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School of Occupational Therapy

Developing A Volunteer Training Program for Inclusive Service Delivery in Children's Ministry

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A capstone experience project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

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Abstract

Children with disabilities and other varying needs often experience barriers to participation in traditional church services. For a small to medium sized church with no special needs ministry, an inclusive children's ministry and some small adaptations to service delivery can minimize barriers to participation and encourage a sense of community and clear role identity for children. To complete this doctoral capstone experience (DCE), an occupational therapy student (OTS) developed a training program to equip volunteers in the children's ministry with the knowledge and skills necessary to teach children with varying needs and increase accessibility to the church site and curriculum. Volunteers who participated in a foundational training session reported an increase in confidence, knowledge, and a belief that the training program would make the church service delivery more accessible to all children. Church staff and volunteers will continue to implement the foundational training and other training sessions in the church along with a sensory room to increase participation and accessibility.

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Chapter I: Introduction

Individuals with disabilities experience barriers to participation in occupations within church settings (Hobbs et al., 2016), and parents of children with disabilities can feel that their church does not make accommodations for their children (Baines & Hatton, 2015). Training staff and volunteers could help minimize these barriers to participation (Baggerman et al., 2015) and encourage a warm, inclusive atmosphere that will benefit individuals with disabilities and the community (Griffin et al., 2012).

This doctoral capstone experience (DCE) for the University of Indianapolis Occupational Therapy Doctoral program includes developing a program for training volunteers and staff at Hazelwood Christian Church (HCC) on strategies for teaching children with special needs within the current service delivery model in a main classroom setting on Sunday mornings. The purpose of this training program will be to equip HCC staff and volunteers with the knowledge and skills necessary to encourage all church members to engage in full participation in worship services and classroom lessons safely and effectively.

Upon an intial needs assessment, it was concluded that the training program could include how to teach children with disabilities effectively and safely, inclusion strategies for children with disabilities, accessibility and sensory integration in the classroom, and how spirituality impacts occupation. The former HCC children's minister, Kedge Benge, provided some information about what he believed the church needed and what the training program could help address, and the current children's director, Haley Wolford, agreed with the assessment. The program would address needs of children ages two years to fifth grade with a possibility of expanding to teenagers and adults in the future. There are currently no programs in place to serve children with disabilities specifically, and there are no programs to train volunteers to teach children with disabilities effectively. HCC serves a population of approximately 110 students, including 5–15 students with disabilities, each

week. The ministry focus is that all children will have the opportunity to participate in the morning

program and hear and learn about Jesus.

Chapter II: Needs Assessment

Prior to starting the DCE experience, HCC leadership expressed a need for this training

program because the volunteers and staff in the church have asked for more training and

guidance as they tried to serve individuals with intellectual or physical disabilities. There is a

population of children who are a part of the congregation but are unable to fully participate in the

children's ministry due to a lack of structure such as sensory and environmental supports. Their

caregivers are also not fully participating in community worship services due to inadequate

programming and volunteer training.

To identify specific needs, I collected data from stakeholders in the HCC organization

including staff, elders (a voted in church leadership board), volunteers in various ministries, and

other congregation members. I collected this data via informal interviews, observations, and

distributed surveys. Stakeholders confirmed through these interactions that to teach all children

in their programming effectively, HCC volunteers would need more training.

In informal interviews, HCC staff members indicated that there are families in the

community who have children with disabilities or additional needs who have inquired about the

children's ministry's readiness to teach their children. Staff members also said that there is

currently no training program in place for children's ministry ("HCC Kids") volunteers. Church

leadership expected volunteers to pass a background check and gave them a packet with

volunteer expectations to go over on their own. The children's director, who started working at

HCC the same month this project began, indicated a need specifically for training volunteers on

safety measures in general as well as specific guidelines for children with additional needs.

During observations and informal conversation on Sunday mornings, volunteers indicated that there were children participating in the ministry that required more supervision or assistance than they felt comfortable providing due to a lack of knowledge and experience. Volunteers also confirmed that there was no training program in place to help volunteers feel more comfortable teaching children with various needs. Parents of children with disabilities in the congregation had also chosen not to send their children to HCC Kids because HCC provided no reassurance that their children would be safe and well taken care of during church services if their children had needs beyond the typical child.

To provide more evidence for the necessity of the training program, 13 volunteers responded to a preliminary survey to gauge their interest and comfort levels regarding learning about inclusive teaching and interacting with children who have disabilities. Results indicated that most volunteers felt that there was a need to train volunteers in inclusive teaching, and most volunteers who responded to the survey were neutral or unprepared to provide sensory strategies or environmental modifications for children who may need them during church programming. Twelve out of 13 volunteers responded that they would be interested in learning more about inclusive teaching, teaching individuals with disabilities, environmental modifications, and sensory strategies. This survey and its results are in Appendix A.

It falls within the domain of occupational therapy to provide for the needs of the church organization, including developing a training program for volunteers so they feel equipped to teach children with varying needs and abilities. It would also fall within the domain of occupational therapy to continue to provide consultative services as the church develops a need for a separate special needs ministry. However, to provide a solid foundational beginning to a program, it was determined that a realistic need to meet initially is the development of a basic

volunteer training that introduces sensory strategies, behavior management strategies, and environmental modifications. This foundational training program would also give volunteers a clearer sense of role identity and reinforce the importance of worship and spirituality as occupations.

Chapter III: Literature Review

Involvement in activities in the community, as well as active participation in improving personal spirituality and in organized religion, can improve individuals' quality of life and overall well-being (Baggerman et al., 2015; Boehm & Carter, 2019a). It is necessary to consider the sacred dimension of family life, as spiritual and cultural activities can greatly influence client factors and guide how families think, act, and make decisions (Boehm & Carter, 2019a, 2019b; Carter & Boehm, 2019). Researchers have found that overall religiosity and spirituality positively impacts the quality of life, and greater strength of faith is associated with higher family quality of life ratings (Boehm & Carter, 2019b). Over one-third of American families attend weekly church services and claim that faith makes a positive difference in their lives (Baines & Hatton, 2015; Liu et al., 2014). Community institutions like the church can provide social participation opportunities, practical assistance for families, and shared connections based on belief systems (Boehm & Carter, 2019a).

Faith has relevance for many individuals with disabilities and their families and can help individuals view disability positively, though there is a lack of significant literature about church and other faith-based involvement of individuals with disabilities (Boehm & Carter, 2019a; Carter, 2011; Carter & Boehm, 2019; Liu et al., 2014). Families of individuals with disabilities may be suffering from mental health difficulties due to caregiver burden (Purdhani & Saxena, 2020). In some studies, families have indicated that they need to have emotional and

informational support from their immediate communities, and it is important for communities to support these families as they experience heightened stress and may have limited knowledge of resources (Boehm & Carter, 2016, 2019b; Gilson et al., 2017; Isa et al., 2016).

Parents have reported using faith as a coping strategy for stress caused by caregiver burden, and adults and youth have said that faith communities, prayer, and a spiritual connection within congregations give value to their lives. Spiritual development in children is also thought by some to be central to human development (Baines & Hatton, 2015; Haugen, 2018; Isa et al., 2016; Liu et al., 2014). Many parents hope that their church can provide spiritual support for themselves and their children and guide them as they incorporate spiritual practices such as prayer and devotion into their routines. However, social supports for individuals with disabilities and their families can be hard to identify or lacking in congregations (Boehm & Carter, 2019a; Carter, 2011; Carter & Boehm, 2019).

Children and other individuals with disabilities or chronic illnesses are less likely to attend church than individuals without disabilities due to a variety of barriers (Carter & Boehm, 2019; Hobbs et al., 2016; Whitehead, 2018). These children and other individuals with disabilities are a large population and need service, as nearly one in five individuals in the United States are classified as a person with a disability (Carlson, 2016). The Christian church supports the biblical idea that God made all people in His image, and they are infinitely valuable. Still, parents can have trouble finding a faith community that they feel accepts their child with a disability or offers pathways for meaningful participation, and service providers may question how to best serve those families (Carter, 2011; Carter et al., 2016; Harris, 2015; Wright & Owiny, 2016). There are multiple questions that HCC and Christian churches in general are trying to answer as they strive to serve all individuals in the community. Is the broad community

of the church's immediate context represented in the congregation (Wright & Owiny, 2016)?

How can the church facilitate participation for all individuals (Hobbs et al., 2016)? What barriers

are present in the church's context and environment that may hinder participation? Does the

church have the commitment, confidence, and capacity to help individuals with disabilities

address their spiritual needs (Carter & Boehm, 2019)?

Churches try to break down barriers and allow all individuals to experience full

participation in their faith community, yet many community opportunities that meet all people's

needs are still unavailable to individuals with a disability (Carter et al., 2016; Carter et al., 2012).

Individuals with varying disabilities experience physical, communicative, and attitudinal barriers

when trying to find a church (Finn & Utting, 2017). In general, there is also a lack of

understanding of children's spirituality in the literature, which can become a barrier when

developing programming (Harris, 2015). Some common barriers that individuals with disabilities

must overcome to participate in church activities are the ability to make friendships,

communication that is different than traditional verbal methods, a lack of inclusion, and a lack of

volunteers who are adequately prepared to handle the unique needs of individuals with

disabilities (Carlson, 2016; Carter et al., 2012; Leigers et al., 2017).

One strategy to promote participation in activities in the church is to promote inclusion in

ministries, but not all communities are a good fit for individuals with disabilities (Harris, 2015).

Inclusion is meaningful when all children are valued members who can actively engage in the

community (Harris, 2015). Church members should promote advocacy to help break down these

barriers and develop inclusive ministries to facilitate Christian friendships and promote general

acceptance and understanding of individuals with disabilities (Finn & Utting, 2017; Hobbs et al.,

2016). Churches have reported trying to increase the presence of individuals with disabilities in

the church, but it is unknown whether this promotes true inclusion rather than merely integration

(Carter et al., 2016). It is not enough to simply place all children in a room together; it takes

effort to build successful inclusive environments (Harris, 2015). Segregated service delivery can

be a barrier as it limits involvement with peers, but inclusion helps individuals gain a sense of

belonging, develop friendships, and provide valued roles in the community (Carter et al., 2012;

Leigers et al., 2017).

Churches can create natural supports within their faith communities to encourage

partnership and advocacy for members with disabilities by finding out what the needs are in their

community (Carter et al., 2012; Liu et al., 2014). Parents desire inclusive atmospheres for their

children that include education and advocacy training for volunteers, the use of universal design,

supports in activities that already exist, and development of new opportunities and activities

(Carter et al., 2012; Koller, 2016). When creating programming and an inclusive atmosphere,

churches should consider collaboration between all stakeholders—including parents as

advocates, community members, children, and leadership within the church organization—and

should provide specific training to these stakeholders (Carter et al., 2012; Finn & Utting, 2017).

It is also beneficial to allow children to have a voice in planning by providing input, as their

views can encourage connection and participation among peers (Koller, 2016). Parents' input is

beneficial as they have often previously tested strategies to promote their children's engagement

(Killeen et al., 2019).

It is difficult at times for children with and without disabilities to form peer relationships,

but children value a spiritual community nonetheless (Harris, 2015; Leigers et al., 2017). Social

development is significant and can encourage learning (Knight et al., 2019), which fits with

HCC's mission to teach the love of God to children and the desire for all individuals to have

learning opportunities in the church (Carlson, 2016). Researchers have found that individuals

with disabilities and their families have few informal relationships such as friendships, even

though these informal relationships may increase social resources, reduce stress, and impact

overall well-being (Boehm & Carter, 2016, 2019b). Families are a constant source of care and

psychosocial input for individuals with disabilities, but relationships formed outside of families

and within congregational contexts are also meaningful (Gilson et al., 2017; Hills et al., 2019;

Liu et al., 2014). With training, volunteers can guide peers of children with disabilities to support

their friends and improve team knowledge of needs through group collaboration (Leigers et al.,

2017). "The context in which peer support arrangements and peer networks are implemented

must include a team dedicated to the vision of this work, with good communication and a

positive perspective" (Leigers et al., 2017, p. 77). This type of peer network training is useful in

a training program for church volunteers.

Churches should ensure effective communication with individuals with disabilities and

their families. Parents desire to be well informed about the community experiences their children

have, and church programs should provide information in a timely and consistent manner (Gilson

et al., 2017). When planning programming, it is important to consider the various needs of

parents in order to provide resources and offer multiple forms of information accordingly (Gilson

et al., 2017). Church members should also be aware that if an individual cannot communicate

verbally, which could impact their participation, they may still value spirituality and have high

environmental and spiritual sensitivity (Hills et al., 2019).

