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Deaf people are parents too: Deaf parents' access to parenting courses

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Abstract

This dissertation looks at access issues for Deaf people in relation to parenting courses. My starting hypothesis is that the provision of a British Sign Language/English interpreter does not necessarily ensure equality of access with hearing peers. While not all Deaf people need or want to attend a parenting course, I explore the socio political issues in relation to the promotion and prevalence of courses. Issues specific to enabling the participation of Deaf parents are explored. The methodology of the research is discussed paying particular attention to the need to recognise the communication preferences of members of the Deaf community. The qualitative research is based on 3 people's experience of the Family Links Nurturing Course, who access information in different ways. Comments from parents attending 2 different courses, each with their own provision for Deaf parents are used to demonstrate their participation or non participation. Recommendations to enable Deaf parents to access and participate within a parenting course setting are outlined, based on the research discussion and outcomes.

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I certify:

1)   that this dissertation is my own account, based upon work actually carried out by me, and that all sources of material not resulting from my own investigation, including observational data, have been clearly indicated.

2)   that no part of the work incorporated in the dissertation is a quotation from published or unpublished sources, except where this has been clearly acknowledged as such, and that any specific direction or advice received is also properly acknowledged

Signed…………………………………………………

1. Introduction

1.1 Why Deaf people?

Approximately one per thousand of the population is born deaf (Ahmed et al, 1998), and a further one per thousand acquire permanent hearing loss (ADSS et al, 2002). Within an estimated group of 8 million Deaf, deafened and hard of hearing people approximately 70,000 (Ladd, 2003) prefer, or have as their first language, British Sign Language (BSL) and this marks them out as a shared linguistic community. This community is identified as Deaf with a capital 'D'. The British Deaf Association website (www.signacademy.co.uk) and Ladd (2003) explain that BSL classes are second in demand for evening or extra curricular classes.

My interest in British Sign Language and the Deaf community came about because of a combination of factors. While growing up, a family friend had a son who used sign language to communicate. Later, the church I attend had a Deaf person join and there was a need to interpret the songs and the sermons. After a year of learning to communicate with a Deaf person I undertook stage 1 British Sign Language. My social work training followed, and a friend – training to be a BSL/English interpreter – suggested I become a social worker with Deaf people.

Over time, I learnt more about Deaf culture and the discrimination faced by Deaf people. I have also struggled with my route in to working with the Deaf community, having its roots in the missioner for the Deaf – often viewed to be a patronising or oppressive part of Deaf history. However, I have come to recognise that working with a community in a second language has a richness and variety that is rarely acknowledged in statutory assessment care management.

Legislation provides the underpinning for access to assessment of need, welfare services and other community based social provision. However, the legislation that enshrines these rights, the National Assistance Act 1948, reflects its socio political context as opposed to the diversity within the groups that identify as d/Deaf. For example, the Act requires local authorities to hold a register of deaf and hard of hearing people and indicates that deaf people can be identified as deaf with speech, deaf without speech or hard of hearing. These categories cannot be changed and are to be used for planning services within local authorities and forwarded to the Department of Health every 3 years (SSI, 1997). Yet the politicisation of Deaf people means that a number of people do not identify with this categorisation. Although a reductionist standpoint could link the categories to Deaf British Sign Language User (BSL), deafened and hard of hearing, this does not reflect the choices people make in language use or their preferred communication methods.

I am using the commonly recognised standard of using the capital 'D' in Deaf for those people who use a signed language, usually BSL, and the use of deaf with a small 'd' to denote other groups with a hearing loss, whose means of communication tends to be oral.

1.2 Why Deaf parents?

Being categorised may mean that d/Deaf people are then only seen as that identifying characteristic by mainstream society rather than being recognised as having other roles, such as employee, employer, parent, spouse or child. This dissertation is focussing on the experience of the Deaf parent and in particular his or her experience of parenting courses.

Often parenting courses are placed within children's services with Youth Offending Teams (YOT) and voluntary agencies such as Sure Start running parenting courses. Beecham's report 'Beyond Boundaries' (2006) notes that there is evidence of 'cost shunting':

> …where an organisation or department does not act in the best interest
>
> of the citizen because of the impact upon its budget. Examples include
>
> …arguments within local authorities about whether the costs of parents
>
> with special needs should be met from the education or social services
>
> budget. (p 38, 39)

While there has been research on parenting courses in England, there has not been mention of the deaf/hearing status of participants. Personal communication with Dr Ghate indicated that there were no Deaf participants interviewed for the research into 'What works in parenting support?'(Moran et al, 2004). Therefore, availability of data on Deaf participants appears inaccessible as it has not yet been included in the research profiles.

1.3 Aim of dissertation

My focus has been specifically on Deaf parents following my experience as a social worker with Deaf people. Some parents had asked for specific support in managing their child's behaviour, however, they did not know how to access support and I did not feel able to offer the support they required directly. In addition, when wishing to refer Deaf parents to mainstream parenting courses, I had been advised that the parenting groups may not be appropriate for Deaf people.

As a consequence, I and colleagues in different authorities undertook training and co facilitated a family links nurturing course. The research includes participants of this course and another parent who attended a separate course.

The research aims to highlight areas which can be improved to support Deaf parents and to ensure that they are not marginalised by lack of access to courses or by lack of access within them. Joseph Rowntree Foundation's (1996) study on Deaf user involvement noted that

Deaf people whose first language is BSL found the information gap compounded if the meetings themselves were held in English, even when a Sign Language Interpreter was present. (p 2)

Whilst the provision of a BSL/English interpreter could be considered to be empowering, this is only the case if the Deaf person's communication needs are met.

1.4 Format of dissertation

The dissertation follows the usual pattern of literature review, methodology, analysis and conclusion.

1.4.1 Literature Review

This chapter covers the different constructions of deafness as a disability and linguistic minority issue. I continue with a discussion around language use and parenting as a Deaf person. This is explored within the context of social policy and the promotion of parenting courses. Deaf parents and parenting courses are then linked together and a brief synopsis of the Family Links nurturing programme is provided as the course used within this research.

1.4.2 Methodology

This chapter explains the aim of the research, citing reasons for the qualitative methodology as opposed to a quantitative methodology. Following on from the literature review, the process of learning within the family links course is appraised. My theoretical approach is identified and the considerations of researching Deaf people are explored through 'insider/outsider' methods, recruitment of participants and my interview style. It is concluded with the research ethics including confidentiality, power within the research relationship and how Deaf people can benefit from this research.

1.4.3 Analysis

This chapter presents the data and looks at the responses of the 3 participants to the questionnaire. The comments are reviewed in the light of the questionnaire and analysed through comparison with one another and in the light of the research implications. A general theme is identified and explored within each response.

1.4.4 Conclusion and recommendations

The final chapter has general comments resulting from the analysis and provides some recommendations for co facilitators of courses that include Deaf participants.

2. Literature Review

The aim of this chapter is to bring together two areas of interest: the Deaf community and parenting support. A number of television programmes have been commissioned to show how difficult parenting is and uses clinical psychologists or experienced child care workers to demonstrate how to improve children's behaviour. The families generally experience disruptive behaviour but there has been no indication that parents have a disability which could impact on their access to information about parenting or how to parent. Despite the disability movement bringing forward the debate and understanding of people's attitude to disability there is relatively little research on disabled parents (Olsen and Wates, 2003). In addition to this, Deaf people often do not consider themselves to be disabled and the leading Deaf organisations are proposing that they are considered a linguistic minority. Individual Deaf people may subscribe to a number of different views with regard to their position in society.

2.1 Models of deafness

2.1.1 Medical model

The medical model assumes that deafness is a disability and is therefore something that needs to be cured, or perhaps reduced from profound to partial (Ladd, 2003). Lane (1999) clarifies an implicit assumption that the norm is hearing, and deafness is the lack of something. He goes further to explain that the hearing dominated society then makes decisions based on an audiological measurement to decide what is best for deaf people.

Lane defines this as 'audism' – an understanding of deafness based on a hearing society's assumption of what it must be like to have reduced or little hearing in a world where sound is important. However, audism also operates within the deaf spectrum across Deaf, deafened or hard of hearing groups, as though there were a hierarchy of deafness. Ladd (2003) notes that the medical understanding of deafness is primarily a deficit model, that is, people are incomplete without the sense of hearing.

With a medical explanation of deafness, a medical solution is then expected to cure the deafness. As a result, the focus has been on improving deaf people's quality of hearing through the use of technology such as digital hearing aids. Technological advancements have meant that the development of cochlear implants has been proclaimed a panacea for deafness. The medicalisation of deafness has then informed educational policy which has been on enabling children to use their residual hearing and learn how to lipread to fit in with the hearing world (Ladd, 2003). However, some people do not have enough hearing within the amplitude and frequency range to hear speech, and are unlikely to benefit from the use of some technological aids. Some of the medical solutions reduce the residual hearing, such as cochlear implants, and do not provide the kind of hearing that is commonly assumed as a result of media interest and medical investment.

2.1.2 Social model

The social model identifies society as the cause of oppression by establishing barriers to disabled people. While people recognise that they have an impairment, the disabled movement has put forward the view that people with disabilities are not the problem, the barriers within society – access to buildings, information - are the things that cause problems (Oliver, 1990). Society defines who is disabled, and may have contributed to the disability, for example through accidents at work or war. Disability is no longer a 'tragedy' but with appropriate changes to the physical environment and societal attitudes, people can still be fully participant within society.

The Disability Discrimination Act (DDA) 1995 requires public organisations and medium to large businesses to make 'reasonable adjustments' to their buildings and service provision in order to make access easier for disabled people. For Deaf people, the requirement is the provision of BSL/English interpreters or other human aids to communication such as note takers.

However, for those who have not experienced hearing or do not remember being able to hear, the disability movement creates tensions between the culturally Deaf and other groups of disabled people. Within the spectrum of deafness, there is a tension between those who consider their identity to be Deaf, and those who would seek to have their

impairment recognised, such as the hard of hearing or deafened. The view is that if a person has never experienced hearing, how can his/her hearing be impaired?

2.1.3 Culturo Linguistic Model

The culturo linguistic model does not see deafness as an impairment or disability. It sees deafness as an opportunity to be a part of a linguistic and cultural community and is denoted by the capital D in Deaf. The use of a small d in deaf often refers to those that have a mild loss, are deafened, hard of hearing or do not use British Sign Language.

Leading Deaf groups such as the British Deaf Association (BDA) are requesting that the phrase profoundly Deaf, an audiological measurement of more than 70 db, is replaced by the phrase culturally Deaf to clarify the difference between the community and those who have an audiological deafness. That is, in common with other linguistic minorities, there is a shared history of language, experience and oppression. The Deaf community use British Sign Language (BSL) with which to communicate, a language in its own right, not a series of mime and gestures. As Ladd (2003) explains, other groups of similarly 'disabled' people tend not to meet through choice. The BDA, and its regional representation the Deaf Association Wales (DAW), are also focusing on the concept of Deaf Equality as opposed to communication tactics and Deaf Awareness. The argument it puts forward is that with other minority languages there are no strategies specifically enshrined in a national curriculum to facilitate communication, and that Deaf people do not have 'needs' (DAW, 2005).

Workman and Reader (2004) explain that research has focused mostly on vertical transmission of culture – parent to offspring. As the majority of deaf children are born to hearing parents, the initial culture will be hearing until they meet other children and adults within the Deaf community. Culture could be said to evolve through horizontal transmission, from peer to peer. However, Deaf culture is difficult to transmit in this manner if deaf people are isolated geographically and the emphasis on mainstreaming in education means that deaf children do not meet similar children until they are older.

