



Interdisciplinary Collaboration in Education and Rehabilitation Services for Children with Special Needs: A Phenomenological Study

Tiersa Reinie Undap¹

Universitas Negeri Manado,
Indonesia

**Henny Beatryx Adelina
Kiriweno²**

SLB Paulus Tomohon, Indonesia

***Corresponding author:**

Tiersa Reinie Undap, Universitas Negeri
Manado, Indonesia ✉
tiersa_undap@unima.ac.id

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Abstract

Background: Children with special needs (ABK) require integrated education and rehabilitation services involving multiple professions. While facilitating interdisciplinary collaboration is necessary to provide holistic and sustainable services, the actual success of interdisciplinary collaboration in the field, is examined through the lens of communication patterns, roles and responsibilities, and larger systems of practice.

Objective: The aim of this study was to examine the practices and experiences of professionals with interdisciplinary collaboration in education and rehabilitation services for ABK.

Method: This research applies qualitative phenomenological methods. Data were collected through semi-structured in-depth interviews with eight special education teachers, inclusive classroom teachers, occupational therapists, speech therapists, physiotherapists, and psychologists. A purposive sampling technique was used to select the participants.

Results: The data analysis generated three primary themes: (1) dynamics of communication in collaboration, which includes formal and informal communication, interprofessional coordination, and the importance of team meetings; (2) role and responsibility negotiation, including authority boundaries, overlapping roles, and management of conflict; and (3) structural and systemic issues, such as resource constraints, administrative burden, and heavy workloads.

Conclusion: Interdisciplinary collaboration within ABK education and rehabilitation services can be considered an ongoing process driven by the nature of team interaction, negotiation of professional roles, and the organizational climate. Integrated services for children with special needs are less effective than they could be and could benefit from enhanced communication mechanisms, greater role clarity, and stronger institutional support.

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INTRODUCTION

Special Needs Children (ABK) are children who have different developmental, learning, and/or health needs compared to children in general, due to developmental disorders (impairments in physical, learning, language, or behavioral development), intellectual disabilities, autism spectrum disorders, communication disorders, motor disorders, and other neurological conditions (Bahari et al., 2025). Such seamless integration of education and rehabilitation services is a prerequisite for meeting the needs of ABK and therefore must be approached thoroughly and holistically in modern service practices rather than partially or in a siloed manner. While inclusive education focuses on ensuring every child has equal access to learning, rehabilitation refers to

optimizing a child's functioning, independence, and quality of life (Almasri et al., 2023). Both domains are essentially interconnected and cannot be decoupled when it comes to ABK services (Olusanya et al., 2023; Sarancha et al., 2022; Villa-Velázquez et al., 2025; Umar et al., 2025; Anaby et al., 2019).

Within discussions on education and rehabilitation services for ABK, a wide range of professions—such as special education teachers, inclusive classroom teachers, occupational therapists, physiotherapists, speech therapists, psychologists, and health workers—are involved. This indicates that multiple disciplines are engaged, requiring strong interdisciplinary collaboration. Collaboration is understood not only as an administratively conjoined workforce, but as a process involving communication, coordination, role negotiation, and joint decision-making in the best interests of children. However, in the absence of effective collaboration, services may become siloed, disjointed, or even redundantly overlapping (Oana et al., 2024; Castro-Kemp & Samuels, 2022; Clark et al., 2020).

While this notion of cross-specialty working has been prevalent in service policy and guidance documents, practice has not always aligned well in real-world settings. Issues such as differences in educational backgrounds, professional perspectives, organizational culture, and limited resources can alter team dynamics. Collaborative work functions well in supporting teachers, nurses, counselors, and others in delivering services smoothly; however, at other times it can lead to miscommunication, ambiguity of roles, professional hegemonies, and a loss of cohesive integration. This interaction process demonstrates that collaboration cannot simply be regarded as a formalized structure, but rather as an experience that is lived and subjectively interpreted by service actors (Castro-Kemp & Samuels, 2022; Baykal et al., 2020).

