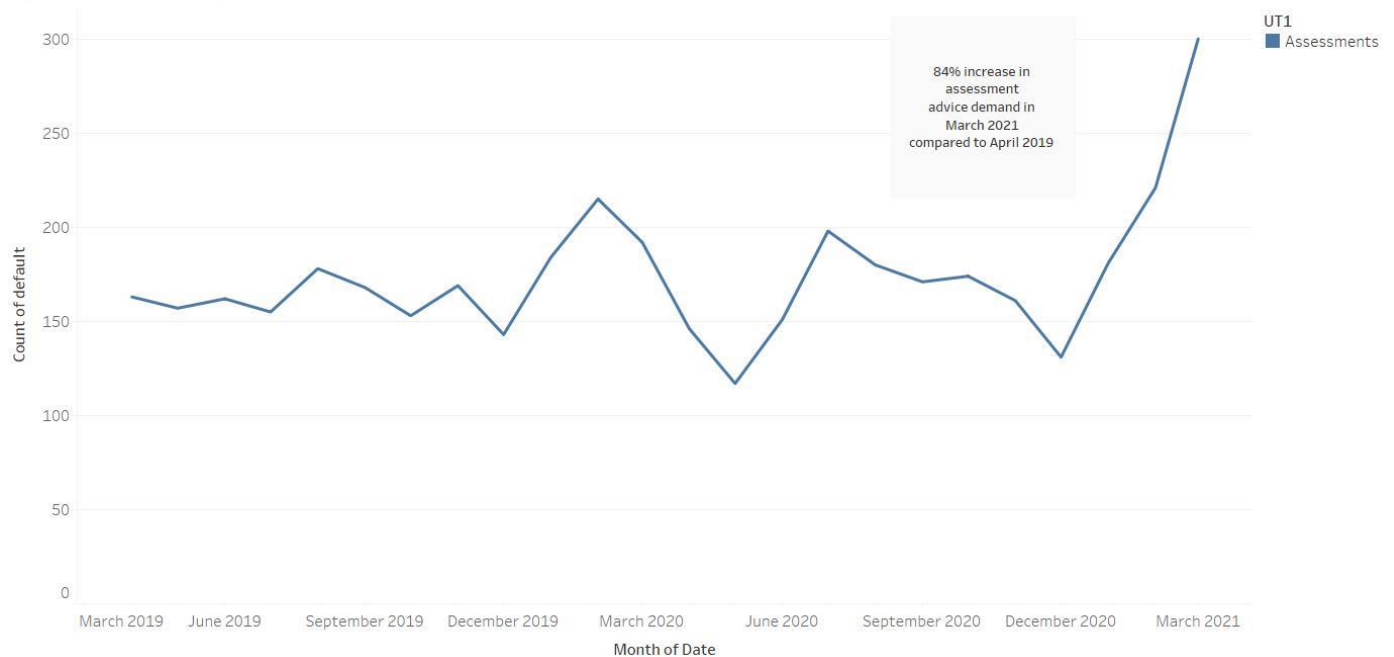
Universal themes analysis

Assessment

Assessment

All group members

April 2019 - March 2021



There has been an **84% increase** in the number of contacts received on assessments in March 2021 across all group members compared to April 2019. Teams have expanded to be able to process the increased level of overall queries. There is some variation in overall volume between group types but demand follows the same pattern:

Assessments

By group type

April 2019 - March 2021



The timing and pattern of contacts across all group types rises and falls at similar times. In our phase two report, queries fell in line with the introduction of national restrictions. From the November restrictions into the start of December's Tier restrictions, queries begin to rise for most organisations. Older people's organisations saw the highest volume of assessment queries.

The Coronavirus Act 2020, introduced 25th March 2020, gave local authorities the power to implement Care Act 2014 easements. This granted local authorities the ability to use emergency powers to cease standard or routine assessments as well as other statutory duties. Notably, only eight local authorities implemented these and only for a short period – a matter of weeks. No local authorities are currently implementing these powers. What we have heard anecdotally from the sector, as we reported in our phase two report, is that some local authority staff are telling people who may have care and support needs (or an increase in existing needs) that because of coronavirus, they do not have to/cannot carry out routine assessments, an issue referred to within the sector as '*unofficial easements*' where the local authority have not formally triggered the easement process.

We understand from group members that throughout the pandemic, many people have found it hard or even impossible to arrange an assessment of care and support needs from their local authority. Some are requesting assessments for the first time, others are people already receiving care and support and have experienced a significant increase in need for support as a result of the COVID-19 outbreak. In many of the latter cases, it has not been possible to secure the right assessment to look at increasing care, and the person's wellbeing has spiralled.

