**Social Inclusion in the Primary School Years**

Alice Jones Bartoli

Goldsmiths, University of London

**Introduction**

The primary school years see a marked development in the importance of peer relationships. The period of middle childhood and early adolescence is characterised by both new demands and opportunities for social and emotional growth, and children’s conceptualisations and reliance on friendships for psychological support has been demonstrated to develop alongside this. Young children tend to understand friends in terms of activity sharing, and discuss friendships in rather concrete terms. These pre-school friendships are typically less stable than later friendships, but nevertheless appear to form an important basis for development of future friendships. During the primary school years, an increasing proportion of children’s social interactions involve peers. Peer groups increase in size, and require less close adult supervision than for younger children. It is also increasingly the case that children interact with their peers online, or by telephone.

Peers provide opportunity for socialisation, through shared knowledge and experience about emotions, reciprocity, cooperation and behavioural norms. Towards the end of childhood, friendships are furthermore characterised by an increase in shared intimacy. This is reflected in the activities typical of children across their primary school education, from spending most of their time in active or pretend play in the early years, to engaging in organized physical activities, or talking and gossiping in middle childhood and pre-adolescence. Having one or two best friends is of great importance to psychological adjustment, and can buffer the impact of stressful events as well as positively correlating with self-esteem and negatively with anxious and depressive symptoms (Newcomb & Bagwell, 1995). It is clear then, that social relationships across primary school serve important purposes for social and emotional development.

Children with autism often find these shifts in the expectations and activities associated with friendships difficult to navigate. It is common to read research that suggests that children with autism experience social exclusion, bullying or some other dissatisfaction with their relationship with their peer group. This chapter will consider the social inclusion for children with autism during the primary school years from several angles. Firstly, it is important to consider the context that children with autism are educated in; and how far learning disabilities and other common comorbid conditions might impact on the development of social relationships. It is also pertinent to think about how children with autism conceptualise friendships, and what they want in terms of social relationships with their peers during the primary years. We will discuss the prevalence and experience of bullying, and think about how typically developing children might consider their peers with autism when making a decision about whether they want to include them in their social activities. This chapter will also consider the voices of parents and teachers, who are intricately involved in developing the social lives of the children in their care; alongside that, we will consider the evidence-base for interventions.

Inclusion of children with autism in mainstream classrooms has become increasingly prevalent. International educational policy advocates inclusion of students with SEN in mainstream contexts and in many countries, schools are required to make adjustments to enable children with SEN to be included in school life. In the UK, around 73% of children with an autism diagnosis and in receipt of special education support are educated in mainstream school (DfE, 2015). Education provision for children with autism in mainstream schools is typically characterised in one of two ways: Children attend their local school and are provided with additional support, typically from a teaching assistant, a visiting autism specialist and, possibly, therapy input from health professionals; alternatively, children may be placed in a mainstream school which has its own specialist unit or resource base for students with autism. Different amounts of time may be spent in the resource base or mainstream class depending on the needs of the students, and the philosophy of the school. Although there may be concerns about children being included in mainstream schools, but being taught separately, resource bases can offer a student a gradation of inclusive experiences appropriate to individual need and extend this with training and support for mainstream staff (Frederickson, Jones & Lang, 2010).

Some children with autism also have learning disability characterized by low cognitive ability, and many more have difficulties accessing school curriculum in different ways (Estes, Rivera, Bryan, Cali & Dawson, 2010). Estes et al’s study of nine year old children with autism demonstrated that academic achievement was often less than would be expected given their cognitive ability. They reported that, after controlled for cognitive ability, social skills measured at six years of age were the best predictor of academic attainment at nine years. Regardless of a child’s ability, school is often a challenging place for children with autism. As well as difficulties with social interactions, differences in sensory processing mean that it is often difficult for a child to manage the demands of a busy classroom. In a study carried out by Ashburner, Ziviani & Roger (2008), children with autism were found to have a greater number of sensory processing difficulties than their typically developing peers. These children were reported to have difficulty paying attention to verbal instructions in the presence of background noise and those with atypical sensory-seeking behaviour were more likely to show academic underachievement. Sensory processing difficulties were associated with inattention to cognitive tasks, hyperactive and oppositional behaviour – all likely to impair a child’s ability to optimally access curriculum, and meet their academic potential. Sensory processing difficulties also have the potential to impact on social participation. A child’s capacity to be involved in play and social activities is an important part of childhood learning. Atypical profiles of sensory processing have been demonstrated to negatively predict social behaviour (Hilton et al., 2010). It may be the case that understanding more about the potential role of sensory processing in a child’s ability to interact with their peers may provide a further avenue for intervention.

