

**Exploring the educational views and needs of children with selective
mutism**

A thesis submitted to The University of Manchester for the degree of Doctor of Educational
and Child Psychology in the Faculty of Humanities

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Joseph Christopher White

School of Environment, Education, and Development

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Abstract

Background:

There is a significant paucity of research exploring the views of children and young people with selective mutism (SM), particularly in relation to school and education.

Methods/ participants:

The first paper describes a systematic literature review of the role which schools hold in supporting children and young people with SM. The second paper describes a mixed-methods research project in which a questionnaire exploring the educational views and needs of selectively mute children was designed (with input from children with SM), deployed, and analysed.

Analysis/ findings:

Findings from the systematic literature review suggest that schools hold a tripartite role in relation to supporting children with SM, which incorporates understanding and identifying the condition, planning and collaborating with parents and professionals, and providing targeted individual support. This was reflected in the empirical study, where typically, the experience of selectively mute children in school was negatively impacted by a lack of understanding and awareness on behalf of staff. In turn, this resulted in school professionals inadvertently reinforcing pupils' SM and increasing their anxiety in relation to communication. The empirical study also explored and adopted creative approaches for collecting data from selectively mute participants, with findings informed by both qualitative and quantitative analysis.

Conclusion/ implications:

The most significant barrier in meeting the needs of selectively mute children in school is staff awareness. Limited understanding of the condition results in delayed identification and impaired support, which in turn contributes to reduced outcomes. Disseminated activities were planned to enhance school professionals' understanding of SM and facilitate change at a whole-school level.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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This thesis is dedicated to my son, *Thomas Alan Christopher White*.

Introduction

Aims, research questions, and research strategy

The present research aims to explore the views and needs which selectively mute children and young people (CYP) have about school and education. The research was commissioned in 2019 by an educational psychologist (EP), as part of The University of Manchester's research commissioning process for its Doctorate in Educational and Child Psychology. The commissioning EP was able to facilitate links with a national SM charity to support data gathering. However, the overall strategy and direction of the research was developed by the researcher. Due to the complexity of selective mutism (SM), research has previously struggled to explore the views and needs of this cohort of CYP. This is a significant gap in the literature, and one which the present thesis aims to address. The research strategy consisted of a small-scale initial study, a review of existing research (Paper One), and an empirical study exploring the views which selectively mute children have in relation to school and education.

In the initial small-scale study, the perceived impact of SM training, delivered in a single school context by an EP, was explored using a qualitative approach. This study, which was subsequently published in an academic journal (see White et al., 2022), found that prior to receiving specialist training, school professionals held numerous misconceptions about SM and struggled to effectively support CYP with the condition.

Following this initial small-scale study, the researcher began working on a systematic literature review (SLR) examining the role that schools hold in supporting CYP with SM (Paper One). This paper has also recently been published in an academic journal (see White & Bond, 2022). The researcher chose this area of focus for several reasons. First, although

participants in the initial small-scale study found SM training to be beneficial, a level of confusion in relation to the role of schools and staff clearly remained. Second, parents of selectively mute children often report experiencing a significant delay in identification, support, and provision for CYP (e.g., Johnson & Wintgens, 2016). Schools indeed hold an important role in the identification of mental ill-health in CYP, in-line with policy from the Department for Health and Social Care (DHSC) and the Department of Education (DfE), and in co-ordinating support for these students (DHSC & DfE, 2017). This role includes identifying and supporting CYP with SM. Paper One therefore explores what schools might do to meet the needs of selectively mute children through a Critical Interpretive Synthesis (CIS), a type of configurative review (Dixon-Woods et al., 2006).

Configurative reviews differ from other forms of SLR by seeking to generate a conceptual answer to a chosen research question, following the review and synthesis of systematically identified literature (Dixon-Woods et al., 2006; Gough et al., 2012). Since Paper One aimed to generate a conceptual understanding of the role which schools hold in supporting CYP with SM, a CIS was found to be a sensible and appropriate method. It was hoped that through exploring and understanding this role, as it is conceptualised through the research base, schools would be better equipped to support selectively mute children. Paper One therefore describes, in concrete terms, how schools should support CYP with SM, and prioritises useful recommendations based on systematically identified and critically appraised evidence.

Paper One was able to conceptualise the role that schools hold in supporting CYP with SM, but highlighted that the views of selectively mute children are largely absent from the research base, particularly in relation to school and education. Following the CIS, Paper Two therefore explored the educational needs and views of CYP with SM using a mixed-methods

research design. As Paper Two will demonstrate, this novel methodological approach was adopted in an attempt to accurately and holistically capture the views of selectively mute children. In doing so, Paper Two therefore aimed to answer the following research questions:

1. What aspects of their educational provision do CYP with SM find most helpful?
2. What aspects of their educational provision do CYP with SM find most challenging?
3. How might the views of CYP with SM be best captured in research?

By answering these questions, the researcher hoped to provide a ‘voice’ for a population of CYP whose views are largely absent from the academic literature.

Ethical approval for the empirical research project present in Paper Two was obtained from The University of Manchester. Please see Appendix A for ethical approval documentation. Paper Two was carried out with 17 CYP with SM, who accessed the research with support from parents or carers. It was completed in two phases: an initial qualitative phase, where proxy interviews with selectively mute children were used to co-construct a questionnaire; and a second quantitative phase, where the questionnaire was deployed. Ensuring that in both phases, CYP with SM were able to contribute to the research in a relaxed environment (i.e., home, as opposed to school) was a key ethical consideration.

Paper Three discusses evidence-based practice in relation to the EP profession, alongside the significance of research dissemination. A possible dissemination strategy is proposed for the present research.

Throughout this thesis, the terms EP and school psychologist (SP) are used interchangeably, unless otherwise stated. A significant proportion of the research exploring SM is indeed drawn from a U.S., rather than U.K., context. Furthermore, as Paper One will demonstrate, the similar positioning and professional practice of EPs and SPs (which incorporates consultation with both home and school, training, and research) justifies the interchangeable use of both terms. However, as the reader will see, Paper Two's explicit focus on the experiences of selectively mute children in the United Kingdom may nevertheless indicate that implications for practice are more relevant for EPs.

Researcher's background, experience, and rationale for engagement

Prior to enrolling on the Doctorate in Educational and Child Psychology at The University of Manchester, the researcher worked as a primary school teacher. There, he spent a number of years teaching children in Year 6; in doing so, he observed the impact of anxiety on children's engagement and attainment in school. When teaching, the researcher advocated for CYP's emotional wellbeing and mental health, and co-led a number of initiatives which aimed to support the children in his Year 6 class. This included, but was not limited to, establishing a successful therapeutic garden. The researcher had never knowingly taught a CYP with SM, but during the commissioning process became increasingly interested in supporting and advocating for this cohort of children. In particular, the researcher felt it unjust that due to their needs, the views of CYP with SM are almost entirely absent from the research literature. The researcher therefore hopes that this thesis, and its associated publications, will go some way towards beginning to address this oversight.

Evaluation of ontological, epistemological, and axiological stances

Ontology is concerned with the nature of reality, and whether there may be objective realities beyond individual perception (Cohen et al., 2018). Epistemology, on the other hand, concerns knowledge – namely, what knowledge is, how one might acquire knowledge, and how knowledge might be shared with others (Cohen et al., 2018). The researcher adopts a critical realist position, and has done throughout this project. Critical realism acknowledges a “real world that exists independently of our perceptions, theories, and constructions,” but also argues that “our understanding of this world is inevitably a construction from our own perspectives and standpoint” (Maxwell, 2012, p. 5). This is a useful epistemological position to occupy, since the present research aimed to explore, or measure, the views of CYP with SM. For instance, Critical realism encouraged the researcher to recognise that anxiety, or emotional distress, can be empirically examined using positivist approaches, whilst at the same time indeed acknowledging that the subjective experiences of individuals – in this case, CYP with SM – contribute to meaning (Coolican, 2017; Cruickshank, 2012).

Axiology instead refers to our individual values and beliefs, and how these beliefs might influence our perceptions, decisions, and actions (Cohen et al., 2018; Maxwell, 2012). The researcher holds a number of values and beliefs which may have influenced his work throughout this project. Chief amongst these is the unwavering belief that all children, irrespective of their individual circumstances, have a right to share their views in relation to matters affecting them, including school and education. This is in accordance with the United Nations Convention on the Rights of the Child (UNCRC, 1989). A related, additional belief is that any barriers which a child might experience in life should not impact upon, or infringe, their individual rights. These central beliefs have motivated the researcher to pursue the opportunity for CYP with SM to have their views heard; in this respect, the researcher’s beliefs have indeed directed the course of this research project.

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Paper One

The role that schools hold in supporting children and young people with selective mutism: a systematic literature review

Abstract

Schools are expected to hold an increasingly central role in co-ordinating support for children with mental health needs. However, the role that schools hold in supporting pupils with selective mutism (SM) is complex. Through a Critical Interpretive Synthesis (CIS), this review explores the multidimensional role which educational settings hold in supporting children with SM. Key databases were searched (PsycInfo, British Education Index, Education Resources Information Center, British Library EThOS, and Google Scholar) and a conceptual map, informed by experienced practitioners, guided additional purposive searching with a focus on conceptual saturation. A total of 24 papers were identified following a further process of appraisal. Reciprocal Translational Analysis (RTA) found that schools hold a tripartite role in supporting children with SM: this incorporated developing a shared understanding of the disorder, engaging in effective (and often multi-professional) planning, and offering direct support through adapting provision and facilitating individual intervention. Through realising this role, schools and educational settings might transform the support currently available for children and young people with SM. Implications for practice, policy, and future research also emerged. This included a clear need for enhanced teacher understanding of SM, arguably at the level of initial teacher training (ITT).

Keywords

selective mutism; students' mental health; teachers' understanding of mental health

Introduction

The role that schools hold in supporting children's mental health has been redefined in recent years, with a 2017 green paper, co-produced by the Department of Health and Social Care (DHSC) and the Department for Education (DfE), outlining steps towards "transforming" the provision available for children and young people (CYP) in educational settings in England (DHSC & DfE, 2017, p. 1). Chief amongst the changes proposed is the enhanced role that schools now occupy across the domains of identification, planning, and support with regard to CYP's emotional wellbeing and mental health (Cox & McDonald, 2018). Problematically, however, research indicates that teaching staff are ill-prepared to recognise signs of emotional distress in students (The Mental Health Foundation, 2018), especially when the pupil is not overtly externalising their need (Collins & Holmshaw, 2008).

Selective mutism (SM) is an anxiety-based disorder that inhibits a person's capacity to communicate in certain contexts, such as schools (American Psychiatric Association [APA], 2013). SM is not a choice; however, children who experience the condition are commonly misperceived by their teachers as quiet, shy, or even oppositional (Johnson et al., 2015). Due, in part, to this level of confusion around SM, there is a lack of clarity around the role which schools hold in supporting CYP with the condition; as such, parents and carers of children with SM often struggle to access support for their children in a timely manner, if at all (Johnson et al., 2015).

