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# Faith Communities and People with Intellectual Disabilities in The Netherlands: A National Survey Among Chaplains

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## ABSTRACT

This article presents results of a 2021 survey among 49 chaplains in the Netherlands. Chaplains working with people with intellectual disabilities observe that the involvement of faith communities with their clients is declining. Although most of the chaplains have structural contacts with churches or mosques, they signal a need for an increased involvement to the benefit of their clients and to their own advantage, as a support for several aspects of their work (services, projects). Cooperation agreements of chaplains with churches focus on religious activities while clients are in need of buddies.

## KEYWORDS

Chaplains; empirical research; faith communities; inclusion; people with intellectual disabilities

## Introduction

In Disability Theology, there is a growing body of evidence showing the relevance of religious and non-religious spirituality for people with intellectual disabilities. Needs, significance, benefits, practices, content and support concerning spirituality are being researched (Carder, 1984; Fellingner et al., 2023; Harshaw, 2016; Hunter & Kivisto, 2019; Sango & Forester-Jones, 2017). Positive effects of inclusion in faith communities also come to the fore. Several studies describe obstacles to successful inclusion and possibilities for enhancing the hospitality of these communities (Ault et al., 2013; Calder, 2012; Carter, 2023; Carter et al., 2016; Christensen, 2018; Collins & Ault, 2010; Goldstein & Ault, 2015; Pridmore, 2006; Vogel et al., 2006; Wansbrough & Cooper, 2004; Yong, 2011). Chaplains of care institutions might play a major role in connecting clients with faith communities. Galvin (2001) stresses the importance of bridging the gap between clients and faith communities from a ministry point of view. However, we did not find any other research discussing this topic. In this article, we, therefore, address the question how chaplains working in care

institutions for people with intellectual disabilities view and support the connection of their clients with faith communities to foster their spirituality and social inclusion in these communities. We start by presenting a brief historical sketch of the Dutch societal context to illuminate the relevance of our research question.

### ***The history of care for people with intellectual disabilities in the Netherlands***

The history of care for people with intellectual disabilities in the Netherlands is well-documented (Beltman, 2001; Kingma, 1980; Mans, 2004). The organization of this care used to be intertwined with the diaconal mission of faith communities. Starting in the Middle Ages monasteries, churches and pious private persons felt responsible for the care for all kinds of groups of deprived people, including people with disabilities. In the 19th century, with the rise of modern societies and economies, the government viewed people foremost as labor force, and special arrangements had to be made for people with disabilities who obviously were less productive. Alongside churches governments founded institutions for care and moral and physical improvement of the poor, tramps and beggars, and there were a lot of people with intellectual disabilities among them. Responding to the situation of modernization and liberalization of the society the Roman Catholic and Protestant churches established institutions for care along the identity lines (pillars) of their traditions in order to promote their religious values of mercy, spirituality and solidarity.

With the rise of public health care and the division of labor in subsystems at the end of the nineteenth century and during the first decennia of the twentieth century the Dutch government took more responsibility for specialized care for subgroups of patients (psychiatry, intellectual disabilities, alcohol addiction). During these decades, the first institutions for 'idiots' or 'retarded people' were founded (Beltman, 2001), still with little interference of the government until 1940. From the late 1960s, government control increased rapidly, due to legislation about financing and care quality systems (Kingma, 1980). Faith based foundations provided additional support for families, paid attention to spiritual care and leisure activities (holidays).

From the 1970s, secularization heralded the end of a lot of pillar bound institutions: many Roman Catholic and Protestant institutions for care fused with non-religious care organizations or broadened their identity to a more general worldview profile.

For long, spiritual care for people with intellectual disabilities was carried out by the church or monastery that provided shelter and care. Ministers, priests, and sisters and brethren of congregations took care of the souls of the people who found refuge in their care homes. Relationships between parishioners and people with an intellectual disability were more

or less natural, especially when religious services were attended in the village church and inmates were not kept between the walls of a monastery (Mans, 2004).

