Supporting Children and Young People with Selective Mutism

Practice Guidelines (2024)

getting it right for every child in Aberdeenshire

Aberdeenshire COUNCIL

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Introduction to Pack

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.

Research suggests that interventions are most 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/young person's key adults and intervening in the child's/young person'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/young person's learning can be significant. Education staff may have limited experience of the issues which occur for a child/young person 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/young people who are selectively mute.

The contents are primarily based on The Selective Mutism Resource Manual (Johnston & Wintgens, 2016) and include:

- **Information about selective mutism**
- **Information about what helps and what does not help**
- **A resource list**
- **Assessment tools to gauge the child's level of confident speaking and to map where that speaking is likely to occur**
- **Interventions which might be offered within Aberdeenshire's staged approach to intervention, and GIRFEC**
- **Information about a specific, evidence-based intervention – the Sliding In Technique (Johnston & Wintgens, 2016).**

Useful Resources

In addition to these Practice Guidelines, the following resources may be helpful.

Johnston, M. & Wintgens, A. (2016). *The Selective Mutism Resource Manual- 2nd Edition.* Bicester Speechmark Publishing

Social Anxiety: Selective Mutism in Children www.anxietynetwork.com/ (search for Selective Mutism)

Selective Mutism Information and Research Association (SMIRA) http://www.selectivemutism.org.uk/

Lucy Nathanson YouTube video link Dos and Don'ts

Confident Children https://www.confidentchildren.co.uk/

What is Selective Mutism?

Selective Mutism (SM) describes children/young people who are persistently silent in some specific situations despite being able to speak freely at other times. Children/young people who have SM 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.

There are considered to be two forms of SM; high profile and low profile. Children/young people with high profile SM are completely unable to respond verbally and children with low profile are more likely to respond but only to a direct question and their anxiety may be evident.

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/young people with a form of SM.

SM can occur co-morbidly with other neuro-developmental conditions such as Autism Spectrum Condition.

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 levels of cognitive 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 SM is an outcome of anxiety and is not defiance
- Aim to increase a child's/young person's confidence & self esteem: minimise anxiety
- Let the child/young person know that you accept that they find speaking difficult
- Maintain quiet confidence - the child/young person will speak when they are ready
- Consider having a clear structure/routine to the day to increase predictability and decrease anxiety (e.g. use of visual timetable).
- Identify a space the child/young person can access if feeling overwhelmed.
- Help decrease the child's/young person's sense of loneliness and isolation
- If the child/young person initiates interactions with you or another adult, praise them even if they do not manage to speak.
- If the child/young person is more confident in interaction with adults, offer them many opportunities to do this. Consider if there is a specific preferred peer that the child/young person with SM feels more comfortable with.
- Offer the child a prompt or help structure a situation if the child/young person looks lost or unsure: "X, can you help Adam build a tower?"
- Respond to non-verbal communications (e.g. eye contact, smiling, sharing a joke, nodding and shaking head).
- Use lots of social rewards: smiles, nods, praise (e.g. "well done").
- Use stickers, charts & other aids to give the child/young person visual feedback.
- 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/young person the use of symbols to communicate (e.g. 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 child/young person in jokes and humour.
- Give the child/young person opportunities to join an trusted adult in favourite activity (e.g. having a book read to them).
- Gradually place the child/young person in situations slightly more challenging than the last thing they could do (e.g. speaking to their parent/carer in nursery or classroom when no one is around, helping them speak to parent/carer in class when teacher is casually walking past).

Things which don't help

- Pressurising the child/young person to speak in any way.

- Withholding a reward for not speaking. Remember children/young people with SM wish to speak but cannot.

- Giving the child/young person 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 (e.g. telling a visitor "She's the quiet one"). You should also discourage other children/young people from using these labels.

- Pressurising the child/young person to mix with other children/young people as much as their peers might do. They may need more help and support to join in.