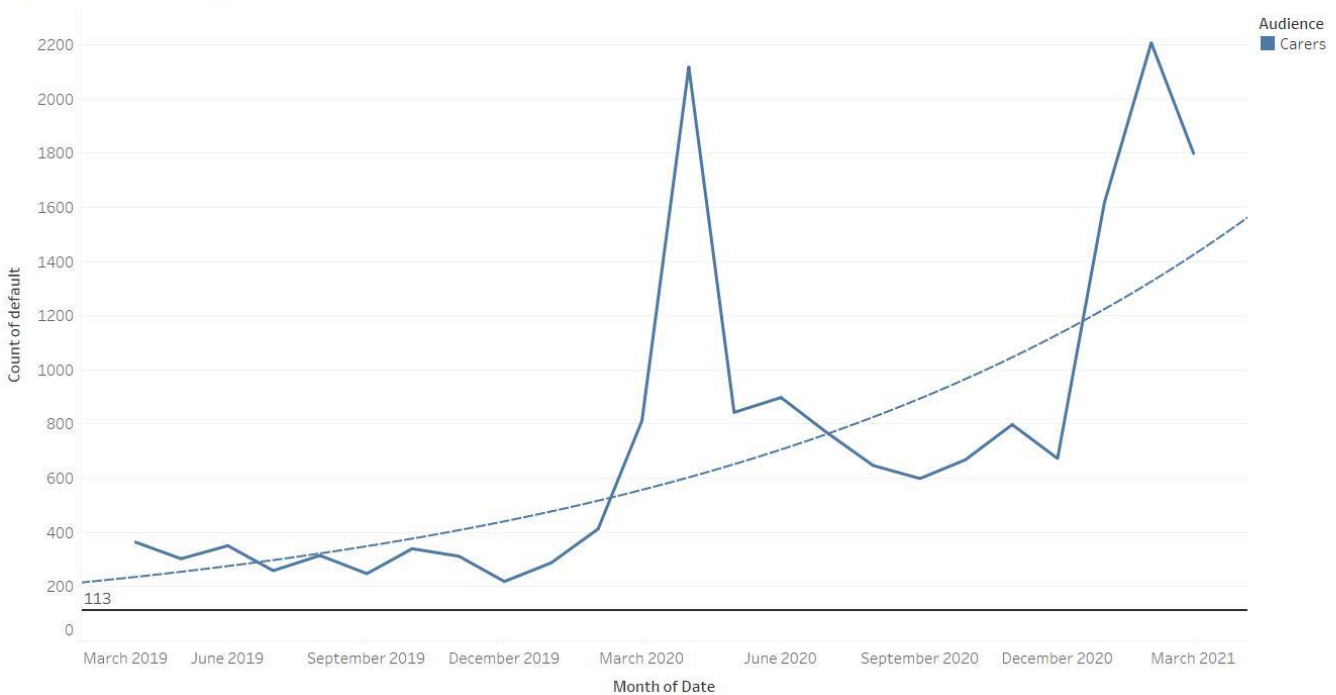
Ongoing academic research is currently underway looking at these issues¹. Access Social Care is providing information to aid the early stages of this research and we will explore ways in which we can further support this important project.

Carers

Data in the 'carers' category combines a range of data taken from all group members relating to carer enquiries. It demonstrates a 394% increase in advice provision for carers in March 2021 compared to April 2019. Enquiries regarding carer concerns (broadly, becoming a carer or information and advice on the caring role) increased significantly in March 2020 and again from December 2020 to February 2021.

Carers advice

April 2019 - March 2021



In the first wave of the pandemic, many family members sought advice, having taken over caring responsibilities for their loved ones. Some needed urgent support to be able to continue in this role. Some struggled to cope at all, with one report at Access Social Care of a person with 2:1 care needs indoors and 3:1 outdoors being told that they could no longer access day opportunity support. Home care was also suspended, leaving the family to provide daytime and waking night support to their loved one for months with no respite. Many families in similar positions have been pushed to breaking point.

Carers in this role have in many occasions continued to provide some or all of the care across the second wave of the pandemic into 2021.

¹ [The impact of Covid-19 social care 'easements': Removing rights from the vulnerable? - University of Birmingham](#)

In August 2020, Mencap surveyed over 1,000 people across the UK about their experiences of caring for someone with a learning disability during the crisis. 67% said their loved one’s needs have increased during the COVID-19 pandemic while 79% have had no choice but to increase the amount of care and support they offer.

52% of carers surveyed said they had struggled to cope with supporting their loved one, and 75% said that this has been detrimental to their mental health.

