

Craig Macleod
Chief Officer
Flintshire County Council
County Hall
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Date: 18/06/2026

Dear Chief Officer Craig Macleod

Care Inspectorate Wales (CIW) - Improvement Check of Flintshire County Council's Adult Services.

1. Introduction

1.1 This letter describes the findings of our Improvement Check (IC) between 9 to 13 March. We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') and the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales*. This helps us determine the effectiveness of local authorities in supporting, measuring and sustaining improvements for people and in services.

1.2 This IC was to review progress made in areas for improvement identified in our Performance Evaluation Inspection (PEI) in November and December 2023. The findings of our IC are shown below:

Principle	Areas of improvement identified from PEI in 2023	Progress identified at improvement check
People	Care and support plans could be further developed by setting clearer SMART outcomes and consistently taking a proactive	Some improvement achieved – further action required

	<p>strengths-based approach. Also, whilst people's voices are clear in some assessments, this approach should be further developed in care and support plans.</p> <p>Reference should be made to what matters to the individual and personal outcomes should be recorded more consistently in the first person.</p>	
People	<p>People are sometimes supported through a duty system whilst on a waiting list for allocation to a specific worker. This can be challenging for people as there is insufficient oversight of their circumstances, lack of continuity of support, and people have to re-tell their story. The local authority should continue with its current efforts to ensure a consistent sufficient, qualified, and competent workforce to lessen the need for people to be supported by different practitioners who are unknown to them.</p>	Some improvement achieved – further action required
People	<p>There are examples of direct payment reviews being held. However, there was one example which had not received a review. The local authority must review the arrangements for the making of direct payments and how they are being used in line with Code of Practice 4 (Meeting Needs) to assess whether personal outcomes continue to be met.</p>	Some improvement achieved – further action required
People	<p>When practitioners attempt communication with individuals, the local authority should ensure a more consistent</p>	Improvements achieved - must be sustained

	evidence base that reflects the communication methods that have been considered and attempted.	
People	There is insufficient evidence to demonstrate that advocacy is consistently considered and offered when it would have been appropriate. This is an area that must be strengthened to demonstrate routine consideration of advocacy particularly in adult safeguarding.	Some improvement achieved – further action required
People	The local authority has a comprehensive supervision policy. Practitioners benefit from regular supervision although the practice and standard of recording is inconsistent . The best supervision records focus on reflective practice and professional development. In other examples, more reflection on practice, and an improved focus on professional curiosity, outcomes and staff well-being is required.	Improvements achieved - must be sustained
Prevention	Waiting lists for social care assessments and reviews are high and can impact negatively on people. Oversight of waiting lists for social care assessments is inconsistent across teams. Whilst we received verbal reassurance about oversight of waiting lists in teams, there was limited records to evidence this. The local authority must ensure that waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation of cases.	Some improvement achieved – further action required

Prevention	Care and support plans are not always reviewed in a timely manner. The local authority must keep care and support plans under review to understand whether the provision of care and support is meeting the identified needs of the individual, and to consider if their needs have changed and if a re-assessment is required.	Some improvement achieved – further action required
Well-being	In relation to adult safeguarding, we saw variation in social care records. Greater clarity is required in relation to the views of the adult at risk, decision making, determinations, and whether subsequent actions have addressed the original concern. The outcomes of the enquiries must be shared with the reporter. The local authority must ensure that adult safeguarding practice consistently meets with the requirements of the Wales Safeguarding Procedures (WSP).	Some improvement achieved – further action required
Well-being	There are examples of people's social care assessments and safeguarding reports indicating they lack mental capacity to make decisions about their care. The quality and decision making of these records is variable. The local authority must ensure practice consistently aligns with the requirements and principles of the Mental Capacity Act 2005 and the relevant Code of Practice.	Some improvement achieved – further action required

Well-being	In common with many other local authorities across Wales, people's rights are impacted by the waiting lists for Deprivation of Liberty Safeguards (DoLS) assessments. The local authority must ensure that arrangements for the provision for DoLS assessments are fit for purpose and responsive.	Some improvement achieved – further action required
Well-being	The current recording system does not support practitioners to capture people's strengths and outcomes in a meaningful way. The local authority should take this into consideration, with the imminent procurement of an updated recording system.	Some improvement achieved – further action required
Partnership	Most partnerships are working well at an operational level; however, information is not always shared effectively due to different methods and systems for recording information. This means information regarding people's care and support needs is not easily available across partners, to include some practitioners employed by the local authority. The local authority should consider, whilst they are procuring a new recording system, how they can further promote information sharing.	Some improvement achieved – further action required
Partnership	The local authority must strengthen its systems around carers assessments to ensure the rights and voice of all carers are fully promoted. Carers assessments are not adequately recorded or communicated with the local authority. We saw examples where practitioners are not aware of	Some improvement achieved – further action required

