# Collaboration in preschool inclusion for children with autism spectrum disorders

(scientific paper)

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**Abstract:** Focused on supporting systems for preschool inclusion of children with ASD, the research is aimed at exploring the collaboration between different support providers within the supporting systems. The researcher adopted a qualitative paradigm, and collected data through interview and observation. Grounded theory approach was applied to analyze the qualitative data, and to develop theories that can further interpret the reality and offer new insights into the practice of collaboration. The interaction between different support providers forms a network within the support systems. The collaboration between support providers varies in term of ways of communication, frequencies of collaboration, content/ways of collaboration, and effectiveness of the collaboration. *Different factors influenced the practice of collaboration.* 

**Keywords:** preschool inclusion, collaboration, support provider, supporting system, autism spectrum disorders

#### 1 Introduction

Preschool inclusion provides young children with SEN with the opportunities to be included at a very young age, and has offered natural and realistic learning experiences for children. For children with Autism Spectrum Disorders (ASD), who have deficits in social communication and social interaction, inclusive settings provide them with natural environment for peer communication and interaction, which could be very beneficial.

Collaboration, underlining different professionals working together on a common problem, is critical for the success of early childhood inclusion (Allen & Cowdery, 2011). Focused on preschool inclusion of children with ASD, the current research adopted a qualitative approach to explore the current situation of the collaboration in early inclusive settings in China, and to figure out problems that may hinder the success of interdisciplinary collaboration, aiming to contribute to the improvement of the preschool inclusion.

#### 2 Method

The research adopted a qualitative paradigm, and grounded theory approach was utilized to analyze data collected through interview and observation. With the theories developed, the research aims to further interpret the reality, offer new insights into the practice of supporting systems construction, and therefore guide the practice of supporting systems construction.

# **Participants**

The research was conducted in Chengdu city, the provincial capital of Sichuan province, China. The researcher adopted purpose sampling, and chose five children aged between 3 to 7 years old who were diagnosed with ASD and included in common preschool classrooms, as shown in *Table 2.1*.

 Table 2.1 Demographic Characteristics of Participants (Group A: children with ASD)

| Participants   | Name | Age | Gender | Grade | Diagnosis | Placement                                      |
|----------------|------|-----|--------|-------|-----------|--|
| Participant A1 | CC   | 4   | Male   | K1    | Yes       | Regular classroom + institution (half day)     |
| Participant A2 | LL   | 5   | Male   | K2    | Yes       | Regular classroom                              |
| Participant A3 | RR   | 6   | Male   | K3    | Yes       | Regular classroom + institution (one semester) |
| Participant A4 | JJ   | 6   | Male   | K3    | Yes       | Regular classroom                              |
| Participant A5 | YQ   | 7   | Male   | K3    | Yes       | Regular classroom + resource center (weekend)  |

Note: K1–K3 means the different grades in kindergartens. K1 = bottom class; K2 = middle class; K3 = top class; Participant A4 spent one more year in the top class in the kindergarten.

The personnel who were related to the construction of the supporting systems were the sources of data, as shown in *Table 2.2*. The researcher used theoretical sampling to seek for more participants or interviews with recruited participants to collect further data which would best serve the construction of theories.

**Table 2.2** *Demographic Characteristics of Participants (Group B–G)* 

| Participants                            | Number of    | Average Age | Gender |      |
|---|--------------|-------------|--------|------|
|   | participants |             | Female | Male |
| Parents of children with ASD (B1-B5)    | 5            | 31          | 5      | 0    |
| Preschool teachers (C1–C10)             | 10           | 29          | 10     | 0    |
| Childcare workers (D1-D5)               | 5            | 44          | 5      | 0    |
| Administrators of kindergartens (E1–E4) | 4            | 45          | 4      | 0    |
| Resource center teachers (F1–F2)        | 2            | 31          | 2      | 0    |
| Other professionals (G1)                | 1            | 30          | 1      | 0    |

#### **Data collection**

Data collection of the research was conducted during a 22-week period, and the researcher mainly applied interview and observation to collect data. The interviews were carried out face to face by the researcher with parents, teachers, administrators and other relevant staff of the kindergartens, and both semi-structured and unstructured interviews were used. The observation was mainly conducted in the kindergarten. The researcher focused on the life of the children with ASD in kindergartens and how the personnel involved collaboratively supported the children.

