

Edinburgh Secure Services Secure Accommodation Service

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Type of inspection:
Announced (short notice)

Completed on:
26 February 2021

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2003010921

About the service

Edinburgh Secure Services is provided by the City of Edinburgh Council. It is registered to provide secure care and accommodation to young people between the ages of 10 and 17 years.

The secure service is provided in Braid Unit, a six-bedded unit located at the Howdenhall Centre on the outskirts of Edinburgh.

The accommodation for the young people is in single bedrooms and includes en-suite shower and toilet facilities with appropriate fixtures and fittings. There is a comfortable living room, dining room, a spacious recreation room, and a smaller sitting room for one-to-one activities. Young people have access to a gymnasium and a secure outdoor courtyard for physical activities.

The stated aims of the service are "to provide for young people, whose behaviours pose a serious risk to themselves or others, a safe, secure, supportive, and stimulating environment in which they will achieve their full potential, develop respect for themselves and for others, and be assisted in gaining an understanding of the attitude, skills, and knowledge that will enable them to return safely to their communities".

At the time of the inspection, three young people were staying in Braid Unit.

This service has been registered since 1 April 2002.

The Care Inspectorate is a member of the <https://www.nationalpreventivemechanism.org.uk/> a group of organisations designated to monitor the treatment and conditions of those people who have been deprived of their liberty. This includes children and young people in Secure Care.

We carried out this inspection in February 2021, at the height of the Covid-19 pandemic. Following a considered risk assessment, we decided not to visit the premises in order to avoid any additional risk of infection to the young people and staff in the service. Instead, we carried out a virtual inspection, which involved examining documents online and interviewing young people and staff via Teams or by phone, and which also included a brief virtual tour of the premises presented by young people.

What people told us

We met with three young people during the course of the inspection, two of whom were living in the Braid Unit, and one of whom had recently moved on to a close support unit.

All three young people gave a thoughtful and balanced view of the service.

All said that they felt safe there.

All had staff members whom they trusted and felt confident with.

Most were able to reflect on the positive impact that being in the secure service had had on them, and described how they had made progress. They also felt that they had gained a lot by being in a supportive educational environment.

We also spoke with the parent of one young person who was extremely positive about their child's experience, the quality of care they were receiving, and the level of support which was being offered to the family.

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 children and young people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care planned?	4 - Good

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

How well do we support

children and young people's wellbeing?

4 - Good

Young people described positive relationships with staff. Although not all said that they got on well with everyone in the team, all said that they had staff that they got on well with.

Staff were found to be committed to the young people that they were caring for. We were also able to see that young people's relationships within education were strong, and there were several examples of education staff being key advocates for young people in their care planning meetings.

Young people that we spoke with indicated that staff were caring, and one young person described their key team as being "loving" towards them.

There were some very good examples of young people having developed meaningful, trusting relationships which had had a significant positive impact on their lives.

Recent difficulties in staffing had led to a degree of uncertainty for young people in who would be looking after them on a day-to-day basis. While we recognised that maintaining a stable staff team has been extremely challenging throughout the past year because of Covid-19, we thought that the service should look at how it might be able to provide a greater degree of clarity about staff cover to help reduce young people's anxiety.

Staff have dealt sensitively with issues of gender and sexuality, and have supported young people to express their feelings, and have been active advocates in helping young people to seek and find appropriate support for these complex issues.

However we noticed that not all staff seemed to be aware of the importance of using preferred pronouns for young people, and suggest that the service develop staff skills and knowledge through gender-sensitive training (**see area for improvement 1**).

As part of the journey into looking at the implementation of the Secure Care Standards Pathway, the service has reviewed its approach to admitting young people to secure care, and has implemented a more individualised and sensitive approach to young people arriving into the service for the first time, avoiding the need to enter the service through the secure courtyard, avoiding searches, and eliminating the need for young people to spend time isolated from the rest of the group until they have settled in.

Because the majority of young people move from here to other Edinburgh resources, young people benefited from well-planned transitions involving tea visits and overnight stays, identification of, and communication between key workers.

The service has established a positive approach to helping young people to understand their rights and responsibilities, and has involved Who Cares? Scotland to support young people on an individual basis, and to express their views in group meetings.

Young people and their families were closely involved in discussing the details of their care plan. Their views were listened to and staff have acted as effective advocates in taking forward issues which were important to them.

