

Dumfries & Galloway Adoption Service Adoption Service

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Dumfries
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Type of inspection:
Announced (short notice)

Completed on:
1 October 2024

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Service no:
CS2004080451

About the service

Dumfries and Galloway Adoption Service provides an adoption service for children and young people who are unable to live at home. The service recruits, and supports adoptive families both before and after an adoption has been granted.

The adoption service is delivered by a dedicated team of supervising social workers, senior family support workers and management who work across both the fostering and adoption services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

About the inspection

This was a short notice inspection which took place between 21 August 2024 and 1 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

An inspection of the fostering service was undertaken in conjunction with this inspection and a separate report has been completed.

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 10 adoptive caregivers and one young person
- spoke with seven members of staff, one social work student, two senior social workers, the registered manager and team manager
- spoke with the independent chair of the permanence panel
- spoke with the agency decision maker
- spoke with two allocated children's social workers from the area team
- observed practice at the permanence panel and support group
- reviewed documents

In addition we considered responses to the Microsoft questionnaires sent out for the inspection which 12 caregivers, seven external professionals and six members of staff completed.

Key messages

- There were positive improvements in the delivery of the pre-adoption aspect of the service but the post adoption service was still in development.
- Many children and young people experienced meaningful and affectionate relationships with their adoptive caregivers.
- There was a risk to safe outcomes for children and young people as there was not always clarity that the service had fulfilled their safeguarding responsibilities.
- Post adoption support was not always collaborative and some caregivers did not feel listened to or supported.
- Improvements in quality assurance and learning and development in several areas were limited.
- Not all post adoption households had a post adoption support plan that reflected their current circumstances.

From this inspection we evaluated this service as:

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

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

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

How well do we support people's wellbeing?

2 - Weak

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

Following the last inspection the service had made improvements in the delivery of the pre-adoption service which had a positive impact on outcomes however the post adoption service was still in development and outcomes were significantly impacted by the weaknesses in this aspect of the service.

Many children and young people experienced meaningful and affectionate relationships with their adoptive caregivers and many children were supported by their caregiver to develop a strong sense that they were part of the family. However, some children and young people's safety was not always prioritised and there was not always clarity that the staff recognised protection concerns, or that the service had fulfilled their safeguarding responsibilities and consistently followed national guidance. This significantly increased risks to young people. (Continued Requirement 3)

Initial assessments of prospective adopters were comprehensive, and the service had made improvements to ensure caregivers, staff and management, had an understanding of the expectations of themselves and of the service during the pre-adoption period.

During the pre-adoption journey, the staff team supported relationships through reflective discussions and there were opportunities provided for training. However, children and young people did not always benefit from adoptive caregivers having up to date knowledge and training. Where there were delays in an adoption order being progressed not all prospective adopters had refreshed training, in line with the service's expectations, and the service was still developing training in some key areas. (Continued Requirement 7)

Children benefitted from the transition to their adoptive family being well planned and from the positive relationships between the foster carers and the adoptive families. These relationships were supported to be developed by the staff team. Caregivers described feeling well supported by the team during this time. One said the team "give us the support and guidance we need as a new family" and another said they are "always on hand to help with questions and worries we may have".

Some post adoptive parents did not feel listened to, and the positive relationships enjoyed by the pre-adoptive service were not echoed in the post adoption service. Strong relationships between staff and caregivers were not always established and there was not a sense that confident, relationship-based, and trauma-informed practice was embedded, which resulted in a lack of confidence in challenging in a trauma-skilled way. While there were attempts to provide support to post adoptive households this support sometimes came at points of crisis and was not pro-active enough to prevent negative outcomes. (Continued Requirement 2)

One caregiver told us "I have repeatedly expressed the need for different interventions rather than just putting parents on parenting courses." Another said "we could do with individual tailored support rather than just an occasional group video call."

Adoptive families experienced inconsistencies in the assessment and provision of post adoption support. Some adoptive families did not feel supported and the service was sometimes unable to support recovery when relationships between young people and their adoptive parents were strained. The support was not always collaborative and did not always identify agreed achievable outcomes that reflected the needs and wishes of the children and their family.

Where natural networks of support were exhausted and short breaks were identified as an assessed need, the service was not able to be provided due to resource issues. These issues reflected the national shortage of foster carers however when this was compounded by the sometimes-reactive approach to service delivery, and when issues of risk were not identified soon enough, the service was unable to ease the pressure on adoptive families which posed a risk to outcomes. (Continued Requirement 10)

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.

Within the pre-adoption part of the service, people being supported by the service were informed about the standards they should expect. However, there was a distinct contrast between those receiving support from the pre-adoption part of the service to those receiving support in the post adoption part of the service.

