

Edinburgh Secure Services Secure Accommodation Service

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Unannounced

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Service provided by:
City of Edinburgh Council

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About the service

Edinburgh Secure Services (Braid House) provides secure care for children and young people. The service is registered to provide secure accommodation to a maximum of six young people aged 10 to 17 years. The maximum length of a placement must not exceed eight months.

The service is provided by Edinburgh City Council and only accommodates young people from the local authority area. The service is situated towards the outskirts of Edinburgh.

This was a full inspection which took place over five days, beginning on 9 May 2022 during which time inspectors visited the service on three occasions. The inspection was carried out by two 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 two people using the service
- spoke with approximately nine staff and management
- observed practice and daily life and reviewed documents.

We sent out questionnaires to staff, young people and external professionals however we only received two responses. Both responses were from people who work out with the service.

What people told us

Young people told us that they felt safe staying in Braid House however this had not always been the case. Young people were enthusiastic about changes they had helped to make within the common areas of the house.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care planned?	2 - Weak

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?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed by areas for improvement and some significant weaknesses.

Young people told us they were supported to make positive relationships with staff and we saw evidence of this through observing interaction between staff and young people. We saw good examples of nurturing care and staff and young people interacting in a respectful manner. Young people told us they felt comfortable approaching staff with any issues or problems they had and commented on the fact they had a fairly regular staff group now. They found it comforting to know the adults who were going to be providing care each day. This supported consistency in care and practice.

We read of some incidents in the weeks prior to the inspection which had resulted in young people being treated in a non-respectful manner. These incidents had been dealt with in a satisfactory manner. We recognised the manager was working hard to improve the culture within the house and there were signs that this process was starting to be effective. Staff we spoke to were aware of the child protection procedures and were confident of reporting any concerns following procedures.

Young people told us about visits by advocacy workers and this was confirmed by the management team and care staff who told us Who Cares were regular visitors to the service. Young people told us they were aware of their rights and were aware that they could make a complaint and how to do this if necessary. This support was encouraged by the manager as part of the strategy to give young people a stronger voice and improve the culture within Braid House.

Young people told us they were supported to settle in when they arrived and were offered opportunities to say how the house was decorated. For example young people told us they had been involved with the changes made in the activities room and the sitting room including helping with murals and selecting small pieces of furniture such as lamps and cushions.

All young people accessed the house via the front door rather than the secure garage and the service does not have a policy of searching every young person when they enter the house. We viewed this as respectful practice and in keeping with "The Promise".

Young people were encouraged to attend school on a daily basis and generally attendance was very good. We noted some good outcomes for young people through education and in particular the positive engagement that one young person was having in relation to accessing worthwhile outdoor learning opportunities. Other personal choices were supported and showed positive outcomes for young people in terms of their physical health. For example young people were supported to take part in organised activities both within and out with the service.

All young people arriving in Braid Unit are given a full health assessment. A nurse was available to support young people if necessary and frontline medical services were available when required. Young people had opportunities to manage aspects of their own medication where it had been agreed and this was supported by staff. We saw from records that staff followed the correct procedures for administering this and we found records to be accurate.

Young people were able to access the community on their own or with staff if it was assessed that the young person would be safe. Whilst we view this as good practice, we were concerned that the risk assessment process was not robust enough to ensure the safety of young people at all times when they were in the community. We read about some concerning incidents that involved young people putting themselves at severe risk. Following these incidents, it was not clear what support was put in place to change patterns of behaviour. The manager had identified this as an area for action and on the week of the inspection a new risk assessment process was being rolled out across the service **(see requirement 1)**.

Staying in Braid House supported young people to remain within their local community and we saw good examples of how this supported people keeping in touch with their families. During the inspection, one young person arrived with their parents who were able to provide support and reassurance while the young person settled in.

We reviewed young people's care plans and found weaknesses in the process. Plans were not sufficiently detailed and strategies were not clearly defined in order to support the complex needs of young people. One plan had information that was from a previous placement, others identified goals or potential outcomes for young people but had no detail about how the young person would be supported to achieve this. We saw evidence of some meaningful discussions between young people and staff however it was not clear from the plans how much influence and input young people had with their own planning process.

We were shown a new person-centred planning process for young people which was due to be implemented. This would support individualised plans for each young person, supported by creative key working by staff. Young people will be encouraged to have a greater part to play in their planning process which will reflect their views and wishes (see key question 5.1).

