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DIFFERENTIATED INSTRUCTION IN A GENERAL CHILDREN'S MINISTRY CURRICULUM: EVALUATING DISCIPLESHIP IN AN INCLUSIVE CLASSROOOM

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DIFFERENTIATED INSTRUCTION IN A GENERAL CHILDREN'S MINISTRY

CURRICULUM: EVALUATING DISCIPLESHIP IN AN INCLUSIVE CLASSROOOM

By

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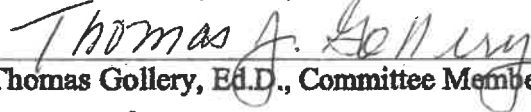
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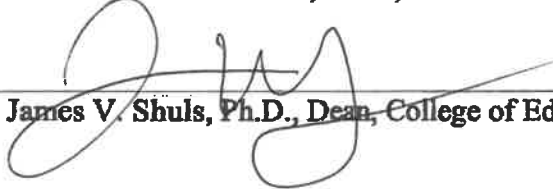Thomas Gollery, Ed.D., Committee Member

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DEDICATION

I dedicate this dissertation to my loving family who have encouraged me and cheered me on every step of the way in this doctoral journey.

To my incredible husband, Craig, thank you for being my steadfast rock through this whole program; you never wavered. No matter how many times I did not believe I could accomplish this dream, you always believed in me. There are not enough words to express my love and gratitude for you. I could not have accomplished this endeavor without you by my side.

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ABSTRACT

The purpose of this study was to evaluate the perception children's pastors have in their ability to provide a comprehensive instructional program for children with special needs. The quantitative study utilized a survey research method to address three research questions. The survey instrument was distributed electronically to children's pastors nationwide to identify instructional and environmental elements required to provide a comprehensive instructional program within the ministry setting for children with special needs. In an effort to further research why children with special needs do not regularly attend religious worship services, this research study focused on elements that create the greatest obstacles for children's pastors to provide a comprehensive discipleship program for children with special needs. Researching the elements of curriculum, instruction, classroom management, behavioral management, communication, and inclusive learning gave clearer insight to the resources children's pastors need to effectively provide inclusive provisions within a place of worship. The study's participants perceived elements relating to an inclusive environment as most helpful to increase their confidence in creating a comprehensive instructional program for children with special needs. Additionally, children's pastors overall have a willingness to establish inclusive ministries but lack confidence in their ability to create them effectively. Implications of the study include strategies for bolstering the confidence level of children's pastors to create inclusive ministries for children with special needs, to provide opportunities to increase the attendance level of children with special needs and their families.

Keywords: Children with special needs, faith communities, congregations, inclusive ministries, special needs ministries, children's pastor inclusive resources

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I. INTRODUCTION

Robust, evidence-based research suggests a prevalent attendance gap in the American church within the community of adults and children who are atypical learners. The lack of attendance is especially frequent within the context of children and youth ministry ages 0-18, where resources are limited for teachers and volunteers to effectively disciple children in a general classroom environment. Since most children's ministry curricula are written for general audiences, classroom tools are limited for purposeful discipleship to children with special needs. Even in circumstances where volunteers are trained to manage the variety of behaviors in an inclusive classroom, there is still a gap in resources provided to them through the curriculum itself, resulting in an ineffective curricular and instructional approach for teaching children of all needs and abilities.

Substantial research studies address the concern of people with disabilities being absent from the church. Historically, the church has been substandard at reaching or sustainably creating places and spaces of inclusivity for the special needs community. Despite their absence, Carter (2007) found that individuals with disabilities consider faith to be important to them at rates similar to the population with no reported disabilities. Therefore, the absence of people with chronic health conditions is not a majority due to a lack of desire or interest in church attendance.

The significant absence of children with special needs in church is also indicative of the problem. According to Conner (2012), "nearly 20 percent of children are diagnosed with a developmental disability," (p. 3) and yet, as of the 2001 U.S. Congregational Life Survey, only 10 percent of congregations report offering some form of care and ministry for people with disabilities (Woolever & Bruce, 2002). As of a 2012 National Congregations Study, roughly 384,000 congregational churches exist in the United States (U.S.) (Randall, 2017). According to

the National Survey of Children with Special Health Care Needs, 9.4 million children are estimated to have special healthcare needs and represent 20% of U.S. households with children. The numbers alone make it easy to see the disparity between supply and demand, resulting in a tremendous opportunity for the churches to serve a very underreached community.

As the population of children with special needs rose over the last few decades, churches did not adapt their children's ministry models to meet the needs of this growing segment. From a social perspective, children with special needs make up only the minority of children in the U.S.; however, children with special needs rarely only represent themselves. As Whitehead (2018) stated, families of children with special needs "consistently share how attendance at religious services creates opportunities for negative interactions and general unresponsiveness from congregations and their members" (p. 379). Therefore, churches are missing children with special needs and their families and caregivers. The special needs group is an essential part of our society, and without their presence, churches are missing out on a crucial component of diversity within their congregations. Although research regarding children with special needs and church attendance is sparse, the current study seeks to expand on Whitehead's (2018) research regarding religious attendance and children with chronic health conditions.

Since religion is such an important aspect of people's lives, often associated with "improved mental and emotional health, higher self-esteem, and overall well-being" (Whitehead, 2018, p. 378), it is essential that churches take a closer look at the negative societal aspects of discouraging the participation and attendance of children with special needs. Hundreds of blog posts, stories, and articles tell stories of negative interactions parents and caregivers of children with special needs experienced while attempting to attend a church service. The widespread speculation is that churches are not prepared to minister to children with special needs, therefore, placing the onus of childcare back on to the parent or caregiver during the worship service. The

lack of programming, training, and resources sends a clear message to families of children with special needs that there is no place for them within the church. Due to the frustration parents and caregivers experience, they ultimately decide to leave the church and stop attending religious services altogether.

The variance in children's worship attendance also greatly depends on the specific chronic health condition or disability. Whitehead (2018) found that "children with autism spectrum disorders have the highest reported frequency of never attending religious services" (p. 387). Although there are several other diagnoses of disabilities also disengaged from church, Whitehead discovered "that across a range of chronic health conditions, those that are primarily characterized by deficiencies in social interaction or might impede communication are most consistently and significantly associated with disengagement with attendance at religious worship services" (p. 389). The information founded in Whitehead's study is vital as churches move toward finding solutions to the barriers between church participation and children with special needs.

Background of the Study

Since children's ministry resources are created for a general audience, often for combined age groups, the challenge for children's pastors to provide instruction to children who have communication-related disabilities is difficult to overcome. One of the reasons for this challenge is a lack of intuitive curriculum and training resources to equip classrooms teachers and volunteers for effective teaching and discipleship for differentiated learners. Since most teachers and volunteers do not work as educators, they lack the training and resources to differentiate instruction and create inclusive environments. Children's pastors also lack access to an effective, comprehensive instructional program required to reach children with special needs in an inclusive ministry environment. The limited access to resources restricts the children's pastors'

confidence level and inhibits their ability to provide communicative and programmatic structures and supports to reach children with special needs.

The current study evaluated the need for implementing a comprehensive instructional program in children's ministry to increase the effectiveness of teaching and discipleship for children with special needs in an inclusive environment. By evaluating the level of perception children's pastors have regarding their knowledge and ability to effectively disciple and teach an inclusive class comprised of children with differentiated learning needs and abilities, instructional and environmental gaps were identified towards creating and building a comprehensive instructional program within the ministry setting for children with special needs.

Theoretical Framework

Carter (2007) identified five theories of barriers that prohibit and inhibit parishioners who have special needs from attending a religious service. The barriers Carter categorized are architectural, attitudinal, communication, programmatic, and liturgical. These barriers comprise the main topical headings for the underlying prohibitors found within the church.

The five barriers that Carter (2007) identified represent the main theories of thought as to why children with special needs feel isolated from the church.

- The theory that parents choose not to attend church, because there will not be accessibility within the building structure for their child to receive instruction or care (architectural).

- The theory that attitudinal barriers from congregants, teachers, and volunteers create an uncomfortable and unwelcoming environment for families with children who have special needs (attitudinal).

- The theory that parents with children with conditions that limit social interaction and communication are most likely to feel unwelcome at religious services (communication).

- The theory that the lack of training and programming within churches creates the attendance gap for families with children who have special needs (programmatic).

- The theory that there is a lack of theological and ethical commitment to families who have children with special needs (liturgical).

Whitehead (2018) identified the communication, attitudinal, and programmatic barriers as the most prevalent to children with special needs not attending a religious service. Therefore, these particular barriers are addressed in this research study.

Problem Statement

Within children's ministry, pastors, teachers, and volunteers are not equipped with the classroom resources, training, and curriculum they require to effectively minister, disciple, and teach an inclusive class comprised of children with differentiated learning needs and abilities, thus creating communication, attitudinal, and programmatic barriers in the church for children with chronic health conditions.

Purpose Statement

The purpose of this study was to evaluate the level of perception that children's pastors had regarding their ministry team's knowledge and ability to effectively disciple and teach an inclusive class comprised of children with differentiated learning needs and abilities. This study identified instructional and environmental elements that children's pastors perceive their ministry team to be equipped with to provide a comprehensive instructional program within the ministry setting for children with special needs.

Overview of Methodology

The current study is quantitative and non-experimental by research design, utilizing a survey research methodology approach. Three specific research questions were stated to address the study's topic and research problem. The study's sample is broadly considered non-

probability in nature, and purposive by specific definition (Fraenkel et al., 2019). The sample was accessed on a convenience basis from churches and ministries located in several regions of the U.S. The study's research instrument, a Likert scale-type survey instrument (5 intervals), was created and then validated through both expert judgment and statistical means.

A response rate of at least 50% was sought at the outset of the study, although response rates of 25% to 40% are considered customary for internal surveying conducted via electronic means. Data achieved from study participant responses to the research instrument were recorded in an Excel spreadsheet format and then transferred to the 28th version of IBM's *Statistical Package for the Social Sciences (SPSS)* for analytic purposes.

Research Questions

The study's topic and problem statement were addressed through the statement of three specific research questions and accompanying hypotheses. The following represent the research questions for the current study:

1. To what degree do study participants perceive their children's ministry team confident in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs?

2. To what degree do study participants perceive their children's ministry team as able to effectively establish an inclusive instructional environment for children with special needs?

3. Considering the program elements of curriculum, differentiated instruction, communication strategies, behavior management, and socio-emotional strategies, which is most associated with and predictive of study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs?

Research Hypotheses

The following represent the hypotheses for the research study:

1. Study participants will have low confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs.

2. Study participants will have low confidence regarding their ability to effectively establish an inclusive instructional environment for children with special needs.

3. Curriculum and differentiated instruction will be most associated with and predictive of study participant confidence in providing a comprehensive instructional program within the ministry setting for children with special needs.

Analysis Overview

Data Analysis

Foundational analyses were conducted prior to the formal analysis of data associated with the study's research questions. Evaluations of missing data, internal reliability, demographic identifying information, and descriptive information associated with the study's dependent variables were conducted primarily using descriptive and inferential statistical techniques. The analysis, interpretation, and reporting of study findings were conducted using the 28th version of IBM's *Statistical Package for the Social Sciences (SPSS)*.

Preliminary Analyses

Missing data was assessed using descriptive statistical techniques, and the MCAR statistic for randomness. MCAR values of $p > .05$ are considered affirming of the randomness of missing data. Internal reliability of participant responses to survey items on the research instrument were assessed using the Cronbach's alpha (α) statistical technique. According to Field

(2018), Cronbach alpha levels of .80 or greater are considered "very good" and values of .90 or greater as "excellent".

Limitations

The intent of the study was to provide insight into how children's pastors perceived their ability to provide a comprehensive instructional program for children with special needs; however, the study had some limitations. The sample size of responses ($n = 57$) might be too low to support a broad generalization of the results of this study. Additionally, there was not enough differentiation between geographical regions to support significant findings in the underrepresented regions.

Definition of Key Terms

The following definitions are taken from scholarly research and leading professionals in the field of education.

Differentiated Instruction – Differentiated instruction is a philosophy of teaching based on the premise that students learn best when their teachers accommodate the differences in their readiness levels, interests, and learning profiles (Tomlinson, 2005). Tomlinson (2000) also maintained that differentiation is not just an instructional strategy, nor is it a recipe for teaching; rather, it is an innovative way of thinking about teaching and learning.

Developmental disability – Developmental disability is "a label shared by an incredibly diverse group of people who often experience substantial difficulties in several major life activities – such as mobility, self-care, language, socialization, learning, or independent living" (Carter, 2007, p. 2).

Atypical Adolescent Learners – "Children who exhibit behaviors that fall outside of the normal, or expected, range of development. These behaviors emerge in a way or at a pace

that is different from their peers" (National Center for Learning Disabilities, 2020, "Atypical Development", para. 1).

Children with special needs - A child with a disability means a child evaluated in accordance with §300.304 through 300.311 as having intellectual and developmental disabilities, a hearing impairment, a speech or language impairment, a visual impairment (including blindness), an emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, a specific learning disability, deafness, and other health impairment ,or multiple disabilities, and who, by reason thereof, needs special education and related services. (IDEA, 2004, Part B, para. 1).

