

## Article

# Deaf-Accessible Parenting Classes: Insights from Deaf Parents in North Wales

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**Abstract:** Parenting support services and programs develop and strengthen existing parenting skills. However, in the UK and despite the 2010 UK Equality Act's provisions, these programs are generally not accessible for Deaf parents whose first and/or preferred language is British Sign Language (BSL) because the medium of instruction is typically spoken and written English. This small-scale qualitative interview study gauged North Walian Deaf parents' needs and preferences for accessing parenting classes. A structured interview assessed a small group of North Walian Deaf parents' language practices, their perceptions of parenting support and accessibility, and their needs and preferences when it comes to parenting classes. An additional case study of a Deaf parent's experience of participating in an 11-week-long parenting course with an English-BSL interpreter provides further insight into how such classes can be made accessible to Deaf parents. The main interview findings were that the participants had substantially lower English skills than BSL skills, that face-to-face delivery was preferred over online BSL support, and that all materials should be made available in BSL. The case study further uncovered several small adjustments that should be made to face-to-face classes to make them accessible to Deaf parents. In conclusion, materials from already existing parenting classes should be translated into BSL, interpreters should be available, and small adjustments to face-to-face classes should be made, so that Deaf parents can access and participate in already existing parenting programs.

**Keywords:** deaf parents; parenting classes; British Sign Language; accessibility; 2010 UK Equality Act



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## 1. Introduction

The development of language policies that recognize, support, and explicitly call for the official legal recognition of signed languages, along with concomitant language rights for Deaf people who use signed languages as their preferred means of communication, has been underway for more than 30 years [1]. These efforts have successfully led to anti-discrimination legislation in 10 countries [2], which guarantee access, legal protections, and rights for signed language users in such domains as legal proceedings, healthcare, education, government services etc. In the United Kingdom, Deaf individuals using BSL as their only or primary language are recognized, and thus in principle are legally entitled to support, under the definition of disability via the 2010 Equality Act [3]. The importance of and benefits of improving access to and availability of BSL services for the Deaf community has been recognized in a wide range of areas and services ranging from communication to and from the UK government [4], to medical services [5], to covid-related information [6], and education [7]. There is a growing body of research that strongly suggests that increased access to BSL services in the UK leads to greater engagement by, participation of, and agency for the Deaf community and this is particularly important at the local level when it comes to services, support, and publicly available training in support of families, childcare, and parenting.

Parenting support services and programs are widely available across the UK, whether it is under a local authority service, charitable organization, or the private sector. These programs are in place with aims to develop and strengthen existing parenting skills, and to empower parents with knowledge and confidence throughout their parenting journey. However, not all parents can access available parenting programs in the format in which they are typically delivered—in spoken and written English. This study investigates the importance of access to parenting support for Deaf parents in North Wales.

The study focuses on individuals who identify themselves as Deaf (spelt with a capital d), that is, individuals who consider themselves as part of a cultural and language minority community, actively engage socially with other members of the Deaf community and use British Sign Language (BSL) as their first and/or preferred language. That is, the study does not consider people who are deaf (with a lower-case d), who may have profound hearing loss, but are not part of the Deaf community and may prefer communicating through a spoken language, i.e., English or Welsh in the current context. While parents who are deaf also cannot fully access parenting classes delivered in spoken and written language, their needs, which differ from those of Deaf individuals, are beyond the scope of this study.

### *1.1. Parenting Support for Deaf Parents*

To date, very little research has been conducted which addresses parenting support for Deaf parents, in particular parents whose first or preferred language is a signed language. A search of the scientific literature for “deaf parents” and “parenting support” on Google Scholar on 15 February 2021 returned only 47 results, and very few of these articles focused directly on Deaf parents. Some articles focused on parents with disabilities, while others considered parents of deaf children or children with disabilities. While we consider Deaf parents to be part of a cultural and language minority community, we will for the purposes of this paper also draw on relevant research on disabilities because Deaf individuals using BSL as their only or primary language fall under the current legal definition of disability according to the Equality Act 2010 [3].

Deaf parents share similar concerns, hopes, joys and experiences as hearing parents. Like hearing parents, Deaf parents have intuitive parenting skills, for example, by adjusting their communication to fit their children’s needs [8–10]. Moreover, Deaf parents can provide “high levels of caregiving” [11] (p. 277) and tend to have above average parenting success [12,13]. Children of Deaf adults (CODA) furthermore typically recount positive family experiences [14,15].

When it comes to parenting and child rearing information, hearing parents can access this information through a range of mediums, formats (i.e., audio, visual and in writing) and types of communication channels. Such parenting support can be formal/professional, as in the case of parenting classes, or informal, such as browsing the internet or talking to other parents in a playgroup or in an online chat group. These experiences and the knowledge and confidence that are developed are essential to equip parents with tools to help them to build skills that aim to achieve successful outcomes, including when and how to educate, give praise, reward, and discipline, and that help them feel content with and confident in their parenting styles.