Young people and those important to them were at the centre of planning their care and education. There were detailed discussions on a weekly basis on what had gone well and what was planned to be worked on.

The service is very good at building and maintain relationships with families. They have also been helping young people to have contact with friends, and where there are associated risks, to acknowledge and manage them. One parent commented that staff were helping to rebuild the relationship with their child, by helping both of them to understand each other's point of view - they hadn't expected that, but it had been very positive.

Communication with families and social workers was found to good and the service had well established processes for sharing information with social work as well as external agencies. Through the local authority's SWIFT recording system, social workers had access to information on how young people were on daily basis. This was found to be a unique strength.

Through education, young people had the opportunity to take part in numerous different experiences through field trips which they had researched. These were a real highlight to the young people involved. They included trips to the flight museum, Dobbies for a gardening project and a significant music project with Tinderbox, where young people had created a musical score, lyrics and this was performed for the young people and their parts by a 12-piece orchestra.

Staff within the care setting were good at developing and maintaining young people's hobbies and interests, whether this was developing fitness plans, playing games, and doing arts and craft with them. Young people were able to describe experiences and fun activities which took place in the service. The service was also committed to having external groups (including Gold and Grey and Edinburgh Leisure) coming into the service to ensure young people were helped to develop new skills.

There was good evidence to show that young people and staff had fun times and we saw some lovely photographs of a socially distanced Christmas party. One young person mentioned particularly that some of

the locum/agency staff were good fun, and spent lots of time playing games and doing activities with them.

There was positive support from both care and education staff for attendance and attainment in school e.g., one young person attending regularly after almost two years of no community-based education, and young people being supported to achieve national qualifications. Most young people said that they enjoyed school, and took pride in their achievements.

Staff in both education and care were committed to building links and developing a more joined-up approach, which can only benefit young people in the long run. From our discussions during this inspection, we could see that there was much to be gained by developing a more holistic approach to planning and evaluating young people's progress by bringing together their experiences in education and care.

We noted that the development of more relational approaches and proactive preventive planning had resulted in a hugely significant reduction in the use of physical restraint within the service; there had been only one safe hold in the past year, and this completely appropriate and carried out in line with best practice guidance.

Education staff had received additional training in de-escalation techniques which had also reduced incidents of restraint in school and had reduced the need for care staff to intervene in assisting in school.

Positive city-wide partnership working with police and partner agencies (Barnardo's) has helped to develop an understanding of, and reduction in, the numbers of young people who fail to return or are otherwise absent from their placement. This was a very good example of positive corporate parenting, and helped to make young people safer, and helped them to develop a greater understanding of the risks they faced when away from the service. Together with the partnership with Who Cares? Scotland, this approach also gave young people ready access to responsible adults outside of the service who would act in their best interests and provide additional safeguards.

The service was in the process of developing an approach to care informed by attachment theory; Dyadic Developmental Psychotherapy (DDP); playfulness, acceptance, curiosity, empathy (a Daniel Hughes therapeutic programme/model) (PACE); social pedagogy and an understanding of trauma. Staff had received a range of training (mostly on-line training due to Covid-19 situation) to help support the development of practice. However, staff were at different stages in developing their understanding of what these were and how the theoretical approaches should be implemented. As a result, there were inconsistencies in the approach to care. We frequently heard "it depends who's on" in relation to what might or might not be allowed in terms of food, activities etc.

We felt that the service needed to more clearly define the expected model of practice, and develop a comprehensive strategy to support staff through training, supervision, modelling and discussion to develop a consistent and evidence-informed approach to care **(see area for improvement 2)**.

We found that the service supported young people extremely well when they were dealing with highly sensitive and personal issues. In one instance, this had enabled a young person to (in their words) "find out who they really were," and to help them access the specialist resources they needed to support them, including prompt access to community mental health services.

Young people had benefitted from the well-established links with community mental health services and had been supported to maintain contact with these specialist service both virtually and on a face-to-face basis throughout the pandemic.

Young people benefited from the good processes in place to ensure they had access to appropriate primary and specialist health services. Comprehensive health assessments were arranged as required and staff worked alongside a range of health professionals to ensure young people's health and wellbeing was supported by regular routines and through a range of developmentally appropriate activities to promote both mental and physical wellbeing.

