

Jack Benney

Student Number – 2104744

(ECEY6005/C)

Supporting Children with additional learning needs

Word Count: 1,226

(AI was not used in this assignment)

Today I will be discussing selective mutism as an additional learning need. My presentation will focus on what selective mutism is, how it is identified and diagnosed, the barriers children may experience because of this condition, and finally, the support strategies that can be used to promote inclusion and communication development. I chose this topic because selective mutism is often misunderstood in both educational and social contexts. Children with selective mutism are frequently viewed as shy, oppositional, or simply unwilling to participate. However, this assumption oversimplifies what is a complex anxiety disorder. This misunderstanding is important because when silence is interpreted as a behavioural issue rather than an anxiety response, support is often delayed or inappropriate.

Introduction

Selective mutism is defined by NHS (2026) as an anxiety-based condition in which a child consistently struggles to speak in certain social situations, despite being able to communicate comfortably in others, most commonly at home. For example, a child may speak confidently with parents, siblings, or close family members, but become completely unable to speak once they enter school or interact with unfamiliar adults. This distinction is

significant because it demonstrates that the child is physically capable of speech. The issue is not an inability to speak, but rather an inability to manage the severe anxiety associated with environments or social expectations. Selective mutism is commonly first identified in early childhood and is often noticed when a child begins nursery or primary school.

This is often when verbal communication becomes part of daily expectations, such as answering the register, joining group activities, asking for help, and interacting with others. For children with selective mutism, these situations can trigger a freeze response, where anxiety makes speaking feel impossible. In the UK, selective mutism is recognised as an additional learning need due to its impact on education, emotional wellbeing, communication, and social development. While some children may seem quiet or shy, selective mutism is more severe, as anxiety can completely prevent speech.

Identification and Diagnosis of Selective Mutism

According to Cleveland Clinic (2023), selective mutism is usually first identified by teachers, nursery practitioners, speech and language therapists, or parents who notice clear differences in communication across settings. A child with selective mutism may appear confident and verbal at home but remain silent in school, public settings, or around unfamiliar adults. Because of this contrast, schools are often the first environments in which concerns become visible.

Early signs can include inability to answer direct questions in class, reliance on gestures such as nodding or pointing, avoidance of eye contact, freezing when expected to speak, withdrawal from group activities, visible distress during social interaction

Diagnosis is generally based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders. As stated by Kashyap (2026), a diagnosis typically requires consistent failure to speak in social situations where speech is expected, normal speech in other environments, symptoms lasting at least one month beyond normal school adjustment periods, interference with educational or social functioning, symptoms not being better explained by another communication disorder or autism spectrum condition alone.

Although these criteria provide a useful framework, diagnosis is not always straightforward. This is because selective mutism can overlap with other developmental or communication needs. For example, it may be confused with autism spectrum disorder, speech delay, trauma responses, or English as an additional language. A child learning English may experience a temporary silent period while adjusting to a new language. However, this differs from selective mutism because communication gradually increases as language familiarity develops. In contrast, selective mutism is more persistent, and anxiety driven. A multidisciplinary assessment is often recommended. This may involve educational psychologists, speech and language therapists, paediatricians, teachers, and family members. Assessment usually includes behavioural observations, developmental history, school reports, and exclusion of hearing or language disorders. A major issue is delayed diagnosis. Adults may incorrectly assume the child is shy, stubborn, or lacking confidence. This misunderstanding can unintentionally increase anxiety by pressuring the child to speak before they feel emotionally safe.

Impact of Barriers on Children with Selective Mutism

Children with selective mutism experience several barriers that can affect both learning and inclusion. Classroom participation is heavily reliant on verbal communication. According to Muller (2020), children with selective mutism may struggle to answer register questions, participate in discussions, ask for help, or verbally demonstrate understanding. This can result in teachers underestimating a child's academic ability or cognitive understanding. Assessment practices can also disadvantage these children. Activities such as oral presentations, reading aloud, or group discussions may create intense anxiety. Rather than promoting learning, these tasks may reinforce avoidance behaviours. A lack of staff understanding can worsen these barriers. If adults interpret silence as poor behaviour, defiance, or disengagement, children may experience increased shame and anxiety.

