

Enhancing support for students with special needs through improved collaborations between schools and after-school day service centers: A study in metropolitan Tokyo

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東京都における学校と放課後等デイサービスとの連携の改善による障害のある児童生徒への支援の充実

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Abstract

A questionnaire regarding collaboration between schools and after school day service (ASDS) centers was administered in the Tokyo metropolitan area, to evaluate the current situation and address unresolved issues, particularly in special needs education. The analysis revealed many issues regarding content and method of collaboration, and highlighted the need for better awareness among schoolteachers regarding ASDS centers. The results also call for early action in terms of promotion and information sharing, by organizing support meetings that use individual educational support plans.

要約

東京都内の学校と放課後等デイサービスの連携についてアンケート調査を実施し、現状と課題を分析した。その結果、連携内容・方法に関する現状には、まだ多くの課題があり、特に、学校の教職員に放課後等デイサービスについての理解啓発、また、個別の教育支援計画を活用した支援会議の開催等による情報共有の推進等についての早急の対応が必要であることが明らかになった。

Key words: After school day service care center, individual educational support plan, special needs education
キーワード：放課後等デイサービス、個別の教育支援計画、支援会議

1. Introduction

In terms of an inclusive society, marked progress has been observed in both school education as well as special needs education in efforts to promote the independence of students with disabilities and encourage their participation in society. This progress is a result of various initiatives such as reforms of the Basic Act for Persons with Disabilities, ratification of the Convention on Rights of Persons with Disabilities, and the implementation of legislation to eliminate discrimination against people with disabilities.

Currently, based on Articles 72 and 81 of the School Education Act, students with disabilities are educated not only at special support schools but at all types of schools. According to the 2018 White Paper¹⁾ published by the Ministry of Education, Culture, Sports, Science and Technology (MEXT), as of May 1, 2017, approximately 490,000 students were either i) enrolled at special support schools and in special support classes at mainstream elementary and junior high schools or ii) received support in mainstream classes. This number is increasing annually, with approximately 417,000 of these students at compulsory school

age, accounting for 4.2% of all students in this bracket. Students who may have developmental difficulties (including learning difficulties, ADHD, and high-functioning autism) who are enrolled in mainstream classes in elementary and junior high schools and may or may not receive support in those mainstream classes account for 6.5% of all students. Thus, the number of students receiving special support education is significant.

In addition, as early identification of and response to disability is important for the education of students with disabilities, many students are receiving diagnosis, treatment, and integrated treatment and education at medical institutions designated treatment and education institutions from an early age. Deeper collaboration with caregivers is a vital aspect of improving the education of students with disabilities and making it more effective, as is collaboration and sharing information with relevant institutions. With regards to collaborations between educational institutions and other relevant institutions, as indicated in the 2007 Notice²⁾ on the promotion of special needs education issued by MEXT, it is important to produce a long-term integrated plan for each child with disabilities covering the period from early childhood to the end of education. It is also necessary

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to utilize “individual educational support plans” (IESPs) produced by schools intended to aid collaboration between the family, the local community, and relevant institutions (including those involved in medical treatment, welfare, health preservation, and future employment).

Promotion of the production and utilization of IESPs for students with disabilities is mentioned in the Course of Study for Elementary School (MEXT Public Notice, 2017)³⁾, the Course of Study for Lower Secondary School (MEXT Public Notice, 2017)⁴⁾, the Course of Study for Upper Secondary School (MEXT Public Notice, 2018)⁵⁾, the Government Curriculum Guideline for Special Supported School in the Elementary and Lower sections (MEXT Public Notice, 2017)⁶⁾, and the Government Curriculum Guideline for Special Supported School in the Upper Sections (MEXT Special Notice, 2017)⁷⁾. MEXT and the Ministry of Health, Labour and Welfare (MHLW) initiated a “triangle project”⁸⁾ promoting cooperation between families, education systems, and welfare services. Via a ministerial order⁹⁾ that partially revised regulations on implementation of the School Education Act (MEXT Order No. 27, promulgated on, and in effect from Aug 27, 2018), they advocated the importance of essential information being shared between relevant institutions based on the opinions of caregivers (for instance) in order to promote deeper collaborations between education and welfare systems. In “Notice: Heisei 30, MEXT, Elementary and Secondary Education Bureau, Number 756 (Aug 27, 2018)”¹⁰⁾, regarding implementation of another ministerial order partially revising regulations on the implementation of the School Education Act, “ASDS centers” are mentioned as a specific type of relevant institution.