	<p>whether a carer's assessment had been undertaken, and if so, the outcome of the assessment. The local authority must have greater oversight of these assessments to be confident that it fully meets its responsibilities in line with the requirements of Part 3 and Part 4 of the Code of Practice (assessing and meeting the needs of individuals).</p>	
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2. 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 Improvement Check

- 3.1 Adult services are delivered by a committed and experienced workforce, supported by visible leadership with a clear focus on strengths-based and person-centred practice. There are examples where practitioners work creatively and flexibly with people, carers and partners to respond to complex needs and gaps in provision.
- 3.2 People are treated with dignity and respect, and there are examples of good quality assessments where people's circumstances, communication needs and views are well understood. However, this is not consistent. Care and support plans do not always translate people's voices into clear, personalised outcomes, and first-person recording remains variable.
- 3.3 Practitioners value supervision, wellbeing support and flexible working arrangements, which contribute positively to practitioner experience. However, workforce pressures and increased demand continue to affect recording quality, timeliness of reviews and continuity of support for some people.
- 3.4 The local authority demonstrates a clear commitment to prevention and early intervention, supported by a range of community-based services. Early and flexible support helps prevent escalation and sustain people's independence. However, preventative practice is not consistently embedded, and waiting lists for allocation and review reduce assurance that emerging needs are always identified and addressed promptly.
- 3.5 Safeguarding practice benefits from experienced leadership, strong multi-agency relationships and a culture that prioritises people's safety and

wellbeing. Practitioners often respond proportionately to risk, identify patterns of concern and work effectively with partners. The local authority has established safeguarding arrangements, with clear leadership oversight and mechanisms that support robust application of the Wales Safeguarding Procedures in most cases. However, the application of section 5 of WSP is not consistent, which limits assurance that safeguarding enquiries are always progressed and recorded in line with statutory requirements, even where partnership working and leadership are otherwise positive.

- 3.6 There are clear strengths in DoLS practice. DoLS assessments are of good quality and demonstrate lawful, proportionate decision-making, supporting the protection of people's rights. However, timeliness of DoLS assessments remains inconsistent and recording of Mental Capacity Act 2005 practice outside DoLS is variable, limiting assurance about consistency of decision-making.
- 3.7 Partnership working is generally constructive and improving. Relationships with health boards, safeguarding partners, providers and the third sector support joint problem-solving, effective escalation and coordinated responses to complex situations, including hospital discharge. However, integration is not yet fully embedded across all pathways, and information sharing, carers' assessments and Continuing Healthcare (CHC) ¹arrangements remain inconsistent.
- 3.8 The local authority has taken steps to address areas for improvement identified in the last inspection and demonstrates progress in all areas. However, issues relating to recording quality and timeliness and oversight can negatively affect people's experiences and outcomes. Further improvement is required to achieve consistent, sustainable and assured practice across adult services.

4. Key Findings and Evidence

Key findings and some examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

People

Strengths

¹ **Continuing Health Care (CHC)** is a package of ongoing care that is arranged and funded solely by the NHS for adults with complex, long-term health needs. Eligibility is based on an assessment of whether a person has a *primary health need*, rather than on a specific diagnosis or where care is provided.

- 4.1 People are treated with dignity and respect, and practice includes efforts to understand communication needs and what matters to people. This includes adapting communication approaches to support meaningful engagement.
- 4.2 The Welsh language active offer is provided and embedded across the service, including Welsh-speaking supervision and visible opportunities for practitioners to communicate in Welsh. Practitioners are offered regular opportunities to learn and practice Welsh language skills. This supports people to communicate in their language of choice.
- 4.3 Practitioners are committed to strengths-based and outcome-focused practice, and there are examples of good quality assessments where people's circumstances and needs are well understood. Quotes and first-person accounts from people are used to enhance assessments. Stakeholders responding to surveys describe positive, strengths-based practice at individual practitioner level, particularly within adult safeguarding.
- 4.4 Over 90% of 190 practitioners responding to surveys feel supported by managers and colleagues. Supervision is provided regularly, and many practitioners report that it supports reflection on practice and decision making, contributing positively to wellbeing. Practitioners describe a strong, shared team ethos, where they feel able to approach managers beyond their immediate line manager and work flexibly across teams to support increased demand. This reflects a supportive culture across adult's services and is **positive practice**.
- 4.5 The local authority's direct payments website provides clear and accessible information, written in plain language and supported by written and visual resources and clear signposting. Direct payments are consistently presented as optional and outcomes-focused, supporting people's voice, choice and control. Information for carers is clearly set out, alongside proportionate explanations of responsibilities, financial monitoring and safeguarding arrangements.
- 4.6 The local authority develops creative responses for people whose needs do not align fully with existing service pathways. This includes use of flexible arrangements and tailored solutions, including direct payments, to support people with complex needs to achieve stability and improved wellbeing.

