

**Wellbeing of Students with Autism Spectrum Traits in Regular Education During School
Transition into Secondary School and the Influence of the STAP Intervention**

Emma I. I. Teijken

Faculty of Social Sciences, Utrecht University

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Supervisor: Iris Tjaarda, MSc

Second grader: Dr. Evelien Dirks

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ABSTRACT

The transition from primary school to secondary school in regular education can be challenging for children with an autism spectrum disorder (ASD) or with autism spectrum (AS) traits. Lacking adaptive skills can negatively impact the general wellbeing of these children compared to typically developing peers. A newly researched intervention called STAP (the Dutch version of STEP-ASD) aims to help children with ASD or AS traits in their school transition by supporting their school and teachers in adapting to the needs of the child. The current study used a longitudinal, experimental design with matched groups to examine how the wellbeing of children with ASD or AS traits ($N = 24$) develops during school transition in regular education and whether the STAP intervention significantly improves self-reports of wellbeing compared to no intervention. Wellbeing was pre-measured at the end of primary school with the SchoolVragenLijst (SVL) and was tested again twice in the first year of secondary school. Contrary to expectations, a one-way repeated measures ANOVA analysis did not confirm the hypothesis that wellbeing changes during the school transition. Additionally, a mixed ANOVA analysis showed that the STAP intervention did not significantly improve wellbeing during the transition. Due to limitations, results cannot provide definitive conclusions. However, the current study highlights the need for extensive research to determine the development of wellbeing at school of children with AS traits or ASD in regular education. In addition, interventions like STAP should be investigated to define practical implications for teachers and parents to support these children.

Keywords: wellbeing at school, school transition, AS traits, STAP intervention

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Wellbeing of students with autism spectrum traits in regular education during school transition into secondary school and the influence of the STAP intervention

Worldwide, the prevalence of autism spectrum disorder (ASD) is currently estimated at 1 in 68 (about 1,5%) (Adak, & Halder, 2017). However, due to changing classifications and diagnostic criteria, broader definitions of ASD, and more awareness and recognition of the symptoms, the prevalence of ASD worldwide has been rising over the past decades (Adak, & Halder, 2017; Smit, & de Bildt, 2019). This is illustrated by the following statistics from the Netherlands: between 2019 and 2020 3% of parents with children in the age range of 4 to 12 answered “yes” to the question “Does your child have autism spectrum disorder or an autism-related disorder like Asperger’s or PDD-NOS?” in comparison to 2,5% between 2014 and 2015 (CBS, 2022). This indicates an even higher increase in the prevalence of ASD in the Netherlands.

Children with ASD, according to the DSM-5 classification system, experience persisting deficiencies in communication and social interaction and have limited and/or repetitive behavioral patterns and interests (American Psychiatric Association, 2014). Some of the characteristics that children with ASD might experience are difficulties making friends, switching routines, poor organizational skills that can influence school performance, and coping with sensory input of their school environment (American Psychiatric Association, 2014). The manifestation, expression, and severity of these characteristics (also called AS traits) of ASD differ per individual, which results in a unique experience of ASD. Furthermore, several studies have found evidence supporting the theory that AS traits are not exclusively present among people who are diagnosed with ASD (De Groot, & Van Strien, 2017). Hence, characteristics that occur within the ASD diagnosis, continue on a spectrum outside of the diagnostic criteria as well, ranging from typical to (sub-clinical) AS traits. Together with ASD, this continuum in the quantity of the AS traits makes up the broad autism phenotype (De Groot, & Van Strien, 2017). In this study, children who have characteristics of ASD, but do not meet the exact criteria for a diagnosis, will be defined as children with AS traits. Not having an ASD, but having AS traits, means that the chance of impaired functioning, and therefore of needing additional support, is still present. The severity of the symptoms of ASD determines what kind of support the child needs ranging from additional support to very substantial additional support (American Psychiatric Association, 2014).

