Are You Being Served... Well?

This is our Adult Social Care Local Account for 2014-15. It tells you about the Council’s work to provide support to adults in our Borough who need help with their care – what we have achieved; what we want to do better; and our priorities for the future.
Foreword

I am pleased to introduce our fourth annual Local Account, summarising progress and achievements in Adult Social Care during the 2014-15 period.

This document helps to show the Council’s commitment to protecting the most vulnerable members of our communities. You will see that we continue to support thousands of people every year who need help to get on with their daily lives, whilst managing our resources carefully so that services are developed and improved.

The challenges involved in meeting the care needs of an ageing population, alongside the significant budget reductions faced by Councils, are becoming ever more acute – not least at a time of huge national change with the implementation of the new Care Act 2014. Although national funding reforms have been delayed until 2020, we have worked hard over the past year to get ready for other changes taking place from April 2015 – for example, new eligibility criteria for services, changes in who we must assess and how we do this, and development of a comprehensive service directory so that information and advice on care and support is available to everyone who might need it.

You can read more here about many of the other things we have done over the year to develop new ways of working, to ensure resources are being used effectively, and to keep planning for the longer term. The document focuses on the following priority themes:

- Keeping vulnerable adults safe (Safeguarding)
- Supporting carers
- Delivering personalised care
- Prevention and early intervention

We have much to be proud of - the commitment of our workforce, the support of key partners in health and the voluntary and community sector, and the positive feedback we get from the vast majority of those who use our services. As I pointed out in last year’s Local Account, these relationships are crucial to dealing with the changes we are facing. I look forward to continued progress in our commitment to excellent social care provision.

In the meantime, if you would like to tell us of your experiences of adult social care services or anything that needs to improve, please see the contact details at the back of this document.
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About Adult Social Care

What we do

Adult Social Care Services support people aged 18 years and over who have social care needs, are vulnerable or at risk. We:

- assess and make arrangements to meet people’s care and support needs - for example, supporting discharge from hospital, providing help at home, enabling people to get out during the day, or providing breaks for carers

- work closely with other agencies, especially health services, to ensure people’s needs are met and their situation is reviewed regularly

- provide access to information and advice on care and support for everyone who may need it

- manage contracts with a range of organisations in the private, voluntary and community sectors who provide social care services, and monitor the quality of these services

- offer people personal budgets so that people have the choice to make their own arrangements for their care
In 2014-15 we...

- gave help, advice or information to 7,841 people in total
- provided services to 5,700 people each month on average

- completed assessments for 3,106 clients

- commissioned over 10,000 hours of homecare per week for people to stay at home, living as independently as possible for as long as possible

- supported 2,300 people on average each month with equipment or adaptations to help them stay safe and maintain their independence

- provided 1,160 people with reablement services when they were discharged from hospital, supporting them to get better and stay better for longer

- had no hospital discharges delayed due to lack of social care provision
This chart shows the proportion of clients we have helped according to their main need for support...

Client Primary Support Reasons

- **9%** Learning Disability
- **4%** Mental Health
- **44%** Physical: Access and Mobility
- **32%** Physical: Personal Care
- **8%** Memory & Cognition
- **2%** Other: e.g. Sensory Support; Carers; Asylum Seekers

...and here we show the proportion of clients according to the type of service they receive

Service Types received by Clients

- **17%** Residential & Nursing
- **22%** Home Care
- **15%** Other Community Support: e.g. Direct Payments; Day Care
- **5%** Short Term Support e.g. Intermediate Care; Reablement
- **41%** Ongoing Low Level Support e.g. Equipment & Adaptations; Telecare
What we spend

In 2014-15 the total net expenditure on Adult Social Care provision was £48m – this was 32% of total net Council expenditure.

