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Labour division and inclusion: perspectives of early childhood education staff on interprofessional collaboration when identifying and working with autistic children

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ABSTRACT

Autistic children have the right to be included in early childhood educational (ECE) settings. Motivated by the need for knowledge of how such education can be developed, this study examined the perspectives of ECE staff (i.e. teachers, child carers, and principals) on interprofessional collaboration regarding identifying and working with autistic children. Qualitative interviews were used. By using Interpretative phenomenological analysis, three themes were found: (1) identifying children, (2) professional collaboration in ECE settings, and (3) collaboration with professions from outside ECE settings. The findings were analysed in light of the concepts of power, jurisdiction, and interprofessional collaboration and discussed in relation to inclusive education. The study found that rigid labour divisions, power imbalances, and lack of knowledge were perceived to hinder collaboration concerning identifying and working with autistic children. The study concludes that future research on interprofessional collaboration is needed to improve inclusive education.

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Autism; interprofessional collaboration; inclusion; diagnoses; preschool pedagogue; principal

Introduction

Early childhood educational (ECE) settings in Sweden are obligated to provide inclusive education to autistic children, as stated in the Swedish National Curriculum (National Agency for Education 2019). Research and policy recognise the importance of high-quality ECE settings in which pedagogues facilitate beneficial interactions with children, but in many countries the quality of these interactions does not appear to be improving (Vandenbroeck 2024). This article focuses on how professionals perceive interprofessional collaboration regarding identifying and working with autistic children in mainstream ECE settings.

The diagnosis of autism spectrum disorder (autism) is characterised by impairments in communication and reciprocal social interaction, as well as restricted, repetitive and inflexible behaviours and interests, and autistic children often face additional challenges (American Psychiatric Association 2013). The prevalence of autism diagnosis is around 0.6%, but this varies between countries and over time (Salari et al. 2022) and autistic

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persons differ much from one another. Early detection and support by staff that have knowledge about autism and understand the autistic child's unique needs, perspective and situation has been shown to be beneficial (Äikäs et al. 2023; Olsson and Roll-Pettersson 2020; Pesonen et al. 2023; Roll-Pettersson, Olsson, and Ala'i Rosales 2016; Sinai-Gavrilov et al. 2019; van't Hof et al. 2021). A strong focus within research and practice on methods of modifying autistic children, rather than better understanding them and making society more suitable for autistic children, has been criticised (Milton 2012; Olsson and Nilholm 2023; Pesonen et al. 2023).

There is no consensus on what constitutes mainstream ECE settings, for example, whether the full range of variations in a group of children needs to be met (Odom 2019). In this study, a mainstream ECE setting enrols all children in, for example, a geographic catchment area, irrespective of their needs. Placement of all children in mainstream ECE settings can be seen as a first step of many towards building inclusive education, as described in the inclusive education model (IEM) suggested by (Olsson and Nilholm 2023), but inclusive education is here defined as a high-quality education that meets the needs of all children, in which differences are seen as essential and are addressed without marginalising, and in which all children belong to communities where they are positively valued (Florian 2014; Nilholm and Göransson 2017; Olsson and Nilholm 2023). Similar to this concept of inclusion, Pesonen et al. (2023) employed the concept of belonging, which they defined as the acceptance and inclusion of autistic children as they are. Their research indicated that ECE staff consider well-functioning close collaboration with different actors (e.g. SENCOs and health professionals) to be important for educating autistic children (Pesonen et al. 2023). Previous research supports that interprofessional collaboration is crucial, but challenging, in educating autistic children (Långh et al. 2017; Roll-Pettersson, Olsson, and Ala'i Rosales 2016; Siller et al. 2022).