On August 1, 2014, the law ‘tailored education’ (Wet Passend Onderwijs) was installed for the Dutch school system (Onderwijsinspectie, 2022). This law states that all regular education schools in the Netherlands have a duty of care, and must cater their education to all children, including children with additional needs like children with ASD or AS traits (Rijksoverheid, 2022). Hence, schools and teachers need to adapt to and provide extra care for children with extra needs. Only when intensive support is required, children should be redirected to special needs education. Based on statistics, about 1 to 2% of children in the Netherlands attending regular education in the final grade of primary school and the first grade of secondary school have an ASD diagnosis (Van Wijngaarden et al., 2020).

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Considering the rising prevalence of ASD, AS traits being even more common than ASD, and the law of 'tailored education' being installed, regular education schools need to provide the proper support and care for most of these children.

Transition from primary to secondary school with ASD or AS traits

For all children, but especially for those with AS traits or ASD, the transition from primary school to secondary school can impact their wellbeing and academic achievement (Whelan et al., 2021). The transition to secondary school entails shifting to an often-larger environment, where adjusting to changing classrooms, teachers, teaching styles, subjects, classmates, and social expectations is necessary. This proves to be more challenging for children with ASD and AS traits in mainstream education, who struggle to adapt to these changes (Mandy, Murin, Baykaner, Staunton, Hellriegel et al., 2016). Specifically, these children struggle with sensory disturbances that might be more pronounced due to the frequent classroom changes, experience impairments in shifting attention as well as with planning and organization, and have difficulties making friends among other things (Whelan et al., 2021). These challenges result in a greater risk to be bullied and socially excluded based on differences, more academic underachievement, and more mental health problems for children with ASD or AS traits compared to neurotypical peers (Making et al., 2017; Mandy, Murin, Baykaner, Staunton, Hellriegel et al., 2016; Richter et al., 2019; Whelan et al., 2021). Furthermore, academic achievement, social acceptance, relationships, and mental health influence wellbeing (Danker et al., 2016). Hence, the transitions' difficulties and consequences thereof, that children with ASD or AS traits experience, might ultimately impact their wellbeing compared to neurotypical peers.

Wellbeing

Wellbeing can be defined as the presence of a positive affect regarding different dimensions like social life, school, abilities, etc. (Frydenberg et al., 2009). These positive affects can be challenged when children experience difficulties, for example with making friends or planning and organizing to achieve a good grade. Students with an ASD or AS traits who experience difficulties in social situations, being flexible, and adjusting to changes, report lower levels of mental health and wellbeing than typically developing peers, before as well as after the transition to secondary school (Hebron, 2018; Whelan et al., 2021). A study that was conducted in southern Australia among 51 children of whom 5 had an ASD diagnosis, examined the development of wellbeing during school transition from primary to secondary school (Whelan et al., 2021). The researchers concluded that the passing of time during the transition was significantly associated with lower quality of life across the whole sample. Additionally, it was found that higher AS traits were significantly associated with reporting lower quality of life compared to typically developing peers. Contrary to expectations, a significant interaction effect was found within these results. Quality of life improved after school transition for children with higher AS traits, whereas lower AS traits were associated with a decrease in quality of life (Whelan et al., 2021). Yet, it is important to note that the sample in this study was small and that results might not be representative of larger populations. Whelan et al. (2021) themselves suggested as

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an explanation for the results the clear anti-bullying strategies that secondary schools might deploy, as well as the possibility for children with AS traits to ‘start over’ by blending in more in the larger and more impersonal environment while leaving former bullies and reputations behind (Whelan et al., 2021).). More importantly, secondary schools might have recognized the higher support needs of some students, like children with ASD or AS traits, and could have installed procedures and policies to facilitate their school transition (Whelan et al., 2021). This is an applicable explanation for the Netherlands as well since the law of ‘tailored education’ even imposes mainstream education to have this attitude (Rijksoverheid, 2022). However, these explanations are not yet proven to be true. Hence, it is still unclear which factors could improve wellbeing at school and it indicates the need to investigate possibilities of support, like school policies and interventions. It is important to outline these possibilities in order to make knowledge more accessible and practically useful for schools so they can support children to experience more wellbeing and live up to their full potential.

