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Professional collaboration for children and adolescents with neurodevelopmental disorders: a scoping review

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ABSTRACT

This scoping review aims to synthesise what is known about professional collaboration among schools, healthcare and social care for children with neurodevelopmental disorders. Papers ($N = 29$; discussions, theoretical, empirical; 2003–2022) were selected in early 2023 from seven databases and supplemented by manual search. The analysis was conducted using qualitative content analysis. The results revealed the forms, underpinning factors and benefits of collaboration. Collaboration was seen as important in assessment and interventions, evaluation, support planning, co-therapy, service coordination and school transitions, and when carrying out these, teamwork and consultation were seen as essential. Collaborative competencies, shared understanding and dialogic interactions were suggested to promote collaboration. The main challenges were professional competition, time shortage, legal constraints and difficulty in accessing information. This review suggests that there is a vital need for functional, professional collaboration in supporting children with neurodevelopmental disorders. This necessitates systemic changes, such as restructured organisations, active parental involvement, effective and open communication and collaborative competencies among professionals. Schools should play a central role in providing support through collaborative action.

KEYWORDS

Collaboration; school; healthcare; social care; neurodevelopmental disorders; children

Introduction

Research has emphasised professional collaboration and horizontally integrated support, enabling children to receive support in their natural developmental environment (Becker and Domitrovich 2011). Educational institutions (hereafter, schools) play a crucial role in fostering learning and well-being for all children and adolescents (hereafter, children), providing access for an extended period each day and over multiple years. Inclusive schools aim to promote diversity and inclusion,

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ensuring adequate support for all students (Ainscow 2020). This necessitates school personnel's active involvement in collaboration to deliver necessary services. Many students with special needs can benefit from collaboration among schools, healthcare and social care (hereafter, collaboration) (Woodside-Jiron et al. 2019). The social and individual impact of neurodevelopmental disorders (NDDs) is wide, growing, diverse and, for children with NDDs and their families, long-lasting (see, e.g. Francés et al. 2022; Jeste 2015). Addressing these challenges requires successful professional collaboration. Collaboration – differing, for example, from cooperation, communication and coordination – refers to higher-level activity that requires individuals and organisations to work closely together, resulting in making partners and producing something that individuals or organisations cannot produce on their own (Corrigan 2013; Horwath and Morrison 2007). In this scoping review, we aim to synthesise studies on professional collaboration in the context of children with NDDs.

NDDs include attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorders (ASDs), Tourette's syndrome and other tic disorders and specific learning disorders (American Psychiatric Association 2013). The estimated cumulative incidence in children under the age of 18 is 3%–6% for ADHD (Dalsgaard et al. 2020) and 1%–4% for ASDs (Dalsgaard et al. 2020; Zeidan et al. 2022). Additionally, symptoms below the diagnostic threshold affect the everyday lives of numerous children and their families worldwide. Comorbidity is also common; for example, some children with ADHD also have ASDs or various behavioural disorders (Tung et al. 2016). NDDs are related to long-term negative outcomes. For example, ADHD is related to academic difficulties (Arnold et al. 2020) and life management challenges, such as poor performance in studies and work life (Tervo et al. 2017). ADHD also increases the likelihood of criminal behaviour (Fletcher and Wolfe 2009). However, NDDs are also associated with several positive traits, such as curiosity, ingenuity, and the ability to look at things from multiple perspectives (Sedgwick, Merwood, and Asherson 2019). Moreover, individuals with NDDs are not a cohesive group; each student has unique strengths and challenges.

Early-onset rehabilitation and support significantly impact children's coping mechanisms (Chan, Fogler, and Hammerness 2016). Children with NDDs receive support from various professionals in services such as child welfare, disability services, mental health services, family counselling, kindergartens and schools. However, the service system has been criticised for fragmented paths, duplicated services, unequal access and skill gaps in neuropsychiatry (Casagrande and Ingersoll 2021). Due to shared responsibility, families and professionals may not always know where to seek support. In the worst-case scenario, clients are caught between sectors without receiving any support (Kallio et al. 2022).

Well-functioning collaboration among professionals is necessary to achieve client-oriented (Kallio et al. 2022) and efficient (Pedersen 2019) services. A systemic approach, advocating close collaboration among schools, healthcare and social care, is necessary to support the well-being of all children (Cefai, Simões, and Caravita 2021). Professional collaboration can take various forms, including consultation, pair work, teamwork and network involvement, and can be categorised into multi-, inter- and transprofessional levels (Sell et al. 2022). In this article, collaboration-related terms refer to collaboration among education, social and healthcare professionals.

