

# Performance Evaluation Inspection Report

## Denbighshire County Council Adult Services

This document is also available in Welsh .  
Mae'r ddogfen hon hefyd ar gael yn y Gymraeg .

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## **1. Introduction**

- 1.1 Care Inspectorate Wales (CIW) undertook an inspection of adult social services in Denbighshire County Council between 08 September 2025 and 12 September 2025.
- 1.2 The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers. We consider the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales* and key lines of enquiry. We seek to answer the following questions aligned to the principles of the Social Services and Well-being (Wales) Act 2014 (The Act):

### **People - voice and control**

- How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?
- To what extent are people's views captured and documented, considering their personal circumstances, personal outcomes, strengths, risks and barriers?

### **Prevention**

- To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?
- To what extent are adults provided with care and/or support in a timely manner?
- How are waiting lists managed, to minimise the impact of these on people and their carers?

### **Well-being**

- To what extent is the local authority ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm?

## **Partnerships**

- To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?
- How well are people encouraged to be involved in the design and delivery of their care and support as equal partners?

## **2. Glossary of Terminology and Quantity Definitions**

A glossary of terminology is contained in Appendix one and a table of quantity definitions in Appendix two.

## **3. Summary of Inspection Findings – Adults Services**

- 3.1 Leaders are experienced, provide stability of leadership and know their service very well. Practitioners describe them as visible, approachable, and supportive.
- 3.2 Practitioners are skilled, innovative, and committed to people they support, and this is consistently acknowledged by leaders.
- 3.3 There is a positive culture within the service, supported corporately and politically. Leaders and practitioners promote a two-way communication, and an open-door approach. There is a strong learning culture with opportunities to attend training, and to benefit from reflective practice. Leaders and practitioners also actively engage in constructive challenge to support development.
- 3.4 There is an excellent focus on staff wellbeing. Practitioners and leaders are supported through regular formal and informal supervision; necessary adaptations are undertaken to promote personal and professional needs.
- 3.5 Recruitment and retention of staff at the service is a continuous challenge. The service has lost experienced practitioners, often as a result of promotion and retirement. There is a continued focus on recruitment and retention of staff, supported both corporately and politically.
- 3.6 Single Point of Access (front door) delivery needs strengthening, particularly in relation to consistent record-keeping, practitioner awareness of preventative services, and clear referral pathways.

- 3.7 The local authority offers a strong range of preventative services. However, people at times experience delays in receiving timely assessments and care and support services.
- 3.8 Safeguarding practices are robust and follow Wales Safeguarding Procedures. The safeguarding team is seen as approachable and well-supported, including dedicated expertise at SPoA (Single Point of Access) to aid front-door decision-making.
- 3.9 There is strong operational and strategic collaboration across health, social care, and partner agencies, supported by co-located teams such as Community Resource Teams (CRTs) and the complex disabilities team. Positive joint working with police and homelessness services contributes to improved outcomes. The local authority plays an active role in regional safeguarding and strategic planning. However, instability within some key strategic roles at Betsi Cadwaladr University Health Board (BCUHB) can at times affect communication and decision-making.

#### **4. Key findings and evidence – Adults Services**

We present our key findings and evidence below in line with the four principles of the 2014 Act. Improvements required in previous CIW reports may also appear in the report to emphasise their relevance and importance at this time.

##### **People – Voice and Control**

##### **Strengths**

- 4.1 Assessments and care and support plans are comprehensive, and person-centred. Assessments include the five key elements and reflect strengths-based conversations undertaken with people to identify what matters to them. They consider people's outcomes and mostly reference what contribution they and their family, friends and local community can make to achieving those outcomes. Care and support plans equally reference people's voice.
- 4.2 The service makes the Active Offer of a service in the Welsh language to people, and people clearly benefit from this offer. There are varied numbers of Welsh speaking practitioners in teams, but there is sufficient capacity to meet current demand for a Welsh language service. There is a strategic commitment to develop the numbers of Welsh speaking practitioners in the service, and they actively learn from other organisations as to how they have been able to

successfully achieve this. There is a focus also on commissioned services capacity to provide the Active Offer.