Identification and Assessment Process

Some children/young people will be shy or nervous about starting nursery, school or about changing class, and they may be reluctant to speak at first. If the child or young person is not speaking in nursery or school after about eight weeks, education staff can consider further assessment and intervention using Aberdeenshire's staged approach to Assessment and Intervention which is outlined in the ASN Manual (Part 2 – see Appendix 1).

If interventions have been put in place within the classroom and these have had little or no impact a referral should be made to the local speech and language team following Aberdeenshire's GIRFEC procedures. The local team will decide if an onward referral should be made to the Selective Mutism team at the Links Unit, Aberdeen, which includes Clinical Psychology and Speech and Language Therapy.

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 SM made if appropriate.
- The Selective Mutism team can be involved in supporting the Sliding-in technique as appropriate in conjunction with any other involved education services (e.g. school and Support for Learning staff, Educational Psychology Service).

Whether a referral to the Selective Mutism team is made or not, schools should follow Aberdeenshire Staged Intervention Model (Appendix 1) and GIRFEC processes.

If there is uncertainty about whether a referral to this service is required, a Professional Consultation with the Educational Psychologist may be beneficial.

Targeted Intervention: Sliding-in Technique

Where informal environmental supports have affected little change, the more formal sliding-in technique may be helpful (see Appendix 2). It is a gradual, step by step process which encourages the child/young person to speak gradually while also working towards reducing the child's/young person's anxiety about speaking.

Usually this starts with the child/young person speaking to a trusted adult (this may be a parent / carer or a staff member the child/young person 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/young person. 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/young person 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 into the activity and if the child/young person continues to speak then the parent / carer can be gradually phased out (see 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/young person of every step to be taken and if appropriate allowing the child/young person to choose which task or person to choose next. Some children/young people 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/young person.

Appendix 1: Aberdeenshire Council Identification and Assessment of Additional Support Needs

When the child is having difficulty in the classroom, the first step is an alert to and discussion within the school support team or equivalent using the 5 GIRFEC questions: When a concern is identified about a child or young person, you should ask yourself the 5 GIRFEC questions:-

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

In schools, it may simply involve a discussion with the Headteacher (or PT guidance in secondary) who is the **Named Person**. At this stage, the team, whatever its size, will use professional judgement and take account of legislative advice to agree the appropriate timing of involving the child's parent. It is good practice to communicate with and involve parents in all concerns and decisions (with the exception of child protection concerns), even when a simple way forward has been found. **All Class teachers are expected in the first instance to review the learning environment, the class curriculum, use different resources, or provide more intensive individualised direction and support.**

Early years settings should follow staged procedures and also discuss concerns with the child's named person (i.e. Health Visitor) who will then follow GIRFEC procedures.

At this stage in the process school staff might find it helpful to consider **The information sheets,' Things which help' and 'Things which don't help'** ***(see pages 3 and 4).***

In line with the National Practice Model, school staff should review the impact of any interventions on the child's overall wellbeing and make adaptations accordingly. School and Cluster resources should be utilised as appropriate and in line with the staged assessment and intervention process.

Staged Intervention Model: Support Level Guidance

Table 1-0 Staged Intervention Model: Support Level Guidance – Provision Level 0

Universal Support • Class level with ASL teacher advice/consultation within school • Within class adaptation, no other support required • All resources provided within the class/school	Checklist	Level 0
High quality learning and teaching approaches and environment		
CIRCLE Participation Scale		
CIRCLE Inclusive Classroom Scale		
Play based learning approaches		
Cooperative learning and active literacy		
Multisensory approaches to teaching and learning		
Dyslexia friendly approaches (use of Dyslexia Toolkit)		
English as an Additional Language (EAL) advice		
Autism friendly environment		
Autism informed teaching and learning approaches, with staff trained in accordance with the levels set out in the Understanding & Supporting Autistic Learners Professional Learning Framework		
Restorative practices fully embedded across the whole school		
Whole school nurture approaches fully embedded with all staff having undertaken relevant professional learning		
CALM theory training undertaken by staff		
Use of Total Communication Policy		
Use of visual supports (Widgit - Communicate: In Print) across the school and for individual pupils as required (e.g. for visual timetables)		
Personal learning planning incorporating differentiated curricular resources		