# Data management

To keep the accuracy of the data and to keep the chain-of-evidence, the data collected were managed with caution. First, all the data collected were dealt with in time, such as the transcription of interview recordings and the observation records. Second, all the data were filed and stored in computers. All the "raw data" and all the records of analysis such as memos and notes were filed and backed up in order to keep the chain-of-evidence.

# Data analysis

In current research, the researcher followed the data analysis procedure in a grounded theory study. Two levels of coding process had been conducted, including open coding and axial coding. The researcher utilized the qualitative data analysis tool -ATLAS. TI (version 1.0.51) – to help with the analysis process.

At the open coding stage, the researcher first coded line-by-line, and broke the data into manageable pieces. Then the researcher tried to identify concepts, which were tentative and could be checked out against subsequent data. The properties and dimensions of concepts were developed, and similar codes were used to form categories. With the ongoing process of data collection, new information was then gathered and the codes and categories were further revised.

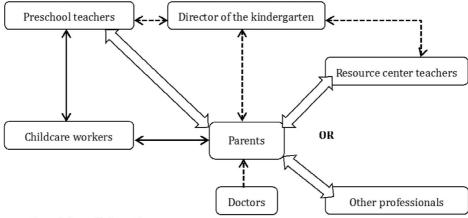
During axial coding, which is to explore the relationships between and within categories, the researcher tried to relate categories and subcategories, and attempted to figure out the links between different categories. With this process, categories were linked together to formed basic explanations.

#### 3 RESEARCH Results

## 3.1 Overview of the collaboration between support providers

According to the data collected, the collaboration between different support providers forms a network within the support systems. Diagram 3.1 illustrates the actual collaboration among main support providers, including preschool teachers, childcare workers, directors of the kindergartens, parents, resource center teachers, other professionals and doctors.

Diagram 3.1 Collaboration between main support providers in the supporting systems



#### Properties of the collaboration:

- Ways of communication: face-to-face, phone call, phone message, chat software...
- Frequencies of collaboration: (-(
- Content/ways of collaboration: (-
- Effectiveness of collaboration: (-

Note: (1) Different arrows represent different extents of collaboration, with the wider arrow indicating collaboration at higher level of intensity and scope and the arrow with dashed line indicating collaboration at the lowest level of intensity and scope. (2) The directions of the arrows indicate the collaboration is unidirectional or bidirectional.

In the central part of the diagram is an important component "parents". The position of "parents" in the diagram indicates the roles that parents played in the systems. Parents interacted with preschool teachers, childcare workers, directors of kindergartens, other professionals or resource center teachers. Among those interactions, the collaboration of "parents-preschool teachers" and "parents-resource center teachers/other professionals" forms very critical relationships in the systems, because according to the data collected, these two kinds of collaboration were the most active relationships in the systems and were of significant importance.

Parents also interacted with childcare workers, directors of kindergartens and doctors, but the frequency and scope of the collaboration were much less. There was also collaboration between preschool teachers and childcare workers, between preschool teachers and directors of kindergartens. In very seldom cases, resource center teachers might interact with directors of kindergartens, but the collaboration was also limited in terms of frequency and scope.

Based on the data collected, the collaboration between support providers varies in term of ways of communication, frequencies of collaboration, content/ways of col*laboration, and effectiveness of the collaboration.* 

The content of collaboration between main support providers has been summarized in Table 3.1.