- 4.3 People benefit from utilising direct payments which enables them to have choice and control over the care and support they receive, reducing reliance on traditional care and support services such as domiciliary care. Support from personal assistants is having a positive direct impact in promoting people's independence.
- 4.4 The local authority has reduced the number of people waiting for domiciliary care, enabling timelier support, and helping to prevent escalating needs.
- 4.5 Practitioners benefit from a range of initiatives to support their wellbeing. These include wellbeing actions plans, stress checklists and the availability of occupational health support. Wellbeing walks and access to a wellbeing room are promoted. Practitioners with protected characteristics are treated fairly. Practitioners and leaders value having the opportunity to be innovative, which also significantly supports their wellbeing. **This is positive practice as supporting staff wellbeing in social care is essential for maintaining a resilient and effective workforce.**
- 4.6 Leaders are transparent and are focussed on involving practitioners. One example being of service wide invitation to attend Operational Managers group which is effective in providing cross team updates, in identifying shared solutions and projects and in celebrating successes. **Acknowledging successes is positive practice as it further drives motivation, innovation, and promoting wellbeing.**
- 4.7 Leaders communicate openly and clearly. There is constructive challenge, viewed positively to support and develop both leaders and practitioners. There is also a strong learning culture with opportunities to attend training, and to benefit from reflective practice, to include peer forums and reflective sessions with managers, namely 'Heart of the Matter' audits.
- 4.8 Practitioners benefit from regular, effective supervision with a balanced focus on professional development and personal wellbeing. Of the 117 practitioners who completed the CIW survey, most (92%) strongly agreed or agreed that supervision was regular, and 90% said it gave them an opportunity to reflect on practice. Practitioners also benefit from a traffic light system used in supervision to give an overview of individual caseloads and their complexity. **This effective tool is consistently used to support practitioners and leaders and is an example of positive practice.**

- 4.9 Practitioners are well supported by both leaders and colleagues. Most practitioners (94%) who answered a question in a CIW survey about how well supported they felt by leaders and colleagues stated they strongly agreed or agreed that they are well supported.
- 4.10 As is the case in many local authorities across Wales, the local authority faces challenges in recruiting to specific posts and roles. The local authority is very aware of the impact of this and the challenges of recruiting and retaining practitioners remains on the local authority's corporate risk register. Positive actions have and continue to be undertaken to mitigate and reduce associated risks, supported corporately and politically. These include but are not limited to Grow Your Own initiatives whereby current practitioners are supported to progress through degree pathways for occupational therapy and social work, and regrading of roles. Positively, progress has been made in some teams increasing stability and consistency in service provision.
- 4.11 Training is available and is developed in line with most practitioner's identified areas of development.

### **Areas for Improvement**

- 4.12 People are not consistently allocated to a specific practitioner even if they continue to receive a service. If people contact the service in the meantime, it can result in them having to re-tell their story and there is a lack of continuity of support. Similarly, referrals for formal advocacy/independent professional advocacy are made but often do not have a named practitioner for the provider to liaise. This can result in delays in communication. People and practitioners prefer having a named practitioner to contact. **The local authority should consider how it can reduce the need for people/practitioners to re-tell the story and for them to receive a consistent service in a timely manner.**
- 4.13 Practitioners promote informal, formal and independent professional advocacy. People benefit from this as it ensures their views are heard and their rights upheld. However, there are examples where advocacy is not offered, including for people subject to safeguarding procedures. **The local authority must ensure the importance of advocacy is understood by all practitioners and formal advocacy where appropriate is offered, commissioned, offered, and provided when required.**

## Well-being

### Strengths

- 4.14 The local authority explores innovative, cost-effective approaches that improve outcomes for people. One example is the 'Turn Only Once' model, where a single carer provides personal care to reduce distress and promote dignity. A practitioner observed this model in a Belgian care home and piloted it locally. It has since been further developed to support dignified, low-impact care.
- 4.15 People are safeguarded, and the local authority mostly adheres to the Wales Safeguarding Procedures. Enquiries undertaken in line with Section 126(1) (s.126) of the Social Services and Wellbeing (Wales) Act 2014 are comprehensive and involve other agencies/ individuals as appropriate. There is good focus on safeguarding people whilst enquiries are ongoing, and there is clear rationale to inform decision making as to whether there is further role for safeguarding team. Strategy discussions/meetings are appropriately held when s.126 enquiries conclude that an adult is at risk of abuse/neglect.
- 4.16 There is strong evidence that there is a multi-agency approach to safeguarding people. Relevant partner and other agencies are invited to strategy discussions/meetings, and there are consistent examples of multi-agency contributions supporting discussions and informing subsequent decision making. Other teams within the service, such as contracts and commissioning, are also actively involved in safeguarding people and monitor quality of services often alongside health colleagues. Equally there are examples of people being appropriately discussed at MARAC (Multi Agency Risk Assessment Conferences) meetings.
- 4.17 Nearly all people's voices are strong in records relating to safeguarding, with their wishes sought and the personal outcomes clearly recorded.
- 4.18 There are examples of safety plans being incorporated into care and support plans clearly highlighting safeguards to promote people's safety and providing clear accountability. In very few cases, existing safeguards were not transferred into a new care and support plan following a change in placement. **The local authority must ensure that care and support plans consistently reference relevant safeguards.**
- 4.19 Practitioners and representatives of partner and other agencies describe the safeguarding team as approachable and accessible. This is important in terms

