



The Role of Deaf Practitioners as Role Models and Sign Language Teachers in Three European Countries

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Abstract

Deaf role models can play a vital role in the development of deaf/hard of hearing children's knowledge, language skills, and perceptions. This paper presents perceptions about the importance of deaf role models and sign language teachers for hearing practitioners or parents of deaf/hard of hearing children. The aim of the study was to investigate the involvement of deaf practitioners as role models or sign language teachers, as well as their training for supporting hearing parents of deaf/hard of hearing children and hearing practitioners throughout Greece, Bulgaria, and Malta. The data were collected by an ongoing multilingual survey in the context of the "Sign Links" European Programme Erasmus+ led by the Hellenic Federation of the Deaf. The results revealed the need to develop deaf people's competence and skills required for teaching sign language and counseling hearing families as role models as well as to establish training programs for deaf practitioners' professional development at a national and European level.

Keywords Deaf adults · Role models · Sign language teachers · Teacher training and support

Introduction

Most deaf people (about 95%) all over the world have hearing parents and do not meet deaf adults and sign language (SL) before the age when formal primary education starts (Hadjikakou & Nikolaraizi, 2008; Kourbetis & Hoffmeister, 1987; Lampropoulou, 1994; Mitchell & Karchmer, 2004, 2005; Schein & Delk, 1974; Van Naarden Braun et al., 2015). Most deaf children (90 to 95%), in contrast to most hearing children, are brought up in poor linguistic environments (Mitchell & Karchmer, 2005), since their parents, caregivers, and teachers are not fluent signers and cannot

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provide them with natural language input (Golos et al., 2018; Singleton & Newport, 2004) to support their social, emotional, and language needs. This lack of knowledge and contact marginalizes deaf people, their SL, and their dculture (Hindley, 2005; Hoffmeister & Caldwell-Harris, 2014; Young, 2003).

International studies have shown that the academic progress, literacy, and social and emotional growth of deaf/hard of hearing children are directly related to language acquisition and development (Hatzopoulou, 2008; Hoffmeister & Caldwell-Harris, 2014; Hrastinski & Wilbur, 2016; Kourbetis & Hatzopoulou, 2011; Kourbetis et al., 2017; Niederberger, 2008; Ormel et al., 2012).

Many researchers highlight the fact that hearing people—caregivers and parents of deaf/hard of hearing children—do not know SL, and they rarely socialize with deaf adults (Giaouri et al., 2022; Kourbetis & Karipi, 2021). The lack of communicative competence is recognized as the root of most problems are arising in the family, when a deaf child is growing up with hearing parents, teachers, or therapists. Additionally, hearing people still have misconceptions about deaf people, SL, and the deaf community (Giaouri et al., 2022; Moores, 2001). Therefore, the use of deaf role models is an innovative practice to support hearing parents and teach signed languages to parents and deaf children (Hoffmeister et al., 2022; Kourbetis & Karipi, 2021).

Deaf Role Models

There are many definitions of role models in the research literature, both in terms of role models' personal characteristics and the function of a role model relationship. These definitions vary from broad, such as informal life coaching, to programmatic, such as the Big Brothers/Big Sisters program (Giaouri et al., 2022; Thompson & Kelly-Vance, 2001). Some scholars define the mentoring relationship as one in which the role model provides personal support to an individual who needs a relational infrastructure and guidance (Rhodes, 2005). Domains in which role models provide support and guidance also differ and can include academic, workplace, and community settings (Eby et al., 2008). Programs and structures for role models are divergent depending on whether the intention is to enhance specific skills, such as literacy to prevent problem behaviors (Austen, 2010; Sinclair et al., 2005) or supporting families and deaf young people (Rogers & Young, 2011; Watkins et al., 1998).

Deaf adults can be useful role models for deaf/hard of hearing children and their families. According to Gale et al.'s (2021) study, deaf adults serve as role models and language providers, typically offering educational and social support. Additionally, they suggest that when deaf adults connect with young deaf or hard of hearing children regularly, cognitive development is positively enriched in addition to language and social-emotional development. By drawing on their own stories and experiences, deaf practitioners can show to hearing families that deafness does not need to be a barrier to achievement. The prospect of meeting deaf adults who have the experience of growing up deaf and having opportunities to ask questions about what it is like to be deaf could challenge the negative stereotypes and misconceptions

about deaf people (Giaouri et al., 2022; Sutherland et al., 2003; Wilkens & Hehir, 2008).

Moreover, deaf role models can ease parents' fears and share positive life experiences; inform families of upcoming deaf events; provide access to supportive networks; give "real-life" examples about self-advocacy; and provide authentic opportunities to practice SL (Byatt et al., 2019; De Clerck & Golos, 2019; Rogers & Young, 2011). Programs that have diverse representation of highly qualified deaf professionals in first-contact roles simply make parents aware of the wide-ranging expertise and professions that deaf professionals have (Yoshinaga-Itano, 2014).

This paper presents perceptions about deaf practitioners as role models and SL teachers, as well as their training and support for counseling hearing parents of deaf/hard of hearing children and hearing practitioners within Europe. The data were collected in the context of the ongoing "Sign Links" European Programme Erasmus+ led by the Hellenic Federation of the Deaf. The scientific team of the project had the approval of the institutional ethics committee. The main aim of the study was to expand our knowledge about the need to advance deaf people's competence and skills as role models and to develop training programs for deaf role models at a national and European level.

Materials and Methods

Participants

A total of thirty-six deaf, hard of hearing, and hearing adults, practitioners, and parents of deaf/hard of hearing children from the project partner countries answered the survey questionnaire in this first pilot phase. Twenty-four participants were from Greece, six from Bulgaria, and six from Malta. The participants in the survey were self-selected.