Beyond its organizational dimension, interdisciplinary collaboration must be understood as a social construct—not merely an administrative arrangement of co-located professionals, but a dynamic intersubjective process shaped by the values, emotions, professional identities, and perceptions of each discipline involved. Teachers bring pedagogical values and curricular expertise; therapists bring clinical knowledge and outcome-oriented perspectives; psychologists bring developmental and behavioral frameworks. When these distinct epistemic orientations converge around a shared child, collaboration becomes a negotiation of professional worldviews—not simply task coordination. This social constructivist perspective is central to understanding why identical structural frameworks produce different collaboration outcomes across teams: the quality of social dynamics within the team determines whether formal structures translate into genuine integrated practice.

The present study's "Integrated Mentoring" approach to ABK collaboration differs from existing models in the following ways. The Response to Intervention (RTI/MTSS) model employs a tiered service delivery framework that is primarily curriculum- and assessment-driven, with professional roles structured hierarchically around student performance data. In contrast, the approach documented in this phenomenological study is relationship-centered and process-driven—emerging organically from practitioners' lived experiences of role negotiation and communication, rather than from programmatic service tiers. The Consultation Model Idol (1995) positions one specialist as an expert consultant to a general education teacher—a unidirectional expertise transfer model.

Thus, most studies on integrated services for children with disabilities have been policy-oriented, focused on program management models, or intervention effects. While this is an important approach, I argue that it does not fully encompass professionals' views of and engagement in the collaborative process as they experience it in the context of their daily practice (Mander, 2022; Qu, 2022). In fact, exploring the lived experiences of teachers and rehabilitation workers can provide a broader understanding of teamwork, including the values, challenges, coping strategies, and meanings of collaboration for them.

Policy-focused research describes what collaboration should look like—documented protocols, mandated meetings, and formalized IEP structures. What it cannot show is whether these structures are experienced as meaningful by professionals who implement them, or whether they are perceived as bureaucratic burdens that fragment rather than integrate service delivery. The danger of studying collaboration solely at the policy level is that invisible barriers—such as informal communication breakdowns, professional identity conflicts, and trust deficits—

remain unaddressed. These factors are often absent in policy documentation but are fundamental to collaboration quality. Without lived experience data, such issues remain unidentified and therefore unresolved. Research shows that policy compliance and actual practice routinely diverge (“street-level bureaucracy”). If we only study what policy prescribes, we miss the gap between prescription and practice—which is precisely where service quality can break down. This matters for professional development: practitioners who feel heard and understood are more likely to engage in collaborative improvement. Therefore, examining the lived experience of interdisciplinary collaboration is not merely an academic preference.

Our phenomenological approach made it possible to examine professionals’ experiences as they implement interdisciplinary collaboration. Phenomenological research aims to reveal and describe the essence of experiences that may not be captured in policy documents or administrative reports; rather, they are grounded in in-depth interviews and participants’ reflections. By capturing lived experiences, emotions, and meanings that service actors associate with collaboration, a richer understanding of the barriers and facilitators to integrated education and rehabilitation for ABK can be developed.

Internationally, interdisciplinary collaboration in special needs education and rehabilitation is operationalized through several established frameworks: (1) Response to Intervention (RTI) / Multi-Tiered System of Supports (MTSS): Widely implemented in the United States and Australia, RTI/MTSS organizes collaborative service delivery into three tiers of increasing intervention intensity, with defined roles for general educators, specialists, and therapists at each tier. The model’s strength is its structured, data-driven decision-making; its limitation is that it prioritizes measurable academic outcomes over relational and experiential dimensions of collaboration. (2) The Consultation Model Idol (1995): A specialist-to-generalist expertise transfer model widely used in the UK and Canada, where therapists or psychologists consult with classroom teachers. This model assumes unidirectional expertise flow and does not account for the bidirectional role learning documented in the present study. This study extends existing Indonesian research on ABK service management Vibulpatanavong (2019) and Salminen (2025) by providing empirical phenomenological evidence of how collaboration is experienced within team dynamics.

