

Supporting Children with Selective Mutism Practice Guidelines

Supporting All Aberdeenshire's Learners



Towards the very best

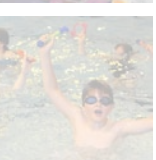
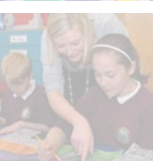
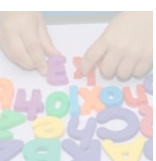
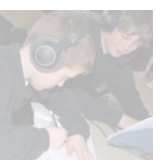
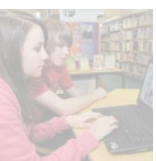
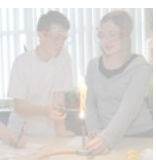
**Aberdeenshire's Integrated Children's Services Plan
Framework for Inclusion ↔ Early Years Strategy ↔ 3 - 18 Curriculum Framework**

Supporting Children with Selective Mutism - Practice Guidelines

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Note: In this document, the term 'parent' should be taken to include 'carers'.





Introduction

This document aims to support staff in their work with children and young people with selective mutism (SM). It has been produced by a multi-agency team involving Royal Aberdeen Children's Hospital (RACH) Clinical Psychology and Speech and Language Therapy Services and Aberdeen City and Aberdeenshire Educational Psychology Services.

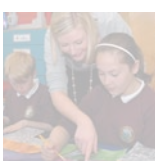
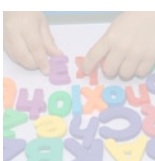
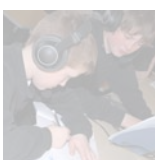
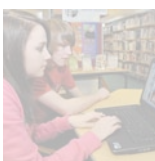
It is an outcome of a rising number of referrals to RACH services of children and young people with SM. An audit of the numbers was undertaken as was a piece of small scale research to gather wider information about the incidence and level of need of children with SM in the City and Aberdeenshire.

Research suggests that interventions are more effective when undertaken in those settings where the child is anxious about speaking. Studies also point to the importance of working collaboratively with the child's key adults and intervening in the child's environments, not only within a clinical setting.

The principles outlined in the Scottish Government's Getting It Right For Every Child, GIRFEC, are particularly relevant for children with SM. Although the incidence level of SM is relatively low, the barrier it presents to the child's learning can be significant. Education staff may have limited experience of the issues which occur for a child whose silence in nursery and school can be persistent and puzzling and these guidelines are intended to provide information about SM and support those working with children who are selectively mute.

The contents are primarily based on **The Selective Mutism Resource Manual** (Johnston & Wintgens, 2001) and include:

- **Information about selective mutism.**
- **Information about what helps and what does not help.**
- **A resource list.**
- **A set of questionnaires to gather information from parents / carers and from key education staff .**
- **Assessment tools to gauge the child's level of confident speaking and to map where that speaking is likely to occur.**
- **The guidelines outline interventions which might be offered at different levels of Aberdeenshire's staged intervention procedures.**
- **Information about a specific, evidence-based intervention – the Sliding-in Technique (Johnston & Wintgens, 2001).**



Useful resources

The following resources may be helpful:

Johnston, M. & Wintgens, A. (2001) **The Selective Mutism Resource Manual**
Bicester Speechmark Publishing

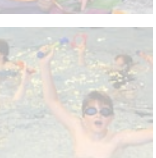
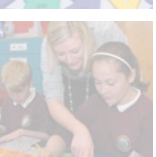
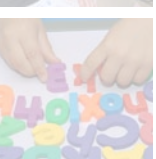
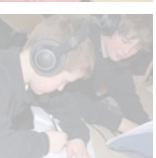
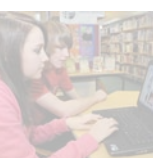
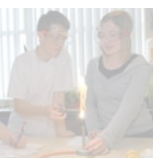
Johnston, M. & Glassberg, A. (1992) **Breaking Down the Barriers**
East Kent Community NHS Trust

Longo, S. (1996) **My Friend Daniel Doesn't Talk**
Bicester Speechmark Publishing Ltd

Social Anxiety: Selective Mutism in Children
www.anxietynetwork.com/spsm.html

Selective Mutism Organisation www.selectivemutism.org

Selective Mutism Information and Research Association (SMIRA) 0116 2127411
smiraleicester@hotmail.com



What is Selective Mutism?