**Table 3.1** Content of collaboration between main support providers in the system

| Collaborative relationship           | Content of collaboration  |
|--------------------------------------|---|
| Parents-preschool teachers           | <ul> <li>Information exchange</li> <li>Development of goals</li> <li>Communication of expectations</li> <li>Collaborative intervention</li> <li>Emotional support</li> </ul>                            |
| Parents-resource center teachers     | <ul> <li>Communication about educating children with ASD</li> <li>Information exchange</li> <li>Development of training plans</li> <li>Collaborative intervention</li> <li>Emotional support</li> </ul> |
| Parents-other professionals          | <ul> <li>Information exchange</li> <li>Development of training plans</li> <li>Collaborative intervention</li> <li>Emotional support</li> </ul>  |
| Parents-childcare workers            | <ul><li>Information exchange</li><li>Communication of expectations</li></ul>  |
| Preschool teachers-childcare workers | <ul><li>Discussing strategies</li><li>Assistance in teaching</li><li>Emotional support</li></ul>  |

| Preschool teachers-director of the kindergarten       | <ul> <li>Discussing problems with the children with ASD</li> <li>Discussing possible solutions</li> </ul> |
|---|---|
| Parents-director of the kindergarten                  | <ul><li>Consultation about placement</li><li>Discussing parents' accompany</li></ul>                      |
| Resource center teachers-director of the kindergarten | Introduction of resources (occasional cases)  |
| Parents-doctors                                       | Diagnosis   |

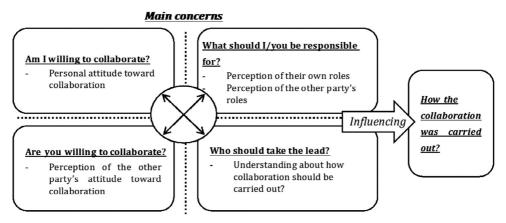
# 3.2 Factors influencing the collaboration

Having stated before, the collaboration of "parents-preschool teachers" and "parents-resource center teachers/other professionals" forms very critical relationships in the systems. In the following part, the researcher will elaborate on the factors which were influencing these two important relationships.

#### 3.2.1 Factors influencing the "parent-preschool teacher" collaboration

Various factors had influence on the collaborative process, and those factors were sorted into four main categories, as presented in *Diagram 3.2*. These four main categories of influencing factors were also major concerns of preschool teachers and parents, which interacted with each other and jointly influenced both parties' behavior in collaboration.

Diagram 3.2 Influencing factors of collaboration between parents and schooll teachers



# Am I willing to collaborate?

This category indicates an important element that underlies the practice of collaboration, that is, personal attitudes toward collaboration.

For preschool teachers, their personal attitude toward collaborating varies from very passive to active. For instance, the researcher found teacher H. (participant C1) was very passive to collaboration and sometimes even resistant.

Observation record: When the teacher was told that the mother of the child would come to the kindergarten to discuss what could be done to help the child, the preschool teacher looked very resistant. She complained that there were many difficulties and she could do nothing.

Conversely, some teachers were very active to communicate with parents and tried to cooperate. Teacher L. (participant C3) said she had very good communication with parents of the child with ASD in her class. She told the researcher that she had learnt a lot from the mother, such as how to communicate with the child, how to let the child interact with others, and she would actively use the skills she learnt to help the child.

As for parents, their attitude toward collaboration with preschool teachers also varies from passive to active. What is different from the teachers' attitude is that most of them were willing to collaborate. For example, the parents would actively share what the children did at home.

### Are you willing to collaborate?

This category refers to the perception of the other party's attitude toward collaboration. The positive feedback from the other party in the process of collaboration could offer people with motivation for further collaborative practices, and vice versa.

Teacher L. (participant C3) introduced her experience of collaborating with the parents of the child.