Volunteering can help foster relationships, develop and refine social skills, and encourage

individuals to learn about their strengths and abilities (Manikas et al., 2018). Training for

volunteers who may work in inclusive ministries for children with all abilities should include

information on how to encourage routine, modify activities, and modify the environment to increase participation in religious activities (Baggerman et al., 2015; Killeen et al., 2019). Staf Trainers should encourage volunteers to provide needed support, encourage perseverance, utilize behavior-specific praise, and provide emotional support to help sustain participation (Baggerman et al., 2015; Killeen et al., 2019).

Teachers have reported that training that includes workshops and printed materials are beneficial, and literature supports the efficacy of performance feedback, modeling, and coaching as parts of interactive training (Brock & Carter, 2016; Knight et al., 2019). Training should include broad strategies that could apply to many students while also addressing the local needs of the current population (Knight et al., 2019). When training volunteers, organizers should consider the motivation, satisfaction, and perceived role identities of the volunteers (Goldman et al., 2017). Ensuring a clear role identity can help encourage the sustainability of a volunteer base, and researchers have tied volunteer commitment and strong organizational identity with success in organization programs (Goldman et al., 2017; Zollo et al., 2019).

Researchers found that churches have been slow to respond to the expressed or unexpressed needs of individuals with disabilities in the past (Whitehead, 2018). Though there are few occupation-based assessments for organizations, a person-centered needs assessment and programming that empowers families can improve service delivery (Romli et al., 2019; Vonneilich et al., 2016). Churches should prepare themselves for serving everyone in the population of their immediate context who wishes to attend (Wright & Owiny, 2016). Children with disabilities and their families can benefit from attending church and participating in volunteering in the community, and churches ministering to all families will discourage isolation while encouraging a sense of belonging (Manikas et al., 2018; Whitehead, 2018; Wright &

Owiny, 2016). Carter et al. (2016) developed "ten dimensions of belonging in faith communities for young people with intellectual and developmental disabilities and their families" (p. 132). These dimensions are present, noticed, welcomed, cared for, supported, accepted, known, befriended, needed, and loved (Carter et al., 2016). The church should welcome all families enthusiastically and view all children as valued members with a purposeful role (Carter et al., 2016). Belonging is a complex concept; the needs of children with disabilities are like those of children without disabilities, and it is necessary to prioritize relationships over programming in ministry (Carter et al., 2016; Hills et al., 2019).

Attending church can sometimes create negative emotional responses for individuals with disabilities and their families, as views on disabilities vary widely (Carter et al., 2016; Liu et al., 2014; Whitehead, 2018). Christian values include the hope that people see all individuals without stigma. Church members should know to encourage families by reiterating messages of hope, and church leadership should teach that neurodiversity and disabilities are not necessarily diseases to be cured (Boehm & Carter, 2019b; Wright & Owiny, 2016). HCC and other churches are asking how they can encourage the participation of all individuals in the community and reduce stigma, identifying mechanisms of discrimination within the church and addressing them accordingly (Hobbs et al., 2016). Literature supports possibilities for programming and volunteer training in collaboration with outside service systems, such as consultation services with occupational therapy, to equip churches to serve all community members (Carter, 2011).

The next step for HCC ministry staff to take to promote a sense of belonging for all members and provide valuable occupational participation was to develop a volunteer training program to equip volunteers to teach any child regardless of ability level or need. Occupational therapists are uniquely qualified to educate others on child development, education strategies,

sensory needs, environmental modification, and how to maximize occupational participation.

The purpose of this project was to develop and institute a training program that will equip HCC

staff and volunteers with the knowledge and skills necessary to encourage all church members to

engage in full participation in worship services and classroom lessons safely and effectively.

Chapter IV: Driving Theory

To guide the planning and implementation of this project, I used the Canadian Model of

Occupational Performance (CMOP). Through the DCE project, this model provided framework

for education and consultation services, which is within the domain of occupational therapy, for

the church and target population. This consultation aimed to ensure that all individuals will have

the capability of participating in occupations associated with the church fully and in the least

restrictive environment. The CMOP incorporates aspects of the person, their environment, and

their valued occupations around a centralized spirituality component (Cole & Tufano, 2008).

This model is appropriate because all occupational participation in the setting for this DCE

project, a nondenominational Christian church, has a spiritual component. This model provides

an occupation-based focus to guide planning and implementation within the domain of

occupational therapy.

Chapter V: Capstone Plan and Process

Plan

Goals for this project were determined after consulting the literature and conducting an

initial needs assessment. Due to a staffing change at HCC in between initial planning stages and

the beginning of the project, I adjusted one objective (2A) to fit the needs of the current staff and

population. Goals and objectives for this project were as follows:

Goal 1: HCC staff will demonstrate monthly training modules to children's ministry volunteers with OTS (occupational therapy student) present before summer 2021.

Objective 1A: OTS will develop training modules on integration and teaching strategies for HCC volunteers by March 2021.

Objective 1B: HCC staff and volunteers will be able to teach all students regardless of ability confidently after completing training.

Goal 2: HCC staff will demonstrate effective use of sensory-friendly classroom materials during services before summer 2021.

Objective 2A: OTS will create accommodations/sensory room recommendations for children's ministry by March 2021.

Goal 3: HCC staff will articulate in survey the role of OTS, service delivery model, and importance of inclusion in the church before summer 2021.

Objective 3A: OTS will create staff training to ensure HCC leadership understands the role of OTS, goals and objectives of the program, and importance of inclusion in the church by February 2021.

Objective 3B: HCC staff and volunteers will be able to articulate the importance of spirituality and worship as an occupation after completing training.

Goal 4: HCC staff will articulate the value of occupational therapy services in community organizations by summer 2021.

Objective 4A: HCC staff will complete staff training relating to occupational therapy service delivery in community organizations by March 2021.

Objective 4B: HCC staff will complete staff training relating to the DCE project and the domain of occupational therapy by February 2021.

Objective 4C: OTS will complete training modules for HCC staff relating to domain of

occupational therapy, theory, and service delivery in community organizations by

February 2021.

Process

There was a 14-week process for developing a volunteer training program at HCC. Due

to the nature of the volunteer training program and the church's previously set yearly budget,

printed copies of the training presentation and use of office space were of no cost. I presented the

budget for a proposed sensory room and buddy bags to an adjacent ministry team that provides

fundraised money to various programs within the church. They will provide the funds to the

children's director when the time comes to implement the sensory room materials. The children's

director wishes to purchase the items necessary for the program over the summer (2021) and

plans to implement them in the fall.

The volunteer training program consisted of a staff and elder in-service, a foundational

training session for volunteers, and provision of plans for future specific training presentations

based on the feedback from the foundational training session. I presented the staff and elder in-

service training virtually via Zoom at a monthly elders' meeting in February 2021. I designed

this presentation to inform staff and elders about the volunteer training program plan and

process, occupational therapy as a profession, the role of worship as occupation, justification for

the project, and how the project fit the delivery model at HCC. The slides used for this training

and responses to a post-meeting survey are in Appendix B.

The foundational volunteer training was in-person during Sunday morning service hours

in March 2021 when most volunteers were available. I held two events with the same training

materials at the church to reach more volunteers and to apply any feedback from the first week to

the next. This training introduced base knowledge about teaching all children in an inclusive environment, including common conditions, behavior management, sensory strategies, and environmental modifications. It also included information on volunteer role identity, the concept of worship and spirituality as occupation, and the mission, vision, and purpose of the children's ministry at HCC. The presentation slides for the foundational training are in Appendix C.

Outlines of future training sessions included a specific behavior management training; CPR and first-aid training (an outside company will host); a training on all materials available in the sensory room; a training on diversity, sensitivity, and microaggressions; and a training on child development for each of the classroom age ranges.

The project timeline was as follows:

- Weeks 1–2: Orientation
  - Orient to site
  - Meet with stakeholders including staff, elders, volunteers, and families in the church
  - Complete needs assessment
  - Update literature review
  - Finalize project goals and objectives
- Weeks 3–5: Recruitment and Evaluation
  - Continue to collaborate with stakeholders
  - Contact volunteers to participate in volunteer training program
  - Participate in typical service delivery at the church
  - Develop and implement staff and elder in-service training
  - Collect data from staff and elder in-service training

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- o Develop first in-person volunteer training program presentation

- o Continue mentorship from site with weekly meetings

- Weeks 6–8: Program Implementation

  - o Implement volunteer training program

  - o Refine and deliver updated volunteer training program

  - o Collect data about program delivery and success level

  - o Meet with site mentor for midterm evaluation

  - o Continue mentorship and collaboration from site

- Weeks 9–11: Outcome Measurement

  - o Finalize data collection from all stakeholders

  - o Develop sustainability plan

  - o Compile materials needed for sustainability of the program

    - Develop video version of volunteer training program presentation

    - Finalize budgeted list of items necessary for the program and sensory room

    - Make a list of future training presentations based on feedback from first training data

  - o Meet with ministry team to discuss budget for future program needs

  - o Continue mentorship from site

- Weeks 12–14: Data Analysis and Debriefing

  - o Develop and deliver final presentation to site

  - o Complete data analysis

  - o Deliver all completed materials to site and university

- o   Train staff on steps for continued implementation

- o   Meet with site mentor for final evaluation

- o   Debrief stakeholders on outcomes of project and future implications

Chapter VI: Project Implementation

Volunteers actively serving during 2021 in the HCC Kids programming for ages two years to fifth grade participated in the pilot foundational training program session. I recruited volunteers during the month leading up to the presentation during Sunday morning service delivery. A sign-up station was placed in the church lobby to collect the names and contact information of volunteers so I could contact them to remind them of their upcoming training presentation. I also received a list of current volunteer emails from the children's director and used this to contact volunteers to prompt them to sign up for a training day. I sent a reminder email two days prior to the training volunteers signed up for and used the HCC Facebook pages to promote the training as well.

A total of 36 volunteers engaged in the training program. Thirty-eight volunteers RSVP'd, but the final number differed due to various personal reasons. Some individuals who RSVP'd did not attend, and some individuals who did not RSVP came to the training as a last-minute sign-up. Volunteers who participated varied in demographic range, including age, gender, and background. Since the church is a community faith-based organization, all volunteers had in common their Christian faith and desire to teach children with various needs about faith in a safe environment. Participation in the volunteer training was not mandatory but highly encouraged by the children's director. HCC staff provided the physical resources used for the training including the meeting space and paper materials. I used PowerPoint slides with a printed handout accompanying the large screen presentation so volunteers could read at individual speeds during

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the training sessions. I also created a video presentation using VoiceThread for future training

sessions and provided this to the church as a part of the dissemination process. I used content

from university lectures, various articles, special needs ministry programs, and other virtual and

text sources to create the training. A full list of references from the training program is at the end

of the training slides in Appendix C.

The volunteer training program consisted of a 50-minute foundational presentation to

participants. This presentation included information about what the Bible says about disability,

definitions, local statistics, purpose of the ministry, inclusion, managing challenging behaviors,

safety, common conditions, volunteer comfort levels, sensory regulation, and environmental

modifications. The presentation also included information on a Buddy Program and buddy bag

system for use during church services, general tips and etiquette for working with children with

disabilities, and a list of resources or people to consult if the volunteers had further questions.

The Buddy program will include volunteers assigned to a specific child in the ministry that needs

a discreet adult to be their friend and help them navigate Sunday morning service delivery.

Buddy bags will be available with fidgets, toys, activities, and hygiene products for use when

needed during service. The presentation concluded with a focus on volunteer identity and the

mission, vision, and purpose of the church and the children's programming.

After the presentation, participants filled out a survey for the children's director

consisting of seven Likert-scale questions about their knowledge relating to the training material

and three open-ended questions about takeaways from the training, items they wish we had

covered, and additional comments. A copy of this survey and the results are in Appendix D. The

children's director and I chose these questions to gauge volunteer comfort levels with the

material, to gauge the effectiveness of the training, and to identify any aspects of the training that needed adjusting for future training material. All 36 participants responded to this survey.

Volunteers were meant to take the survey developed with the children's director before and after the training; however, most volunteers only gave their information after the presentation, so I was unable to obtain continuous data that matched before and after. Because of this, I sent an additional survey with five questions via email and text after the training to gauge volunteer confidence and knowledge before and after the presentation. This second survey also included a question about volunteer suggestions for future training presentation material. Twenty-four volunteers responded to this survey. This survey and results are in Appendix E.