Areas for Improvement

- 4.7 Care and support plans do not consistently translate people's wishes into clear, personalised outcomes. While people's views are often captured during assessment and review, plans do not always demonstrate how outcomes will be achieved or reviewed, including through informal or family support. Recording quality is variable, with reliance on previously recorded information in both assessments and plans in a minority of cases reducing confidence that

records reflect people's current circumstances or progress made. **The local authority should proceed with plans to strengthen recording standards to ensure care and support plans consistently record what matters to people and support personalised and outcome-focused practice.**

- 4.8 People are sometimes supported through duty arrangements while awaiting allocation to a named practitioner. While this provides an initial response, it can limit continuity and oversight of a person's circumstances, and people may be required to repeat their circumstances. Where people are not allocated, including through duty, there may be no contact to provide reassurance or monitor changes in their circumstances. **The local authority should strengthen arrangements to ensure consistent oversight and continuity for people awaiting allocation.**
- 4.9 Advocacy is valued by senior leaders and practitioners, and there are positive examples where advocacy supported people's voice and choice, including within safeguarding contexts. There are also examples whereby it strengthened people's involvement in decisions about their care and support. Over 90% of practitioners surveyed agree advocacy is provided where applicable, but some comments highlight delays and availability challenges within the commissioned advocacy service. The recording of advocacy consideration is inconsistent and sometimes recorded as "not required" without a clear rationale. **The local authority must ensure the importance of advocacy is understood by all practitioners and formal advocacy where appropriate is offered, commissioned, re-offered, and provided when required.**

Prevention

Strengths

- 4.10 The Progression Team provides a positive example of preventative, strengths-based practice. The team works with people and families to focus on what matters to the person, build independence and reduce reliance on formal support, supported by proportionate assessment and positive risk-taking. This approach supports improved confidence, skills development and community participation. **This is positive practice.** The local authority has a clear ambition to embed the Progression approach more consistently across adult services.
- 4.11 The local authority has well developed preventative services offering community-based support including North East Wales Carers Information Service (NEWCIS), reablement, telecare and wider community provision. Reablement and step-down approaches support timely discharge from hospital and recovery, helping people regain independence where possible. The local authority invests in preventative services recognising their value in preventing escalation of people's needs and enabling them to receive timely support.

- 4.12 Unpaid carers are recognised as key partners in supporting wellbeing, and when identified receive proactive, tailored support.
- 4.13 The local authority demonstrates innovative practice in responding to gaps in provision for people with neurodiversity. Services work flexibly to support people whose needs may not meet eligibility thresholds for specialist services, including community-based and peer-support approaches that promote social connection and mental wellbeing. Long waits for assessment and diagnosis within the health system for people with neurodiversity, particularly at transition points, impact the consistency of preventative and wellbeing-focused support. While mitigating actions are in place, these pressures reduce the local authority's ability to consistently review and adjust support in a timely way. The local authority is developing plans to meet the needs of people with neurodiversity, recognising the importance of transition arrangements between children's and adult's services.
- 4.14 The complex case panel supports consideration of creative and proportionate responses for people with high or atypical needs, including those linked to neurodiversity and complex social circumstances. The panel provides a mechanism to explore alternative options where existing services are limited or where a person's needs do not clearly align with a specific team. **This is positive practice.**
- 4.15 There is a strong emphasis on creative and flexible use of direct payments, including pooled and shared arrangements. The local authority actively promotes innovation and has examples of direct payments being used preventatively, particularly to support unpaid carers and avoid escalation to more intensive services.