Significance of the Study

The study will serve as the basis for implementing appropriate and useful classroom resources, curriculum, and training for churches looking to expand their children's ministry program to reach children with special needs. The study will also help further product, curriculum, and resource development for children's ministry to increase the availability of resources for children's pastors. Additionally, churches can use information captured in the study to identify congregational postures and practices to help create and establish inclusive ministries for children with special needs.

Summary

The intention of this chapter was to outline the educational and professional implications of this study. Identifying gaps in curriculum and discipleship for children with special needs in a faith-based setting will provide information for the development of future resources. Currently, limited resources exist to help children's pastors and children's ministry teachers implement ministries for children with special needs. Training teachers and volunteers to teach and disciple

children with special needs is challenging without the resource of a comprehensive instructional program.

This research project aimed to gain a better understanding of the curriculum and classroom resources children's pastors need to implement an impactful ministry for children with special needs. Three research questions were posed to examine the topic of interest. The basis of the research methodology was outlined, as well as limitations to the study. The chapter concluded with the definition of key terms. The findings of this study will serve as the basis for future curriculum, including product and resource development to assist children's pastors with the important and crucial endeavor of teaching and discipling children of all abilities. In chapter II, an extensive review of the available literature on the topic of children with special needs and faith-based communities is explored. Additionally, the theoretical framework guiding the research study will be defined.

II. REVIEW OF LITERATURE

A person with disabilities is a person with an acquired or congenital dysfunction in their mobility, mental health, or sensory perception, which prevents their normal functioning in social, cultural, or religious life (Lipiec, 2019). The prevalence of children with disabilities has consistently risen in the last few decades, as comprehensive tracking, and data analysis reveal statistics and trends in young people who identify as having a mental, physical, or communication-related disability. One in six children reported at least one disability, a 17% increase in prevalence from 1997 to 2008 (Boyle et al., 2011). These metrics confirm that a proportionate number of the communities' church congregations have substantial numbers of children with disabilities. Although the severity of disabilities has a broad range, categorical measures identify certain obstacles and challenges associated with specific disabilities. Understanding these identifiers provides a better understanding of the needs of these children and their families.

Types of Disabilities

Intellectual Disability

Children who have an intellectual disability often struggle with their ability to cope with stress, handle their emotions, and control their behaviors. Some of the most prevalent diagnosed intellectual disabilities in children are attention deficit/hyperactivity disorder (ADHD), and learning and developmental delays. Children who experience intellectual disabilities oftentimes struggle to interact socially, exhibiting challenges with communicating verbally and nonverbally, expressing themselves and their feelings in a productive manner, and responding typically to their environment. Whitehead (2018) found that children who have an intellectual disability are among the most prevalent group of children missing from congregational life. Children with

these intellectual disabilities have the greatest struggle to find support and programming that effectively meets their specific social-emotional needs.

Orthopedic Impairment

Orthopedic impairments refer to a physical limitation that prevent or impact a child's ability to perform physical activities. Children with mobile or physical disabilities include those who have immobilizing diseases, such as spina bifida, paraplegia, and cerebral palsy. Children with orthopedic impairments can also have conditions that do not impact their mobility directly but still inhibit their physical abilities. Examples of these additional conditions can include asthma, diabetes, bone, joint and muscle problems, and blindness. Although children who have orthopedic impairments present different challenges than those with intellectual disabilities, they are still a prevalently missing part of the communal church. According to Whitehead's (2018) large-scale, multiple time point, quantitative analyses of the association between chronic health conditions and children's religious service attendance, nearly 24% of respondents with children having an orthopedic impairment reported not attending church. Primarily, the programmatic and physical barriers present the most difficult challenges to children with orthopedic impairment, preventing them from participating in the life and discipleship of the church.

Communication-related Disabilities

Children with communication-related disabilities present difficulties with hearing, interpreting, or communicating information. These disabilities can present themselves as hearing loss and speech impediments, but also, when combined with an intellectual disability, such as autism, communication inhibitors can take the form of nonverbal cues and motions. Additionally, communication barriers can come in the form of atypical responses to social situations. Children who experience communication-related disabilities oftentimes have difficulties expressing themselves in appropriate ways, resulting in a social barrier that can

prevent them from establishing typical relationships and friendships. Because discipleship relies so heavily on communication, this barrier presents a large obstacle for families with children who struggle with communicative disabilities.

Using three waves of nationally representative samples of children, Whitehead's (2018) study tested two hypotheses concerning children with special needs and their church attendance. His first hypothesis was, compared to children with no reported health conditions, children with health conditions will be more likely to never attend a religious service. The findings to support this hypothesis were significant. Across all types of chronic health conditions, children reported a higher percentage of non-attendance as compared to children with no chronic health conditions. Whitehead's second hypothesis was that the type of chronic health condition will impact the likelihood of religious attendance for a child. This hypothesis was also confirmed with the findings that children who have chronic health conditions characterized by deficiencies in social interaction and communication were the least likely to attend a religious worship service. One of the great inhibitors of belonging to an ecclesial community for these families is the church's inability to meet their children's communication needs. Lacking understanding, knowledge, education, and training of these communication needs can also lead to a negative attitudinal response from congregational groups towards children with communication disabilities.

Impact of Religious Alienation on Parents and Family

Religious faith holds an important place in the lives of many people with disabilities and their families (Carter et al., 2017). For many of these families, the support and community a place of faith offers is something they feel is lacking from their lives. Families feel isolated and even rejected by church communities because of their children's disabilities. This information has been captured by multiple research studies, supporting the belief that churches are not effectively meeting the needs of children with disabilities or their families. Tam and Poon (2008)

described the ineffectiveness of churches to reach people with disabilities as a disconnect of knowledge and understanding by church leaders and congregations:

> Faulty assumptions about the needs and gifts of people affected by disability, lack of knowledge of disability by others, discomfort with disabilities, and avoidance by church staff have been quoted as reasons why people with disabilities and their families are not coming to churches. (p. 344).

Research studies identifying the barriers to families of children with disabilities and their relationship with church found robust evidence to support a dramatic drop in church attendance by children with special needs and their families. As highlighted by Carter et al. (2016b), "Ault et al. (2013) reported that more than half (55.6%) of parents kept their children with disabilities from participating in a religious activity because support was not provided" (p. 373). Additionally, as reported by Carter et al. (2017), Carter et al. (2016b) further discovered a sizeable gap in congregational supports to children with disabilities:

> Less than one fifth of parents indicated the following supports were available in their congregation: support for their child with a disability during religious education programs, respite care, congregation-wide disability awareness efforts, a support group for parents, or transportation to congregational activities. (p. 576).

Carter et al. (2016b) and Ault et al. (2013) both found through their research that a large majority of parents of children with disabilities did not feel welcomed or included by their congregations. Yet, several studies also describe religion or a faith community as vital to the health and wellness of people with disabilities and their families (Lifshitz et al., 2009; Liu et al., 2014; Turner et al., 2004).

The gap between the needs of children with disabilities and what the church is willing or able to provide is a concern. A faith community is described as important and yet it is also

described as isolating by families who have children with special needs. According to Whitehead (2018), various research studies (Abbotts et al., 2004; Ault, 2010; Kleinert et al., 2007; Meltzer et al., 2011; Swinton, 2001) focusing on children with disabilities and their ecclesial involvement found that "regular attendance at religious services among children with various chronic health conditions is generally associated with improved mental and emotional health, higher self-esteem, and overall well-being" (p. 378). For parents and caregivers of children with disabilities, belonging to a faith-based community can provide a tremendous amount of support (Boehm et al., 2015; Poston & Turnball, 2004; Speraw, 2006). Although this research is an area that still requires further development, robust evidence suggested religious involvement is vitally important to the health and well-being of children with disabilities and serves as a crucial support for their families.

Orthopedic Impairment and Intellectual Disabilities and Ecclesial Congregations

To more fully understand a church community's ideology surrounding the concept of ministry to people with disabilities, Carter et al. (2017) used "community conversations as a methodology for identifying potential pathways through which congregations – individually and collectively – might foster inclusion and belonging for people with disabilities and their families" (p. 1). This study's aim was to examine the ideas of congregations to identify ways congregations can be more welcoming and supportive of people with disabilities and special needs. The study analyzed 1,000 ideas generated by 175 participants. Five themes emerged from the collective conversations: Disability-specific efforts, internal activities, external activities, influencers, and resources. Although this study was not isolated to children with disabilities, they did uncover specific findings relating to children's ministry. For example, 62.5% of attendees agreed or strongly agreed that their children's ministry had a positive approach to ministering to children with disabilities and their families. These findings represented the perceptions of

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congregants about their overall effectiveness in reaching and supporting people with disabilities in their communities.

Although these respondents admitted there was room to grow and learn in the areas of reaching children with disabilities and their families, it is striking to see that 62.5% of them thought their church was effective at this type of ministry. The research shows there is a disconnect between the perception of the church and the perception of the families of children with special needs when it comes to the effectiveness of ministering to children with disabilities and their families. This gap in perception lends itself to the attitudinal, programmatic, communication, and physical barriers that Carter (2007) highlighted in his research. The church feels it is adequately providing for this people group in the community. However, the special needs community overall does not feel adequately supported by the church. Although the Carter et al. (2017) community conversations study revealed that congregations want to become more inclusive of people with disabilities and their families, a gap in desire to be inclusive and the action that is required to be inclusive still exists.

The reception of children with disabilities and their families is also uneven in faith communities. Just as churches vary in their culture, programming, worship, and discipleship, congregations also differ in their ability to reach people with disabilities. Multiple studies exploring congregational experiences of people with disabilities and their families show both welcoming, openness, and acceptance, as well as scarring, hostility, and wounding experiences (Ault et al., 2013; Carter et al., 2016b; Jacober, 2010; Richardson & Stoneman, 2015). In their study of 433 participants, Carter et al. (2016b) found that 30% of participants felt their congregations were not welcoming to young people with disabilities. Although this number is not the majority, the findings show a correlative relationship between feeling welcomed and being satisfied with a congregation's general attitude and openness towards people with

disabilities. Similarly, Ault et al. (2013) reported 32% of parents in their study had changed congregations because their son or daughter with an intellectual disability and developmental disability was not welcomed or included. The exhaustion that many parents face when trying to find a congregation that will be open, welcoming, and inclusive to their child with a disability can become a major obstacle for participating in a faith community. Many studies discovered that, after changing congregations a few times, most parents simply give up the search and end up disassociating themselves from a faith community. Ultimately, this stage is where the church can lose the opportunity to serve people with special needs, creating an environment that is not inclusive and accepting.

In their 2005 descriptive study, Laroque and Eigenbrood surveyed 91 local congregations in matters of accessibility and inclusivity towards people with disabilities. They found that, although congregations were more aware of the need to reach people with disabilities and had made some progress with increasing access to worship, that systematic change had not begun for the congregations. The systematic change the researchers primarily focused on was leadership, new consciousness, transformation, external advocacy, and outreach (Laroque & Eigenbrood, 2005). Laroque and Eigenbrood also found that "although separate programs within some congregations do exist, they often do not allow members to be full participants in faith communities" (p. 57). This trend can be seen even in recent studies, as researchers continue to find well-meaning faith communities who have a desire to reach children with disabilities and their families but never implement the systematic change that is required to be effective at doing so. The disparity between wanting to do something and actually doing it is felt greatly in the special needs community, primarily in children and their families.

Identifiable barriers to this concern are largely found when it comes to church resources and training. Laroque and Eigenbrood (2005) discovered that church size does matter when it

comes to resourcing ministries for those with special needs. Accessibility for those with special needs was greater in medium-large congregations than small parishes.

> The larger the congregation, the more likely that members of the congregation will become aware of the need to address issues of accessibility for people with disabilities. Medium and larger congregations are more likely to encounter the needs of people with disabilities, which in turn encourage them to address issues of accessibility. (p. 62).

This research finding conveys two important things: the larger the church, the more resources they have, and the more exposure they will most likely face when it comes to people with disabilities. This information provides a few indications. First, churches tend to be passive about these issues. Unless congregants are directly exposed to people with disabilities in their congregations, they more than likely will not address the preventable barriers of ecclesial participation or even be aware of them in the community around them. Second, churches are reactive, not proactive, to needs in their congregations. If there becomes a need to develop a ministry for people with special needs and disabilities, then the church will most likely act on that need. However, if that need is not uncovered within the congregation, then that issue is not something that will demand the attention of the parishioners.

These results determine that churches generally are not aware of the community needs of children with disabilities and their families. Therefore, the special needs community requires advocates from within the congregations to shed light on these issues and help create the systematic change required for congregations to effectively reach this group in the community. The church's disengagement from the special needs community demonstrates how outreach and ministry is not focusing on those who are outside of the church's congregation. Systematic change needs to start within the church walls to address the attitudinal barrier so that leadership,

programming, communication, and training can take place to set up sustainable and effective ministries for children with disabilities and their families.