Demographic questions (1–6) were addressed to all participants and revealed information about their country, gender, age, involvement with the deaf community, SL knowledge, hearing, and SL status. Three additional questions (7–9) were addressed especially to the deaf/hard of hearing participants selecting information about their school education, their parents' hearing status, and the environment they first learned to sign (see Table 1).

Measures

The development of the survey questions was based on desk research of previous European surveys and the project proposal. We needed a basis of comparison from older and more recent data, and we selected two previous surveys for the development of the questionnaire (Kourbetis et al., 2001; Kyle & Allsop, 1997) and a more recent one from the Erasmus+ Project Sign First: <http://www.sign1st.eu/en/>. The period needed for the development of the questionnaire was from 01 October 2019 to 31 May 2020, a total of 8 months, with the participation of all partners. All

Table 1 Self-reported demographic information of survey participants

Demographics		Participants (<i>n</i> = 36)
Country	Greece (GR)	24
	Bulgaria (BG)	6
	Malta (MT)	6
Gender	Female	26
	Male	10
Age	20–29	4
	30–39	7
	40–49	15
	Above 50	10
Hearing status	Deaf	13
	Hard of hearing	2
	Hearing	21
Involvement with the Deaf community	Professionals/practitioners	26
	Parents-family members	10
Sign Language (SL) status	Native signers	7
	Proficient	20
	Functional communication	7
	No knowledge	1
	Other	1
Deaf/hard of hearing participants		Participants (<i>n</i> = 15)
School education	Secondary education—hearing school	5
	Secondary education—school for deaf	5
	Primary education—hearing school	2
	University	2
	Other	1
Parent hearing status	Both parents hearing	10
	Both parents deaf/hard of hearing	4
	One parent deaf/hard of hearing	1
Environment they first learned sign language (SL)	Family (parents and siblings)	5
	Outside of their family (friends and school)	10

partners submitted questions providing feedback to the overall structure and content of the questionnaire. The questions were a mix of multiple-choice, closed-, and open-constructed questions.

Intending to remove language barriers and grant accessibility to question and closed answer content to our deaf and hearing participants, the questionnaire was developed in three written languages, English, <https://forms.gle/tcT8KWF7iHmdp9or5>; Greek, <https://forms.gle/rkc2ahM27bEWHqj1A>; and Bulgarian, <https://forms.gle/ifQv6WQSZfzMe7pJ7>, and in a multi-clip, multilingual video sign language questionnaire in Greek Sign Language (written in Greek <https://forms.gle/>

vXEB61AVcxCkB62o6) and in International Signs (written in English <https://forms.gle/LUnXwsi3jvsXj7zs9>). Multi-clip video sign language questionnaires have been presented as the best mode of administration for sign-friendly survey research (Bosch-Baliarda et al., 2019). The questionnaire was created on the Open Source and free platform, the Google Forms as an online survey, with responses collected in an online spreadsheet.

Data Analysis

In this paper apart from the demographic information described above for the survey participants (1–9 questions), the data presented is about SL training to hearing adults, practitioners, or parents of deaf/hard of hearing children (10–18 questions) and deaf practitioners as role models/SL teachers—training programs and support (40–49 questions of the total questionnaire).

Quantitative data were analyzed with descriptive statistics. Most of the responses, depending on their content, were clustered by country. Qualitative data from open answers were analyzed. Open questions were very helpful in understanding the way the participants construed the terminology and interpreted our quantitative findings correctly.

Despite careful planning and piloting, we acknowledge methodological limitations of the survey mainly in relation to the number of participants per country, statistical methodology, and uniformity of content understanding. As we expected, there was significant variation in the interpretation of the terms used, such as deaf / hard of hearing children, SL, training programs, and deaf role models, across the different countries. However, as mentioned above, the ambiguity created in the interpretation of the data due to the differences in participants' understanding of the terminology, most of the times, was clarified by the open answers we received.

Results and Discussion

Hearing Adults—SL training

The data about teaching SL to hearing adults, parents, and practitioners revealed some contradictory findings showing the existing significant discrepancies in the not-yet well-developed SL training programs in the three participant countries, Greece, Bulgaria, and Malta.

Investigating if SL knowledge is a prerequisite for practitioners involved in the education of the deaf/hard of hearing students in the public and private sector (questions 10, 11), most participants from Greece and Bulgaria answered positively either by choosing “Yes” or “Partially” (see Table 2). For the public sector, all negative responses, but one, were coming from Maltese participants. For the private sector half of the negative answers ($n=3/6$) were from Malta and the remaining ($n=3/6$) were from the Greek population. Overall responses indicated that in Greece

Table 2 On SL knowledge as a prerequisite on the public and private sector level of competence

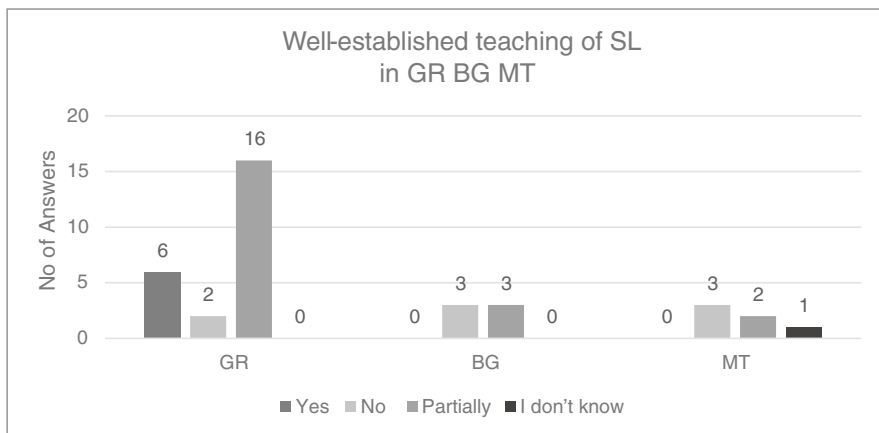
Prerequisite SL knowledge		Participants ($n = 36$)
Practitioners SL knowledge—public sector	YES	27
	PARTIALLY	5
	NO	4
Practitioners SL knowledge—private sector	YES	20
	PARTIALLY	10
	NO	6
Required level of SL competence		Participants ($n = 33$)
Required level of SL competence	Proficient	20
	Functional communication	13