Social barriers

Peer relationships are also frequently affected. Communication plays a central role in friendship development, particularly during early childhood. According to Nathanson (2026), children with selective mutism may want social interaction but feel unable to initiate or respond to conversations.

This can lead to social isolation, peer misunderstanding, exclusion from play, dependency on one familiar peer or adult. Without support, children may become increasingly withdrawn, affecting confidence and sense of belonging.

Emotional and psychological barriers

Wong (2010) explains that repeatedly experiencing situations where a child wants to speak but feels unable can create significant emotional distress. This may result in frustration, embarrassment and low self-esteem. Children may begin to internalise beliefs such as “Something is wrong with me”, “People think I am rude”, “I will get it wrong if I speak”. Over time, untreated selective mutism may contribute to generalised anxiety, school avoidance, depression, persistent communication difficulties into adolescence. Family stress can also increase. Parents may feel guilt, confusion, or pressure from professionals and relatives who expect them to simply encourage the child to speak.

Support Strategies

One of the most effective interventions for selective mutism is graded exposure. According to SMA (2026), graded exposure is often used alongside cognitive behavioural principles to gradually reduce anxiety. This strategy introduces communication in small, manageable stages rather than expecting immediate speech. Adults create low-pressure opportunities to reduce anxiety and build confidence.

A typical progression may include non-verbal communication with a trusted adult, whispering to a parent in school, whispering to a trusted adult with a parent present,

speaking softly to an adult in a low-pressure setting, gradually speaking in the classroom and with peers. This approach is effective because it targets anxiety, not just speech. Adults should avoid pressuring the child, forcing verbal participation, or speaking too much on their behalf. Instead, support should focus on routines, alternative communication methods, visual supports, trusted relationships, and low-demand speaking opportunities. Collaboration between home, school, and professionals is important to provide consistency and help the child feel safe.

Conclusion

To conclude, selective mutism is an anxiety disorder that can affect a child's education, communication, and emotional wellbeing. Children are often mistaken as simply shy or difficult, but this overlooks the level of anxiety they experience. Early identification is important and should include observations, assessments, and consideration of other possible needs. If support is delayed, this can impact both learning and social development. Graded exposure is an effective strategy, helping children communicate through small, manageable steps. With support from families, educators, and professionals, children with selective mutism can build confidence and feel more included within educational settings. Thank you for listening.

Reference List

Cleveland Clinic (2023) *Selective Mutism*. Available at:

<https://my.clevelandclinic.org/health/diseases/selective-mutism> (Accessed: 6 May 2026).

Hackett, D. (2026) *Mutism*. Available at:

<https://orca.cardiff.ac.uk/id/eprint/180600/3/It%20Feels%20Like%20It%20Doesnt%20Belong%20Anywhere%20in%20Its%20Own%20Right.%20The%20Challenge%20of%20Identifying%20and%20Supporting%20Selective%20Mutism%20in%20Early%20Childhood.pdf> (Accessed: 10 May 2026).

Kashyap, N. (2026) *Mutism: Symptoms, causes, and treatment*. Available at:

<https://www.verywellhealth.com/mutism-6260925> (Accessed: 8 May 2026).

Muller, R. (2020) *Barriers for children with Selective Mutism*. Available at:

<https://www.psychologytoday.com/gb/blog/talking-about-trauma/202006/barriers-children-selective-mutism-0> (Accessed: 9 May 2026).

Nathanson, L. (2026) *Supporting children with selective mutism*. Available at:

<https://www.autism.org.uk/learn/knowledge-hub/professional-practice/supporting-children-with-selective-mutism> (Accessed: 8 May 2026).

NHS (2026) *Selective Mutism*. Available at: [https://www.nhs.uk/mental-](https://www.nhs.uk/mental-health/conditions/selective-mutism/)

[health/conditions/selective-mutism/](https://www.nhs.uk/mental-health/conditions/selective-mutism/) (Accessed: 8 May 2026).

SMA (2026) *About selective mutism*. Available at: <https://www.selectivemutism.org>

(Accessed: 8 May 2026).

Wong, P. (2010) *Selective Mutism*. Available at:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2861522/> (Accessed: 9 May 2026).