of sharing information and inter agency communication, enabling prompt responses in addressing the safety of people.

- 4.20 People's mental capacity is appropriately considered and there are examples of mental capacity assessments of a good standard, with focus on specific decisions to be made. Practitioners demonstrate a strong understanding of the principles of the Mental Capacity Act 2005 taking time to consider people's needs, wishes and circumstances.

#### **Areas for Improvement**

- 4.21 The local authority has clear and robust procedures for considering and responding to safeguarding concerns, working in collaboration with different teams in the service as well as with partner agencies and providers. Whilst action taken in relation to safeguarding individuals is clear, it is not consistently evident in few social care records viewed to what extent the local authority addressed any potential wider safeguarding considerations, such as risks to others in the same setting or service. **The local authority should clearly document/cross reference in social care records how potential wider safeguarding risks have been considered and addressed.**
- 4.22 Similar to other local authorities across Wales, people's rights are impacted by the waiting lists for Deprivation of Liberty Safeguard (DoLS) assessments. The service is also responding to an increase in Section 21A challenges in the Court of Protection. **It is positive the local authority recognises current resources do not meet demand and has recently increased capacity by recruiting additional Best Interests Assessors to carry out face-to-face assessments. The local authority should continue to monitor DoLS provision to ensure it remains effective.**
- 4.23 People would benefit further if formal advocates were consistently invited to strategy discussions and meetings, and if adult social care attended MARAC meetings more regularly. **The local authority should ensure formal advocates are invited consistently to strategy discussions/meetings held in line with the WSP.**
- 4.24 In relation to initiatives to include Turn Only Once and Moving with Dignity, some providers said their views have not been consistently listened to. They add changing people's support plans to single handed rather than double handed care is not always in people's best interests. **The local authority should continue to discuss with relevant stakeholders the reasoning for any change in care and support plans as part of formal review processes**

**and ensure that up to date care and support plans are promptly shared with providers.**

## **Prevention**

### **Strengths**

- 4.25 There is a good range of preventative services provided or commissioned by the local authority. The impact of services such as community navigators, third sector services and Talking Point Hubs often negate the need for people to access statutory services, and they effectively prevent escalation of need.
- 4.26 There is evidence people are supported to maintain and promote their independence through Assistive Technology and aids and adaptations. There are good examples of telecare, falls detectors, sensor mats and exit sensors promoting people's independence and ensuring their safety.
- 4.27 People's care and support plans are reviewed, and the local authority's compliance with statutory review timescales has significantly improved. This reflects an understanding that formal reviews are essential to ensure plans remain appropriate to people's eligible care and support needs. We saw examples of good-quality reviews where there was clear focus on whether plans continued to meet people's outcomes.
- 4.28 The number of micro providers in the local authority has increased to 85. This has supported timely hospital discharge and helped people move from 24-hour care to more independent living. People benefit from this flexible support.
- 4.29 A transformation group has been developed, supported by a transformation board. Their focus is on ensuring provision of services is focused on people's outcomes, and that these are met in the most effective way possible promoting long term sustainability. The aims of the transformation agenda are being successfully communicated within the service, as well as corporately and politically. There is clear focus on reablement to improve outcomes and reduce long term care needs with the service looking to strengthen the focus on reablement across the service to include at the front door.
- 4.30 Carers are offered assessments and supported to meet any eligible needs for support. The local authority commissions NEWCIS (North East Wales Carers Information Service) to carry out assessments and provide elements of support. NEWCIS is part of the CRTs and shares information with practitioners about community support groups. With consent, they can refer carers to SPoA

when needs escalate. Carers value the emotional and practical support NEWCIS provides.

- 4.31 A complex care team has been established in the past year. They provide support to people who self-neglect, hoard and who have housing concerns. They provide direct care and work closely with interagency teams.