"After diagnosis, the mother took the child to Beijing (to have training in an institution) for one semester, and she kept contact with us..... When they came back, she accompanied the child in the classroom, and she told us what to do while talking to the child..... She worked for the railway company, as long as she had time, for example, when she was off-duty or after a night shift, she came to the kindergarten and accompanied the child. During the four years, we have been deeply touched by the mother."

However, some of the parents complained that the teachers were very passive to communicate and cooperate with them. During the interview, JJ's mother (participant B4) showed a very negative attitude when talking about their relationship with the preschool teachers, and had fewer expectations for the preschool teachers. On the other hand, the preschool teachers of child JJ (participant C1 and C2) complained that the parents did not show a very active and open attitude during their communication and that the parents did not admit that their child is different from other children

# What should I/you be responsible for?

The third category indicates parents' and preschool teachers' perceptions of both parties' roles in collaboration. If there are more agreements on the roles of each party, there will be fewer problems. Based on the data collected, both parties' perceptions of each other's roles have been summarized in the table below. According to the table, there are some differences between the two parties' perceptions. For teachers, the safety of the children is their first priority. For parents, except for safety, they expected that their children could be educated in the kindergarten and could interact with peers. They were worrying about whether their children were discriminated, how they performed in the kindergarten.

**Table 3.2** *Preschool teachers' and parents' perceptions of either party's roles* 

|                                      | Preschool teachers' roles   | Parents' roles   |  |  |
|--------------------------------------|---|--|--|--|
| Preschool<br>teachers'<br>perception | <ul> <li>Ensure the safety of the children</li> <li>Look after the children for daily routines</li> <li>Inform parents about the children's performance</li> <li>Love the children</li> <li>Extra instructions for the children</li> <li>Stop any problem/dangerous behavior</li> <li>Stop conflicts among children</li> <li>Include the children into activities</li> <li>Provide opportunities for the children</li> </ul>  | <ul> <li>Be open to the communication with teachers</li> <li>Accompany the children in the kindergarten when necessary</li> <li>Seek for professional institutions to provide intervention for the children</li> <li>Provide consistent education for the children at home</li> </ul>  |  |  |
| Parents'<br>perception               | <ul> <li>More attention for the children</li> <li>Extra instructions for the children</li> <li>More patience for the children</li> <li>Stop problem/dangerous behaviors</li> <li>Build a tolerant and warm atmosphere</li> <li>Not discriminate the children</li> <li>Stop potential bullying or discrimination</li> <li>Inform parents about the children's performance</li> <li>Look after the children for daily routines</li> <li>Include the children into activities</li> <li>Provide opportunities for the children</li> </ul> | <ul> <li>Take care of the children after school</li> <li>Accompany the children after school</li> <li>Provide opportunities for the children to develop and practice necessary skills</li> <li>Accompany the children in the kindergarten when necessary</li> <li>Seek for professional institutions to provide intervention for the children</li> <li>Give the children a warm and full-of-love family environment</li> </ul> |  |  |

#### Who should take the lead?

In the process of collaboration between parents and preschool teachers, another concern is who is going to take the leading role. This is also related to the expertise of the preschool teachers.

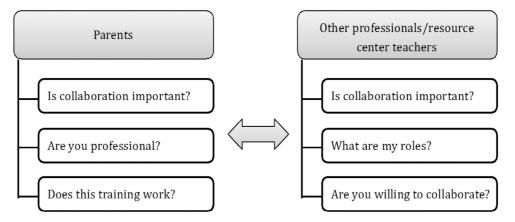
For teachers, they have much knowledge and experiences of teaching preschool children. They are supposed to provide professional information and advice for parents. However, almost all the preschool teachers reported that they had little knowledge or skills to teach children with ASD. Therefore, in real practices, without external supports, many of them failed to take the professional roles and were busy coping with all the challenges brought about by the children with ASD.

Parents, on the other hand, had many expectations for the preschool teachers. They would like to communicate with them about what they could do to help the children adapt to the life in the kindergartens. Some teachers would accept the parents' suggestions, but some of them might feel offended and annoyed.

