

IN OR OUT?: BELONGING OF FAMILIES AND THEIR CHILDREN WITH  
SPECIAL NEEDS IN A HONG KONG CHINESE CHURCH – A CASE STUDY

BY

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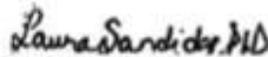
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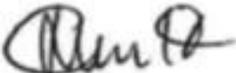
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## **ABSTRACT**

Hong Kong is a fast-paced, densely-populated city where families who have children with disabilities struggle to survive a stressful life with little emotional support. A faith community is a source of help, comfort and hope for these families. This study examines how a Chinese Hong Kong church with a Special Needs Ministry accepts families and their children with disabilities. The study explores three areas of focus: 1) the qualities of a welcoming church; 2) the understanding of belongingness by parents, their children with disabilities, and ministry workers; and 3) the impact of belongingness in the quality of life on families who have children with special needs.

This is a qualitative single-case study has three subunits: 1) Parents of children with disabilities; 2) Children with disabilities, all of them with autism, and some with varying co-occurrences; and 3) Ministry Workers (pastor, ministry leaders, and volunteer teachers). The instruments used for data gathering are survey questionnaires, World Café, direct observation, and semi-structured interviews. Qualitative data analysis software was used to analyze the data and find themes and sub-themes.

Belonging is a basic human need. It does not happen spontaneously. The findings of this study showed the factors that foster belongingness: 1) An accepting church where people have a positive attitude towards families who have children with disabilities; 2) The presence of ministry workers who are experienced with or trained in disability, committed, caring, and called by God; 3) Programs that support the needs of parents and their children; 4) Participation of families in church activities to consistently engage with the congregation and establish a lasting relationship so that their presence is felt; 5)

Opportunities for families to serve in the faith community that give them a sense of purpose and belonging.

A belonging framework was conceptualized (The Stages of Belonging - The 5 P's of Belonging) as a recommendation for churches that want to start a disability or special needs ministry or improve their current one.

## CERTIFICATION OF PROOFREADING

I, Nonette Garcia Tsang, certify that this dissertation has undergone proofreading and editing by Dr. Romeo M. Dizon, an authorized proofreader of the Asia-Pacific Nazarene Theological Seminary.



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No portion of the work referred to in the dissertation has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.



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## DEDICATION

To Brandon Goh, sister Lizzie, and parents Charles and Susanna.

To the families, their children with special needs, and the co-laborers in Christ who faithfully answered the call of God so that His love will be made known.

“Disability does not simply mark a personal tragedy that calls for healing. Neither does it indicate a diminishment of the image of God imprinted upon human beings. Neither does it suggest that people with disabilities are ‘children of a lesser God,’ an ineffective and non-loving God. Rather it calls into question the Christian community and its understanding of human wholeness, normalcy, impairment, redemption, and God's love and power.”

-Thomas E. Reynolds

*Vulnerable Communion: A Theology of Disability*

*and Hospitality*

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*Soli Deo Gloria*

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## LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
C&SD	Census and Statistic Department
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRR	Central Registry for Rehabilitation
CSN	Child/Children with Special Needs
CWD	Child/Children with Disabilities
DDO	Disability Discrimination Ordinance
ICF	International Classification of Functioning, Disability and Health
ID	Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities
FQOL	Family Quality of Life
PWD	Person or People with Disability/Disabilities
RAC	Rehabilitation Advisory Committee
RPP	Rehabilitation Programme Plan
SEN	Student/students with Educational Need
SpLD	Specific Learning Difficulties

## **CHAPTER I**

### **THE PROBLEM AND ITS BACKGROUND**

#### **Introduction**

Faith is a significant part of a human being. This faith journey seeks relationships and community, where this faith is learned, tested, strengthened and shared in fellowship with others. But for families of people with disabilities (PWD), this may not be possible unless there is a place of welcome and genuine care.

Families that have children with disabilities face more challenges than other ordinary families whose lives are not hampered by physical or mental impairments. Although the drain on financial resources is one major obstacle, emotional strain weighs in more significantly. The faith community or the church can be an all-important source of comfort and hope. Unlike government agencies and charitable organizations, the church is a multi-generational community where people can come regularly and establish strong and long-lasting relationships. However, advanced, fast-paced, and densely populated cities, like Hong Kong, can be harsher places to live in, if effective coping mechanisms or strategies and a support system are lacking. A study on vitality level in 2023 revealed that 87% of Hong Kong respondents claimed to be stressed, a figure higher than the global average of 80% and the Asia Pacific (APAC) region of 84%. It also has the highest burnout rate in the APAC since post-pandemic, with 96% reporting at least one burnout symptom. The top stressors are the future, financial issues, and the high cost of living (Cigna 2023). The inflation rate is too high, and to make matters worse, having

a family member with a disability exacerbates the pressures of day-to-day living. Perhaps due to stigma and lack of access, it is still uncommon for people to seek professional help. This societal problem allows Hong Kong churches to be part of the much-needed solution. While churches aim to provide unconditional love for all, there are some unintentional barriers for individuals with disabilities, according to Collins and Ault (2010). If programs or activities are available, children with disabilities (CWD) may be included, but these children may still be outliers.

### **Historical Background**

Hong Kong was a small fishing village that was ceded to Great Britain in 1842 by the Qing dynasty when it lost the First Opium War. Although it has no natural resources, this city has thrived over the years and has become one of the most important financial centers of the world. After more than a century and a half of colonization, Hong Kong was reverted to China in 1997 and became its Special Administrative Region (Carroll 2007, 1-2). Having only 1,108 square kilometers, with less than 25% of its land developed, the city is one of the world's largest trading economies. With a population of 7,413,100 (Census and Statistics Department 2022), Hong Kong is the fourth most densely populated city worldwide per square kilometer in 2021 (Statista 2024). Although its gross domestic product (GDP) growth forecast has been seriously downgraded due to the worldwide COVID-19 pandemic (Kong 2022), Hong Kong still holds a key role to the economic prowess of China as a conduit for investments (Kihara 2022).

## Traditional Views of Disability

Hong Kong is a unique city. Although it was under British rule for a very long time, 91.6% of its population is of Chinese ancestry based on the 2021 Population Census (Hong Kong Government 2024). Attitudes toward disability are deeply rooted in traditional Chinese values. Confucianism, Buddhism, and Taoism are the three belief systems that have influenced the way of life of Chinese people, and they have affected the way many Hong Kong people view disability (Ngai, Wu, and Chung 2018, 163).

### **Buddhism**

The prejudice against disabilities in Buddhism relates to karma and reincarnation. Karma means a good action receives a positive result, and a bad action receives a negative result. Therefore, a disability is generally regarded as a punishment for the bad things a person did in a previous life. Many researchers have found that the idea of karma reinforces stigma and discrimination (Avery 2016). According to Buddhist disability scholar Darla Schumm, the path to enlightenment for a Buddhist is a “path of compassion,” where all people and objects are dependent on each other, and “suffering and healing are simultaneous opportunities for offering and receiving compassion” (Schumm 2010, 133). Schumm and other Buddhist scholars argue that there is an incorrect interpretation of karma, given that it is a very complex concept. No one can tell what a person was prior to reincarnation since one may have been something other than human in a previous life. Prejudices may come not from what Buddhism teaches but from people’s perception of Buddhism. Thus the “main culprit of discrimination is ignorance, and not Buddhism itself” (Avery 2016).

## **Taoism**

Having a strong influence on Chinese culture, Taoism powerfully shaped Chinese traditional medicine with the yin and yang principle: “all things exist in an inseparable and contradictory opposites. . . that attract and complement each other. Neither pole is superior to each other, and an increase in one brings a corresponding decrease in the other” (Cartwright 2018). A correct balance must be achieved for these two poles to have harmony. Humans must be in harmony with each other and nature. Therefore, disability is seen as a result of “a disharmonious fusion of nature and man [*sic*]” (Lam, Chan, and Corrigan 2006, 274). The primary problem of a person with disability (PWD) is the imbalance of the yin and the yang within the individual, which needs to be fixed and realigned to bring harmony. Similar to the Medical Model of disability, Taoism can reinforce prejudice against people with disabilities.

## **Confucianism**

Unlike the Western emphasis on individualism, social order and harmony are placed above everything else in Confucianism. There is a hierarchy in social power; the more power one has, the more that person possesses “the capacity to modify others’ state” (Greer and Kle 2010, 1032). The concept of “face” (social worth, reputation, and image in personal and social relationships) is the root of the stigma towards people with disabilities. Thus a Chinese rule: “honor one, honor all - disgrace one, disgrace all” (Lam et al. 2010, 37) means that a disability is a grave loss of face for a family, and consequently losing the family’s power in the social group.

The traditional Chinese concept of disability is associated with guilt and shame because of the stigma attached to it. In the past, the problem was often kept within the family to hide them from the public completely. Some children were abandoned at an early age for fear that the family would be exposed and disgraced (Ngai, Wu, and Chung 2018, 164-165). Such a negative attitude towards people with disability requires change so that societal barriers that exclude certain people will lessen if not totally eliminated. Reaching out to serve families with additional needs creates a compassionate society.

#### Religious Organizations and NGOs

At the beginning of British colonization, missionaries primarily served people with disabilities. In 1841, the Roman Catholic church established its mission prefecture, and the Protestant community's presence also dates back to that period. They were involved in education, health care and social welfare issues (Hong Kong Government 2016). They established schools, hospitals, rehabilitation centers, family centers, hostels and many institutions that provided services to both Christians and non-Christians. During the disability-related developments in the earlier period of Hong Kong's history up to the year 1976, majority of the services were offered by non-government organizations (NGOs) rather than the government whose focus was more on governance. Some people with disabilities also started their own organizations around this time. There was no comprehensive planning in the spontaneous services offered by well-intentioned NGOs. Thus, the Government started to take the lead in policy formulation and service planning (Ngai, Wu, and Chung 2018, 168).

#### Major Policies of the Hong Kong Government

In 1977, a major government policy, the White Paper on Rehabilitation, “Integrating the Disabled into the Community: A United Effort,” was issued to address the gaps in the services as the population was growing, and more people were seeking help from the Government. Although the document gave an overview of the development of rehabilitation from 1863 to the 1970s, it openly acknowledged that dedicated voluntary agencies were shouldering the burden of rehabilitation services during that period. To achieve the policy objectives, the Rehabilitation Advisory Committee (RAC) was formed, and the Central Registry for Rehabilitation (CRR) was set up (Hong Kong Government 1977, 4-5). This was a major step that led to the development of additional services and supplied momentum for both the Government and NGOs.

Over the years, many more disability issues were brought up publicly. Consequently, the second White Paper, “Equal Opportunities and Full Participation: A Better Tomorrow for All” was formulated and released in 1995. In the same year, the Disability Discrimination Ordinance (DDO) was enacted to ensure equal opportunities for people with disabilities in employment, education, housing and daily living. For people with disabilities to fully participate and be given equal opportunities, this new White Paper included a range of measures in three areas of concern: a) preventing disabilities; b) helping PWD develop their physical, mental and social capabilities; and c) creating a barrier-free physical and social environment (Hong Kong Government 1995). The overall policy in the White Paper is still being implemented. It brought several changes to various aspects of how disability was addressed.

Many more significant policies brought changes and services initiated by the Government in working closely with non-profit agencies, and positive influences from overseas exposure by stakeholders. Three major changes were brought about by this key policy: terminology, classification system, and classification of disabilities (Ngai, Wu, and Chung 2018, 171-74).

### **Terminology**

Derogatory terms, like “mentally retarded” and “mentally ill” in old Government documents, were changed to adopt the “People First” principle; hence, the terms “people with disability” and “persons with disabilities” are now used. Furthermore, organizations changed their names to reflect this major shift. For instance, the Hong Kong Association for the Mentally Handicapped is now called Hong Chi Association, meaning “an organization helping people with intellectual disabilities” (Ngai, Wu, and Chung 2018, 172). As language is a means of communication and functions “to create and express cultural reality” (Spradley 1979, 20), the new terminology has become a starting point in a major attitudinal shift in Hong Kong’s view on disability.

### **Classification System**

The 1977 White Paper adopted the International Classification of Impairment, Disability and Handicap (ICIDH) which was developed in the 1970’s and was issued by the World Health Organization (WHO) in 1980. This system defines a threefold typology: handicap, impairment, and disability. In 2001, the WHO revised the classification and called it the International Classification of Functioning, Disability and Health (ICF)

(World Health Organization 2001). It is currently the framework for measuring functioning and disability, with a version for children and youth (ICF-CY) (World Health Organization 2007). This classification looks beyond the medical or biological causes of dysfunction. Instead, it takes into account environmental and contextual factors that affect the functioning of people. Eventually, the 1995 White Paper adopted this new classification system which is currently enforced.

### **Classification of Disabilities**

From the original seven categories, the new White Paper expanded to ten: hearing impairment, autism, mental handicap, maladjustment, physical handicap, visual impairment, mental illness, visceral disability, and speech impairment (Hong Kong Government 1995, 9-10). Following the recommendations of the 2007 Rehabilitation Program Plan (RPP), two more categories were added to the Central Registry of Rehabilitation (CRR): attention deficit hyperactivity disorder (ADHD) and specific learning difficulties (SpLD) (Census and Statistics Department 2013, 14).

These policy changes provided hope for many families. They gave opportunities for adults with disabilities in the workforce. The schools opened a wider door for the acceptance of many children with disabilities through inclusive education.

### **Education - from Segregated to Integrated Approach**

According to the United Nations Educational, Scientific and Cultural Organization's (UNESCO) Salamanca Statement, "the development of inclusive schools as the most effective means for achieving education for all" should be a key government policy (UNESCO 1994, 41). By 1982, remedial teaching services were offered to children with

learning disabilities, as well as those with behavioral or emotional problems. However, it was only in 1997 that the Hong Kong Government launched the two-year Pilot Project on Integrated Education in seven primary schools and two secondary schools. By the year 2000, integrated education was implemented in forty schools (Hong Kong Government 2000).

Currently, the Government adopts a two-pronged approach on delivering special education: children with severe or multiple disabilities need intensive support so they are placed in special schools while those with special educational needs (SEN) attend ordinary schools (Education Bureau 2014, iv). In the school year 2022-2023, there were sixty-two aided special schools that accept children with different disabilities (intellectual disability, visual impairment, hearing impairment, physically handicapped, those needing social development, and children confined in hospitals), and twenty-four of these have residential services (Education Bureau 2022). Some of these schools are run by nonprofit agencies and are subsidized by the Social Welfare Department. Over the years, support grants to schools have increased. More resources are offered to schools, including the training of teachers as well as the hiring of additional teachers, assistants, and professional services to support students with special needs (Hong Kong Government 2014). By the school year 2021-2022, the goal was to have 98.9% trained teachers in special education schools, with a pupil-teacher ratio of 4.1:1 (Education Bureau 2022).

Although existing policies on inclusive education need further improvement, children with disabilities at the present are more fortunate than those in the past. Parents are also empowered to fight for changes so that their children will have equal educational opportunities.

## **Disability Census and Its Implications**

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD 2006) took effect in May 2008. It is an international human rights treaty intended to protect the rights and dignity of those with disabilities. The CRPD is applicable and relevant to Hong Kong, being a Special Administrative Region of China, one of the signatory countries of the Convention. As many developments in the area of disability were seen both locally and internationally, the Hong Kong Government continually keeps abreast in its services for its growing population.

In 2020, there were 534,200 persons who have one or more types of these disabilities: (1) restriction in body movement; (2) seeing difficulty; (3) hearing difficulty; (4) communication difficulty; (5) mental illness or mood disorder; (6) Autism Spectrum Disorder (ASD); (7) Specific Learning Difficulties (SpLD); and (8) Attention Deficit Hyperactivity Disorder (ADHD) who were residing in households and institutions with residential services with the overall prevalence rate is about 7.1% of the total population (Census and Statistics Department 2021, viii) against the 5.2% prevalence in 2007 (Census and Statistics Department 2013, 27). As there is a strong indication of underreporting of persons with intellectual disability (ID) in household surveys, ID's figure has been separated from other disability categories. Based on various relevant data sources, the crude statistical assessment is likely in the region of 77,000 to 90,000, with a prevalence rate of 1% to 1.2% (Census and Statistics Department 2021, viii). Children below fifteen years old constitute 5% (26,710) of the PWD population, the majority of them have Specific Learning Disability (SpLD), Attention Deficit Hyperactivity Disorder

(ADHD), and Autism Spectrum Disorder (ASD) (Census and Statistics Department 2021, 29, 33).

Of the total PWD population, 462,200 are residing in households, 44.2% of those had another person taking care of them, and 84.8% are living with their carers. Of the carers, 28.7% were their children or son-in-law or daughter-in-law, 28.2% were domestic helpers, 20.7% were their spouses, and 15% were their parents (Census and Statistics Department 2021, 149-150). Although a small percentage of working parents take care of their children, during weekends when their hired caregivers have their day-off, there are more parents who are on 24-hour duty looking after their young ones with disability, in addition to other siblings. They are confronted with this problem: Should I bring my child to church or stay home?

### **Church as a Place of Support**

The three guiding principles of the new Persons with Disabilities and Rehabilitation Programme Plan (RPP) are: 1) uphold the UNCRPD's core values such as autonomy, independence, accessibility, diversity, etc.; 2) adopt a lifetime approach in serving the needs of PWD in the different aspects of life; and 3) facilitate a cross-sectoral and inter-departmental collaboration to promote inclusive practices. These are aligned with the Rehabilitation Advisory Committee's vision to "establish a disability-inclusive society" (Rehabilitation Advisory Committee 2020, 7).

Due to the critical role of family carers, the Government provides needed information, counselling, financial help, and respite services to improve caring skills and relieve pressure of carers. The Labour and Welfare Bureau (LWB) will undertake a

policy study to explore the needs of carers to assist in formulating a comprehensive overall policy for them. Moreover, the Social Welfare Department has increased its financial support to self-help organizations so they can continuously support PWD and their carers (Rehabilitation Advisory Committee 2020, 36-38).

There is respite service, a daytime support and temporary relief for carers, and residential services for those with severe disabilities who cannot be handled by carers at home. The number of children with special needs, ADHD, and autism in particular, has notably increased (Rehabilitation Advisory Committee 2020, 4). These school-aged children living with their families fulltime complicate family dynamics and result in severe constraints on parents, particularly on the emotional aspect. The Rehabilitation Advisory Committee recognizes the necessity of relieving carers' pressure and giving them some breathing space, but the existing care community services for alleviating parents' emotional burden are insufficient (Rehabilitation Advisory Committee 2020, 37). The Government's program has certainly not addressed how parents' emotional burden can be reduced.

Although churches are not included in the self-help organizations for which the Social and Welfare Department is allocating funding, they can be life-changing support for families. In the recent Hong Kong church census, 75.2% or 981 of the 1,305 Chinese Christian churches have people with disabilities participating in worship services. The majority of these PWDs are those with limited mobility, followed by those with intellectual disability. About 620 churches (47.5%) provide special support in varying degrees and methods (Hong Kong Church Renewal Movement 2019, 3). Since schools have integrated children with special educational needs through an inclusive policy, this

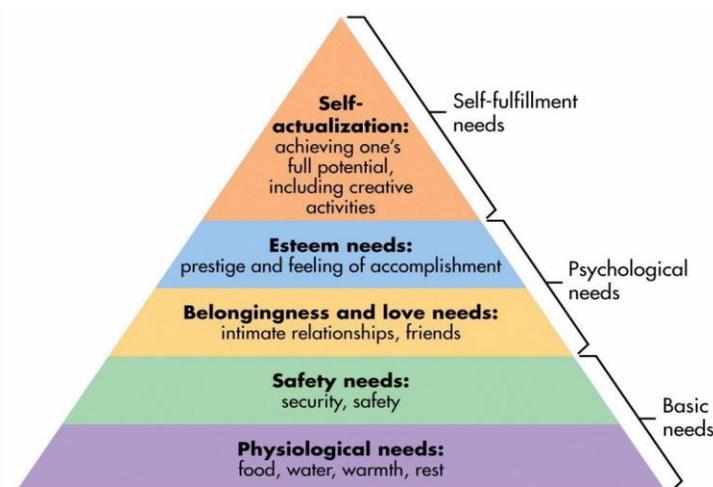
is all the more reason for the churches to open their doors wide. However, many barriers can push families of people with disabilities away from the church, such as accessibility, communication, programs, liturgy, and people's attitudes towards them (Carter 2007, 914). Churches are sanctuaries for struggling Hong Kong families to assuage their emotional and psychological worries that affect their quality of life and the development and nurture of their faith. Still attitudinal factors might be the biggest hurdle for many.

In general, society is intolerant of differences among its members. This intolerance is carried over in many congregations. Thus parents are afraid to bring their children with special needs into their churches of fear or shame of what other people will think or react. To spare the child and the family from being ostracized, the easier decision, though perhaps the most painful, would be to cease attending church. This is the reality for many Hong Kong families, and it can be attributed to the still prevalent traditional views and attitudes towards disability.

Christian belief states that human beings are composed of body, mind and spirit united in Christ (1 Thessalonians 5:23), and that every person is dependent on God and on other human beings. To deny people with disabilities access to community and spiritual support is to "compromise or denigrate the humanity of that individual" (WebbMitchell 1996, 49) who is created in the image of God. The church was formed to give mankind access to God's kingdom, "a kingdom whose ethics and ideals are not only inclusive but eternal" (Hardwick 2021, 39). It is built for the mission to reach everyone so that the church will be a place of diversity and belonging, where all are accepted, embraced, and celebrated without prejudice.

## Belongingness - A Human Need

People depend on others to be able to fulfil their need for love and belongingness. The Hierarchy of Needs by Maslow (Figure 1), indicates that these psychological needs are important for a person's self-actualization (Maslow 1943), although Maslow later clarified that a need does not have to be totally satisfied before a person can move on to the next level of needs (McLeod 2018, 2). This means that the need to grow stems more from a person's desire for growth, rather than the lack of it. People with disabilities have that inner motivation to grow, which is part of their nature as human beings.



**Figure 1. Maslow's Hierarchy of Needs (McLeod 2018, 1)**

### From Inclusion to Belonging

The mandate of the United Nations Children's Fund (UNICEF) to "leave no one behind" through social inclusion, although meritorious in its objectives, falls short of truly embracing people with disabilities despite the commitment of governments. Many children are still excluded from community activities and never benefit from the services, if supports are available at all. Social inclusion has generated much interest. Cameron

claims there has been “relative silence” over the meaning of social inclusion- not knowing what excluded people should be included into (Cameron 2005, 194). The nature, meaning, and location of this social inclusion are often assumed yet not clearly defined. Although it offers “excluded people” more opportunities, access to resources, a voice, and respect for their rights, he further argues that social inclusion becomes more of a “set of normative practices” than the transformation of a society (Cameron 2005, 400). There are things to be gained from inclusive practices, but it does not assure a sense of belonging.

Inclusion is more than physical integration or mainstreaming; rather, it shifts to equal access and support for all children, regardless of their abilities, which requires support and services so that every child can do well. For inclusion to succeed, participation of children is important for it to be meaningful (Long and Guo 2023, 4). The International Classification of Functioning, Disability and Health (ICF) defines participation as involvement in life situations, or the “lived experience” of people in the actual context where they live (World Health Organization 2001), and is distinct from inclusion. Belonging is a person’s emotional connection to a community (Mahar, Cobigo, and Stuart 2012). It is a subjective perception of a person’s reaction to different systems that surround that individual. A study has revealed that belonging is fostered by promoting inclusion and participation, and it can be hindered or promoted by people, places and personal experiences. Critical components of belonging are the sense of connection through friendship, being valued and appreciated by others in a community (Long and Guo 2023, 5-6). Those relationships that promote a sense of belonging are, to a large extent, likely to promote meaningfulness in life (Lambert et al. 2013). Consequently, a sense of belonging is critical to an individual’s quality of life.

## Belonging and Friendship

The uniqueness of people with disabilities, such as their unconventional way of articulating their emotions and experiences, often alienates them. Thompson contends that “inclusion does not require the able-bodied to learn to be with, belong to, understand and befriend” those people who use a different mode of communication (Thompson 2016). Thus, children with disabilities can be in a room full of non-disabled people, both children and adults, but they will not feel that they are part of it. To truly welcome individuals is to see past their limitations and find how they can enrich others with their uniqueness.

Jean Vanier, founder of the L'Arche communities for people with developmental disabilities, described belonging as a basic human need. It is important for a person's growth to independence, inner freedom and maturity. Belonging fulfills the innate need to identify with a group, not only for protection and security but also for the discovery and affirmation of one's identity, worthiness, and goodness. Weakness, however, is also a reality because there will always be vulnerable people, such as children and people with disabilities. Vanier believed that “weakness, recognized, accepted, and offered, is at the heart of belonging” (Vanier 1999). He calls belonging a “school of love” where one learns about the world and where every person and created thing are important and respected. One also learns what it means to be human when one accepts the reality of limitation and embraces it as part of becoming human (Vanier 1999, 35-41).

The framework of community is that all humans have a limited nature, abled and disabled alike, and that humans are interdependent of each other (Vanier 1992). This

assumes that all can be valuable or productive, without regard for an individual's weakness or limits. Theologian John Swinton draws upon Vanier's concept of belonging and states that "belonging" is not the same as "being included." To be included, one needs to be present "somewhere." In order to belong, "one needs to be missed if one isn't there" (Swinton 2012). To be missed by others presumes a friendship. In friendship, disability is acknowledged, received and accounted for between or among friends. Friendship does not need a policy so that those with disabilities can be included. Swinton believes that friendship liberates all people so they can live humanly (Swinton 2000, 3). The goal is to recognize that, by excluding the other, both will have an incomplete understanding of what it is to be human (Thompson 2016, 1492).

People's basic needs have to be filled, but charity or the "welfare approach" is a temporary balm for families who have members with impairments. Although the government is accountable for caring for its people, this mindset of dole-out only partially solves this problem. Sociologist and influential scholar of belonging Nira Yuval-Davis asserts that "belonging is not just about membership, rights and duties... Belonging is a deep emotional need of people" (Yuval-Davis 2004, 215). That need can only be gratified by "being in, not out" in the context of intimate relationships and friendship.

### **Statement of the Problem**

Families who have children with disabilities need a safe place where they can be accepted without the stigma that comes with the disability. A church may not always be a welcoming place for them because of people's attitudes towards disability.

Understanding what motivates these families to stay in a particular church where they can be cared for, embraced, and included can help congregation minister to them and make them feel accepted. The specific problem this research wants to address is to investigate the programs, practices, and people's interactions (parents, children, ministry workers) in the church being studied and whether they foster belongingness.

Over the years, statistics show that there has been a rise in the number of Hong Kong children that have been identified with disabilities. Although the Hong Kong Government has improved its provision in the areas of medicine, rehabilitation, finance, and education, the provision of psycho-social and emotional support has not been sufficient. Having a child with a disability is stressful, yet parents remain hesitant in seeking counselling. Families who have children with special needs have the right to a better quality of life and be actively involved in a community where they can belong. Being a part of a loving community, such as a church, can lessen the pressure on both parents and children which then leads to a better quality of life.

The church is an important institution that can impact the lives of Hong Kong families who have children with special needs (CSN). The nature and mission of the church make it a source of major support for these vulnerable families, especially in the social, emotional and spiritual aspects. Discovering how a church can be open and accepting to CSN and their families can mean providing practical and vital solutions to the various problems that beset these families, and also the opportunity to learn and nurture the Christian faith.

### **Statement of Purpose**

This research aims to identify the most significant factors that influence families with children with disabilities to stay and belong in a church. The findings of this study may potentially be useful for how churches do or can start special needs ministry.

The aim of this research is to investigate how a Chinese-speaking Christian church in Hong Kong accepts families and their children with disabilities and how belonging to the church affects the quality of life of these families.

This study addresses the following research questions:

- 1) What are the qualities of a church that accepts or welcomes families and their children with disabilities?
  - 2) How do these families, their children with disabilities, and ministry workers recognize and understand the concept of belongingness in a church setting?
  - 3) How does belonging to a church impact these families' quality of life?
- Numerous studies about the inclusion or integration of children with special needs

in Hong Kong have been undertaken, but these were predominantly in the field of education (Wong, Pearson, and Lo 2004; Becher and Rao 2012; Lee 2013; Lo, Yeung, and Yuen 2013; Lai and Zhang 2014; Chan and Lo 2017; Zhu, Li, and Hsieh 2017). Hong Kong schools have found a way to integrate children with special needs, but the churches have not. Studies and peer-reviewed journal articles pertaining to the inclusion of children with disabilities and families in faith communities or churches in Hong Kong were sought from multiple English databases: ATLA Religion Database; EBSCO; ERIC; PROQUEST; and the libraries of Hong Kong's three leading universities. Example of search terms used were "disability\*HongKong" or "disability\*HongKong\*church" or

“inclusion\*HongKong” or “inclusion\*HongKong\* church” or “special needs\*Hong Kong\*church,” “churches\*serving\*disability.” No records were found.

The research gap addressed by this case study is the absence of data on the inclusionary practices of churches for families with members who have disabilities in the Asian context. Numerous studies on families, children or people with disabilities, and the practice of inclusion in faith communities have been published (Carter and Biggs 2016; Dyer 2018; Griffin et al. 2012; Howell and Pierson 2010; Ault, Collins, and Carter 2013; Minton and Dodder 2003; O’ Hanlon 2013; Webb 2012), but they are all from the other side of the globe. To the knowledge of this writer, research on disability, inclusion and belonging to a faith community has never been done in Hong Kong, especially from the point of view of parents with children with special needs, children with special needs, and ministry workers who are actively helping in the special needs’ ministry in church, and also parenting children with disabilities.

### **Theoretical Frameworks**

This research is grounded on Bronfenbrenner’s Ecological Systems Theory and the Need to Belong Theory of Baumeister and Leary.

#### **The Ecological Systems Theory**

Urie Bronfenbrenner, an American psychologist, formulated the Ecological Systems Theory (Bronfenbrenner 1993) to show environments as contexts of a person’s development. The inherent qualities of a child interact with a multi-layered ecosystem where the child belongs (Figure 2). This interaction influences growth and development.

The Ecological Model, described as “a set of nested structures, each inside the other like a set of Russian dolls” (Bronfenbrenner 1993, 39), has five levels of concentric circles, moving from the innermost system to the outside: microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

### **Microsystem**

The microsystem is the most immediate and the smallest environment in which the child lives. It comprises the child’s daily home, school, peer group, and community environment, such as the church or health clinic. Nurturing and supportive relationships and interactions will positively foster development. This setting is crucial to all persons, but it is so much more critical to children with disabilities (CWD). The mindsets and attitudes of the people within this system can predict how CWD can thrive in the wider systems.

### **Mesosystem**

A mesosystem is a set of microsystems that encompasses the interactions of the different microsystems, such as the linkages between home and school or family and church. If a child with impairment is not accepted by his or her peers in school or church, that child experiences an imbalance that possibly affects his or her development adversely.

### **Exosystem**

The exosystem involves the interaction of one or more settings, where at least one of them does not have the developing child in it, but such linkages happen to affect the

child indirectly. For example, parents' workplaces, extended relatives, and the larger neighborhood can be parts of the exosystem. If one of the parents loses a job, this may affect the financial condition of the family. One conceivable and detrimental consequence is temporarily discontinuing remediation or rehabilitation of the child, if the family is shouldering the cost.

### **Macrosystem**

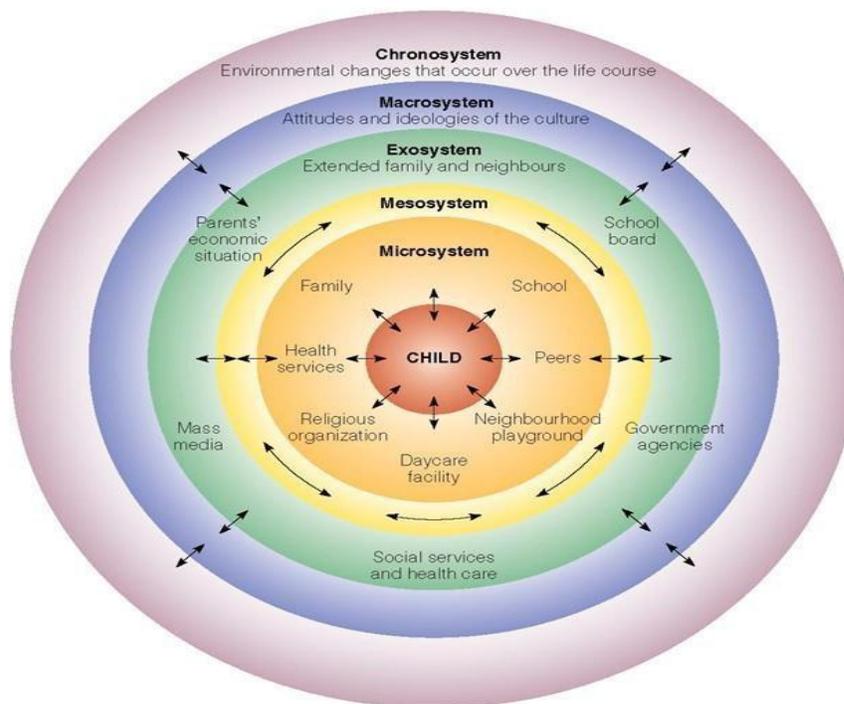
Although the macrosystem is the largest and most distant system, it has a significant influence on the growing child. It contains the belief systems, bodies of knowledge, customs, lifestyles, material resources, opportunities, and threats.

Bronfenbrenner calls this system the "societal blueprint for a particular culture or subculture" (Bronfenbrenner 1993, 40). In a society that has fewer social and physical barriers and has resources to support education, health, and social and emotional needs, children with disabilities may live a life that is equal to that of others who are able. Thus, prevailing societal attitudes on disability affects the child's development.

### **Chronosystem**

The chronosystem includes the changes that occur over time in an individual's life, such as family structure, employment, socio-economic status, place of abode, and lifestyle. Those who live in countries where there is war, economic depression, or even a drastic change in the form of government can be severely impacted by these factors.

Families who have a member with disabilities will find this setting extremely discouraging.



**Figure 2. Bronfenbrenner's Ecological Theory Model (Rhodes 2013)**

A child's immediate environment is the family. It is protective of all its members for survival. One of the ways to safeguard and nurture the child is to connect the child to other microsystems where the family, as a unit, can participate and belong. This theory explains the importance of the different systems that surround and affect the child and the wider systems that influence the entire family, which in turn may create a positive or negative impact on a child, especially those with special needs. The church is one of those microsystems that can shape a child's development.

### The Need to Belong Theory

As social beings, people are interdependent for survival. The Need to Belong Theory of Baumeister and Leary proposes that in belonging to a group, a need "to form

and maintain at least a minimum quantity of interpersonal relationships” is innate in people (Baumeister and Leary 1995). An English cleric and poet John Donne wrote, “No man is an island”. People are naturally driven towards forming and maintaining social bonds for sustenance, and therefore the need to belong is true in all cultures (Baumeister and Leary 1995, 499). This innate quality is presumed based on evolution; it ensures survival and reproductive benefits. Those who live in groups can share food, find mates so they can procreate, and help take care of the children, who will likely survive if taken care of by adults.

Although a person has to be in a protective group, Baumeister and Leary propose that the need to belong can be “directed toward any other human being, and the loss of relationship with one person can, to some extent, be replaced by another” (Baumeister and Leary 1995, 500). This theory has two main principles: first, a frequency of personal contact or interaction that is affectively agreeable and free from conflict and negative outcomes, and second, a growing intimacy arising from shared experiences that gradually builds up the relationship over time. Thus, contact with people who are unsupportive, no matter how frequent, does not satisfy the need to belong. Likewise, relationships that are affectionate and intimate but lacking in regular contact also fail to satisfy a person’s need for belonging.

The Ecological Systems Model views the different environments or systems that affect the development of the child with disability. In Bronfenbrenner’s theory, the child can be viewed as a passive recipient of support from the different ecosystems where he or she is directly and indirectly a part of. This study uses this model to see the development of the children with disabilities involved in this research in the areas of psychosocial and

spiritual and how these were influenced by a religious organization, an integral part of the microsystem and mesosystem that closely surround the young ones.

The Need to Belong Theory suggests that for individuals to belong, the two main components, namely, frequency of interaction and an environment where love and care will grow over time, have to be present. These two factors are used to determine the belongingness of the families and their children with disability in the context of church life. This study uses this theory to view the presence of these two factors in the church life of the families, specifically in their interactions with stakeholders in the church's special needs ministry.

These two theories framed the concepts explored and questions asked in this study's self-made data collection tools used in this study.

### **Significance of the Study**

This study intends to increase the awareness of congregations and their leaders to the challenges of families whose members have disabilities, both children and adults. It hopes to encourage and enable the church, as a community, to create a hospitable environment where these families connect, build meaningful relationships, and belong. Disability studies, such as this project, should help remove barriers for people with disability (Ali et al. 2004, 27) and examine prevailing assumptions and prejudices in order to help improve their lives (Shakespeare 2015, 2). Additionally, there is a dearth of materials that Hong Kong churches can use or refer to when dealing with issues on disability, regarding biblical, theological, and practical aspects. This paper hopes to lay

the foundation in producing a handbook that can be used as a practical guide for church practice.

Furthermore, findings from this study can help fill knowledge gaps in belonging of families and children with disabilities, and special needs ministry praxis in faith communities. Results can be potential curriculum content for theological seminaries on Christian Education, Pastoral Studies, and Missions courses. There is a compelling need to have faith discussions from a disability standpoint for the church to be inclusive. Accepting everyone is a biblical imperative for the church. Church leaders and ministers are in a position to be catalysts for change.

### **Assumptions of the Study**

The first assumption of this study is that this church welcomes families and children with disabilities based on the number of years that their Special Needs Ministry has existed. Second, all adult informants adhere to the Christian faith and understand the importance of the church in their spiritual life, especially in nurturing the same faith in children with special needs. Thirdly, it is also assumed that church members who directly work with atypical children have a basic knowledge of the characteristics of the various types of disability or have access to pertinent information about them. Finally, although participants may vary in their personal view and experiences of disability and depth of their faith, it will be assumed that they will have a sincere interest in being a part of the study, and will answer all the questions thoughtfully and honestly.

### **Definition of Key Terms**

**Belonging** is a person's feeling that his or her authentic and whole self is welcomed, appreciated, and celebrated so that the person can thrive. It is about being seen, heard and accepted without any conditions (Delis 2019, 35).

**Children with special needs (CSN)** is the term that will be used in this study to refer to children with disabilities. It will be used interchangeably with child or children with disabilities (CWD), atypical child or children, and child or children with additional or exceptional needs, student or students with educational need (SEN), and special child or children.

**Hong Kong Chinese church** ("the church" or "the congregation") refers to the local Hong Kong church where this research was conducted. The congregation uses Cantonese, one of the Chinese dialects, as the language in their liturgical activities and communication.

**Inclusion class, or Awana** is the term used in this study to refer to the Sunday school class that includes all children in this church. It uses the curriculum of Awana, an international evangelical non-profit organization that provides Bible-based teaching resources and training programs for children ages two to eighteen (Awana Clubs International 2021).

**Ministry worker** is the term used to refer to those who are working or serving in the Children's Ministry of the church, including the Special Needs Ministry. This is used interchangeably with the terms *volunteer*, *teacher*, *auntie*, or *uncle* unless stated otherwise, such as a ministry worker who is also a ministry leader or a pastor.

**Special Needs Class** refers to the Sunday school class that is composed solely of children with special needs. *Bible Preparation Class*, *Pre-Bible Class*, and *Prep Class* are alternate words used in this study.

**Special Needs Ministry (SNM)** refers to the ministry or support of the church to families with children with disabilities. It includes the Special Needs class, and also the support group for parents of CSN.

### **Scope and Delimitations of the Study**

This study aims to investigate the acceptance and belongingness of families and their children with special needs in a Chinese-speaking Baptist church serving families who have children with disabilities for almost two decades. Due to the sensitivity of the issue, participants were selected by the Special Needs Ministry leader, who personally knows which parents were willing to share their experiences, with the assurance of confidentiality and anonymity to protect their privacy. Data were collected using questionnaire-based surveys, World Café, direct observation and interviews.