Various concepts have been used to describe interprofessional collaboration. D'Amour et al. (2005) concluded from a literature review of health-care research that interprofessional collaboration can be viewed as a complex phenomenon constituted of collective actions with common goals. These actions involve sharing, partnership, interdependence, power and process and interprofessional collaboration is restricted by the context and aims of the work (D'Amour et al. 2005). The results showed that successful interprofessional collaboration includes shared goals, decision-making, and responsibilities, effective communication, understanding job demands, valuing each other's contributions, power symmetry, and recognising knowledge-based power (D'Amour et al. 2005). Similarly, Salminen et al. (2024) concluded from research on children with neuropsychological disabilities that effective collaboration requires staff to share information about disability, conduct dialogues, and have knowledge of one another's tasks, and they noted that competition between groups of staff hinder collaboration. However, Salminen et al. (2024) also concluded that research in this area was lacking. Research on children in need of special support suggests that when different professions collaborate, negotiations arise regarding their tasks and the roles of facilitators, such as special educational needs coordinators (SENCOs), are perceived by staff as incompletely defined and vary among education systems (Gäreskog 2020; Magnússon and Göransson 2019). Despite little knowledge about interprofessional collaboration regarding autistic children, research indicates potential ways to facilitate such collaboration. These include sharing knowledge about autism, understanding the child and setting, sharing values and terminology,

considering each profession's strengths and limitations, and having meetings for all involved professions (Långh et al. 2017; Olsson and Roll-Pettersson 2020; Pesonen et al. 2023; Roll-Pettersson, Olsson, and Ala'i Rosales 2016; Siller et al. 2022; Sinai-Gavrilov et al. 2019). Emphasising the staff perspective has been stressed as necessary for the development of education (e.g. Olsson and Nilholm 2023; Roberts and Simpson 2016). This study investigates the perspectives of professions working in ECE settings, including teachers, child carers, and principals, on interprofessional collaboration regarding autistic children in Swedish mainstream ECE settings.

Theoretical framework: power and jurisdiction

This study is based on the theoretical concepts of *power*, based on the writings of Foucault (1972–1977) and *jurisdiction*, based on the writings of Abbott (1988, 1995, 2005). Although these concepts are complex, they will be used as described below as theoretical tools with which to understand staff experiences.

Power

Foucault (1972–1977; Taylor 2014) argued that power is pervasive and operates through complex interactions. Power is ever present but also subject to change, which occurs in various contexts, including between societal institutions and within interpersonal interactions. Power can be demonstrated through laws and repressive acts restricting people from acting in certain ways; for example, laws can rule that only some professions are allowed to do certain things. However, power is also evident in everyday interactions among individuals, such as in situations in which some persons (e.g. because of their professional status) feel free to act as they wish, while others (e.g. belonging other professions) willingly submit to their decisions without external pressure. Power can thus operate through the general acceptance of some persons' knowledge as more true and valid than that of other persons. Acts of resistance may arise in situations in which power is present. Based on this, here we define *power* as multifaceted and ever present and claim that someone can obtain it by being recognised by others as possessing valuable knowledge or by means of regulations that support one's power (Foucault 1972–1977; Taylor 2014).

Jurisdiction

Abbott (1988, 1995, 2005) theorised about professions, arguing that professions compete for jurisdiction over different work areas – that is, a profession competes to be accepted by others as having the most appropriate knowledge within and most control over a specific working area. A profession can establish itself as distinct and exert influence over a particular domain by being recognised as possessing specialised knowledge. To understand professions, it is helpful to examine existing boundaries and then investigate how people link those boundaries to form entities that constitute a profession. Abbott (1988, 1995, 2005) suggested that: (a) it is important to study how groups of professions define themselves when competing for jurisdiction; (b) professional groups rely on the acceptance of other professional groups to establish and maintain their jurisdictions; (c) power often manifests itself when different professions collaborate and share tasks; and (d) establishing boundaries between occupational groups is crucial for professionals in

order to understand their respective roles and responsibilities. Studying competition for jurisdiction is particularly intriguing, according to Abbott, when work distribution is ambiguous, allowing different professions to claim ownership of the same field of work or knowledge area. Additionally, to understand the capabilities of a professional group, it is essential to gain insight into other professional groups that may attempt to claim authority over the same working area (Abbott 1988, 1995, 2005).