This chart shows the proportion of expenditure for each of the main categories of need

Client Primary Support Reasons

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>35%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6%</td>
</tr>
<tr>
<td>Physical</td>
<td>43%</td>
</tr>
<tr>
<td>Memory &amp; Cognition</td>
<td>10%</td>
</tr>
<tr>
<td>Other: e.g. Sensory Support; Carers; Asylum Seekers</td>
<td>5%</td>
</tr>
</tbody>
</table>

The money is spent on a number of different services - this chart shows the proportion spent on the main service types

Net Adult Social Care Spend by Service Type

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential &amp; Nursing</td>
<td>34%</td>
</tr>
<tr>
<td>Home Care</td>
<td>16%</td>
</tr>
<tr>
<td>Other Community Support: e.g. Direct Payments; Day Care</td>
<td>16%</td>
</tr>
<tr>
<td>Short Term Support e.g. Intermediate Care; Reablement</td>
<td>8%</td>
</tr>
<tr>
<td>Other e.g. Equipment; Telecare; Social Support</td>
<td>4%</td>
</tr>
<tr>
<td>Management and Support</td>
<td>21%</td>
</tr>
</tbody>
</table>
Safeguarding Vulnerable Adults

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent the risks and experience of abuse or neglect, and ensuring the adult’s wellbeing is at the heart of everything we do. Our Stockton-on-Tees Local Executive Group for Safeguarding Adults provides the forum for enabling this to happen.

We work also as part of the Teeswide Safeguarding Adults Board [TSAB] which brings together partner agencies to safeguard and promote the well-being and independence of adults living in the Boroughs of Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees, who are experiencing, or at risk of, abuse or neglect.

Key achievements:

• Our Safeguarding Team dealt with 939 safeguarding allegations over the year, and undertook further investigations in 315 of these cases.

• 92% of clients surveyed following a safeguarding referral were satisfied with the outcome.

• We updated Inter-Agency Safeguarding policy and procedures, and revised the Multi-Agency training programme, to ensure that all agencies are able to meet new safeguarding duties introduced in the Care Act 2014.

• We have increased the number of Safe Place venues across the Borough to 48 for people with a learning disability.

• Cleveland Police ran a campaign to raise awareness of Hate Crime; and a seminar was held for professionals to raise awareness of Human Trafficking and Modern Slavery.

Key actions for next year:

• Develop prevention strategies that aim to reduce the risk of abuse or neglect for adults.

• Publicise and deliver the Multi- Agency Training Programme to increase the knowledge and skills of people who are involved in safeguarding work.

• Implement a Quality Assurance Framework to improve the monitoring of the quality of safeguarding work across the TSAB partners.

• Adopt a more outcome focused approach to safeguarding so that we have better information about how we have helped clients to stay safe.
A safeguarding alert was raised by the physiotherapist working with Alan who has a diagnosis of Multiple Sclerosis and lived with his brothers. He disclosed that, following the death of his mother, he had started to notice money going missing from his wallet, and he was not allowed to use the washing machine and the fridge/freezer to store his food/meals. The situation was having a negative impact on his health and wellbeing.

Alan was visited by the allocated social worker. He stated that he had not reported any of the alleged thefts to police and he felt mediation with the family was not possible. Alan attended the strategy meeting, coordinated by the social worker, so that a more formal enquiry could be carried out, along with other agencies, to decide what actions are needed and for a protection plan to be devised. Information was shared with the Police who conducted an investigation of alleged financial abuse. Given the identified risks it was agreed that Alan would remain at risk living with his brothers, so emergency accommodation was arranged as part of the protection plan. As part of the protection plan, Alan was then supported to find suitable accommodation where his independence could be sustained into the future.

This case is a good example of making safeguarding personal, with Alan involved from the start, and with an outcome focused approach adopted, focused on his independence and wellbeing. Alan was restored to a position of control and the risk of further abuse was prevented.

2015-2018 strategic priorities for Safeguarding:

- Support the work of the Teeswide Safeguarding Adults Board, via the Stockton Local Executive Group for Safeguarding Adults, to protect adults at risk of abuse and neglect.
- Ensure a high quality response to adult safeguarding issues that involves people, identifies what outcomes they want, and leaves them feeling safe.
- Ensure that the services we commission work to quality standards that promote people’s safety and wellbeing.
- Ensure that people who lack mental capacity to make certain decisions are supported appropriately and that any decisions made on their behalf are in their best interests, in compliance with the Mental Capacity Act, and protecting their Human Rights.
Personalisation

Personalisation is a social care approach described by the Department of Health as meaning that “every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings”. Whilst direct payments and personal budgets are part of the approach to helping service users have more control, personalisation is also about services being tailored to the needs of every individual.

