Transition to school for children with autism spectrum disorders (ASDs) places demands on children, parents, and school settings. The unique experiences of parents from diverse backgrounds have not been studied extensively. This qualitative study explored the experiences of 5 Canadian and 5 immigrant families during the transition to school for their children with ASDs. Parent perceptions of support systems during this transition and their experiences with preschool and elementary school staff were analyzed to understand their experiences. Thematic analyses of parent interviews revealed that parents perceived the quality of care during preschool as more supportive than the care received in elementary school. A variety of resources, such as familial, educational, and community support, seemed to help some Canadian and immigrant families in different ways. The transition to school experiences of parents of children with ASDs has important implications for school psychologists who facilitate and mediate parent–school partnerships and interagency collaboration.

In recent years, the prevalence rates for autism spectrum disorders (ASDs) have increased drastically, from 1 in 152 children in 2002 (Centers for Disease Control and Prevention [CDC], 2007) to 1 in 68 in 2010 (CDC, 2014). Furthermore, the school-age ethnic minority population is increasing, such that 44% of school-age children were ethnic minorities in 2008 (Aud, Fox, & Kewal-Ramani, 2010). Given this increase, more children with ASDs from culturally diverse backgrounds are presently entering the education system, and more families require necessary support systems and effective interventions to facilitate this entry. Before effective transition interventions can be developed, a deeper understanding of the complex challenges and barriers faced by these families is necessary. The purpose of this investigation was to explore the experiences of Canadian and immigrant families of children with ASDs during the transition to school.

The transition to elementary school is an exciting yet difficult experience for children (e.g., Rimm-Kaufman, Pianta, & Cox, 2000). Bruder and Chandler (1996, as cited in Bruder, 2010) have defined successful transition as “a series of well-planned steps to facilitate the movement of the child and family into a different service mode, without any disruption of intervention services” (p. 354); yet, in some communities, teachers indicate that merely 50% of their students achieve successful school transition, with the remaining children achieving moderate to poor levels of success (Rimm-Kaufman et al., 2000). Discontinuities between kindergarten and preschool that lead to difficulties adjusting to school include, but are not limited to, increased formal academic demands, a shift in expectations, decreased family support, less time with school staff, and more transitions throughout the day (Pianta & Kraft-Sayre, 2003).

Researchers on transition to school have noted that the implementation of appropriate transition and collaborative practices can ease the transition to school for children and their families.

Laura Fontil is now at the Department of Educational and Counselling Psychology, McGill University, Montreal, Quebec. This research was supported in part by grants from the Centre for Research and Human Development, the Fonds de recherche du Québec – Santé, and the Transcultural Research and Intervention Team. The authors would like to thank the administrative staff, teachers, parents, and children who made this study possible.

Correspondence to: Laura Fontil, Department of Educational and Counselling Psychology, McGill University, Montreal, Quebec, H3A 1Y2. E-mail: laura.fontil@mail.mcgill.ca
Community, educational, and informal support can help ease the stress parents might experience during the transition to school (Cook & Kilmer, 2010). Additionally, families often report having more positive experiences with preschool staff compared to elementary school staff (Rimm-Kaufman & Pianta, 1999), which may present additional challenges during this transition. Successful transition is an essential component of early intervention practices (Bruder, 2010), and it can have a significant long-lasting impact on children’s adaptation to school and eventual successful integration into society (West, Sweeting, & Young, 2010). Cost–benefit analyses show that successful early interventions can lead to a lifetime cost savings of 50% to 75% per person diagnosed with a developmental delay (Simmermon, 2002).

Children with developmental disabilities often experience additional challenges in the process of early transition (e.g., Rous, Meyers, & Stricklin, 2007) that may be closely related to a lack of collaboration between home, school, and outside resources; educators with insufficient intervention training; or a lack of perceived family support (Janus, Lefort, Cameron, & Kopechanski, 2007). This experience can be incrementally challenging for children with special needs, such as ASD (e.g., Rous et al., 2007). ASD is a disorder that is characterized by impairments in social interaction, communication, and repetitive, restrictive behaviors (American Psychiatric Association, 2013). These social impairments are challenging for teachers who rate social skills as more important than academic skills for successful kindergarten adaptation (Graue, 2000). Additionally, children with ASDs have particular difficulty with the unpredictable nature of transitions (Earles, Carlson, & Bock, 1998). This contributes to their difficulty with elementary school’s increased transition activities (Pianta & Kraft-Sayre, 2003) and decreased predictability compared with preschool.

Additionally, parents of children with ASDs experience more personal, financial, and family stress than do parents of typically developing children or children with other developmental disorders (e.g., Dabrowska & Pisula, 2010). Families of children with ASDs may experience additional disapproval for their children’s behaviors by family members and society. In addition, they may also experience insufficient professional support for the first few years of diagnosis and need to negotiate communication among several resources on their own. Despite these apparent needs, families are often neglected as school staff focus their efforts on children’s adaptation in school and less on families’ experiences in general (e.g., Janus, Kopechanski, Cameron, Hughes, 2008).

