

Orkney Adoption Service Adoption Service

School Place
Kirkwall
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Type of inspection:
Announced (short notice)

Completed on:
23 October 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004082081

About the service

The Orkney Island's Council Adoption Service has been registered since 21 December 2005. The Adoption Service provides a service for children and young people, aged from birth to 18 years, and their families who are assessed as in need of this service.

The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members. The Adoption Service operates within a small geographical island area and has close links with its neighbouring island authorities.

About the inspection

This was a short notice announced inspection which took place between 25 September and 23 October 2023.

The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with one person using the service and three of their caregivers
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- Children experienced nurturing care in their adoptive families.
- Adopters were well supported by Supervising Social Workers who offered timely and effected interventions which benefitted whole families.
- Significant drift and delay was identified for children seeking permanent care. Although action had been taken to progress child's plans, permanence had not been achieved for children during this inspection period.
- There was investment and a commitment to staff training which was beneficial to the supervising social workers as well as those they support.
- There was a strong focus on leadership within the Local Authority, however the temporary nature of the appointments created a fragility to the sustainability of improvements.
- Although risk was identified, this was not well analysed with limited information with regards to relevant interventions or strategies to support the management of the risk.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

The evaluation of weak has been awarded to this key question, as although areas of strength were identified, these were compromised by significant weaknesses. As the weaknesses were relating to the future wellbeing of children and young people, we have made requirements to the provider.

Relationships between children and their adoptive families were nurturing and meaningful. Children felt claimed by their adoptive families who were committed to them and provided them with a strong sense of family identity.

Adopters were well supported by staff that gave appropriate and timely support which created a confidence in the relationships. Supervising social workers offered timely support with interventions which were effective and made a difference to children and young people. However, we noted a situation where support was not provided quickly enough when requested. There had been a focus on rebuilding relationships between the service and adopters. The mixed response from adopters evidenced that there is still work to be done in this area.

Adopters advocated well on behalf of the children and young people in their care. However, there has been a gap in formal advocacy services available which is something that the agency need to consider. The area for improvement relating to children's rights and advocacy was made at the last inspection and will remain in place from this inspection. **See area for improvement 1.**

Children engaged in choice in their day-to-day life. Adopters understood the child's needs and used this knowledge to tailor the care offered to best meet their needs. Children and young people were supported to engage in their local community either within friendship groups or age appropriate activities.

Where identified as a need, short breaks were not consistently offered to adoptive families and was an area for the service to reflect on.

Carer training had been re-established since the last inspection with this training being available to adopters. This was positive for adopters as it promoted best practice as well as supported connections with other caregivers.

There was meaningful consideration to the relationship between brothers and sisters with adopters being supported by their supervising social workers to consider important relationships and how connections could be best supported.

The challenges experienced by children during transitions within education settings was considered and acknowledged. Adopters were supported to understand the children's educational needs and multiagency working was established to offer ongoing support to children. This resulted in positive experiences for the children who gained a positive perception of education to take forward into young adulthood.

Children within the adoption service had a strong sense of family identity. Relationships were well supported and stable which allowed children to engage in the therapeutic parenting approach being offered to them from their adoptive families.

Lifestory work was promoted within the service with some workers undertaking direct lifestory work with children and young people. This is very positive for the children to support them in their care experience journey. Previous concerns around recording of information had been addressed by the upgraded recording system and leadership evidencing a solid understanding of the purpose of recording.

Although access to mental health services occurred waiting lists, these were proactively referred to and ongoing communication was established to promote engagement with the services.

There has been no approval of any adopters since the last inspection. There were children identified as requiring adoptive families but there had been no active recruitment of adopters to meet this need. This had potential for poor outcomes in securing forever families for children. **See area for improvement 2.**

Not all supervising social workers felt confident in undertaking assessment of adopters. This meant assessments were not progressing quickly enough to meet the needs of children waiting for a permanent family, families hoping to adopt and birth families waiting for decisions. This situation was causing distress for all parties and needed to be addressed as a matter of urgency.

Children requiring permanency continued to experience significant drift and delay. In all cases, there had been changes in allocated workers from the Children and Families Teams with additional parenting assessments being undertaken due to the delay in processes. This resulted in birth family time being increased which was confusing for the children and their families, but also further contributed to the delay in permanency planning.