The managers within the service had been working hard since the last inspection to develop new quality assurance systems. However, it was not yet embedded and we continued to see a risk to outcomes that we considered to be preventable through effective quality assurance. We look forward to seeing the impact the new systems have on outcomes at the next inspection. (Continued Requirement 8)

Leaders understanding of what was working well and what needed to improve was further impacted on by the quality and timeliness of the information they were provided. Although the service had increased its focus on quality assurance the scope of this activity still required to be maximised and the lack of robust data used for this purpose limited its effectiveness. (Continued Requirement 10)

The permanence panel function had been reinforced by appropriate levels of independence, and skilled and experienced panel members. The panel was still forming as a group but they appropriately made decisions and challenged assessments. We anticipated that the overall panel function would strengthen as they develop within these roles and are supported through the development opportunities planned by the service.

How good is our staff team?

2 - Weak

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

We recognised that the service had been faced with staffing challenges and while the team had been highly supportive of each other, this impacted improvements in this area.

Arrangements for assessing staff practice were still in development. At the last inspection a requirement was made that only suitably qualified and competent staff were directed to undertake social work tasks to ensure safe working practices and reduce risks. At this inspection we noted that there had been changes made to the workloads to try and achieve this, however developments in this area were not sufficiently progressed, including in relation to safeguarding and protection practices. (Continued Requirement 11)

We observed aspects of positive relationship-based practice to support caring households, and caregivers within the pre-adoption service described an experience of high-quality support from staff. However, this was not echoed in the post adoption support service and meant that when relationships between children and their caregivers were strained the service was sometimes unable to effectively intervene. (Continued Requirement 12)

Management was working hard to support improvement and development within the staff team and recognised that progress in this area was essential to provide a strong foundation for successful improvements within other areas of the service.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Prospective adopter reports were detailed and had a good level of analysis and detailed the views of prospective caregivers and young people that would be impacted by an adoption.

Safer caring plans were individualised, were of a good quality and were consistently completed collaboratively. These were used in conjunction with risk assessments to more effectively inform individual care and support planning.

The quality of chronologies required improvement. This reduced understanding of carer history and the effectiveness of these as a practice tool in supporting anticipation and response to risks or potential patterns of concerns. (Continued Requirement 8).

In post adoption support households, practical and emotional support needs were not always anticipated or planned. Where multi-agency professionals were involved there was not always effective or inclusive communication. (Continued Requirement 10 and Continued Requirement 11)

Not all post adoption households had a post adoption support plan that had been completed collaboratively or reviewed to reflect their current circumstances and was in line with their wishes and agreed outcomes. (Continued Requirement 8)

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

Requirements

Requirement 1

By 29 February 2024 the provider must ensure an individualised, respectful approach is consistently used to assess and meet the care and support needs of children and young people.

To do this, the provider must as a minimum:

- a) Carry out a review of existing documentation to identify learning needs within the front line and management team and implement appropriate training to support improvement.
- b) Ensure young people are treated as individuals by the provider and that this is always clearly reflected in their documentation and experiences.
- c) Documentation within the service must consistently reflect a respectful and trauma informed culture.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

“My care and support meets my needs and is right for me” (HSCS 1.19) and;

"I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me" (HSCS 3.13) and;

"My human rights are central to the organisations that support and care for me" (HSCS 4.1)

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that the service had made the necessary improvements in relation to this requirement. This requirement was assessed as being met.

Met - within timescales

Requirement 2

Within 24 hours of the receipt of the report the provider should ensure the safety and wellbeing of children and young people by reviewing all carer and young people's plans to identify risks.

To do this, the provider must as a minimum:

- a) Ensure all staff have the knowledge and skills to effectively assess risk and take action at an early stage.
- b) Maintain frequent and meaningful communication with caregivers, including regular home visits.
- c) Ensure potential risks are comprehensively assessed and effectively inform care and support planning.
- d) Ensure this is reflected in the recording of high quality risk assessments and care planning including in safer caring plans.
- e) Ensure these risk assessments are appropriately shared with the relevant people and all relevant information is made available.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

"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 requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Requirement 3

Within 24 hours of receipt of this report the provider should ensure the safety and wellbeing of children and young people by always applying a consistent approach to protection matters.

To do this, the provider must as a minimum:

- a) Ensure practice is in line with national guidance and good practice.
- b) Ensure staff are clear as to their roles and responsibilities in relation to safeguarding and protection matters through training, supervision and team learning opportunities.
- c) Ensure comprehensive recording of all safeguarding and protection matters.

With immediate effect to provide additional safeguards and assurances the provider must submit detailed six weekly audits of safeguarding and protection matters to the Care Inspectorate.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard 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)

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

We have added to this requirement to provide additional safeguards and assurances.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Requirement 4

By 30 December 2023 the provider must develop and implement effective processes to inform decision-making in relation to matching. This is to ensure the safety, wellbeing and stability of care arrangements for children and young people. To do this, the provider must as a minimum:

- a) Ensure matching and admissions are comprehensively assessed to ensure that carers have the necessary skills and expertise to meet the identified needs of a young person moving into a placement, as well as any young people living in the household.
- b) The views of carers, birth children and other young people living within caring households should consistently be sought, listened to and inform decision making.

c) Ensure unplanned ending meetings take place promptly and in line with the service policy and procedure which states "An Unplanned Ending Meeting should always be undertaken when a caring arrangement for a child/young person has ended abruptly".

d) Ensure learning opportunities are shared and impact practice following unplanned ending meeting.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that the service had made the necessary improvements in relation to this requirement. This requirement was assessed as being met.