Barriers to Participation

In one of the few research studies focused on children with disabilities and their participation in religious activities, Whitehead (2018) said, "The decision for some of these children to never attend may be made irrespective of their condition. For others, though, the congregational and behavioral barriers are significant enough to make them much more likely to never attend religious services" (p. 392). Congregational and behavioral barriers can be identified as attitudinal barriers, as defined by Carter (2007). Carter labels the five major barriers to reaching people with disabilities as architectural, attitudinal, communication, programmatic, and liturgical. A church may have all or some of these barriers to overcome as they establish ministries that are effective in reaching children with disabilities and special needs.

Architectural Barrier

The architectural barrier consists of barriers to the actual building structure and property site. Religious organizations are exempt from Title III of the Americans with Disabilities Act (ADA) of 1990, which mandates that businesses and public accommodations be made for people with disabilities. Therefore, many churches were not built with elevators or ramps to accommodate people in wheelchairs. Physical limitations are also prevalent in many sanctuaries that prohibit accessible seating sections during worship services. The architectural barrier can also relate to the children's ministry environment. The arrangement of the classrooms, the use of colors, furniture, toys, and other stimulating features, might not be conducive to children with sensory challenges. The bathrooms might not be accessible for adults or children, or proper diapering needs might not be addressed in the classrooms. Even sanctuary stages and gymnasiums may lack accessibility or usability by people with disabilities. Although the

architectural barrier relates to the physicality of the building, it is an important element for churches to address to be thoroughly open and accessible to children with special needs.

Attitudinal Barrier

The attitudinal barrier is the overall attitude of the congregation to reach people with special needs and disabilities. Many researchers have included this barrier in their study of a congregation's openness to serving people with special needs and disabilities, because it encompasses a crucial starting point to establishing effective ministries that serve this community (Ault et al., 2013; Carter, 2007; Carter et al., 2017; Whitehead, 2018). The attitudinal barrier not only represents a congregation's willingness but also their knowledge and understanding of biblical principles tied to creating communities of believers from all walks of life, backgrounds, and abilities. Although the architectural barrier speaks to physical limitations, the attitudinal barrier "emphasizes ways of participating and relating that lead to a deep sense of belonging" (Carter, et al., 2016a, p. 129). When the attitudinal barrier is successfully addressed in a congregation, the church goes beyond creating a space for children with special needs and actively creates opportunities for them to be active and participative in the community of believers. Communal involvement at this level is vitally important to the spiritual health and wellbeing of an individual. Not only attending, but belonging and being accepted, loved, and befriended are all aspects of creating places and spaces for children with special needs and their families.

In their mixed-methods research project, Carter, et al., (2016a) identified 10 themes addressing aspects of belonging to a community. Across nearly 50 interviews, ten themes of belonging in faith communities for young people with intellectual and developmental disabilities and their families emerged as "present, accepted, noticed, welcomed, known, loved, befriended, needed, supported, and cared for" (p. 132). Each of these themes is addressed within the

attitudinal barrier of a congregation. When a church actively seeks out ways to welcome, befriend, know, support, and care for individuals with special needs, they can be more effective at involving these individuals into the life and love of a community. More importantly, when churches recognize their need to have all members of the body of Christ represented in their congregations, their attitudes can shift from "them" to "we". The attitudinal barrier addresses the common misperception that children with special needs and their families require isolated, individual attention and programming. On the contrary, children with special needs and their families require full integration as members of the inclusive community and to be seen, known, and embraced for the remarkable gifts and graces they bring to the faith community.

The attitudinal barrier also addresses the misconceptions about differences and diversity regarding children with special needs. Carter, et al., (2016a) discovered that acceptance from congregants was needed to see beyond what makes children with special needs different and to see them for what makes them a person. Carter, et al. stated, "acceptance is enhanced when church members see differences not as deficits, but in light of God's delight in diversity and the church's need for every part of the body" (p. 134). When children with special needs are given acceptance without qualifications, invited as essential, active participants in communal discipleship, and welcomed as equals within the community, the church functions biblically and healthily to reach children with special needs and their families. Overcoming fears, misperceptions, and prejudices, fully embracing children with special needs as members who have substantial gifts to contribute to the faith community are all significant aspects to overcoming the attitudinal barrier.

Communication Barrier

The communication barrier is identified by Carter (2007) as aspects of sight, sound, language, and listening. The ways in which a congregation communicates through worship and

discipleship are vital components to reaching children with special needs, especially those with hearing and visual impairments and cognitive disabilities. The communication barrier is often overlooked by congregations because of a lack of understanding of how to communicate effectively with children who have communication-related disabilities. As Whitehead (2018) discovered, children who have chronic health conditions primarily relating to communication deficiencies are the most prevalently missing group from communities of faith:

> It appears that across a range of chronic health conditions, those that are primarily characterized by deficiencies in social interaction or might impede communication are most consistently and significantly associated with disengagement with attendance at religious worship services. (p. 390).

Therefore, due to the vastly absent group of children who have communication-related special needs, the communication barrier is one of the most significant barriers a congregation should address in their ministries.

However, the communication barrier is arguably the most difficult barrier to overcome. Several studies have found that even well-meaning congregations fall short of establishing effective communication with children who have communication deficiencies. As Whitehead (2018) described, "communication barriers include failing to present doctrines and information in new ways so that those who learn using different techniques are not excluded" (p. 390). With the majority of children's ministry curriculum written for a general audience, along with church teachers and volunteers who are not trained to teach and instruct using differentiated instruction, it is common for churches to fail at overcoming the communication barrier.

Focusing on this concern, Lopez (2010) developed a curriculum to train church volunteers and teachers on different instructional approaches for children with disabilities, specifically children with autism. After five to six weeks of training and focus groups, the study

participants were given the opportunity to teach in a real-life scenario. Although the study yielded promising results by way of knowledge, experience, and comfortability around children with autism, the participants indicated more "hands-on and concrete examples, Bible lessons, transition devices, and other instructional skills" (Lopez, 2010, p. 127) would be beneficial and allow them to feel more effective in the classroom. The development of classroom materials for the benefit of instruction and discipleship in children's ministry is one of the main purposes of this research study. The more tools that can be provided to overcome the communication barrier, the more churches will be able to effectively reach children with special needs.

Not only is the communication barrier a large factor in churches, but it is also an identifiable gap in the preparation and ordination of ministers/clergy. In their study of North American theological schools, Annandale and Carter (2014) found that disability receives nominal attention in seminary and theological curriculum, leaving seminarians poorly prepared to understand the required measures and supports to fully include and integrate people with disabilities into congregational life. Although there is little to no research completed on the topic of disability in seminary curriculum, it is an interesting anecdote to add to the conversation. In theory, establishing a more robust curriculum involving communication strategies for people with disabilities would help young pastors and seminarians prepare to minister, teach, and disciple this group of congregants. Furthermore, pastors would be equipped to train and teach their congregations the best communicative methods for discipleship and worship as it relates to people with special needs.

The communication barrier is also a significant challenge since it infiltrates almost every aspect of ecclesial life. Communication is not just done in the classrooms during times of instruction. Communication drives the worship services, programming, church calendar, special events, discipleship, holidays, and more. For example, as Carter (2007) found, "congregations

might lack large print or braille materials (e.g., bulletins, hymnals, prayer books, Bibles, and other sacred texts), assisted listening systems, sign language, or alternative communication formats" (p. 13). Varying levels of understandability and accessibility within a congregation have a direct impact on the communication needs of the participants. Overcoming these varying obstacles is the primary reason why Whitehead (2018) found that children with autism, a highly cognitive and communication-related disability, "have the highest reported frequency of never attending religious services" (p. 387). Because of the wide range of communicative needs, children with autism are primarily absent from ecclesial life and faith communities. Churches looking to communicate more effectively need to address every aspect of their ministry and enhance their approach to provide communicative supports to children with special needs.

Communication does not only mean being verbally and visually communicative towards children with special needs; it also means listening. In their research study, Ault, et al. (2013) reported half of their participants stated they had never been asked by their congregation how to best include their child. Additionally, more than half of the surveyed parents recounted having been expected to stay with their child throughout worship services in order for their child to participate. The absence of listening creates more opportunity for prejudice and misunderstanding. Even the most well-meaning congregations will not be able to effectively support children with special needs and their families without listening to what their needs are. In their large-scale, mixed-methods research project focused on the intersection of faith, flourishing, and disability, Carter, et al. (2016a) found a lack of listening to be a profound problem within congregations as it relates to their ability to minister to people with special needs:

> They do not place the personal perspectives of people with disabilities and their families at the forefront of these discussions. Such an omission can inadvertently lead

congregations to adopt practices that ultimately do not lead people to feel welcomed and

valued. (p. 169).

Creating space for families of children with special needs to express their ideas and verbalize

their needs will grant churches the opportunity to deepen their ministry to this segment of their

community, as well as adopt solutions that will be effective at overcoming the communication

barrier.

Programmatic Barrier

Carter (2007) also identified the programmatic barrier as another consideration for

churches wanting to reach children with special needs. The programmatic barrier includes the

structures in which a ministry requires to operate and function. For example, a child with autism

might need additional resources to successfully integrate into a Sunday School class with other

children. These items could be manipulatives, special curriculum, books, toys, and differentiated

instruction. The programmatic barrier has to do with the physical and methodological entities

that could successfully engage and integrate children with special needs into the life of the

church. Without these supports, churches will fail at creating inclusive environments,

programming, and discipleship for children with special needs.

Research studies have highlighted the need for churches to address the programmatic

barrier. Ault, et al. (2013) found that over half of the surveyed parents of children with

disabilities felt their children could not participate in worship due to a lack of supports, thus

creating an environment of feeling unwelcomed and unwanted for those families. Providing

support and structures that are essential to children with special needs is vital to the success of

churches reaching the special needs community. A church can be welcoming and accepting

(attitudinal), adaptive in their communication strategies (communication), but fail to put the

structures and adaptations in place to support children with special needs (programmatic).

Failure to create these adaptive structures can create a large barrier for churches trying to reach the special needs community, especially since these structures are found to be highly valued by parents of children with special needs.

Programmatic adaptations and accessibility are among some of the most valued supports parents expressed when looking for healthy congregations to belong (Ault, 2010; Ault et al., 2013; Carter et al., 2015, Griffin et al., 2012; Jacober, 2010). Many studies concluded that parents need to feel their child is supported to fully feel welcomed and accepted to a faith community. Carter et al. (2016b) acknowledged the gravity of this impact on churches when creating ministries for a diverse group of children with special needs. Carter et al. stated, "given the considerable diversity among these families as well as the multifaceted strengths and needs of children with disabilities, it is likely that parents hold varied views regarding which supports would be most helpful to them" (p. 373). Although diversity of these programmatic needs can create a challenge for churches, Carter et al. (2015) found parents of children with disabilities primarily wanted strengthened support in existing congregational activities, not necessarily new programming, or new activities. Part of feeling welcomed by a community is being integrated in current church activities and including some extra supports to make that possible for children with special needs and their families.

Researching deeper to find out more about what supports would be beneficial to families of children with special needs, Carter et al. (2016b) addressed 14 supports that were specifically viewed as beneficial to parents of youth and adolescents with autism and intellectual disabilities. According to Carter (2016), Carter et al. (2016b) discovered:

> Out of the 14 addressed supports, more than half of the parents indicated the following supports were somewhat to very helpful: a support group for parents, congregation-wide disabilities awareness efforts, resources for families, a congregational advocate to work

specifically with families, respite care, spiritual counseling from clergy, modifications to

religious education programs, a spiritual or religious education plan for their child, or

someone to support their child during worship services. (p. 174).

Carter (2016) also found that additional supports – such as creating special worship services,

offering financial support, or increasing the physical accessibility of the congregation – received

less endorsement (see Figure 1):

Although architectural actions (e.g., building ramps, widening doors, adding elevators)

and specialized programming (e.g., separate classes or worship services) are often

emphasized in conversations about disability ministry, it is intriguing that parents more

heavily prioritized efforts to promote broader awareness and to strengthen supports in

existing congregational activities. (p. 175).

Recognizing the value of these supports and implementing them would help congregations be

more effective at overcoming the programmatic barrier. However, implementing these supports

seems to be where the church falls short.

Carter et al. (2016b) further discovered that, although certain supports prove to be more

meaningful than others, overall, families of children with special needs do not report that their

congregations offer these supports. Carter et al. and Ault et al. (2013) documented a sizable gap

between parents' desire for specific supports and the current availability of those supports within

their congregation. As seen in Figure 1, for all 14 supports addressed by Carter et al., the

majority of parents indicated each support was not currently available in their congregation.

Additionally, almost half of the congregations were reported to offer none of the 14 supports.

This particular finding offers a keen insight into the disconnect of the programmatic barrier.