Permanency progression was being tracked with priority given to those who had experienced most delay. It was positive that such close scrutiny had been placed on the children where drift and delay has occurred for a significant period of time, however it was still in early implementation and the outcomes were yet to be evidenced. This was a requirement from the last inspection which we have reviewed as not being met at this inspection. **See requirement 1.**

Requirements

1. By 30 January 2024, the provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:

- a. procedures to secure permanent alternative care are embedded in practice
- b. staff are supported and feel confident in planning permanent alternative care
- c. assessments are undertaken and children are presented at permanence panel within timescales.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16).

Areas for improvement

1. To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to use independent advocacy if I want or need this (HSCS 2.4) and 'I am supported to understand and uphold my rights' (HSCS 2.3).

2. To enable children and young people have their current and future needs met within the fostering service, the provider should proactively recruit new caregiving families who can offer nurturing care to children in need.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and

wellbeing, and address any experiences of trauma or neglect' (HSCS, 1.29) and 'My needs are met by the right number of people' (HSCS 3.15).

How good is our leadership?

2 - Weak

We awarded an evaluation of weak to this key question, as the strengths identified were outweighed by significant weaknesses. The areas of weakness requires necessary action for improvement therefore requirements have been made on conclusion of this inspection.

Quality assurance processes had been implemented within the service which resulted in statutory reviews and safeguarding checks being undertaken in a timely manner. This was a concern raised at the last inspection and it was positive to see a tracker being implemented. However, the tracking of protection concerns, accidents and incidents required further development to ensure all processes were followed. This will form part of a requirement made under this key question. **See requirement 1.**

There had been a focus on creating and implementing policy and procedures, which gave workers direction and guidance. There had been steady momentum in the improvement plan for the service in recent months. However, prior to this, there had been little communication from senior management. Caregivers reported that communication from senior management had been tokenistic and did not genuinely take responsibility for the concerns that had been identified and the impact this had caused. More recently there had been an increase in communication which had been welcomed and genuine.

At the last inspection a requirement was made in relation to stability within the leadership team, with clear direct line management and oversight in the quality assurance processes which would contribute to continuous improvement. Some progress has been made in relation to this requirement. However, the temporary nature of the management roles brings a fragility to the level of the scrutiny and improvement until permanent appointments are made. Therefore we have concluded that this requirement has not been met. **See requirement 1.**

As noted previously, further scrutiny has been implemented and developed on the tracking of children and young people's experiences, in particular for those who have experienced significant drift and delay in terms of their care planning. This is positive, however the outcome of this practice is yet to yield any progression in the care planning for some children and young people. The Adoption Service can proactively support a child's journey by ensuring necessary tasks within their remit are undertaken in a timely manner. We did not find the practice of this to be consistent within the service therefore we have concluded that this requirement has not been met. **See requirement 2.**

The panel chair was experienced and knowledgeable. Not all panel members felt fully supported in their role and would benefit from training in relation to this. **See area for improvement 1.**

Requirements

1. By 30 January 2024, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

a. ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.

b. ensure a direct line management responsibility.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:

- a. ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people
- b. the provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

Areas for improvement

1. To enable the Fostering and Permanency Panel to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed (HSCS 4.23).

How good is our staff team?

3 - Adequate

The evaluation of adequate has been awarded to this key question, as the strengths identified outweighed weaknesses.

The staff team had a strong value base approach and a good understanding of the Health and Social Care Standards and professional codes. Staff reported that the clear policies and procedures were helpful to guide practice particularly for workers who were newer within the service. This could be greater enhanced by further access to additional best practice guidance and opportunities to embed this into individual and team practice.

There was a commitment from workers to developing and maintaining strong relationships with foster families. Interventions were holistic, timely and skilled to support children, young people and their families, which resulted in stronger family relations and wellbeing.

At the last inspection, staff had not received any supervision for a significant period. During this inspection period, all staff reported to feel supported with all supervising social workers received regular and good

quality supervision. Some further developments were required within the structure of supervision to encompass constructive reflection which includes feedback from families as well as monitoring of delegated actions. The registered manager of the service had not received regular supervision which was required for wellbeing and service improvement. Staff supervision was a requirement following the last inspection and although partially met, this requirement will remain in place from this inspection to reflect the need for this formal support to be in place for all staff members. **See requirement 1.**

There had been a significant increase in staff training since the last inspection with all staff attending child and adult protection training, as well as other core training to support them in their role. There was evidence of good manager oversight in terms of training with good analysis on the level of need across the team. There was a commitment from the service to support staff in their continuous development moving forward.

1. By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform". This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

How well is our care and support planned?

2 - Weak

Although some strengths were identified these were compromised by significant weaknesses, therefore an evaluation of weak has been awarded to this key question. As the weaknesses identified were relating to the care planning and management of risk for children, requirements have been made.