Objective

This review aims to synthesise the studies regarding collaboration for children with NDDs among schools, healthcare and social care professionals. The question is what is known about professional collaboration for children with NDDs.

Methods

To answer the research question, we used the scoping review method (Arksey and O'Malley 2005; Munn et al. 2018) to identify and compile information on research that is heterogeneous in their approaches, methods and disciplines. The PRISMA for Scoping Reviews criteria was applied to guide reporting (Tricco et al. 2018).

Information sources and eligibility criteria

We carried out electronic literature searches for data collection using Academic Search Premiere, Education Source, CINAHL, ERIC, MEDLINE, APA PsycInfo and SocINDEX with Full Text and extended search manually by reviewing the references of the selected papers. We formulated search terms based on our previous knowledge and searches of different databases. The search phrase consisted of free words, terms and their synonyms concerning collaboration, interprofessionalism, child, adolescent and neurodevelopmental disorders. We limited our search to scientific, peer-reviewed papers that were published in English from January 2000 to December 2022. For inclusion in the review, it was required that an item (i) is a scientific empirical, theoretical or philosophical article; (ii) focuses on children or adolescents with NDDs; (iii) deals with collaboration among education, healthcare and social care professionals and (iiii) is conducted in a Western country. A library specialist was consulted during the search process.

Search outcomes and data analysis

The initial search yielded 317 articles. On duplicate removal 216 articles were screened for eligibility. Based on titles and abstracts, 49 papers were selected, and nine papers were added as a result of a manual examination of the references of selected papers. After reading 58 full texts, 29 papers were included in the review (Figure 1). Two of the researchers (JS, ML) selected the articles.

The selected papers were first read carefully to obtain an overview of the content. The articles were then tabulated by author(s), year, country, purpose, design, data, analysis and collaborators. In addition, the content relevant to this study was collected (Table 1).

Articles were published from 2003 to 2022, with 15 published from 2019 to 2022, indicating an increasing recent trend. Most studies were conducted in North America ($n = 21$), with others in Europe ($n = 6$), Australia ($n = 1$) and Israel ($n = 1$). Eighteen articles were discussions: one theoretical, five qualitative, two quantitative and three on mixed methods. In 18 articles, the primary focus was professional collaboration with children with NDDs, while 11 highlighted collaboration in various ways (e.g. in conclusions and recommendations).

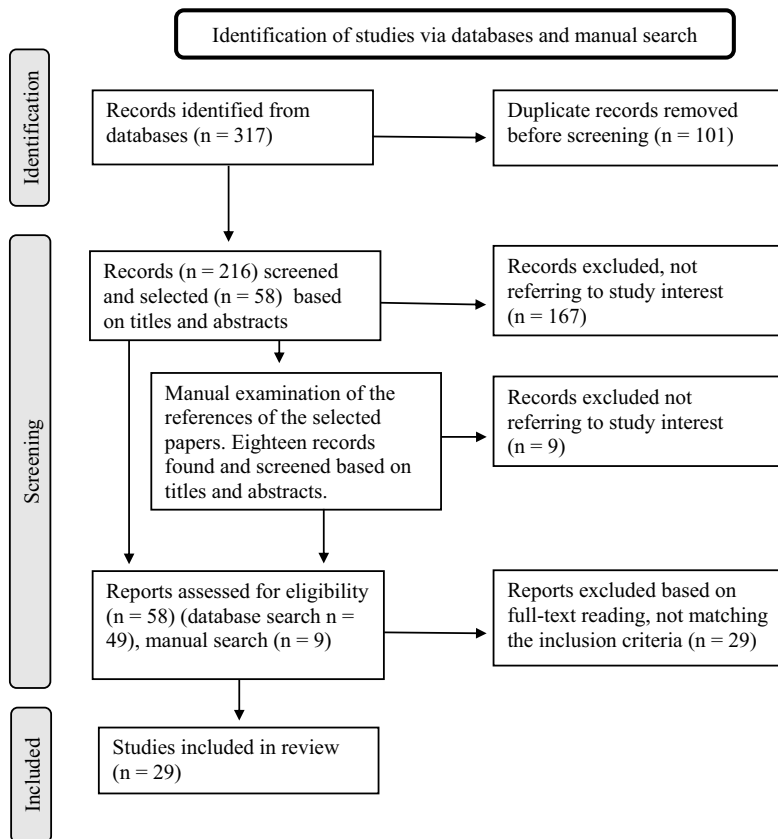


Figure 1. Flow diagram of literature searches and data selection (based on Tricco et al. 2018).