While Deaf organisations promote Deaf culture, it has to be considered if this is a predominantly white British Deaf culture. Ahmed et al (1994) note that certain Asian communities experience a higher than average rate of deafness at birth or shortly thereafter. Consequently, there are a number of issues to consider such as family language, religion, and cultural tradition in addition to a Deaf identity. For black and minority ethnic families with a deaf child, the use of 3 languages may not be uncommon: family's first language, English with health and education professionals and sign language. A number of deaf people may not have a predominantly Deaf identity and do not become part of the Deaf community until they are older and may never feel accepted because of their different family and cultural experiences. Alternatively, due to the lack of access to information with regard to their family's faith and cultural traditions, they may feel marginalized within their faith and cultural community.

2.2 Language Use

Working within Wales, there are parallels between the experience of Deaf people and Welsh speakers. However, the introduction of a Welsh Language Act in 1993 placed a statutory obligation for the production of a Welsh Language Strategy for all public bodies. The recognition of BSL in 2003 does not place an obligation upon public bodies to produce an equivalent language strategy as it does not have legislative backing. Currently there is no statutory obligation to provide information or education in BSL as there is with the Welsh Language.

Thompson (2003) notes that language and discourse are important arenas for the use and misuse of power. While citing the example of Welsh speakers, his discussion is limited to minority spoken languages and thus inadvertently oppresses users of signed languages by their exclusion. Harris (1997) explains that Deaf people require only minor concessions by hearing people in order to have active participation in mainstream activities. However, this can result in Deaf people having a forced dependency upon hearing people and are excluded if they cannot gain access to English.

While it could be argued that speakers of other languages can access the majority language and understand the cultural meanings, Harris (1997) notes that Deaf people share the experience and discrimination of other minority language users but differ in their ability to access the majority language. As anti discrimination and anti oppression

are core values and principles within the social work profession this difference needs to be recognised explicitly in order to enable Deaf people to participate fully.

Davies (1994) is quoted by Missel (2000) and suggests the following social work principles for Welsh Language Users which can equally apply to British Sign Language users:

- A client has the right to choose which language to use with a worker

- Language is an essential part of a person's identity

- A person can express feelings more effectively in a chosen language

- Giving a client real choice regarding use of language is the essence of good practice

- Denying this right is a way of oppressing the client. (p 21)

The essence of this practice guidance is to recognise that Welsh speakers may be fluent in English, however, they may prefer to use their first language and should be able to do so. Similarities in the means of discriminating against language use are described for both Welsh speakers and sign language users. In comparison, Deaf people have not had the incidental learning through hearing and have often experienced oppression in education in order to present as hearing. Therefore the educational focus has been on the use of residual hearing, lip reading and speech. As a result, Deaf people's English language comprehension skills at school leaving age are identified as being equivalent to an 8 and

a half year old child (Conrad 1979, Powers et al 1998).   Consequently, assumptions that

all Deaf people can understand written English are likely to be overestimated.

Another assumption regarding Deaf people is their ability to lip read. Conrad (1979)

explains that lipreading is difficult because letters and words can have a similar oral

pattern. He goes on to say:

> Hearing people first learn language by hearing it so making it available
>
> for speech communication. Congenitally deaf people may have first to
>
> learn language by lipreading….Because lipreading is a difficult skill,
>
> relatively little language is learned… (p200)

Conrad's review of the research indicated that deaf children do not lipread significantly

better than untrained hearing children. As this is a linguistic issue relating to how

language is learnt, it is likely that Deaf adults will find lipreading difficult, tiring and

open to misunderstanding. In addition, in group settings, the dynamics of spoken

conversation mean that Deaf people will miss 'cues' such as the start of a new person

joining in.   Therefore, assumptions of lip reading ability are also likely to be

overestimated, and more so in a group situation.

While some Deaf people will have experienced a good education, others have

experienced an education designed by hearing professionals and considered appropriate

for a deaf child (Lane 1999), which may result in a low expectation of achievement.

However, in general with the hearing population, information is more readily available for those who know where to look and what to look for. Deaf parents may wish to have information but if it is not in an appropriate format – such as one to one, or video/DVD in BSL – then the information is inaccessible.

The provision of British Sign Language/English interpreters is increasing, although a number of people are used informally to interpret or facilitate communication at a low level of BSL qualification. The Welsh Assembly Government is committed to support training for registered, qualified interpreters to raise the current number of 12 (Press release February 2004, www.wales.gov.uk). The BSL futures programme is funding 39 apprentice interpreters, indicating that past and current provision of interpreting BSL/English has been and remains poor. This raises issues of current and short term future availability and competence in particular arenas of interpreting.

Kyle et al (2005) note that in rural Scotland, some Deaf people only have access to sign language for a couple of hours a week. As a result, the value of an interpreter is lessened if the Deaf person has been deprived of language. Supporting information for Deaf people where interpreters are present is often provided in a written format, rather than in video form. As Kyle (2005) suggests "Deaf people are expected to lipread, speak, read and write (as well as to sign) so that their hearing workmates can remain monolingual." (p87). Therefore, the provision of interpreters may not be sufficient to provide Deaf people with the information they require in any setting.

2.3 Deaf parents

The National Deaf Children's Society (NDCS) indicates that 90% of deaf children are born into families with no history of deafness (ADSS et al, 2003). There are a number of publications on the issue of deaf children, for example NDCS Positive Practice Standards (2004), and Parenting and deaf children (2003). The Children Act 1989 indicates that a deaf child is a 'child in need'. However, the converse is that 90% of Deaf parents have hearing children (Allsop and Kyle, 1997). This seems to be a relatively under researched area, even within the arena of disabled parents. Olsen and Wates (2003) indicate that there is lack of specific data in relation to disabled parents, in part due to accessing this group of parents, but also due to the research status of this group. They continue that

> …the development of services…has often focused on assessing the 'capacity' of the disabled adult to parent successfully. At the same time, too little attention has been paid to the organisational, economic and attitudinal contexts within which parenting takes places and the impact these have on a disabled adult's attempts to carry out their parenting responsibilities successfully. (p. 9)

This research does not claim to suggest that Deaf parents are better or worse than hearing parents, although some may argue that Deaf parents are better

communicators (Ingham, 2005). The issue is that Deaf people have children, and the majority of parenting support is designed with the dominant hearing society in mind. As such, this may lead to misunderstandings, lack of knowledge of where to go for information and what parental behaviour needs to be like in order to parent well.

The NDCS' research on parenting a deaf child (Young, 2003) included Deaf parents' experience of parenting, however, the focus was parents' experience of parenting a deaf child. Positives were noted, such as communication tended to be less of an issue for Deaf parents of deaf children. Young's research also indicates that Deaf parents tend not to rate professional support resources with high importance. The implications are either Deaf parents find parenting deaf children less problematic than hearing parents or that engagement with professional support is difficult due to the communication needs. In addition, Harris and Bamford (1995) indicate that parents were less likely to request support due to the professional's concerns of conflict between supporting parents and protecting children.

However, other research indicates that Deaf parents of hearing children may have communication issues (Harvey 2003). Harvey suggests that the linguistic barrier or disengagement results in 'porous boundaries' between hearing grandchildren and hearing grandparents. As a consequence, parental authority can be usurped by grandparents and by children thus inverting the parental power dynamic. Kyle (2005) notes that language use by Deaf parents with Deaf children tends to be BSL, but with hearing children they

tend to use a mix of sign and speech. Hearing children with Deaf parents may not be as bilingual as hearing people generally assume, not having full access to their parents' language of BSL, or to the dominant hearing society's language of English in the UK.

There has also been research on Deaf people accessing information, for example the Good Practice Guide for Accessing Public Services (UKCoD, 2004), 'A Simple Cure' (DoH, 2004) and a reference guide for the use of BSL/English interpreters (DRC, 2004). While recognising Deaf people's rights to access adult activities such as work and entitlements, their access to information and support in relation to their role as parents has not provoked as much research interest as other roles and functions within their lives. The Best Practice Standards (ADSS et al, 1999) and Positive Practice Standards (ADSS et al, 2002) deal with adult and children's social services respectively, but neither discuss the issues for Deaf parents involved in child protection or family support situations. Iqbal (2004) has developed a book on pregnancy and birth in easy to understand English with notes for health professionals which has now been made available on DVD in BSL. However, this is mostly about process and access to information during pregnancy rather than the action of parenting.

There are organisations which support Deaf parents such as the Disabled Parents Network which provides newsletters and access to email groups. There is a specific email group for Deaf parents (deafparents@yahoo.co.uk). In 2001 the Deaf Parenting Project was established which later became an independent organisation, Deaf Parenting UK in 2004. The BBC Deaf programme 'See Hear' had a short discussion on Deaf

parents in 2005, and a charity was established specifically for Deaf parents (Children of Deaf Parents UK, www.codpuk.org.uk).. However, mainstream Deaf organisations have yet to lobby for support for Deaf parents and Ingham (2005) notes that Deaf parents of hearing children are excluded from mainstream support.

In common with other children of parents with additional needs, the children often hold more power than their peers in the parent/child relationship. Often funding is directed at the needs of young carers, rather than looking at the need to support disabled parents in their parenting role (Olsen and Wates, 2003). Children of Deaf Adults (CODA), also known as Hearing, Mother Father Deaf (HMFD), often have access to more information than their parents, and are therefore asked to make telephone calls, write letters, and in extreme cases interpret inappropriately in a variety of settings (Preston 1994). Allsop and Kyle (1997) explain:

> For the parents, managing an adolescent may be a huge burden when
> the child's access to English and speech may upset the power relations
> at home. (p3)

It could be suggested that Deaf parents have similar concerns to ethnic minority families, where parents do not speak English and therefore rely on family members to interpret or translate information. Local authorities and statutory agencies can access interpreters through a telephone language line service, whereas BSL is a visual language and works best with an interpreter present. Video relay services are in their infancy and as yet are

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under researched and limited in use. In addition, assumptions are still made that hearing aids can assist with speech recognition, that Deaf people have a good understanding of written English and can lip read. Interpreting is not just about interpreting from a spoken language to a visual language and vice versa: it is also a means of brokering two cultures – the dominant hearing and the minority Deaf (Preston 1994).

2.4 Social policy

For the purposes of this discussion, parenting support is any formal intervention – that is, not support offered by family and/or friends - that is done with or to parents. This is because the Government feels that (Home Office 2006):

> Parents have a critical role in helping their children develop good values and behaviour. Conversely, poor parenting increases the risks of involvement in antisocial behaviour. (p3)

The Government's Respect Action Plan (2006) has come about because of a belief that anti social behaviour is a result of a lack of shared values and respect that has started in the home. While teachers and other community members also have a role in developing and maintaining respect it is clear that parents have a frontline role in

transmitting values and demonstrating appropriate behaviour as citizens. Although the political climate indicates that parents are free to parent their children as they wish, there is a recognition that some parents may need extra support or may not be 'good enough' to parent. The government has been developing and supporting initiatives from Sure Start and The Parenting Network.

