COLLABORATION AS GOOD POLICY AND PRACTICE IN ENGLAND AND ITS POSSIBLE IMPLEMENTATION IN THE MALAYSIAN CONTEXT.

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ABSTRACT

This paper aims to analyse the strengths and challenges of collaborative working in the policy and practice of special and inclusive education in the English context and evaluate the feasibility of implementing closer collaborative working relationships in the Malaysian context for better provision of special and inclusive education to learners with special educational needs. Though challenging, collaboration, when implemented with effective communication, can play a significant role in shaping the development of special and inclusive education in Malaysia.

Key words: collaboration; special education; special and inclusive education; Malaysia
INTRODUCTION

Despite its challenges, the need for multi-agency collaboration between the health, education and social sectors in children’s services has been highlighted in numerous studies (Sloper, 2004). In particular, Roaf (2002, cited in Barnes, 2008) advocated for its need to enable inclusion for children with special educational needs (SEN). This article aims to evaluate collaboration in policy and practice in the educational context of England and explore the possibilities for its implementation in the Malaysian context. The benefits and challenges of collaboration in inclusive education will be discussed. The paper will then present a brief overview of special and inclusive education in Malaysia. Finally, it will discuss the rationale of and the challenges to fostering collaborative culture to further improve education and service provision for children with special educational needs in Malaysia.

DEFINING COLLABORATION

Employing Hornby’s definition, collaboration is “a relationship between two or more people, groups, or organisations working together to define and achieve a common purpose” (Hornby & Atkins, 2000, p.7). In the literature, however, varied terminologies are being used to describe collaboration, i.e. partnership, collaboration, interagency, multiagency, multidisciplinary, interdisciplinary, and transdisciplinary, due to the different ways and processes of working together. In relation to that, Atkinson, Jones and Lamont (2007) conducted an extensive review on models of multiagency working and concluded that classification and comparison of multiagency models were made difficult due to varied usage of terminologies. However, Lacey (2001) cautioned that in working with children with special needs, no one model is the best or the only way. In this essay, ‘multiagency collaboration’ is used unless distinctions are required to refer to the differing collaborative mechanisms.

The term multiagency is being used in the literature to generally refer to two or more agencies and professionals working together to address a specific issue or concern (Atkinson, Wilkin, Stott, Doherty, & Kinder, 2002). Some researchers, however, make distinctions between interagency and multiagency terms (Lacey, 2001; Lloyd et al., 2001, cited in Warmington, Daniels, Edwards, Brown, Leadbetter, Martin, & Middleton, 2004). Interagency was defined as at least two agencies working together in a planned and formal way, while multiagency was used to
describe two or more agencies working with a client but not necessarily in a joint manner (Lloyd et al., 2001, cited in Warmington et al., 2004). Even though Lacey (2001) pointed out that multiagency and interagency terminologies were used to indicate the extent of collaborative relationship between agencies, with the latter signifying a closer working relationship, Warmington et al. (2004) observed that both terminologies were often used interchangeably.

Lacey (2001) defined models of working together based on concepts and process. Concept-based collaboration terminologies were drawn from Orelove and Sobsey’s definitions (cited in Lacey, 2001), which included multidisciplinary, interdisciplinary and transdisciplinary, in which professionals from different disciplines, such as speech therapy and psychology, work together. Multidisciplinary was used to describe how professionals in a team around the child and family work independently of each other with the absence of joint activity or information sharing. On the other hand, interdisciplinary work referred to information sharing and joint decision-making between professionals but plans and programmes were delivered separately by professionals of individual disciplines. The transdisciplinary model of collaboration with a key worker was considered to be the most refined model for working with children with special needs. In it, information and skills sharing were enabled across disciplinary boundaries with other team members providing support as consultants. The different terms used to refer to different processes and degree of communication between agencies or professionals were further explained in Lacey (2001). Cooperation was defined as organisations and professionals working together so as not to hinder each other’s work. Meanwhile, coordination was referred to as arranging services and timetable out of necessity so that children and families receive a well thought-out education and care plan. Lacey (2001) echoed Hornby’s definition of collaboration by describing the process as a shared and trusting process that enables a transfer of skills, joint decision-making and mutual training.