With a growing culturally diverse demographic in North America, children with disabilities often come from diverse backgrounds and have to cope with challenges above and beyond those related to their disability, including language and communication issues and disparities between teacher and parent values (Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004). Rimm-Kaufman et al. (2000) found that teachers tend to perceive more problems in children in specific demographic groups (i.e., low socioeconomic [SES], minority). The disconnect between the standards and cultural values of the home and the school are highlighted at the point of transition to school. Before this point, children may have been surrounded by their home culture and language, and when school commences, they are challenged to adapt to socially acceptable ways that may be unfamiliar to them. All these challenges are compounded by the initial difficulties surrounding the child’s special needs. Ultimately, to attain a successful transition to school, multiple support systems need to be in place. Gaining an understanding of the transition to school experiences of these families can facilitate the development of successful intervention strategies.

**Theoretical Framework: Two Models, One Paradigm**

The transition to school is a complicated process that incorporates several environmental resources, individual and group perceptions, and the experiences of different players (i.e., child,
teacher, and parent). Rimm-Kaufman and Pianta’s (2001) developmental model of transition incorporates the skills of the child, the child’s environment, and the linkages between environments, with an emphasis on collaborations over time and between settings. The model also emphasizes the importance of tailoring transition practices to the needs of the individual child and their family, while focusing on families’ strengths. The importance of relationships and collaborative practices are highlighted aspects of inclusion that are often missing during the transition to school (Pianta & Kraft-Sayre, 2003). The collaborative efforts in these relationships need to be seamless (Janus et al., 2007) to support families during the transition to school. Most of the research in this area has focused on children who are at risk for academic issues, with limited attention to children with developmental disorders from diverse backgrounds.

“Systems of care” (SOCs) are programs that coordinate necessary services for families with children with difficulties (Stroul, 2002). An integral component of SOCs is the wraparound, which is the team of families, professionals (e.g., teachers, psychologists), and informal supporters that collaborate to support the needs of children and their families (Stroul, 2002). SOCs ensure accessibility of both formal and informal resources to families, resulting in a system that is tailored to the needs of the child while involving children and families as full partners (Stroul, 2002).

Informal support systems include individuals who are nested within a family’s social network and, unlike relationships developed with professionals, are often present prior to necessity and are maintained throughout a families’ transition (Cook & Kilmer, 2010). Additionally, because these resources are within their community, they are more accessible than are some professional services. These informal support systems can also help families connect with community-based services (e.g., cultural centers; Stroul, 2002). New immigrants often do not have informal support systems in place, which may result in increased stress during the transition to school (Starr, Martini, & Kuo, 2014). These support systems, including community organizations, can provide these families with information regarding the education system and their parental rights and responsibilities (Starr et al., 2014).

SOCs and Rimm-Kaufman and Pianta’s (2001) developmental model of transition emulate ideal support systems for children preparing to make the transition to school and their families. Both models emphasize establishing collaborative partnerships, focusing on families’ strengths, and tailoring practices to the needs of children and their families. SOCs also emphasize the importance of utilizing informal support systems, thus empowering families to develop their own flexible and personal support systems. Less is known regarding how these models apply to families from diverse backgrounds with children with ASDs making the transition to school.

Purpose of the Study

Despite the increase in prevalence rates for ASDs (CDC, 2014) and our increasingly diverse population of students, limited research has been conducted on the experiences of families’ of children with ASDs during the transition to school (e.g., Stoner, Angell, House, & Bock, 2007), and even fewer have focused on the lived experiences of diverse families navigating systems during this transition. The purpose of this study was to gain an understanding of the experiences of Canadian and immigrant families with children with ASDs during the transition to elementary school. More specifically, this study explored: (a) what support systems were in place for families with children with ASDs during the transition to school; (b) how families’ experiences with preschools compared with their experiences with elementary schools; (c) what challenges families with children with ASDs experienced during the transition to school; and (d) how Canadian and immigrant families’ experiences compared.
METHODOLOGY

Research Design

Glaser and Strauss’ (1967) grounded theory approach to qualitative research was used to develop substantive theories from the experiences of families with children with ASD making the transition to school. Substantive theories emerge from specific, practical, everyday experiences or situations and are generally more useful in practical settings than are more global theories (Merriam, 2009). Grounded theory is particularly pertinent to the investigation of transition to school, as it is useful in exploring a process or change over time (Merriam, 2009).

Settings

The participants, with the exception of one child attending an at-home daycare, were making the transition from one of two preschool settings to various elementary schools in a metropolitan city in Québec, Canada.

Preschool Settings. Setting A is a private program that offers specialized individualized English and French services for children, aged 16 months to 7 years, with ASDs and other developmental disabilities. Approximately 30 children are enrolled in the program. The clinical team comprises a clinical director, a psychomotor developmental professional, speech therapists, and a team of special educators. This setting takes a multidisciplinary approach to intervention, incorporating ideas from Treatment and Education of Autistic and Related Communication Handicapped Children, applied behavior analysis (ABA), and the Picture Exchange Communication System. This setting’s main goal is for children to transition to school having fulfilled their fullest potential. Clinical team members view parents as partners and encourage active involvement and collaboration.