Transitioning policies and interventions

Between the ages of 4 to 16, 65% of children with ASD receive help in one or more areas of their life, such as personal development and dealing with social relationships (Van Wijngaarden et al., 2020). Interventions or transitioning policies might help promote wellbeing in children with ASD and or AS traits in mainstream education. Interventions ensuring inclusive and supportive school environments can promote wellbeing, future mental health, and academic achievement in vulnerable students (Makin et al., 2017; Hebron, 2018; Whelan et al., 2021). They might explain an increase in wellbeing for children with AS traits or ASD, but this has not yet been proven (Hebron, 2018; Whelan et al., 2021). It is important to promote wellbeing because students who are doing well are more likely to positively contribute to society later in life (Danker et al., 2016). Specific transitioning policies employed by secondary schools may cause an increase in wellbeing during the school transition (Danker et al., 2016; Whelan et al., 2021). These should be based upon domains in which wellbeing is affected and can include informational meetings between the primary and secondary school, profiling a student’s strengths and needs, anti-bullying and promoting a climate of acceptance/embracing individual differences, buddy-systems for vulnerable students, training teachers and creating awareness and knowledge about ASD and AS traits, adapting instructional materials, subtle assistance in mainstream schools, and more (Danker et al., 2016; Whelan et al., 2021).

The STEP-ASD and STAP intervention

Hertefore, the only evaluated school transition program is the Systemic Transition in Education Program for ASD, STEP-ASD (Murin et al., 2016; Nuske et al., 2019). The STEP-ASD is a manualized intervention that aims to reduce the emotional and behavioral problems in children with ASD when they transition from primary to secondary school in mainstream education (Murin et al., 2016; Mandy, Murin, Baykaner, Staunton, Cobb et al., 2016). The program is meant to be individually tailored to the challenges of the child, through modifications of the environment that fit the child’s needs (Nuske et al., 2019). The STAP intervention (Tjaarda et al., 2021) is the Dutch version of the

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STEP-ASD strategy manual to help the Dutch children with AS traits have a smooth transition. The STEP-ASD and STAP have not yet been extensively studied, although the first evidence that the intervention helps reduce emotional and behavioral problems in children with ASD during their school transition has been found (Mandy, Murin, Baykaner, Staunton, Cobb et al., 2016). The STAP intervention provides strategies for teachers and parents of children with ASD or AS traits, and the children themselves to improve different problem areas or to support them in their school transition. These strategies are based on the themes of social interaction, bullying, planning and organization, and sensory sensitivity, which are themes that have seemed to impact wellbeing in children with ASD (Danker et al., 2016; Tjaarda et al., 2021). Mandy, Murin, Baykaner, Staunton, Cobb et al. (2016) examined the impact of the STEP-ASD on the school transition of 17 children with an ASD diagnosis compared to no intervention for 20 children with an ASD diagnosis. It was found that the school-reported emotional problems and peer problems, on the Strengths and Difficulties Questionnaire (SDQ) (Muris et al., 2003) significantly decreased for the STEP-ASD group after transition (Mandy, Murin, Baykaner, Staunton, Cobb et al., 2016). The presence of positive affects and good peer relations are two of the most important domains of student wellbeing for children with an ASD diagnosis (Danker et al., 2016). Based on these findings, the STEP-ASD and its Dutch version, the STAP intervention, might promote domains of wellbeing for children with ASD or AS traits.

The theory that the wellbeing of children with ASD or AS traits is more negatively impacted by the school transition than that of neurotypical peers, due to their impairments has not yet been proven, nor has an intervention like STAP, which could promote wellbeing, been extensively researched in the Netherlands (or anywhere). Therefore, the current study aims to contribute to the existing knowledge about the development of wellbeing during the transition from primary to secondary school in regular education for children with ASD or AS traits and about how STAP might support the wellbeing of these children.

Hypotheses

This study aims to discover how wellbeing of children with AS traits develops during their school transition from primary school to secondary school and whether STAP influences well-being during the transition. Two hypotheses will be tested. Firstly, it is hypothesized that the self-reported wellbeing of students with AS traits and/or an ASD diagnosis changes across the transition. Secondly, the hypothesis that students with AS traits and/or an ASD who receive the STAP intervention, will report higher wellbeing after transition in comparison to the score of their peers in the control group who transitioned as usual, will be tested.