In the meantime, in her discussion about collaborative working for inclusive education, Todd (2007) explored the topic in the terms of partnership and participation based on mutual understanding and respect. Partnership was referred to as any interaction, whether formal or informal, that happens between professionals and children and families. Todd (2007) contended that the use of the term participation in her book signified “more than lip service, is more than asking opinions and not acting on them, that the voice of the other is given more centrality
and has a greater part to play” (p.13). Throughout her book, Todd emphasized the importance of including the voice of children and parents as well as involving them more closely in partnership efforts to foster greater inclusiveness in the educational context. Recent policy changes in England, especially the latest Special Educational Needs and Disability Code of Practice: 0 to 25 years (DfE & DoH, 2014), seem to echo Todd’s sentiment.

**POLICY IN ENGLAND**

Prior to Every Child Matters (DfES, 2003) several authors advocated for better provision of services to children with disabilities in England through multiagency collaborative practices (e.g. Atkinson et al., 2002; Hornby & Atkins, 2000; Lacey, 2001; Watson, Townsley, & Abbott, 2002). Even though government legislation and documents such as The Children Act 1989 and Working Together to Safeguard Children 1999 supported the belief in multiagency working (Atkinson et al., 2002), it was not until the publication of the Green Paper Every Child Matters and later the enactment of The Children Act 2004 that collaboration across agencies was widely practiced in England (Atkinson, Jones, & Lamont, 2007). Both policies were imperative as the catalyst to improving interagency partnerships by emphasising the need of collaboration in addressing and supporting the needs of children who are at risk of social exclusion (Warmington et al., 2004). The impact within the educational context was particularly evident through the focus of interagency activities on service provision for children with SEN (Wilson & Pirrie, 2000, cited in Barnes, 2008). Every Child Matters (2004) highlighted several factors that are vital to the implementation of interagency collaboration for better outcomes, which also served as a guideline, i.e. effective communication, information sharing, Common Assessment Framework, joint decision making and planning, budget pooling, clear accountability, and staff training for effective multi-disciplinary working.

Subsequent policy changes maintained the collaboration initiative that Every Child Matters pioneered, especially in educational context. The latest Special Educational Needs and Disability Code of Practice: 0 to 25 years (DfE & DoH, 2014) featured principles of interagency working to facilitate better co-ordination in service provision for children with SEN, even including participation of health service agencies. The new Code of Practice (DfE & DoH, 2014) also highlighted the elements of effective collaborative working among teachers in schools with special educational needs co-ordinators (SENCos), teaching assistants and specialist staffs.
In addition, the new Code of Practice (DfE & DoH, 2014) emphasised closer partnerships with children and young people with SEN and their parents by necessitating their involvement in the decision making process. By acknowledging children with disabilities’ voice, the new Code of Practice (DfE & DoH, 2014) seemed to demonstrate greater commitment of the UK government to Article 7 of the United Nations Convention of the Rights for Persons with Disabilities (2006), which stated that children with disabilities have a right to express their views and their views had to be given due weight. As much as interagency collaboration is legislated and implemented in England with undeniable positive impact, collaborative partnership in practice is not without its set of problems and challenges.