Setting B is a reverse integration English preschool program for children between 3 1/2 and 6 years of age. Approximately 25 children are enrolled in the program. For every child who is diagnosed with an ASD, there are three typically developing children. The educator:student ratio ranges from 1:1 to 1:2. The goal of this program is to fully integrate children into a “typical” classroom. Children with ASD in the program are integrated into the typical classroom for approximately 33% to 75% of the day, depending on their needs. The remainder of the time is spent in a segregated class that makes use of ABA therapy and focuses on children’s individual needs.

Elementary School Settings. For the purposes of this article, “specialized/segregated” schools refer to schools catering to children with exceptionaldities, “inclusive programs” refer to those in which children are in a typical classroom for more than 60% of the day, and “integrated programs” refer to those in which children are in a typical classroom for less than 60% of the day. The majority of the sample made the transition to inclusive education programs (6), 2 children transitioned to segregated programs, and 2 transitioned to integrated programs. Nine of these children were making the transition from full-time specialized care to full-time elementary programs. One child was making the transition from an at-home daycare to a full-time elementary program. Children in this sample made the transition to nine different elementary schools across four school boards in Québec, Canada. We recruited participants from a variety of settings because we were interested in understanding parents’ experiences in diverse settings that reflected the realities of the existing programs in Québec.

Participants. Participants consisted of a purposive sample of 10 children (9 male, 1 female), aged 53.8 to 87.4 months, and their parents. Inclusion criteria required that children be diagnosed with or suspected of having an ASD and be making the transition to elementary school. Seven children were recruited from Setting A, two from Setting B, and one was recruited from a newsletter.
advertisement. This child attended an at-home daycare prior to the transition to school for typically developing children and worked with behavior specialists for half of the school day. Eight mothers and 3 fathers participated in the interviews. Children’s families came from diverse backgrounds, as would be typical in Québec. Half of the sample consisted of immigrant families (from Jamaica, China, Peru, Haiti, and the Philippines), whose residency in Canada ranged from 4 to 20 years. Languages spoken at home included English, French, Creole, Mandarin, Tagalog, Greek, and Spanish. The remaining families were Canadian-born English- or French-speaking families. Families’ education level ranged from high school to bachelor’s degrees. The majority of the children were diagnosed with autism (6), and the remaining 4 children were diagnosed with pervasive developmental disorder-not otherwise specified (PDD-NOS), ASD, Asperger’s syndrome, and 1 child was suspected of having PDD-NOS. Please note that families’ names have been replaced with pseudonyms to protect their anonymity.

Procedure

Following ethics approval from a local university’s ethics committee, Settings A and B agreed to participate in the study. Additionally, a local non-profit autism organization advertised the study in their monthly newsletter. Eligible parents received a consent form and a letter stipulating the purpose of the study. Once signed consent forms were returned, researchers contacted parents to arrange a time and location for the initial interview. The families were interviewed at three separate time points (Time 1: Summer 2010; Time 2: Winter 2011; and Time 3: Spring 2011) during the school year to gain an understanding of this transition as a process. The principal investigator (PI) and two trained research assistants conducted the interviews. One or both parents were interviewed in their homes or a location they preferred. Time 1 interviews lasted between 60–90 minutes, Time 2 (over the telephone) interviews lasted approximately 30 minutes, and Time 3 interviews lasted between 30–60 minutes. Interviews were audio recorded and later transcribed using Microsoft Word. Each transcript was clearly labeled with the following information: participant code; interviewer name; date, time and location of interview; and phase of study (Time 1, 2, or 3).

Given the sensitive nature of the topics discussed during interviews (e.g., children’s challenges, coping with ASD diagnosis) it was essential that researchers developed a rapport with families to ensure their comfort and confidence with the research process. We began and ended the data collection process with face-to-face interviews. Fielding and Thomas (2008) discuss the useful nature of interviews during data collection concerning sensitive and complex topics.

Measures

Semi-Structured Parent Interviews. Semi-structured interviews were conducted at three time points to explore families’ experiences throughout the transition to school. These interviews were based on themes highlighted in Rimm-Kaufman and Pianta’s (2001) developmental model of transition. The interview questions were adapted from Pianta and Kraft-Sayre’s (2003) Kindergarten Transition Parent Interview – Preschool to suit the purposes of the current investigation. Pianta and Kraft-Sayre’s original interview protocol explores parents’ perceptions of their child’s experiences at school, their peer contact, their activities at home, and parents’ personal activities with the school. For the purposes of this investigation the researchers added questions regarding collaborative practices between home, school, and the community.

Measure of Processes of Care. Parents were given the Measure of Processes of Care (MPOC-20; King, King, & Rosenbaum, 2004). The MPOC-20 is a 20-item parent-report measure of perceptions of the behaviors and proficiencies of health care professionals. Parents were
Table 1
Time 1 and Time 3 Means of Parents’ Perceptions of Health Care Professionals