The purpose of this study, therefore, is to examine and understand the experience of interdisciplinary collaboration in educational and rehabilitation services for children with special needs in this context. Abstract: This study examines professionals’ views of collaboration—the experience of working together, the negotiation of roles and responsibilities, and the social construction of collaboration in the service of holistic support for children. We hope the findings of this study will contribute to the development of more effective and responsive integrated service practices for ABK.

METHOD

Research Design

This was a qualitative study with a phenomenological design. We selected a phenomenological approach because the aim of this research was to evoke and describe the practice of interdisciplinary collaboration in education and rehabilitation services for children with special needs, as experienced by professionals in this field. Rather than focusing on the effectiveness of programs or organizational structures, the study focused on the experience, lived experience, and subjective meaning of the collaborative process as expressed by participants in the context of their daily practice.

This phenomenological approach enabled researchers to examine the essence of experiences shared by multiple individuals pertaining to the phenomenon of interest—in this case, interdisciplinary collaboration. The study aimed to understand and examine teachers’, therapists’, and other professionals’ involvement in integrated services for ABK, including their perceptions, reflections, interpretations, and subjective meanings. Therefore, the findings of the study highlighted key themes that described the nature of collaboration.

It involved the researcher engaging in a process of reflection and bracketing (epoché) in order to suspend, reduce, or eliminate preconceived ideas about the phenomenon under

investigation. This helped participants disclose their experiences freely, without being overly influenced by the researchers' preconceptions. Data were thematically analyzed to identify recurring patterns of meaning and were synthesized into essential descriptions of interdisciplinary collaboration in *ABK* education and rehabilitation services.

This design aimed to produce a rich and contextualized understanding of co-service experiences and did not simply describe what happened, but also how and why such experiences were constructed by professionals in integrated service settings.

Place and Time of Research

This research was conducted in inclusive schools and child rehabilitation service centers providing occupational therapy, speech therapy, physiotherapy, psychological assessment, and special education support services. The sites were purposively selected based on the presence of multidisciplinary teams and an established history of active collaboration between educational and rehabilitation personnel.

Selection was based on several criteria, such as: (1) the existence of a structured teamwork system practicing a pentahelix approach in serving *ABK* across multiple professional disciplines; (2) the involvement of periodic coordination meetings or Individualized Education Program (IEP) planning; and (3) institutional willingness to grant access for research purposes. Accordingly, the research settings were expected to reflect the natural context of integrated education and rehabilitation services.

The research was conducted between October 2025 and February 2026. This study documented the data collection process stage by stage, including field exploration, research permit arrangements, participant recruitment, and the conduct of in-depth interviews and observations.

Research Participants

Participants in this study were professionals whose experiences were related to education and rehabilitation services for children with special needs and who had been involved in interdisciplinary collaborative practices. Participants met the following criteria: 1) Involved in *ABK* services, working as a special education teacher, inclusive classroom teacher, therapist (occupational, speech, or physiotherapy), or psychologist; 2) At least 1–2 years of experience working as a member of a cross-professional service team; 3) Participation in the development, coordination, or assessment of a child-specific program (e.g., IEP or integrated therapy plan); 4) Willingness to participate and sign informed consent.

Professionals who did not participate directly in interdisciplinary collaboration processes or did not have sufficient experience in cross-professional teamwork were excluded, as indicated in the exclusion criteria.

Technique and Sample Size

Participants were recruited purposively based on their relevant experiences and their ability to reflect on and articulate experiences of collaboration. The inclusion criteria were: (1) active professional role in *ABK* education or rehabilitation services as a special education teacher, inclusive classroom teacher, occupational therapist, speech therapist, physiotherapist, or psychologist; (2) a minimum of 1–2 years of experience working within a cross-professional collaborative service team for *ABK*; (3) active participation in at least one of the following: IEP development, interdisciplinary case discussions, joint therapy–education planning, or team coordination meetings; (4) institutional placement within an inclusive school or rehabilitation center with established multidisciplinary team practices; and (5) voluntary informed consent to participate in in-depth interviews and audio recording.