Of the 29 articles, 24 focused on ASDs, one on ADHD and two on both ASDs and ADHD. Two also covered other health and disability issues, alongside ASDs or ADHD. Nineteen articles addressed pre-school and school-aged children, two early childhood education and two both age groups. One specified the age range as 6–17 years, while five used broader terms like students, children and youth. Various education and health professionals were involved or suggested for collaboration, with some articles detailing job titles, such as special education teachers, while others used more general terms, like educators, or referred to them as a team working with children.

We analysed the contents of the papers according to the research question following qualitative content analysis principles (Krippendorff 2019). Content related to collaboration ($n = 123$, paragraphs, sentences or parts thereof) was collected and categorised using NVivo 20, partly independently and through multiple discussions by two researchers (JS, ML). All information regarding professional collaboration with children with NDDs was identified, grouped and named inductively as sub-categories. Subsequently, these sub-categories were grouped and allocated to the main categories.

Table 1. Description of the selected papers.

Author(s), year, country	Purpose/aim(s)	Population, design, data collection	Involved and/or suggested collaborators	Content relevant to this study
Cbakraharti et al. (2005), UK	To describe a multidisciplinary model of early detection and diagnosis of ASD.	Discussion paper	parents, kindergarten teachers, play group leaders, paediatricians, physicians, therapists, social workers	The significance of health visitors in collaboration: they prevent the burden of identifying developmental issues from falling on other professionals. Concerns regarding expensiveness of collaboration: professional time and resources.
Donaldson and Stahmer (2014), US	To introduce principles and provide examples of school interventions targeting children with ASD, and describe collaboration of behaviour analysts and SLPs.	Discussion paper	teachers, other school professionals, SLPs, behaviour analysts	Effective, comprehensive service provision and efficiency within interdisciplinary teams are paramount. Prerequisites for successful collaboration: communication, mutual understanding, recognition of common ground.
Ellis et al. (2007), US	To discuss the medical team's role in collaboration and review the biomedical issues of individuals with ASD.	Discussion paper	parents, teachers, medical specialists, psychologists, therapists, social workers	Collaboration and service coordination is particularly important for children with ASDs, e.g. when determining the best course of action for them.
Fontil and Petrakos (2015), CA	To understand families' experiences with children with ASD during the transition to elementary school.	$n = 10$ families Mixed method, Interviews and a questionnaire	families, teachers, (pre)-school staff, community partners	Educational professionals play a vital role in supporting children and families during school transitions, working alongside preschools, elementary schools, families and communities.
Gardner et al. (2022), US	To highlight collaboration between clinical and school settings for holistic care of autistic students.	Discussion paper	families, school personnel, psychologists, paediatricians	Interprofessional collaboration and education address communication, care coordination and agency collaboration issues in autism care. School-clinic partnership promotes positive outcomes for autistic students.

(Continued)

Table 1. (Continued).

Author(s), year, country	Purpose/aim(s)	Population, design, data collection	Involved and/or suggested collaborators	Content relevant to this study
Ghosh and Rezazadeh (2011), CA	To outline assessment methods and management of ADHD and explore collaboration among professionals.	Theoretical paper	parents, school-based professionals, health and community-based teams, psychologists, paediatricians	Education and team building efforts enhance interdisciplinary ADHD childcare. Engage school-based professionals for better collaboration in hospital or community teams.
Grier and Bradley-Klug (2011), US	To review a model for working with children affected by health issues (e.g. ADHD) in schools.	Discussion paper	families, educators, school personnel, school psychologists, medical professionals	Description of the biopschoeducational model, led by the school psychologist, fostering communication and collaboration.
Griffiths et al. (2022), US	To examine a programme to support student outcomes in a community–university–school partnership. To provide a model for strengthening relationships between families and schools.	$n = 700$ families Mixed-method, questionnaires and open-ended questions	children, families, school staff, school psychology students, medical providers, nurses, therapists, social workers, clinical psychologists, behaviour interventionists	Steps and tips for working with children with disabilities, including ADHD, e.g. for developing collaborative relationships and consultation processes.
Halpin et al. (2011), UK	Describe how a group of professionals worked to inform and empower parents of preschool children with ASD.	Discussion paper	16 professionals, e.g. teachers, educational psychologist, nurses, social workers	The programme can benefit practitioners with a vision for enhancing services and a desire to explore integrated collaboration across agencies.
Kong et al. (2020), US	To discuss a model's rationale and underpinnings and its implications for clinical practice.	Discussion paper	patients, families, special education teachers, nurses, dietitians, social workers, psychologists, behavioural therapists, complex care managers	Primary care provider team can foster bidirectional collaboration with services and the medical system, e.g. building ASD family networks and engaging in interdisciplinary training and research.
Kunze and Machalicek 2021, US	To present teams as foundational to effective assessment for students with ASD.	Discussion paper	interdisciplinary teams working with ASD students	Collaborative training supports interdisciplinary work, service coordination and joint assessment and intervention in schools for students with ASD.