However, Deaf parents report not having sufficient access to parenting information [12]. There is, in fact, limited access to antenatal education and parental support for disabled parents, particularly for parents with sensory loss, with only around one in five social services in England and Wales having made specific efforts aimed at including disabled parents [16]. This lack of provision in mainstream social services can lead to feelings of isolation and stigmatization [17]. In addition to parents with disabilities, non-English speaking members of minority communities feature highest in the list of those thought to face particular difficulties in accessing support schemes [16]. This presents a dual disadvantage for Deaf parents, who often have limited English language skills [18]. Furthermore, some Deaf individuals raised in hearing families have experienced communication barriers whilst growing up, which may have limited incidental learning and fully modelling the

parenting skills from their own parents or guardians. Due to the lack of communication and understanding, this can lead to uneasy and frustrating interactions within families [19].

As Jones et al. [12] have demonstrated, Deaf parents are often highly interested in receiving child rearing information, especially on behavior, rules, decision making, children's self-confidence, and encouraging responsibility in children. Empowering parents with such skills and knowledge from the start and giving them access to support from mentors and through networking provides reassurance and confidence and has a positive and productive impact on family life [20,21].

While much of the available parenting and child rearing information is relevant for Deaf parents, there are still several issues that are particular to families with one or two Deaf parents (but that are surprisingly similar to issues encountered in families with parents from a non-English migration background). For example, Deaf parents must decide on how to communicate with their children, using either oral English and lip reading, BSL (in the UK) or a bilingual approach. This can be influenced by whether the child is deaf or hearing. With 10% of children born to Deaf parents being deaf [22] and 30% of families with both parents being Deaf having one or more deaf children [23], the chances of Deaf parents having deaf children are higher in comparison to hearing parents. Nevertheless, Deaf parents are more likely to have hearing than deaf children, and research suggests that language practices and children's sign language abilities vary in families with Deaf parents and hearing children [24]. Sign language proficiency minimizes communication difficulties between parents and children, reducing emotional frustrations and fostering connections with the family's heritage community and culture [24]. However, hearing children of Deaf parents who are proficient signers may feel a sense of responsibility to act as messengers or may be perceived by society to be interpreters for their Deaf parents, although this expectation is not always intentional [25]. This can affect family dynamics in several adverse ways. Some children may withhold negative information from their parents simply because they know the information may hurt their feelings or they may not want to get into trouble. Children may also unwittingly receive new information before their parents, which can lead to frustration or confusion for individuals in the family through the imbalance of power of information. Every family will experience different situations and deal with these issues differently; however, it is important to be aware of these additional stressors and influences, which can have an impact upon Deaf-hearing families [25].

### *1.2. The Deaf Community in North Wales*

Deaf communities have their own language and culture [26]. The language of the Deaf community in North Wales is BSL. North Wales is a relatively small and largely rural area with approximately 700,000 inhabitants across six counties [27]. The Deaf community in North Wales is, therefore, fairly small and geographically scattered, with an estimated 900 individuals whose preferred language is BSL [28,29]. Importantly, BSL and other sign languages are fully-fledged, natural languages [30]. That is, BSL has its own grammar, vocabulary, and dialects [31] and is distinct from other sign languages, such as American Sign Language, German Sign Language etc. BSL is also not a signed form of English or Welsh, the two majority languages of the hearing population in North Wales: its grammar and vocabulary differ from both English and Welsh. Thus, Deaf individuals have "language needs", not "communication needs", and in that they differ from individuals who are deaf or hard-of-hearing.

Members of the Deaf community (as well as deaf individuals) access language through visual input. Spoken languages are thus not accessible. While some D/deaf individuals may have some lip-reading skills, lip-reading involves a large amount of guesswork and even adults with only moderate hearing loss typically have low accuracy rates [32]. Reading and writing skills also differ widely for D/deaf individuals, but data from the US suggest that a majority of deaf and hard-of-hearing high school graduates have a year 4 (4th grade) or below reading level. English, Welsh, and other spoken languages are thus not or barely accessible to D/deaf individuals.

For members of the Deaf community in North Wales, access to parenting and other kinds of resources is limited due to a lack of provision of language support [33] when information is not delivered or available in BSL. Additionally, due to the rural setting, transport and social barriers are higher in comparison to urban settings [11,34]. Some examples of these barriers include access to parenting support not being straightforward and often delayed due to limited interpreting services, availability, or funding [35]. Accessing online information is not always possible if no BSL resources are available, and the lack of funding means parents who try to attend social situations and playgroups without the necessary support in place are often left feeling disappointed and isolated.

### 1.3. The Current Study

The current study is community-driven in that it responds to and aims to address a community need. Community-based charities working in North Wales have noted a lack of accessible parenting information in BSL. In the current study, we therefore present results from a small qualitative interview-based study assessing Deaf parents' language needs and practices, their perception of the currently available parenting support, including accessibility, and their needs and preferences when it comes to parenting classes. We also present insights and observations from a case study of a Deaf parent attending an 11-week-long parenting class with an interpreter, giving an overview of what challenges she faced and the different ways in which these could be overcome. Though the study is on a small scale, to the best of our knowledge it is the first study exploring how parenting classes can be adapted so that they are accessible to Deaf sign-language-using parents. We begin by presenting the interviewed parents' needs and preferences for attending parenting classes. Then we report insights from a case study of a Deaf parent who attended an 11-week long parenting class with an interpreter to gauge how accessible currently provided parenting classes are to Deaf parents. The data for both studies were collected in 2019.