This review therefore aims to explore, understand, and illuminate the role which schools hold in meeting the needs of this population of CYP. Through a Critical Interpretive Synthesis (CIS; Dixon-Woods et al., 2006), this review seeks to transform the body of literature

currently available to conceptually address this aim, by arguing precisely how educational settings can improve outcomes for CYP with SM.

Methodology

Configurative reviews differ from other forms of systematic literature review by seeking to generate a conceptual understanding of a chosen research area, following the review and synthesis of systematically-identified literature (Gough et al., 2012). In essence, configurative reviews aim to either understand trends or developments in research, or to identify and interrogate what can be drawn from the conceptual literature, including qualitative and quantitative research, and opinion (or theoretical) papers (Gough et al., 2012). The CIS adopted in this review occupies the latter space, and is concerned with generating a conceptual understanding of a topic, following a review of the literature currently available (Dixon-Woods et al., 2006). As this review seeks to generate a conceptual understanding of the role which schools hold in terms of supporting those with SM, a CIS is a sensible and appropriate method; moreover, it has recently been applied successfully within the domain of social and educational research (e.g., Allen & Bond, 2020).

In terms of epistemology, this CIS occupies something of a middle-ground: it does not adopt a purely relativist approach to social and educational research, yet, at the same time, it acknowledges that pure empiricism is also unable to identify and measure a single, objective reality (McKibbin et al., 2015). As such, this CIS is positioned between interpretivist and constructivist approaches to research. It is also important to highlight that by its very nature, this review also has boundaries which must be acknowledged: namely, that SM is an objective reality, whereby it belongs to the external world and can be observed and measured

(APA, 2013). Meeting the needs of CYP with SM therefore falls within the legitimate remit of schools.

Table 1 shows the seven-phase process used to undertake a CIS (Flemming & McInnes, 2012). Phases, as they were navigated in the present review, are subsequently discussed.

Table 1: Phases of CIS (adapted from Flemming & McInnes, 2012)

Phase 1	Identify a tentative research question at the beginning of the project.
Phase 2	Conduct a systematic, broad search of the literature currently available.
Phase 3	Iterative search, including conceptual mapping, until conceptual saturation is reached.
Phase 4	Data extraction to develop an understanding of each paper individually.
Phase 5	Translating studies into one another. Reciprocal Translational Analysis (RTA; Noblit & Hare, 1988) translates concepts between paper to produce an overall conceptual account of all studies.
Phase 6	Transform translations into a new conceptual form called synthetic constructs.
Phase 7	Generate the synthesising argument. This represents the relationship between synthetic constructs across papers, and aims to provide overall meaning.

Literature review strategy and search process (phases 1-3)

Interest in the role that schools hold in supporting CYP with selective mutism was first identified between June and August 2020. Initially, a scoping search was conducted using the terms ‘selective mutism OR elective mutism’ AND ‘school* OR education.’ These terms were adapted for the following databases: PsycInfo, British Education Index (BEI), Education Resources Information Center (ERIC), British Library EThOS, and Google Scholar. The use of an asterisk (i.e., *) allowed the search term ‘school’ to incorporate synonymous terms, such as ‘nursery’ and ‘kindergarten’. A total of 463 potential contributing

papers were identified. The first author then read the abstracts associated with each paper, and excluded items on the basis that they did not mention ‘schools’ or ‘education’ in either the keywords or abstract. Following this initial process, 189 papers remained. From here, each of the 189 papers were more thoroughly checked by the first author; papers were then excluded on the basis that they did not consider the *role* of schools or educational settings (i.e., if the paper evaluated an intervention for SM which took place entirely in a clinical setting, it was excluded). Following this, 60 papers remained.

To ensure that the review sufficiently captured the breadth of the topic under scrutiny, a conceptual map was then generated in which the identified papers were located across three tiers – (1) the universal level; (2) the targeted level; and (3) the individual level – following previous work from Busse and Downey (2011), which has outlined a ‘three-tiered’ approach to intervention around SM. This conceptual map (which is available in Appendix B) was subsequently shared with an expert reference group consisting of two educational psychologists (EPs) with practitioner experience of supporting CYP with SM. Members of this expert reference group were recruited on the basis that they were practising EPs with recent practitioner experience of working with a selectively mute child or young person. Further purposive searching subsequently took place between August and September 2020 using additional terms generated following discussion with this expert reference group. These search terms included ‘selective mutism’ OR ‘elective mutism’ AND ‘autism*’; and ‘selective mutism’ OR ‘elective mutism’ AND ‘English as an additional language’ OR ‘bilingual’. However, no new papers which discussed the role of schools (or educational settings) were identified. A tracker, developed by the first author, was used to monitor conceptual saturation. An example page from this tracker can be found in Appendix B.

Most commonly, identified studies adopted a single-case research design to describe intervention work with individual CYP ($n = 34$). These papers typically described behaviourist approaches to supporting CYP with SM ($n = 16$). A smaller proportion of papers operated at the targeted/ group level ($n = 21$), and described specific strategies which might be used by teaching staff as part of whole-group teaching and learning ($n = 14$). An even smaller number of papers described universal-level approaches ($n = 5$), including studies which explored teachers' knowledge of SM ($n = 3$). The majority of studies were from international, rather than UK, contexts.

Finally, as the conceptual understanding of SM within the domain of psychology has developed significantly in recent years (i.e., with a move away from considering the condition 'elective' and towards viewing it as a pervasive anxiety disorder; Johnson & Wintgens, 2016), a decision was made to exclude studies which pre-dated the year 2000 from the review. In 1994, the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV*; APA, 1994) reclassified 'elective mutism' as 'selective mutism'. In the year 2000, this conceptualisation of SM as an anxiety disorder was further cemented in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revised, *DSM-IV-TR* (APA, 2000). As such, it was notable that earlier studies predating the year 2000 differed markedly in their conceptualisation of SM as a 'choice', and were therefore unhelpful for the purposes of the present review. Following this process, 33 studies remained.

The remaining studies were then appraised using a Weight of Evidence (WoE) framework (Gough, 2007), where quality (WoE A) and relevance of fit to the research question (WoE C) were evaluated. Following Allen and Bond (2020), research quality (WoE A) was evaluated using an established framework for methodological quality (Bond et al., 2013), whilst

relevance of fit to the research question (WoE C) was evaluated in accordance with the extent to which the paper might inform school practice: low papers included limited/ no discussion, whilst high-ranking papers included school-based practice as their primary focus. Please also refer to Appendix B for examples of the frameworks used, including a worked example.

Furthermore, all papers were also evaluated using the Joanna Briggs Institute (JBI) Checklist for Quality and Rigour of Text and Opinion (2007); it was hoped that this would offer a further level of appraisal not captured by the aforementioned framework. From here, 20% of the papers ($n = 7$) were read and scored by both authors using these evaluative frameworks, with a high level of inter-rater agreement both before (93%) and after discussion (100%).

Following recent systematic reviews within the domain of educational research (e.g., Law & Woods, 2018; Allen & Bond, 2020), scores were converted to percentages in order to allow for fair and accurate comparison between frameworks: total scores of less than 33% were given a 'low' rating; scores between 34-66% were given a 'medium' rating; and scores of 67% or above were given a 'high' rating. Dixon-Woods et al. (2006) indeed note that to achieve its aim, CIS typically prioritise papers of relevance (or 'signal') over those of higher methodological quality (or 'noise'; Edwards et al., 2000). As such, papers were excluded from the review if they failed to achieve a 'medium' or 'high' rating on WoE C, thereby reducing the remaining 33 papers to 24. For this reason, it was possible for papers to remain within the review if they scored low on either/ both the JBI checklist and the appraisal of methodological quality (i.e., WoE A). Excluded studies are available to view in Appendix B.

Identified papers were published between the years of 2003 and 2018. Of the remaining 24 papers, 19 were empirical pieces and 5 were opinion pieces.

Initial scoping search across PsycInfo, BEI, ERIC,

EthOS, and Google Scholar

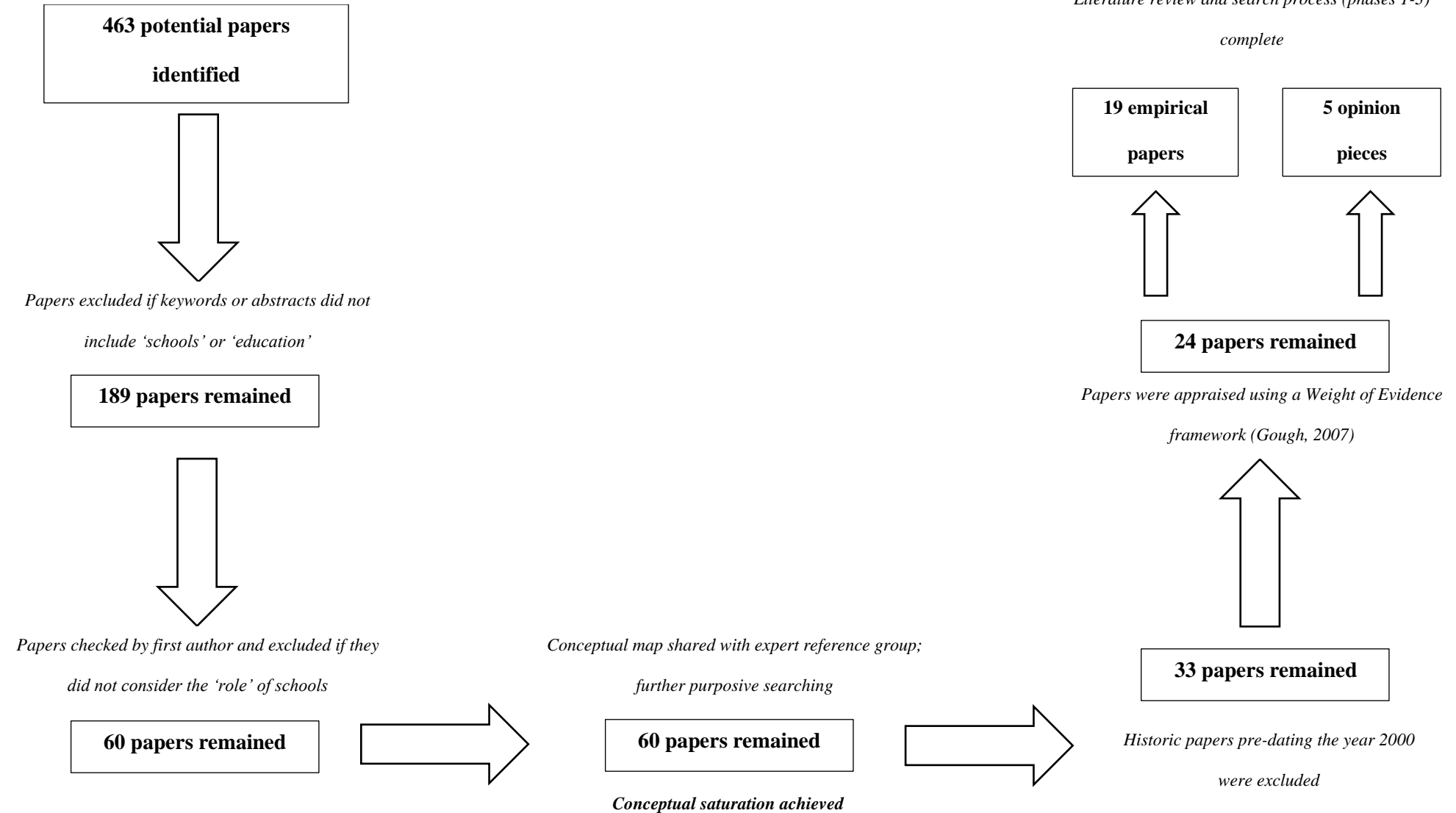


Figure 1: Literature review strategy and search process (phases 1-3)