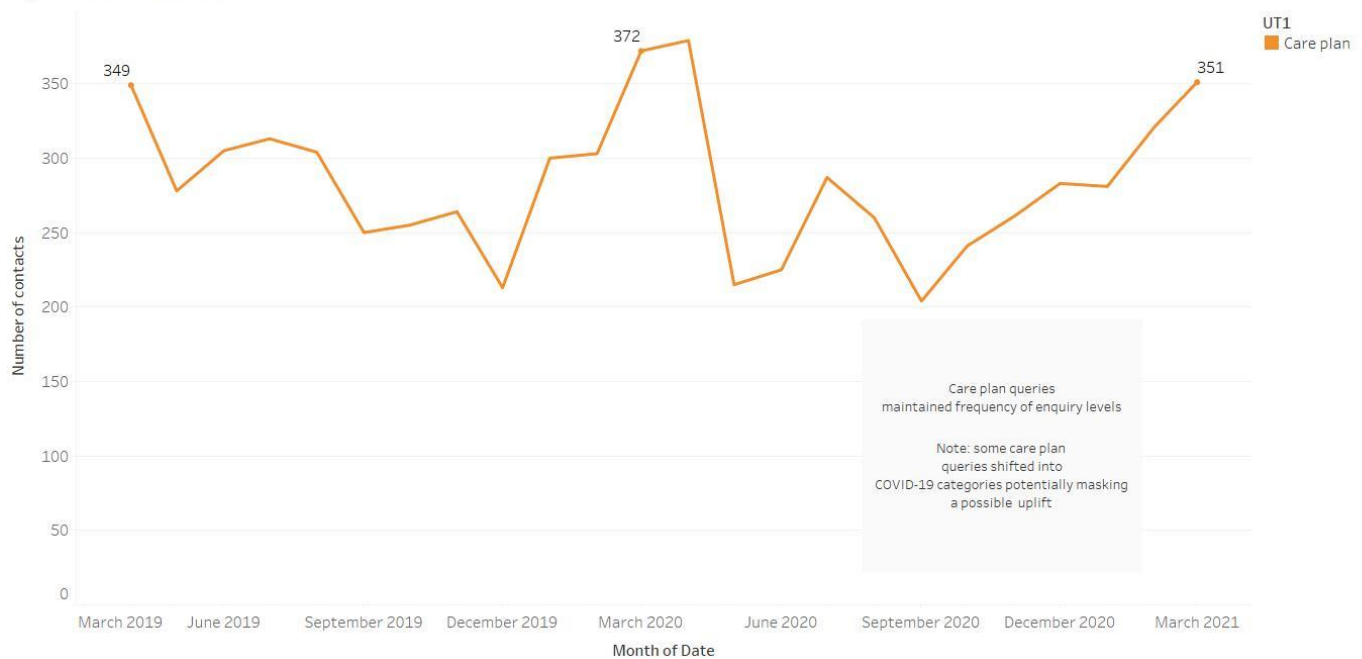
The survey also revealed that a lack of social care support during the crisis has negatively impacted people with a learning disability in a number of ways. 69% saw an impact on their mental health, 73% experienced a negative impact on relationships, 54% on physical health and 67% on family carers. Mencap has heard from families whose loved ones with a learning disability were previously independent and confident but, since their support was taken away, have ‘lost their life skills’.

Care plans

Care plans

All group members

April 2019 - March 2021



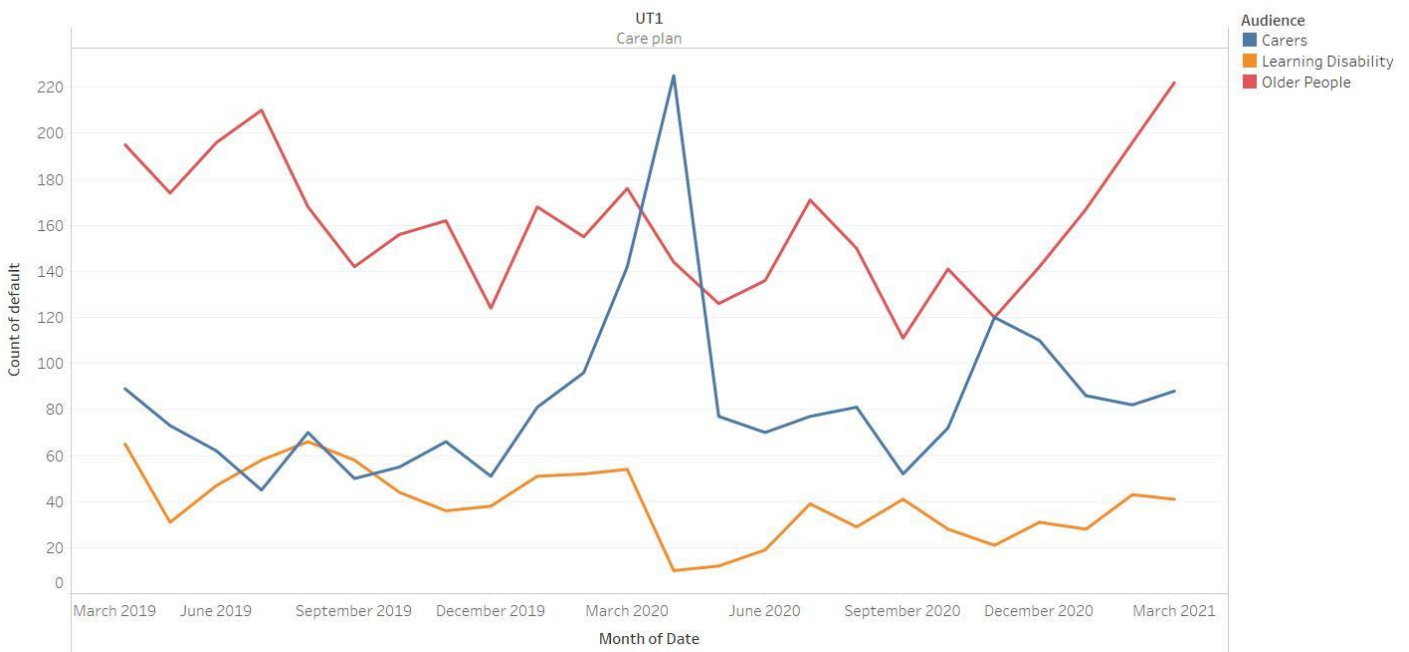
Some examples of care plan concerns related to care and support that had been suspended between March 2020 – May 2020 in the first wave of the health crisis. Expecting their care plan to return to normal once services reopened, many found that their care package had been changed or reduced. As we reported in our phase two report, we heard anecdotally that in several instances in Southwark, London, social workers stated that support had been altered as the person had coped well enough without it during the first wave. This was often incorrect, and the person was left with unmet eligible needs. We have continued to receive these reports throughout the second and third period of national restrictions.