#### 3.2.2 Factors influencing the "parent-other professional/resource center teacher" collaboration

Several factors influenced the collaboration between parents and professionals from the institutions/resource center teachers as shown in *Diagram 3.3*.

Diagram 3.3. Factor influencing the collaboration between parents and other profesionals/ resource center teachers



#### Is collaboration important?

For both parties, their perceptions of the importance of collaboration were very critical for the carrying out of collaboration. The understanding of the value of collaboration could provide inner motives.

Resource teacher M. (participant F2) mentioned the teachers in the resource center realized that only with the parents' participation could the intervention be more effective and efficient.

The mother of YQ (participant B5) told the researcher about their understanding of their collaboration with the resource center teachers:

"We come to the resource center for every Saturday morning. It's not because how much he can learn during this one or two hours. It's because the teachers can find out what he lacks and can give us suggestions. Then we can go back and teach the child by ourselves. Our child was diagnosed when he was four, and we have been teaching him since then. The teachers cannot provide very comprehensive intervention to the child, we have to participate and cooperate."

### Are you professional?

This category shows the influences that parents' perception of the professionalism of the other professionals/resource center teachers had on their collaboration. When the parents trust the other professionals/resource center teachers, they tend to be more willing to collaborate.

"The parents trusted us and were very cooperative, because they see the effects of professionalism and respect professionalism", said the resource center teacher (participant F1). Parents' perception of the professionalism is also related to the following category, which relates to the effectiveness of the training. Resource teacher M. (participant F2) also said that: "when the parents cannot see the strength or professionalism of the institution, they would neither trust them nor actively cooperate."

### Does this training work?

This category indicates the parents' perception of the effectiveness of the training. The more effective they thought the training was, the more cooperative they would be during the process.

The mother of YQ (participant B5) reported her perception of the effectiveness of the training in the resource center:

"We come here once a week. The teachers tell us how to teach our child, and give us home training plans. We follow the plans to train the kid at home. Since then, we've found that our kid starts to make rapid progress."

Teacher L. (participant F1) also told the researcher that the parents of YQ were very cooperative and they had very efficient communication. Although there were doubts from the parents, the teacher explained to the parents and insisted on the training. Later her insistence turned out to be right. The parents saw the effectiveness of the teacher's strategies and became more supportive in the whole process.

# What are my roles?

This category refers to other professionals' or resource center teachers' understanding of their roles, which is associated with what they would do and how they do it.

For example, the professional from the institution (participant G1) considered solving the child's (CC) problems emerging either at home or in the kindergarten

as part of the roles they should play. Therefore, the parents of the child would come to the professional when they found problems faced by the children either at home or in the kindergarten, and they would figure out solutions together. The resource center teacher M. (participant F2) also mentioned how they started to include parents into their program, and the resource center teachers defined their own roles as a "guide". Therefore, based on their perception of roles, they provided topics and let parents share their feelings and experiences, and offered supportive guidance when necessary. "We invited parents to introduce what they worry most at the first time, and then we summarized the most frequently mentioned topics," said the resource center teacher.

# Are you willing to collaborate?

This category indicates the other professionals' or resource center teachers' perceptions of parents' attitude toward collaboration. When the parents are active and cooperative in the intervention, it's more likely for the professionals and resource center teachers to include the parents and carry out collaborative practices.

One of the resource center teachers (participant F1) said,

"The mother attached great value on the child's training, our communication is very efficient. She is very clear about what we did and what she should do at home, and she will do it... I can see that she is very devoted, and I will tell her why we should do this... After we tell her (what to do), his mother will do it exactly as she was told. So our collaboration works very smoothly...

*I believe the parents have been very positive and tried very hard to seek resources,* so I think we, as members of society, should do more."