There was good evidence to show that effective partnership working, focused training and staff skills and knowledge had had a direct positive impact on young people's physical health and wellbeing.

Medication records demonstrated that young people's medication was being managed safely. Young people were encouraged to take some responsibility for their medical needs by the self-administration of medication where appropriate. Medical files contained relevant and comprehensive information to support the safe management of long-term health needs.

Information and guidance available to staff ensured good infection, prevention and control measures were in place in line with HPS guidance.

There was a comprehensive Covid-19 Toolkit for residential services, developed in partnership with NHS Lothian.

Young people's opinions about food varied. One young person thought that meals were boring, with the same choices week after week (we looked at menus and found that there was a reasonable variety). Another said that they thought the food was of a good standard, that they enjoyed it, and had regular opportunities to discuss the menu.

There were some opportunities for young people to experience cooking a meal for themselves and others; however, some told us they would have liked to do this more often. As we said, we found that young people had opportunities to provide their views on menu planning however, individual experiences of this differed with some young people feeling these discussions did not lead to change.

Young people would benefit from a more consistent staff approach to the availability and choice of food available for evening snacks and/or supper.

Areas for improvement

1. In order to support young people respectfully, the service should make sure that all staff develop skills and knowledge through gender-sensitive training.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I have agreed clear expectations with people about how we behave towards each other, and these are respected' (HSCS 3.3); and '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).

2. The service should clearly define the expected model of practice, and develop a comprehensive strategy to support staff through training, supervision, modelling and discussion to develop a consistent and evidence-informed approach to care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

4 - Good

This had been an exceptionally challenging year for the whole staff team, with the registered manager and unit manager having been working from home and/or absent for extended periods of time. In addition, there had been changes in the external management team, and within the service, a number of assistant team leaders (ATLs) were in temporary positions. We felt that establishing stability in the management structure is of key importance to enabling the service to move forward with its development plan (**see area for improvement 1**).

Having said that, we were impressed with how effectively the current management team had worked together to maintain and improve the quality of the service.

The acting unit manager had been in post since November. Her presence and approach to managing the service and supporting staff was welcomed by everyone we spoke to.

As a priority, she had re-established a system of regular four-weekly supervision for staff. As far as we could ascertain, this had been helpful in terms of supporting staff and monitoring and discussing staff practice.

Responsibility for monitoring the quality of care plans and medication was delegated to the ATLs.

There was a system of regular care plan audits, which helped to ensure that care plans were in good order and up-to-date.

There were regular audits of medication which were effective, in that they picked up errors and made sure that they were rectified. We recognised improvement in the management of medication as a result of this effective quality assurance.

Another ATL had been extensively involved in the development and implementation of the secure care standards, representing the service in the champions group, promoting awareness amongst staff, using the standards as a self evaluation tool, and engaging in discussions with related services about the implementation of the secure care pathway.

In a positive collaboration with education, young people had been closely involved in the early stages of consultation about what they knew and understood about the new standards. We could see that awareness and discussion of the standards had begun to impact on the service's approach to care. However, as noted above, a settled management and staff team, and a clear implementation strategy would greatly enhance the service's ability to drive forward improvement.

We also suggest that the service should review and update its statement of aims and objectives to reflect the direction of travel.

The external manager has a QA role in reviewing and analysing incidents, although there had only been one incident of restraint in the past year. In normal times, they would also have a role in visiting the unit, however this has not been possible due to Covid-19, and the demands of simply keeping the service staffed and running.

They had effectively stabilised staffing situation and ensured the establishment of safe infection control and management practice. To date, there had been no outbreak in the service which suggests that the actions taken, and the management of these, had been effective in keeping young people and staff safe.

An important aspect of this quality indicator is the extent to which there is "continuous robust evaluation of young people's outcomes and experiences", and that "children and young people's views are central to the process of evaluation". Although, as described elsewhere in this report, young people are closely involved and can influence their own care plan, to achieve a very good grade in relation to this QI, the service should develop a more systematic approach to evaluating the impact of the secure placement on the individual. Greater clarity about the aims and desired outcomes of the placement at the point of admission, as suggested in QI 5.1 would help with this process.

To date, there had been no system of gathering feedback from external agencies. However, the service was in the process of developing a survey monkey which would be used for this purpose. We would encourage the service to use this as a starting point to develop more regular contact with partner agencies, and to encourage open communication about how effectively the service was working in partnership.