Two young people were due to leave Braid House however their plan had not been updated with any potential move and both young people told us they did not know where they were going to be moving to. This meant it was very unsettling for both young people and they were not confident their views were being listened to **(see area for improvement 1)**.

Young people told us they had experienced bullying while in Braid House. They told us of the negative impact this had on their wellbeing and, whilst challenged by staff, the bullying had continued. This included issues regarding gender roles with young people. This meant young people were being exposed to additional trauma in their lives. Young people told us the bullying and general disruption within the house was worse when they were being supported only by locum or supply staff **(see area for improvement 2)**.

We saw from training records that most staff had recently undertaken training in trauma informed practice however we observed some practice that lacked a trauma informed perspective. We assessed that some staff had an understanding of trauma informed care however this was not consistent across the service. We found staff had a limited understanding of the model of care being developed and this led to an inconsistent approach to young people's care.

We found that the manager had a good overview of therapeutic interventions and it is expected with a more stable staff group the service would manage to support young people with a history of trauma **(see area for improvement 3)**.

We recognise that within the staff group there was a desire to support young people's emotional needs and mental wellbeing. Braid House did not have a resident team of professionals to support this and there was no external professionals identified other than the local Child and Adolescent Mental Health Service (CAMHS) team. The manager told us they were hoping to establish support in the near future. We would recommend the service continues its efforts to ensure young people within Braid House have access to services that they require and that staff are better equipped to support young people's mental health.

We identified there had been a reduction in restrictive practices and the service had made links with other registered services to develop this policy. In order to support young people in a trauma informed way the provider should continue to support staff to review incidents to ensure the correct course of intervention. This will mean staff being better informed by the latest research and effective models of practice in residential childcare. Embedding an approach will support consistency in terms of how young people are supported across the team.

Requirements

1. In order to ensure young people experience wellbeing as a result of their care, the provider must, by 1 July, 2022 ensure that young people understand the risks of their behaviour and implement strategies to support them to keep themselves safe from harm and abuse.

In order to achieve this the provider must ensure that young people are involved in their risk assessments, direct work is conducted with the young people to understand the risks and pro-active strategies are implemented to help reduce risk and these are reviewed regularly.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 20011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

Areas for improvement

1. To support young people moving out of the service the provider should improve the planning process, take young people's wishes into account and ensure they are kept informed of any changes and potential moves in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change' (HSCS 2.20).

2. To keep young people safe and promote their wellbeing, the provider should improve prevention, recording and monitoring of bullying in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

3. To ensure young people receive effective and consistent support based on the latest research, the provider should embed an evidence-based approach to practice at the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

'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).

How good is our leadership?

2 - Weak

We evaluated this key question as weak. Whilst we saw there was a drive to improve the ethos and culture of the service there were still some significant weaknesses needing to be addressed.

The service was going through a significant period of transition following an unsettled period. In addition to the Covid-19 pandemic there had been several changes in key management positions. The provider had identified serious cultural concerns both internally and externally and had made the Care Inspectorate aware of these.

We found that the newly registered manager worked hard to make a positive impact since joining the team however they had not been in post long enough to see sustained improvement. The senior and external management team had worked on significant changes to practice within the service and, at the time of the inspection, a number of these were waiting to be implemented via a comprehensive service review. There is no doubt that a great deal of effort and time was being invested in reviewing the policies and practices, aims and vision of the service. Professionals from care and education had been consulted throughout this process and were included in various working groups. This supported a common working ethos and most staff spoke highly of the changes within the management team and their presence within the service.

As this process is not yet complete, we were limited in our evaluation of the outcomes. We consider the service development plan to contain good open transparent reflections on the current state of the service and identifies areas where improvement is needed.

We have already commented on the pace of change and where we suggest we should see more emphasis. In order to support better outcomes for young people more meaningful and detailed personal plans and risk assessments should have been implemented at an earlier stage. Overall, we were encouraged by the planned improvements and look forward to seeing the outcome of these plans and improved outcomes for children and young people.

The legacy of these changes had impacted on staffing with a number of vacancies within the care team. This brought some inconsistencies and uncertainties within the staff group. Young people also told us there were times they were being cared for by adults they did not know very well. Some staff spoke about not knowing who they would be working with on shift and whether they would actually know them. In order to support young people consistently, and to follow best practice guidelines, the manager had ensured that the service tried as far as possible to use the same supply and locum care staff.

The manager told us that the provider had permitted changes to the recruitment process to allow the service more flexibility in the recruitment process and thus expediate new recruits to the care team. Both these strategies supported a more consistent model of staffing and young people commented that they generally knew all the staff that were working in Braid House and felt more comfortable with this (see key question 3.3, area for improvement 1).