**IMPACT AND CHALLENGES OF COLLABORATION**

The main argument in support of collaborative partnerships in policy documents as well as literature is improved services for children and families (e.g. DfES, 2003; Atkinson et al., 2007; Lacey, 2001). As a range of interventions from differing disciplines are provided to address the needs of children with SEN – for example physiotherapy, speech and language therapy, occupational therapy, and education – often in conflicting ways due to lack of communication or partnership among professionals and agencies (Lacey, 2001), interventions for children with SEN could be fragmented in planning as well as in provision. Through interagency collaboration, practitioners from different disciplines are encouraged to share information and work together on shared goals, which facilitate better communication, thus reducing the overlap of services and fragmentation (Barnes, 2008; Percy-Smith, 2006). Besides resulting in a more holistic approach (Barnes, 2008; Watson et al., 2002) echoing Bronfenbrenner’s (1979) ecological theory, interagency collaboration was found to reduce the length of time from assessment to the provision of right services, consequently increasing access and improving service outcomes for children with complex needs (Bachmann et al., 2009) and children with behavioural problems (Window et al., 2004, cited in Atkinson et al., 2007). On another note, Liabo et al. (2001, cited in Sloper, 2004) pointed out that multiagency key worker systems were found to have more positive outcomes for families of children with disabilities than those without a key worker.

Meanwhile, communication generated from the collaborative process resulted in positive impacts for professionals (Atkinson, Jones, & Lamont, 2007). Interagency collaboration were found to allow innovative and flexible ways of working between
professionals across agencies; and through exchange of information, individual professional knowledge was enhanced in addition to fostering better understanding of colleagues’ roles and trans-disciplinary collaboration (Atkinson et al., 2007; Bagley, Ackerley, & Rattray, 2004). Improved communication between professionals and agencies led to development of trust and network, thus permitting the breakdown of professional boundaries as well (Bagley et al., 2004). Aside from increased effectiveness in practice and professional development, multiagency working was also found to have a positive impact on professional well-being with professionals citing increased job satisfaction (Barnes, 2008; Moran, Jacobs, Bunn, & Bifulco, 2007) and improved relationships with colleagues as well as families (Moran et al., 2007).

As much as interagency collaboration is beneficial, the process of working together with professionals from different agencies and disciplines is far from seamless. Professionals were faced with the challenge of learning new jargon (Bachmann et al., 2009) as well as coping with “different knowledge base, cultures and style of working” (Bagley et al., 2004, p.597). Even though Abbott, Townsley and Watson (2005, cited in Atkinson et al., 2007) found evidence that multiagency work between professionals from education, social care and health led to role expansion within a team, team members reported feelings of confusion and uncertainty about their own professional roles. This is supported by another study which illustrated concerns of interviewees about losing their professional expertise, identity and responsibility (Bachmann et al., 2009). Interestingly, Abbott, Watson & Townsley (2005) noted that social workers experienced loss of autonomy by feeling that the social model of disability was threatened by the medical model through interdisciplinary working. Professionals also voiced their concerns over a potential loss of status and lack of recognition for their breadth of work on top of reporting that collaboration across agencies with different professionals was stressful (Bachmann et al., 2009). However, with time, professionals’ enthusiasm for multiagency and multi-professional working increased; and they experienced less stress and anxiety (Bachmann et al., 2009). On the other hand, it was found that multiagency collaboration led to increase in workload (Abbott, Townsley & Watson, 2005, cited in Atkinson et al., 2007) as well as rising demands and pressure on individual professionals (Atkinson et al., 2002).
Barriers to the development of effective interagency and multi-professional collaboration could result in negative impacts for collaboration. It was suggested that power struggles between agencies and professionals could interfere with the collaborative process and consequently lead to wasting time that could be better spent on joint problem-solving and decision-making (Lacey, 2001; Atkinson et al., 2007), besides it being an obstacle to development of trust (Lacey, 2001). Differing organisational and professional aims, boundaries and cultures (Sloper, 2004) combined with interpersonal factors (Lacey, 2001) could also hinder the process of developing of collaborative working, making the process time consuming for professionals (Atkinson et al., 2002). Duplication of interventions was reported as one of the negative impacts of multiagency working (Abbott, Townsley & Watson, 2005, cited in Atkinson et al., 2007). It could, however, be due to poor coordination, communication and lack of role clarity within a team of professionals (Sloper, 2004).

Meanwhile, reviewing the literature Bagley, Ackerley and Rattray (2004) recognised the complexity of interagency collaboration for professionals with their predicament of being pressured to meet performance targets and outcomes, while collaborative relationships need time and space for trust and mutual respect to be nurtured.