The number of participants was not statistically determined but was guided by the principle of data saturation, at which point additional interviews no longer produced significantly new themes or information.

Research Methods

Data were collected primarily through in-depth interviews, supported by limited

participatory observation and documentation. The choice of this method aligned with the phenomenological approach, which emphasizes depth and reflection on participants' lived experiences.

Semi-structured interviews were conducted using a flexible interview guide. The guide included prompt questions asking participants to describe their experiences of collaborative work between disciplines, interprofessional communication dynamics, role distribution and negotiation, challenges encountered, and their understanding of collaboration within service teams. Interviews were conducted in person at mutually agreed locations and lasted approximately 45–90 minutes. With participants' consent, all interviews were audio-recorded and later transcribed verbatim.

The interview guide covered the following thematic domains:

- (1) Daily experience of interdisciplinary collaboration: "Could you describe what a typical collaborative interaction looks like in your work?"
- (2) Communication patterns: "How do you communicate with colleagues from other professions—formally and informally? What tools or channels do you use?"
- (3) Role distribution and boundaries: "How are responsibilities divided between your role and other professionals in the team? Are there instances where roles overlap?"
- (4) Challenges encountered: "What are the main barriers or difficulties you experience in collaborative practice?"
- (5) Meaning and value of collaboration: "What does interdisciplinary collaboration mean to you personally? Why is it important in your work with children with special needs?"

In addition to interviews, limited participatory observations were conducted to gain a clearer understanding of the context of collaborative work. Observations included interprofessional interactions during team meetings, case discussions, and informal coordination in the workplace. The collaborative processes observed—including situations, communication patterns, and interaction dynamics—were recorded by the researcher. Field notes were taken immediately after each observation to ensure accuracy and completeness of data.

Data collection occurred in parallel with ongoing researcher reflection. The researcher transcribed interviews verbatim and conducted preliminary readings after each interview to identify emerging themes. When unclear points required further elaboration, follow-up interviews were conducted, or clarifications were obtained through member checking. This ensured that the data accurately reflected participants' experiences and meanings of collaboration.

Data Analysis

Data were analyzed thematically using a phenomenological approach. All interviews were transcribed and repeatedly read to gain a holistic understanding of participants' experiences. The researcher applied bracketing (*epoché*) during analysis to minimize bias and preconceptions.

The experience of collaboration was then identified through coding of significant statements. Similar codes were grouped into categories and then developed into broader themes. The researcher synthesized a description of participants' lived experiences and how these experiences unfolded within their work context, until the essence of interdisciplinary collaboration was identified. Source triangulation and member checking were used to ensure credibility and confirm that interpretations aligned with participants' intended meanings.

The thematic analysis followed the framework of Miles and Huberman (2014) was conducted through six systematic stages to ensure rigor. The process began with data condensation, in which interview recordings were transcribed verbatim and reviewed repeatedly for familiarization; significant statements were identified, while irrelevant or repetitive content was excluded through bracketing. This was followed by inductive open coding, in which meaningful units were assigned descriptive codes reflecting participants' experiences (e.g., "text message coordination," "role overlap in behavior management," "insufficient meeting time"), supported by iterative refinement of a codebook.

Next, categorization was conducted by grouping related codes into broader categories

such as informal communication tools, role boundary negotiation, and administrative constraints. These categories were then abstracted into higher-order themes, including Communication Dynamics, Role Negotiation, and Structural Barriers.

The analysis continued with data display, in which themes and supporting evidence were organized into structured visual representations such as thematic maps to facilitate pattern recognition and comparison across participants. Finally, conclusion drawing, and verification were conducted through member checking and source triangulation, comparing interview data with observational notes and relevant documents.

Collectively, these stages formed a comprehensive and methodologically rigorous thematic analysis procedure that strengthened the credibility and trustworthiness of the study findings.