Key achievements:

• The Personalisation Support Service became a directly managed Council service from October 2014, having been previously delivered as a commissioned service. This decision was made in direct response to client feedback about service standards, and allows for better monitoring and a smoother service along each aspect of the process.

• We have developed public information packs and guidance to improve awareness of the benefits of personalisation, and to ensure our approach is in line with the changes brought about by the Care Act 2014.

• We have worked with the local Clinical Commissioning Group (CCG) so that people with health and social care needs can receive a single personal budget to meet both sets of needs.

• The number of people receiving a direct payment at the end of March 2015 had increased to 559 from 519 the previous year.

Key actions for next year:

• Implement the online Stockton Information Directory, to improve access to services by providing a central point for information on welfare, health and social care services within the Borough.

• Commission an external review of our Personalisation policy and practice, to learn what more we can do to improve the way we deliver personalised care.

• Investigate the feasibility of managing a Personal Assistant register to make the process of recruitment easier for people with a direct payment.

• Review options for enabling clients to pay for services by the use of pre-paid cards.
Michelle is a young woman who lives alone with her three children. She has several medical conditions and experiences pain and discomfort on a daily basis due to these problems. She has recently suffered a period of severe depression, and divorce has resulted in Michelle and the children enduring a move of home and having to settle in to new routines.

Michelle does not have a wide circle of friends anymore due to her condition and the way it presents itself. She is often very tired by her condition and needs to preserve her energy for caring for the children, which impacts on doing domestic tasks around the home.

Michelle had some aids and equipment in place already but Occupational Therapy involvement was required to determine any other support that could be made available. Michelle feels strongly that her children should not be a carer to her in any way. She wants to be as independent as possible and requested support to make each day more manageable.

Working with Michelle, a support plan was put together that would contribute towards desired outcomes of promoting her independence, reducing her isolation, and enabling her ultimately to access work and education. It was agreed that the personal budget for her care plan would be self-managed by Michelle via a direct payment, to enable her to employ a personal assistant to help with meal preparation and cooking for her and her children, using healthy and nutritious ingredients; and to help with domestic tasks such as washing, ironing and cleaning.

One big wish for Michelle was support to help alleviate isolation and her mental health pressures whilst encouraging new relationships for her. Michelle loves singing and the personal budget was also used to access local singing tutorials to support with this aspect of her assessed needs.

2015-2018 strategic priorities for Personalisation:

- Ensure that the personalisation process is effectively understood by the public, service users and carers.
- Ensure that the Resource Allocation System is appropriate for all service users and that it is fair and equitable.
- Increase the number of people and range of service users taking up direct payments to manage their own personal budgets.
- Continue to work with NHS partners through the Dementia Collaborative to improve the experience of care and support services for people with dementia and their carers.
- Ensure that systems are in place to support people with a learning disability or autism to receive personalised support.
- Commission an independent review of personalisation and implement the review recommendations.
Prevention and Early Intervention

Our ambition is to help people stay fit, healthy and independent within their own home for as long as possible and prevent them from needing ongoing services or support within a care home.

Key achievements:

- The Care Quality Commission inspected our community Intermediate Care service and our residential rehabilitation/assessment service, with both being rated as ‘good’.

- Increased the number of older people living at home three months after discharge from hospital from 85% in 2013/14 to 91% in 2014/15.

- Launched the LiveWell Dementia Hub service providing information and advice, additional training and memory clinic facilities to the 2,270 people living with dementia and their carers.

- Increased the number of people attending the Halcyon Centre day centre to over 200 each week, including 25% with a diagnosis of dementia.

- Increased services to people with learning disabilities – 20% increase in people receiving respite services provided by the Council; 14% increase in the number receiving day care services; and provided a separate autism service.