Although this list of supports is not exhaustive nor prescriptive, many of the supports listed in

this study have to do with a sense of belonging. The theme of belonging continually comes up

with each barrier addressed and lies at the heart of the programmatic barrier. If families of children with special needs are offered supports, not much different than the supports offered to any member of the congregation, then this need to belong would be more effectively met. Carter et al. stated, "to be places of belonging, congregations must commit to providing the breadth of supports people might need to be actively involved in all corners of their community" (p. 175). Like any other congregant, children with special needs want to be included in all corners of the church community. Effectively addressing the programmatic barrier helps churches take an essential step towards making places and spaces of belonging for children with special needs.

Liturgical Barrier

The final congregational barrier on Carter's (2007) list is the liturgical barrier. Like the other barriers, the liturgical barrier is often missed due to misperceptions and miscommunication. However, unlike the other barriers, the liturgical barrier is mostly missed due to misinformed theology. Theological and biblical implications affect the liturgical barrier within each congregation, because the barrier is constructed based on the congregation's theology of the church's sacraments, rituals, and traditions. Gaventa and Peters (2001) found, through a series of case studies, that the liturgical barrier can have detrimental effects on the communal aspect of belonging, but also on the long-term discipleship of an individual with a disability. One of their case studies involved a young man named Ray and his experience with the liturgical barrier in his congregation:

> Ray, a young man who has been educated in an inclusive environment, wanted to be baptized in his church as other teenagers and church members are. The initial pastoral response was that Ray did not need to be baptized because his special needs made him already one of 'God's elect.' It took both individual and family persistence, in addition to some outside consulting and encouragement, to help the clergy move beyond a cognitive

interpretation of a sacrament to recognition of its importance as a coming-of-age ritual and transition. (p. 14).

Liturgical misinterpretations, like the one Ray experienced, can have long-lasting, negative impacts on individuals with disabilities and their future relationship with the church. Theological missteps can lead to feelings of isolation for children with disabilities and their families. Liturgical involvement is viewed as highly communal, and in certain Christian traditions, a necessity for belonging as a member of a church community.

In Christian denominations, the majority of traditions require certain sacraments or ordinances to be fulfilled as a person moves forward in their Christian life. For example, most Baptists require a person to be baptized by immersion before they can be welcomed as a full member of the church. However, if a person with a disability does not have the physical capacity for a submersible baptism, or the cognitive function to understand what being a member of the church requires, the congregational leaders can allow the liturgical barrier to get in the way of that individual's full involvement of a faith community.

Going back to the central idea of feeling welcomed, Carter (2016) said congregations struggle with the idea that people with disabilities can function actively in a ministry:

People with intellectual and developmental disabilities are still viewed as the "designated recipients" of service and outreach; the roles of giver and receiver remain strikingly static. Certainly, people with disabilities might have much to gain from being part of a faith community, but it is also true that a faith community might have much to gain by encountering the gifts individuals with disabilities and their families have to bring. (p. 177).

When a congregation can recognize the theological implications of being welcoming, affirming, and inclusive, those implications far outweigh the theological traditions of sacramental

involvement. Viewing children with special needs as being bringers of gifts and graces to a church community, instead of recipients of church care and concern, helps to overcome the liturgical barrier. The tradition of sacraments and ordinances should be used as ways to further include children with special needs as full members of the faith community, and not used as barriers to participation. However, malformed theology and a lack of educational exposure do not prepare ministers to effectively handle liturgically based situations.

From a theological perspective, seminaries and universities should prepare their ministers for theological conversations regarding people with special needs. In their study examining the ways in which disability is addressed and experienced in theological schools across America, Annandale and Carter (2014) surveyed 118 academic deans, deans of student life, faculty, and other administrators from theological institutions to determine answers to four research questions:

1. To what extent is disability addressed within the theological education curriculum?

2. What factors might hinder or support addressing disability within theological education?

3. To what extent are people with disabilities present and participating within various aspects of theological education?

4. How confident are theological leaders in the preparation of graduates to include people with disabilities in congregational life? (p. 85)

Utilizing these research questions, Annandale and Carter (2014) found that only a small percentage of schools indicated they addressed disability extensively within each of the curricular areas. Additionally, the ways in which disability was addressed in the curriculum were most prominently in the areas of pastoral care and counseling. Therefore, the education received by seminary graduates has more to do with caring for people with disabilities and less to do with

actively involving them in the life of the church. Annandale and Carter concluded that "overall, the majority of respondents perceived that their graduates were *not at all* (3.4%) or *only a little* (70.7%) prepared to respond to spiritual and theological questions resulting from disability-related human experiences" (p. 92).

The gap in educational training and formation is evident when viewed through the lens of the liturgical barrier. Ministers are not trained and equipped to effectively answer congregational questions about disability, address theological implications for involvement in the sacraments and ordinances of the church, and understand how to minister alongside people with disabilities. The liturgical barrier can only be overcome through educational and theological understanding of what it means to genuinely include people with disabilities as members and active participants in the faith community.

Research on Children with Disabilities and Spiritual Inclusion

Thus far, the research presented has focused on the barriers to spiritual inclusion and practice for people with disabilities. However, another segment of research regarding children with disabilities and spiritual inclusion is the impact belonging to a faith community can have on their lives and development. Recent studies have affirmed that congregational involvement and spiritual expression can hold considerable importance in the lives of people with disabilities, just as they do for people without disabilities (Lifshitz, et al., 2009; Liu et al., 2014; National Organization on Disability, 2010). Several qualitative studies have also highlighted the importance of spirituality and congregational involvement for people with a wide range of disabilities (Lifshitz et al. 2009; Liu et al., 2014; Turner et al., 2004). Collectively, these studies confirm that for most children with special needs and their families, being involved and included within a community of faith may be strongly connected to greater well-being (Boehm et al., 2015; Poston & Turnball, 2004). Additionally, Ault (2010) discovered "an improvement in self-

concept may occur when individuals view themselves as more than just a person with a disability, but as a person of faith who is a member of a religious community" (p. 13). This research connects spiritual connection with positive health, wellness, and vitality for people with disabilities.

The benefits of spiritual involvement extend beyond the person with disabilities. Families of children with special needs have also expressed the benefits of participating in a faith community. Studies focused on parents with sons or daughters with developmental disabilities have highlighted the salience of faith and congregational connections for these families (Brown et al., 2003; Poston & Turnbull, 2004). Family members of children with special needs require communal supports to endure the specific emotional, spiritual, and intellectual obstacles they have. Creating communities where these families feel welcomed and supported is linked to their feeling of belonging (Carter et al., 2016a). Providing the appropriate supports, which includes care for families of the child with special needs, can go far in meeting their needs and making them feel affirmed as members of the faith community.

However, many obstacles exist that prevent the successful involvement of children with special needs and their families in faith-based communities. Whitehead (2018) grappled with the question of spiritual involvement and if there are true benefits for children with special needs and their families. Whitehead focused on prior research that showed greater involvement in religious activities and organizations having detrimental effects on the mental and emotional health of parents of children with disabilities (Ekas, et al., 2009; Tarakeshwar & Pargament, 2001). Whitehead (2018) stated, "parents of children with chronic health conditions consistently share how attendance at religious services creates opportunities for negative interactions and general unresponsiveness from congregations and their members" (p. 379). It is important to note that these particular research studies focused solely on children with autism and their family

members. Across multiple morbidities, further research is needed regarding the negative impacts a faith community can have on the health and well-being of children with special needs and their families.

Whitehead (2018) also addressed the need for further research on the private faith life of families who have children with special needs:

> Gathering data on the other avenues through which these families and children may be practicing their religion would tell us much about lived religion and the ways in which religiosity can flourish outside the walls of a church or synagogue. (p. 392).

As congregations continue struggling to meet the needs of children with disabilities, a question is raised on how these families are overcoming the obstacle of providing a faith-based life privately. And, if families of children with disabilities are finding creative solutions to the barriers found in congregations, are those solutions enough to meet their needs for community? Although some research indicates interactions with a faith community can have detrimental impacts to a family of a child with special needs, a significant amount of research also shows that when accomplished successfully, strength of religious faith is among the most prominent predictors of family quality of life (Boehm, et al., 2015). Therefore, the research question remains if spiritual inclusion is still the solution for community for families with children who have special needs. Or, if churches are not able to meet the spiritual and communal needs of these families, then what becomes the solution for these families as they practice their faith? These important questions need to be addressed in future research.

Although the barriers to inclusive participation are well documented in the review of research on the topic of church involvement and children with special needs, an additional barrier presents itself before families even get to the front door of the church, temple, or synagogue. Carter (2007) addressed this concern as churches identify barriers within their faith

communities but fail to address the structural concerns outside the walls of their buildings. Carter stated:

> As congregations seek to improve their welcome to people with disabilities already within their community, they often focus on removing the architectural, attitudinal, communication, programmatic, and liturgical obstacles to full participation. Such efforts are important and essential. But many people with developmental and other disabilities never arrive at their local congregation in the first place. Indeed, barriers within communities and the existing service system have often failed to bring people with disabilities up to – and into – the doors of a local church, mosque, synagogue, temple, or other place of worship. (p. 14).

Identifying barriers, such as transportation needs to and from places of worship, is essential for churches to recognize and provide solutions to successfully reach children with disabilities and their families. The failure to bring people with special needs into the church community often starts long before a person enters the church building. Cultural, communal, and attitudinal barriers create large obstacles for children with special needs and their families to even attend a service or event at a faith community.

Existing service systems by way of transportation and accessibility can prevent children with special needs and their families from participating in a faith community. However, emotional barricades are often the most difficult to overcome. Negative past experiences, such as those Whitehead (2018) researched, leave lasting impressions on families who experienced wounding from a faith community. Carter (2007) also addressed the same negative experiences in his research. Carter discovered, "after repeatedly encountering fear, rejection, isolation, or neglect, these individuals may no longer want to make the effort to become involved in a faith community" (p. 14). To overcome these lived experiences, congregations need to ask themselves

how they are going to be different and show genuine acceptance, welcoming those with

disabilities. To overcome such strong perceptions, a congregation needs to be fully intentional,

reaching out to children with special needs and their families with consistent, welcoming

invitations to join their faith community.

Missional Theology

Being intentional about welcoming children with special needs into a spiritual

community has as much to do with supports, communication, and inclusivity as it does theology.

As previously mentioned, Annandale and Carter (2014) found that theological concepts, as it

relates to disabilities, primarily function within the realms of pastoral care and counseling within

the educational structures of seminaries. Isolating theological themes around disability to only

care and counseling lends itself to adopt the ideology that children with special needs and their

families are in need of ministry, but not able to minister.

In her doctoral dissertation, Amy Dows (2012) submitted questionnaires to staff members

of churches in her local area with intentional disabilities ministries. After reviewing the results,

she found a pattern to the answers from the congregational leaders. Dows discovered:

> The staff questionnaires focused on providing a place where everyone was welcomed but
>
> didn't mention any benefit received by the congregation through offering such ministries.
>
> This seems to point to a belief by the staff members who completed the questionnaire
>
> that these disability ministries are ministries to those with a particular need and not
>
> ministry with these individuals just as a congregation would minister with any other
>
> individuals but with certain necessary accommodations. (p. 57-58).

The pitfall with this theological belief is that children with special needs and their families are

viewed as unable to actively practice ministry. Children with special needs are seen as

congregants in need of care instead of members of the community who can contribute towards

the care of others. This theological misstep undermines the definition of fully belonging as active participants in a faith community. White (2014) observed that the ideological funding and charitable practices of the church to people with disabilities always results in the latter's marginalization instead of their inclusion.

Developing a missional theology surrounding children with special needs and their families helps churches be prepared to fully minister with this community group. Conner (2011) developed a definition of missional theology as it relates to ministries to people with disabilities:

> Missional theology is a kind of practical theology that explores in every aspect of the theological curriculum and praxis of the church the implications of the missionary nature of God with the purpose of forming congregations to better articulate the gospel and to live faithfully their vocation to participate in the ongoing redemptive mission of God in a particular context. (p. 17).

This definition takes into consideration the importance of theological reflection as it concerns congregational practices. Missional theology orients practical theology, creating practices that a faith community carries out as part of its natural ministry. Creating ministries that are open and welcoming to people with disabilities is essential to a first-step invitation. Establishing inclusive ministries that create opportunities for people with disabilities to participate as equal members is crucial to solidifying their long-term membership and relationship with the faith community.

Missional theology matters when churches are considering their relationship with the local community and the gospel. Also, missional theology informs a congregation's definition of what inclusive ministry to children with special needs and alongside children with special needs looks like, feels like, and sounds like. Highlighting the importance of this definition, Lopez (2010) offered a reminder to start with the invaluable worth each child with special needs brings to a congregation, "This theology for children with exceptionalities lifts up the worth of each

child, seeks inclusion in the life of the church and in the spiritual journey, sees the strengths and value of children with disabilities, and advocates hands-on, informed patient involvement." (p. 16).

Theoretical Framework

Several barriers within a congregational model prevent children with special needs from attending a church service. Carter (2007) identified the five main barriers as architectural, attitudinal, communication, programmatic, and liturgical. These barriers establish the theoretical framework for why children with disabilities do not attend religious services.