Chapter VII: Project Evaluation and Results

Evaluation

To evaluate the effectiveness of the foundational training program, I developed multiple surveys for the volunteers to complete. Using the Goal Attainment Scaling (GAS) as a model, I set goals prior to the program presentation in collaboration with the HCC children's director. The children's director chose three goals to focus on, which were:

1. Volunteers will voice an increase in confidence about teaching children who need extra support.

2. Volunteers will voice an increase in knowledge about managing behaviors.

3. The children's ministry space and programming will be more accessible to all children.

The children's director rated these goals according to importance and difficulty on a scale of 0–3. She rated the first goal with an importance of three and difficulty of three, the second goal an importance of three and difficulty of two, and the third goal an importance of three and difficulty of three. Based on these goals, I used the five-question survey sent to volunteers after the

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presentation to gauge their confidence and knowledge before and after the training to gain

information about program effectiveness in a summative format. Volunteers rated their level of

confidence and knowledge using a five-point Likert scale.

I also gave volunteers a survey immediately following the foundational training

presentation as a formative assessment. This survey measured volunteers' confidence,

knowledge, and takeaways from the training in the moment, as well as providing an opportunity

for questions, concerns, and interest in further training sessions at HCC. This survey also

addressed whether volunteers believed that the information and resources presented would

increase the accessibility of HCC Kids' ministry.

Results

The children's director reported that her first goal, for volunteers to indicate an increase

in confidence, was met somewhat better than expected (+2) according to GAS scoring. In the

summative survey, 45.8% of volunteers indicated they experienced an increase in confidence of

at least one point, and 29.2% indicated an increase in confidence of at least two points on a five-

point Likert scale. Also, 20.8% of volunteers indicated no change in confidence, and one

volunteer indicated a decrease in confidence after the presentation. Figure 1 below represents

these outcomes from the summative survey. In the formative survey, when asked if the

information and resources provided in the training helped to increase volunteers' confidence on a

scale of one (not at all) to five (very much so), 42.4% of volunteers indicated a five, 39.4%

indicated a four, and 18.2% indicated a three on the scale.

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Figure 1

Volunteer Confidence Levels for Teaching Children with Varying Needs

24 responses

Legend:
- 🔵 -1 decrease in confidence
- 🔴 No change
- 🟠 +1 increase in confidence
- 🟢 +2 increase in confidence

Chart values: 29.2%, 45.8%, 20.8%
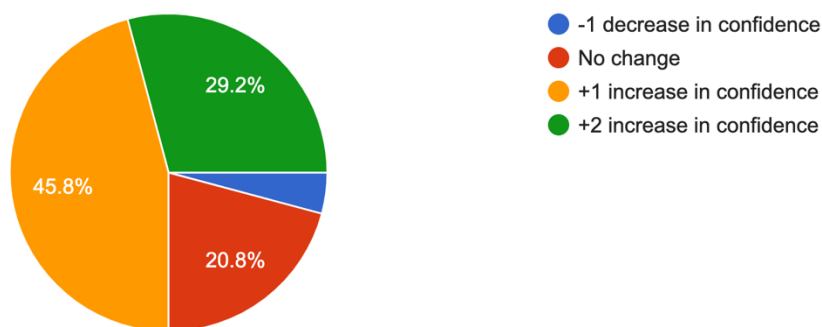
The children's director reported that her second goal, for volunteers to indicate an increase in knowledge, was met much better than expected (+2) according to GAS scoring. In the summative survey, 75% of volunteers indicated an increase in knowledge from before the training to after. The largest number of volunteers, 45.8%, reported a two-point increase on the Likert scale, one person indicated a three-point increase, and 25% indicated a one-point increase in knowledge. Twenty-five percent of volunteers also indicated no change in knowledge relating to behavior management after the training. Figure 2 below represents these outcomes from the summative survey. In the formative survey, when asked if the information and resources provided in the training helped to increase their knowledge of behaviors and behavior management strategies on a scale of one (not at all) to five (very much so), 45.5% of volunteers indicated a five, 36.4% indicated a four, 15.2% indicated a three on the scale, and 3% indicated a two.

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Figure 2

Volunteer Knowledge Levels Regarding Behavior Management

24 responses
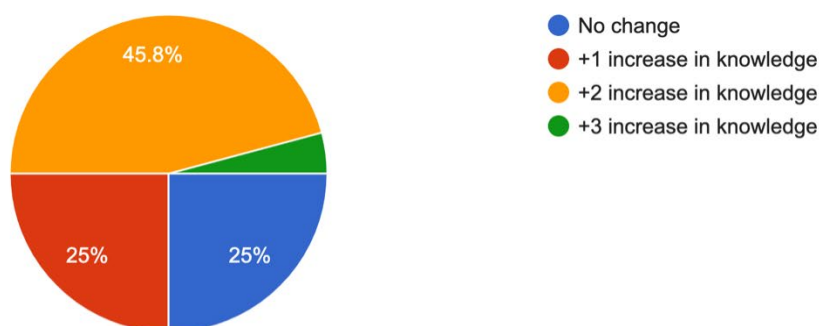
The children's director indicated that we met her goal (0) according to GAS scoring to make the children's ministry more accessible. I asked volunteers in the formative survey if they believed HCC Kids ministry was accessible for all children and whether they thought that implementing strategies and information from the training would increase the accessibility of HCC Kids. Volunteers indicated mixed responses about whether they believed that the ministry was accessible to all children on a scale of one (not at all) to five (100% accessible). The largest number of 37.1% said three, while 11.4% said two, 25.7% said four, and another 25.7% said five. Figure 3 indicates these results below.

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Figure 3

Belief That HCC Kids Ministry is Accessible to All Children

35 responses
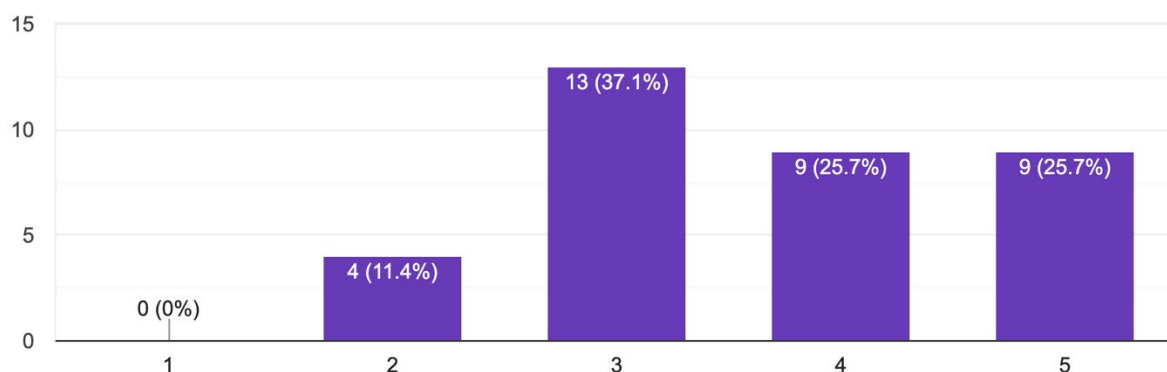
Note. This figure asked the question "Do you believe that HCC Kids ministry is accessible for all children?" on a five-point Likert scale with one being not at all accessible and five being 100% accessible.

When asked if implementing information learned in the training program would increase accessibility for more children on a scale of one (not at all) to five (yes, definitely), the results were more polarized. Most volunteers indicated yes, definitely, with 90.6% of volunteers responding five and 9.4% responding four on the Likert scale. Figure 4 indicates these results below.

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Figure 4

Belief that Implementing Strategies from the Training will Increase HCC's Accessibility

32 responses
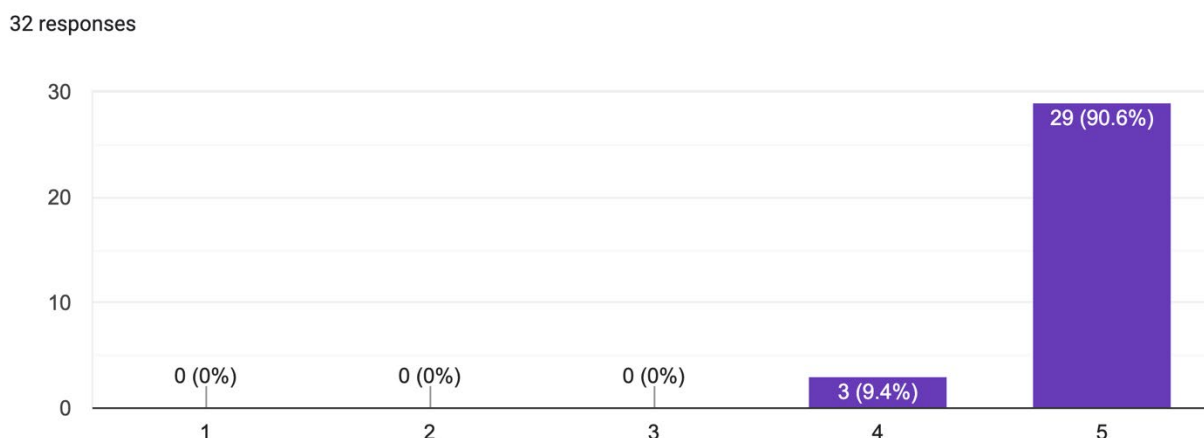
Note: This figure asked the question "Do you think that implementing strategies and information presented from this training will increase the accessibility of HCC Kids ministry to all/more children?" on a five-point Likert scale with one being not at all and five being yes, definitely.

In summary, according to the GAS scoring, the program met two goals set by the children's director much better than expected (+2) and met one general ministry goal as expected (0). The children's director articulated satisfaction with the foundational volunteer training program as well as satisfaction with the plan for sustainability of the program with the materials provided and future training opportunities. Key stakeholders met goals and objectives developed from the original needs assessment as follows:

Goal 1: HCC staff will demonstrate monthly training modules to children's ministry volunteers with OTS present before summer 2021.

Met: The children's director demonstrated use of video training to OTS in April 2021.

Objective 1A: OTS will develop training modules on integration and teaching strategies for HCC volunteers by March 2021.

Met: I delivered the foundational training to volunteers on the first two Sundays in March 2021.

Objective 1B: HCC staff and volunteers will be able to teach all students regardless of ability confidently after completing training.

Met: Volunteer confidence increased as evidenced by Figure 1 above.

Goal 2: HCC staff will demonstrate effective use of sensory-friendly classroom materials during services before summer 2021.

Met: Volunteers began using visual aides in classrooms in May 2021.

Objective 2A: OTS will create accommodations/sensory room recommendations for children's ministry by March 2021.

Met: Recommendations were made to the ministry team, and the plan is in place to implement a complete sensory room by August 2021.

Goal 3: HCC staff will articulate in survey the role of OTS, service delivery model, and importance of inclusion in the church before summer 2021.

Met: HCC staff articulated this knowledge at a staff meeting in January 2021.

Objective 3A: OTS will create staff training to ensure HCC leadership understands the role of OTS, goals and objectives of the program, and importance of inclusion in the church by February 2021.

Met: Staff training developed in January 2021.

Objective 3B: HCC staff and volunteers will be able to articulate the importance of spirituality and worship as an occupation after completing training.

Met: HCC staff articulated this knowledge at an elders' meeting in February 2021, and

volunteers articulated this knowledge after the foundational training in March

2021.

Goal 4: HCC staff will articulate the value of occupational therapy services in community

organizations by summer 2021.

Met: HCC staff articulated this knowledge at a staff meeting in January 2021.

Objective 4A: HCC staff will complete staff training relating to occupational therapy

service delivery in community organizations by March 2021.

Met: HCC staff completed this training at an elders' meeting in February 2021.

Objective 4B: HCC staff will complete staff training relating to the DCE project and the

domain of occupational therapy by February 2021.

Met: HCC staff completed this training at an elders' meeting in February 2021.

Objective 4C: OTS will complete training modules for HCC staff relating to domain of

occupational therapy, theory, and service delivery in community organizations by

February 2021.

Met: HCC staff completed this training at an elders' meeting in February 2021.

Chapter VIII: Discussion and Impact

Discussion

The purpose of this project was to develop and institute a training program that will equip

HCC staff and volunteers with the knowledge and skills necessary to encourage all church

members to engage in full participation in worship services and classroom lessons safely and

effectively. Volunteers at HCC reported an increase in confidence and knowledge about teaching

individuals with varying needs and managing their classrooms during Sunday morning service

delivery, because of the implementation of a foundational training session and plans for future sessions as part of this program development project. Volunteer confidence and engagement can help a program to succeed. By providing training to volunteers at HCC, the children's director can expect improved program outcomes and a strong commitment from volunteers to the purpose and vision of the ministry. More children will be able to access and fully participate in worship services due to the volunteer training program material and sensory room consultation.