Observations were delimited to both children's Sunday school classes, two major church activities, and parents' virtual meetings during the thirteen months of data collection phase. Informants included parents, children with special needs, and ministry workers. Parents interviewed are professing Christians and whose children have developmental disabilities, a group of conditions attributed to impairment in physical, learning, language, or behavior, such as attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorders, cerebral palsy, intellectual disorder (ID), language, and learning disorders (Centers for Disease Control and Preventions 2022). Most of these

children have difficulty in communication and socialization skills, some have short attention span and have hyperactivity disorder, and some have limited cognitive ability. Thus it is a challenge for them to be in an inclusive setting, especially for those children with autism who are non-verbal. Children interviewees were limited to those who have the capacity to express themselves verbally and understand the questions. Ministry workers were limited to those who have served for at least two years with the assumption that they have built connections with the children with special needs and families they are serving.

### **Philosophical Orientation of the Research**

The purpose of this study is not to test theories on disability but rather to observe and explain a case with a complex situation and, from there, build or construct an explanation. This researcher uses the constructivist paradigm to investigate this purposive case. People build their understanding of the world based on their prior experiences (Rubin and Rubin 2012, 14-16). Meanings will be sifted from the key informants' descriptions of their lives that have been intersected by the disability of their children, with their faith community as their backdrop. Moreover, she also agrees with the view that disability is a complex and multi-factor phenomenon and that it is not an objective concept. It is a socially derived concept arising from societal attitudes and political structures, past and present, and such research should empower persons with disabilities (Brown 2001, 155). Therefore, the concept of disability in Hong Kong can be different from that of other cities in other parts of the world.

With this philosophical approach, the researcher can also be biased in interpreting the gathered materials. The background and position of a researcher affect his or her choice of issue to investigate, the angle of investigation, and the methods to be used in data collection. Likewise, the findings considered to be most applicable, the framing as well as the presentation of conclusions can also be highly influenced by the researcher's partiality (Malterud 2001, 483-484). The researcher's positionality and construction of knowledge is aided by reflexivity. Reflexivity is "an attitude of attending systematically to the context of knowledge construction, especially to the effect of the researcher, at every step of the research process" (Cohen and Crabtree 2006). The researcher can "selfconsciously refer to him or herself in relation to the production of knowledge" about the topic being studied (Roulston 2010, 116). Hence, this researcher has practiced reflexivity during the research process to ensure that her personal stand on disability, pedagogy, children's development and nurture, and faith practice were not imposed on the participants and on the phases of the investigation. She constantly checked that her biases did not adversely affect the data collection, interpretation, and presentation of such data by writing notes for reflections during interviews and observations, writing memos right after the interview and subsequent reviews of the audio tracks, having an open dialogue with research assistants, and consulting with advisers to check her subjectivity in the research process.

### **Reflexivity Statement**

There is a degree of subjectivity in qualitative research. The researcher's values, beliefs, experiences, and interests can influence the interpretation of the participant's

behavior and the data collected from them (Jooton et al. 2009, 45). Researchers are not passive observers, nor are they neutral, as they are active participants in constructing meaning around the phenomenon being studied. Palaganas et al. believe that “objectivity in the research is a duty but it is not a virtue... for a research cannot be entirely valuefree” (Palaganas et al. 2017, 433). This researcher earnestly committed to reflexivity in the entire process of this case study.

Filipino by birth and citizenship, I had two homes: the Philippines, where I grew up, and Hong Kong, where I have resided longer, worked, and started serving in children’s ministry. These places have some distinct similarities and differences in their attitude towards disabilities. As a PhD student at the Asia Pacific Nazarene Theological Seminary, my area of study is Holistic Child Development. I decided that this research is an opportunity to add knowledge to disability studies. Having earned a Master’s Degree in Education (Special Education), where my thesis was on inclusion, and a Master’s Degree in Christian Education opened to me a “road less travelled.” By profession, I have been a special education teacher and a senior learning disability consultant for a nonprofit educational organization in Hong Kong, where I teach children with special needs and have first-hand accounts of Hong Kong families’ struggles with disabilities. It is also a place where I train new teachers both skills and attitudes towards CSN and their families. As a Sunday school teacher, I taught CSN, and for four years as a deaconess, I was overseeing the Children’s Ministry of my church. In 2003, I started a non-profit organization in the Philippines that advocates for and ministers to children, and provides regular training to equip church workers in children’s ministry. On the final leg of writing this report, I have relocated to the United Kingdom where I attend an Anglican church

and volunteer in the children's ministry as teacher and child key worker. I saw and experienced for the first time what it feels to be a part of an inclusive and intergenerational church where there are several children with additional needs. The insights that I have gained will continuously enrich my understanding of disability from different cultural perspectives and may have ramifications in how the final chapter of this paper shaped my position about disability and belonging.

My interest in the role of the church as a community support for families who have children with disabilities has arisen after witnessing their isolation, which led to eventually leaving the church. Many churches have no programs, have unproductive segregated settings, or inclusion arrangements that are not effective. Through this study, I will seek to understand how a church can welcome families with CSN and raise awareness so as to minimize or perhaps eliminate barriers that restrict these families' active church involvement and the practice of their faith.

### **Overview of the Dissertation**

This study seeks to understand the significance of belongingness in faith communities for families with children with disabilities. Being part of a church is an important emotional and spiritual help for families burdened with raising children who are often socially isolated. The result of this study is valuable for churches in their approach to reaching out and ministering to families who are at risk so that they can be protected and supported and learn and mature their faith.

Chapter II includes a critical review of related literature and studies. This covers five topics: 1) a critical review of previous empirical studies on family quality of life

(FQOL), and participation in religious life and church belonging of people with disabilities and their families; 2) the different models of disability; 3) disability in the Bible; 4) belonging in the Bible; and 5) theological perspectives and discussions on disability, including the models of disability that resulted from varying theological viewpoints.

Chapter III explains the research design, methods, processes, procedures, and instruments that were used in this study.

Chapter IV focuses on the analysis of the data, and the interpretation and discussion of findings.

Chapter V contains the summary of findings, conclusions and implications, and recommendations for future studies.

## **CHAPTER II**

### **REVIEW OF RELATED LITERATURE AND STUDIES**

#### **Overview**

This chapter includes a background of the research problem, review of precedent empirical studies and related literature, models of disability, disability in the Bible, theologies of disability based on the image of God, and belonging principles in the Bible.

#### **Background of the Research Problem**

Hong Kong is an affluent city that provides some assistance for children with disabilities and families. However, support from the government and private

organizations does not consistently address their psycho-social needs. By and large, the traditional views of disability in Chinese societies still persist and complicate the issue. Since faith is an important dimension of a person, belonging to a religious community is one way for these families to find solace, besides seeking and maturing their faith. Parents also want to raise their children in the same religious beliefs and values as theirs. This study aims to determine the qualities of a church that accepts families and their CSN, what elements constitute belongingness, and the impact of belonging in a church to the family's quality of life.

### **Review of Previous Studies on FQOL, Inclusion, and Belonging**

This section will look into the impact of participation in religious communities on the family quality of life (FQOL) of families with members who have disabilities, support systems, and the various aspects of inclusion, participation, and belonging.

In Article 23 of the UN Commission on the Rights of the Child (CRC), signatory states of the Convention recognize that children with disabilities should enjoy a full and decent life that guarantees dignity, promotes self-reliance and facilitates their active participation in the community (UN Convention on the Rights of the Child 1989, 7). Caring for children with disabilities causes increased levels of stress and anxiety. Even if there is only one person who has an impairment, it gravely affects family members' physical and psychological well-being (Carillo 2012; Lee 2009; Meadan, Halle, and Ebata 2010; Weiss and Lunskey 2011). Coping strategies are necessary to tackle the

challenges and adjust to the demanding situations faced constantly. Connection to a support system, such as a church or a religious community, is imperative so as to make the effort more than merely treading water.

### Family Quality of Life and Social Support

Spirituality and participation in religious communities are important factors in the quality of life for families with members who have disabilities (Bennett, DeLuca, and Allen 1995; Boehm and Carter 2019; Poston and Turnbull 2004). Religion is a stable coping strategy that people can depend on throughout their lives, more so for families who are touched by impairments. Commitment to a religion plays a big influence on how parents respond to their experience in parenting children with atypical development. Spirituality, the depth of one's religious beliefs, and the frequency of attendance in religious gatherings are predictors of family quality of life (O' Hanlon 2013; Boehm 2017).

An earlier study of 102 families in the greater Los Angeles, California metropolitan area revealed that compared to those who are not attending a religious group, people who belong to a church scored high on family connectedness and support. They also view disability as an opportunity instead of a burden. They use belief as a type of protection or cognitive coping (Weisner, Beizer, and Stolze 1991) to help manage devastating emotions brought about by disability. Prayer, church attendance, and religious beliefs are identified as sources of support, including acceptance of the child with disability and the family by leaders and congregants (Bennett, Deluca, Allen 1995, 31). There is a significant relationship between frequency of church going, the amount of

support available, and the satisfaction with the activities and support supplied to families as well (O' Hanlon 2013).

People turn to spirituality and join religious communities to share and mature in their commitment to God. A strong religious belief can help overcome the daily challenges in all domains of life. Poston and Turnbull found out that families look for three things in a faith community: 1) acceptance of the child with disabilities; 2) spiritual and emotional support for parents; and 3) support for the child so that both parents and child can have a meaningful church participation (Poston and Turnbull 2004, 103-104). Looking after an impaired child is a more pressing priority than joining a worship service, so availability of a safe place to leave the child eases the worry of the parents.

Higher religiosity and spirituality ratings and frequency of congregation attendance were associated with more satisfying FQOL in the study of 529 parents with children or adults with intellectual disability by Boehm and Carter (2019) in Illinois and Tennessee, USA. Moreover, social relationships, both formal and informal, were significantly related to a satisfactory family life. Friendship provided emotional support and nurtured meaningful relationships which improved FQOL. Friends can be a valuable source of strength to parents as many of them have a limited circle of friends as a result of restricted social contact due to their daily care for the child. Having peers who are friendly, children with disabilities are afforded the opportunity to be like the others who are differently abled (Boehm and Carter 2019, 110-111).

Jones (2018) studied the FQOL of 194 Canadian parents (mothers  $n=103$ , fathers  $n=91$ ) of children aged four to eleven years old with autism using a mixed-methods approach: online survey, and follow-up phone semi-structured interview of 24 of those

respondents (mothers  $n=12$ , fathers  $n=12$ ). The study is on the double ABCX model (McCubbin and Patterson 1983) in predicting the FQOL using eight variables: (1) child's challenging behaviour (aA factor), (2) severity of disability (bB factor), (3) unsupportive social interactions (aA factor), (4) social support (bB factor), (5) parental sense of competence (cC factor), (6) acceptance (cC factor), (7) coping (BC factor), and (8) family quality of life (xX factor) (Jones 2018, 1-2). Parents in the sample reported a high level of satisfaction with their FQOL. Results surprisingly revealed that the challenging behaviour of the child with disability, unsupportive social interactions, and the severity of the child's disability were not related to FQOL. On the other hand, social support, psychological acceptance of a child's disability, and overall coping strategies did strongly influence quality of life. The strength of this research is its large sample size ( $n=194$ ), and the fact that both parents are closely represented (53% mothers, 47% fathers), considering father respondents in autism research are more difficult to recruit than mothers (Braunstein et al. 2013). Findings revealed a gender difference in child-rearing and in the use of coping strategies. For mothers, seeking support is important for their emotional well-being. Waiting for the problem to solve itself is disadvantageous for them as they have more caregiving responsibilities than fathers, and thus have more stressful life. Some father do not look for support because they felt that their wives had more active roles in child caring and therefore have a greater need for social support (Jones 2018, 210-211). Social support is a key factor that determines FQOL in past researches (e.g., Poston and Turnbull 2004; Boehm and Carter 2019) which Jones' findings agrees with. Other findings revealed a few sources of assistance: high quality childcare, connection with other parents of children with autism, online social support, and professional support

(Jones 2018, 212-220). Moreover, results show that seeking spiritual support was not a significant predictor of FQOL in this study (Jones 2018, 224), contrary to other studies that found this to be significant in FQOL (e.g., Poston and Turnbull 2004; Speraw 2006; O' Hanlon 2013; Boehm et al. 2015). She attributed this to different cultural backgrounds since a study of Black and Hispanic parents of children with autism considered spiritual support as important (Hall et al. 2017). Perhaps, due to the prevalent internet usage in finding information and the presence of autism advocacy and support groups, online support was instead highlighted in the study, such as connecting with parents who have children with autism, finding services information, and finding strategies online to help with their children's challenging behaviors. Numerous disability studies focused only on a single disability (e.g., Carillo 2012; Kim 2012; Webb 2012; Ault et al. 2013; Boehm 2017; Dryer 2018), and Jones' study is likewise.

For families of people with disabilities, faith and its experiences can be an important aspect of their lives (Gaventa 2001; Webb 2012). In a study of parents ( $n=17$ ) who cared for their children with intellectual disability to adulthood in the United Kingdom, they initially questioned God when their children were diagnosed with a disability, but they were able overcome their existential questions, accepted their children and continued on with their faith (Baines and Hatton 2015). However, there are some parents who did not become more active in organised religion, instead, they sought comfort in prayer and personal belief as a source of comfort when their children were born with developmental disabilities (Pitchlyn, Smith-Myles, and Cook 2007). Unfortunately, some families did not have positive experiences as they found it difficult to establish and maintain meaningful church relationships. Many felt more wounded than

welcomed, resulting in them leaving their church completely or looking for another one (Speraw 2006; O' Hanlon 2013; Richardson and Stoneman 2015).

In general, participation in faith communities is gradually accepted as an aspect of quality of life (Poston and Turnbull 2004), but there are still barriers that hinder the inclusion of people with disabilities (Carter 2007; Schulz 2012). Churches struggle to respond to the needs of the family who end up encountering difficulty in establishing and maintaining church connections since they are looking for the presence of these things: a) acceptance of their children; b) emotional and spiritual support; and c) a program that will allow children to have a meaningful religious experience (Breeding and Hood 2007). To improve religious and social integration of children with special needs, developing an appropriate program is one of the solutions that will allow their inclusion (Howell and Pierson 2010). Furthermore, most of the churches struggle to respond due to the lack of a well-grounded philosophy or mission statement (Breeding and Hood 2007). This statement concurs with a study of the Christian Korean immigrants to America who have children with cognitive disability. Data showed that the church's disappointing attitude and misunderstanding of disability is due to the pastor's absence of disability theology. Parents experience theological oppression when they are told that "they should heal their children with cognitive disabilities through the power of prayer" (Kim 2012, 228-229). The lack of disability theology can perhaps be attributed to faith leaders' paucity of disability-related knowledge in their formal training (Griffin et al. 2012, 386) or perhaps none at all.

From several studies on the intersection of faith and disability (e.g., Minton and Dodder 2003; Poston and Turnbull 2004; Speraw 2006; Carter 2007; Lifshitz et al. 2009; Ault et al. 2013; Boehm et al. 2015), findings relate to these key points: 1) religious faith has an important part and a community of faith can provide valuable source of support to families with children who have additional needs; 2) people with disabilities have more limited congregational participation than those who are not; 3) acceptance of PWD in congregations varies; and 4) support and opportunities offered by churches are inconsistent (Carter et al. 2017, 576-577).

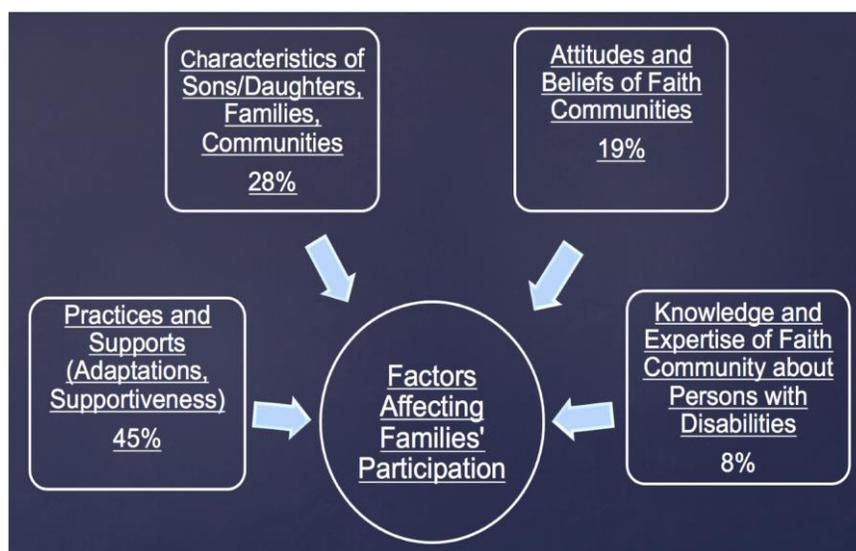
Griffin et al. (2012) conducted an anonymous survey in the USA, both online and print (94% completed surveys online), to find out the characteristics of inclusive faith communities. Of the 160 respondents, 44% were family members of people with disabilities ( $n=70$ ), and 14% were people with disabilities ( $n=23$ ). Disability types included autism spectrum disorder, intellectual disability, Down's syndrome, learning disability, and depression or other psychiatric conditions. The survey instrument was composed of 145 items that were a combination of multiple-choice questions and involved ratings on a 4-point scale (1=least, 4=most). Results showed that 95% of the respondents thought that it was important to fully include people with disabilities in congregations. Although the faith communities of the respondents were physically accessible and fairly welcoming, respondents indicated less positive results regarding the roles available to people with disabilities. The five characteristics of congregations with greater prediction of inclusion were: (1) faith leaders who were welcoming to people with special needs and were committed to inclusion; (2) greater use of educational resources to deal with disability-related matters, (3) positive portrayal of disabilities in the preaching,

(4) closer ties with disability organizations, and (5) greater commitment in promoting social justice. Although less consistent results were found in other variables, the following findings were likewise notable: 1) larger faith communities were more physically accessible than smaller ones; 2) those with informal services were more welcoming and inclusive; 3) those that made decisions by consensus were more welcoming, inclusive, and had more roles for PWD to share their gifts; 4) those with a disability-resource person were more welcoming, inclusive, and had more roles for people with disabilities to share their gifts; 5) those that continued to contact with members who did not attend regularly were more welcoming, inclusive, and had more roles for people with disabilities (Griffin et al. 2012, 388).

The strength of this study was the length of the survey instrument that covered numerous aspects of inclusion and participation, including how PWD can share their gifts to serve the congregation. The limitation of this study was the uniformity of the respondents, who were mostly Caucasian, Christian, highly educated, and most likely in favor of including those with impairments in faith communities. Responses were not validated by observations in the faith communities so they were considered respondents' perceptions (Griffin et al. 2012, 389).

Ault, Collins, and Carter (2013) studied parents' or caregivers' perception of the factors associated with inclusion and participation of their children with disabilities in faith communities in 35 different states in the US and the district of Columbia. There were 416 respondents, and more than 40 were interviewed. The majority were Protestants or Catholic (89.3%). Most of the respondents were mothers (88.1%), and the most number of disabilities in the children were autism spectrum disorder (39.3%), moderate to

severe intellectual disability (22.5%), and mild intellectual disability (19.6%). The survey instrument consisted of twenty-nine questions, twenty-four of which are closed-ended. Overall, 85.5% of the respondents indicated that their faith is important. The results showed four themes as factors that either hindered or supported inclusion: 1) practices and supports, which include adaptations and accommodations for children with disability and the people to help them successfully participate and to give them the opportunity to learn about doctrines of faith; 2) the characteristics of the PWD, their families, and the faith community as factors to inclusion and participation; 3) the attitudes and beliefs within the community about disability; and 4) knowledge about persons with disabilities, as many congregants did not know how to interact with atypical children, but those with expertise and knowledge (e.g., special education teachers, occupational therapists) had an awareness of CSN's characteristics and needs (Ault, Collins, and Carter 2013).



**Figure 3. Factors Affecting Participation (Ault, Collins, and Carter 2013)**

One of the strengths of this research was the big sample size ( $n=416$ ) and the vast array of disability types ( $n=13$ ). Another strength was the survey tool that was used was

developed from extant literature on participation in faith communities and adapted from reviews on American congregational participation studies. Thus, the instrument was able to cover many aspects of inclusion and participation. Additionally, it provided a comprehensive list of activities ( $n=13$ ) that children with disabilities could possibly be included in (e.g., missions, vacation Bible school), as well as a list of most accessibility features ( $n=9$ ) that churches may have or may not have. A limitation of this study is that data was drawn mostly from the open-ended survey instrument, and had focused only on the experiences of parents or caregivers, without the views of other community stakeholders (Ault, Collins, and Carter 2013, 208-209).

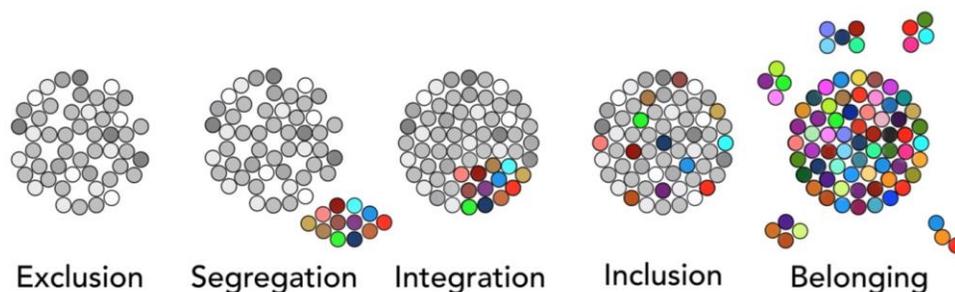
Carter, Biggs, and Boehm (2016) interviewed more than forty young people with disabilities and their parents who were a subset of their Faith and Flourishing Project participants. They were actively involved in a Christian faith community from various denominations in Tennessee, USA. The semi-structured interview protocol consisted of twenty-seven questions with forty-four follow-up probes. Several questions were explicitly about belonging. From their research, there are ten dimensions of belonging (Figure 4) to be truly included in the community of faith: 1) to be present, i.e., PWD and their families have to be present and active in a faith community; 2) to be invited, i.e., when the lives of PWD do not intersect with church people, there is no opportunity for the former to come to church since “an invitation, rather than an announcement, precedes presence” (Carter, Biggs, and Boehm 2016, 170); 3) to be welcomed, i.e., when personal encounters happen, as most people are reluctant and uncertain on how to interact with PWD which commonly leads to avoidance; 4) to be known, i.e., PWD should not remain strangers in the congregation for a long time. Most often they are known for their labels

first (e.g., autism, intellectual disability, behavior problem) before their gifts and strengths. A welcoming church should get to know them as members of the community because “being known” marks the contrast between “being present” and “having a presence” (Carter and Biggs 2016, 172); 5) to be accepted, i.e., when people are embraced without condition and treated as members of the family; 6) to be supported, i.e., when personalized support is given to both parents and children; 7) to be cared for, i.e., caring for their spiritual, emotional and other needs of the church members, including those with special families; 8) to be befriended, i.e., children and adults with disabilities are often lonely, and friendship was pointed out by study’s respondents as a factor that contributed substantially to their sense of belonging in their faith communities; 9) to be needed, i.e., most churches have not moved forward from ministering to PWD to being ministered by them. These people have strengths and gifts that can serve the church; and 10) to be loved, i.e., many of the parents mentioned that love is always a part of belonging because “real belonging cannot be considered apart from love” (Carter, Biggs, and Boehm 2016, 178).



#### Figure 4. Ten Dimensions of Belonging (Carter 2019)

Based on this study, the concept of inclusion is inadequate to describe acceptance of people with disabilities. Participation in a community has a much broader implication than just being present. This study is consistent with the overall result that children can be present but not considered as contributing members of the congregation (Ault, Collins, and Carter 2013, 196). Although the sample size is small, the duration of the interviews was lengthy with an average of eighty minutes. The data gathered provide a strong foundation for how churches can let children and young people with disabilities participate actively in church. Further research should explore specific steps and supports needed to promote participation as a key element in belonging within the church. The different models of participation and non-participation (Figure 5) explicitly show that belonging is the model that is ideal, not only because a sense of belonging enhances the meaning of life (Lambert et al. 2013), but because it is the model that is most biblical.



**Figure 5. Exclusion, Segregation, Integration, Inclusion and Belonging Models (Carter 2019)**

A research using community conversations (based on the World Café model) on fostering inclusion and belonging among people with disabilities and their families was

conducted in two urban and rural faith communities in Tennessee, USA (Carter, et al. 2017). There were 175 participants and about 89% of them were Christians. The strength of this research was that there were multiple church stakeholders across all dimensions of the faith community life: family members of a PWD (29.1%), disability service providers (18.3%), PWD (9%), clergy (9.1%), volunteers in disability ministry (8%), religious educators (8%), church staff members (6.9%), members of the faith community (5.7%), residential providers (1.7%), worship leaders (1.7%), and other roles (23.4%) such as students, educators, medical service providers and advocates. Five overall themes emerged from the conversations: 1) disability-specific efforts (38.3%) among which included family supports, individual supports, and awareness efforts to increase the understanding of disability issues; 2) internal activities that promoted growth and community connections (23.3%) such as fellowship, opportunities for PWD to use their gifts through service, participation in worship services and religious classes, and hospitality initiatives; 3) external activities (24.3%) that focused on partnership with other congregations and other community organizations, outreach missions and social services to better serve and advocate for PWD and their families; 4) influencers (7.4%) such as leaders, staff, and church governance that promoted an accepting congregational culture and climate; 5) resources (6.7%) that addressed the needs of PWD (e.g., transportation, accessible facilities, caregiving, financial help).

The breadth of ideas contributed by the study's participants from various fields of expertise are good recommendations for those who are committed to inclusion or planning to have a special needs ministry. However, there is no conclusive evidence that these new perspectives will ultimately result in greater inclusion and belonging (Carter et

al. 2017, 591). The approaches, most likely a combination of different suggestions, need to be put in practice to see if they will lead to deeper involvement in the faith community and to the acceptance of PWD. The provisions for disability vary from person to person, therefore some ideas will be good for one person but may be stigmatizing for another, thus, a person-centered approach would be most helpful (Carter et al. 2017, 591-592). Although the community conversation, as a method, extracted numerous ideas, there was no evidence for what the participants' congregations were actually practicing.

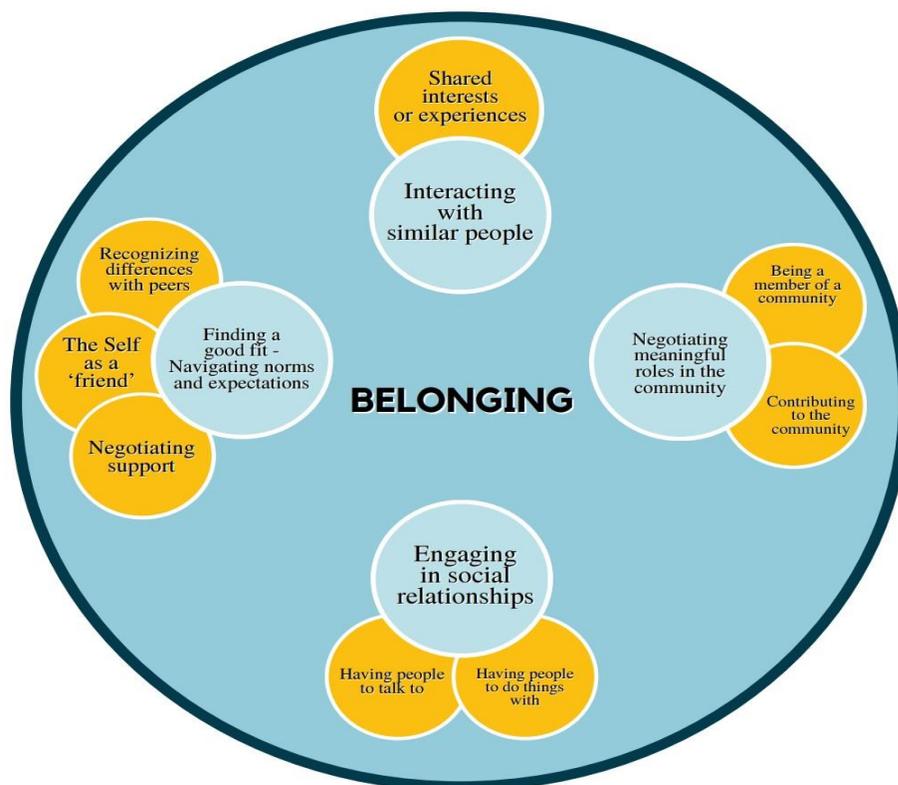
### Conceptualizing Belonging

The Voices of Youth study was an inclusive research project in Canada where twenty-four youths (aged thirteen to twenty-four years; nine females and fifteen males) with intellectual and developmental disabilities (ID ( $n=6$ ), ASD ( $n=8$ ), Down syndrome ( $n=6$ ), cerebral palsy ( $n=6$ ), fetal alcohol spectrum syndrome ( $n=1$ ), and Prader-Willi syndrome ( $n=1$ ), were recruited through community organizations that help youth in the Ontario area. Using video methodology, they were interviewed and observed to seek out experiences of their friendship, community participation, and quality of life. The study found out that belonging is an important part of the youth's transition from teen-age to adulthood. And from the findings, the researchers built a theoretical framework of belonging (Renwick et al. 2019).

In the conceptualized framework, there are four ways through which the ongoing processes of belonging occur: 1) engaging in social relationships such as friends, families, workers, community members who are supportive; 2) interacting with people who are similar in interest, experiences and disabilities increases the sense of belonging; 3)

negotiating meaningful roles in the community (school, neighborhood, church, social groups) by being an active, contributing member; and 4) navigating societal norms and expectations of others which can be a complex process of negotiating between their own expectations and from others (Renwick et al. 2019, 7-17).

The key strength of this research is its inclusive methodology. Through video recording, respondents were able to express their thoughts using alternative forms of communication (such as showing, pointing, or other non-verbal means) with consideration for their limited form of expression due to their conditions. The robustness of its data analysis process, especially the qualitative part, is rigorous. The coding process was methodical, with four main coders viewing the data repeatedly, discussing and refining the codes with the authors, getting feedback from project consultants, and further refining by the entire research team. Last, but not least, is the substantial and rich verbatim evidence from the participants with various developmental disabilities to support the different categories and subcategories of the four main concepts of the belonging theoretical framework (Figure 6).



**Figure 6. Belonging Framework with Four Categories and Subcategories (Renwick et al. 2019, 8)**

Mahar, Cobigo, and Stuart (2012) identified and summarized peer reviewed English language literature between 1990 to July 2011 with “sense of belonging” as key search term. Articles were restricted to those that have either a) qualitatively explored the meaning of sense of belonging with a specific group, b) sense of belonging emerged as a theme, or c) measured sense of belonging quantitatively as either a dependent or independent variable. From over 8,000 abstracts, forty articles were selected, and narrowed down to only twenty-two articles that provided operational or conceptual definitions of sense of belonging (Mahar, Cobigo, and Stuart 2012, 3-4).

Based on their narrative, scoping review, it identified five intersecting themes to define sense of belonging that is transdisciplinary and multidimensional.

**Table 1. Themes in Sense of Belonging Definition (Mahar, Cobigo, and Stuart 2012)**

THEMES	SENSE OF BELONGING
1. Subjectivity	A perception that is unique to a person.
2. Groundedness	Requires a referent group where that perception can be attached to.
3. Reciprocity	A sense of connectedness shared by a person and the referent group.
4. Dynamism	A strong interplay between factors that enable or inhibit a sense of belonging.
5. Self-determination	The right of the person to choose to interact with the referent group and its perceived power.

In conclusion, the term “sense of belonging” is defined as “a subjective feeling of value and respect derived from a reciprocal relationship to an external referent that is built on a foundation of shared experiences, beliefs, or personal characteristics” and grounded on a referent group, to whom “one chooses, wants and feels permission to belong,” and can be hindered or promoted by the complex interactions between personal and environmental factors (Mahar, Cobigo, and Stuart 2012, 6). The goal of their review

of literature was to have a clearer conceptualization of the sense of belonging of families and their children with disabilities in a faith community context.

In view of the aforementioned studies, this research hopes to fill in the literature gap on the subject of inclusion and belonging in a church setting.

First, this case study reveals the views and contribution of parents of children with disabilities who serve in the special needs class and the inclusion class. As both recipients and providers of support, they have a great deal of first-hand experience in contributing practical solutions to address individual needs of CSN and how they can actively participate and be included in church activities. Numerous studies on inclusion and faith community (Howell and Pierson 2010; Griffin et al. 2012; Ault, Collins, and Carter 2013; Carter, Biggs, and Boehm 2016; Carter et al. 2017; Carter 2020) have not explored the significant role of parents of children with disabilities as service providers.

Second, studies have put forth the factors that predict a greater inclusion in a congregation (Griffins et. al. 2012; Ault, Collins, and Carter 2013; Carter et al. 2017) but there is hardly any mention of one very crucial element in a successful inclusive practice: the characteristics of ministry workers and teachers who directly work with the children and their parents, especially the spiritual element that inspires them to serve God through the families.

Third, this case study has observed actual programs and activities being implemented in both exclusive and inclusive settings. The recommendations for greater inclusion and belonging in the study of Carter et al. (2017) were not conclusive as there was no evidence if the recommendations are in place in the respondents' faith community. This case study explores the programs of the church work and if these

programs lead to parents and children's full participation and belonging. Theories on belonging can only be tested and described in lived experience of PWD and their families.

Case studies are imperative to expound on belonging (Halse 2018, 17) since seeing "the view from the ground" is the authentic description of reality. Previous studies have brought forth numerous suggestions on how families can belong to a faith community, but the characteristics of children who have disabilities, their families, and the church workers (pastors, ministry leaders and volunteers), especially the church's culture, may be the most salient factors in the success of inclusion practice that leads to belonging of families and their CSN in a church.

### **Models of Disability**

Practical theology has implications for the way the church engages with people with disabilities; however, the issue of disability inclusiveness is multi-disciplinary, including the fields of education, psychology, philosophy and medical science. In order to take care of those with disabilities, models are tools that the government and society use to define disability, and from that, formulate policies and strategies that best address the needs. Thus, the conception and attitudes of the general public towards this small group of people are shaped by the different models of disability. Although models serve important purposes, they are not value neutral, and can cause prejudice and discrimination as the identity of the PWD are shaped by specific definition of what disability or impairment is about (Smart 2003, 25-49). Since models are created by people for other people, the influence of the creator affects the treatment of the people for whom

the model aims to assist. The following models of disability are the most widely accepted in multidisciplinary fields.

### The Religious or Moral Model

As the oldest model of disability, the Religious or Moral Model is prevalent in many religions, including the Judeo-Christian tradition (Pardeck and Murphy 2012, xvii). People believe that some disabilities are the result of not adhering to social morality and religious rules that warn them against certain inappropriate behaviours. Disability is an act of a supernatural and external power (God), and is believed to be a punishment for a specific sin committed not only by a person with the disability but also by those who may have been committed earlier on by their parents or forefathers (Henderson and Bryan 2011, 7). This disability model excludes people whose forms of disabilities (such as blindness, lameness, deafness) are biblically interpreted, directly or indirectly, as “sin, evil, or spiritual ineptitude” (McClure 2007, 23). This view of disability tightly shuts churches’ doors to many families affected by disabilities because they feel ashamed and looked down by abled congregants.

### The Medical Model

With the advancement in the field of medical science in the mid-1800’s, the Medical or Biomedical Model became prevalent. Disability is considered a medical problem. People are disabled because of bodily impairments. It is a defect in the bodily function, an abnormality that requires cure or rehabilitation. Those having disabilities were expected to be helped by trained professionals in the variety of services available as

part of the intervention (Olkin 1999, 26) so that they will become “normal” and fully functioning. This model focuses on what is ‘wrong’ with the person instead of finding out what the person needs.

This view on disability has led churches to put an emphasis on praying for the disabled so that they can participate fully in the congregation’s life. If a person is not “healed,” it is presumed that he or she does not have faith or that there is an unforgiven sin that needs to be repented and be forgiven by God. In her book, *My Body is Not a Prayer Request*, Amy Kenny writes, “To assume that my disability needs to be erased in order for me to live an abundant life is disturbing not only because of what it says about me but also because of what it reveals about people’s notion of God” (Kenny 2022, 4).

### The Social Model

Also referred to as the Minority Model, the Social Model was developed as a response to the limitation of the Medical Model. It considers disability as a sociallyconstructed phenomenon. It is society that fosters disability, making people with impairments as disabled and therefore “any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation” (Barnes, Mercer, and Shakespeare 2010, 163). The physical and social environment imposed limitations upon certain categories of people which hinder their participation in the mainstream of the society.

Two similar models are closely related to the Social Model: The Identity Model (or the affirmation model) and the Human Rights Model. The former agrees with the

Social Model in its tenet that it is the society that disables people. However, the Identity Model regards disability as a positive identity because it is “a marker of membership in a minority identity, much like gender or race” (Brewer et al. 2012, 5). On the other hand, the Human Rights Model considers disability as an issue of rights- civil, political, economic, social, and cultural rights. Although the Social Model explains the underlying social reasons for shaping the understanding of disability, the Human Rights Model goes beyond those explanations. It offers not only the development of social justice theories for disability policies that emphasize the human dignity of people with disabilities but also constructive proposals to improve their lives (Degener 2017, 43-54) so that they can participate fully in the society.

### The Cultural Model

While the medical and social models focus only on one factor in their approach to and definition of disability, the Cultural Model sees disability not in a specific way but rather in the ways in which concepts of disability and non-disability operate in the context of a particular culture (Junior and Schipper 2013, 23). Disability should not be viewed in terms of medical pathology or social discrimination because medical and social factors are some of the ranges of cultural factors that disable people. The WHO’s International Classification of Functioning, Disability and Health has also contributed to the start of the Cultural Model as it did not take into account the countless differences in cultures, and created “objective” measures of the body (Snyder and Mitchell 2005, 9) that has to be maintained or requiring interventions that are based on non-disabled people and their

environments. It is the culture where the people are located that makes them disabled and discriminated against.

### The Limits Model

The Limits Model is distinctly theological in its view of disability. This model was developed by Creamer who argues that the reality of the human body should be thoughtfully considered when doing theology. She stated that it is a fact that all human beings have limitations in varying degrees during the different stages of life (Creamer 2009, 109). A person may have perfect vision now, but visual impairment is looming in the later part of life. Thus, according to Creamer, limits are “common, indeed quite unsurprising aspects of being human” (Creamer 2009, 31-32). Instead of using the words “limitations” or “limitedness,” the right term to use is “limit-ness” to mean that limits are an important part of being human and should not be considered as negative (Creamer 2009, 31-32).

Retief and Letšosa suggest that those who wish to engage in theology from the perspective of disability should first engage in critical examination to determine which model or models of disability will influence their thinking about individuals who are different, before embarking in the “disability theology that is Christ-centered, biblically rooted and relevant” (Retief and Letšosa 2018, 7).

### **Disability in the Bible**

The Church is one institution that upholds the human rights of the poor and the weak. Grace and love are the outward expressions of its faith. History reveals that

Christians have not been consistent in honoring the natural human rights of people, even though there is an integral link between human rights and Christianity. But the “recognition of natural human rights is one of the great jewels bequeathed by the Hebrew and Christian Scripture to humankind” (Wolterstoff 2012, 54). Therefore, the Christian church is obligated to preserve the innate rights of every person because it is a command from God.

The opening chapter of Genesis declares that God created human beings in His image or likeness, thus all human beings bear the *imago Dei*. Kilner asserts that regarding people as the image of God has promoted the protection and dignity of people; but then, this also encouraged the destruction and oppression of people (Kilner 2015, 3). The Bible might seem to have contradicting passages about what disability is, and this is compounded by various theological interpretations that persisted over generations. Nonetheless, it is a subject that God has spoken through the Bible that requires further investigation using the *imago Dei* lens. Since the image of God does not refer to His physical attributes, people with disabilities possess God’s likeness.

