

Inspection of safeguarding and looked after children services

North East Lincolnshire

Inspection dates: 10 – 13 April and 14 – 18 May 2012

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 32 children and young people and 24 parents and/or carers receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
 - a review of 45 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from North East Lincolnshire Care Trust, North East Lincolnshire Council Children's Health Provision and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. North East Lincolnshire has a resident population of approximately 36,500 children and young people aged 0 to 18, representing 23.2% of the total population of the area. The largest ethnic group locally is White British which makes up 92.6% of the school population, with 5.5% of pupils belonging to ethnic groups other than White British. The minority ethnic population within schools has increased by less than 2% over the last four years and the overall percentage is similar across the primary and secondary sector. Some 96.4% of pupils have a first language of English, with 2.7% indicating a first language other than English. There are 35 different languages recorded, the most commonly recorded of these after English being Polish and Bengali; though each are still less than 1% of the total population.
5. North East Lincolnshire has 63 schools comprising two nursery schools, 41 primary schools, 10 secondary schools, six infants and juniors, two special schools and two pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector in over 68 settings; there are two local authority maintained nurseries.
6. North East Lincolnshire Children's Trust Partnership was set up in 2006 and was reviewed in September 2009 bringing it to its current arrangement. The Trust includes representatives of North East Lincolnshire Council, Humberside Police, Care Trust Plus, Northern Lincolnshire and Goole Hospital Foundation Trust, probation, voluntary and community sector and representatives of local schools and colleges. The North East Lincolnshire Safeguarding Children Board became independently chaired in October 2009.
7. Social care services for children have 81 foster carers, and 10 children's homes (four main sites). Community-based children's services are provided by one referral and assessment team (RAS), one family safeguarding service (FSS), one through-care team (looked after children and care leavers), and one children's disability team. These are supported by a fostering and adoption team, a youth offending service and a family resource service. There is an out of hour service providing emergency cover. Other family support services include 12 children's centres and a short break service.
8. At the time of the inspection there were 169 looked after children. They comprise 70 children less than five years of age, 81 children of school age (5–16), 18 post-16 young people and a total of 55 with care leaver status. North East Lincolnshire Council has established a 'virtual school' to

monitor, promote and support the improved educational outcomes of looked after children.

9. At the time of the inspection there were 111 children who were the subject of a child protection plan. These comprise 51 females and 57 males and three unborn children. The highest categories of registration were neglect at 49.5% and emotional abuse at 23.4%, physical abuse at 23.4% and sexual abuse at 3.6%.
10. North East Lincolnshire Care Trust Plus is the commissioner for health services in North East Lincolnshire. The commissioning of health visiting, school nursing, child and adolescent mental health services, and Family action support team (FAST) have been transferred via a Section 75 partnership agreement to North East Lincolnshire Council through their Children's Trust arrangements. Universal services such as health visiting, and school nursing, along with FAST, are delivered by North East Lincolnshire Council Children's Health Provision. The acute hospital providing accident and emergency services for children is Diana, Princess of Wales Hospital in Grimsby, part of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.
11. Child and adolescent mental health services (CAMHS) are provided by Lincolnshire Partnership NHS Foundation Trust. Services for children with learning disabilities and/or difficulties and who have complex health needs are provided collaboratively between North East Lincolnshire Children's Health Provision and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust. Young people's substance misuse services are provided by North East Lincolnshire Council via North East substance team (NEST). Looked after children health services are commissioned by North East Lincolnshire Council via their Children's Trust arrangements, and are provided by Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

12. The overall effectiveness of safeguarding children and young people is adequate. Statutory responsibilities for safeguarding children are met. However, until recently recording of strategy meetings and child protection enquiries has been of poor quality. A lack of independence in reviewing child in need plans, alongside assessments of variable quality, has resulted in front line practice not being sufficiently robust. Senior managers have taken prompt, effective action to remedy these issues. All aspects of the service now evidence early improvements resulting in improved levels of safety for children, with no evidence found where children were at risk of significant harm.. Timeliness of core assessments is very good at 98.8%, although existing performance management and quality assurance arrangements are not delivering required standards of practice or fully engaging front line staff. Child protection plans are often too generalised and not sufficiently focused to achieve their intended outcomes.
13. The common assessment framework (CAF) is well established through the integrated family service team and a good range of multi-agency early intervention support is provided for vulnerable families. Good partnership working in early intervention and support has a positive impact in reducing the number of families referred for further intensive support. Effective systems promote the sharing of information and expertise so that support is accurately targeted. The 'Child Concern Model' provides clear guidance for referral routes and the response from children's social care is timely and appropriate when concerns are raised.
14. User engagement across the council and its partner agencies is good and the views of children, young people and their families are evident in service design and delivery, although children's views were only recorded in some case files seen by inspectors.
15. Outcome based commissioning and joint commissioning is well developed and results in a wide range of effective services that meet the needs of children and families in the community. A good example is the early parenting support project delivered by the Learning Alliance which successfully engages parents with services so that any emerging issues are identified and dealt with promptly. The highly motivated workforce has sufficient capacity to deliver against priorities and is appropriately skilled.

Capacity for improvement

Grade 3 (Adequate)

16. The capacity of safeguarding services to children and young people to improve is adequate. The annual rating of children's services in 2011 judged performance to be adequate and the 2010 inspection of contact,

referral and assessment arrangements identified no areas for priority action. However, some of the areas for development had remained unaddressed until this inspection. For instance, challenge and quality assurance by managers remains insufficiently robust and during this inspection there was evidence of delay in progressing some contacts to referrals. Although chronologies are now used, their quality varies and it is unclear how they are used to inform assessments. These areas for improvement in front line social work had not been identified prior to the inspection by senior managers and although action has now been taken to improve practice, it is yet to be embedded. Partners recognise that high rates of school children excluded from schools and the high number being educated in alternative provision needs to be addressed. School improvement partner Serco has a strategy to address this, but it is too early to demonstrate any impact.