and Bulgaria SL knowledge is a requirement for both sectors, whereas in Malta SL is not required as a qualification for practitioners in the field.

Most participants, who answered the question about the required level of SL competence (question 12), reported that among all partner countries, the required level of competence is proficient (see Table 2).

Regarding the establishment of teaching SL to hearing practitioners in the education of the deaf/hard of hearing, answers (question 13) showed an encouraging situation for Greece, whereas a rather negative picture is illustrated for Bulgaria and Malta.

Figure 1 demonstrates that most of the Greek participants are providing a positive picture about the well-establishment of teaching SL to hearing practitioners by answering either “Partially” ($n = 16/24$) or “Yes” ($n = 6/24$). On the contrary, the reported answers for Malta and Bulgaria show that teaching SL to hearing professionals, teachers for the deaf, etc. is yet well-established in these countries.

**Fig. 1** Well-established teaching of SL to hearing practitioners per country

The encouraging condition reported for Greece may be correlated with the prerequisite SL knowledge for practitioners' involvement in the education for the deaf/hard of hearing in the public sector (question 10), making the establishment of SL training programs for practitioners crucial, as SL is a qualification for working in the field.

Regarding the sector, public or private that SL teaching is better established (question 14), the picture is quite different per partner country. In Greece, it is observed that most of the participants ($n=10/23$) answered "both," and the remaining were divided almost half ($n=7/23$) for the public sector and half ($n=6/23$) for the private sector, demonstrating a balance between the two sectors. These answers come from all the Greek participants ($n=22/24$) who answered positively on the question for the well-establishment of teaching SL to hearing adults (question 13) and one of the two participants ($n=2/24$) who answered negatively. This last participant chose the private sector as the only area that SL teaching is taking place, imposing that the negative responses recorded for the non-well-establishment of teaching SL in Greece, may denote dissatisfaction about the lack of SL training courses in the public sector.

For Bulgaria, all participants, who chose "Partially" ($n=3/6$) for the establishment of teaching SL to hearing practitioners denoted that it occurs in the public sector. As in Greece, one Bulgarian participant who answered negatively about the well-established teaching of SL at a national level indicated that it takes place only in the private sector.

From the Maltese participants, all those who answered positively by choosing "Partially" ($n=2/6$) for the well-established teaching of SL at a national level, one participant supported that it takes place in both sectors, and another supported the private sector.

Regarding the years of training on SL required for the first diploma to achieve a functional communication level (question 15), the findings differ among the partner countries. For Greece, most of the responses ($n=15/21$) revealed that the needed years of training are four, although some of the participants ($n=4/21$) estimated that 2 years is enough for acquiring functional communication and less ($n=1/21$) estimated that 3 or more than 4 years are required.

Discrepancy was observed among the Bulgarian participants which is in alignment with the findings that teaching SL to practitioners is not well-established in Bulgaria. Almost all the participants chose a different number of years. Two out of six participants chose 1 year, one participant chose 2 years, two participants chose 3 years, and one participant chose more than 4 years. No one chose 4 years.

Likewise, in line with the negative answers ($n=4/6$) that most Maltese participants gave concerning the well-established teaching of SL to practitioners, for Malta, only one answer was given instead of six and that was one year of training, clearly indicating that teaching SL to teachers for the Deaf/hard of hearing, interpreters etc., hardly take place in Malta.

On a question (16) about the existing published materials for teaching SL to adults, findings seem inconsistent for all partner countries. In Greece, except for those who noted "I don't know" ($n=6/23$), a slightly lower number ($n=9/23$) answered negatively, and an also lower number ($n=8/23$) answered positively,

showing that participants' opinions are divided. For Bulgaria, contrary to the fact that teaching SL to hearing adults is not well-established, most participants ($n=4/6$) answered that there are published materials for teaching SL to adults. The same opposing picture was observed for Malta, where though most participants considered that teaching SL to hearing adults is not well-established, four out of six of the Maltese participants ($n=4/6$) denoted that there are available materials for teaching SL to adults (see Fig. 2).

Overall, the findings about teaching SL in each partner country seem to be conflicting. In Greece, although SL training programs are reported to be well-established by almost all Greek participants, there are not published materials on that purpose. On the contrary for Bulgaria and Malta, data showed that teaching SL to hearing adults is not well-established, but there are available published materials.

Regarding accessibility to materials (question 17), we had only 21 responses out of a total 36 responses we received in most other answers. Only ten (10) answers ($n=10/24$) were given from Greece, five from Malta ($n=5/6$), whereas all six participants ($n=6/6$) from Bulgaria replied. On this question, participants could choose more than one answer, and they were analyzed by calculating all the different choices that participants made (see Fig. 3).

Most of the Greek participant's responses agreed that the available SL materials for adult training are not accessible to the public. Seven out of the eighteen answers ($n=7/18$) mentioned that the training centers supply the SL materials only to their students and fewer ($n=6/18$) that there are private published materials. Only four answers ($n=4/18$) stated that there are materials supplied by the state, being open-source materials and one answer ($n=1/18$) was "Other," noting that materials used in Greece are copied from other European countries.