**Friendships**

Individuals with autism are frequently perceived as having difficulties making and maintaining peer relationships. Before considering outcomes related to social inclusion for children with autism, one of our first points of investigation should be about what the children themselves perceive as successful social relationships, and what is desirable. One systematic review (Petrina, Carter & Stephenson, 2014) considered 24 studies examining the nature of friendships for children and adolescents with autism. This review suggests that although most children with autism consider themselves, or are considered by others to have at least one friend, they tend to have fewer friendships (and of shorter duration) than their typically developing peers. Children with autism are also reported to spend less time with peers outside of school, and spend the majority of the time that is with peers playing video games, doing physical activities and watching television. Petrina and colleagues also report that friendship quality, as reported by children with autism, is routinely lower than for typically developing peers. However, children with autism have been shown to benefit from having friendships with typically developing peers (Bauminger et al., 2008). These friendships have been found to be more durable and stable than friendships between two children with developmental disabilities. They also seemed to have more fun together, were more responsive to one another, and demonstrated a more complex level of coordinated play. It may be plausible that the ability to make and maintain friendships with a typically developing peer rely on a multitude of factors, including the children’s own social and emotional abilities, and teacher/parent support. However, it is likely that children who do have friendships with typically developing children have increased opportunities to be involved in more complex social and play situations, which offer useful learning opportunities.

Observational studies of children with autism suggest that they spend more time playing alone, and less in reciprocal interactions or initiating and responding to social interactions with others (Bauminger, Shulman & Agam, 2003). However, more recent observational research by Calder, Hill and Pellicano (2013) reported that the majority of children with autism in their study were observed to engage in high-level social play, and made interaction initiation attempts with peers. This study also reported that the majority of observed interactions were positive for the child with autism. Other observational studies of children with autism in social situations have attempted to capture specific areas of difficulty. For example, Attwood (2000) has noted that children with autism have difficulties sharing interests or enjoyment with others as well as finding it difficult to join a group of children already at play. He also suggests that children with autism have difficulty ‘hosting’ play dates, manifested in their inability to accept suggestions from the visiting peer, behave in a reciprocal manner and share with the play mate and showing sufficient conflict resolution skills.

Calder et al also considered multiple perspectives on the friendship experiences of primary-school age children with autism; themselves, parents and teachers. Children themselves were able to name a small number of children whom they considered to be friends, and described friends in terms of companionship (for example, ‘We play games with each other’ [p.306]). With regards to understanding an affective component to friendship (e.g. support and mutual affection), results were somewhat more mixed. Some children described friendship as being supportive and caring, others did not – appearing emotionally disconnected, and suggesting potential misunderstanding about the nature of friendships (for example, ‘[They’re my friends] because I try to catch them’ [p. 306]). Children also discussed their difficulties with friendships, including feeling confused about whether they were friends with other children or not, and sometimes a desire to be alone. Some children discussed feeling left out and lonely as a result of not being involved in certain friendship groups or social activities.

As a comparison, Calder et al (2013) report that parents perceived their children’s friendships as being different to those of other children. Some parents suggested that their children often seemed to prefer to be alone, and that their level of maturity compared to their peers impacted on their ability to understand that the subtleties of social interactions. Other parents talked about the attitudes of other children being potentially problematic. Although few related incidences of bullying, some parents talked about peers taking on a ‘caring’ role, rather than that of a reciprocal friendship. Parents also talked about their own role in developing friendships for their children; including providing direct instruction, facilitating contact through inviting children over to play, and joining clubs and doing extra-curricular activities (although some found this caused further difficulties for the children). In a further study, Petrina, Carter & Stephenson (2015) spoke to parents of primary-school age children with autism about their priorities about friendship and skills development. Parents reported being most concerned with the development of social and emotional skills, with friendships coming third; although it seems sensible to consider that friendships may be a natural consequence of well-developed social and emotional skills.