Met - within timescales

Requirement 5

By 30 December 2023 the provider must ensure the safety and wellbeing of children and young people through the accurate, prompt and robust assessment and reassessment of carers and presentation to panel following the identification of any significant changes of circumstances within the caring household.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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

"If I have a carer, their needs are assessed and support provided." (HSCS 4.26) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that the service had made the necessary improvements in relation to this requirement. This requirement was assessed as being met.

Met - within timescales

Requirement 6

By 29 February 2024 the provider must ensure that children, young people and carers get the service which is right for them through achieving clarity and good practice in respect of carer approval.

To do this, the provider must as a minimum:

- a) Must ensure clarity in terms of legal basis for approval and subsequent approval status for prospective adopters.
- b) Must ensure that this is effectively communicated and there is a shared understanding amongst management, staff, panel and prospective adopters.
- c) Ensure expectations of prospective adopters and of the service are clearly understood by all and effectively communicated from the point of enquiry.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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

"I am in the right place to experience the care and support I need and want." (HSCS 1.20) and;

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

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that the service had made the necessary improvements in relation to this requirement. This requirement was assessed as being met.

Met - within timescales

Requirement 7

By 30 May 2024 the provider must ensure that all prospective and approved adopters undertake appropriate training. This is to ensure the safety and wellbeing of children and young people.

To do this, the provider must as a minimum:

- a) Ensure all foster carers and prospective adopters attend appropriate training, including but not limited to child and adult protection and de-escalation training.
- b) Ensure training is provided by appropriately qualified persons.
- c) Ensure that core training, or training identified for specific carers, is undertaken in a timely fashion to ensure this equips them to undertake their role.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

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

"I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.24).

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Requirement 8

By 29 February 2024 the provider must ensure quality assurance systems are robust, effectively support a strategic and practice overview and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress including caring household numbers, carer approvals and return to panel, unplanned endings and permanence progress.
- b) Ensure immediate notification reporting to the Care Inspectorate is implemented as detailed in the document "Records that all registered care services (except childminding) must keep and guidance on notification reporting" and that this is sustained.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer chronologies and carer supervision records.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

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) and;

"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 use a service and organisation that are well led and managed." (HSCS 4.23).

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Requirement 9

By 29 February 2024 the provider should ensure that panels effectively support quality assurance within the service.

To do this, the provider must as a minimum:

- a) Ensure panels operate with appropriate independence.
- b) Ensure panel chairs and members are clear on their roles and responsibilities, removing the risk of conflicts of interest.
- c) Ensure that panel processes include appropriate levels of scrutiny and challenge.
- d) Ensure panel functioning is supported by the provision of high-quality documentation which has been quality assured in advance by management within the service.
- e) Implement clear expectations around carer attendance at panels.
- f) Ensure people's views, including birth children and others living within caring households, are sought and presented to panel for consideration.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

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 requirement was made on 5 February 2024.

Action taken on previous requirement

We found that the service had made the necessary improvements in relation to this requirement. This requirement was assessed as being met.

Met - within timescales

Requirement 10

By 30 May 2024 the provider must adopt a consistent approach to the delivery of pre and post adoption support services. This is to ensure that people share a clear understanding of available services and experience high quality support.

To do this, the provider must as a minimum:

- a) Ensure management and staff have a clear understanding of their legal duties and responsibilities in relation to pre and post adoption support. Any gaps identified should be identified through appropriate training.
- b) Ensure a shared understanding across staff, management and carers as to approval and support processes, entitlements and expectations through clear communication and provision of information.
- c) The pro-active assessment and planning for post adoption support.
- d) The pro-active and timely provision of post adoption support services.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

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

“My future care and support needs are anticipated as part of my assessment.” (HSCS 1.14) and;

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

“I experience high quality care and support because people have the necessary information and resources.” (HSCS 4.27)

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Requirement 11

Within 24 hours the provider must ensure that only suitably qualified and competent staff are directed to undertake social work tasks. This is to ensure safe working practices and reduce risks for young people, carers and staff.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

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

"I am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13) 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 requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Requirement 12

By 30th December 2023 the provider must ensure that caregivers feel well supported and provide a consistent service to caring households which meets their needs.

To do this, the provider must as a minimum:

- a) Qualified staff undertake regular home visits and supervision of approved adopters.
- b) When staff are absent carers must be informed of this and effective alternative support must be provided to caring households.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

"I am confident that people respond promptly, including when I ask for help." (HSCS 3.17) and;

"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) and;

"If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative." (HSCS 4.22)

This requirement was made on 5 February 2024.

Action taken on previous requirement

We found that although the service had made improvements in some areas, not all aspects of essential development work had been carried out. As a result, it was assessed that this requirement was not met.

The timescale for meeting this requirement has been extended to 30th May 2025.

Not met

Complaints

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

Detailed evaluations

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

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