Today chaplains fulfill the important task of the *cura animarum*, and until about twenty years ago almost all chaplains were ordained ministers or priests. Since the seventies of the last century, the Netherlands developed into a country that belongs to the most religiously diverse and secularized countries in Western-Europe. The ongoing religious individualization and deinstitutionalization impacts the profession of chaplains in its goals and in its relationships with faith communities. Nowadays, the number of chaplains without a commitment to a religious office is increasing, reflecting the processes of diversification and secularization in the Dutch society. Chaplains can register as a member of the professional organization as ‘spiritually, without a mission.’ They can also register as a humanist chaplain. A structural commitment to a distinct institutionalized community of faith is not self-evident anymore. The development in the direction of non-affiliation of chaplains is one of the factors that could gradually lead to a dissolvment of the traditional bonds between faith communities and spiritual care for people with intellectual disabilities. The question thus arises what this development means for the inclusion of persons with intellectual disabilities in faith communities. Are there still warm connections between chaplains of care institutions and communities of faith or are these chaplains, as some claim, ‘rather isolated in their institutions’? (Smit, Schuitemaker & Brongers, 2010, p. 224).

## Research

To investigate the connection between faith communities and people with intellectual disabilities, especially persons living in care institutions, the Protestant Theological University, Amsterdam, created a research position, starting January 1, 2021. To map the field, conversations were held with about 25 chaplains throughout the country, and an online survey was conducted. No previous empirical information was available: we had to rely on data resulting from some case studies (dating from the early years of this century) and on personal impressions, based on our conversations. Our research question in this article is: *How do chaplains, working for people with intellectual disabilities, perceive of the involvement of faith communities with their clients in the light of social inclusion?*

Together with representatives of the Dutch Professional Association of Chaplains (Vereniging van Geestelijk Verzorgers, VGVZ), we compiled a questionnaire and tested it on clarity and functionality with three chaplains. Minor adjustments were made. The questionnaire addresses the following main themes: contacts between chaplains and faith communities,

content of the contacts, social inclusion, opinion on state of the involvement of the church and opinion on the needs of clients.

### ***Presumptions***

In advance of the survey, we wrote down our presumptions with regard to the questionnaire, based on the referred open conversations with chaplains, and on the scarce literature. By lack of any hard empirical evidence—the conversations were not treated as interviews—they cannot be considered real hypotheses. However, the presumptions go beyond an educated guess, as they were confirmed over and over again in the 25 conversations. We formulated them as follows:

- The involvement of faith communities in people with intellectual disabilities is gradually decreasing with regard to services and personal contacts by volunteers, despite local differences. This is partly due to the aging of volunteers and clients, and to the increasing need for care (reduced mobility).
- The involvement is mainly focused on religious services and education (catechesis/Bible groups), either in churches or at the institutions.
- The relationships between care institutions are not mediated by diaconal work groups or by deacons, but by pastors, by dedicated church members/parishioners, or by a committee.
- The need for people with intellectual disabilities to expand their network through contacts with people from outside the institution is high.

We return to these presumptions in the discussion section.

### ***Sampling, analysis and respondents***

Professional spiritual care for people with intellectual disabilities is provided by three main categories of chaplains: chaplains in paid employment of care institutions and registered as member by the professional organization of chaplains; unregistered chaplains in paid employment of care institutions; self-employed chaplains working extra-institutional. To reach as many chaplains as possible, we applied three methods of purposive sampling:

- we approached all members, candidate members and student members of the professional association VGVZ registered in the field of care for people with disabilities via email with a link to the survey.
- we approached all chaplains registered by the centers for self-employed chaplains throughout the country (Centra voor Levensvragen [Centers for Life Questions]) via email with a link to the survey.

- we invited the chaplains we contacted to share the invitation to this study with colleagues (snowball sampling).

In total, 49 respondents completed the online survey in Formdesk.

In preparation of the analysis of the quantitative data, some initial results have been modified due to recoding, grounded on the open answers provided as motivation, elucidation or addition. In that way, we corrected a few mistakes. We also manually recalculated numbers for subgroups to reflect the proportions within our sample. This yielded some interesting findings. A log of these procedures has been kept, and all the steps are debated between the authors until consensus was reached. For almost all answers are exposed to a correlation analysis using a Chi-squared test (Pearson Chi-Square; Likelihood ratio; Linear-by-Linear Association). This only yielded one significant result that will be presented below.

Qualitative data (in the case of open questions) were analyzed through thematic content analysis of the short entries (Hsieh & Shannon, 2005) and via initial coding (Saldaña, 2009) using AtlasTi for the longer entries. Again there was inter-researcher-agreement on the outcomes.