Selective Mutism (SM) describes children who are persistently silent in some specific situations despite being able to speak freely at other times. Children described as being selectively mute typically can speak at home and with familiar people but fail to do so in other places such as nursery school, shops and social situations with unfamiliar or large numbers of people.

SM is a psychological problem related to chronic social anxiety and is not the result of normal shyness, attention seeking or defiant behaviour. Individuals can appear completely unable to speak and may 'freeze' in some settings as if afraid of others hearing their voice. They often report they want to speak but are afraid to, because of the actual process of talking aloud.

Reluctant Speakers are said to have a mild form of SM, and they will talk a little in certain situations. The guidance offered below can be used to support all children with a form of SM.

Some facts about Selective Mutism

The incidence is relatively low but recent reports suggest that it is increasingly more prevalent: estimated 7 per 1000 children.

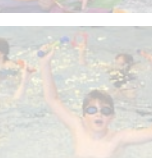
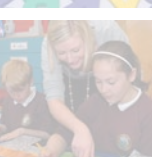
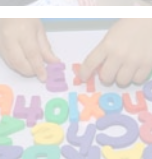
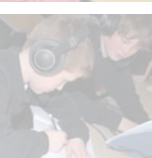
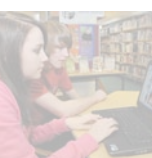
Girls are more likely to be affected than boys.

Typically it is first noticed around the ages 4-6 years as children move into situations outside the family circle.

Children with varying cognitive ability skills can be affected.

Additional speech and language difficulties commonly occur.

SM is more common in children who are from socially isolated families, bilingual ethnic minority backgrounds, have other members of the family who are shy, anxious, or have difficulty with social relationships.



Things which help in school

Understand that Selective Mutism is an outcome of anxiety and is not defiance.

Aim to increase a child's confidence and self esteem: minimise anxiety.

Let the child know that you accept that they find speaking difficult.

Maintain quiet confidence that the child will speak when they are ready.

Help decrease the child's sense of loneliness and isolation.

If the child initiates interactions with you or another adult, praise them even if they do not manage to speak.

If the child is more confident in interaction with adults, offer them many opportunities to do this.

Offer the child a prompt or help structure a situation if the child looks lost or unsure: "X, can you help Adam build a tower?"

Respond to all forms of non-verbal communications: eye contact, smiling, sharing a joke, nodding and shaking head.

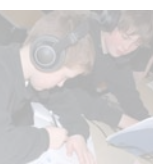
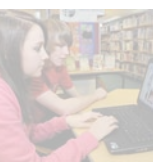
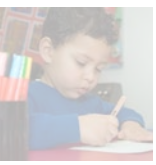
Use lots of social rewards: smiles, nods, "Well done"

Use stickers, charts and other aids to give the child feedback in a visual form.

Reward all efforts to communicate no matter how small.

Work collaboratively with key adults to decide on interventions: parents/carers, education staff and speech and language therapist if involved.

If agreed by key adults, offer the child the use of symbols to communicate: for instance symbols to ask out to the toilet, to indicate choices for snack.





Invest time in building up rapport through non-verbal activities.

Remember to include the child in jokes and humour.

Give the child opportunities to join a trusted adult in favourite activity: for instance having a book read to them.

Gradually place child in situations slightly more challenging than the last thing they could do: for instance speaking to their mother in nursery or classroom when no one is around; helping them speak to mother in class with teacher is casually walking past.

Things which don't help

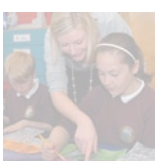
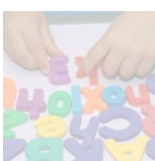
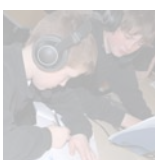
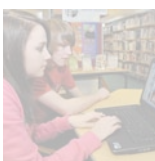
Pressurising the child to speak in any way.

Withholding a reward for not speaking. They wish to speak but cannot.

Giving the child too much attention for either not speaking or for speaking. They are probably self conscious and may feel uncomfortable with too much attention until they are more confident.

Using negative labels within their earshot: for instance telling a visitor "She's the quiet one". You should also discourage other children from using these labels.

Pressurising the child to mix with other children as much as their peers might do. They may need more help and support to join with other children.