17. The council set themselves ambitious targets in safeguarding services and in some areas have achieved and sustained good levels of performance. However, by not effectively scrutinising quality standards alongside quantitative management information they are as yet unable to clearly demonstrate the impact on children and families. This is despite the council investing resources in external consultation which resulted in a reconfigured referral and assessment service.
18. North East Lincolnshire Safeguarding Children Board (NELSCB) meets its statutory requirements but has been slow to respond to the changes in the ethnic and cultural mix of the area. This particularly applies to training and awareness raising of safeguarding issues within newly arrived communities. The comprehensive assessment of need which underpins the Children and Young People's Plan (CYPP) demonstrates good self knowledge and sets out priorities to improve the lives of children in the area. The healthy child programme effectively delivers against the priority for more children and young people to have a healthy lifestyle.
19. Workforce planning and development are effective and the newly qualified social worker scheme has resulted in good rates of retention and there are no staffing vacancies within safeguarding social work services.

Areas for improvement

20. In order to improve the quality of provision and services for safeguarding children and young people in North East Lincolnshire, the local authority and its partners should take the following action.

Immediately:

- ensure children's views are actively sought and recorded in all case files and assessments

- ensure managers in referral and assessment services record on file clear management directions as to the level of assessment to be undertaken, the purpose of assessment, checks to be undertaken and the risk and protective factors that should be addressed. Also, ensure contacts continue to be responded to within timescales and that quality assurance of decision making and timeliness are routinely undertaken
- ensure that strategy discussions, strategy meetings and Section 47 enquiries are recorded as discrete events and in sufficient detail to enable coherent, easy understanding of the risks to a child and progress of a case
- ensure that child protection plans are outcome focused with risks explicitly addressed and measures of success clearly stated. Also, ensure that case conference chairs fulfil their quality assurance role.

Within three months:

- ensure action takes place to reduce numbers of school exclusions and that children are supported to be reintroduced to mainstream education when appropriate
- implement a robust quality assurance process which collates and disseminates learning from audits to support improvements in practice.
- NHS North East Lincolnshire Care Trust Plus and the Local Safeguarding Children Board ensure that all safeguarding training needs are identified and acted upon as a result of the changing local demographic.

Within six months:

- NELSCB to review its work in respect of consulting and engaging children and their families and put in place arrangements to ensure this is addressed in the annual business plan.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

21. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate. When child protection concerns are identified, coordinated and timely actions are taken between social workers and police. However, there is little recorded evidence about the child's understanding of the process they are involved in. In some cases management direction regarding the scope of assessments is not clear and is not always easily identifiable or sufficiently detailed on the child's records. Evidence that young people's views are sought in relation to their child in need and child protection plans was not routinely seen on case files. However, children's views are routinely sought and considered in relation to work undertaken by the family resource service both at child in need and child protection levels.
22. Partners work well together in combatting bullying and raising awareness among staff, carers and children, particularly about cyber bullying and social networking dangers. Rising homophobic bullying is being addressed through good work with the community based lesbian, gay, bisexual and transsexual (LGBT) group who are developing a toolkit to help tackle this issue. However, evidence of impact in this area is not yet available. Schools have good links to police community support officers (PCSOs) with many schools receiving weekly visits to promote responsible behaviours. 'Restorative Justice' approaches have been recently introduced but the impact is difficult to monitor at this early stage. The authority tracks some aspects of bullying incidents but information about bullying is not used systematically to analyse the impact of strategies.
23. Young people report that they feel safe when out in the community on most occasions but less so when it is dark. The Council for Young People has planned a conference focusing on safety on the streets to progress this issue. A variety of services provide safe opportunities for children and young people to enjoy leisure activities and these are well targeted at specific groups. For example, the street based youth project employs two buses as a base for outreach work to undertake sports activities as well as advice on sexual health, bullying, grooming and substance misuse.
24. Adoption and fostering services were judged outstanding for staying safe, private fostering was judged good and two children's homes were judged to be outstanding, four were good and three were satisfactory in relation to child safety.

25. The role of the Local Authority Designated Officer (LADO) is implemented appropriately and effective multi-agency strategies for investigating concerns are in place. A rigorous case tracking system identifies settings which are the origin of multiple referrals and issues are effectively addressed, for instance by embedding good practice within the youth service. Complaints are dealt with in line with statutory guidance and in 2011 less than 20% of complaints were made by a child or young person with 98% of complaints being resolved at stage one. Most complaints concerned quality of service and failure of services to communicate effectively with service users. Learning from complaints is embedded well and an example includes the production of leaflets to explain to parents and young people the reasons why children's services have become involved with their family and what their role is.
26. Good processes are in place for the safe recruitment of staff. Effective arrangements support partners such as schools and voluntary organisations and regular training for staff is available. Appropriate actions are taken when a Criminal Records Bureau disclosure reveals an issue both in health services and the council.
27. Multi-agency working has been not been effective in dealing with rising levels of school exclusions and at reintegrating children and young people to mainstream education. However, the school improvement partner Serco has undertaken a review of inclusion and provision for children subject to a statement of special educational need, in consultation with schools. The review identified significant work needs to be done to sufficiently address unacceptable levels of exclusions. Fixed-term and permanent exclusions have risen sharply in the last two years to unsatisfactory levels and currently 178 pupils are educated in off-site alternative provision in addition to those educated in the pupil referral unit provision which has 60 places and is full. Barriers to achieving include a lack of suitable provision for young people with social, emotional and behavioural difficulties and those with communication and interaction difficulties. Schools are now working collaboratively to share best practice and improve outcomes for all pupils, but developments are at a very early stage.
28. The quality of provision and educational achievement of all pupils is variable across schools, ranging from inadequate to outstanding. Attainment at GCSE is broadly average overall and is slightly below average overall at Key Stage 2. Pupils with disabilities and those with special educational needs make good progress in special schools and vulnerable young people who attend pupil referral units generally make good gains in their personal development and achieve satisfactorily. Good arrangements are in place to identify, monitor and support children who are electively home educated with appropriate resources for parents, including facilities to meet and share experiences as well as the provision of locations to take examinations.