Post adoption support plans were completed for all families receiving support from the service, however they were not found to be consistently SMART (specific, measurable, achievable, realistic and timely). Within some plans there were clear desired outcomes and timescale. However, others were vague with unclear interventions or broad sweeping outcomes. A more consistent approach to support planning is required across the team. This was a requirement made at the last inspection and we evaluated that this requirement has not been met. **See requirement 1.**

Risk assessments were completed where required. However, on review of the documents there was a lack of information, analysis and detail of interventions to address risk. The gap in information within these documents, could contribute towards poor decision making and outcomes for children and young people. **See requirement 2.**

Due to the upgrade of systems, the recording of information was well managed which was helpful in maintaining records for young people should they wish to view their files at a later date.

Requirements

1. By 30 January 2024, to ensure that children, young people and their families care and support needs are accurately reflected in support plans and anticipate future needs. These plans should be responsive, person-centred with goals which are SMART (specific, measurable, achievable, realistic and time-bound). To do this the provider must as a minimum:

- a. ensure that post adoption support plans identify future needs
- b. are informed by a child's care plan and risk assessment
- c. reviewed regularly to ensure that adopters needs for post adoption support are met.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social and physical need at an early stage, regularly and when my needs change' (HSCS 1.12) and 'my future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

2. By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed. To do this the provider must as a minimum:

- a. ensure all risks identified are recorded within risk assessment documentation
- b. details interventions and strategies required to reduce the risk for children and young people.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:

- a. Procedures to secure permanent alternative care are embedded in practice.
- b. Staff are supported and feel confident in planning permanent alternative care.
- c. Assessments are undertaken and children are presented at permanence panel within timescales.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16).

This requirement was made on 26 September 2022.

Action taken on previous requirement

A tracker has been developed and implemented. There were also monthly permanency meetings which reviews progress made for each of the children where there is significant drift and delay. However, the steps taken to progress the permanency planning for the children was still in early implementation and outcomes were yet to be evidenced.

Not met

Requirement 2

By 30 December 2022, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:

- a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
- b. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This requirement was made on 26 September 2022.

Action taken on previous requirement

Some progress had been made but not fully met therefore this requirement will continue.

Not met

Requirement 3

By 30 December 2022, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- a. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b. Ensure a direct line management responsibility.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 26 September 2022.

Action taken on previous requirement

Some progress had been made but not fully met therefore this requirement will continue.

Not met

Requirement 4

By 30 December 2022, the provider must ensure that all staff receive sufficient and regular training including child and adult protection training and that an appropriate record is maintained.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) "A provider must make proper provision for the health, welfare and safety of service users" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform". This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.24).

This requirement was made on 26 September 2022.

Action taken on previous requirement

All staff have completed the relevant training.

Met - outwith timescales

Requirement 5

By 30 December 2022, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform". This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

This requirement was made on 26 September 2022.

Action taken on previous requirement

Although most staff had received formal supervision, this was not the case for all staff.

Not met

Requirement 6

By 30 December 2022, to ensure that children, young people and their families care and support needs are accurately reflected in support plans and anticipate future needs. These plans should be responsive, person-centred with goals which are SMART (specific, measurable, achievable, realistic and time-bound). To do this the provider must as a minimum:

- a. Ensure that post adoption support plans identify future needs.
- b. Are informed by a child's care plan and risk assessment.
- c. Reviewed regularly to ensure that adopters needs for post adoption support are met.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social and physical need at an early stage, regularly and when my needs change' (HSCS 1.12) and 'my future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This requirement was made on 26 September 2022.

Action taken on previous requirement

Post adoption support plans required to be more SMART.

Not met

Requirement 7

By 30 December 2022, to ensure that children and young people receive timely progression of plans and to understand their past should they wish to review their files, the provider must ensure that all relevant or requested reports, assessments, minutes and related documents are completed, signed, dated and store appropriately.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 26 September 2022.

Action taken on previous requirement

The service has upgraded the systems for recording information and we concluded that the general recording of information has improved since the last inspection.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to use independent advocacy if I want or need this (HSCS 2.4) and 'I am supported to understand and uphold my rights' (HSCS 2.3).

This area for improvement was made on 26 September 2022.

Action taken since then

This area for improvement has not been met and will continue following this inspection.

Previous area for improvement 2

To enable the Fostering and Permanency Panel are able to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I use a service and organisation that are well led and managed. (HSCS 4.23).

This area for improvement was made on 26 September 2022.

Action taken since then

Although there are some improvements to this, we have concluded that this has not been fully met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

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