(Continued)

Table 1. (Continued).

Author(s), year, country	Purpose/aim(s)	Population, design, data collection	Involved and/or suggested collaborators	Content relevant to this study
Lindly et al. (2015), US	To explore the relationships among community-based service access, educational services and variation in educational services receipt among children with ASD.	$n = 3502$ children Quantitative	professionals working with children diagnosed with developmental conditions, e.g. ASD	Interprofessional collaboration enhances educational service quality for children with developmental conditions, reducing disparities.
Lobar et al. (2008), US	To describe the nurse practitioner role in school and primary care for children with Asperger's syndrome: diagnosis, early intervention and care coordination.	Discussion paper	educators, nurse practitioner, social workers, other caregivers	Nurse practitioners' involvement in IEP preparation offers opportunities for education about the disorder, contributing factors and intervention guidance.
McClain et al. (2020), US	To comprehend school psychologists' engagement in interdisciplinary collaboration for youth with ASD, a vital part of coordinated care.	$n = 203$ school psychologists Mixed-method, quantitative and qualitative questions	psychologists, therapists, dietitians, medical subspecialists, audiologists, social workers	School and clinic practitioners can enhance effectiveness through collaborative behaviours (e.g. predefined approaches and respect) while addressing potential barriers (e.g. legal aspects in schools).
Mieres et al. (2011), US	To describe how a nurse and a physical therapist in a school-based clinic collaborated to meet the needs of children with ASD.	$n = 1$ child Qualitative	interprofessional team members working with children with ASD	Importance of creating a template for interprofessional strategies to recognize, quantify and address pain in children with ASD. Determining the best approach to educate families and professionals caring for children with ASD.
Molteni et al. (2013), UK	To investigate the implementation of 'Social Communication, Emotional Regulation, Transactional Support' -model with school-age children with ASD.	$n = 22$ professionals of teaching psychology, education, social sciences, other Qualitative	professionals of teaching, education, psychology, social sciences, other	The model can support professionals in executing an educational plan and ensures that all stakeholders' voices are heard in the child's life.

(Continued)

Table 1. (Continued).

Author(s), year, country	Purpose/aim(s)	Population, design, data collection	Involved and/or suggested collaborators	Content relevant to this study
Monteiro 2022, US	To emphasise the significance of comprehending executive functioning in individuals with ASD in school, at home and in the community.	Discussion paper	parents, teachers, psychologists, other school-based service providers	Recommendation for school psychologists to provide teachers guidance on evidence-based interventions for enhancing students' executive functioning skills.
Monteiro 2022, US	To introduce school psychologists to a visual framework and descriptive language to think and talk about students with complex ASD.	Discussion paper	parents, teachers, psychologists, other school-based service providers	Emphasises the use of positive, strength-based language by the school psychologists when discussing autism assessment results with others.
Paton and Hiscock (2019), AU	To determine perspectives of clinicians on barriers and enablers in current system and components of an optimal care for children with, e.g. ADHD or ASD.	$n = 30$ clinicians Qualitative, interviews	parents, education, health and disability services	Streamlined care systems, involving collaboration between parents and various service sectors, are vital for better outcomes. Medical and non-medical professionals working together are essential in an ideal care model.
Prelock et al. (2003), US	To describe a model for the assessment of children with ASD that includes families and leads to intervention planning.	Discussion paper	family, education, SPL, audiology, social work, developmental paediatrics, nursing, psychology, nutrition, public administration, therapies	Recommendations for assessing a child with or suspected ASD. School teams should engage diverse professionals to collaborate in the evaluation process to create recommendations.
Prelock et al. (2017), US	To discuss the role of interprofessional education and collaboration in the delivery of service to children with ASD and their families	Discussion	interprofessional team working with children with ASD and their families	Interprofessional case scenarios and their benefits: highlighting the value of collaborative practice, setting family-centred goals and clarifying team roles to achieve desired outcomes.
Ramclam et al. 2022, US	To offer recommendations for culturally responsive and socially justified school psychology service delivery to autism assessment for Black children.	Discussion paper	family, psychologist, school personnel	Descriptions of school psychologists' collaboration with school personnel and its impact on students' academic path and identifying those in need of autism assessments.

(Continued)

Table 1. (Continued).