Robust assessment arrangements linked to tracking, monitoring and reporting	
ASL Teacher advice and consultation	

Table 1-1 Staged Intervention Model: Support Level Guidance – Provision Level 1

Targeted Support In addition to support available at Level 0: • School level with planned ASL teacher and/or Pupil Support Assistant (PSA) intervention • Advice if required from Enhanced Provision / Education & Children's Services (ECS) specialist services • Curriculum adaptation • All resources provided within the class/school	Level 1 Checklist
Individualised sensory profile and sensory diet	
Targeted individual / group intervention to complete an identified programme of work	
Regular contact with identified member of staff for support	
Assessment and intervention by ASL teacher	
Targeted support from Pupil Support Assistant (PSA)	
Professional Consultation with Educational Psychology Service	
Advice and consultation from Sensory Support Services	
English as an Additional Language (EAL) advice and consultation/ targeted support	
Informal advice from Aberdeenshire Special Technology Service (ASPECTS)	
Supervised extra time, separate accommodation, digital papers for assessment e.g. SQA, formal assessment	
Individual registration arrangements/ Alternative registration arrangements e.g. Soft Start	
Alternative strategies to de-escalate emotion or behaviour	
Access to quiet area/ sensory room	
Outreach Support from Enhanced Provision	

Table 1-2 Staged Intervention Model: Support Level Guidance – Provision Level 2

Targeted Plus Support In addition to Level 1: • School level • Advice if required from Complex Needs Provision / Education & Children's Services (ECS) specialist services • Some resources accessed from outwith the school	Level 2 Checklist
Individual Education Plan in place	
NHS Care Plans / Protocols in place	
Nurture group / Targeted Nurture Support	
Targeted Plus Support In addition to Level 1: • School level • Advice if required from Complex Needs Provision / Education & Children's Services (ECS) specialist services • Some resources accessed from outwith the school	Level 2 Checklist
Highly personalised curriculum which includes targeted support	
Behaviour Support Plan	
Enhanced Provision Placement	
Single Agency Assessment and Child's Plan	
Use of Makaton	
Alternative and augmentative communication system	
English as an Additional Language (EAL) – targeted support in response to additional support need (other than EAL)	
Targeted support from Sensory Services	
Targeted support for assessment e.g. reading, scribing	
Enhanced transition planning at key stages	
Outreach support provided by Complex Needs Provision	
Formal consultation with Educational Psychology	

Formal consultation with Aberdeenshire Special Technology Service (ASPECTS) which may lead to targeted intervention	
Targeted intervention from Community Learning and Development (CLD) in accordance with Child's Plan	
Targeted intervention from IPT, PSW, PWW, Nature Nurture Practitioner and school counsellors in accordance with the Child's Plan	
Short term individual tuition may be authorised by Inclusion, Equity and Wellbeing Team	

Table 1-3 Staged Intervention Model: Support Level Guidance – Provision Level 3

Intensive Support In addition to Level 2: Intensive Targeted Support: • Multi-agency action as required	Level 3 Checklist
Multi-agency assessment and Child's Plan	
Co-ordinated Support Plan	
Medical condition requiring staff support to manage e.g. epilepsy with emergency	
Medication prescribed, tracheostomy, gastrostomy	
Regular targeted support required to attend to care needs	
Targeted programs of work by education staff under the guidance of NHS staff	
Complex Needs Provision placement	
Targeted support to develop social, emotional and life skills through the implementation of Learning Pathway Plus	

Appendix 2: Sliding In Technique General Guidelines

This technique requires that a key adult, preferably familiar to the child/young person, is identified to support the child/young person and parent/carer with this step-by-step approach for short regular periods (3x10mins per week). It's helpful if the child/young person has some rapport with this member of staff. All involved with the child will require to be well informed about selective mutism.

Key Principles of the sliding-in technique

The child/young person should be involved at every stage in regards to understanding the rationale for the sliding-in technique, creating the plan and selecting activities.