We present the direct results on the questions retrieved from Formdesk.

The respondents have the following characteristics:

Among the 49 respondents 36 are a member of the professional organization of chaplains, which corresponds with 56.25% of the active registered members of VGVZ in the field of people with disabilities (Table 1).

However, it is impossible to determine the representativeness of our sample with absolute certainty. There is no register available of all chaplains working in the field, and there is no obligation to enroll as a member of VGVZ. Therefore, we have no picture of the total population. We can only compare the subsample of members of the VGVZ ( $n=36$ ) with all the members of this professional organization to estimate the representativeness for this subsample. Our subsample is comparable with regard to age. Looking at religious affiliation it has a slight under-representation of Protestants (-5.4%), an overrepresentation of nonaffiliated chaplains

**Table 1.** Respondent characteristics.

Respondent characteristics						
<i>Total</i>	49					
<i>Age</i>	20/30 years	30/40 years	40/50 years	50/60 years	>60 years 34.69%	
	2.04%	12.24%	16.33%	34.69%		
<i>Member VGVZ</i>	73.46%					
<i>Experience in the field</i>	<2 years	2-5 years	5-10 years	>10 years 48.98%		
	8.16%	18.37%	24.49%			
<i>Affiliation</i>	Protestant	Catholic	Muslim	Orthodox	None	Multiple
	42.86%	18.37%	2.04%	2.04%	30.61%	4.08%
<i>Degree</i>	Bachelor	Master				
	28.5%	71.5%				

(+15.8%) and a total lack of humanist chaplains (which makes up 14% of the total member population) and Buddhist chaplains (3.1% of the total). Some other observations:

- Almost 49% is more than ten years active in this field, and almost 25% five to ten years. This indicates that the respondents are well informed about the subject, given their long term experience in the field.
- The overrepresentation of religiously nonaffiliated may influence the results with regard to our subject. However, we assume that our results give a reliable picture for VGVZ members, as Chi-square tests demonstrated that religious affiliation did not influence the answers on all but one question.

## Results

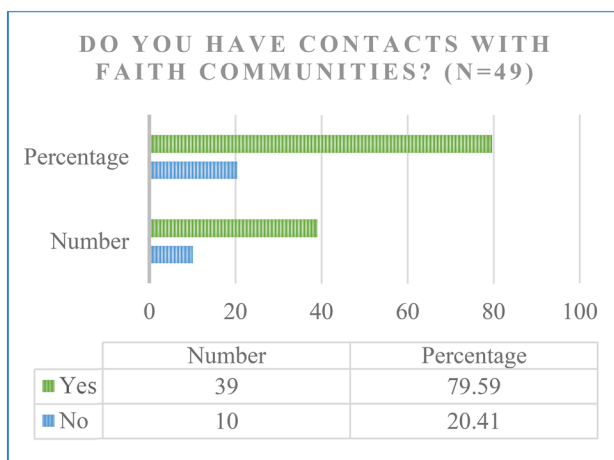
We display the results below about contacts, content, loneliness and needs.

### Contacts

Do chaplains have formal contacts with faith communities?

Almost 80% of the chaplains have formal contacts with one or more faith communities (Table 2). When we look at subgroups, we see that 90.5% of Protestant chaplains and 100% of Roman Catholic chaplains maintain such contacts. For the nonaffiliated chaplains, the percentage is significantly lower: 53.3%. Ten chaplains (20.4%) have no connection to a faith community, out of which seven are nonaffiliated and two are protestant.