- Referrals to our STEPs Community Bridge Building service increased, so more people with disabilities were helped to access mainstream employment, training and leisure activities.

Key actions for next year:

- Launch a new Multi-Disciplinary Service, working together with NHS partners, to focus on timely interventions to prevent people being admitted to hospital and enable them to stay independent for longer.

- Further develop our learning disability day and respite services to provide more relevant activities in our local communities and neighbourhoods, including the provision of a sports academy to increase social inclusion.

- Extend our services for people with a diagnosis of dementia and their carers.
2015-2018 strategic priorities for Prevention and Early Intervention:

- Review Reablement and Intermediate care provision as part of the Adult Big Ticket programme.
- Improve access to information, advice and guidance for people not eligible for assessment.
- Continue to implement plans to prevent avoidable hospital admissions and support timely discharge from hospital throughout the year, particularly during the winter months.

Case Study 1

Norma has complex health needs, having experienced leg amputation, and suffered breast cancer for which she was having radiotherapy treatment at hospital. Norma is also diabetic, partially sighted and registered blind.

The Reablement Team were approached by a social worker to see if they could assist after Norma discharged herself from hospital and was finding it harder to manage than she envisaged. A longer term care package was likely to be needed. The Reablement support workers were quickly on the scene to assist Norma with all personal care tasks and meal preparation, and ensure she took her medication.

Norma had good support from family and friends. During the early part of the support she had regular problems with her medical conditions. However, Norma was determined to be as independent as possible at home, but had some areas to work on - for example being able to place her crockery into the top kitchen cupboard and being able to fit the bowl back into her commode.

In time staff noticed that Norma was feeling stronger and was getting back to where she was previously. The Physiotherapy team at the hospital was contacted to identify new techniques for managing the commode and changing the bowl. A new commode was ordered which helped her for a while, but she was able to return this once she had learnt to manage the old one independently. After practice Norma was also able to place glasses into the top cupboard. After five weeks the Reablement team observed that Norma was managing all personal care tasks independently and agreed with her to withdraw their service over the next few days. Norma contacted the team to inform them a friend was coming to stay and she felt well and asked if we could finish our service. Norma remains independent six months later.
Carers

Carers play a vital role in our community and we are committed to supporting them to continue in their caring roles while maintaining their own health and wellbeing.

Key achievements:

• Implemented the new contract for adult carer services, awarded to Sanctuary Supported Living in 2014, who work on an outreach basis across community venues across the Borough and have an established carers group which meets every week.

• Support provided by Sanctuary Supported Living to 420 carers across a range of services – for example, helping them continue their caring role, and securing nearly £20,000 of additional benefit payments for clients.

• 698 carers were assessed by Social Workers and all were provided with information, advice or support to assist them in their caring role.

• Developed a new statutory carer assessment, to meet the requirements of the Care Act 2014 which introduces new legal obligations on Councils, from April 2015, to assess carers’ needs for support.

Key actions for next year:

• Review the Stockton Joint Strategy for Carer Support Services to ensure it is compliant with our new duties under the Care Act 2014.

• Through Sanctuary Supported Living, ensure a carers’ community hub is launched as the focal point for the Stockton Carers Service.

• Strengthen links with other community-based organisations so we can continue to identify more carers and engage them in services.

2015-2018 strategic priorities for Carers:

• Continue to implement the Joint Carers’ Support Strategy with the NHS.

• Further develop support services for carers of people with dementia.
Listening to Your Views

Feedback from our service users is essential to our plans. We get your views from a number of sources.

User Surveys

Each year all Councils participate in a national survey of people receiving adult social care services, with results feeding into national performance indicators. In last year’s Local Account we gave you the provisional results for the 2013-14 surveys – the final published results are now summarised in the chart on the following page, with performance benchmarked against the averages for England as a whole and for a comparator group of similar local authorities.

We will provide details of our 2014-15 results once they are published, via an update in Stockton News early in 2016.

We also carry out local surveys as part of our care management practice. All clients who are assessed are asked for their feedback – 94% of respondents were satisfied or very satisfied with the outcome of their assessment, beating our target of 90%. The Safeguarding section of this document reports on the positive survey response we have from clients who have been the subject of a safeguarding referral.

