

IN THE FAMILY COURT AT LEICESTER

Leicester County Court and Family Court
90 Wellington Street
Leicester
LE1 6HG

BEFORE:

HER HONOUR JUDGE NASSERA PATEL

BETWEEN:

LEICESTERSHIRE COUNTY COUNCIL

APPLICANT

- and -

**Amy
Brad
Carl
X, Y, Z
(By their Children’s Guardian)**

**(1) RESPONDENT
(2) RESPONDENT
(3) RESPONDENT
(4) -(6)
RESPONDENTS**

(Lack of Multiagency Approach to Deaf Parents)

Legal Representation

Mr Nick Brown (Counsel) on behalf of the Applicant Local Authority
Mr James Cleary (Counsel) on behalf of the First Respondent Mother
Mr Ben Mansfield (Counsel) on behalf of the Second Respondent Father
Ms Hannah Fountain (Counsel) on behalf of the Third Respondent Father
Ms Rhianna Manani (Counsel) on behalf of the Fourth – Sixth Respondent Children

Other Parties Present and their status

None.

Judgment

Judgment date: 12th December 2024

Reporting Restrictions Applied: No

“This judgment was delivered in private. The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the children and members of their family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.”

Her Honour Judge Patel:

Introduction

1. This judgment, handed down on 12 December 2024, sets out my reasons for adjourning Leicestershire County Council's (LCC) application for care orders issued on 20 February 2024. The matter stands at 40 weeks. It was previously adjourned in October 2024, because the court failed to book the appropriate interpreters required for the parents to have a fair hearing. This happened, despite my efforts, to make plain, in the case management order of 1 August 2024, that two Sign Supported English (SSE) and two Lipspeaking SSE interpreters were required - given that both parents are deaf persons. That error was not due to local court staff, who for the purposes of this hearing, have worked hard with FPL staff to ensure that the parents have had the right interpreters for this hearing.
2. I should say that for the purposes of this case the understanding of, identification, booking and confirmation of the right interpreters for each of these parents has come about through a combination of the parents' legal teams, the Deaf intermediary Chantelle De La Croix's advice, and the court checking to make sure that the named type of interpreters are the correct ones.
3. This judgment deals with the application on behalf of the parents for the matter to be adjourned. This application comes on day four of this second final hearing, having heard oral evidence from Dawn Knighton, the Independent Social Worker who has undertaken a Parent Assess assessment of the parents' parenting capacity within these proceedings, a family support worker who gave evidence about alleged breaches of a safety plan a previous adult social worker (ASW) who did a Care and Support Assessment of the mother in July 2024 which is dated 12 September 2024, and at the conclusion of the team manager's (TM) evidence in which she made a number of concessions about the failings in the way in which LCC has worked with and/or delivered interventions with each of the parents.
4. I have been very careful in this judgment to note that I have not heard all of the local authority's evidence. Further, despite giving the TM permission overnight (in the middle of her evidence) to go through the children's social care files to look for relevant specialist referrals (which should have been set out in the local authority's chronology filed at the start of these proceedings but was not), I have not yet allowed any updating documents to be released into these proceedings which specifically address the status of what referrals were made between 2017 (after the conclusion of the previous proceedings) and 2023 when the children were back on Child Protection Plans. I have also noted that whilst some concessions were made by the TM in her evidence about LCC's failings, the local authority does not accept all of the criticisms made by the parents.
5. The parents say that the matter should be adjourned for LCC to hold a Multi-Disciplinary Team meeting (MDT), given that one has never been held either in 2024 or in 2023, and for LCC to file and serve a proper 'integrated care plan' setting out the practical support the parents could be offered so that the court can be satisfied that LCC has thoroughly and fairly explored both support from its own resources and

from the other agencies, like Adult Social Care.

6. The application to adjourn these proceedings by the parents is actively supported by the Children's Guardian who indicated to the court, through Ms Manani, that had the parents not made this application, having heard the TM's evidence, he would have.
7. To its credit, LCC has actively supported the application to adjourn in response to the submissions from the parents and did not oppose the parents' application for this judgment to be published both in the interests of wider public policy on the issue of how local authorities should approach the assessment, interventions and support being offered to disabled parents, and for the purposes of transparency.

The parties

8. LCC is represented by Nick Brown of Counsel. The allocated social worker is on annual leave and so in October it was agreed that the TM would give evidence instead.
9. The children are X, aged 16, Y, aged 9, and Z, aged 7. The three children remain in the mother's care under interim care orders directed under s38(6) made on 24 May 2024, following interim supervision orders being made on 7 March 2024. They are represented by Ms Manani of Counsel who takes instructions from their Children's Guardian.
10. Amy is the mother of the children. I am going to refer to her as 'Amy' or 'mother' in this judgment. She is represented by James Cleary of Counsel. Amy relies entirely on lipreading and sign language. She has no residual hearing.
11. Amy has had the benefit of two SSE interpreters throughout this hearing and her Deaf intermediary. The contribution of those professionals has been invaluable in guiding the court, the court staff, and the advocates about how they should all be positioned in the courtroom to give the parents the best chance of understanding the court process and the evidence.
12. Brad is the birth father of Y and Z. He has been supported by two Lipspeaking with SSE interpreters at this hearing. He is represented by Mr Mansfield of Counsel.
13. Brad has a little hearing that helps him process speech, but he would not be able to hear on the telephone. He is described as 'severely to profoundly' deaf. Previously, he has expressly communicated through speech, but despite referring to himself as a non-signer, he did use some formal sign. Certainly from 2016 onwards, Dr Austen was clear that he needed SSE interpreters and that he had learnt to communicate this way from being at school.
14. Carl is the birth father of X and her older brother W, who is 18, and lives at home with Amy. Carl has not attended every day, save for on day four, because he suffers with his mental health. He is represented by Ms Fountain of Counsel.
15. The paternal grandparents (PGPs) of X and W, are not parties but are significant adults as they have been positively assessed by LCC as special guardians for X. They have also attended court on day four. They have had some legal advice.