ASDS centers are facilities that provide training and other guidance to improve life skills of students with disabilities during after school hours and long vacations such as the summer break. Following the 2012 reforms of the Child Welfare Act, ASDS centers were assigned legal status as “supportive day centers” for pre-schoolers with disabilities. They were also assigned legal status as designated “day center support for children with disabilities” under the Child Welfare Act and as “secondary social welfare operations” under the Social Welfare Act, with numbers rising nationwide. In addition to promoting independence of children with disabilities, such centers provide a space for them to spend time outside school hours while playing an important role in their growth and development. According to a MHLW White Paper (2018)¹¹⁾, in March 2018, there were 11,806 such facilities nationwide, with 177,888 users.

However, as noted by Maruyama (2011)¹²⁾, with a nationwide association of providers of after-school care for children with disabilities (2014)¹³⁾, and by Yoshino (2015)¹⁴⁾, the sharp increase in such ASDS centers in recent years has led to various issues relating to how centers are run, how instructors at the centers are organized, and levels of expertise relating to the instruction of students with special needs.

In addition, as such centers focus on students with disabilities of school age, their collaboration with schools is likely to be significantly impacted by factors such as differences in educational content and method of each student, and how they are

specifically supported and accommodated. The MHLW produced ASDS center guidelines¹⁵⁾ in 2015 and, in the same year, MEXT issued an official request for cooperation¹⁶⁾ in the promotion of awareness of those guidelines, which included guidelines on the nature of collaboration, allocation of roles, and sharing of information between schools and ASDS centers with regards to support needed by children.

In 2014, the Tokyo Metropolitan Board of Education published “school life support sheets” (SLS sheets), a brochure¹⁷⁾ on upcoming new IESPs and their ability to support “relationships” and provide “peace of mind.” In addition to recommending the use of sheets at support meetings for collaboration with relevant institutions, the Board gave other indications including the specific nature of collaboration and production of SLS sheets for students using ASDS centers.

However, the general perception of ASDS centers in recent years is inconsistent, and there is insufficient research regarding the current situation and unresolved issues relating to their collaboration with schools. There is an urgent need for surveys presenting a more accurate depiction from various perspectives, and investigation of better ways of collaboration.

2. Purpose

The aims of this report are to analyze the actual situation and unresolved issues regarding collaboration with schools from the viewpoint of ASDS centers based on a questionnaire sent to such centers and to suggest better ways to collaborate in the future.

3. Method

A questionnaire regarding collaboration between schools and ASDS centers was sent to ASDS centers. As the highest number of centers were registered in the Tokyo metropolitan area (786 centers, as of Oct 1, 2017) including the maximum number of registered centers in each prefectural city, ordinance-designated city, and mid-ranked urban area, a decision was made to survey centers such as the Tokyo Metropolitan Board of Education which also actively promotes collaboration with relevant institutions via its “SLS sheet.”

A self-administered postal questionnaire relating to collaboration with schools was conducted in August and September 2018, and answers were kept anonymous. The main questionnaire items focused on i) outline of the center, ii) current situation regarding collaboration with schools, and iii) unresolved issues relating to collaboration with schools. In addition, ethical consideration was assured via a cover letter stating the study’s intent, procedures, assurance that personal information would not be collected, and requesting permission to participate.