The teachers’ interviews also discussed the nature of adult support required for children with autism to be involved in social interaction. Teachers discussed noticing that periods of unstructured play could be particularly difficult, and that they were frequently involved in encouraging their peers to think about how they could include them. Teachers also considered how they balanced the needs and desire of the children to sometimes be with others, and to sometimes spend time alone. Teachers reported children with autism to be ‘on the periphery of friendship groups rather than being either socially involved or socially isolated’ [p. 308]. One of the key difficulties in social interactions appeared to be the lack of understanding or ability to apply social rules, including negotiation, reciprocating concern and care and playing within the rules of a game. Teachers’ views on supporting children with autism were also sought by Frederickson, Lang and Jones (2010). Here, teachers reported feeling under-skilled in developing social skills, seen to be critical for children with autism. Some teachers discussed the lack of specialist input for social skills development, while one referred to a lack of time: ‘*It would be nice if there was time for him and the other children to have a social skills section and play games and talk about rules, etc, but there’s just not the time to do that’* [p. 70].

One other useful method of exploring social inclusion of children with autism is social network analysis. Anderson and colleagues (2016) reported on one such study aiming to examine predictors of social connectivity in children with and without a diagnosis of autism attending primary mainstream schools. The analyses used social network modelling, and were able to consider the role of gender, age, class size and intellectual ability. Information was collected at two time points, around three months apart. Female students tended to fare better in larger classrooms, while male students showed greater social fragmentation in the same setting (classes with 20 students or more). During the primary school period in particular, children tend to prefer to play with children of their own sex. Anderson and colleagues suggest that for girls, having more female peers to choose from is advantageous, whereas for boys, whose relationships may rely more on physical and competitive play at this point, having a large same-sex peer group is less important. This study also noted the importance of quality of friendships over quantity. Children who had a greater number of social connections at the first time point, tended to show greater social fragmentation across time compared to those who had a few relationships at the first time point. It may be worth promoting good quality, solid friendships for children with autism in order for these to be maintained.

**Understanding social exclusion**

An increasing number of studies have examined what behaviours and abilities are associated with, or predict, more positive social outcomes for children with autism. We have already considered the impact of sensory processing profiles, but other profiles of functioning are also relevant. For example, in one study focusing on children who were starting primary school, children with a diagnosis of high functioning autism had poorer levels of school and peer engagement, and decreased self-regulation skills. Most pertinently, executive function skills predicted both emotional and behavioural school engagement, while emotion regulation predicted prosocial peer engagement. Importantly for children with autism, the relationship between effortful control and the first time point and later prosocial peer engagement was moderated by diagnostic group, suggesting that good effortful control was particularly important for children with autism (Jahromi, Bryce & Swanson, 2013).

One theory that has been put forward to explain decisions that children make about forming social relationships with their peers with developmental disabilities uses the model of social exchange (Frederickson & Furnham, 2004). This theory explains motivation for affiliation with others in relation to the perceived costs and benefits of interacting with them, set against some minimum level of expectation. Previous research has suggests that typically developing students who experience the greatest social acceptance are those who represented the highest ‘benefit’ traits (e.g. co-operation) and lowest ‘cost’ traits (e.g. disruptive or help-seeking behaviour), while those typically developing children experiencing social rejection showed the reverse pattern. Frederickson and Furnham (2004) further reported a difference between the behavioural profiles associated with social acceptance and rejection for typically developing children, and those with moderate learning disabilities. They suggested that social rejection was experienced by only those students with learning disabilities who failed to deliver the minimum benefits expected in terms of ‘benefit’ traits; and higher than average level of ‘costly’ behaviours appeared to be discounted. Conversely, those students with learning disabilities who were socially accepted by their peers were characterized by low levels of ‘costly’ behaviours but were not expected to offer high levels of ‘benefits’.

This theory was tested by Jones & Frederickson (2010) in an examination of the factors that predicted social inclusion and rejection in a group of children with autism compared to their typically developing peers. In line with other research, this study reported that, compared to typically developing peers, children with autism experienced greater levels of social rejection, and decreased levels of social acceptance according to sociometric measures. However, of interest to the Social Exchange Theory, there were some differential predictors of social inclusion. For example, for typically developing children, being rated by peers as ‘shy’ predicted of social rejection. The same was not true for children with autism, where there the association between these ratings did not differ from chance. This finding can be explained using social exchange theory in so far as the descriptor used for the peer nomination of shyness also appeared to be appropriate for children with autism (“this person is shy with other children, they always seem to work or play by themselves. It is hard to get to know this person”). It is supposed that children are able to understand that children with autism are unable to change this behaviour, and so they discount it from their cost-benefit analysis of interacting with the child.