**Table 2.** Contacts faith communities.



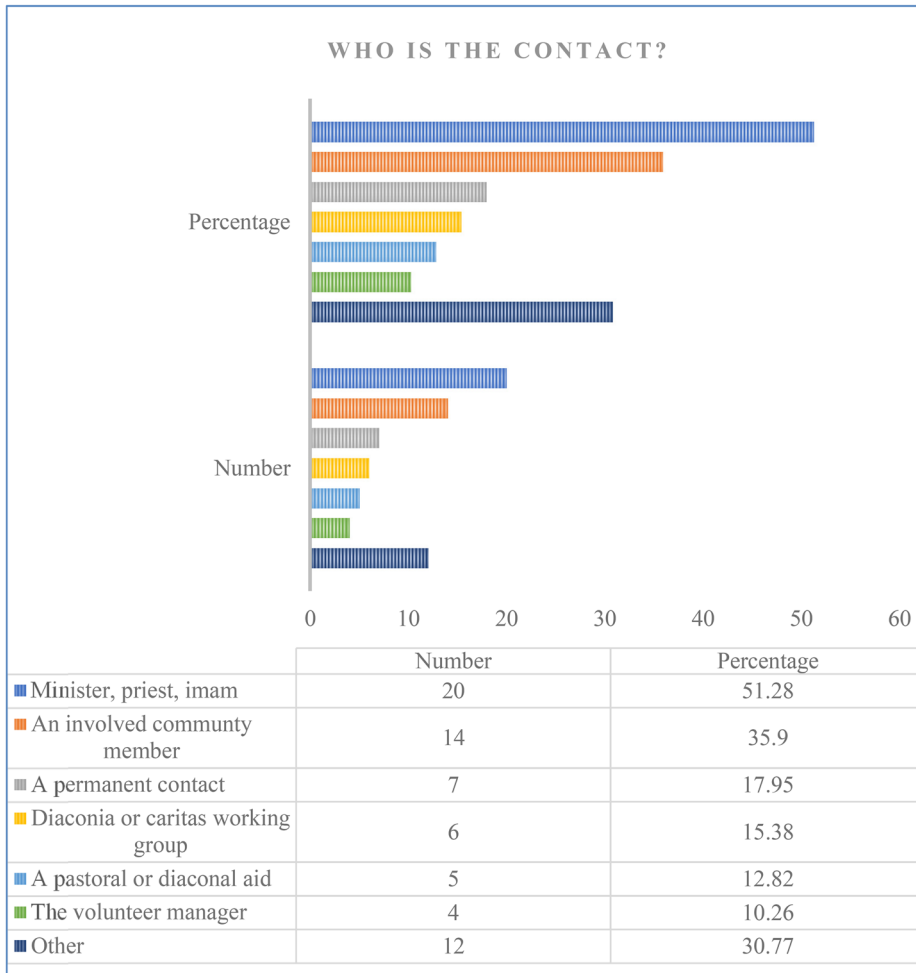
The 39 chaplains maintain contact with diverse faith communities. 79.4% have a connection with the Protestant Church in the Netherlands (PKN); almost 36% have a connection with the Roman Catholic Church; 22.4% contact one of the smaller protestant churches in the Netherlands and 7.7% have connections with a mosque.

The Chi-square test shows that contacts are structured along the own religious pillar: Protestant chaplains tend to have contacts with protestant churches and Roman Catholic chaplains tend to have contacts with catholic parishes. It also holds that none of the Protestant and Roman Catholic chaplains in our sample initiates a formal contact with mosques.

Who is the intermediary on the side of the church for these contacts?

Most of the contacts run through the minister, priest or pastor of the faith community (51.3%) (Table 3). Dedicated volunteers from the community (35.9%) or formally appointed contact persons (17.9%) are also

**Table 3.** Contact persons.





important. In the category ‘Other’ the councils of church, parish or mosque are mentioned four times (10.6%), as are committees, sometimes with an interchurch character (10.6%).

## Content

What are the contacts about?

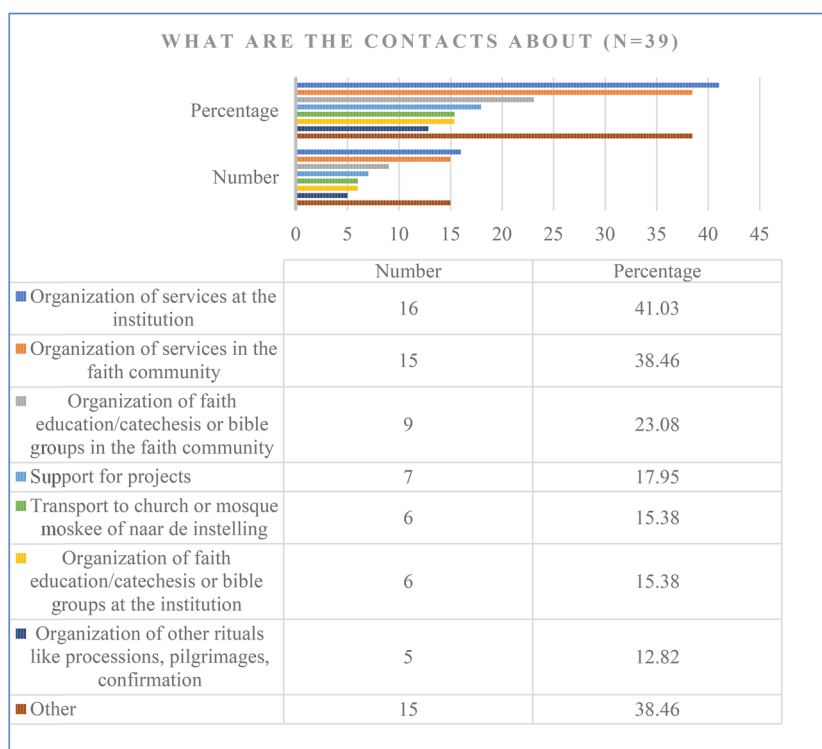
We see that contacts concentrate on typical religious activities like participation in liturgy (31 mentions) (Table 4). Second ranks the church activity of religious education (15 mentions). Other subjects, like rituals, practical assistance for projects and transport have a lower score.