4. Results

A total of 253 centers answered the questionnaire, proving a response rate of 32.2%. Table 1 shows that individual after school day service plans are produced at 94.1% of all centers, and that

staff engage in individual case reviews and case conferences at 87.0% of all centers, indicating that many centers provided systematic planned support to individual students.

Next, responses regarding the overall situation with respect to collaboration with schools were more or less evenly split, as seen in Table 2; while 124 centers (49.0%) responded that things were “going well” or “mostly going well,” 123 centers (48.6%) responded that things were “going badly” or “going fairly badly.”

Table 3 shows responses about specific methods of sharing of information between the center and schools. The most common response (88.9%) was that “Staff from centers go into schools to observe demonstration classes,” in which the center makes the approach. This response rate was higher than for “School teaching staff visit the center to observe,” in which the school makes the approach (61.3%). The next most common response (79.4%) was “There is simple contact with school teaching staff during hand-overs,” where the point of direct contact between the ASDS center staff and school teaching staff is utilized. In addition, regarding IESPs, an important element of information sharing, “Caregivers show us the plan” (61.3%) was a more common response than “The school shows us the plan” (17.4%).

However, the survey revealed that less than half the centers had regular contact and discussions such as liaison meetings with the

school. In addition, ‘regular’ liaison meetings occurred only once a year across the board. Explanation of the service plan by the center was also found to be rare, with a 15.0% response rate.

Table 4 presents collaboration-related issues faced by each center. For each item, the response rate was below 40%, with the most common issue (36.4%) reported as lack of time for information exchange. The next most common response (22.1%) was only being able to make contact via the caregiver. Other responses indicated issues such as a lack of recognition of ASDS centers as designated “treatment and education institutions,” differing attitudes between schools regarding the necessity of collaboration with such centers, differing levels of accommodation and cooperation, and difficulties in handling personal information.

Respondents were asked to comment freely on their expectations in terms of facilitating deeper collaboration with schools. Responses ranged within categories such as “hope to better understand services offered by centers,” “improvements in content and method of collaboration,” and “activities like support meetings.” Some content from this section of the questionnaire overlaps with responses on issues undermining collaboration presented in Table 4; while the number of responses was low, the most commonly desired improvement (13.4%) related to

Content of support at the center	No. of responses	%
Standardized assessment tools are used	103	40.7
Individual after school day service plans are produced	238	94.1
Support such as parenting classes is offered to caregivers	57	22.5
Staff engage in individual case reviews and case conferences	220	87.0

Collaboration with schools	No. of responses	%
Cooperation is going well	23	9.1
Cooperation is mostly going well	101	39.9
Cooperation is going fairly badly	103	40.7
Cooperation is going badly	20	7.9
Did not respond	6	2.4

Method of sharing information with schools	No. of responses	%
Liaison meetings between center and school are held	95	37.5
Regular support meetings, etc., between center and school are held	56	22.1
Caregivers also attend regular support meetings between center and school	39	15.4
Discussion at support meetings is based on individual educational support plans	60	23.7
Center's service plan is explained to school	38	15.0
School teaching staff visit center to observe	155	61.3
Center staff observe demonstration classes at school	225	88.9
School shares individual educational support plan with center	44	17.4
Caregiver shares individual educational support plan with center	155	61.3
There is simple contact with school's teaching staff during handover	201	79.4

Table 4 Problematic issues within collaboration with schools (n=253)

Issues impacting collaboration	No. of responses	%
Insufficient time for information exchange	92	36.4
It is unclear who has relevant responsibility at the school	29	11.5
The person with relevant responsibility at the center changes	12	4.7
Mismatch with the school regarding perception of support	40	15.8
User attends other centers and coordination is difficult	42	16.6
Contact is only possible via the caregiver	56	22.1
Other	36	14.2

Table 5 Desired action on the part of schools for deeper collaboration (n=253)