Areas for Improvement

- 4.16 Workforce pressures and increased demand affect the consistency of preventative responses. In very few cases, reliance on information and advice without proportionate assessment limited assurance about early identification of deteriorating need, increasing the risk of escalation. **The local authority must strengthen oversight of front-door activity to ensure that emerging needs are identified promptly to prevent peoples' needs escalating.**
- 4.17 Approaches to waiting list management vary across teams, and records do not always evidence how people are prioritised or reviewed over time. **The local authority must ensure waiting lists are consistently monitored, with clear recording to evidence prioritisation, oversight and timely action.**
- 4.18 There are examples of care and support plan reviews being undertaken within required timescales, and direct payments are used flexibly to support people's independence. However, reviews are not consistently planned or completed on

time, including for people receiving direct payments. This limits assurance that care and support arrangements remain current, proportionate and responsive to changes in people's needs. **The local authority must ensure that care and support plans, including any direct payment arrangements, are kept under regular review so that support remains proportionate, responsive and aligned with people's needs, in line with the requirements of the Social Services and Wellbeing (Wales) Act 2014 Part 4 Code of Practice (Meeting Needs).**

- 4.19 Wider system pressures, including long waits for assessment and diagnosis for people with neurodiversity, particularly at transition points, further affect the consistency of preventative and wellbeing-focused support. While mitigating actions are in place, these pressures reduce the local authority's ability to consistently review and adjust support in a timely way.

Well-being

Strengths

- 4.20 Safeguarding partnership arrangements are well established, with multi-agency relationships supporting information sharing and joint working. These arrangements enable the local authority to assess and mitigate risks and safeguard people.
- 4.21 Over 90% of 38 stakeholders responding to the CIW survey agree that people are protected from abuse and neglect, with safeguarding practice widely described as timely, person-centred and aligned with the WSP.
- 4.22 Safeguarding leadership is accessible and supportive, and practitioners report confidence in seeking guidance and oversight. Safeguarding practitioners work in partnership with local authority practitioners and external partners to undertake enquiries into reports which indicates an adult might be at risk.
- 4.23 Where allegations are received against People in Positions of Trust, the local authority have robust systems in place to enable practitioners to identify if the person is already known and/or previously subject to safeguarding procedures as part of the screening process. **This is positive practice** enabling the local authority to ensure appropriate investigation of concerns at both an individual and systemic level to protect adults at risk.
- 4.24 DoLS assessments are of good quality and provide clear, proportionate analysis of restrictions, risks and best interest decision-making. Assessments set out a clear rationale for authorisation and duration, with appropriate consideration of less restrictive options. Where people are unable to participate directly, records explain how views are established through engagement with families, care providers and professionals who know the person well. Relevant

Person's Representatives are identified, and family involvement supports transparency and understanding of arrangements. Practice demonstrates a sound application of the Mental Capacity Act 2005 and supports the protection of people's rights.

Areas for Improvement

- 4.25 Safeguarding responses are mostly timely and proportionate, however in very few cases safeguarding procedures are not fully applied where patterns of risk emerge, and the rationale for decisions or follow-up actions is not always clear, which limits assurance that actions taken have fully addressed identified risks, particularly where concerns are complex or recurring. **The local authority must ensure that safeguarding responses demonstrate clear review, progression and rationale where patterns of risk emerge, with consistent recording of decision making, actions and outcomes to provide assurance that identified risks have been effectively addressed.**
- 4.26 In very few cases Section 5 enquiries under the Wales Safeguarding Procedures were not applied consistently, limiting assurance that concerns relating to potential abuse or neglect by those in a position of trust were responded to in line with requirements. **The local authority must ensure that Section 5 procedures are applied consistently and progressed appropriately, with clear recording of decision making, actions and outcomes.**
- 4.27 In common with local authorities across Wales, the local authority continues to face significant system-wide pressures in meeting demand for (DoLS assessments. The DoLS backlog is improving but remains a significant pressure, and current arrangements are not yet fully responsive. **The local authority must ensure arrangements for DoLS assessments are fit for purpose and responsive**
- 4.28 The application of the Mental Capacity Act 2005 outside of DoLS is not consistently evidenced. While DoLS practice demonstrates a sound application of the Act, a minority of stakeholders responding to the CIW survey raise concerns about the consistency of mental capacity practice more broadly. This is reflected in variable recording of capacity assessments and best-interest decision-making outside of DoLS arrangements. This can limit assurance about how decisions are reached and reviewed. **The local authority must ensure mental capacity assessments and best interest decisions are applied consistently and clearly recorded in line with the Mental Capacity Act 2005.**