<table>
<thead>
<tr>
<th>Subscale</th>
<th>M</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling &amp; Partnership</td>
<td>5.41</td>
<td>4.38</td>
<td>1.17</td>
<td>7.00</td>
</tr>
<tr>
<td>Providing General Information</td>
<td>5.27</td>
<td>3.87</td>
<td>1.03</td>
<td>7.00</td>
</tr>
<tr>
<td>Providing Specific Information</td>
<td>6.04</td>
<td>5.06</td>
<td>0.84</td>
<td>7.00</td>
</tr>
<tr>
<td>Coordinated &amp; Comprehensive</td>
<td>5.75</td>
<td>4.64</td>
<td>0.69</td>
<td>7.00</td>
</tr>
<tr>
<td>Respective &amp; Supportive</td>
<td>5.68</td>
<td>5.05</td>
<td>1.05</td>
<td>7.00</td>
</tr>
</tbody>
</table>

asked to rate how often they have experienced particular services and behaviors provided by health care professionals. Individual items are rated on a 7-point scale. A mean score of 4 suggests that on average, staff “sometimes” meet parent needs. Mean scores of 7 and 1 suggest that parent needs are met “to a great extent” and “never,” respectively. The scale consists of the following five subscales: Enabling and Partnership, Providing General Information, Providing Specific Information about the Child, Coordinated and Comprehensive Care for Child and Family, and Respective and Supportive Care. Internal consistency coefficients range from .63 to .92, and test–retest reliability coefficients range from .81 to .86. This measure was used in an effort to increase the quality of the investigation through triangulation.

Data Analysis

Interviews were coded and analyzed by the PI using Glaser and Strauss’ (1967) constant comparative method. Through this inductive and comparative method, data were initially categorized with open coding, in which the researchers’ initial notations of the data were noted. Next, these codes were grouped together into smaller categories, a method called axial coding. Codes and categories were assembled in a table to ensure that the categories met the following criteria: responsive to research questions, sensitive to data, exhaustive, mutually exclusive, and conceptually congruent (Merriam, 2009). The co-author closely collaborated with the PI by meeting regularly and verified each of the narratives, codes, and categories to ensure that the PI’s interpretations were not biased. During research meetings, discrepancies were discussed and a consensus was reached for final coding. Finally, these groupings or categories were refined to elicit broader themes.

Credibility and Authenticity

To ensure the credibility and authenticity of the qualitative data analysis, the following validation strategies were employed (Brantlinger, Jiminez, Klingner, Pugach, & Richardson, 2005).

Triangulation. Triangulation is a means of looking for consistency among various sources (Brantlinger et al., 2005). Interview data were methodologically triangulated with the results of the MPOC-20. The results of the MPOC-20 (see Table 1) indicated that prior to the transition to school, parents reported well above average scores on all MPOC-20 subscales. Specifically, Providing Specific Information was rated highest (M = 6.04) and Providing General Information was rated lowest (M = 5.27). These scores suggest that parents felt that preschool professionals met their needs. After the transition to school, although scores remained close to or above average, the scores were lower. This may suggest that parents receive better support from preschool staff than elementary school staff; a finding that validates a central theme that emerged from the interview data.
data discussed later. Theory triangulation, or the use of several theoretical perspectives to investigate data, was achieved by investigating the experiences of these families through Rimm-Kaufman and Pianta’s (2001) developmental model of transition and the SOCs program module.

**Member Checks.** At the end of the interview, families were asked to provide e-mail addresses, to which a document summarizing all three interviews and the researchers’ interpretations of the interviews were sent. Families were asked to read these documents and discern the validity of the statements they had shared. All families responded to the e-mails, and 2 participants requested that minor changes be made. This form of second-level member checking (Brantlinger et al., 2005) is a method of ensuring the validity of the statements interpreted by investigators.

**Thick Descriptions.** To help establish transferability, “the extent to which the findings of one study can be applied to other situations” (Merriam, 2009, p. 223), a thick description of the participants and the setting is provided. Additionally, the results section consists of a detailed description of the emergent themes and ample quotations to support the findings.

**Maximum Variation.** Transferability was also enhanced, given the variable nature of the sample. Families varied in the following categories: ethnic backgrounds, home language, children’s specific diagnosis, type of elementary setting, and SES status.

### Results

The themes described in this section correspond to the initial research questions. Themes fell into the following categories: (a) families’ experiences with preschool versus elementary school staff; (b) available support systems for families; (c) challenges and obstacles encountered during the transition period; (d) Canadian and immigrant family diverse experiences.

#### Preschool and Elementary School: Genuine Care and Practical Services

One of the salient themes that emerged from the data was the importance of establishing home–school relationships that were characterized by *Empathy, Caring, and Understanding*. Parents felt that working with school staff (e.g., educators) who genuinely cared for and supported the needs of their children was an essential component of the relationship. In general, parents’ relationships with preschool staff were positive. When asked why these relationships were successful, parents stated that success was due to the genuine care and understanding educators demonstrated. Teachers had close attachments to the children and were committed to their progress and well-being. Mr. McDermott shared, “Well you also feel she genuinely cares. It’s not just a job . . . . No, there seems to be some sort of emotional attachment to [Marc].”

Evidence of the care and support provided by teachers came in a variety of forms, such as shared happiness for children’s progress (i.e., Mr. McDermott) and having an open and positive disposition toward parents and close parent–teacher communication. Mrs. Javier shared that she was comfortable communicating with the school “because they’re friendly, they’re very special, I never see them frowning.” Further evidence of support came from school staff’s availability and open communication with families. “They seem to care about what happens to Teresa. They meet with us before. They have meetings with us once a month. They invite my husband and I to come and observe Teresa. They communicate with us very good” (Mrs. Thompson).