The researcher for the current study seeks to expand findings reported by Whitehead (2018) that the communication, attitudinal, and programmatic barriers are among the most prevalent in preventing children with special needs from attending church. Whitehead's findings supported the theory that "parents with children with conditions that limit social interaction are most likely to feel unwelcome at religious services" (p. 390). Therefore, since the population of children who have social limitations is most prevalently missing from the church, a conclusion can be determined that the communication and programmatic barriers are crucial elements that need to be addressed in children's ministry. For this study, the communication, attitudinal, and programmatic barriers will be evaluated as they relate to resource needs for children's pastors to establish an effective ministry for children with special needs.

Components of the communication barrier include differentiated instruction, curriculum, communication strategies, behavior management, and socio-emotional strategies. Differentiated instruction, broadly defined as "varying instruction to meet all students' individual needs" (Landrum & McDuffie, 2010, p. 9), is an instructional strategy that is virtually missing from children's ministry. Children's ministry curriculum is mainly written for a general audience with no adaptations for differentiated learners. Therefore, the requirement for all children to learn the

same way in a ministry setting prevents children with special needs from thriving. Additionally, teachers and volunteers are not empowered to teach using various methods and approaches. Therefore, the majority of children's ministry leaders are unprepared and ill-equipped to welcome children who require differentiated instruction and curriculum.

Beyond the curriculum and approach to instruction, communication strategies for instructing and managing behavior also tend to be absent from children's ministry resources and curriculum. Not only is differentiated instruction important, but how that instruction is communicated is also vital to its effectiveness. By applying various communication strategies to the classroom environment, discipleship can be conveyed more effectively and impactfully. Differentiated instruction can also assist with meeting the wide range of socio-emotional needs that are present in children with special needs. Establishing strategies for recognizing a child's ability to communicate, self-regulate, recognize social cues and respond, and cope with social and environmental changes is essential to the discipleship and learning process.

Additionally, managing the vast array of behaviors in an inclusive classroom environment requires different communication strategies. Since children with special needs perceive instruction and commands differently, establishing an effective communication strategy for managing behavior is crucial. Parents and caregivers of children with special needs identify the lack of behavior management within a children's ministry setting as one of the primary reasons they cannot attend a religious service. Many parents say they are required to monitor their child with special needs during the worship service rather than bring them to children's ministry (Whitehead, 2018). Since behavior management plays such a vital role in teaching and providing care for children with special needs, overcoming the communication barrier is necessary when establishing a welcoming and inclusive children's ministry.

The attitudinal barrier affects the communication and programmatic barriers by impacting the overall attitude and willingness of the staff, teachers, volunteers, and pastors to create ministries that are impactful towards children with special needs. If the attitudinal barrier is addressed congregation-wide, establishing a ministry for children with special needs has a higher chance of succeeding. Evaluating the attitudinal barrier is a crucial step in developing a children's ministry that will be successful with intentional programming for children with special needs.

The programmatic barrier includes anything that supports the programming of ministering to children with special needs. Programmatic components include the space provided for instruction and play, as well as resources, such as teachers and volunteers. Research shows the programmatic barrier causes parents and caregivers of children with special needs to feel inadequate unless structures are in place to provide their child with proper care, support, and instruction (Ault, 2013; Carter et al., 2016b; Whitehead, 2018). The absence of these structures leads to the attendee's decision to find a different place of worship with these structures and supports or to leave religious worship altogether. The programmatic barrier prohibits the support necessary to facilitate an effective children's ministry for children with special needs. Without the programmatic structure of a ministry for children with special needs, communicational instruction does not have adequate resources to be successful or effective.

Communication, attitudinal, and programmatic barriers directly impact each other and include important considerations for churches to establish a comprehensive instructional program for children with special needs. To address the communication barrier, curricular and instructional approaches must be differentiated to effectively reach a wide variety of learners. Communication strategies for handling and managing socio-emotional needs and behavior are crucial to a child's ability to feel welcomed and adequately cared for in a children's ministry

setting. The attitudinal barrier must be addressed congregationally to overcome prejudices and seek solutions that are applicable and appropriate to reach children with special needs. Additionally, to overcome the programmatic barrier, an inclusive environment must be established that includes physical and physiological adaptations to welcome all learners and abilities. The program's structures should offer spaces and places of instruction, support, learning, and play that are well-equipped to include children with special needs. When communication, attitudinal, and programmatic barriers are effectively overcome, ministries for children with special needs will be comprehensive and successful (see Table 2 in the appendix).

The communication, attitudinal, and programmatic barriers prevent many children's ministries from reaching children with special needs because of the lack of resources available to children's pastors. This study will serve to evaluate the prevalence of these gaps, and to further identify discipleship resources that will minimize these barriers for children's pastors. A lack of resources and education prohibits children's pastors from reaching more children within their communities that have special needs. To better understand the resources that need to be created to assist children's pastors at overcoming these barriers, further research must be completed addressing these specific concerns.

Conclusion

Although research in this field is limited, this chapter presented past research concerning the participation and involvement of children with special needs and their families in faith-based communities. The benefits and positive impacts of participation, as well as the barriers, were addressed. In the next chapter, the focus turns to the methodology utilized in this current study.

III. METHODOLOGY

Chapter III contains an explanation and presentation of the methodology utilized in the quantitative, nonexperimental, survey research study. The purpose of the study was to evaluate the level of confidence children's pastors have in their ability to provide a comprehensive instructional program for children with special needs. Additionally, the program elements of curriculum, differentiated instruction, communication strategies, behavior management, and socio-emotional strategies were addressed to find which is most associative and predictive of the study participants' confidence to provide a comprehensive instructional program to children with special needs. The participants, research instrument, procedures, and data analysis are presented and discussed in the chapter.

Participants

The study participant sample included 57 children's pastors, directors, and ministers who oversee the children's ministry at their respective churches. Participants were not required to have a certain amount of time in their careers. Participants work and reside in all parts of the United States. Additionally, participants represented a wide variety of denominations within the Christian faith religion, primarily from the Protestant tradition. Lastly, participants were from all sizes of congregations, including small (0-50), medium (51-300), large (301-2,000), and mega (2,000+) size congregations.

Research Instrument

In the absence of an existing, standardized instrument appropriate in addressing the study's construct, the study's research instrument was created using subject matter expert (SME) agreed-upon elements to generate survey items to be used for study purposes. Instrument validation was conducted at both a priori and posteriori aspects of the study. The a priori

validation of the study's research instrument was conducted through a pilot study administration to 10 study participants. The Cronbach's alpha (α) statistical technique was used to assess the internal reliability of the pilot study participant responses to the research instrument's survey items. An alpha level of at least $\alpha = .70$ was sought for validation purposes in the pilot study phase, as this level represents what is generally expected of researcher-created instruments.

In the posteriori phase of instrument validation, Cronbach's alpha (α) statistical technique was used to assess the internal reliability of participant response to survey items once study data were collected. According to Field (2018), Cronbach alpha levels of $\alpha \geq .80$ are considered very good and levels of $\alpha \geq$ are considered excellent.

In the first part of the survey, participants were asked to respond to questions that were demographic in nature. The study participants' denomination, size of their congregation, geographic region, and years in their position were all addressed. In the second part of the survey, the focus of the research instrument was upon the areas of providing a comprehensive instructional program to children with special needs. The survey represented an identification of needs within the elements of curriculum, instruction, classroom management, behavioral management, communication, and inclusive learning. Responses were provided on a 5-point, Likert-type scale (1 = *Strongly agree,* 2 = *Agree,* 3 = *Uncertain,* 4 = *Disagree, and* 5 = *Strongly disagree*). The survey was comprised of 15 items in total: Four demographic items and 11 construct-specific evaluative items.

Study Procedures

A comprehensive survey research instrument was developed based upon existing elements within the professional literature specific to the study's topic to evaluate which elements of a comprehensive instructional program children's pastors require to equip their teachers and volunteers to overcome the communication and programmatic barriers. The survey

was administered electronically to children's pastors and ministers in specific regions where the researcher has relationships with ministry and network leaders but was not limited to those specific regions. The survey was also made available on social media platforms, such as Facebook, to gather information from a wider geographic base. The survey was available for the length of time required to gain adequate responses to provide a comprehensive and robust sample size. A total of 57 convenient responses were captured and used for this study's purpose. Participant data were extracted from the surveys and stored on the researcher's password-protected laptop. The data were imported into IBM Statistical Package for the Social Sciences (SPSS) Version 28 for data analysis.

Data Analysis

Preliminary Analysis

Prior to addressing the research study's questions, preliminary analyses were conducted. Specifically, missing data, and internal consistency (reliability) of participant responses to survey items were assessed for study purposes.

Missing data was assessed using descriptive statistical techniques and the MCAR statistic for randomness. MCAR values of $p > .05$ are considered affirming of the randomness of missing data. Internal reliability of participant responses to survey items on the research instrument were assessed using the Cronbach's alpha (α) statistical technique. The conventions of alpha interpretation espoused by George and Mallery (2020) were used to translate numeric alpha levels achieved into qualitative descriptors.

The study's demographic information was assessed using descriptive statistical techniques. The mean, standard deviation, frequency counts (n), and percentages (%) and measures of data normality (skew; kurtosis) represented the primary methods of descriptive analysis.

Analysis by Research Question

In research questions one and two, frequencies (n), percentages (%), mean scores, and standard deviations (SD) represented the descriptive statistical techniques to be used. The one-sample t test was used to assess the statistical significance of finding in both research questions. The assumption of relative normality was assessed using the data array's skew and kurtosis values. The conventions of data normality using respective skew and kurtosis values proposed by George and Mallery (2020) were used to assess data normality in research questions one and two. The probability level of $p < .05$ represented the threshold for statistical significance of finding for both research questions. The magnitude of effect (effect size) for both research questions was assessed using the Cohen's d statistical technique. Sawilowsky's (2009) conventions of effect size interpretation were utilized in determining the magnitude of effect of study participant response to research questions one and two.

Research question three was associative and predictive in nature, utilizing several independent variables (covariates) in the predictive modeling process. The multiple linear regression statistical technique was used to assess the predictive viability of each of the model's five independent variables with regard to the model's dependent variable.

Predictive model fitness was evaluated through ANOVA table F-value findings. An F-value finding manifested at the $p \leq .05$ level were considered indicative of a viable predictive model. The predictive model effect size was interpreted through the model summary R^2 value. An R^2 value of .14 or greater was considered indicative of a large predictive effect for the model, with .06 representing the threshold for a medium effect. Coefficient table r values (standardized β) associated with each independent predictor variable in the model represented the basis for the interpretation of respective independent variable associative/predictive effect upon the model's dependent variable. All major assumptions of the use of the multiple linear regression statistical

technique were assessed by either statistical means (independence of error; multicollinearity; influential outliers) or visual inspection (linearity; homoscedasticity; normality of residuals).

Summary

Chapter III contained an outline of the methodology utilized in the quantitative study regarding children's pastors and their perceived ability to establish a comprehensive instructional program for children with special needs. In Chapter IV, the findings of the study will be reported. Preliminary descriptive analysis relating to demographic, missing data, internal reliability of participant response to survey items, and the findings for each research question will be presented along with the data collected via the methodology described in Chapter III.

IV: RESULTS

The purpose of the study was to evaluate the level of perception that children's pastors have regarding their ministry team's knowledge and ability to effectively disciple and teach an inclusive class comprised of children with differentiated learning needs and abilities. A non-experimental, quantitative research design was used to address the study's topic. Survey research represented the specific methodological approach used to address the study's research problem. A total of 57 respondents to the study's research instrument represented the sample of participants. Three research questions were formally stated. The analysis of study data and reporting of study findings were conducted using IBM's Statistical Package for the Social Sciences (SPSS v. 28). The following represents the formal reporting of findings achieved in the study.

Preliminary Descriptive Statistical Findings

Descriptive Statistics: Demographic Identifying Information

Descriptive statistical techniques were used to assess the study's demographic identifying information. The study's demographic information was more specifically addressed using the descriptive statistical techniques of frequencies (*n*) and percentages (%).

Table 1 contains a summary of finding for the descriptive statistical analysis of the study's demographic identifying information:

Table 1

Descriptive Statistics: Demographic Identifying Information

Variable	*n*	*%*	Cumulative *%*
Years of Experience			
2 Years & Less	15	26.32	26.32
2 to 5 Years	18	31.58	57.89
6 to 10 Years	13	22.81	80.70
Over 10 Years	11	19.30	100.00
Missing	0	0.00	100.00
Church Attendance			
50 and less	10	17.54	17.54
51-150	20	35.09	52.63
151-350	23	40.35	92.98
351 and greater	4	7.02	100.00
Missing	0	0.00	100.00
Geographic Region			
Northeast	3	5.26	5.26
Southeast	21	36.84	42.11
Midwest	4	7.02	49.12
West	29	50.88	100.00
Missing	0	0.00	100.00

Descriptive Statistics: Preliminary Findings of the Study (Response Data)

Descriptive statistical techniques were used to assess the study's response set data by dimension of instructional practice. The study's response set data were addressed using frequencies (n), measures of central tendency (mean scores), variability (minimum/maximum; standard deviations), standard errors of the mean (SE_M), and data normality (skew, kurtosis).