WHY IS COLLABORATION RELEVANT TO THE MALAYSIAN CONTEXT?

Current policy and practice of special and inclusive education in Malaysia is still discriminatory and exclusionary (Jelas & Mohd Ali, 2010). The Malaysian Education Blueprint 2013-2025 (MoE, 2013), advancing the Malaysian government’s vision for quality education, outlined ambitious targets to place students with SEN in inclusive classes in stages, though it lacked a clear plan of execution. A closer investigation into the current situation of special and inclusive education in Malaysia would reveal the relative unpreparedness of its education system to meet the targets set in the Malaysian Education Blueprint. Firstly, the provision of services to children with SEN in Malaysia is fragmented (Lee & Low, 2014) underscored by a bureaucratic culture of working and a lack of information sharing and coordination between relevant agencies – i.e. Ministry of Education (MoE), Social Welfare Department and Ministry of Health (Adnan & Hafiz, 2001). Often times, these agencies of differing disciplines work in contradiction with each other resulting in a lengthy and arduous process from identification to intervention (Jelas & Mohd Ali, 2012). For example, the Community-Based Rehabilitation programme under the Social Welfare Department – which aimed to provide community centre-based
intervention with a focus on therapy for children with SEN – though separate from mainstream school provision under the Ministry of Education, has a similar role as special needs provision in government schools (Adnan & Hafiz, 2001). This lack of multiagency collaboration resulted in a complex bureaucratic process for children with disabilities and their families and duplication of service provision (Adnan & Hafiz, 2001); as well as inefficiency in resource allocation. Not to mention the existence of barrier and communication gap between government agencies, non-governmental organisations and families of children with disabilities, which resulted in fragmentation of services for children with special needs in Malaysia (Lee & Low, 2014).

Additionally, there is a serious lack of resources and expertise, and especially of paucity of awareness, to address the needs of all children with SEN (Jelas & Mohd Ali, 2012; Lee & Low, 2014). Multiagency collaboration, which had been found to facilitate exchange of information and sharing of expertise (Atkinson et al., 2007; Bagley et al., 2004) aside from enabling pooling of resources (Bagley et al., 2004; Barnes, 2008), could be utilised to address those issues. However, arguably it is the diversity of Malaysia’s cultural fabric in terms of ethnicity, language and religion, which is manifested in its education system with its sets of conflicting issues, that impacts upon the development of special and inclusive education in Malaysia. One example would be the existence of national-type primary schools which employ the Mandarin or Tamil language as the main medium of teaching thus encouraging ethnically homogenous schools (MoE, 2013), as well as maintaining exclusionary practices. In fact, it was only until recent years that the Ministry of Education recognised the need to provide education for students with SEN by setting up special needs schools integrated in national-type schools (Lee & Low, 2014). The aforementioned points indicate a need for collaboration between professionals, agencies and communities so that effective services and well thought-out plans can be provided to address the needs of children with SEN in Malaysia through fostering mutual understanding, communication and coordination.

POSSIBILITIES AND CHALLENGES FOR COLLABORATION IN MALAYSIA

The Malaysian Education Blueprint, however inadequate, could be maximised for its potential to create a more collaborative culture of multiagency working so that inclusion in social and educational context in Malaysia can be realised. In particular, its interest in engaging parents, volunteers and community as partners in the nation’s
education development (MoE, 2013), is a good springboard to foster collaborative partnerships. By engaging the support and assistance of parent advocacy groups and non-governmental organisations (NGOs) who work closely with children and individuals with SEN to collaborate, better communication and information sharing could be facilitated between government agencies and children with SEN and their families. For instance, the National Early Childhood Intervention Council (NECIC, 2014) – a coalition of NGOs that provide early intervention services for children with disabilities – with their ongoing initiatives in advocacy and raising awareness; as well as acting as platform for information and expertise sharing through their bi-annual National Early Childhood Intervention Conference around different states in Malaysia – could be a catalyst for collaborative working between government agencies, disability advocates and children and families with disabilities. Alongside that, university-school collaboration to facilitate sharing of expertise and continuing professional development, particularly with in-service teachers, most of whom have little knowledge about inclusive education, was suggested as an important initiative to advance efforts in realising inclusive education (Jelas, Salleh & Mohd Ali, 2010). Meanwhile, the Ministry of Education could actively engage national universities with a background in special and inclusive education research in Malaysia to develop pre-service teacher training programmes with a focus on special needs education and inclusive pedagogy (Jelas & Mohd Ali, 2012).