Correspondingly, for Bulgaria, answers showed that the available SL materials for adult training are mostly supplied by the training centers ($n=5/8$), two out of eight ($n=2/8$) responses were that they are supplied by the state, and one case ($n=1/8$) was for them being privately published.

For Malta, the answers implied that the few existing materials are equally, either open source or private. Two out of six participants ($n=2/6$) equally chose that the available materials are either open source or "Other," one referring to an

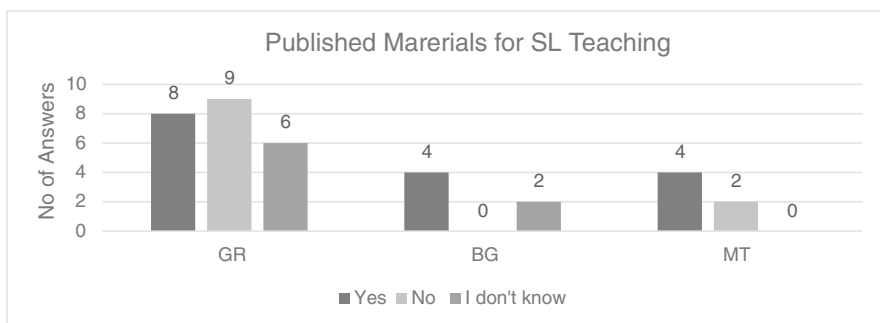


Fig. 2 Published materials for teaching SL per country

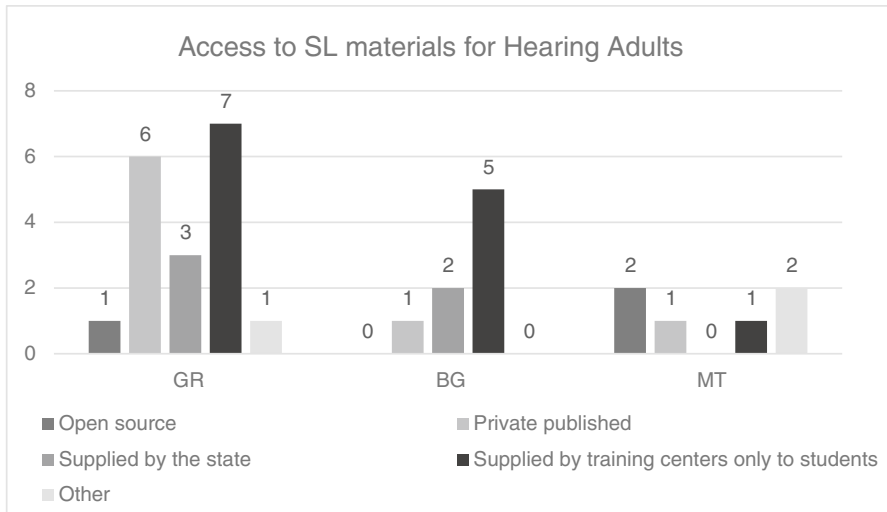


Fig. 3 Access to SL materials for teaching SL to hearing adults per country

online dictionary and some SL books that include very basic signs, and one mentioning that they can be bought from a bookstore. The case that SL materials are supplied by training centers was picked only by one respondent ($n = 1/6$) and the same was recorded for privately published materials.

The inconsistency in participants' responses on the last two questions probably indicates that in all three countries, the existing SL materials are scant and not accessible for the public, even though Greece seems to be in a slightly better situation.

The last question (18) regarding SL training to hearing practitioners and/or parents of deaf/hard of hearing children was an open question asking participants to add any information or comment that would illustrate the status of teaching SL to adults, practitioners, and parents of deaf/hard of hearing children in their country. This question was completed by 24 out of 36 participants. We received thirteen (13) answers from Greece, five from Bulgaria, and six answers from Malta. Most of the comments gave additional information to the previously answered closed questions, broadening our understanding of the situation in each partner country, and enlightening the way that our participants perceived the used terminology.

Five of the comments from Greek participants were about the need to teach hearing parents of deaf/hard of hearing children SL to develop their communication skills. One comment emphasized the importance of cooperating with the deaf community. Some others stressed the need (a) to train SL trainers and develop a curriculum for teaching SL to adults and (b) to train all hearing teachers working in the field to acquire high SL skills. Finally, whereas some comments mentioned that in Greece new materials for adults must be developed, others put emphasis on the fact that the available materials for children and teenagers can also be used for adults or at least after being slightly modified.

Comments from Bulgaria, three out of five highlighted the role of the Union of the Deaf in Bulgaria (UDB) on teaching SL to hearing adults, and the other two mentioned that “Teachers in schools for the deaf child[ren] don’t know SL perfectly” pointing out the lack of SL knowledge even by the professionals in the field.

All participants from Malta commented that learning and teaching SL are still on a basic level in their country. A comment stressed the lack of awareness of the importance of SL.

Overall, participants’ answers clearly demonstrate that teaching SL to hearing practitioners and parents of deaf/hard of hearing children have not yet been established in the three partner countries, Greece, Bulgaria, and Malta, with Greece being in a slightly better developing situation.

Deaf Adults—Role Models/SL teachers

As was expected, the descriptive statistics of the answers on the section about deaf practitioners as role models or SL teachers and their training (questions 40–49) showed that in the three countries, deaf adults rarely work as counselors/role models, and when it happens, they have no training at all despite the high qualities and skills needed for this challenging job. More usually deaf adults are found to work as SL teachers, for which similarly, there are no sufficient formal training programs recorded among the three partner countries.