Table 2 contains a summary of finding for the descriptive statistical analysis of the study's response data by dimension of instructional practice.

Table 2

Descriptive Statistics: Preliminary Response Data (All Survey Items)

Variable	*M*	*SD*	*n*	*SE$_M$*	Min	Max	Skewness	Kurtosis
Curriculum	2.96	1.21	57	0.16	1.00	5.00	0.19	-1.06
Inclusive Teaching	3.05	1.11	57	0.15	1.00	5.00	0.13	-0.91
Inclusion Training	2.75	1.01	57	0.13	1.00	5.00	0.19	-1.05
Communication Strategies	3.23	0.98	57	0.13	1.00	5.00	-0.35	-0.72
Classroom Resources	3.09	0.89	57	0.12	1.00	4.00	-0.32	-1.29
Behavioral Support	2.68	1.12	57	0.15	1.00	5.00	0.41	-0.90
Behavioral Intervention	3.46	1.09	57	0.14	1.00	5.00	-0.56	-0.42
Socio-Emotional Needs	3.44	1.04	57	0.14	1.00	5.00	-0.76	-0.19
Inclusive Environment	3.30	1.05	57	0.14	1.00	5.00	-0.43	-0.58
Extension of Learning	2.86	1.08	57	0.14	1.00	5.00	0.19	-0.97

Missing Data

The study's extent of missing data was evaluated using descriptive statistical techniques of frequencies (*n*) and percentages (%). As a result, the study's data at both the person-level and response set level reflected no missing data points.

Internal Reliability

The internal reliability of study participant response to survey items on the study's research instrument was evaluated using the Cronbach's alpha (α) statistical technique (Taber, 2018). Using the conventions of alpha interpretation proposed by George and Mallery (2020), the internal reliability level achieved in the study was considered excellent (α = .91).

Table 3 contains a summary of the internal reliability achieved across all survey items on the study's research instrument:

Table 3

Internal Reliability: All Survey Items

Internal Reliability	No. of Items	α	Lower Bound	Upper Bound
All Items	10	0.91	0.88	0.94

Note. The lower and upper bounds of Cronbach's α were calculated using a 95% confidence interval.

Findings by Research Question

The study's topic and research problem were addressed through the statement of three research questions. Descriptive and inferential statistical techniques were specifically used to address the study's research questions. The probability level of $p \leq .05$ was selected for use as the threshold value for findings in the study to be considered statistically significant. Numeric effect sizes achieved in the study's analyses were interpreted using the conventions proposed by Cohen (1988) and Sawilowsky (2009).

The findings achieved in the study's three research questions are reported as follows:

Research Question 1

To what degree do study participants perceive themselves confident in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs?

Hypothesis

Study participants will have low confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs.

Analysis

The statistical significance of the mean score response in research question one was addressed using a one sample *t* test. The assumption of data normality for the use of the one

sample *t* test was assessed through an evaluation of the skew and kurtosis values. As a result, the skew value of 0.32 and kurtosis value of -1.08 were well within the parameters for skewness (-/+2.0) and kurtosis (-/+7.0) to be normally distributed and thereby satisfied the assumption of data normality.

Findings

The mean score response (2.79; *SD* = 0.96) of study participant overall perceptions of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs was statistically significant ($t_{(56)}$ = -1.66; *p* = .05). The magnitude of effect for study participant overall perceptions of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs was considered inverse and small (*d* = -.22).

Table 4 contains a summary of finding for study participant overall perceptions of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs.

Table 4

Overall Perceptions of Confidence in their Ability to Provide a Comprehensive Instructional Program within the Ministry Setting for Children with Special Needs

Variable	*M*	*SD*	μ	*t*	*p*	*d*
Overall Perceptions	2.79	0.96	3	-1.66	.05*	-0.22

Note. Degrees of Freedom for the *t*-statistic = 56. *d* represents Cohen's *d*.

p ≤ .05

Research Question 2

To what degree do study participants perceive themselves as able to effectively establish an inclusive instructional environment for children with special needs?

Hypothesis

Study participants will have low confidence regarding their ability to effectively establish an inclusive instructional environment for children with special needs.

Analysis

The statistical significance of the mean score response in research question two was addressed using a one sample *t* test. The assumption of data normality for the use of the one sample *t* test was assessed through an evaluation of the skew and kurtosis values. As a result, the skew value of -0.44 and kurtosis value of -0.52 were well within the parameters for skewness (-/+2.0) and kurtosis (-/+7.0) to be normally distributed and thereby satisfying the assumption of data normality.

Findings

The mean score response (3.30; *SD* = 1.05) of study participants perceiving themselves as able to effectively establish an inclusive instructional environment for children with special needs within the ministry setting for children with special needs was statistically significant ($t_{(56)}$ = 2.14; *p* = .02). The magnitude of effect for study participant perceptions of their ability to effectively establish an inclusive instructional environment for children with special needs within the ministry setting for children with special needs was considered small (*d* = .28).

Table 5 contains a summary of finding for study participant perceptions of their ability to effectively establish an inclusive instructional environment for children with special needs within the ministry setting for children with special needs.

Table 5

Study Participant Perceptions of their Ability to Effectively Establish an Inclusive Instructional Environment for Children with Special Needs within the Ministry Setting for Children with Special Needs

Variable	*M*	*SD*	μ	*t*	*p*	*d*
Inclusive Instructional Environment	3.30	1.05	3	2.14	.02*	0.28

Note. Degrees of Freedom for the *t*-statistic = 56. *d* represents Cohen's *d*.

*p ≤ .05

Research Question 3

Considering the program elements of curriculum, differentiated instruction, communication strategies, behavior management, and socio-emotional strategies, which is most associated with and predictive of study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs?

Hypothesis

Curriculum and differentiated instruction will be most associated with and predictive of study participant confidence in providing a comprehensive instructional program within the ministry setting for children with special needs.

Analysis

A multiple linear regression (MLR) statistical technique was used to address the predictive focus of research question three. Prior to addressing the central analysis of research question three, the assumptions associated with MLR were addressed through statistical means and visual inspection (Field, 2018).

The assumption of independence of error was addressed through the interpretation of the model Durbin-Watson (D-W) value. The D-W value achieved in the predictive model (1.20) was within the parameters of 1.0 and 3.0, and therefore satisfying of the assumption of independence of error (Field, 2018). The predictive model's VIF values were well below 10.0 (range = 1.85 – 3.37), and as such, the assumption of multicollinearity was satisfied (Field, 2018; Menard, 2009). Studentized residuals were calculated, and the absolute values were plotted against the observation numbers (Pituch & Stevens, 2015) to address the assumption of influential outliers. As a result, one data point (#34) was identified as exceeding the threshold value of 3.24. The data point, however, was retained in the predictive analysis.

The assumptions of linearity, normality of residuals and homoscedasticity were addressed through visual inspection of respective scatter plots. Linear relationships were evident in the scatter plots, and as such, the assumption of linearity was satisfied. The P-P and Q-Q plots reflected no significant departures from the theoretical line of normality, and as a result, the assumption of residual normality was satisfied. The assumption of homoscedasticity was satisfied as the data points appear randomly distributed with a mean of zero and no apparent curvature within the scatter plot (Bates et al., 2014).

Findings

The predictive model used to address research question three was statistically significant ($F(5,51) = 21.59$, $p < .001$, $R^2 = 0.68$), indicating that approximately 68% of the variance in study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs is explainable by the five dimensions of instructional practice identified for study purposes. The dimension of inclusive environment represented the most robust, statistically significant predictor of study participant perception of confidence in their ability to provide a comprehensive instructional

program within the ministry setting for children with special needs $(B = 0.61, t_{(51)} = 3.90, p <$ .001), indicating that on average, a one-unit increase of perceptions of confidence in the dimension of inclusive environment will increase the value of study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs by 0.61 units.

Table 6 contains a summary of finding for predicting study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs by dimension of instructional practice.

Table 6

Predicting Study Participant Perception of Confidence in their Ability to Provide a Comprehensive Instructional Program within the Ministry Setting for Children with Special Needs by Dimension of Instructional Practice

Model	B	SE	95% CI	β	t	p
(Intercept)	-0.04	0.30	[-0.65, 0.57]	0.00	-0.13	.90
Curriculum	0.06	0.09	[-0.11, 0.23]	0.08	0.72	.47
Social-Emotional	-0.01	0.11	[-0.24, 0.22]	-0.01	-0.07	.94
Inclusive Environment	0.61	0.16	[0.30, 0.92]	0.57	3.90	< .001
Behavioral	0.14	0.12	[-0.11, 0.39]	0.15	1.15	.26
Communication	0.12	0.13	[-0.13, 0.37]	0.12	0.96	.34

Summary

An exceptional level of response rate to the study's research instrument was achieved. The internal reliability of study participant response to survey items on the research instrument was exceptional. Nearly half (49.1%) of study participants disagreed or strongly disagreed with the notion that they were confident in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs. An additional 21.1% of study participants were uncertain as to their ability to provide a comprehensive instructional program within the ministry setting for children with special needs. Slightly over half (50.9%) of study

participants perceived themselves as able to effectively establish an inclusive instructional environment for children with special needs, with nearly one-quarter (24.6%) stating that they were uncertain in their ability to effectively establish an inclusive instructional environment for children with special needs. The most robust predictor of study participant perceptions of their ability to provide a comprehensive instructional program within the ministry setting for children with special needs was their perceptions of confidence within the instructional dimension of inclusive environment.

Chapter V contains a thorough discussion of the findings achieved in the study as reported in Chapter IV.

V. DISCUSSION

The focus of this study was to determine the level of perception children's pastors have in their ability to provide a comprehensive instructional program for children with special needs. This study identified instructional and environmental elements that children's pastors perceive their ministry team to be equipped with to provide a comprehensive instructional program within the ministry setting for children with special needs. In an effort to further research why children with special needs do not regularly attend religious worship services, this research study focused on elements that create the greatest obstacles for children's pastors to provide a comprehensive discipleship program for children with special needs. Studying the elements of curriculum, instruction, classroom management, behavioral management, communication, and inclusive learning gave clearer insight to the resources children's pastors need to effectively provide inclusive provisions within a place of worship.

A non-experimental, quantitative research design was used to address the study's topic. Survey research represented the specific methodological approach used to address the study's research problem. A nonprobability, convenient sample of 57 respondents to the study's research instrument represented the sample of participants. The research instrument was researcher created, utilizing elements from the review of recent and professional literature. Descriptive and inferential techniques were used to study data. Three research questions were formally stated and answered in this research study. The analysis of study data and reporting of study findings were conducted using IBM's Statistical Package for the Social Sciences (SPSS v. 28). Chapter V contains a formal discussion of the findings that were achieved in this study and reported in Chapter IV.

Discussion of Preliminary Findings

The essential demographic data identified years of experience for each respondent, their geographic location, denomination, and congregational size. The identifiers of years of experience and congregational size were evenly distributed among the categories. The represented denominations were all Protestant denominations. However, geographic region of study participants was heavily skewed towards the Southeast and West, comprising nearly 90% of the study sample. The researcher hypothesized a geographic bias might happen during the course of the research study since the researcher has the most professional connections in the Southeast and West regions of the United States. The study is skewed to reflect data mainly from two regions, limiting the generalization and findings to areas that were underrepresented. The skewed data creates a limitation to the study and a future opportunity to survey churches in the underrepresented areas of the U.S.

Response data within the elements of the study's research instrument reflected normality in all 10 of the areas represented in the study. The assumption of normality was satisfied, allowing for a robust statistical technique to be used with items relevant to the research questions. There were no missing data in this research study. Personal, demographic identifiers and, more importantly, the response set within the survey items had no missing data, basing analytics and assumptions of the analysis upon a completely intact data set. Across the 10 variables, an excellent level of internal reliability of study participant response to survey items on the research instrument was achieved. The internal reliability speaks to the credibility of the achieved data. The study's research instrument produced data that is consistent and accurate with the construct of the study's research questions. The internal reliability of participants response to the study was considered excellent ($\alpha = .91$; $p < .001$).

<center>**Discussion of Findings by Research Question**</center>

The research questions were addressed through both inferential and descriptive statistics. The following information provides a brief summary of findings achieved in each research question.

Research Question 1: To what degree do study participants perceive themselves confident in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs?

The results indicated that, overall, children's pastors are not confident in their ability to provide a comprehensive instructional program for children with special needs. The statistical significance of the mean score response in research question one was addressed using a one-sample t test. The mean score response (2.79; $SD = 0.96$) of study participant overall perceptions of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs was statistically significant ($t_{(56)} = -1.66$; $p = .05$). The magnitude of effect for study participant overall perceptions of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs was considered inverse and small ($d = -.22$).