### Disability in the Old Testament

The biblical narratives on disability are complicated and contradictory. According to Albrecht, Seelman and Bury, in the *Handbook of Disability Studies*, Old Testament texts suggest paradoxical attitudes “which exhorted society to be generous and kind towards individuals with impairments (Deuteronomy 27:18; Leviticus 19:14), while also declaring that impairment was a mark of the wrath of God” (Albrecht, Seelman, and Bury 2001, 17). Church practices and theologies are supported by ableism, which is the

“presumption and privileging of abled-bodiedness” (Ollerton 2016). The linking of sin and lack of faith to disability, and the healing and curing of disability are “un-interrogated theological assumptions” (Yong 2010, 77). The ableist interpreters negatively viewed people with disability, when in fact people with impairments were part of the cultural, political, and creational level of God’s history with His people (Yong 2011, 46). There have always been disabled people all the time and place in history.

Theologian Amos Yong (2011), in his book, *The Bible, Disability and the Church*, aims to redeem disability in the foregoing selected passages. He explored four texts in the Old Testament: 1) Genesis 32; 2) Leviticus 21; 3) Deuteronomy 28; and 4) 2 Samuel, with the goal of understanding how these ancient texts view disability (Yong 2011).

The physical wrestling of Jacob with God in Genesis 32 is an iconic story which is often used as an example of disability. “So Jacob was left alone, and a man wrestled with him till daybreak. When the man saw that he could not overpower him, he touched the socket of Jacob’s hip so that his hip was wrenched as he wrestled with the man” (Genesis 32:24-25, NIV). Insisting to be blessed, Jacob would not let go until day break when he was touched on his hip which caused his disability. Wallace described the disabling of Jacob as the way that the trickster was broken by God and showed his weakness and self-reliance and strength (Wallace 1982, 121-122). It is a sign of God’s strength as opposed to human’s weakness. An important aspect of disability is highlighted here – that Jacob’s disability displayed not only a man who has shown his strength, but also one who prevailed in getting the blessing from God (Yong 2011, 31). Neither the persistence of Jacob’s limping nor how long he was wounded were mentioned again after this narrative. Nevertheless, God stamped His blessing on Jacob with an impairment.

Leviticus 21 clearly states the physical requirement of priesthood, specifically the one who could do the offering, “No man who has any defect may come near: no man who is blind or lame, disfigured or deformed; no man with a crippled foot or hand, or who is hunchbacked or dwarfed, or who has any eye defect, or who has festering or running sores or damaged testicles. No descendant of Aaron the priest who has any defect is to come near to present the offerings made to the Lord by fire” (Leviticus 21:18-21, NIV). God commanded Moses that a priest who has a defect cannot present the food offering to Him in the temple. The Levitical framework was only for priests, and it was not to mark other people who have those physical impairments as unclean. The presence of priests with disabilities is to “profane the divine holiness” of God (Yong 2011, 19). However, the strict rule was intended only to the high priest for in Leviticus 21:22-23. God explicitly said that priests with defects were allowed “to eat the most holy food of his God, as well as the holy food” (v. 22) but they could not go near the curtains nor approach the inner room of the tabernacle, “and so desecrate My sanctuary” (v. 23) due to the priests’ impairments.

Deuteronomy 28:15-68 is a long list of curses as consequences for disobedience. God had a covenant with the Israelites, and if the latter persisted in disobedience, affliction would fall on His chosen people. To remind Israel of her disobedience, God brought about all sorts of maladies (McConville 2002, 408). Although they were disabling conditions, they were not disabilities but rather diseases (Yong 2011, 22). “The Lord will plague you with diseases...The Lord will strike you with wasting diseases...” (Deut. 28:21-22). With the exception of blindness (v.28), although God made Israel’s

enemies blind (2 Kings 6:18), those maladies listed in Deuteronomy 28 have to be extricated from the concept of impairment or disability.

In various chapters of 2 Samuel is the story of Mephibosheth, the son of Jonathan and grandson of King Saul. Upon his reign, King David extended his kindness to the man crippled in both feet as a young child. David swore to King Saul that he would preserve the king's lineage (1 Samuel 24:20-22) David fulfilled his promise when he took care of Mephibosheth, "...for I will show you kindness for the sake of your father Jonathan. I will restore to you all the land that belonged to your grandfather Saul, and you will always eat at my table" (2 Samuel 9:7). On the surface reading of the passage, readers may applaud the generosity of King David offering the disabled man to always eat at the king's table, which was a place of honor. The emphasis of the story is not about the disability of Mephibosheth, but the way to which David's promise was accomplished, a promise by the reigning king to the grandson of a former king (Yong 2011, 33).

The Torah teaches that the disability of Moses, "I am slow of speech and tongue" (Exodus 4:10), did not disqualify him from leading his people. And that the term "heavy of mouth and heavy of tongue" has led many rabbinic interpretations that Moses stuttered or lisped (Christensen 2014). Moses was reluctant to be God's spokesperson, but God affirmed him that his disability was providential. "Who gave human beings their mouths? Who makes them deaf or mute? Who gives them sight or makes them blind? Is it not I the Lord?" (Exodus 4:11). God can use anyone He chooses to accomplish His work, without consideration for a person's condition.

God's redemption story is not complete without these characters who seemed vulnerable, but played significant parts in showing the inclusivity of God's kingdom. The

disability narrative in the Old Testament is not incidental. “God’s power depends, for its representation, on the disabled human figure” (Raphael 2008, 132). God’s power and love for people with disabilities has not changed over time as seen from the Old Testament to the New Testament texts.

### Disability in the New Testament

Most of Jesus’ miracles in the Gospel books involved physical healings, for example, paralysis (Matthew 9:1-8; Mark 2:1-12; Luke 5: 17-26; John 5:1-9), blindness (Matthew 9:27-31; Matthew 12: 22-23; Mark 8: 22-26; John 9:1-41), muteness (Matthew 9: 32-34; Mark 7: 31-37), epilepsy (Matthew 17: 14-21; Mark 9:14-29; Luke 9:37-43). The surface reading of these narratives propagated a discriminatory attitude towards people with disabilities (Black 1996; Reynolds 2008; Yong 2011). Moreover, it created a “fix-it” mentality, suggesting that disability must be removed (Block 2002, 102). There is a presumption that since Jesus healed those with impairments, it is possible that all impairments can be cured. It has developed a misinterpretation of the relationship between faith and healing. Interpretations of these narratives equate disability with sin, for example, the healing of the paralytic man (Luke 5:18-26). Jesus’ words “Which is easier: to say, ‘Your sins are forgiven,’ or to say, ‘Get up and walk?’” (Luke 5:23) parallels forgiveness from sin with healing. A similar thought is heard in the story of the man by the pool in Bethesda (John 5:1-14). After the man was healed, he was told by Jesus, “Do not sin anymore, so that nothing worse happens to you” (John 5:14). These passages have been misinterpreted as proofs that disability is caused by sin or punishment

for sins (Eisland 1994, 71) and fixing the disability is ideal (Block 2002, 102). This view still prevails in some preaching.

Jesus refutes the idea that impairment is caused by sin, in the healing of blind narrative (John 9:1-41). His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” Contrary to the Hebrews’ attitude toward disability such as stigma (Bengtsson 2014, 287), rejection (Olyan 2008), and exclusion (Stiker 2019, 25), Jesus replied, “Neither this man nor his parents sinned; he was born blind so that God’s work might be manifested in him.” Thus, it clearly stated the providential purpose of the blind man: that in the restoration of his sight is the manifestation of God’s work (Block 2002, 111-112). The biblical narratives of healing were not to highlight disabilities, but instead to emphasize the power of Jesus to heal, so that God will be given honor and glory.

The church is the body of Christ (Ephesians 1:23), with Jesus Christ as the head and founder. The apostle Paul exhorts the Corinthians on how to be inclusive (1 Corinthians 12:21-26). He recognized that the early church was composed of people who came from different social backgrounds, and this was not to be a cause of disunity, but rather a way for them to be united in and for Christ. His metaphor “many parts form one body” (1 Corinthians 12:12) should lead to the conclusion that the unity of the body of Christ is constituted by diversity (Fee 1994, 159). In this diversity, he reminded them that those parts of the body who are weaker are indispensable and be treated with special honor (v.22-23). Paul emphasizes that if one part of the body of Christ suffers, every part suffers with it. In the same manner, if a part of the body is honoured, every part rejoices (v.26). People with impairments are part of this diversity in the church who are the

“weaker” and the “indispensable.” Their inclusion should not cause division. All the members of the body should have an equal concern for each other, just as Jesus has modelled unconditional love for everyone.

### **Theologies of Disability**

The religious or moral model considers disability as a punishment from God for an individual’s sin or moral failure. This is a belief of a number of religious traditions, including the Judeo-Christian tradition (Pardeck and Murphy, 2012; Henderson and Bryan 2011). This perspective is still prevalent in many churches. According to the World Health Organization (2023), an estimated 1.3 billion people have significant disability (16%) which makes the disability prevalence worldwide at one in six people. Hence, people with disabilities are the world’s largest minority group, yet most of them do not belong to local churches (Lausanne Movement n.d.). The practice of including people with disability in faith communities has to be rooted on a firm theological foundation. Deeper awareness of disability is needed for the congregation to care for those who have physical and psychological limitations. Many churches still have a lack understanding of disability as indicated by churches that have no support for people with disabilities. In addition, the absence of disability theology hinders them from ministering effectively to families of individuals with disabilities (Kim 2012). Moreover, in the Lausanne Consultation on Disability Concerns by the Lausanne Movement, Deuel (2015) echoed similar reasons that impede ministry leadership roles for PWD: incorrect theology resulting from flawed biblical interpretation, erroneous social and relational habits in churches, and assumptions from ideological and cultural misinterpretations.

One of the reasons for marginalizing people with disability can be attributed to the misunderstanding of the concept of *imago Dei*. God created human being in His image (Genesis 1:26-28, 5:1-2, and 9:6). The human being made in the “image of God” reveals His presence in the created world as they were designated as His representative to convey His divine presence in a physical way (Melcher 2017, 32). In spite of humankind’s disobedience and expulsion from the garden (Genesis 3), the image of God remained. In Genesis 9:6, “Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man.” God reaffirms humanity being created according to His image and continues to be His representative on earth and to be in a relationship with Him (Brueggeman 1997, 452-454). According to Towner, human beings are defined by their relationship to the Creator and to other creatures (Towner 2005, 350).

Far from identifying God’s image with divine traits, Kilner stresses that the Scripture reveals that “humanity has a special connection with God, and God intends humanity to be a meaningful reflection of who God is and what God does” (Kilner 2015, 277). Some persons with disabilities may not demonstrate the characteristics of the divine such as those who are not intellectually capable to reason, those who do not have the ability make connections with others and be God’s witness, or those whose physical disability is grotesque that they are shunned. They still possess the *imago Dei* since people are endowed with His image apart from those dysfunctions (Kilner 2010, 606). All persons have their own identity including vulnerable people like those with impairments or disabilities. Society does not tolerate vulnerability because it is a flaw that has to be removed (Le Pichon 2010, 97). The reality is that in the everyday life, there will always be people with some form of disability, visible or not.

Many church leaders still continue to show unrealistic images of people with disabilities as either pitiful or inspiring, causing Brett Webb-Mitchell to call it “the church’s betrayal of people with disabilities” (Webb-Mitchell 1994, 9). Some are welcomed by many churches, but others are still outside the gate, waiting to be invited. Disability offers a new option of theological reflection, and it looks for insights in order to have new theological possibilities (Creamer 2006) so that churches can intentionally accept PWD.

Three conceptions of God’s image support experiences of people who have disabilities. These propositions can help churches re-think about disability and may lead more PWD to be welcomed so that those who may seem different can find belonging in the Body of Christ.

### The Accessible God

Belonging to a group provides a meaningful life as one is embraced by and gets involved in the lives of others. That is not a reality for people with disabilities. In a world designed for abled people, it is difficult for disabled people to adapt. They often “suffer from chronic exclusion” and experience “exclusion as a way of life” (Block 2002, 85). Society, in general, is prejudiced against those that are different from the “normal.” “There is no pity or tragedy in disability. It is society’s myths, fears, and stereotypes that make being disabled difficult” (Shapiro 1993, 4). People’s attitudes are a major reason for exclusion, even in the church.

Jennie Weiss Block, in her book *Copious Hosting: A Theology of Access for People with Disabilities*, proposes “a theology of access” that ensures that people with

disabilities “take their rightful place in Christian community” (Block 2002, 11) as they are part of “one body” (1 Corinthians 12:12). She sees disability as a “dramatic reminder that God’s ways are not our ways” (Block 2002, 91). The mandate for access and inclusion of people with disabilities is biblical, since Jesus Christ welcomes all people (John 6:37). The Good News of Jesus Christ is a Gospel of access. God wants everyone to be reconciled with Him (Romans 5:8-11), no one should be excluded. All sinners have access to God’s forgiveness (Ephesians 1:7), there is no reason why some people cannot have the chance to hear the Gospel and not experience God’s forgiveness and grace because of a disability that may not be of their choosing.

Block challenges the church to face the reality that some of God’s people are denied access because of oppressive social and ecclesiastical structures (Block 2002, 122). Benevolence and goodwill are often the common responses instead of empowering handicapped people. Some churches are not accessible to those who are wheelchairbound because aesthetics get in the way of inclusion. Prayers, songs, sermons, and even Scripture have sensory language. Phrases like “walk with Jesus” “shout to the Lord” create exclusivity that people who cannot to walk or speak are not able to do. The commitment of the church to support inclusion is not that Christians are generous and good. The reason for including PWD is the Gospel mandate (Matthew 28:19-20). Some people will not have a chance to access God and His message on their own, but people in the church can be the extension of God and make Him accessible (Matthew 25:35-45). The Church should be the model of accessibility for the central message of the Gospel is wholeness (John 6:35; John 10:10). It should seek these “people of exclusion” and allow them to experience a relationship with God and a place of belonging in the family of

God.

### The Interdependent God

The healing stories in the Bible are liberating to those who are sick and disabled. After the miraculous cure, they were able to be included again in their family and community (e.g., Matthew 9:27-31; Luke 13:10-13; John 5:1-15). However, these happyending narratives are oppressive to some people with disabilities because the Bible seems to have completely excluded them. People with autism, mental retardation, or cerebral palsy are not going to be healed; there is no cure for these disabilities. Most PWD are dependent on someone or something for their survival. Deaf people are dependent on sign language or interpreters. Persons who are blind need a special cane or a seeing-eye dog.

Some people cannot bathe or feed themselves so they need a caregiver.

Kathy Black proposes a “theology of interdependence” in her book *Healing Homiletics: Preaching and Disability* (Black 1991). For her, disability is part of the everyday existence for some people and their families. She rejects the idea that God is a puppeteer and is the cause of disabilities. Some causes of disability are genetic or environmental influences. Bad things happen in this world; sufferings, losses, failures, devastations, and disabilities are not caused by God. He is good and His love for His creation is unwavering (Psalm 135:3; Psalm 136:1; Jeremiah 31:3). One way to experience God’s presence is through the kindness of others. People are interconnected and interdependent of one another, and God is part of that interdependency (Black 1991, 34-37) as He is dependent on His people to be agents of compassion as Christians

continue to do Jesus' tasks (John 14:12). People with disabilities are dependent on others, but also no one is totally independent.

The Christian community is described as “the family of God” (Galatians 6:10; Ephesians 2:19), and “the Body of Christ” (1 Corinthians 12:27; Ephesians 4:12), which show that the church should be a place where dependency is recognized and interdependency is esteemed. Black suggests that the Interdependent God is within every person, because “whenever we struggle in life, God sits beside us and helps us cry” (Black 1991, 186). People learn about interconnection and the value of depending on each other. The right term is not “ministering to” but “ministering with” people with disabilities for they show testimonies of courage, resilience, joy and, faith in God through their sufferings.

### The Disabled God

The most powerful image of God within the disability studies comes from Nancy Eisland. In her book *The Disabled God: Toward a Liberatory Theology of Disability*, she proposes a “theology of the Disabled God.” “Christians do not have an able-bodied God as their primal image” (Eisland 1994, 11). The prominent image of God for Christians is the crucified Christ. The resurrected Christ has a profound physical impairment due to the what He suffered leading to the cross – He is both divine and disabled. The *imago Dei* includes pierced hands and feet and side (John 20:25-17) (Eisland 1994, 99). Thus, Jesus is in solidarity with people who have been oppressed and marginalized because He was like them. He is a God who experienced fear and understood pain and rejection (Matthew 26:37-39; John 1:10-11; Hebrews 2:18).

Eisland rejects the view that disability is caused by sin. Jesus did not sin (2 Corinthians 5:21), yet became disabled. A proponent of the Minority Model, she defines disability as the result of social and cultural processes of naming and shaming bodies with labels like “unproductive” and “dysfunctional” (Eisland 1994, 25). She argues the inadequacy of the traditional image of God, especially those who view disability either as a curse or a blessing. For those with hidden disabilities who feel inadequate in participating fully in the church or for feeling full-bodied acceptance by God, the image of the disabled God will help them reconcile with their own bodies and the body of Christ, the church (Eisland 1994, 101).

Eisland’s liberatory theology of disability comes from the perspectives of people with disability, as she herself is one, because they are the ones who are most aware of their bodies in order to deeply reflect theologically on issues of embodiment. People who faced disability see things that are invisible to others. As a result, any theology of disability “must be done not only for, but also by, people with disabilities” (Creamer 2006).

These three images of God are new ways of looking at disability through the Scripture and hopefully be a framework for churches to embrace people with disabilities. The World Council of Churches (WCC) declares, in its interim statement on “A Church of All and for All,” that the role of the church is “to face the reality of humanity in the image of a disabled Jesus” (World Council of Churches n.d.). God has already started it and the work is still in progress. It is the duty of the church to extend God’s invitation to those who are alienated due to their disabilities. “We are unfinished animals that require

anchoring in networks of relationships... We receive our existence from others and this is the heart of belonging” (Reynolds 2008, 53).

### **Belonging Principles in the Bible**

Every person is created in the image of God; this is an uncontested biblical truth for Christians. Without exceptions, people with disabilities are bearers of the *imago Dei*. “Disabilities are not necessarily evil or blemishes to be eliminated...they don’t need to be healed” (Yong 2011, 13). God includes them in His Kingdom story– as His people, redeemed by His Son Jesus, destined for His Kingdom, and belonging to the Body of Christ. Inclusion of children and people with impairments in God’s plan of salvation are explicit in several biblical stories.

#### **Belonging to the People of God (Jeremiah 31:8)**

God has promised the prophet Jeremiah that He would bring back His people after many years of exile in Babylon. Although blindness is one of the curses for disobedience (Deuteronomy 28:28), God included impaired Israelites to return to the Promised Land, “See, I will bring them from the land of the north and gather them from the ends of the earth. Among them will be the *blind* and the *lame* [emphasis added], expectant mothers and women in labor; a great throng will return” (Jeremiah 31:8). The exiles in Jeremiah’s time survived because of God’s divine protection for His people, the physically disabled included.

#### **Belonging to Jesus Christ (Matthew 19:13-15; Mark 10:13-16; Luke 18:15-17)**

Although there are not many narratives of Jesus and the children, yet a story repeated in the Synoptic Gospels show the importance of the children: “Let the little children come to me;” “do not hinder them;” and “the Kingdom of God or Heaven belongs to such as these.” Three aspects of belongingness can be gleaned from these verses: 1) Jesus welcomes and invites them (Matthew 19:13-15); 2) the place of children in God’s kingdom (Mark 10:13-16); and 3) the identity of the children, i.e., as heirs of the Kingdom (Luke 18:15-17). These three passages show children overcoming the religious and cultural obstacles in the New Testament time by Jesus’ affirmation of children’s full and equal participation in the eschatological reign of God (Guntry 2008, 143). Children experienced the power of Jesus. He healed a boy who has seizures caused by demon possession (Matthew 17:14-21; Mark 9:14-27; Luke 9: 37-43) and gave back life to the dead child (Luke 8:40-56). All children, including those with disabilities, belong to Jesus and God’s kingdom.

#### Belonging to the Kingdom of God (Luke 14:15-24)

Jesus’ story of a great banquet is an eschatological parable used by the writer of Luke that the first century Gentile Christians within the Jewish community are included in the plan of salvation and in the kingdom of God (Gosbell 2015, 129). The first invitation of the master of the house (Luke 14:16-20) was given to Israel, but no one accepted it, leaving the banquet table empty. Thus, the furious host ordered his servant to invite the most unexpected guests: “Go quickly into the streets and alleys of the town and bring in the poor, the crippled, the blind and the lame” (v.21). These disabled guests

represent the Gentiles who during Jesus' time were the disenfranchised members of the community. The parable offers an insight on the nature of God's kingdom and why those who are labelled disabled are also inheritors of the Kingdom. It is a social statement about marginalized members of the society (Gosbell 2015, 144). Jesus wanted to fill His church with different kinds of people so that all can experience the saving grace and love of God. The uncanny, but powerful, way of using physically flawed people instead of another group (criminals, prostitutes, and other sinners) is a sign that God includes people with disability in the Kingdom of God.

#### Belonging to the Body of Christ (1 Corinthians 12:12-26)

The Church is the visible representative of Jesus Christ in the earthly realm. The apostle Paul calls it as a unit that "though its parts are many, they form one body" (1 Corinthians 12:12). The role of each member is symbolically presented using body parts: foot, hand, eyes, ears, nose. Then they are classified into three groups: the weaker, the less honorable, and the presentable. It could be interpreted that the weaker and less honorable include those who have disabilities. Here an "Upside down Kingdom Principle" reminiscent of Jesus' numerous sayings is used by Paul, "...those parts of the body that seem to be weaker are indispensable, and the parts that we think are less honorable we treat with special honor..." (1 Corinthians 12:22-23). Paul has plainly set the guideline: those with disabilities, among others who are less able to actively serve, are essential to the church and must be treated honorably. Redeemed by Jesus' death on the cross, they belong to the Body of Christ and included in the promise of eternal life.

The manner in which Jesus Christ treated the vulnerable and the outcast shows to the Body of Christ a model and a mandate to serve (McReynolds 2016, 169) so that those families stricken with disabilities will know that God and His people are walking alongside their lifelong journey. Furthermore, the Body of Christ can be shaped and transformed by people with disabilities who can be church leaders and active participants in the faith community.

### **Summary of Related Literature and Studies**

Various studies reveal that religious belief or faith is an important coping strategy when disability descends on a family. Faith and belonging to a religious community show a strong correlation with family's quality of life (FQOL) since a presence of social support is one of its strong predictors. Although congregations have gradually opened their doors to these families, responses have been mixed. Parents are looking for churches that provide emotional and spiritual support, accept their children unconditionally, and programs that can be adapted so that children can have meaningful faith experience. Studies on the characteristics of inclusive setting reveal that the acceptance and commitment of both leaders and members are essential factors. Regrettably, some churches cause more harm than help due to some leaders who have little or no biblical and theological foundation on disability. In addition, a low-view of people with disabilities is a damaging consequence of leaders taking the ableist stance.

Disability is a complex issue that requires multi-faceted answers. Some studies reviewed here that involved the different stakeholders in the faith community have provided new perspectives. But they require further study as they do not provide

conclusive evidence for greater participation and belonging. Belonging does not happen in a short time. Although children with disabilities are part of a church, parents feel that their children do not belong because being present and belonging are not the same. From having a presence in the faith community to being loved unconditionally requires ministry that is purposeful and intentional.

An in-depth investigation of a church ministry through a case study research method can reveal elements that hinder or facilitate inclusion practices. Findings from several studies may not be culturally acceptable in the context of Hong Kong. And although parents' perceptions have majorly contributed to inclusion studies, parents of children with disabilities who eventually became church volunteers are hardly mentioned. They are resource people who can speak with authority on belonging and whose voices need to be heard.

Ministries for the people with disabilities should be grounded on a strong biblical and theological foundation because it is God's work. The three theologies expounded here are based on the image of God that affirms and accepts disability. They are biblically sound explanations that compel obedience from the community of faith to welcome and include everyone, where the weak is an essential part of a community of diversity, in unity with Jesus Christ, the head of the Body.

### **CHAPTER III**

#### **RESEARCH METHODOLOGY AND PROCEDURES**

##### **Overview**

Participation in a religious community and spirituality are some of the predictors of quality of life for families, especially for those who have family members with disabilities. Studies have been conducted on the inclusion of children with special needs (CSN) in Hong Kong schools, but there seems to be no published study on how these CSN and their families are included in religious settings. The purpose of this research is to look into how a Hong Kong Chinese church accepts children with disabilities and their families as part of the congregation, and how the belongingness of these families in the church affects their quality of life. It will seek to find answers to the following research questions:

- 1) What are the qualities of a church that accepts or welcomes families and their children with disabilities?
- 2) How do these families, their children with disabilities, and ministry workers recognize and understand the concept of belongingness in a church setting?
- 3) How does belonging to a church impact these families' quality of life?

### **Research Methodology**

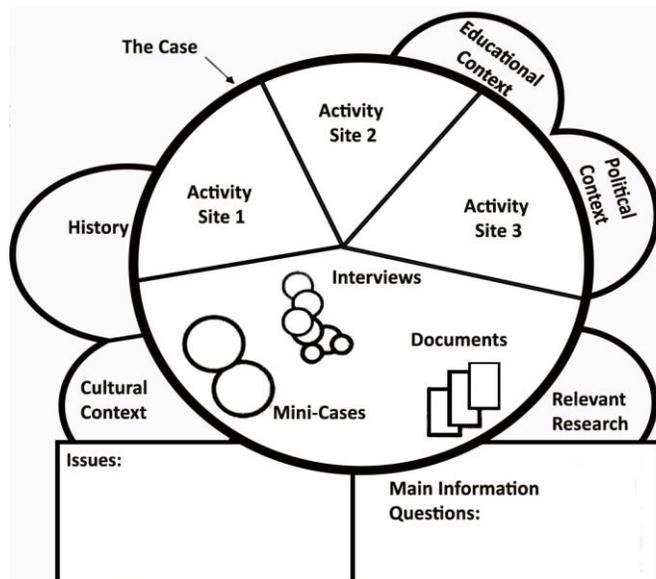
The case study research method was used to explore and to answer the research questions. This method was one of the first types of research to be used in qualitative methodology. As a strategy for methodical exploration, "it has been around as long as recorded history." Much of the knowledge about the empirical world today was gathered from case studies, and many of the most treasured classic studies, such as those of Piaget and Freud, were done using this method of inquiry (Flyvbjerg 2011, 302).

Case study is often misunderstood as a type and method of qualitative research (Gerring 2004, 341). Although it is widely used, there are still ambiguities in its definition and its use as a methodology. The cause of confusion arises from case studies that are conducted outside the domain of formal research. These are popular case studies which are highly informative and useful but are not necessarily following a precise research procedure, thus they should be considered as non-research case studies (Yin 2018, 21-22). In earlier social science textbooks, case studies were utilized in the preparatory stage of some other type of research methods. Furthermore, discussions about the case study method have limited it as a data gathering process in participant observation or in field work (Yin 2018, 44-45). It has started to emerge in research textbooks since the 1980s and remained thereafter (Platt 1991, 46). Data from Google Scholar showed that there is a continuing interest in it as Robert K. Yin's book, *Case Study Research and Applications*, through all its editions since 1984, is placed second in the top ten most cited methodology books in social sciences (Green 2016). And case study has become the most common method used in qualitative inquiry (Stake 2000, 435; Thomas 2011), and is widely used in academic research (Baškarada 2014, 1).

#### Case Study Research Definitions

The most common definitions of case study are from the works of Stake (1995), Merriam (2009) and Yin (2012) (Harrison et al. 2017, 12). Stake defines it as “the study of the particularity and complexity of a single case, coming to understand its activity within important circumstance” (Stake 1995, xi) (see Figure 7). Merriam describes case study as an “in depth description of a bounded system” and emphasizes that the central

feature of the research is the object of the study which is the bounded system, or the case (Merriam 2009, 40). Yin provides a two-part definition: the scope and feature of the case study. The first part of this definition acknowledges that case study is an empirical method of investigating a contemporary phenomenon (the case) within its real world context, especially when the boundaries between the phenomenon and context are indistinguishable. The second part of this definition elaborates that case study features many more variables of interest, helped by the prior development of a theoretical proposition that guides its processes (design, data collection and analysis) and, as a result, relies on multiple sources of data that require triangulation (Yin 2018, 45-46). These definitions are derived from the researchers' differing approaches to developing a case study methodology, and indicate what elements the researchers want to emphasize as central to their research design.



**Figure 7. Graphic Design of a Case Study (Stake 2005, 5)**

### The Fundamental Elements of Case Study Research

Although there are various approaches to case study research (e.g., single case, multiple case, comparative), they share common characteristics. The elements that differentiate case study research from other forms of research methods are enumerated in Table 2.

**Table 2. Case Study Elements and Descriptors (Harrison et al. 2017, 31)**

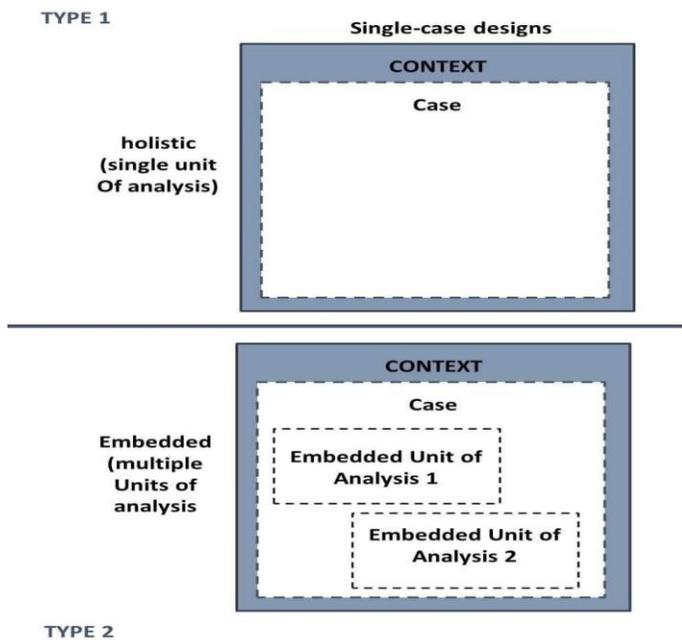
<b>Element</b>	<b>Description</b>
The Case	-Object of the case study identified as the entity of interest or unit of analysis -Program, individual, group, social situation, organization, event, phenomena, or process.
A Bounded System	-Bounded by time, space and activity -Encompasses a system of connections -Bounding applies frames to manage contextual variables -Boundaries between the case and the context can be blurred
Studied in Context	-Studied in its real life setting or natural environment -Context is significant to understanding the case - Contextual variables include political, economic, social, cultural, historical, and/or organizational factors
In-Depth Study	-Chosen for intensive analysis of an issue -Fieldwork is intrinsic to the process of the inquiry - Subjectivity as consistent thread – varies in depth and engagement depending on the philosophical orientation of the research, purpose and methods -Reflexive techniques pivotal to credibility and research process
Selecting the Case	-Based on the purpose and conditions of the study - Involves decisions about people, settings, events, phenomena, social processes -Scope: single, within case and multiple case sampling - Broad: capture ordinary, unique, varied and/or accessible aspects -Methods: specified criteria, methodical and purposive; replication logic: theoretical or literal replication (Yin 2018).

Multiple Sources of Evidence	<ul style="list-style-type: none"> <li>-Multiple sources of evidence for comprehensive depth and breadth of inquiry</li> <li>-Methods of data collection: interviews, observations, focus groups, artifact and document review, questionnaires and/or survey</li> <li>-Methods of analysis: vary and depend on data collection methods and cases; need to be systematic and rigorous</li> <li>-Triangulation highly valued and commonly employed</li> </ul>
Case Study Design	<ul style="list-style-type: none"> <li>-Descriptive, exploratory, explanatory, illustrative, evaluative</li> <li>-Single or multiple cases</li> <li>-Embedded or holistic (Yin 2018).</li> <li>-Particularistic, heuristic, descriptive (Merriam 2009).</li> <li>-Intrinsic, instrumental, and collective (Stake 1995).</li> </ul>

Grounded on the above elements, this research endeavored to do an in-depth contextual study of a single case and its subunits that were purposely selected in order to explore, understand, explain and present the respondents' perspectives on belongingness within a faith community.

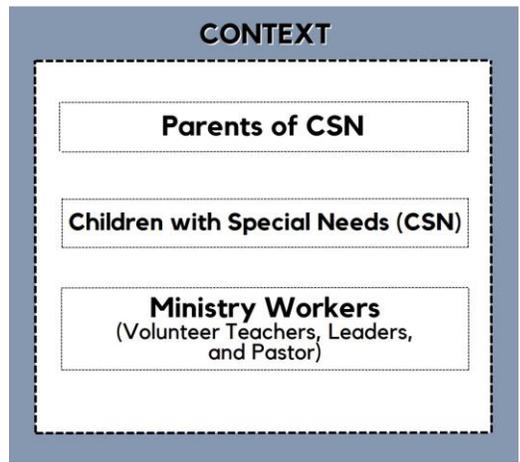
### **Research Design and Instruments**

Single case design can be either holistic (a single case unit of analysis) or embedded (multiple units of analysis) (Yin 2018, 87-88) (see Figure 8). The research design of this dissertation is a single case design with three embedded subunits within the case (see Figure 9).



**Figure 8. Single-Case Study Design (Yin 2018, 84)**

The three embedded units of analysis for this study are: 1) parents of children with special needs (CSN); 2) children with special needs (CSN); and 3) ministry workers within the church (Figure 9).



**Figure 9. Embedded Units of Analysis of this Research**

Sources of data were from the following: 1) quantitative data: survey questionnaire and World Café; and 2) qualitative data: direct observation and semistructured interviews.

A major pitfall of an embedded case study design is when it heavily focuses on the sub-levels and fails to return to the larger unit of analysis (Yin 2018, 89). With that potential drawback as a forethought, this researcher bore in mind during the process that the parts being investigated would reflect the whole case and made certain that each subunit is an essential part in unifying the case.

#### Selection of the Case and Its Subunits

This study has adopted a purposive sampling strategy which means selecting groups or categories to study on the basis of how useful they are in answering the research questions. By meticulously examining a particular context or phenomenon, “we increase our chances of being able to use that very detail not only to understand how things work in specific contexts, but also how things work differently or similarly in other relevant contexts” (Mason 2002, 124-125). Given the aims and objectives of the study, the case with its subunits was expected to generate important and varied views about the issues on belonging.

Yin and Stakes have alternative views on the terminology “example” and “sample.” The word “example” is the preferred term rather than “sample” which refers to subjects or parts of a larger population in quantitative research. Thus the case is a purposive example of a faith community that serves families who have children with disabilities. It has been selected because it is most likely to yield appropriate and useful

information, and a potentially good source of data on church and disability study and practice. According to Yin (2018), the terms “the sample of cases” or “the small sample size of cases” are confusing terms, “as if a single or multiple case study were equivalent to respondents in a survey” (Yin 2018, 75). Likewise, Stake states that case study is not a sampling research and studying one case does not mean understanding other cases, rather, the “first obligation is to understand this one case” (Stake 1995, xi, 4). The purpose of case studies is not to generalize (that is, statistical generalization), but rather to provide the possibility of making sound assumptions based on the examples selected (Nieto 2000). The selection of a case that is rich with information is worthy of an in-depth study because of the evidence that it can generate about the issues that can be beneficial to those with applicable context.

### **The Case: The Church**

Established in 1957, a Cantonese-speaking church of the Baptist denomination was chosen to be the subject of this study. It is considered a fairly small Baptist church located in Kowloon, Hong Kong. At the beginning of this research, the church had about eighty adult members and about twenty-five children, excluding those that worship online due to COVID-19 restrictions. It has been serving families who have children with special needs since 2006. The Special Needs Ministry (SNM) is under the umbrella of the Children’s Ministry. It has a program of moving children from an exclusive to an inclusive setting. The SNM originated from four families, whose children have autism. A Bible Preparation class was opened to teach the children so that their parents could attend

the worship service. Simultaneously, an exclusive support group was formed so that the parents could have open communication to ministry leaders for their needs.

Although their children have grown up (some are in their 20's), the parents continue to volunteer as more children with disabilities are taken in. They are now the core group of the Special Needs Ministry who oversee the children's special needs class and the parents' support group. Some mothers from the core group also speak in seminars in other Hong Kong churches to advocate for CSN, help with establishing special needs ministries, and share their expertise in working with children with special needs.

This church has a close link with the Louis Program, a charitable Christian organization that supports families who have members with disabilities. During the time of this research, all the current children being served in the SNM were referrals from the Louis Program. Moreover, as part of the church's advocacy, some office projects are outsourced to a social enterprise that supplies workers with autism.

A letter of request (Appendix A) was sent to the pastor of this church and approval was granted upon endorsement of this researcher to the head of the SNM.

### **Bounding the Case: The Subunits**

One of the important components in case study research design is defining and bounding of the case (Yin 2018, 60). The "case" is this specific Hong Kong congregation and its relationship with families of children with special needs. To bound this case, three small groups were included as subunits as sources of data: parents of children with special needs, children with special needs (CSN), and ministry workers. The term

“ministry workers” include those who are full-time, paid workers as well as those who are in volunteer positions.

### Selection of Participants

Similarly, the selection of participants is purposive. Participants or key informants are parents, children with special needs, and ministry workers, as quantified in Table 3.

The main criteria for selecting parents is that they are Christians, who have children with developmental disabilities, and have been part of the church for at least two years. Children interviewees were limited to those who have developmental disability, but are verbal and cognitively able to understand and respond to the questions. The prerequisites for ministry workers are that they have been serving the church for at least two years, and have been part of the Special Needs Ministry or the inclusion class (Awana). The ministry workers are composed of ministry leaders (including the pastor) and volunteer teachers of the Children’s Ministry where the Special Needs Ministry is a part of.

**Table 3. Participants, Number of Participants, and Research Instruments**

<b>Participants</b>	<b>Survey</b>	<b>Word Café</b>	<b>Observations</b>	<b>Interviews</b>
1. Parents or Guardian	8	9	6	6
2. Children with Special Needs	x	x	30+ (typical and atypical)	8

3. Ministry Workers: (Pastor, Ministry leaders (ML), and Volunteer teachers)	18	6	18	15 Pastor:1 ML:3 Teachers:11
<b>TOTAL</b>	<b>26</b>	<b>15</b>	<b>54+</b>	<b>29</b>

### Instruments in Data Collection

The succeeding sections contain the details of the research instruments used in the data collection.

#### Survey Questionnaire

A self-made questionnaire-based survey is the quantitative source of data. The purpose of the survey is primarily for the demographics of adult respondents.

There are two questionnaires: 1) Parents' Survey that has fifteen items including two open-ended questions (Appendix B); and 2) Ministry Workers' Survey that has ten items including four open-ended questions (Appendix C). Accompanying these is the consent letter for the survey (Appendix D) which also introduced what the study is about.

#### The World Café

The World Café technique is a simple method of bringing people together in a meaningful conversation about issues that matter to them. Introduced by Juniata Brown and David Isaac in 1995, it is utilized as a participatory tool that is designed to hear people's ideas and opinions in a collaborative way. The informal discussion is done in a relaxed ambience, like a café, which is how the process got its name. "Café conversations

are designed on the assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges” (Brown and Isaac 2005, 4). Earlier on, the awareness of and concern for the issues on the effects of disability on families were already expected from the adult respondents of this case study.

In the last two decades, World Café (WC) as a research method has become popular and has been used to examine issues in disability such as inclusive schooling, employment, and spirituality. In a review of the thirty-five disability studies using World Café, with health care having the most number of studies ( $n=18$ ; 51.4%), there were five studies (14.5%) that were related to community inclusion (Bumble and Carter 2020, 112115). One of the advantages of WC is its high degree of confidentiality since an individual’s responses cannot be traced (Löhr, Weinhardt, and Sieber 2020, 10). This was an important element for considering data collection tools for this project since the respondents of this study who are all Chinese required their anonymity be guaranteed. However, unlike focus group discussions and interviews where there is direct interaction with interviewers and participants, it is not possible to probe or clarify answers in WC (Löhr, Weinhardt, and Sieber 2020, 10). To mitigate this, each table had a facilitator whose responsibility was to clarify participants’ responses and make sure that handwritten answers were readable.

The researcher has sought the advice of Dr. Erik W. Carter, a researcher on disability and a professor of Special Education in Vanderbilt University, regarding the three topics of discussion to be used in World Café. He has done a study on inclusion and belonging of PWD and their families using World Café as an instrument for data collection.