When reviewing documentation, we were concerned that incident reporting was not always completed and sometimes information was missing. Poor reporting leads to poor analysis of incidents and assessment of young people's support needs. There was a new incident reporting document however it was unclear if this had been implemented and many of the incident records we looked at did not follow the clearly laid out procedures. There was a poor notification history with Care Inspectorate (CI) and we found a number of incidents had taken place within the service which had not been reported in line with the CI document 'Records that all registered children and young people's care services must keep and guidance on notification reporting'. We sent information regarding our concerns to the manager during the inspection (**see requirement 1 and area for improvement 1**).

As part of the implementation of the service improvement plan quality assurance visits are to be implemented by external managers and other professionals. This is to ensure an overview of how the service is operating and to improve the culture that had previously existed. This is an important facet of quality assurance process. The quality assurance process must be effective and meaningful and must include engagement with children and young people. This will promote confidence within the service as stated in 'National Guidance for External Management of Residential Child Care Establishments in Scotland' published by the Scottish Government (**see area for improvement 2**).

Requirements

1. From receipt of this report the provider must notify the Care Inspectorate about incidents as detailed in the document 'Records that all registered children and young people's care services must keep and guidance on notification reporting (2022)'

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a) – Welfare of Users.

This is to ensure that leadership is consistent with the Health and Social Care Standards, which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To allow young people and staff the opportunity to reflect on incidents that they have been involved in the provider must offer everyone involved an opportunity to debrief and reflect on the incident. This information must be recorded and retained.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24)

'I am helped to understand the impact and consequences of risky or unsafe behaviour and decisions' (HSCS 2.25)

2. The provider was implementing robust, good quality management arrangements within the service in order to support staff and the development of the service. The provider must develop effective quality assurance processes that accurately reflect issues that impact on children, young people and staff. Managers and external managers must respond proactively to issues that impact on children and young people.

This is in order 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

We evaluated this key question as adequate. Whilst the manager had introduced a number of strategies to improve staffing which had a positive impact there were key areas that needed to improve.

We found most staff to be enthusiastic and motivated with the provision of a nurturing environment being key in their approach to the young people within the service. In the main staff evidenced a good understanding of the young people in the service. We have already documented issues with staffing, numbers and experience and the importance of having familiar staff who young people knew and recognised. We were aware of the external issues the service had to contend with in recruitment and know there had been an improvement in this process. The manager had also made arrangements to ensure that vacancies were in the process of being filled, albeit on a temporary basis, to provide consistent people on shift. This does not detract from the significant amount of time management spend trying to ensure each shift is fully manned (**see area for improvement 1**).

We found staff engaged well with young people and young people told us they got on well with most staff and had people they could go to if they needed additional support. We reviewed staff training records and found that most staff had engaged well in a number of training opportunities in line with the service development plan. For example, staff had attended training in physical restraint however the emphasis on this was de-escalation, in line with the intention to reduce restrictive practice. Staff had also been involved in training to support trauma informed practice. It was unclear when speaking to staff how much of the training had been completed and to what capacity trauma informed care underpinned their practice. We found a level of uncertainty within the staff group and lack of understanding of the process and timescale of change. The management team were committed to ensuring this was a crucial factor in a new model of care and took opportunities to support staff accordingly. This could be a destabilising factor within service improvement and has the potential to impact further on the delivery of care and therefore the outcomes for young people.

The management team must continue to address this at every opportunity and seek to reiterate with staff what the aims of the service are and the time frames to effect change **(see area for improvement 2)**.

We reviewed supervision records and found that regular, recorded supervision was not available to all staff on a regular basis. Some staff told us it had been some time since they had received supervision however, they told us they had a supportive and approachable management team and could discuss practice or professional development issues at any time. The records we looked at were not all reflective and we did not see much evidence of trauma informed discussion regarding practice issues. We saw there had been training for the management team to implement a more rigorous supervision process however at the time of the inspection the impact of this was limited. It was too early to see the outcome of this being implemented. Supervision must be protected time for staff to have space and time to reflect on their performance and receive feedback **(see area for improvement 3)**.

Areas for improvement

1. Young people experience stability and certainty because they know who will be working with them and when. The provider should continue to ensure vacancies are filled with experienced and skilled staff who are familiar to young people. The recruitment process should continue to ensure vacancies are suitably filled on a permanent basis and in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

'I experience a service that is the right size for me' (HSCS 5.5) and 'Procedures and practices support a safe environment for both children and young people' (HSCS 7.2).