## 2. Study 1: Parenting Support—Exploring Community Practices and Needs

### 2.1. Methods

#### 2.1.1. Participants

For the qualitative interviews ten Deaf parents (6 female, 3 male, 1 preferred not to say) with an average age of 50 ( $SD = 8$ ;  $n = 9$ ) participated in the study. One participant did not provide an exact age and stated "over 40" instead. All participants had hearing parents. The participants had on average 2.3 children ranging in age from 1 to 28 years. The participants' highest levels of education ranged from secondary school ( $n = 1$ ) to further education after secondary school ( $n = 7$ ) to university education ( $n = 2$ ). Five participants were in employment at the time of the study.

#### 2.1.2. Materials

The study used a structured interview format with a fixed set of questions. Interview questions first elicited demographic information as well as information about the participants' language background and communicative practices. A second set of interview questions then explored how the participants accessed parenting information and their needs and preferences in terms of providing accessible parenting classes. Interview questions included short answer, Likert-scale type, and multiple-choice questions, and additionally allowed the participants to elaborate on all their answers if they wanted to provide further information (see <https://osf.io/jp7f3/> or <https://doi.org/10.17605/OSF.IO/JP7F3> for the full set of questions).

#### 2.1.3. Procedure

The study was approved by the Research Ethics Committee of the College of Arts and Humanities at Bangor University (SLLL-003). Each participant took part individually. The participants first received information about the study and their rights through a BSL

video. To ensure that the participants could give informed consent, a BSL-English bilingual researcher was also present and could answer questions or provide additional information.

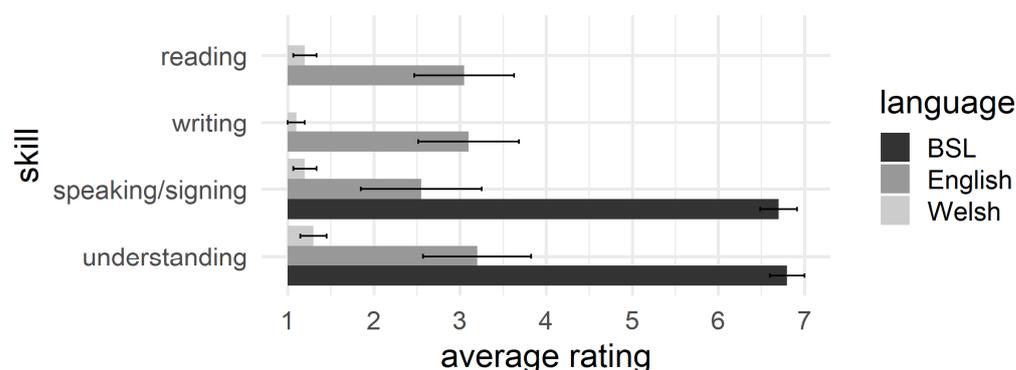
After the participants had given informed consent, the BSL-English bilingual researcher conducted the structured interview with the participants. The researcher asked each interview question, including answer choices if applicable, in BSL and, as BSL has no written form, wrote down the participants' answers for the short answer, Likert-scale type, and multiple-choice questions in English. Interview questions requiring longer responses were video-recorded and analyzed qualitatively. Thus, the participants received and responded to all questions in BSL. The procedure took approximately 50 min per participant.

## 2.2. Results

Here, we present qualitative and descriptive results of the interview data. Due to the small size of the community, any quotes presented are completely anonymous and do not include any identifying information.

### 2.2.1. Language Profiles

We begin by profiling the participants' language skills and communicative practices. Figure 1 shows the participants' self-reported knowledge of BSL, English and Welsh for the language skills reading, writing (both for English and Welsh only), speaking/signing and understanding. The Figure shows that the participants overall reported high proficiency in BSL, with all participants reporting at least fluent knowledge of the language and all but two rating themselves as native signers. The participants' self-rated BSL proficiency was high even though the participants reported learning BSL relatively late (mean age = 8.3 years,  $SD = 4.3$ , range 3–19 years).



**Figure 1.** Self-reported knowledge of BSL, English and Welsh on the following scale: (1) barely/not at all; (2) poorly; (3) good for simple conversation; (4) good for all kinds of conversations; (5) fluently; (6) almost native; (7) native language user/speaker.

In contrast, self-rated English skills varied widely, with ratings ranging from (1) barely/not at all to (7) native language user/speaker for all skills. The participants' average self-rated English proficiency was rather low considering that the participants reported learning English early (mean age = 1.9 years,  $SD = 2.4$ , range 0–6 years,  $NA = 1$ ). All participants reported either no or poor knowledge of Welsh.