We recognise the very positive efforts made by managers at all levels to support the delivery of the service throughout this very difficult year, and we appreciate the hard work and commitment which has enabled this to happen, whilst maintaining a safe environment for young people and staff.

Areas for improvement

1. In order to support the implementation of the service development plan, the service provider should provide stability and continuity in the management team.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I use a service and organisation that are well-led and managed' (HSCS 4.23); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

In the early stages of the pandemic, the organisation had faced enormous challenges in staffing the service as a result of high levels of staff absence, having a number of vacant posts, and staff acting up in promoted posts.

We found that staff were committed to young people and had worked tirelessly to ensure that the rota was fully covered. Initially, there had been a need to deploy high numbers of locum and agency staff, which had led to uncertainty and some anxiety for the staff team. However, senior managers moved quickly to establish stability by using a dedicated group who were known to the service. This had provided some

continuity and consistency throughout this difficult time.

The service had some systems and structures in place in which supported staff. Team meetings have been hampered by the pandemic, and had occurred irregularly throughout the year. The service acknowledged that this needs to be re-established when circumstances allow. The service has established more focused handovers as well as a staff group email to share information, both of which have assisted communication between staff.

To enhance support to staff and young people, the service had brought in additional management cover and given additional responsibilities as acting ATLs to a number of staff. This has helped the staff group have sense of direction and has helped staff morale. This group of managers had re-engaged with staff and most staff indicated that they now had access to regular support and supervision.

We have been impressed by the quality of the care and support given by some staff to young people. There was evidence from social workers, families, and most importantly, young people themselves, that the skills and values of staff had had a significant positive impact on young people's experience, and had supported them to make progress and to move forward with their lives.

Unfortunately, we also heard from a number of sources that on a day-to-day basis, the quality of response varied according to which staff were on shift, that messages weren't always passed on, and that some staff didn't take responsibility for solving issues or answering queries.

The service should put in place effective systems for ensuring that all staff understand and practice in line with the service's ethos and model of care.

We also found that there was a lack of clarity around shift cover, and that this could have an impact on how young people's plans were progressed. For example, young people weren't sure of when or whether their family contact would take place, because "it depends who is on shift". Plans for contact couldn't be confirmed at CPMs because it wasn't clear when there would be sufficient staff with sufficient skills and experience on shift.

While we absolutely understand that this situation has been adversely impacted by the challenges of staffing during the pandemic, we felt that there was almost a too-ready acceptance of the fact that staffing would be problematic, and that the uncertainty around this was communicated to young people.

Towards the end of the inspection, we were reassured to hear that agreement for sufficient staffing to avoid these kind of uncertainties had been reached.

Although the service had some mechanisms to ensure that there are appropriate staffing levels to meet the needs of young people, and substantial time and energy goes into covering shifts. There is a need to develop an alternative approach which creates a greater sense of predictability and certainty for both staff and young people. In line with the Care Inspectorate's guidance "Records that all services (except childminding) must keep and guidance on notification reporting" the service should put in place a formal assessment process which determines the numbers and skill mix of staff required on each shift to take account of young people's needs. This should be recorded and reviewed as a minimum on a four week basis, but more frequently if necessary (**see area for improvement 1**).

Areas for improvement

1. The service should put in place a formal system of assessing staffing requirements taking into account the needs of young people, and plan to meet these needs, in line with the Care Inspectorate guidance "Records that all services (except childminding) must keep and guidance on notification reporting."

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My needs are met by the right number of people' (HSCS 3.15); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How well is our care and support planned?

4 - Good

The service currently uses the Edinburgh Social Work child's plan to direct and deliver care and support to young people. These care plans use the wellbeing indicators and have SMART targets. There was a co-ordinated multi agency approach to care and risk planning on a weekly basis (CPMs).

These reviewed the needs of young people and set out areas which were identified to be worked on. There was a focus on having all agencies central to the child's life involved in the planning process. Young people and their key representatives were encouraged and supported to be listened to at these meetings. The service had developed a formal template to record the outcomes of these meetings.

The outcomes within the template were based on the 'Getting It Right For Every Child' (GIRFEC) national practice model 'My World Triangle' and were generic. These plans were also the overarching child's plan for which the young person's social worker had responsibility and did not reflect in sufficient detail the desired outcomes for the young person's time at Braid.