The action plan includes developing parenting services nationally, to have a coordinated approach across children and adult services, and to develop an online toolkit to help commissioners determine the best parenting course for the area. Currently, youth courts can impose parenting orders which has resulted in Youth Offending Teams (YOT) offering parenting classes. Moran et al (2004) comment that

> …many programmes have sprung up aimed at helping parents to
> enhance their ability to parent, in the hope that outcomes for children
> may ultimately improve. (p1)

The Education and Inspection Act (2006) allows schools to apply for parenting orders and increase the circumstances in which parenting orders can be granted. The Home Office (2006) view is that supporting parents is important as it can improve outcomes and is good value for money, however,

> Parenting is one of the most important responsibilities in creating a strong
> society based on mutual respect. Parenting is primarily the business of

parents and the government does not want to interfere with that principle.

(p17)

Gillies (2005) suggests that parenting support initiatives are targeted at socially excluded families, and that these are based on a class and moral agenda. The underlying assumption is that 'good parents are seen as fostering and transmitting crucial values to their children which protect and reproduce the common good' (p76).

Recognising that poverty does affect parenting, social policy has been to increase incentives for families to lift themselves out of poverty through working and awarding family and working tax credits. This means that transmission of family values is then outsourced to nursery workers, childminders and other family members as carers for the children while parents are encouraged to undertake paid employment. Lack of recognition of external causes of stress means that parenting courses are less likely to encourage parents to participate.

The 2004 review of the international research indicates that the outcomes are based on participants' self reporting and does not include the views of the children. The majority of parents recruited are the mothers and this could mean that the groups are more accessible for women. While female parents have traditionally

undertaken the primary caring role, the research does not indicate what works well with fathers or how to engage them.

As parenting classes appear to be the panacea of all society's ills, there are a number of organisations and funding streams for parenting support. In some South Wales local authorities, responsibility for provision of parenting support is placed within mental health, Youth Offending Teams, and Sure Start.

2.5 Deaf parents and parenting courses

The Deaf parenting skills project has run 12 week courses within London for Deaf parents at the Deaf skills centre (Campbell, 2005). A specific course within 5 neighbouring boroughs of London is likely to be more viable than a similar one in South Wales due to the shorter distances involved and the population of the area. Deaf Access and subsequently Deaf Parenting UK has run workshops for parents on specific issues related to parenting. Deaf Parenting UK has taken the lead in rolling out more courses across the UK.

While a Deaf only parenting course, designed specifically for Deaf parents from the outset is a positive step, rolling out across the UK means that it will be competing with other established and researched parenting courses for resources. Within individual small local authorities the numbers of referrals are unlikely to be large enough for a group if

consideration for a drop out rate is made. However, it may be that in Wales, for example where courses are undertaken by local health boards overseen by a National Health Trust, there could be scope to pool resources and link Deaf parents in neighbouring authorities. This brings its own problem of who would coordinate all the referrals of Deaf people in different areas. The Deaf skills parenting project is supported by a number of voluntary parenting organisations and the South London Social Services Deaf Team and is run from a Deaf Access Centre. This has statutory and voluntary Deaf services working in partnership, providing a familiar environment and different agencies to suggest or refer to the course.

2.6 The Family Links Nurturing Programme

The nurturing programme is based on research by Dr S J Bavolek, and Family Links is an independent charity that is licensed to train group leaders and run groups in the UK. The programme (Family Links, 2001/2002) is based on:

- self awareness and self esteem;
- appropriate expectations;
- empathy;
- positive discipline.

This appears to be a solution focused approach to improving relationships within the family rather than a traditional problem focused approach. That is, there is the recognition that parents know their children best, and to build on strengths present in the family relationships. A problem focused viewpoint often places blame on families, using contracts to initiate improvements without identifying strengths and encouraging further developments.

In addition to developing parenting skills, there is a focus on emotional health and emotional literacy through

- knowing our emotions;
- managing our emotions;
- motivating ourselves;
- recognising emotions in others;
- handling relationships.

The course operates a closed group, that is, after 2 weeks, other parents or carers can no longer join as the blocks of learning are built on and the core values and assumptions are explained in the first couple of weeks. This course runs for 10 weeks.

2.7 Concluding comments

This dissertation is looking specifically at the Family Links nurturing programme as a result of me training to co-facilitate a course with colleagues aiming to meet the needs of Deaf parents/primary carers. This is concentrating on Deaf people who do not have additional languages at home, such as Welsh or an Asian language. Personal communication with Dr Deborah Ghate indicates that the research review by the Policy Research Bureau on parenting courses did not have any information in relation to Deaf people. This may be because Deaf parents were not on any of the courses researched, as deafness is a low incidence disability. Alternatively, being Deaf may not have been considered a relevant variable factor in the reporting of the course. However, for Deaf parents who wish to attend courses, or are subject to a parenting order, it is important to deliver the course appropriately for them. Moran et al's (2004) research indicated that it was not so much the content of the course but how it was delivered that was the important factor.

The Moran et al's (2004) review of research suggests that while facilitators with excellent interpersonal skills can transcend differences in gender, ethnicity and age rather than needing to match facilitators with participants, it also indicated that initial rapport is easier to build when they are considered the 'same' rather than 'other'. Being able to use a common language would be a means by which to build this initial rapport, instead of being reliant on interpreters.

I support the view that Deaf parents would not necessarily gain as much as a hearing person from a group where the majority are hearing. Discussions with family and friends regarding parenting issues such as behaviour and use of national resources such as the National Childbirth Trust (NCT) may not be as simple for Deaf parents as it is with hearing parents. Deaf people do not have the same access to incidental learning as hearing people, via overhearing conversations, which can mean that the process of resolving a relationship issue is missed. As such, some of the concepts within courses, such as negotiating skills, may need more explanation than to hearing participants.

The groups may not have sufficient funding for the provision of trained interpreters. In addition, if facilitators do not have deaf awareness they may not be aware of how to bring Deaf people back into the group, or even realise that Deaf are not receiving the information everyone else is. Hearing people can access information even if they are not looking at speakers. Under the terms of the Disability Discrimination Act 1995 (DDA), provision of a BSL/English interpreter is considered 'reasonable adjustment'. The DDA 2005 places an obligation on organisations to ensure equality of access to services. As suggested by Kyle (2005) the interpreters are used for formal presentation but are not used for the socialising aspects of a course. Therefore the group experience and interpersonal support can be lost, or indeed, never established.

In conclusion, the low incidence of deafness, smaller geographical boundaries for service provision as a result of local government reorganisation and low level of deaf awareness compound the difficulties in providing an appropriate and cost effective means of delivering a parenting course for Deaf people. The lack of research into this indicates a lack of knowledge in relation to problems that Deaf parents may be having and a lack of interest within the research community. As a result of my involvement with Deaf parents and a parenting course, I wanted to research what were the effective elements of the parenting courses for Deaf parents specifically. Furthermore, I wished to develop this and find out how the courses could be improved to make access for Deaf people equal to that of hearing parents.

3. Methodology

3.1 Introduction

The aim of this research is to seek Deaf people's experiences of the Family Links nurturing programme, a Home Office backed parenting programme. Originally, my intention had been to recruit Deaf participants over the period 2003- 2005, however, due to the low level of response, this time period was extended. There are a number of parenting courses on offer, and my reason for choosing this programme is that I am aware that some Deaf parents have participated in this course within a limited South Wales area. In addition, I have previously undertaken training to be a co facilitator of this course, and co facilitated a course. Therefore, I am familiar with both the content and the underlying ethos of the nurturing programme. This has reduced the numbers of contact to identify Deaf parents within the providers of different programmes. However, it would have been an interesting aside to see if other providers had been referred Deaf parents and if so, what provision had been made for them.

3.2 Qualitative or Quantitative

Qualitative research methods seek to gain meaning or understand participants' subjective experience; quantitative research methods seek to quantify a particular phenomenon (Langridge, 2004).

When deciding if this should be qualitative or quantitative research I considered the following:

1.   low incidence of deafness;

2.   number of Deaf parents who have already accessed parenting courses.

Current statistics are that 1 per thousand of the population has a hearing loss of 70db or more (Ladd, 2003) – this is the amplitude at which hearing loss is deemed to be profound. Thus the numbers who are in the age range to be parents with children (as opposed to adult children) is considerably smaller. Moran et al's research (2004) suggested that a more robust and quantitative model was required to provide evidence for parenting courses.   This research also notes that qualitative, self reporting evidence is provided for the Family Links courses, and this masters research is also qualitative and self reporting.

The interviews have been undertaken face to face by myself, and have been time consuming, in travelling and interview time as well as the time taken for transcription.

This was necessary due to the visual nature of the language, enabling ease of clarification at time of interview. These factors in particular have predisposed me to a small scale qualitative research project. The face to face interviews have maintained reliability of data in that there has been no other person to interpret my questions by bringing in observer bias.

Quantitative research would have been easier in terms of analysing data, however qualitative methods do enable richer data. That is, the questions have resulted in more information than can be gained, for example, with a Likert scale, despite not being able to generate a significant statistical analysis. However, as Robson (1993) notes '…the common injunction to "use a larger number of subjects" may buy statistical significance at the expense of real life triviality.'(p351). My qualitative methodology does not make the research results any less valid than quantitative methods. If the methodology has measured what I have set out to measure – that is, Deaf parents' subjective experience of the course – it is valid.

While I could have used a Likert scale, using a numbered scale for strongly agree,agree, neutral, disagree or strongly disagree, this is constrained by my knowledge of the subject matter and my preconception of the strengths and weaknesses of the parenting course. My concern was that, despite my understanding of Deaf experience and culture, my assumptions would bias the scale and become based on my perception of the difficulties experienced by Deaf people from my hearing status. Furthermore, the scale would be written in English and would have required considerable discussion in relation to the BSL

equivalent so as not to appear to weight the questions. Essentially the Likert scale is an English based research tool. Thus open ended questions have been chosen with the semi structured interview method to enable me to elicit further information from participants.

Transcripts of interviews are provided within the appendices in order to identify where I have taken my comments from, as the small sample could be considered to be anecdotal and unrepresentative of a larger group of parents within the Deaf community. Therefore, I felt that the comments I used to illustrate my analysis needed to be seen in their original context.

This research is not primarily to find out what people can remember from the course and if they use the techniques taught. The aim of this research is to identify how Deaf people experience the course, and what can make it easier for them to access the information and techniques. As a result the questions are around the use of the different styles within the session plan and how useful or helpful the information was conveyed. As a visual means to assist Deaf people, I used some of the resources used in the course to support the questionnaire. I used the same posters for all participants to assist their recall, as Deaf people's primary means of accessing information is visual. This seemed to me the most appropriate means of stimulating discussion without me commenting and potentially leading the research.

3.3 The Family Links Nurturing Programme: Process

The co facilitator's handbook (Family Links, 2004) details the ways in which people can learn – through visual, auditory or active learning, and uses a variety of means throughout the programme to utilise these different ways to accommodate participants preferred learning style. This links to adult learning theories, such as the 'Cone of Experience' (Dale, 1969) which suggests that people generally remember 20% of what they hear, and 50% of what they hear and see. As Deaf people do not have access to the auditory method of learning, more focus needs to be on the visual and active learning styles.

The course is supported by 'The Parenting Puzzle' (Hunt, 2003), and the posters used within the course are reproduced in the book. The posters vary between pictorial, pictures and a few words, words with a few pictures as characterisations or words alone.

Discussion through the medium of BSL can take place, however, as previously mentioned, some concepts may need to be further explained. For example, one sign used for empathy can be interpreted as in another's place, but could also be understood as transaction or change places. Some feelings may not have a single sign to represent it: for example, resentful would be a combination of signs such as anger but not wanting to show it, pushing it down and becoming bitter. There is complexity within English which can be assumed to be conveyed easily in one sign, yet often requires explanation that Deaf people can relate to culturally. The essence of interpreting is to convey meaning and not merely to introduce a new word.