### **Areas for Improvement**

- 4.32 The provision of timely and appropriate care and support is inconsistent. Despite there being a reduction in the numbers of people awaiting domiciliary care, there are examples of people waiting for domiciliary packages of care to support hospital discharge and to support people in returning to their own homes from care home placements. This at times can be more of a challenge in the South of the county. People's choice and wellbeing outcomes are compromised, and this can also increase the risk of people becoming institutionalised and of losing their independence. It is acknowledged the local authority is working to prevent disparities in access to services and has successfully recruited more domiciliary support practitioners as a result of a recruitment drive. **The local authority must continue with its efforts to reduce waits for a domiciliary care service to ensure people, and unpaid carers, receive timely support and to prevent escalation of need.**
- 4.33 There are waiting lists for assessments and other care and support services, which can lead to escalating needs for people and carers. The service monitors waiting lists and maintains contact with those waiting, including through regular multi-agency CRT discussions and letters advising people of their status and what to do if circumstances change. It would be helpful if letters specified the type of assessment awaited. Some waiting lists do not clearly show why people remain on them and would benefit from more frequent validation. **The local authority should improve its systems to give practitioners and leaders timely, detailed reasons why individuals remain on waiting lists, and introduce reliable methods to check and validate the accuracy of that data.**
- 4.34 Whilst there are examples of carers being appropriately assessed in their own rights and provided with support, there are examples whereby the support is untimely, and not always what the carer wants. **The local authority must ensure support plans for carers are consistently focused on outcomes, and that they are effective in promoting wellbeing.**

- 4.35 The local authority has established clear processes to support SPoA practitioners in maintaining up-to-date knowledge of the available information, advice, and assistance. Feedback from few professionals suggests there may be opportunities to further enhance awareness of available services and clarify referral / contact pathways. **The local authority must ensure information, advice and assistance are consistently clear and enquirers are directed appropriately.**
- 4.36 People who are placed in a care home are routinely reviewed within 12 weeks of admission. In very few cases, people whose care and support plans are to step down from 24-hour care to live independently in the community with support would benefit from a timelier review. In such cases also, assessments and care and support plans would benefit from greater detail as to how people's progress will be assessed and monitored on a multi-agency basis in preparation for them stepping down from 24-hour care into independent living. **The local authority should ensure that care and support plans include greater detail as to how the effectiveness of the care and support plan will be measured, and that people are stepped down from formal care and support in a timely manner.**
- 4.37 Whilst micro providers can provide a different option to traditional domiciliary care services, not all provide personal care and therefore this can impact on the care and support they are able to provide and how well people's outcomes can be achieved. As people directly employ micro providers, there are risks should they not be able to support. **The local authority should ensure a sufficient range of care and support services, and that care and support plans reference contingency plans in the event micro providers are not able to support.**
- 4.38 The service is aware that their current approach to quality assurance is fragmented, and it has highlighted this as an area for improvement. The service will be having a new social care data system in the future and consideration is currently ongoing as to how this and other more recently acquired data systems could support with providing data to inform quality assurance of practice. There are examples of auditing and quality assurance practices at local level, however a more consistent approach to auditing and whole service learning needs to be developed. **The local authority must implement and embed a robust quality assurance framework. These improvements are essential to enable scrutiny of data to drive forward service improvements and support leaders with greater oversight of front-line practice.**

## **Partnership**

### **Strengths**

- 4.39 People benefit from good operational joint working between teams within the service as well as on a multi-agency basis. The co-location of CRTs with colleagues from other agencies positively promotes partnership working, supporting timely outcomes for people. Equally the complex disabilities team is fully integrated with practitioners from social care and health co-located. When the team is at full practitioner capacity from a health perspective, it can successfully enhance communication to promote people's complex needs and provide a co-ordinated approach to their care.
- 4.40 There are positive working relationships both operationally and strategically in relation to safeguarding between partners and the local authority.
- 4.41 There is constructive collaboration between health, social care and partner agencies in the CRTs. These teams are co-located which contributes to effective communication and joint working arrangements.
- 4.42 Police highlighted local area policing and cooperation with the local authority as a strength, which has led to a reduction in crime and positive community feedback. There is a strong network for sharing information and the model is being considered for wider use across North Wales.
- 4.43 Homelessness service also sits alongside adult social care under the same governance arrangements. There is good partnership working across teams to promote people's social care and housing needs.
- 4.44 Leaders are reflective and, when pressure points are identified, they take a whole-system approach, looking across services to decide which are best placed to help meet statutory duties and support people's personal outcomes.