38.4% of the chaplains mention other reasons for contact: pastoral care for individual residents (five mentions); policy consultation about chaplaincy (two mentions) and topics like funeral arrangements, involvement of the faith community with activities on the institution, the church magazine or the possibility of creating a social network around isolated persons.

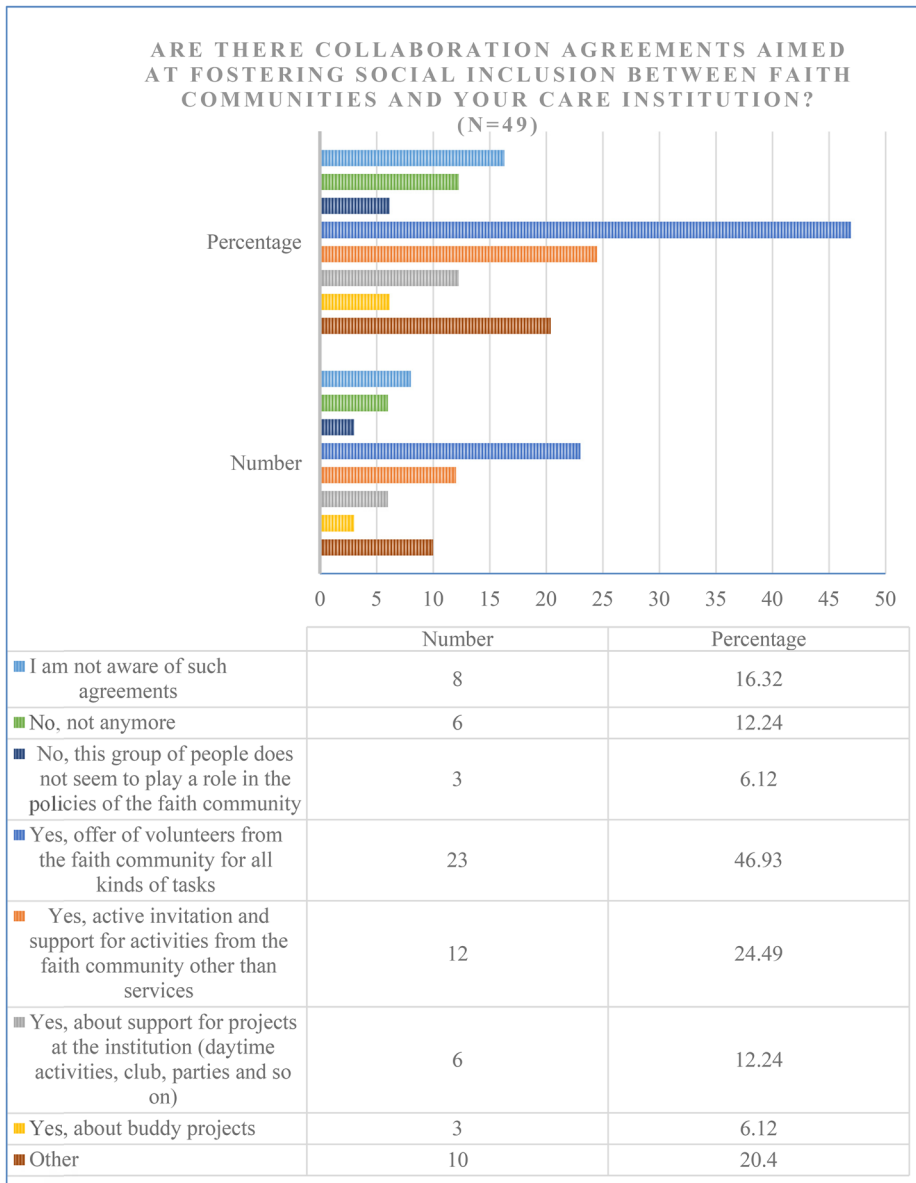
Do contacts contain collaboration agreements between care institutions and faith communities aimed at fostering social inclusion?