**Outcomes associated with social exclusion**

One of the key outcomes to consider for children who experience difficulties with social inclusion is loneliness. Children with autism have previously reported themselves to have increased levels of loneliness compared to their peers, and these feelings of loneliness were also found to relate to anxiety (see Kasari & Sterling, 2014 for a review). Another study focused on the predictors of self-perceptions of loneliness in young children with autism (Zeedyk, Cohen, Eisenhower & Blacher, 2016). Here, 127 children with a diagnosis of autism aged between 4 and 7 years of age were asked about their experiences of social interaction and relationships at school, and about their feelings of loneliness. Around 30% of children reported that they felt lonely at school at least sometimes, but around 90% reported that they had people to play with (at least sometimes). It may be that rather younger children with autism are able to be supported to have successful interactions with peers, and/or that schools are becoming more well-equipped to offer that support. It is interesting to note that the greatest predictor of self-reported loneliness in this young age group was parent reports of social skills. Further support might well be focused in this area, particularly for young children.

**Bullying**

One particular concern about children with developmental disabilities who are included in mainstream school is bullying. Humphrey & Hebron (2015) present evidence that children with autism are at particular risk of bullying. Children with autism appear to fit a particular socio-cognitive profile that may predispose a child to being a victim of bullying. Children who have difficulties understanding social contexts, and who frequently occupy lower social status amongst their peer group are often those who experience bullying. These children are also those who have fewer supportive social relationships to draw on during bullying. Children with autism are also perceived as being ‘different’ to their peers due to their difficulties conforming to typical social norms, and to understanding social rules.

Children with autism appear to experience a higher prevalence of bullying (Humphrey & Hebron, 2015). One other study focusing on parent reports of bullying in children with autism also noted that younger children were at greater risk of being a victim of bullying (Cappadocia, Weiss & Pepler, 2012). It may be that bullying of children with autism decreases during the adolescent years due to increased empathy in typically developing peers, or increased understanding of autism. In incidences of bullying, verbal or relational bullying was the most frequent type reported. More frequent victimization was also associated poorer mental health outcomes, particularly internalising difficulties, with an incidence of mental health difficulties 11 times greater in those experiencing victimization than those who were not. This study is cross-sectional in nature, so can not definitively examine direction of association, but it is likely that there is a bi-directional influence between poor mental health and victimization, where already vulnerable children become targets for bullying, and the experience of bullying impacts further on their fragile mental health. One further risk factor for victimization was the level of communication difficulty experienced by the child with autism. Compared to children who were not bullied, those who were victimized were approximately five times more likely to have higher levels of communication difficulties. Such difficulties may place children with autism at particular risk for victimization because these difficulties impede their ability to engage with peers and form friendships. Cappadocia and colleagues discuss these findings in the context of future bullying prevention and intervention, and suggest that increased knowledge of autism may help peers to interact more positively with their peer with autism, or to be more keen to intervene in episodes of bullying.

**Interventions**

*School-based social skills intervention*

A number of child-focused social skills interventions have been developed, and this chapter will focus on the effectiveness of those that are delivered at school. One useful meta-analysis of 55 single-subject design studies suggests that school-based social skills interventions are minimally effective for children with ASD (Bellini, Peters, Benner & Hopf, 2007). According to this review, school-based social skills interventions produced low treatment effects and low generalization effects across participants, settings, and play stimuli. Moderate maintenance effects were observed, suggesting that gains made via social skills interventions are maintained after withdrawal of the intervention. Potential reasons for the poor outcomes associated with child-focused interventions include a relatively short length of intervention, and the de-contextualised settings, which are likely to impede generalisability.