Background

16. There is a very long history to these proceedings which I do not intend to rehearse entirely for the purposes of this judgment.
17. The mother and Carl became known to LCC in October 2008 regarding concerns about domestic abuse in their relationship and Amy suffering from post-natal depression and how that was impacting on her parenting. The older two children received help on CIN plans which ended in 2010. In 2011, Amy alleged serious domestic abuse against Carl, although did not pursue these allegations despite being supported by Living Without Abuse.
18. Amy and Brad began their relationship in 2013 and he moved in with her in 2014, after she was able to end her relationship with Carl.
19. Y was born in June 2015. The police made a referral in July 2015 following concerns raised that Brad had chastised Amy's eldest child, this was not the first time this had been raised. Early Help began to support the family.
20. In November 2015, all the children were supported under Child in Need plans, with the aims of developing behaviour management strategies, establishing routines, increasing school attendance and resolution of conflict. However, an escalation of the concerns led to the children becoming the subjects of Child Protection Plans for the first time on 10 February 2016.
21. In April 2016, the first set of care proceedings were issued, which concluded in January 2017 with final supervision orders for twelve months, and 'spend time with' child arrangements orders.
22. Z was born in April 2017, and later that month intervention was stepped down to Child in Need plans. LCC says that support continued to be offered periodically as and when the need arose, until concerns escalated again in January 2023, and which culminated in the children becoming subject to Child Protection Plans for the second time.
23. These second set of proceedings were issued in February 2024 and interim supervision orders were made at the outset as mentioned above.
24. During these proceedings, LCC asked the court to remove the children at the start but then accepted that there were measures that could be put in place to manage the risk at home under interim supervision orders.
25. LCC sought removal again when there was a serious incident in the family home in May 2024 and the police attended due to Amy alleging that Brad had hurt X. When the police arrived, Amy and the older children did not want to make statements against Brad. Brad offered to leave the home. The court was of the view that Brad remaining out of the home with a robust safety plan not to return being implemented, was sufficient to manage the risks whilst assessments of the children and the parents continued, which is why a section 38(6) direction underpins the interim care orders.

26. Whether there is a ‘forced’ separation between the parents is an issue within these proceedings and I am conscious of the fact that Brad has been Amy’s designated carer. He receives a carer’s allowance for her and he drives a van which as a couple, he acquired through her disability mobility allowance. Whether these parents can remain separated and whether they accept, as professionals have assessed, there is an unhealthy dynamic between them, is an issue to be determined.
27. Amy says that she is separated from Brad and whilst Brad has stayed away at least since July (given that there are two alleged breaches of the May 2024 safety plan with him being seen outside the home), Brad is described as ‘struggling with the separation’ and has expressed to professionals and to Dawn Knighton (the independent social worker assessor), that he wants to be able to return home in the long term.

Threshold

28. To their credit, the parents both accept why LCC intervened in their lives to protect and safeguard the children in February 2024. There is an acceptance, similarly to the 2016 proceedings, that once again the children’s health, welfare and educational needs have not been prioritised consistently by the parents. This has exposed the children to neglect and emotional harm owing to incidents of domestic abuse between the parents, lack of routines in terms of bathing, washing and brushing teeth, getting the children to school and the children presenting poorly and, at times, very poor housing conditions.

Positions of the parties for the final hearing

29. The parties’ positions for this final hearing were as follows:
- a. The local authority seeks final care orders for all three children with a plan of removal from the mother’s care and placement in foster care. If such a placement is not available for all three children together (which it is not), it proposes that X is placed with her paternal grandparents under an SGO and Y and Z are placed in foster care together;
 - b. The mother seeks for the three children to remain in her care. She says she has separated from Brad and does not seek to resume a relationship with him. She has argued that LCC have not treated her and the father fairly under the Equality Act and have failed to appropriately offer practical support to her with effective interventions that might remove the need for the children to live elsewhere;
 - c. Brad supports all three children remaining in the mother’s care. He has told the SW that he recognises that he needs to remain living away from the home;
 - d. Carl supports X being removed from the mother’s care. His preference would be for X to be placed with her paternal grandparents, but if she would like to be placed in foster care with her siblings, he will respect that. He is pleased that X recently passed her GCSEs and has now started college;

- e. The children’s guardian has previously been supportive of the local authority’s position. His final report was received on day two, due to an emergency in his personal circumstances. He remains supportive of the LCC plan but disagrees that X should be made the subject of an SGO. He reminds the court that she is 16, articulate but also a compliant young person and so she should be supported, if she decides that she would rather remain at home if her siblings are removed, which she is very concerned about.

Potential placement options

30. The potential placement options are therefore:

- a. Children stay at home - no order;
- b. Children stay at home – Supervision Order (SO) and possibly Child Arrangements Order spend time with to the respective fathers (maybe not for X);
- c. Children stay at home – Care Order (CO) (subject to the ‘exceptional circumstances’ test set out in the ***President’s judgment of JW (Child at home under a care order [2023] EWCA Civ 944)***) and LCC changes its plan or seeks to appeal my decision ('A stand-off scenario');
- d. X stays at home under no order /or SO /or CO, children separated and Y & Z into foster care;
- e. X goes to PGPs under CAO or SGO or no order (X accepts my decision that she cannot live at home but will comply), children separated, and X & Y go to foster care.

The implications of both parents’ deafness in this case and the relevant law

31. It is clear, that from the outset of a complex case like this, all professionals working for LCC with these parents needed to have regard to the interplay between the principles set out within the Children Act 1989, the Equality Act 2010, the Chronically Sick and Disabled Act 1970 and the more recent Care Act 2014.

32. In the case of ***A & B (Children: Deaf Parent Assessment and Practice) [2021] EWFC 10***, Elizabeth Isaacs KC sitting as a deputy High Court Judge, set out the key legal framework in terms of equality for deaf parents:

“How should a deaf person be treated in law?”

20. s6 Equality Act 2010 prohibits discrimination in relation to disability which is a protected characteristic carrying a specific definition in the Act –

6(1) A person (P) has a disability if –

(a) P has a physical or mental impairment, and

(b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

21. *Physical or mental impairment includes sensory impairments such as sight and hearing – see **Millar v Inland Revenue Commissioners [2006] IRLR 112 IH; Hospice of St Mary of Furness v Howard EAT 2005.***

22. *The Chronically Sick and Disabled Persons Act 1970 obliges a local authority to provide welfare services to a person with a disability.*

23. *Article 13(1) of the UN Convention on the Rights of People with Disabilities 2006 provides that –*

'States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.'

24. *The Equality Act 2010 recognises that more than formal equality is required to enable disabled people to participate as fully as possible in society. It is discrimination to treat someone unfavourably because of something arising in consequence of their disability. s20 requires public authorities to take reasonable steps and to make reasonable adjustments to avoid putting disabled people at a substantial disadvantage by changing a provision, criterion, or practice, by removing or modifying physical barriers, and by providing auxiliary aids and services. Specifically, s20(6) requires that where there is a requirement to provide information, the reasonable steps to be taken by the public authority include ensuring that the information is provided in an accessible format.*

25. *There are two ways in which the issue of reasonable adjustments arises in this case. Firstly, in terms of the way in which the local authority was required to approach practice with M as a deaf person. Secondly, in terms of steps the court has been required to take to ensure that M could participate in legal proceedings and the court hearing fairly and effectively”*

33. There is, therefore, a clear statutory duty on LCC (and all local authorities) to have provided the family with appropriately tailored support, and (see *Re: D*, below) a positive obligation to provide support to enable the children to remain at home, and to provide support and assistance in a way that properly takes on board their disabilities.

