

# Dumfries and Galloway Fostering Service Fostering Service

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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:**  
CS2004084441

## About the service

Dumfries and Galloway Fostering service provides a fostering service for children and young people who are unable to live at home. The service recruits and supports carer families to provide a range of fostering placements. The service also provides an intensive support service for fostered young people.

The fostering service is delivered by a dedicated team of supervising social workers, senior family support workers and management who work across both 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 adoption service was undertaken in conjunction with this inspection and separate reports have 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:

- \* met with 21 people using the service
- \* spoke with seven members of staff, one social work student, both senior social workers, the registered manager and team manager
- \* observed practice and daily life
- \* reviewed documents
- \* observed two carer support groups
- \* observed the fostering panel and permanence panel
- \* spoke the independent chairs of the fostering and permanence panels
- \* spoke with the agency decision maker
- \* spoke with two allocated children's social workers from the area team

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

## Key messages

- \* The vision and ambitions for the services were emerging however significant improvements still needed to be progressed to achieve these.
- \* There was not always clarity that the service had fulfilled their responsibilities or consistently followed national guidance in relation to safeguarding and protection matters. This meant that, at times, there were risks that children and young people's safety would be compromised.
- \* Improvements in quality assurance and learning and development in several areas were limited which impacted on the consistency and quality of support provided.
- \* Young people were supported to maintain important birth family relationships.

## 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?	1 - Unsatisfactory
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?

1 - Unsatisfactory

We continue to be very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

There was not always clarity that the service had fulfilled their responsibilities, or consistently followed, national guidance in relation to safeguarding and protection matters, significantly increasing risks to the safety of children and young people. Recording of protection matters had, however, been reviewed and additional layers of scrutiny introduced resulting in some increased consistency and accountability. Development needs within the team had been recognised, were beginning to be addressed and must continue. **(See continued Requirement 3)**

Some additional training and inputs were well received by carers, enhanced their knowledge of trauma and supported them in their role as caregivers. De-escalation training was in development but had not progressed to implementation at the time of this inspection.

We noted instances which continued to highlight the benefits this training would offer. Core training, including child protection, was not up to date for all carers and the service were not aware of this until highlighted at inspection. This increased the risk to safe outcomes for children and young people. **(See continued Requirement 7)**

Work was also ongoing to promote consistently trauma informed practice to promote positive experiences for young people and we found language used within young people's and carer's documents was consistently and appropriately individualised.

Some young people experienced meaningful, nurturing experiences within caring households, offering a safe and stable home for them to develop and thrive. The service strived to ensure that brothers and sisters remained together, where assessed as in their best interests. For some young people, these important relationships were sustained beyond the time living within the caring household, providing them with enduring, positive relationships.

The service had made some improvements in relation to safer caring plans, use of risk assessments and planned visits to caring households. However, concerns continued to be identified which highlighted limitations to improvements in this area and increased potential risks, including safeguarding, for young people. **(See continued Requirement 2).**

Considered and well supported moves between living arrangements were experienced by some young people and caring households offering reassurance and a sense of security when experiencing transitions. However, where this was impacted by short notice/emergency situations and scarcity of resources this resulted in negative experiences for individual young people and caring households.

While we saw people's views were being more consistently sought and considered in decision making forums, instances where this was not apparent were linked to poorer experiences. Although some caring households benefitted from unplanned ending meetings taking place, these were not always carried out consistently in line with the service's own guidance and good practice. This limited learning opportunities and for people's views to be considered. **(See continued Requirement 4)**

Lack of continuous comprehensive assessment of caregiver families significantly compromised the service's ability to consistently ensure young people's safety and wellbeing. The service did not have an overview of carer reviews, and we assessed that the process of ensuring carers return to panel following significant changes within the caring household, including unplanned endings, was not always being followed. **(See continued Requirement 5)**. In addition, we noted some assessments presented to panel did not always comprehensively consider current circumstances, the strengths and vulnerabilities of carers or impact on others in the household. **(See continued Requirement 6)**.