Method

Design

The present study used the existing data of the MOVING project. The MOVING project used a longitudinal matched pairs experimental research design. The data collection consisted of one pre-measurement before the school transition at the end of primary school (T0) and two post-

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measurements: One of which being after the first quartile of the first year of secondary school (T1), and the other being at the end of the first year of secondary school (T2).

Participants

There were 57 participants of which only 24 completed the questionnaires on all three time points, the children that did not complete the questionnaires for all time points were excluded from the dataset. The included participants ($N = 24$) were Dutch children aged 10-13 years (41.7% girl) ($M = 12.12$, $SD = 0.52$). All included participants had been selected by their teachers based on provided criteria of AS traits, like inflexibility and difficulties in social interactions. Of these selected participants 16.7% had the diagnosis of ASD, and an additional 12.5% had an ASD in combination with another diagnosis. Participants were first matched into pairs based on gender and school education level. Thereafter, the pairs were split and divided into two groups at random. One group received the STAP intervention (STAP group) ($n = 17$), and the other was the control group ($n = 7$) that transitioned as usual.

Procedure

The data collection period for the MOVING project for the first cohort started in February 2018 and ended around the end of the schoolyear of 2019 and the data collection for the second cohort started around April 2019 and ended a little earlier than the next school year, around March of 2020 (because of the COVID-19 pandemic). All data was collected from schools in Zuid-Holland, a province of the Netherlands. An information package with an informed consent form at the end was provided to the participants. If parents and children had read all the necessary information and informed consent was established, they could participate. The children were matched into pairs, based on gender and secondary school education level, and then randomly assigned to either the STAP group or the control group.

After the first measurement (T0) was taken, the STAP intervention was implemented for the STAP group by a STAP coach together with the child, their parents, their primary school teacher, and their mentor teacher from their secondary school. They would start with a bridge meeting of approximately one hour, which took place before the school transition. In this meeting, a transition plan was made together, in which the specific needs of the student were stated, as well as what would be done to help and support the student and who would be responsible to provide the support. Then a student profile, a summarized version of the transition plan, was made. Arrangements and agreements were tailored to the student's needs. Examples of arrangements that could be agreed upon are homework support, informing teachers about the additional support needs of the student, or appointing a trusted person to the child. The plan was then implemented by the people involved, mainly the teacher(s) at the secondary school, during the first year. To support this process, the STAP coach stayed in contact with the parents, child, and mentor teacher during the school year. For the control group, the transition to secondary school went as usual, with possible extra support from their secondary school, if that was their normal procedure.

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Measurements

To measure wellbeing at school the MOVING project used the Schoolvragenlijst (SVL, A-version), which is a questionnaire that measures overall adaptation to school (Smits, & Vorst, 2000). The SVL A-version consists of three main scales, of which wellbeing is one. Each main scale has three subscales (Smits, & Vorst, 2000). The present study used the main scale Wellbeing, which consists of three subscales: Enjoyment at School (PS), Social Acceptance (SA), and Relationship with the Teacher (RL). An example of one of the 24 items of the main scale Wellbeing is “I don’t like going to school”. The answering options to all these items were given on a 3-point Likert scale, with option A being “that is true”, option B being “I don’t know”, and option C being “that is not true”. The range of scores for the main scale was 24-to 72. The psychometric qualities of the SVL have been determined by the COTAN documentation (Egberink et al., 2022). The norms against which scores on the SVL are compared are considered good, the reliability of the 9 subscales is sufficient, the reliability of the three main scales is good, and the construct validity is labeled good as well (Egberink et al., 2022). However, criterion validity was not examined, and the norms date from 2004-to 2005, as to which the developers are currently working on establishing new norms at the request of the COTAN documentation (P. Tamboer, personal communication, May 24, 2022). In this study, internal consistency for the subscales was confirmed with Crohnbach’s alpha. PS was confirmed to be acceptable or good on all time points (Crohnbach’s alphas at T0 = .775, T1 = .761, and T2 = .815). Internal consistency of the SA subscale was also at least acceptable at T0, T1, and T2 respectively (.763, .748, and .804). Lastly, internal consistency was excellent for the subscale RL at T1 (.924), questionable at T1 (.685), and good at T2 (.885) (George, & Mallery, 2003).