34. Case law involving learning disabled parents is also relevant to this matter.

35. In *Re D (A Child) (No 3) 2016 EWFC1* in which Sir James Munby P identified the obligation on the state to provide a child with such support as will enable her to remain with her parents as part of the state's positive obligations under ECHR, Art 8. The court quoted the following passages from the judgment of *Gillen J in Re G and A (Care Order: Freeing Order: Parents with a Learning Disability)[2006]NIFam8;*

“This court fully accepts that parents with learning difficulties can often be “good enough” parents when provided with the ongoing emotional and practical support they need. The concept of “parenting with support” must underpin the way in which the courts and professionals approach wherever possible parents with learning difficulties.....

‘Children of parents with learning difficulties often do not enter the child protection system as the result of abuse by their parents. More regularly the prevailing concerns centre on a perceived risk of neglect, both as the result of the parents’ intellectual impairments, and the impact of the social and economic deprivation commonly faced by adults with learning difficulties. It is in this context that a shift must be made from the old assumption that adults with learning difficulties could not parent to a process of questioning why appropriate levels of support are not provided to them so that they can parent successfully and why their children should often be taken into care. At its simplest, this means a court carefully inquiring as to what support is needed to enable parents to show whether or not they can become good enough parents rather than automatically assuming that they are destined to fail. The concept of “parenting with support” must move from the margins to the mainstream in court determination.’

The court must be rigorous and exploring and probing the local authority’s thinking in cases where its offer of support may be affected by resource limitations (Re H (Parents with Learning Difficulties, Risk of Harm) [\[2023\] EWCA Civ 59](#), [\[2023\] 3 FCR 181](#), [\[2023\] 2 FLR 50](#).) In particular, it should scrutinise with care arguments that the support a parent would require would amount to ‘substituted parenting’.

36. Further and highlighted for emphasis:

“The task for the judge is to identify and describe the level of support needed; to ascertain what can and should be done under the local authority’s obligations; and then to determine whether, with that in place, the child’s welfare needs will be met. This involved ‘a careful assessment of what the package would look like, how practical it is and how intrusive it would be for the child.’”

37. In April 2018 the President issued guidance on **‘Family Proceedings: Parents with a Learning Disability’** the primary purpose of which was to draw attention to **‘Good Practice Guidance on Working with Parents with a Learning Disability’** issued by the Working Together with Parents Network and the Norah Fry Centre in 2016.

38. The 2016 Practice Guidance and the principles in Re D were applied by HHJ Dancy the following year in **A Local Authority v G (Parent with Learning Disability) [2017] EWFC B94**. The judgment of the court sets out in detail the arrangements which were made during the hearing for the participation of the mother, who had a learning disability and partial deafness. It also sets out the court’s expectations of local authorities in cases involving parents with a learning disability where HHJ Dancy said this (relevant points in the case highlighted again for emphasis):

“Parents with learning disability/Parenting with support

35. *Where a parent has a learning disability the court must make sure that parent is not being disadvantaged simply because of their disability. The essential question is whether the parenting that can be offered is good enough if support is provided. In Re*

D (A Child) (No 3) [2016] EWFC 1 Munby P endorsed and recommended what was said by Gillen J in *Re Guardian and A (Care Order: Freeing Order: Parents with a Learning Disability) [2016] NIFam 8*. **Those cases establish a number of important points relevant in this case:**

i) Parents with learning difficulties can often be 'good enough' parents when provided with the ongoing emotional and practical support they need.

ii) The concept of 'parenting with support' must underpin the way in which courts and professionals approach parents with learning difficulties.

iii) Courts must make sure that parents with learning difficulties are not at risk of having their parental responsibilities terminated on the basis of evidence that would not hold up against parents without such difficulties. To that end parents with learning disability should not be measured against parents without disability and the court should be alive to the risk of direct and indirect discrimination.

iv) Multi-agency working is critical if parents are to be supported effectively and the court has a duty to make sure that has been done effectively.

v) The court should not focus so narrowly on the child's welfare that the needs of the parent arising from their disability, and impacting on their parenting capacity, are ignored.

vi) Courts should be careful to ensure that the supposed inability of the parents to change is not itself an artefact of professionals' ineffectiveness in engaging with the parents in an appropriate way.

39. The parents argue, through Mr Mansfield and Mr Cleary, that the reason this case needs to be adjourned is that 40 weeks on, there remains an absence of proper 'parenting with support' planning as an alternative plan were the court not to accept LCC's primary case because:

- a. By the date of this final hearing there will still have been no MDT.
- b. LCC have let the OT referral for mother expire apparently without any direct mention from the SW or family support worker as to the importance of it, to Amy, serving a statement on 31 October stating that the referral would expire that day. This is despite the careful approach recommended by Dr Austen of repeating back, verbal embedding of the importance of written communications and the need for particular caution due to Amy's PTSD;
- c. There is still no clear outline of the precise resources and how they could be tailored to the specific needs of the parents, especially the mother, which father supports, to meet the Equality Act duties;
- d. No clear outline of the potential package of support/resources available to mother and the children living at home from either the National Deaf

Mental Health Service or any Specialist Deaf Service or even Adult Social Care so the court can:

- i. Be in a position to conduct a holistic **Re:B-S** analysis of pros and cons of each realistic option, properly.
- ii. Enable a **Re: W [2013] EWCA Civ 1227** evaluation (a clear outline of potential provision of services to prevent the state's intervention from becoming disproportionate).
 - e. There remains no proper analysis of the individual impact of removal for Y and Z, and no meaningful analysis of the potential separation of siblings.