Identification and assessment process

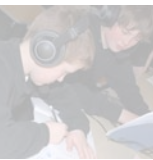
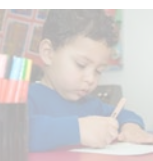
Some children will be shy or nervous about starting nursery or school or about changing class, and they may be reluctant to speak at first. However, if a child or young person is not speaking in nursery or school after about eight weeks, education staff may wish to begin an assessment of the child's learning and teaching needs. Aberdeenshire's Pathways to Policy document sets out the staged procedures (*Appendix 1*) regarding the appropriate actions and interventions to be taken at the three levels of intervention, in consultation with parents/carers.

Following actions being put in place at Stage One, referral to the Royal Aberdeen Children's Hospital Selective Mutism team which includes Clinical Psychology and Speech and Language Therapy. Referrals can be made to either the Child and Family Mental Health Service Department or Speech and Language Therapy Department at Royal Aberdeen Children's Hospital and these will be jointly discussed.

If a referral is accepted:

- **Parents/carers will be sent an opt-in form to consent to involvement of both services. if this opt-in is not returned then the case will be closed with no further action and the referrer will be informed.**
- **Following families opting in, a joint appointment will be offered where a case history will be taken and a diagnosis of Selective Mutism made if appropriate.**
- **The Selective Mutism team can be involved in supporting the Sliding-in Technique (*see below*) as appropriate in conjunction with any other involved education services: eg school and Support for Learning staff, Educational Psychology Service.**

Whether a referral to the Selective Mutism team is made or not, schools may wish to continue following the staged procedure, involving the educational psychology service, and other services as appropriate. If there is uncertainty about whether a referral to this service is required, an informal consultation with the Educational Psychologist may be beneficial.



Recommended intervention: Sliding-in Technique

The Sliding-in Technique is an intervention for supporting children who experience anxiety about speaking. It is a gradual, step by step process which encourages the child to speak gradually while also working towards reducing the child's anxiety about speaking.

Usually this starts with the child speaking to a trusted adult (this may be a parent/ carer or a staff member the child already speaks to in school) in a familiar and safe setting within the school environment. Simple tasks should be chosen which require a verbal response from the child. These should be turn taking activities and initially these can be single word responses e.g. naming pictures (Picture Lotto) or taking turns at counting.

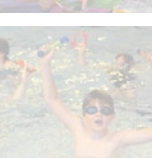
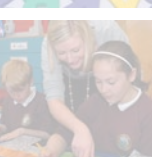
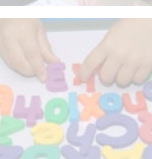
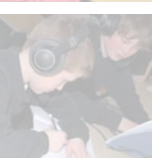
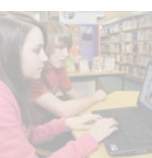
Gradually the length of the verbal response can be increased as the child becomes comfortable with speaking in their normal voice in this setting.

Where a parent/carer has been involved at the beginning of the process a staff member can then be brought in to the activity and if the child continues to speak then the parent/carer can be gradually phased out (*Appendix 2*).

The aim is then to continue the process by adding a peer or a further adult, eventually increasing this to a small group activity.

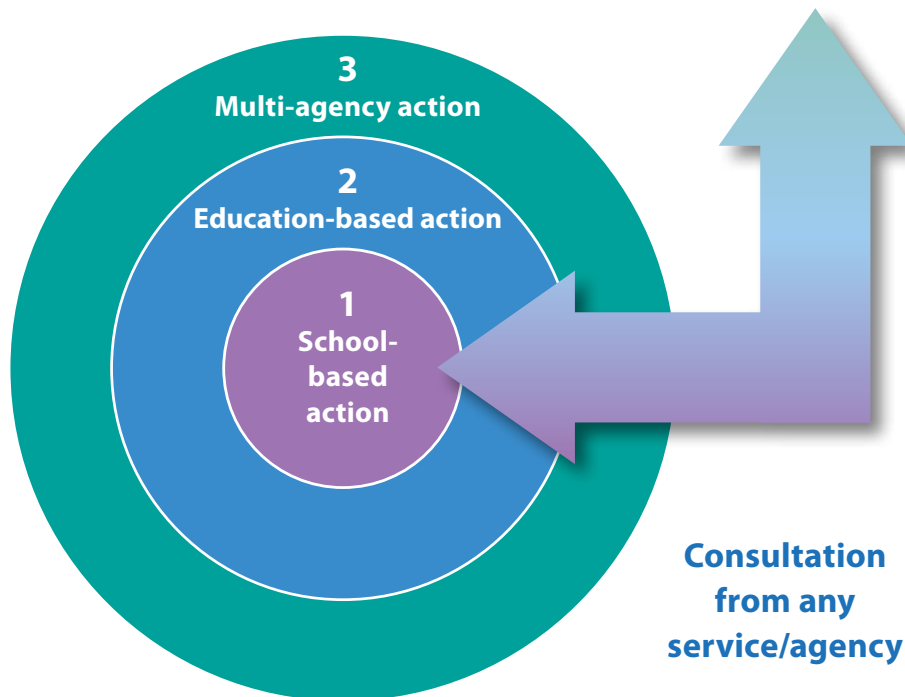
A major factor for success is informing the child of every step to be taken and if appropriate allowing the child to choose which task or person to choose next. Some children respond well to a visual display of the steps they have achieved, rewards can also be included where appropriate.