Content of desired action by schools	No. of responses	%
<i>Regarding proper understanding of ASDS centers</i>		
Understanding of, and cooperation with, ASDS centers on the part of teaching staff	34	13.4
Perception of teachers of collaboration on an equal footing	5	2.0
<i>Regarding content and method of collaboration</i>		
Regular contact and secure daily handover	15	5.9
Holding regular liaison meetings	18	7.1
Direct information exchange with staff member responsible	4	1.6
Establishing time, place and method of contact	8	3.2
Appointment of a dedicated coordinator	2	0.8
Visiting the ASDS center to observe	9	3.6
Establishment of systematic liaison meetings, etc., incl. authorities and family	6	2.4
Personal interaction between school and ASDS center	3	1.2
<i>Regarding support meetings, etc.</i>		
Holding support meetings and case conferences	19	7.5
Exchange of information on education content and support content	24	9.5
Consultation based on individual educational support plans and service plans	4	1.6

“understanding of, and cooperation with, ASDS centers by school teaching staff.” The next most commonly desired actions, in descending order, were “exchange of information regarding education content and support content” (9.5%), “holding support meetings and case conferences,” (7.5%) and “holding regular liaison meetings” (7.1%).

5. Discussion

Questionnaire results indicated that many ASDS centers produced individual after school day service plans for students under their care and had systems in place for case reviews and case conferences. However, almost half the participating centers that responded felt that collaboration with schools was not going well.

In many cases, there was simple contact with school teaching staff when center staff went to school to fetch students, and there were mutual visits for observation. However, many ASDS centers indicated that content and methods of sharing information on each individual student was inadequate. It is conceivable that major factors causing this inadequacy were challenges in exchanging information on education content and support content with school teaching staff in a short hand-over period, and that when contact was via the caregiver, information exchange is

indirect.

A study by the Council of Developmental Support (2014)¹⁸⁾ involving interviews with centers nationwide found that collaboration between schools and ASDS centers was inadequate. In particular, it was highlighted that i) contact methods were not established, ii) sharing of information based on IESPs was inadequate, iii) information shared during long vacations was inadequate, iv) provisions to schools for after school day service plans and “plans for use of day centers that support children with disabilities” produced by ASDS centers were inadequate, and v) there was insufficient time for information to be exchanged between ASDS centers and schools with no relevant systems in place. Moreover, the problem of lack of agreement from caregivers regarding the sharing of information with schools was also highlighted. Varying levels between schools concerning understanding and recognition by school principals and special support education coordinators regarding necessity of collaboration with ASDS centers also contributed to the list of obstacles.

Yamamoto (2017)¹⁹⁾ analyzed the current situation and issues relating to ASDS centers based on a questionnaire administered at ASDS centers in K City. Under “collaboration with schools” it was found that i) sharing of information on IESPs (5%), sharing

of information on after school day service plans (3%), and interaction at school events and open house days (15%) were all inadequate; ii) area, degree, and manner of collaboration were at each center's discretion; and iii) collaboration was failing to flourish because of differences in how each center tackled the situation.

Under the heading "sharing information with schools," it was noted that i) staff from ASDS centers attended open house days at schools more frequently than schoolteachers visiting centers for observation and ii) for ASDS centers, "open house days at schools" was the most common answer regarding method of sharing information with schools. In addition, the use of support meetings and discussions based on IESPs were insufficient (occurring at only 23.7% of all centers).

In Murayama's (2016)²⁰⁾ nationwide sample survey of ASDS centers, 67% responded that center staff observed students at special support schools, while 39% visited mainstream elementary, junior high, or high schools. In this study's survey of such centers in the Tokyo metropolitan area, a higher portion (88.9%) confirmed that they attended open day at schools. However, 50% responded mutual communication between schools and centers of the IESPs and individual support plans that each party had respectively created when the school was a special support school, and 46% when the school was a mainstream school. Results of the Tokyo survey regarding IESPs (23.7%) and center service plans (15.0%) indicated that sharing of these was inadequate.