A total of fifteen people (parents  $n=9$ ; ministry workers  $n=6$ ) participated in this structured conversation process. The six ministry workers are all parents whose children have autism. Three topics were tackled during the discussion (Appendix K), and each of them corresponded to the three research questions:

- 1) Describe the qualities or characteristics of a church where you and your children with special needs feel most welcome or belong? (RQ1)
- 2) Why is belonging to a church important for you and your children with special needs? (RQ2)
- 3) What can a church and its members do to include people with disabilities and their families well in the church community? (RQ3)

### **Direct Observation**

Observation is defined as the “systematic description of events, behaviours, and artifacts in the social setting chosen for study” (Marshall and Rossman 1989, 79). The observation of participants increases the validity of a research (DeWalt and Dewalt 2002, 92). This study has used direct participant observation.

Three lockdowns were imposed on group gatherings during the COVID pandemic period in Hong Kong when this research was in progress. On top of that, mask wearing was strictly observed, which was quite a challenge for children with autism. The number of engagements was critical to gain a deep understanding of the child participants, especially those who have serious disabilities. Informants should feel comfortable and accept the researcher’s presence (Taylor, Bogdan, and Devault 2016). To build rapport with the participants, especially the children, the researcher (together with a research assistant-translator who is a church member) (see Appendix N) assumed the role of a

teacher aide for the duration of the research, which made her familiar with the routines. Her chores were restricted to setting up the classroom, welcoming families, sanitizing children's hands, and assisting teachers to move students from one classroom to another. These did not impede her note taking while still allowing her to get acquainted with the families. As a teacher aide, it gave her numerous moments to initiate natural verbal interactions with prospective respondents, especially the children. They, in turn, became used to her familiar face; this made the interviews much easier. Parents were also more trusting in sharing their life stories since the researcher has been visible in church for several months and had become aware of their children's conditions.

Observation notes (Appendix E) were written during the classes and were reviewed for consolidation and reflection afterwards.

### **Semi-structured Interview**

Prior to the interviews, preliminary observations of the children's classes were done. By doing this, it helped the researcher be informed of the key issues, be familiarized with the setting, and provided the opportunity to know the people to be interviewed (Rubin and Rubin 2012, 26-27). Semi-structured interview method was employed in this study. Three interview protocols were formulated for this study: 1) Parents with eight questions, but nine items to those who are also volunteers in Children's Ministry (Appendix F); 2) Children, with nine questions (Appendix G); and 3) Ministry workers, with ten questions (Appendix H). Interview protocols were translated from English to Chinese. They were reviewed by Children's ministry directors, special

needs professionals, and disability advocates for grammar and cultural suggestions; revisions were done accordingly.

The factors that determined the format and language of the interviews were age, availability of time, and proficiency in the spoken language. A research assistant (RA) conducted the Cantonese interviews with the presence of this researcher as she understands limited Cantonese (Appendix M). This enabled her to ask follow up questions which were translated by the RA to make deeper probes on the responses. Even though all the adult interviewees understood English, the researcher determined that some of them would best express their feelings in their mother tongue which is Cantonese, the dominant spoken Chinese language in Hong Kong, which is part of Canton (Guangdong) province of Mainland China.

Before the interviews were conducted, the following consents were sought: a) Parental consent for children's interview (Appendix I), and b) Informed consent letter for adult interviews (Appendix J).

This researcher kept in mind the three characteristics of a good in-depth interview: 1) rich and detailed information; 2) open-ended questions; and 3) questions that were not fixed or not asked in a given order. The purpose of which was to gather multi-faceted narrative stories and experiences that would explain the different aspects of the case (Rubin and Rubin 2012, 29) or in this particular case study, those of the various subunits. The questions were designed to draw historical and personal views based on participants' experiences.

To strengthen the reliability of the interview protocols as instruments, it went through the interview refinement protocol (IPR) framework (Table 4). This framework is

most suitable for structured and semi-structured interviews. A four-phase process ensured that the questions would help the research get “robust and detailed interview data” that would be valuable in undertaking the research questions (Castillo-Montoya 2016, 811-812).

**Table 4. Phases of the IPR Framework (Castillo-Montoya 2016, 811-812)**

Phase 1	Ensure that interview questions are aligned with the research questions
Phase 2	Construct an inquiry-based conversation
Phase 3	Receive feedback on interview protocol
Phase 4	Pilot the interview protocol

The IPR framework was an important guide since a considerable bulk of firsthand data came from the individual interviews.

Pilot testing was done since it is the best way to tell whether the order of the questions work or not (Merriam 2009, 104). One of the beneficial things that this pilot testing did was to alert the interviewer on how to transition from one question to another. Some questions were revised for clarity, since the critical part was translating the questions into Cantonese, making sure the terms used were understandable to the respondents. In addition, testing also determined if there was enough data to be had in addressing the three research questions.

#### Pilot Study

Conducting a pilot study is to give advance warning about what areas of the research could fail (van Teijlingen and Hundley 2002, 33). One of the reasons for a pilot study is to try out or pre-test the research instrument to be used (Baker 1994, 182-183) to

see if they are unsuitable, irrelevant, or too complicated. Three of the instruments that underwent pre-testing were the survey questionnaire, and the interview protocol for parents, and ministry workers. The criteria for pilot test respondents are that they are professing Christian, have served in the church for at least two years (ministry workers), and have been coming to the church for at least two years (parents with CSN). Respondents are all from this Chinese church except the two pilot respondents, both special education practitioners, who tested the survey questionnaires.

### **Survey Questionnaire**

This was pre-tested by the two Special Needs Ministry leaders, two volunteers from Children's Ministry, and two professionals in the field of special education. For the ministry worker's questionnaire, the sole revision was on the age of the respondents. For privacy reasons, instead of asking for a specific age, the choices of age were given in the range of ten years (i.e., 20-30, 31-40, 41-50). The same manner was done for the age of the family survey respondents. A further revision to the family survey was the additional support offered by the church, increasing from five to eight items to make the choices specific and applicable.

As the survey was to be filled in using a Google form, testers raised the issue of the ease of accomplishing to make it user-friendly, which include the format of the answers, length of the questions, and its translation in Chinese.

### **Parents' Interview Protocol**

A mother, whose child is with autism and attends the Special Needs Ministry class, was interviewed over the telephone for this pre-test. Revisions made for this interview protocol are the following:

- 1) Change in terminology from "Sunday school" to "church" as the former term is not used in the church's Children's Ministry language.
- 2) On the impact to the family question, a further question on what support does the church offer was appended which is related to the first research question about the qualities of the church.
- 3) On the sense of belonging question, parents were asked to put a value on their sense of belonging by rating it from one to ten for the reason that a numerical scale seemed a better way for the respondents to describe their sense of belongingness, and also that their belongingness differed from that of their children.
- 4) For those parents who are also volunteer teachers, a ninth question was added as to their motivations of helping the ministry or the church which is related to the third research question about the effect of belongingness to their quality of life.

### **Ministry Workers' Interview Protocol**

Two Children's Ministry workers (one from the Special Needs Ministry and one from AWANA), who are professing Christians, active church members, and have served

more than two years, were interviewed face to face. Based on the responses and also their feedback on the questions, the subsequent revisions were made:

- 1) Two questions were deleted. First, as all children are not included in the congregational service, accommodation was an irrelevant question. Second, the question asking for two memorable narratives about working with atypical children could be elicited from the interview portion.
- 2) A question on their perception of how the church accepts the families and their children was added as this is related to two of the research questions.
- 3) On the question of their perception of the family's belonging in the church, a rating of one to ten was a more concrete response, and also another way to cross-check with the parents' response.
- 4) A question on their motivation for serving in the ministry or church was also added to supplement the first research question about the quality of the church.

The pilot study participants are included in the population of this study but their responses were not included in the data. Even though the number of parents was small (fourteen to fifteen families), caution was taken to avoid problems arising from contamination. The mother and the ministry workers for the pre-test were not included in the samples or the final list of respondents, with the exception of the Special Needs Ministry leader. Although the latter was a ministry worker respondent, he does not have a child with disability and his feedback on the survey tool had no bearing on the data. On the contrary, he was indispensable because as the ministry overseer, he is the most

wellinformed about the Special Needs Ministry context, especially the families and children being served, and the volunteers in the children’s ministry.

### Rigor of the Research

Tests of validity are essential to any type of research and the case study research design is not exempted from these. Four criteria are commonly used to assess the rigor of field research: construct validity, internal validity, external validity, and reliability. These criteria have been adapted by Yin (1994) and others (Campbell 1963; Eisenhardt 1989) in case studies (cited in Gibbert et al. 2008, 1465-1474). Case study tactics or methods are listed below for each test of validity.

**Table 5. Case Study Tactics for Four Validity Tests (Yin 2018, 79)**

<b>Criteria</b>	<b>Case Study Tactic</b>
1. Construct validity	-Use multiple sources of evidence -Have key informant review draft case study report
2. Internal validity	-Do pattern matching -Do explanation building -Address rival explanation -Use logic models
3. External validity	-Use theory in single-case studies -Use replication logic in multiple-case studies

4. Reliability	<ul style="list-style-type: none"> <li>-Use case study protocol</li> <li>-Develop case study database</li> <li>-Maintain a chain of evidence</li> </ul>
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### **Construct Validity**

This test identifies correct operational measures for the concepts being studied (Yin 2018, 78). Triangulation involves checking gathered information from various methods to see a consistency of evidence across all sources of such data (Mertens and Mclaughlin 1995, 54; Bryman 2004, 454). Using multiple methods for triangulation, empirical materials came from survey questionnaires, observation, interviews, and World Café discussions, with the aim of finding a better understanding of the case, and to make “the world visible in a different way” (Denzin and Lincoln 2018, 10). The recommendation tactic of making the key informants’ review the draft of the report was nearly impossible and impractical, as this paper is written in English, and a Chinese version was not an option. As an alternative, member checking was done by providing them with the interview transcripts for their approval or if changes are necessary. The World Café results (in Chinese and English) were posted right after the discussion so the respondents could view them.

### **Internal Validity**

This criterion seeks to establish a causal relationship whereby certain conditions may lead to other conditions. It also has something to do with the making of inferences based on the data that had been gathered, whether rival explanations and possibilities

have been asked, and if there is a convergence of evidence (Yin 2018, 78, 81) (see Figure 10). Checking for internal validity came about in the analysis stage of this study.



**Figure 10. Convergence of Multiple Sources of Data (Adopted from Yin 2018, 173)**

For internal validity, this case study design used MAXQDA, a qualitative data analysis software, to examine, arrange and categorize data to look for patterns, insights, and concepts drawn from the raw data. Another internal validity step is to do explanation building. This was done by comparing the data against theoretical statements, or revising earlier statements or propositions in previous studies (Yin 2018, 230). The third check was to look for probable rival explanations such as alternative interpretation of the case or an opposing view in previous related studies.

### **External Validity**

This is a test if the case study's findings can be generalized (Yin 2018, 78). At the beginning of the study, it was important to have a theoretical proposition that functions as a blueprint for this study. It is a "hypothetical story about why acts, events, structure, and

thoughts occur” (Sutton and Straw 1995, 378). There are two kinds of generalization: statistical and analytic (Yin 2009, 38-39). Statistical (numerical) generalization is not the only way of generalizing findings in social science research. Analytic generalization is more appropriate for case studies as it depends on the study’s theoretical framework “to establish a logic that might be applicable to other situations” (Yin 2012, 18). Therefore, the two theoretical frameworks in this study, the Ecological Theory Model and the Needto-Belong Theory, were evaluated vis-á-vis findings and gave conclusions on their generalizability to other similar or related religious settings.

### **Reliability**

This study had to demonstrate that its processes, such as data collection, could be repeated (Yin 2018, 78). This researcher created a case study protocol outline (Appendix L), a document that contains the instruments, procedures and general rules that will be followed in using the various instruments, if the study will be replicated. It has four sections: 1) Section A contains the background information about the study; 2) Section B explains the detailed data collection procedures; 3) Section C has the protocol’s questions that are addressed to the researcher as a reminder of the data to be gathered and the reason for the collection; and 4) Section D is a suggested outline for the case study report (Yin 2018, 135-144).

Another tactic for test of reliability is to develop an orderly case study database. This database should be “organized, categorized, complete and available for later access”

(Yin 2018, 175-176). To preserve the data collected, they were stored electronically in Google drive and in external and internal drives for easy retrieval during the analysis stage.

The third method to increase reliability is to maintain a chain of evidence. Considering the instruments to gather data, a lot of information was anticipated, especially from the interviews. The researcher made sure that no data was lost, and that whenever conclusions required bases for their evidence, the supporting data could be traced without any glitch (Yin 2018, 180-181) because of a systematic filing system created in the cloud and in the researcher's computer. One example of this is not separating the Chinese text narrative from the English translation for easy location and retrieval of verbatim accounts of the interviews.

### **Peer Debriefing**

Besides the preceding four criteria, another strategy to increase validity was through peer debriefing, "a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (Lincoln and Guba 1985, 308). It helps detect researcher's biases and assumptions that might affect the interpretation of the data. Peer debriefing increases the "credibility of a project" (Denzin and Lincoln 1994, 513).

A peer debriefer is someone who is unbiased, independent, and is not a stakeholder in a research. This person supported the researcher to review and assess the

survey responses and discussions, transcript of interviews, procedures (such as the qualitative data analysis), and research findings.

## **Data Collection and Recording**

### Survey Questionnaires

The two survey forms (family and ministry workers) were written in traditional Chinese with English translation. The link of their electronic version in Google form was sent to the respondents using Whatsapp, a messaging application that is widely used in Hong Kong. The respondents (eight families, eighteen ministry workers) were given two weeks to complete the survey, with an SMS-reminder after the first week to make sure that all forms were accomplished on time.

Summaries of the survey were automatically generated by Google in spreadsheet format, then in the form of pie charts for numerical results (means, percentages, frequencies) of a given category and bar graphs for multiple choice questions. All data was stored in Google Drive in two separate files labelled QFAM (for family survey) and QMW (for ministry workers). For backup and security protection, a survey folder (SURVEY-Q) was created containing two sub-folders: QFAM and QMW in the researcher's personal computer. Each respondent was assigned a file name and number, S-P1 (Survey-Parent 1), S-MW1 (Survey-Ministry Worker 1) and so on. These were also saved in a USB flash drive.

Chinese responses to open-ended questions were translated to English and saved according to their respondent's assigned file name for ease of retrieval in referencing.

### World Café

Three tables were set up in a big room, and five participants (parents and ministry workers) were randomly assigned to them. Each table was designated for a specific topic which corresponded to the three research questions. The discussion topics are the following:

- 1) What are the qualities or characteristics of a church where you and your children with special needs feel you belong? (Research Question 1)
- 2) Why do you think belonging to a church is important for families with children with special needs? (Research Question 2)
- 3) What can a church and its members do to include people with disabilities and their families well in the church community? (Research Question 3)

Although topics were given to the participants beforehand, the facilitators introduced the topic and explained the procedure every time a group joined a table. Large sheets of paper and colored markers (coded for topics) were provided on each table so participants could write or draw their ideas. The duration of the conversation for each topic was fifteen to twenty minutes. A timer signal was given to the participants when they could move to another table of their choice, until they all had completed the three topics. After each round of conversation, the facilitators labelled the sheets or responses with “T1-R1” to indicate responses for Table 1, Round 1. Then a new blank sheet of paper was placed on the table in preparation for the next group.

Due to time constraints, the researcher could not summarize the responses right after the activity. In lieu of this, all the big sheets of paper containing the handwritten responses were posted on the wall for everyone to read, compare and discuss.

### Observation

Observations were mostly on children's classes: the special needs ministry (SNM) class and Awana, the inclusion class (IC). More visits were done in the SNM class than Awana since the attendance of some CSN was not regular due to COVID. The number of observations and the specific groups are in Table 6.

**Table 6. Number of Observations**

	<b>Special Needs Class</b>	<b>Awana (Inclusion Class)</b>	<b>Parents</b>
<b>Number of Observations:</b>	20	14 (Including Winter Camp and Summer Camp)	2 (via Zoom)

The Sunday schedule of the two classes are in Table 7 below, with their big groups and small groups activities

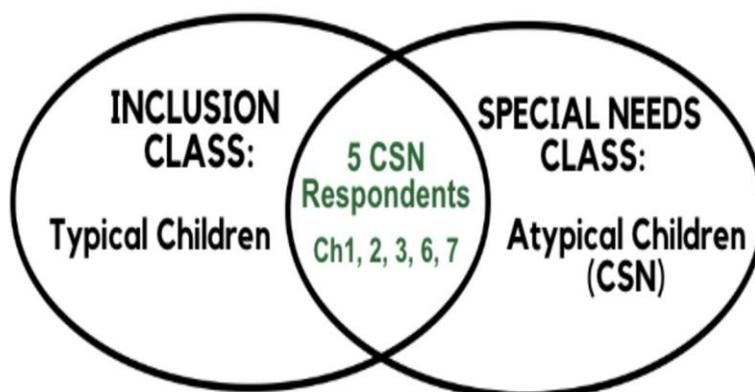
**Table 7. Timetable, Groups, and Activities**

<b>Special Needs Class</b> (Bible Preparation Class)	<b>Awana</b> (Inclusion Class)
9:30- 10:00	11:00 - 11:45
<p style="text-align: center;">Big Group</p> <p>Activities:</p> <ul style="list-style-type: none"> <li>● Pray</li> <li>● Sing</li> <li>● Group activity to develop interaction and social skills</li> </ul>	<p style="text-align: center;">Big Group</p> <p>Activities:</p> <ul style="list-style-type: none"> <li>● Pray</li> <li>● Sing</li> <li>● Collect offering</li> <li>● Games (four teams)</li> </ul>
10:00-10:30	11:45- 12:30
<p style="text-align: center;">Small Groups:</p> <ol style="list-style-type: none"> <li>1. Socialisation activities</li> <li>2. Communication activities</li> <li>3. Sensory integration activities</li> </ol>	<p style="text-align: center;">Small Groups (Bible Lesson Classes):</p> <ol style="list-style-type: none"> <li>1. Cubbies: Kinder 1-2</li> <li>2. Sparks: Kinder 3 - Grade 2</li> <li>3. Ultimate Adventure: Grades 3-4</li> <li>4. Ultimate Challenge: Grades 5-6</li> </ol>

Note-taking was solely used in documenting the observation as video recording was not approved to protect children's privacy. For systematic record-keeping, observation forms were filled in with date and time, class, number of students and teachers, activities, action and interaction of students and teachers. Notebooks were used as well for jotting additional notes which contained three observation guides: description of the setting, children's behaviors, and frequency counts of atypical behavior (Kawulich 2012, 10-13). This helped the researcher keep track of the class dynamics, focusing on three dyads: the teacher-CSN, the CSN-typical children, and the teacher-typical children. Files and notes were labelled for special needs class as (SpecialNeeds)-(date)-(number of observation), e.g., SN-Oct16-#7, and for Awana as (InclusionClass)-(date)-(number of observation), e.g., IC-Dec5-#13.

There were four classes to be viewed on Sundays: two big groups and the two small breakout groups for both Special Needs and Awana. All the big groups were seen with consistency. The Small Group breakouts from the Special Needs (SN) class were assigned to the researcher so she could watch all the three small groups for the kind of intervention given to each set of children: a) Group 1- children who are verbal and have some degree of interaction with others; b) Group 2- children who have difficulty in speaking and but can respond in another modality, and c) Group 3- children who are nonverbal and need sensory integration therapy.

For the AWANA small groups, Bible classes observed were those where five of the CSN respondents are included as seen in the Venn diagram below (Figure 11). As the classes were conducted in Cantonese and the Awana curriculum written in Chinese, many of the conversations about the Bible lessons were beyond the researcher's ability to comprehend, except for common Cantonese expressions she is familiar with, but the nuances of their behaviors were quite transparent and thus she was able to give account of them in writing.



**Figure 11. Venn Diagram of Children and Classes**

Two AWANA children's camps were visited, one in winter and one in summer. Again five of the CSN respondents were in the Awana group activities, but since the camps were church-wide events, the families and the children who were in the Special Needs setting also joined the camps. They had separate activities which were best suited to the abilities of their children.

Joining the parents' support group on virtual meetings was done twice during the COVID lockdown period, upon the invitation of the Special Needs leader in charge of parents. Attending face-to-face parents' meetings in the church was deemed redundant since some of them would be interviewed on a later date, and secondly, it is conducted in Cantonese which, regrettably, this researcher would not be able to follow.

#### Semi-structured Interview

Most of the interviews were conducted face-to face ( $n=22$  or 75.8%). The time allotted to this researcher for interviews was only on Sundays, when some ministry workers were serving. Telephone interviews were preferred by the remaining respondents ( $n=7$  or 24.1%) after their office hours (Table 8).

**Table 8. Format of the Interview**

<b>Interviewees:</b>	<b>Face to Face</b>	<b>Telephone</b>	<b>Total Number</b>
1. Parents	5	1	6
2. Children	8	0	8
3. Ministry Workers	9	6	15

For language used in the interviews, majority of the respondents were interviewed in Cantonese ( $n=21$  or 72.4%). English was used by fewer respondents ( $n=8$  or 27.5%) and the interviewer was the researcher herself (Table 9).

**Table 9. Language of the Interview**

<b>Interviewees:</b>	<b>Cantonese</b>	<b>English</b>	<b>Total Number</b>
1. Parents (mom or dad)	4	2	6
2. Children	8	0	8
3. Ministry Workers	9	6	15

Eight children with disabilities were interviewed, with ages ranging from seven to nineteen years old. Table 10 lists profiles of the respondents.

**Table 10. Children Interviewees' Profile**

<b>Interviewees:</b>	<b>Gender</b>	<b>Age</b>	<b>Disability</b>
Child 1	Male	11	Autism
Child 2	Male	10	Autism and Giftedness
Child 3	Male	11	Autism
Child 4	Male	15	Autism and Intellectual disability
Child 5	Male	19	Autism and Intellectual disability
Child 6	Male	7	Autism and ADHD
Child 7	Female	11	Autism and Dyslexia
Child 8	Male	18	Autism

Characteristics of the different disabilities of the child respondents:

- 1) Autism or Autism Spectrum Disorder (ASD). It is one of the developmental disabilities that cause significant communication, behavioral, and social challenges due to differences in the brain. They may have difficulties in having friends, communicating with others, and understanding behaviors expected of them in the community. Physically, there is nothing about how

they look set them apart from other people. People with ASD can have significantly varied abilities, some may be good in their communication skill but others may be non-verbal. Some children with ASD need substantial support in their daily lives; others can manage with little or no support (CDCP 2022).

- 2) ADHD. Children with ADHD struggle with paying attention, controlling impulsive behaviors, and are overly active. Children do not grow out of these disrupted behaviors. If not managed, the symptoms continue and can be severe causing difficulty at home, at school, or with friends (CDCP 2022).
- 3) Intellectual Disability. ID can cause the children to learn and develop slower than other children of the same age. It limits the children's ability to learn, thus children with ID can have trouble in school. In addition, they may have a hard time letting others know what they want, and may find it challenging to take care of themselves (CDCP 2022).
- 4) Dyslexia. It is a difficulty in reading, and is one of the learning disorders. Some symptoms are reversing letters and numbers, difficulty telling left from right, difficulty in organization, remembering instructions, and recalling what was just said or read. Children with dyslexia often feel frustrated in mastering a lesson, despite their effort to study (CDCP 2022).
- 5) Giftedness. Children who are gifted have the ability to perform at a higher level compared to others of the same age, experience, and background. They can have learning and processing disorders that require intervention and accommodation. Furthermore, they need help to develop their social and

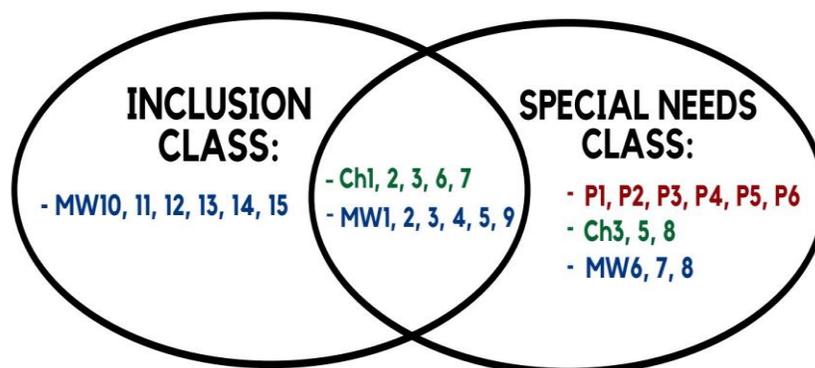
emotional skills as well as their areas of giftedness (National Association for Gifted Children 2019, 1-4).

Five out of the eight children (62%) have two diagnoses (Table 10) which means that their behaviors are more complex to manage in the big group like Awana. Depending on the gravity of their disabilities, it takes time for some CSN to move from exclusive to inclusive setting.

A research assistant (RA) or translator conducted the Cantonese interviews, in the presence of this researcher, with audio recording on an iPad. When the researcher had additional probe questions, the RA translated them. When interviewing three of the children, two of the parents remained with them to explain to the child or provide other means for the child to communicate the answer.

The hard copies of the questions were at hand during the interviews to make sure that none were left unasked since some of the questions were not given in order. Probe questions and transition questions were also added when responses called for clarifications. Since this case study research is being undertaken by one person, a process of member checking was done for accuracy of results (Galvan 2006, 56-57) by providing parents and ministry workers the transcription of their responses. The transcription of children's interviews in soft copies were emailed to the parents.

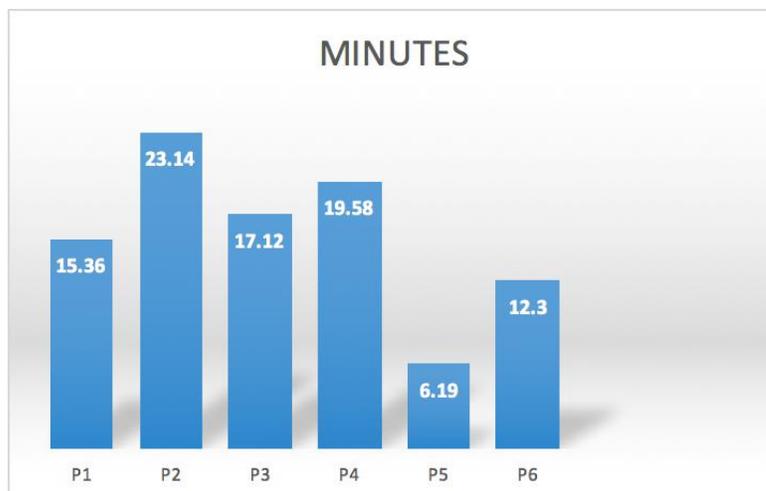
The following diagram shows which of the three groups the interviewees belong to.



**Figure 12. Diagram of Interviewees (Legend: P=Parents; CSN=Children with special needs; MW=Ministry worker)**

An interview folder was created, and within it were three sub-folders named InterParents, InterChild, and InterMW. The folders containing the individual recording files were named Parents1, Parents2; Child1, Child2; and MW1, MW2, and so on. All interviews were stored in Google Drive and backed up on hard disk and USB flash drives.

Nine hours and twenty minutes was the aggregate duration of all interview audio tracks. For the parents ( $n=6$ ), the total recording was 94 minutes, and the average length was 15.6 minutes (Figure 13).



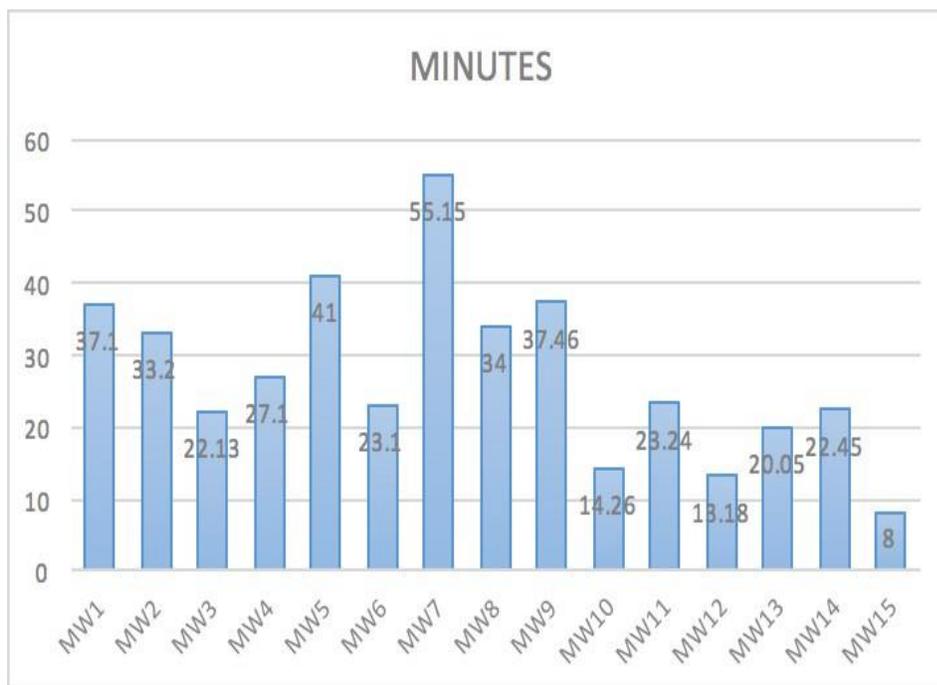
### Figure 13. Duration of Parents' Interviews

For children ( $n=8$ ), the total recording was around sixty minutes, and the average length was 7.5 minutes. The length of their interviews was determined by their short attention span and also their cognitive ability to understand the questions (Figure 14).



### Figure 14. Duration of Children's Interviews

For ministry workers ( $n=15$ ), their interview recording totaled 413 minutes, and the average length was 27.5 minutes (Figure 15). They had the longest interviews among the respondents due to the number of questions.



**Figure 15. Duration of Ministry Workers' Interviews**

Audio files in Cantonese were shared with a research assistant for transcription. The transcribed materials were uploaded on Google Drive and shared to the first translator. After the first stage of translation, translator number one was deleted from the shared drive. Translator number two was sent the link of the file to review and revise the translation. The purpose of the shared drive was to ensure that no other copy of the interview data existed. Finally, all interview transcripts were downloaded to Word document format for use in the qualitative data analysis (QDA).

### **Data Processing and Analysis**

According to Yin (2018), the analysis of evidence in a case study is one of the least developed aspects of case study research. Although several software is available to assist in the process, “they are the assistant, not you” (Yin 2018, 213-214), the researcher

is the main analyst that directs the tools. Consequently, this researcher has pored over the data many times, looking for both congruence and incongruence, and responses that were related to create themes.

There are four characteristics of high-quality analysis: a) address all the evidence; b) investigate all conceivable rival interpretations; c) focus on the most significant aspect of the case study; and d) demonstrate a familiarity of the prevailing discourse about the case study topic (Yin 2018, 249-250). This researcher has a strong academic background on the topic of disability and is a practitioner in both the field of special education and Christian education. Her goal was to see that all these four characteristics were dealt with to ensure proper analysis of the case by systematically organizing data and thoroughly examining them from different angles.

After translating the responses to the open-ended questions of the survey, interviews, and World Café discussion, all raw data were properly categorized, labelled, and stored digitally for safekeeping in the Cloud and USB stick while the process of data analysis was ongoing. The next step was to subject the data to analysis.

Content analysis is the longest established method of investigating text in research (Titscher et al. 2000, 55). It is defined as the study of recorded human communications. Data is examined methodically by coding. Coding is the process of transforming data into a standardized form (Babbie 2001, 304-309). In qualitative data analysis, a code is a construct that is generated by the researcher to symbolize the data collected (Vogt et al. 2014, 13). A code can be a word or a short phrase that the researcher assigns to summarize the essence or attributes of the portion of a language-based or a visual data (Saldaña 2015, 4). Bryman (2004) defines qualitative content analysis as “an approach to documents that

emphasizes the role of the investigator in the construction of the meaning of the text” (Bryman 2004, 542). Thus, the coding process is a rigorous exercise to extract significant concepts or themes and find relationships between them.

Atkinson (2002) proposed four steps to analyze data from a case study method using codes: a) create a data repository; 2) assign codes to data; 3) analyze the coded data; and 4) write the final propositions. After storing the data in a form that is easy to manipulate, codes will be created that identify the data, then analyze the coded data so that the researcher can make a proposition based on research questions and other sources (Atkinson 2002, 1-10).

The researcher did a thorough reading and re-reading of the transcriptions before commencing the coding process. Yin (2018) suggests having an analytic strategy wherein the researcher “plays” with the data collected, looking for patterns, insights, concepts that might stand-out from in the materials (Yin 2018, 214). She printed the translated interviews, survey responses, observation notes and World Café data for highlighting, categorizing, and drafting possible diagrams to the overarching themes or concepts that were emerging from the raw data as she read. The old-fashioned “index cards and colored pens” method was used to mix and match concepts that were coming along as she perused the raw data. All the while, she had to remind herself of the reflexivity statement on account of her existing prejudices.

### Survey Questionnaires

Quantitative data from surveys of the demographic profiles were analyzed using a spreadsheet software which automatically generated summary of the results. Data was

computed for means and percentages and presented in figures or diagrams. Crosschecking of text and numeric evidence was done to examine for probable explanations or contradicting answers. For responses to open-ended questions, the Word Tree function of MAXDictio was used to analyze words and combinations of words. The summaries are presented in tables.

### World Café

World Café results are quantitative data. Since the responses were already color coded based on the research questions and Chinese responses translated to English, they were uploaded on MAXQDA In Vivo (literal or verbatim coding). The verbatim codes were used to create a word cloud or tag cloud of the highest popular words or phrases based on their frequency and relevance. Three word clouds were generated, one for each research question.

### Observation

The source of data for observation were the handwritten notes which were transcribed for analysis. Then observations notes were sorted out by highlighting items that pertain to which research questions they fit into. While doing this process, the researcher had in front of her the three research questions printed individually on index cards for her reference when she encountered difficulties categorizing some responses. After sorting the pertinent data by research question, the next step was to find themes that are similar or different from those in the interviews.

### Semi-structured Interviews

Interviews were the primary source of data. Researcher and a research assistant conferred with each other during the coding stage. The following steps were undertaken:

- 1) Create a folder for each group (Parents, Children, and Ministry Workers) where all the transcripts were contained, including the Chinese version.
- 2) Read through each interview, categorise responses by research question, highlighting phrases and sentences using colour codes (green=RQ1; yellow=RQ2; blue=RQ3)
- 3) Upload to MAXQDA the In Vivo codes to generate a list of the responses of each group of respondents by categories.
- 4) Look for thoughts that are similar or opposing concepts, using the list generated by MAXQDA.
- 5) Come up with themes based on the clustered concepts. Each research question has three sets of themes from Parents, CSN and Ministry Workers.

### **Limitations of the Study**

The limitations of a research are theoretical or practical shortcomings that are outside the control of the researcher and that may have influenced the interpretation of the findings:

1. In the theoretical framework of Bronfenbrenner's Ecological System Theory, this study has covered only two systems: microsystem and mesosystem. The researcher's focus is on these two systems that are evident in the case study: family, and the relationship of the family and the church, and their impact on the development of children and the family as a unit.
2. The research design is that of a case study so its purpose is not for generalizability (that is, statistical generalization), but rather for applicability. The study aims to make sound recommendations based on the findings of this selected case that can be applicable to other cases.
3. The disability type of children in this study is predominantly autism, with different comorbidities. Findings and conclusions from this study may not have been the same if children had different types of disabilities, such as physical disabilities.
4. Some participants in the World Café are other parents of CSN but were not in the original list of respondents. The discussion coincided with the children's Awana graduation so some original respondents (parents and ministry workers) were unable to join. Although WC participants are also parents with CSN, they have been in the program less than two years, and some of them may not be Christians. As this researcher is a special needs practitioner, the responses were in line with the discussion topic and data were deemed usable.

5. Majority of the parent respondents were female as Hong Kong mothers shoulder the main responsibility of childcare while fathers take the assisting role (Shek, Ching, and Lam 2019, 376). Also, based on the experience of this researcher as a special needs consultant in Hong Kong, it is more often the mothers who discuss the children's issues in schools or clinics.
6. Some of the responses from the children during the interviews were not logical due to their cognitive capacity. The researcher mitigated this by crosschecking with the parents who were present at the interview.
7. Language limitation. The researcher does not read Chinese, and her knowledge of Cantonese is limited to simple conversation. Although she understood some responses, a research assistant did the Cantonese interviews, and the researcher's probing questions were translated for the respondents. In the translation of the transcribed interviews from Chinese to English, some ecclesiastical terms (e.g., "ministry," "minister," "worship service," "devotional") were difficult to translate. Two translators went through the transcription for accuracy. Some original quotes in Chinese from the interview were retained in this manuscript to prevent watering down the essence of the responses.

### **Summary of the Research Methodology**

This single-case embedded study investigated how a church welcomes and supports children with special needs and their families from the perspectives of the three

subunits of the case: parents, children, and ministry workers. Instruments used in data collection were survey questionnaires and World Café for quantitative data, and observation, and interviews for qualitative data. Quantitative data from survey questionnaires was analyzed using a spreadsheet software, while the QDA software (MAXQDA) generated a word cloud for World Café's responses. Interview data went through content analysis using the same QDA software.

## **CHAPTER IV**

### **PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA**

#### **Overview**

The purpose of this single case study of a Chinese church in Hong Kong is to look into how this church is accepting families and their children with disabilities and how their belongingness affects the family's quality of life. The three subunits of the case are parents of children with disabilities, children with disabilities, and ministry workers in the church, namely the pastor, ministry leaders and volunteer teachers in the Children's Ministry. The four methods of gathering data are survey questionnaires, World Café, direct observation, and semi-structured interviews. The case and the respondents were purposely chosen. This case study on belonging was guided by the following questions:

Research Question 1: What are the qualities of a church that accepts or welcomes families and their children with disabilities?

Research Question 2: How do these families, their children with disabilities, and ministry workers recognize and understand the concept of belongingness in a church setting?

Research Question 3: How does belonging to a church impact these families' quality of life?

## Demographic Profile

### Families

There are a total of eight families represented in this survey, and the respondents were either the father or the mother. When spouses were approached regarding the survey, the researcher was told that the wives would answer the questionnaire, except for one father who consistently brings his two children with disabilities to the church.

### Gender

There were seven female respondents and one male respondent (Figure 16).

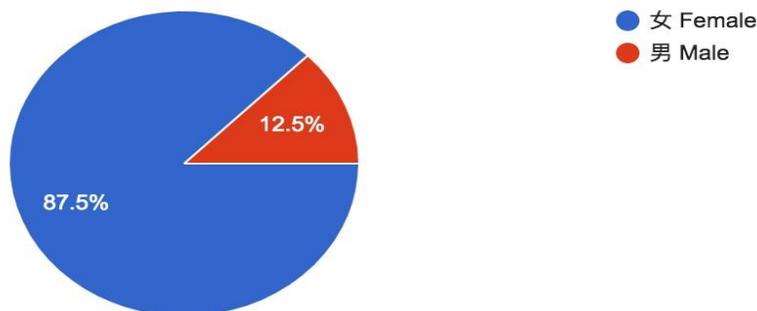
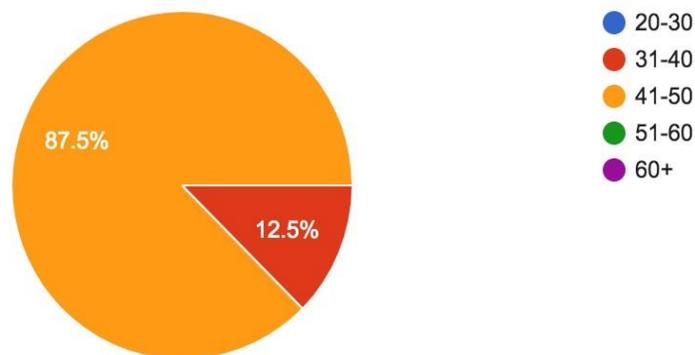


Figure 16. Gender of Respondents (Family)

## Age

Most of the respondents are in the age range forty-one to fifty years old ( $n=7$  or 87.5%), and only one (12.5%) is within the thirty-one to forty years old (Figure 17).