Statistical analyses

Statistical analyses were performed in SPSS Statistics version 28.0 (IBM Corp., 2021). To test hypothesis 1, if self-reported wellbeing of children with AS traits or an ASD diagnosis changes across the transition to secondary school, a one-way repeated measures ANOVA was performed. To test hypothesis 2, if the STAP intervention has a more positive effect on the self-reports of wellbeing vs. no intervention, a mixed ANOVA was executed, with the group condition (STAP-group vs. regular-group) and time being the two predictors and wellbeing as the dependent variable.

Data preparation

First, it was considered to compute a mean score for wellbeing for each participant, to be able to use more data (1-2 participants had missing data: only half of the items or less completed for some time points), however, for universal interpretation of the SVL, the sum score for wellbeing was computed, following the idea of the developers of the SVL. Then, the sum scores of wellbeing for all three time points were checked for outliers. The 5% trimmed means of the three time points only differed by 0.32 (T0), 0.46 (T1), and 0.63 (T2) points from the means. Moreover, all scores were within the normal limits of the scale (24- to 72 points). Thus, there were no participants excluded based on outlying scores. Lastly, all assumptions to perform both the one-way repeated measures

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ANOVA and the mixed ANOVA were checked. For hypothesis 1, the assumption of normality was not met for T0 and T1. The sum scores of wellbeing for these time points were skewed to the right in plotted histograms. For T3 the scores were normally distributed. For hypothesis 2 the assumption of normality was not met for the STAP group, nor for the control group at all time points. For the first hypothesis, Mauchly's test of sphericity showed that this assumption was met, $X^2(2) = 5.48, p = .07$. For the second hypothesis, Mauchly's test of sphericity showed that this assumption was barely met ($X^2(2) = 5.68, p = .06$). Additionally, for the mixed ANOVA for hypothesis 2, Levene's test rejected the assumption of homogeneity of error variances across the different combinations of the two conditions at T0 ($F(1,22) = .07, p = .802$), and T1 ($F(1,22) = .07, p = .104$). However, Levene's test assumed homogeneity of variances across both groups at T2, $F(1,22) = 6.93, p = .015$.

Results

Hypothesis 1

The self-reported wellbeing of children with AS traits or an ASD diagnosis ($N = 24$) was the lowest at the pre-measurement (T0) ($M = 62.00, SD = 7.98$), it increased to the highest point at the start of secondary school (T1) ($M = 64.25, SD = 5.77$), and it was lower again at the measurement at the end of the first year in secondary school (T2) ($M = 62.33, SD = 7.47$) (see Figure 1). There was no significant main effect found of time on wellbeing ($F(2,46) = 1.54, p = .225, \eta_p^2 = .06$). Thus, the first hypothesis is rejected.

Hypothesis 2

At the baseline measurement of wellbeing there was a small difference between the STAP-group ($M = 62.59, SD = 7.89$) and the regular-group ($M = 60.57, SD = 8.66$). At the beginning of secondary school, right after transition, the score on wellbeing had increased for the STAP- and the regular- group to almost the same total score ($M = 64.24, SD = 6.69$, and $M = 64.29, SD = 2.87$ respectively). Lastly, at the end of the first year of secondary school, the scores on wellbeing had decreased slightly again for the STAP group ($M = 62.94, SD = 8.76$) and the regular group as well ($M = 60.86, SD = 2.12$). However, there was no significant main effect of time (i.e. transitioning to secondary school) on the self-reports of wellbeing ($F(2,44) = 1.80, p = .178, \eta_p^2 = .08$). There was no significant main effect of the condition (STAP vs. regular transition) on the self-reports of wellbeing ($F(1,22) = .25, p = .625, \eta_p^2 = .01$). There was no significant interaction between the time of measurement and the condition of the groups on the self-reports of wellbeing either ($F(2,44) = .31, p = .736, \eta_p^2 = .01$). Thus, the second hypothesis is rejected as well.

Discussion

The current study examined the development of wellbeing at school of children with an ASD or AS traits during their school transition from primary to secondary school in regular education. In addition, it was investigated if the STAP intervention had a positive effect on the development of wellbeing during the transition.