One of the most important ways of delivering the course is the modelling of behaviour. This links with Moran et al's (2004) research which indicates that the style of delivery is as important as the content. Therefore, by demonstrating positive praise to parents, parent group leaders are modelling how parents can praise their children. This is demonstrated in the television programme 'House of Tiny Tearaways' where the clinical psychologist often praises parents in their interactions with children.

The course sessions are structured, including games, to encourage parents to play with their children, ways of learning specific techniques such as 'time out', small group activities and at the end, time is given for completing evaluation forms. The handbooks recognise some parents may have literacy difficulties and may require assistance. However, if interpreters are only used for the course content (Kyle, 2005), assistance may not be provided for the completion of forms. As such, the use of written forms for feedback may not provide useful comments to address the learning needs of participants. While provision of video feedback would accommodate this, it would mean that there is no anonymity in the way that there is currently available by writing things down without placing one's name on the feedback sheet.

I decided to keep the questions minimal, and concentrated on resources and techniques that did not require extra explanation. I asked questions relating to the resources of posters, but did not ask about modelling by co facilitators as I was unsure how to describe

this in BSL. However, I did provide the option for people to add extra comments with my final question.

3.4 Theoretical Perspective

Social work is a profession that links theory to practice (Dominelli, 1998), and some interventions may require a variety of theoretical standpoints. Often in the day to day there is little time to reflect on the why of certain actions undertaken. One of the opportunities in research is to consider what knowledge has informed my topic and interview style. Also it has made me think how to use the theory to develop my understanding of the subject under research.

Silverman (2001) quotes O'Brien's (1993) use of a kaleidoscope as an analogy to social theory to explain the different views on and understanding of society: each theory acts as a lens to a pattern, producing a different pattern or understanding of the phenomenon. Silverman (2000) notes that reality is often thought to be '…a single, static object waiting observation.' (p 49) However, reality is dependent upon experience, understanding and location of self within society. Silverman (2000) suggests that '…treating the knowledge you have learned as a resource involves thinking about how it can sensitize you to various researchable issues.' (p 62)

Knowledge is not only discrete data, it is subject to a process of interaction and interpretation. My knowledge of the Deaf World is informed by working with Deaf

people, socialising with Deaf people, meeting others who work with Deaf people and reading a variety of texts, in addition to undertaking BSL classes. Furthermore, I have engaged with a number of local d/Deaf organisations professionally which has informed my understanding of the different political stances there are within the lobby for recognition of d/Deaf rights. Therefore, while I do not have the insider knowledge of a Deaf person, I have had access to different views within the Deaf world and have been able to look at them critically.

Although my recruitment of research participants has been purposive, that is I had specific criteria in mind, rather than representative of the Deaf community as a whole, I have not used a grounded theory approach. I have not developed any new theory on the Deaf/hearing world interaction but I have tried to demonstrate that the Deaf people, while sharing commonalities, are not all the same. They may be part of wider society, but within that they are still individuals and participate at different levels within society.

Recognising that ideology affects thoughts and actions, Payne (2001) notes 'praxis proposes that we should allow the evidence of how the world is to reform and affect our beliefs.' (p127) Therefore, although there are a variety of standpoints in relation to Deaf people and their access to information in a predominantly hearing world, I have endeavoured to research the subjective experience. That is, as the Deaf community is not homogenous, I have sought to gain the views of individual deaf people. The results may be in contrast to what the hearing world consider to be Deaf people's experience. In some instances, it may vary from the Deaf organisations view of Deaf people's experience.

Payne (2001) notes that

> …rather than helping people to adjust to society to deal with their problems, we should change fundamental structures in society which are the origins of most people's problems. (p 127)

This is an emancipatory approach which I believe I have been pursuing, particularly as I have endeavoured to improve the situation for Deaf parents rather than support Deaf people to adjust to the process of a parenting course. While I cannot change societal structures, I can identify specific areas within the parenting course which can be changed to enable Deaf people to participate. This may have a further benefit that by changing hearing people's approach to Deaf people's participation, that more depth can be provided within the group setting.

The risk of the emancipatory approach is that I become one of 'them', a hearing person who believes that I know what is best for Deaf people. However, I have attempted to look at the issues involved critically and reflexively, and using Deaf people's comments themselves. I have not assumed that the views espoused by d/Deaf organisations reflect the diversity of the communities they represent.

3.5 Researching Deaf People

3.5.1 Insider or 'other' research

There is a view that research on Deaf people's experiences should only be undertaken by Deaf people. Jones (2004) notes that this has its own problems: interviewees assumed knowledge and similar experiences of the Deaf researcher, thus not telling the researcher things that are assumed to be familiar. The positive aspect of this assumption is the link with language and culture which leads to the interviewees accepting the researcher and therefore providing greater depth and quantity of data.

Ladd (2003) challenges the assumption that Deaf people should interview Deaf people, noting that the impact of oralism upon educational experiences has meant that few have the skills or qualifications to undertake research. For those that have accessed further and/or higher education, there may not be the impetus to undertake research due to other priorities within life and career.

As a hearing person, I cannot change my audiological status, however, I can make myself more accessible in the medium of British Sign Language and develop an affinity with Deaf people. I have achieved this through meeting members of the Deaf community within a variety of settings. I do not consider myself to be a member of the Deaf community, as I do not have any of the characteristics of those who are members. I am not Deaf, I am not married to someone who is Deaf and I am not a child of Deaf parents.

Even if I met with one of the aforementioned criteria, I would also have to be accepted as a member (Ladd, 2003). However, I do consider signing to be an integral part of my life and enjoy not being 'sign impaired'.

3.5.2 Recruitment of research participants

I have gained the consent of the director of Family Links, to undertake this piece of research. The recruitment for this research project has been through social workers with Deaf people. Research has noted that social workers with Deaf people often enable access to other services for Deaf people (SSI, 1997) and I chose to use this information to my advantage in reverse.

I provided information to former colleagues with information about the research in plain English to be passed on to Deaf participants of the family links nurturing courses. As a result, the number of participants is small (three) and my preference was to have had six to ten. However, with the timescale and interview timing approaching summer holidays I decided that the participants already recruited provided sufficient diversity for the research.

The university's ethics requirements included a letter of consent and written information with no provision for it to be provided in another language or format. However, as

previously mentioned, not all Deaf people are confident in written English and I have endeavoured to meet Deaf people to explain in person about the research. Initially, I contacted social workers with Deaf people who identified potential research participants. I explained to the social workers and then met with participants and explained the purpose of research, confidentiality and their right to withdraw at any time in sign language.

The written consent has also posed problems, as there is the potential that Deaf people may not be sure what they are placing their name to on a piece of paper. Therefore, I have had to fully explain the nature of the research, confidentiality and the option to withdraw from the study at any time in person in the medium of BSL. Having explained this, I then requested that consent was signed to video. Additional explanation was necessary in relation to the summary on DVD/video, as I wanted to be sure participants were aware that I would have the summary signed and perhaps use their comments, however, this would not involve film clips of them – their comments would be reproduced.

A short written piece explaining about the research, with consent to take part and to be videoed was included. In addition, my contact details of an email account and mobile phone number was included for texts. Communication with Deaf people was undertaken via the short messaging system (SMS) or texting. This appeared to be the most appropriate means of being contacted or contacting Deaf people due to the accessibility of mobile phones, and the location anonymity it provides. Furthermore, I do not have

access to other forms of telecommunications that are suitable for Deaf people such as a fax machine or a minicom. Whilst there is the textdirect service, using an operator to facilitate telephone calls, these are often not as useful in terms of cost and speed in comparison with a mobile phone.

3.5.3 Interview style

I decided to undertake semi structured interviews with Deaf people without the assistance of a BSL/English interpreter. This is to gain participants' experiences of the group, in preference to questionnaires as written English is not the respondents' first or preferred language (McLaughlin et al, 2004). While an interpreter could provide more linguistic clarity, use of an interpreter does change the interaction between researcher and interviewee. There is the delay in communication, and the rapport is developed between interviewee and interpreter. I would be unable to maintain eye contact with the interviewee whilst taking notes and lose the emphasis that is demonstrated in facial expression – an important part of BSL. In addition, there is the cost of an interpreter which I am unable to fund.

With a number of years of signing experience at Council for the Advancement of Communication with Deaf People (CACDP) stage 2 and regular contact with Deaf people, I felt that this would be appropriate for this level of research. The preference was to use video camera to record the interviewee so that conversation was not interrupted by

the break in eye contact for me to take notes, thus disturbing the flow of conversation. Unlike within hearing communities, a break in eye contact is often considered rude within the Deaf community. Often hearing people perceive continuous eye contact as threatening or over familiar. With hearing interviewees audiotape/Dictaphone recording is adequate for this purpose but British Sign Language is visual. In this use of video, the focus is not the observation of interviewee but a record of the interview itself: Ladd (2003) describes video as a carrier of BSL, therefore providing the opportunity to clarify comments. Langdridge (2004) believes that in the majority of situations video recording is not the best method to record information due to the extraneous data that is then obtained. This is a hearing perspective, and interestingly converse to Ladd's experience, as Langridge believes it is most suited to a group setting.

The video camera was placed by my side, opposite the Deaf person so that filming could take place of the Deaf participant only. While this does not record my comments, it does provide ease of viewing of the Deaf parent's face on as opposed to side on (Dutch, 2004). Using the semi structured questioning method means that the list of questions are known and can be identified by following the natural breaks in signing. On some occasions, the participant requested clarification and it is this that made me realise that focussing only on the participant can have its drawbacks. On reflection, I could have voiced over my comments but instead wrote them down on the questionnaire for transcribing later.

Jones (2004) also notes that research by Deaf students with Deaf people, the use of video is so familiar that consent is not sought nor is the lack of a consent request queried. As video is used by hearing students of BSL courses with Deaf people to develop a portfolio of evidence, Deaf people are increasingly familiar with being filmed. In this instance, the subject matter is specific to their experiences and not about proficiency of my language skills. Consequently, I have had to be considerate of Deaf people's concerns in relation to confidentiality and being in demand as subjects in language skills. Therefore, there was the option that interviews did not have to be videotaped in accordance with participants' wishes.

I have recruited a married couple, one hearing and one Deaf. They were interviewed separately, and the hearing spouse was not videoed as it was possible to take notes during the discussion and clarify comments. As I am not using discourse analysis to examine the comments, I felt that there was no need to use a video or Dictaphone in this instance. My priority was to ensure that I could video tape the Deaf spouse so that there was no break in eye contact, or stop the tape and interview to change tapes. The notes were written up within a couple of hours of the interview while it was still fresh in my memory.

The guidance for the format of the Masters provides for it to be presented in another written language, following approval of the exam board. BSL is a visual language, and cannot therefore be presented in a written format as spoken languages are. While I have

not considered producing this in BSL as it is neither my first nor my preferred language, the access for Deaf people is reduced by the standard guidance.

3.6 Ethics

3.6.1 Confidentiality

The best estimate of numbers within the Deaf community is of 70,000 (Ladd, 2003). As Deaf people are not all located within the same geographical area, although some areas have higher numbers than others, the community is mobile meeting up with old school friends and Deaf club members in different parts of the country. As such, although the number is only about 1-2% of the general population, the links within the community and those involved with it means that Deaf people can be easily identified.