**Figure 17. Age of Respondents (Family)**

## Number of Years Married

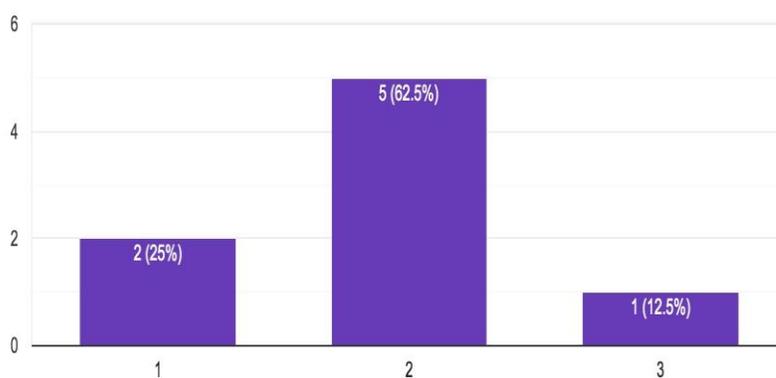
The respondents' average number of years married is 15.5 years, with one participant having been married for seven years. The rest have been married for more than a decade, with the longest being twenty-one years (Figure 18).



**Figure 18. Years of Marriage**

### Total Number of Children per Family

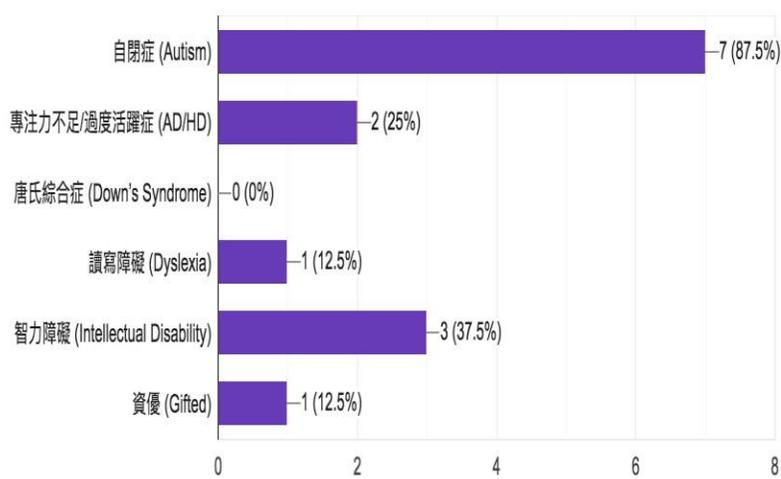
More than half of the respondents ( $n=5$  or 62.5%) have two children, two families have one child (25%), and another family has three children (12.5%) (Figure 19). The aggregate number of children in these eight families is fifteen children, with ten of them (66.6%) having special needs.



**Figure 19. Total Number of Children per Family**

### Disabilities of the Firstborn Children in the Respondent Families

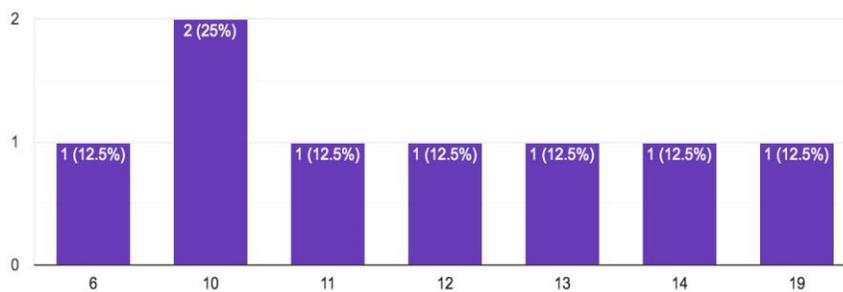
Below is a list of disabilities and the number of the children who have them (Figure 20). The head count on the graph is more than the ten CSN reported by parents. This is due to the fact that some of the firstborn children have been diagnosed with more than one exceptionality.



**Figure 20. Disabilities of the Firstborn Children in the Respondent Families**

#### **Ages of the Firstborn Children with Disabilities**

The children described in the study ranged in age from six to nineteen (Figure 21).



**Figure 21. Ages of the Firstborn Children with Disabilities in the Family**

#### **Second Children with Disabilities in the Respondent Families**

Of the eight families, two of them have another child with a disability. Both children have autism, and are aged eleven and nine years old. Table 11 shows the summary of children with disabilities and ages per family.

**Table 11. Disability and Age of Children per Family**

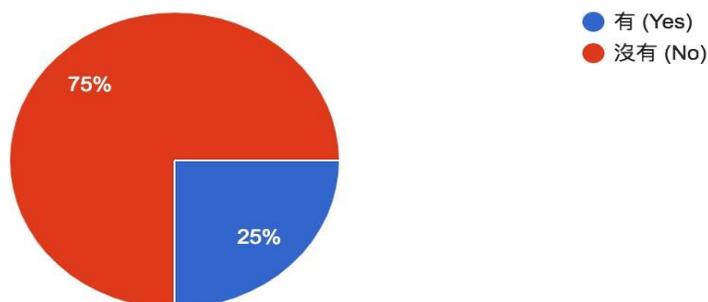
	<b>Firstborn Child (n=8)</b>		<b>Second Child (n=2)</b>	
<b>Respondents:</b>	<b>Disability</b>	<b>Age</b>	<b>Disability</b>	<b>Age</b>
Family 1	Autism Giftedness	10		
Family 2	Autism Intellectual disability	12		
Family 3	Autism Intellectual disability	6		
Family 4	ADHD	13	Autism	11
Family 5	Autism ADHD	14		
Family 6	Autism	10		
Family 7	Autism Intellectual disability	19		
Family 8	Autism Dyslexia	11	Autism	9

Of the total 10 children with disabilities, three children were diagnosed with autism (30%), three children with autism and intellectual disability (30%), one with autism and ADHD (10%), one with autism and dyslexia (10%), one with autism and giftedness (10%), and only one with ADHD (10%). The predominant disability is autism but with other co-morbidities.

### **Hired Helper at Home**

There were six families (75%) who had no hired helper at home, and two families (25%) with one hired helper each (Figure 22). The first family has three children, one of

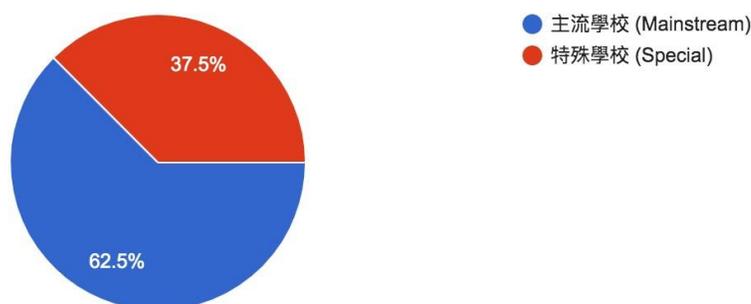
them with autism, and the second family has two children, one of them is with autism and intellectual disability.



**Figure 22. Families with Hired Helper**

### Schools that the Child with Disability Attends

There are five families whose children are enrolled in local mainstream schools (62.5%), while three children (37.5%) are in a special school setting due to their need for substantial support (Figure 23).

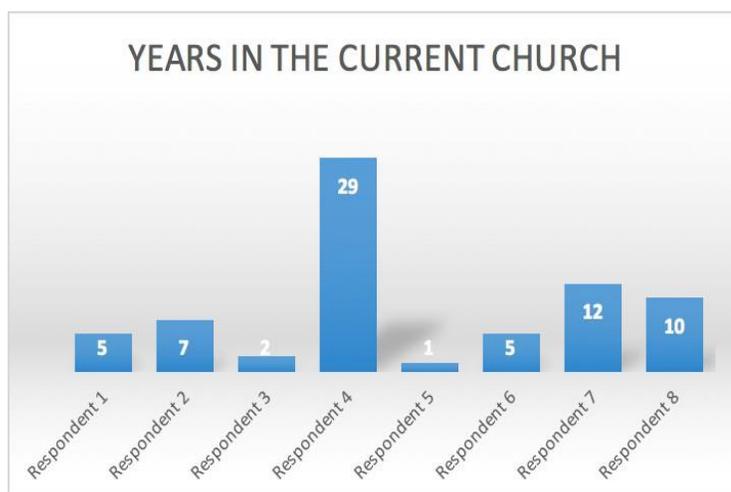


**Figure 23. Type of School CSN Attends**

### Years in the Current Church

The respondents' average year of church attendance is 8.9 years (Figure 24). One of them has been worshipping and serving there for twenty-nine years. Although one

mother answered that she was there for only a year, later conversation with her revealed that she used to attend when her son with autism was younger but they left due to family circumstances. They had just recently returned at the time this study was conducted.



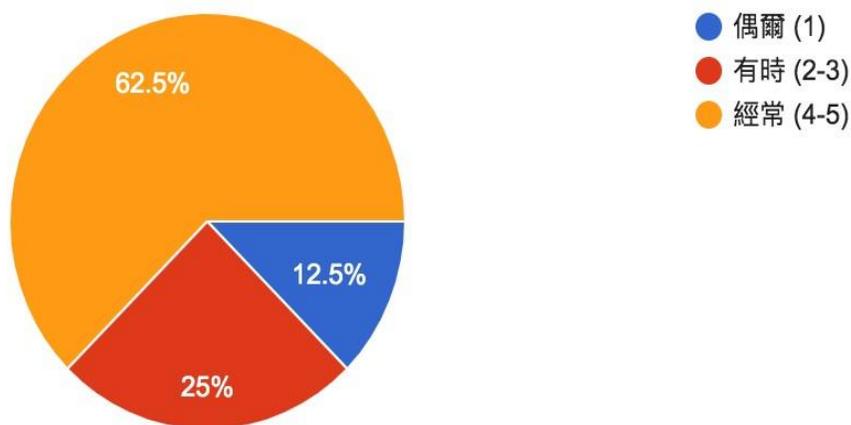
**Figure 24. Years in the Current Church**

### **How They Find the Church**

Half of the eight respondents found the current church through referrals from a Christian non-profit organization that helps families who have autistic members; others are through referrals from family relatives, friends, and ex-colleagues.

### **Sunday Attendance in a Month**

Five families come very regularly (62.5%), while two families attend between two to three times a month (25%). One family comes once a month (12.5%) (Figure 25).



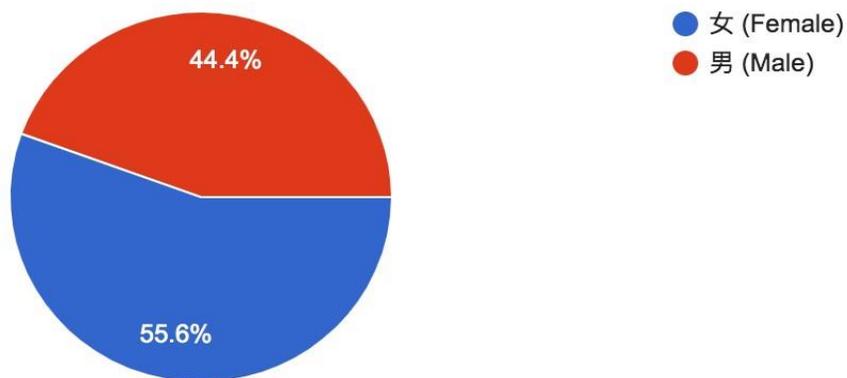
**Figure 25. Sunday Attendance of Families**

#### Ministry Workers

Eighteen ministry workers completed this survey questionnaire. This subunit is composed of the pastor, ministry leaders, and those who volunteer as teachers and assistants in parents' support group, special needs class, and inclusion class.

#### Gender

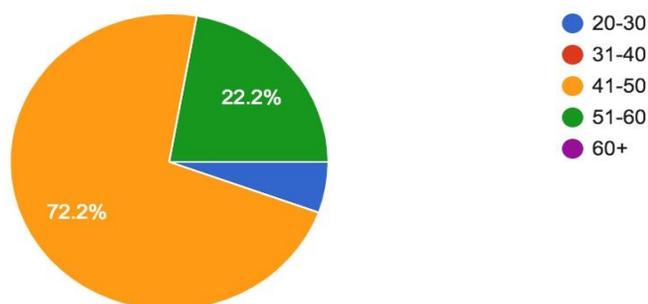
There were eight male respondents (55.6%) and ten female respondents (44.4%) (Figure 26).



**Figure 26. Gender of Ministry Workers**

## Age

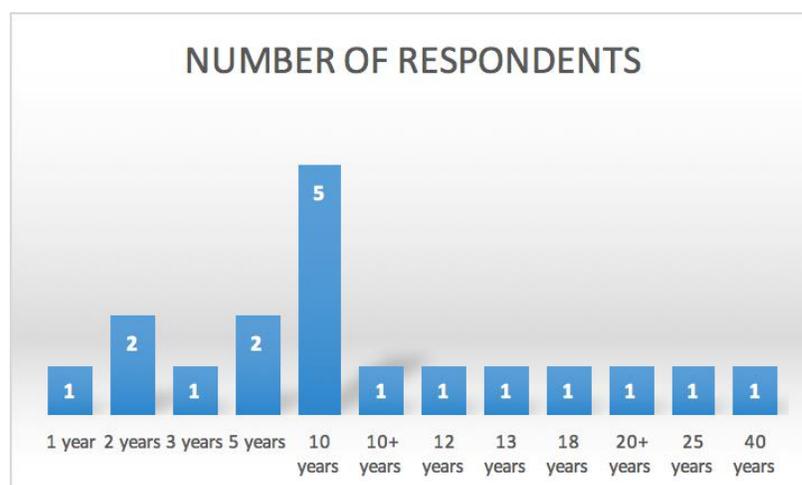
The majority of the ministry worker respondents (72.2%) are at the age range of forty-one to fifty years old ( $n=13$ ). Those in the age range of fifty-one to sixty comprise 22.2% ( $n=4$ ), and the youngest volunteer is between twenty and thirty years old (5.6%) (Figure 27).



**Figure 27. Age of Ministry Workers**

## Years of Serving in Ministries

Of the eighteen respondents, the longest has served for forty years, and the shortest has been volunteering for only a year (Figure 28). The average years of ministry service is 18.9 years.



**Figure 28. Years of Service in the Church**

### Position or Role

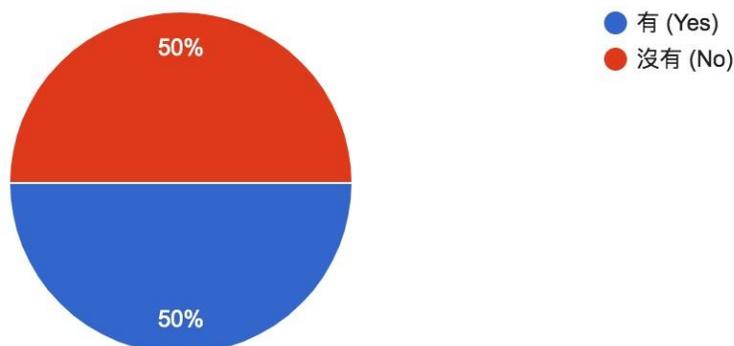
Some of the volunteers perform a multi-functional role in the church, especially those who are in the Special Needs Ministry. They also serve in AWANA to accompany those CSN who are mainstreamed in that bigger group. Table 12 below lists respondents by category for their primary role in the church.

**Table 12. Roles of Ministry Worker Respondents**

<b>Primary Position or Role</b>	<b>Respondents (<i>n</i>=18)</b>
1. Pastor	1
2. Ministry Leaders	3
3. Ministry Workers in the Inclusion Class	6
4. Ministry Workers in the Special Needs Class	6
5. Ministry Workers for Parent Support Group	2

### Ministry Workers with Children with Special Needs

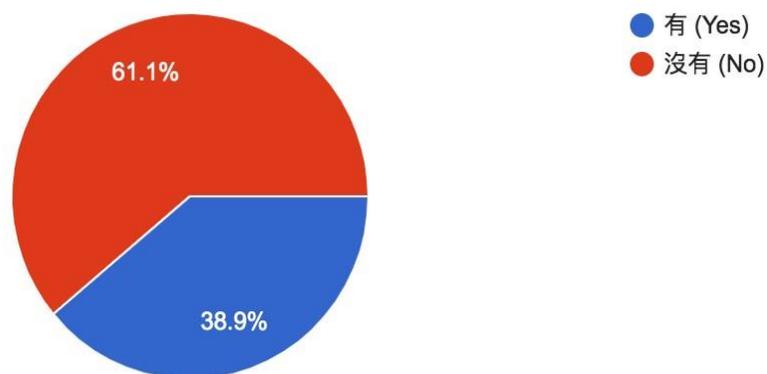
Of the eighteen respondents, half of them have a child or children with disabilities ( $n=9$  or 50%), those serving in Special Needs class ( $n=6$ ), Parent support group ( $n=1$ ), a Ministry leader ( $n=1$ ), and a teacher in the Inclusion class ( $n=1$ ) (Figure 29). One unique feature of this church is that volunteer teachers and leaders in the Special Needs Ministry are parenting children with disabilities themselves.



**Figure 29. Ministry Workers with CSN**

### Training in Disability

Interestingly, with half of the ministry workers' families affected by disability, 61.1% ( $n=11$ ) of them have not undergone any training related to special needs of children or disability (Figure 30). Only 38.9% ( $n=7$ ) had training of some type about disability.



**Figure 30. Ministry Workers' Training on Disability**

### Analysis of Data and Discussions

Participants are identified by numbers: P1 means Parent 1, Ch1 for Child 1, and

MW1 for Ministry Worker 1 for reasons of anonymity and confidentiality, and for easy referencing to the readers. Square brackets [ ] indicate words replaced to protect confidentiality or added words to enhance clarity. Three dots (ellipsis) ‘...’ indicate deliberately omitted words for brevity of the quoted statements.

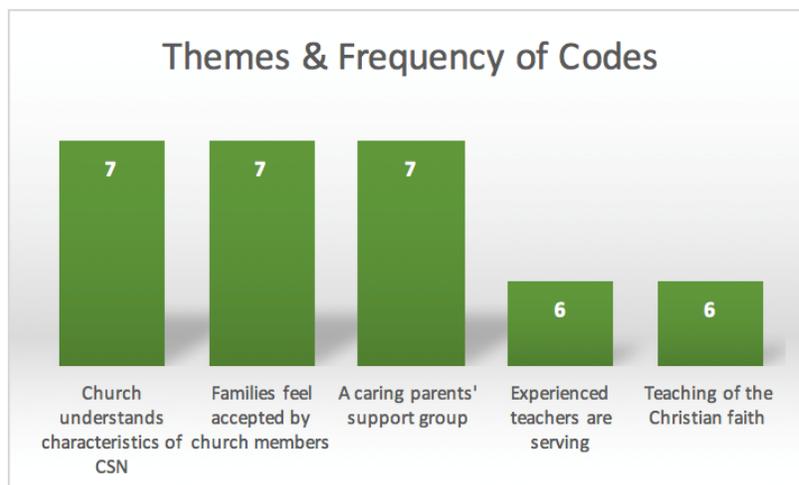
Each research question will have three sets of themes, from parents, children, and ministry workers.

### Research Question 1

What are the Qualities of a Church that Accepts or Welcomes Families and Their Children with Disabilities?

#### Parents

There are six parent respondents. Five of them are Children’s Ministry volunteers: four are serving in both Special Needs class and Awana class, and one respondent teaches in Awana Bible class. There is only one parent who does not volunteer in the church (Table 3).



### Figure 31. Qualities of a Church (Parents' Perceptions)

Five themes emerged from the interviews (Figure 31). The predominant themes in the interviews are: 1) church's understanding of CSN's characteristics (f=7), 2) families' feeling of acceptance (f=7), and 3) the existence of a parents' support group (f=7). The two other themes have the same frequency are 1) experienced teachers (f=6), and 2) the teaching of the Christian faith to CSN (f=6).

#### Theme 1: Understands characteristics of CSN.

Families tend to find churches that understand the characteristics of CSN to be more welcoming. It is the guest who determines what is welcoming, not the host (Carter 2020, 174). Thus, parents highly consider a church welcoming if it is a place where people understand their children and do not find their behavior strange. A parent (P1) shared that her former church members were kind but they were ignorant of the autistic features of his son who screamed whenever people embraced him without permission. Another mother (P2) said that her son's sensitivity to noise and crowd meant that he could not adapt to typical Sunday school activities such as singing and dancing in her previous church, despite the good childcare support. This high sensory stimulation resulted in her son hiding under the table, screaming or sometimes attacking people.

Parents are looking for loving and caring teachers who understand their children's condition and who also appreciate their children's positive qualities. After being in the waiting list for almost two months for her son to be admitted to the Special Needs class, P1 recalled the kind of welcome her son experienced in this current church,

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." ("In fact, I feel amazed because I saw the difference. In the previous church, my son would stand scarily at the doorway and dare not go in, we had to push him inside. I remember coming here, the teacher did not touch him. She squatted down, looked at him and asked, 'Do you remember what color the chair was last time?' Then continued, 'Is it red, or green? Since you are early, you can choose.' My child got excited and walked in by himself. When I saw this, I felt relaxed; they knew what my child needed.").

The acceptance of children's disabilities in the faith community is important in a family's quality of life (Poston and Turnbull 2004; Jones 2018), and knowing and understanding their characteristics are factors that support inclusion (Ault, Collins, and Carter 2013).

Ministry workers' knowledge of CSN's traits is putting a foot in the door, and for families looking for the right place, it is a signal flag for hope.

Theme 2: Makes families with CSN feel accepted.

Families with CSN feel accepted in a church that is welcoming. According to one mother (P3), she appreciates it when older people in the church take the initiative to greet and welcome her despite her age. P4 who has served twenty plus years said that "When they call me Auntie [CC], I feel that I am accepted and recognized for my service." The family's openness about their son's condition to church members makes them feel accepted, a father (P6) admitted, concurring the finding that congregants who are aware of a person's disability are more likely to know how to interact, and this facilitates participation in church (Poston and Turnbull 2004; Ault, Collins, and Carter 2013).

After several months of visits, this researcher has discerned that this group of respondents is fairly accepted in the church since many of them have attended for several years, and most are serving in the Children’s Ministry. But she also noticed that families that have been recently taken in the program are seen to be staying within the Special Needs Ministry circle only, which is the parents’ support group meeting. Most of them are there for the services for their children; they rarely attend the church worship service. The reason might be that some of them are not believers yet.

Theme 3: Provides a parents’ support group.

People are provided the chance to share their feelings, experiences, coping challenges, and information in a church that is welcoming. The church’s parents’ support group was exclusively formed for those with CSN. The ministry workers are said to care and serve beyond Sunday. A parent, with three children, confirmed this,

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 »H . PH...2%%o "¿ (“We were infected with COVID 19 during the pandemic, they took initiative in buying us a lot of provisions and delivering to our door...despite the seriousness of the pandemic, they still went to our house.”).

This genuine level of concern has been confirmed by this researcher. In the two virtual meetings that she joined, parents openly talked about their problems while the ministry leader patiently listened, asked questions, gave practical suggestions, and prayed for the families. Supportive social relationships are significantly related to a satisfactory family life (Boehm and Carter 2019) and regular attendance in church has greater family connectedness and support than those who do not (Weisner, Beizer, and Stolze 1991) thus

a church with a good support group is more likely to encourage families to go to church (Tam and Poon 2008).

Theme 4: Has experienced teachers and ministry workers.

Parents feel less worried in the presence of experienced people who take care of their children. During the coding stage, the responses of the parents perplexed the researcher due to her preconceived notion that parents would prefer loving and caring teachers over experienced ones. After the analysis, it showed that the only quality common to the six respondents is having experienced teachers as one of the qualities of a welcoming church. They appreciated that teachers are adept in training children with autism and have enough skills to correct atypical behaviors based on the teachers' experience with their own special children (Tam and Poon 2008). Parents' experience in faith community is affected by the available emotional and spiritual support that are targeted to their unique needs. By tapping families as experts, those needs can be better responded (O'Hanlon 2013). The child is foremost before parents' religious obligation. With a son who has autism and intellectual disability (ID), P3 said,

"!#\$%&'()\*+,-./01&!2345TK6789&(;<=>?@&AB<=> sit in CDEtask&%"(5MK6&F5SW6GHIJKtrain L&MN#LOPQ=>sit in #." ("It was beyond my expectation... Back then, my son was worse than [TK]. Cannot remain seated, cannot even sit in any task. Together [MK] and [SW] trained him, two-to-one. Shortly after, he could sit down.").

The greatest importance to parents is the capability of their children to attend to a task.

The first step is for the child to stop doing some so-called challenging behaviors, like stimming (self-stimulatory behavior- repetitive body movements or noises) and behavioral outbursts, that hinder learning and socializing. The Special Needs class (Bible

Preparation Class) prepares the children for inclusion. A predictor of greater inclusion in church is the presence of disability-resource persons who are welcoming and inclusive (Griffin et al. 2012), and source of support for children (Ault, Collins, and Carter 2013). As observed, teachers are highly competent in behavior management, communication skill building activities, and sensory integration interventions. They are also very knowledgeable in making adaptations and accommodations of the program. An appropriate program to improve social and religious integration is one of the solutions that may help CSN to participate successfully in the inclusive setting (Howell and Pierson 2010).

Several studies on inclusion and participation have parents as respondents (Poston and Turnbull 2004; Breeding and Hood 2007; Griffin et al. 2012; Ault et al. 2013; Carter et al. 2017), but for this case study, parents with exceptional children are also volunteer teachers ( $n=12$ ). They are aware of the needs of the new families so they know what to include in the program and curriculum for the Special Needs class.

Theme 5: Teaches Christian faith to CSN.

Faith is an important aspect of a child's developmental growth; thus Christian parents want their children to learn about God. In Awana class, children are taught about God in their Bible study groups. For the Special Needs class, Bible lessons are taught to higher ability students supplemented by games and crafts. But for those with limited cognitive ability, concepts about God are embedded in songs, prayers, and other activities that teach them communication skills and sensory integration. Despite their handicaps,



**Table 13. Reasons for Attending Church**

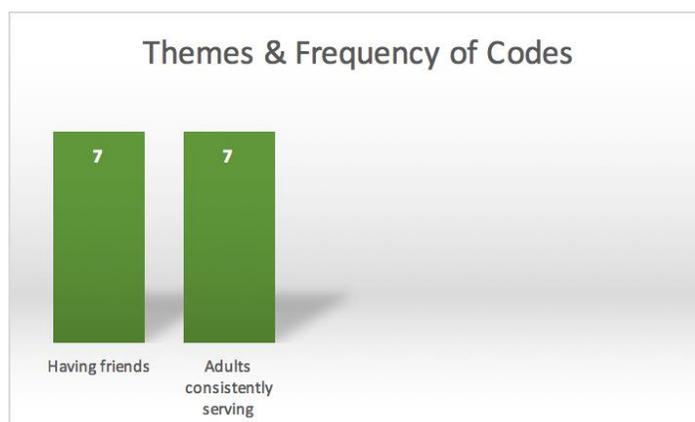
CATEGORIES	REASONS
Children	<ol style="list-style-type: none"> <li>1. Loved, cared for, and accepted</li> <li>2. Understand their needs and provide help</li> <li>3. Have friends</li> <li>4. Help their children learn with others</li> <li>5. Introduce God to their children</li> <li>6. Let their children grow in the church</li> </ol>
Parents	<ol style="list-style-type: none"> <li>1. Share experiences with other similar families</li> <li>2. Have a close relationship to give encouragement and support to each other and understanding</li> <li>3. Share information on disability with other parents</li> <li>4. Accessible (near their home)</li> <li>5. Grow and serve in the church</li> <li>6. Relationship with brothers and sisters in Christ</li> <li>7. Has a position in the church ministry</li> <li>8. Need God and stay close to God</li> <li>9. Led by God to become a member</li> </ol>

From the perception of this researcher, parents were not particularly concerned about inclusion. In fact, no parents mentioned thinking of their children being part of the Awana class. Their first concern is the church's understanding of their child's needs, that is, teaching their children to attend, communicate, and socialize. The parents appeared to understand that this might take a very long time for some children to be part of the inclusive class, like those with autism who are more severely affected and requiring substantial support.

According to the parents, the qualities of a welcoming church is one that makes them feel accepted, and one that has experienced people who understand their children's disability. Although small, a caring support group helps relieve the parents' emotional burden as they also see their children being taught about spiritual things.

## Children

Interviewees are eight children diagnosed with autism, and three of them had other co-occurrences: intellectual disability (ID), ADHD, and dyslexia. They were asked if they can name their friends in the church, and also the “aunties” and “uncles” (i.e., referring to church workers) who help them. Since children with autism have challenges in social interaction, the question was meant to discover if they have formed attachments to people in the church.



**Figure 32. Qualities of a Church (Children’s Perceptions)**

After having interviewed the children, two themes emerged with the same number of frequency (Figure 32). The first theme is related to having friends ( $f=7$ ) and the other theme is the consistent presence of caring teachers ( $f=7$ ).

Theme 1: A place where they can have friends.

Children can build relationships in a welcoming church. In the interview, seven of the eight children were able to name friends. Five of them (Ch1, Ch3, Ch5, Ch7, Ch8) mentioned three or more names. Two of Ch8’s teen-age friends have moved to England, but he could still recall their names. Friends of Ch4 are classmates in Sparks, his Awana



Theme 2: A place where teachers consistently serve the CSN.

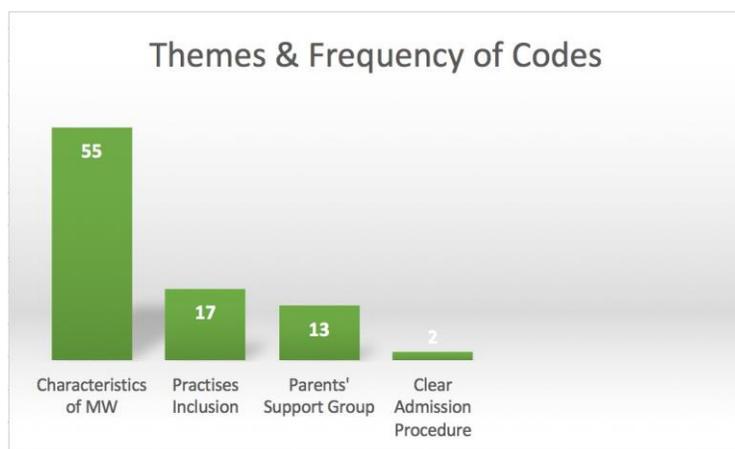
One of the qualities of a welcoming church is the presence of adults who are consistently engaging with and caring for CSN. Seven child respondents were able to name “aunties” and “uncles” who they have bonded with over the years. Five of them (Ch1, Ch3, Ch5, Ch7, Ch8) were able to give three names at least. Ch4 blurted out names of his two high school teachers, but only named one teacher from the church. This teenage boy has autism and ID, and his family has left the church for many years, and they recently returned. Most of the people specified by these children have served consistently and lengthily in the Special Needs Ministry, and have built a strong friendship with the children and their family.

According to Baumeister and Leary (1995), the two criteria that satisfy the need to belong are an environment that is loving and caring and the frequency of interaction. These children are able to enjoy that because of the relationships that they have built with committed volunteers. In addition, friends and teachers are situated in the child’s microsystem (Bronfenbrenner 1993), the quality of relationship and interactions within the system affects the child’s development. A positive relationship with children is beneficial to their psycho-social growth.

Based on the children’s responses, a welcoming church is where they can have friends, and adults who consistently care for them. Therefore, it is crucial that kind and loving adults are present in both exclusive and inclusive settings.

## Ministry Workers

There were fifteen interviewees for this subunit of the case study (Figure 12). Ministry workers serving primarily in the Special Needs ministry is 60% ( $n=9$ ) and in Awana class is 40% ( $n=6$ ). Of the 15 respondents, 53% ( $n=8$ ) are parenting atypical children.



**Figure 33. Qualities of a Church (Ministry Workers' Perceptions)**

From the interviews with the ministry workers, there are four themes that emerged (Figure 33). The most important is the characteristics of the ministry workers ( $f=55$ ), followed by inclusion practice ( $f=17$ ), parents' support group ( $f=13$ ), and an admission procedure to the Special Needs Ministry ( $f=2$ ).

Theme 1: The church consists of workers with particular characteristics.

The quality of people determines how welcoming a church could be. Findings show that ministry workers identified eight characteristics that make a church more open to families. Interestingly, this group of respondents gave more characteristics than what parents considered important.

1. Experienced workers. They understand the characteristics of a CSN and have awareness of the family's needs. They are willing to share their experience, skill, and knowledge about disability because their lives too have been touched by disability because of their children. One of the earliest volunteers of SNM, MW1 said, “!RST.UV&!WXYZ[\]^\_&'abc 啲經歷係能幫到佢,

例如：我既兒子也曾有類似經歷，期間雖然有一...” (“I am a parent myself, and I have mastered certain skills. I also know that some of my experiences could help him, such as what my son went through...”). Parent respondents believed that being experienced is the most important quality of a teacher or volunteer. This perhaps can be attributed to the fact that more than half of ministry workers are also parents of special children.

2. With a positive attitude towards disability. Five respondents consider disability a blessing (MW1, MW5, MW6, MW7, and MW10), and the child with disability is a blessing to the whole family. One can see how God works in them because they are different. The presence of CSN in a family has its own special meaning, whether it is experiencing the reality of God or a kind of training, one can only be grateful, according to MW10. “The child's heart is pure, but those with disabilities are so pure,” concludes MW7, the person in charge of the parents' support group and an advocate for CSN.
3. Resourceful. Every child has unique features and needs, therefore MW3, whose grown-up son has autism, takes the initiative to learn more, spending a long time exploring online materials for the Special Needs class. This researcher has

witnessed how this skillful and dedicated volunteer leads the children in worship and encourages communication and socialization through a variety of activities, in the big group and in the smaller break-out groups.

4. Committed. Ministry workers who are committed for a long time, willingly serve with joy, care, and empathy make a church friendly to families of CSN. “Since I’m one of those families with a SEN (student with educational needs) kid, so I can fully understand how lonely, if I need to walk by myself,” MW7 reasoned why he has been volunteering for more than a decade. MW2 spelled out what the cost might be, “-

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all, you must serve with your heart, or you will not be able to sustain your effort. You might work for ten years before you see some improvements.”). The survey findings showed that the ministry workers’ average length of service in the church is eighteen plus years. To build a strong bond with families takes a long-term commitment. The growing child’s attachment to caring people helps in building a sense of belonging.

5. Passionate, tenacious, but pragmatic. de#!fghi"j-.!klmncop

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(“It made me serve non-stop. Since I mainly serve CSN, I would constantly think of different ways to help them. The constant trial and error is never-ending,”), revealed MW3. But one must also be pragmatic, “It cannot be done overnight,” another teacher said. Parents have too many expectations that their children will “get better”

sooner, but a quick improvement is not a certainty, especially for very difficult cases of autism. MW15 brought a balancing view by acknowledging the limitations of the church or the ministry, “If we think we have the whole answer and we can help them on our own, then we will lose our focus.”

6. Teachable. The benefit of serving is not one-sided. MW11 discerned that God brought the families into their midst so that the church could witness their journey and be awed by their transformation. MW12, who serves in the inclusion class, adds, “Actually we have learned from them, how to accept them, to be patient, to be humble, just fully accept that SEN children are like regular children.”

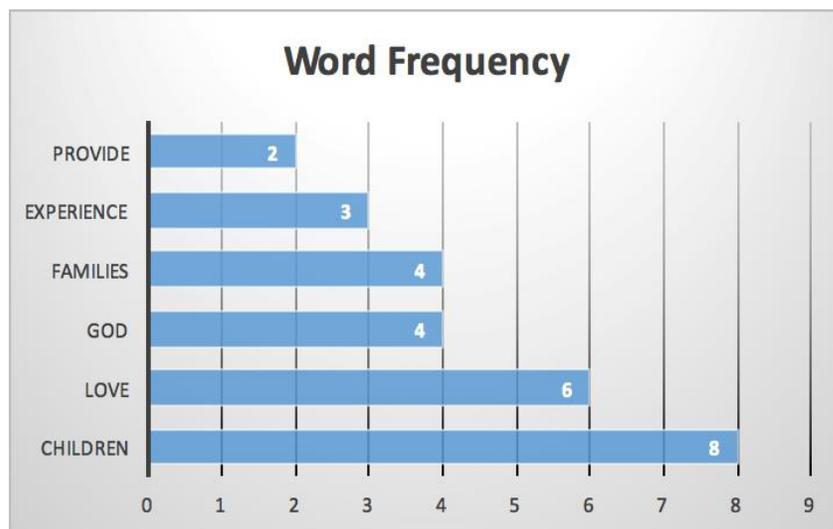
Acceptance is important. It is one of the factors in people’s real sense of belonging to a group (Carter and Biggs 2016). When there is less struggle, more effort is channeled into improving ways to include the CSN in Awana. One of the ministry leaders (MW14) admitted that he became more flexible and understanding. Some of the CSN may not like to play in Awana, so MW14 adjusted. When kids are not in the mood, he assigns them to be the scorekeeper. This attitude contributes to the greater inclusion of children (Griffin 2012; Ault, Collins, and Carter 2013).

7. Called. Five ministry workers consider it their calling from God (MW1, MW4, MW6, M7, and MW8), attributing to their family member’s disability, and a burden placed by God in their hearts. With calmness and a sense of contentment, MW4 acknowledged that, “... God gave me a special son and then I have this opportunity to serve other families because I have the experience... and maybe I could share with them and give them some encouragement and some hope. I think

that is responding to this call.” She is also one of the respondents ( $n=8$ ) who believe that the Special Needs Ministry (SNM) is God’s work. Unlike the usual practice of starting a mission project purposely and with considerable planning, the SNM was not planned at all. It started as a response to the group of families who have been present in the church for a while but were struggling to actively participate because of their children’s condition. MW9 believes and said, “It is not by man, or particularly by a strong leader or strong person who can achieve, but this is really something that nobody can do alone...”

Trust in God and His provision, as the ministry workers continue to pray and rely on God to fill what is lacking. One of the leaders hopes, as the waiting list of families gets longer and looking for helpers and a bigger space, said, “It strengthens my faith in God... He might not directly change our situation, but He can provide us with strength, and something that we need to walk in this way.”

8. With an eternal perspective. As they believe that they are called, ministry workers have an eternal view of what they are doing. The survey results from the open-ended question regarding the reasons for helping the ministry indicated similar points that support the themes regarding characteristics of ministry workers.



**Figure 34. Reasons for Serving (Ministry Workers' Perceptions)**

Based on the Word Tree, six themes emerged: *children, love, God, families, experience, and provide* (Figure 34). Some volunteers ( $n=4$ ) wrote that they naturally love children. They serve with love because of the need, the passion from God, and the divine opportunity to see them grow. They are aware of the importance of knowing the child so that appropriate support can be provided to them. Ministry workers, who themselves have special children, can empathize and understand the discouragement and frustrations parents have, so these ministry workers share the same challenges they had when their children were younger. Parents are encouraged to find brothers and sisters in faith who will walk with them, and remind them of God's grace in bringing up their children well.

A number of the respondents ( $n=5$ ) wrote that it is a mission, and that they are called so that children can be led to know God and feel His love while they are young. One mother said that she volunteers as a sign of her gratitude to God so she uses her gift and experience with disability to serve.

Interview findings reveal that workers consider the spiritual and eternal value of ministering to families: a calling, a mission, and Gospel proclamation in action. This is the theology of access in practice, this researcher concludes. By serving these families, the church has opened its door and offers the opportunity to people with disabilities and family to belong to God's family (Block 2002).

Although the church offers unconditional love, some respondents believe that the ultimate goal is to share the Gospel of Jesus Christ. According to MW7, "I don't want to give them a sense that I will serve your kid as long as you accept our religion. No matter what, during your stay in this church, I will serve your kid and your family, and of course, at no cost." Despite such assertion, this leader speaks of his desire to "plant the Gospel seed in the kid's heart and the family's heart. We do not know when God will harvest, we just do our main reason [to do the ministry]" and he prefers to share the gospel in a more natural way. Instead of seeing it as a challenge, MW8 considers it more as good news for he feels that Jesus has assigned him in the SNM and put these people in his life so he must work. He said that parenting children with disabilities is very burdensome, thus firm in his conviction, he thinks that the most helpful thing for the parents to do is to believe in God.