Oral English was the main mode of communication while growing up for all participants both within the immediate family and the wider family. Specifically, all participants reported that their parents used oral English with them at home, with six participants reporting that the oral English was supplemented by gestures and pointing, and one participant each reporting that it was supplemented by Sign Supported English and BSL, respectively. The situation was almost identical for the wider family. Thus, overall, the participants reported learning English early, but the learning environments that they report suggest that English was mostly inaccessible to them in these situations.

In contrast, BSL was used frequently in the participants' own families, with all but two participants reporting that their children started learning BSL between birth and the age of four. Only one participant reported that their children did not learn BSL. Seven participants reported personally using BSL with their children. The remaining three participants reported that they themselves used gestures and pointing with their children. Reported ages of acquisition for English are similar, with all participants reporting that their children started learning English between birth and the age of five, albeit often not in the home, but in a school setting.

Overall, the participants' language profiles reflect the fact that BSL, but not English, is fully accessible to participants, so that they reported better language skills in BSL despite being first exposed to it at a later age compared to English. In addition, while most participants did not encounter BSL in the home growing up, most were using BSL in their own homes with their children.

### 2.2.2. Accessing Parenting Information

The participants receive and have received parenting information in a variety of ways. Specifically, the participants reported that they would get parenting information if they needed it from their own parents ( $n = 6$ ), community health workers ( $n = 6$ ), other parents ( $n = 4$ ), social workers ( $n = 4$ ), online ( $n = 4$ ), their GP ( $n = 3$ ), friends and family ( $n = 2$ ), or parenting classes ( $n = 1$ ). The participants have accessed parenting information in the past through their own parents ( $n = 8$ ), community health workers ( $n = 6$ ), social workers ( $n = 4$ ), other parents ( $n = 4$ ), friends or neighbors ( $n = 3$ ), their GP ( $n = 2$ ), or online ( $n = 1$ ). Thus, no participants reported accessing parenting information through parenting classes in the past.

### 2.2.3. Receiving Parenting Support

Some participants have received parenting support in a variety of ways, whereas others had difficulties accessing support. Specifically, the participants who engaged with parenting support did so either through health visitors ( $n = 5$ ) or at play groups ( $n = 2$ ). One participant remarked, *"I have received informal support through other parents at playgroup, through watching interaction between children, watching their behavior and communicating with other parents through lip reading and gestures"*. Two participants had never been offered anything and had received no information about parenting support. One participant reported a negative experience of attending a parenting group: *"I attended a parenting group three times but gave up as I was so frustrated at no communication support, so I didn't feel comfortable"*.

### 2.2.4. Needs and Preferences: Topics

The participants mentioned a variety of topics that should be covered in parenting support. The most mentioned topics were behavior and discipline ( $n = 5$ ), including knowing when to give praise, communication support ( $n = 3$ ), support related to computer games and online behavior ( $n = 3$ ), including how to set up parental controls, time limits for computer games, online safety and cyber awareness, and support for a healthy lifestyle ( $n = 2$ ).

### 2.2.5. Needs and Preferences: Ages

Most parents suggested that parenting classes should focus on the secondary school age ( $n = 6$ ) or middle school age ( $n = 5$ ), with only one or two participants suggesting a focus on babies, toddlers, pre-schoolers, and primary school age, respectively. This is largely in line with the participants' needs in the past. Specifically, the participants mainly reported that they would have benefitted from parenting classes focusing on the secondary school age ( $n = 7$ ) or middle school age ( $n = 5$ ) in the past. In contrast, three or fewer participants reported that they would have benefitted from a parenting class focusing on babies, toddlers, pre-schoolers, or primary school aged children in the past. This age range

is also in line with the difficulties in their children's behavior that some participants shared. While one participant mentions that *"from the age of eight onwards, my child became very cheeky; during the teenage years my child was very angry and as with most teenagers had the 'know it all' attitude"*, another relates that *"the teenage years from 13 up to 18 were absolute hell; raging hormones and very erratic behavior"*.

#### 2.2.6. Needs and Preferences: Logistics

Five participants preferred local parenting support and were willing to travel only less than 10 miles. One participant was willing to travel up to 20 miles and the remaining four participants said that they would travel any distance. All participants agreed that it would be valuable for both parents to attend parenting support classes.

Five participants viewed between 6 to 10 weeks as the number of weeks they could commit to for parenting support. However, three participants specifically mentioned that 10 weeks would be too much. Three participants mentioned that this would depend on the specific topics covered, and one participant suggested a taster session to start.

The participants suggested that sessions should last 1–2 h, 2 h or 2–3 h, with most participants favoring 2-h sessions. Eight participants mentioned that they would need breaks during the sessions to rest their eyes from the strain of watching both the interpreter and information on screen.

#### 2.2.7. Needs and Preferences: Communication and Delivery Preferences

The participants strongly preferred face-to-face delivery of parenting support, with all parents reporting that they would benefit from parenting support delivered in person, either in small groups or one-on-one. None of the participants reported that they would benefit from parenting support delivered online, regardless of whether this would be in small groups or one-on-one. All participants reported BSL as their preferred language, such that all participants were happy with parenting support either in English with a BSL interpreter or directly in BSL. Two participants further emphasized that in the latter case, the instructor would need to be a qualified Deaf professional.