Due to the in-service training designed for leadership, HCC staff and elders are more informed about occupational therapy as a profession, the importance of worship as occupation for their church members, and why occupational therapy consultation can improve their service delivery model. Grasping the importance of worship as occupation is important to HCC leadership as they seek to understand the people that they serve each week. Learning materials from the training program will help increase accessibility and enhance community participation in worship services for children with disabilities who need extra support in the classroom.

Impact

An increase in volunteer knowledge and confidence has multiple impacts within the church service delivery structure. As volunteers continue to practice using information gained through the training program, more children will be able to participate to the best of their abilities. The children's director plans to continue using materials provided through this DCE to train new volunteers. I will also continue to attend HCC and help the children's director develop and deliver more training sessions to volunteers and staff as needs arise. Volunteers have started to use information from the foundational training on Sunday mornings including the use of sensory strategies and visuals in the classrooms.

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Parents feel more comfortable leaving their children with special needs in the children's ministry services. HCC staff continue to reach out to community members to encourage participation in Sunday morning services. Staff and volunteers also feel more comfortable providing care and service to any individual that wants to participate in the occupation of worship at HCC. The lead minister at HCC expressed gratitude for the program, especially the aspects that address safety and inclusion. The children's director continues to be enthusiastic about the possibilities of future training material to help volunteers reach more children. All stakeholders reported satisfaction with the results of the DCE project. I gathered volunteer suggestions for additional training sessions to continue the development of a relevant volunteer training program. These suggestions can be found in Appendix E.

Occupational therapy consultation in this community organization was beneficial to all stakeholders including HCC leadership, volunteers, and church members. Articulating and demonstrating the importance of full occupational participation was an important part of the DCE process. HCC leadership has requested that I continue to consult with the church as they move forward with further development of the volunteer training program and eventually a special needs ministry. This consultation will also include providing more information from the occupational therapy scope of practice, including universal design for access and occupational participation for all church members rather than specifically for the children's ministry. Moving forward, I will continue to improve the volunteer training program by updating training resources. I also plan to conduct another needs assessment after the church moves service delivery to one time on Sunday mornings rather than two separate services, as this may impact the population of children attending in the children's ministry.

Limitations of this project included the church size and population. HCC has a rural, predominantly white community of individuals who are mostly neurotypical individuals with few diagnosable disabilities. This limits the generalizability of service delivery. Another limitation is that I was a member of the church congregation and married to a staff member at the time of this project. This could have impacted biases when recruiting participants and impacted participant views on the material presented since some of them had a prior relationship with me, the program developer.

Chapter IX: Conclusion

In conclusion, successful implementation of a volunteer training program at HCC increased volunteer knowledge and confidence. It also provided a way to make the children's ministry more accessible to any child, regardless of ability or need. HCC leadership gained knowledge about the population they serve and how occupational therapy services are valuable in a community setting. Volunteers gained knowledge of inclusion strategies, sensory integration, environmental modifications, and the importance of a clear role identity. All of these achievements were completed in order to decrease barriers to participation in worship services for children and their families.

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Appendix A

Preliminary Volunteer Survey

How prepared do you feel you are to teach someone with a disability?
13 responses
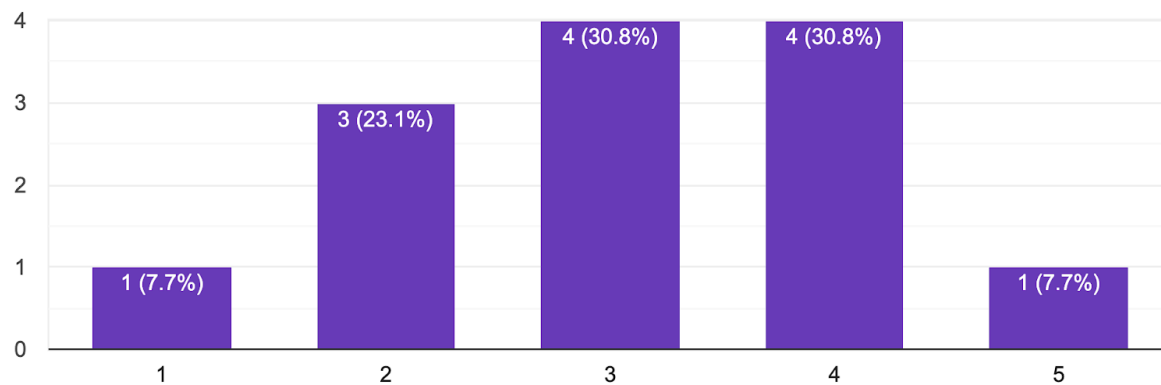
How comfortable are you around people with disabilities?
13 responses
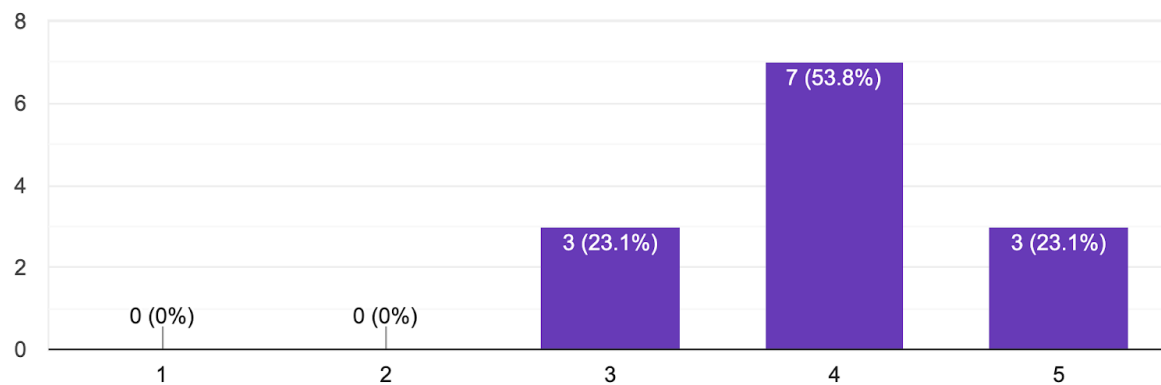
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Do you feel there is a need to train church volunteers in inclusive teaching?
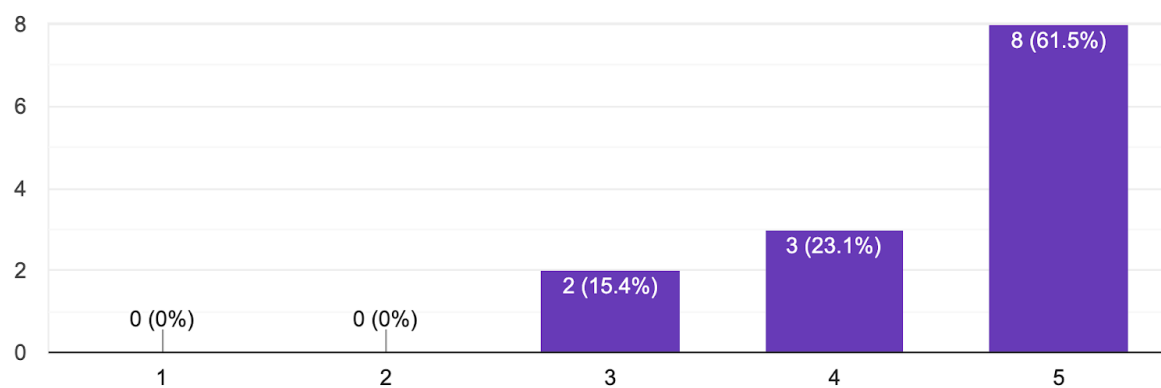
13 responses

Do you feel that you are able to explain what inclusive teaching is?
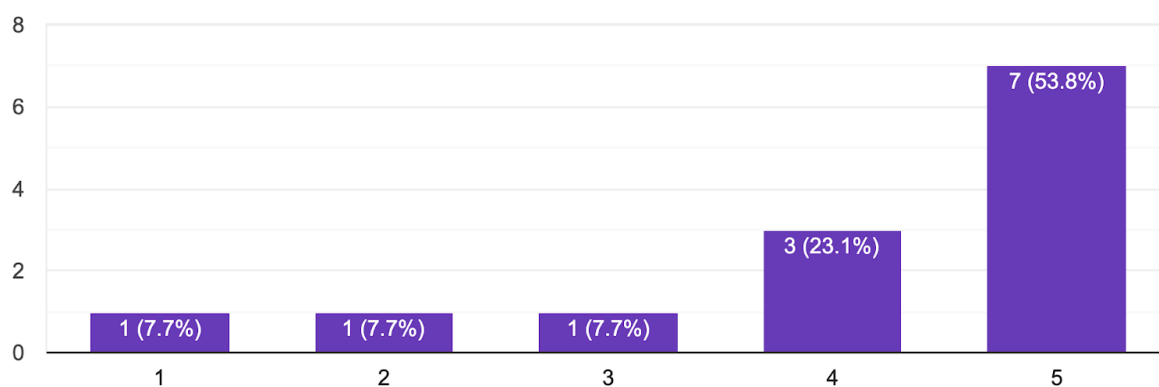
13 responses
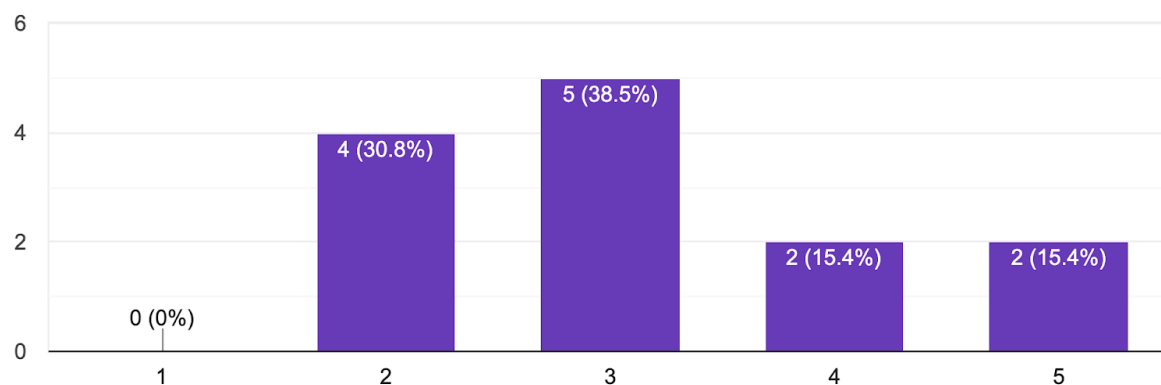
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Do you feel that Hazelwood Christian Church should practice inclusive teaching?

12 responses
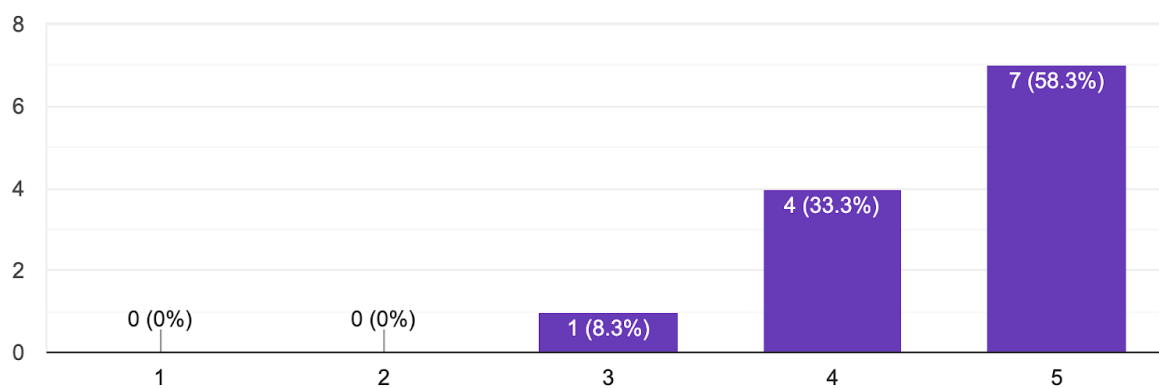
How likely are you to recommend HCC programming to families that include individuals with disabilities?

13 responses

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How familiar are you with sensory and environmental strategies to enhance teaching and participation?