Theme 2: The church practices inclusion.

When a church has an inclusion set-up, it is an indication that everyone is welcome. Programs that allow the participation of children with disabilities help their religious and social integration (Howell and Pierson 2010). Respondents agree that there are two sides in the inclusive setting in their church, but the majority of the respondents

( $n=12$ ) view inclusion has more advantages than disadvantages. One teacher said that “positive influences are greater” even though disruptions are common occurrences in the Awana class.

**Table 14. Pluses and Minuses of Inclusion**

Pluses	Minuses
<ol style="list-style-type: none"> <li>1. Teachers are role models as nondisabled children observe how adults help CSN.</li> <li>2. Typical children learn to help and take care of their more vulnerable classmates (e.g., read the bible, memory verse).</li> <li>3. Typical children, who understand, advocate for their CSN classmates to stop them from being bullied, and help explain to others the latter’s condition.</li> <li>4. Nurtures understanding and acceptance of CSN by more abled classmates while they are young.</li> <li>5. Children grow up in a tolerant and accepting environment by learning to cope with differences, and be patient with those who are not living up to their expectations.</li> <li>6. Awareness that different people are present in schools, churches, and the community.</li> <li>7. Prepares the CSN to face the real world where they have to interact with other people.</li> <li>8. A good platform for teachers and children to learn how to love.</li> </ol>	<ol style="list-style-type: none"> <li>1. Class schedule is often disturbed due to CSN (not remembering game rules, moving slowly, easily distracted).</li> <li>2. Atypical behaviours of CSN (shouting, hitting, running around) that bother others.</li> <li>3. Bullying; typical kids pranking or complaining about CSN.</li> <li>4. Labelling of CSN.</li> <li>5. Stressful to teachers due to high teacher-student ratio thus requiring more manpower.</li> <li>6. Parents of typical children think that their children will be affected by CSN’s dysfunctions.</li> <li>7. Parents of CSN are worried that their children are not accepted and might feel the rejection.</li> </ol>

MW1 shared her firsthand encounter of how inclusion can transform children,

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T:\$U VWNXO" )("I still remember one time when a CSN was bullied. One of the normal children took the initiative to say to the others, "He has no intention! Don't blame him!" I shed tears immediately. I felt that through these interactions, normal children can be taught about loving others. Having CSN among them gives them the opportunity to practice and understand what love is.").

MW11 concurred with the preceding statement because she believes that "the only reason for acceptance is love." The weaker parts of the Body of Christ are indispensable (1 Corinthians 12:22) and it is through them that non-disabled people put into practice what is taught in God's word. Although people with disabilities are dependent on others, people in a community are interdependent on each other as no one is absolutely independent (Black 1991). Sans the romantic undertone, the phrase "You complete me" is what people with disabilities are to the rest of humanity. Their presence in the community shows that all humans are vulnerable and that their inclusion is an obligation to all Christians.

*Challenges of inclusion set-up.* Although the advantages of inclusion set-up far outweigh its disadvantages, at the same time there are many challenges to incorporate CSN which hinder the church from having a totally effective inclusive setting. It is crucial to discuss this as many ministry workers brought this concept up during the interviews.

Inclusion may be altruistically motivated, but on the practical level, it has many obstacles. Challenges to an inclusion set-up hinders participation and belonging of children. Two categories of challenges came out of the interviews: 1) Internal challenges are those that are experienced by the ministry workers or within the ministry itself; 2)

External challenges are focused mostly on families and children.

### Internal Challenges in the Ministry:

#### a) Challenges for Ministry Workers in the Special Needs Ministry:

- 1) Sense of inadequacy. MW1 has been serving for more than a decade but she still fears that she might not be able to handle parents' negative emotions. She feels guilty of that inability, especially when a child is introduced to the class, only to find the child struggling more for a full hour in the class before going home. "We thought maybe we should tell his mum that we could not help and there might be another place that could cater for his needs, but we never summoned the courage to say those words." As a mother of a boy with autism, this worker knows the state of desperation every parent feels. She has been there. She often worries that she will say something unkind or offensive to parents.
- 2) Stressful. Another volunteer and a mother to a CSN admits that every child with special needs is different therefore problems encountered by families vary as well. Family dynamics vastly differ. MW3 confessed, "Although we feel we know them, we are not sure if we could help."
- 3) Helplessness. There is a sense of helplessness for MW3 who wants to help more but she sometimes wonders what she is doing, and how much her efforts are helping them. This feeling is probably brought about by the hardly noticeable improvement of the two children (both with autism and ID) that she is teaching, as witnessed by this author in her months of observation.
- 4) Training priority. The parents' training is a priority, not the training of the CSN. The children are seen only once a week, for an hour or a little bit more

for those who are in the exclusive setting, and an additional seventy-five minutes for children who join the Awana class. As noticed, the interventions (physical, social skills, language) given by teachers are not intensive and frequent enough to account for marked improvements, especially those on the severe autism spectrum. If parents are trained, they can work daily with their children at home which can hasten their move to the inclusive setting.

Connection with other parents, online social support, professional support and coping strategy strongly impact quality of life (Jones 2018). The sharing of resources (online or face-to-face), the regular communication through a group chat, and skills training are some of the supports that can make life better for families.

b) Challenges for Ministry Workers in Awana:

- 1) No training. Some ministry workers have no training in disability or how to deal with children with special needs. According to one Ministry leader (MW9), teachers who have volunteered for five or ten years but without understanding about disabilities would frustrate teachers, leading to possibly finding themselves in trouble, “Some volunteer teachers don’t know how to teach SEN, but they know who are SEN children [in the class].” (This is one finding that really surprised this researcher). Children without disability think that CSN are naughty, loud, impolite, and often upset the learning environment. The church leader (MW15) suggested that

this misunderstanding can be changed if ministry leaders and teachers undergo more trainings.

- 2) Unable to handle behavior issues. This is the outcome of not having training or orientation. Teachers are very concerned about how to handle “acting out” behavior of kids while in the church. One inclusion teacher

expressed her frustration, “...%SY 冇受過訓練 )æZ3#Y ]d8

P8,,, %S\8][.\E ].% 哋係控制佢哋既秩序上

面，又要兼顧佢哋，同時又要去幫手照顧一啲沒有特殊需要既學生，在拉扯過程係有困難。” (“We have not been trained. And when everyone has different needs, we neither know nor know how we can control their behavior, take care of them, and at the same time, help look after those kids who do not have special needs is difficult.”). MW11 disclosed that they did not go through any SEN training, “training is just from observation,” that is, they observed how the skilled SNM volunteers handle CSN’s atypical behaviors in Awana. This researcher also noticed that during the Bible class portion of Awana, untrained teachers had some difficulty managing the class due to CSN’s behaviors and lack multisensory teaching strategies which will aid CSN’s participation.

- 3) Feeling pressured. According to one ministry worker in Awana, she noticed the remarkable increase of CSN in the last five years. The

studentteacher ratio in the Special Needs class is 1:1, and some days there were more volunteers than kids. In contrast to Awana class, some Sundays the ratio is 1:2 (i.e., ten teachers per twenty students), but this is not typical. The maximum ratio during the research period was 1:3 (i.e., eight teachers per twenty-four students). This may not seem high, but the Awana curriculum has a play or game component with a duration of forty-five minutes. Game time is very tough for many teachers as there are five CSN students distributed among four teams. Dynamics between abled and disabled students are quite tricky to control for unskilled teachers. This situation is compounded by the succeeding issues below.

- 4) A state of quandary. The teachers do not know how to tell students about their CSN classmates. During assembly or game time in Awana, nondisabled children call CSN “^\_” (‘chee-sin’ meaning crazy), “D” (‘gwai’ or weird), “a” (‘ma fan’ meaning troublesome), and especially when the team is losing, the frustrated classmates could only say annoyingly, “bb’a” (‘ho ho ma fan’ (meaning “very, very troublesome”). It is difficult to pull the child aside and explain the condition of the CSN. If there is an argument and both typical and atypical kids are taken out of the group, the non-disabled child often declares that the teacher is unfair. !~S:&’ \ Ø;~cd.S

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佢哋唔係想有咁既表現呢 i; (“They feel that it is the SEN kids who are having problems, but why are they punished? How can we make normal children understand that they do not want to behave like this?”), MW10 ended the interview segment with this gaping question that requires a solution to improve class management and their attempt to do a proper and effective inclusion in the Children’s Ministry.

- 5) Schedule of volunteers. Teachers and assistants are assigned only once a month. This issue was one of the challenges that came up in the survey questionnaire. With only a single day a month, it limits the engagement with CSN who are in the Awana class, thus making it hard to build lasting relationships with CSN and their parents.
- 6) Lack of CSN’s information. Teachers do not know children’s individual needs. The researcher discovered from two inclusion ministry workers that they have not been provided with background documents of CSN who are in Awana. This is an administrative matter for the heads of the Special Needs Ministry, but this writer surmised that the issue is about keeping families in confidentiality. The teachers have to know the characteristics of the child beyond the jk (naughty) stereotype which is a misnomer.

Next to parents, teachers are in the microsystem of a child that has a direct impact on a child’s development. With an awareness of the children’s characteristics, appropriate

lesson content and delivery can be provided in the curriculum. Teaching CSN requires adaptation and modification, particularly those who are late in cognitive development.

c) Challenges for the pastor and ministry leaders:

- 1) Vision ownership. “Is it the vision within the church or just from a small group of the congregation?” This is a crucial question presented by MW15, who is a church leader. The small group refers to those in the Special Needs Ministry, who were either part of the core group when it started or those that have volunteered for a long time. The vision ownership is a serious matter to reflect on by the pastor and ministry leaders; it affects church finances, especially resources allocation that ripple down to the management of the Special Needs Ministry. It also determines congregants’ attitude towards people with disabilities (PWD). According to a study, a greater predictor of inclusion is having faith leaders who were welcoming to PWD and were committed to inclusion, and those that made church decisions by consensus were more welcoming and inclusive (Griffin et al. 2012, 388). The researcher’s perception is that this matter begs resolution among the elders so that the church can have a policy statement on disability and ministry. Influencers in the church (leaders, staff, volunteers) who promote a culture and atmosphere that embrace PWD help foster inclusion and belonging (Carter et al. 2017). Some ministry workers had “we,” “our” “us” and “here” in their statements, there is an ambiguity in their referencing where they belong – the church or the special needs ministry.

- 2) Resources. The allocation of church provisions including finances, manpower, and allocation of space in the church on Sundays is a huge undertaking in the organization's management. This researcher has seen that SNM classes could do better in much bigger rooms and more educational resources.
- 3) Safety issue and liability. A volunteer in SNM, who is professionally trained in special needs, brought up a very important issue that is imperative in child protection policies. MW6 is bothered by safety and the small space available for the children,

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d"¿ (“Also, some SEN children can be a nuisance to other children over gatherings, for example, yelling loudly, or running around. People worry about their safety or the church's liability. For example, some children may run around. If they fall, whose responsibility is it? Some SEN children may even bite or attack people. If this happens, who will be responsible? Who is responsible? Some leaders worry about this.”).

Child biting or attacking another seem to be extreme scenarios, but they are not impossible. Some non-verbal children who are not able to express themselves when frustrated can be violent. This is a valid concern as safety of both children with disability and non-disabled children are of utmost priority in a church.

External challenges in inclusion:

- 1) Atypical behaviors of CSN. Distracting behaviors like hyperactivity, obsessiveness, unstable energy level, child's extreme emotions affect the Awana schedule and can extend class time.
- 2) Communication with CSN. Uniqueness of each child means finding a way to communicate with them effectively, and trying out different teaching methods. It takes time to observe, understand, and learn trial and error, before the teachers can manage to engage with them. This applies to both exclusive and inclusive settings, but more so in the Special Needs class. For example, on the first day of the observation, the teachers found it difficult to engage with three boys who were non-verbal.
- 3) Class size and age range. The size of the class and the wide age difference make a big class less manageable. MW11 is well-loved by the children and has served more than a decade with her husband. During this time, they have seen how the ministry has expanded, "The challenges are very obvious. In the big group of kids, in Awana, sometimes there are more than thirty kids, with a very big difference in age group, from Primary 1 to Primary 6... Some SEN, their behaviors and social skills are quite different from the normal kids so they do not match, that creates class disorder." The class is negatively impacted by the high teacher-student ratio as mentioned earlier, and the added multi-age factor can be overwhelming for teachers.
- 4) Managing parents' expectations. The current leader of the Children's Ministry, MW13, expressed his perception of parents' high expectations, !%

者係佢地會學到嘢，但佢哋的特殊學習既過程會有改善，但好多時候，佢哋見到的反而是進程會好慢，或者會心急起來”)(“I think the biggest challenge is that parents hope that their children can make progress or learn something here. Even more, improvements in their special learning process. On the contrary, what they see, most of the time, is a very slow process. They become anxious.”). MW5 echoed the same high expectations, “They are too aggressive ‘to cure the children’ as parents anxiously anticipate their children to be “good” so that they can perform better in school.”

Both settings have their own set of challenges. The self-contained special needs class, although smaller in size and almost one-on-one, caters for children who are not ready yet for integration in the mixed class. The ultimate goal is for them to join children of different abilities, if the child is capable as an inclusion setting is complicated. Untrained teachers, attitudes of children and adults to CSN, lack of resources, and a large class size are some of the typical challenges in an inclusive class (Devi et al. 2023). This church has to resolve these issues to improve their inclusion set-up.

The findings in the survey of 18 ministry workers on the challenges are listed below. They are aligned to the responses of the interview on the characteristics of children and barriers to their effectiveness as teachers.

Characteristics of the children that ministry workers find challenging are:

- 1) Inattentive, hyperactive-impulsive behaviour;

- 2) Difficulty in adapting to new environments due to sensory problems;
- 3) Communication disorders which make it hard for children to express how they feel, often resulting to tantrums;
- 4) Tendency of disturbing or attacking other children which one ministry worker feels is a form of bullying;
- 5) Each child is unique and has different difficulties and challenges.

Ministry workers suggested ways to improve inclusion set-up. With the above CSN's characteristics, ministry workers have listed what they feel will help improve the atmosphere in the Awana class based on the Word Tree results.

- 1) To be extra patient and sensitive to CSN's emotions or moods;
- 2) To work hard, be alert of the children's needs, and to walk with them;
- 3) To learn, understand, love, and teach them differently, unlike the typical way of instructing regular children;
- 4) To be observant and creative in finding the key or ways to communicate with them;
- 5) To have more patience and time in preparing teaching materials.

d) Administrative-related ministry challenges:

The findings from the survey are almost identical with the interview results. The issues listed below impede the volunteers to be effective in their teaching role:

- 1) Not enough helpers. This is from a teacher who works in the inclusion class where the teacher-student ratio is high.
- 2) Untrained teachers. Not enough skills and experience in teaching SEN, or teaching "normal and SEN children at the same time" due to lack of training.

- 3) Resources. Insufficient equipment and lack of support from the church.
- 4) No CSN information. Teachers who volunteer exclusively in Awana do not know much about the background of each CSN.
- 5) Schedule of teachers. Rotation schedule for teachers in Awana is once a month so it is difficult to build up a teacher-student relationship resulting in children not listening to the teachers.

The inclusion-related challenges were brought about by factors related to ministry policy (lack of training, scheduling of teachers, manpower, resources) and the lack of a mission statement by the church regarding disability and special needs ministry. In addition to the above challenges, participation of children with special needs in Awana is affected by the traits that they have due to their disability.

*Characteristics of CSN - a critical factor in participation.* If the ability of the children differs significantly, it would be less beneficial to the child with special needs as they will not learn as much. When probed as to what she thinks is missing in CSN which might cause a wide gap, resulting in their exclusion to Awana class, MW1 gave two things: a) Great gap in intelligence, such as severe autism and intellectual disability, and b) Trouble with sensory integration which caused them to become less willing to interact, or even incapable of interacting. During the observation of the Special Needs Class by this researcher, a number of students were non-verbal. They got frustrated when they could not express what they wanted or how they felt, which exhibited as a tantrum, crying, or at times violent actions. These intense behaviors are frowned upon in the inclusion class, especially by typical children who do not understand CSN's condition.

Almost half of the ministry worker respondents ( $n=7$ ) said that the participation or the non-participation of CSN is dependent on the characteristics of children, a finding that aligns with the results of Ault, Collin, and Carter's study (2013) on factors associated with inclusion and participation. High functioning children can be included because they have learned to navigate social settings. If a child cannot sit still, assigning a dedicated assistant alleviates the situation, but it may not be feasible, as in this case, as adult volunteers are few.

At the formation of the Special Needs Ministry decades ago, one of the aims was to train exceptional children to have a core classroom behavior, recalled MW4. It was “

||) ǃ)(“cho ding-ding, teng yee leng”) that means to “sit still and follow instruction” so that they can participate in Awana. The aim was for special needs children to “graduate” from the Bible Preparation Class and move up to the Awana class, but for some children that path is a long one to take due to the severity of their disability.

Theme 3: The church creates a parents' support group.

A welcoming church forms a support group, a lifeline for families. The ministry workers' responses were in the same vein as the responses of the parents. The SNM treats the support group as an integral component in effectively serving families. This response supports a finding in the survey for the families' reasons for their church attendance.

Apart from face-to-face Sunday meetings, online social support was cited as one of the

sources of assistance for families whose children have autism (Jones 2018, 211). The harrowing COVID experience has resulted in parents flocking to the internet for information, and online chats developed as the easiest form of connecting with others. The online support through the Whatsapp group chat has evolved organically and became the primary platform for sharing, caring, and belonging, giving parents more time to connect than on Sunday mornings.

Theme 4: The church has a clear admission procedure.

The admission procedure is to assure the families that not only are they welcomed, but their needs will be provided for. Since most of the family intake are referrals from the Louis Program, a charitable organization, the SNM has a simple but clear admission protocol. Applicant-parents undergo four interviews regarding family background and the particulars of the child. Openness is expected from the parents, with a guarantee of confidentiality from the church. At the onset, the SNM spokesperson informs parents that they are from a religious group, and then gives an overview of the program in the special needs class.

The other requirement is that, from day one, the parents or caregivers have to join the support group that meets regularly, while their children are in session. According to MW4, “We don’t let them just drop the children here in the class, and they go and eat breakfast outside.” They are also added in the group chat to stay connected with the SNM leaders and teachers. In the several months of observation, many families come regularly, and one father arrives early with his son. If they are unable to join, they text, an indication that they give importance to being part of the SNM.

Findings of the interviews are supported by the outcomes generated from the Word Cloud gathered from the World Café data. Thoughts written by the participants fit with the themes from the interviews. The discussion topic was: Describe the qualities or characteristics of a church where you and your children with special needs feel most welcome or belong. This is to generate ideas that support Research Question 1: What are the qualities of a church that accepts or welcomes families and their children with disabilities? For brevity purposes, only the most written ideas were selected by the researcher. The summary is gleaned from the words with the highest frequency used by the participants. The five most prominent words are: love (f=10); accept (f=8); share (f=6); people (f=5); family (f=5) (Figure 35).



**Figure 35. Word Cloud for Topic 1 (RQ1)**

The most important quality of a church is “love.” Participants also wrote related phrases, e.g., “love and feeling loved,” and “endless love,” “loving,” and “to be truly loved.” The next church quality is the word “accept,” to specifically mean accepting the CSN unconditionally, as explained by the participant to the facilitator. Other related

words and phrases are “accepting” (used as either adjective or verb), “accept children’s different behavior,” “complete acceptance (no matter how troublesome the child is). Another quality is “share,” a church where experiences about raising children with special needs are shared, including the joy, and also the sharing of resources to help the families. One more word is “people.” The descriptors connected to people are “with experience, expertise, patience, love,” “having people with similar experience” and “interactions with people.” Lastly, the word “family,” the center of interest- to be reached out and ministered to by the church. These qualities are also found in the study of Ault, Collins and Carter (2013) on the factors affecting the participation and inclusion of CSN in faith communities.

#### Summary of Research Question 1

Parents are looking for a welcoming church where people will understand the condition of their children and accept them. The only characteristic they are looking for ministry workers is being experienced working with CSN. Ministry workers have the same response on the quality of teachers, except that they have longer list of qualities they believed are essential since they have been serving CSN and some of them are parents of CSN. The qualities of the MW given by correspond to the children’s theme of teachers who consistently serve them, in both Special Needs class and Awana. Both parents and ministry workers consider the presence of a parents’ support group as a quality of the church. One of the qualities of the church given by the MW is the practice of inclusion which is not mentioned by the parents. The inclusion setting is where the child respondents have said they have friends. Parents are looking for a church where their children will learn about the Christian faith. Although this is not mentioned by MW,

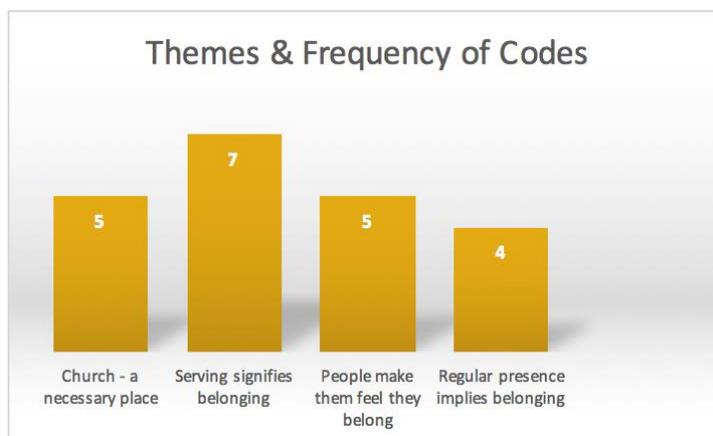
having a calling from God and with an eternal perspective in their serving mean that they also want the children to know the God they believe and worship, implicitly and explicitly.

### Research Question 2

How do these families, their children with disabilities, and ministry workers recognize and understand the concept of belongingness in a church setting?

#### Parents

There are four themes that emerged regarding the parents' understanding of the sense of belonging in a church setting (Figure 36).



**Figure 36. Sense of Belonging (Parents' Perceptions)**

There are four themes from parents' interviews. The most important element that signifies belonging is serving ( $f=7$ ). Themes with the same significance are: the church as a place where they can belong to ( $f=5$ ), and, with people who make them feel they belong

(f=5). The last them is that to belong implies regular presence in church (f=4).

Theme 1: Being in a needed place.

Families have to be in a specific place to satisfy their need to belong. Most families have some form of support outside church (education, treatment, intervention or therapy) especially for those children who are requiring substantial assistance. Joining a church with a Special Needs Ministry is a considerable help for the reason that professional fees can be very costly. For religious families, their view of belonging to a church is beyond financial. Spirituality and participation in faith communities are important factors in the quality of life for families who have members with disability (Bennett, DeLuca, and Allen 1995; Boehm and Carter 2009; Poston and Turnbull 2004) and frequency of attendance in religious gatherings is a predictor of FQOL (O' Hanlon 2013; Boehm 2017). The church is a place where families are offered comfort and community, and help keep their faith.

The parents ( $n=6$ ) were asked to rate their sense of belonging and their children's, from one to ten (with 1 as least and 10 as the highest sense of belonging), and to give the reasons for their rating. The average rating for the parents' sense of belonging is 8.4. This is how P1 rated herself and her perception of her son's belonging,

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 Æ3 ¥ f"¿ ("I think I will give 9, because I feel that there is a big  
 difference between coming here or not. When he is here, I am relieved, I can go to

listen to the sermon peacefully. In fact, how much time can I be calm, or even how difficult it is sometimes? I may get distressed the whole week, after calming down, I can find new ideas to help him. Actually, I need some time to breathe. As for the child, it should be 8/9 points because church life is very important to him, there is an expectation and he looks forward to it.”).

Other parents said that the church knows their needs, especially their children’s. It is a place where they support each other by praying together, worshipping and serving, which are significant contributors to family’s quality of life (Bennet, DeLuca, and Allen 1995, 31). Mother P2 gave 7 points as her sense of belonging, but she thinks differently about her son’s sense of belonging because

“...he does not have a lot of sense of belonging, because he is more self-centered. But he has feelings for this place. There are certain mentors, such as Uncle [MK] and Aunt [SW], who he loves very much. I think that sense of belonging is 7-8 points, but it is 5-6 points for other children or teachers.”). This child’s closeness to very few people is due to symptoms of autism. Social communication and interaction skills can be challenging for children with autism (Centers for Disease Control and Preventions 2022), especially for this child who is also gifted.

Theme 2: Being able to serve.

The parents who were interviewed considered serving the most important (see Figure 36). A sense of belonging comes from feeling needed and having a role to serve others (Carter and Biggs 2016; Renwick et al. 2019). Five of the six parents are serving in

the Children's Ministry (83%). As more families were taken in, P3 volunteered as a teacher. Her teenage son Ch5 (with autism and ID) helps her make the Bible lesson visuals at home, and acts as her teacher aide in the Awana Bible class. With a desire to serve, P6's son, who is a highly functioning teenager with autism, is the IT assistant in the SN class. A church that is highly likely to be inclusive is one that allows PWD to share their gifts and has more roles assigned to them (Griffin et al. 2012; Carter and Biggs 2016; Renwick et al. 2019) which reinforces their sense of belonging. The families' experience of kindness is given back by committing to serve others in the church. This concept of "•G9:ç (•G = "invest", 9: = "church" means that

families reciprocate the love and support that are freely given to them. Findings validate this by the themes "serving signifies belonging" and "belonging by contributing." Parents who are serving in the church feel a sense of belonging. In contrast, it has been noticed that for new families who are not actively engaged in the church yet, their sense of engagement and belonging is limited to the small group (Special Needs Ministry).

Theme 3: Having people who make them feel they belong.

It is those loving people that make the parents feel they belong in the church,

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.%n(l̄ç ("I can see the sacrifice from the teachers. Their contribution reminds

me of how they loved my child. Seeing the change in my child, I am moved...I am grateful for their unconditional love for my child ...”). P3 praised the people who made the difference in the life of her son and their family. Another mother (P4) mentioned about how she is treated as equal by other church members and leaders, and she does not feel at all that, “I am only a housewife and others would not treat me well” (%´nÆ3

fl`§~.æP                      œc:                      %]n¯(.8l&.k%l`]2~. Accepting people unconditionally increases their sense of belonging which encourages them to attend church frequently.

Theme 4: Being consistently present.

Belonging is being present in the group where one desires to be a part. The respondents scarcely skip church. The frequency of their church attendance is attested by the result of the survey on frequency of church attendance. More than half of the families with CSN (62.5%) are regular church-goers, attending 4-5 Sundays each month (Figure 25). One dad said that he does not remember missing church unless they are sick or they have to travel. During the COVID pandemic period, they continued to attend the Sunday worship service virtually. Belonging in the faith community requires presence and active participation (Carter and Biggs 2016). Although some of them, serving in the ministry is a reason for consistent attendance. Parents who volunteer are committed to be in church, so their children are habitually church-goers too. Four of the eight parents in the survey (50%) who have stayed in the current church for five years plus are serving in the

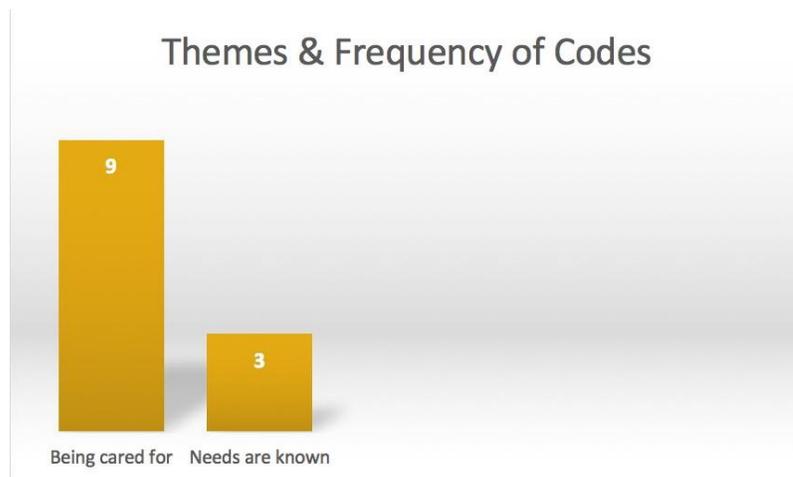
Children's Ministry (Figure 24). This shows their constant presence in the church where they found a sense of belonging.

The relationship or people factor is not adequate for a person to be fully considered as part of a group. The need to belong is "the combination of frequent interaction plus persistent caring" (Baumeister and Leary 1995, 497). The frequency of interactions through a consistent attendance in the church is essential to satisfy their basic human drive of belonging. Respondents, both parents and ministry workers, consider a regular presence in the church to signify belonging, "you do not count if you are not there," because belonging requires time and presence.

Parents' sense of belonging comes from finding a place where their needs are sufficed, having accepting people that give them the feeling that they are insiders, and therefore they can be present consistently and have the opportunity to serve the church.

### **Children**

Eight children were asked if they feel that they are loved in the church and how they could tell. Based on their responses, two themes indicated their sense of belonging (Figure 37).



**Figure 37. Sense of Belonging (Childrens' Perceptions)**

The feeling of being cared for came out with the more occurrences in the children's replies ( $f=9$ ), and their needs being known by adults comes second ( $f=3$ )

Theme 1: Being cared for.

To belong is to experience that love and care of others. All the eight children affirmatively answered when asked if they are loved and cared for by the "aunties" and "uncles" that they have mentioned in Research Question 1 interview of naming adults they know in church. But some children had difficulty answering the question "How do your friends and teachers here care about you?" Ch1 honestly admitted, [SE]

'pB¿ ("They do, but I do not know how to put it into words."). Ch7, the only girl

respondent, said, "\ ~S ,:ø %." ("That's right. They care about me

sometimes."). One of the remarkable observations seen was that the volunteers afforded genuine care for children, all the time. The moment CSN walk through the church door, volunteers seem to know how to treat them, after mentally assessing each child for

whatever mood that morning. Teachers have a word with parents as well if there is something they need to watch out for on that day. In the Special Needs class, there is always one person sitting next to another child. Regardless of the limited number of volunteers in the Awana class, adult stays close to a child with special need all the time, especially during the game portion of the class.

Children were asked what specific activities they joined to make them feel cared for. It is “Æ,,” ç (playing together). !%°VWÆ,,,””ç \:~—

Æ,,” ç I’, T~.9 .” (“I like playing together when I come...Throwing bean bags. Also playing table tennis, yoga ball and playing video games. Oh, and the trampoline.”), said Ch1. !Æ,,” ç (“Playing together with

friends”) is what Ch7 likes to do most in church, and (chatting) “,,ø  
 “ e/e ç)(“Chatting about girl stuff...gossip”). For the older Ch8, he

thinks that hanging out with him, like riding a bicycle and watching soccer is loving him. And he added that “auntie” or “uncle” buying snacks for him is an expression of love too. For these children, playing is caring. Those simple activities provide opportunities for CSN to interact with non-disabled children which promote or deepens their sense of belonging. Internal activities that aid growth and connection, as simple as playing for children with disabilities, foster inclusion and belonging (Carter et al. 2017). One of the dimensions of belonging is to be befriended (Carter, Biggs and Boehm 2016) so these CSN are happy when they are in church as they are not isolated, unlike in their school, as related by their parents to this researcher.

Peers are part of the microsystem of the child, the smallest environment that affect the child directly (Bronfenbrenner 1993). A hostile or friendly dynamic affects a child's growing up. A good relationship with friends and adults around them will positively promote children's development. Having friends and adults who are consistently with them also satisfies their need to belong (Baumeister and Leary 1995) since the children are situated in a protective group where they can enrich their relationships with peers and teachers.

Theme 2: Needs are known.

Awareness of children's needs is one factor in making the children have a sense of belonging. Three children mentioned how adults take care of their needs. Teen-age Ch4 shared that whenever he is hurt, teachers help him. Teachers inquired how Ch8 was doing during the period that he was taking his diploma of secondary education examination. Ch2 was asked if he feels loved, he indirectly replied, "Mr. [C] was planning to give me the postcard of my favorite train today." This teacher knows that one of Ch2's autistic features is a very keen interest in trains and buses; a common characteristic for children with autism is an intense interest in specific objects. He admitted that Mr. [C] is very accommodating and knows his needs. To be known beyond one's disability label, be cared for, and supported create a deep experience of belonging (Carter et al. 2016). When pried on what he needs most, the boy confessed, !%&'%

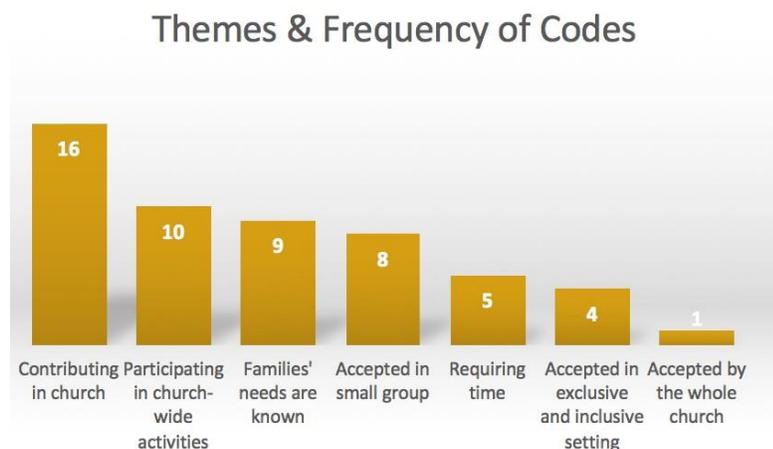
E(+6"op"¿ ("I feel that I am not good at socializing so I do

not have many friends.”). Although Ch2 is less sociable than other CSN respondents, his relationship with older people gives him a sense of belonging.

Children’s sense of belonging is having caring people surrounding them constantly who know their needs. This feeling of safety gives the children a strong sense of belonging.

### Ministry Workers

Seven themes were drawn out from the Ministry Workers interview regarding their understanding of belonging in a church setting (Figure 38). Findings from surveys indicated similar ideas regarding the concept of belongingness.



**Figure 38. Sense of Belonging (Ministry Workers’ Perceptions)**

The themes that indicate belonging are: contributing to the church (f=16), participation in church activities (f=10), families’ needs are known by the church (f=9), acceptance of families are only in small group setting (f=8), belonging requires time (f=5), families are accepted included in both small and big group setting (f=4), and one respondent said that families’ belonging is in the whole church (f=1). From the 15

respondents, there are more who said that families and their CSN belong exclusively to the Special Needs Ministry ( $n=8$ ) than those who considered them as part of the church ( $n=1$ ) or Children's Ministry ( $n=4$ ).

Theme 1: Contributing in the church.

Ministry workers consider contributing to the ministry or church as the top indicator of belonging which supports the findings of the parents' interviews. But this theme seems to be the most controversial among the respondents of this subunit, not because of the term "belonging" but rather the concept of "contributing" or "contribution." Eight of the 15 respondents consider contribution as something tangible or visible. Some examples they have given are: a) parents becoming volunteers, b) hosting dinner for families, c) actively sharing useful information in the SNM group chat, d) sharing what treatments have been effective for their child that might be helpful to others, etc. Taking this view might be the reason why some ministry workers think that "some parents are willing but have limitations," (MW3), "really committed helpers are rare, which is a problem" (MW2); "I don't think they belong, maybe a few of them ...so the percentage is low" (MW5); !3# Æ 6 ç in her personal observation MW10, parents' contribution is "indeed little."

Two male volunteers from the parents' group offered another perspective. A father to a grown-up boy with autism, MW7 believes that as long as the families and their children stay in the Special Needs Ministry and the church, to him it is a contribution because it means that the church can help them, "I think this is already contributing to us because ... it is evidence that our work in the special Sunday school, we can offer help."

And he concludes that it is also a proof that the church is contributing to the lives of the families. Mentioning two reasons, MW8 viewed the parents' contribution from a sacred dimension. First, the congregation might think that these families have problems, and a drain on church's resources, but for this volunteer-dad, he believes that the families are gifts from Jesus Christ to give the church people the opportunity to practice what the Bible teaches. Second, an encounter with Jesus Christ occurs during prayer time, "...when they try to follow us to have a prayer together in a small group, sometimes I think also this is Jesus give us the chance to have a great moment...if you think that Jesus has [to] say something to these people, and give them peace, actually you should also get the same feeling..." MW8 added. God's words for the families also minister to those who serve Him. Thus, he believed that Jesus is at work in the ministry, and that is a contribution.

It takes spiritual insight to fathom the significance of people with disabilities, especially from an ableist perspective. "...I tell you the truth, whatever you did for one of the least of these...you did for Me" (Matthew 25:40). There is a rewarding encounter with God in the process of serving them as some of the respondents experienced.

## Theme 2. Participating in church-wide activities.

Participating in church-wide activities fosters inclusion and belonging (Carter et al. 2017). Ministry leaders encourage families to join events, even those that do not target special needs families, for example, community service. The leader of the Special Needs Ministry mentioned the "Autism World Awareness" which the church observes every April. Parents have the opportunity to share their testimony about their family's journey

with disability. The SNM leaders and volunteers organize a meal together. During the period of this study, two children's camps were organized (Christmas and summer). The families were invited and the parents helped plan the activities. The participation of children was quite interesting during the camp. About six CSN children were in Awana. When they did not like the activity, some of them transferred to the Special Needs game area, and other younger non-disabled friends went with them too. The children decided to choose to interact with people that they felt they belonged to (Mahar, Cobigo, and Stuart 2012, 5) so the CSN's participation seems very fluid. Since they have friends (young and old) from both class settings, they seem to have that sense of belonging in either the exclusive or inclusive setting.

Theme 3: Families' needs are known and cared for.

This is one theme that is common to all the three subunits. Families of CSN feel that they belong because the church, through the Special Needs Ministry volunteers, knows their needs and helps them. The ministry workers make it their personal burden, giving help outside the church system. An open line of communication is present through group chats, face-to-face meetings on Sundays, or phone calls. The importance of this link was demonstrated during the two years of COVID, especially during the months of lock-down. When a family does not show up on a Sunday, someone is going to follow up and ask if there is a problem.

According to the parents, only a few Chinese churches in Hong Kong have Special Needs Ministry. Being a parent himself, MW5 shared that the parents "actually run very quickly [out of the church], if the supporters do not really understand their

situation... Some parents are Christians so they can stay in our church to worship. But when [if] they stay in our church all depends on their kids, whether the kids can grow with us or not...The priority will be on their kids first,” being a parent himself. This is one reason why there is a long list of referrals to the Special Needs Ministry of this church because of the support offered to the families.

#### Theme 4: Accepted in a small group.

The sense of belonging for some parents may be confined to most families who share the same circumstance. About half of the MW respondents think that they belong only to a small group, that is, the Special Needs Ministry, especially those who have recently been admitted to the SNM program. They bring their children for the Bible Teaching Preparation class, while they attend fellowship with other parents in the support group, then they leave after that. Almost all of them leave after the session.

One of the inclusion volunteers MW11 feels that some congregants do not have much engagement with the special families, although they are friendly and are aware that SEN are part of the church for some time. Youth ministry leader MW14 thinks that sometimes the families with SEN children isolate themselves. They do not know how to cope with other families because they are afraid their kids will be labelled, thus the small group with similar families is good for them. A member of the core group of the SNM, MW3, may have summarized the situation accurately,

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fl c: Æ3ꝛ'I Xœß.%\(| "¿ ("I feel that they have no obvious sense of belonging to the church because the church is only a venue. After all, people come before relationships, and it is difficult for parents of children with special needs to touch base with most groups in the church. However, I am very sure that children and parents have a sense of belonging to the group they are actively participating in- the Bible Teachings Preparation Class.”).

She thinks that the parents’ belonging score for the Special Needs Ministry group is eight, but for the church she estimated only three to four points.

One SNM volunteer’s remark was quite a strong statement regarding what belonging to a church entail. MW5 is not sure if these families are part of the church, but rather they are only part of a small group because of their physical presence in the church. He said,

“Even if they go to worship, I don’t think they are part of the church. I think they are part of the church only when they are contributing... When you go to the church and listen to the sermon and then you leave, it is not really participating. If you think about how to become a member of the church, you participate in the worship, you donate, and you go to the fellowship class, and in the end, you get baptized and become part of the church. You engage heavily in the church... the engagement involves your contribution, time, you serve others, you serve the church.”