Regarding attendance at demonstration classes offered by schools, annual calendars of several schools in the Tokyo metropolitan area include open house days or open weeks to which both caregivers and local community members were invited, and many schools in Tokyo also taught ethics classes on Saturdays open to the local community. It is conceivable that ASDS centers find it easy to take on such opportunities to attend open school events. Separately, it could also be considered that, as students receiving support are in school in the morning, from the perspective of staffing arrangements, it would be easier for center staff to attend open house days. In contrast, questions could arise as to whether there may be a host of difficulties, relating to post-lesson administration and working hours preventing teaching staff from visiting ASDS centers to observe. Fujii et al. (2012)²¹⁾ also indicate that mutual understanding is important for collaborations between schools and welfare institutions and that finding means to increase opportunities for teaching staff to directly improve their understanding of ASDS centers must be explored in the future.

Regarding unresolved issues surrounding collaboration with schools, in Murayama's (2016)²²⁾ survey, respondents indicated i) differences in ease of establishing collaboration depending on the school, grade, and teacher; ii) inadequate collaboration systems; iii) difficulties in engaging in collaboration due to staff shortages; iv) frequent lack of understanding of schools regarding content and role of ASDS centers. The Tokyo survey in this report revealed similar problems, particularly many respondents who said that "Contact is only possible via the caregiver."

The official request for cooperation²³⁾ issued by MEXT in 2015

to promote awareness of MHLW's ASDS center guidelines mentions "sharing the school's individual educational support plan and the center's after school day service plan with the agreement of caregivers," but there are numerous cases where the caregiver does not agree to the school and the center being in direct contact regarding information on the student despite encouragement from the school and the center. An unresolved issue for the future is how to devise initiatives and procedures that enable caregivers to fully grasp the significance and effectiveness of sharing the school's IESPs and the center's after school day service plans.

In addition, considering the content of collaboration between ASDS centers and schools, Takahashi et al. (2018)²⁴⁾ outlined examples of sharing information relating to homework, behavior, and daily life guidance as well as home problematic behavior such as harming others, and non-attendance. However, in some cases, it is necessary to share information without involvement of the caregiver and thus important to investigate what kind of information this should be, method used for sharing, and the procedures that must be in place.

Regarding desirable action on part of schools to deepen collaboration between schools and ASDS centers, in conjunction with holding regular liaison meetings and securing daily handovers, urgently investigate measures regarding i) cooperation and understanding among teaching staff with regard to ASDS centers and ii) support meetings, and the exchange of information regarding educational content and support content are considered important.

Notice (May 24, 2018)²⁵⁾ regarding promotion of further collaboration in education and welfare emphasizes that schoolteachers' familiarity with the welfare system directly relates to students with disabilities and proposes that the Board of Education and Welfare Bureau in each local jurisdiction collaborate to create opportunities for Welfare Bureaus and day centers that support children with special needs to explain the welfare system (including after school day services) to conferences of elementary, junior high, special support school principals, and at teachers' workshops, thereby enabling school staff to become familiar with the system. Promoting relevant awareness in schools, including high schools, is thus essential.

For instance, in Hachioji City's special support education handbook (2018)²⁶⁾ produced by Hachioji City Board of Education, the guidebook on access the Hachioji City day facilities (also available on Hachioji City's website) includes information on how to contact ASDS centers.

Considering matters from the perspective of school teaching staff, there is no particular individual collaboration for students who attended crammed schools and other extra-mural classes, and, in some cases, perceived ASDS centers as no different. In addition, as in responses to a questionnaire sent to teachers by Nishihara et al. (2018)²⁷⁾, ASDS centers have a contract with student's caregivers, and some teachers believe that schools should not get involved. There are expectations of the authorities that schoolteachers should have positive awareness of the importance of the collaboration between schools and ASDS centers as welfare institutions and should receive opportunities

for specific training on how to collaborate.