13 responses
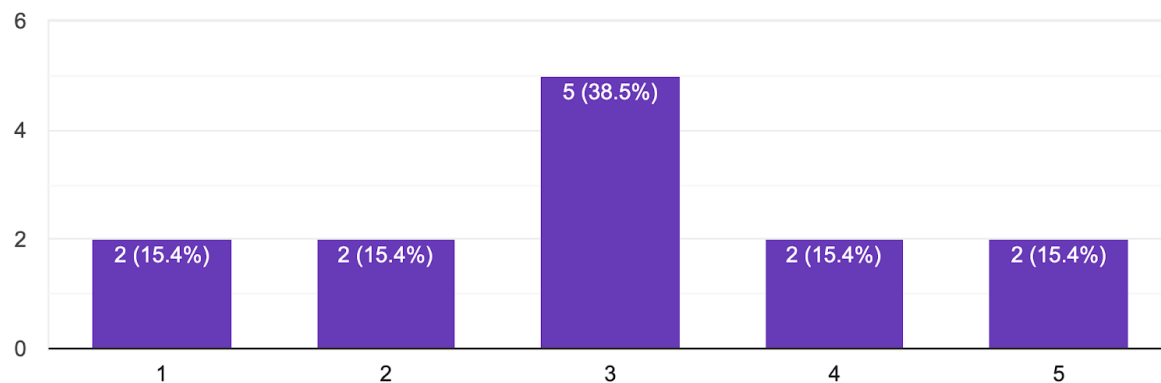
How comfortable are you providing sensory strategies to individuals with disabilities who may need them during church programming?

13 responses
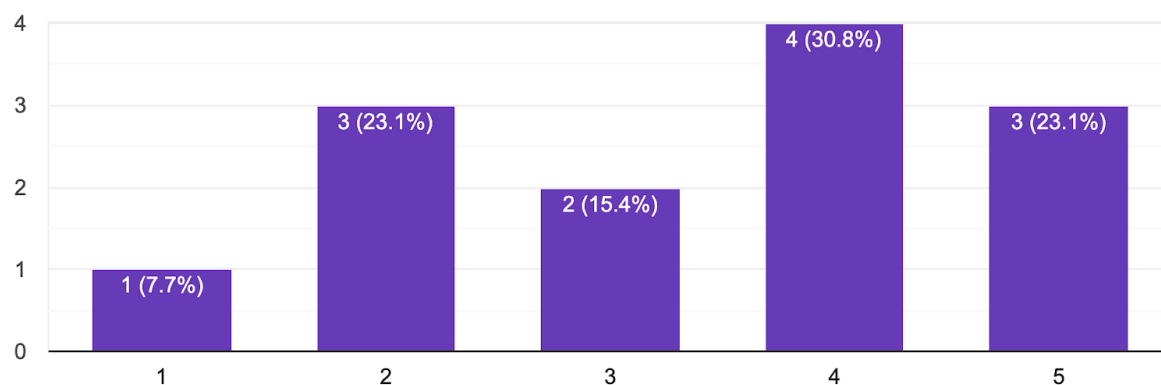
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Are you interested in learning more about inclusive teaching?

13 responses

- Yes
- No

92.3% 7.7%
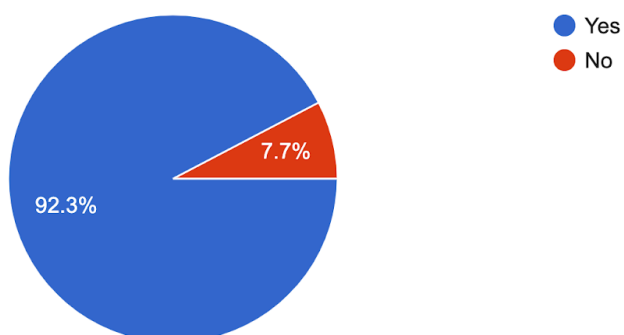
Are you interested in learning more about teaching individuals with disabilities?

13 responses

- Yes
- No

92.3% 7.7%
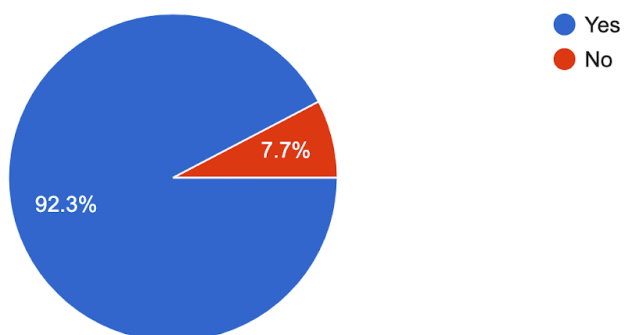
A VOLUNTEER TRAINING PROGRAM

Are you interested in learning more about environmental modifications and sensory strategies?

13 responses
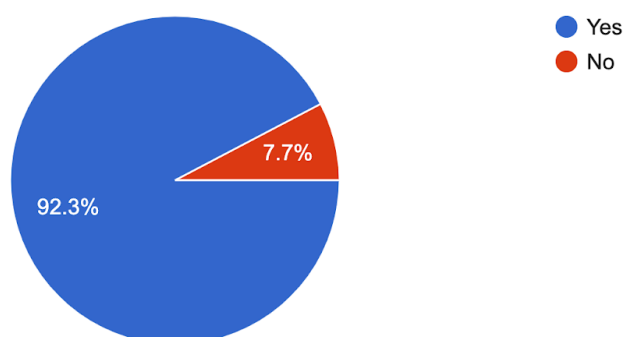
What kind of training relating to teaching people with disabilities would you like to see at HCC?8 responses

Teaching on simple strategies that help us communicate more effectively with children who have any number of disabilities.

Introduction and overview, with some practical examples. Information on some additional resources to further education would be good too.

Working with Austistic kids.

Learning ways to handle behavioral issues (controlling emotions) in children. Finding a way to calm children without disrupting worship time for other kids and without having to call their parents.

Examples and demonstrations of what works for different disabilities.

How to best interact with kids with disabilities in the kids ministry environment, that also helps them feel welcomed and wanted.

Have some activity that simulate some of the disabilities.

What accommodations would you like to see made available at HCC?6 responses

It would be nice to have the ability to support and minister to families including people with disabilities in a more intentional way to make them more comfortable attending our church, and sharing Jesus love for them.

HCC has already been so accommodating towards my Autistic grand daughter. I'd love to share that with other parents/grandparents.

sensory friendly toys / activities in each room. They don't just have to be used for those with sensory issues!

I don't have much experience communicating with people who have special needs. Therefore I don't have any idea what accommodations would be helpful.

A VOLUNTEER TRAINING PROGRAM

A buddy program, so kids can still be a part of the whole program but have the one-on-one help is needed.

Adding aides to help with more challenging children.

Please provide any additional comments you may have relating to inclusive teaching at HCC and serving individuals with disabilities.6 responses

I'm not sure how great the need is but it may be worthwhile to invest in simple tools such as stress balls, fidget toys, or a few wiggle seats?

I'm so excited you're doing this Katie! This will be a blessing to HCC - to the kids and to their parents as well! Thank you!

I am on board with receiving instruction on how to better love, communicate with and how to better teach those with special needs about Jesus. I would just say that if we move forward with it, there should be enough training and enough trained volunteers to ensure it is a good experience for all. I realize there may be hiccups along the way, but it should not be the norm. Thank you! Excited to see what we can do to be a place all kids and families are welcomed and excited to be at! Ready to learn right alongside the volunteers!

I have had a lot of experience in this area, but need to wait until my vaccination is in affect.

A VOLUNTEER TRAINING PROGRAM

Appendix B

Staff and Elder In-Service Presentation and Survey

4/10/21

An Inclusive
Teaching Training
Program for HCC
Volunteers

Katie Haskell
Occupational Therapy Student
Doctoral Capstone Experience

1

What is Occupational Therapy?

- What matters to you? (Not: What is the matter with you?)
- We help people of all ages do what they want and need to do by using everyday activities as therapy
- Evaluate and develop goals
- Customize intervention to each client
- Evaluate outcomes and adjust goals or discharge

2

What is an Occupation?

- Anything that takes up time and is meaningful to you
- What we need to do, have to do, want to do
- ADLs - taking care of yourself
  - Bathing, toileting, dressing, eating, moving, hygiene, sexual activity
- IADLs - supporting life at home and in community
  - Caregiving, communication, finances, homemaking, safety, shopping, religious and spiritual expression
- Health management
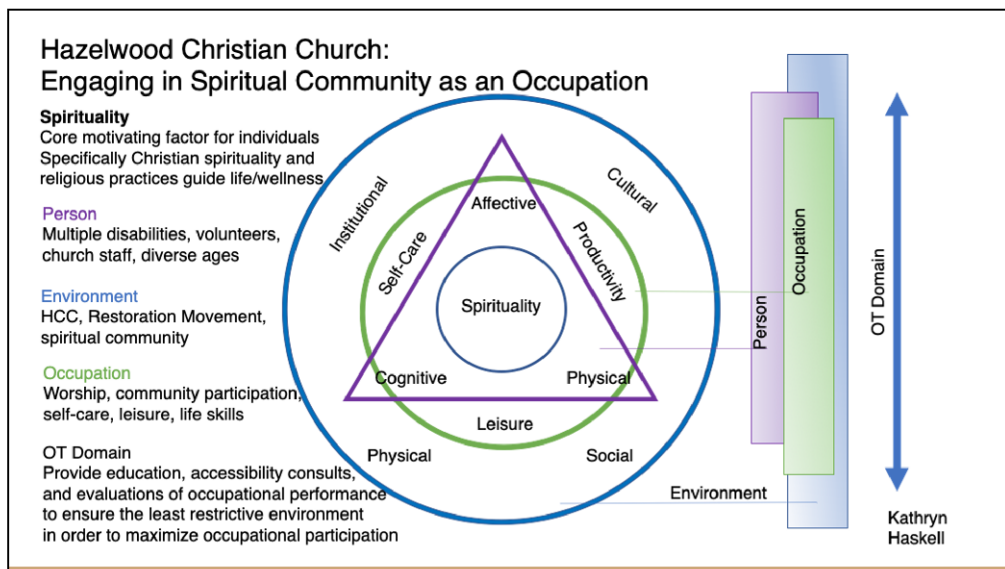- Rest and sleep
- Education
- Work
- Play
- Leisure
- Social participation

3

Worship as Occupation

- IADL: Instrumental Activity of Daily Living
- Religious and spiritual expression
  - Self-fulfillment through something larger than the self
  - Community engagement
- Canadian Model of Occupational Performance (CMOP)
  - Spirituality is at the center of a person's' being
- HCC has the opportunity to be a place where any individual can safely access our space and participate in the important occupation of worship.

4

Hazelwood Christian Church:
Engaging in Spiritual Community as an Occupation

Spirituality
Core motivating factor for individuals
Specifically Christian spirituality and
religious practices guide life/wellness

Person
Multiple disabilities, volunteers,
church staff, diverse ages

Environment
HCC, Restoration Movement,
spiritual community

Occupation
Worship, community participation,
self-care, leisure, life skills

OT Domain
Provide education, accessibility consults,
and evaluations of occupational performance
to ensure the least restrictive environment
in order to maximize occupational participation

Institutional — Cultural — Affective — Self-Care — Productivity — Spirituality — Cognitive — Physical — Leisure — Physical — Social — Environment

Person — Occupation — OT Domain

Kathryn
Haskell

5

What is the need at HCC?

- Over 10,000 people UNDER age 65 are living with a disability in Hendricks county alone
- Volunteers:
  - "It would be nice to have the ability to support and minister to families including people with disabilities in a more intentional way to make them more comfortable attending our church, and sharing Jesus love for them."
  - "I don't have much experience communicating with people who have special needs. Therefore I don't have any idea what accommodations would be helpful."
  - I would like to see…"A buddy program, so kids can still be a part of the whole program but have the one-on-one help is needed."
- A simple volunteer training program is a great first step towards providing a more inclusive worship space for all children
- Future: Sensory items, giving tree, separate space for more high level needs

6

4/10/21

HCC Service Delivery Model

- Currently is "one size fits all"
- In-person Sunday school and Kids Town/Kids Zone worship
- Proposed shift in service delivery:
  - Use consultation of occupational therapy student to broaden direct service provision model to include all children, regardless of ability, condition, or need, in an embedded format using regular service provision of weekly worship services
- Volunteer training program:
  - Provide volunteers with specialized training to deliver services intentionally to children who may require extra support
- Goal of service delivery:
  - All children will have the opportunity to learn about Jesus, be included in the morning program, and feel welcome and safe
  - Inclusion will be practice through use of sensory strategies, environmental modifications, and volunteer preparedness through training and support
  - **Maximize participation in the occupation of worship for children and their grown-ups**

7

Goals and Objectives

Goal 1: HCC staff will demonstrate monthly training modules to children's ministry volunteers with OTS present before summer 2021.
Objective 1A: OTS will develop training modules on integration and teaching strategies for HCC volunteers by March 2021.
Objective 1B: HCC staff and volunteers will be able to teach all students regardless of ability confidently after completing training.