Table 2: Papers included in the current review

Study	Opinion, Empirical Piece	Research design/ method	Focus	WoE A Empirical study	WoE A Opinion	WoE C
Beare et al. (2008)	Empirical	Single-case experimental	Using positive reinforcement with fading of prompts to increase verbal communication in a CYP with SM	Medium	Medium	High
Conn & Coyne (2014)	Empirical	Case study	Three-step behavioural approach in collaboration with educators over a three-month period	Medium	Medium	Medium
Davidson (2012)	Empirical	Semi-structured interviews	Teachers' knowledge, awareness, and experiences of SM, including teaching CYP with SM	Medium	High	High
Dillon (2016)	Empirical	Questionnaire	School professionals' knowledge of SM	High	Low	High

Elizalde-Utnick (2007)	Empirical	Case study	School-based intervention strategies for young selectively mute English language learners		Medium	High
Hahn (2008)	Empirical	Semi-structured interviews	Exploring the ways in which parents, teachers, and psychologists support CYP with SM	Low	Medium	High
Harwood & Bork (2011)	Empirical	Pre-post questionnaire design	The potential of professional development to contribute to increased knowledge of SM (including improved strategies) amongst teachers	Medium	Medium	High
Hung et al. (2012)	Empirical	Case study	Describing professional experience gained from working with a CYP with SM	Low	Medium	Medium
Kovac & Furr (2018)	Opinion		Evidence-based strategies for teachers supporting CYP with SM		Low	High

Lawrence (2017)	Empirical	Case study	Using a blended approach including psychoeducation, CBT, and behaviourist strategies	Medium	High	Medium
Longobardi et al. (2018)	Empirical	Questionnaire	The student-teacher relationship quality in CYP with SM	Medium	High	Medium
Martinez et al. (2015)	Empirical	Measure development	Investigating the properties of a teacher-report measure for SM	Medium	High	High
Mayworm et al. (2014)	Opinion		Assessment and treatment of selective mutism with English language learners		Low	High
Mitchell & Kratochwill (2013)	Empirical	Combined series multiple-baseline	Using conjoint consultation to treat selective mutism in the clinic and school	Medium	Medium	Medium
Oerbeck et al. (2018)	Empirical	Prospective long-term follow-up study	Evaluating a CBT intervention for SM at five years post-treatment	High	High	Medium

Oerbeck et al. (2014)	Empirical	Randomised controlled trial	A randomized controlled trial of a home and school-based intervention for selective mutism	High	High	Medium
Oerbeck et al. (2001)	Empirical	Uncontrolled pilot study	Pilot study evaluating a multi-modal treatment for SM.	High	High	Medium
Omdal (2008)	Empirical	Semi-structured interviews	Exploring facilitators and barriers in including CYP with SM in mainstream education	Low	Medium	High
Ponzurick (2012)	Opinion		Using a team approach to identifying and supporting CYP with SM in the school setting		Low	Medium
Shriver et al. (2011)	Empirical	Case study	Behaviour observations as a primary source of data for effective decision-making regarding treatment for selective mutism	Low	Medium	Medium

Williams (2017)	Empirical	Semi-structured interviews	Exploring the influence of teacher on support for CYP with SM	High	High	High
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Weight of Evidence A (WoE A) is a measure of quality, for both empirical and opinion papers.

Weight of Evidence C (WoE C) is a measure of relevance of fit to the research question.

Data extraction and synthesising argument (phases 4-7)

Papers subsequently underwent data extraction and findings were compared, through Reciprocal Translational Analysis (RTA; Noblit & Hare, 1988), in order to deduce commonalities (or ‘themes’) amongst the selected papers. Within CIS, RTA involves “translating the findings from one paper into another” to identify the “key metaphors, themes, or concepts” (Dixon-Woods et al., 2006, p. 5). As RTA is thought to be particularly suitable for well-defined, relatively small reviews of fewer than 50 papers, it was an appropriate approach to use in developing synthesising arguments for the identified literature (Dixon-Woods et al., 2006). An example of a piece of RTA can also be found in Appendix B.

The below table summarises the findings of the RTA, whereby 502 translations were synthesised to produce a total of 14 synthetic constructs. In some cases, constructs were identified relatively easily due to their homogeneity across papers (e.g., ‘importance of working closely with parents’). In other cases, however, constructs were formed by collapsing groups of translations (or even multiple constructs) into an overarching, meta-construct.

Table 3: Synthetic constructs identified following analysis

Synthetic construct	Number of contributing translations
A need for training and information-sharing with staff	152
Effectiveness of individual behavioural intervention	117
Role of teachers in identifying SM	57
The need for a collaborative, multi-modal approach	49
Adapting educational provision for CYP with SM	43
Importance of working closely with parents	38

School-based intervention is the most effective	16
Counselling for children with SM	9
The emotional impact on school staff	8
Family therapy	7
Intervention alongside prosocial peers	2
Psycho-education for CYP with SM	2
Use of play therapy with CYP with SM	1
Psychodynamic approaches for CYP with SM	1

Three synthesising arguments relating to the role that schools hold in identifying and supporting CYP with SM were subsequently developed from the synthetic constructs and the coding, as described above. These arguments related to the importance of:

- Understanding and identifying;
- Planning and collaborating;
- Adapting and supporting.

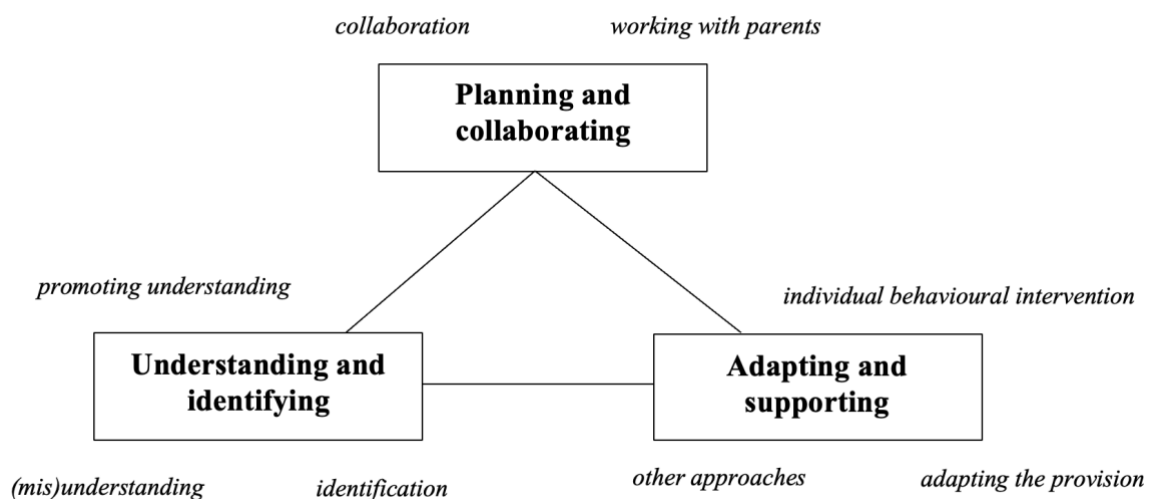


Figure 2: Synthetic arguments relating to the role that schools hold in supporting CYP with SM

Analysis of the role that schools hold in supporting CYP with SM as conceptualised through the research base

Understanding and identifying

The analysed literature presented an initial synthetic argument, *Understanding and identifying*, which argued for the crucial importance of school practitioners' understanding of SM. This included an understanding of its presentation within a school setting in order to recognise the condition. Three constructs were included within this argument: *(mis)understanding, promoting understanding, and identification.*

(Mis)understanding

Indeed, a significant number of translations ($n = 153$) contributed to a single, overarching meta-construct – 'A need for training and information-sharing with staff.' Consistent within the literature was the finding that typically, teachers and school staff hold misperceptions concerning the nature of SM, including the misconception that SM is the result of trauma or of acquiring English as an additional language (EAL), a form of autism, a wilful attempt by the CYP at manipulation, 'shyness', or something that the CYP will outgrow in time (Hahn, 2008; Davidson, 2012; Mayworm et al., 2014; Dillon, 2016; Lawrence, 2018; Kovac & Furr, 2018). Often, this misunderstanding resulted in staff blaming or 'shaming' the child for their mutism (Hahn, 2008), or using other inappropriate strategies which might inadvertently reinforce the mutism (such as long-term acceptance of the mutism) (Omdal, 2008; Davidson, 2012). Overall, teachers were reliably found to have limited knowledge of SM and one study (Harwood and Bork, 2011) noted this was irrespective of their years of teaching experience.

Promoting understanding

It was clear from the literature that teachers *want* and *need* training from informed professionals regarding the presentation and nature of SM (Hahn, 2008; Davidson, 2012; Dillon, 2016; Williams, 2017; Lawrence, 2018). For instance, Harwood and Bork (2011) described how a professional development workshop was an “effective first step” to enhance educators’ “confidence in supporting children with SM” (p. 148). Furthermore, practitioner psychologists were also cited as being well-positioned to share valuable knowledge, through individual or group consultation, or whole-school training (Williams, 2017; Lawrence, 2018).

The analysed literature also highlighted the most crucial and salient aspects of SM for teachers to understand. Primarily, this involved recognising that SM is an anxiety-based condition, and not a wilful choice (Elizalde-Utnich, 2007; Shriver et al., 2011; Davidson, 2012; Ponzurick, 2012; Martinez et al., 2015; Lawrence, 2018). Dillon (2016) found that almost two-thirds of teachers surveyed did not know that SM is classified as an anxiety disorder. Through locating the locus of control outside the CYP in this way, practitioners’ approaches to responding to pupils with SM would naturally change.

Identification

The literature also highlighted the role which teachers – and particularly early years practitioners – have in recognising the first signs of SM, since the condition typically becomes manifest during the CYP’s initial weeks and months in school (Hahn, 2008; Harwood & Bork, 2011; Martinez et al., 2015; Kovac & Furr, 2018; Lawrence, 2018). Also important was teachers utilising observational data, parental interview, and teacher-report measures to correctly discern between SM and other causes for mutism (such as the ‘silent period’ in EAL acquisition, for instance) (Shriver et al., 2011; Martinez et al., 2015;

Lawrence, 2018). Overall, teachers were found to be reliable reporters of SM and ideally placed to identify the early signs of the condition, thereby avoiding a delay in intervention and treatment (Hahn, 2008; Davidson, 2012; Conn & Coyne, 2014; Martinez et al., 2015; Dillon, 2016; Kovac & Furr, 2018).

Planning and collaborating

The analysed literature presented a second synthetic argument, *Planning and collaborating*, which argued for the importance of schools engaging in collaborative work with others in order to plan and organise change for CYP with SM. Two constructs were included within this synthetic argument: *collaboration* and *working with parents*.