### **Areas for Improvement**

- 4.45 Strategic and operational relationships between health and social care can work well. However, instability in key strategic positions at BCUHB can at times affect communication, decision-making and service developments. Hospital discharge performance is good, but the local authority and providers continue to observe unsafe discharges. The service appropriately raises these incidents with the BCUHB, although they continue to occur. There are also significant challenges when finance is a consideration. This in relation to

Continuing Health Care (CHC) and after care support in line with Section 117 of the Mental Health Act 1983. Despite consistent efforts by the local authority to address this, there are significant delays in determining CHC eligibility, and who is eligible to fund Section 117 after care services. In the meantime, the local authority or people fund care despite people having eligible healthcare needs. **The local authority should continue with its existing efforts to work in partnership with the BCUHB in the interest of improving outcomes for people.**

- 4.46 There are examples of agencies such as third sector agencies involved in strategic service planning, reflecting a collaborative and responsive service. However, this is not consistent, and some agencies reported that they would value opportunities to be involved in strategic discussions about future service deliveries. **The local authority should ensure that organisations in both the private and third sectors are consistently involved in strategic discussions about service planning and delivery.**
- 4.47 Some people noted in the CIW survey that they did not receive a copy of their assessment or care and support plan. Providers equally commented that they do not always receive copies of initial and amended care and support plans in a timely manner. **The local authority should review their processes for offering copies of assessments and care and support plans to ensure people who wish to receive a copy consistently do so. Also, for providers to receive copies of care and support plans in a timely manner.**
- 4.48 Providers describe good relationships with the service. However, there are times when changes in financial authorisation processes for increases in packages of support, unintentionally cause delays in some circumstances where providers identify increased eligible needs. The local authority should ensure any internal budget authorisation processes related to changes in packages of support should be timely and consistently adhere to 'the Act' Part 4 Code of Practice, when a person's needs change.

## **5. Next Steps**

CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

## **6. Methodology**

### **Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of people through review and tracking of their social care record. We reviewed 21 social care records and tracked five.
- Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- We engaged, through interviews and/or focus groups, with 11 people receiving/ or have received services and/or their carer.
- We engaged, through interviews and/or focus groups with 96 local authority employees and elected members (this included social workers, team managers, operational managers, service managers, senior manager, head(s) of service, direct of social services).
- We interviewed a range of partner organisations.
- We reviewed a sample of staff supervision files.
- We observed strategic meetings with partner and other agencies
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, partner organisations and people.

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## **7. Welsh Language**

CIW is committed to providing an active offer of the Welsh language during its activity with local authorities.

The active offer was not required on this occasion. This is because the local authority informed us that people taking part did not wish to contribute to this performance evaluation inspection in Welsh.

## **8. Acknowledgements**

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'LB' with a stylized flourish.

**Lou Bushell-Bauers**  
Head of Local Authority Inspection  
**Care Inspectorate Wales**

## **Appendix 1**

### **Glossary of Terminology**

| <b>Term</b>                              | <b>What we mean in our reports and letters</b>                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Must</b>                              | Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.                                                                                                                                                                                                                         |
| <b>Should</b>                            | Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.                                                                                                                                                                              |
| <b>Positive practice</b>                 | Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.                                                                                                                                                                                                                                                       |
| <b>Prevention and Early Intervention</b> | A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective wellbeing. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.                                                                                                                                       |
| <b>Voice and Control</b>                 | A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve wellbeing and the things that matter most to them.                                                                                                                                                                                                     |
| <b>Wellbeing</b>                         | A principle of the Act which aims for people to have wellbeing in every part of their lives. Wellbeing is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own wellbeing and measuring the success of care and support. |
| <b>Co-Production</b>                     | A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working                                                                                                                                                                                                                                                                                      |

|                             |                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             | with them and their family, friends and carers so their care and support is the best it can be.                                                                                                                                                                                                                                          |
| <b>Multi-Agency working</b> | A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities. |
| <b>What matters</b>         | 'What Matters' conversations are a way for professionals to understand people's situation, their current wellbeing, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them                                           |

## **Appendix 2**

### **Quantity Definitions Table**

| <b>Terminology</b> | <b>Definition</b>        |
|--------------------|--------------------------|
| Nearly all         | With very few exceptions |
| Most               | 90% or more              |
| Many               | 70% or more              |
| A majority         | Over 60%                 |
| Half               | 50%                      |
| Around half        | Close to 50%             |
| A minority         | Below 40%                |
| Few                | Below 20%                |
| Very few           | Less than 10%            |