Goal 2: HCC staff will demonstrate effective use of sensory-friendly classroom materials during services before summer 2021.
Objective 2A: OTS will create accommodations/sensory room for children's ministry by March 2021.

Goal 3: HCC staff will articulate in survey the role of OTS, service delivery model, and importance of inclusion in the church before summer 2021.
Objective 3A: OTS will create staff training to ensure HCC leadership understands the role of OTS, goals and objectives of the program, and importance of inclusion in the church by February 2021.
Objective 3B: HCC staff and volunteers will be able to articulate the importance of spirituality and worship as an occupation after completing training.

Goal 4: HCC staff will articulate the value of occupational therapy services in community organizations by summer 2021.
Objective 4A: HCC staff will complete staff training relating to occupational therapy service delivery in community organizations by March 2021.
Objective 4B: HCC staff will complete staff training relating to the DCE project and the domain of occupational therapy by February 2021.
Objective 4C: OTS will complete training modules for HCC staff relating to domain of occupational therapy, theory, and service delivery in community organizations by February 2021.

8

4/10/21

Thank you for this opportunity!
Questions?

9

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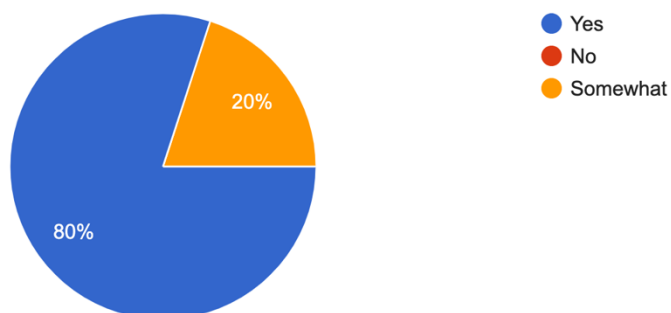
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10

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Do you feel that you could give a general explanation on what occupational therapy is?
5 responses

Can you articulate the value of worship as an occupation?
5 responses
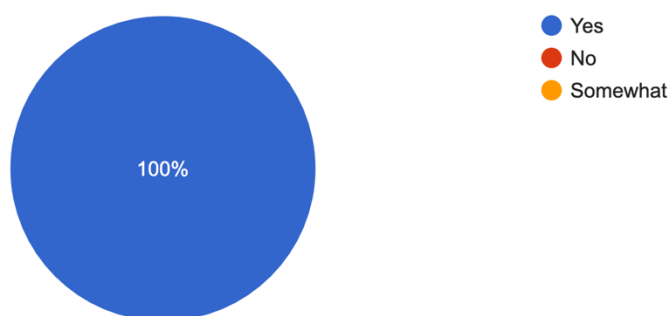
Do you know more about the service delivery shift at HCC (to inclusive children's programming) than before the presentation?
5 responses
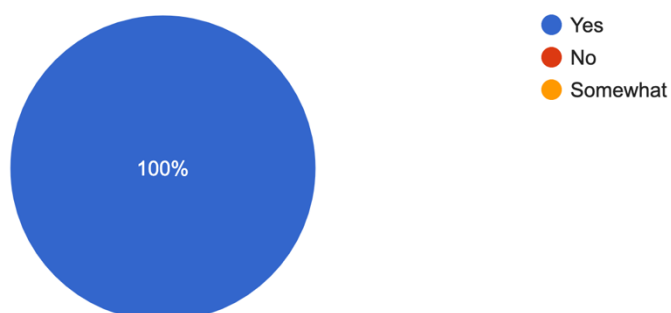
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Can you articulate the importance of inclusion in the church?
5 responses

Yes
No
Somewhat

20%
80%
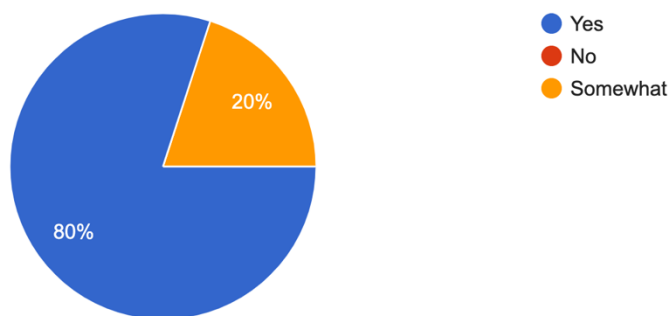
Do you feel that you better understand the goals and objectives of my project?
5 responses

Yes
No
Somewhat

100%

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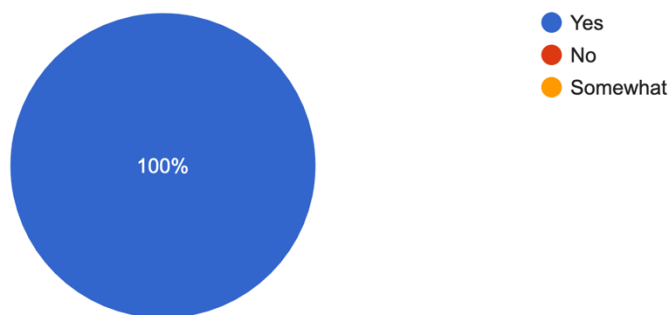
Appendix C

Foundational Volunteer Training Presentation

HCC Kids
Volunteer Training

**Foundations: Adapting Ministry for
Inclusive Teaching & Buddy Program**

Just Ask
By Sonia Sotomayer

Be different, Be brave, Be YOU

- Goal of service delivery:
  - All children will have the opportunity to learn about Jesus, be included in the morning program, and feel welcome and safe
  - Inclusion will be practice through use of sensory strategies, environmental modifications, and volunteer preparedness through training and support
  - **Maximize participation in the occupation of worship for children and their grown-ups**

Purpose of Inclusive Ministry

- HCC has the opportunity to be a place where any individual can safely access our space and participate in the important occupation of worship.

Why Inclusion Matters

- Individuals with disabilities experience barriers to participation in the church, and caregivers feel that many churches don't make accommodations for their children
- Common barriers:
  - Social participation and friendship
  - Non-traditional communication
  - Lack of inclusion
  - Lack of volunteers who are prepared to meet their needs
- Segregated service delivery can also be a barrier
- Inclusion promotes
  - Sense of belonging
  - Friendships
  - Valued role in the church community

What does the Bible say about disability?

- "Then God said, "Let us make human beings in our image, to be like us." Genesis 1:26 NLT
- "As Jesus was walking along, he saw a man who had been blind from birth. "Rabbi," his disciples asked him, "why was this man born blind? Was it because of his own sins or his parents' sins?" "It was not because of his sins or his parents' sins," Jesus answered. "This happened so the power of God could be seen in him." John 9:1-3 NLT
- The Christian church supports the biblical idea that all people are made in the image of God and are infinitely valuable

Purpose of Training

- Training staff and volunteers could help minimize barriers to participation and encourage a warm, inclusive atmosphere that will benefit individuals with disabilities and the community as a whole.

- The purpose of this training program will be to equip HCC staff and volunteers with the knowledge and skills necessary to encourage all church members to engage in full participation in worship services and classroom lessons safely and effectively.

Definitions

- **Disability:** "A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)." (CDC, 2020)
- **Special Needs:** "Any of various difficulties (such as a physical, emotional, behavioral, or learning disability or impairment) that causes an individual to require additional or specialized services or accommodations (such as in education or recreation)" (Merriam Webster, 2021)
- **Sensory Integration:** "Sensory integration is a term that has been used to describe processes in the brain that allow us to take information we receive from our 5 senses, organize it, and respond appropriately. We also have a vestibular sense (balance) that tells us how to position our bodies and heads, and a proprioceptive sense (awareness of body in space) that helps us know what we do with our joints, muscles, and ligaments." (AAP, 2021)
- **Environmental Modification:** "changes you make in your children's world that make it easier for them to achieve success or avoid problems. It promotes your children's learning, growth, and self-control." (Washington State, 1993)
- **Inclusive Teaching:** "describes the range of approaches to teaching that consider the diverse needs and backgrounds of all students to create a learning environment where all students feel valued and where all students have equal access to learn." (OSU, 2021)

Statistics

- In Hendricks county alone, over 10,000 people under age 65 are living with a disability
- A study done from 2009-2017 found that about 1 in 6 children (17%) in America have been diagnosed with a developmental disability
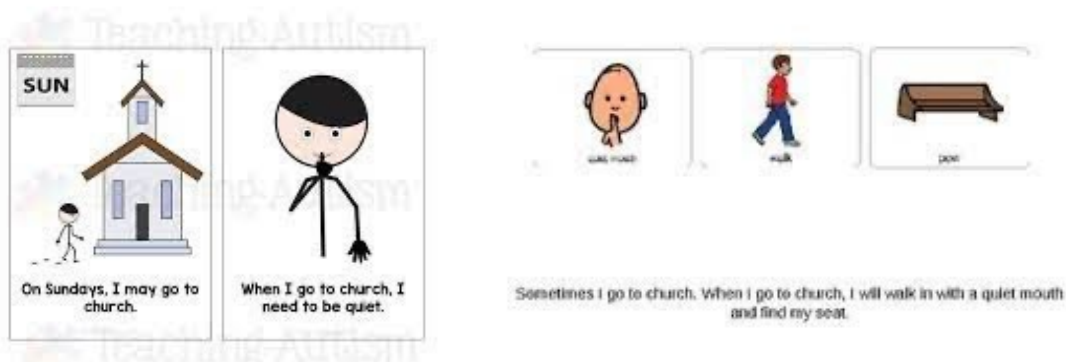

Behaviors

- Reasons: obtaining something they want/avoiding something/escaping from something
- Prevention: maintain calm in yourself, provide an engaging environment, clarify expectations, match demands to abilities, allow child to have some control

- Support positive behaviors: positive reinforcement
- Ignore or redirect negative behavior when possible
- Social stories to alleviate anxiety

Behaviors Cont…

- Take a lap at first sign of behavior
  - Ask them to help you with something
- Stay with the group if possible
  - Avoid physical touch
  - Use sensory room if behavior escalates
- Offer two positive choices
  - Helps them feel like they have control over the situation
  - Both options result in a desired behavior
    - Ex: sit on the beanbag or sit in the chair

Safety

- Counting
- Violent behaviors
- Feeding and eating
- Handwashing
- Mask wearing
- Write it down - incident report, numbers, names
- Ropes for transitions
- Allergies
- Pick up and drop off
    - Match tag numbers, coordinator will check ID if tag lost
    - More to come...

Common Conditions

- ADHD:
    - Impulsive, hyperactive, poor attention, poor emotional regulation
- Sensory Processing Disorder:
    - Over or under reactive to sensory stimuli
- Autism Spectrum Disorder:
    - Restricted, repetitive behavior, impaired social functioning
- Down Syndrome:
    - Extra chromosome, developmental delays
- Cerebral Palsy:
    - Spectrum, often motor/mobility difficulties
- Many more! We will be asking parents for pertinent details about their child's diagnosis if necessary
    - Anxiety, mood disorders, learning disability, etc

Volunteer Comfort Levels

- Bodily fluids
  - Spit and other secretions
  - Vomit
  - Toileting
  - Feeding tube
  - Lesions
- Behaviors -
  - Harmful to self or others
- Language barriers
- Physical touch
- Loud vocalizations
- Equipment management
- Redirection

Sensory Regulation
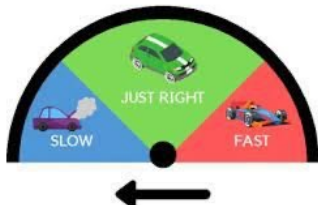
Sensory behavior = communication, are we compensating? Regulating? Something else?