Collaboration

The first construct within this argument, ‘The need for a collaborative, multi-modal approach’, highlighted the importance of a multi-professional approach where teachers, therapists, psychologists, and clinicians (including the school nurse) work together by sharing information and planning intervention (Elizalde-Utnick, 2007; Davidson, 2012; Ponzurick, 2012; Mayworm et al., 2014). Information-sharing between teachers was explicitly highlighted within the literature, particularly when CYP with SM move to a new class at the beginning of the academic year (Davidson, 2012). Intervention within a school (as opposed to clinical) setting was also identified as more effective and less stressful for pupils (Elizalde-Utnick, 2007; Conn & Coyne, 2014; Mayworm et al., 2014), and provides evidence for the EP and school psychologist (SP) being best-placed to support staff working with CYP with SM (Elizalde-Utnick, 2007; Davidson, 2012). It is arguable that the conceptual shift towards understanding SM as a psychological, anxiety-based condition has emphasised the role of

EPs and SPs, who typically offer direct support for children with social, emotional, and mental health needs in educational settings (Atkinson et al., 2013).

Working with parents

A second synthetic construct that contributed to this argument involved the ‘importance of working closely with parents.’ The analysed literature found that alongside working collaboratively with professionals, CYP with SM are best supported when school and home work together (Elizalde-Utnick, 2007; Hahn, 2008; Conn & Coyne, 2014; Mayworm et al., 2014; Williams, 2017; Lawrence, 2018). Parents, much like teachers, can inadvertently reinforce their CYP’s mutism if they do not have an accurate understanding of how the condition operates (Conn & Coyne, 2014; Lawrence, 2018). For this reason, the literature suggests that schools have a role in providing training for parents and carers of CYP with SM, as well as their staff (Hahn, 2008; Davidson, 2012; Lawrence, 2018). Collaboration also involved parents implementing strategies at home, introducing their child to new teachers, and gently pushing CYP beyond their comfort zone towards social activities (Hahn, 2008; Conn & Coyne, 2014; Lawrence, 2018). Conn and Coyne (2014) report that “parents are vital in maintaining gains accomplished during therapy,” and collaboration between home and school is therefore essential (p. 496).

Adapting and supporting

The analysed literature produced a third and final synthetic argument, *Adapting and supporting*, which argued for the adaptations and direct support which schools should offer CYP with SM. Three constructs contributed to this synthetic argument: *individual behavioural intervention*, *other approaches*, and *adapting the provision*.

Individual behavioural intervention

This review found overwhelming evidence for individual behavioural intervention.

Systematic desensitisation (also described within the literature as ‘graded exposure’ or ‘stimulus fading’), shaping, and positive reinforcement – were the most effective and popular approaches for supporting CYP with SM (Elizalde-Utnick, 2007; Beare & Creviston, 2008; Omdal, 2008; Hung et al., 2012; Ponzurick, 2012; Mitchell & Kratochwill, 2013; Conn & Coyne, 2014; Mayworm et al., 2014; Kovac & Furr, 2018). Successful interventions established initial speech in the school setting, before generalising speech to other children, adults, and contexts, such as other classrooms (Elizalde-Utnick, 2007; Beare & Creviston, 2008; Hung et al., 2012; Conn & Coyne, 2014). Positive reinforcement was described as most effective when it incorporated carefully-chosen rewards and was delivered privately, rather than publicly (Elizalde-Utnick, 2007; Hung et al., 2012; Conn & Coyne, 2014). It is also notable that behavioural interventions could more easily be delivered directly by school staff in collaboration with other professionals (e.g., Elizalde-Utnick, 2007; Beare & Creviston, 2008).

Other approaches

The literature also described some evidence in favour of cognitive behavioural therapy (CBT), with a series of comprehensive studies highlighting numerous benefits: typically, gains were established within the first three-months of treatment and largely remained five-years post-treatment; a CBT approach was also found to be equally effective for bilingual and monolingual children, and for boys and girls (Oerbeck et al., 2014, 2018). Furthermore, there was some evidence that CBT decreased the rate of psychiatric comorbidities often associated with SM, including separation anxiety and specific phobia; CBT for SM may therefore have a broader effect over time (Oerbeck et al., 2018). However, these interventions, although

administered in school, were typically delivered by specialist staff, indicating that there is need for specialist advice and support in relation to cognitive behavioural approaches to treating SM (Oerbeck et al., 2018).

Psychodynamic approaches, including a family-system perspective that focuses on challenging unhelpful family dynamics, were also identified as a possible treatment approach in one piece of literature, albeit with a stark warning that such approaches “may result in the child maintaining his or her mute behaviour” (Hung et al., 2012, p. 224). However, person-centred counselling was described as useful for addressing the so-called “start barrier” for treatment and might also exist as a form of desensitisation in its own right (Elizalde-Utnick, 2007).

Adapting the provision

Alongside delivering behavioural interventions, the literature argues that schools also hold a role in adapting the provision for CYP with SM. Elizalde-Utnick (2007) described a range of communication-friendly approaches which school professionals can use to support CYP with SM, including creating “safe havens” within the classroom (which reduce verbal demands), using visual timetables, and establishing consistent routines (p. 152). Elsewhere, Davidson (2012) and Ponzurick (2012) similarly described the importance of utilising initial non-verbal opportunities for communication, creating a nurturing classroom environment, and allowing the child a preferred seat (e.g., away from the centre of the classroom and alongside a close friend, who might provide a level of social and emotional support).

Discussion

Early identification and the role of schools

Despite clear diagnostic criteria for SM (APA, 2013), children with the condition typically experience a significant delay in identification and, subsequently, support (Hahn, 2008; Davidson, 2012; Conn & Coyne, 2014). This often leaves parents in a difficult and often distressing position where they must fight for provision (e.g., Johnson et al., 2015). This delay in identification is both surprising and concerning. Not only is SM far from rare – with prevalence rates estimated as falling somewhere between 0.71% (around one in 143 children; Bergman et al., 2002) and 1.9% (approximately one in 50 school-age children; Kumpulainen et al., 1998)¹ – but early intervention is also key. Longer-term SM is harder to treat and shares a range of psychiatric comorbidities, including social anxiety disorder, depression, and suicidal ideation (Chavira et al., 2007). For CYP with SM, it is clearly essential that the condition is identified promptly and treated swiftly.

The synthesising arguments presented in this review argue for the importance of early identification by schools. The situational presentation of SM means that CYP with the condition typically speak freely at home, but demonstrate levels of mutism in school (Johnson & Wintgens, 2016). For this reason, teachers and support staff are in a unique position to identify the early signs of SM, and may well be the *only* people in a child's life who are able to do so. However, poor understanding of the condition may mean school professionals simply do not recognise symptoms of SM in their pupils (Hahn, 2008; Davidson, 2012; Mayworm et al., 2014; Dillon, 2016; Lawrence, 2018; Kovac & Furr, 2018). It is also problematic that although early years practitioners hold an important role in

¹ To place this figure in context, the current prevalence rate for autism is estimated to fall at around 1.1% (see, for example, National Institute for Health and Care Excellence, 2020).

recognising the early signs of SM, these professionals are often less qualified than those working with older children; research has previously found that early years settings are frequently staffed by a significant number of unpaid volunteers, and that staff qualification is both low and declining (e.g., Bonetti, 2018).

The analysed literature therefore argues that many schools will struggle to fulfil the role outlined for them in the DHSC and DfE's (2017) green paper in relation to CYP with SM; early identification of any mental health need hinges upon practitioners' understanding of presenting conditions, and SM is no different (Glazzard & Bostwick, 2018). Indeed, where there was a secure understanding of SM, the literature found teachers to be reliable in their identification of the condition (Hahn, 2008; Davidson, 2012; Conn & Coyne, 2014; Martinez et al., 2015; Dillon, 2016; Kovac & Furr, 2018) – but an understanding of SM is clearly an essential prerequisite.

Collaboration

Wider implications around the need for collaborative working also emerged as a clear argument from within the literature. Collaboration was described as a conduit for information-sharing both within school and between home and school, and as a mechanism for garnering input from specialist professionals (Elizalde-Utnick, 2007; Davidson, 2012; Ponzurick, 2012; Mayworm et al., 2014). Within the United Kingdom, at least, there remains some debate over the professional ownership of SM, with some regions having established pathways involving EPs and/ or speech and language therapists (SLTs), amongst others, and other regions having no pathway at all (Johnson et al., 2015). The conceptual shift towards understanding SM as a psychological, anxiety-based condition may be a further reason for this debate. Role boundaries can indeed pose a challenge for inter-professional working,

although this can be alleviated at the pathway level (Ovretveit, 1996; Solomon, 2019). A lack of adequate pathway support is perhaps a further reason why so many CYP experience a delay in accessing intervention; once schools recognise that there is a need, it can be problematic finding a professional to formally identify and offer support (Sluckin et al., 2015).

In this respect, the analysed literature argued that EPs and SPs might be best-placed to provide collaborative support for schools in identifying and supporting CYP with SM (Elizalde-Utnick, 2007; Davidson, 2012). Whilst this arguably reflects our current understanding of SM as an anxiety-based condition, EPs (and SPs) are well-positioned to provide training for schools, facilitate planning and information-sharing, and support schools in delivering individual intervention for CYP with SM, as per their multifaceted professional role (Fallon et al., 2010). As Davidson (2012) observes: “This is not surprising as school psychologists, with educational backgrounds in both academic and emotional arenas, are the ideal individuals to assist teachers in better understanding and intervening with selectively mute children” (p. 62). Elsewhere, Elizalde-Utnick (2007) also describes SPs as being ideally-placed to “be a bridge between home and school” (p. 147). EPs and SPs therefore appear perfectly suited to working collaboratively with schools to fulfil their role in supporting CYP with SM, as that role is conceptualised within the present review.

The analysed literature also highlighted the importance of collaborating with parents, which involved sharing approaches between school and home, developing parent/ carer understanding, and encouraging parents to gently push CYP with SM outside of their comfort zone (Elizalde-Utnick, 2007; Hahn, 2008; Conn & Coyne, 2014; Mayworm et al., 2014; Williams, 2017; Lawrence, 2018). It has long been known that parents of CYP with SM

frequently experience symptoms of anxiety, including social anxiety, themselves; this may be one reason why parents can sometimes inadvertently reinforce SM (Kristensen & Togerson, 2001; Johnson & Wintgens, 2015). Educational settings therefore have a role in supporting these parents and carers to implement evidence-based approaches delivered in school within wider contexts.