The starting point and the time taken to achieve each step may vary for each child.



Appendix 1: Aberdeenshire Council Staged Intervention Model

The following diagram illustrates the staged assessment and intervention framework:



Stage 1:

School-based action

Consultation can be provided by any agency/service.

Any actions required are delivered within the school context by school staff.

Personal Learning Planning is used and where appropriate pupils have individualised education programmes. The information sheets, 'Things which help' and 'Things which don't help' (see pages 4 and 5) may also be useful at this stage.

Stage 2:

Education, Learning and Leisure service action (in addition to school-based action)

Consultation can be provided by any agency/service.

Any actions required are delivered within the school context.

There will be a need for action by Education, Learning and Leisure services outwith the nursery of school. Again, where appropriate, pupils will have individual education plans. It may also be necessary to consider the need for Managing Accessibility Plans.

Other assessment tools which might be considered at this point include:

- **The pre-school/school questionnaire** (*Appendix 3*) to gather wider information from education staff.
- **Parent/carer questionnaire** (*Appendix 4*) completed with parents/carers to gather wider information about the child's speaking patterns.
- **Stages in confident speaking in pre-school/school settings** (*Appendix 5*).

Actions will be informed by information gathered from the above which might lead to implementation of the Sliding-in Technique (*page 7 and Appendix 2*).

Stage 3:

Multi-agency action

Consultation can be provided by any agency/service.

There is a need for action by Education, Learning and Leisure services as detailed in **Stage 2** along with integrated collaborative action by other agencies. Pupils will have individual education plans and other planning formats, such as Co-ordinated Support Plans, may also be considered where pupils meet the relevant criteria. A multi-agency action planning meeting might be convened under the GIRFEC framework (**Stage 3**) to ensure that the full range of constructive support is in place.

Other Educational Psychology Service actions

It may not always be appropriate to involve the Educational Psychologist on a formal basis: for instance the parent/carer or child may not wish the involvement of the Educational Psychology Service (EPS), or it might be that other professionals' input is seen to be more appropriate.

Other EPS actions could include:

- **providing training to the wider school staff about Selective Mutism.**
- **seeking informal consultation by phone from the RACH team.**



Appendix 2: Sliding-in Technique general guidelines

This technique requires that a key adult, preferably familiar to the child, works with the child for short regular periods through the week. Various pre-school/school staff have been successful in this role: for instance auxiliary, playground supervisor. All involved with the child will require to be well informed about selective mutism.

Description	Reward
Child and parent/carer in a quiet room near the classroom engaged in activity needing minimal verbal response for instance turns at counting using usual volume and in a relaxed way.	
Child and parent/carer in quiet space knowing that keyworker is a short distance away, e.g. in the classroom.	
Child and parent/carer with keyworker nearby, e.g. outside the closed door.	
Child and parent/carer with keyworker outside the open door.	
Child and parent/carer while keyworker enters the room for a short time, e.g. to go and pick up something from the desk (not child's desk).	
Child and parent/carer continue their activity while keyworker comes and sits in the room for a few minutes. (Child can have some say in where in the room keyworker sits).	
Child and parent/carer continue with keyworker at the same table.	
Child, parent/carer and keyworker will all take turns at game or counting (child can decide how much each person should count).	
Child, parent/carer and keyworker move on to slightly longer utterances which should be agreed beforehand e.g. My name is... I like to eat... (The adults can start so child has a model. Again child can decide what information is going to be given.)	
Once the child is comfortable speaking with the keyworker then parent/carer no longer needs to be present and the keyworker with the child can carry on with activities and introduce one new person at a time to the session (the child can have some say who joins in next, e.g. a favourite friend).	
Activities can be changed to make more verbal demands on the child, e.g. from rote counting/days of the week to completing sentences with 1 word to games involving a sentence, e.g. "I went to market..."	