Quality of provision

Grade 3 (Adequate)

29. The quality of safeguarding provision is adequate. Early intervention and preventative services are well established and provide an effective continuum of support. Family support provided through children's centres has been judged good and outstanding in recent inspections. Children's centre staff work closely with a range of agencies and services to ensure families in most need receive support early. The family resource service, working primarily with complex child in need cases, provides effective parenting programmes which successfully engage parents in groups and individual sessions to assist in improving parenting. A wide range of specialist knowledge and interventions are available and include the use of video recordings of family interactions, sleep and hidden harm specialisms. Common assessment framework (CAF) processes are used effectively by a wide range of services from all sectors and have good multi-agency engagement to support vulnerable families and prevent difficulties escalating.
30. The integrated family service team effectively oversee the use of the CAF and arrange a team around each family to ensure multi-agency support is targeted to meet the needs of each family member. Good quality partnership working has a positive impact in reducing the number of families referred for further intensive support. Very good and sustained involvement of children and their families in CAF processes is clearly evident. Parents are extremely positive about the quality of support they receive and they report significant improvements in their parenting skills and more positive family relationships. However, several cases demonstrated that despite repeated efforts by staff, families had not engaged and there is little evidence of management advice on how this might be better achieved. Professionals identify the 'Child Concern Model' as helpful and that it provides clear advice regarding thresholds and referral routes to access multi-agency preventative services.
31. Case allocation is timely and record keeping on all cases seen is up to date, but it is not always clear how it supports high quality practice. Often it consists of a narrative description rather than a purposeful consideration of events, reflection and progress in relation to plans. Until very recently the recording of strategy meetings and child protection enquiries was of poor quality and not sufficiently detailed to demonstrate that a full consideration of risks, strengths, action planning and management decision making had taken place. Recent evidence in a very small number of cases seen by inspectors indicated improvements in current practice where good quality discrete records are completed in a detailed, coherent manner showing individual roles, tasks and findings. However, systematic improvements are not established and much work remains to be done overall. Child protection and legal processes are used appropriately to reduce risks to children.

32. Overall, the quality of assessments, decision making and planning is inconsistent and varies from barely adequate to good. In some cases seen assessments did not fully consider or record a child's situation or provide a good enough exploration of their family functioning. Family strengths and weaknesses are not routinely, explicitly considered, but in some cases they are effectively addressed and inform plans and subsequent actions. Analysis is not robust in all cases and at times appears to be superficial and does not, for instance, always take full account of the impact of long standing neglect. Children are usually seen alone but their views are also inconsistently included, despite managers focusing on this area of work in the last year. Unborn baby referrals are not progressed until at least 24 weeks gestation, which prevents proactive early joint assessment work with health colleagues. Birth plans are not always shared with health staff in a timely manner and this is recognised as an area for improvement. Interpreters are provided as needed during assessments and children with a disability are appropriately assessed by workers with specialist knowledge. Management oversight of assessments is routine, but the quality of recording is variable, ranging from barely adequate through to very good in some cases. Supervision files seen indicated that regular sessions take place but the recording of these sessions often lacked evidence of sufficient challenge.
33. The impact of plans is variable although there is evidence of positive impact as a result of tenacious work by family support workers. Children who have been subject to child protection plans for long periods sometimes experience little change or improvement to their lives. Many child protection plans are formulaic, lack clear focus on risk factors, include actions unrelated to identified risks, and do not include sufficient detail to make clear what changes are required or how progress will be measured. In child in need cases the impact of plans has a positive effect on most children's lives and in the cases of disabled children the quality of work is good and their individual needs are addressed well.
34. Performance to ensure that child protection conferences and reviews take place on time is very good. Attendance at conferences is usually good and independent reviewing officer's practice in seeing parents before the conference to discuss the issues is valued by parents.

The contribution of health agencies to keeping children and young people safe **Grade 2 (Good)**

35. The contribution of health agencies to keeping children and young people safe is good. Health professionals have an improving understanding of safeguarding thresholds and referral pathways as demonstrated by their rare use of the dispute resolution policy. The skill mix in school nursing and health visiting teams meets the requirements of statutory guidance and ensures the effective delivery of the Healthy Child programme whilst releasing qualified staff to attend child protection and child in need

meetings. At times, health staff, particularly those in accident and emergency departments are not informed of the outcome of their referrals and are not invited to contribute to strategy meetings, which may result in an incomplete assessment and consideration of a child's needs. Due to historical poor compliance of General Practitioners (GPs) with safeguarding arrangements, the LSCB has now instigated the use of a Section 11 safeguarding style audit to improve practice, but as yet response rates remain low. Individual management review information has only recently started to be shared with GPs to improve safeguarding practice. As a result of this there has been an increase in the contact of GPs with the named GP.

36. User engagement is good. Young mothers are fully involved in the recruitment of staff to the family nurse partnership and young people's peer mentors in children's centres have led to a rise in the incidence of breastfeeding. Good practice is evident in obtaining consent from young people before information sharing takes place. Responsiveness of services to rising self harm rates is good. For example, a dedicated team has been established to support young people suffering stress during exam periods but the impact of these interventions is yet to be seen in practice. There is effective joint work by NAViGO, the umbrella organisation for provision of mental health services in North East Lincolnshire alongside adult services and midwives where there are parental mental health concerns and where a child may be at risk of harm. Good support is also provided to children and young people who are victims of sexual assault and sexual abuse.
37. Young people are able to access good services for advice and guidance on sexual health issues. These services have gained the nationally recognised 'You're Welcome' standard. Young people have flexible access to contraceptive services, and there is very good take up of long acting reversible contraception which has resulted in a decline of second conceptions. However, overall these actions have been ineffective and the rates of teenage conception remain high and above England averages. In some academy schools, sexual and relationship education is limited and negatively affects the delivery of health promotion and sexual health contraception advice. The multi-agency sexual health team provides valued programmes for some schools and case studies show that programmes have had positive effects on young people, such as preventing unwanted teenage conceptions in some cases.
38. A good range of out of school and short break services, including for those young people on the Autistic Spectrum, who are high functioning, are available, but links with the statement of educational needs process are less well developed. Effective use of team around the child meetings minimises risks to children with disabilities or life limiting conditions. Good use is made of advance life care plans, which include good partnership working with ambulance, police and hospice services.