Author(s), year, country	Purpose/aim(s)	Population, design, data collection	Involved and/or suggested collaborators	Content relevant to this study
Shahidullah et al. 2022, US	To highlight short-term consultations to increase access to timely ASD evaluations and support through a school telehealth initiative.	Discussion paper	family, teachers, school personnel, caregivers, mental health providers	Regarding program strength: involving all stakeholders to collaborate and implement the best intervention plan for the student.
Sinai-Gavrilov et al. (2019), IL	To examine attitudes, perceived teamwork and staff cohesion of the multidisciplinary preschool staff working with children with ASD as experienced by therapeutic team members.	$n = 21$ pre-school therapists Qualitative, Interviews	lead teacher, associate teacher, paraprofessionals, therapists, psychologists, social workers	Description of challenges faced by professionals in navigating multidisciplinary teamwork and facilitating factors.
Stichter and Kay (2007), US	To provide insight into forming a multidisciplinary team to support students with ASD and designing and implementing an integrated curricular plan.	Discussion paper	parents, teachers, special education teachers, paraeducators, therapists, psychologists, social workers, administrators	The multidisciplinary team is more confident in implementing, supporting and enhancing capacity with curricular frameworks and processes.
Vallefuoco et al. (2021), IT	To present and test a digital platform for collaboration and information sharing between ASD families and different services.	$n = 30$ (18 therapists, 12 parents), Quantitative, survey	families, relatives, teachers, educators, special needs teachers, paediatrics, neuropsychiatrists, therapists, psychologists, social workers, caregivers, legal guardians, others	Exploring digital platforms' potential for supporting communication and collaboration among professionals and families of children with ASD.
Whiting and Muirhead (2019), US	To guide the collaboration between occupational therapists and applied behaviour analysts in schools for children with autism.	Discussion paper	teachers, therapists, other team members	Interprofessional collaboration is vital for implementing best practices in schools for children with autism. Professionals must invest time in learning about each other's domains and appreciating the value of their interventions.

(Continued)

Table 1. (Continued).

Author(s), year, country	Purpose/aim(s)	Population, design, data collection	Involved and/or suggested collaborators	Content relevant to this study
Young et al. (2020), UK	To address the gap and reach expert consensus on identification and treatment of people with co-existing ADHD and ASD that helps healthcare practitioners and allied professionals.	Discussion paper	education, healthcare and social care professionals	Inter-agency collaboration is essential to provide successful care using the expertise of professionals from various services. It should be included in the individual's care plan and shared accordingly.
Äikäs et al. (2022), FI	To examine the collaboration of early childhood education and care professionals with children with intellectual disability and autism.	<i>n</i> = 104 early childhood teachers, special education teachers, nurses, assistants, managers, special class teachers, project coordinators, social workers Qualitative, open-ended questions in a survey	early childhood teachers, special education teachers, special class teachers, nurses, assistants, managers, project coordinators, social workers	Describing the polarisation in interprofessional collaboration and the narrative of lone responsibility in ECEC for children needing significant support.

Results

The analysis revealed three main categories relating to professional collaboration: 1) forms, 2) underpinning factors and 3) benefits. Although the review only includes studies that focus on children with NDDs, many of the forms, underpinning factors and benefits of collaboration are in fact highly generic and thus central to the success of collaboration in other contexts as well.

Form of collaboration

An effective *assessment* of children with NDDs necessitates collaboration among professionals and parents (Chakrabarti et al. 2005; Prelock et al. 2003; Whiting and Muirhead 2019). Collaborative networks that bring together the expertise of families, educators and other professionals facilitate *structured problem-solving encompassing assessment, intervention and evaluation* (Grier and Bradley-Klug 2011). Regular professional collaboration in *assessment, support planning, co-therapy and intervention* is essential to enhance the comprehensive approach (Sinai-Gavrilov et al. 2019) and *service coordination* for intervention effectiveness (Donaldson and Stahmer 2014). Also, holistic cross-service interventions can help children with developmental disabilities access other services needed (Lindly, Sinche, and Zuckerman 2015). E. Monteiro (2022) emphasised school psychologists' and teachers' roles in enhancing *assessment* ecological validity for more effective school interventions. The involvement of all actors bridges the gap between home and school and strengthens the support network (Shahidullah et al. 2022). Sustained support

during *school transitions* requires collaboration among (pre-)schools, families, communities and professionals. Fontil and Petrakos (2015) suggested that school psychologists can play a key role in coordinating this collaboration.