40. In **Adjournments F (A Child: Adjournment) [2021] EWCA Civ 469**, the Court of Appeal reiterated some basic concepts in the judgment on a case management decision as to whether to adjourn a final hearing. In summary they are these:

- i) The decision to adjourn a trial, as was being sought in this case, is a *case management* decision;
- ii) The welfare paramountcy principle under s. 1 (1) of the Children Act 1989 (which basically means that the child's welfare is the paramount consideration for the Court) applies when a court determines any question with respect to the upbringing of a child. **It does *not* apply to case management decisions;**
- iii) The 'touchstone' for case management decisions is justice, not welfare, though in a family case welfare plays an important part in the assessment;
- iv) The overriding objective in Rule 1 of the Family Procedure Rules 2010, which requires the court to deal with a case *justly, having regard to any welfare issues involved*. That includes *ensuring that it is dealt with expeditiously and fairly*;
- v) The delay principle under s. 1 (2) Children Act 1989 – which provides that in any proceedings in which any question with respect to the upbringing of a child arises, the court shall have regard to the general principle that any delay in determining the question is likely to prejudice the welfare of the child – does apply to case management decisions;
- vi) The 26 week timetable for proceedings to be disposed of, which is also set by statute, also applied.

Expert Assessment on the implications of the parents' disabilities and how to fairly and effectively work with them

41. In these proceedings, and in the previous proceedings, the parents, the court and all the parties have had the very helpful expert input of Dr Sally Austen, who is a Specialist Consultant Clinical Psychologist for Deaf People. Since qualifying in 1992, she has worked for more than 90% of that time in the assessment and treatment of deaf adults with mental health problems and/or learning disabilities and presently works in the National Deaf Mental Health Services (Birmingham).
42. Dr Austen carried out assessments of Amy and Brad in the 2016 proceedings and also updated assessments in these proceedings in April and May 2024.
43. Further she is the co-author of a book called *An Introductory Guide for Professionals Working with Deaf and Hard of Hearing Clients in Clinical, Legal, Educational and Social Care Settings*. She recommends professionals working with the parents read chapters D8-10 of her book because of the very detailed information within it about the implications of only using oral communication with a deaf parent, which relies on lip reading. Mr Mansfield provided the court and all the witnesses with those chapters at this hearing.
44. In this chapter she points out that lip reading is incredibly difficult. Estimates typically report up to around 30-40% effectiveness but there is evidence that at a sentence level people accurately identify as little as 12% of what they see (Altieri 2011).
45. In order to maximize the effectiveness of lipreading various factors should be considered like the language used, who is the speaker, the behavior of the speaker, the positioning of the speaker, the environment, the emotional and cognitive well being of the lip reader and the requirement for a clear context.
46. Bringing together all of what Dr Austen has recommended, it would appear that without getting all of those things right and simply allowing a parent who says they can lip read to indeed attempt to lip read and rely on oral communication in the context of professionals from social care engaging with them (which is likely to be anxiety invoking) massively risks the exchanges, the delivery of information and/or intervention to cause change, being at best ineffective, or at worst, a complete waste of time.
47. The degree of a person's deafness depends on the extent of hearing loss (ranging from mild, through moderate and severe, to profound deafness), therefore, in the courtroom setting the use of equipment to facilitate communication e.g. hearing aids and hearing loop systems are often present. However, there is considerable variability, with some severely deaf people still wanting to make use of their residual hearing. In addition, some severely or profoundly deaf people communicate orally without sign language, either through choice or lack of opportunity to learn British Sign Language (BSL) or SSE.
48. The court recognises that deafness is not a learning disability itself. But that a substantial number of Deaf/deaf people are said to experience language and educational deprivation during development and may not have fulfilled their true intellectual potential. Such Deaf/deaf persons may become very vulnerable, with limited language, poor social awareness and reduced understanding of complex topics.
49. Bearing in mind the legal principles and the practical issues relevant to deaf

parents within the recommendations of Dr Austen and considering the degree to which these principles have been adhered to by LCC, my starting point has been to look at the specific recommendations made to assist LCC in approaching this family with *'parenting with support'* in mind, and effective multi-agency planning.

50. However, given that I have not heard all of the evidence, I have deliberately limited this exercise to the last 12 months in order to consider whether ultimately it is in the interests of justice to adjourn this matter for what is likely to be another 3-4 months and knowing the impact of delay in determining the welfare of these children will have on them, including X who will turn 17 in Summer 2025.

Dr Austen's assessments

51. Dr Austen has provided specialist cognitive functioning assessment reports of both parents, in both sets of proceedings. It is helpful to extract the key points and recommendations from the reports in 2016 and to reflect what recommendations were already available to assist any professionals working with these parents;

52. Key points for the mother:

- a. Amy is described as being profoundly prelingually deaf, has no hearing and is not a very able lip reader. She communicates expressly through speech which is unclear and in 2016 had virtually no signing skills. She has severe hip/pelvis pain when walking or sitting for long periods. Dr Austen highlighted her significant symptoms of depression, anxiety and agoraphobia which was severely disabling her. **Referral to the Deaf Specialist Mental Health Team was recommended.**
- b. **Referral for the then children to be made to the National Deaf Child and Adolescent Mental Health Services (CAMHS)** the service is *'set up to work alongside local generic CAMHS and works with deaf children as well as hearing children of deaf parents'*.
- c. Mother was assessed as having extremely poor working memory (0.1th percentile).
- d. Verbal scores showed that Mother scored well on information but poorly on comprehension so *'one should not assume that mother has understood an issue on the basis of her having the information/facts but to question her further to ensure that she has understood how the information needs to be applied in real life, how to deal with contradictory information or how one piece of information may impact on another piece of information.'*
- e. Because she has no hearing at all her lipreading *'at best allows 50% of words to be understood but this requires very good concentration and confidence. She is likely to be understanding significantly less than 50% of what is being said.'* **She needs a lip speaker who is willing to augment communication with writing and in court she will need an intermediary.**
- f. *'She complains (as does her partner Brad) that when her social workers and other professionals have met during their safeguarding and Family Court experiences, they often talk while looking down at their notes, or while chewing gum and that they*

therefore do not understand them. They also report that professionals stood side on to them or moved around while talking and they could not understand them.'