RESULTS AND DISCUSSION

Results

Characteristics of Research Subjects

The samples in this study consisted of eight practitioners from education and rehabilitation services for children with special needs. All participants had at least two years of experience working within cross-professional collaborative service systems at some stage in their careers. Participants were selected for their roles as key contributors in the planning, implementation, and evaluation of individual programs for children.

Team coordination meetings and case discussions for children are common aspects of interdisciplinary collaborative practice among all participants. While most participants work within formal institutional teams, daily interaction also occurs through informal team structures, such as direct communication and messaging platforms. Participants' characteristics are shown in Table 1.

Table 1. Characteristics of Research Subjects

Code	Profession	Length of Experience (years)	Types of Institutions
P1	Special Education Teacher	8	Inclusive Schools
P2	Inclusive Classroom Teachers	5	Inclusive Schools
P3	Occupational Therapist	6	Rehabilitation Center
P4	Speech Therapist	4	Rehabilitation Center
P5	Psychologist	10	School & Rehabilitation
P6	Physiotherapist	7	Rehabilitation Center
P7	Special Education Teacher	3	Inclusive Schools
P8	Occupational Therapist	2	Rehabilitation Center

Group dynamics as it relates to communication within joint decision making

One recurrent theme that emerged from our analysis concerned communication and how it functions when collaborating across disciplines. Mission-critical to teamwork is communication, both in verbal form and in quantity, particularly where cross-professional coordination and joint decision-making are concerned.

Formal and Informal Communication Patterns

P3 and P8 found that formal communication occurs within established team meetings, case discussions, and through programs for individual children. These structured forums are used

for reporting and exchanging assessment feedback, therapy progress updates, and follow-up intervention planning. Formal communication is therefore structured and purposeful.

However, informal communication also looms large in practice. Coordination often involved interactions occurring while all participants were in the same workspace (P3, P5), or via text messaging through communication applications (P3, P4, P7). In addition, coordination frequently took place on the fly, often after therapy or learning sessions (P3, P4). Informal communication is seen as better able to respond to the urgent needs of the child; however, it is not always systematically documented.

Cross-Professional Coordination

In cross-professional coordination, a relatively complex process, understanding the perspectives and methods of different disciplines is necessarily a two-way process. According to some participants, differences in educational backgrounds and terminology can make interaction challenging. However, time and experience led to a clearer understanding of the roles of each profession, as well as how they contribute to diagnosis and intervention.

Participants, including P6, emphasized that communication should not be one-directional but rather bidirectional, allowing professionals to convey a comprehensive picture of the child's condition and developmental status. Effective coordination between interventions can be achieved through synchronisation between classroom and therapy contexts, thereby providing consistent stimulation for the child.

The Role of Team Meetings

Regularity and continuity of collaboration are maintained primarily through team meetings. These meetings allow each professional to present summaries of observations, identified challenges, and intervention suggestions. They also serve as a forum for agreeing on service priorities and distributing responsibilities more clearly.

However, according to P5, the effectiveness of meetings depends largely on the facilitator, time management, and active engagement of all participants. One-sided meetings or those dominated by specific professions are not optimal for achieving the goals of interdisciplinary collaboration.

Role Definitions and These Lines are Blurred

The second theme focused on the negotiation of roles and responsibilities in interdisciplinary collaborative practices. Participants stated that while there is a clear structural definition of roles for each profession, in practice roles are frequently adapted and negotiated according to child needs and team interactions.

Limits of Authority

As one respondent stated, "The boundaries of jurisdiction between professions have essentially been drawn based on competencies." Teachers may focus on learning-related interventions and curriculum planning or modification, while therapists address areas related to motor development, communication, or sensory regulation. However, in practice, these boundaries are not always rigid.

Participants P2 and P4 reflected on the flexibility of roles in response to children's needs. For instance, teachers may implement sensory regulation strategies suggested by therapists in the classroom, while therapists may modify interventions based on teacher reports of the child's behaviour during learning. This flexibility means that lines of authority are fluid, which can also be challenging, as it requires open negotiation to avoid role conflict.