The participants elaborated on these preferences by pointing out advantages and disadvantages of each approach. Overall, the participants agreed that face-to-face support either directly in BSL or in English with an interpreter would meet their language needs, as long as the interpreter was a registered and qualified BSL-English interpreter.

However, differences emerged between these two options in terms of disadvantages. Six participants would be uncomfortable sharing information in a BSL-led class if they knew others in the group ( $n = 5$ ) because other attendees may not keep shared information confidential ( $n = 2$ ) or because they would worry about being judged by other attendees ( $n = 1$ ). One participant explained, *"I would not be comfortable sharing information with others that are well known to me. I would not want to feel judged or criticized. The Deaf community is small in North Wales, and most members of the community know each other"*. Another mentioned, *"My concern would be whether things I said on the course would remain confidential"*.

In contrast, no participant mentioned that they would be uncomfortable sharing information in an English-led class with an interpreter, and two participants specifically pointed out that they would be more comfortable sharing experiences if the other attendees were not part of the Deaf community, as would likely be the case in an English-led class. However, one participant was worried about being judged in a mixed group as not being a good parent because they were Deaf.

In contrast, online BSL parenting support was not judged favorably. Four participants were concerned about technology or internet connectivity issues. Several participants voiced concerns about the online interaction itself, mentioning that information might be delivered too fast so that there would be no time to clarify or ask questions ( $n = 2$ ), that talking remotely would not feel personal or genuine ( $n = 1$ ), that online information would be less trustworthy ( $n = 1$ ), and that they may be judged in an online format ( $n = 1$ ). Only three participants mentioned an advantage to online parenting support. These are that

there is no travel required, that information would be available if they cannot access a class physically, and that it would be good to share experiences.

All participants agreed that all information in parenting support classes must be available in BSL if a Deaf parent participates, as the biggest issue for them is communication. Five participants stated that the information available in BSL should match hearing resources already available, and one participant emphasized that parenting support should be fully accessible in BSL, including the delivery of the course and the resources used. Some participants had concrete ideas for implementing this, such as using QR codes on handouts and leaflets that link to a BSL video clip or using visual aids and diagrams.

Overall, face-to-face parenting support in English with an interpreter and all materials available in BSL emerged as the preferred, and probably also most realistic, option with the fewest disadvantages.

### 2.3. Discussion

The results from our small interview study suggest that the participants' strongest language was BSL with vastly varying English skills and largely no Welsh language skills. Parents reported that they have in the past and would in future get their parenting information largely informally, such as through their own parents or other parents in their social network. Parents favored classes focusing on the middle and secondary school age and topics like behavior (including online behavior) and discipline. Parents preferred parenting classes to be local and relatively short, with roughly six sessions and 2 h per session. The delivery format with the fewest disadvantages was face-to-face, in English with a BSL interpreter present and with all materials available in BSL.

#### 2.3.1. Language Skills

Our language skills results emphasize the importance of BSL for the community. Even though English was chronologically the first language for all but one participant (who did not list their age of acquisition for English), the participants' self-rated BSL skills were substantially better than their English (or Welsh) skills. This has several implications. First, the vast variability in English language skills, even among such a small participant group, highlights that we cannot assume that Deaf individuals will have knowledge of English, an assumption that hearing people often make when interacting with Deaf individuals [5]. Second, the results also underscore the fact that language proficiency is not necessarily related to the order in which languages are acquired. While previous work has pointed out that 'native' speakers of a language can have a variety of different proficiency levels, it is typically assumed that they will have a relatively high level of proficiency in the language(s) that they learned 'first', i.e., early in life [36]. This is not the case here, with the participants reporting early acquisition of English, but overall low English skills. A likely reason for these low English skills despite self-reported early learning is that the participants grew up in environments in which the language that surrounded them early in their lives was most likely not accessible to them. In other words, the participants had early exposure to English, but very little uptake as they did not hear the English that was spoken to them.

#### 2.3.2. Accessing Parenting Information

Overall, our results suggest that the participants accessed parenting information in the past through informal means and mostly personal one-on-one interactions, and that they would do the same if they needed specific parenting information. That is, our participants were likely to largely receive parenting information that was anecdotal and dependent on the particular person who provided the information and that person's personal experiences. Parents in the current study had made little use of more formal parenting information given by professionals, such as professional information available online or through parenting classes, most likely because little professional information is available through BSL. While this does not mean that the Deaf parents who participated in our study received less accurate or helpful information than they would have through more

formal channels, it does suggest that they have limited choice when it comes to accessing parenting information.