# 3.3 Problems existing in current network of interdisciplinary collaboration 3.3.1 Loose internal structure of the collaborative network

According to Diagram 3.1, the connections among different support providers were loose, and persons involved in the inclusive practices did not collaboratively work all together. In the network of collaboration, the parents were located in the central part; they interacted with other parties. However, there were no direct contacts between other parties. Most of other professionals provided services in places other than kindergartens, and the kindergartens usually did not employ them as their staff. As stated before, they did not collaborate with each other as a team.

The quantitative survey which was used as triangulation also confirmed this argument. For the 13 participants who had children with SEN in their classes, 76.92% reported no external supports from other institutions or resource centers.

#### 3.3.2 No explicit definitions of the roles for each party

There were no explicit definitions of the roles each party should play and of responsibilities they should assume. Without specific guidelines for implementing inclusive education, persons involved in the practice might have different understanding of both their own and others' roles. How they perceived their responsibilities had great influences on the ways that they behaved. Divergences of the understanding between different parties could even cause barriers in communication.

#### 3.3.3 Unequal status during the communication

Just as presented before, a clear definition of each party's roles is very important for effective collaboration; an equal status is the same. Some parents reported their concerns while communicating with preschool teachers, that they were afraid to say things too explicitly because they might offend the teachers. "I do not want to say in that way (too directly), because the kid is studying here anyway, and if the child is treated differently as a result, I do not think I can accept", said the mother of JJ (participant B4). On the other hand, the preschool teacher of JJ (participant B1) also told the researcher, "Currently, the kindergartens are more emphasize providing services for parents... we did not dare to tell the parents too directly".

#### 3.3.4 No settled guidelines for collaboration.

No formal collaboration was carried out based on the data collected through interviews and observation. Different participants reported different ways of collaboration, and it depended on their own situations.

In an effective collaboration model, all the team members work within a shared framework and all the parties have equal status, focus on the same goals, voluntarily participate, share information with each other, keep communication among team members, contribute their expertise, and respect other's ideas and have shared responsibility for decision making and for outcomes (Cross et al., 2004; Friend & Cook, 2012; Giangreco et al., 2000; Idol, 1997). However, given the problems discussed above, the collaboration during the inclusive practices was insufficient. In consequence, the lack of collaboration was very likely to cause all the service providers working toward different goals, and the services provided were not within an integrated plan.

#### 3.3.5 insufficient preparation of preschool teachers

In inclusive settings, preschool teachers are supposed to possess certain qualities, such as the abilities to collaborate with other personnel involved, to adapt the curriculum and practice to meet the special needs of the children, and to be open to other professionals' suggestions etc. The level of professionalism influences how they understand their responsibility, how they perceive the importance of collaboration

and how they perform during the collaboration with other parties. However, based on the data collected, none of the preschool teachers who participated in this research had any training about inclusive education.

The process of triangulation confirmed this argument. Among all the 36 participants, 69.44 % had heard of inclusive education. Only 52.78 % of the preschool teachers learnt some pre-service courses related with educating children with special needs or inclusive education, and only 13.89 % of them had in-service training related with educating children with special needs.

#### 4 Conclusion

According to the results of the research, the collaboration in the preschool inclusion for children with ASD was not very promising. The insufficient collaboration between different parties also affected the functioning of the whole supporting system for children with ASD. There are still many problems to be solved, and also aspects to be improved. In order to promote better collaboration within the network of the supporting system, firstly, the roles of different support providers should be clearly defined. Second, detailed guidelines for the collaborative practice in inclusive education should be developed. With an explicit guideline for carrying out the work, all the parties can have consensus about their responsibilities, and the work of each party can be regularized and standardized. Thirdly, pre-service as well as in-service training should be provided for preschool teachers, because the level of professionalism of preschool teachers can underpin the functioning of supporting systems. In addition, mutual respect and open attitudes are also important during collaboration, and it would be very beneficial if all the parties can have those qualities. Only with effective collaboration among all the personnel involve, the inclusive practice can be successfully carried out.

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