2. The service should ensure all staff can confidently provide the necessary emotional, nurturing, responsive and trauma informed support to children and young people.

This is to ensure that 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)

'I am protected from harm, neglect, and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

3. To support opportunities for staff to reflect and develop their practice and ensure their continuous professional development, all staff should receive formal supervision from a senior member of staff.

This is 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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. Whilst strengths had a positive impact on outcomes for young people, key areas still required improvement.

We found young people benefitted from comfortable common areas where they could relax and watch television or take part in craft, computer or other activities. Young people told us the improvements had been made following a difficult time where there had been significant damage to items such as televisions and small furnishings. Young people commented on how nice and relaxing it was to be able to sit and watch television in peace. The provider had balanced safety with comfort and the environment did not feel institutionalised. Whilst appreciating the limitations required by a secure environment and the need to balance safety, risk and comfort, bedroom areas did not provide a homely living environment. It is encouraging that there are plans to refurbish the rooms and in particular the ensuite areas and we look forward to seeing the outcome during the next inspection.

Young people were given media streaming devices in order to view television in their bedrooms and access to common areas was no longer dependent on assessment of behaviour, as had happened in the past. These initiatives had been introduced by the new management team. Young people's personal information was protected and personal belongings were kept safe while they were staying in Braid House.

Young people had access to school on site. The school environment was well laid out with pupil's work displayed on the walls. Young people also had use of a gym and outdoor area which were both utilised well. An enclosed garden area had been set aside as a peaceful area to be used for reflection. We could see there was great potential for this area however at the time of the inspection it was overgrown with weeds and not well used. Plans were afoot to develop this area in the future however we would encourage the provider to develop this area as we could see it would be a valuable asset for your people, particularly if they were involved in the development of it.

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak. We found some strengths in the planning of care and support for young people however these were compromised by significant weaknesses.

We reviewed young people's personal plans, risk assessments and other relevant documentation. There was some evidence that personal plans were reviewed regularly. We observed that the complex needs of young people were not sufficiently detailed. Strategies were not identified or clearly defined and the complexity needed to support young people well was lacking. This hampered the service's ability to effectively measure outcomes for young people. Whilst young people told us they were able to contribute to their plans we found little recorded evidence of this.

There were links to Getting it Right for Every Child and the wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included). Plans were not 'SMART' (Specific, Measurable, Attainable/Achievable, Relevant/Realistic and Timely). For this to be achieved plans need to be straightforward with well defined, achievable goals with clear information about progress and future targets identified that support young people's wishes and aspirations. The manager recognised this and plans were in place to improve the process (**see area for improvement 1**).

We were shown an example of the new care planning process. This is person centred and focuses on young people and their individualised plans while in Braid House. We expect plans to acknowledge young people's comments and wishes in the planning documents and encourage young people to take ownership of their support plans and take an active role in their review.

Areas for improvement

1. The service should review the process for personal planning. Young peoples planning should be outcome focussed and SMART. Young people should feel at the heart of their plan at all times and, if they choose, should be enabled to lead and direct their development so they feel a real sense of ownership.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

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).

This area for improvement was made on 26 February 2021.

Action taken since then

We didn't see any further issues of this however there was bullying. We reviewed training records and confirm that staff have undertaken training in equality and diversity. We discussed comments made by a locum worker with the manager.

Previous area for improvement 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).

This area for improvement was made on 26 February 2021.

Action taken since then

Some aspects of this have been developed however there is a further area for improvement regarding staff awareness of model and their understanding and implementation of trauma informed practice.

Previous area for improvement 3

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).

This area for improvement was made on 26 February 2021.

Action taken since then

New manager in post still working on this and areas identified by senior management team. It is hoped and expected that the current management team will remain in post to allow for the necessary development of the service.

Previous area for improvement 4

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).

This area for improvement was made on 26 February 2021.

Action taken since then

This has been done. Manager covering vacancies with regular supply or locum staff to ensure continuity. Service has improved ECC recruitment process to ensure regular recruitment drives can be undertaken to ensure vacancies are filled as soon as possible.

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?	2 - Weak
1.1 Children and young people experience compassion, dignity and respect	2 - Weak
1.2 Children and young people get the most out of life	2 - Weak
1.3 Children and young people's health benefits from their care and support they experience	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
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 Children and young people experience high quality facilities	3 - Adequate
How well is our care planned?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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