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It was hypothesized that the self-reports of wellbeing of children with ASD or AS traits would change significantly across the transition, due to experienced difficulties (Hebron, 2018; Whelan et al., 2021). However, the results do not support this hypothesis. Results indicated that wellbeing at school remained stable during the transition. This is not in line with the theoretical framework stating that the wellbeing of children with ASD or AS traits decreases due to the experienced difficulties during the transition (Danker et al., 2016; Whelan et al., 2021). A possible explanation as to why there was no change in wellbeing is that this study was conducted in the Netherlands, where since 2014 the law of ‘tailored education’ is installed. Therefore, regular education schools are obligated to cater to all children with additional needs (Rijksoverheid, 2022). Consequently, secondary schools might already be familiar with the higher support needs of children with ASD and AS traits. It is theorized that schools that recognize the additional needs of these children install policies to facilitate their school transition (Whelan et al., 2021). Therefore, all schools in this study, including the ones in the ‘transition as usual’ condition might have adequately and/or effectively supported these children in their transition, which resulted in a stability of the self-reported wellbeing across the transition. Another explanation for the stability of wellbeing could be that the children with ASD or AS traits that attend regular education might not experience their difficulties to the point that they affect their wellbeing significantly. This would be an important theory to investigate in future research because it could imply more support than is already being given might not be needed. Though, it is still a concern that children with ASD or AS traits might report lower levels of wellbeing than neurotypical peers, according to previous literature (Danker et al., 2016; Whelan et al., 2021).

Secondly, it was hypothesized that the STAP intervention would significantly improve self-reported wellbeing at school across the transition. Contrary to expectations, this hypothesis was not supported by the results either. The lack of difference in the development of wellbeing between the STAP group and the control group might be explained by the fact that the implementation of the STAP intervention was inevitably different per individual because the intervention is modified based on individual needs. In addition, reinforcement of the support plan during the year looked different for every participant. This makes it difficult to determine what elements of support were provided exactly and what worked for whom. Furthermore, it was not determined what kind of support, if any, was provided by the schools where the children transitioned as usual. Thus, it is possible that the STAP intervention used similar strategies to the schools in the control group. A ceiling-effect might be another applicable explanation here as well, which would indicate that these children did not experience much hardship and therefore the light and preventative intervention of STAP might not have been necessary to support their wellbeing. The wellbeing scores of all the children in the sample were skewed to the positive side of wellbeing. All children were already doing considerably well at the pre-measurement, which leaves less room for improvement. This could have been the result of the sample consisting mostly of children with just AS traits (only 29.2% had an ASD diagnosis) who

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might not experience the same hardships of the transition in the way the literature suggests and therefore might not need as much support.

Because not all assumptions were met for either of the analyses, definitive answers can not be derived from the results of this study. Some limitations of the current study were, firstly, the small sample size and its accompanying ill-powered analyses. A sample of this size increases the risk of a Type II error, where insignificant results are found when in the actual population a significant result would be found. Furthermore, the group sizes were unequal, due to more dropouts in the control group than in the STAP group, resulting in parts of the analyses being done on a sample size of only $n = 7$. This high dropout rate, especially in the control group might have been caused by disappointment following their assignment to the non-intervention group, and then being discouraged to further participate. Nevertheless, the current study shed light on the need to further examine the development of wellbeing at school of children with ASD or AS traits and the possibility that these children might not need more support than is already provided to them by schools that recognize their additional needs and cater their education to them accordingly. In addition, this study highlights the need for future investigation of the specific underlying working mechanisms of the STAP intervention, to arrive at a better understanding of what elements of the support of these children are the most beneficial and how this support should be implemented.

In conclusion, the development of wellbeing at school of children with ASD or AS traits needs to be more extensively researched. In future research comparisons to neurotypical peers would be helpful to indicate the exact difference and the extent to which additional support is needed. Furthermore, research into interventions like STAP, that promote wellbeing for children with ASD or AS traits at secondary schools, is needed. This will help to define what can be done by their teachers and parents during their school transition to support their needs and promote their wellbeing for them to live up to their full potential.

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