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Supporting Children with Additional Learning Needs

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I can confirm that I have not used any artificial intelligence during this assignment.

Speech

Good afternoon, I am Megan Ronan, and today I will be discussing mutism as an additional learning need, with a particular focus on selective mutism and the impact it can have on children's learning and development. I chose to explore this additional learning need because it is something I have worked closely with in my role as a teaching assistant across a variety of schools. More recently, I have supported a pupil with selective mutism, which encouraged me to further investigate the condition and explore effective strategies for providing the best support.

Mutism is a condition where a person is unable or unwilling to speak, either temporarily or permanently. In the United Kingdom, mutism is not a single standalone diagnoses in most cases. It is usually identified as part of a broader condition including medical conditions, neurological disorders, severe anxiety, trauma, or developmental differences. Some people may understand language normally but still struggle to speak. One well-known form is selective mutism, where a person can speak in some situations but not in others, often because of intense social anxiety (NHS, 2023 and Hertfordshire Community NHS Trust, no date).

Firstly, I am going to discuss how mutism and selective mutism can be identified-

The process often starts with concerns from parents, teachers or the individual's GP when a person consistently does not speak in certain situations despite being able to speak in others.

Key Signs include-

Speaking normally in some environments, such as at home, but not in others, such as school. This is often because the individual feels familiar, safe, and comfortable at home, whereas school environments can feel busier, more overwhelming, and intimidating for some individuals.

A second sign is persistent silence lasting at least a month (which is beyond initial shyness).

A further sign is difficulty communicating that interferes with the individual's education, work, or social life, often making it challenging for them to participate fully in learning, build relationships, or express their needs and feelings effectively.

For selective mutism specifically, it is strongly linked to anxiety rather than defiance or inability (Selective Mutism Association, no date and Sheffield Children's NHS Foundation Trust, no date).

I will now highlight the key characteristics of mutism and selective mutism. Although there are many characteristics associated with these conditions, I have chosen to focus on two fundamental characteristics and explore them in greater detail.

Mutism is a communication condition characterised by little or no spoken communication, despite the individual often having the physical ability to speak. People with mutism may experience a complete absence of verbal communication in many or all situations, which can significantly affect social interaction, education and daily functioning. In many cases, individuals rely on nonverbal forms of communication, such as gestures, facial expressions, nodding, writing or pointing, to express their needs and emotions. Mutism can be associated with psychological, neurological or developmental factors and may present differently depending on the underlying cause. Research also highlights that mutism is not always a voluntary refusal to speak, but may instead result from anxiety, fear, trauma, or other medical conditions that interfere with speech production and communication (National Center for Biotechnology Information, no date and MTAV Speech Therapy (no date).

Whilst, selective Mutism is an anxiety-related communication disorder in which an individual can speak comfortably in certain environments, such as at home with close family members, but is unable to speak in other social situations, including school, public settings or around unfamiliar people. This difficulty is not caused by a lack of language ability or a physical problem with speech but is strongly linked to severe social anxiety and fear of social interaction. Individuals with selective mutism may appear withdrawn, avoid eye contact or rely on nonverbal communication such as nodding, gestures, or writing when expected to speak. The condition most commonly begins in early childhood and can significantly affect educational achievement, social development, and emotional wellbeing if left untreated. Research suggests that the silence experienced by individuals with selective mutism is involuntary and triggered by feelings of anxiety or fear in specific social contexts rather than deliberate refusal to speak (American Psychiatric Association, 2013; NHS, 2023).

Now I have highlighted the key characteristics of both mutism and selective mutism I will now cover the barriers and the impact they can have on an individual.

Mutism can create significant challenges in both communication and social functioning. Individuals with mutism often have trouble expressing their needs, emotions, thoughts or physical discomfort verbally, which may result in frustration, misunderstandings and increased feelings of isolation. As spoken communication is limited or absent, many individuals rely on alternative forms of communication such as gestures, facial expressions, or written communication to interact with others. Mutism can also create educational and social barriers, as difficulties participating in classroom discussions, group activities or workplace interactions may affect learning, relationship-building and overall social inclusion. These communication challenges can negatively impact confidence, emotional wellbeing and opportunities for social development over time. Research suggests that communication disorders such as mutism may significantly influence an individual's quality of life and ability to participate fully in everyday activities (NIDCD, 2023; NHS, 2022).

Similarly, Selective Mutism can present significant social, emotional and educational challenges for individuals affected by the condition. People with selective mutism often experience severe anxiety in social situations where speaking is expected, such as in schools, workplaces or public environments. This intense fear can prevent them from communicating verbally despite being able to speak comfortably in familiar settings, which may reduce confidence and limit opportunities for social interaction. In children and young people, selective mutism can also negatively affect academic and emotional development, as difficulties participating in classroom discussions, asking questions or engaging with peers may impact learning, relationship-building and self-esteem. Over time, the inability to communicate in certain situations may contribute to feelings of isolation, frustration, and increased anxiety if appropriate support is not provided. Research highlights that selective mutism is closely associated with social anxiety and can significantly interfere with educational achievement and daily functioning (Koskela et al., 2023; Muris and Ollendick, 2021).