Adapting and implementing

Behavioural interventions predominated in the literature and were consistently found to be the most effective form of intervention delivered in school for CYP with SM; behavioural interventions could also be delivered more often by school staff themselves, rather than external professionals or specialists (Elizalde-Utnick, 2007; Beare & Creviston, 2008; Omdal, 2008; Hung et al., 2012; Ponzurick, 2012; Mitchell & Kratochwill, 2013; Conn & Coyne, 2014; Mayworm et al., 2014; Kovac & Furr, 2018). This indeed appears most sensible, allowing CYP to develop initial speech with a familiar member of staff from the school. Resources for schools also allow practitioners to implement a behavioural intervention for SM with little or no training (e.g., Johnson & Wintgens, 2016). It is notable that behavioural intervention worked best when there was an opportunity for CYP to generalise their communication within the wider environment (e.g., within their classroom). Kovac and Furr (2018), for instance, present classroom strategies which support the generalisation of speech in a whole-class setting: this includes avoiding praise when the CYP speaks, considering an appropriate seating position, and utilising a “fear hierarchy” to understand different forms of communication (pp. 112-3). Wider environmental adaptations were therefore required by schools in order to support CYP with SM in generalising their speech, following an initial phase of intervention.

A paucity within the research, however, included the representation of the views of CYP with SM in intervention approaches. The United Nations Convention on the Rights of the Child (UNCRC, 1989) highlights within its twelfth article the importance of children having the opportunity to express their views in all matters affecting them, and for these views to be taken seriously. This is a clear limitation within the literature and one which future research should seek to address.

Limitations of the Review

It is important to highlight that the CIS, by its ontological and epistemological nature, is influenced heavily by author interpretation; it combines a qualitative research approach with systematic literature review methodology, and therefore the extent of generalisation is limited. It is therefore the case that the findings of the present review should be interpreted both with a degree of caution and in-line with each reader's individual local context.

It is also of note that during the initial phase of data collection, studies published prior to the year 2000 were excluded from the review. Although this decision was made in order to exclude historic studies from the review which conceptualised SM as 'elective' (rather than anxiety-based), it is indeed possible that in choosing a crude cut-off point, studies of value were inadvertently excluded.

Concluding remarks

Through a CIS, this review has argued for the tripartite role which schools have in identifying and supporting CYP with SM. This role, which incorporates developing a shared understanding of SM, collaborative working and planning with professionals, and establishing individual intervention and treatment pathways, indeed realises the vision of the

DHSC and DfE's (2017) green paper by proposing transformative support for CYP with SM – support which stands in stark contrast with the typical experiences of this cohort of young people. Whilst a secure understanding of SM amongst the teaching profession is clearly an essential component and can be delivered through staff training and continuous professional development, this review concludes that more systemic mechanisms for developing staff understanding should be explored in future research. This might include a consideration of initial teacher training (ITT) curricula, and the degree to which training programmes prepare practitioners to teach CYP with social, emotional, and mental health needs.

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Paper Two

Eliciting the views which selectively mute children have about school and education

Abstract

Although a recent systematic literature review has conceptualised the role of schools in relation to supporting selectively mute children, few studies have explored the views of children and young people (CYP) with selective mutism (SM), especially in relation to their educational provision. In this mixed-methods study, proxy interviews with selectively mute children ($n = 3$) were used to construct a questionnaire which was published online and captured the views CYP with SM between the ages of 7- and 11-years-old ($n = 17$). Analysis found that selectively mute children wished for a better understanding of the condition amongst school professionals and peers, valued the importance of a close friend in school, and experienced frustration in relation to their day-to-day mutism. Clear implications for school professionals therefore emerged, including a need for whole-school awareness-raising. Directions for future research may involve exploring the views and needs of older children with SM (e.g., in the 11- to 16-year-old age-range), particularly in relation to the challenges posed by high school.

Keywords

selective mutism; elective mutism; children's views; children's experiences; primary school

Introduction

In recent years, there has been a significant increase in research exploring the views of children and young people (CYP) with special educational needs (SEN), in order for the views of both individuals and groups to be reflected within their educational provision. Although firmly grounded in more recent legislation (e.g., Children and Families Act, 2014) and accompanying policy in England (e.g., Department for Education [DfE], 2015), the notion that children and young people with SEN should have the opportunity to share their views is by no means new; it has in fact appeared in both domestic and international legislation and policy for the past few decades (Children Act, 1989; Individuals with Disabilities Education Act, 2004; Gray et al., 2006; Palikara et al., 2009; Public Health England, 2021; United Nations, 2006). It is the United Nations Convention on the Rights of the Child (UNCRC) which argues most strongly for children's agency in sharing their views, where it is stated in Article 12 that:

the child who is capable of forming his or her own views [has] the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (UNCRC, 1989).

Perhaps unsurprisingly, research has found clear benefits for CYP who feel able to express their views and have their views considered. Griebner and Nowak (2012), for instance, found that pupils elected to represent and share the views of their peers as part of a school council experienced enhanced self-esteem, improved communication skills, and a greater sense of agency. Furthermore, any negative effects for CYP were found to relate to pupils not having as much influence as they would have liked, rather than for any other reason. There is also some evidence to indicate that compared with peers, children with SEN experience enhanced

positive effects when given the opportunity to share their views (e.g., Gut et al., 2012), even if capturing the views of some CYP with SEN can prove challenging (Beresford et al., 2004; Preece & Jordon, 2009; Winstone et al., 2014). Fortunately, research is continuing to explore the most effective and accessible mechanisms for supporting all CYP in sharing their views in relation to school and education, irrespective of their level of need (e.g., Fayette & Bond, 2018; Tyrrell & Woods, 2018).

Selective mutism

Although there is some evidence to suggest that children with SEN are less likely to share their views in the above terms (Burnitt & Gunter, 2013), this appears to be particularly true for children with selective mutism (SM). SM is an anxiety-based disorder that greatly inhibits a person's capacity to communicate in certain contexts, such as school (American Psychiatric Association [APA], 2013). Children with SM may either be entirely mute in school (sometimes referred to as 'high-profile' SM), or will instead speak with less frequency, volume, and spontaneity than their peers, whilst nevertheless experiencing high levels of anxiety in relation to communication (which may be referred to 'low-profile' SM; Cunningham et al., 2006; Ford et al., 1998; Johnson and Wintgens, 2016; Lescano, 2008). Prevalence rates for SM range from 0.71% (around one in 143 children; Bergman et al., 2002) to 1.9% (approximately one in 50 children; Kumpulainen et al., 1998).

<p style="text-align: center;"><u>Low-profile SM:</u></p> <ul style="list-style-type: none"> • may whisper or speak quietly; • may speak infrequently; • usually no spontaneous communication with adults; • the fear of disapproval outweighs the fear of talking. 	<p style="text-align: center;"><u>High-profile SM:</u></p> <ul style="list-style-type: none"> • the individual is entirely silent with certain people in certain situations; • the fear of talking outweighs the fear of disapproval.
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Figure 3: Low-profile SM vs. high-profile SM, adapted from Johnson and Wintgens (2016).

However, as White et al. (2022) have recently demonstrated, despite these relatively high rates of prevalence, staff understanding of SM appears to be limited and many CYP with the condition may be overlooked. Indeed, research indicates that school professionals often have limited knowledge of SM. Often, CYP with SM are misperceived by school staff as shy or even oppositional, resulting in delayed identification and access to intervention (Sharp et al., 2007; Johnson & Wintgens, 2016). This is concerning, since long-term SM is known to share associations with a range of psychiatric co-morbidities, including social anxiety disorder, depression, and suicidal ideation (Chavira et al., 2007), alongside emotionally-based school avoidance (Kearney & Spear, 2013). It is indeed unlikely that such children will be positioned to share their views in relation to school and education, despite having the same right to do so as their peers (UNCRC, 1989). For this reason, much of the educational provision made available for selectively mute children is recommended without taking the views of CYP with SM into account.

In terms of the provision currently available, a recent systematic literature review found that schools hold a tripartite role in supporting CYP with SM (White & Bond, 2022). This involves understanding and identifying the condition, ideally supported through whole-school staff training and awareness raising; planning and collaborating, often alongside parents and professionals; and offering adaptation and direct support for selectively mute children, including individual intervention. Overwhelmingly, behavioural intervention, incorporating a systematic desensitisation approach (also described as ‘graded exposure’ and ‘stimulus fading’), was found to be the strongest-evidenced intervention for CYP with SM (Beare et al., 2008; Conn & Coyne, 2014; Elizalde-Utnick, 2007; Hung et al., 2012; Kovac & Furr, 2018; Mayworm et al., 2014; Mitchell & Kratochwill, 2013; Omdal, 2008; Ponzurick, 2012).

However, little is known about how CYP with SM perceive either school and education, or the interventions and approaches used by school staff.

Although there is a clear paucity of research in this field, a single study from Roe (2015) aimed to explore the views of children with SM in the 10- to 18-year-old age-bracket using a researcher-designed questionnaire. This study included a focus on the experiences of CYP at home and at school, with participants reporting school to be “difficult,” feeling “vulnerable” in the classroom, and stating that they were often “too scared to go in” (Roe, 2015, p. 60). However, whilst useful, this study did not explore the specific aspects of school or education which CYP with SM found to be most anxiety-provoking, nor did it elicit specific challenges or aspects of educational provision which were deemed to be most beneficial. Furthermore, it did not consider the experiences of children in the primary age-range. Finally, through deploying a questionnaire design, Roe’s (2015) study facilitated access for participants who find communication challenging, yet the design also limited the range of responses participants were able to give, particularly since it was designed by the researcher (without input from CYP with SM).

Rationale

There is a significant paucity of research exploring the views that CYP with SM have about school and education, particularly in relation to the primary age-range (i.e., 4- to 11-years-old). Whilst research has made a concerted effort to facilitate access for other identified groups with SEN, such as those with autism (e.g., Fayette & Bond, 2018; Tyrrell & Woods, 2018), selectively mute children have largely been overlooked. This study aims to expand on the work of Roe (2015) by exploring the views which younger CYP with SM attending a primary school setting have about school and education, and seeks to deploy a questionnaire

that has been co-constructed with selectively mute children. In this respect, the present study hopes to present data which is authentic, meaningful, and reflects the views of CYP with SM.

Research questions

1. What aspects of their educational provision do CYP with SM find most helpful?
2. What aspects of their educational provision do CYP with SM find most challenging?
3. How might the views of CYP with SM be best captured in research?

Method

Design

This study adopted a mixed-methods research design consisting of an initial qualitative phase and a subsequent quantitative phase of data gathering using a questionnaire. A questionnaire design was selected as the most appropriate data collection method since the researcher aimed to collect a large amount of data from a large number of people, but in a way which would be accessible for CYP with SM (Cohen et al., 2013; Johnson & Wintgens, 2016). It was hoped that the written nature of a questionnaire would allow selectively mute children to share their views and opinions in a safe, comfortable way. It was important that the deployed questionnaire included a range of responses which properly reflected the experiences of its target audience (i.e., CYP with SM between the ages of 7- to 11-years-old who currently attended a primary school setting). As such, the researcher chose to co-construct the questionnaire with selectively mute children, rather than produce a questionnaire based on the limited research already available.

The focus of the initial qualitative phase was therefore to co-construct a questionnaire using proxy interviews, in which parents and/ or carers conducted a semi-structured interview with

a CYP with SM; in the second quantitative phase, this questionnaire was hosted online using the survey platform Qualtrics XM (2021) over a 16-week period.

Participants and sampling

A non-probability, purposive sampling procedure was used in both phases of this study to directly target parents and/ or carers of CYP with SM. Participants were recruited through a single avenue: Selective Mutism Information and Research Association (SMIRA), a charitable organisation which supports families with selectively mute children. In both phases, a message was posted by a gatekeeper on the SMIRA Facebook page, which is a private Facebook group with approximately 17,500 members worldwide.