As set out in our geographical analysis below (taking into account planned local authority cost efficiencies), some day opportunities are facing planned closures over the coming months. Other community based support which closed for long periods over the length of the health crisis is also under threat. This is likely to lead to an increase in demand for advice on existing care plans.

Care plans

By group type

April 2019 - March 2021



Advice for carers saw a significant spike in April 2020 having expanded capacity in their team to process increases in demand. For Carers UK, this category involved a combination of queries from both carers relating to their own care plans as well as carers calling on behalf of a family member’s care plan.

Some families sought advice as they had requested additional support from their local authority throughout the pandemic, and either experienced extensive delay in receiving it or had been told they could not receive further support. This support was both respite required to meet the needs of the carer but also direct support needed for the person with care and support needs.

In other cases, Access Social Care have become aware of a small number of reports of local authorities requiring direct payment plans to be drawn up by the direct payment holder and set out for the coming 12 months. The social worker would then report back to the family that the funding panel had refused the plan, and either refused funding altogether or have reduced the amount of hours to bring the plan within a different budget level. These practices are often unlawful.

Older person’s organisations supported people for whom home care had been offered inappropriately where residential care was the only viable option to meet a person’s eligible care and support needs (with crossover impact on caring responsibilities for their families). For others, residential care was offered where in fact a community based package (often high in support hours) would have been the only option to meet a person’s assessed eligible need.

Others experienced problems when moving local authority areas (a process sometimes known to be stressful for those with care and support needs, often unable to secure continuity of the type and level of

care they currently have, despite this being their legal right). Similarly to other group members, some enquirers were calling about a loved one who had spiralling needs a result of not being able to access their usual support post March 2020, and did not know where to get help.

Safeguarding

As reported in our phase two report, all organisations reported an increase in safeguarding concerns during the first lockdown. These were primarily due to care and support being suspended or ceased entirely for many, causing safeguarding concerns for individuals who were unsupported during this time and at risk of self-neglect, or at risk of being abused. It was sometimes about an increase in safeguarding referrals being made regarding individuals who were experiencing significant distress as a result of not receiving family visits to their care home. These queries have continued into 2020, reaching their highest level recorded in two years across all group members combined in October 2020.

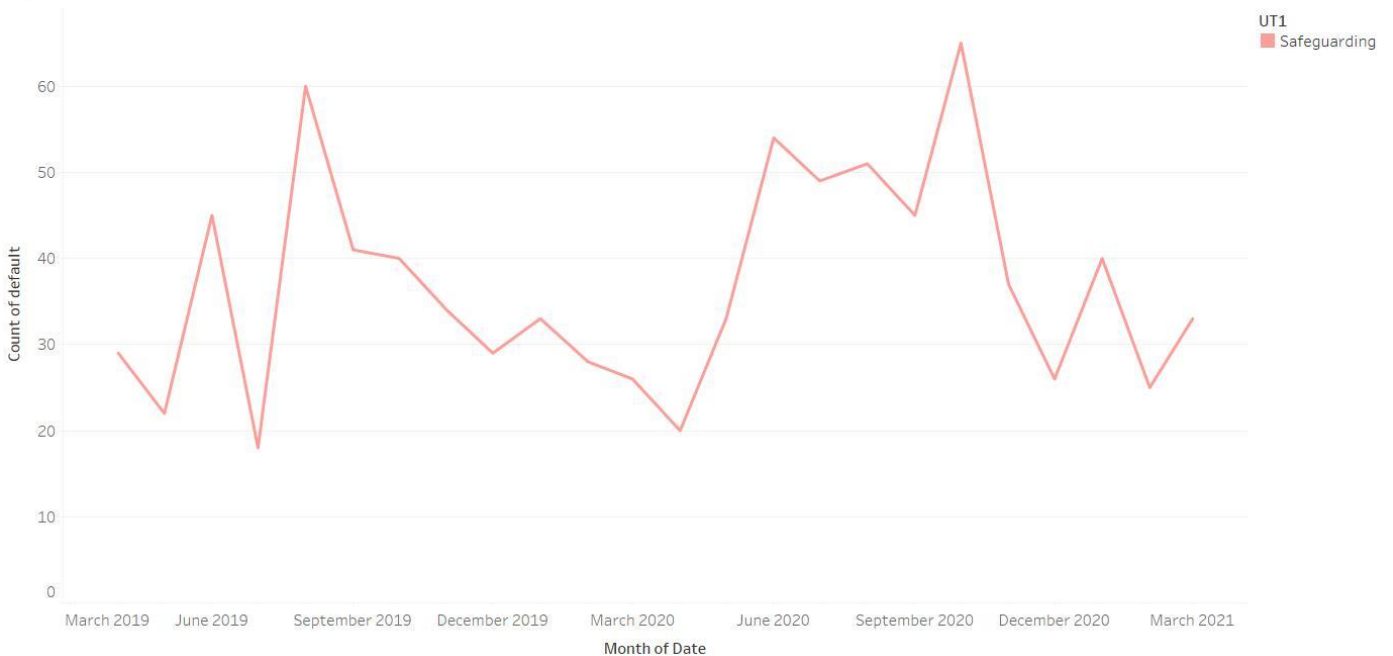
We also reported that Access Social Care have received reports from their own member organisations that individuals in a similar position self-harmed and needed hospitalisation, others experienced an increase in seizure related activity as a result of the ongoing distress, unable to see family members.