- g. *'Based on this feedback and my experience of how unreliable lipreading is, I think the communication used with this mother has probably been inadequate and that she has not understood what is being said, what is being asked of her or advice that she has been given.'*
- h. Mother's *'psychological reaction to her profound deafness (as well as her other traumatic life experiences) has left her anxious, unassertive and hopeless. She will need help to move on from this. **I would recommend a referral to the specialist deaf mental health services, to lip reading classes locally and/or to a residential course run by Hearing Link.***
- i. Express caution about *'nodding'* for professionals (it is polite when receiving information and common for someone to nod throughout but have not understood); hoping for clarification or understanding that will come later; wanting to please the other party; agreeing to end a frustrating situation; not wanting to show oneself as less intelligent. This applies to both parents. It is *'vital that after an important question or explanation mother is asked to repeat back what has just been said.'*
- j. There may be massive knowledge gaps for deaf people as much knowledge is acquired incidentally through overhearing so it is common for *'massive knowledge gaps'* in various areas despite normal IQ, so this *'needs to be taken into account in the assessment procedure and throughout the CJS procedure'*
- k. Mother has unclear speech, which has deteriorated since removal of her cochlear implant. **Mother may benefit from speech and language therapy.** Professionals may not understand Mother and it is crucial that they ask her to repeat things more than once even if socially challenging.
- l. Whilst Mother will understand laminated sheets *'she will have missed a lot of the verbal pre-amble, and may not have understand why she is being given these instructions, which may affect her motivation to follow these instructions.'*
- m. Mother is unusually bad at maths; unable to add 4 plus 4 and was described by Father as *'needing help with all mathematical aspects of budgeting'* (p16).
- n. It would be useful for professionals assessing Mother to explore Theory of Mind, (appreciation of cognitive differences and empathy) which would need to be **done or co-worked by a professional with deaf expertise.**
- o. *'In their home or in less formal settings mother and Brad may be able to use the same communication support. It may be possible that a SSE interpreter could support both parents in family settings but it is up to the professional to keep checking that both partners are following and to ask them to repeat back what they have understood. Ideally a professional with deaf expertise would be making these judgments. Social*

Workers for the deaf and indeed deaf social workers are available for parenting assessment and interventions.'

53. **In relation to Father, key additional points:**

- p. Brad needed help from Mother in terms of literacy, but he managed budgeting. He had no problems with his memory.
- q. Brad's low verbal comprehension score was reflective of his deafness, not cognitive disability;
- r. He is a better lip reader than Mother and this is *'also maximised when the person knows how to maximise their lip-readability e.g. standing still, facing the deaf person, in good light, with minimal other visual distractions, with nothing in their mouths, no facial hair, etc'*. **He would be best supported in court by a clear speaking SSE interpreter.**
- s. He had been able to understand basic laminated written sheets re parenting, but had relied on Mother to follow those instructions as she is more literate.
- t. *'For the reliable distribution of information and directions Brad will need the professionals to write bespoke lists for him, going over them in speech and SSE, checking that he has understood. He will not always be able to make use of the same list as his partner who has much better literacy.'*
- u. Brad would also benefit from Theory of Mind work.

54. As I have set out above, in this judgment I am not conducting a wholesale analysis of whether Dr Austen's 2016 recommendations were acted upon by LCC when working with parents over the last 8 years. But, the recommendations are central to understanding how to enable an adequate 'parenting with support' approach. It is disappointing that the local authority did not think that these documents were relevant for the final hearing Core Bundle and I was supplied them by Counsel for the parents.

Dr Austen's reports in these proceedings

55. Dr Austen's key points:

- a. **Brad's report: Previous recommendations/considerations appear not to have been done.** ADHD investigation no longer recommended. Brad's cognitive functioning remains firmly in the average range however Brad has a maximum reading age of 8.5 years old, and his speech is affected by his deafness such that many people have assumed he has a learning disability. Giving him instructions by asking him to read something is not going to be effective therefore.
- b. Notably Dr Austen says that from the tone and information in the bundle she was surprised at the disparity between her expectation and her experience of meeting the father again. His presentation was cheerful and positive.

- c. Further assessment and observation of communication between hearing professionals and Brad was recommended to see whether his criticism of the manner of hearing professionals' communication is warranted. This is because put quite simply – if the hearing professionals communication is sufficient and Brad is not following instruction and/or advice then the blame is removed from them, however if his criticisms are true then he has not been able to communicate and social work assessments might need repeating.
- d. **Amy's report:** she does not have a global learning disability but in 2016 an issue was identified with her memory....the degree and depression she was experiencing in 2016 having left an abusive relationship was severely impacting on her concentration and thus memory. She has a specific learning disability of dyscalculia given her borderline mathematical ability.
- e. Notably Amy said that she had given up trying to tell professionals when she had not understood them as she is worried that she has annoyed them and that they did not change their communication to benefit her anyway.
- f. She has agreed to be referred to the Birmingham National Deaf Mental Health Service to help address her long term anxiety, agoraphobia and PTSD related to past relationships and a history of depression – Dr Austen saw no evidence that this recommendation from 2016 had been complied with.
- g. **Key techniques for both:**
 - i. Asking for repetition.
 - ii. Recommendation of reading chapters 8-10 of An Introductory Guide for Professionals Working with Deaf and Hard of Hearing Clients, to aid with understanding ('Introductory Guide') – both parents.
 - iii. Awareness of Deaf Nodding (B2 Introductory Guide) – both parents (as above);
 - iv. Amy: communication *assertiveness* 'will be particularly difficult for Amy who is both deaf and has PTSD. She needs to be encouraged at every instance to say if she has not understood.'
 - v. **Brad would best be supported by a Lip Speaker who is able to use SSE. Amy needs to be able to use lip reading augmented with SSE.**
- h. Sensitive recommendations as to audiological environment (applicable to both parents).
 - i. *Reduce background noise: no fish tanks, radios, roadworks outside, vacuum cleaners. Reduce competing noise: one person speaks at a time;*
 - ii. *Acoustics that echo will distort the quality of the sound that is heard. Avoid minimalist rooms that are echoey. Rooms that are carpeted and have curtains/table cloths, tend to be less echoey.*
 - iii. *Many words have the same lip patterns. So, if the deaf person doesn't understand*

you, try rewording your statement.

i. Visual environment recommendations

- i. Deaf and HOH people need their eyes to maximise communication. Ensure the deaf person is close enough to see the speaker's mouth and face clearly. Ensure the lighting is good but not dazzling. Ensure that light falls on the speakers' faces.*
- ii. Ensure there are no flickering lights that will increase cognitive load and/or distraction. Keep hair off your face. Keep visual distractions such as sparkly earring or stripey/busy shirts to a minimum. Allow Brad to be in a position of his choice such that he is most able to hear and lipread the relevant people.*

j. Behavioural environment recommendations

- i. Look at the deaf person you are speaking to, at all times. This can feel awkward if you are directing your comments to someone else. Speak slowly and clearly. Don't shout.*
- ii. Don't slow down such that it distorts the flow of your sentences. Avoiding complex, long sentences.*
- iii. Allow small pauses between the paragraphs of your speech (i.e. when you change topics) Make it explicit when you are changing topic or context.*
- iv. Avoid using double negatives.*
- v. Avoid using long explanations that are negated at the end (e.g. It was the red car with blue lights, that arrived on Thursday, drove really fast and hit the wall – that we do not need to pay attention to. Instead say 'We do not need to pay attention to the red car with the blue lights.... Etc).*

k. Cognitive load:

- i. Lipreading and straining to hear is exhausting. It takes more brain power than hearing clearly. Allow plenty of breaks for the brain and the eyes to recover.*
- ii. If certain pieces of information are crucial, it is always beneficial to ask the client to repeat back what you have said.*

Summary of the evidence and impression of the witnesses

Dawn Knighton

56. Primarily, LCC and the CG are relying on the Parent Assess parenting assessment of Dawn Knighton commissioned during these proceedings, which both in the main report and in its addendum concludes negatively as to the ability of the parents to parent the children consistently, to a good enough standard and safely, long-term, albeit as separated parents.