Mrs. Thompson’s comment also seems to suggest that the role of the educator is not merely to support the needs of the child, but also to support the needs of the family. Mrs. Javier echoed a similar sentiment: “They’re more accepting and very supportive.” Parents’ comfort level is important in ensuring a continued collaborative relationship. This comfort is more easily established when parties reserve judgment and make time for open communication.
Once families made the transition to kindergarten, the quality of the collaboration between home and elementary school changed. Parents at the elementary school level did not describe successful relationships as caring and genuine as frequently as they had during preschool. When asked why her relationship with her daughter’s elementary school was successful, Mrs. Thompson mentioned *Practical Services*, such as the school bus service. When asked how her relationship with the elementary school compared with her relationship with the preschool, she shared:

> [Setting A], I was close to them for sure. Cause I could get to go there. I could talk to them more. I get to see what they do. I was much closer with them. And one of the teacher’s from [Setting A] came here one time to observe her. I was much closer with [Setting A], absolutely. And plus they were English. English and French, but English especially, so it was easier. This school is only French.

Although elementary school may provide practical services, they may also discourage opportunities for open communication, which may hinder the relationship forged between home and school.

Mrs. Girard shared that despite having a good experience with her son’s elementary school, she had the following issue regarding her relationship with her son’s teacher: “Ah, she is good, but what I feel is that she did not get a full picture of Jean when he was younger” [Translated].

Mrs. Adams also discussed the inadequacy of the education system at her child’s school, “I don’t really feel that I have a very strong relationship with them. I think it’s because I am disappointed... I don’t really participate that much with them anymore because I don’t find the service that great.” Mrs. Adams’ son’s needs are not being met, and consequently, she feels disengaged from the school. Additionally, of the 10 families interviewed, only three met with elementary school teachers prior to the transition to school, making it seemingly more difficult to establish a meaningful partnership upon transition to school.

*Support Systems: Social Support and Social Stigma*

The transition to school is a difficult adjustment for children with ASD, but it can also be a challenging experience for their families. Incidents of *Judgment* and *Guilt* can lead to additional stress for some of these parents. Support systems, such as *Teacher Knowledge and Expertise* or *Family and Community* support, can help buffer some of these challenges. A number of these families used a variety of resources to help support them throughout the transition. Sometimes, however, families articulated an absence of such support systems.

Some parents struggled with *Guilt* and felt *Judgment* from their communities. Mrs. Adams shared that when she goes out in public, she worries that people are judging her son. She also feels as though she and her husband do not do as much as they have in the past for their son. Parents also shared their *Aspirations* for their children. Mrs. Girard expressed her ultimate hopes for her son: “He needs to be more in the world. Like he has been too much in four walls. I want him to be like all the other kids.” Mrs. Javier also described her aspirations, while hinting at difficulties with stigma: “I want Jessie to play with boys who are the same... Someday, my son will fall in love with a girl. I don’t want that label to follow him.”

Once families made the transition to school, several of the challenges had an impact on their perspectives. Mrs. McDermott had a negative experience with the transition, and when asked whether her goals and expectations were akin to those of the school, she replied:
Honestly, to tell you the truth, having an experience like this sort of kills your expectations a little bit. . . . Well, I find in a way that, because he didn’t get the support, it was almost like an unfair attempt at school.

When the early experiences in the transition to school fail, it can have an impact on families’ hopes for their child. Mrs. Girard, similarly, had a challenging experience and felt judged by the school system. “It’s a lot of judgment. It’s as though they think Jean does whatever he wants at home and I’m not a disciplined mother” [Translated]. More specifically, teachers seem to show a lack of awareness of parents’ knowledge and expertise regarding their child.

Often, teachers supported families through this transition by being available and willing to listen. When asked about her relationship with her son’s preschool teacher, Mrs. McDermott said,

Fantastic. She always seems to have the time. . . . If ever you have a question and you just want to either call up or even ask when you’re picking up or dropping off. It seems like they always have time.

Additionally, some parents felt supported when preschool teachers shared their Knowledge and Expertise with families. Mrs. Thompson explained, “I got along very well with them. One of the psycho-educators came to my house for one day, to observe Teresa. They were helpful to me. They gave me numbers to call.” Mrs. Javier shared: “The teachers helped him a lot. They even give me tips. They are amazing teachers.” Parents showed appreciation for the time and resources provided to their family. By providing families with the necessary tools to navigate education systems, educators were also empowering families to help themselves.

Families and Communities were another source of comfort and support for some parents. Mrs. Thompson’s daughter was in a French school, which was a difficult language transition for her, but she said:

You know, myself and all my children are there to help cause we can speak French also. Cause I’m fluently bilingual and my kids are too at this point. It’s not a problem for us to communicate with her in French.

In contrast, Mrs. Javier did not discuss her son’s disability with anyone outside of the school. Mrs. Adams also felt that, although her family supported her, parents in her community were not available for support: “I think it would be better if there were more parent things where the parents could get together under the school system.”

Overall, it seems that families may not have felt that their child’s elementary school provided educational opportunities and resources to the same extent that specialized preschools did. Additionally, some families struggled with issues of stigma and guilt, which was at times alleviated with informal or formal support.