Consultation with User Groups

We regularly engage with our service users to help us review services and plan improvements. This can take place in many ways, for example:

- Through a number of established groups – for example, the Over 50s Assembly, our Learning Disability Partnership, or the ‘Making it Real’ group of service users and carers who help us with our plans for developing personal budgets and personalised care.

- Through the Council’s programme of Scrutiny reviews – in 2014-15 for example, the Adult Services and Health Select Committee undertook a comprehensive survey of user views for its review into the quality of Home Care provision. Next year it will be engaging with clients as part of its Learning Disability review.

Complaints

We accept that when things do not go well our complaints procedure is a vital part of putting things right. During 2014-15 we experienced an increase in complaints, with 54 received compared to 32 in the previous year. This increase reflects experience nationally – the annual review of the Local Government Ombudsman highlights a 10% increase in complaints about local authority adult care services.

The main themes identified in our review of complaints have been: communication with service users; staff conduct; compliance with agreed procedures; practice issues within Commissioned services. We are committed to learning lessons from these complaints, and a number of actions have been taken over the year, including:

- Changes to some of our care planning procedures
- Advice and guidance issued to staff
- Recommendations to commissioned services about their procedures and practice
- Staff training and supervision in relation to customer care
Working with Healthwatch

Local Healthwatch services have been set up across England to create a strong, independent consumer champion whose aim is to:

- strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs; and
- support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

The Council values the scrutiny and challenge of this independent consumer voice. We have established regular liaison meetings with Healthwatch Stockton-on-Tees so that we are aware of respective work plans and programmes, and can ensure that Healthwatch can contribute to our ongoing review and improvement of adult social care provision. In 2014-15, Healthwatch undertook their own exercise to hear people’s views about Home Care services, with their subsequent report helping to inform the Council’s Scrutiny review.

2013-14 National Performance Indicators from Social Care Survey

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Stockton-on-Tees</th>
<th>Comparator Group ave</th>
<th>England average</th>
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<tr>
<td>1B</td>
<td>80.2</td>
<td>78.7</td>
<td>76.8</td>
</tr>
<tr>
<td>1I (1)</td>
<td>43.0</td>
<td>44.9</td>
<td>44.5</td>
</tr>
<tr>
<td>3A</td>
<td>71.0</td>
<td>65.3</td>
<td>64.8</td>
</tr>
<tr>
<td>3D (1)</td>
<td>82.2</td>
<td>76.4</td>
<td>74.5</td>
</tr>
<tr>
<td>4A</td>
<td>61.6</td>
<td>67.0</td>
<td>66.0</td>
</tr>
<tr>
<td>4B</td>
<td>78.2</td>
<td>79.3</td>
<td>79.1</td>
</tr>
</tbody>
</table>

1B Proportion of people who use services who have control over their daily life

1I (1) Proportion of people who use services who reported that they had as such social contact as they would like

3A Overall satisfaction of people who use services with their care and support

3D (1) Proportion of people who use services who find it easy to find information about services

4A Proportion of people who use services who feel safe

4B Proportion of people who use services who say that those services have made them feel safe and secure
Future Developments and Challenges

We continue to develop plans for improving our services, based on our vision that people should be supported:

- to live as independently as possible
- to live more fulfilling lives
- to have choice and control over their lives
- to maintain their dignity and be respected
- to live longer, healthier lives
- to receive personalised health or social care support that meets their needs.