Aim and research questions

This study explores the experiences of ECE staff regarding interprofessional collaboration when identifying and working with autistic children. The concepts of power and jurisdiction, as interpreted here, will be used as tools with which to analyse the experiences of staff. The aim is to deepen the knowledge of interprofessional collaboration regarding autistic children in mainstream ECE settings by exploring in-depth the experiences of eight persons from different professions, i.e. teachers, child carers, and principals. The study will address the following research questions:

(1) What are the perceptions of ECE staff regarding interprofessional collaboration when identifying autistic children?
(2) What are the perceptions of ECE staff regarding interprofessional collaboration when working with autistic children in ECE?

Materials and methods

Methodological considerations

In this study we were interested in exploring in-depth the experiences of people working in ECE settings. Interpretative phenomenological analysis (IPA) was the chosen method. IPA has an idiographic focus and is used to gain a deep understanding of how a person experiences a phenomenon (Smith, Flowers, and Larkin 2009).

Procedures, participants, and analyses

Various professions work within Swedish ECE settings: approximately 40% have a teacher qualification or a similar university qualification and about 20% are child carers with a secondary school diploma (National Agency for Education 2018). The remaining staff have other or no qualifications. Principals lead the work. SENCOs, usually with a teacher diploma and university education in special education, supervise staff. Professionals from the health-care sector (e.g. psychologists, medical doctors, SENCOs, and speech therapists) support the ECE staff and are responsible for diagnosing children. In this study, participants were selected to give different perspectives (Smith, Flowers, and Larkin 2009). In IPA, six participants are recommended as a good number to allow in-depth inquiry (Tuffour 2017). Eight participants were selected for this study to be sufficient to obtain a range of perspectives, but not too many to allow for in-depth exploration. Through principals in different parts of Sweden, we invited ECE staff to participate. The first eight persons who fulfilled the participation criteria of working in mainstream ECE settings with

Table 1. Phases of analysis.

Analysis phase	Description of analysis phase
(1) Identifying categories within each interview	Line-by-line coding was used to inductively identify categories within the transcription of each interview separately. No a priori categories were used. A category was defined as a delimited part of the text that dealt with a single topic, irrespective of whether the content was within the scope of this article.
(2) Identifying themes of relevance for the research questions	The two authors discussed the categories derived from all the interviews to identify themes inductively and to reach consensus on themes. A theme consisted of a group of categories from one or many of the interviews that addressed a shared topic within the scope of this article. Three themes were arrived upon, and these are presented in the results section. Although not a criterion, each theme included categories from all interviews.
(3) Analysing the themes in relation to theory and previous research	The concepts of power, jurisdiction and interprofessional collaboration and previous research on interprofessional collaboration, inclusion and education of autistic children were employed to understand the results. The conclusions from this phase are presented in the discussion section.

autistic children as teachers, child carers, or principals were included in this study. The intention was to include at least two representatives from each of the aforementioned professions and this criterion was met with the participation of these eight persons. The participants were: two principals, two child carers and four teachers. They worked across Sweden, were all female, and were 25–60 years old. They had worked with autistic children in ECE settings for 4–10 years.

As recommended in IPA, semi-structured individual interviews were used (Smith, Flowers, and Larkin 2009). An interview guide was developed by the two authors to cover topics based on the research questions. Open-ended questions asked the participants about their work with autistic children, focusing on: labour divisions, responsibilities, collaborations, identifying autistic children and pedagogical work. The interviews were flexible and allowed participants to discuss the topics as they chose. Each interview lasted approximately 45 minutes (25–60 minutes) and were conducted by the second author, who has experience of working with autistic children. Half of the interviews were conducted (and recorded) in quiet rooms at the participants' workplaces. Due to Covid restrictions, the remaining interviews were conducted over the Internet and one participant provided written responses. Following recommendations for IPA (Smith, Flowers, and Larkin 2009), interviews were transcribed verbatim and analysed inductively in two steps: (1) Identifying categories within each interview and (2) identifying themes, relevant to the research questions of this article, in all interviews taken together. This was followed by an analysis of the findings in relation to theory and previous research. Table 1 describes each step of the analyses. In the results section, quotes illustrate the participants' expressions. The data was in Swedish and the translated quotes have been checked by a professional proofreader.