51% of the respondents (25) indicate that there are agreements about social inclusion (Table 5). Some have ticked more than one concrete topic

**Table 4.** Content of contact.



**Table 5.** Collaboration agreements.



from our list. In most cases (almost 47%), it concerns the deployment of volunteers. For example, they can be asked to visit clients or to help with group meetings. The second highest scoring item is inviting people with intellectual disabilities for activities other than services (almost 25%).

Seventeen respondents (35%) indicate that there are no cooperation agreements or that they are no longer there, or that they are not aware of them.

In the explanatory statements ('Other'), we find five times mentioning of participation in or invitation to church services, which indicates that the respondents also include these in their concept of fostering social inclusion.

### ***Social isolation and loneliness and the task of faith communities***

We further asked the chaplains some questions about their opinion on the degree of social isolation and on the experience of loneliness of people with intellectual disabilities. About half of the respondents mean that the degree of the experience of loneliness is average (51.0%) and 8.1% suppose it is low. However, 38.7% estimate the experience of loneliness as high, and 2.0% estimate it as very high.

With regard to social isolation, the figures are slightly different: the degree of social isolation is estimated average by 36.7%, somewhat isolated scores 8.1% and not isolated 2.0%. High scores 51% and very high 2.0%. Therefore, the degree of social isolation is estimated higher than the experience of loneliness. However, both are seen as substantial.

Do chaplains ascribe a task to faith communities in fighting loneliness? A great majority thinks this is the case: 81.6%. Seven chaplains explained their answer.

Some of the motives are:

- The faith community is there for everyone and should therefore also divide the attention among various target groups.
- Belonging is essential for well-being, precisely through one-on-one contacts.
- Churches can support care institutions.
- Faith is often more important to clients than one realizes.
- Clients receive little to no visitors.

How do chaplains estimate the degree of involvement of churches with people with intellectual disabilities in historical perspective? Do they see an increase or a decrease in involvement? Responding to the statement *'The past decennia show a decrease in the involvement of faith communities with people with intellectual disabilities.'* 48% of the respondents agrees fully or somewhat with it, while 28.9% disagrees somewhat or fully. This means that there seems to be a tendency to lesser involvement from churches with people with an intellectual disability. More than one third of the chaplains does not decide between the one or the other or thinks something else is going on (36.7%).

### ***The needs of people with an intellectual disability***

How do chaplains judge the needs of their clients? Do they think that it is important that churches give more attention to people with intellectual disabilities? 73.4% holds the opinion that it is important that churches

pay more attention to their clients. 6.1% thinks the opposite and 20.4% ticks 'I don't know'. In the voluntarily provided explanations to the 'yes' answer, all kinds of motives are mentioned:

- People with an intellectual disability belong to the community or society and (therefore) also to the faith community as they are. Sometimes the qualification 'full-fledged' is added.
- Participation of people with intellectual disabilities in the faith community leads to mutual enrichment. For faith communities it is enriching because they experience an open mind for being human, and discover by experience the value of diversity: in giftedness, experience of faith and participation in rituals. For people with disabilities, inclusion means being welcome, experiencing belonging and it may contribute to their being visible in society and also their networks.
- The vulnerability of people with intellectual disabilities requires extra attention and care.