Sadly, some of the referrals from carers have related to carers feeling isolated, lonely and increasingly in the second wave of the pandemic, suicidal in the midst of their caring responsibilities.

Safeguarding

By group type

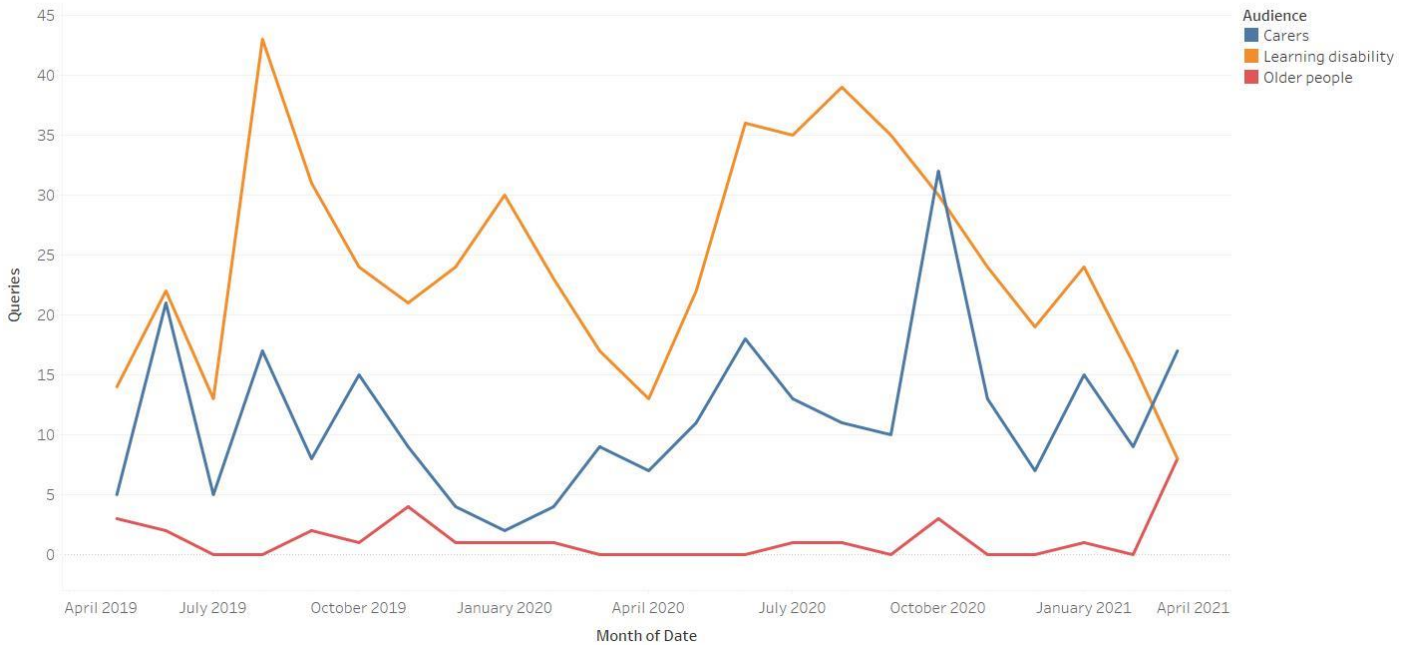
April 2019 - March 2021



Safeguarding

By group type

April 2019 - March 2021



Data suggests that safeguarding contacts particularly increased in the summer months of 2020, when national restrictions were lifted.

Charging

Charging

All group members

April 2019 - March 2021





There was a **45%** increase in charging concerns across all organisations recorded in March 2021 compared to March 2019. Cash strapped local authorities have continued to adopt the minimum income guarantee (MIG), pushed further into cost efficiencies by the ongoing funding crisis. The MIG is a protected amount of money to make sure that people living in their own homes, who need social care, have enough money left to pay for their everyday living costs once they have paid for their care. It is the **minimum** amount required by law, but not every local authority has adopted this guarantee previously. In a judicial review against Norfolk County Council in January 2021², it was ruled that the council's adoption of the MIG was unlawful as it failed to allow discretion to disregard the daily living component of Personal Independence Payment. As a result, some local authorities have taken the decision to review their own charging policies and have made changes to these, sometimes in line with cost efficiencies for the April 2021/22 budgets.