Ethics

The research was conducted in accordance with the ethical principles articulated by the American Psychological Association (2018) and described in the 1964 Declaration of Helsinki and its later amendments (World Medical Association 2018), when applicable. This included informing participants of the purpose and methods of the research and of

their rights (e.g. to withdraw). Informed consent was obtained before the interviews. To respect confidentiality, the participants' names are replaced with numbers, i.e. P1–P8, and we do not disclose the professions of individual participants.

Results

Theme 1: identifying children

This theme is about recognising when a child needs support and diagnosing children. Many children exhibit similar difficulties as do those diagnosed with autism, although not all of them are assessed for a possible diagnosis, according to ECE staff. In line with Swedish regulations, staff in the health-care sector assess children for diagnoses, and the participants did not question this division of labour and power. However, the ECE staff have an important role in noticing symptoms and informing others of children who might be autistic, according to the ECE staff. Teachers inform SENCOs and principals, who then recommend that the children be assessed to the parents and other legal guardians, who usually decide whether assessment will be done. This shows that teachers and child carers inform the SENCOs and principals of children who may require special support.

Health-care professionals were identified as having the highest authority in assessing children's difficulties, followed by SENCOs. Not just actual knowledge but also the job title was perceived as crucial in determining who is regarded as able to validly identify and diagnose children. P1 described how, despite the fact that ECE staff already know what difficulties a child has, the SENCO's voice is needed to confirm this knowledge: 'The team that works in our ECE setting meets with our principal to discuss the child's behaviour. After that, we invite the SENCO to sort of confirm our observations'. Participants perceived that teachers and child carers accept the work organisation in which the SENCO validates their perceptions, although they believed that they themselves could identify the children's difficulties.

However, participants added that, despite the existence of a power hierarchy of the professions, all adults had their own responsibilities and power to choose whether to try to change something for children by reporting – or not reporting – that they may be autistic. For example, teachers or child carers have knowledge of how a child functions in different contexts and may choose not to pass on that information. Principals must develop a work environment and forum that ensure that they receive the necessary information from teachers and child carers, tell participants. P7 emphasised that since everyone has the power to detect possible needs for special support, everyone needs knowledge of child development. If ECE staff lack such knowledge, the principal may not receive accurate information. P7 further explained:

> The power now lies in everyone. If you have a bad principal, who is not capable of this, then nothing will happen. Similarly, if there are bad pedagogues who lack the necessary knowledge, then nothing will improve either. If parents are unwilling to diagnose, then nothing will be achieved.

In the above quotation, the parents are described as having power over assessments for diagnosis. The ECE staff perceived it as difficult when parents opposed the ECE staff's

desire for a child to be assessed for a diagnosis, as then no assessment would be carried out.

The ECE staff saw a benefit in diagnoses but were also hesitant about them. P8 was concerned with stereotypical thinking about autism:

> I have noticed that when a child is diagnosed, the child becomes the diagnosis. Therefore, I believe that parents tend to step back because they have realised that all that people now see is the child's diagnosis, and that the child is no longer seen as him- or herself. Before the diagnosis, the child may have had difficulties, but the child was still him- or herself. Somehow, the child's own personality becomes invisible and is replaced by a diagnosis.