In each case, participants were self-selecting. In the first phase, participants were required to be a parent or carer of a child between the ages of 7- and 11-years-old who either had a diagnosis of SM, or was experiencing symptoms of the condition. Participants were also required to live in the United Kingdom. The 7- to 11-year-old age-range was chosen, as opposed to the entire primary age-range, since the researcher felt that CYP younger than 7-years-old may struggle to reflect on their experience of school. In the second phase, participants were required to be a child between the age of 7- and 11-years who either had a diagnosis of SM, or was experiencing symptoms.

Both phases of the present study took place during the coronavirus (COVID-19) pandemic, and as such, interviews with parents and/ or carers of CYP with SM took place remotely using a video-conferencing platform (Zoom, 2021). Sah et al. (2020) have recently highlighted the costs and benefits of remote data collection; for the present study, remote

interviews allowed participants to be drawn from anywhere in the United Kingdom, and clearly facilitated access.

Ethics

The project received ethical approval from The University of Manchester's University Research Ethics Committee (UREC) following a full UREC review in November 2020. Key ethical considerations related to the emotional wellbeing of participants, who would be asked to discuss anxiety-provoking, potentially upsetting content. To safeguard participants, both phases of data gathering included a distress protocol. Please refer to Appendix A for evidence of ethical approval.

Phase 1: Co-constructing the questionnaire

The focus of the initial qualitative phase of data collection was to co-construct a questionnaire using proxy interviews, in which parents and/ or carers of CYP with SM conducted a semi-structured interview with their child. Proxy interviews were chosen since selectively mute children usually experience a level of anxiety when speaking to unfamiliar people (which inhibits their communication), whilst being typically able to speak comfortably and freely with their parents or carers in the home setting (Johnson and Wintgens, 2016).

Procedure

Prior to recruitment, participants were asked to read a participant information sheet, to complete a parental consent form, and to ask their child to read a children's information sheet and complete a children's assent form. Please refer to Appendix C for examples of these forms. Although parents and/ or carers would provide legal consent for their child's views to be represented in this phase of the project, studies have highlighted the benefits of gaining

children's assent in paediatric research: it enhances the child's autonomy, serves an educational purpose, and helps the child feel more involved in the research project as a whole (Waligora et al., 2014).

Following recruitment, parent participants ($n = 3$) were invited to an initial meeting in which the main researcher introduced an interview schedule and described the principles of effective semi-structured interviewing, following the guidance of Adams (2015). Questions for the interview schedule were open and exploratory, and hoped to understand the school experiences of selectively mute children. The interview schedule provided for parents and/or carers is included as Appendix D. From here, participants were asked to conduct the semi-structured interview with their child, and to either record the interview's audio using a secure device or attend a second interview with the researcher where they would present their data (which would also be audio-recorded). Two children were comfortable allowing the proxy interview to be recorded; a final meeting was therefore held between the main researcher and the parent of the third child.

Analysis

The audio for all three interviews was transcribed and analysed using Braun and Clarke's (2006) framework for thematic analysis in Nvivo® software version 12. The data were first read repeatedly to gain immersion (Guest et al., 2012), before key thoughts, ideas, and concepts were coded individually. Codes were subsequently grouped into subordinate themes; these were then subsumed, where appropriate, in order to generate superordinate themes which aimed to describe the data-set as a whole (Braun & Clarke, 2019). The analysis was semantic and inductive, allowing themes to emerge from participants' contributions

(Elmes et al., 2011). An example page from the coded interview transcript is available in Appendix E.

Generating the questionnaire

The findings from this initial phase of data collection and analysis provided content for a draft of the questionnaire. Parent and child participant pairs ($n = 3$) from the initial qualitative phase were then invited to pilot the draft questionnaire and provide critical feedback.

Feedback related to the accessibility of the questionnaire platform and the language used when presenting and framing questions (e.g., one participant did not know what the term ‘TA’ stood for). The questionnaire development process is detailed fully in Appendix F.

Phase 2: Deploying the questionnaire

The focus of the second quantitative phase of data collection was to deploy the co-constructed questionnaire.

Materials

As discussed, the content of the questionnaire was developed using data collected during an initial qualitative phase (detailed above). Following recent studies published within the field (e.g., Robinson et al., 2018), the structure of the questionnaire was divided broadly into two parts. An initial section of six items gathered demographic data related to both the participant (e.g., age; year-group; gender; pattern of SM) and their school (e.g., size; structure), and a second section asked participants questions relating to their views about school and education. To reduce any possible communication anxiety around completing the questionnaire, participants were asked to choose from a series of predetermined responses, whilst having the option of providing further qualitative data if they wished. Importantly,

these responses were formulated so as not to assume that a specific experience was either positive or negative. For instance, when asked the question, “I have to answer my name for the register,” responses included, “True for me (but it’s OK)” and “True for me (and it’s hard),” amongst others. The published survey is included in its entirety as Appendix F.

More generally, individual questions were structured in order to facilitate access for children in the 7- to 11-year-old age-range (e.g., by featuring a smaller number of information-carrying words in sentences and avoiding the use of specialist language); children were also encouraged to complete the questionnaire alongside a parent or carer if they wished. The questionnaire also included a final selection of questions for parents and/ or carers to complete, with questions relating to more specific aspects of their child’s provision in school (e.g., SEN status).

Procedure

A final version of the questionnaire was hosted by the online survey platform Qualtrics XM (2021), with a link to the questionnaire being circulated on the SMIRA Facebook page via a gatekeeper. When participants clicked on the Qualtrics XM link, they were immediately provided with participant information sheets for both parents and/ or carers and children, and were subsequently required to provide consent (for parents/ carers) and assent (for children). The questionnaire was live for a total of 16-weeks between the months of August 2021 and November 2021.

Analysis

The quantitative data from the online questionnaire were analysed using Qualtrics XM (2021) in order to produce descriptive results.

Results

Although a total of 73 individuals clicked on the questionnaire link, only 17 progressed past the participant information sheets and even fewer ($n = 7$) fully completed the survey. Partially completed questionnaire data are included within the results, below; data from 17 participants are therefore reported. For an overview of participant characteristics, please refer to Tables 4 and 5.

Table 4. Demographic information

Characteristic		Frequency
Gender	Male	6 (35.3%)
	Female	11 (64.7%)
Age	7-years-old	4 (23.5%)
	8-years-old	3 (17.6%)
	9-years-old	0 (0.0%)
	10-years-old	3 (17.7%)
	11-years-old	6 (35.3%)
	Undisclosed	1 (5.9%)
Year group	Year 3	6 (35.3%)
	Year 4	0 (0.0%)
	Year 5	1 (5.9%)
	Year 6	8 (47.1%)
	Undisclosed	2 (11.8%)

School size	Single-form	4 (23.5%)
	Dual-form	6 (35.3%)
	Three-form	3 (17.7%)
	Other	4 (23.5%)
School type	Primary school	11 (64.7%)
	Junior school (i.e., KS1 attend an infant school)	5 (29.4%)
	Undisclosed	1 (5.9%)

Table 5. Pattern of SM

Pattern of SM		Frequency
In school, I can usually talk to ...	My best friend	7 (21.9%)
	My friends	4 (12.5%)
	Some of the other children in my class	6 (18.8%)
	All of the children in my class	0 (0.0%)
	The teaching assistant	6 (18.8%)
	My teacher	4 (12.5%)
	Other teachers	0 (0.0%)
	The mid-day assistants	0 (0.0%)
	Adults at breakfast club or after-school club	0 (0.0%)
	Other	5 (15.6%)

Sample characteristics

As shown in Table 1, of the sample, 11 participants were girls and 6 were boys. Most children were in Year 6 ($n = 8$) and attended a single-site primary school setting ($n = 11$), as opposed to a junior school. In Table 2, participants' pattern of SM is presented. Most often, children could speak with a best friend ($n = 7$). Children were more likely to be able to speak to a teaching assistant ($n = 6$) as opposed to a class teacher ($n = 4$). Of the sample, no children were able to speak to all of the children in their class, to other teachers, to mid-day assistants, or to adults at breakfast/ after-school clubs. Participants who selected "other" ($n = 5$) included children who were able to speak to "most people in a quiet voice" ($n = 1$), a parent who worked in school ($n = 1$), and a new teacher ($n = 1$), with remaining participants ($n = 2$) providing no further information.

Selectively mute children's views about school

Participants reported that there were many things which they like about school. This included their class teacher ($n = 3$), a teaching assistant ($n = 2$), learning ($n = 5$), group work ($n = 2$), and break/ lunch ($n = 2$). Most of all, however, CYP with SM ($n = 6$) reported that seeing their friends was what they most enjoyed about school.

In Tables 6 and 7, selectively mute children's views around preferred lessons and teacher qualities are presented, alongside helpful strategies/ approaches. Children also provided further qualitative data around what might help in school. This included a wish for "training and awareness for all staff," "having adults trained and know[ing] what selective mutism is and how it affects me," and "teacher[s] understanding" about SM. Participants also remarked that their least preferred lessons typically required them to talk: French lessons expect children "to talk in a group," English included "reading out loud from [a] reading book," and in drama, children described experiencing an "expectation to talk and join in." Table 8

outlines how selectively mute children in the present study feel about school and learning, and in Table 9, children reported some of the challenges which they experience in school relating to their mutism.

Table 6. Selectively mute children's views about their teachers and lessons

Item	Response	Frequency	Qualitative data
I think the best type of teacher is ...	Loud	0 (0.0%)	"Understands me."
	Quiet	2 (9.5%)	"Somewhere between laid-back and strict."
	Strict	2 (9.5%)	
	Laid-back	2 (9.5%)	"Helpful and understanding."
	Funny	6 (28.6%)	
	Serious	0 (0.0%)	
	Kind	6 (28.6%)	
	Other (please state)	3 (14.3%)	

What is your favourite lesson?	English	0 (0.0%)	“Because I’m good at maths and usually work alone.”
	Maths	4 (50.0%)	
	Science	0 (0.0%)	“Nothing is wrong or right.”
	History	1 (12.5%)	
	Geography	1 (12.5%)	
	PE	0 (0.0%)	
	Art	2 (25.0%)	
	Drama	0 (0.0%)	
	Music	0 (0.0%)	
	PSHE	0 (0.0%)	
	Other (please state)	0 (0.0%)	

Table 7. Selectively mute children's views about what (and who) helps them in school

What helps	Frequency	Qualitative data
My teacher helps me	4	<p>"Not making me talk."</p> <p>"Being kind. Teaching me."</p> <p>"Being patient. Waiting for me to answer. Coming back to me. Letting me write [my answer] on a whiteboard."</p> <p>"Letting me play talking games with people."</p>
The class teaching assistant helps me	3	<p>"Sliding in."</p> <p>"Doing an intervention with me."</p> <p>"Taking me out of class and finding people around school to do a talking game."</p>
I sit next to another child who helps me	2	<p>"Being my friend, not making a big deal out of it, encouraging me (by telling me I <i>CAN</i> do it."</p>

“Helping me if I get stuck with work.”