The findings complement what is found in professional literature regarding the uneven offering of supports churches offer for children with special needs (Ault et al., 2013; Carter et al., 2016b; Whitehead, 2018). If children's pastors are not confident in their ability to provide such structural supports for children with special needs, a deeper problem exists regarding the availability of training and resources. The existence of relevant literature stating that churches offer little to no supports for children with special needs indicated there is a gap in resources at the church level. This finding corroborates with Whitehead's (2018) theory that the communication and programmatic barriers are the largest barriers to overcome within children's

ministry for children with special needs. The ability to provide a comprehensive instructional program for children with special needs hinges on the ability to provide communicative and programmatic structures that offer the support children with special needs require to become full members of an ecclesial body. The findings of Research Question 1 confirm that children's pastors do not feel confident in their abilities to provide such structures that would help to overcome the communication and programmatic barriers.

However, the findings specific to children's pastors' confidence in their ability to provide such structures are novel and add to the professional literature of this construct. Several studies exist identifying problems in offering program structures (Ault et al., 2013; Carter et al., 2016b; Carter et al., 2017), but the identification of the lack of confidence children's pastors have in their ability to provide such structures is new. In his study, Whitehead (2018) determined that children with special needs are less likely to attend a religious worship service than children who do not have a chronic health condition. However, Whitehead did not determine why that attendance gap exists. At the end of his study, Whitehead stated that determining the "why" would be the next step in research towards finding a solution. The answer to Research Question 1 gives insight to one aspect of why children with special needs have a lower attendance record than children who do not have a chronic health condition. Children's pastors, who oversee the ministry of children's programming and discipleship at their respective places of worship, lack confidence, to a statistically significant degree, in their ability to provide a comprehensive program that is specific towards meeting the needs of children with chronic health conditions. The results rendered from Research Question 1 provide support that children's pastors lack confidence in their ability to overcome the obstacles specific to the communication and programmatic barriers. These obstacles include structures, supports, curriculum, and training

regarding the adaptation and implementation of a comprehensive instructional program that meets the needs of children with chronic health conditions.

Research Question 2: To what degree do study participants perceive themselves as able to effectively establish an inclusive instructional environment for children with special needs?

The results indicated that children's pastors perceive themselves as confidently able to establish an inclusive instructional environment for children with special needs to a statistically significant degree. The statistical significance of the mean score response in research question two was addressed using a one-sample t test. The mean score response (3.30; $SD = 1.05$) of study participant perceiving themselves as able to effectively establish an inclusive instructional environment for children with special needs within the ministry setting for children with special needs was statistically significant ($t_{(56)} = 2.14$; $p = .02$). The magnitude of effect for study participant perceptions of their ability to effectively establish an inclusive instructional environment for children with special needs within the ministry setting for children with special needs was considered small ($d = .28$).

The findings of Research Question 2 corroborate with the findings Carter et al. (2017) discovered through their community conversations with local ecclesial congregations. The willingness to establish an inclusive instructional environment for children with special needs is strong. Overall, churches want to establish ministries for children with special needs. The current study concurs with those findings. Research Question 2 found that children's pastors perceive themselves as confidently able to establish an inclusive instructional environment for children with special needs to a statistically significant degree. At first glance, the finding may appear to negate Research Question 1, since children's pastors were not confident in their ability to provide a comprehensive instructional model, but Research Question 1 targeted the structural supports necessary to overcome the communication and programmatic barriers; whereas

Research Question 2 reveals more about the attitudinal response of children's pastors as it relates to establishing inclusive ministries for children with special needs.

Carter (2007) first identified the attitudinal barrier as a general attitude or willingness of churches to provide ministries to people with special needs. Whitehead (2018) established the attitudinal barrier, along with the communication and programmatic barriers, as the three main barriers to children with special needs attending church worship services. Although attitudinal barriers can and do exist in churches, Research Question 2 determines that, to a significantly significant degree, there is no attitudinal barrier with children's pastors. That particular finding is novel to the area of research regarding children with special needs and their church attendance. Children's pastors are confidently willing to establish inclusive ministries for children with special needs, but, combined with the results from Research Question 1, they lack the skills or resources to do so. Therefore, the attitudinal barrier is not a significant barrier to overcome as it relates to children's pastors. As established by Research Question 2, children's pastors are statistically confident that given the right tools, resources, and training, they can and are willing to establish an inclusive instructional environment for children with special needs.

The finding of Research Question 2 both corroborate and defy findings and hypotheses in previous research studies. However, the finding is the first established statistic regarding the specific role of the children's pastor. Previous studies focused on congregational attitude as an ecclesial community. Understanding that the attitudinal barrier is not a significant barrier for children's pastors is novel and a critical finding for the future development of establishing inclusive environments for children with special needs in the church.

Research Question 3: Considering the program elements of curriculum, differentiated instruction, communication strategies, behavior management, and socio-emotional strategies, which is most associated with and predictive of study participant perception of

confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs?

A multiple linear regression (MLR) statistical technique was used to address the predictive focus of Research Question 3. The predictive model used to address Research Question 3 was statistically significant ($F(5,51) = 21.59$, $p < .001$, $R^2 = 0.68$), indicating that approximately 68% of the variance in study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs is explainable by the five dimensions of instructional practice identified for study purposes. The dimension of inclusive environment represented the most robust, statistically significant predictor of study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs *(B = 0.61*, $t_{(51)} = 3.90$, *p* < .001), indicating that, on average, a one-unit increase of perceptions of confidence in the dimension of inclusive environment will increase the value of study participant perception of confidence in their ability to provide a comprehensive instructional program within the ministry setting for children with special needs by 0.61 units.

Research Questions 1 and 2 established that children's pastors are willing but have no confidence in their ability to provide a comprehensive instructional program for children with special needs. Research Question 3 established that an inclusive environment has the strongest predictive effect of increasing the children's pastors' confidence level in establishing a ministry for children with special needs. The inclusive environment dimension included perceptions of inclusive teaching, inclusion training, and environmental factors, such as creating spaces conducive to teaching children with special needs. Research Question 3 establishes that, if the elements of creating an inclusive environment are addressed, children's pastors will have higher

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confidence in their ability to provide a comprehensive instructional model within the children's ministry setting for children with special needs.

The findings of Research Question 3 are novel and add to the professional literature of this construct. Providing resources in the areas of inclusive teaching, inclusion training, and inclusive environment will help children's pastors feel more confident in their ability to reach children with special needs more effectively. Understanding this particular dimension as it relates to the future development of resources and training is critical. Since children's pastors are the leaders of their children's ministry programs, their level of confidence in providing inclusive programming is significant to the success of implementing those programs. To address the main concern of Whitehead's (2018) study that children with chronic health conditions are missing from regular church attendance when compared to children with no chronic health conditions, these elements of inclusive environment must be solved. Research Question 3 also further demonstrates that the communication and programmatic barriers, as hypothesized by Whitehead, are significant barriers as it relates to children with special needs and their church attendance. When matters of these barriers are successfully addressed, a more comprehensive and effective ministry for children with special needs can be established.

Study Limitations

As with many studies, the research was not without limitations that need to be considered when reviewing the findings. First, a few characteristics of the study sample hindered the generalizability of the results. The study was conducted during a pandemic era, which limited the response rate. With churches and congregations opening and closing during the course of the COVID-19 pandemic, response rates were low from what they could have been, especially given the wide geographic area the survey instrument was distributed. Geographic response rates were also egregiously low in the Northeast, Midwest, and Southwest. Over 90% of the responses were

generated from the Southeast and West regions of the United States. By virtue of that

skewedness and the sample size being nonprobable, the overall findings are less general.

Additionally, even though the sample size ($n = 57$) allowed for data to be reliably analyzed, the

strength of the study could have been enhanced with a larger number of participants. Lastly, the

results of the demographic data regarding congregational size were evenly distributed with the

captured data of the current study. However, no responses were generated from churches with

over 751 congregants. Therefore, the findings for large or mega-size churches are not

represented in the findings of this study.

Second, the data were drawn exclusively from quantitative methods, including only

numeric responses. The format of the survey did not allow for expanded responses, thus limiting

the findings to the close-ended responses generated from the survey instrument. The addition of

open-ended questions would have potentially generated another data set, capturing more personal

responses and adding depth to the findings.

Implications for Professional Practice

The findings from this study provide new data to add to the sparse field of study

regarding children with special needs and church attendance. Children who have chronic health

conditions are less likely to attend a religious worship service than children who do not have

chronic health conditions (Whitehead, 2018). As a result, research in the body of literature

strived to find out why this occurrence is happening. However, most findings have been from the

perspective of parents and families who have children with special needs. Much less is known

about the church's understanding and perspective on the matter of children with special needs

and their church attendance. Understanding perspectives of key stakeholders in the church, such

as children's pastors, is vital to creating comprehensive and inclusive environments for children

with special needs in the church. Identifying gaps in training and resources will help churches

overcome the obstacles of establishing ministries for children with special needs, creating a better opportunity for children with chronic health conditions to fully integrate into church life. Though additional research is needed, significant implications can be drawn from this study.

Implications for Churches

Children with special needs face unique challenges when it comes to social integration. Belonging to a faith community is a social construct that offers many benefits to children with special needs, but also comes with significant challenges to socially integrate. Numerous studies evaluated the opinions and perspectives of parents and families of children with special needs regarding their ecclesial involvement (Ault, 2010; Ault et al., 2013; Carter et al., 2016a; Carter et al., 2017), giving keen insight to the challenges these families face when trying to establish relationships with the local church.

In this study, results showed the perspective of children's pastors, who are key stakeholders in the development and implementation of ministries for children with special needs. To a significant degree, children's pastors were not confident in their ability to create a comprehensive instructional program for children with special needs. One reason for their lack of confidence could be the church's historical solution for special needs ministries. A longstanding disposition of churches has been to create specialized ministry programs for children with special needs, which separates these programs from the life of the church. Establishing inclusive ministries would benefit not only the special needs community but also the children's pastors who can more easily integrate special needs ministries into regularly scheduled children's programming and discipleship.

Oftentimes, missing from the specialized programs churches establish for children with special needs is the opportunity to integrate and socialize with others in the congregation who do not have chronic health conditions. As Carter (2016) stated, "when people with and without

disabilities rarely encounter one another on Sunday morning or throughout the week, opportunities to be known, welcomed, befriended, needed, and loved become limited" (p. 179). To foster an intentional feeling of belonging, churches need to consider what inclusive ministries look like in their communities and congregations. Creating opportunities for integration allow congregants to get to know and receive the gifts of children with special needs in their community. Inclusive ministries also become church-wide efforts, expanding beyond children's programming to every aspect of the ecclesial community. Such efforts take the responsibility of the entire congregation, creating more support for church leaders, such as children's pastors, to implement these crucial inclusive ministries in the church.

Implications for Children's Pastors and Church Leaders

As Carter et al. (2017) discovered through their community conversations, churches overall have a willingness and openness to establish programs for people with special needs. In the study, results showed similar findings from the perspective of children's pastors. To a significant degree, children's pastors have a willingness to establish ministries for children with special needs. This evaluation is important, because the finding establishes that the attitudinal barrier is not a primary hindrance to establish inclusive ministries for children with special needs. From the study's findings, the primary obstacle for children's pastors is their lack of confidence in their ability to create a comprehensive instructional environment for children with special needs. Therefore, the structures to support the communicative and programmatic aspects of an inclusive ministry for children with special needs are not understood by children's pastors, and thus not implemented.

Whitehead (2018) found that the communication and programmatic barriers were the most prevalent in children's ministry, creating the largest obstacles for children with special needs to integrate into a faith community. This study concurs with those same findings by

discovering that children's pastors are not confident in their ability to provide the communicative and programmatic supports required for an inclusive ministry. The importance of creating two-way communication between children's pastors, church leaders, and families of children with special needs cannot be overstated. Understanding and listening to the needs of these families will help to break down the barrier between what is offered and what is needed. The conversation must shift from why it is important to offer inclusive ministries to children with special needs to how ministries to children with special needs can be created and established. Children's pastors and church leaders must determine how ministries to children with special needs is going to impact the practice and culture of their churches. Establishing postures and practices that make ministries to children with special needs possible in the congregational context is crucial to ensuring the ministry is effective and flourishes. As Carter (2016) stated, churches must ask themselves, "what specifically does it look like to ensure people with (and without) intellectual and developmental disabilities are invited, present, welcomed, known, accepted, supported, cared for, befriended, needed, and loved within their church communities?" (p. 179). Addressing these questions will help children's pastors understand what it takes to create inclusive ministries for children with special needs, granting them more confidence and ensuring the ministries are meeting the needs of the community they were created for.

Implications for Future Product and Resource Development

Evaluating what variable of creating ministries for children with special needs would produce more confidence in children's pastors was an important element of this study. The finding can help guide future development of appropriate products and resources for children's pastors, ensuring the most effective training and education is provided. The elements of inclusive environment, which included perceptions of teaching, training, and inclusive environmental supports were found to have the strongest predictive effect. The study showed that, as children's

pastors' confidence in these areas increased, their perception in their ability to create a comprehensive instructional program for children with special needs also increased. Therefore, guiding future product and resource development towards these specific measures could benefit children's pastors by bolstering their confidence to create inclusive ministry programs for children with special needs.