57. When the challenge to the quality and effectiveness of previous local authority

interventions was put to Ms Knighton, she acknowledged that the parents had ‘appeared’ to have chosen to manage quite difficult meetings without an interpreter but that this was probably because of their own lack of information. She said that they were using their own adaptive methods when their communications needs required more. She has a background in deafness that helped her work with them and so she understood what she, and they, required, for her to communicate with them to complete her assessment fairly.

58. Of course, assessment is different to interventions and work to remedy underlying issues and Dawn Knighton could not say what specialist services or methodologies had been used to work with the parents by LCC. She was concerned for example that Amy had not had the benefit of someone from the Deaf Mental Health Services working with her, in fact Dawn Knighton thought that it was difficult to piece together who is working with the mother in respect of her mental health.

59. Dawn Knighton would have wanted to see ‘social modelling’ used with the parents where the deliverer of the interventions models and repeats to the point of overload and then goes back to see what has been embedded and then repeats.

60. The current Family Support worker’s statement was put to her which says this:

“completing direct sessions with Amy, focusing on parenting needs and specific areas of support, such as budgeting, cleaning, cooking nutritious meals for the children and adopting good family routines. It is hoped that the worker will be able to see mother once or twice a week until the next hearing, at home during school hours with the assistance of an interpreter. The worker is currently in the process of booking in weekly sessions in advance so Amy can put them in her diary and ensure she is available. The worker will use visual aids and demonstrations to ensure Amy is able to engage meaningfully and accurately put things into practice. In the absence of an interpreter, the worker will ensure that she uses written communication in simple language and large text to ensure Amy’s understanding..”

...and it was asserted that even though this work only started on 28th October 2024 it is showing some real positives in home conditions being maintained, mother engaging with sessions, the children presenting well and no evidence of Brad being in the home.

61. Ms Knighton acknowledged that this is the type of work that Amy requires but her worry remains the history, the parents’ dysfunctional and codependent relationship, and whether Amy in particular has the strategies and whether she can overcome her ‘learnt helplessness’.

62. In my view, Dawn Knighton should have been able to rely on the understanding that LCC has indeed worked with the parents in the lead up to these proceedings in a way that has been in accordance with what the parents need, that interventions were tailored and delivered to them in line with Dr Austen’s recommendations and in a way that it can be deemed to have been effective. Because it is only when those conditions are fulfilled, and it is only, if, this entire approach has been done on a multi-disciplinary basis, that she and indeed the court can be satisfied that the parents have reasonably been offered the ability to parent with support.

63. I am clear that Dawn Knighton was a very impressive professional witness as always. She is hugely experienced at working with parents that are disabled, cognitively limited and vulnerable. She identified from the outset that she would only be able to conduct her assessment of the parents if the right interpreters were put into play. She has her own wealth of knowledge and experience of working with Deaf persons and (bar one session on 7.11.24 with Brad), she consistently used interpreters to formulate her opinions.
64. The criticism of her conclusion about the parents' inability to parent safely and adequately by Mr Mansfield and Mr Cleary comes to this: she opined that;
- “whatever the reason(s) for the specialist services not being done, and factoring in that even these may not have succeeded, particularly given Brad’s attitude, and his lack of understanding of the need for change, the children are paramount in planning, and their needs are deeply compromised by the parental relationship.”*
65. Given that there is no detailed or meaningful reference to the detail of Dr Austen’s recommendations being implemented properly or consistently in the local authority evidence (save from 28.10.24 onwards in the work of the FSW and mother with the attendance of an interpreter), and scant, if any, proper evidence that they have been fully adhered to, or indeed that interventions have consistently been delivered in a way that can reasonably be deemed to be effective, Dawn Knighton’s assumption that ‘specialist services and/or support may not have succeeded’ is flawed because;
- a. Even she acknowledges that specialist services or supports have not been provided;
 - b. *‘Factoring in’* that specialist services might not have worked is grossly unfair to the parents and the children and defeats the whole point of a fair assessment;
 - c. Brad has moved out, and there is no allegation of him secretly being in the house, or of any further incidents of domestic abuse between the parents since May 2024, whatever his ‘attitude to change’, and he has repeated to professionals that he knows he needs to remain outside of the home.
66. It was rather obvious to the court at the end of Dawn Knighton’s evidence that for the court to be satisfied of her conclusion of the likely lack of long-term change on the part of the parents, that is wholly dependent on the court being satisfied that these parents have had a fair opportunity to effect change accounting for their disability.

Adult Social Worker

67. When I read the ASC assessment dated 12 September 2024 of Amy at the October 2024 hearing, I made it clear that I did not understand its conclusions. I could not understand how such an assessment could list recommendations for interventions and support for the mother, how she could agree to the referrals/potential support suggested but then be recorded as ‘service user is eligible for services but does not wish to proceed at this time’. The updating statement by another worker did not assist me and it was poor that the assessment was done in July and produced in September, yet save for the referral to OT, none of the recommendations for referral had been

completed by the time of this final hearing. Amy has not even had the financial eligibility assessment she agreed to in order to explore whether she could have the services of a personal assistant (PA) subject to any contributory costs to be paid by her.