The question where the qualifications of deaf adults working as role models in social welfare services for families of deaf/hard of hearing children were investigated (question 40), was answered by 35 participants ($n=35/36$). Participants could choose more than one of the five choices, “university degree,” “on the job training,” “seminars-workshops,” “I don’t know,” and “Other,” to answer the question (see Fig. 4).

Findings showed that in all partner countries, there are no specific qualifications to support deaf adults to work as role models and their work is not recognized. The choice of the “university degree” was found only in eight ($n=8/38$) answers of the Greek participants and in one answer ($n=1/8$) of Bulgarian participants. The choice of “on the job training” prevailed in Greek participants’ answers, whereas most of the Bulgarian and Maltese informants chose “Other,” showing that deaf adults whenever functioning as deaf role models must depend on their personal experience to cope with the needs of hearing parents of deaf/hard of hearing children. Bulgarian participants who picked “Other,” ($n=3/8$) noted that “*in Bulgaria, there are no Deaf adults working as counselors in social welfare services*” and participants from Malta ($n=3/4$), similarly pointed out that “No Deaf adults [are] working as counselors or role models in social welfare services in Malta. There are only volunteers from the national Deaf People Association.”

In all partner countries, deaf adults seem to work occasionally as counselors/role models, with very limited qualifications to support them in the challenging task of a deaf role model confronting hearing parents’ frustration and denial.

Two more questions examine if there are training programs at any level for deaf role models in social services for families of deaf/hard of hearing children (question

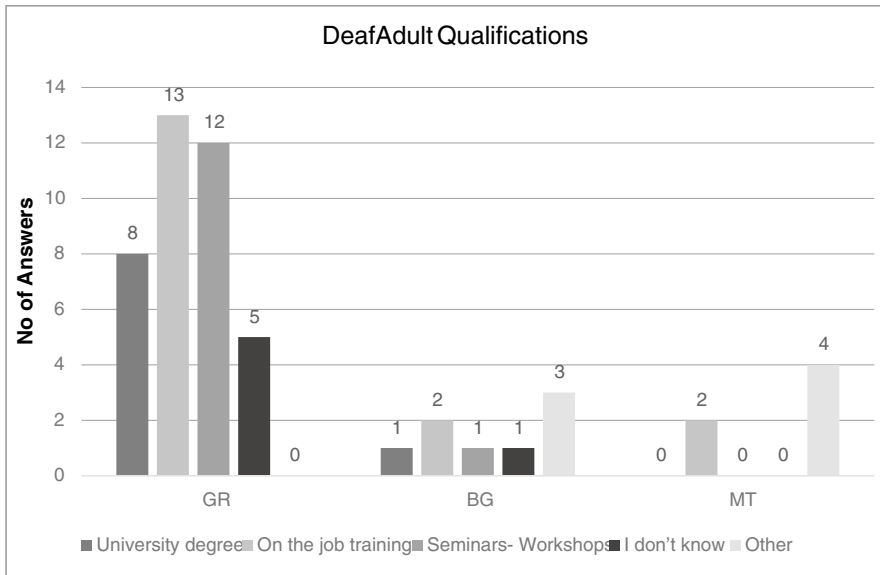


Fig. 4 Qualifications of deaf adults as role models per partner country

41) and their content (question 42). Regarding the existing training programs the answers were negative for all three countries. For Malta, all participants ($n=6/6$) selected the “No” answer. For Greece, most participants ($n=16/23$) stated “No” and the remaining ($n=7/23$) selected “I don’t know.” For Bulgaria, half of the informants ($n=3/6$) replied negatively, and half noted that they do not know.

None of the three partner countries participating in the survey has any training program for deaf role models for families of deaf/hard of hearing children, at any level, and none of the participants was able to comment on the content of the training or provide a link to any program.

Almost all but one participant ($n=35/36$) answered the question in which the participants’ opinions on the qualities that characterize a good deaf role model were investigated (question 43) (Fig. 5).

This figure shows that “All of the above” was the most chosen option ($n=28/35$) of participants. All features were considered equally significant for a deaf role model to be successful. Some that stood out from the others were: “Develop counseling, good leadership and training skills” ($n=12/35$), “Be flexible and open-minded” ($n=11/35$), “Have good communication skills” ($n=11/35$), “Be able to inspire and motivate” ($n=11/35$). To “Be proud to be Deaf” follows in participant choices and so does “Be friendly and approachable” “Have team-working & interpersonal skills,” “Feel confident about speaking to a group of people,” and “Have awareness of his/her personal opinions & remain unbiased” ($n=10/35$). To “Be passionate” was the last attribute to be picked by some participants ($n=8/35$) of the partner countries. Few participants, who chose “Other,” proposed some additional characteristics such as “A good Deaf role