**Case Study – Harry**

*Harry is a seven year old boy attending a mainstream primary school. He has access to a classroom Teaching Assistant, but mainly manages classroom activities alone. Harry has a diagnosis of autistic spectrum disorder, and has very good language skills. He is particularly interested in space, and has an in depth knowledge of planets, stars and space travel. Harry’s parents are concerned that he seems increasingly adrift from his peer group. He is never invited to birthday parties, or on playdates. He spends playtimes alone, usually reading or talking with adults. Harry sometimes expresses the feeling that he is lonely at school, saying that other children aren’t interested in the same things as him, and that he doesn’t want to do what they are doing at playtimes. Harry’s teachers say that other children do not actively reject him, or victimize him, rather he is allowed to remain solitary. It is decided that a peer-mediated intervention may help Harry to be more included in his class. A small group of Harry’s classmates are selected to be involved; these children include a boy that other children respect and appears popular, a girl who is particularly empathic and interested in others’ feelings, and a boy who is also interested in astronomy, and who has shown the class his telescope before now. The children work with an Educational Psychologist on a weekly basis for ten weeks to better understand autism, and how they might more successfully interact with Harry on his own terms. During the sessions, the children are invited to think about specific incidences where they find it difficult to know how to interact with Harry, and these are problem-solved. During the intervention, the children identify ideas that might make Harry feel more comfortable at school including specific activities to do during breaktimes. Following the intervention, Harry reported that more children in the class were willing to talk with him about his interests at breaktime, and his teachers reported him being more involved in class activities. Harry’s parents did not report an immediate increase in the number of play dates that he was invited on, but he was invited to some birthday parties for the first time.*

*Peer-Mediated Interventions*

One method to support the development of friendships for children with autism involves peer-mediation. As described in Harry’s case study, typically developing peers are guided and supported to facilitate social skills development through increased interaction. The effects here are indirect, training peers, rather than the child with autism. Peer-mediated interventions have several advantages for children with autism. Firstly, schools are able to readily identify appropriate peers to take part, and these peers may also themselves learn important skills; secondly, peers can act as models for appropriate social behaviours; and finally, children with autism can use peers to practice their developing social skills. One review of this intervention method (Chan et al, 2009) discusses methods common across peer-mediated interventions, including reinforcement of desired behaviours, peer modelling, prompting and verbal explanation and feedback. There are also different reported varieties of peer-mediated intervention strategies, and this may well be one of its potential strengths – it is important to be versatile in order for the intervention to match the needs of an individual child. However, these reviews also note some difficulties with the current research evidence-base that may place a limit on the conclusions that might be drawn. The first of these relates to collection of information about treatment fidelity, Chan et al note that may of the 42 studies that they review do not include information about treatment fidelity, so we can not know to what extent peers were able to carry out the intervention as planned, or how well they were supported. One other potential issue is the relatively small number of ‘gold standard’ research studies conducted on peer-mediated interventions (with many studies reporting single-subject designs). One recent systematic review of randomized control trials of peer-mediated interventions reported on just five studies, including children of primary-school age (Chang & Locke, 2016). The review suggests that these interventions resulted in participants improving in social skills (e.g., social initiations, social responses, social communication) post intervention.

One interesting study compared child-focused social skill training strategies with peer-mediated methods, as well as a group who experienced both methods (Kasari, Rotheram-Fuller, Locke & Gulsrud, 2012). Reports from parents, teachers, children and independent observations of behaviour were collected pre- and post-intervention, and after a 12-week follow-up period. In the child-focused intervention, children were provided twice weekly sessions with a trained interventionist who focused on developing social skills according to the child’s own needs. The trainer used didactic instruction, role-play and practice to develop skills. In the peer-mediated intervention, three typically developing children from the target child’s class were trained in strategies for interacting with children with social communication difficulties at school. As for the child-intervention, the small group met with a trainer twice-weekly for six weeks. Also similarly to the child-intervention, peers were taught social support via direct instruction, modelling, role-playing, and rehearsal to any children in their class that might have social difficulties. Results suggested that peer-mediated treatments yielded better improvements than non-peer-mediated treatments on several outcomes and, importantly, that those gains persisted to follow up. Children with autism who had taken part in peer-mediated interventions received more peer nominations of friendship (also from those peers who were not involved in the training), and were observed to be less isolated in the playground. However, interestingly, the increases in peer nominations about friendship were not always reciprocated by the child with autism – perhaps indicating a lack of realisation about opportunity, which may represent a further target for intervention.