Teamwork is one of the key forms of collaboration, promoting common approaches and collaborative assessment and planning and aiding in finding a common ground (Whiting and Muirhead 2019). Professional teams offer valuable emotional support, potentially impacting intervention effectiveness (Sinai-Gavrilov et al. 2019), and they can challenge stereotypes and negative perceptions of professions (Kunze and Machalicek 2021). Shahidullah et al. (2022) outlined a telehealth programme, partnering with medical centres to address school teams' priority support needs and provide guidance for assessments and interventions. Positive outcomes from *collaborative educational planning* benefit children with ASDs, enabling skill generalisation across contexts and enhancing educational planning and success (Molteni, Guldberg, and Logan 2013). Effective professional collaboration is crucial for addressing maladaptive behaviours and preventing reinforcement, with consistent adult responses quickly reducing these challenges (Donaldson and Stahmer 2014). *Coordinated information gathering* and *a focus on adaptive behaviour* align interventions with real-world needs (Whiting and Muirhead 2019).

Consultation with relevant professionals is also highlighted in the articles. In school, psychologists play a key role in sharing assessment results with parents and other professionals (E. E. M. Monteiro 2022). They also serve as advocates for understanding individual narratives and facilitating transitions from verbal to visual communication (M. E. M. Monteiro 2022). Grier and Bradley-Klug (2011) emphasised that psychologists spend considerable time on problem-solving consultation. Lobar et al. (2008) emphasised a nurse practitioner's role as a counsellor, highlighting issues related to early identification, diagnosis, assessment, intervention and a holistic approach when creating a child's individual education plan and collaborating with other professionals. A collaborative implementation of consultations is vital to avoid confusion between parents and school staff during consultations (Prelock, Potvin, and Savard 2017). For example, Donaldson and Stahmer (2014) highlighted the collaborative role of speech-language pathologists (SLPs) and behaviour analysts in improving communication and referrals for children with ASDs. However, unfamiliar professionals may suggest impractical interventions and misinterpret school capacity (McClain et al. 2020), potentially causing confusion and implying a lack of personal competence (Äikäs et al. 2022).

Factors underpinning effective collaboration

Professionals require a shared vision and common goal for interdisciplinary collaboration (Kunze and Machalicek 2021). A unified framework for professionals promotes effective collaboration and sharing of best practices without competition (Molteni, Guldberg, and Logan 2013). Collaboration success is tied to the roles and competencies of professionals complementing each other (Donaldson and Stahmer 2014; Ghosh and Rezazadeh 2011; McClain et al. 2020; Young et al. 2020) and administrators and family members (Grier and Bradley-Klug 2011) when serving the varied needs of children and adolescents with neuropsychiatric symptoms. Defining each professional's role and responsibilities ensures their valued contributions within the team dialogue (Sinai-Gavrilov et al. 2019).

Effective professional collaboration relies on frequent, efficient and continuing communication (Grier and Bradley-Klug 2011) to support interdisciplinary interventions (Vallefuoco et al. 2021). Using positive, strength-based language enhances interactions (M. E. M. Monteiro 2022), while discipline-specific jargon can hinder comprehension (Kunze and Machalicek 2021). Openness and honesty challenges complicate collaboration (Molteni, Guldberg, and Logan 2013). Thus, mutual respect and open-mindedness should guide collaboration (Sinai-Gavrilov et al. 2019), which also contributes to parents' comfort (Ramclam et al. 2022). Furthermore, sharing information is essential for collaboration (Prelock, Potvin, and Savard 2017), including care and support plans (Young et al. 2020) and sharing assessment, diagnosis and intervention data to meet student needs (Ellis et al. 2007). Virtual networks and telehealth resources can enhance cross-sectional collaboration (Kong et al. 2020).

Reviewed articles highlight mutual education, training and competence development for professionals (Äikäs et al. 2022; Donaldson and Stahmer 2014; Grier and Bradley-Klug 2011; Kong et al. 2020; Kunze and Machalicek 2021; McClain et al. 2020; Prelock, Potvin, and Savard 2017; Sinai-Gavrilov et al. 2019; Stichter et al. 2007; Young et al. 2020). Training aims to promote shared understanding; improve intervention effectiveness (Donaldson and Stahmer 2014) and advance ASD knowledge (Kong et al. 2020), child health issues and impairments (Grier and Bradley-Klug 2011), as well as other comorbidities, gender variations, assessment and intervention choices (Young et al. 2020). Collaborative skills are honed through workshops and cross-training (Donaldson and Stahmer 2014; Kunze and Machalicek 2021; Sinai-Gavrilov et al. 2019). Coaching, recommended by Prelock et al. (2017), enhances listening and communication skills. McClain et al. (2020) highlighted practical training as more relevant than conceptual training for future collaboration. Professional networks should also learn how to support children's learning and development (Äikäs et al. 2022). Moreover, undergraduate education is crucial for competence development, overcoming barriers (Grier and Bradley-Klug 2011; Griffiths et al. 2022; Kunze and Machalicek 2021) and promoting common assessment practices and intervention goals (Kunze and Machalicek 2021). Fieldwork experiences with university – family – school – community partnerships build confidence in handling diverse cases among professionals (Griffiths et al. 2022).