The children have little power when it comes to diagnoses. The participants said that the adults hold the power both to identify children who might be autistic and to determine how a child is dealt with after receiving a diagnosis. Stereotypical expectations exist, according to the ECE staff, regarding what autistic children are like. P8 referred to this as the diagnosis affecting how the child is expected to be and behave. P8 explained that when staff expect a child with a diagnosis to behave and act in a certain way, the child may not have the opportunity to experience anything else. P8 illustrated how the power over a child shifts from the child to the adults after the child is diagnosed:

> Maybe she loves music, you never know, or maybe she loves it when someone braids her hair, and she will not even have the chance to experience that. Then, as she grows up, she has been deprived of experiences because people have assumed things about her.

The participants described a struggle in which parents oppose having their child assessed for a diagnosis for fear that receiving a diagnosis will hurt the child, while the ECE staff see the benefit of the child receiving a diagnosis, as the staff will then receive more help. Despite the participants' understanding of the parents' desire to protect their child from receiving a diagnosis, they tried to persuade parents to have their child assessed.

Theme 2: professional collaboration in ECE settings

This theme is about collaboration between ECE staff in their work with autistic children. They described how teachers and child carers collaborated in their daily work and stressed the important role of principals in organising that collaboration. The participants, however, found it challenging to work with autistic children. They described significant shortcomings in the collaboration, which they believed had a negative impact on the autistic children's education, including hindering their learning, participation, and belonging to the group of children. However, the participants also described collaborations that were effective and beneficial for the children. Below we summarise the reasons why participants believed collaboration did not work, followed by why it does.

The lack of collaboration was attributed to: (a) hierarchies of professional groups and contradictions between how different groups of staff want to organise the work and (b) too little knowledge of autistic children. These issues are elaborated on here. Concerning hierarchies and contradictions between professional groups, P2 stated that 'different professions have different perspectives on working with children with autism, so it's kind of a power struggle'. The professional title determines the chance of winning

conflicts about practices, according to participants, and teachers have more power than child carers. P8 said: 'If you don't have a teacher certificate for working in ECE settings, you may not be considered competent to care for children with difficulties'. P1 commented on this subject:

> The teacher controls the activities at the ECE setting and has authority over the work. Teachers delegate teaching practices to child carers, but those practices don't always work. If child carers provide suggestions based on their experiences, their suggestions are often disregarded. The special educational needs educators' suggestions are taken seriously because of their training and professional title, while the child carers inputs are not valued.

Such a hierarchy based on professional titles was perceived to result in the lack of utilisation of the experience of those who work with the children daily and have the most insight into their unique needs and progress.

In contrast to the experiences above, participants also highlighted successful collaboration that benefits autistic children, which entails listening to and involving all ECE staff, regarding of their professional titles, in planning processes. Such collaboration is described as succeeding due to established routines for collaboration and for letting all staff have a say, but also due to all staff being trained in working with autistic children. P7 mentioned that they had successfully built a team in which everyone is listened to, which may be attributed to how the principal organised the work. The participants said that the principal had considerable formal responsibility for ensuring that all professional groups understood autistic children, were listened to and participated. Also, contradicting the previously described perception of a hierarchy between different professions, the participants at the same time described everyone working in the ECE settings as equally responsible for the daily work with autistic children. For example, P3 described how the work was carried collaboratively by a team of ECE staff, including the principal, teachers, and child carers. According to P3, it is important to have input from those who know the child best as an individual, as not all autistic children are similar to one another. P6 stated that there was no significant difference in the influence of different professions on the work with autistic children at the ECE setting:

> The ultimate responsibility lies with all of us in the team, including both teachers and child carers, as they work with the child on a daily basis. If additional resources are required, it is the responsibility of the team to request them. There should be no distinction between child carers and teachers in terms of their responsibility when working with children with autism.

According to P6, teachers and child carers actually have the ultimate responsibility for autistic children as they interact daily with them.