Challenges

Although open communication, collaborative practices, and available resources contributed to successful transitions to school for most families, several barriers to successful transition were apparent for others. Of the 10 families interviewed, the Girards, the Adams, and the McDermotts experienced the most challenges and rated their child’s transition to school as “Not okay.” These barriers included Administration Issues, Lack of Teacher Knowledge and Experience, Divergent Belief Systems Between Home and School, and Tenuous Home–School Relationships. Additionally,
the home–school relationship in elementary school appeared to be less positive than it was in the preschool years.

Some parents appeared to attribute their child’s difficulty transitioning to school with a lack of classroom support. When asked how her son was doing at school, Mrs. McDermott said:

Originally, when he went to [Setting A], they said that he could integrate if he had the support. When he started in August, he had no support. The school’s attitude was, “We’ll wait and see.” So, of course, within a couple of days, the teacher realized that this will not work . . . . Since the beginning, he’s had sporadic help.

Mrs. McDermott went on to say, “So, I say, the school was a flaw. The teacher meant well. The school doesn’t spend the money on helping the kid from the start.” This “wait and see” approach concerns parents, particularly when they are aware of their child’s needs. Administration Issues contributed to a lack of support in the classroom for Mrs. McDermott’s son. Similarly, when asked what kind of support her son received, Mrs. Girard responded:

Well, I think they offer some [support], but I can’t be there to verify. But 6 hours is nothing. Not even 1 hour per day. They can give him a maximum of 10 hours. If they give him more than 6 hours per week, he’s considered a problem child who shouldn’t be in a regular class. [Translated]

Both Mrs. Girard and Mrs. McDermott stated that making the shift from one-on-one care to an inclusive classroom, with limited support, was a large challenge for their children. Although Mrs. McDermott appreciated the help her son’s teacher provided, she also acknowledged that the teacher’s Knowledge of her son’s disability was lacking: “No, the teacher is great. I couldn’t have asked for more from the teacher. I think she did everything she could, especially taking into account that she blatantly has zero knowledge of what to do.” When asked whether the school had experience with children with special needs, Mrs. Girard responded, “I don’t think so, they haven’t had very many. They’ve only had four at the school. I get the impression they don’t know a lot about this” [Translated].

Mrs. Adams shared: “No, I really believe that the system is very bad for a certain level of kids. I really believe that because I see that for a lot of other kids, too.” Even though her son attended a specialized class, Mrs. Adams did not feel that her son was receiving the care and attention he received in preschool and consequently she saw her son’s behavior regress.

Oh, because I’ve been to the parent–teacher meetings, I see at [Setting A] he was learning a lot more, the one-on-one time that he gets [now] is really 15 minutes of learning and that’s only if he cooperates because they only push it to a certain point . . . . I wouldn’t say it’s the best situation school wise [elementary school].

Another major barrier to successful transition included Divergent Belief Systems between Home and School. This was particularly apparent in Mrs. Girard’s case; “They think Jean is perfect and that they’re just tantrums, but his tantrums are so related to his handicap, if they had been following him since he was young.” Mrs. Adams believes that “it’s not just that school, I just think society, a lot of society hasn’t realized the value of teaching some of these kids.” This may be evidence of a lack of understanding of children’s individual needs and their strengths and aptitudes, which may be another way of excluding children in classrooms. These attitudes caused parents to feel conflicting emotions and increased the tension between school and home.

Psychology in the Schools DOI: 10.1002/pits
Although caring partnerships appeared to be an integral component of successful collaboration, it was also a Tenuous relationship in which parents felt they needed to strike a balance between advocacy for their child’s needs and understanding of the teacher’s role and expectations:

It’s not that I don’t feel comfortable, but the truth is when your child is in an environment you have to be very careful sometimes what you say cause sometimes when you are nitpicky they start to not like you and because Andrew doesn’t speak, you’re put in that delicate situation. (Mrs. Adams)

Mrs. Girard described a particular incident in which she asked her son’s preschool coordinator to come to the elementary school to help guide the intervention plan after he had been struggling with the transition to school:

[Setting A coordinator] said, “He never demonstrated violent behavior with me.” So the school team said, “Oh, it’s like he was perfect with her and with us he is not perfect.” So it was like [Setting A coordinator] was saying, “You don’t know how to take care of children.” [Translated]

Although teachers need to demonstrate an understanding of families’ values and beliefs to establish meaningful partnerships, parents may also need to demonstrate an understanding of the teacher’s beliefs and be sensitive to the teacher’s need to feel competent. There is often tension between parents and professionals, each experts in their respective spheres. These relationships are fragile, and teachers may perceive parents as overprotective. However, parents may be concerned about teachers’ competence, particularly when their child has special needs.

When parents were asked about challenges to forming effective partnerships with their child’s preschool, quite a few parents articulated a lack of such challenges. Mr. Ma, Mrs. Thompson, and Mr. Hanson all stated that there were no challenges to their partnership. Mr. Hanson said, “In the program? No, it’s the best I’ve seen in this town.” The genuine care and support families felt from preschool educators was not as apparent in the elementary school years. These positive comments and experiences were not as pervasive at the elementary school level.

Overall, partnerships established between the preschool and home appeared to be more positive than those established during elementary school. Several barriers contributed to challenging transitions to school for some children and their families in elementary school.