Creating a harmonious environment among diverse professionals is challenging, as indicated by Sinai-Gavrilov et al. (2019). The participants in their study encountered conflicting professional views, especially regarding emotional vs. functional language, educational vs. therapeutic perspectives and role vs. responsibility. Substantial differences in approaches among professions were challenging to reconcile (Grier and Bradley-Klug 2011; Sinai-Gavrilov et al. 2019), sometimes leading to team competition (Sinai-Gavrilov et al. 2019). Molteni et al. (2013) observed competition between care and education settings regarding a child's progress. Professionals require emotional support when under stress (Sinai-Gavrilov et al. 2019).

Collaboration among professionals and families can be resource-intensive (Molteni, Guldberg, and Logan 2013) but can also offer cost-sharing and new funding opportunities (Griffiths et al. 2022). Paediatricians face barriers such as limited time and challenges in reaching school staff (Grier and Bradley-Klug 2011), while regular discussions and planning are vital for shared learning and dialogue (Sinai-Gavrilov et al. 2019). Challenges may also arise due to inadequate support from administrators and parents in gathering and

sharing information as well as policy and legal restrictions on communication (McClain et al. 2020).

To improve services for children with NDDs, breaking professional and sectoral silos is crucial. This necessitates systemic changes from government to professionals, promoting optimal support, networks and coordinated services (Paton, Hiscock, and Houghton 2019). Collaboration also enhances support services, especially when specialist personnel are limited. Allocating resources to school staff and professional collaboration improves assessment, intervention and support coordination (Shahidullah et al. 2022).

Benefits of collaboration

The articles highlighted that collaboration enhances assessment, intervention and care coordination (Shahidullah et al. 2022) and professionals' efficiency (Gardner et al. 2022), aids in identifying motivational materials for individuals with autism (Gardner et al. 2022), addresses communication challenges, reduces clinical errors (Mieres, Smallwood, and Nicholson 2011) and promotes continuous learning within teams (Prelock, Potvin, and Savard 2017). In schools, inclusive practices are promoted by effective collaboration between administrators and education professionals (Stichter et al. 2007). Furthermore, collaboration benefits teachers, allowing them to focus on classroom management without simultaneously assessing students' symptoms (Mieres, Smallwood, and Nicholson 2011). Systematic collaboration also prevents professionals from feeling isolated and helpless when a child requires significant support (Äikäs et al. 2022).

Collaboration that respects each profession's unique perspective improves student knowledge, performance and participation as well as implements best practices in schools for children with ASDs (Whiting and Muirhead 2019). Sinai-Gavrilov et al. (2019) also indicated that joint projects can foster team cohesion, improve professional relationships and build trust, especially with children displaying challenging behaviours.

Child-and family-oriented collaboration, as seen in some studies (Donaldson and Stahmer 2014; Grier and Bradley-Klug 2011; Griffiths et al. 2022; Mieres, Smallwood, and Nicholson 2011), benefits children with NDDs, families and professionals, and models promoting communication and collaboration among all actors lead to positive educational outcomes (Grier and Bradley-Klug 2011). Professional collaboration also ensures parental involvement through various means (Molteni, Guldborg, and Logan 2013; Paton, Hiscock, and Houghton 2019). Halpin et al. (2011) found that parent participation improves knowledge, relaxation, observation skills and collaboration with professionals. Integrating essential systems into a collaborative network enhances success in various areas and environments (Grier and Bradley-Klug 2011). Family-centred collaboration strengthens professionals' understanding of cooperation with families (Prelock et al. 2003), focusing on the child's future potential and quality of life (Molteni, Guldborg, and Logan 2013).

Discussion and implications

This review of 29 studies stressed the vital need for functional professional collaboration in supporting children with NDDs. While the review specifically examined studies on children with NDDs, we see the findings as broadly applicable to success in similar collaborative contexts with children with special needs. It should also be noted that NDDs are associated

with long-term, complex individual and societal consequences; therefore, it is particularly important that collaboration between professionals actually works. Thus, attention should also be paid to the generic factors and structures that support collaboration.