39. Community health staff ensure that domestic violence alert notices are placed on patient information management systems. During pregnancies midwives ensure that women are asked alone whether they are victims of or involved in domestic violence, with responses recorded and audited on health files. Health staff acknowledge that more training is required in relation to issues such as forced marriages, sexual exploitation and child trafficking to more effectively provide a comprehensive service to children. Translation and interpretation services are available but infrequently used reflecting the needs of the local community. Work with the Polish community is starting to raise awareness of safeguarding and vulnerability issues but it is too early to see any impact.
40. The designated nurse, doctor and named staff for safeguarding roles all comply with the requirements of national guidance and dedicated safeguarding and children trained anaesthetists are in post. All consultant paediatricians have received training in rapid response and child sex abuse, ensuring robust arrangements within the sexual assault referral centre. Children attending the Diana, Princess of Wales Hospital accident and emergency department benefit from a dedicated waiting and treatment area but there are insufficient child qualified staff on duty for every shift. Accident and emergency staff have received safeguarding and paediatric life support training. Good partnership working arrangements are in place across safer community groups which include the children and young person's drug and alcohol services alongside adult services. Youth offending services are well engaged with health professionals and good use is made of intelligence to target 'hot spot' areas and ensure that services are responsive. Effective partnership with youth offending services is demonstrated by their work with young fathers where positive changes in behaviour are seen in some cases.
41. Whilst the NHS is undergoing restructuring, North East Lincolnshire Care Trust and NHS Humber cluster have maintained clear lines of accountability and reporting for safeguarding children arrangements and have a clearly articulated vision for health services. Good representation and attendance at the LSCB by health agencies has raised the hidden harm agenda, and ensured appropriate training is provided. Information is effectively used to inform performance monitoring and the strategic direction in the joint strategic needs assessment. All trusts have up to date safeguarding policies and training strategies in place and 87% of the workforce have completed appropriate levels of safeguarding training.

Ambition and prioritisation

Grade 3 (Adequate)

42. Ambition for, and prioritisation of, safeguarding services to children and young people are adequate. Senior managers within the council provide clear and visible leadership for children. Governance and working arrangements with the Trust, Lead Member, NELSCB and wider council are clear and appropriate. The LSCB is in a period of transition awaiting a

newly appointed chair to take up their post. The council set themselves ambitious targets in safeguarding services and in some areas have achieved and sustained good levels of performance. However, performance management information and existing quality assurance processes have not been fully utilised to assess the impact on children and families. This is despite external consultation and investment of resources in a reconfigured referral and assessment service.

43. Elected members who sit on the scrutiny panel are good champions for young people and take their views very seriously. A member of the Council of Young People has a permanent seat on the scrutiny panel so their participation is routine and valued. When the Council for Young People brought a concern about the use of electronic mosquito devices, the panel put a recommendation to cabinet that their use be banned from all council and partner agency buildings and the ban was implemented.

Leadership and management

Grade 3 (Adequate)

44. Leadership and management of safeguarding services to children and young people are adequate. Managers have failed to identify weaknesses in their systems at the core of child protection practice, such as insufficiently robust management oversight and a lack of challenge by child protection chairs allowing child protection plans to continue to be of too variable a standard. However, the same managers have taken effective action to ensure that front line child protection services are suitably resourced by increasing capacity to meet demands on services, with the provision of eight additional fixed term contract social work posts this year to reduce caseloads. The emergency out of hours service now specialise in children's emergency services only and is well managed. The service is of good quality and demonstrates effective use of resources.
45. The views of children and young people are sought widely through a range of forums and groups including a youth council, annual cultural festivals, and the use of the street project's resources. Evidence demonstrates how engagement and feedback is used to improve service provision. Parents and carers of children with disabilities are involved well in shaping services, resulting, for example, in an improved range of short breaks. The views of children and young people inform commissioning activity and their views are included in reviews of individual health care packages. However, the NELSCB do not routinely make themselves aware of the views of children, young people or their parents and acknowledge that this is a weakness. NELSCB are presently undertaking a mapping exercise across member agencies to understand the extent of participation activity and to identify gaps for service development.
46. Where staff are subject to formal capability processes, robust and sustained management action is taken. For instance cases seen evidenced clear direction within performance appraisals, supervision notes and

correspondence outlining support available for staff to improve, and the minimum standards that are acceptable. This demonstrated a positive effect on the performance of staff and purposeful action by managers.

47. A well organised structure for commissioning is linked by a clear 'golden thread' from the overarching Council Plan to delivery of individual services. Commissioning activity is based on a comprehensive assessment of need and decommissioning of services and of placements is undertaken within effective protocols. The local authority has responsibility for commissioning children's community health services and those arrangements are measured against national standards and found to be appropriate and effective. Outcome based contracts measured against robust performance criteria are in place and have been especially effective in relation to the development of children's centre services making significant savings and minimising impact to staffing.

Performance management and quality assurance **Grade 3 (Adequate)**

48. Performance management and quality assurance arrangements for safeguarding services are adequate. Whilst performance management and quality assurance arrangements are in place, issues of poor quality in recording child protection work have not been identified prior to this inspection. An escalation process for independent reviewing officers (IROs) to alert managers of concerns or lack of progress in child protection planning is in place. However, no child protection chair or IRO could recall an instance when they had escalated a case to a manager in the last six months. Given the lack of robustness of child protection plans, this may contribute to a lack of drive and progress seen during the inspection and demonstrates a weak approach to quality assurance. Lessons from audits and implications for practice are not routinely collated and circulated to staff to drive improvements in the quality of assessments and care planning
49. Case file audits are routinely undertaken by managers including the Director of Children's Services and feedback is given to staff. However, there are limited processes in place to aggregate learning from audits and to use findings to drive improvement.
50. Performance is generally well scrutinised by the Children's Trust Board who interrogate exceptions. The scrutiny panel consider detailed performance reports and where data reveals concerns take a lead in implementing themed investigations. For instance, drop off rates in breastfeeding where the resulting action by partners has led to much improved performance, with the development of breast feeding friendly buildings, peer mentors and young parent mentors within children's centres.