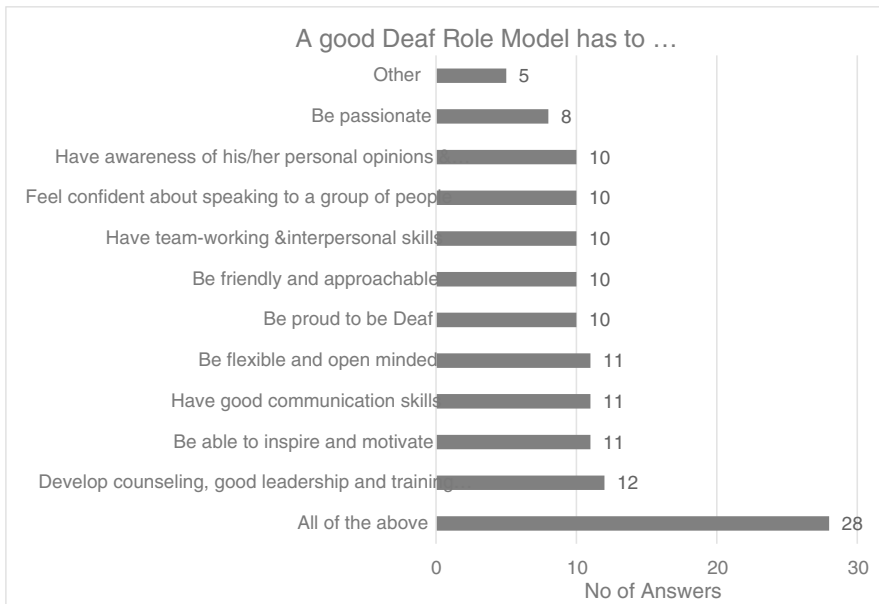


Fig. 5 Qualities/attributes of a good deaf role model per partner country

model has to be educated,” “He/she [should be] constantly evaluated and trained,” “To participate in a scientific program and to be trained accordingly,” emphasizing the significance of education and training as a prerequisite for a good Deaf role model. Finally, a noteworthy comment was about devotion and commitment: “To dedicate time, to be communicable and to love what one does. Be cool and focused.”

The necessary knowledge that a good deaf role model must be familiar with (question 44) was also explored. The participants gave their opinion by choosing the topics that they thought were most significant among the given ones of the questionnaire (see Fig. 6).

This figure shows that nearly all participants agreed that a thorough knowledge of all five different topics proposed in the questionnaire was critical, i.e., knowledge about: the deaf community, the national SL, the education of deaf/hard of hearing children, the technical aids, hearing aids and cochlear implants, and the variety of the communication approaches for deaf/hard of hearing children. Knowledge about “The Deaf community” and “The wide variety of the communication approaches” seems to be recognized as more prominent compared to all other distinct topics. Two out of the 35 participants, who chose “other,” revealed again the issue of training by stressing that a deaf role model needs to have thorough knowledge about hearing parents’ needs and be constantly trained.

The question investigating the beliefs of participants about the likelihood to receive negative comments or behavior by hearing adults, parents, or practitioners when working with them (question 45) revealed that most participants were convinced that negative attitudes will doubtlessly occur towards deaf adults probably

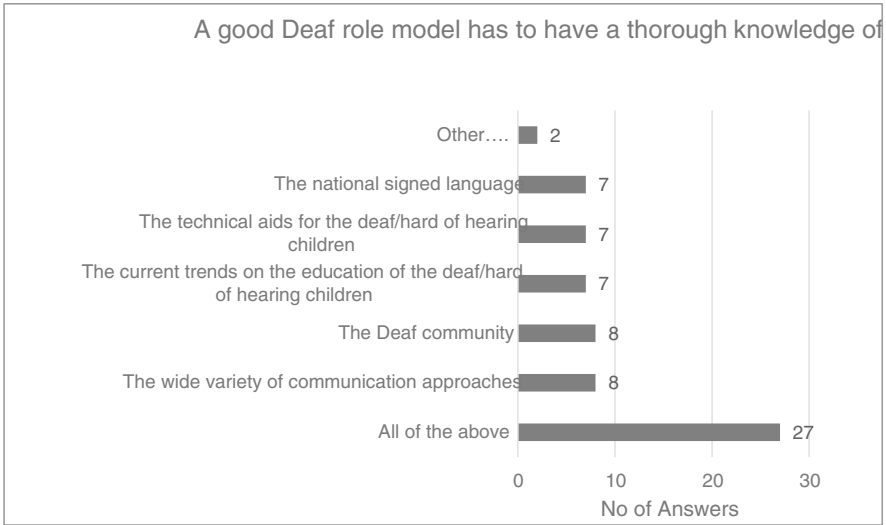


Fig. 6 Knowledge of a good deaf role model about different topics per partner country

due to our deaf/hard of hearing and hearing informants’ previous personal experience with hearing adults.

The question was answered by 35 participants ($n=35/36$) from all partner countries. Most of them responded positively by choosing either “Sometimes” ($n=20/35$) or “Yes” ($n=12/35$) expressing certainty. For Bulgaria, all informants replied positively, either by checking “Sometimes” ($n=5/6$) or “Yes” ($n=1/6$), whereas the picture for Greece and Malta was comparable (see Fig. 7). Only three participants ($n=3/35$), two d/deaf, one from Greece, one from Malta and, one Greek hearing participant denoted that hearing parents and/or practitioners do not indicate negative attitudes towards the deaf role models.

A thorough examination of the responses about hearing parents or practitioners’ negative attitude towards Deaf adults in correlation with our informants’ involvement

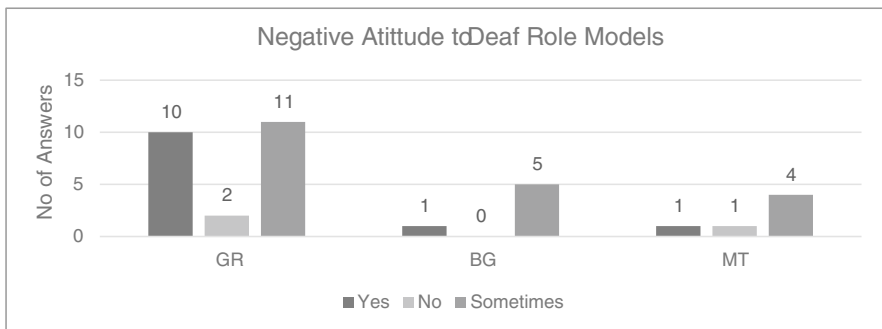


Fig. 7 Negative attitude towards deaf role models per partner countries

with the Deaf Community revealed that all hearing participants, parents/family members and practitioners, but one, with a short experience in the Deaf community, answered positively by choosing one of the two options “Yes” or “Sometimes.” This indicated that the belief of a potential negative attitude of hearing adults to deaf counselors is not biased, coming only from the deaf participants’ responses. On the contrary, two out of the three negations were given by two deaf practitioners. Overall, the findings point out a consensus among hearing and deaf participants of all partner countries about the expected attitude of hearing parents and practitioners towards the deaf role models.