According to the reviewed studies, the key forms of collaboration were assessment and interventions, evaluation, support planning, co-therapy, service coordination and school transitions, achieved through teamwork and consultation. Ensuring a holistic approach and coordination of all interventions and services, from planning to implementation and evaluation, is particularly important for children with NDDs, as they often need cross-sectoral expertise. Teamwork and consultation were proposed as fertile grounds for collaboration. Teamwork encourages discussions on common approaches (Donaldson and Stahmer 2014) and helps teams find common ground (Whiting and Muirhead 2019). Furthermore, professional teams provide emotional support, which may also support intervention effectiveness (Sinai-Gavrilov et al. 2019). However, to be successful, teamwork requires skills and willingness to work together, cross-sectoral structures such as dedicated workspaces and time for joint meetings, and cross-organisational leadership, which ensures teamwork in practice. Consultation was also seen as an important form of collaboration (e.g. Monteiro 2022), although it was also associated with challenges related to inferiority (e.g. Äikäs et al. 2022). In consultation, particular attention should be paid to respectful dialogue (Rosenfield 2004).

To promote successful collaboration, several articles stressed the need for strong collaborative competencies (e.g. Stichter et al. 2007), a shared understanding of NDDs (e.g. Young et al. 2020) and a dialogic approach to interactions (e.g. Grier and Bradley-Klug 2011) among all parties. Learning together (Volet et al. 2013) should commence during undergraduate studies (e.g. Griffiths et al. 2022) and continue throughout one's professional career (e.g. Prelock, Potvin, and Savard 2017). To make this feasible, there must be ample opportunities for students and professionals from various disciplines to learn together, and educators should possess the necessary skills for multidisciplinary teaching and guidance. Additionally, education, social care and healthcare organisations should recognise and facilitate collaborative learning as a vital part of collaborative working (Almendingen, Molin, and Šaltytė Benth 2021).

As in previous studies (e.g. Barr et al. 2016; Kallio et al. 2022), this review also revealed challenges in collaboration, including professional competition, time and support shortages (e.g. Sinai-Gavrilov et al. 2019), legal constraints (McClain et al. 2020) and difficulties in accessing information (e.g. McClain et al. 2020). Moreover, factors supporting collaboration can become challenges when they falter. Many of these challenges stem from professional and organisational silos (Bjaalid et al. 2019), which should be addressed to ensure optimal support for children with NDDs and their families.

The reviewed articles also highlighted that collaboration among schools and other professionals ensures a child-and family-centred approach (Grier and Bradley-Klug 2011), supports professional efficiency (Gardner et al. 2022), facilitates information sharing (Ellis et al. 2007; Young et al. 2020) and shifts the focus from problems to the child's prospects and quality of life (Molteni, Guldborg, and Logan 2013). Previous research has emphasised horizontally integrated support, where children receive assistance within their natural environments (Becker and Domitrovich 2011), which is why the necessary support and services must be provided at school.

To conclude, our findings emphasise the crucial role of successful collaboration in improving the quality of life, well-being and educational outcomes for children with NDDs. Effective collaboration – including all its multiple forms – benefits children, families and professionals and enhances support quality, professionals' efficiency and relationships between all actors. This necessitates systemic changes, such as integrated organisations (e.g. family centres; Bulling 2016), dialogic and open communication and collaborative competencies among professionals. Schools represent a significant opportunity for children with NDDs due to their extensive time spent in this environment, which allows different professionals and parents to collaborate in a meaningful way to provide holistic support.

Limitations and future direction

This review has limitations. First, a noteworthy limitation of the included studies is that the majority predominantly centred on ASD, providing only a restricted perspective on the research question. Second, limitations pertain to search strategies and study heterogeneity. Electronic database searches are effective but may only capture about half of the eligible studies due to inconsistent search terminology and indexing issues (Whittemore and Knafl 2005). Third, scoping reviews have methodological limitations, such as the quality of the studies included; indeed, most of the studies included in this review were discussion papers and only a few were empirical studies. However, the selected articles contributed significantly to our understanding of the topic and the state of research conducted on it. Fourth, only English-published studies were included, mostly addressing US-based issues. Consequently, generalisability is somewhat limited due to differences in legislation, service systems and collaboration opportunities between the US and other countries.

Based on our results, despite recognising the urgent need, collaboration among education, social care and healthcare professionals remains relatively unexplored. Empirical studies in this field are scarce and research on concrete practices is limited to case or pilot studies (e.g. Halpin, Pitt, and Dodd 2011), potentially lacking continuity and integration into future working structures. Further multidisciplinary empirical research is essential, encompassing all professionals dealing with children with NDDs in school settings. Research should also extend beyond specific diagnostic labels, as schools strive to address children's needs rather than fixating on classifications.

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