51. The children's centre service effectively analyses and evaluates their performance and includes parents and carers views throughout the process, which informs commissioning activity. This results in high rates of user satisfaction and a more effective use of resources. Outcomes are benchmarked against agreed child concern thresholds of need and audited for value for money and this has led to the commissioning of the Learning Alliance providing very early parenting support.

Partnership working

Grade 2 (Good)

52. Partnership working arrangements are good. A strong partnership ethos underpins the delivery of services within North East Lincolnshire led by senior managers of children's services and their counterparts in partner agencies. This ethos is also expressed by front line practitioners across the spectrum of the local authority, health, police, voluntary sector and schools. On this basis, the partnerships have decided to continue with a reconfigured Children's Trust in light of national changes. Good evidence of positive impact is evident such as the young people's alcohol intervention programme which has been set up without the use of further funds and diverts young people from the criminal justice system.
53. Some jointly commissioned services with the voluntary sector are in place mostly relating to services for disabled children. A 'shadow' trust set up by the council and the umbrella organisation, Voluntary Action North East Lincolnshire is in place to develop and nurture the relationship with the third sector. However, it is not well attended and levels of engagement between the sector and the council is variable. All representatives rate the quality of NELSCB safeguarding training very highly.
54. Effective arrangements are in place for multi-agency public protection arrangements (MAPPAs) and the multi-agency risk assessment conference (MARAC) and examples were seen of effective management of risk. For instance a good balance is achieved in focusing on a young person as an offender, but also as an individual in need of services. Attendance at both processes is good by partner agencies, such as midwives and mental health professionals, with communication and trust being key features of partner relationships. A co-located multi-agency team to tackle domestic violence and an innovative preventative programme has been implemented in schools and colleges. These arrangements have led to a reduction in repeat offences and serious incidents. North East Lincolnshire is recognised nationally for its good practice in this area. The partnership recognise there is presently a lack of provision for perpetrators of domestic violence who have not been convicted, but who wish to engage in prevention programmes and plans are in place to address this.
55. Police and probation services appropriately risk assess and filter information sent to referral and assessment services in agreement with children's social care. Information sharing protocols are well established

and a police officer with access to the police database sits in the referral and assessment team. Evidence of impact was seen where a family with a significant police history was identified and led to prompt action to safeguard a vulnerable young woman.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

56. Overall effectiveness for services for looked after children and young people is good. The local authority and partners meet their statutory responsibilities and there is a sustained record of improvement and good performance on outcomes across all areas. Looked after children feel safe in their placements and an increasing number of looked after children are remaining in their foster placements after age 18. Children who need to be adopted are placed in stable, good quality placements and North East Lincolnshire has the second highest percentage of children adopted, and this has been the case for over two years. The local authority continues to provide a generous personal educational allowance (PEA) for each child as well as prioritised educational support through the pupil premium, and all children have passes that allow free access to local leisure facilities.
57. The overall quality of provision for looked after children and young people is good. Assessment and care planning are generally good but care plans are not always sufficiently outcome focused and personal educational plans are of variable quality. However, the leadership and management of services for looked after children is effective, and has resulted in a range of good quality placements to meet a wide variety of needs with little use of out of borough provision. Partnership working is strong overall, but until recently there was significant delay in the completion of initial health assessments. Resources have been used effectively in the commissioning of valued supported housing services for care leavers.

Capacity for improvement

Grade 2 (Good)

58. The capacity of services to looked after children and young people to improve is good. The partnership has high ambitions for looked after children and articulates its priorities well through all levels of planning. The council, health services and partners demonstrate good understanding of the needs of looked after children and have resources in place to address them. North East Lincolnshire, although slower to emerge but in common with national trend, has seen a steady increase in the numbers of looked after children. No formal analysis of why children have become looked after or why numbers have historically been low has been completed, but inspection findings demonstrate that in cases seen all looked after children have needs that are best met by being in public care. The track record of improving outcomes for children and young people is, in most areas, good and improving. Care and other legal proceedings are completed in a timely way avoiding delay and uncertainty for children and young people in planning for permanence. However, there is limited use of Special Guardianship Orders. There is good and improving performance in placement stability and low rates of adoption disruption. The council and

its partners understand their strengths and weaknesses and are taking appropriate action to address them.

59. A revised and improved pledge for looked after children has been developed in conjunction with the Children in Care Council (CiCC). Improvements to service provision, such as in the ease of access to leisure facilities, have resulted from taking account of young people's views gained through a variety of means such as pathway plans.
60. Workforce planning is good and increased levels of social worker recruitment and retention have ensured that looked after children and young people have a consistent social worker. Workloads are manageable allowing workers to spend time in direct contact with children and young people. Service user engagement is good and CiCC members are listened to by officers and elected members and contribute to driving change. Transition planning for disabled children is a strength and they enjoy the benefits of successful strategic planning and strong partnerships with adult services.

Areas for improvement

61. In order to improve the quality of provision and services for looked after children and young people in North East Lincolnshire, the local authority and its partners should take the following action.

Immediately:

- ensure that a robust quality assurance system is in place to effectively monitor and progress quality standards of social work with specific focus on care plans so that they are specific, outcome focused and measurable in all cases
- ensure that systems for the timely completion of initial health assessments are embedded and that data monitoring is rigorous.