Some of the chaplains reflect on the causes for lesser or noninvolvement from churches:

- Churches need to deal with many social issues; that is why it must be put on the agenda again and again.
- In the context of secularization parishes have merged, placing them at a greater distance from people in the vicinity.
- Knowledge is lacking on the part of faith communities about the behavior and (special) needs of people with intellectual disabilities and how to respond to them. Chaplains notice an embarrassment among church people in dealing with people with intellectual disabilities. Knowledge transfer is needed.
- Knowledge is also lacking on the part of the care institutions among group leaders/personal supervisors who do not know what participation in a faith community means for clients. As a result, no initiatives are taken or participation is slowed down. Chaplains must be trailblazers within the organization.
- Sometimes an attitude of outsourcing can be observed by church members: 'care is the task of the institution, they know how to do it.'

When we phrased the question in our survey in terms of need for more *involvement* of churches—instead of more *attention*—the sum of chaplains that supports this view is even higher: 87.5%, versus 4.1% that vote 'no'. In more detail the chaplains experience the following needs (Table 6):

**Table 6.** Need for involvement churches.

Needs	Percentage
Buddies for clients	57.1%
Volunteers for chaplains	42.8%
Support for group activities	28.5%
Support for transporting clients	26,5%
Support for designing new activities	22.4%
Support for organizing services	20.4%
Support for one-off projects	16.3%

## Conclusions

Our research question is: *How do chaplains, working for people with intellectual disabilities, perceive of the involvement of faith communities with their clients in the light of social inclusion?*

Based on our survey, we conclude the following:

- 80% of chaplains have formal contacts with faith communities. These contacts are mainly aimed at the religious domain to which the chaplain is affiliated, e.g. through their own religious pillar. Chaplains without a formal religious affiliation have significantly fewer contacts with faith communities than those who are ordained.
- Involvement focuses largely on faith-related activities at the institutions or in the local churches: services and educational meetings (catechesis/Bible/thematic groups) and other religious rituals or pastoral care.
- A tendency in the decrease in the involvement of faith communities with people with intellectual disabilities is visible, despite local differences.
- The majority of chaplains have the desire for increasing church involvement with people with intellectual disabilities. They have a strong desire for more buddies for clients and for more volunteers to support them in their professional tasks.
- People from faith communities are involved as volunteers in the work of spiritual care in various ways: they support in organizing church services and Bible or discussion groups; they help transporting people to these and other activities; in organizing individual pastoral contacts; in organizing events, for example around religious festivals or pilgrimages.
- Half of the chaplains have cooperation agreements with faith communities about social inclusion, mainly about the use of volunteers for all kinds of tasks.
- More than 80% of the chaplains believe that faith communities have a role to play in reducing loneliness and social isolation among people with intellectual disabilities.

## Discussion

In this section, we look back at the results. For starters, we return to our presumptions to evaluate their tenability. We then reflect on some remarkable results that need further research.

Our first presumption was: *The involvement of faith communities in people with intellectual disabilities is gradually decreasing with regard to services and personal contacts by volunteers, despite local differences. This is partly due to the aging of volunteers and clients, and to the increasing need for care (reduced mobility).* This presumption is confirmed. We see a tendency to a decline in contacts, not only motivated by aging of volunteers and clients but also by the effects of secularization like a merging of local churches and parishes according to the statements of respondents. Shrinking faith communities have to do all the work with lesser members. Often, they seem to have other priorities.

Our second presumption was: *The involvement is mainly focused on services and education (catechesis/Bible groups), either in churches or at the institutions.* This presumption is confirmed. We can add to these activities participation in other rituals (pilgrimages, confirmations) and pastoral care.

Our third presumption was: *The relationships between care institutions are not mediated by diaconal work groups or by deacons, but by pastors, by dedicated church members/parishioners, or by a committee.* This presumption is confirmed.

Our fourth presumption was: *The need for people with intellectual disabilities to expand their network through contacts with people from outside the institution is high.* This presumption is confirmed. The need for buddies for clients is ranked as highest by the respondents.

In November 2023, we completed a report on research about the connection between faith communities and people with intellectual disabilities in the province of Friesland in the Netherlands (Mulder, 2023). In this report, the perspectives of volunteers and ministers/priests are collected. In this project we retrieved information about the first three assumptions. The results of this research project confirmed the first three presumptions. This means, although methodologically our present research nor this latest report was designed to test hypotheses or presumptions, we think we have a strong case here.