I do my work in a small group	2	N/ A
I can point if I’m not able to talk	3	N/ A
I can write it down if I’m not able to talk	5	N/ A
I can whisper if I’m not able to talk	2	N/ A
I can make a recording of my voice	1	N/ A
My friend can speak (for me)	3	N/ A
Playing games with an adult	4	N/ A
I’m allowed to speak to the teacher with nobody else listening	2	N/ A

Table 8. How CYP with SM typically feel in school

Item	Response	Frequency
How do you usually feel in school?	Happy	3 (17.6%)
	Relaxed	1 (5.9%)
	Scared	2 (11.8%)
	Nervous	6 (35.3%)
	Embarrassed	2 (11.8%)
	Other (please state)	3 (17.6%)

In terms of other responses, CYP described feeling “OK but not enjoyable” ($n = 1$) in school, “unhappy” ($n = 1$), and “tired” ($n = 1$).

Table 9. What CYP with SM find most challenging about school

Item	Response	Frequency	Qualitative data
I get asked questions in front of the class, even when I don't put my hand up.	True for me (but it's OK)	0 (0.0%)	<ul style="list-style-type: none"> • "Not knowing it's going to happen makes it worse. I wish teachers understood." • "Sometimes this makes me feel like I'm going to cry." • "I don't like that because I can't prepare for the answer."
	True for me (and it's hard)	2 (25.0%)	
	Sometimes true for me	3 (37.5%)	
	Not true for me	3 (37.5%)	
I get told off if I don't speak to an adult (e.g., they say I'm rude).	True for me (but it's OK)	0 (0.0%)	<ul style="list-style-type: none"> • "This happened a lot before my parents knew I had SM."
	True for me (and it's hard)	3 (37.5%)	
	Sometimes true for me	2 (25.0%)	
	Not true for me	3 (37.5%)	
Adults at school don't understand why I can't talk.	True for me (but it's OK)	1 (12.5%)	<ul style="list-style-type: none"> • "Usually only the class teacher knows." • "Why can't they find out about it and understand?" • "Big awareness/ training gap amongst staff."
	True for me (and it's hard)	4 (50.0%)	
	Sometimes true for me	2 (25.0%)	
	Not true for me	1 (12.5%)	
	True for me (but it's OK)	1 (12.5%)	<ul style="list-style-type: none"> • "They think I'm attention-seeking."

Children at school don't understand why I can't talk.	True for me (and it's hard)	6 (75.0%)	<ul style="list-style-type: none"> • "They have asked me and I don't feel comfortable telling them why." • "I only have one friend because of it." • "Sometimes I get picked on for not talking or having a baby voice – once I got cornered and punched for not talking." • "Some children don't know me."
	Sometimes true for me	1 (12.5%)	
	Not true for me	0 (0.0%)	
Children make fun of me because I don't talk.	True for me (but it's OK)	0 (0.0%)	<ul style="list-style-type: none"> • "It makes me sad."
	True for me (and it's hard)	3 (37.5%)	
	Sometimes true for me	1 (12.5%)	
	Not true for me	4 (50.0%)	
Sometimes I feel it's harder for me to make friends.	True for me (but it's OK)	3 (37.5%)	<ul style="list-style-type: none"> • "It takes a very long time to talk to someone new." • "I can't say 'hi' and I can't speak at first as I don't know what to say [and] my mind goes blank."
	True for me (and it's hard)	3 (37.5%)	
	Sometimes true for me	0 (0.0%)	
	Not true for me	2 (25.0%)	
I get frustrated because I'm quiet all day.	True for me (but it's OK)	0 (0.0%)	<ul style="list-style-type: none"> • "Like feeling poorly [and not being able to say]." • "Sometimes in holiday club I don't speak at all." • "It's so annoying and hard."
	True for me (and it's hard)	6 (75.0%)	
	Sometimes true for me	1 (12.5%)	

	Not true for me	1 (12.5%)
I have to answer my name for the register.	True for me (but it's OK)	2 (28.6%)
	True for me (and it's hard)	2 (28.6%)
	Sometimes true for me	2 (28.6%)
	Not true for me	1 (14.3%)
I don't get to sit with or near my friends in my classroom.	True for me (but it's OK)	2 (25.0%)
	True for me (and it's hard)	2 (25.0%)
	Sometimes true for me	2 (25.0%)
	Not true for me	2 (25.0%)

In terms of challenges, children also said that “changing teachers and classes is hard because of unfamiliar people,” and remarked that in their view, school staff thought they were “rude.” Indeed, some two-thirds of participants had some experience of school staff misperceiving their SM as rudeness. Children described finding it “hard” that their peers don’t understand why they can’t talk ($n = 6$; 75.0%). For some, this also contributed to a level of distress, with participants explaining that some children “think I’m attention-seeking” and only having “one friend because of it.” Others experienced a level of bullying in relation to their SM ($n = 4$; 50.0%) – “once I got cornered and punched for not talking,” one child reported; “it makes me sad,” another added. Finally, although friends clearly served a protective role for selectively mute children, participants ($n = 3$; 37.5%) reported finding it hard to establish and maintain these all-important relationships. One participant also reported that “being in the same class for three years” was helpful.

Participants in Years 5 and 6 most commonly reported feeling “nervous” about the transition to high school ($n = 4$, 40.0%), alongside scared ($n = 2$, 20.0%) and excited ($n = 2$, 20.0%). They described feeling “worried” about being “forced to talk” and being “bullied for not talking,” or shared concerns around being separated from friends. Finally, participants offered the following qualitative data, which is presented in Table 10.

Table 10. What CYP with SM feel is most important for their teacher to know.

Item	Responses
If you could tell your teacher three things about you that you think would be the most important for him or her to know, what would they be?	<p>“I don’t like school.”</p> <p>“I don’t like reading aloud.”</p> <p>“I’m not rude – I want to talk.”</p> <p>“I’m scared of talking.”</p>

“I might need a buddy.”

“I want to talk but need help.”

“I like sitting next to my friend.”

The questionnaire closed with questions for parents and/ or carers of CYP with SM. Here, 57.1% of parents/ carers reported that their child was on the school’s SEN register, although no parents/ carers said that their child’s needs were documented in either a SEN support plan or an education, health, and care (EHC) plan. Furthermore, few children had received input from specialist professionals and services, such as speech and language therapists ($n = 3$, 17.6%), educational psychologists ($n = 1$, 5.9%), or CAMHS ($n = 1$, 5.9%).

Discussion

Through deploying a questionnaire that was co-constructed with selectively mute children, this project makes a novel contribution by accurately and authentically eliciting what CYP with SM find most helpful and most challenging in school. The study particularly highlights the importance of relationships with peers, staff awareness, and sensitive, individualised support strategies.

RQ 1: What aspects of their educational provision do CYP with SM find most helpful?

The significance of friends

For participants in the present study, friends emerged as a key protective factor in relation to school and education. It is notable that although respondents experienced symptoms of SM in school, they were typically able to speak to either a best friend or close friend. In this respect, some participants in the present study appeared to experience low-profile SM, as opposed to

high-profile SM (whereby the individual is *entirely* mute in specific contexts; Johnson & Wintgens, 2016). Responses provided to the questionnaire indicated that for CYP with low-profile SM, friends serve an important role, which is both emotional and functional. One participant reported that their friend encourages them in class “by telling me I *CAN* do it,” offering a valuable level of emotional support. Others explained that their friend helps either with schoolwork or communication, providing a conduit through which communication with others in the classroom, such as the teacher or pupils, can take place. There is ongoing discussion and debate around the most effective seating patterns in primary education, particularly in relation to seating pupils alongside preferred peers (e.g., Hayes, 2013). However, it is clear that for CYP with SM, the opportunity to sit next to a close friend could be an important component of their educational provision – particularly if that friend is the only person in school who a selectively mute child is able to speak to.

Adults who understand and help

School professionals hold an important role in terms of the direct support and intervention offered for selectively mute children (White et al., 2022). Although this hinges upon staff understanding and recognising the condition (e.g., Dillon, 2016; Sharkey et al., 2008; White et al., 2022), participants usefully described the accommodations which they, themselves, find most useful. Current conceptualisations of SM often position the condition as a phobia of speaking in certain situations, or in front of certain people (Royal College of Speech and Language Therapists, 2018). It is unsurprising that participants found it most useful when school professions incorporated this understanding within their practice. Preferred strategies, including “not making me talk,” “letting me write [my answer] on a whiteboard,” and being allowed to “speak to the teacher with nobody else listening,” all removed pressure from children to speak in a public (or semi-public) situation, alleviating their anxiety and making a

form of communication possible, as the literature suggests (Davidson, 2012; Ponzurick, 2012).

RQ 2: What aspects of their educational provision do CYP with SM find most challenging?

Limited understanding amongst school professionals

Research has previously established that for SEN, staff understanding of the needs of children clearly contribute to improved outcomes (Ravet, 2011; Humphrey & Symes, 2011), and the same is true of SM (Collins & Holmshaw, 2008; Dillon, 2016). It is, however, challenging for school staff – particularly in mainstream settings – to remain fully up-to-date with SEN (e.g., Frederickson et al., 2010). In relation to SM, White et al. (2022) recently found that staff felt ill-equipped, either by their initial teacher training (ITT) or through continuous professional development (CPD), to recognise the early signs of the condition, and that specialist training was required. Problematically, the situational nature of SM means that often, school professionals are in a position of being the first adults to recognise the signs of the condition (Johnson et al., 2015); further research has also found school staff to be reliable reporters of SM, once they understand what the condition is (Conn & Coyne, 2014; Davidson, 2012; Dillon, 2016; Hahn, 2008; Kovac & Furr, 2018; Martinez et al., 2015). As recent research has suggested, limited understanding of SM amongst school professions likely contributes to delayed identification and support for selectively mute children (e.g., White et al., 2022).

In the present study, many of the challenges which CYP with SM faced in school also specifically related to poor understanding of the condition amongst staff. Surprisingly, the majority of respondents indicated that they are asked questions in front of the class, even when they don't put their hand up. This contributed to high levels of distress in some

participants (e.g., reporting that “sometimes this makes me feel like I’m going to cry”). Again, the majority of participants stated that adults in school “don’t understand” their mutism: several children described finding this “hard.” Participants indicated that often, only the class teacher is aware of the child’s SM, meaning that other adults in school – including lunchtime supervisors, support staff, and even other teachers – don’t understand. Research indicates that frequently, SM is misperceived as “rudeness” or even a wilful attempt at manipulation (e.g., Davidson, 2012; Dillon, 2016; Hahn, 2008; Kovac & Furr, 2018; Lawrence, 2018; Mayworm et al., 2014). This was indeed reflected in the experiences of participants: the majority of respondents reported being “told off” for being unable to speak to an adult in school.

Poor awareness amongst peers

This limited understanding of SM also made it challenging for selectively mute children to establish and maintain friendships with peers. In the present study, children with SM indeed found it difficult that peers do not understand why they can’t talk; some reported experiencing bullying, whilst others felt that their SM made it far harder for them to either make or keep friendships. Although peer relationships served an important role for selectively mute children, establishing initial friendships was reported to be particularly challenging. Research has previously found that although CYP with SM often experience few friends (Sharkey & McNicholas, 2008), the difficulty which these children face specifically relates to *establishing* friendships; however, once a friendship has been established, CYP with SM are able to keep (and benefit from) these important peer relationships (Leo et al., 2014).