Some children may not need every step and may be able to move from step 1 to step 4, the important thing is that the child is involved in setting the targets and these aren't changed.

Three 10 minute sessions should be allocated per week, rather than one longer session.

Reference: **'The Selective Mutism Resource Manual'** by Maggie Johnson and Alison Wintgens.

Appendix 3: Pre-school/school questionnaire

The purpose of this questionnaire is to help everyone obtain and understand more about the communication needs and allow us all to intervene in ways which will support this child's development. It is very helpful if the person completing this questionnaire knows the child well – for instance her/his current or previous class teacher or an auxiliary. Other colleagues may also be able to give supplementary information.

If there are questions where you are unsure, please feel free to say so. However, the detail of your information is most helpful in building up a picture of what helps and does not help the child in various situations.

Please confirm that parental consent has been give to share this information.

Child's Name: _____ Date of Birth: _____
Pre-school/school: _____ Class: _____
Your name: _____
Position: _____ Date: _____
When and by whom, was the child's reluctance to speak in pre-school/school first identified?
What strategies have you (or others) tried to encourage the child to talk? Please describe these strategies, how long they were tried for, and what successes you have had.
Does the child verbally communicate with any member of staff or peers in pre-school/school?
Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Don't know <input type="checkbox"/>

Please provide detailed information about where and with whom the communication is most successful (e.g. with her friend in playground, classroom or when adults are out of earshot). Knowing where and when communication does NOT occur is also useful.

Does the child have difficulties with pre-school/school routines: for instance eating, toileting. Please detail issues and interventions tried.

What happens when the child is included in larger groups or whole pre-school/school events?

What strategies does the child use to communicate with others? e.g. eye gaze, gesture, visual symbols.

Are there additional supports in place for this child? Please give details what has been tried and the outcomes. This could include adult supports, an IEP, individual time with an auxiliary, social skills group, visual symbols.

What do you see as the child's strengths at pre-school/school?

a) Learning skills and attainments

b) Social

What areas of the child's learning need to be developed?

a) Learning skills and attainments

b) Social

What are the child's talents and interests?

What is the child's attitude towards:

a) Work related tasks

b) Play

c) Peers

d) Staff members

Does the pre-school/school have information about children who are reluctant to speak or those who are selectively mute? Could you give detail please?

Is there any specific help, advice or training you would like regarding the pre-school/school's role with children with this type of communication needs?

Any other information you feel will be helpful?

This personal information will be used by Aberdeenshire Council and NHS Grampian to meet the child's additional support needs. It may be shared with partner agencies. The information will be held securely and will be shared with other professionals with parental/ carer consent.

Appendix 4: Parent/carer questionnaire

We would be grateful if you would complete this questionnaire to help us to understand more about your child's communication.

If there are questions where you are unsure, please feel free to say so. However, the detail of your information is most useful in building up a picture of what helps and does not help your child in various situations.

The information you give will be shared with those people who work with your child and those who can help your child be more confident about speaking.

Please confirm that parental consent has been give to share this information.

Child's Name: _____ Date of Birth: _____
Nursery/school: _____
Your relationship to child: _____ Date: _____
What is your main concern about your child?
How long have you been concerned about this difficulty?
Does your child have any language/speech/hearing difficulties?
Were there any concerns about your child's early development? e.g. walking/talking
Who does your child speak to at home? Are there any family members or friends where your child's reluctance to speak becomes more noticeable?

Does your child speak to other children or neighbours when she is out of pre-school/school?
Please give some detail e.g. who and where?

Do you have any concerns about your child's daily routine e.g. eating/toileting/sleeping?

Is there a history of other family members being very quiet or shy?

Is there a family history of language/speech/hearing difficulties? Could you give detail please?

Are there any languages apart from English spoken in the home? Please give detail.

Any other comments or information which you feel will be helpful?

This personal information will be used by Aberdeenshire Council and NHS Grampian to meet the child's additional support needs. It may be shared with partner agencies. The information will be held securely and will be shared with other professionals with parental/ carer consent.