Within three months:

- ensure that permanency planning gives consideration to the option of Special Guardianship Orders in all cases.
- implement a robust policy which ensures routine recording of staff supervision detailing how issues are resolved and ensure that performance appraisal and development plans for staff accurately address all areas for development

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 2 (Good)

62. Health outcomes for looked after children and young people are good. The designated nurse and doctor roles are in line with statutory requirements and care leavers benefit from having a dedicated nurse. Until very recently the completion of initial health assessments (IHAs) was subject to delay, at times up to 78 days. However, since the health team have taken responsibility for their management performance, timescales are much improved and now average between 28-30 days. A high rate of review health assessments (RHA) are completed on time and 96% of looked after children have received a dental assessment, both areas demonstrating better performance than comparators. Health assessments are comprehensively carried out for looked after children placed out of the area and for children placed within the local authority area by other local authorities. The quality of all assessments, including for those placed out of area, is good. Good quality assurance of health assessments, including the out of area assessments, is in place and routine. Communication from the designated nurse to health professionals regarding those who are newly looked after or care leavers is good and the designated nurse contributes well to looked after children's reviews through comprehensive reports and attendance.
63. Consent from young people is appropriately obtained before each health assessment and all looked after children and care leavers are given a good choice as to the location of where their review health assessment will take place. Leaflets explaining the range of choices are age appropriate and have improved attendance at appointments. Looked after young parents and pregnant women engage well in children's centre services, for instance in peer mentoring schemes to encourage breast feeding. However, the numbers of looked after children with sexually transmitted diseases or who are pregnant is not known by agencies although young people do have good access to emergency contraception advice.
64. The high quality of health information for looked after children has been recognised by the award of the 'You're Welcome' quality standard. Looked after children receive easily accessible, excellent personalised health information which is used throughout their time in care and can be retained by them when they leave care. Effective health days targeting 'harder to reach' young people adapts its focus to reflect their wishes. A national challenge for health professionals is when young people are adopted and issued with a new NHS number and their previous health history information is no longer available. Work is in progress to address this issue.

65. The capacity of foster carers and residential staff to support young people's complex emotional needs is enhanced by the involvement of health professionals in their training. Good use is made of the strength and difficulty questionnaire (SDQ) analysis which is effectively used in health assessments and reviews to highlight areas of concern and target support appropriately. Emotional assessment screening and multi-agency meetings effectively review outcomes for looked after children with complex needs, such as sexualised behaviour. Clinical psychology services for care leavers and adopted children are highly valued by service users. Currently, waiting times to access these services are adequate but the service is becoming stretched with the risk that some young people may not receive a timely enough service.

Staying safe**Grade 2 (Good)**

66. Arrangements to safeguard looked after children and young people are good. Considerable investment by the council is successfully supporting families with children on the edge of care and children who become looked after. For instance, the vulnerable young people's project is one of a range of high quality, accessible services which provide a speedy and flexible response to families. Children who need to be in care receive a prompt and appropriate response to their needs. However, historically the approach to neglect in some cases was not sufficiently robust so that some young people who are now looked after were left for too long in potentially harmful situations. Decisions in relation to providing appropriate placements for young people with disabilities are timely, leading to the provision of flexible services which meet the whole family's needs.
67. Young people are only placed in high quality provision which ensures their safety. Placement stability is good and performance in short term stability is much better than statistical neighbours. In-house fostering services are of outstanding quality while the small number of independent fostering agencies used is good. Residential units are almost always either good or outstanding and are making good progress in improvement. Adoption services are judged to be outstanding.
68. The local authority meets its statutory obligations in respect of young people missing from care, although services to prevent missing episodes is a developing initiative. Detailed analysis of the reasons for individual young people going missing and the risks they face is not sufficiently developed to inform effective, ongoing work. Good monitoring of the small number of young people placed outside the local authority results in their needs being met. Arrangements for checking that children who have been missing are safe and well after returning to their carers are appropriate and there are examples of robust action regarding adults who may be encouraging children to go missing.

69. A well established complaints system receives few complaints from young people and action to resolve them is effective and children seen are satisfied with the outcomes. Advocacy services are available but not used, although young people are aware of this service.

Enjoying and achieving

Grade 2 (Good)

70. The impact of services to ensure looked after children and young people enjoy and achieve is good. The well established looked after children's education (LACE) team works effectively in partnership with other key agencies to ensure that children are supported to enjoy and achieve. The virtual school and LACE team knows all its children extremely well, including those placed out of area. High expectations for each child's educational achievement and all round personal development are set and their progress is rigorously monitored. The LACE team supports designated teachers in schools effectively, with targeted training, advice and guidance. Designated teachers are well informed and share high aspirations for children in their schools.
71. Good action is taken to ensure that looked after children remain engaged with their education. The authority has developed effective arrangements to help particularly vulnerable children moving between primary and secondary schools. Nearly all children make good progress in school with learning support in school or at home. The LACE team maintain close contact with teachers ensuring that children do not fall behind and examination results are above average at most Key Stages. Very few children are placed in schools out of area, and there are good reciprocal arrangements to monitor and support those who are. A significantly higher than average proportion of looked after children are identified as having special educational needs, many for difficulties in managing their behaviour.
72. A range of alternative provision supports children who are struggling in main stream schools. The LACE team provide good short-term support at the study centre to children at risk of exclusion. Permanent exclusions are rare and recorded fixed term exclusions are relatively low, however that masks the 25% that are in alternative provision, the number of children who, whilst on roll, are actually not in mainstream school full time. The majority in this provision make good progress to achieve at GCSE and develop work related skills according to their aptitudes and aspirations. Such interventions, and effective support in schools, have led to a rise in attendance to 96.9% in primary and 93.5% in secondary school, which is above average compared to similar groups. The local authority is working with schools to promote greater inclusion in main stream education, while taking care to ensure that those who are currently in alternative provision are placed appropriately.

73. All looked after children have a personal education plan (PEP), which is reviewed regularly. Almost half the children attend PEP meetings and all complete an age appropriate summary to contribute to the discussion. PEPs are comprehensive but targets vary in quality. The most effective targets set high expectations for children's academic and personal achievement with clear time related actions to achieve them. However, some lack specific and time related targets and the responsibilities of staff are not always clearly defined. Most PEP reviews indicate that the targets that are set are achieved or exceeded.
74. Children have access to a wide range of leisure activities and they participate actively in culture, sport and clubs, both discretely provided and mainstream. The local authority continues to provide a generous PEA for each child as well as prioritised educational support through the pupil premium. The PEA is used well to provide a variety of stimulating experiences and equipment to broaden children's horizons. Many gain great motivation and self confidence which helps to engage them in productive learning.