Some local authorities, when announcing their Medium Term Financial Strategy, have made clear that they have no option but to increase charges for people's social care in order to meet cost efficiency targets. It is possible that demand for advice on charging may continue to rise as a result

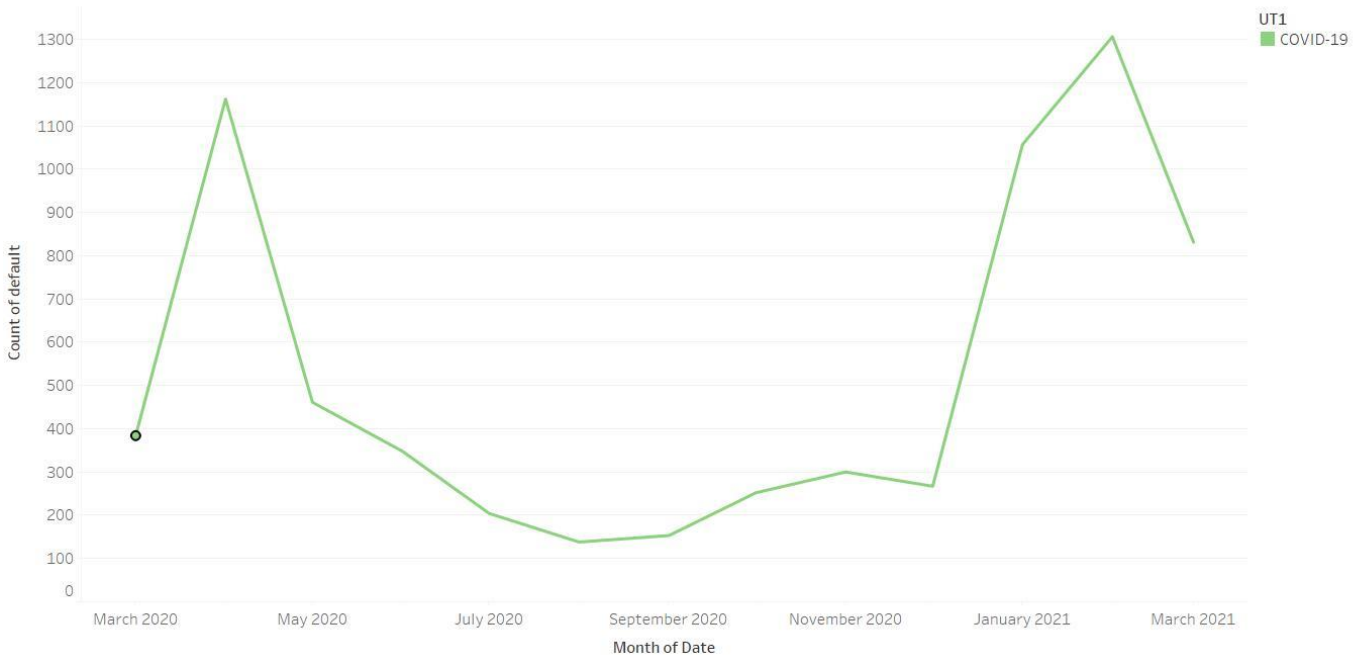
² [High Court orders local authority to withdraw discriminatory charging policy - Matrix Chambers \(matrixlaw.co.uk\)](https://www.matrixlaw.co.uk/news/high-court-orders-local-authority-to-withdraw-discriminatory-charging-policy)

COVID-19

COVID-19

All group members

April 2019 - March 2021



COVID-19 queries ran in two spikes, first in the first wave and again in December 2020 to February 2021.

Case examples include:

- Advice on urgent and deteriorating need, including self-harm, suicide attempts or increases in seizure activity due to ongoing distress of people with care and support needs or their family carer (sometimes these issues were logged instead in carer concerns)
- Advice for people with care and support needs or their families on the nature of local and national restrictions, and how people could continue to receive vital care and support when at a local level they were told support had to be stopped.
- Advice on visiting family members where this is vital to a disabled person's health, wellbeing or part of their care plan. Access has worked collaboratively with local authorities and providers in some cases to reach solutions, but in many other cases we have experienced widespread confusion over the nature of the restrictions and lack of understanding as to disability related provision in the Health Protection Regulations.
- Rapid cognitive deterioration in older people. Age UK published findings on the impact of the COVID-19 pandemic specifically on older people, detailed in 'The impact of COVID-19 to date on older people's mental and physical health'³.