Confidentiality is an important principle for research and practice. The principle is that participants should not be identifiable or the information from them should not be shared. Where the information is shared, informed consent is to be obtained from participants. This principle means that the video interviews were not to be included within the appendices. Due to the nature of BSL, there would have been no means by which to gain the comments on video without the filming of the participants' faces – facial expression provides the emphasis to the signs, rather like adverbs in spoken and written languages (Sutton-Spence and Woll 1999). In addition, for those who do not understand BSL, a

written transcription would have been required in addition to the visual representation. Therefore, the video was deleted once the transcription was completed.

I have anonymised research participants in accordance with research ethics and protocols to ensure that people are not identified and that their comments can be made without concern that others will censure them for these remarks. In addition, I have used Ladd's (2003) technique of offering participants the opportunity to choose their research name for the study.

Copies of the signed consent forms have been provided for my supervisor, and the forms have been anonymised for the use within the appendices of this dissertation.

3.6.2 Understanding of power within the research relationship

While no longer working with Deaf adults within a local authority, there is still the imbalance of power as some Deaf people know me from my statutory role, my role as co facilitator in a group or by my association with the Social worker with Deaf People in their locality. As I have contacted the local social worker with Deaf people, it may be assumed that my research is for the local authority which may have some bearing on the services they receive. The information provided in both plain written English and in person clearly states that this is a research project undertaken as part of a course with Manchester Metropolitan University. However, with participants' agreement and the standard anonymising, a summary can be forwarded to co facilitators and deliverers of

services in order to improve understanding for further Deaf participants of parenting courses.

As more women participate in parenting courses (Moran et al, 2004) this is a commonality I share with the majority of interviewees. However, being of the same gender is not enough to assume that my experiences as a woman, and more recently as a parent, are the same or that I share a number of similarities for me to be expected to be anything but 'other'. As a hearing female parent I have access to a variety of resources in different media in relation to parenting, for example, television programmes such as 'Little Angels' and 'House of Tiny Tearaways'. I do not have to make choices regarding how to communicate with my hearing child nor do I have to communicate with professionals via an interpreter or writing things down.

I hope that my ability to sign indicates an empathy and affinity with Deaf people, by using their language even though I am not a member of their community.

3.7 What's in it for Deaf people?

Parenting courses are increasingly on offer for parents by request, referral or by parenting order. As the majority of the population is hearing, the courses are designed for hearing people in mind and Deaf people access courses with the provision of an interpreter. However, due to the shortage of qualified interpreters and the previous noted assumptions relating to Deaf people (as discussed in chapter 2), it is possible that the experience of Deaf people is not the same of that of their hearing peers. The research hopes to highlight Deaf people's experiences of these courses. The aim is that the research will emphasise meaning for the participants and that this could be used to inform parenting course facilitators to develop their awareness for Deaf participants.

As a consequence I aim to:

1. produce a public document that can be accessed easily in the form of this dissertation
2. provide a short report to Family Links to explain how Deaf parents' experienced the course and suggestions on what works best for Deaf parents
3. provide a short report for Social workers with Deaf People based on research to assist colleagues within their local authority to make appropriate changes to parenting courses with Deaf participants
4. provide a summary of the research and its recommendations in a visual format for Deaf people to access easily.

3.8 Summary of methodology

My experience working with and socialising with Deaf people, alongside researching the best methods by which to obtain Deaf people's experience, has drawn me to the conclusion that this is the best option. Interviews were time consuming and participants were located within an hour's drive. The transcribing of interviews were time consuming, noting subtleties of both BSL and English. I believe that the open ended questioning was less likely to bias the research towards my understanding of the issues within a course, from the perspective of a hearing researcher who has previously observed Deaf participants.

Postal questionnaires were not considered due to the low rate of return within the general population. It would be less likely that they would be returned within a population that does not use English as their first or preferred language. Difficulties may have arisen if they had asked another person to assist with its completion and thus affecting the reliability of the data.

The time constraints and my lack of paid employment have meant that it has not been possible to use an observer participant model. This could be an option for further study of Deaf participants.

While the group of research participants was small, and my aim had been to obtain double the number of participants, their experiences are useful as Deaf parents are an under researched group. The small number means that data cannot be predictive or generate generalisations, unlike substantial quantitative data. However, it can provide insight into awareness of the more visual nature that is required for parenting courses and the dynamics within a group where there is a Deaf person.

4. Analysis

4.1 Introduction

This chapter is presenting the data obtained through interviews and analysis of the data. Transcripts have been provided in the appendices and I have chosen to transcribe from BSL to English rather than use the linguistic conventions from signed BSL to written notation of BSL. This is due to my lack of skill in translating in this manner and also to enable the reader of this document to understand the comments made by Deaf people. This was not necessary for the hearing participant as we used spoken English and I took notes throughout.

While this only provides the experience of three participants, a hearing partner, a Deaf father and a mother whose preferred language is Sign Supported English (SSE), this provides diversity in itself. It is not fully representative of the Deaf community but it does include 2 people whose views are often not represented as a result of the politicisation of deafness. Initially I was concerned that I was not recruiting the right sort of Deaf person for the research. However, as Silverman (2001) notes, there is no '… unitary phenomena whose meaning is constructed in a single site…' (p 286). Therefore, while not quantitatively diverse, the research supports my hypothesis that the provision of a BSL/English interpreter may fulfil the letter, but not the spirit, of the Disability Rights Commission's (DRC) best practice guidance (2004) on the use of BSL/English interpreters.

Ahmed et al (1998) notes that 85% of Deaf people tend to marry and/or form long term relationships with other Deaf people. Ladd (2003) suggests that this number could be as high as 90% and is comparable with other ethnic groups. The categorisation Hearing, Mother Father Deaf for a child with Deaf parents assumes that both parents are Deaf. However, Ladd (2003) notes that of the 10% of deaf children born to Deaf parents, half of these children are born into a family where only one parent is Deaf. Ladd (2003) states that this group of children, or family unit, remains relatively unresearched.

I have decided to separate the hearing and the Deaf participants' comments in this analysis and review it in the light of the questionnaire that I used (Silverman, 2001). Two of the participants were on the parenting course that I had co facilitated. While it would have been useful to triangulate their comments with their feedback forms, this was not possible as I had not gained their consent nor could I identify their forms as they were all anonymous.

Seale (2004) suggests five ways in which to theorise about data: chronology, context, comparison, implications and lateral thinking. My analysis is concerned with the comparison of participants' experience and the implications of this research.

4.2 Hearing participant: Ruby

Ruby is 36 and the mother of hearing children, married to a Deaf man. At the time of the

parenting course, she would have been 34. She noted that she was not referred formally

to the course, however, she had heard that the course had been specifically designed with

Deaf parents in mind. As the facilitators had assumed that Deaf people marry other Deaf

people one of the co facilitators, also a Social Worker with Deaf People (SWDP), had to

clarify with the co facilitators if hearing parents could access the course. This was

permissible and as such, this couple resulted in being the only parents who completed the

course.

Ruby was positive about the course: in particular that it was Deaf centred. For a hearing

partner, she explained that she is often used as the interpreter and the cultural broker

between both hearing and Deaf worlds.

> I'm so used to anything with him – the language barrier. I have to
>
> interpret and more. I have to look out to see if there was anything he
>
> didn't understand…

 Initially, I was unsure whether to include this participant as her needs are not the same as

Deaf parents. However, her needs within a group are different to both a hearing parent

and a Deaf parent, as she is often placed in a situation where not only is she participating,

but also assumed to be interpreter and cultural broker.

As noted previously, hearing children with Deaf parents are often used as informal interpreters, despite this being deemed inappropriate in practice guidance. Therefore, a hearing partner is more likely to be used for convenience for an interpreting role in informal settings with the advantage of more life experience than that of a child. However, interpreting is often provided through a lens of understanding: that is, things are explained through the interpreter's understanding of concepts in order to explain it in a culturally relevant manner. If the subject material is new to the hearing person, there needs to be some time to process the information and then explain it in another, second language. While it is best practice in other community languages not to use family members, this can occur, and with the limited availability of BSL/English interpreters this is even more likely. Other ethical dilemmas arise where the partner is there to participate but is unable to do so if the focus is shifted to interpret or facilitate communication.

Ruby explained

> …we went on the course and we were equals. Felt like, although he
> was the only Deaf person (by the end of the course), it was a course for
> him. I could relax. I could check if he was understanding.
> Instead of him being a second class citizen – what with the whole
> world being hearing – the course was set up for Deaf.

As this particular course had been designed with Deaf parents in mind she was able to relax and feel as though they could both go on the course as equals. She identified that there was the provision of 2 interpreters and that the co facilitators could use sign

language. In other situations, she implies that she was not relaxed as she always had to check that her husband had understood the content and answer questions he had when they got home. While she checked throughout the course that he understood the course content, she was also able to discuss more things with her spouse in the sessions as they both had access to interpreters. This was particularly useful when she did not have the linguistic ability to explain things: 'I can sign, but when it got, aargh…heated it was easier to look to the interpreters.'

The visual aspects of the course, for example the use of posters with pictures rather than just words, meant that she felt that her husband understood straightaway. She knew this because on their return home, he didn't ask her to explain things, or if he did it was rare.

Ruby found the book particularly useful as she was able to refer back to it with her husband and use it as a benchmark for dealing with their children.

While Ruby appeared to have gained a great deal from the course, it is possible that she would have gained from any intervention (Young, 2002). The characteristics that enabled her to follow up on this particular course suggest that she would have found another course and benefited from it personally. As a consequence, it is difficult to tell if this course was a pivotal time of itself or that there were other internal and/or external factors that contributed to her positive experience. However, it is clear that she believes the positive experience was in part due to the fact that her and her husband could go on the course as equals, rather than her husband being treated as a 'second class citizen'.

4.3 Deaf participant: Joseph

Joseph is a 36 year old man and married to Ruby with twin boys that are hearing. Although he identified as attending the parenting course in 2005: he signed 'last year', he did attend the same course with his wife in 2004.

When asked about how he found out about the course, he responded that his wife suggested they go to help them both communicate with their children. Joseph did not explain if he knew that his wife had actively sought attendance at the group or who was leading it. While it did not appear that he had thought the same as his wife, that they needed to attend to develop a consistent approach, he was positive about the course. He explained that he is the only Deaf person in his immediate family and communication could be difficult between him and his children.

Joseph commented that there were 2 interpreters and that they swapped throughout the 2 hour session. This is in line with best practice, as the cognitive process of interpreting is tiring, and the second interpreter can clarify if something is missed. The length of time for interpreting varies, but is often based on a natural break in the content rather than an approximate 30 minute interpreting stint (DRC 2004). Joseph indicated that the co facilitators or leaders of the group were 'like social workers'. The co facilitators of the group he attended were social workers although the phrasing suggests more of a sense of

a level of perceived authority or working with Deaf people rather than knowledge that the co facilitators were qualified, practising social workers. He noted that the children were in another room and were able to play, enabling discussion through the course content and during break times people could move around and chat. Joseph does not suggest that communication was difficult or awkward, and this is possibly because all participants and co facilitators could sign.

In terms of the learning styles, as a Deaf person he noted a few times that the pictures where easy for him to understand but words could be difficult for him. He noted that sometimes one method of beginning a discussion was to use pieces of paper and write something on it and then pass them round. He felt comfortable enough to ask what some words were, and noted that people in the group had an open mind.

In the discussions, Joseph clearly suggests a Deaf aware approach can ensure he has equal access to the conversation.