68. The ASW got very upset in the witness box when I pressed for an explanation as to how Amy could agree to an OT referral for moving and handling, a referral to a local coordinator for support group activities, a referral to Mental Health Matter and New Futures, travel support for meeting with her Freeva counsellor and a financial eligibility assessment and yet the assessment conclude that she had 'declined services'. I suspect the ASW had not given evidence before.
69. It was only in her oral evidence that it became clear that she had chosen this conclusion from a 'drop box of options' and did so because Amy had said in July that she didn't require a personal assistant (PA) immediately in the Summer holidays because X and W were at home helping her but that she would like a PA once they went back to school/college at the end of the summer in late August 2024.
70. It is clear to me that part of this witness becoming upset at being pressed was probably because i) she really didn't understand the urgency for this mother to get the support she is entitled to; ii) ASC support going in is part of the package that might be required in order to assist the mother as a deaf person with additional vulnerabilities to keep her children, iii) nor did the worker understand what it would mean for the SW to believe that Amy had actively declined services on the back of a Care and Support Assessment when in reality in July 2024 Amy had no idea what a PA would cost nor whether any financial eligibility assessment would conclude that she needed to make a contribution to the costs of a PA, which would have had an additional impact on the family's finances. In reality, she wasn't declining anything at all because the parameters of the offer were not clear at that visit; and iv) a telephone call between this worker and the social worker was not enough. There should have been a joint visit to help the ASW to really understand the issues for Amy and the children and there should have been cross-agency disclosure of Dr Austen's and Dawn Knighton's reports.
71. If the worker had these reports shared with her, she may well have better understood what this mother needs, which is specific referrals for specialist Deaf services and practical support on the ground. I was disappointed that knowing that the children were on interim care orders and subject to social care scrutiny in court proceedings, the adult social worker did not call for a MDT either.
72. I accept that it was unfortunate that the ASW did not manage to go out and speak to the mother again in September (albeit she says she intended to) because Amy had other appointments to attend on 10 September 2024, but more worrying is the conclusion in the report that 'Amy's needs will need to be reviewed after the outcome of the hearing that is planned for her children through social care'. The ASW asserted that this was an error in the report, but it left me with the clear impression that ASC were not planning on doing any more work with Amy to support her until the outcome of the October hearing at which LCC was seeking removal of the children.
73. I am not satisfied that there was any sufficient handover between this worker and the

next as by late October 2024 there still was no further visit to the mother by the new worker and not even a referral to a local area coordinator for support groups and activities as promised in September 2024. In justifying that no further work was done – paragraph 8 of the new worker’s statement repeats that Amy’s needs were going to be reviewed after the October final hearing.

Team Manager

74. The TM was frank in her evidence when questioned by the parents’ Counsel. I know this TM from other cases and it is fair to point out that she is a hardworking and diligent professional. She recognised from the outset of her evidence that a MDT had not taken place which presents difficulties in the local authority presenting a multiagency approach to any support package. She accepted that there needs to be one in order to properly inform the local authority’s alternative integrated care plan and that the family will need support, irrespective of whether the children are removed, as the local authority will need to continue to reconsider what support might go in when considering any prospect of rehabilitation at the LAC Reviews every 6 months.
75. The allocated SW had tried to organise one on 21 October 2024 in line with my directions at the initial final hearing but only the virtual school replied to say they could attend so this did not take place.
76. When it was put to the TM that even the most basic recommendation of Dr Austen for Amy to be referred to Specialist Deaf Mental Health Services was not followed through after the 2016 proceedings, she said that she had tracked back through the files and could not see that this was done. This is despite the fact that in the 2016 Supervision Order plans this was recorded as an action to be completed.
77. The TM acknowledged that LCC has not used a deaf expert to provide advice and guidance of services going into the family, but interpreters have been used at times and there was some interaction with Deaf Action at some point.
78. To her credit, the TM admitted that when she became team manager for this case in March 2024, she did not read Dr Austen’s 2016 reports. The recommendations of those assessments of the parents were not brought to her attention. She had not read the April and May 2024 reports of Dr Austen at the time they were produced, and she did not as the team manager say to the SW that she needed to get hold of Dr Austen’s book to read chapters 8-10. Importantly, she accepted that not reading this information compromised her position in providing oversight and strategic guidance to the SW.
79. She accepted that the relevant interpreters have not always been booked for announced and unannounced visits with the parents, or at the family home, and if they have been contacted, they haven’t always been available to attend with the worker.
80. Despite being the team manager for six months, she did not know why a multi-disciplinary meeting had never been organised by the SW before the end of October 2024.

81. She accepted that in the local authority's final statement which she co-authored, under the Re BS analysis, there was no consideration of the option of the children remaining at home under a care order given the exceptional circumstances of this case.
82. She accepted that the Chronology of Interventions that I directed in October 2024 which should have been 'a chronology of the precise resources and support that has been offered to the family, whether this was engaged with and if it was effective and how the support was tailored to the specific needs of the parents', does not in fact meet that description. It probably does not help that since January 2023 there have been five different social workers allocated to this family. The TM accepted that she could not say if the first time a SSE interpreter was used with the father by LCC was in March 2024 when he took a photograph of that interpreter's badge.
83. She accepted that for the father, the absence of the consistent use of lip speaking with SSE interpreters, would mean that he might only have been understanding as little as 30-40% of information and even then that is only if all the other conditions were fulfilled to optimize reliance on just lip speaking like positioning, environment, not relying on nodding and the shape of the speakers mouth and head.
84. The TM was frank, that without fulfilling its duties to these parents, and allowing a fair opportunity to engage with the relevant measures in play to assist their understanding, LCC cannot say that all reasonable efforts have been made to try and keep the children at home. An example of this, which the TM manager accepted, was the harsh criticism of Amy to question whether she was being dishonest or ignorant about her benefits when it is clear that she needs support with finances because she probably has dyscalculia as Dr Austen has identified. So rather than seeing this as a disability, the remarks about her were disparaging.
85. The TM agreed that the ASC assessment was not robust and that a MDT would have meant an opportunity for joint working.
86. Overnight, the TM did look again at the children's records and it appeared that in 2017 there was a referral to the Deaf National MH Service and that there was going to be a joint assessment with local Community Mental Health Team but there is no evidence this was carried through. Referrals to Deaf Action were made but there is no update to see if these were chased. There appears to have been some input from Deaf Action to Early Help in 2021, but it is not clear to what extent.
87. To the questions from the CG, the TM accepted that the local authority had not considered the impact on each child as a result of splitting the siblings from each other (again this is despite the court recognising this oversight in the local authority's evidence and flagging it as an issue in October).