The participants described a lack of knowledge of autistic children among ECE staff. P6 stated: 'I didn't feel like I had the basic knowledge of what autism is, myself. I didn't know that when I started working, I had no idea . . . I definitely think that it requires incredible competence'. Participants felt that this lack of knowledge was an obstacle to collaborations within ECE settings and also to providing good education and to appreciating children as they are:

> I believe that it is because of their [the ECE staffs'] ignorance. They don't understand, sometimes they don't want to. If you don't want to work with certain children, you should probably

> reconsider your career choice, because you don't have the right to pick and choose children if you work at an ECE setting. I want more education, and for training about autism to be given in both child care and teacher training programmes. (P7)

The participants emphasised that their formal training for ECE staff provided too little knowledge of autism. P4 described how all staff at their ECE setting initially lacked such knowledge and that they did not receive sufficient support from other professions. As a result, they used 'trial and error' and learned only gradually:

> When the child started, our 'toolbox' was empty. We in the team had no knowledge of the child's diagnosis. We replenished the toolbox on our own … we gained knowledge of the diagnosis while working with the child and now we are specialised in that child. (P4)

Participants suggested that teachers and child carers should receive training about autism even before starting to work with children. P8 emphasised that this was necessary to ensure professional collaboration, good pedagogy and to equip staff with the skills needed to challenge stereotypes and norms. P3 stated that when staff lack necessary skills, the autistic child suffers. Inadequate treatment can hinder the autistic children's ability to function with and be accepted by other children in the ECE setting, excluding them from the group of children. P8 concluded that staff who lack the relevant knowledge can have a stereotypical image of autistic people and may not want to work with autistic children.

However, P7 suggested that all professionals have their own personal power to acquire knowledge: Each and every person has the power to change or not to change, to invest in a training program … And why is it so important? Because it can help so many children without [the children] having to get a diagnosis. The participants described how they had acquired knowledge of autism through further education as well as through meetings with children and more knowledgeable colleagues. P6 and P8 concluded that when ECE staff gain such knowledge and also understand that not all autistic children function in the same way, the result is an improvement in the work of different professionals within the ECE which in turn benefits the autistic children's development, promotes their participation in the group of children, and ensures that they have a meaningful everyday life.

Theme 3: collaboration with professionals from outside ECE

This theme highlights collaboration between the health-care sector, SENCOs, and ECE staff. Health-care staff (e.g. psychologists, medical doctors, and speech therapists) are perceived to have important knowledge of autism that the ECE staff need to draw on. However, the participants said that this knowledge was not optimally utilised for the autistic children in their ECE settings because: (a) a diagnosis usually is needed for ECE staff to access the knowledge, and children who are not assessed for a diagnosis (e.g. because their parents do not want it) do not benefit from that knowledge; (b) health-care staff spend little time in the ECE settings and therefore lack sufficient knowledge of individual children and the ECE environment in order to adapt their advice. For example, P4 found the advice too general: 'The health-care staff spoke with us and provided some guidelines and tools, but they didn't work for the child. They don't

actually meet with the child in question, but rather provide general guidance on what to learn'.

ECE staff also collaborated with SENCOs who were centrally located, for example, in a municipality. Collaboration with SENCOs mostly involved their supervising the ECE staff, and three reasons were offered as to why this support was not optimal. First, as the support provided was mainly supervision, the SENCOs rarely worked directly with the children. This means that both the health-care staff and the SENCOs were perceived as not spending enough time at each ECE setting. P6 provided an example of how the SENCOs' advice on working methods was difficult to follow when not adapted to specific children or ECE setting:

> The SENCO provided universal materials and techniques and told us: 'Do it'. When we say that it does not work, the SENCO insisted on their use: 'Do it anyhow'. It seemed that the SENCO did not fully understand the specific child and context, but rather approached the situation more generally. At times, this lack of understanding led to frustration and a desire to get more help, as nothing at all worked in everyday life . . . So, there was a lot of waiting and longing, like: 'Give us, give us something, so that our everyday life becomes manageable'.