³ [the-impact-of-covid-19-on-older-people_age-uk.pdf \(ageuk.org.uk\)](https://www.ageuk.org.uk/the-impact-of-covid-19-on-older-people_age-uk.pdf)



- Advice for unpaid family carers on access to vaccine priority access
- Advice for families concerned that their loved ones were not being prioritised for a vaccine as they had a learning disability but no other medical health needs (this was later amended on advice from the Joint Committee on Vaccines and Immunisation following successful campaigning by Mencap on the issue, significant media coverage and existing pre action letters having been issued against central government)
- Further examples on the impact of the COVID-19 pandemic specifically on older people are detailed in Age UK's report 'The impact of COVID-19 to date on older people's mental and physical health'⁴ which set out significant concern over cognitive decline in older people, accelerated by the impact of the pandemic.

⁴ [the-impact-of-covid-19-on-older-people_age-uk.pdf \(ageuk.org.uk\)](#)

Geographical analysis

Where a group member has collected local authority data, we fed this through the processing pipeline to analyse prevalence of advice demand and provision between local authorities. Local authorities with the highest volume of enquiries are listed at Annex D.

We normalised data, reformatting local authority data to take into account population size and establish how many contacts per 100,000 people a local authority had received. The top 10 local authorities in relation to overall enquiry volume per 100,000 people are Shropshire, Wiltshire, Bromley, Surrey, North Somerset, Kingston upon Thames, Essex, Central Bedfordshire, Bedford and Richmond upon Thames.

It is too early to draw any conclusions as to specific local authority trends, and we note the following:

- We may have more data from some local authorities because a helpline organisation in our group may have greater local partnership links within these communities.
- There may be people in these areas more capable of seeking advice unassisted, so more likely to call national helplines
- There may be genuine issues of concern within these local authority areas

Throughout this year we hope to look at overlaying our data with other open datasets such as data from the Institute of Fiscal Studies⁵ to gain greater understanding of the patterns.

⁵ K. Ogden and D. Phillips (2020), 'The financial risk and resilience of English local authorities in the coronavirus crisis', www.ifs.org.uk/research/local-dashboard

Reflections and next steps

Our report demonstrates a significant and unsustainable rise in many areas of social care advice demand in England. The rate of growth is alarming, from carers concern rises of 394% in two years to learning disability call demand rising over 44% in one year. Older peoples' charities have seen a combined increase of 28% in one year, seeing the highest volume of assessment queries of all group members.

We are all aware of a pre-existing level of unmet advice need – we may have seen some of this addressed this year in the COVID-19 response. Our Helplines Group Data Collaboration project will continue into 2021/22, taking routine three monthly intakes of data and continuing to analyse this issue as well as key trends as they emerge.

We are reaching out to academics to collaborate on the next stages of our analysis and influencing.

We are welcoming new organisations to the project. Please contact Hannah Hewish with any questions on the contents of this report or on joining our project at Hannah.Hewish@accesscharity.org.uk

Reflections from the sector – strategic influencing



“This project will be really helpful and will provide an overall view of the difficulties that service users and families are facing, with a view to identifying issues for strategic litigation.”

As lawyers we often only get a snapshot of what the systemic difficulties are, so it can be difficult to make decisions on strategic litigation in relation to the individual enquiries that we receive. This project will assist in identifying what the systemic difficulties are in support of strategic litigation.”

Elizabeth Cleaver, [Bindmans](#) Solicitors

Annex A

Universal themes:

Theme	Name	Definition
Universal theme 1	Advocacy	Formal support to help a person navigate the care assessment and planning process
Universal theme 2	Information seeking	Contacts to helplines encompassing a range of questions about rights
Universal theme 3	Assessment	A Care Act 2014 assessment of care and support needs for a disabled person. A precursor to receiving support, or an increase in support.
Universal theme 4	Care plans	Sets out the support needed to meet a person's eligible care and support needs (as identified first in an assessment of need)
Universal theme 5	Carers	Contacts to helplines from carers (or family or friends of carers) with questions about being or becoming a carer
Universal theme 6	Charging concerns	Social care charges, calculated after a needs assessment and care plan has been finalised, are assessed via a financial assessment. This looks at a person's income and expenditure, and determines the amount of money they will have in their personal budget to fund support.
Universal theme 7	Direct payments	A person can choose to have their personal budget paid directly to them, or a third party, to commission their own support rather than the local authority doing this for them.
Universal theme 8	Cuts to packages	Changes or reductions made to a person's existing package of care and support.
Universal theme 10	Funding disputes	After it has been established that a person has eligible care and support needs, there can

		be disputes over who is the correct authority to fund this care and support. This might be based on where a person lives, or has recently moved from for example.
Universal theme 11	Mental capacity	All contacts about mental capacity related issues in the context of social care decision making.
Universal theme 12	Safeguarding	Concerns raised over the health, safety or wellbeing of a disabled or vulnerable person.
Universal theme 13	Legal issues and complaints	Contacts where a legal issue or complaint has been directly mentioned. People receiving care and support may not know that their issue is a legal issue on contacting a helpline, and so these contacts appear relatively low. In fact, a large number of the queries received by helplines relate to legal issues most commonly within the Care Act 2014.
Universal theme 14	COVID-19	Contacts to helplines relating directly to the COVID-19 pandemic, such as problems visiting a loved one in care homes or supported living, or access to priority vaccination as an unpaid carer.