Appendix 5: Stages of confident speaking in pre-school/school settings

To be completed by pre-school/school staff (adapted from Johnson & Wintgens, 2001)

Please confirm that parental permission has been given to share this information.

Child's name: _____ Date: _____	
Completed by: _____	
Please give example for highest stage	
The child does not communicate or participate.	
The child co-operates but limited communication.	
The child communicates through non-vocal means.	
The child uses sound non-verbally, e.g. laughs, play noises.	
The child speaks within earshot of the person but not directly to them.	
The child uses single words with selected people.	
The child uses connected speech with selected people.	
The child begins to generalise speaking to a range of people.	
The child begins to generalise speaking to a range of settings.	
The child communicates freely.	

Appendix 6: TALKING MAP

A summary of your child's habit of speech in different places

If you could complete this chart, it will give helpful additional information about where and when your child speaks.

Child's name: _____ Date: _____ Completed by: _____							
Child speaks	Own home	Relative's home *	Community 1 *	Community 2 *	School 1 *	School 2 *	Other *
Mother							
Father							
Sibling 1							
Sibling 2							
Relative 1							
Relative 2							
Teacher							
Adult 1 in pre-school/ school							
Adult 2 in pre-school/ school							
Friend 1							
Friend 2							

Key:

- ✓ box if child speaks freely
- ✗ if child does not speak at all

- S to indicate 'sometimes'
- N/A for 'Not applicable'

* give examples if possible

This personal information will be used by Aberdeenshire Council and NHS Grampian to meet the child's additional support needs. It may be shared with partner agencies. The information will be held securely and will be shared with other professionals with parental/ carer consent.

Appendix 7a: Supporting Reluctant Speakers - Children with Selective Mutism

Information for parents/carers

What is it?

Children with Selective Mutism speak freely to only a small number of people with whom they feel comfortable. This is usually with their family and usually in the family home. Commonly they have most difficulty speaking in nursery or in school.

Reluctant Speakers will talk a little in certain situations and can be regarded as having a mild form of Selective Mutism.

Why is it difficult for your child to speak freely?

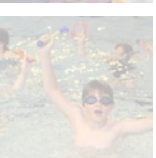
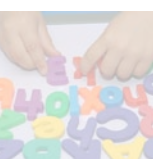
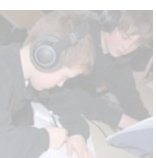
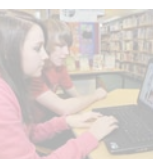
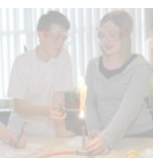
Selective Mutism and Reluctant Speaking are caused by anxiety about talking in social situations. It is important to remember that your child wants to talk, but anxiety prevents them from doing so.

Many factors may be involved in the development of Selective Mutism, and these will differ for each child.

However, they may include: family history of shyness or Selective Mutism, loss or trauma, teasing, separation or self-awareness of speech impairment.

What can you do?

- It is helpful to think of Selective Mutism as the result of anxiety about speaking, rather than your child being defiant.
- Let your child know that you know that they find it difficult to speak to less familiar adults or in less familiar places.
- Encourage non-verbal interactions with less familiar people, eg waving instead of saying hello, smiling, nodding, making eye contact.
- Try not to feel worried if your child will not respond to someone. Acknowledge that your child finds it hard to speak to people they don't know well.
- Reward all efforts to communicate no matter how small.
- If your child whispers to you in front of less familiar people, praise their effort.
- Once your child feels more confident about speaking in a louder voice, you might be able to move a short distance away from your child in the same situation on a following occasion.
- Encourage your child to take a toy to the park which may help interaction with other children even if your child still feels anxious about speaking to them.
- Offer your child a prompt or help structure a situation if they look unsure. Help them join in even and play by bridging them into a group or to another child, eg you might say "Look they want you to join them".





Things which don't help

- Pressurising in any way your child to speak.
- Withholding a reward for not speaking. They wish to speak but cannot.
- Giving your child too much attention for either not speaking or for speaking. They are probably self conscious and may feel uncomfortable with too much attention until they feel more confident.
- Using negative labels within your child's ear-shot: for instance telling a visitor "She's the quiet one". Try to discourage other children from using these labels.
- Pressurising your child to mix with other children as much as their peers might do. They many need more help and support to join with other children.