Sensory diet: start with heavy work, include movement breaks, provide snack or other distraction

How does your engine run? Low, high, or just right. Help kiddos understand how theyre feeling

Environmental Modifications

- Seating
- Lighting
- Textures
- Crowd control
- Toileting
- Access
- Visuals
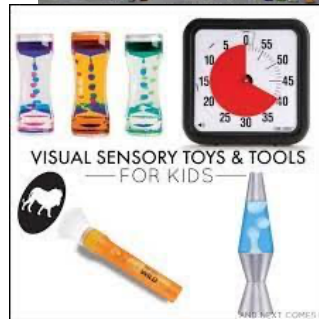
General Information

- Schedules
- Visuals
- Eye contact not necessary for attention
- Simple words, 1-2 step directions
- Positive choices
- Food sensitivity
- Allow time for processing
- Be aware of body language

Two Positive Choices

Asking a child, "Do you want to clean up or do you want to go to time-out?" is **not truly a choice.** Instead, ask, "Do you want to pick up the blocks or the baby dolls first?" You still **meet your goal** of a clean room, and you shift from manipulating children to helping children **practice decision-making.**

Conscious Discipline

Where can I go for more guidance or advice?

- Occupational therapist (OT)
  - Occupation: Anything you do that takes up time and has meaning to you
  - Worship as occupation
  - Spirituality at the center of being
- Teacher/SPED/RBT
- Other developmental therapists
- Medical
- These individuals have evidence-based practice and experience on their side. It never hurts to ask, respectfully!


- Parents
  - Parents and caregivers know their children best and are usually willing to offer support and guidance when asked

Buddy Program

- Buddies are…
  - Friends, role models, advocates
  - Accepting, respectful, kind, servant-hearted
- Buddies are not…
  - Babysitters, teachers, parents
  - Condescending, timid, angry
- Buddy characteristics are key
  - Dependable, flexible, sensitive, discrete

Buddy Bags and Sensory Room
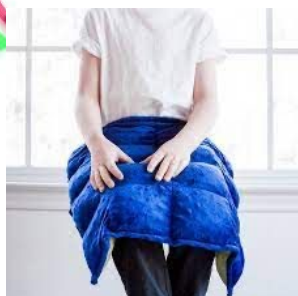
- Buddy bags
  - Fidgets
  - Hygiene products
  - Fine motor and extra activity
- Sensory room
  - Adaptive seating
  - Soft and comforting feel
  - Adjustable lighting
  - Weighted lap blankets
  - Copy of weekly lesson just in case child is not ready to rejoin large group
  - Games and toys

General Tips and Etiquette

- Use peers to encourage social interaction
- Person-first language unless family specifies otherwise
  - Girl with autism vs autistic girl
  - Uses a wheelchair vs wheelchair bound
  - Accessible parking vs handicap parking
- Speak directly to a person with a disability, not their caregiver
- Do not pet a working service animal without permission
- Offer assistance, but wait for a response before helping
- Do not "talk down" to someone with a disability
- Treat adults like adults, do not patronize people
- Treat others the way you want to be treated!

Volunteer Identity

- You are important!
- Volunteer actions
  - Pray for your students and their families
  - Use visuals
  - Focus on and encourage student abilities
  - Love them like Jesus does
  - Be a friend
  - Be patient and kind

Mission, Vision, Purpose

- Make disciples
- Guide to deeper relationship with Jesus
  - Prayer
  - Community
- Teach the Word
- Encourage spiritual giftings
- Provide a safe environment for children so caregivers can also be spiritually fed and grow

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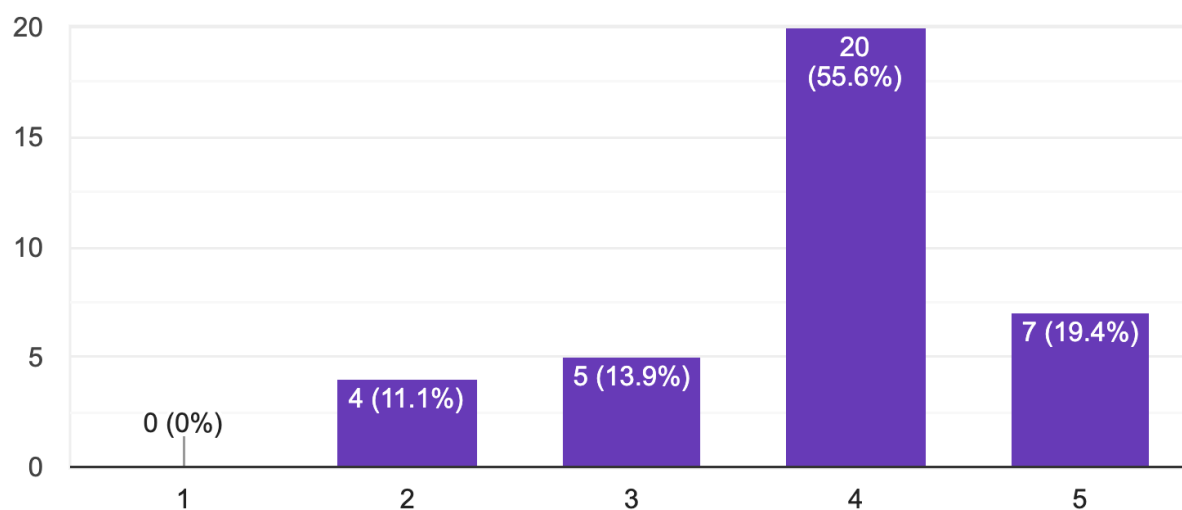
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Appendix D

Formative Assessment Post-Foundational Volunteer Training

How confident are you supervising/teaching children who need extra support/have disabilities?
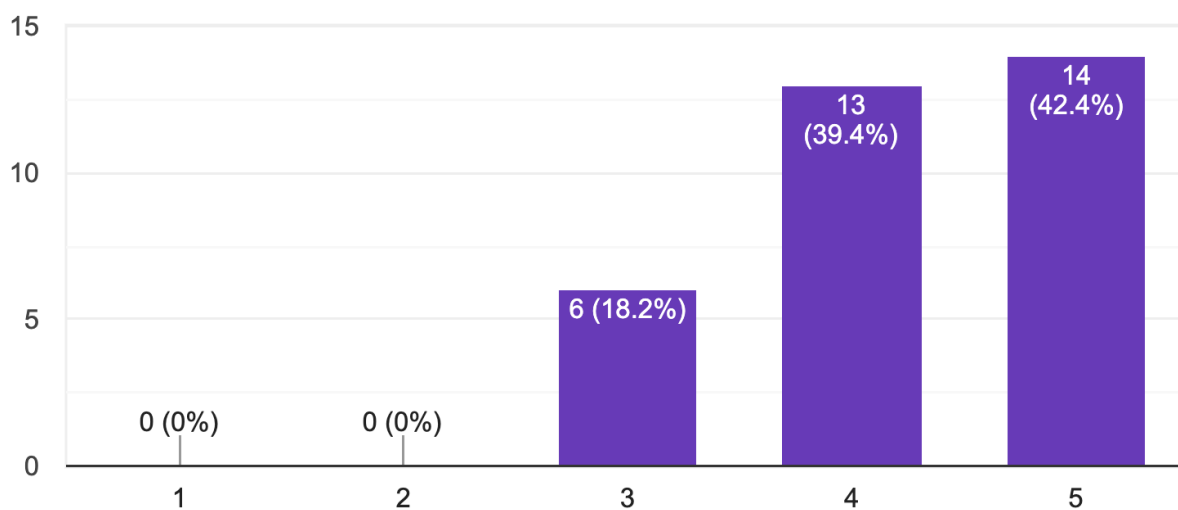
36 responses

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Did the information and resources provided in this training help to increase your confidence?
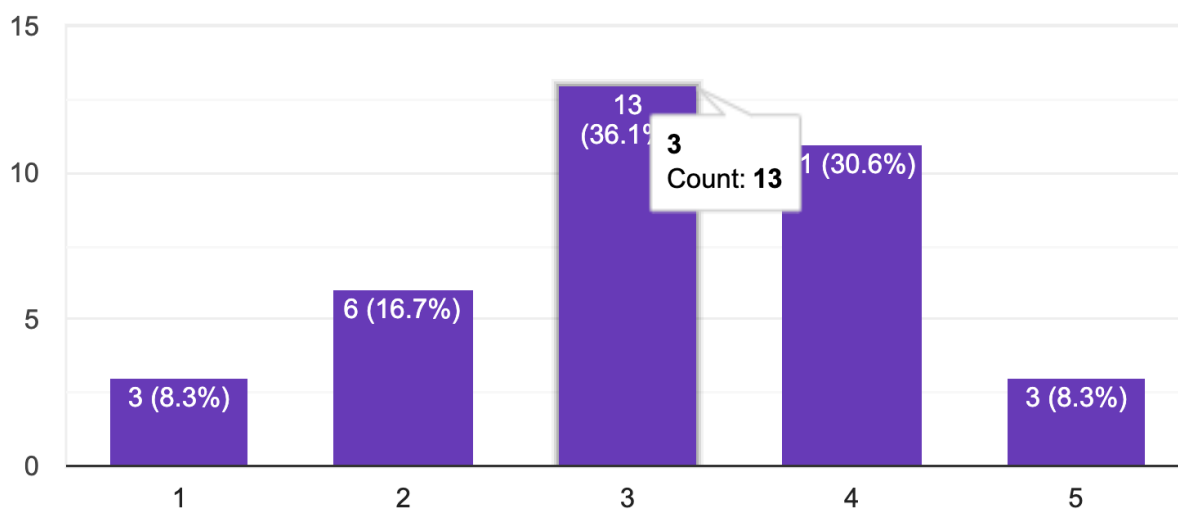
33 responses

A VOLUNTEER TRAINING PROGRAM

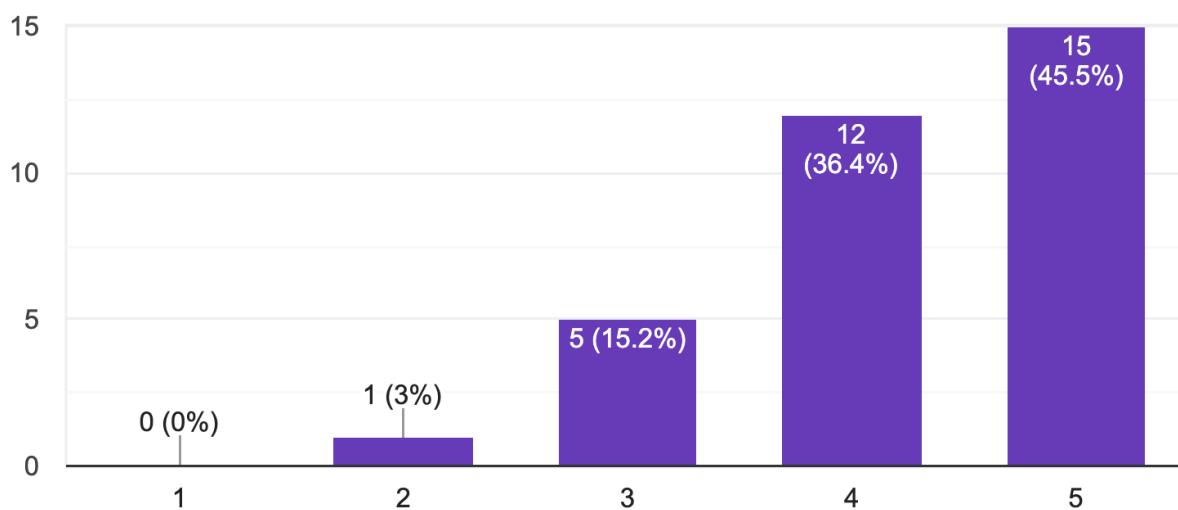## How much knowledge/experience do you have managing behaviors in children?

36 responses

Did this training increase your knowledge of behaviors and behavior management strategies?

