

Drumlithie After School Help (D.A.S.H) Day Care of Children

Glenbervie Primary School
School Road
Drumlithie
Stonehaven
AB39 3YS

Telephone: 07442152717

Type of inspection:
Unannounced

Completed on:
9 February 2024

Service provided by:
Drumlithie After School Help Ltd

Service provider number:
SP2009010511

Service no:
CS2009230714

About the service

Drumlithie After School Help (D.A.S.H) is registered to provide a care service to a maximum of 24 school aged children at any one time.

The care service will operate between the times of 2.30pm and 6.00pm, Monday to Friday during term time and between 8.00am and 6.00pm Monday to Friday during in-service days and holidays.

The service will normally operate from Glenbervie Primary School but when this is unavailable it will operate within Drumlithie Village Hall.

The service will comply with the following staffing:

Age of children Ratio - adults to children 3 and over 1:8

Two adults to be on duty at any one time.

(Only adults in contact with children for the majority of the session should count towards the ratios.)

The service is based in the gym hall of Glenbervie Primary School in the village of Drumlithie in Aberdeenshire. An enclosed outdoor area provides opportunities for outdoor play.

About the inspection

This was an unannounced inspection which took place on 7 and 8 February 2024. The inspection was completed on 9 February when feedback was shared with the service. 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 registration information, previous inspection findings, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- observed practice and daily life
- spoke with children, management and staff
- reviewed documents
- received feedback from twelve families through Microsoft Forms and spoke with families during the inspection.

Key messages

- Interactions between staff and children were warm and caring.
- Children were happy, settled and having fun.
- Parents were happy with the level of care and support their child received.
- Staff induction processes were at an early stage of development and require to be further developed.
- Quality assurance and self-evaluation processes were at an early stage of development and require to be further developed.
- Children's experiences should be developed to enrich their play and learning.
- Safer recruitment practice must be followed to support children's safety.

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 good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, caring interactions from staff who took time to listen and respond to their needs. Children were relaxed and comfortable with staff and the sharing of fun and laughter with children evidenced positive relationships had been formed. Parents agreed and comments included, "I really like that my child enjoys the sessions and really gets on well with the staff as they are engaging, enthusiastic and approachable". When asked what they thought their strengths were, staff shared, "We are friendly staff who know the children and ensure they have fun".

Improvements had been made to children's personal plans. All children now had a plan in place which contained sufficient detail to support identification of children's medical and support needs, including allergies and changes in family circumstances. All about Me's were now in place which supported staff to have a fuller picture of children's interests and preferences. We suggested personal plans could yet be further developed to take into account the Shanarri wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible). We noted one plan which had not been reviewed with parents since 2021. Plans should be reviewed at least every six months to ensure staff are aware of any changes which could impact on children's care and support. Staff ensured that this had been completed by the end of the inspection process.

Appropriate medication paperwork and policies were in place and in line with current guidance. We identified that one child required a consent form for cream to be administered, however, this was not in place. Staff ensured this was completed by the end of the inspection. To support children's safety and wellbeing we advised staff to ensure that relevant paperwork was completed for any children requiring medication in the future and to ensure all forms are completed fully by parents and checked by staff on completion.

Staff were clear on their roles regarding child protection. The child protection policy had been reviewed and showed a clear process for staff to follow. Staff were due to attend enhanced training. This would support with confidence of when to take concerns further. Chronologies were now in place which detailed significant events in children's lives. These demonstrated a summary timeline of children and family circumstances to assist in any further investigation and assessment.

Snack time was relaxed and unhurried. Children ate snacks from home and staff sat with children and chatted about their day at school. Fresh drinking water was unavailable for children, however, plans were in place to purchase a water dispenser. In the meantime, staff encouraged children to bring their water bottles to the session to ensure they stay hydrated.

Quality Indicator 1.3: Play and learning

Children were happy and having fun in the sessions. They were confident and engaged in their activities. They shared with us that they enjoyed going to D.A.S.H to play with their friends.

Resources were set out for children for their arrival in the club on the first day and were chosen by staff who took into account the children's interests. These included construction, puzzles, arts and craft and a gaming console. The same resources were taken out for the following day. We also noted that on the second day there was a delay till resources were laid out on tables. As a result, children became a little restless. Resources were age appropriate for the children and they were able to ask for additional resources. However, this was limited to what was stored in a shed in the outdoor area. Staff shared several resources were kept in the container in the park which was not on the school grounds.

There was no formal planning being recorded. Activities were provided in response to children's interests. We suggested staff should consider creating a short-term plan which could incorporate some adult led activities which could provide richer play experiences for children. Staff could then access the resources in the container prior to sessions if required to support children's play and development. Staff should reflect on what activities were offered, evaluate what went well and what could be improved to support more experiences for children.