Second, not all ECE staff attended meetings with SENCOs, so they did not know about their advice. Third, some SENCOs lacked sufficient knowledge of autism to give useful advice. This was stressed as particularly problematic because SENCOs belong to a professional group that, regardless of their actual knowledge, were perceived to have considerable influence over ECE activities. Additionally, P5 and P7 said that not all external actors were willing to share their knowledge with ECE staff, and that having knowledge without sharing it is power. P7 questioned the usefulness of such professional knowledge when it is not shared.

Opinions differed among participants regarding support from SENCOs. P5 highlighted the benefits of their advice:

> A SENCO can supervise work teams in this area and, through this supervision, support can be obtained . . . These actors have much more knowledge than we do. The fact is that they are willing to share it, just for the benefit of the child . . . Power is when one keeps knowledge to oneself.

P2 and P5 explained that it was beneficial for the supervision by SENCOs if ECE staff conducted participatory observations at the ECE settings and then reported the observation results to the SENCOs. They noted that advice was more useful if the SENCOs made multiple suggestions for working methods, rather than just one.

Discussion

This study has investigated the perspectives of ECE staff on interprofessional collaboration regarding autistic children. The concepts of power (Foucault 1972–1977), jurisdiction (Abbott 1988, 1995, 2005) and interprofessional collaboration (D'Amour et al. 2005) were used to analyse staff perspectives on the identification of and working with autistic children. In this section, we discuss: (1) identifying autistic children; (2) interprofessional collaboration regarding working with autistic children; and (3) lack of knowledge of autistic children. This is followed by a discussion of the limitations and main conclusions of this study.

First, there was a clear division of labour and power (see Abbott 1988, 2005; Foucault 1972–1977) in making diagnoses, which is in line with Swedish regulations. Despite this, ECE staff with limited knowledge of autism were perceived to have the possibility to identify children who might need – or not need – assessment. This finding can, by using Foucault (1972–1977), be understood as ECE staff expressing resistance to the power of the other professions. Speculatively, a risk with this was that autistic children might not be identified early (van't Hof et al. 2021) if ECE staff do not have enough knowledge to identifying children. The ECE staff stated that, and could be seen to accept that, health-care professionals had knowledge of autism (but not of ECE settings or individual children), suggesting that the staff found the jurisdictional boundaries between them and the health-care staff to be clear and acceptable, in line with Abbott's (1988, 2005) concepts of jurisdiction. Further research is needed on how the power of ECE staff to notify other professionals about a child's possible need for support affects children.

In contrast to the perceptions of health-care professionals, the power of parents was described as based merely on regulations and by using the writings by Foucault (1972–1977) the ECE staff seemed not to acknowledge the parents' knowledge of their children as valid. One possible explanation offered here is, however, that a diagnosis helps ECE staff access needed knowledge from health-care staff, whereas ECE staff believed that parents viewed a diagnosis as a disadvantage for their child.

Second, interprofessional collaboration was perceived as a crucial yet complex process to enable autistic children to learn, belong, and be appreciated as they are. The results support previous research showing that successful interprofessional collaboration requires that knowledge, power and goals are shared between professions, that all professions are seen as important and valued for their knowledge, and that different professions communicate and share decision-making (D'Amour et al. 2005; Långh et al. 2017; Olsson and Roll-Pettersson 2020; Pesonen et al. 2023; Roll-Pettersson, Olsson, and Ala'i Rosales 2016; Salminen et al. 2024; Siller et al. 2022; Sinai-Gavrilov et al. 2019). Based on the IEM model (Olsson and Nilholm 2023) and previous definitions of inclusion (Florian 2014; Nilholm and Göransson 2017), such collaboration can be understood as important for the development of inclusion. The results also support previous research highlighting that competition among professions can hinder collaboration and that different professions compete for jurisdiction over particular work areas (Abbott 1988, 1995, 2005; Gäreskog 2020; Långh et al. 2017; Roll-Pettersson, Olsson, and Ala'i Rosales 2016; Salminen et al. 2024). Specifically, the findings illustrate how professional boundaries and power differences among professions negatively affect their work with autistic children. To improve collaboration, it is important to address these issues in future research.