Making a positive contribution, including user engagement

Grade 2 (Good)

75. The impact of services to ensure looked after children and young people and care leavers make a positive contribution is good. Young people use a good range of opportunities to make their views known and express themselves. The Annual Report of the Through Care Team for instance contains an informative section about the CiCC written by a young person. Young people participate well in important meetings such as reviews of pathway plans and where they choose not to attend, IROs consistently gather their views prior to reviews. Children's meetings in residential units have also led to improvements, for instance in creating designated key worker time for each child.
76. The CiCC is well established and contains a good mix of care leavers and young people looked after as well as older and younger young people. The council is extremely active in consultations; attendance at national conferences and in organising events for looked after children throughout the year, including a lively annual award ceremony. It meets regularly with senior managers and members who respond speedily to the concerns of young people, and these consultations show clear impact, for instance in improving financial support for care leavers.
77. The Corporate Parenting Board ensures that the voices of children in care are heard by the council and influence its policy. Young people spoken to feel that their views are listened to and are confident that corporate parents value their opinions. The annual awards ceremony provides good opportunities to celebrate their achievements with corporate parents. A revised and improved pledge for looked after children has been developed

with the CiCC and young people have a strong sense of being looked after by their corporate parents, recognising, as one young person said, that 'they want the best for you'. Improvements to service provision, such as in the ease of access to leisure facilities, have been created as a direct result of young people's views gained through a variety of means such as pathway plans, informing actions by the Corporate Board. Consultations always fully consider the views of disabled children. Young people who have been trained in interview techniques take part in recruiting and selecting staff and have participated in staff training both in person and in a set of short films which they recently made about life in care.

78. Agencies work well together to prevent offending and reoffending. Early indications demonstrate that recent developments in restorative justice arrangements have reduced the number of children and young people entering the justice system but the system is not fully embedded as yet. Numbers of young people in secure units and custody is in line with similar authorities. Council staff and partners plan carefully to ensure that the small number who are in custody receive continuing education and access to training or employment when they are released.

Economic well-being

Grade 2 (Good)

79. The impact of services to promote the economic well-being of looked after children and care leavers is good. Local rates of looked after children and care leavers who are not in education, employment or training (NEET) at age 16-18 is low, at 2.7%. The authority and its partners provide good support to ensure that care leavers progress into education and training at age 16. Data from 2010-11 shows a higher drop out rate from courses at the sixth form college than in previous years and the reasons for this are yet to be fully understood. Good arrangements are in place with partners to provide a wide range of apprenticeship placements for the council-run scheme.
80. The council provides good financial support for those who gain places in higher education. Staff encourage high aspirations through accompanying young people on university visits and arranging mentoring from undergraduate role models. Currently, the council is supporting five care leavers studying for a range of degrees which is good practice. The Through Care Team is in touch with all care leavers and all have a pathway plan which is regularly reviewed. The health and social and emotional development of care leavers are given good attention alongside education, employment and housing needs. Good multi-agency support effectively supports young people towards independent living. Ethnicity, cultural and identity needs are included in the plan and informs the support package. The format was developed with young people so that plans are useful and constructive. Young peoples' views, needs and aspirations are recorded and inform action planning.

81. Transition planning for children with disabilities is extremely thorough, rigorous and well managed. The process is person centred and involves the young person as much as possible in making choices about the support and facilities they need to pursue a productive life. The council and its partners have developed a clear strategy to provide good employment and training opportunities for young people with disabilities.
82. A good range of accommodation is available to provide choice and flexibility for care leavers and includes 'Staying Put' placements, supported lodgings, and independent accommodation. Young people are offered the opportunity to remain with foster carers to 21 years of age but the reduced financial reward available to foster carers limits the numbers who are able to offer this service. Care leavers receive a range of support to develop living skills to help them make the challenging transition to independence and all are in suitable accommodation.

Quality of provision

Grade 2 (Good)

83. The quality of provision for looked after children and young people is good. Placements are matched to need, are of good quality and capacity to meet current demand is good. Foster carers are not asked to care for more children than they are registered for and there is sufficient fostering capacity allowing the local authority to return young people from out of authority placements when it is appropriate. Highly challenging young people with complex needs are being effectively cared for by skilled foster carers. Some young people in stable long term placements with their foster carers are 'Staying Put' after age 18. This provides them with continuity of care and support into adult life, work or further education. The vulnerable young people's project provides good quality individual packages of extended school and holiday support for young people in foster care and is highly valued by carers.
84. Recent remodelling of residential provision has ensured an improved standard of care for young people who now live in small units that provide personalised care for individual young people. Despite a higher than average percentage of looked after children being placed for adoption and despite strenuous efforts by the local authority, there is still a shortage of adoptive placements for children who need them which is consistent with the national picture. Special Guardianship Orders which have not been used as a central strand of permanency planning have very recently been considered as an option and although numbers are low are used more often. Very few young people are placed outside of the local area as a result of a well planned strategy and effective management action.
85. Where children have disabilities, good consideration is given to their individual needs in all aspects of their lives. Social workers make strenuous efforts to obtain children's views and evidence was seen of highly skilled practice to obtain the views of a child about his placement

where the child had extremely limited ability to communicate. Reviews and core assessments evidence that the views of young people are routinely collected but the impact of those views on care plans is less clear. While ethnicity is recorded in all cases the impact of cultural or ethnic background is not routinely taken into account in assessments and its impact on the daily lives of children is not always sufficiently considered.

86. Continuity of social workers for young people is enhanced by the joint looked after children and care leavers' team. IROs are consistent figures and known well by children who are regularly seen prior to reviews. In almost all cases seen, case records were up to date. A new format is not robustly linked to a purpose for the visit or the plan, so that records tend to be a narrative of what was said rather than a summary of a purposeful visit. Case records therefore support practice, but do not always offer a coherent or succinct account of the progress of a child's journey through care. Care plans are regularly updated and they are parent and child friendly. Examples were seen where this prompted lively and well detailed pictures of children. However, in some care plans, outcomes were confused with actions too vague and potential barriers to successful implementation, such as a child's criminal behaviour, were not included. In some cases, managers do not routinely track the progress of care plans resulting in a lack of urgency in driving them forward. Good examples were seen of comprehensive adoption support plans for children and families.
87. Reviews of looked after children are timely and are flexibly scheduled to meet individual circumstances and they consistently include the views of young people. Participation by young people in their reviews is good and there are examples of young people chairing their own reviews, which is good practice. Increasingly young people are seen by IROs prior to reviews to ensure that their views are heard, for instance if they do not wish to directly participate in the meeting. A well coordinated approach has appropriately reduced the number of children placed at home on Care Orders.