Partnership

Strengths

- 4.29 Leadership and management are visible and accessible, and practitioner wellbeing is a clear priority within the culture of the service. Hybrid working arrangements and flexibility are highly valued by practitioners and support retention. Leaders are exploring digital options to further support practitioners, reducing administrative burden on practitioners and reducing delays for people that occur as a result.
- 4.30 Partnership working with health, housing, advocacy and the third sector supports joint problem solving and service development. The local authority has developed systems and processes to support information sharing between services.
- 4.31 The local authority works within a complex health system, including cross-border arrangements, and this context adds complexity to information sharing and discharge planning. Practitioners are actively involved in shaping how a new electronic case management system is being developed which will improve these arrangements and better support outcome focused practice.
- 4.32 Since 2022, the local authority has worked in partnership with Betsi Cadwaladr University Health Board and Welsh Government to test how direct payment arrangements could be used for individuals in receipt of NHS CHC. Pilot arrangements were developed to ensure appropriate governance, financial oversight, workforce assurance and clinical governance were in place. Learning from these arrangements has been shared with partners to support wider understanding and implementation planning. This demonstrates effective partnership working and innovation alongside a continued focus on safeguarding and outcomes for people.
- 4.33 The local authority has a draft quality assurance framework supported by audit tools and an audit panel to support continuous improvement. Audit tools are well formulated and demonstrate that the service has line of sight on areas of improvement. These arrangements are being embedded within adults services with the support of a designated quality assurance officer.

Areas for Improvement

- 4.34 The local authority employs a range of approaches to support workforce recruitment, including 'grow your own' initiatives and engagement with education partners to support learners into employment. Practitioners value wellbeing support and flexible working arrangements, which contribute positively to staff experience. However, workforce pressures and increased demand continue to impact consistency in recording quality, timeliness of reviews and continuity of support for people. **The local authority should strengthen and sustain its recruitment and retention arrangements to support a stable and sufficient workforce.**

- 4.35 Panel arrangements provide oversight of decision-making, but practitioners understanding and experience of the panel's purpose and impact are not consistent, and feedback about quality considerations is not consistently recorded. **The local authority should proceed with plans to introduce a toolkit for practitioners and strengthen how panel decision-making, learning and feedback are communicated and recorded.**
- 4.36 Information systems do not consistently support effective practice. Duplication and variable recording limit the local authority's ability to evidence outcomes and improve efficiency. The local authority is working with practitioners and partners to address these issues in advance of implementing a new system. **The local authority should continue to improve information systems to support outcome-focused practice and consistent recording.**
- 4.37 Practitioners work with health partners to identify when CHC may be appropriate, support referrals, and keep people and families informed. Records show people benefit from advocacy and practitioners support assessments where eligibility may apply. However, recording of CHC consideration, decision-making and outcomes lacks consistency, and practitioners are not always clear how to challenge health decisions where progression to a Decision Support Tool is not agreed. This limits assurance about timeliness, escalation and the coherence of people's CHC pathways. **The local authority should proceed with plans to strengthen consistency and assurance in relation to CHC arrangements.**
- 4.38 The local authority demonstrates a commitment to identifying and supporting unpaid carers, including through established partnership arrangements with commissioned services such as NEWCIS. A community hub has been developed which has improved peoples access to support and there are examples where carers are engaged, informed of their rights and supported to express their needs. However, carers' assessments are not consistently offered, completed or recorded, and carers' perspectives are not consistently evident in assessments and reviews. **The local authority should continue to strengthen arrangements to ensure carers' rights and needs are consistently identified, assessed and reviewed in line with Parts 3 and 4 of the Social Services and Wellbeing Act Code of Practice.**

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 30 people through review and tracking of their social care record. We reviewed 26 social care records and tracked four.
- 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 with 3 people receiving services and/or their carer.
- We engaged, through interviews with 34 local authority representatives and elected members (this included social workers, team managers, operational managers, head(s) of service, chief officer of social services).
- We visited the NEWCIS service.
- We visited Tŷ Croes Atti, a residential care home for older people with integrated health and social care provision, and Tŷ Coed y Ddraig, a community-based support hub for adults with learning disabilities, autism and mental health needs, with integrated health input.
- We observed Locality Panel.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services practitioners, partner organisations and people.

Our Privacy Notice can be found at <https://careinspectorate.wales/how-we-use-your-information>.

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 improvement check in Welsh.

8. Acknowledgements

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

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Lou Bushell-Bauers', written in a cursive style.

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

Appendix 1

Glossary of Terminology

Term	What we mean in our reports and letters
Must	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.
Should	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.
Positive practice	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.
Prevention and Early Intervention	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 well-being. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
Voice and Control	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 well-being and the things that matter most to them.
Well-being	A principle of the Act which aims for people to have well-being in every part of their lives. Well-being 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 well-being and measuring the success of care and support.
Co-Production	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.

Multi-Agency working	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.
What matters	‘What Matters’ conversations are a way for professionals to understand people’s situation, their current well-being, 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

Terminology	Definition
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%