Taken together, these studies reporting on successes of peer-mediated interventions point to school-based interventions being particularly powerful for increasing the social opportunities and outcomes for children with autism. One other effect, which is so far untested, is that training peers may reduce incidences of bullying aimed at children with autism. The suggestion made by Cappadocia and colleagues (2012) that peer education may be an important factor in reducing victimization. This shift away from clinic-based social skills training also represents an understanding that children with autism do not necessarily need to change themselves in order to experience better social outcomes, rather providing peers with an increased understanding of how to support and interact with a peer with autism is likely to be more effective.

*Parent-assisted interventions for primary-age children*

Although peers offer some useful naturalistic opportunities for social development and increased inclusion, other intervention strategies have involved parents as trainers. The parent-assisted Children’s Friendship Training (CFT) method offers a clear and responsive framework for developing a range of skills and knowledge related to social interaction with peers. As Carter et al (2013) noted following their interviews with parents of children with autism, parents are able to offer both direct instruction and facilitating access to a suitable peer network. Parent-assisted CFT provides parents with a manualised approach to aid their child to manage a range of social situations which include: creating a social network (with aid of parent); discussion and information exchange about mutual interests that may lead to joint activities; interacting with children already playing together; play dates at home; and conflict negotiation and resolution (Frankel, Myatt, Sugar, Whitham, Gorospe & Laugeson, 2010). Treatment consists of children and parents receiving 12 weekly hour-long sessions that happen concurrently, but separately. During the child sessions, children were trained in conversational techniques, understanding the dynamics of group play, being a ‘good host’ (see Attwood, 2000) and dealing with teasing. The parent sessions focused largely on the socialisation ‘homework’, including a review of the most recent, and preparing for the next. These homework assignments required parents and children to use the skills they had been working on; this started with a telephone conversation with another member of the group, and progressed to joining a group of children playing in the community, and later to organising and having a play-date at home. In all cases, parents were involved in the preparation of the activity, and to remain involved enough so that they could remind the child about practised skills and behaviours in cases where it looked like there might be problems.

In one evaluation of this method, 76 children with autism were recruited into the study, which compared an immediate CFT group with a delayed treatment group (Frankel et al., 2010). Child outcomes were assessed using measures of social, adaptive and play behaviours completed by parents and teachers, as well as child reports of loneliness and self-perceived popularity. Measures were completed pre-intervention, post-intervention and 12-weeks hence. Post-intervention scores compared to baseline revealed modest changes in abilities and behaviour for the CFT group compared to the delayed treatment group, although some of these changes did not persist to the 12-week follow-up (notably, loneliness and self-perceived popularity). Although follow-up beyond that 12-week period was not possible, the authors suggest that gains from this programme may be cumulative, and that, for example, learning about how to act during play dates may provide more opportunity for children and their parents to host them, which may eventually result in increased social inclusion at school (or in another extra-curricular context). One other gain from this programme may be that parents gain in confidence and ability to support their child.

**Conclusion**

It is clear that the primary school years are characterised by a steady increase in opportunities to develop close friendships, and the importance of those for healthy psychological adjustment. Children with autism often struggle with aspects of developing social relationships, resulting in increased prevalence of loneliness and dissatisfaction. However, school-based approaches to intervention appear to have some potential for positive change, particularly those that focus on peers, rather than trying to change the child with autism themselves.