> Sometimes, really, you have to stop because I can see what he/she over
>
> there is saying but if someone on the other side of the room is talking –
>
> I can't watch both at the same time. I can't see one conversation if I'm
>
> watching another in a different direction. I don't know who to watch
>
> or what's going on. It's important for the first person to talk and
>
> discuss and finish and then go to the next person.

Unlike hearing people, Deaf people cannot follow two people speaking at the same time, and this tends to be a part of hearing people's interaction, where one will cut in over the comments of another.

While Joseph did not make any comment about the role playing within the course, he did explain that people within the group were willing to provide their own experiences of parenting in the past.

The use of supporting materials such as the Parenting Puzzle – the book that supports the course was very helpful, despite the amount of text. However, as he identified 'Sometimes I'd go through it with my wife but it's English and words in parts are difficult for me.' This may not be the case when both parents are Deaf and are not confident with the English language.

Joseph did not comment on the ease or otherwise of access to the course content, only commenting on the fact that it was best to watch the interpreters. Presumably this was in preference to attempting to follow conversations by lipreading. Harris and Bamford (2001) note that access to information was a recurrent problem that was not necessarily dependent upon provision of interpreters. They continue that basic requirements in order to facilitate participation and daily interaction with hearing people are often not provided.

While I expected more depth of comment in relation to communication on the course, it may be that there are explanations for the lack of comment other than my interview

questions. It is possible that as Harris (1997) suggests, Deaf people are reliant upon good will by hearing people to facilitate participation. With the anti discrimination legislation in force, Deaf people do not need to be grateful or surprised that their basic human rights with regard to communication are met. Alternatively, it may be that Deaf people are now more familiar with their rights to access information in the format most appropriate to them and human aids to communication (HAC) are expected.

4.4 Deaf participant: Alice

Alice is 34 and the parent of two hearing daughters.

Alice did not explain how she found out about the 2 courses, as she attended one course in the town she lives in and another in a nearby city. She did note that one group had five Deaf and eight hearing participants. However, 'I understood a little bit but I use SSE (sign supported English). I sign using SSE, so I went through the course picking up bits here and there.' As she uses SSE rather than BSL, this meant that she didn't fully understand the interpreter. SSE uses the same grammatical structure as English, whereas BSL has its own grammar. While signs used are generally the same, SSE tends to use pronouns, definite and indefinite articles and BSL does not. Therefore, the assumption that the provision of a BSL/English interpreter will meet Deaf people's needs is not necessarily an accurate one due to the variation in people's preference for a signed language.

Alice noted that the posters with pictures helped a little bit, although the poster used to demonstrate the resource and its learning style was different to what she had seen on the courses that she had attended. I had to further explain what role play was, and Alice noted that this method had helped a little bit. The discussions were in smaller groups, with Deaf people and hearing mixed together from the larger participant group. Again, Alice stated that this had helped a little bit, but that it was difficult as the group had to write down words.

Alice told me that she had received a copy of 'The Parenting Puzzle' (Hunt 2003) but

> I've lost it, I don't know where mine is. I can't read it, I don't understand it. I had a copy of my own. It has difficult words – it's for hearing people. I'm not very good at English.

Although she appeared concerned that she had lost the book this seems irrelevant when she explained that she could not read it and did not understand it.

The main issue for Alice was that she did not understand the interpreter in either of the parenting courses she attended. She explained that she had told the course leaders:

> I said 'I'm sorry but I'm not interested, I don't understand the interpreter. And when you're writing things down, I can't read it.'

It is possible to consider this as a phenomenon that Silverman (2000) describes as a 'moral tale' where the participant presents as rational and describes the leaders as insensitive. Silverman further explains that 'moral tales' or 'atrocity stories' provide an opportunity to '…give vent to thoughts which had gone unvoiced at the time…to redress a real or perceived inequality…'(p 289). Whether authentic or not, in that I am unable to triangulate this or corroborate it with any other participant's experience, it does demonstrate her sense to be a responsible parent through attending two courses, even though she did not understand a significant amount of the course content.

Without that initial support of communication being facilitated in an appropriately signed format, it was unlikely that Alice was going to be able to use the concepts taught in the course. Being unable to read the dense text of the supporting book compounded by not having understood the concepts interpreted in the sessions means that she gained little benefit from attending either course. It also appears that the co facilitators and the interpreter did not recognise this and attempt to address this. If she is unable to understand written English then it is unlikely that she was able to complete the feedback forms.

This suggests that an advocate fluent in sign language may be useful in addition to an interpreter as someone within the group that could communicate directly with her. Although advocates are often used for children, for example within child protection proceedings, it seems that advocates for parents are not commonly used (Lindley and Richards, 2002). Lindley and Richards (2002) protocol is specific to child protection,

however, I would argue that for parents who cannot access the majority language, advocates should be made available to enable participation in a process or intervention where it is expected that there will be an improved outcome for the child.

4.5 General Themes

While Alice's communication needs were met on a token level by the provision of an interpreter, she was unable to participate fully as she did not in reality have full and equal access. Therefore, she did not have comparable access to her hearing peers. I am unable to suggest if the other Deaf participants had the same experience as I did not have the opportunity to interview them. As a consequence she may not have had the same or equal access as her Deaf peers, let alone the hearing participants of the course. In contrast, Joseph's experience was more positive in the provision of 2 BSL/English interpreters, as his language is BSL.

This demonstrates that provision of a service can be merely tokenistic in gesture even when following guidance of provision under disability discrimination legislation. Arnstein's ladder of participation (1969) suggests that there are levels of participation using the rungs of a ladder as an analogy to demonstrate the progression from manipulation to tokenism through to full participation and citizenship. In order for people to own, or take on board, a concept or responsibility, efforts need to be made by

those proposing this to ensure participation. Unfortunately, due to lack of awareness, costs or, at worst, unwillingness to do so, often efforts at consultation or evaluation can be tokenistic.

Ruby notes that even though Joseph was the only Deaf person on the course, he was not penalised by this fact as the course had been designed for Deaf participants. This contrasts to Alice's experience where she did not understand the interpreter or the written content. Joseph does not explain if this course was any better or worse than other interpreted settings he has been in. However, he felt confident in a group situation to ask questions or ask for further explanations.

Both Ruby and Joseph noted that the pictorial content of the course was successful in conveying understanding and meaning for the concepts introduced. Ruby indicated that the difference for her, enabling her to relax, was the fact that the course was designed for Deaf people in mind. That is, co facilitators could sign, 2 interpreters were present, and they were not an afterthought or add on to a course for hearing people. The written resources did provide a common ground for both of them to use as a benchmark for their parenting. While it was noted for both Alice and Joseph that words are difficult for them due to their deafness, Joseph was able to access the book more readily with his wife. Alice, however, did not have that support at home to use the book as a reference tool.

Both Alice and Joseph noted that communication with their hearing children could be difficult. Alice made an unprompted comment that her children would ignore her if she

was signing. The obviousness of their 'otherness' in their place in the hearing world, as opposed to Alice's Deaf world, was made clear in her children's behaviour. In addition to being a parent, the difficulties of that role are compounded by having children that have greater access to the sound environment, including the majority language, than the parent.

5. Conclusion

5.1 Introduction

This section is bringing together the analysis and suggesting recommendations for change where Deaf parents are known to be willing, or required, to attend a parenting course. This is not specific to the Family Links Nurturing Course and therefore these suggestions may be appropriate for other established courses.

Initially, I had intended this dissertation to focus specifically on Deaf people whose first or preferred language was BSL. However, despite the small numbers of research participants this resulted in a user of another signed language – SSE. The guidance for providing a BSL/English interpreter (DRC, 2004) notes that interpreters are often able to code switch to SSE, but this may require extra interpreters. There are likely to be other deaf people that have had little access to a signed language and would need extra support both within and outside a group.

5.2 Use of resources

In addition to the visual techniques used, the co facilitator hand book (2004) and 'The Parenting Puzzle' (2003) uses visualisation techniques. This requires the co facilitators to read aloud while the parents have their eyes closed. This is not possible with Deaf people

as they cannot access any of the information if their eyes are closed as they use a visual spatial language. In addition, some descriptions are hearing related – for example 'imagine the sound of…' and as such are not appropriate for Deaf people. Therefore, sensitivity and awareness are required to support the interpreters and Deaf participants with this hearing biased language.

The training to become a co facilitator notes that for the session in relation to week 6 'Kinds of touch' reduced eye contact may be necessary due to the nature of the discussion. With Deaf people, if uncomfortable subjects are being discussed, co facilitators need to be aware that participants looking away from the interpreters means that there is no access to the discussion. Sensitivity is required to draw the Deaf person back into the group without stopping the group discussion to ensure participation.

Group work is used in order to bring together people of similar life experiences for individuals to realise that they are not the only ones experiencing the positives or difficulties in their situation. While parenting is different for all people, there are different issues for Deaf parents – for example, access to information and the change in power dynamics if children are hearing. While this could be construed as parents being absent or inconsistent – there can be practical reasons for not being aware of what is happening rather than an abdication of parenting responsibilities.

Young (2002) notes in her research on hearing parents with deaf children that parents want information but they are unsure of what to ask and who to ask for help.

Traditionally, Deaf people as clients of social services are placed within a physical disability team. As parenting courses are often placed within children's services, Deaf parents may miss out on accessing appropriate information without it being mediated by a worker who is familiar with Deaf people, often the social worker with Deaf people (SSI, 1997).

As Deaf people are not concentrated in one geographical location, with the arbitrary boundaries some Deaf parents/carers may live nearer to Deaf parents in another authority rather than their own. Due to traditional boundary restrictions on services, Deaf parents may have to attend a predominantly hearing group within their own area. Unlike in England, in Wales, local authorities and LHBs are co terminus thus reducing the option for accessing a health provision as opposed to a social service provision in a different area.

The Deaf group in London uses the Deaf centre, social services for Deaf people and voluntary organisations to recruit Deaf parents. Within Wales, the priority to recruit social workers with Deaf people has been devalued, with an emphasis on generic social workers. Therefore the number of qualified social workers with the skills and cultural awareness to work with Deaf people is decreasing. This combined with a Deaf political stance that Deaf people do not need social workers specifically means that the input social workers have in London for recruiting parents is not the same in Wales. Therefore, promoting a group to Deaf parents could be ad hoc and Deaf people could be further

isolated and oppressed. While Deaf organisations could develop and promote a course, it may not be on their list of priorities with Deaf education and the promotion and training of BSL/English interpreters gaining more prominence. In addition, Deaf people may not affiliate themselves with an organisation and are therefore not known to them or to Deaf clubs. However, this does not mean that this is not possible or appropriate to reach an isolated group of parents/carers.

Beecham's review of local services (2006) suggests that service providers could look at an exit evaluation. That is, services could be identified as failing citizens where people do not return. While this could be a useful monitoring tool, the reasons why a service is failing citizens may not be identified and may not be possible where citizens are obliged to attend as a result of parenting orders.

5.3 Recommendations

5.3.1 Recommendation 1

Co facilitators in regions, not just local authority/ local health board (LHB) areas to discuss referrals of Deaf parents/ carers with a view to pool resources where more than one deaf parent is referred to the course. The location of Deaf parents/carers may be that they are nearer to a neighbouring local authority's/ LHB's course than their own. The cost of interpreters remains the same if supporting access for 1 Deaf participant or five. Beecham's 'Beyond boundaries – A Review of Local Services' (2006) supports working

together arrangements of local authorities and LHBs to produce a better service to citizens. Ideally, a course would be established for Deaf people to take into account the changes needed to address the issues raised by Deaf people themselves. Particular attention needs to be made to identifying the preferred language and communication methods used by Deaf participants.