MW5 emphasized the importance of engagement in the church beyond the attending worship service, and this participation in the church involves serving others and time.

Theme 5: Requiring time.

Cultivating the sense of belonging entails spending time with the referent group (Renwick et al. 2019). For the children, MW2 felt that their sense of belonging is mainly gauged by observing whether they are willing to come to church or not. He perceived that both parents and children have eight points for belonging because they come regularly. MW4 agreed to that statement, for example [LL] who has autism and ID and her parents

have been coming to SNM for years, for her that family belongs to this church. But according to MW6, a professionally-trained special needs volunteer, it is difficult for a SEN child to develop a sense of belonging, but because they are willing to come back and participate in activities, she considered that their belongingness is about six points.

As a volunteer for the parents' support group, MW8 said, "Time is also a sign that they belong." He noticed that dad [A] is always the first one to arrive on Sunday with his five-year-old son with autism. If they cannot attend the group, parents would send a message which means that it is a routine for them to join the group in that time slot. Commitment indicates that families value their participation in the Special Needs Ministry.

Theme 6: Accepted in an exclusive and inclusive setting.

The children have the opportunity to move from the Bible Teachings Preparation Class (the Special Needs class) to Awana, the inclusion class. In Awana, they learn how to "navigate norms and expectations" of the group (Renwick et al. 2019, 14), while the typical children learn acceptance, respect and love. Parents are also meant to move from inclusive (the parents support group fellowship) to exclusive setting (join the congregation for the worship service) while their children are in Awana.

Theme 7: Accepted by the whole church.

Belonging not only requires time, but it also takes time. The leader of the parents' support group expressed that the family's belonging to the church depends upon the church's acceptance of the latter. "If they find that the acceptance is very solid, they will have a shorter time to feel that they belong...[the] more solid they feel that you accepted

them, the kids are well accepted, the sooner they get the feeling of belonging,” MW7 said. If the parents can feel that they are barely accepted, then this results in not having a strong belonging. Negative attitudes and beliefs of congregants about disability hinder inclusion in the church (Ault, Collins, and Carter 2013). Therefore, the degree of acceptance by the church is directly proportional to the rate of families’ sense of belonging growth.

The results from World Café’s Word Cloud clearly connect the interview findings with the most popular words used by the respondents. The second discussion topic is: Why is belonging to a church important for you and your children with special needs? This discussion aimed to extract ideas to support Research Question 2 (How do these families, their children with disabilities, and ministry workers recognize and understand the concept of belongingness in a church setting?). The three most prominent words that appeared in the Word Cloud are: support (f=6); feel (f=6); and understand (f=4) (Figure 39).



### **Figure 39. Word Cloud for RQ2**

Belonging to a church is having support. Respondents also wrote related phrases, “church supports families,” “spiritual support,” and “supportive and loving people.” The word “feel” and its other forms are “coming to church is feeling cared for,” “feel a sense of security,” “a reliable place to express one's feelings” and “feeling safe to interact.” The words “understand” and “understanding” (verb and adjective) are linked with “understanding them and no discrimination” “understanding and recognition of fellowship.” Some of the belonging themes in the interview are found in the Word Café responses, such as having support when one belongs, people feeling accepted, and understanding the family’s circumstance.

Church is a necessary place for Christian parents. They want to sustain their faith, and for their children to know that faith. Belonging factors are people (understanding, supportive, trustworthy), presence (consistent participation in church-wide activities and worship), and productivity (serving or contributing) that grant them a sense of purpose. Although consistent attendance and engagement with other church members promotes belonging, the level of acceptance from the congregation affects how quick families assimilate to the group. Weighing all the responses, one question lingers with this researcher: Does church membership mean belonging?

God created people for community and each one is finding a connection, a sense of belonging to a group. Some churches may limit the involvement of a churchgoer in some ministry works if he or she has not signed up officially as a member. If these families, parents in particular, feel that they are ready to commit as members, they will have to decide on their own, but they cannot be treated as outsiders. They have

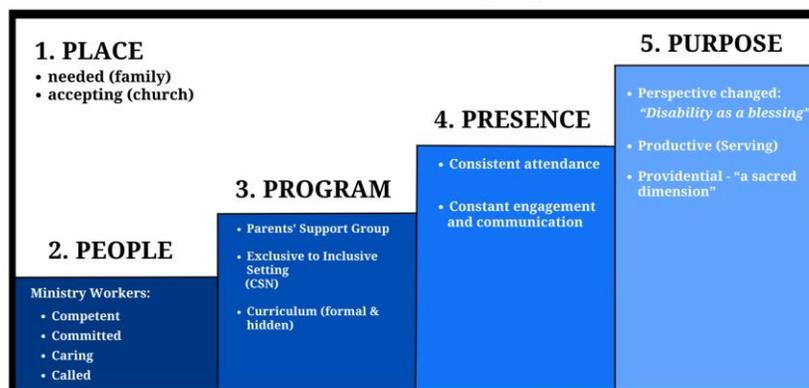
emotionally invested in searching a safe place for their children, and the church should not turn them away on the basis of membership policy.

### The Stages of Belonging Framework

Reflecting on all the findings of this research question on how the respondents recognize and understand the concept of belonging in a church setting, this study recommends a framework of belonging. This conceptualization of belonging is grounded on the life experiences of the participants as they encounter disability personally as parents, children who have special needs, and ministry workers who care.

Seeking the right church for families is like a journey. It is a place where they seek help and support for their children with disabilities, and to learn and grow their faith. If it is the right destination for them, they will stay and consider it a home where they have a sense of belonging. This process of belonging occurs in stages (Figure 40). Each stage has features that impede or advance families' participation in the church.

### Stages of Belonging\* (5 P's of Belonging)



\*Belonging as a journey

**Figure 40. Stages of Belonging (5 P's of Belonging)**

Stage 1: Place. Church is necessary for families to mature their faith and for their children to learn that faith. It is also a place where they hope to find practical help for their children's special needs. Having a culture of acceptance in the church helps families feel welcomed. A biblical view of disability encourages the congregation the acceptance of for people with disabilities and their families.

Stage 2: People. People welcome, not buildings. The church should identify the key people who will directly minister to these unique families. As the church paves the way to admit them openly, there are important people qualities that the families are looking for because of their children's condition. Having ministry workers, who have experienced working with CSN, and are committed to serve because of their calling from God are qualities that can nurture children and make families feel accepted.

Stage 3: Programs. The first concern of the parents is their child's needs. Therefore, a program that will accommodate the needs of the young ones is a key factor in the family's decision to stay in the church. Programs that aim to train the CSN to transition from an exclusive setting to an inclusive one where they can be with typical peers are crucial for their overall development. Curriculum content is tailored or adapted for children with disabilities, incorporating teaching about the faith. The hidden curriculum is also a salient component in the development of all children, such as CSN's socialization, values adhered to by the church, and non-disabled children's acceptance of people who are different from them. A parents' support group is another component in this stage. It is a small, exclusive, and safe group to share their problems, get help and encouragement from ministry workers and families with similar histories.

Stage 4: Presence. If the first three stages are satisfactory, families are most likely to remain in the church as they deepen their sense of belonging. Their regular attendance in the church, and constant engagement with other people in various church-wide activities give the families and children visibility in the faith community. Their consistent presence allows them to establish and maintain relationships within the church. Their sense of belonging is fostered by going beyond being welcomed and accepted to being truly connected.

Stage 5: Purpose. Ministry workers help facilitate the last stage of belonging as they walk with the families. Parents have a change of perspective about the conditions of their children. Disability becomes a blessing. They view it as God's way of drawing them to Him, forging a deeper faith, and experiencing God's mercy and love together with His people. Disability is also providential gift for non-disabled people, as they learn unconditional love for others who are different from them. Furthermore, the church should provide an opportunity for the families to serve, gradually. Serving is the families' natural response to this love, ultimately finding their purpose and fully belonging, thus, improving the family's quality of life.

#### Summary of Research Question 2

While both Ministry Workers and CSN said that needs being known and cared for signifies belonging, parents consider the importance of people letting them feel they belong in a place where they need. Both parents and MW think that consistent presence in the church and contributing by serving suggest belonging. MW give more elements in belonging, such as time and being accepted in the mainstream church. The reason for this

is perhaps some of them have been in the church for many years and are already serving. There are some MW who think that some parents' belonging is only in a small group, meaning only in the Special Needs Ministry. This opinion has perhaps come from the fact that those parents with CSN who are already serving belong to the group, but those who do not are still part of the Special Needs Ministry.

### Research Question 3

How does belonging to a church impact these families' quality of life?

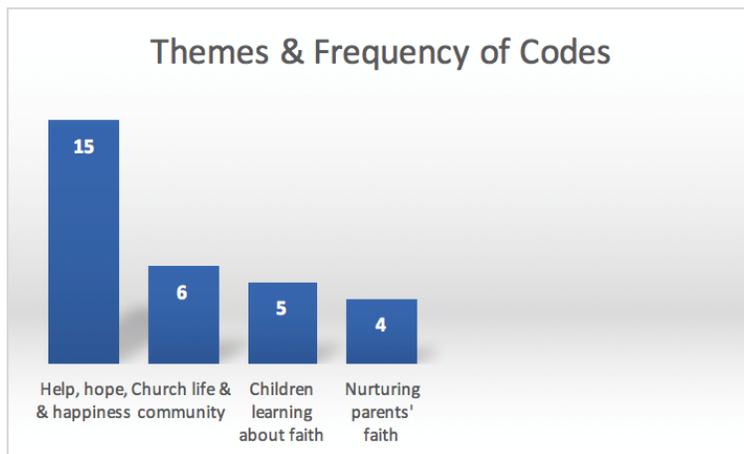
#### Parents

The parents ( $n=6$ ) embarked on a precarious journey without certainty in their search for help. One mother compared her leaving the church, where her husband is a pastor, to a familiar Old Testament story. !% %\0\*~ æ w% wæ

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understood that I left my comfort zone for the sake of my son, like when God told Abraham to leave Ur. He did not know where he was going.”). Her resolve was to be a “牧民族” (nomad) for her son's sake.

Four themes were identified based on the parent respondents' experiences in their search of a faith community they can belong and have an impact in their family's quality of life (Figure 41).



**Figure 41. Impact on Quality of Life (Parents' Perceptions)**

The most dominant theme is having help, hope and happiness ( $f=15$ ), next is the theme on having a church life and community ( $f=6$ ), children learning about faith them ( $f=5$ ), and lastly, the nurture of their own faith ( $f=4$ ). Parents were more concerned that their children are learning the Christian faith than their own spiritual growth. This may be attributed to their having a relationship with God already or that their children's faith development is foremost in their minds.

Theme 1: Help, hope, and happiness.

The parents found help in the church, which gave them hope and, eventually, happiness (Tam and Poon 2008). In the beginning, parents of CSN were anxious as they had tried other churches before, but failed. After years in the church, they saw improvements in their children and theirs too. Mother P3 saw her son (joined the church when he was seven years old and is now nineteen during this study) being accepted and

very happy every time they went to church. She added, ! %ß 9:.% %U8 øn:n(

"¿)("If I did not go to church, I think my relationship with my son would be worse."). A

similar experience was shared by another mother, P2. Her change of tone

from desperation to hope was noticeable, !%B "288,,,n 8 .%&

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3(—†-‡·)\*"¿ ("I was in a state of despair when I first arrived. I felt that my

candle would be blown out soon. Every day was a torture, until I came to the Bible

Preparation Class. I can rest assured that I have an hour to share with my brothers and

sisters in the church."). For this mom, it is this one hour when she could rest because she

knows that experienced and kind teachers are taking care of her son. That emotional and

spiritual support is a respite from her life's challenges resulting in improved quality of

life (Poston and Turnbull 2004).

Theme 2: Church life and community.

The families gain a community where they can grow and develop. Since most of

the interviewees are already active in the church and serving in Children's Ministry, they

can observe their children's lives in the church, especially their interaction with adults

and other children. MW3 feels touched when she sees other children because it reminds

her of the most difficult time of her life. Mom P1 shared how her son loves and is

determined going to church, "pÆj·· ]2.uvRc%fgR ]2.

% s\_l ” (“Once the younger sister could not come, he asked, ‘She cannot go, what about me?’”). She and her husband now take respective care of their three children so that Ch3, the eldest, can continue to attend church. The same case with P3’s nineteen-year-old son (Ch5) who likes going to church so much that on Saturdays, he would ask mom what time he should set their alarm clock. P5’s daughter [LL] has cognitive disabilities and is totally dependent on her caregiver. The possibility of her being in Awana is almost zero, according to a SNM ministry worker. Despite that reality, P5 is content that caring teachers interact with [LL], and a parents’ support group for her and her husband, where they can ground their sense of belonging (Mahar, Cobigo, Stuart 2012) because of their similar circumstances. For P4, who volunteers in the inclusion class, she hopes that her son will learn more about different people having different needs as he gets along with other children.

### Theme 3: Children learning about parents’ faith.

Christian parents’ aspiration is for their children to know their faith. Meaningful religious experience is an important aspect for families of PWD (Gaventa 2001; Webb 2012). Belief is very important for P2; she has been in church since she was young. When she became a mother, her hope was that her child would hear the Gospel. Another mother (P4) became a Christian when she was in secondary school and has been serving in the church after she was hired for a job. It seemed natural for her to introduce her children to her God when she became a parent.

It was very evident to this researcher that the Christian faith is being taught to children in both exclusive and inclusive classes. Although some children with autism and

with intellectual disabilities may have a hard time grasping the concept of faith or may not be able to express verbally what they know about God, especially those who are still in the Special Needs class, the ministry workers' role is to be a conduit of God's love to the children by embedding some concepts about God in the lessons. Speaking to one of the ministry workers, this researcher found out that the one thing they want the children to know is that God loves them through the love that the teachers extend to them.

The children have learned values from the Bible, such as learning to love, care, and respect for others (Tam and Poon 2008). They know the value of prayer, and they do pray. In one of the classes that this researcher observed, the teacher asked the class any thing they want to pray for, and two CSN students were able to express their need for prayer: Ch2 asked to pray for his pastor father who is always busy, and Ch7 for her sick dog to be better. Ch2 feels better being in church and liking prayer. Ch8 prays whenever he feels anxious. Being aware that this God that loves them is Someone they can pray to and trust has a deep impact in their spiritual life, thus to their overall quality of life.

Theme 4: Nurturing parents' faith.

Parents want to keep their relationship with God through the church. Higher religiosity or spirituality ratings were associated with higher FQOL rating (Boehm and Carter 2019, 110) and thus has an impact on the parents of this study. The son of P2 was not adapting to both adult worship services and children's classes in their old church, and it has left P2 not having fellowship with other believers for quite some time. Now in this church, she can do those freely. Another mother (P3) considered her son's condition as a blessing. She truly believed that her son can become "normal" if God wants it, but his

disability has a reason. If he was not disabled, they would not go to church at all. She was also the first believer in her family, followed by her husband, and their daughter who is also handicapped. She reached almost the end of her life and her marriage was causing her pain, but going to church healed her. She confided, !%&'6+=>n%. 3,

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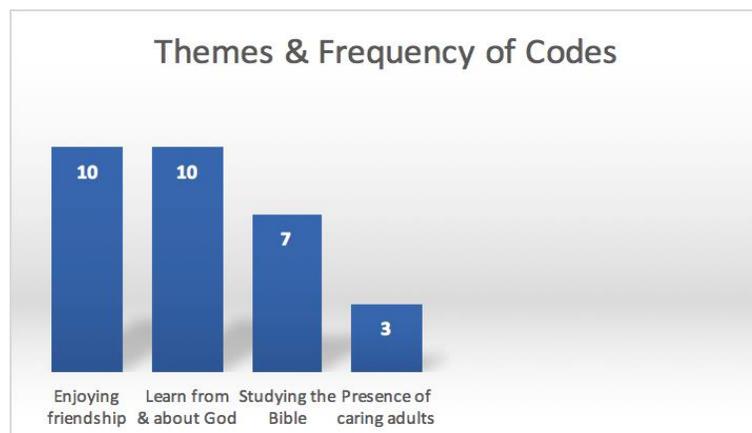
Y ( 80 .1% (23. , (45.S c 3fl^•6.N

v%c7]" .%@20144" ¿ (“Before, my husband was the head of our family. After going to church. I know that Jesus is our head. Church has greatly changed our family. From distressed, even arrogant. God has reformed my whole family, I got baptized in 2014.”). Church also has a very big influence on one of the mothers (P1). She mentioned undergoing a mentality change. After finding assurance from the volunteer teacher, she found a new strength to plan her life and prayed more.

Belonging in the church caused a transformation in parents’ lives. They found a caring community where they can be a part, and also nurture their faith and their children learning about God.

### **Children**

Children were asked to compare school and church. Although they have more friends in school, many of them preferred the church.



**Figure 42. Impact on Quality of Life (Childrens' Perceptions)**

The four themes that emerged from the children's responses (Figure 42). Two themes have something to do with people: friendship with other children ( $f=10$ ) and adults ( $f=3$ ); and two themes about God: learning from God and about God ( $f=10$ ) and studying God's word ( $f=7$ ).

Although most of these children have "graduated" from the Special Needs class, their parents still bring them early to church to be together with other CSN in the exclusive class. But as this researcher has seen their interactions with other typical children, they seemed happier in the inclusion class where they can participate in the Awana games every Sunday.

Theme 1: Enjoying friendship.

Children with special needs have friends in the church, unlike in their schools where their parents said that their children are left out because of their lack of social skills. Overall, children prefer the church than their school. Friendship is connected to belonging (Renwick et al. 2019, 8). It is a type of relationship where emotional support can be meaningfully had and improve FQOL (Boehm and Carter 209, 110). This is



school and has a very good relationship with his teachers, but he chose church over school, even if he has fewer friends, for the reason that “對。因為學校人多，不是與每個人都那麼相熟。” (“There are lots of people at school, but I am not close to anyone.”). They do not talk to him a lot, unlike the church where people are friendly. In addition, Ch8 said, “在教會的時候，我覺得比較安” (“I feel safer when I am in the church.”).

With the boy Ch2, he thinks that “he is better friends with my friends from school.” The interviewer expected that because Ch2 is gifted, and therefore he has no friends in church that share his keen interest (except that boy who left for Youth Ministry). But that was not the reason he gave. He spoke matter-of-factly, “教會的朋友有時候取笑我，然後又有些會罵我。” (“My church friends sometimes make fun of me, and sometimes they scold me.”) But what Ch2 lacks in friends his age is compensated by a few very close “uncles” and “aunties” who find time to talk with him about his interest, and that is enough for him.

Theme 2: Learn from and about God.

Being in a church, children learn about God and biblical values. The children were asked what they learned in their Bible class in Awana. Ch1 said that he has learned forgiveness. He has forgiven others a lot, but some people forgave him, some did not. He was asked where he feels he was forgiven more, school or church. Doing a quick mental math, he deduced, !/0<sup>-</sup> %' < \* = 4. S9: \ % > P 6WX?4Æ @ @

uœ @WB9: j “ « « ç ” ) A “ I have only studied for five years at school, but I have been at the church for ten years since I was born. Normally speaking, there should be more at the

church.”). This 11-year-old boy understands forgiveness that even adults struggle with. The researcher observed that this boy is quite carefree and friendly, a sign that he is a happy boy.)

According to Ch2, people go to school for common knowledge that they need in their daily lives, but people come to church to learn about the truth in the Bible. Such as !

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l< EF:(Æ ¿ (“Jesus taught me to show love towards others. Also, I did not like praying but I now feel better about coming back to church, reading the Bible and having devotional.”). In one of the class observations where teachers asked the students what to pray for, Ch2 mentioned about his father’s health because he has too much pressure as a pastor in the church where he and his mom left.

Ch3 said that God helped him to remember. Ch4 mentioned learning to pray. Teen-ager Ch5 loves to sing the most among the CSN, “Jesus loves me...Jesus loves you... Jesus loves [his name].” Both Ch7 and Ch8 answered that they learned to love and care for others. “And respect them!” added Ch7. When asked if he prays a lot, Ch8 replied, “在擔心的時候” (Whenever I feel worried [I pray]). To learn about the God of their faith is one of the wishes of parents for their children. The children’s responses are very uplifting since spirituality and participation in religious communities are significant factors in FQOL (Bennett, DeLuca, and Allen 1995; Poston and Turnbull 2004) and including sacred beliefs and practices in the rhythm of life are ways to promote higher

FQOL (Boehm and Carter 2019, 112).

### Theme 3: Studying the Bible.

The Bible is the foundation of the Christian faith, and most of the child respondents like studying God's word. Four of them spoke about studying the Bible. Ch1 goes to a Christian school where the Bible is taught daily, but he said there is no worship, unlike in the church where the Bible is only taught once a week. He likes learning the Bible, and when asked which one is his favorite, he replied, "Everything, because everything is interesting." Ch3 shared that Jesus taught him to remember, and taught him about his Lord. Ch2 also likes to learn the teachings in the Bible, and he added casually, !

":GEFHI°                      %Q@@GI¯                      "¿ ("I read devotional books and the Bible. I am now reading the Gospel of Matthew.""). Being gifted, this boy is a voracious reader and thus spends his time reading the Bible.

Studying about God is a good foundation for faith. The church is situated in the microsystem of the children that has strong influence in a child's development (Bronfenbrenner 1993). Constructive input into their spiritual growth, such as godly values, shapes their moral views from a young age.

### Theme 4: Presence of caring adults.

One great reward for belonging in a church is that children are lavished with love. Having sympathetic and caring "uncles" and "aunties" in the Children's Ministry is comforting for these children. As Ch8 said that he feels safer in the church than in his

school. They feel valued in church and when they go out with other families. Some ministry workers would invite families of special needs children for fellowship. For Ch7, that is very special as she could spend time with uncle, who is one of the facilitators of the parents' support group. She also mentioned what other teachers talk to her about, !

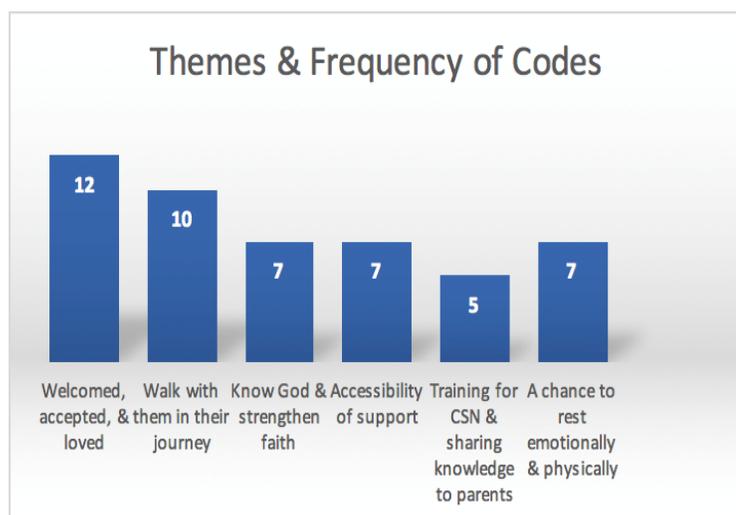
„:JJø % — “ „'%KL—~M"¿ (“Sometimes we talk

about matters related to me and my younger brother. Sometimes they help me to stop my brother from fighting.”).

Adults (teachers, assistants, pastors, church leaders) and other children or peers are the most influential factor that promotes or impedes enrichment of development. Are the non-disabled peers friendly or hostile? Are the adults caring and cognizant of the unique characteristics of the child? Are the activities planned to intentionally accommodate CSN's handicaps? Are the values and beliefs prevailing in the church setting preparing the children to adapt to a wider community? The findings in this study shows CSN have friends to play with, caring adults that consistently teach or engage with them in the church, and learning about God. These people make the child happy and confident that they are accepted and feel a sense of belonging. The mother of a teen-ager with autism and ID shared, “As for my child, seeing him being accepted and tolerated, he is very happy every time he goes to church. He has been going to church since he was seven years old, and he is now nineteen years old.”

## Ministry Workers

This section presents the findings on the impact of belonging in the church to the families' quality of life from the Ministry Workers' point of view. Findings from the two previous research questions are aligned with six themes that came out of the interviews (Figure 43).



**Figure 43. Impact on Quality of Life (Ministry Workers' Perceptions)**

The themes are parents being welcomed, accepted, and loved (f=12), having someone to walk with the parents in their life's challenges (f=10), relationship with God (f=7), accessibility of support (f=7), rest (f=7), and training of CSN and knowledge sharing (f=5).

Theme 1: Welcomed, accepted, and loved.

One of the impacts of belonging is the feeling loved by others. According to parents, other than the church, many organizations and tutorial centers do not accept children with disabilities because they gravely affect other children. As not all churches have a Special Needs Ministry, very few places are available for families to run to. Some

of the families that are currently in the program have waited for months before they are taken in.

According to MW7, “The first principle and purpose is to create an environment that we can share with each other openly. We all have the same or similar difficulties...” since most SNM volunteers are also taking care of CSN. This church is an open and welcoming church, as reflected in the attitude of the congregants. This openness is a sign of acceptance for the families to be a part of the community, or a large family, according to MW1. According to MW6, by offering parents a specific time and program that intentionally targets their children’s needs, plus a support group, families feel welcome and accepted. MW10 observed that the parents’ attendance rate has improved with some parents joining the church worship, which is a sign of belonging.

For the new families, they do not have that sense of belonging yet to the whole church; they gravitate toward the people serving in the Special Needs Ministry since they are taking care of their children. MW8 thinks that the more important thing is sharing openly with other families. The feedback of the parents, submitted to the Louis Program where they signed up for a referral, indicated that they feel accepted and loved.

The survey results on what makes families feel welcome in a church were gathered using the Word Tree. Occurrences of the words related to accepting, understanding, and God are prominent. These are the aspects that make families and children feel welcome in a church:

1. Listening actively to them, with sincerity and empathy;

2. Willingness to share the burden with the family, such as looking after their children, sharing information about disability;
3. Teachers who are accepting of and loving to their children;
4. Special needs ministry leaders that are passionate in assisting the families;
5. Encouraging them that God still loves them and has His own way to help them, while the volunteers support and —~SdN (walk with them) in their life's journey;
6. Making the church a safe place where parents can share their feelings about their family situation;
7. Families' regular participation in church activities;
8. The availability of choice of classes for their children: special needs class and the Awana class;
9. By following Jesus to love every individual because !%SO./0 .O%S

OÆPQR ç (“We love because He first loved us. - 1 John 4:19.”).

The above reasons impact the parents and their children's sense of belonging in the church, and eventually, positively affect their FQOL.

Theme 2: Walk with them in their journey.

One of the leaders (MW9) disclosed that many Hong Kong families do not have the same religion or belief so families and relatives have a different attitude toward having a child with disabilities. This is true for some families who were accepted in the

program. Parents do feel very lonely. Christian parents feel encouraged to meet people in the church who understand their plight (Paynter et al. 2017) because of the limitation of support from family, friends, and professions who do not have similar lived experience (Jones 2018, 214) The teachers in the Special Needs Ministry have a mission to actively reach out to the families, so other than the regular Sunday activities, parents are never out of contact even outside church time. MW1 wished, !RRul"2%UE \w63S

T.æM Ru ].#\$%Unø R. dRUÆUdN"¿ (“We hope that they will feel that it is more than a church service. We actually care about their welfare and want to accompany them in their journey.”). Sharing the difficulties and helping them is to make the parents of CSN feel that more people are walking the same path as them. Another thing that parents badly need is a kind of recognition of their efforts (MW5), because they are rarely appreciated for their sacrifices, even by their family members. Their identity is always attached to their children, so to be affirmed is a yearning fulfilled.

“Walking together means we care,” said MW7. She added that sharing to the parents what they themselves have gone through in the past and have overcome is giving the families hope. Although the improvement might be little or slow, the ministry workers are there to celebrate and share the joy together. Another thing that he shares with the parents’ support group that can be a bitter pill to swallow but a reality is that, “Your kid may not change to normal... due to the characteristics of our kids... someday the parent and kid relationship can be much, much better than most of the normal families... a lot of cases for those normal families, their kids, they just do their own way,

[because] the parents cannot communicate well, but for us we have a very good relationship with our kids since they are still young.”

Findings in the survey questionnaire about the rewards that ministry workers get from serving as this are important factors in their commitment. From the Word Tree, the Chinese characters 喜 (happy) and 樂 (pleasure) was the word most mentioned (f=8); other words were “blessed,” (f=2) “rewarding,” (f=2) “satisfying,” and “satisfaction” (f=3). These sprang from witnessing the family feel the love of God, and their children enjoying being part of the church. There is a sense of self-satisfaction of sharing one’s experience with other families. It is rewarding to see the contrast of parents from being helpless and pessimistic to having hope and optimism, and learning to seek God’s help, according to the volunteer in the parents’ support group. The openness of the parents to share their lives, and to see them grow in faith are blessings to those who minister to them. The joy and participation of the children in the class (either in the exclusive and inclusive setting), and the minor progress in adapting to the group are rewards to one teacher. One ministry leader remarked, “yes, if we can help one child with special needs, three will be happy. The reward is triple,” referring to the child and the parents.

Despite the tones of positiveness from most of the respondents, two ministry workers who are assigned in the inclusion class wrote “frankly speaking, none” and “沒有特別感覺” (no special feeling). In contrast with the others, these comments may have arisen from their inconsistent contact with children due to their once a month duty, and the difficulty in having many children in the Awana class. As the researcher has observed, there are Sundays when the number of children is almost thirty. The

interconnections between parents and teachers, and parents of CSN with other parents is in the mesosystem setting that surrounds the child (Bronfenbrenner 1993, 40). If a CSN can easily transition to interacting with various teachers, other parents and adults in the church, and with the peers, the child will have a stronger sense of belonging.

### Theme 3: Know God and strengthen faith

This theme is in agreement with the findings in the parents' interviews regarding faith. In her over ten years of serving in the Special Needs Ministry, MW1 realized that if children with disabilities did not come into their lives, families might never have found God. Those who are connected to a faith community view disability as an opportunity instead of a burden (Weisner, Beizer, and Stolze 1991). Families met the Lord through their kids with special needs and repaired many relationships. Older ministry workers have walked the same path ahead of others, so the new families hear stories of how they have experienced God and how He took care of the children (Tam and Poon 2008).

Some parents have difficulty accepting the situation because they do not know why God made the child or brought this kind of child to their lives (Baines and Hatton 2015). It is a hard question. MW12 was optimistic that, "In the long run, yes [that is, the church can help answer that], but it might take a while. . . ." The SNM leader reads Bible verses for encouragement, such that God created everyone equal, and especially his favorite John 9:1-3, "As he went along, he saw a man blind from birth. His disciples asked him, 'Rabbi, who sinned, this man or his parents, that he was born blind?' 'Neither this man nor his parents sinned,' said Jesus, 'but this happened so that the works of God might be displayed in him'" (John 9:1-3, NIV).

MW3 hopes that ! X.@ iß.=>.YY<sup>-</sup> M hHCDZ hH

[. hH]"¿ (“Regarding faith, maybe they gradually learn how to pray, how to entrust things to God and how to surrender, how to endure”). It is important to let them know the love of Jesus Christ since they suffered many bad experiences. The pastor (MW15) maintained that “it is our privilege to have such an opportunity to serve them and guide them to know and trust our Heavenly Father.”

This commitment to ministering to the families’ spiritual life is evident during this researcher's observation period as well as in a conversation with the two ministry workers who facilitate the parents support group. Their prayer is for parents to come to know Jesus Christ, and not only come to have their children helped in their disability.

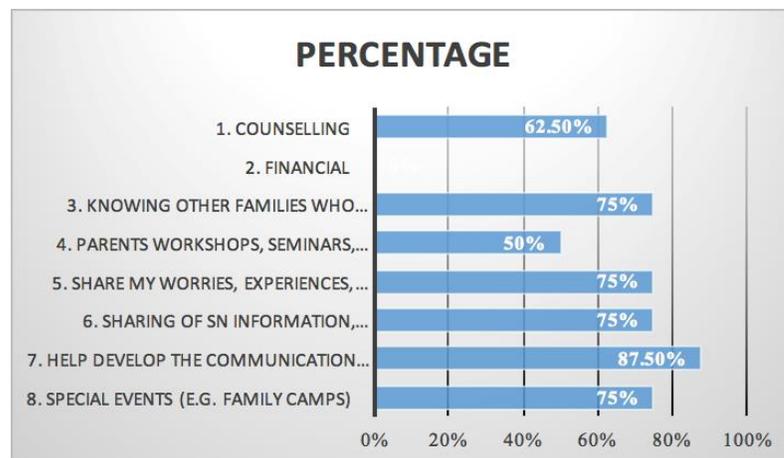
Theme 4: Accessibility of support.

One of the impacts of belonging is the accessibility of support. Among families, even for Christians, a lot of them are afraid of going to church. They worry that others would decline their participation. Many Hong Kong churches offer limited support in the area of special needs, either resources or people with expertise. If children cannot attend church, parents will not come as well. In the end the whole family suffers for the lack of assistance, especially the emotional aspect.

This church offers the following support to the family (Figure 44):

1. Counselling, for individual or family;
2. Financial help;

3. Knowing other families who have children like their own;
4. Parents workshops, seminars, and talks on disability;
5. Share their worries, experiences and pray for them;
6. Sharing of special needs information, websites and courses;
7. Help develop the communication and socialisation skills of their children;
8. Special events (e.g. family camp).



**Figure 44. Supports Offered by the Church**

Ministry workers choose to look after CSN so that their parents can attend church worship service (MW2). Raising a child with exceptional needs is stressful so the parents' support group is a channel where they can share their difficulties, get expert advice and guidance, and be prayed for.

Theme 5: Training for CSN and sharing knowledge to parents.

MW2, who is a father, shared the case of his son who was one of the very first students in the Special Needs' Bible Preparation Class,

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 (“He did not know how to listen and watch attentively. I was hoping that he could learn to sit still through some small training, so that he could receive information and know how to respond. This could prepare him for groups like Awana. If he had not attended these training and went straight into Awana, he surely would not have made it.”).

Similarly, those CSN who are now included in Awana, they went through behavior and communication training before their integration. “The first few months were really, really hard,” according to MW4, on the training of her son Ch2 before he joined Awana.

Based on their experience as parents of children with special needs, the ministry workers share effective practices and resources that are helpful in parenting exceptional children.

Theme 6: A chance to rest emotionally and physically.

Parents get exhausted, frustrated, and very disappointed in “...doing many, many things, many, many times” but discern no sign of improvement at all, according to MW7. They try their best, however some children do not really get better as much or as quickly as parents expect they will, MW7 added. The most vital support that parents require is to develop the communication and socialization skills of their children (87.5%) (Figure 44), for even their siblings and friends have difficulties getting along with CSN. “This situation really affected our church life, if not our life as well,” admitted MW2. It is very tiring to look after special kids all week so having social support and providing parents with coping strategies strongly affect a family’s quality of life (Jones 2018). Based on the demographic survey, 75% of the family respondents do not employ a household helper

(Figure 22). Even if a family has one, that person might be full time in caregiving for a child with severe conditions. This situation can be more complicated if the child goes to mainstream school where the academic demands are higher. Five families have enrolled their children to mainstream or traditional schools (Figure 23). According to parents, after-school tutoring centers do not accept their children. Hence, tutoring them at home is a further burden to parents. The church's ministry workers give parents the space and time to relax, allowing them to see how God loves them through faith and through the support available in the church.

MW8 attested to how Scriptures and Christian songs make parents feel at peace. One mother cried because she was so touched with the song and the discussion about surrendering and releasing the burdens they have been carrying for a long time. Crying in front of someone indicates trust, so the parents' support group aims to be a safe place or group where parents can have rest, MW8 added.

Findings from the third discussion topic in the World Café summarized in the Word Cloud reflects some of the themes found in the interviews (Figure 45). The discussion topic is: What can a church and its members do to include people with disabilities and their families well in the church community? The aim of this discussion was to find out what the respondents think is necessary to support Research Question 3 (How does belonging to a church impact these families' quality of life?). The five most prominent words that appeared in the Word Cloud are: family (f=11); help (f=7); activity (f=6); people (f=5); and train (f=5).

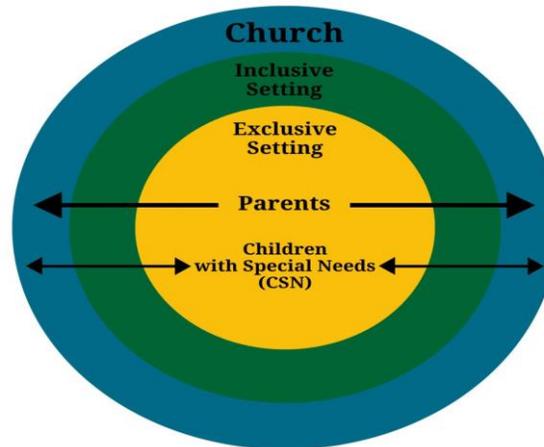


help, extend training time, professional help), the practical things that aid the improvement of their children's symptoms. They may have forgotten that the church is a religious group, not a therapeutic or intervention clinic. Nevertheless, their responses are useful in the Special Needs Ministry's improvement of structure and support, and if ever, its plan for expansion.

Belonging to a church impacts families with special children. They are a part of a caring community that loves them, provides them with support and resources, hope, and happiness. Belonging is being in a place where children are nurtured in the Christian faith and enjoy friendship. Belonging is the families' finding their place among believers who walk with them, and learning about God and maturing in one's faith through their journey.

Based on the preceding results, this researcher is going to address the question: *Are they in or out?* For advanced countries where government inclusion policies are wellset, the participation of children with special needs in church life seems to be expected or a given. Some churches assign an inclusion champion who ensures that all CSN are accepted, included, and supported in their congregational participation. For this study this researcher argues that the sense of belonging has a flow or a movement (Figure 46).

**Flow or Movement of Belongingness  
of Families with CSN in Church**



**Figure 46. Flow or Movement of Belongingness of Families with CSN in Church**

Parents' belonging has an outward movement. In the beginning they are *in*, but only in a small group or an exclusive environment, as in this study, only in the Special Needs Ministry. They are *out* of the mainstream church, not because of choice but because of their children's disabilities. As the children's condition improves and they are able to function in the inclusive setting, the parents are less anxious and thus freer to move toward the bigger circles where they can attend worship, join church-wide gatherings and activities, and eventually find a role to serve in the church.

The children's belonging movement is more fluid and organic - sometimes they are *in*, at times they are *out*. They move from one setting to another on the provision that there are caring and trustworthy adults (and friends) who are accessible in those spheres. With a strong sense of belonging, they have learned to fit in larger settings because they feel accepted. One of the reasons for this outward-inward movement is the nature of the disability. As seen in this study, one boy with autism, although gifted, prefers to be alone and is attached to very few teachers. Those children who have severe disabilities are

limited only to being in an exclusive setting most of the time. They are rarely in a big group unless accompanied by an adult. The inclusive or bigger settings are extremely stressful to navigate for CSN. Too many people mean too many sensory stimuli to process, thus they prefer to go back to the small class, where the rules are less strenuous, and be with similar children.

### Summary of Research Question 3

Belonging to a church has many positive impacts on the families' quality of life. Both parents and Ministry Workers consider being loved and having a supportive group who walk with the families mean that parents have hope from their concerns. The presence of friends and caring adults for the children are definitely advantageous to the overall FQOL. The accessibility of support and training mentioned by MW are considered by parents the help that they need for their children. According to MW, church is a place of rest for parents from their parenting tasks. This respite brings happiness to parents in a place where they have community and a regular church life. Religion and spirituality are factors in the FQOL. Ministry workers and parents consider the nurturing of parents' faith as one of the impact of belonging. Parents consider the spiritual growth of a helpful impact, and CSN learning about God and the Bible are all good markers of FQOL.

### Summary

This chapter presented a discussion of the findings based on the three research questions about the characteristics of a welcoming church, understanding the concept of belonging in a church setting, and the impact of belonging on the families' quality of life.

Themes were extracted from the semi-structured interviews using a qualitative data analysis software, and triangulated with data from survey questionnaires, World Café, and direct observation. The summary of themes for each research question is in Tables 15, 16, and 17.