33 responses

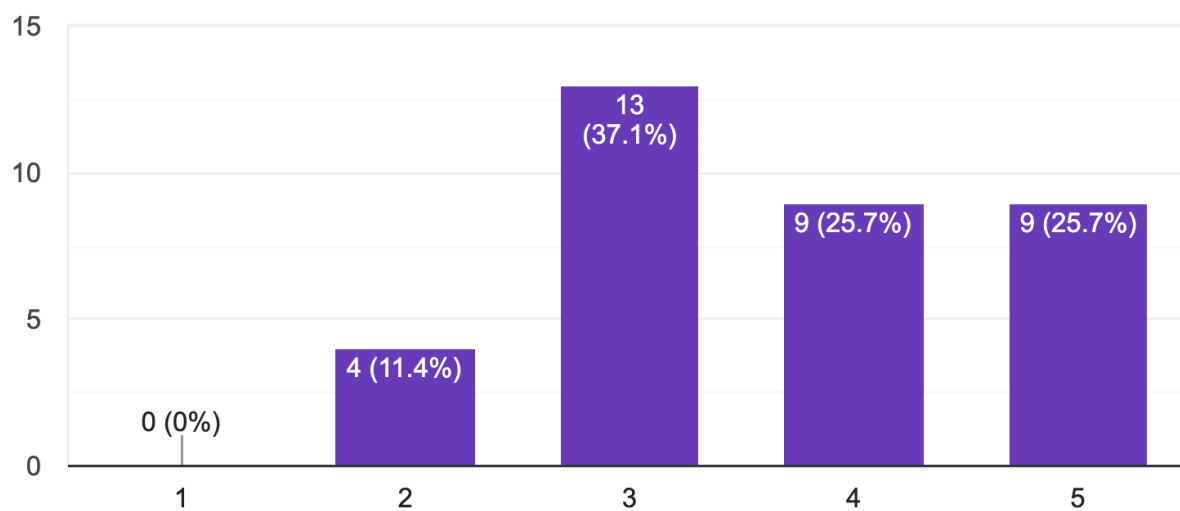Do you believe that HCC Kids ministry is accessible for all children?
35 responses

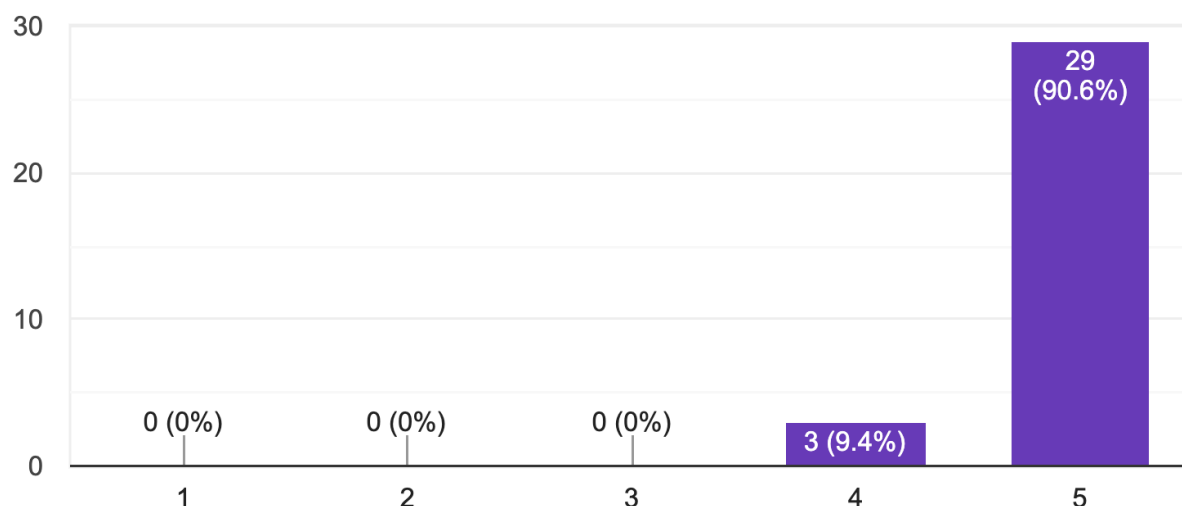## Do you think that implementing strategies and information presented from this training will inc... Kids ministry to all/more children?

32 responses

Before the training: What are you looking forward to learning about? 23 responses

More training
Learning what I can do to help more
How to interact with some children..
To increase my knowledge about the subject and learn how HCC is going to change to fit other kids also
How to work with children of all needs in this ministry
How to interact with and help to keep them safe
how the program is inclusive and learn how to make church more inclusive
about behaviors and how we can help the kiddos
what to do and how to handle situations
how to work as a partner with the little ones
managing disabilities, our resources
Helping special needs more
sensory room
ways to engage children who are "acting out" and how to resonate or decelerate the situation
what the "plan" at HCC looks like moving forward
how to encourage children with special needs to become well involved with kids around them
managing kids with special needs

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I look forward to learning about deescalation
how to help kiddos with special needs
how we can become better at being there/helping special needs kids be a part of our services
how to deescalate physical situations

After: What do you wish we had covered? 15 responses

Did a great job
I think you covered everything very well.
A little more in depth so we know we can properly handle it.
Ideas for diverting behavior. I'm not very creative nor have experience with special needs kiddos
Good intro, especially the book being read. It gave great examples of how we interact with people with disabilities more often than we know.
I think that we have covered everything
everything was covered
all was covered
I thought you did well in covering all areas
I thought it was very informative
actually practicing or seeing examples (photos) of visuals, equipment
Katie covered it all!
you did perfect!
more on how to deescalate physical situations

After: What was your main takeaway from the training? 26 responses

Need for people training
Awareness of special needs
Get comfortable, volunteers need to know their limits
Giving the child choices.
They need a bit more attention than other students.
Beginning steps
loving people the way they need to be loved while keeping them safe
communication and be patient
our main mission is to make disciples helping the kids grow in the best way possible for them

After: How enjoyable was the training experience?
33 responses
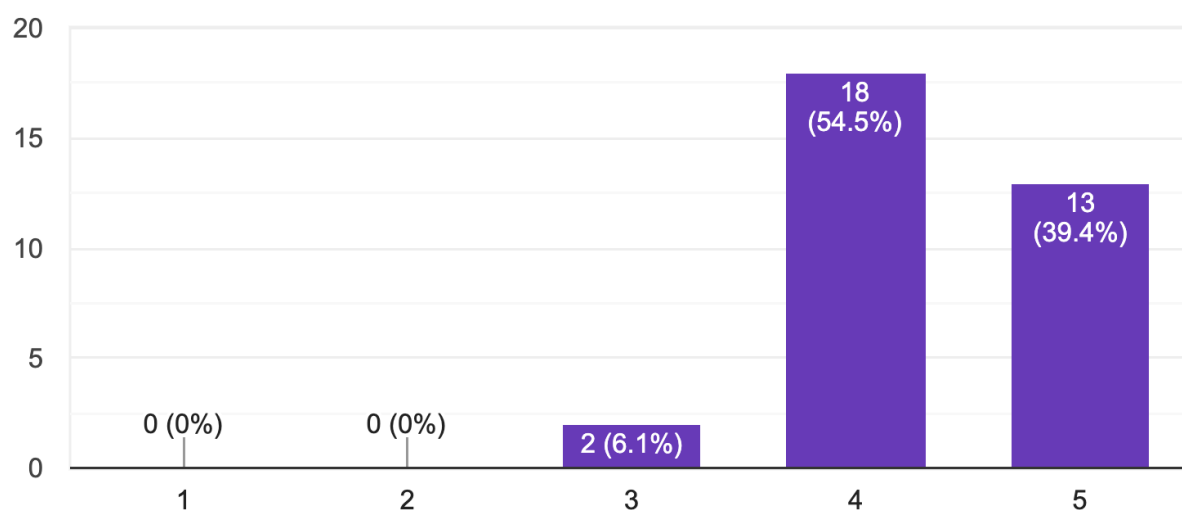
Additional comments, questions, or concerns 6 responses

Post test.

very well presented

I have expereince with special needs kids as a peds nurse and NP. I think this is great learning and think it will increase people's comfort level.

I'm happy that we mainstream our special needs kids and seek inclusivity. Please don't separate them.

great information, like the 1:1 approach to help maintain class as a whole and be aware of needs of students who need extra attention

text on powerpoint needs to be bigger

Please indicate your interest here in being on the "buddy" list. Also, if you are not currently serving, please write your contact info here as well as the areas in which you are interested in serving. Thanks for coming! 12 responses

I am interested

Interested!

I love children, I plan of having a career with children and this is a great opportunity for me to get a head start.

I am interested but need much more info. However, I am currently serving in Kidstown

not at the moment but maybe in the future

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I am interested in serving those who God made unique

I am interested in being a buddy

Absolutely willing to help any way I can.

At this time I am not interested in being on the "buddy" list because I don't feel I can make the time commitment

I cannot be a buddy currently but I would like. to possibly consider it in the summer

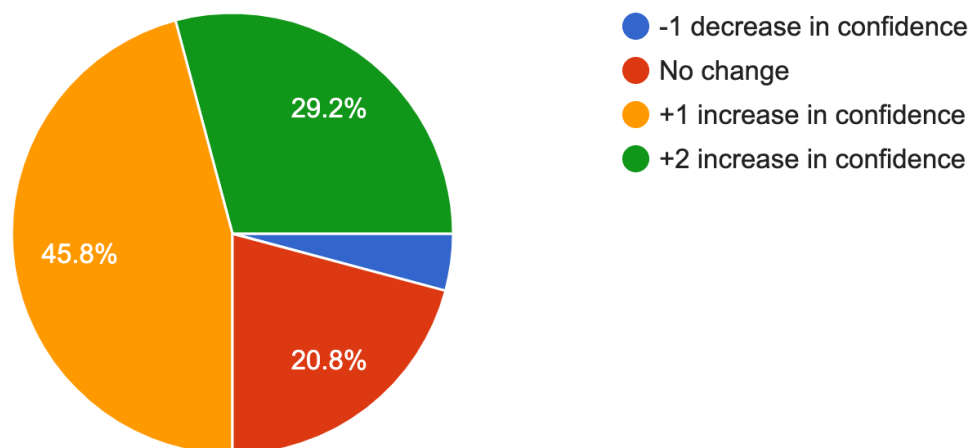interested but I dont think I can at this time

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Appendix E

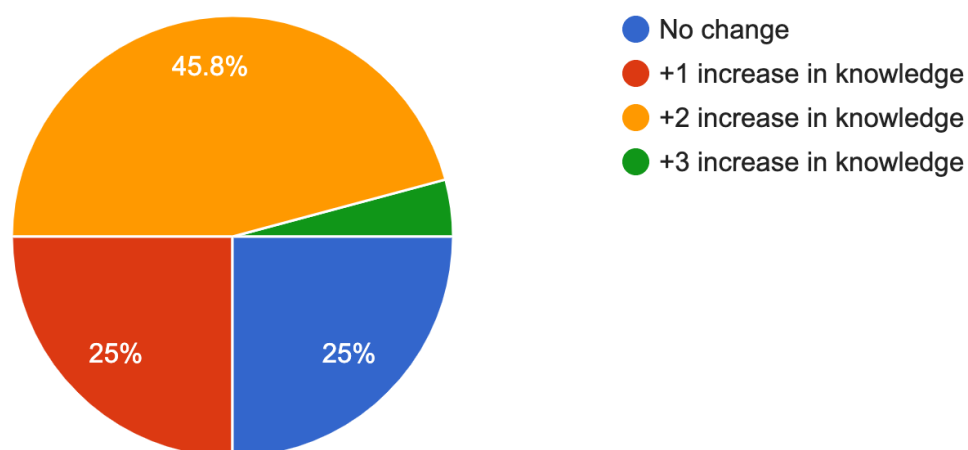**Summative Assessment Post-Foundational Volunteer Training**

Volunteer Confidence - Teaching Children with Varying Needs
24 responses

- -1 decrease in confidence
- No change
- +1 increase in confidence
- +2 increase in confidence

29.2%
45.8%
20.8%

Volunteer Knowledge - Behavior Management
24 responses

- No change
- +1 increase in knowledge
- +2 increase in knowledge
- +3 increase in knowledge

45.8%
25%
25%

What is another topic that you would like added to the HCC Kids volunteer training program? Or, what is a topic you would like to learn about more in-depth in the HCC Kids volunteer training program? 10 responses

what to do if you dont understand what a nonverbal child needs

lesson adaptation for special needs

I think just more ways we can apply the training. Maybe some real world examples or scenarios to facilitate more discussion in how to help those kiddos feel more comfortable and love them well.

in depth knowledge about how to be a good buddy for special needs children

I think it would be great for all volunteers to get basic age information about development, reasoning, discipline, and engaging groups of children of certain age groups. Especially for the amazing high school kiddos that's help. I have seen varying comfort levels when engaging the children.

the toddlers used to (back when my kids were that age) had a structured time for singing and lessons. It obviously wasn't too deep but they had something and a video. Right now we are just baby sitting the toddlers. Kim Ranson was the person who set it up. She would be a great resource for this.

health/non-health/behavioral emergency situation protocols

I want to learn more about the needs and structures of sensory spaces for kids and students who need it

whatever we need to make the children's ministry more available, safe and welcoming to all kids with all backgrounds is what we should focus on

learning/being aware of resources we will have at hcc, including room, goodie bag, specific people