Ambition and prioritisation

Grade 2 (Good)

88. The ambition for, and prioritisation of, services for looked after children and young people are good. The local authority, elected members and its partners are effective and ambitious leaders who safeguard and promote the welfare of looked after children through the overarching CYPP, where looked after children are a clear priority. Managers and staff at all levels articulate a clear ambition for achieving good performance against their priorities. The Director of Children's Services plays a high profile role in all aspects of the local authority engagement with looked after children and young people and young people know who he is. The placement sufficiency and accommodation strategy contains achievable, ambitious objectives such as increasing the rate of young people who can stay with

their foster carers after they are 18 if they wish to do so. The strategy contains an analysis of need and demonstrates a good understanding of present and future need with appropriate priorities.

89. The Corporate Parenting Board along with senior council managers demonstrate a high degree of ambition for looked after children and ensures that all areas of the council are active participants, particularly in relation to improving employment opportunities. Whilst recognising that this is challenging, young people understand that the council as a whole has a commitment to them and wish to meet their individual needs and aspirations.
90. Ambition to succeed is expressed well in plans managed by a discrete strategic group, linked to allocation of resources and implemented at an operational level. For instance the Coram Foundation has been commissioned to scrutinise and review all adoption processes to test the service's self evaluation and to maximise the efficiency of business processes with the aim of reducing the time children wait for adoptive placements.

Leadership and management

Grade 2 (Good)

91. Leadership and management of services to looked after children and young people are good. Partnerships between the local authority, other agencies and the voluntary sector are embedded and effective in promoting the welfare of looked after children. Integrated commissioning is well established across the partnership and the local authority is also part of regional consortia which commissions voluntary agencies to provide some significant services, such as post adoption support. High standards are expected of commissioned services which are monitored rigorously against quality and outcomes. Contracting standards have appropriately become more demanding and are in line with national benchmarks.
92. Analysis within the children and young people's needs assessment demonstrates that managers know their population well, but projections and plans to respond to future changes in demand from an evolving demography are less well developed. In some services, such as the vulnerable young people's project, much useful information has been gathered, for instance regarding effectiveness and usage of services, but it has not been sufficiently aggregated and analysed to be useful for future planning.
93. Staff are well trained and supported to deliver good quality services to looked after children. The Through Care Team benefits from manageable caseloads which has encouraged a flexible and speedy response to care leavers and other service users. It also allows social workers to spend an appropriate amount of time with children and young people. Managers are careful to facilitate individual worker interest but also to stretch and

develop staff by encouraging them into new areas of work. A potentially useful professional competency framework has been established but it is too early to evaluate its effectiveness as yet. Presently the workforce is reflective of the community it serves and there are sufficient social workers to provide an effective service for looked after children.

94. Constraints to resources has presented considerable challenges for North East Lincolnshire but the local authority has demonstrated its commitment to it's looked after children by high levels of investment and resourcing growth where it can. A good example is the funding of an additional post to increase efforts to find adoptive families for children who are waiting for a placement. Managers have also demonstrated much success in reducing reliance on some commissioned services such as Independent Fostering Agencies and out of borough placements, making effective use of available resources.

Performance management and quality assurance

Grade 2 (Good)

95. Performance management and quality assurance arrangements for looked after children and young people are good. Performance in relation to key outcome indicators is either in line with, or better than, similar authorities. Examination results are above average at most key stages for looked after children and school attendance rates at 93.5% in secondary school is also higher than comparators. Good action by the council and its partners has resulted in consistently strong placement stability as well as all care leavers living in suitable accommodation. The progress of legal proceedings through court processes is timely and demonstrates good, concerted action by a range of partner agencies.
96. The Children's Trust Board have effective arrangements in place to monitor service improvement plans overseeing progress and ensuring that value for money is achieved. Senior managers create opportunities for further improvements in performance such as commissioning the Coram Foundation to analyse business processes and methods to minimise delays in adoption processes. However, a view that high quality preventative services have resulted in relatively low numbers of children becoming looked after over a period of years is not evidenced by rigorous analysis.
97. Social workers feel well supported by managers and value their accessibility. Supervision is regular but sessions are not always recorded effectively in individual files. Managers are inconsistent in following up actions from one session to the next, so it is difficult to see how a matter is resolved. Caseloads for looked after children's social workers are well managed at a level which ensures sufficient time to work directly with children. Personal development plans are timely and regularly completed for all staff but in some cases details on how specific areas for professional development will be met are unclear. Senior managers have a

good knowledge and understanding of individual children and are highly accessible to staff, foster carers and young people.

98. The effectiveness of quality assurance is not sufficiently robust. Case file audits are undertaken routinely but their impact is unclear and their degree of challenge is not sufficiently sharp to drive changes in practice. Evidence seen does not sufficiently demonstrate that audit findings are systematically disseminated and followed through with staff. Some audit tools are overly focused on process and not sufficiently balanced towards quality. However, quality assurance of health assessments by the looked after children's nurse, including assessments for children placed out of the area, is good. When issues are identified managers are responsive and front line staff are fully involved in the development of a more effective model of care plan.

Record of main findings:

Safeguarding services	
Overall effectiveness	adequate
Capacity for improvement	adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	adequate
Quality of provision	adequate
The contribution of health agencies to keeping children and young people safe	good
Services for looked after children	
Ambition and prioritisation	adequate
Leadership and management	adequate
Performance management and quality assurance	adequate
Partnership working	good
Equality and diversity	good
Services for looked after children	
Overall effectiveness	good
Capacity for improvement	good
How good are outcomes for looked after children and care leavers?	
Being healthy	good
Staying safe	good
Enjoying and achieving	good
Making a positive contribution, including user engagement	good
Economic well-being	good
Quality of provision	good
Services for looked after children	
Ambition and prioritisation	good
Leadership and management	good
Performance management and quality assurance	good
Equality and diversity	good