### 2.3.3. Needs and Preferences for Parenting Classes

Parents named numerous topics that should be covered in parenting classes. Some of these were topics typically included in parenting classes and equally relevant for hearing parents, such as behavior and discipline or healthy lifestyle. Others, however, are likely to be especially relevant for Deaf parents, such as communication support and online behavior. While skills to communicate well with children are relevant for all parents, this is the case especially so for Deaf parents. Our results suggest rather complex communication dynamics within families in that most participants passed BSL on to their children. This choice underlines the importance of transmitting their heritage language and community and cultural values to their children. In this respect, language dynamics can be surprisingly similar to those found in families with parents from a non-English migration background, where children often use different languages in the home and outside of the home. While BSL proficiency facilitates communication between Deaf parents and their children in the home [24], English and Welsh proficiency facilitates communication within the wider community in Wales.

Another topic that has special relevance for Deaf parents is their children's online behavior. As the vast majority of information online is written, a number of Deaf parents tend to have fewer means of determining what their children are doing online and how they can guide and control their children's online behavior. That is, children's online behavior is likely to occur in a language that their Deaf parents do not have full access to or may have little knowledge of. It is thus not surprising that online behavior has emerged as an important topic for Deaf parents.

While much of the available formal parenting support in Wales focuses on infants and babies, our participants named the middle school and secondary school years as those that parenting classes should focus on. There may be several reasons for this. Some parents specifically mentioned the behavioral issues that tend to occur during the teenage years. In addition, issues that come up with older children are more likely to involve people or entities outside of the immediate family. Such situations are more complex for Deaf parents compared to hearing parents, as they typically involve cross-language and cross-cultural communication. For example, older children may have problems at school, in which case Deaf parents may have to navigate the school system or engage with teachers or head teachers. Relevant information about the school system or from the school (such as letters to parents) is often only available in English or Welsh, and interactions with teachers or head teachers need to occur with a qualified interpreter present.

In terms of logistics, Deaf parents preferred local parenting classes with relatively few sessions. Face-to-face parenting classes delivered in English with a BSL-English interpreter present and all materials available in BSL emerged as the options with the most advantages and fewest disadvantages. A major consideration for Deaf parents in this respect was confidentiality. The Deaf community in Wales is very small; however, it is also very well connected with respect to social media and informal online communication platforms and apps that allow video-based content. Many Deaf parents would therefore be reluctant to discuss issues that they are having with their children in front of other members of the Deaf community. If parenting classes are delivered in English, Deaf parents are less likely to know the other parents in the class, resulting in more anonymity and a lower chance of comments made during class reaching other members of the Deaf community.

We now report insights from a case study of a Deaf parent who attended an 11-week long parenting class with an interpreter to gauge how accessible currently provided parenting classes are to Deaf parents.

### 3. Study 2: Parenting Classes Case Study—Perspectives from a Deaf Parent

#### 3.1. Methods

##### 3.1.1. Participants

For the Deaf parenting case study, a Deaf parent ( $n = 1$ ) attended the Family Links “Nurturing Programme” [37] in 2019. She accessed all the course content through a qualified BSL interpreter. The program is delivered in most counties in North Wales, and suitable for parents from various backgrounds.

##### 3.1.2. Materials and Procedure

All attendees of the Family Links Nurturing Programme and the program facilitators gave informed consent for the Deaf parent to participate in the program and to take notes for the research project during the program. Attendees were informed of the purpose of the study and ensured that the Deaf parent would take general notes and not mention anyone personally. The program was delivered over 11 weeks with one 2-hour session per week by two trained facilitators, qualified to deliver this particular programme. All attendees, apart from the Deaf parent, were hearing.

The program used The Parenting Puzzle [38] book, of which each parent received a copy. Topics covered included positive discipline, rewards and penalties, self-esteem, choices and consequences, difficult feelings and how to deal with them, communication tips, self-reflection, self-care, the nurturing wheel, parenting styles and family rules. The sessions were informal and at a relaxed pace. They involved group discussions, pair and peer activities, and role play.

#### 3.2. Results

Here, we present the qualitative results of the case study, i.e., the Deaf parent’s observations and recommendations as to how the Family Links Nurturing Programme can be adapted to make it fully accessible for Deaf parents. The observations and recommendations below come directly from a parent and member of the Deaf community in Wales who has first-hand experience of taking part in a parenting class alongside hearing parents and through an interpreter. The recommendations are thus Deaf-community-informed and represent an attempt to give voice to and hear directly and in detail from a member of the Deaf community.

##### 3.2.1. Learning Materials

Most importantly, all written materials used over the duration of the course would need to be made available in BSL. The facilitators made frequent use of The Parenting Puzzle book, referring to a certain page or chapter of the book or asking the group to read a section or chapter before the next session. In addition, handouts, worksheets, and activity posters were used. While the book and other materials included plenty of visual aids and were written in a relatively easy-to-read style, they are nevertheless not fully accessible to Deaf parents. Specifically, studies suggest that the average Deaf adult has a year 4 reading level [39,40], while parenting books typically require a year 7 (7th grade) reading level or above, with a majority publications requiring a high school reading level [41,42]. While we have no information about the reading level required for the specific publication used in the parenting class that our participant attended, it very likely also requires a reading level above year 4 and would thus not be suitable for the average Deaf parent. Furthermore, results from Study 1 show that only two of the ten parents interviewed as part of this project reported reading skills that were good for all kinds of conversations or better. Four participants reported reading English poorly or not at all. All participants also stressed that all information must be available in BSL if a Deaf parent participates. This underscores the need for materials be made available in BSL.