5.3.2 Recommendation 2

Deaf aware, signing trained co facilitators to be used as 'floating' co facilitators. The nature of the BSL curriculum provides an understanding of Deaf culture and community in addition to developing linguistic skills. As a result, a BSL user as a co facilitator is more likely to have an awareness and affinity with Deaf participants and facilitate one to one communication within the group rather than solely rely on the interpreters. This would overcome the issue of access to informal discussion as well as course content (Kyle 2005).

5.3.3 Recommendation 3

Use of 2 BSL/English interpreters qualified to Junior Trainee status as a minimum to interpret the course material. This is to ensure the quality of interpreting, the assurance of the interpreters' level of experience, that interpreters can support each other and can identify the communication needs of the Deaf participants. Where possible, interpreters

that have interpreted the course before to be used, with support from co facilitators to explain the ethos and particular aspects of course content where necessary.

Guidance on the use of British Sign Language/ English interpreters (2004) explains that interpreters need to take breaks roughly every 30 minutes. Although a fluent BSL user could be used for one to one discussion, without appropriate training and registration, this is not appropriate for interpreting the course content.

5.3.4 Recommendation 4

The use of advocates that are either Deaf themselves or fluent BSL users to assist Deaf participants to complete feedback forms. In addition, advocates would be able to address issues of clarity of interpretation on participants' behalf. Confidentiality is most likely to be maintained where a number of Deaf people attend a course as it would be less obvious who the advocate has been supporting. Alternatively, all participants could have access to an advocate.

5.3.5 Recommendation 5

Group rules to clearly state communication rules with the reasons behind them in a mixed hearing and Deaf group. Ladd (2003) notes that with patience and time one to one communication between Deaf and hearing people is possible.

However, given the necessity of lipreading in this process, and the inability of hearing aids to discriminate and isolate sounds in noisy places, interaction with groups of people is virtually impossible. (p 34)

Therefore, participants will need to cue when they wish to speak and provide opportunities for Deaf people to have their comments voiced over. The delay from speaker to signed interpretation can mean that spoken conversation has moved on before Deaf people have had an opportunity to clarify points or add comments. It is worth noting that BSL/ English interpreters can interpret from English to BSL and from BSL to English, they are not only 'helping' Deaf people to access spoken English.

5.3.6 Recommendation 6

Continued research with Deaf participants, collating both quantitative and qualitative data. The aim would be to identify how the written resources could be improved for Deaf participants. This could also help those who have difficulties accessing written English.

5.4 Final Comments

It is unfortunate that I did not have a greater number of participants for this study, to provide other views and perspectives on the issues for d/Deaf people accessing parenting courses. However, the contrast between the participants attending a Deaf centred course and the participant who attended a different course is clear in terms of access to the course content.

The pathway to a parenting course was not clear for the Deaf participants, and for the hearing parent it was through word of mouth. This has the potential to be a subject for further research. It cannot be assumed that Deaf people will benefit from a hearing group, although sharing similar parenting experiences in the day to day, their experiences will also be different due to disabling barriers in everyday life. The provision of BSL/English interpreters will not break down communication barriers if there is not awareness of the Deaf individual's place in society, and their experience of oppressive attitudes and disabling service provision. However, the recognition that there is a richness in Deaf culture and community, and that diversity can be explored and valued by the hearing world is likely to result in more depth of engagement.

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APPENDICES

Appendix 1 (Removed)

Appendix 2   Sample Questionnaire

1. Name   Age   Gender
   Children: Deaf/hearing
   Contact information

2. How did you find out about the family links course?

3. Which course did you attend? Eg what year, what area

4. Can you describe the group mix? How many Deaf/hearing? Could the leaders use sign language?

5. The course uses lots of different ways of explaining things like 'time out'. How useful were:

Posters with pictures

Flip charts with words

Role play

Discussions

6. The course is supported by a book called the Parenting Puzzle. Please explain how helpful it was, and why.

7. Thinking about the course, could you explain how it helped you at that time.

8. Any other comments

Appendix 3a Ruby's transcript

1. Name   Ruby   Age   36   Gender : female

   Children: hearing

   Contact information: use of mobile

JB2. How did you find out about the family links course?

R: [Social worker with Deaf People (SWDP)] came to my stage 1 class to demonstrate minicom.   I was asking him about things to do with Joseph [Deaf husband].   He mentioned starting up a course and he checked if it was ok for me to attend as I'm hearing and my husband is Deaf.

I'm a trained nursery nurse and I was arguing with Joseph about discipline, meals and we need to be in agreement. We tried to discuss things but even when we reached agreement he went against me. If the boys wanted to do it, he felt, then let them. We need to teach them discipline and the course didn't eradicate the arguments but we need to discuss what we did on the course. We don't always agree.

[Joseph's] upbringing was that no one in the family can sign, he was diagnosed deaf at 2. I get the impression that they think he was learning disabled. He never went out to play, his sister did but he was never allowed out. It was all 'don't tell your mother, don't tell

your father', but he was allowed everything. Nothing was consistent. Basic things he hadn't been taught. It was useful for him to learn the basics.

JB 3. Which course did you attend? Eg what year, what area

R: [town] 2004

JB 4. Can you describe the group mix? How many Deaf/hearing? Could the leaders use sign language?

R: [H, name of group participant], hearing. We tried to stay in contact but live too far away.

There was a deaf lady and deaf man came once and another deaf lady. 4 Deaf in total but 3 didn't come again. 2 interpreters, and 3 facilitators. Leaders could use sign language but relied on interpreters. I can sign, but when it got, aargh…heated it was easier to look to the interpreters. Not sure if [SWDP] can use sign language or picked it up along the way.

JB 5. The course uses lots of different ways of explaining things like 'time out'. How useful were:

JB: Posters with pictures (JB showed poster from week 6, The Parenting Puzzle pp112,113 'What we do with difficult feelings')

R: I didn't have to come home and explain what happened in the group hardly ever. Joseph understood, or asked. Got it straightaway and he felt comfortable if he didn't understand to ask. Usually, in other situations, he'll ask later, or forget and ask a couple of days later and then I've forgotten. This is a new thing – he didn't ask his family what a word meant. When he met me, if I can see he doesn't understand, I'll explain. Now he'll ask – thankfully.

JB: Flip charts with words (graffiti flip chart, The Parenting Puzzle, p188)

R: I found them useful and fun – whole course was fun. The difficult things were made fun. Shame that it ended – it was like going cold turkey.

JB : Role play

A: Good and good that we didn't have to be involved. If involved I would have been a nervous wreck.

JB : Discussions

R: Relaxed. I don't remember silences being uncomfortable. Felt safe, non judgemental: could air your views without recriminations.

JB 6. The course is supported by a book called the Parenting Puzzle. Please explain how helpful it was, and why.

R: The book we had at the end of the course. Don't know where it is. I have various parenting books. First few weeks.. we moved out of the house while the extensions was being done.. we both went through it – referred to it. Used it but moved out of the house 2 months after the end of the course so didn't take it with us. Whole course is based on the book but [facilitators] made up a pack for the course. So did the homework without the book – stuff we were taught, learnt had pages every week rather than the book. Didn't use the book through the course.

I think if we had the book at the beginning we'd have used it differently. If we were having issues I'd use it but I don't know where it is. I'll be looking for it now.

JB 7. Thinking about the course, could you explain how it helped you at that time.

R: Probably saved our marriage.

JB: That's an unexpected but welcome effect

R: We'd got to a point where he was doing his own thing. It forced him to listen to another point of view. We'd stopped communicating. Had marriage counselling – the course was the best thing for our relationship. Counselling had helped but it hadn't done what the parenting course had done. Now I can say 'be consistent. Remember?' Going back to the parenting course all the time. Communication started. When growing up [husband] was never talked to: when going on holiday he didn't know where he was going until he got there. He was never told anything.

JB 8. Any other comments

R: I'm so used to anything with him – the language barrier. I have to interpret and more. I have to look out to see if there was anything he didn't understand but we went on the course and we were equals. Felt like, although he was the only Deaf person (by the end of the course), it was a course for him. I could relax. I could check if he was understanding.

Instead of him being a second class citizen – what with the whole world being hearing – the course was set up for Deaf. For a while it was the only thing I did with the children and I could relax. Family time, teaching was brilliant; it was a really good course.

Wish you could have refreshers for when you've forgotten parts.

Appendix 3b   Joseph's transcript

I agree with the research for you on parenting course to see how it helps. Ok.

1. Name   Joseph   Age   36   Gender Male

   Children: twin boys hearing

   Contact information: via wife

JB 2. How did you find out about the family links course?

J: I learnt things, develop see course taught me what happens. I learnt and picked up things like how to work with my children in the future. Came back again and learnt different things, picked up how to help my children. It was good.

JB: sorry, could you explain how you got to know that the course was running.

J:My wife said that she thought it would help for me and my wife as well, both of us learn how to communicate. My wife is hearing, I'm Deaf. Communication is good, sometimes communication with the children, conversations are difficult. My wife is hearing and her communication with the children is good but because I'm Deaf I need help. That's why we went to the parenting course. Learnt things and it got better as it went on. It was good.

JB 3. Which course did you attend? Eg what year, what area

J: I think it was last year, summer maybe spring in the Gwent area [name of town].
Course there every month.

JB 4. Can you describe the group mix? How many Deaf/hearing? Could the leaders use
sign language?

J: Oh right, I remember now the parenting course had 2 intepreters, they swapped during
the 2 hour session. Good. Had like, social workers and Deaf people, Deaf parents all in
the group. Children played in another room. Group could chat and sometimes during
breaktimes had tea, it was good and we would move around and chat.

Some people there had past experience of their own children that are now grown up. I
don't know if they were boys or girls. But they taught me how I feel as a Deaf person
and explain to me and my wife to work with communication with children. And person,
social worker, look for right or wrong things in course. Communicate, good behaviour,
bad behaviour, don't fight, positive discipline, calm down, see things through course
while children playing around.

It was a really difficult and slow time. I picked up little bits. Will use in future. Easy to
start with young children. My children, first time because I have twin boys dealing with

them is hard work, they alternate being naughty. The course helped me a bit at the time and my wife as well.

Interpreters they had there explained well. I think lots of things were good. As other hearing people talked, interpreters carried on interpreting. Best to look and watch the interpreters, it was good.

JB 5. The course uses lots of different ways of explaining things like 'time out'. How useful were:

JB Posters with pictures (JB showed poster from week 6, The Parenting Puzzle pp112,113 'What we do with difficult feelings')

JB : remember this?

J: Yes. Anger, I think, person help – angry, grumpy. Things good – I understood. Right that showed anger as bad. Discussion about bad or good, bring together, find a way like positive discipline/telling others off, no, don't fight, calm down and change. Told me to calm down, stay seated, calm down and better to let it go.

JB Flip charts with words (graffiti flip chart, The Parenting Puzzle, p188)

JB : Remember this?

J: Yes, I'd forgotten things. I'm not that good at English, words really I don't understand. Sometimes interpreter signed and person told me…I understand but words… my wife helps me a lot. I picked up and learnt more things.

The pictures are easier for me. I see words as a different way. The interpreters explained to me well.

JB: Role play

JB: do you remember the role plays?