In our further reflection on the conclusions, we want to pay attention to some remarkable results. First, the low percentage of religious nonaffiliated chaplains having contact with faith communities (almost half of the subsample) raises questions about their perception of the significance of faith communities in the meaning system of their clients and the role chaplains can play as an intermediary. As chaplains intend to serve *all* clients, religious and non-religious, we wonder what causes this low percentage. This question

is all the more urgent in the light of a tendency in the Netherlands toward interfaith chaplaincy and in the light of a broadly recognized goal of chaplaincy to support all clients in practicing their own religion (Visser et al., 2022). The 2015 VGVZ professional standard is clear about this task of the chaplain in the role of representative: “The chaplain looks after the sanctuary which guarantees the execution of the right of freedom of religion or worldview of the client.” (VGVZ, 2016, p. 12) This question regarding the professional attitude toward having contact with faith communities in the perspective of sustaining the religion or worldview of clients could of course be posed to the two Protestant chaplains also, who lack a professional connection with faith communities. Further research is needed into the professional views behind this attitude.

Second, the pillarization in the contacts between chaplains and faith communities—choosing partners belonging to your own denomination—raises questions. The Roman Catholic and Protestant pillars gradually have disappeared in Dutch society in general and also in the fields of care for people with disabilities. Care institutions only for clients of the same faith do not exist anymore. What are the reasons for maintaining contacts almost exclusively with the communities of faith they are affiliated with themselves? Is this informed by professional considerations? This attitude could result in the undesirable situation that clients of other faiths than the chaplain’s lack any support in getting in contact with their own community of faith, e.g. support in transport to visit church services in their own community.

Third, the fact that a high number of chaplains (36.7%) indicates to be ignorant about the development of the involvement of churches with people with intellectual disabilities is surprising. Most of the chaplains have formal contacts with faith communities but almost half of them does not know whether the involvement of churches is increasing or decreasing. This suggests a rather loose, maybe pragmatic, connection with faith communities. How important is the exploration of the social context of clients to chaplains? Does their workload and time management cause this lack of knowledge? From our exploration phase we know that chaplains are responsible for the spiritual care for several hundred of clients, living at several hundred homes. They do not know most of them. They often work on demand and when clients do not participate in church services they do not meet each other. Being at such a distance of clients, could the task of chaplains be to sensitize the daily caregivers for the possible importance of contact between clients and faith communities?

Fourth, is that there are very few cooperation agreements between churches and care institutions about buddy subjects (6.12%). This is striking, given the urgent need for buddy projects expressed by chaplains. This raises the question whether chaplains acknowledge the establishing this kind of cooperation agreements as part of their profession. In the

professional standard of the Dutch professional organization of chaplains (VGVZ) this is mentioned as one of the goals of professional chaplaincy (VGVZ, 2016): “[...] to promote spiritual growth, resilience, defensibility, self-direction and the reduction of vulnerability”, for example through “mediation” (VGVZ, 2016, p. 10.11). Especially for people with intellectual disabilities who have a lower level of self-management mediation can foster growth of the social network of clients and decrease social isolation. It would be interesting to investigate what causes this low level of agreement. Is it because mediation is not highly prioritized in the agenda of chaplains? And if this is the case, what could be the cause of this?

Finally, we ask attention for the contact persons in faith communities. Most of the contacts between chaplain and faith communities run through dedicated church members with affinity with the target group, or through church pastors). In the period of mapping the field preceding the survey, we heard many chaplains judging this fact as contributing to the vulnerability of the involvement of churches with care institutions. Priests and ministers can be transferred or change work positions. Volunteers can easily give up on the tasks. According to the chaplains, a more structural anchor in the organization of the involvement (for instance a committee or working group) might guarantee durability and stability. In this perspective the low level of involvement of diaconal or caritas groups comes to the fore: 15.3%. We suggest a reflection on the role of these groups, considering the diaconal task of churches to support individuals and groups that cannot participate without a helping hand. The church, being diakonia, has in our view a prominent task in fostering social inclusion of people with intellectual disabilities. As Tromp puts it: “Based on the diaconal calling to be there for others, for the least of all the most, church communities and diaconal organizations can create places where meaningful encounters can be established.” (Tromp, 2020, p. 10).

Taken together, these five points for discussion press in the direction of double path of fundamental reflection: reflection on the way chaplains fulfill their role as a professional providing spiritual care for all clients, and reflection on the possibilities of a structural organization of involvement of faith communities with people with intellectual disabilities for the benefit of all.

## Disclosure statement

The authors declare there is no Complete of Interest at this study.

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