**Table 15. Summary of Themes for Research Question 1**

<b>Research Question 1:</b> What are the qualities of a church that accepts or welcomes families and their children with disabilities?	
Parents	Themes: 1. Understands characteristics of CSN 2. Makes families with CSN feel accepted 3. Provides a parents' support group 4. Has experienced teachers and ministry workers 5. Teaches Christian faith to CSN
Children	Themes: 1. A place where they can have friends 2. A place where teachers consistently serve the CSN

Ministry Workers	<p>Themes:</p> <ol style="list-style-type: none"> <li>1. The church consists/contains ministry workers with particular characteristics: <ol style="list-style-type: none"> <li>a) Experienced teachers</li> <li>b) With a positive attitude towards disability</li> <li>c) Resourceful</li> <li>d) Committed</li> <li>e) Passionate, tenacious, but pragmatic</li> <li>f) Teachable</li> <li>g) Called</li> <li>h) With an eternal perspective</li> </ol> </li> <li>2. The church practises inclusion</li> <li>3. The church creates a parents' support group</li> <li>4. The church has a clear admission procedure</li> </ol>
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**Table 16. Summary of Themes for Research Question 2**

<p><b>Research Question 2:</b> How do these families, their children with disabilities, and ministry workers recognize and understand the concept of belonging in a church setting?</p>	
Parents	<p>Themes:</p> <ol style="list-style-type: none"> <li>1. Being in a needed place</li> <li>2. Being able to serve</li> <li>3. Having people who make them feel they belong</li> <li>4. Being consistently present</li> </ol>
Children	<p>Themes:</p> <ol style="list-style-type: none"> <li>1. Being cared for</li> <li>2. Needs are known</li> </ol>
Ministry Workers	<p>Themes:</p> <ol style="list-style-type: none"> <li>1. Contributing in church</li> <li>2. Participating in church-wide activities</li> <li>3. Needs are known and cared for</li> <li>4. Accepted even in small group</li> <li>5. Requiring time</li> <li>6. Accepted in exclusive and inclusive setting</li> <li>7. Accepted by whole church</li> </ol>

**Table 17. Summary of Themes for Research Question 3**

<b>Research Question 3:</b> How does belonging to a church impact these families' quality of life?	
Parents	Themes: 1. Help, hope, happiness 2. Church life and community 3. Children learning about parents' faith 4. Nurturing parents' faith
Children	Themes: 1. Enjoying friendship 2. Learning from and about God 3. Studying the Bible 4. Presence of caring adults
Ministry Workers	Themes: 1. Welcomed, accepted, loved 2. Walking with them in their journey 3. Know God and strengthen faith 4. Accessibility of support 5. Training for CSN and sharing knowledge to parents 6. A chance to rest emotionally and physically

Discussions of the findings were divided into the three subunits of the case study: parents, children with disabilities, and ministry workers. A conceptual framework of belonging (5P's of Belonging) is recommended based on the findings on respondents understanding of the concept of belonging in a church setting, and the flow or movement of belonging of parents and children are contrasted.

## **CHAPTER V**

### **SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS**

This chapter presents the summary of findings on belonging of families and their children with special needs in a church setting. The researcher provides recommendations for church and ministry practice, seminaries, and further research study in the area of disability and church.

#### **Summary of Findings**

The purpose of this single-case study is to find the qualities of a welcoming church for families and children with disabilities, the understanding of what constitutes a sense of belonging by the three subunits of the case (parents, children with disabilities, and ministry workers), and how belonging impacts families.

The summary of findings for each research question are below:

Research Question 1: What are the qualities of a church that accepts or welcomes families and their children with disabilities?

The findings show that the families are looking for a church that is accepting of their children with disabilities. Due to the exceptional needs of the children, the first quality of the teacher or ministry worker that parents expect are those who are experienced in dealing with CSN as this means knowing the uniqueness of each child and having a more positive attitude about disability. Other qualities of teachers that make families feel welcome and accepted are being committed, loving, passionate and called

by God. The ministry workers' certainty of their calling from God indicates an eternal perspective to the work of disability ministry. The church is a place where CSN are surrounded by teachers who consistently care for them. A support group is available exclusively for parents so they can be ministered, too. Inclusion is practiced by admitting special children, when they are ready, to play and learn together about faith with nondisabled students.

Research Question 2: How do these families, their children with disabilities, and ministry workers recognize and understand belongingness to a church?

To belong is to belong to something. Parents are searching for a church where they can be included, where people make them feel they belong and their needs are known and attended to with care and love, and where their children have opportunities to make friends. It is the place where they can participate in various activities resulting in their having a regular presence, and where they can eventually have a purpose by serving others.

Families' belonging is illustrated as a journey with five stages: searching a place, meeting people who can respond to their unique needs, availability of program to meet their need, presence that sustain their relationships, and finally, a purpose to fulfill the need to belong (Figure 40). The flow or movement of belonging of parents and CSN are contrasted (Figure 45). Parents' belonging move outwardly from exclusive setting to the inclusive setting. Children's movement of belonging is flexible, depending on their choice due to the characteristics of their disabilities.

Research Question 3: How does belonging to a church impact these families' quality of life?

Belongingness in the church transforms the lives of families and their children with disabilities. The hopelessness of parents dissipates as they find the assistance and care of people who walk with them in their journey. Children enjoy friendship and study about God together with their peers in either exclusive or inclusive settings. Families are embraced in a loving community where they can experience rest as their faith is nurtured by the communion with other believers.

This study's findings revealed that the belonging of families with children who have disabilities to a faith community does not happen in a short span of time. In addition, the flow or movement of belonging of parents and children with disabilities are shown to be different.

### **Conclusions**

Families with children with special needs are looking for a church where they can be accepted, supported, nurture their faith, and find a sense of belonging. They seek an accepting church where people understand the characteristics and special needs of their children. A disability ministry or special needs ministry has to be intentional in its purpose when reaching out to families and their children with disabilities as each child has traits and needs. The reason for it to be called "special needs" "exceptional needs" is because the approach and strategies are uniquely different compared to other ministries.

The findings of this study show the following are factors foster belonging:

- 1) A welcoming church where congregants have a positive attitude towards families and their children with special needs;

- 2) Ministry workers who have experiences or training about disability, and who are committed to caring for the families, and have a calling from God;
- 3) Programs that support the parents and their children. Curriculum with accommodation and modification are tailored for the developing abilities (cognitive, physical) of the children with special needs;
- 4) Participating in fellowship, worship, and other church-wide activities as avenues for families to constantly interact and build a lasting relationship with other families and congregants;
- 5) Opportunities for families and their children to serve in the faith community that provide them with a sense of purpose and belonging.

Inclusive practices are ways for families to participate in either small groups or the whole church, as they adjust to the new environment, but the ultimate goal of all interactions is increasing their sense of belonging to the faith community. Inclusion and participation set conditions, belonging does not.

## **Recommendations**

### Recommendations for Churches

#### **The Hong Kong Church Where this Research was Conducted**

The findings reveal that there are some areas that require improvement in the church's inclusion practices. First, the vision and mission to minister to families and their children with disabilities should be owned by the entire church, not only by a small group of people. The creation of a policy statement on disability that the whole congregation supports will help cultivate a culture of acceptance and accessibility. Second, there is an

urgent need for training all ministry workers in the children's ministry, especially those who are serving in the inclusive class. Training by professionals from special needs and child psychology fields in topics like developmental growth of children, characteristics of children with exceptional needs, classroom management, adaptation and modification of lessons, and behavior modification can improve inclusive practice. Third, without violating privacy, ministry workers working directly with children have to be provided with the profile of CSN so teachers know the traits of each child resulting from the disability, and how to do their best to serve them.

### **Churches that Want to Start or Improve their Disability Ministry**

Based on the findings the factors that foster belonging of families and their children with disabilities are a church that is welcoming because its people has positive attitudes about disability. The presence of experienced and dedicated ministry workers, appropriate programs for parents and children, that may include an inclusion set-up depending on the children's ability to participate are reasons for families decision to stay in a church. Participation of families to church-wide activities, and opportunities for them to serve in the church are factors that may helpful in the later part when children have adjusted.

The findings of this study shows that teachers who are trained and are aware of their students' conditions are least likely to struggle with an inclusive set-up. Another area to look out for is the number of volunteers and their consistency of schedule to help in Sunday school. If there are children with behavior problems, such as ADHD or those that have a hard time focusing, the class may need to have more volunteers. Training of

teachers for skills in curriculum adaptation and modification is critical so that lessons are accessible and appropriate to the CSN.

### **For Children's Ministry**

According to the findings, ministry workers who have no training in children with special needs or disability, do not have the background information of their CSN students, and have infrequent contact with CSN due to rotation of duties affect their performance in the inclusive setting. Therefore this study recommends the following:

- 1) Train CM leaders, teachers, and teacher assistants on different disabilities, adaptation and modification of lessons, behavior modification, classroom management;
- 2) Provide teachers with the child's profile which include allergies, situations that trigger emotional outbursts or violence, likes and dislikes, weakness and strengths;
- 3) Connect with CSN every Sunday by seeing them before or after Sunday school for a short chat, if teachers are assigned only once a month.

### **Churches Who Aim to Have a Disability-friendly Congregation**

Findings of this study reveal that one of the characteristics of a welcoming church is knowing and understanding the traits of PWD. There are always persons with disabilities everywhere; and the church is not an exception. Many forms of disabilities are not obvious, because of this fact, assumptions cannot be made about people. Churches should take steps to ensure accessibility for everyone to worship. A disability-friendly congregation prepares for God's people to heed Jesus Christ's invitation to hurting people, "Come to Me, all you who are weary and burdened, and I will give you rest" (Matthew 11:28 NIV).

People with disabilities cannot be deprived of their right to seek and have a relationship with God. A church policy on disability with solid biblical and theological foundation is the initial step. By studying the various aspects of church life (e.g., worship, Sunday school classes, activities), see how things are normally done and think how churchgoers with disabilities can be put at a disadvantage or be marginalized because no reasonable adjustments are provided.

### Recommendations for Seminaries and Bible Schools

Seminaries and other bible institutions are educational institutions that prepare people academically, professionally and spiritually for Christian ministry. The following recommendations can help them if their ministry includes people with disabilities or special needs:

1. Short-term training for students who are interested in disability ministry.
2. A course or training in disability including biblical and theological perspective on disability that underpin preaching, church practice, and outreach ministries for church leaders.
3. Training for missionaries who are working in urban poor and other povertystricken mission fields where there is a high incidence of disabilities. The poverty rate is higher for people with disabilities.
4. In the APNTS PhD catalogue (2022-2025), the course Learners with Special Needs (HCD800) is one of the six concentration courses from which students choose five. This researcher recommends that this course be compulsory. The core competencies outcomes of the doctoral program are leadership competence,

children in crisis ministry competence, competence as educators, research competence, and communication competence. These competencies require a certain degree of knowledge of disability since children with disabilities or special needs can be found in almost all areas of the community where PhD students will work or some are already serving. A review of the course content is also recommended. The aim to be a practitioner after a two-week course is hardly achievable. The practice of special education is a highly specialised area so to know the characteristics, strategies and interventions for the major disabilities (autism, cerebral palsy, Down Syndrome, intellectual disability, physical disabilities, learning disabilities, ADHD/ADD) is overwhelming, and therefore, the syllabus needs rethinking.

#### Recommendations for Further Research

This study recommends the following topics for further research:

1. A study on the attitude of congregants towards families and children with disabilities.
2. A study on non-disabled children's attitude towards people with disability.
3. A comparative study on the program of churches that have disability ministry focusing on inclusion practices and belonging.
4. A study on belonging of adults with disabilities in the church setting.

#### **EPILOGUE**

This is a testimony to what God has done to the Special Needs Ministry of the church where this study was conducted.

Child 1: He continues to enjoy church where both his parents volunteer in the Children's Ministry.

Child 2: He returned to the church where his father is the pastor in the summer of 2022. The boy is still adjusting, and his mother is relying on God's grace to overcome difficulties.

Child 3: He is still in the church with his two younger sisters. He continues to enjoy time with his friends.

Child 4: He and his mom moved to another church again.

Child 5: I witnessed his water baptism on July 9, 2023. Despite his autism and intellectual disability, he now earns money working as a potter for a charitable organization. He is being trained as a piano accompanist for special events in the church.

Child 6: He moved to the United Kingdom in the fall of 2022.

Child 7. She moved with her younger brother Child 6 to the United Kingdom, where they get better support in school.

Child 8: He is studying for a higher diploma in music production. He still helps his parents in the Special Needs Ministry as the IT assistant. He was finally invited to be the drummer of the church's worship team in February 2024.

## APPENDIX A

### LETTER OF REQUEST TO CONDUCT RESEARCH

August 20, 2020

Mr. \_\_\_\_\_

Pastor, \_\_\_\_\_

RE: Permission to Conduct Research

I am currently enrolled in Ph.D. in Holistic Child Development at the Asia Pacific Nazarene Theological Seminary in the Philippines. I am in the process of writing my doctoral dissertation, entitled “In or Out: Belonging of Children with Special Needs and their Families in Hong Kong Chinese Church—A Case Study.” The purpose of this research is to see how children with special needs and their families are welcomed and supported in a church.

May I request your kind permission to do this research in [name of church]? For data collection, I would like to conduct the following:

1. Observe Children’s Sunday School classes (6-8 Sundays)
2. Distribute Survey Questionnaires (Ministry leaders, teachers, parents) (Copy enclosed)
3. Interviews (Interview protocol enclosed)
  - a) Pastor
  - b) Ministry Leaders (3)
  - c) Teachers (at least 5),
  - d) Parents of children with special needs (at least 5)
  - e) Children (informal interview of at least 5; to be conducted before or after Sunday school)
4. World Café Discussion: Parents (at least 15 participants) (3 Discussion topics enclosed)

All persons participating in this study will remain anonymous. Data collected from this research will be confidential and will only be used for the purpose of this study. It will be kept safely for one year, and after that all data will be destroyed.

If you have any question concerning the research study, please feel free to call me at

6082-0557 or email me at [nonette.tsang@apnts.edu.ph](mailto:nonette.tsang@apnts.edu.ph). Or you may contact the Chairperson of my dissertation committee, Dr. Nativity Petallar at [npetallar@apnts.edu.ph](mailto:npetallar@apnts.edu.ph). This research has been approved by the APNTS Institutional Review Board (IRB). If you have any questions concerning the IRB policies or procedures, please contact Dr. Nehemiah Bathula at [nehemiah.bathula@apnts.edu.ph](mailto:nehemiah.bathula@apnts.edu.ph).

Thank you for your consideration.

Sincerely,

TSANG, Nonette Garcia  
1404 Block F Garden Vista  
15-17 On King Street  
Shatin, Hong Kong

## APPENDIX B

### 調查問卷(家庭)

#### DEMOGRAPHIC SURVEY (FAMILY)

1. 性別 Gender: 女 Female \_\_\_\_\_ / 男 Male \_\_\_\_\_
2. 年齡 Age: 20-30 yrs. old \_\_\_\_\_ / 31-40 \_\_\_\_\_ / 41-50 \_\_\_\_\_ / 51-60 \_\_\_\_\_ / 60+ \_\_\_\_\_
3. 結婚年數 Number of years married: \_\_\_\_\_
4. 子女人數 Number of children: \_\_\_\_\_
5. 子女的特殊需要 (可選多於一項) Disability of your child: (Choose one or more)/  
第一個子女 (Child 1)  
  
 自閉症 Autism \_\_\_\_\_                      讀寫障礙 Dyslexia \_\_\_\_\_  
  
 專注力不足/過度活躍症 ADHD \_\_\_\_\_      智力障礙 Intellectual Disability \_\_\_\_\_      唐  
 氏綜合症 Down's Syndrome \_\_\_\_\_      資優 Gifted \_\_\_\_\_  
  
 其他(請註明) Others: (Please specify) \_\_\_\_\_
6. 有特殊需要子女的年齡 Age of child with disability: \_\_\_\_\_
7. 子女的特殊需要 (可選多於一項) Disability of your child: (Choose one or more)/第  
二位子女 (Child 2)

自閉症 Autism \_\_\_\_\_

讀寫障礙 Dyslexia \_\_\_\_\_

專注力不足/過度活躍症 ADHD \_\_\_\_\_ 智力障礙 Intellectual Disability \_\_\_\_\_ 唐

氏綜合症 Down's Syndrome \_\_\_\_\_ 資優 Gifted \_\_\_\_\_

其他(請註明) Others: (Please specify) \_\_\_\_\_

8. 有特殊需要子女的年齡 Age of child with disability: \_\_\_\_\_

9. 聘請家傭 Hired helper at home: 有 Yes \_\_\_\_\_ 沒有 No \_\_\_\_\_

10. 有特殊需要子女入讀哪類型學校? Which school does your child with special needs attend?

a) 主流學校 (Mainstream school) \_\_\_\_\_ b) 特殊學校 (Special school) \_\_\_\_\_

11. 在現時教會之年數 Years in the current church: \_\_\_\_\_

12. 如何得知此教會? How did you find this church?

13. 一個月大概有多少個星期日會上教會? About how many Sundays in a month do you attend church?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4-5 \_\_\_\_\_

14. 教會提供的支持 (請勾選所有適用項目) Supports offered by your church: (Please tick all that applies.):

\_\_\_\_\_ a) 輔導 (個人、家庭) Counseling (Individual, Family)

\_\_\_\_\_ b) 財務 (Financial)

\_\_\_\_\_ c) 讓我認識其他像我一樣有特殊學習需要孩子的家庭 (Knowing other families who have children with special needs like mine)

\_\_\_\_\_ d) 針對其特殊需要之家長工作坊/講座/演講 (Parents workshops, seminars, or talks on disability)

\_\_\_\_\_ e) 提供空間，讓我有機會分享有關照顧特殊學習需要兒童的煩惱和經歷，並獲得弟兄姊妹的祈禱和支持。(Share my worries, experiences and pray with me)

\_\_\_\_\_ f) 提供有關照顧特殊學習需要兒童的最新訊息、課程和專題講座等相關資訊。  
。(Sharing of SEN information, websites and courses)

\_\_\_\_\_ g) 幫助有特殊需要的孩子建立溝通及社交技能 (Help develop the communication & socialization skills of my child with special needs)

\_\_\_\_\_ h) 特別活動(如:家庭宿營) Special events (like family camps):

\_\_\_\_\_ i) 其他 (請註明) Others: \_\_\_\_\_

15. 您參加這個教會的原因是甚麼? (請列舉至少 3 個原因)

What are the reasons you attend your current church? (Give at least 3 reasons.)

### APPENDIX C

#### 背景調查問卷(事務處工作者)

#### DEMOGRAPHIC SURVEY (MINISTRY WORKERS)

1. 性別 Gender: 女 Female \_\_\_\_\_ / 男 Male \_\_\_\_\_
2. 年齡 Age: 20-30 yrs. old \_\_\_\_\_ / 31-40 \_\_\_\_\_ / 41-50 \_\_\_\_\_ / 51-60 \_\_\_\_\_ / 60+ \_\_\_\_\_
3. 加入教會的年數 Years of membership in the church: \_\_\_\_\_
4. 在兒童事工的服務年數 Years of serving in Children's Ministry: \_\_\_\_\_
5. 崗位 Role / Position:
  - a) 教會或事工領袖 Church or Ministry Leader \_\_\_\_\_

- b) 特殊需要事工的義工 Special Needs Ministry Volunteer (Children) \_\_\_\_\_
- c) 特殊需要事工的義工 Special Needs Ministry Volunteer (Parents) \_\_\_\_\_
- d) AWANA 課堂的義工 AWANA Class Volunteer \_\_\_\_\_
6. 您有有特殊需要的子女嗎? Do you have a child with a disability?  
有 Yes \_\_\_\_\_ / 沒有 No \_\_\_\_\_
7. 您是否接受過照顧有特殊需要兒童 (CSN) 及其家庭的培訓? Did you receive any training on the issues about children with special needs (CSN) and their families?  
有 Yes \_\_\_\_\_ / 沒有 No \_\_\_\_\_
8. 你事奉此崗位的原因 Reasons why you volunteer.
9. 您覺得服侍有特殊需要兒童有什麼困難或挑戰 What do you find difficult or challenging in serving with CSN?
10. 您認為甚麼因素令有特殊需要兒童感到被您的教會接納 What do you think are the factors that make CSN feel welcome in your church?
11. 與有特殊需要兒童相處的過程中, 您感到自我滿足/回報/喜悅嗎? What selfsatisfaction/reward/ joy do you gain in working with CSN?

**APPENDIX D**

## CONSENT LETTER FOR SURVEY

[Date]

Dear Participants:

I invite you to participate in a research entitled “In or Out: Belonging of Children with Special Needs and their Families in Hong Kong Chinese Church—A Case Study.” I am currently enrolled in Ph.D. Holistic Child Development at the Asia Pacific Nazarene Theological Seminary in the Philippines. I am in the process of writing my doctoral dissertation. The purpose of this research is to see how children with special needs and their families are welcomed and supported in the church.

Your participation in this research project is voluntary. You may decline altogether, or leave blank any questions you do not wish to answer. There are no known risks to participation. Your response will remain confidential and anonymous. Data from this research will be kept under lock and key and will be reported only as a collective combined total. No one other than the researcher will know your individual answers to this questionnaire.

If you agree to participate in this project, please answer the questions as best as you can. It should take approximately 5-10 minutes to complete. Please submit the completed questionnaire to Mr. \_\_\_\_\_, head of the Special Needs Ministry.

If you have any questions concerning the research study, please call me at 6082-0557 or email me at [nonette.tsang@apnts.edu.ph](mailto:nonette.tsang@apnts.edu.ph). Or you may contact the Chairperson of my dissertation committee, Dr. Nativity Petallar at [npetallar@apnts.edu.ph](mailto:npetallar@apnts.edu.ph).

This research has been approved by the APNTS Institutional Review Board (IRB). If you have any questions concerning the IRB policies or procedures, please contact Dr. Nehemiah Bathula at [nehemiah.bathula@apnts.edu.ph](mailto:nehemiah.bathula@apnts.edu.ph).

Thank you for your consideration.

Sincerely,

TSANG, Nonette Garcia  
1404 Block F Garden Vista  
15-17 On King Street

Shatin, Hong Kong

參與問卷調查同意書

(Appendix D Translation) 日期:

尊敬的參與者:

誠邀閣下參與一項題為“有特殊需要的兒童及其家庭對所屬香港教會的歸屬感”的研究。本人目前正於菲律賓 Asia Pacific Nazarene Theological Seminary 攻讀博士學位

(Ph.D. Holistic Child Development) 並正在未撰寫博士論文。此項研究的目的是了解有特殊需要的兒童及其家人如何在教會中受到接納和支持。

本研究沒有風險，閣下的參與純屬自願性質。閣下享有充分的權利在任何時候決定退出這項研究，更不會因此引致任何不良後果。凡有關閣下的資料將會匿名和保密，一切資料的編碼只有研究人員得悉。

如閣下同意參與本項目，請盡量回答問卷上的問題。此問卷大約需要 5-10 分鐘完成。請將填妥的問卷提交給特殊需要部部長 \_\_\_\_\_ 先生。

如閣下對研究有任何疑問，請與本人聯絡，電話 6082-0557 或 電郵:

nonette.tsang@apnts.edu.ph。閣下亦可以通過 npetallar@apnts.edu.ph 聯繫本人的論文委員會主席 Nativity Petallar 博士。

這項研究已獲得 APNTS 科學研究與倫理審查委員會(IRB) 的批准。如果閣對 IRB 政策或程序有任何疑問，請通過 nehemiah.bathula@apnts.edu.ph 聯繫 Nehemiah Bathula 博士。

謝謝閣下有興趣參與這項研究。

!啟

TSANG, Nonette Garcia 首席研究員

香港沙田安景街 15-17 號翠湖花園 F 座 1404

## APPENDIX E

### OBSERVATION NOTES

Observation Notes (#\_\_\_\_)

Date: \_\_\_\_\_

Class: Special Needs / AWANA

1. Setting:

--

2. Children:

--

3. Activities:

--

4. Parents:

--

5. Teachers/Volunteers:

--

## APPENDIX F

### 訪談問題 (家長)

#### INTERVIEW PROTOCOL FOR PARENTS

1. 為什麼教會對您和有特殊需要的孩子很重要? (Why is church important to you and to your child with special needs?)
  
2. 您以前曾參加另一個教會嗎? 你轉教會的原因是甚麼? (Were you in another church before? What was the reason for your move?)
  
3. 您的家庭有沒有試過停上教會? 如有, 那時情況是怎樣的? (Was there a time that your family did not attend a church? What was it like?)
  
4. 當您的子女開始返教會時, 您首先擔心和恐懼的是甚麼? (What were your first concerns or fears when your child started going to church?)
  
5. 您的子女喜歡返教會嗎? (Does your child like coming to this church?)
  
6. 您的教會如何影響的您的家庭生活? (How does this church impact your life as a family?) 教會提供什麼支持? (What support does the church offer?)

7. 您覺得您和您的孩子已經的歸屬於您現在的教會了嗎？為什麼？為什麼不？ (Do you feel that you and your children already belong to your current church? Why? Why not?) 如果用一個數字來去代表，你覺得你同教會之間的歸屬感 10 滿分，現階段你自己大約幾多分？ (If you use points to make an evaluation, with a full score of 10, how much do you think is your sense of belonging in this church?)

8. 總括而言，您怎麼知道教會成員歡迎您和您的家人？ (Overall, how can you tell that the people in the church are welcoming you and your family?)

Note: For parents who are also volunteers:

9. 你為什麼願意在這個教堂幫忙？ (Why did you volunteer to help in this church?)

**APPENDIX****G**

## 訪談問題 (幼童)

## INTERVIEW PROTOCOL FOR CHILDREN

1. 你的老師叫什麼名字? (What is the name of your teacher?) 說出兩至三個在這裡可以幫助你的“姨姨”。(Name two or three “aunties” that help you here.)
2. 說出你在這裡的兩至三個朋友的名字。(Name friends you have here.)
3. 你覺得他們在這裡愛你、關心你嗎? (Do you feel that they love you and care for you here?)
4. 你怎麼知道他們愛你和關心你? (How do you know that they love you and care for you?)
5. 你喜歡在教會裡做什麼? (What do you like to do in church?)
6. 你覺得教會的朋友和學校的朋友有什麼分別? (What is the difference between friends in church and in school?)
7. 你與你學校的老師關係如何? (How is your relationship with your school teacher?)
8. 你對學校與教會的感覺有何不同? (What is the difference in your feeling about church and school?)
9. 告訴我你對上帝/耶穌知道甚麼。(Tell me something you learned about God/Jesus.)

**H**

## 訪談問題 (事務處工作者)

**APPENDIX**  
**INTERVIEW PROTOCOL FOR MINISTRY WORKERS**

1. 為有特殊需要的兒童及其家人提供服務時會遇到哪些挑戰? (What are the challenges in serving children with special needs and their families?)
2. 有特殊需要的兒童對其他無特殊需要的兒童有何影響? (How do children with special needs (CSN) affect other children without disability?)
3. 你願意讓 有特殊需要的兒童 和非有特殊需要的兒童在同一個主日學班上嗎? 為什麼? 為什麼不? (Would you prefer to have CSN and non-CSN be in the same Sunday school class? Why? Why not?)
4. 會眾如何表達這些家庭, 尤其是他們的孩子, 是教會的一分子 ( How does the congregation show that these families, especially their children, are part of the church?)
5. 您認為這間教會如何影響或影響 有特殊需要的兒童及其家人? (How do you think this church affect or impact the CSN and their families?)
6. 您認為這些家庭覺得他們歸屬於這個教會嗎? (Do you think these families feel that they belong to this church?)
7. 您認為這些家庭和他們的孩子以各種方式為教會貢獻了嗎? (Do you think these families and their children have contributed, in various ways, to the church?)
8. 你為什麼願意在這個教會幫忙? (Why do you volunteer in the church?)
9. 有特殊需要的兒童 和他們的家人如何影響你作為一個人或作為一個基督徒的生活? (How do CSN and their families impact your life as a person, or as a Christian?)
10. 您可以與其他可能想要開展特殊需要事務的教會分享一些好的做法嗎? (What

## APPENDIX

are the good practices that you can share with other churches that may want to start Special Needs Ministry?)

### I

#### PARENTAL CONSENT FOR CHILD'S INTERVIEW

Dear Parent:

I am requesting your child to participate in a research study entitled “In or Out: Belonging of Children with Special Needs and their Families in Hong Kong Chinese Church—A Case Study.” I am currently enrolled in Ph.D. Holistic Child Development at the Asia Pacific Theological Seminary in the Philippines. I am in the process of writing my doctoral dissertation. The purpose of this research is to see how children with special needs and their families are welcomed and supported in the church.

I am asking your permission to allow your child to be interviewed informally together with other children. The interview will be done before or right after Sunday school class. (See attached questions.) Your consent for your child's participation is voluntary. The results of the research may be published, but your child's name will not be used to protect his/her privacy. This research has been approved by the APNTS Institutional Board Review.

If you have any question concerning the research study, please feel free to call me at 6082-0557 or email me at [nonette.tsang@apnts.edu.ph](mailto:nonette.tsang@apnts.edu.ph).

Thank you for your consideration.

Sincerely,

TSANG, Nonette Garcia  
1404 Block F Garden Vista  
15-17 On King Street  
Shatin, Hong Kong

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**APPENDIX**

I give consent for my child to participate in the above study.

Child's Name: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about your child's right as a participant in this research, or if your child has been placed at risk, you can contact Dr. Nehemiah Bathula, the chairman of the APNTS Internal Review Board at [nehemiah.bathula@apnts.edu.ph](mailto:nehemiah.bathula@apnts.edu.ph).

## 參與訪談(子女)同意書

## PARENTAL CONSENT FOR CHILD'S INTERVIEW

日期:

尊敬的家長:

誠邀貴 子女參與一項題為 “有特殊需要的兒童及其家庭對所屬香港教會的歸屬感”

的研究。本人目前正於菲律賓 Asia Pacific Nazarene Theological Seminary 攻讀博士學位(Ph.D. Holistic Child Development) 並正在未撰寫博士論文。此項研究的目的是了解有特殊需要的兒童及其家人如何在教會中受到接納和支持。

希望徵求您的同意讓貴 子女參與這項教學研究, 貴 子女將與其他孩子接受非正式訪問。此訪談研究將會於主日學班上課前或後進行(請參閱張附件中的問題)。貴子女的參與純屬自願性質。貴 子女享有充分的權利在任何時候決定退出這項研究, 更不會因此引致任何不良後果。研究結果只在畢業論文及口頭匯報內發佈。所有資料不會對外公開, 並只作研究用途。這項研究已獲得 APNTS Institutional Review Board (IRB) 的批准。

如您對研究有任何疑問, 請與 Nonette Garcia Tsang 聯絡, 電話 6082-0557 或 電郵: nonette.tsang@apnts.edu.ph。 謝謝閣下有興趣參與這項研究

謹啟

TSANG, Nonette Garcia

首席研究員香港沙田安景街 15-17 號翠湖花園 F 座 1404

室

---

茲同意敝子女參加以上研究

子女姓名: \_\_\_\_\_ 父/母姓名: \_\_\_\_\_

父/母簽署: \_\_\_\_\_ 日期: \_\_\_\_\_

如果您或 貴子女對這項研究的操守有任何意見, 請通過

nehemiah.bathula@apnts.edu.ph 聯繫 APNTS 科學研究與倫理審查委員會主席

Nehemiah Bathula 博士。

## APPENDIX J

### INFORMED CONSENT LETTER FOR ADULT INTERVIEW

[Date]

Dear \_\_\_\_\_:

I invite you to participate in a research entitled “In or Out: Belonging of Children with Special Needs and their Families in Hong Kong Chinese Church—A Case Study.” I am currently enrolled in Ph.D. Holistic Child Development at the Asia Pacific Nazarene Theological Seminary in the Philippines. I am in the process of writing my doctoral dissertation. The purpose of this research is to see how children with special needs and their families are welcomed and supported in the church.

I am requesting your participation, which will involve about 30 minutes of recorded interview. Your involvement in this study is voluntary. The results of the research study may be published, but your name will not be used to protect your privacy.

If you have any questions concerning the research study, please call me at 6082-0557 or email me at [nonette.tsang@apnts.edu.ph](mailto:nonette.tsang@apnts.edu.ph). Or you may contact the Chairperson of my dissertation committee, Dr. Nativity Petallar at [npetallar@apnts.edu.ph](mailto:npetallar@apnts.edu.ph).

This research has been approved by the APNTS Institutional Review Board (IRB). If you have any questions concerning the IRB policies or procedures, or your rights as an

interviewee for this research, please contact Dr. Nehemiah Bathula at  
nehemiah.bathula@apnts.edu.ph.

Thank you for your consideration.

Sincerely yours,

Tsang, Nonette Garcia  
1404 Block F Garden Vista  
15-17 On King Street  
Shatin, Hong Kong

Please sign below to indicate your consent to be interviewed:

(Print Name)

(Signature)

(Date)

---

### 參與訪談(成人)同意書

(INFORMED CONSENT LETTER FOR ADULT INTERVIEW)

日期:

尊敬的\_\_\_\_\_:

誠邀您參與一項題為“有特殊需要的兒童及其家庭對所屬香港教會的歸屬感”的研究

。本人目前正於菲律賓 Asia Pacific Nazarene Theological Seminary 攻讀博士學位 (Ph.D. Holistic Child Development) 並正在未撰寫博士論文。此項研究的目的是了解有特殊需要的兒童及其家人如何在教會中受到接納和支持。

如您同意參與本項目，將會參與約 30 分鐘的訪談，而訪談將會被錄影以作分析。研究結果只在畢業論文及口頭匯報內發佈。所有資料不會對外公開，並只作研究用途。本研究沒有風險，您的參與純屬自願性質。您享有充分的權利在任何時候決定退出這項研究，更不會因此引致任何不良後果。如您對研究有任何疑問，請與本人聯絡，電話 6082-0557 或 電郵：

nonette.tsang@apnts.edu.ph。您亦可以通過 npetallar@apnts.edu.ph 聯繫本人的論文委員會主席 Nativity Petallar 博士。

這項研究已獲得 APNTS 科學研究與倫理審查委員會(IRB) 的批准。如果閣對 IRB 政策或程序有任何疑問，請通過 nehemiah.bathula@apnts.edu.ph 聯繫 Nehemiah Bathula 博士。

謝謝您有興趣參與這項研究

謹啟

TSANG, Nonette Garcia

首席研究員

香港沙田安景街 15-17 號翠湖花園 F 座 1404 室

請在下方簽名以表明您同意接受採訪

(姓名)

(簽名)

(日期)

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## APPENDIX K

世界咖啡館匯談問題

## WORLD CAFÉ DISCUSSION QUESTIONS

1. 描述一些讓您和您有特殊需要的子女感到有歸屬感的教會需要具備的特質。  
(What are the qualities or characteristics of a church where you and your children with special needs (CSN) feel you belong?)
2. 為甚麼對教會有歸屬感對您和您有特殊需要的子女是重要？(Why do you think belonging to a church is important for families with CSN?)
3. 你認為教會應該如何進一步包容有特殊學習需要人士和其家人？(What can a church and its members do to include people with disabilities and their families well in the church community?)

## APPENDIX L

### CASE STUDY PROTOCOL (OUTLINE)

<p><b>SECTION A: Overview of the Study</b></p> <ol style="list-style-type: none"> <li>1. Title of the Study</li> <li>2. Purpose/Aim of the Study</li> <li>3. Research questions</li> <li>4. Theoretical framework</li> <li>5. Function of this protocol in guiding the case study researcher</li> </ol>
<p><b>SECTION B: Data Collection Procedures</b></p> <ol style="list-style-type: none"> <li>1. Names of contact person (if needed)</li> <li>2. Data collection plan for the instruments (survey, direct observation, interview and World Café)</li> <li>3. Expected preparation before data collection process</li> </ol>

**SECTION C: Protocol Questions**

Example questions for Observation instrument:

1. Collect data to see the relationship between typical and atypical children:
  - a) What activities are they together?
  - b) Do you see typical children engaging with atypical children?
  - c) How are they communicating to each other?
  - d) Do you observe destructive behaviours from atypical children?
  - e) How do typical children react to atypical children?
  
2. Collect data on the relationship between atypical children and their Sunday school teachers and helpers.
  - a) How do adults relate to children?
  - b) What kind of discipline do adults use in the class?
  - c) Do you observe compliance in atypical children?

**SECTION D: Tentative Outline for Case Study Report**

1. Audience: Dissertation Review Committee; academic colleagues
2. Length of presentation: two hours
3. Presentation: Linear-Analytic Structure
4. Research Design
5. Data collection
6. Analysis of data
7. Relevant research literature

**APPENDIX M****CONFIDENTIALITY AGREEMENT FOR RESEARCH ASSISTANT**

This agreement is between:

TSANG, Nonette Garcia, researcher, APNTS

and

[Research Assistant]

for the research project “In or Out: Belonging of Children with Special Needs and their Families in Hong Kong Chinese Church—A Case Study.”

As the Research Assistant for this research, I agree to keep in confidential all the research information entrusted to me. I will not discuss or share the research information with anyone other than the Researcher.

*Research Assistant:*

(Print Name)

(Signature)

(Date)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Researcher:*

(Print Name)

(Signature)

(Date)

\_\_\_\_\_  
TSANG, Nonette Garcia

\_\_\_\_\_

\_\_\_\_\_

## APPENDIX N

### CONFIDENTIALITY AGREEMENT FOR TRANSLATOR

This agreement is between:

TSANG, Nonette Garcia, researcher, APNTS and  
\_\_\_\_\_, Translator

for the research project “In or Out: Belonging of Children with Special Needs and their Families in Hong Kong Chinese Church—A Case Study.”

Summary of job description/service provision: Translator  
I agree to:

1. Keep all the research information shared with me confidential. I will not discuss or share the research information with anyone other than with the researcher,  
TSANG, Nonette Garcia
2. Keep all research information secure while it is in my possession. 3. Return all research information to TSANG, Nonette Garcia when I have completed the research tasks or upon request, whichever is earlier.
4. Destroy all research information regarding this research project that is not returnable to TSANG, Nonette Garcia after consulting with her.
5. Comply with the instructions of TSANG Nonette Garcia about requirements to physically and/or electronically secure records (including password protection, file/folder encryption, and/or use of secure electronic transfer of records through file sharing, use of virtual private networks, etc.).
6. Not allow any personally identifiable information to which I have access to unless specifically instructed otherwise in writing by Nonette G. Tsang.

*Translator:*

(Print Name)                      (Signature)                      (Date)  
 \_\_\_\_\_ 3 November 2022

I agree to:

1. Provide detailed direction and instruction on my expectations for maintaining the confidentiality of research information so that Lam Tsz Kit can comply with the above terms.
2. Provide oversight and support to Lam Tsz Kit in ensuring confidentiality is maintained in accordance with the APNTS Internal Review Board with regards to ethical conduct for research involving humans.

*Researcher:*

(Print Name)                      (Signature)                      (Date)  
 TSANG Nonette Garcia \_\_\_\_\_ 3 November 2022

## **APPENDIX O**

### INTERNAL REVIEW BOARD APPROVAL



Asia-Pacific Nazarene Theological Seminary  
 Ortigas Avenue Extension, Kaytikling  
 Taytay 1920, Rizal, Philippines

### **NOTIFICATION OF REVIEW APPROVAL**

August 31, 2021

Nonette Tsang  
 nonette.tsang@yahoo.com

**Protocol Title: IN OR OUT? BELONGING OF SPECIAL NEEDS CHILDREN AND THEIR FAMILIES IN A HONG KONG CHURCH: A CASE STUDY**

**Protocol#: AR-012**  
**IRB Review Date: August 31, 2021**  
**Effective Date: August 31, 2021**  
**Expiration Date: August 31, 2022**  
**Review Type: Exempt Review**  
**Review Action: Approved**

The IRB made the following determinations:

- Waivers: Waiver of informed consent documentation
- Other Documentations: All necessary attachments submitted
- Risk Determination: No greater than minimal risk

Please contact me at [nehemiah.bathula@apnts.edu.ph](mailto:nehemiah.bathula@apnts.edu.ph) if you have any questions.

Sincerely,

Dr. Nehemiah Bathula  
 Administrative Assistant to the Academic Dean  
 Asia-Pacific Nazarene Theological Seminary

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