J: Yes, we wrote things down and passed them round. The piece of paper I had to read, sometimes what the other person had written, I couldn't understand so I had to ask 'what does this say?' I was nervous, but they help you with words. Not like, I don't understand but I don't want to ask, I'm nervous. It wasn't like that, I'd ask 'what does it say?' and they'd explain to me. People had an open mind, would talk and explain. I could learn and I wasn't too frightened to ask. No, I'd ask and I'd have an explanation because the others had grown up children and maybe that was important and what you need for your children.

JB: Discussions

J: Sometimes, really, you have to stop because I can see what he/she over there is saying but if someone on the other side of the room is talking – I can't watch both at the same time. I can't see one conversation if I'm watching another in a different direction. I don't know who to watch or what's going on. It's important for the first person to talk and discuss and finish and then go to the next person. Like with empathy, maybe the first person is right and the second person is wrong, another time the second person is right and the first person is wrong. It depends.

Have to be careful, I think it's important for children, they're the same. Sometimes bad or they are naughty but you need to pick up what's going on. Learn interesting things for children.

JB 6. The course is supported by a book called the Parenting Puzzle. Please explain how helpful it was, and why.

(JB showed a copy of the book)

JB: Remember this?

J: Yes. That was really useful. Happy, fun with pictures and sometimes you'd see in the book important for family and children. Sometimes I'd go through it with my wife but it's English and words in parts are difficult for me. It's worth it for the parenting course for Deaf parents – learn things or you could ask a person. It's important for your children.

JB: 7. Thinking about the course, could you explain how it helped you at that time.

J: Yes, some things I remember. (pause) Like how very important communication is with Deaf parents and children that are hearing. Explained positive discipline, talking is good.

Sometimes I get angry because I have too much to do with work but I need to step back. It's very hard to see a way through, sometimes it's blocked and again need to think, go back and pick up on the small things. I think again somehow work will help. The parenting course and leaders taught me, I remember it's better to tell my children and work with them. I realise its better to help and sometimes myself shouting at them won't work because I'm not thinking, maybe I was wrong. The book for the parenting course, you read through it and 'aah, that's right' it explains the way through. It's good.

JB 8. Any other comments

J: No

Appendix 3c   Alice's transcript

1. Name   Alice   Age   34   Gender female

  Children: My children are hearing, I have 2 daughters.

JB 2. How did you find out about the family links course?

A: I'm Deaf, it's hard: my children are hearing. It's hard, they ignore when I'm signing and their signing is good. While they're growing up, developing, looking after hearing children, you know?

JB 3. Which course did you attend? Eg what year, what area

A: The course it was a long time ago in [city name]. The course, I didn't understand, the words were too difficult.

I know children behave, I know some things. Words I didn't understand.

JB: what year was the group?

A: I was pregnant, after that…1998

JB: Sorry, could you repeat that please

A: One, nine, nine, eight. 1998. I think that's right as it was a long time ago.

JB 4. Can you describe the group mix? How many Deaf/hearing? Could the leaders use sign language?

A: Yes, Deaf – I'd say there were about 5 people. Hearing there were lots of hearing there – 8 people. There was me and (uses sign for group seating arrangement). Yes, that's right.

JB: what about interpreters?

A: Interpreter, yes, there was one person (sign for person does not indicate gender) I can't remember the interpreter's name, I've forgotten.
I understood a little bit but I use SSE(sign supported English). I sign using SSE, so I went through the course picking up bits here and there.

JB 5. The course uses lots of different ways of explaining things like 'time out'. How useful were:

A: Sorry, could you repeat that please.
JB: fingerspell Time out again, slowly, and used common non BSL gesture to show Time out

JB: Posters with pictures (JB showed poster from week 6, The Parenting Puzzle pp112,113 'What we do with difficult feelings')

A: No, it's different, it's different (shakes head). The poster, it's different.

JB: was it helpful?

A: A little bit but it's different.

JB: Flip charts with words (graffiti flip chart, The Parenting Puzzle, p188)

A: I remember a little bit of this but I don't remember. It's different.

Something only words on the course like behave, remember to smile, grumpy, pain.

Different things.

JB: Role play

A: No, role play?

JB: role play is where 2 people act out a situation

A:Yes that's right. A little bit, no.

JB: Discussions

A: Yes a little bit. The larger group split into smaller groups, and the Deaf and hearing people were mixed together. It was hard as we had to write down things. I don't know.

JB 6. The course is supported by a book called the Parenting Puzzle. Please explain how helpful it was, and why.

A: I've lost it, I don't know where mine is. I can't read it, I don't understand it.I had a copy of my own. It has difficult words – it's for hearing people. I'm not very good at English.

JB 7. Thinking about the course, could you explain how it helped you at that time.

A: No, I've forgotten, I can't remember, it was a long time ago. I'm sorry. I haven't got a very good memory, my brain's gone.

JB 8. Any other comments

A: Not really no.

Pause – filming stops, Alice makes further comments and JB requests permission to restart filming and Alice to repeat comments.

A: What did I tell you?

JB: you were talking about the courses in [city] and [town]

A: [city] and [town]. The course in [town] was with Sure Start in the community centre they have. I said 'I'm sorry but I'm not interested, I don't understand the interpreter. And when you're writing things down, I can't read it.' The course in [city] I got a little more explanation – the course was very different.

JB: questions have finished. Thank you for your time

A: Thank you, no problem.

Appendix 4 Summary to accompany BSL/SSE DVD

Deaf people are parents too: Deaf parents' access to parenting courses

Introduction

This is a summary of a masters dissertation with Manchester Metropolitan University. The focus of the research was Deaf parents who attended the family links nurturing course in the south Wales area. The aim was to identify if Deaf parents' found particular ways of learning useful and what could be improved to support them in a predominantly hearing focused course.

Literature Review

This section brings together issues of deafness and parenting.

There are 3 main explanations about the construction of deafness.

1. The medical model which sees deafness as an illness to be cured, or a lack of hearing.

2. The social model which includes deafness within a disability framework and identifies that society is disabling by not taking into account people who have impairments.

3. The culturolinguistic model which defines deafness as being part of a shared minority linguistic community, especially those who use British Sign Language (BSL) as their first or preferred language.

Disabled parents in general are an unresearched group, and Deaf parents are a smaller group within this category. While there is research on deaf children and parenting a deaf child, there is little on Deaf parents with hearing children. Deaf parents are likely to have a 10% chance of having a Deaf child, meaning that most Deaf parents have hearing children. Deaf parents are not necessarily better or worse than hearing parents of hearing children, however, they do not have access to the majority language in order to access information to help them parent. While there is a focus to support young carers, children who care for disabled parents, there does not seem to be the same focus to support disabled or Deaf parents to care for their child.

Government focus has been on formal intervention to reduce anti social behaviour by the use of contracts. There is a view that bad behaviour in young people is as a result of the lack of good values and poor parenting, through lack of knowledge or unwillingness by parents to parent appropriately. Consequently, there is a focus on the use of parenting courses to support and encourage parents to develop parenting skills for the greater common good. The Home Office's Respect Action Plan (2006) explains that parenting is important in creating mutual respect to develop a strong society. As a result, a number of organisations are offering parenting courses.

There has been a project in London that has run a parenting course specifically with Deaf parents, with Deaf leaders. This has not happened in south Wales due to the low incidence of deafness, the smaller geographical boundaries for service provision following local government organisation and the low level of deaf awareness means that difficulties in providing an appropriate and cost effective parenting course for Deaf parents are compounded.

The family links nurturing programme is based on American research that identified what helped in developing family relationship rather than what made a family 'dysfunctional'. This course has been given official approval by the Home Office and is supported by a book 'The Parenting Puzzle'. The course aims to develop self awareness and self esteem, empathy, positive discipline and clarify age appropriate expectations.

Methodology

This is about how I recruited parents that had been on parenting courses, what information I asked about, and why I chose to focus on 3 parents comments for qualitative data rather than have more parents and use quantitative data.

The parents involved in the research have had their names changed, and other identifying characteristics, such as the town they live in, has been removed so that they can not be identified. I contacted social workers with Deaf people in the south Wales area about my research and they contacted parents on my behalf to see if they would be willing to take part. If parents agreed, interviews were arranged, and consent was gained by discussing the research aims in person and having written consent.

The interviews were semi structured – that is, there were 6 open questions for parents to explain their views on particular aspects of the course and learning styles. I thought this would provide more information than closed questions requiring yes or no answers, or using a statement with a scale for agree or disagree. The interview questions were based on the resources used within the course, such as the posters, and the book in addition to a question in relation to the mix of the group, for example, how many Deaf/hearing people and if interpreters were present. The interviews with the Deaf parents were videoed as BSL is a visual language and is easier to transcribe with this method.

My intention was to recruit more parents, however, due to the timescales involved, my interviews took place in June and July, this meant that recruiting parents, interviewing and transcribing further interviews would have reduced my time to analyse and submit the dissertation. The 3 participants were a hearing mother married to a Deaf man, a Deaf father, and a deaf mother who uses Sign Supported English (SSE). I believe that this

gives voice to people within the Deaf community who are often not consulted, and fathers are often not represented in parenting research.

Analysis

Ruby and Joseph attended the same course which had 2 BSL/Interpreters and the course had been designed with Deaf parents in mind, making the most of the visual aspects of the course.

Ruby (hearing mother married to a Deaf man)

> …we went on the course and we were equals. Felt like, although he
> was the only Deaf person (by the end of the course), it was a course for
> him. I could relax. I could check if he was understanding.
> Instead of him being a second class citizen – what with the whole
> world being hearing – the course was set up for Deaf.

Joseph (Deaf father)

> Sometimes, really, you have to stop because I can see what he/she over
> there is saying but if someone on the other side of the room is talking –

I can't watch both at the same time. I can't see one conversation if I'm watching another in a different direction. I don't know who to watch or what's going on. It's important for the first person to talk and discuss and finish and then go to the next person.

Alice attended a different course to Ruby and Joseph, and although there was an interpreter present, she noted that as she uses SSE,

I said 'I'm sorry but I'm not interested, I don't understand the interpreter. And when you're writing things down, I can't read it.

When asked about the book 'The Parenting Puzzle' she responded

I've lost it, I don't know where mine is. I can't read it, I don't understand it. I had a copy of my own. It has difficult words – it's for hearing people. I'm not very good at English.

Conclusion

The parents had different experiences of the parenting courses they attended, and Ruby and Joseph's appears more positive. This could be in part due to the provision of

appropriate interpreters and group facilitators who could sign and the support that Ruby could offer to Joseph in accessing written English.

The following recommendations are based on the research and comments made by the parents.

1. Communication

All referrals for Deaf parents to be shared across local authority/ local health board boundaries with the aim to have a group for Deaf parents.

2. Fluent BSL co facilitator

A group with Deaf parents would have a facilitator that can use BSL and is Deaf aware to promote Deaf parents participation within the group.

3. BSL/English Interpreters

2 interpreters qualified to junior trainee status as a minimum, to interpret the course material and voice over Deaf parents comments to hearing group facilitators, or other members of a group.

4. Advocate

An advocate, fluent in BSL, to enable Deaf parents to make their views known anonymously if they cannot access written English for the feedback forms.

5. Clear group rules

In a mixed Deaf/hearing group, clear rules for communication so that interpreters can interpret uninterrupted comments so that Deaf people do not miss out on group discussions.

6. Continuing research

This research is small scale and therefore wide ranging generalisations cannot be made for other group settings. Further research is needed to identify how Deaf parents find out about parenting courses and what is needed for them to participate fully within a group.