The Court's findings on the evidence

88. My findings at the end of the evidence, on the balance of probabilities, during this hearing are as follows;

- i. Part of the reason that the ASW's evidence was unhelpful was because the ASW had not engaged in any MDT, she had not done any joint visits with the SW to the mother's home, she didn't really understand what the court was looking for from ASC to assist the mother because she didn't really understand what it meant for the children to be at home on interim care orders and she certainly doesn't appear to have had access to the reports of Dr Austen which could have been shared between agencies either by consent of the parents or court order;
- ii. It remains unclear whether the SW visits that were carried out in 2023 and 2024, including intensive FSW visits or those by Early Help, were supported by SSE and/or lipreading interpreters to ensure the parents' understanding;
- iii. In the local authority's initial SWET there is only one reference to the fact that these parents are deaf. There is absolutely no reference to the reports of Dr Austen or to what extent her recommendations were implemented between 2017 and 2023, that therefore impedes the court's ability to properly consider the value of any interventions;
- iv. The single reference to the parents being deaf in the initial SWET is to set out that the 'parents consistently refuse a sign interpreter'. There is no context to this, there is no detail as to whether this is because they have been presented with a BSL signer and not an SSE lip speaker or the reason for the refusal;
- v. It concerns me that this information was set out as a means of absolving the local authority's duty to provide an interpreter in any event to ensure that everything said to the parents by the professionals is understood. If the parents spoke another language like Urdu or Turkish, refusal or not, the SW would not attempt to speak to that parent without an interpreter - the same responsibility applies for these parents and is in fact even more important given the severity of each of their disability on their communication and understanding;
- vi. Although in November 2023 the Support and Assessment worker makes reference in her work with the parents from March 2023, to reading the reports of Dr Austen and having herself experience of a deaf family member, and records 'the potential of a lip reader (which is wrong because it should be a 'lip speaking' interpreter) – there is actually no evidence that the relevant interpreter was used with either parent for any of her sessions and no confirmation or detail as to how Dr Austen's recommendations were complied with;
- vii. The TM's failure to read Dr Austen's 2016 reports did have an impact on her ability to provide oversight and strategic guidance to the SW, which should have been in line with the local authority's statutory duties under the Equality Act;
- viii. It is incredibly disappointing to find 40 weeks into proceedings, the local

authority's failure to comply with the court's directions in the October CMO to organise a MDT, to file a properly integrated care/support plan, to analyse the option of a care order at home and to properly address the impact of splitting the children on each of them;

- ix. The totality of these failings leads me to the clear finding that the local authority has failed to approach the outcomes for these children on a multiagency basis and there remains huge gaps in the evidence about the fairness and/or effectiveness of interventions that could lead to change on the part of the parents with support;
- x. There remains an unclear holistic picture of what support could be put in on a multiagency basis.

Decision and Reasons for Adjournment

89. Despite my very clear attempts in October 2024 to steer LCC in the right direction by directing a multi-disciplinary meeting and directing a clear update from Adult Social Care which would have allowed an attempt at producing an 'integrated care plan' – it failed to activate what was required.

90. Fortunately for these parents, they have had impressive advocates at this hearing who have properly and fairly highlighted on their behalf what has been wrong so far. They have properly and fairly highlighted that the court is simply in no position to make final decisions for these children because what remains before the court is an inchoate care plan, save for endorsing a plan of removal for the children, who have only ever known being parented by their mother and before May 2024, their parents.

91. I am not satisfied that LCC has fulfilled its obligations in assessing whether these parents could undertake 'parenting with support'.

92. So limited is the quality of the information as to what 'parenting with support' would look like, there were no arguments about exploring 'substituted parenting' and whether that would be too intrusive for the children. This is because what has gone in so far has not been designed in a way that is targeted, that is bespoke, that has been planned with specialist advice, nor has it been coordinated in a way that is both necessary and fair.

93. It is not acceptable that despite filing a shadow "Support Services Plan" because of my insistence in the October 2024 CMO, the package of support remains uncoordinated, disjointed, with huge gaps and is not based on any multi-disciplinary approach.

94. As set out in Re G, 'multiagency working is critical' if the parents are to be supported effectively and I have, in delivering this judgment, attempted to fulfil my duty to make sure that this is now done by adjourning this final hearing and extending the timetable because it is just to do so.

95. I am left with the very clear finding, that at this stage, any potential welfare

conclusion (which I would have to find to sanction removal of these children) of the parents 'supposed inability to change' has been hugely compromised by consequence of LCC's ineffectiveness, not always, but more often than not, over the last 12 months, of working with these parents in a way they need to be worked with because of the critical absence of consistent reasonable adjustments to help understanding and a lack of a multiagency approach to put in interventions that could effect change.

96. It is, therefore, in the interests of justice to allow this matter to be adjourned and for the timetable to be extended and the matter to be relisted for further directions, part heard in January 2025 with the final hearing to resume part heard in early April 2025.

What needs to happen now?

97. What needs to happen now is that LCC and its professionals need to take on board Dr Austen's recommendations properly and implement them in the way that it works with these parents. I do not doubt that this is a huge task but it is imperative for these parents and these children, in order for them to have a fair hearing and a fair attempt at demonstrating that the children are able to remain where they are with a reasonable level of coordinated parenting with support.

98. If the parents do not have this opportunity, I do not see how the court can conclude on balance that the support required would either be so high as to be unrealistic, or too intrusive that it would be substituted parenting, or that the parents are simply unable or unwilling to be receptive to such input or a combination of the above.

99. I am pleased to record that the following has been agreed between the parties in a Draft Schedule of Expectations (subject to the local authority being able to confirm its position, in particular on any funding issues) which I expect to finalise upon handing down this judgment:

- a. A referral to the National Deaf Mental Health Service for Amy;
- b. A referral to Deaf Action and chasing to see if a worker can be allocated to the family;
- c. All referrals need to be actively chased every 7 days;
- d. The local authority shall look to access advice from a Deaf Specialist Service to oversee interventions and provide guidance and support;
- e. A joint visit to the mother's home by the SW and the ASW to properly discuss PA support with LCC ensuring that the ASW team has seen Dr Austen's reports;
- f. ASW Team need to progress Amy's financial eligibility assessment and look to allocate a local area coordinator for Amy;
- h. SW needs to produce a bespoke calendar of work for each parent including for Amy her FREEVA appointments, for Brad 'Caring Dads' sessions and the continuation of the work to be done by the FSW including sessions on budgeting, cooking, transport and healthy relationships;
- i. The FSW needs to be supported by a professional who has experience of working with Deaf parents;
- j. Every session of work/intervention needs to be supported by the relevant

interpreter for each parent and during each session the professionals delivering the work need to have read Dr Austen's reports and be mindful of the specifics of how to achieve best practice including asking the parent to repeat back information;

- k. All professionals working with the parents need to have read Dr Austen's reports and Chapters 8-10 of her book;
- l. There needs to be a meeting about Y and Z's schooling in conjunction with the school to see what support it might provide or whether the children need to attend a school that is closer to home;
- m. There needs to be a Family Group Conference bringing together members of both sides of the paternal and maternal families;
- n. LCC needs to provide an analysis of the impact of sibling separation if indeed a joint placement is not found; and
- o. There needs to be some direct work undertaken with the children, particularly Y and Z about living with Deaf parents by an agency like Deaf Action and to further explore with them their roles (at times) as young carers.

100. That is my judgment.