For example, all text that attendees encounter could be translated, either per page or per topic, and QR codes could be shown throughout the book and on other materials cf. [43,44]. Deaf parents could then scan the code, which would direct them to a link

through which they could watch a video with the BSL translation of the page or chapter on their smartphones, tables, or PCs. For the worksheets, QR codes would be the ideal solution again. QR codes that link to sign language videos have been successfully used in other contexts with high levels of user satisfaction [43,44].

The Family Links program also has a DVD with associated workshops, which would also need to be made available in BSL. A video with a BSL translation of what is being said could be directly incorporated into the DVD and shown in a corner of the screen.

### 3.2.2. Communication

The Deaf parent could successfully access to all information spoken throughout the sessions. However, many people who have never worked with a Deaf person and a sign language interpreter are not aware of the slight adjustments which often need to be undertaken in such discourse environments. Therefore, several ground rules need to be established with the group at the beginning and attendees should be reminded of these ground rules before every session. For example, the group needs to be aware that only one person should talk at a time because the interpreter relays information as to who is speaking to the Deaf parent and will not be able to process crosstalk or multiple conversations and voices at once. In addition, the attendee who is speaking should keep eye contact with the Deaf parent when s/he is signing rather than with the interpreter. The group also needs to be aware that the interpreter may need to interrupt a conversation if clarification is needed to successfully translate what was being said.

Furthermore, emotions are also an important part of the communication process, especially for a personal topic such as parenting, and it is therefore important that the Deaf attendee can also see the speakers' facial expressions and body language. This is especially important for activities, such as role play, where attendees need to be able to gauge the tone and emotion involved in a particular situation. Finally, facilitators need to be aware that the interpreter cannot be expected to join in or carry out any of the activities.

### 3.2.3. Time and Space

Parenting classes for hearing people typically involve spoken information along with visual aids. For a Deaf attendee, all the information would be visual, and this has implications for both time and physical space. Specifically, while hearing attendees can listen to information and view a chart at the same time, Deaf attendees can focus their visual attention only on one or the other at any given time. In terms of space, this means that classes should take place in a sufficiently large room with all visual information concentrated in one part of the room, so that Deaf parents can take in all the information without having to constantly look back and forth across the room. For example, the interpreter could stand next to the class facilitators and the flipchart or screen.

In terms of time, this means that, if possible, additional time should be scheduled for classes attended by a Deaf parent. The additional time is needed because relaying information through an interpreter takes additional time. First, interpreting necessarily involves a short delay and pauses may be needed to allow the interpreter to catch up. This is especially the case if the speaker changes frequently, and the communication is fast. Second, at times an interpreter may need additional clarification to render an appropriate translation. For certain activities additional time may also be needed. For example, Deaf parents may need additional information for role play scenarios, such as what role each person is playing or being told what they are expected to do in advance, rather than as the role play proceeds.

Finally, as the participants in the interview part of the study have also mentioned, Deaf parents will need eye breaks, as taking in visual information from so many different sources (interpreter, speakers' gestures and facial expressions, charts, or screens etc.) is cognitively demanding and can lead to eye fatigue.

### 3.2.4. Activities

The previous sections mentioned some challenges with role-play activities. Here we additionally mention two other types of activities that are either advantageous or pose challenges. First, metaphorical activities, which use metaphors and physical action, can be an efficient method to explain a situation. For example, parents were asked to write their current worries onto a piece of paper, fold it up, place it under their feet and walk around dragging the paper with them. Such an activity easily conveys, via a physical metaphor, the concept that our worries can drag us down and distract us from the present moment and is easily adaptable for Deaf parents who can draw something that represents their worries if they are not comfortable to write down their worries. BSL is rich in metaphors and the use of examples, so this kind of activity is also likely to speak to Deaf parents.

In contrast, mindfulness activities can pose specific challenges. For example, parents were asked to close their eyes, listen, and follow the facilitators' instructions during a mindfulness activity. Deaf parents would likely feel uncomfortable during such an activity, as they could not experience the activity themselves and would have to wait in the room while everyone else has their eyes closed. Depending on the group and who the other attendees are, a mindfulness activity that involves the use of other senses, such as taste, touch, smell, or sight can be used instead [45]. For example, an exercise may be as simple as looking at a picture or piece of art and reflecting on one's perception and exploring why one has interpreted the picture this way. Another exercise could include describing, for example, a sweet using any functioning senses, such as taste, smell, texture, and appearance, and then thinking about which memories it may remind the individual of and why, what it may make them think of, where they think the ingredients came from etc. Such activities encourage the use of senses and being present in the moment.