There were some opportunities for children to use and further develop their language and communication skills through discussions within activities. Opportunities for children to develop numeracy skills through play, however, these were quite limited. Staff should continue to identify these opportunities and build on them, including further opportunities for numeracy such as measuring or weighing.

Staff should also consider the availability of open-ended and natural resources across children's experiences including activities such as messy play and sensory play. This would provide children with more choice and challenge and provide opportunities for children to be curious and imaginative. An area for improvement around play and learning from the previous inspection has not fully been met. This area for improvement has been amended to reflect some improvements made. **(See area for improvement 1.)**

We observed nice, supportive interactions during the children's play. Children's achievements were verbally recognised by staff, supporting their confidence. While staff interactions supported children's activities, they were not yet consistently promoting children's curiosity and problem solving to support learning through play.

Areas for improvement

1. To support children to lead and extend their play through a wide range of quality experiences, the manager and staff should, at a minimum:

- a) ensure that resources are reviewed and updated to offer more choice and challenge
- b) ensure that a wide range of activities and experiences are offered which provide opportunities for children to be curious and imaginative.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 2.2: Children experience high quality facilities

The club was based in the gym hall of the school and there was ample room for children to move around or take part in activities. The hall benefitted from plenty of natural light and ventilation.

A noticeboard was displayed to share important information for parents. Staff names and photos were now added to this to support new families to identify staff. Displays belonged to the school so children had limited opportunities or spaces to showcase play and learning experiences. We suggested child led floorbooks. This would support children to feel proud, involved and included in their club.

There was no quiet, nurturing space for children to take part in quiet activities or to rest after their day at school. This would help support some children who may need help with regulating their emotions or for the older children who want some quiet time. For example, a story corner could be developed to support children to have a quiet area and to engage children's enjoyments of books.

The outdoor area consisted of a hard-core surface playground area. This area was safe and secure. Children did not ask to go outside during the visit, however, children told us they regularly played outdoors or at the park. Parents agreed and shared, "There is also a large park nearby which allows for lots of time playing outside when weather allows. They focus on lots of outdoor play which is excellent. It's great that the service is provided within the school too."

Staff were aware of the processes in place for infection prevention and control. Children were encouraged to wash hands before and after snack. Staff were clear on when they required gloves and aprons.

Risk assessments were in place for activities indoors and outdoors. The provider and manager should ensure there is an outdoor and outings risk assessment in place. We also discussed with staff that the main door was unlocked or alarmed from the inside. We asked them to discuss with the school options to make this safer and consider involving children in discussions about safety rules and risk assessments.

Children now had access to the school toilets during the hours of the club, however, we did note one child using the staff toilet which was just off the gym hall. We advised the manager that children should not be accessing here.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 3.1: Quality assurance and improvement are led well

A vision, values and aims were in place for the service. We encouraged the manager and provider to revisit and review this and encourage staff, families and children to share their views on what this should include. This should focus on improvements and positive outcomes for all.

The provider had taken some steps to meet requirements and areas for improvement from the previous inspection. An action plan was in place which covered tasks to be completed. However, to support timely and continuous improvement the manager and provider should use self-evaluation and best practice documents to inform an improvement plan. For example, the 'Health and Social Care Standards' and 'A quality framework for daycare of children, child-minding and school aged children'. This approach would support staff to know how they are doing and what they can do to improve. Clear actions, timescales and reviews should be identified to support ongoing improvement.

A quality assurance calendar should be put in place for the day-to-day running of the club. This should be formalised with any actions identified, who is responsible, when this was actioned and what the outcome was. We suggested this could be broken down into monthly tasks for the manager to complete. This would include regular audits of personal plans and medication amongst others to support with improvements. **(See requirement 1.)**

Some informal supervision and monitoring was undertaken by the manager. This should be a more formal approach and focus on specific areas. Feedback should be shared with the team to highlight and praise good practice and discuss areas for development. Peer support and observations would also be beneficial to support consistent practice, ongoing professional development/training and improvement within the service. This information should be further used to support appraisals. Staff shared that these had not been completed regularly. We asked the provider and manager to consider more regular staff one to ones to support communication, working relationships and ongoing development. **(See area for improvement 1.)**

Staff meetings were very irregular and limited notes of these monthly meetings had been recorded. We stressed the importance of these which would provide the opportunity for reflection on practice, discussing children's experiences, sharing individual children's needs, and reviewing paperwork. Minutes of staff meetings should be fully recorded to support actions being taken forward. This would encourage improvements.