**Canadian and Immigrant Family Experiences**

Although immigrant and Canadian families shared similar experiences during the transition to school, differences emerged regarding their Areas of Concern, Ability Navigating Systems of Care, and Experience with Language Barriers. Generally, all families were satisfied with their children’s preschool settings, but when difficulties were articulated, slight differences between Canadian and immigrant families emerged. Canadian families suggested a variety of means to facilitate the relationship between home and school. Mr. McDermott specified, “Digitize the reports, I guess, so it’s easily accessible.” By contrast, the largest Area of Concern for two of the five immigrant families was financial. Mrs. Javier said, “If I have the money, I want Jessie to stay there, but because we don’t have money, we can’t support it.” Mrs. Thompson shared: “I cannot explain anything negative, except the price, but that’s not their fault.”

Although both Canadian and immigrant families’ children received care outside of school settings, immigrant families seemed less clear about the path of communication between these resources and school (Ability Navigating Systems of Care). Mrs. Jean-Claude answered the following when asked whether the preschool was communicating with outside resources: “Yes, there was some communication, but I’m not sure how they communicated” [Translated].
In general, language was a concern for both Canadian and immigrant families. Families who voiced language concerns felt that their children would already be struggling to gain language and communication skills; the prospect of learning a new language was incredibly daunting. Immigrant families, however, were also concerned with their own communication and language skills and its impact on home–school collaboration (Experience with Language Barriers). For example, when Mrs. McDermott (Canadian) was asked how she felt about the prospect of Marc entering a new French school, she responded, “Well [we] like the school . . . . It’s just that with Marc, does he really need the extra task of learning French?” Conversely, Mrs. Thompson’s main area of concern was related to her husband, a Jamaican native, who found it difficult to communicate with the French school. If they could not communicate with the school, they were also limited in how involved they could be in their child’s education:

That school, the relationship will not be the same at all. I know this right away, because it’s a francophone school. My husband does not speak any French. I speak French but I have to force myself . . . . I don’t like this because I want my husband to be a part of this. He’s a wonderful father. He helped Teresa so much at [Setting A], and it bothers me that it’s going to be a French school.

Overall, Canadian and immigrant families appeared to be satisfied with both the quality of their interactions with the preschools and the frequent, accessible information gleaned from these preschools. Important differences emerged between Canadian and immigrant families’ priorities and understanding of systems of care that could change the quality of their relationships with schools and the services that their children receive.

DISCUSSION

This study explored the experiences of Canadian and immigrant families during the transition to school for their children with ASD. In general, families shared their value of caring and understanding partnerships with schools, an understanding of the importance of frequent communication and collaboration, and their perceptions of formal and informal support systems. Parents also shared challenging experiences with the transition. Finally, Canadian and immigrant families shared different perspectives about the process of transition.

Parents shared their experiences of indulging in caring and genuine partnerships with their children’s preschool educators. Stuart, Flis, and Rinaldi (2006) found that parents felt the most important aspects of a program were school climate and open communication. Similar to our sample, families in Stuart et al.’s study endorsed the importance of a positive environment and caring educators. The quality of home–school interactions are better predictors of trust than their frequency (Adams & Christenson, 2000). Trust-building and feelings of empowerment in families are also essential components of SOCs (Cook & Kilmer, 2010). As families made the transition to school, the quality of these relationships seemed to decrease, and often practical or tenuous relationships replaced the dynamic, collaborative relationships found in preschool, which worked against the development of trust. This is in contrast to (Rimm-Kaufman and Pianta’s, 2001) model of transition, in which collaborative, continuous, and seamless relationships between home and school are considered integral to successful transitions.

Transition practices, such as meeting an elementary school teacher prior to transition, can facilitate the transition to school for children and their families (LoCasale-Crouch et al., 2008). Unfortunately, as children and families make the transition from preschool to elementary school, there is often a decrease in daily home–school communication (Rimm-Kaufman & Pianta, 1999), which may explain the concerns parents raised about feeling less connected with elementary school staff. Additionally, in kindergarten, children’s behavior and academic problems tend to be the topic
of conversation more frequently than in preschool, as teachers feel the need to prepare children for the academic rigor of the classroom (Rimm-Kaufman & Pianta, 1999). Teachers need help with developing a sense self-efficacy in interacting with and involving parents in their children’s learning. Additionally, given that time constraints limit the amount of support teachers can provide, parents can benefit from both informal and formal support systems in their communities, an essential component of SOCs (Cook & Kilmer, 2010).

Parents’ personal experiences with the transition to school were at times challenging and riddled with guilt and experiences with judgment. Some families benefitted from support systems, but other families struggled alone. Parents of children with ASD often experience “parent blaming” and attribute this to a lack of understanding (Meirsschaut, Roeyers, & Warreyn, 2010). Although parents in our study shared some challenges with the transition to school, they also shared positive perceptions about the experience. Even when families experienced parent blaming, families attributed this behavior to a lack of knowledge about the disability. Janus et al. (2008) found similar results, and attributed this finding to the possibility that parents may experience some relief with their children’s full-time school attendance. Moving away from parent blaming and toward empowerment and strength can help families develop meaningful trusting partnerships with schools (Rimm-Kaufman and Pianta, 2001).