### 3.3. Discussion

The Deaf parent's observations revealed that learning materials (textbooks, handouts etc.) play an important part of the parenting classes. All materials would, therefore, need to be translated into BSL to be accessible for Deaf parents. Translations could be embedded directly into existing video materials or accessed through a QR code for written learning materials. Thus, to offer parenting classes that are accessible to Deaf parents, an initial investment needs to be made, so that all materials can be translated into BSL.

The Deaf parent's observations further suggest that the actual parenting classes can be adapted relatively easily for Deaf parents, as long as a few ground rules are set, additional time is provided, and, when needed, activities are adapted. Most importantly, all involved need to follow some simple rules as to how to communicate in a situation where a sign language interpreter is present. Such rules include speaking only one at a time, being aware that the interpreter may need to interrupt, keeping eye contact with the Deaf parent rather than the interpreter, and making sure the Deaf parent can see all other class participants' faces.

An awareness that Deaf parents will mostly rely on visual information alone is also needed. Parenting classes often provide visual information that goes along with spoken information, such as when the facilitator walks parents through a chart displayed on the screen. The spoken and visual information often complement each other, and hearing parents can (to some extent) process the spoken and visual information at the same time. A Deaf parent however will have to go back and forth between the visual linguistic information from the interpreter and the visual information on the screen. For Deaf parents to process these diverse sources of visual information, classes need to have a slower pace with more frequent pauses, and facilitators and other participants regularly need to wait for the interpreter to have caught up.

Finally, the Deaf parent's observations emphasize that activities during parenting classes can be well suited for Deaf parents. Careful selection of activities and potentially some creativity are therefore needed on the part of facilitators (and material designers) to ensure that activities are accessible for Deaf parents. For example, activities involving

metaphors, pictures, and senses such as vision, touch, smell, and taste are entirely suitable for Deaf parents.

Overall, the Deaf parent's observations suggest that already existing parenting classes can be adapted relatively easily to fit Deaf parents' needs. Most importantly, all materials need to be translated into BSL and facilitators need to receive training in how to successfully adapt their face-to-face classes for a Deaf participant.

#### 4. General Discussion, Conclusions, and Implications

The current pilot study has produced two complementary sets of findings as well as implications with respect to how to best engage the Deaf community when it comes to community level family education and training programs and their content, design, and pedagogy. In the first part of the study, we reported on a small group of Deaf parents' communication practices, access to parenting information, and views on how to deliver parenting classes to members of the Deaf community. In the second part of the study, we reported on a case study where a Deaf parent participated in an 11-week-long parenting class that fit the desired criteria that emerged in the first part of the study well. Overall, we found that Deaf parents can benefit from existing parenting classes and formal parenting programs, as long as all materials are translated into BSL, a BSL-English interpreter is present for all sessions, and relevant adjustments are made to the face-to-face classes. All these needed adaptations revolve around making the language accessible, enabling successful communication, and presenting visual information in a Deaf-friendly manner. While the data were collected in 2019, and thus before the COVID-19 pandemic, we believe that the main findings of our studies still hold. The participants' preferences with respect to online vs. face-to-face classes may have changed due to the pandemic, but regardless of the format of the classes themselves, materials still need to be translated into BSL, a BSL-English interpreter needs to be present for all sessions, and relevant adjustments need to be made to accommodate Deaf parents.

Based on our findings, we propose that some of the already available formal parenting programs be translated into BSL, especially those that include parenting information relevant for parents with older children. Many Deaf parents have low proficiencies in English and therefore written English materials or video subtitles in English are not reasonable adjustments. Furthermore, interpreters need to be available for each session. BSL-English interpreters are scarce in Wales, with only about 50 interpreters across the entire country, who are typically fully booked weeks or even months in advance [5]. In the long term, it is thus essential that the number of BSL-English interpreters in Wales be increased, to ensure that Deaf parents are not denied access to formal parenting information due to a lack of interpreter availability. Parenting program facilitators need training on how to adapt their classes when they have a Deaf parent present. Most of the adaptations are minor and easily implemented, but they are essential to ensure that Deaf parents can actively follow and participate in the class.

Finally, while this pilot project was small in terms of the overall number of participants, it does contribute to a growing body of work and evidence that indicates that the legal recognition of Deaf rights, while an important step, is more than just providing access to BSL interpreting services, but actually involves engaging with the Deaf community to learn about what they need, want and prefer, in terms of how educational and training programs are presented and delivered. As Reagan [1] noted, "language policies targeting users of signed languages continue to be grounded primarily in deficit views of d/Deafness, amassing remedial rather than human rights-based empowerment". This all-too-common mindset often leads to hearing educators and trainers having either a lack of awareness or a lack of interest in the needs and/or preferences and cultural and linguistic identities of Deaf students or participants. This, in turn, diminishes or altogether denies the voice, agency, and role of the Deaf community and thus blocks them from informing and helping to shape both the content and mode of delivery in community based, local education and training programs. We believe that only by recognizing and incorporating the language

and culture of the Deaf community, and seeing it as an important resource and an asset, can community-based education and training programs hope to achieve a meaningful degree of social participation and engagement by the participants or constituents that they serve.

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