Getting help

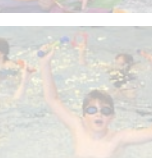
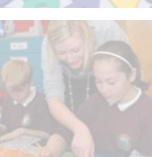
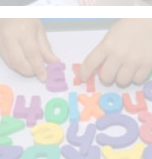
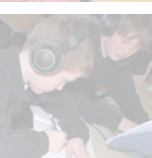
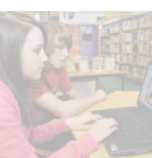
- Both Selective Mutism and Reluctant Speaking can be successfully overcome.
- If your child or young person is not speaking in pre-school or school for at least eight weeks, the school or pre-school will have considered what they can do to help. If your child's reluctance to speak continues, staff will be keen to meet with you to work out ways which everyone agrees will support your child.
- Information about helpful approaches is included in this document under the heading "**What can you do?**"
- Further information is provided to schools and pre-schools by their Local Authority and there are also NHS guidelines available.

A leaflet with the information on these 2 pages can be downloaded by clicking on the link below.

[Selective Mutism leaflet for parents](#)



This personal information will be used by Aberdeenshire Council and NHS Grampian to meet the child's additional support needs. It may be shared with partner agencies. The information will be held securely and will be shared with other professionals with parental/ carer consent.



Appendix 7b: Supporting Reluctant Speakers - Children with Selective Mutism

Information for schools/pre-schools

Is there a child in your pre-school or school who is not speaking? Do they speak at home or in other situations?

If you have answered yes to both questions, the child may be selectively mute or a Reluctant Speaker.

What does this mean?

Children with Selective Mutism speak freely to only a small number of people with whom they feel comfortable. This is usually their family and usually in the family home. Commonly they have most difficulty speaking in nursery or school.

Reluctant Speakers will speak a little in some situations and present less pervasive difficulties.

Why does the child not speak freely?

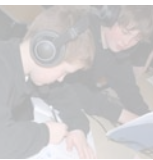
Selective Mutism and Reluctant Speaking are caused by anxiety about talking in social situations. It is important to remember that the child wants to talk, but anxiety prevents them from doing so.

Many factors may be implicated in the development of Selective Mutism, and these will differ for each child. However, they may include family history of shyness or Selective Mutism, loss or trauma, teasing, separation or self-consciousness about a speech impairment.

What can you do?

Strategies which will help the child be more confident about speaking:

- Remember it's anxiety that prevents the child speaking.
- Reward all attempts at communication: eg smiles, nods, eye contact.
- Let the child know that you understand that they find it difficult to talk.
- Encourage the child to build a relationship with a key staff member.
- Provide activities where children move, talk or sing as a group.
- Involve parents in planning interventions to ensure that the approaches are jointly developed and agreed.
- Encourage other children to include the child in play.
- Encourage the child to choose between verbal or non-verbal responses.
- Avoid increasing anxiety levels in children who have to wait their turn to speak, by instead asking who would like to tell or say something.



Getting help

- Both Selective Mutism and Reluctant Speaking can be successfully overcome.
- If the child or young person is not speaking in pre-school or school after about eight weeks, you might want to plan interventions.
- Aberdeenshire Education, Learning and Leisure's approach to meeting children's additional support needs is the recommended planning framework to initiate interventions. '**Pathways to Policy**' sets this out.
- This document includes information about helpful approaches under the heading "**What can you do?**"
- Wider information is provided in Aberdeenshire Education, Learning and Leisure's pack on Selective Mutism.
- There are also NHS guidelines.

Helpful contact details

Professionals from Clinical Psychology and Speech and Language Therapy make up the Selective Mutism Team in Royal Aberdeen Children's Hospital. This team might be involved following a planning meeting in pre-school or in school or when they are contacted by their Health colleagues.

Resources

Johnston, M. & Wintgens, A. (2001) **The Selective Mutism Resource Manual**
Bicester Speechmark Publishing

Longo, S. (1996) **My Friend Daniel Doesn't Talk**
Bicester Speechmark Publishing Ltd

Social Anxiety: Selective Mutism in Children
www.anxietynetwork.com/spsm.html

Selective Mutism Organisation www.selectivemutism.org

Selective Mutism Information and Research Association (SMIRA) 0116 2127411
smiraleicester@hotmail.com

www3.hants.gov.uk/mutism.pdf

A leaflet with the information on these 2 pages can be downloaded by clicking on the link below.

[Selective Mutism leaflet for schools/pre-schools](#)