Continuing the topic of the negative behavior in another question, the most common negative attitudes that deaf role models may face in their interaction with hearing parents and/or practitioners were examined (question 46). Figure 8 illustrates the participants’ beliefs from all partner countries.

More than half of the informants ($n=17/33$) chose all the suggested potential negative attitudes or behaviors described in the question. Fourteen ($n=14/33$) equally checked “Feel insecure about their child’s future” and “Have negative views on deafness” whereas the choices of “Underestimate their skills,” “Have low expectations of their deaf child,” “Avoid communicating with them,” “Talking behind their back,” and “Asking curious questions” followed in participants’ preference. The option “Other” was chosen by three out of the 33 participants. One was from Malta and two from Greece. One was a practitioner and the two were parents. Two were hearing and one was deaf. The comments they made referred to negative attitudes that participants had probably experienced in the past mentioning that hearing adults ignored and underestimated deaf practitioners.

One question (47) raised the issue of the hearing status of teachers of SL in each partner country and each participant could choose more than one answer (see Fig. 9).

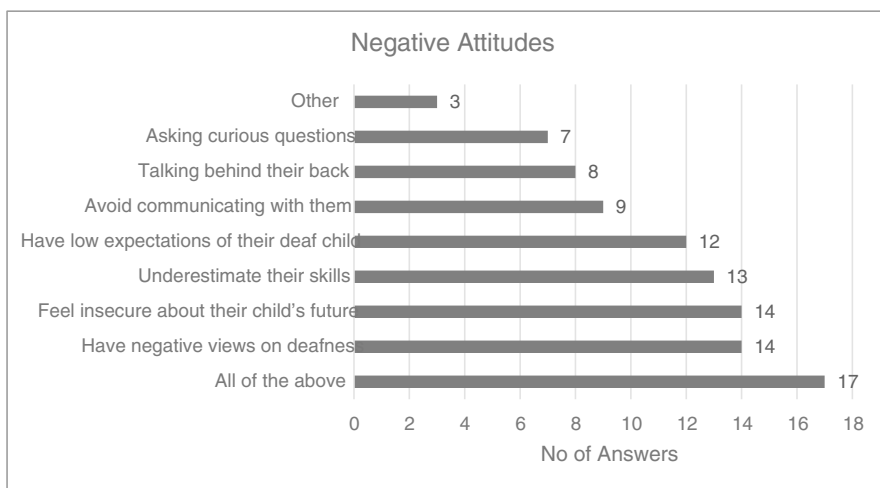


Fig. 8 Negative attitudes towards deaf role models

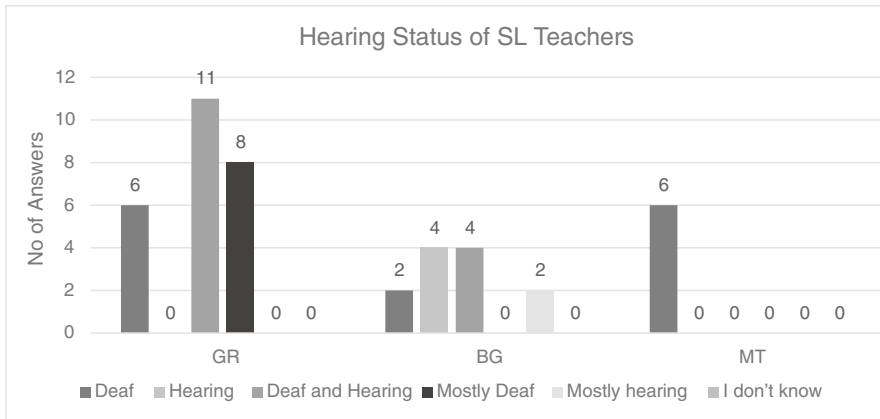


Fig. 9 Hearing status of SL teachers per partner county

Each country presented a different picture. For Greece, considering both answers, “Mostly Deaf” ($n=8/25$) and “Deaf” ($n=6/25$) given by the Greek participants, SL teachers in Greece are mostly deaf. The choice “Deaf and hearing” followed ($n=11/25$), but nobody picked “Hearing” or “Mostly hearing” or “I don’t know.” These answers either depict the current practice in Greece or show that Greek informants clearly believe that being deaf is crucial for teaching SL. Comparing the answers of the Greek deaf and hearing participants, an interesting difference in the preferences between the two groups occurred. Most of the Greek deaf participants chose “Deaf” and “Mostly Deaf” ($n=5/8$, a 62.5%), whereas the same choices were picked, by less of the hearing participants ($n=9/17$, a 52.9%), a finding which may indicate that the deaf participant considered it more crucial to be deaf, and to have a deaf identity to teach SL.

For Malta, all informants chose only the option “Deaf” ($n=6/6$) for SL teachers, a result which was further investigated qualitatively by personal communication with two ($n=2/6$) of the Maltese participants, one deaf and one hearing. What emerged from this communication was the statement that “it is not the audiological difference between a hearing and a Deaf SL teacher, but Deaf teachers have a better understanding of the Deaf world and SL, which is significant for teaching the language. In addition, the Deaf identity was considered critical when teaching SL” showing that for Maltese participants, the hearing status is related to the role of the SL teacher.