We looked at staff recruitment and found that staff had been recruited without suitable checks being put in place including PVG's (Protecting Vulnerable Groups) and suitable references. Risks had been considered by the provider, however, formal checks should be carried out prior to staff commencing to minimise risk to children. **(See area for improvement 2.)**

Requirements

1. To ensure children and families receive a high-quality service, the provider must implement effective quality assurance processes to support ongoing improvement. This should include the audits of personal plans and medication.

This must be achieved by 11 July 2022.

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

This is to ensure 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).

An extension to this timescale has been agreed to 28 February 2023.

A further extension of this timescale has been agreed to 12 June 2024.

Areas for improvement

1. To support positive outcomes for children the provider and manager should, at a minimum:

- a) implement supervision and monitoring of staff to support consistent practice, ongoing professional development and improvements within the service
- b) support staff with robust and regular appraisals to support their ongoing development.

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).

2.

To support the welfare and safety of children, the provider should ensure that they follow safer recruitment guidance. Formal checks should be concluded before staff commence at the service.

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

'I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 4.3: Staff deployment

Two staff with less than ten children promoted opportunities for staff interaction and support. Parents shared, "The staffing team seem very close and work well together. The ethos of care and looking after the kid's wellbeing seems to be their top priority" and "My kids have both loved all the members of staff that have looked after them".

Staff communicated well with each other to ensure appropriate supervision promoted children's safety. And

staff relationships with each other promoted a relaxed and happy atmosphere for children to enjoy. At pick up time staff took time to talk to parents and let them know how their child had been, supporting the sharing of information.

Staff inductions were a basic checklist. These should be further developed considering the Scottish Government national induction resource. Specific areas such as child protection, policies and procedures, children's personal plans, medication etc, should be a priority in their induction. Records of reflection and staff knowledge and understanding should be added to inductions which should be assessed by a suitable person. This area for improvement has not been met and remains in place. Specific areas such as child protection, policies and procedures, children's personal plans, policies and procedures, medication, child protection etc, should be a priority in their induction. This area for improvement has not been met and remains in place. **(See area for improvement 1.)**

Staff had attended core training including first aid and some additional online training. An overview of training was in place and a training plan was in place for the next year. This was not individual to each staff members development needs. Staff should source training relevant to their role and continue to develop their knowledge of best practice documents to support ongoing improvement and improve children's experiences. Staff should evaluate training accessed to show any impact on their practice or professional development which would identify any further training needs. This area for improvement has not been met and remains in place. **(See area for improvement 2.)**

Deployment of staff generally supported the supervision and care of children. However, the provider shared that the service was now only operating three days a week due to a lack of staff. We asked the provider and manager to further consider their staff contingency plan. For example, what would the staff do in an emergency should a child need medical treatment. The provider should also consider a staff contingency plan for holidays and absences.

Areas for improvement

1. To support staff to have the skills and knowledge to support children to be safe, the provider should implement a robust induction process, which would provide a clear overview to ensure all newly recruited staff have the appropriate training and skills required prior to completing tasks.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To support the staff team's professional development and improve play experiences and outcomes for children, the provider should implement a targeted training plan which includes current best practice documents and supports staff to evaluate the impact of their training.

Staff should source training relevant to their role and continue to develop their knowledge of best practice documents to support ongoing improvement and improve children's experiences.

This is to ensure 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).

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

Requirements

Requirement 1

To ensure each child's needs are fully met, the provider must ensure that:

- a) each child has a detailed personal plan in place that reflects their current needs and wishes and how they will be effectively supported
- b) all staff have an appropriate understanding of each child's current needs and use this knowledge to fully meet their needs
- c) personal plans are reviewed at least every six months with parents.

This must be achieved by 27 June 2022.

This is to comply with Regulation 5 (1) (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

An extension to this timescale has been agreed to 28 February 2023.

This requirement was made on 14 June 2022.

Action taken on previous requirement

Improvements had been made to the personal planning paperwork. All children had a plan in place. Staff were aware of the contents of plans and had a good understanding of children and families.

Personal plans were not yet being consistently reviewed at least every six months with families, however, we were satisfied with the improvements made.

We have therefore reflected this under 'How good is our leadership?' - 3.1 Quality assurance and improvement are led well, area for improvement 1.

Met - outwith timescales

Requirement 2

To ensure the health and wellbeing of all children the provider must ensure, at a minimum, that:

- a) medication consent forms are in place for every child who requires medication
- b) emergency plans and protocols are in place for every child who requires long term emergency medication
- c) these plans and consent forms must be reviewed and updated with parents at least every three months
- d) the medication policy is updated to reflect these changes in practice and to ensure it is in line with current guidance.

This must be achieved by 27 June 2022.

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 2011/210).

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).