Ensure consistency (e.g. same member of staff, same parent/carer, same room).

Ensure only one change is made at a time.

Remove the possibility of any surprise interruptions (e.g. use of 'do not disturb' signs, use of room with privacy).

Reward child's/young person's efforts.

Speaking should be in a normal voice, not a whisper.

Ensure that a child/young person is confident at the step you are working on before moving on to the next step.

It's ok to review the plan if a step is too small/too big.

Some children/young people 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 sessions of 10 mins each should be allocated per week, rather than one longer session.

Description	Activities to try
Child/young person and parent/carer in a quiet room near the classroom engaged in activity needing minimal verbal response is required.	Turn taking counting, Lotto games, memory pairs (naming single objects), naming colours, reading common words, Snap, board games encouraging commentary.
Child/young person and parent/carer in quiet space knowing that keyworker is a short distance away, e.g. in the classroom	As above.
Child/young person and parent/carer with keyworker nearby, e.g. outside the closed door	As above.
Child/young person and parent/carer with keyworker outside the open door	As above.
Child/young person 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).	As above.
Child/young person and parent/carer continue their activity while keyworker comes and sits in the room for a few minutes. (Child/young person can have some say in where in the room keyworker sits)	As above.
Child/young person and parent/carer continue with keyworker at the same table.	As above.
Child/young person, parent/carer and keyworker will all participate in the activity.	As above.
When the child/young person is very confident using single words in the presence of the keyworker, move on to activities which involve using slightly longer utterances which should be agreed beforehand.	e.g. My name is…. I like to eat…. The Minister's Cat Describing pictures / photos

Description	Activities to try
Once the child/young person is comfortable speaking with the keyworker then parent/carer no longer needs to be present and the keyworker with the child/young person can carry on with activities and introduce one new person at a time to the session (the child/young person can have some say who joins in next, e.g. a favourite friend).	

Reference: "The Selective Mutism Resource Manual" by Maggie Johnson and Alison Wintgens

Appendix 3: Preschool/School Questionnaire

NHS Grampian
Child and Adolescent Mental Health Service
Selective Mutism Team
City Hospital
Park Road
Aberdeen AB24 5AU
Tel Direct Line: 01224 550139
PRIVATE AND CONFIDENTIAL

Date

We have arranged to see the above named child in the selective mutism clinic. As part of our assessment, we would find it very helpful if you could complete the enclosed questionnaire and return it to the above address as soon as possible. Please note that parental consent has been gained to seek this information.
Should you have any queries, please do not hesitate to contact the department on the above number.

Selective Mutism Clinic-School Questionnaire

The purpose of this questionnaire is to gather information to help inform our assessment.
It is most helpful of the person completing this questionnaire knows the child well.
Please provide as much detail as possible, however if there are any questions where you are unsure, please feel free to say so.

Child's Name:	Date of birth:
School:	Class:
Your name:	Relationship to child:
Date:	
1. Does the child verbally communicate in school with any member of staff or with any peers and if so with whom?	
2. How does the child communicate when he/she does not talk? (Use of gesture? Eye contact? Written? Visual symbols?). If the child wants something how does he/she get it?	
3. How does the child engage in classroom activities? What happens when the child is included in larger groups?	
4. What strategies have you (or others) tried to encourage the child to talk? Please describe the strategies, how long they were tried for, and what successes you have had.	

5. Do you have any concerns in regards to the child's learning? Are there any additional supports in place for this child?
6. Are Educational Psychology involved and if so what is their role?
7. Is there any other information that you feel would be helpful for us to know?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

Appendix 4: Stages of Confident Speaking in Preschool/School Setting - to be completed by Preschool/School staff (adapted from Johnson & Wintgens, 2001)

Children/Young people with Selective Mutism may present in the ways below. It is important to consider which stage the child/young person is within a range of settings:

The child does not communicate or participate.	
The child cooperates 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 5: Talking Map: A summary of your child's pattern of speaking in different places:

This can be useful when developing a profile of the child/young person and can be completed collaboratively with preschool/school staff and parents/carers.