## 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.

The registered and team manager had been working hard since the last inspection to develop quality assurance systems within the service. This included the planned introduction of a new computer system that would allow clearer oversight, tracking and benchmarking of progress. This should support improvements when introduced however at this time we continued to see risks to outcomes that we considered to be preventable through effective quality assurance.

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. Therefore, 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. **(See continued Requirement 8)**

Through the appointment of independent chairs to the fostering and permanence panels we assessed that appropriate independence had been achieved. Although the panels were at the early stages of forming as a group, the positive impact of current arrangements were beginning to be evidenced. It is anticipated that the overall panel function will strengthen as they grow and develop within these roles and are supported through development opportunities, business meetings and appraisals which we heard were planned by the service.

Information presented to the fostering panel by the service was not, at times, consistently accurate, of a high quality or sufficiently comprehensive. This compromised the ability of panel to fully consider information relating to young people's safety and wellbeing when making decisions. **(See continued Requirement 9)**

Although improvements had not progressed at the necessary pace, the initial stages and foundations of improvements were emerging and the commitment and communicated vision of the team manager and registered manager offered some further assurances.

## 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 whilst the team had been highly supportive of each other, this had impacted on achieving all the necessary improvements in this area.

At the last inspection a requirement was made that only suitably qualified and competent staff be 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 had not sufficiently progressed, including in relation to safeguarding and protection practices. **(See continued Requirement 10).**

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

Several carers described an experience of high-quality support from staff within the fostering service which was based on positive relationship-based practice. This was evidenced in supportive, effective relationships and increased carer confidence in the service as a whole.

The service had worked hard to minimise the impact of challenging staffing resources on caring households and recent recruitment should further support this.

## How well is our care and support planned?

3 - Adequate

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

Young people had the opportunity to engage with independent advocacy services which meant their views were sought and represented in forums where decisions were being made about their future plans. We saw examples of carers advocating for young people and working hard to ensure their best interests were met.

Carers consistently attended panels convened to review their approval, offering the opportunity for meaningful engagement. The expectations around this had been clearly communicated by the service and this was reinforced by panel. We highlighted to the service the need to ensure carers have an understanding when their approval restricts them from further young people entering the household as this was not always seen to be being communicated effectively by staff and/or the use of emergency authorisations.

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

Quality of chronologies still 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. **(See again 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 receipt of receipt of this 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 appropriate assessments and safeguarding checks are undertaken where people outwith the caring household will provide direct support to CYP.
- e. Ensure this is reflected in the recording of high quality risk assessments and care planning including in safer caring plans.
- f. 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.

**This requirement was made on 5 February 2024.**

**The timescale for meeting this requirement has been extended to 30 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, 6 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.

**This requirement was made on 5 February 2024.**

**We have added to this requirement to provide additional safeguards and assurances. The timescale for meeting this requirement has been extended to 30 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 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.

This requirement was made on 5 February 2024.

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

Not met

### 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 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.

This requirement was made on 5 February 2024.

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

Not met

### 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. Undertake an immediate review of all carer approvals and ensure these reflect national descriptors and is in line with guidance and regulations.
- b. Assess those carer households where it is identified that carer approval and current care arrangements for children and young people are not in line with guidance and regulations.
- c. Ensure that assessments comprehensively consider current circumstances, the strengths and vulnerabilities of carers and that approval accurately reflects this.

d. Identifying outstanding carer review at panel and ensure these are urgently considered.

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 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.

**This requirement was made on 5 February 2024.**

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

**Not met**

## Requirement 7

By 30 May 2024 the provider must ensure that all foster carers 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 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.

**This requirement was made on 5 February 2024.**

**The timescale for meeting this requirement has been extended to 30 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.

This requirement was made on 5 February 2024.

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

This requirement was made on 5 February 2024.

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

**Not met**

## Requirement 10

Within 24 hours of receipt of this report 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.

**This requirement was made on 5 February 2024.**

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

**Not met**

## Requirement 11

By 30 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 foster carers.
- 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 the service had made the necessary improvements in relation to this Requirement.

**This Requirement was assessed as being met.**

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
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	1 - Unsatisfactory
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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