Overlapping Roles

One issue that arises regularly is overlapping roles. P1 and P7 noted that overlaps in responsibility sometimes occur, particularly regarding behavioural support and functional learning strategies. Lack of coordination clarity may lead to sporadic or even conflicting interventions.

Yet, participants viewed overlapping roles not as a conflict, but as an opportunity to complement each other's strengths. Effective collaboration ensures continuity of service, as each profession can strengthen intervention from different angles.

Conflict Resolution Strategy

P1 participants discussed the need for dialogue and prioritising the child in the context of differing perspectives or potential conflicts. The main strategies for resolving differences include face-to-face case discussions, clarification of intervention goals, and mutual agreement.

Having a team coordinator or meeting leader who can ensure equitable communication is also seen as a way to mitigate conflicts between professions. P1 participants further noted that longer-term collaboration builds mutual trust, making conflict more constructive.

Challenges at The Structural/System Level

The third theme identified structural and systemic barriers that limit interdisciplinary collaboration. Although collaboration is often conceptualised as synergistic teamwork, the reality is largely shaped by organisational and systemic constraints.

Resource Limitations

The majority of participants (P3, P4, P6, P8) reported inadequate resources as the primary barrier to collaborative practice. Staffing ratios are insufficient relative to the number of children, therapy rooms and support facilities are limited, and there is very little time available for in-depth coordination.

This results in collaboration occurring at the margins, focused only on the most urgent cases. Interviewees noted that ideally every case should be thoroughly discussed in case meetings on the same day concerns arise; however, this is not feasible in practice due to limited time and energy.

Administration and Bureaucracy

In addition, internal administrative processes impose a significant burden, including documentation and bureaucratic reporting requirements. P1 participants reported that preparing child development reports, therapy documentation, and reporting to management or parents consumes considerable time.

Administrative processes are often perceived as hindering progress in intervention planning and implementation. While necessary for accountability and documentation, participants expressed a desire for more streamlined systems to ensure that more time can be devoted to direct service delivery.

Workload

High workload is a third factor influencing the quality of collaboration. P8 participants, who managed multiple children simultaneously, reported difficulty attending all coordination meetings or engaging in in-depth case discussions. This may result in less-than-optimal communication. However, participants also noted that personal commitment and a sense of responsibility for children's development often sustain collaboration despite high workload pressures.

Discussion

Interpretation of Collaborative Experience

The findings suggest that participants understand interdisciplinary collaboration in education and rehabilitation services for children with special needs as a process-driven and deeply contextual phenomenon shaped by communication, negotiation of professional roles, and organisational structures. These findings indicate that collaboration extends beyond technical coordination and involves complex social dynamics in establishing shared understanding of children's needs and appropriate intervention approaches (Kinnunen et al., 2021).

The first theme highlights communication dynamics, indicating that both formal and informal communication are central. Team meetings, case discussions, and informal interactions

function to share information, coordinate interventions, and maintain continuity of care. These findings align with literature describing interdisciplinary work as involving shared time, structured meetings, and integrated service planning across multiple professions. This study suggests the need for supportive policy frameworks to enhance interprofessional collaboration, ensuring faster information exchange and reducing communication barriers that may affect service quality for children with special needs (Villa-Velásquez et al., 2025; Vibulpatanavong et al., 2019).

The second theme highlights negotiation of roles and responsibilities, showing that professional boundaries are flexible and continuously renegotiated in response to child needs. Each profession contributes specific competencies, and interventions are shaped through complementary efforts. Prior research similarly shows that interdisciplinary teams in special needs services often include nurses, therapists, psychologists, and educators working collaboratively. Role clarity, with recognition of each profession's contribution, is essential to prevent conflict and maintain consistency of service delivery (Salminen et al., 2025; Villa-Velásquez et al., 2025; Castro-Kemp & Samuels, 2022).