Regarding IESPs, the Government Curriculum Guideline for Special Supported Schools in the Elementary and Lower Sections (2017)²⁸⁾ and the Government Curriculum Guideline for Special Supported Schools in the Upper Sections (2019)²⁹⁾ specify production of IESPs facilitating both i) collaboration with families, the local community, and relevant institutions involved in medical treatment, welfare, health preservation, and the world of work and ii) educational support for students from a long-term perspective. The obligation to produce such plans is also specified within the general provisions in each Chapter 1.

Additionally, Course of Study for Elementary School (MEXT Public Notice, 2017)³⁰⁾, Course of Study for Lower Secondary School (MEXT Public Notice, 2017)³¹⁾, and Course of Study for Upper Secondary School (MEXT Public Notice, 2018)³²⁾ mandate that abilities and needs of each individual child enrolled in special support classes in mainstream schools or receiving support in mainstream classes are accurately assessed, that IESPs and individual instruction plans are produced for them and put to effective use. The obligation to produce such plans is stipulated in these documents. However, for students with disabilities outside categories aforementioned, the three Courses of Study only indicate that efforts should be made to produce and utilize IESPs with the intention of collaboration with families, local communities, and relevant institutions involved in welfare, health preservation and the world of work and with the intention of providing educational support to students from a long-term viewpoint. The obligation to make such efforts is stipulated in the documents.

Thus, in the results of the 2017 academic year survey of the state of special support education systems outlined in the MEXT special support education documents³³⁾, there are also differences between different types of schools in the rate of production of such plans, and it is suggested that some students receiving support at ASDS centers are yet to receive an IESP. There are also students in classes in mainstream elementary, junior high, and high schools who do not have intellectual disabilities per se, but experience various difficulties with learning and school life on account of developmental disabilities and received support at ASDS centers. There is an urgent need for systematic automatic production and utilization of individual support plans, including for such students.

In addition, results on collaboration between special support schools and ASDS centers in a June 2018 survey³⁴⁾ by the executive office of the nationwide association of principals of special support schools also indicate the value of schools proactively setting a time and place to share information via IESPs and the necessity of assigning the role of community collaboration manager to a member of staff to coordinate activities of the school, family, and centers. It is thought that the establishment of systems by special support schools to enhance their function as special support education community hubs is an important idea.

In particular, it is important for special support schools, which are institutions for the education of students with disabilities, to each analyze and evaluate their current situation and address

unresolved issues regarding collaboration with ASDS centers and work towards improvement. At a special support school run by the Tokyo metropolitan authority, where the author serves on the school management liaison committee as a consultative and evaluation member, external evaluation of the school by each ASDS center was proposed and executed, particularly to the quality of the school's collaboration.

The Tokyo Metropolitan Takashima Special Support School (a special support school for children with intellectual difficulties with elementary and junior high school sections), as part of a school evaluation targeting external institutions, analyzed results of a questionnaire³⁵⁾ regarding collaboration with ASDS centers returned by 32 centers. The following questions addressed collaboration between the school and the centers in the 2018 academic year: "At pickup time, is there a secure handover to the person with responsibility or with their representative?", "At pickup time, are you treated politely by the school?", "Does the school respond appropriately and politely to enquiries from the center?", "Is there shared understanding and collaboration with the school regarding methods of support for students?", and "Is it easy to have discussions with the school about support for students?".

To all these questions, at least 80% of responses were affirmative ["affirmative" refers to responses A and B among four levels of response: A (Yes, to an appropriate degree), B (Mostly yes), C (Mostly no) and D (No)]. However, 70% or fewer of responses to questions regarding utilization of the SLS sheet (individual educational support plan)—specifically, "Is the SLS sheet used effectively in support at the center?" and "Has the SLS sheet been used effectively at support meetings?"—were affirmative.