Now that we are aware of the barriers and challenges faced by individuals with mutism or selective mutism, it is important to discuss the support strategies available to help meet

their needs effectively. To best support children with Selective Mutism and Mutism is to focus on reducing anxiety, building communication confidence, and creating safe, pressure-free environments for speech. A key strategy is gradual exposure, where the child is slowly encouraged to speak in increasingly challenging situations, starting with comfortable environments and trusted individuals before progressing to unfamiliar settings. Positive reinforcement is also widely used, rewarding attempts to communicate (not just speech) to build confidence and reduce fear of speaking. In educational settings, teachers can support children by using non-verbal communication methods (such as gestures, writing, or visual aids) and by avoiding pressure or forcing the child to speak, which can increase anxiety. Collaboration with parents, teachers, and speech and language therapists is essential to ensure consistent support across home and school environments. In addition, anxiety-based interventions, such as cognitive behavioural therapy (CBT), may help children manage fear and gradually increase verbal communication. Overall, effective support strategies aim to create a safe, patient, and understanding environment that encourages communication without pressure or punishment (NHS, 2023; Child Mind Institute, 2025 and American Speech-Language-Hearing Association, 2024).

The diagnosis of both Mutism and Selective Mutism involves a comprehensive assessment carried out by healthcare professionals such as psychologists, psychiatrists, doctors, and speech and language therapists. The process typically includes gathering detailed developmental, medical, and behavioural history from parents, caregivers, and teachers, alongside direct observation of the individual's communication in different settings. Professionals assess whether the individual is able to speak physically and whether communication difficulties are linked to neurological, developmental, or psychological causes, or in the case of selective mutism, whether speech failure is situational and associated with anxiety. Selective mutism is diagnosed when an individual consistently fails to speak in specific social situations despite speaking normally in others, and when this pattern interferes with social, educational, or occupational functioning for a sustained period. Additional assessments, such as speech and language evaluations, psychological screening, and sometimes medical tests, are used to rule out other conditions like hearing impairments or autism spectrum disorder and to ensure an accurate diagnosis that supports

Diagnosis for mutism or selective mutism requires time, collaboration between professionals and careful consideration of the child's behaviour in multiple settings rather than a single observation, therefore it is not a straightforward process.

For both conditions, professionals need to carry out a detailed and careful assessment because speech difficulties can have a range of underlying causes. Mutism can be linked to neurological conditions, developmental differences, trauma, or psychological factors, so clinicians first need to rule out other possible explanations such as hearing impairments, autism spectrum conditions, or speech and language disorders.

Selective mutism in particular can be difficult to identify because children may speak normally in some settings (like at home) but not in others (like school). This pattern can sometimes be misunderstood as shyness, defiance, or selective behaviour, rather than an anxiety-based condition. Because of this, professionals such as psychologists, speech and language therapists, and doctors usually rely on observations over time, information from parents and teachers, and assessment across different environments before making a diagnosis (Selective Mutism Association no date).

Louise asks – what non-verbal communication methods may individuals with mutism use to express themselves?

Individuals with mutism rely on a range of non-verbal communication methods to express their needs, thoughts and emotions, especially when speaking is difficult or not possible in certain situations.

Common methods include **gestures**, such as pointing to objects or using hand signals to indicate needs. They may also use **facial expressions** to show feelings like happiness, confusion, or discomfort.

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Many individuals also use **written communication**, such as writing notes, using whiteboards, or texting, particularly in school settings.

These strategies are important because they allow individuals with mutism or selective mutism to still participate in communication and learning, even when verbal speech is limited, helping to reduce frustration and support inclusion.

Anna asks- why is it important to create a pressure-free environment when supporting children with selective-mutism?

It is important to create a pressure-free environment when supporting children with selective mutism because the condition is strongly linked to anxiety. When children are pressured or forced to speak, their anxiety levels can increase, making communication even more difficult and reinforcing their fear of speaking in certain situations.

A calm, supportive, and understanding environment helps children feel safe and reduces feelings of stress or embarrassment. This encourages them to communicate at their own pace and gradually build confidence in social situations. Pressure-free approaches also allow children to use alternative forms of communication, such as gestures, nodding, writing, or visual aids, while they slowly become more comfortable with verbal interaction.

Overall, creating a pressure-free environment supports emotional wellbeing, reduces anxiety, and encourages long-term progress in communication and social development.

Thank you.

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