Parents experienced varying levels of familial, educational, and community support. Research shows that informal support systems can have a positive impact on families’ well-being (Benson, 2006), yet families with children with special needs do not receive enough support (Janus et al., 2007). Parents raising children with challenging behaviors often suffer from community isolation for varying reasons, such as the time required to take care of their children, stigma, fear for their child’s safety, and reactions from the public when their children act out (Worcester, Nesman, Mendez, & Keller, 2008). Some immigrant families also report practical reasons, such as large distances between themselves and family members. Finally, professionals’ meetings with families may often lack the inclusion of informal support systems (Cook & Kilmer, 2010), regardless of the benefits.

Another major goal of this study was to uncover similarities or differences between Canadian and immigrant family experiences during the transition to school. Research has shown that children of minority families have poorer school success rates than do children from dominant groups, and they also tend to come from families with lower rates of parent–teacher collaboration (Lee & Bowen, 2006). The implementation of transition practices may have a stronger impact on the academic achievement of children from marginalized families (LoCasale-Crouch et al., 2008). Parents who share language, school norms, and values with their children’s institution are more likely to be involved in school compared with minority parents (Lareau & Horvat, 1999).

In the present sample, some immigrant families specified how language barriers impeded their ability to communicate with schools. Immigrant families may sometimes encounter difficulties interacting with professionals and education systems because they lack familiarity with such systems and professionals may not be culturally sensitive in their work with parents (Reschovsky & Boukus, 2010). Immigrant parents can overcome barriers imposed on them, however, and participate in the school community with an active voice (McWayne, Hampton, Fantuzzo, Cohen, & Sekin 2004). With the exception of some challenges, the immigrant families’ experiences in this sample were generally favorable. McWayne et al., (2004) found that ethnic minority parents from low-income homes who were in frequent contact with school staff and dealt with few to no barriers to school involvement had more socially and academically adaptive children. McWayne, et al.’s findings may suggest that there are protective factors for these “at-risk” families, and the immigrant families in this sample seemed to possess some, if not all, of these resiliency factors.
Implications

This study has contributed to the burgeoning research on transition to school for children with ASDs, while highlighting the challenging role families play in their children’s education and the nuanced challenges immigrant families may experience. The implementation of formal and informal support systems can have a positive impact on families’ well-being (Benson, 2006), and professionals, such as school psychologists, can promote the use of support systems by directing families to available resources or including informal support systems in team meetings.

School psychologists are particularly well positioned to be useful during these early school transitions, given their knowledge and expertise in assessment, intervention, counseling, consultation, and problem-solving (Schakel, 1988). Despite this, school psychologists’ are underutilized during this transition (McIntyre, Eckert, Arbolino, Reed, & Fiese, 2014). National survey results of school psychologists in the United States revealed that only 52% of surveyed school psychologists were involved in transition planning at their respective schools, but the majority of school psychologists expressed interest in transition activities. Furthermore, school psychologists were more interested in collaborating with preschool teachers (85.4%) and kindergarten teachers (87.1%), than families (23.6%–36%), despite the need for family support (McIntyre et al., 2014). Results from the present study suggest a significant role for educational professionals to help support children and families during this difficult transition.

School psychologists’ expertise can also be used to help school staff by providing professional development on school transitions and coordinating and facilitating transition team meetings (Stormont, Beckner, Mitchell, & Richter, 2005). Additionally, they can help children at the individual level by assessing their needs and developing school-based interventions to help children adapt to their new environments (Stormont et al., 2005), while forging meaningful connections with children’s families and communities. Overall, the successful transition to school for all children will require collaboration from preschools, elementary schools, families, and communities.

Limitations and Future Directions

The qualitative nature of this study called for an investigation of a small group of individuals, which limits the generalizability of the results, as is the case in most qualitative research (Patton, 2002). Despite its limitations, qualitative research is emerging as a plausible solution to complicated service delivery problems. “Too often, efforts to translate evidence-based practice in treatment and prevention to community settings fail to consider the complexities brought about by the organizational, institutional, and cultural contexts of diverse communities” (Yoshikawa, 2006, p. 31). In addition, although we did attempt to achieve maximum variation with our sample, most of our participants were making the transition to school from Setting A, limiting the range of preschool settings investigated. Finally, although rich descriptions of preschool settings were provided, a more thorough description of elementary schools may have shed more light on the experiences of families during this transition.

In the future, it will be important to investigate children with ASDs making the transition to elementary school from a variety of specialized and regular preschool settings in a variety of communities (e.g., United States). It would also be illuminating to shed light on the successful implementation of transition to school strategies by using a case study approach. Finally, to understand the process of transition more holistically, an exploration of professionals’ experiences during the transition to school is necessary. Professionals’ perspectives often elucidate issues that are prevalent on a more systemic level (e.g., time constraints; Janus et al., 2007). A concrete understanding of the systemic barriers present during the transition to school will contribute to the development of interventions that fit into existing systems rather than programs that cannot be successfully integrated. In
order to develop successful SOCs that are continuous, supportive, but also pragmatic, future studies on transition to school should seek to investigate the process from several perspectives.

REFERENCES