Our plans for achieving this vision, and the wider context within which we deliver services, are reflected also in the Council Plan which can be found at: Big plans, Bright future - Stockton Council

These plans must take account of significant challenges:

- An ageing population. Projections for 2025 indicate, for example, that the population of those aged 65 yrs and over in our Borough will see:
  - an increase of 25% (from 33,800 to 42,300); a greater rate of increase than for the North East and England overall
  - a 38% increase in dementia (from 2,245 to 3,092)
  - a 24% increase in diabetes (from 4,216 to 5,241)
  - over half with a limiting long-term illness (from 17,630 to 22,396)
  - 3,204 more living alone (from 12,373 to 15,577)
  - over 3,000 more needing some help with self-care (from 11,134 to 14,279)

- Further budget savings to meet government funding reductions. Our programme of Adult ‘Big Ticket’ reviews, focused on transforming the way we deliver services, will be critical to support the Council in delivering its medium term financial plan and achieving expected further savings of £17m by 2018. You can find more about our Big Ticket programme via our newsletters at: Big plans for the care we provide - Stockton Council

- The new Care Act 2014. We have successfully implemented the first phase of this Act which has introduced new duties for local authorities to ensure that wellbeing, dignity and choice are at the heart of social care and health across the country. Our Adult Programme Board has overseen progress, providing assurance through ‘stocktake’ reports to the Department of Health that we have met regional and national requirements. Wide ranging funding reforms under the new Act have now been postponed until 2020. However, there remains much to do, for example reviewing our charging policy; and working with other Councils in the region and across the country to ensure that information relating to the new arrangements is available to the public.
We are making progress with a number of other initiatives to address these challenges, for example:

- Working with the NHS and Voluntary Sector partners, through the government’s Better Care Fund (BCF), we have progressed the development of a new Multi-Disciplinary Service which will enable a speedier response to people in crisis situations; and will improve the pathway of care for Dementia. We expect to implement these new services from October 2015.

- We have changed how our Adult Care First Contact service works, so that more people can be signposted sooner, via the Stockton Information Directory, to early intervention and preventative services wherever possible.

- Planning of services aimed at ensuring people can live in the community wherever possible, for example: developing increased Day and Respite services in the Borough for adults diagnosed with autism; working with Housing colleagues to promote more suitable housing options, such as supported accommodation for people with a learning disability being developed on a former care home site in Thornaby; and contributing to the option appraisal for an Active Ageing Village on the Victoria Housing Estate in central Stockton.
Further Information and Contacting Us

The Stockton Information Directory (for Adults) is a free online guide providing information and advice on a wide range of services for adults in the Borough – you can access it via: www.stocktoninformationdirectory.org

We have also a range of leaflets to explain the services available to support people over 18 living in Stockton-on-Tees who may need help with their care or are carers themselves.

You can find any of our information leaflets on: www.stockton.gov.uk/adultsocialcare

or by calling at any of our Customer Service Centres.

Contacting Us

If you have any comments on this report or you want to share your experiences of our services we want to hear from you. You can contact us by:

📞 01642 527521

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📞 01642 688312

✉️ healthwatchstockton@pcp.uk.net

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  Catalyst House
  27 Yarm Road
  Stockton-on-Tees
  TS18 3NJ
If you would like this information in any other language or format for example large print or audio please contact
01642 527764

إذا كنت ترغب الحصول على هذه المعلومات بلغات أخرى أو بأشكال أخرى فللا تتردد في الاتصال بنا على رقم 01642 527764

آخيراً، تأكد من إمكانية الحصول على هذه المعلومات باللغة العربية، الإنجليزية، الفارسية، الفرنسية، الكردية، الصينية، البنجابية، اللغة الإنجليزية بشكل عام،是否会还有其他需要

Si vous souhaitez obtenir ces informations dans d'autres langues ou sous un autre format, par exemple, en gros caractères / version audio, veuillez contacter l'équipe au n° 01642 527764

Kurdish

لا تتردد في الاتصال بنا للحصول على هذه المعلومات باللغة الكردية، الإنجليزية، الفارسية، الفرنسية، الكردية، الصينية، البنجابية، اللغة الإنجليزية بشكل عام،是否会还有其他需要

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Chinese

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Punjabi

کوئے میں اس معلومات کو کئی مزید پانی دیا جانیا جا سکتا ہے/ہیں؟ کوئے میں اس معلومات کو کئی مزید پانی دیا جانیا جا سکتا ہے/ہیں؟ کوئے میں اس معلومات کو کئی مزید پانی دیا جانیا جا سکتا ہے/ہیں؟

Urdu

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