On the contrary, choices from Bulgarian participants illustrated a preference to the hearing teachers for teaching SL, either demonstrating the existing practice in the country or being a matter of preference, since informants equally picked “Deaf and hearing” ($n=4/10$) and “Hearing” ($n=4/10$), and “Mostly hearing” ($n=2/10$). Only two Bulgarian participants ($n=2/10$), additionally picked the choice in favor of being “Deaf” for being a SL teacher.

The next two questions (48, 49) explored the participants’ views and knowledge about the existing training programs for SL teachers. Results revealed

that in all partner countries, there are still no sufficient formal training programs for SL teachers, but some training takes place at least on a basic level (Fig. 10).

This figure presents participants' responses about the existing SL teachers' training program at any level, among the partner countries. For Malta and Greece, the answers illustrated a contradictory picture, Maltese answers were equally divided between "Yes" ($n=3/6$) and "No" ($n=3/6$) and almost the same was observed for Greece, ten Greek informants ($n=10/23$) replied positively, and nine ($n=9/23$) answered negatively. Findings appeared to be clearer for Bulgaria, where contrary to what was expected, there were five ($n=5/6$) positive answers. The inconsistency recorded for Malta and Greece again brought up the issue of how informants read the questions and what is a training program, which was clarified on the last open question (49) in which participants were asked to specify the current training programs for SL teachers in each country.

This question was answered by 20 informants, six ($n=6/6$) Bulgarian, five ($n=5/6$) Maltese, and nine ($n=9/23$) Greek, and it was very helpful in interpreting the contradictory answers that were given in the previous question. For Bulgaria, in contradiction to the fact that previously all informants supported that there are training programs for SL teachers, the additional given information pointed out that there is no formal training for SL teachers.

From the specifications that all the Maltese participants gave, we gathered some further information: (a) there are only two SL teachers in Malta, and (b) there are no formal training programs for training SL teachers.

For Greece, this question was answered by half ($n=5/10$) of the informants that answered positively about the training programs of SL teachers and by four informants who answered negatively. All the comments of those who answered positively made it clear that informants referred to seminars and workshops that take place occasionally, organized by universities and by the SL teachers' association.

Answers from all three partner countries drive to the assumption that although Deaf adults may work more as SL teacher compared to the extent that they work as Deaf role models, either regarding this occupation there is still no sufficient

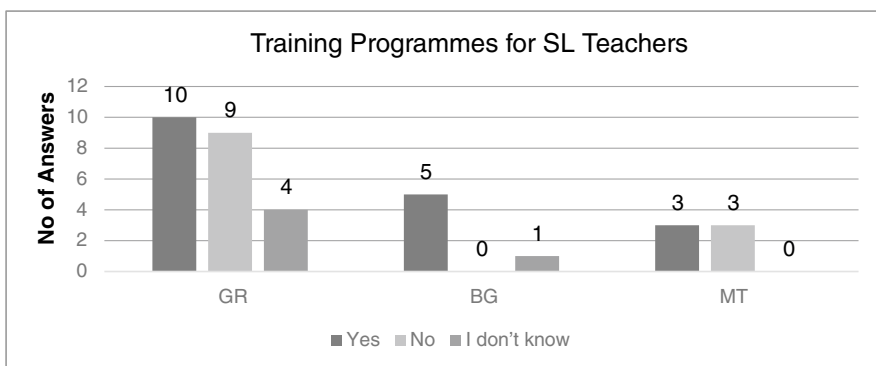


Fig. 10 Existing training programs for SL teachers per partner county

formal training to support them in developing their skills and acquiring proper professional qualifications.

Conclusion

Overall, this study provides a clear understanding of the situation about the need for raising hearing adults' awareness, practitioners, and parents of deaf/hard of hearing children, on the deaf community, which still constitutes a crucial issue, after more than five decades of research on signed languages and on the education of the deaf/hard of hearing (Moores, 2001). The importance of developing deaf people's competence and skills in teaching SL and supporting hearing families as role models is highlighted as well as the establishment of formal training programs at university level for deaf adults' professional development. In addition, the significance for Deaf adults to have the opportunity to be role models is revealed.

Information about the existing practices on SL training demonstrated that in all three countries, programs for teaching SL to parents of deaf/hard of hearing children and hearing practitioners are not well-established. SL courses for parents of deaf/hard of hearing children are extremely limited and for Greece their establishment in the private sector usually constitutes a serious obstacle to overcome by hearing parents who at the same time have to exceed their denial for deafness (Nikolarazi & Hadjikakou, 2006).

Deaf practitioners' training for teaching SL and support of hearing adults, practitioners, and parents of deaf/hard of hearing children hardly exists. Likewise in Malta, Greece, and Bulgaria, there are no proper training programs for training SL teachers, or deaf role models for hearing parents of deaf/hard of hearing children.

Further work would be required to understand the long-term benefits and further advances that deaf role models may wish to initiate on all aspects and especially on Deaf/hard of hearing children's psycho-social and language development. Therefore, realistic expectations for the deaf, positive reactions to deafness, and exposure to deaf role models and SL will better develop a bicultural identity and form health and positive relationships with deaf and hearing people alike, within families or even in the workplace. Deaf role models' involvement in educational settings and social welfare services for young deaf/hard of hearing children is crucial. Hearing adults living or working with deaf people will benefit from this contact in terms of accepting deafness and SL as a variant approach based on the visual aspect of the mutual communication and social inclusion.

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Data Availability All data generated or analyzed during this study are included in this published article.

Declarations

Conflict of Interest The authors declare no competing interests.

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