Creating specific training resources to help educate children's pastors on effective inclusive teaching methods would help prepare them to create ministry programming for children with special needs. Additionally, including examples of effective environmental supports in the training would also increase children's pastors' confidence level. The study found that there is a willingness in children's pastors to establish ministries for children with special needs, but overall, they are not confident in their ability to create an inclusive ministry. Therefore, to fill the gap between willingness and implementation, training resources need to be created to help children's pastors feel more confident to reach children with special needs. Resources that address the specific concerns of creating an inclusive environment are the most predictive of helping children's pastors effectively create a comprehensive instructional, inclusive model of ministry that reaches children with special needs.

Recommendations for Future Research

The current study's findings have generated recommendations for future research that may benefit children with special needs and their full participation in the life of a church. Future studies may also provide church leaders with more insight to generate programming and provide structural support for children with special needs and their families.

Sample Size and Demographics

The study focused on the viewpoint of children's pastors and their perception of their ability to provide a comprehensive instructional program for children with special needs.

Although satisfactory data was captured in the current research study, future research could expand upon the geographic regions, recording significantly more responses to generate a broader generalization to the study. Replicating the exact study in a non-pandemic environment could also generate a more representative sampling. Additionally, since large and mega-size churches were missing from the current research study, capturing information from larger congregations would expand the research as well.

Family Participation

Although the current research study focused solely on children's ministry for children with special needs, families of children with special needs are also missing from ecclesial life. Gathering data on parental, sibling, or familial religious service attendance and addressing their specific needs would be beneficial towards the future development of structures and programs to support the families of children with special needs in the church. Religious life is a social construct that families of children with special needs struggle to integrate. Understanding more about what the church can provide to help families overcome that struggle will help the church be more effective at reaching this community group.

Church Leaders

The current research study sought the perspective of children's pastors; however, future researchers should also explore the perspectives of other key stakeholders and leaders in the church. More research is needed to understand why churches are not effectively meeting the needs of the special needs community. There is an abundant amount of information about why children with special needs are not attending religious worship services. Far less is known about why the church is not supporting congregational inclusion and what supports, resources, and training are needed to fill those gaps.

Qualitative or Mixed-Method Studies

Future studies might include a qualitative or mixed-method approach to add to the depth of the current quantitative results. Giving the opportunity for children's pastors to voice their experiences more fully would help capture information that could be used to further understand what resources children's pastors require to provide the structures and programming for children with special needs. Understanding more about why churches do not offer programs for children with special needs and what would help them overcome those obstacles would generate more conversation around creating resources, training, and programmatic development.

<div align="center">

Conclusion

</div>

Understanding the perception of children's pastors and their ability to create a comprehensive instructional ministry environment for children with special needs is an integral step towards identifying ways inclusive ministries can be established within congregational contexts. The current study adds to the limited research and literature concerning the topic, and the findings fill in gaps regarding children's pastors' perspectives on establishing ministries for children with special needs. Children's pastors are key stakeholders from the congregational perspective on the topic of inclusive ministries for children with special needs. Capturing children's pastors' perceived confidence level to create ministries for children with special needs and addressing their willingness to establish inclusive programming highlight the importance of gaining the perspective of these key stakeholders for the further development of training and resources that are needed for a faith community to meet the needs of children with chronic health conditions.

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Appendices

Appendix A

Recruitment Letter

Dear, (Sir or Madam),

My name is Jennifer Pelissero, and I am a doctoral student at Southeastern University. As part of the completion of my dissertation for my Doctor of Education degree, I am conducting survey research on curriculum and instructional programs for children with special needs in the Church. My goal for this research project is to further product and curriculum development to help churches reach this important group of children in their communities.

If you have a moment, I hope you will participate in the survey, which can be accessed through clicking the link below or copy/pasting the entire URL into the address field of your web browser. It will only take about five-seven minutes to complete. The information you provide will be used to add vital information to this research project, and all answers will be kept strictly confidential.

As a fellow children's pastor, I know you are very busy, and I genuinely appreciate your time and participation! If you know additional children's pastors who might like to participate in this research project, please forward them the survey. The more participation, the better this research will assist Churches at accomplishing the great endeavor of reaching children with special needs.

Thank you!

Sincerely,
Jennifer Pelissero

Appendix B

Survey Items

1. The number of years you have served as a Children's Pastor (director, minister, interim, etc.)

0-2   2-5   5-10   10+

2. What is the current attendance of the church you serve?

0-50   51-150   151-350   351-750   751-1,000   1,001-1,500   1,500+

3. What region of the country is your church located?

Northeast   Southeast   Midwest   Southwest   West

4. What denomination is your current church?

5. My Children's Ministry team is familiar with contemporary curricular approaches that are effective with special needs children.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

6. I am confident in my Children's Ministry team's ability to teach children with special needs using a differentiated instructional approach,

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

7. Our training in the area of instruction in an inclusive environment is satisfactory for my Children's Ministry team to be effective in teaching children with special needs.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

8. I am confident in my Children's Ministry team's ability to effectively utilize a variety of communication strategies with special needs children.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

9. Our understanding of classroom structure is sufficient for my Children's Ministry team to provide an organized system of instruction for children with special needs.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

10. My Children's Ministry team is familiar with contemporary practices in the area of effective behavioral management with special needs children.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

11. I am confident in my Children's Ministry team's ability to effectively intervene in situations involving behavioral disruptions.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

12. My Children's Ministry team can effectively address the socio-emotional needs of children with special needs.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

13. I am confident in my Children's Ministry team's ability to effectively establish an inclusive instructional environment for children with special needs.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

14. I am confident in my Children's Ministry team's ability to direct parents in providing follow-up activities that extend the learning that has occurred in the ministry setting.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

15. Overall, I am confident in my Children's Ministry team's ability to provide a comprehensive instructional program within the ministry setting for children with special needs.

5- Strongly Agree   4- Agree   3- Uncertain   2- Disagree   1- Strongly Disagree

Figure 1

Parent views regarding the helpfulness and availability of congregational supports
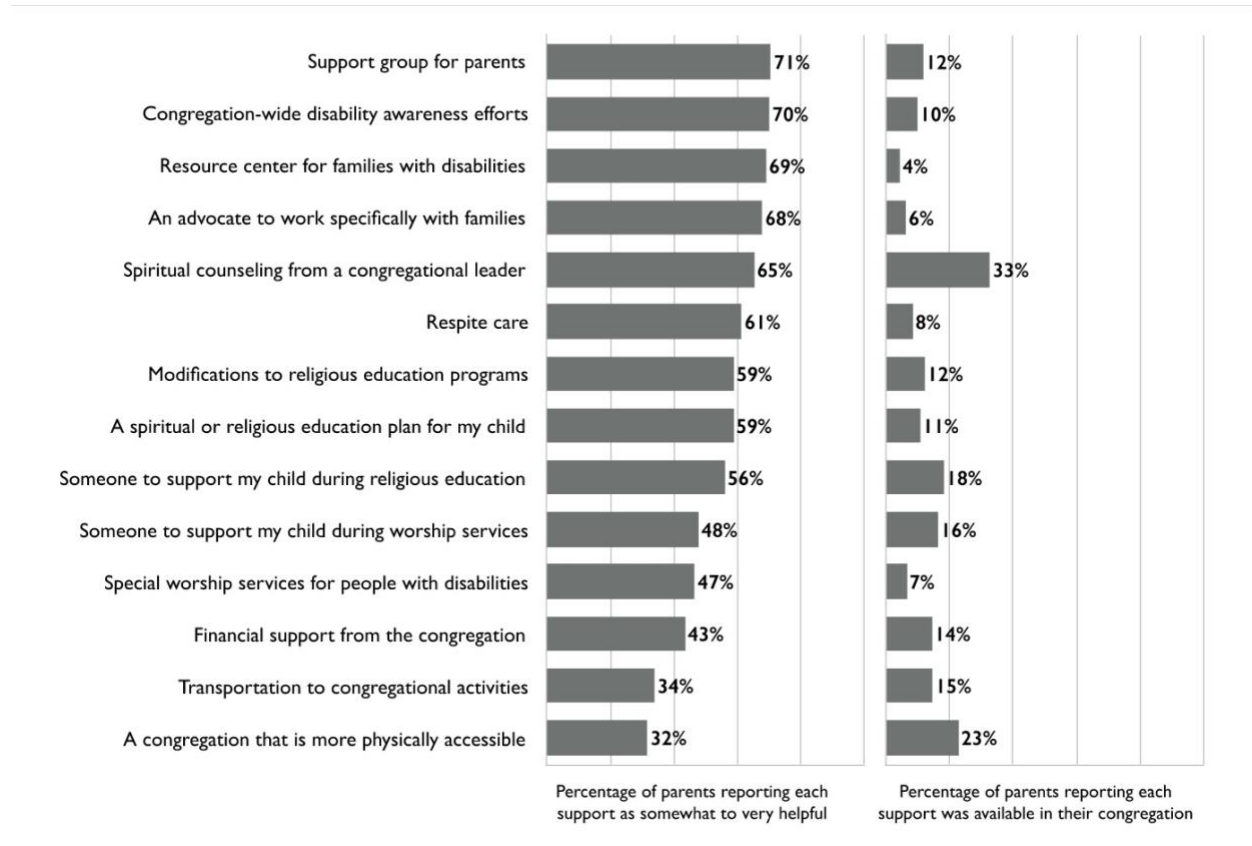
Carter, E. W., Boehm, T. L., Annandale, N. H., & Taylor, C. E. (2016b). Supporting

congregational inclusion for children and youth with disabilities and their families.

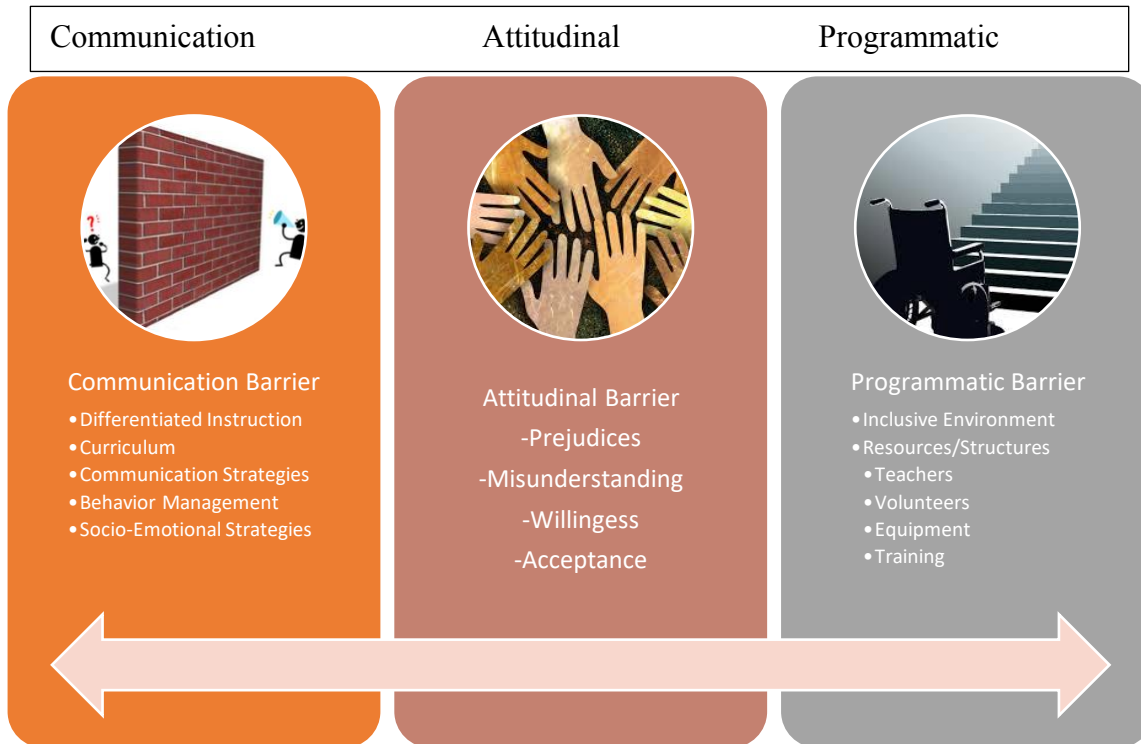*Exceptional Children,* 82(3), 372-389. DOI: 10.1177/0014402915598773

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Figure 2

The variables to the communication, attitudinal, and programmatic barriers, and a comprehensive instructional program in children's ministry

Communication	Attitudinal	Programmatic
Communication Barrier •Differentiated Instruction •Curriculum •Communication Strategies •Behavior Management •Socio-Emotional Strategies	**Attitudinal Barrier** -Prejudices -Misunderstanding -Willingess -Acceptance	**Programmatic Barrier** •Inclusive Environment •Resources/Structures •Teachers •Volunteers •Equipment •Training

Note. This table demonstrates the elements required to overcome the communication, attitudinal, and programmatic barriers to successfully build and implement an effective comprehensive instructional program for children with special needs in the church.