An extension to this timescale has been agreed to 28 February 2023.

This requirement was made on 14 June 2022.

Action taken on previous requirement

Improvements had been made to the content of medication paperwork and the medication policy had been updated to reflect current guidance.

One child did not have a consent form in place for cream to be applied and no other child required medication. Therefore, we were unable to assess whether these were being consistently reviewed at least every six months with families. We were satisfied with the improvements made.

Therefore, we have reflected this under 'How good is our leadership?' - 3.1 Quality assurance and improvement are led well, area for improvement 1.

Met - outwith timescales

Requirement 3

To ensure children and families receive a high-quality service, the provider must implement effective quality assurance processes, including an improvement plan, to support ongoing improvement.

This must be achieved by 11 July 2022.

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

This is to ensure 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).

An extension to this timescale has been agreed to 28 February 2023.

This requirement was made on 14 June 2022.

Action taken on previous requirement

There had been some improvements to quality assurance and improvement, however, further improvements need to be made to support positive outcomes for children and families.

This requirement will remain in place. (See 'How good is our leadership?' requirement 1.)

Not met

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 safeguard children and keep them safe from harm or abuse, the provider must ensure that:

- a) the child protection policy is reviewed and updated to ensure it is current and reflects best practice guidance
- b) the child protection protocol is specific to the club and includes clear procedures for staff to follow
- c) staff should make themselves familiar with chronology guidance.

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

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

This area for improvement was made on 14 June 2022.

Action taken since then

The child protection policy had been reviewed and updated and reflected guidance. A protocol had been created which is specific to the club and included clear procedures for staff to follow. Staff were now familiar with chronology guidance.

This area for improvement has been met.

Previous area for improvement 2

To support children to lead and extend their play through a wide range of quality experiences, the provider should, at a minimum:

- a) ensure that resources are reviewed and updated to offer more choice, challenge, and creativity
- b) ensure that children can access a wide range of experiences and resources suitable for their age and stage which support them to develop their imaginations and problem-solving.

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

As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 26 January 2023.

Action taken since then

Some resources had been reviewed and updated, however, activities and resources could further provide richer play experiences for children. Opportunities for children to develop numeracy skills through play were quite limited. The use of open-ended and natural resources across children's experiences including messy play and sensory play, was limited.

This area for improvement from the previous inspection has not fully been met.

This area for improvement has been amended to reflect improvements made.

Previous area for improvement 3

To maintain the health and wellbeing of children and staff, the provider must minimise the risk of spread of infection by ensuring, at a minimum, that:

- a) staff wear the appropriate PPE during first aid treatments
- b) infection prevention and control policies and risk assessments are reviewed regularly and shared with staff to ensure consistent and safe practice is embedded within the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 14 June 2022.

Action taken since then

Staff were aware of the processes in place for infection prevention and control. Children were encouraged to wash hands before and after snack. Staff were clear on when they required gloves and aprons.

This area for improvement has been met.

Previous area for improvement 4

To ensure safe and consistent practice within the service, the provider should review and update all policies and procedures, to ensure they are current in relation to best practice guidance.

This is to ensure 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).

This area for improvement was made on 26 January 2023.

Action taken since then

All policies and procedures had been reviewed since the last inspection.

This area for improvement has been met.

Previous area for improvement 5

To support staff to have the skills and knowledge to support children to be safe, the provider should implement a robust induction process, which would provide a clear overview to ensure all newly recruited staff have the appropriate training and skills required prior to completing tasks.

This ensures 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).

This area for improvement was made on 26 January 2023.

Action taken since then

Staff inductions were a basic checklist. These should be further developed considering the Scottish Government national induction resource.

This area for improvement has not been met and will remain in place.

Previous area for improvement 6

To support the staff team's professional development and improve play experiences and outcomes for children, the provider should implement a targeted training plan which includes current best practice documents and supports staff to evaluate the impact of their training.

This ensures 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).

This area for improvement was made on 26 January 2023.

Action taken since then

Staff had attended core training including first aid and some additional online training. An overview of training was in place and a training plan was in place for the next year. This was not individual to each staff members development needs. Staff were not yet evaluating the impact of any training access.

This area for improvement has not been met and will remain in place.

Previous area for improvement 7

To support positive outcomes for children the provider and manager should, at a minimum:

- a) implement supervision and monitoring of staff to support consistent practice, ongoing professional development and improvements within the service
- b) support staff with robust and regular appraisals to support their ongoing development.

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).

This area for improvement was made on 26 January 2023.

Action taken since then

Some informal supervision and monitoring was undertaken by the manager. Appraisals and one to ones were not yet consistent practice.

This area for improvement has not been met and will remain in place.

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 good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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