While we were able to see progression in some of the work with young people within the CPM minutes, it was not clear if the progress was linked to a specific planned outcome. Key time records provided some information; however, they did not reflect the work and skill which goes into supporting people to achieve positive outcomes and we were not able to easily identify how this was linked to planned outcomes.

The service was developing a new recording system with an outcome bank (Education, Relationships, Health, Self-awareness and Emotional well-being). This was linked with development of resources for key workers. We could see that these would be beneficial for gathering information at admission and could be used to enhance assessment and the development of care planning. There was a commitment to develop this further over the next few months and also to roll out new documentation across the service.

Within the new recording system, we would suggest that consideration be given to the development of a specific 'Braid child's plan' which records the agreed, specific, planned outcomes for each young person during their time at Braid. While we recognise the good practice in linking outcomes to 'GIRFEC's My Work Triangle' within the overarching child's plan, young people need personalised, achievable outcomes which enable them to understand some of the purpose of their placement and to experience success and celebrate even the smallest of achievements. While this was being done informally, it was not well documented or consistent.

While still developing the new recording system, consideration should be given to how paperwork is linked to reflect planned outcomes. There should be a 'golden thread' which starts with the high level outcomes of

the child's plan and can be seen in the Braid care plan, key time records and within CPM minutes, where progress can be recorded and outcomes reflected upon to inform the review of the plan. This would also help young people to be clear about the purpose of their placement, and the work that they were doing.

The care planning process is rigorous and robust and supports young people's progress. However, the paperwork does not reflect the work and skill which goes into supporting young people to achieve positive outcomes. The service has already recognised this and is in the process of redesigning the paperwork. In doing so, we recommend that the service should take into account the suggestions made here.

How good is our care and support during the COVID-19 pandemic?

Not assessed.

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

The service must make sure that systems for supporting young people with their medication are effectively implemented at all times. In order to achieve this, the service should review staff practice, provide training and improve the quality of audits.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This area for improvement was made on 4 November 2019.

Action taken since then

We found that the service had taken effective action to improve the management of medication. From our examination of medication records and discussions with key staff, and young people, we found that the systems for managing medication were safe and robust.

Previous area for improvement 2

The service should develop risk assessments to include more information about how young people could be helped to avoid an escalation of emotions which could result in more challenging behaviour.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 4 November 2019.

Action taken since then

The service had developed more positive relational approaches to supporting young people, which had resulted in a remarkable reduction in the incidence of safe holds – in fact there had been only one safe hold in the past year. With the service's continued commitment to developing relationship-based practice, this has been a positive and effective response to this area for improvement.

Previous area for improvement 3

The service should take forward its plan to make sure that all staff have an understanding of the impact of trauma and adverse childhood experiences on young people's behaviour, and have this embedded in their practice.

Staff would also benefit from training to enhance their knowledge of conditions which affect young people, including Autism and Attention Deficit Hyperactivity Disorder (ADHD).

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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 supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 4 November 2019.

Action taken since then

The service is in the process of developing a model of practice based on social pedagogy, DDP, attachment and trauma. Staff have had a range of related on-line training, with further training planned. We have suggested that the service clarify the model of practice they are using, which will help to focus additional training for staff. Overall, we found that good progress had been made in relation to this area for improvement.

Previous area for improvement 4

The service should make sure that at all times there are sufficient qualified and experienced staff in place to meet the needs of young people. In particular, the service should have in place a contingency plan to make sure that no young person is prevented from attending medical appointments because of insufficient staff.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 4 November 2019.

Action taken since then

Staffing had been a challenge for this service in the early months of the pandemic, resulting in high use of agency/locum staff, and a lack of consistency in the staff team. However, the management team had worked hard to introduce stability and consistency as quickly as possible, and the situation improved somewhat. However, we found that there was still a degree of uncertainty around staffing in the team with a number of staff off sick, or absent for other reasons.

At this inspection, in a further area for improvement, we asked the service to review its approach to assessing staffing needs, and to keep a record of the decision-making discussion on at least a four-weekly basis.

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 children and young people's wellbeing?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	4 - Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good
How well is our care planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good
How good is our care and support during the COVID-19 pandemic?	not assessed

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