Annex B – Process

Process

All group members provide information and advice on broadly very similar issues but are recording their data in different ways using different categorisation methods. We studied each group member’s internal method of categorising calls and emails into their helplines. This broadly resembled two ‘tiers’ of data collection, within a primary *community care* categorisation.

Example

Community care	Assessments	Information about adult assessments
		Delay in getting assessment
		No appropriate person / advocate
		Concern around quality of assessment

Based on this analysis, we drafted a set of **universal themes** which we proposed could appropriately reflect most data collected by each group member. We convened a ‘universal themes’ workshop in July 2020, facilitated online and attended by the data leads from each group member. The aim was to collaborate with group members to co-produce a final set of universal themes which would accurately reflect each group member’s data. We know that every organisation, particularly since the outbreak of the health crisis, has limited resource and so our efforts focused on making this collaboration as simple and easy as possible while still ensuring meaningful collaboration.

This was a successful half day interactive workshop. We hosted it using an online visual collaboration platform, Miro, so that each group member could log in, navigate, and edit the board in real time:

Workshop screenshot



We concluded the workshop with an agreed set of universal themes, at two ‘tiers’ (Universal Theme 1, for example ‘Assessments’, would have a Universal Theme 2 within it such as ‘Refusal to carry out an



assessment'). All incoming datasets could be mapped against these themes, and we created a mapping document to be used in the data processing pipeline.

Data Processing

In phase one, the pilot study, we processed 7,000 lines of data (each an individual enquiry). During phase two, we grew the project to 25,000 lines of data. We used the software KNIME, free and open-source data analytics, reporting and integration platform to build a bespoke pipeline that prepares the universal dataset.

This report is based on over 43,000 lines of data, covering March 2019- March 2021.

Each individual organisation sent a spreadsheet to us containing:

- Date of enquiry
- Tier 1 code
- Tier 2 code
- Tier 3 code
- Local Authority (if available)

The pipeline extracts the data from each organisation's spreadsheet and cleanses the data for consistency, for example to ensure that the date format is recorded in the same way across all data.

We then add the universal themes by mapping them to the organisations tier code and where possible add local authority data and ONS geographic codes. We then output a cleansed and consistent dataset of all organisations.

Any codes or local authorities that we cannot join are output to a different file, this allows us to update codes within the pipeline that may have changed at an organisation and re-match them to the universal system and re-run the pipeline.

In future we may be able to use the analytical functions of KNIME or a similar tool to investigate patterns within the data. We also produce an interactive dashboard in Power BI, this allows organisations to interactively explore the dataset and themes themselves and view data on a map.



ANNEX C – BACKGROUND

Background to Access Social Care

Everyday millions of older and disabled people are denied the social care they need. Most local authorities cannot meet the growing demand for care, none are confident they can meet their legal duties in the future. This affects all of us, we will all need social care at some point. We all have a right to hold public bodies to account. But most of us cannot afford lawyers so rely on legal aid. The 92% drop in legal aid cases since 2010 means we have nowhere to turn. Without access to justice, our rights do not exist. The rule of law is broken.

Access Social Care provides free legal advice for people with social care needs, helping to achieve a better quality of life. We work with communities to increase knowledge of the law and our rights. We help highlight the gap left by cuts to Legal Aid to provide advice for those who cannot afford it. With a 98% success rate, our network of lawyers and barristers ensure fair access to justice when things go wrong. We collaborate with social services whilst holding them to account. We are working towards a future where social care is adequately funded, and we all get the support we need.

Background to Mencap

Mencap are here to improve the lives of people with a learning disability and their families now, and fight alongside them for a better future. We team up with our network of over 300 local groups to reach people across England, Northern Ireland and Wales. We do this through funding research and campaigning, projects and programmes and providing social care. Mencap work in partnership with Access Social Care on data processing and analysis.

ANNEX D – Enquiries by local authority area

Contact/100k by Local Authority	Local Authority	Contact/100k	Count
	Rutland	42.8	17
	Shropshire	36.2	116
	Wiltshire	34.1	170
	Bromley	34.1	113
	Surrey	34.1	406
	North Somerset	33.7	72
	Kingston upon Thames	33.6	59
	Essex	32.7	483
	Central Bedfordshire	32.4	92
	Bedford	32.0	55
	Richmond upon Thames	31.5	62
	Trafford	31.3	74
	Lincolnshire	30.8	233
	Devon	30.7	244
	Hampshire	29.9	412
	East Sussex	29.9	166
	West Berkshire	29.6	47
	Calderdale	29.5	62
	Gloucestershire	29.4	186
	Cornwall	29.2	165
Staffordshire	29.0	254	
Solihull	28.8	62	
West Sussex	28.8	247	
Stockport	28.1	82	
Hertfordshire	27.7	328	
North East Lincolnshire	27.5	44	
Cambridgeshire	27.5	179	

Contact per 100k: data normalised to population

Count: number of contacts received in total

Data notes

Rutland appears highest due to a smaller population size and the lower volume of calls should be noted.