Third, the findings suggest that professionals working in Swedish ECE settings do not have sufficient knowledge of autism from their formal education. This can be devastating for autistic children, as previous research shows that successful practices depend on staff knowledge and attitudes (e.g. Äikäs et al. 2023; Olsson and Roll-Pettersson 2020; Pesonen et al. 2023; Roll-Pettersson, Olsson, and Ala'i Rosales 2016; Sinai-Gavrilov et al. 2019). Professions in the health-care sector and SENCOs were considered more knowledgeable about autism than were the ECE staff, but this knowledge was not utilised in the ECE settings because: (a) professionals based outside the ECE settings do not participate enough in activities, and SENCOs mainly provide supervision or have poorly defined roles (Gäreskog

2020; Magnússon and Göransson 2019); (b) staff working closely with autistic children are not invited to interorganisational meetings, supporting previous findings regarding implementation in Sweden (Roll-Pettersson, Olsson, and Ala'i Rosales 2016). Using the concept of power by Foucault (1972–1977), the findings can be understood as that the ECE staff accepted the knowledge of autism in the health-care sector as valid and specialised but that the ECE staff claimed jurisdiction over activities in the ECE settings and to know the most about individual children (see Abbott 1988, 2005). SENCOs were perceived to sometimes lack sufficient knowledge of autistic children, while possessing influence over the domain of how to work with autistic children. This can be understood by using Abbott (1988, 2005) writings as SENCOs being given the opportunity to have expert influence over the domain of autistic children regardless of their actual knowledge. The findings indicate that professionals with the most knowledge about autism and those who know the most about the unique individual child should share their knowledge more with other professionals, as autism is a heterogeneous diagnosis and there is a risk that staff may not understand the children (Olsson and Roll-Pettersson 2020; Pesonen et al. 2023; Sinai-Gavrilov et al. 2019). Further research is needed on knowledge sharing, as well as on how interprofessional collaboration can contribute to responding to children in ways other than attempting to change them (see Milton 2012; Olsson and Nilholm 2023; Pesonen et al. 2023).

Limitations of this study

One limitation is that we did not explore the viewpoints of professionals who, although primarily working outside ECE settings, provide support to ECE staff, and of parents and children. Future research should focus on the experiences of these groups. Due to the small sample size, it is impossible to draw conclusions about whether the present findings apply to staff in other ECE settings. However, the study does provide in-depth understanding (see Tuffour 2017) and its results can be used to identify areas for further study.

Conclusions and importance for inclusive education

This study investigated the perspectives of ECE staff on interprofessional collaboration regarding identifying and working with autistic children. It was motivated by a need to improve the quality of inclusive mainstream ECE settings (Florian 2014; Nilholm and Göransson 2017; Olsson and Nilholm 2023; Vandenbroeck 2024). Drawing on the concepts of power (Foucault 1972–1977), jurisdiction (Abbott 1988, 1995, 2005) and interprofessional collaboration (D'Amour et al. 2005), the results showed that such collaboration is crucial for autistic children. In line with prior research (e.g. D'Amour et al. 2005; Olsson and Roll-Pettersson 2020) the results suggested that it may be useful for future practices and research to arrange for different professions to meet and communicate, share knowledge and power, and value each other's' contributions. In addition, the findings indicate that more knowledge of autism and of autistic children as unique individuals is needed among staff. Based on the IEM (Olsson and Nilholm 2023), the findings suggested that to develop inclusive education, further research is needed on interprofessional collaboration. If mainstream ECE settings can ensure that autistic children, regardless of whether they are diagnosed, receive high-quality education in which they learn and interact with others, this would be a step towards the goal of building

inclusive communities that positively value all individuals as they are (Florian 2014; Nilholm and Göransson 2017; Olsson and Nilholm 2023).

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