**References**

1. Anderson, A., Locke, J., Kretzmann, M., Kasari, C., & Network, A. B. (2016). Social network analysis of children with autism spectrum disorder: Predictors of fragmentation and connectivity in elementary school classrooms. *Autism, 20*, 700-709.
2. Ashburner, J., Ziviani, J. & Rodger, S. (2008). Sensory Processing and Classroom Emotional, Behavioral, and Educational Outcomes in Children With Autism Spectrum Disorder, *American Journal of Occupational Therapy, 62*, 564-73.
3. Attwood, T. (2000). Strategies for improving the social integration of children with Asperger syndrome. *Autism, 4,* 85–100.
4. Bauminger, N., Shulman, C., & Agam, G. (2003). Peer interaction and loneliness in high-functioning children with autism. *Journal of Autism and Developmental Disorders, 33*, 489-507.
5. Bauminger, N., Solomon, M., Aviezer, A., Heung, K., Brown, J., & Rogers, S. J. (2008). Friendship in high-functioning children with autism spectrum disorder: Mixed and non-mixed dyads. *Journal of Autism and Developmental Disorders, 38*, 1211-1229.
6. Bellini, S., Peters, J. K., Benner, L., & Hopf, A. (2007). A meta-analysis of school-based social skills interventions for children with autism spectrum disorders. *Remedial and Special Education*, *28*, 153-162.
7. Calder, L., Hill, V., & Pellicano, E. (2013). ‘Sometimes I want to play by myself’: Understanding what friendship means to children with autism in mainstream primary schools. *Autism, 17*, 296-316.
8. Cappadocia, M. C., Weiss, J. A., & Pepler, D. (2012). Bullying experiences among children and youth with autism spectrum disorders. *Journal of autism and developmental disorders*, *42*, 266-277
9. Chan, J. M., Lang, R., Rispoli, M., O’Reilly, M., Sigafoos, J., & Cole, H. (2009). Use of peer-mediated interventions in the treatment of autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders, 3*, 876-889.
10. Chang, Y. C., & Locke, J. (2016). A systematic review of peer-mediated interventions for children with autism spectrum disorder. *Research in Autism Spectrum Disorders, 27,* 1-10.
11. Department for Education. (2015). *Special educational needs in England: January 2015*. Accessed from: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015>.
12. Estes, A., Rivera, V., Bryan, M., Cali, P., & Dawson, G. (2011). Discrepancies between academic achievement and intellectual ability in higher-functioning school-aged children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 41(*8), 1044-1052.
13. Frankel, F., Myatt, R., Sugar, C., Whitham, C., Gorospe, C. M., & Laugeson, E. (2010). A randomized controlled study of parent-assisted Children’s Friendship Training with children having autism spectrum disorders. *Journal of Autism and Developmental Disorders, 40*, 827-842.
14. Frederickson, N. L., & Furnham, A. F. (2004). Peer‐assessed behavioural characteristics and sociometric rejection: Differences between pupils who have moderate learning difficulties and their mainstream peers. *British Journal of Educational Psychology, 74*, 391-410.
15. Frederickson, N., Jones, A. P., & Lang, J. (2010). Inclusive provision options for pupils on the autistic spectrum. *Journal of Research in Special Educational Needs, 10*, 63-73.
16. Hilton, C. L., Harper, J. D., Kueker, R. H., Lang, A. R., Abbacchi, A. M., Todorov, A., & LaVesser, P. D. (2010). Sensory responsiveness as a predictor of social severity in children with high functioning autism spectrum disorders. *Journal of Autism and Developmental Disorders, 40*, 937-945.
17. Humphrey, N., & Hebron, J. (2015). Bullying of children and adolescents with autism spectrum conditions: A ‘state of the field’review. *International Journal of Inclusive Education, 19*, 845-862.
18. Jahromi, L. B., Bryce, C. I., & Swanson, J. (2013). The importance of self-regulation for the school and peer engagement of children with high-functioning autism. Research in Autism Spectrum Disorders, 7, 235-246.
19. Kasari, C., & Sterling, L. (2014). Loneliness and Social Isolation in Children with Autism Spectrum Disorders. In RJ Coplan and JC Bowker (Eds) *The Handbook of Solitude*, pp 409-426.
20. Kasari, C., Rotheram-Fuller, E., Locke, J., & Gulsrud, A. (2012). Making the Connection: Randomized Controlled Trial of Social Skills at School for Children with Autism Spectrum Disorders. *Journal of Child Psychology and Psychiatry, 53*, 431–439.
21. Little, L. (2002). Middle-Class Mothers’ Perceptions of Peer and Sibling Victimization among Children with Asperger's Syndrome and Nonverbal Learning Disorders. *Issues in Comprehensive Pediatric Nursing 25*, 43–57.
22. Newcomb, A. F., & Bagwell, C. L. (1995). Children's friendship relations: A meta-analytic review. *Psychological bulletin, 117*, 306.
23. Petrina, N., Carter, M., & Stephenson, J. (2014). The nature of friendship in children with autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders, 8*, 111-126.
24. Petrina, N., Carter, M., & Stephenson, J. (2015). Parental perception of the importance of friendship and other outcome priorities in children with autism spectrum disorder. *European Journal of Special Needs Education, 30*, 61-74.
25. Zeedyk, S. M., Cohen, S. R., Eisenhower, A., & Blacher, J. (2016). Perceived social competence and loneliness among young children with ASD: child, parent and teacher reports. *Journal of Autism and Developmental Disorders, 46*(2), 436-449.