Your 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 Preschool/School							
Adult 2 in Preschool/School							
Friend 1							
Friend 2							

KEY: **Tick** if child speaks freely **X** if child does not speak at all ***** give examples if possible
S Sometimes **N/A** for 'Not applicable'

If you wish, use reverse of this form to make any extra notes

Getting Help

- Both Selective Mutism and Reluctant Speaking can be successfully overcome.
- If the child or young person is not speaking in preschool/ school after about eight weeks, you might want to plan interventions.
- Aberdeen City Council's Staged Intervention Procedures are recommended to plan and review interventions.
- This leaflet includes Information about helpful approaches under the heading "What can you do?"
- Wider information is provided in the Aberdeen City guidelines on Selective Mutism, which was written alongside colleagues in the Selective Mutism team at Royal Aberdeen Children's Hospital, and colleagues in Aberdeenshire Education, Learning and Leisure.

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 formal consultation meeting in preschool or in school or when they are contacted by their Health colleagues.

Resources:

- Johnson, M. & Wintgens, A. (2001). The Selective Mutism Resource Manual. Bicester. Speechmark Publishing.
- Longo, S. (1996). My Friend Daniel Doesn't Talk. Bicester. Speechmark Publishing.
- 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

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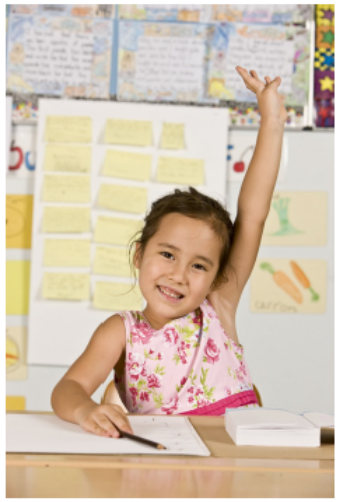
Supporting Reluctant Speakers

Children with Selective Mutism



Information for Preschools and Schools

What is Reluctant Speaking and Selective Mutism and How can you help?

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 have Selective Mutism, or be 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 with their family, and usually in the family home. Often 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 has this happened?

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-awareness of speech impairment.

What can you do?

- Selective Mutism will persist if appropriate strategies are not employed. You should:
- Reward all communication including non-verbal e.g smiling, nodding, eye contact.
- Let the child know that you understand that they find it difficult to talk
- Encourage the child to build a relationship with an adult - a teacher or support staff
- Use activities where children talk or sing as a group
- Involve parents in planning interventions to ensure that the approaches to help the child talk in preschool/school are understood and agreed.
- Encourage other children to include the child in play
- Let children choose between verbal or non-verbal responses
- Avoid turn-taking in circle-time activities by asking who would like to say something
- Remember it's anxiety which prevents the child speaking

Getting Help

- Both Selective Mutism and Reluctant Speaking can be successfully overcome.
- If your child or young person is not speaking in preschool or school for at least eight weeks, the school or preschool 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 leaflet under the heading "What can you do?"
- Further information is provided in the Aberdeen City guidelines on Selective Mutism, which were written alongside colleagues in the Selective Mutism team at Royal Aberdeen Children's Hospital, and colleagues in Aberdeenshire Education, Learning and Leisure.

Things which don't help

- Pressurising your child to speak in any way.
- 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 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 your 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.

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Supporting Reluctant Speakers

Children with Selective Mutism

Information for Parents / Carers

What is Reluctant Speaking and Selective Mutism and How can you help?

What is it?

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

Why has this happened?

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 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-awareness of speech impair-

What can you do?

- It is helpful to think of selective mutism as the result of anxiety about speaking rather than being due to defiance.

- Let your child know that you accept that they find it difficult to speak to less familiar adults.

- Encourage non verbal interactions with less familiar people e.g. waving instead of saying hello, smiling, nodding their head.

- Try not to feel worried if your child will not respond to someone and 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 your child's 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 them to play 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 lost or unsure e.g. when in the park you might say to your child "can you go and join X on the see saw?"