Benefits of collaboration set aside, there are challenges to be overcome in fostering collaborative culture in Malaysia, least of all the challenges to multiagency working as demonstrated in the English context. Current legislation in Malaysia such as the Education (Special Education) Regulations 2013 (Government of Malaysia, 2013) and Persons with Disabilities Act 2008 (Government of Malaysia, 2008), even the Malaysian Education Blueprint (MoE, 2013), have yet to address the need for multiagency collaboration in provision of services and education to children and individuals with SEN and disabilities. In fact, the highly centralised and hierarchical structure of the Malaysian education system (Lee & Low, 2014) might not be conducive for collaboration to happen, as agencies and professionals will have to struggle with imbalance in power relationships (Lacey, 2001). It will be challenging to foster collaborative partnerships with an emphasis on sharing when the education system and culture in Malaysia is characterised by competitiveness to excel, not just for students but schools as well (Jelas & Mohd Ali, 2012). Furthermore, the funding and resources allocation to promote inclusive education in Malaysia is inadequate
(Lee & Low, 2014) and fragmented. Subsequently, even if effective multiagency collaboration for special and inclusive education is implemented with success, the absence of leadership (Jelas et al., 2010) and inadequate support structure might not be sufficient to encourage and sustain collaborative efforts. The lack of well-trained professionals – i.e. special and inclusive teachers, therapists, psychologists – in mainstream schools in Malaysia (Lee & Low, 2014) is also a challenge for successful collaboration working to happen, as it will be difficult to coordinate equal responsibilities for professionals from certain disciplines which are more limited than others without increasing their existing workload. Not to mention the intricacy of creating mutual understanding and building trust between agencies, professionals and families (Lacey, 2001) when there are such nuances and diversity in culture, language, religious and ethnic background.

CONCLUSION

This essay evaluated collaboration as a good policy and practice in England followed by an exploration of the possibilities of implementing it in Malaysia. Collaboration, whichever form it takes, when implemented with effective communication, coordination, role clarity and space to nurture trusting relationships, can have a positive impact on practices that strive to meet the needs of children with special needs as well as create inclusive environment, as it has been demonstrated within the English context. Besides resulting in better outcomes in service provision for children with special needs, continuing professional development in a more sustainable manner can be a strong argument to support the implementation of multiagency collaboration not only in the Malaysian context but worldwide so that inclusive education can be realised for all children. It can be suggested that a transdisciplinary model with a key worker might be the way forward in creating a more integrated service provision for children with special educational needs and disabilities in Malaysia (Lee & Low, 2014). A slight reference to engaging its people in developing better education in the Malaysian Education Blueprint 2013-2025 (MoE, 2013) is not sufficient to encourage multiagency collaboration at a national scale. There is a need for the government of Malaysia to formulate clearer policies and framework in addressing the needs of children with special educational needs and disabilities (Jelas & Mohd Ali, 2012). Careful considerations and awareness of the historical development and socio-cultural factors that have influenced the educational philosophies of local schools and communities (Jelas, Mohd Ali, 2012)
are imperative for a successful multiagency collaboration in the Malaysian context.
On the other hand, as collaborative process fosters greater understanding and
awareness among professionals and agencies through communication, collaboration
can play a significant role in shaping the development of special and inclusive
education that is unique to Malaysia, a country with diverse cultural history and
background.
REFERENCES