The third theme identifies structural and systemic challenges such as limited funding, administrative burden, and high workload. Although participants demonstrated strong professional commitment to collaboration, organisational constraints often limit optimal coordination. These findings align with broader research highlighting challenges such as weak leadership, limited interprofessional education, and communication barriers within service systems (Clark et al., 2020; Baykal et al., 2020; Mander, 2022; Qu, 2022; Kinnunen et al., 2021). Such factors reduce the effectiveness of teamwork and service delivery (Castro-Kemp & Samuels, 2022; Sun et al., 2026).

The main implications of the findings involve: (1) collaborative processes, (2) role evolution, and (3) interaction between interpersonal and systemic factors influencing success. Effective collaboration depends on open communication and clear professional roles supported by organisational structures, enabling more integrated services for children with special needs and their families.

In the Indonesian context—characterised by limited formal coordination infrastructure, high professional-to-child ratios, and resource constraints—informal communication through WhatsApp messaging and corridor discussions is not merely a workaround but a systemic adaptation. While informal communication lacks documentation and formal accountability, it enables rapid micro-adjustments that formal systems cannot accommodate. Professionals adapt policy expectations to real-world constraints. These informal channels therefore represent adaptive responses to under-resourcing rather than professional non-compliance.

Implications for Educational and Rehabilitative Services

The findings have important implications for the development of educational and rehabilitation services for children with special needs (ABK). Interdisciplinary collaboration should not be viewed solely as an administrative requirement but as a core professional practice requiring appropriate infrastructure. Integrated service models should ensure clear communication mechanisms, structured coordination processes, and opportunities for regular joint reflection.

Second, interdisciplinary training is essential. Participants highlighted that differences in professional perspectives and terminology can create early barriers to collaboration. Training that promotes transdisciplinary understanding, communication skills, and conflict management can improve teamwork and interprofessional synergy.

More practically, service providers should implement collaboration-supportive policies such as scheduled coordination time, reduced unnecessary reporting requirements, and improved staff-to-child ratios.

Research Limitations

This study has several limitations. First, the relatively small number of participants reflects the phenomenological design, which prioritises depth over breadth. While data saturation

was achieved, findings are not intended for broad generalisation. Second, the study was conducted within a single geographical and organisational context, which may influence practices and perspectives. Studies across more diverse settings may provide a broader understanding of collaboration in different service environments.

Phenomenological research also relies on subjective interpretation. Although bracketing and member checking were used to reduce bias, subjectivity remains inherent in qualitative research. Future studies using alternative methodological approaches could further enrich understanding of interdisciplinary collaboration in ABK services.

CONCLUSION

This study shows that interprofessional communication in education and rehabilitation services for children with special needs is a dynamic, process-oriented phenomenon shaped by adaptive interaction between professionals and systemic constraints. Collaboration is not only structural but also experiential, involving role negotiation, shared responsibility, and commitment to children's best interests. Formal and informal communication both play critical roles in ensuring continuity of care. Role overlap and boundary negotiation are natural aspects of collaboration and can be managed through transparent communication and trust. However, structural challenges such as limited resources, administrative burden, and high workload significantly shape collaboration practices.

In conclusion, interdisciplinary collaboration is perceived as both a professional necessity and an ethical responsibility in delivering comprehensive services for children with special needs. These findings highlight the importance of organisational support, effective communication systems, and interprofessional training to improve integrated service quality in education and rehabilitation for ABK. Based on the findings, training interventions such as interprofessional shadowing programmes and structured reciprocal observation sessions between teachers and therapists are recommended to strengthen mutual understanding and bidirectional knowledge exchange.

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AUTHOR CONTRIBUTION STATEMENT

Tiersa Reinie Undap contributed to the conceptualization of the study, research design, data collection, data analysis, and preparation of the original manuscript draft. Henny Beatryx Adelina Kiriweno contributed to the development of the methodology, validation of the findings, and critical review and editing of the manuscript. Both authors have read and approved the final version of the manuscript.

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