Although the school conducts two liaison meetings with centers each year, and holds individual support meetings as needed, centers found it problematic that they were unable to obtain desired information and that there was a lack of opportunities for teachers and center staff to share support methods and to engage in discussion. As a result, a decision was reached to make improvements in the contact system from the 2019 academic year, including listing school information required by each center at the beginning of the academic year and utilization of technologies such as email. In addition, it was agreed upon to promote the creation of systems with the caregiver's permission, provide of a copy of the SLS sheet to the center, and share it at support meetings.

The Tokyo Metropolitan Oji Second Special Support School (a special support school for children with intellectual disabilities with elementary and junior high sections) analyzed results of a questionnaire³⁶⁾ on its collaboration with ASDS centers. The questionnaire was administered as part of a school evaluation targeting support institutions and returned by 29 centers. The following questions were asked regarding collaboration between the school and the centers in the 2018 academic year: "At pickup time, is there a secure handover from the person responsible?", "At pickup time, are you treated politely by our school?", "Does the school respond appropriately and politely to enquiries?", "Is there a shared understanding with regard to support for students?",

“Is it easy to discuss support for students with the school?”; “Does our school exhibit abilities worthy of a special support education hub?”. To all these questions, at least 80% of responses were affirmative [“affirmative” refers to responses A and B among four levels of response: A (good), B (mostly good), C (not very good), and D (no good)].

Regarding utilization of SLS sheets (IESPs), 66.7% of responses to the question “Do you use school life-support sheets?” were affirmative, a rate which, like that at the Tokyo Metropolitan Takashima Special Support School, was below 70%. However, at least 75% of responses were affirmative to the following questions: “Is the SLS sheet useful in individual support plan assessment?”, “Is the SLS sheet effective in the support offered by the center?”, and “Are support meetings utilizing the SLS sheet effective?”. Moreover, in academic year 2017, 58.8% of responses to the question “Are support meetings utilizing the SLS sheet effective?” were affirmative, indicating that the 75.0% affirmative response rate in academic year 2018 represented a 16.2-point rise. This is attributable to systematic implementation of support meetings utilizing the SLS sheet at the Oji Second Special Support School based on their self-evaluation of the previous academic year.

This outcome supports the necessity indicated by Matsuura (2018)³⁷⁾, of ASDS centers having an active approach with schools, and also to the importance of all schools establishing positive structures to deepen collaboration with ASDS centers through systematic implementation of support meetings based on IESPs.

In addition, in future investigations into collaborations between schools and ASDS centers, it will be important to analyze the impact of differences in the nature of students’ disabilities and differences according to age. There are major differences in the content and the method of education and support needed by i) students with developmental difficulties, the number which is on a sharp increase, and by ii) students with severe disabilities that require a greater degree of medical care. In addition, even among students with developmental difficulties, the content and method of collaboration required will differ significantly depending on whether support and education are aimed at i) students in lower elementary school grades, so the focus is on cognition and behavior modification and teaching socially acceptable behavior, or at ii) students in early stages of puberty, aimed at disability acceptance, dealing with secondary disabilities, and readiness for work.

Further, possible shortcuts to investigate other methods to improve collaboration would be i) to administer a questionnaire to schoolteachers and caregivers and analyze any mismatch in awareness and/or recognition relating to collaboration; or ii) to undertake proper consultation regarding measures to deal with actual problem areas.

6. Conclusion

This study administered a questionnaire to ASDS centers within the Tokyo Metropolitan area examining collaborations with schools with an aim to analyze the current situation and address

unresolved issues relating to such collaborations, and to investigate the kind of collaboration that would be desirable in the future. The results of the questionnaire suggest that the current state of such collaborations is inadequate and point to the importance in the future of i) systems that allow schoolteachers to accurately and fully understand the function and role of ASDS centers, and ii) schools and ASDS centers building real and concrete collaboration based on the production and utilization of IESPs and after-school day service plans.

Additional statement

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