Previous studies have recently highlighted a significant co-occurrence of autism alongside SM (e.g., Steffenburg, 2018), suggesting that selectively mute children may also experience social communication difficulties which further complicate friendship development. Research has recently identified numerous benefits of whole-school SM training in relation to staff understanding and practice (White et al., 2022). Consistent with findings from the autism literature, these experiences indicate that whole-school awareness-raising could also positively contribute to peer relations for CYP with SM (e.g., Humphrey & Symes, 2011).

Frustration

It is also notable that the challenges experienced by CYP with SM clearly contributed to a level of emotional distress, which was frequently reported amongst respondents. Although unsurprising, this is a concerning finding: research has previously demonstrated the negative outcomes associated with longer-term SM, including social anxiety, depression, and suicidal ideation (Chavira et al., 2007). One might hypothesise that the level of frustration experienced by selectively mute children on a daily basis could contribute to poor mental health in the longer-term.

RQ 3: How might the views of CYP with SM be best captured in research?

Reflections on co-producing a questionnaire

Primary-aged children clearly have a right to share their views in matters affecting them (UNCRC, 1989), yet the views of CYP with SM are largely absent from research. This is perhaps unsurprising, since selectively mute children typically find communicating with strangers to be a frightening, anxiety-provoking experience (Cunningham et al., 2006; Ford et al., 1998; ; Johnson and Wintgens, 2016; Lescano, 2008). Although recent research has

explored mechanisms for capturing the views of CYP with SEN (e.g., Fayette & Bond, 2018; Tyrrell & Woods, 2018), such approaches typically involve some form of verbal communication.

This study aimed to understand how the views of CYP with SM might be best captured in research. In doing so, it adopted a questionnaire-based research design, following Roe (2015). Prior to deploying the questionnaire, proxy interviews were used with parents and carers of CYP with SM to capture a smaller sample of children's views in order to produce items for the survey. Proxy interviews emerged as a useful and appropriate tool for capturing the views of selectively mute children. Moreover, some participants were even comfortable allowing their interview to be audio-recorded, offering more accurate transcription of responses and more representative data. It should be noted, however, that there are potential barriers in relation to gathering the views of selectively mute children using proxy interviews. As White et al. (2022) have recently observed, professionals can experience difficulties when communicating with parents and carers of CYP with SM, including perceived hesitance and reluctance. There is some evidence that for selectively mute children, there is often a family history of anxiety, inhibition, and – sometimes – SM, which may limit the extent to which parents can comfortably engage in verbal communication with researchers (e.g., Kristensen & Torgersen, 2001; Schum, 2006).

Implications for schools

Clear implications for schools have emerged from the present study. Consistent with similar findings from the recent literature (e.g., White et al., 2022; White & Bond, 2022), selectively mute children called for better understanding of the condition amongst school professions. Importantly, a need for whole-school awareness-raising was shared by participants in order

for all staff – including other teachers, lunchtime supervisors, and before-/ after-school staff – to understand that SM is not a choice. Whole-school awareness-raising amongst students might also contribute to enhanced peer relationships, and reduce the risk of bullying which CYP with SM can experience (Humphrey & Hebron, 2015).

It is also significant that CYP with SM reported experiencing other emotional difficulties in school because of their mutism, including frustration. In this respect, schools may also have a role in providing further emotional and therapeutic support for selectively mute children, although this would require careful consideration.

Limitations and future research

Undoubtedly, the findings of this study are limited by the number of responses provided to the questionnaire. Although efforts were made to facilitate access for selectively mute children, it is arguable that the online questionnaire required a level of reading skill which may have limited access for some participants. Although a large number ($n = 73$) of individuals clicked the survey link, far fewer participants ($n = 17$) progressed past the survey's participant information sheets and consent form. This reveals the challenge of maintaining engagement whilst simultaneously ensuring informed consent. It is also possible that potential child participants found the prospect of engaging in the questionnaire to be anxiety-provoking, and did not progress past the initial documentation.

It should also be highlighted that whilst the online nature of the questionnaire increased access for participants, there was less control over how the questionnaire was completed and the extent to which responses accurately reflected children's views (e.g., Flanagan et al., 2015). It is therefore possible that some responses may have reflected the views of parents

and carers who supported their child in accessing the questionnaire, rather than the child themselves. Additional efforts were made to increase participation. This included sharing recruitment information on a sub-group within the SMIRA Facebook page which is reserved for professionals, such as teachers. It was hoped that professionals might be able to share details of the study with families who may be interested. Although avenues for recruiting via a local speech and language therapist were explored, the researcher chose not to pursue this route as families may have felt pressured into participating in the study.

This study does, however, provide clear avenues for future research. Namely, through focusing on the views of children between the ages of 7- and 11-years-old, this study provides a space for research exploring the views of older children with SM. It is likely that the challenges faced by selectively mute young people (incorporating larger high school environments, subject-specific teachers, more complex social relationships, and arguably the impact of longer-term SM) will result in a different array of views and needs (e.g., Johnson & Wintgens, 2016).

Conclusion

This study's novel research design has made it possible to better understand the experiences of selectively mute children in relation to school and education. In doing so, it has made a unique contribution to the academic literature, highlighting the needs of CYP with SM whilst presenting possibilities for further work within the field. Above all, it has provided a voice for a cohort of children whose views have not been represented in educational research.

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Paper Three

The dissemination of evidence into professional practice

Introduction

In recent years, there has been increasing emphasis on the role of the educational psychologist (EP) as scientist-practitioner – one who uses scientific knowledge, including theoretical learning and research, to engage in evidence-based practice (EBP; e.g., Fallon et al., 2010; O’Hare, 2015; Sedgwick, 2019). In this respect, practitioner psychologists working in the United Kingdom are required to engage in EBP (Health and Care Professions Council [HCPC], 2015). For psychologists, EBP can be defined as “the integration of the best available research with clinical expertise in the context of patient culture, characteristics, and preference” (American Psychological Association [APA], 2006, p. 273); however, the definition of evidence in relation to the field of educational psychology is not so straightforward. In this paper, definitions of evidence are challenged, and the concepts of both EBP and practice-based evidence (PBE) are explored in order to discuss approaches to research dissemination – the process of sharing research with those who can make use of it (Ross-Hellauer, 2020). In doing so, strategies for disseminating the research findings of Paper One and Paper Two will be presented, with explicit reference to potential impact.

Evidence-based practice and practice-based evidence

EBP has been a concern within the field of educational psychology for some years (e.g., Fox, 2003). It is considered a key tenet of the scientist-practitioner model of working (Fallon et al., 2010; Lane & Corrie, 2007), yet for EPs, integrating the “rigour, objectivity, and generalisability” of scientific knowledge with the complexity of real-world professional practice can be challenging and problematic (Sedgwick, 2019, p. 1). It is, however, a matter

of some debate how “evidence” itself is defined. Traditionally, evidence has been interpreted as rigorous, academic research, conducted with controlled measures and often published following a process of peer-review (Gulliford, 2015; Kennedy & Monsen, 2016; O’Hare, 2015; Reddy et al., 2017). For this reason, randomised control trials (RCTs), due to their experimental design, have previously been viewed as the pinnacle of research evidence within the field of psychology (e.g., O’Hare, 2015). In more recent years, this view has been challenged, with critics arguing that a consideration of what works in specific contexts is far more appropriate for EPs (Biesta, 2007; Frederickson, 2002; Robson & McCartan, 2016).

In a study interviewing EPs, Burnham (2013) found that psychologists often described their professional practice as “situational” and seemed uncertain around their use of scientific research; this mirrored similar findings from Bramlett et al. (2002), which looked at school psychologists’ use of research in a U.S. context. Indeed, making good use of research can be challenging, problematic, and time-consuming for practitioner psychologists, for several reasons. For instance, Geddes (2008) highlights that in relation to the broad area of social, emotional, and mental health alone, psychologists would be required to read some 15 articles each day in order to keep ‘up-to-date’ with the surplus of research published annually (which stands in excess of 5,500 articles per year). Furthermore, in relation to the work of EPs, Frederickson (2002) highlights how not all research questions are appropriate for the ‘gold-standard’ of the RCT, and points out that the findings of one highly-controlled experiment may not translate into a different social, economic, or cultural context.

For these reasons, the concept of PBE has been increasingly promoted within EP practice, often because the complexity of EP casework can mean that published research may not be wholly applicable, or hold external validity (Miller et al., 2002). As Fox (2011) highlights,

the APA (2006) explicitly states that for psychologists, the evidence-base not only includes research, but professional expertise (or PBE). “[T]hat is, every intervention with a pupil or family is different and in any situation there are alternative ways of seeing things. One learns how to act as a psychologist by experiencing these unique situations and reflecting on one’s experiences,” as Fox (2011, p. 328) puts it. Contrary to more traditional forms of research, PBE can also involve the process of developing ‘bottom-up’ approaches, such as bespoke interventions designed for specific contexts (or for specific needs), with schools. The concept of PBE not only challenges the traditional view of evidence, but also empowers EPs to become further involved in developing a relevant and usable evidence-base.

Effective dissemination of research, research impact, and the role of EP-researchers

EPs indeed hold a role in contributing to research; it has even been suggested that research is one of the five core functions of EP practice (Fallon et al., 2010; Fox, 2011). However, concerns exist in relation to the integration of evidence and research within EP practice, and the most appropriate forms of evidence for practitioner psychologists. It has been suggested that a central challenge involves the dissemination of research, whereby research findings are shared with those who might make use of these findings (e.g., Brownson et al., 2018).

Research dissemination can be defined as a “planned process that involves consideration of target audiences and the settings in which research findings are to be received and, where appropriate, communicating and interacting with wider policy and health service audiences in ways that will facilitate research uptake in decision-making processes and practice” (Wilson et al., 2010, p. 2). Although research findings are frequently published, it should be noted that often, there is no wider dissemination strategy for a research project (e.g., Fixsen et al., 2009). Furthermore, as Harmsworth et al. (2001) observe, there are different aims, or ways,

of disseminating research, which can be conceptualised at the following levels: awareness, understanding, and action. Dissemination *awareness* is useful for groups who should be aware of the disseminated research, but who do not require a detailed understanding of the research findings. Dissemination for *understanding*, however, is for audiences who might benefit from a detailed understanding of the project. Finally, dissemination for *action* involves sharing research findings with those in a position of influence (e.g., policy-makers), who might be able to effect systemic change (Harmsworth et al., 2001).

In addition, Harmsworth et al. (2001) also point to the importance of *what* needs disseminating, *who* stakeholders are, and *when* or *how* to disseminate. These three further concepts are somewhat inter-dependent. It is important, within the field of educational psychology, to consider that research may often require dissemination to policy-makers, local authorities, schools, parents and carers, and CYP, as opposed to the traditional audience of academic colleagues (Harmsworth et al., 2001; Sherrod, 1999). For this reason, *what* and *how* research is disseminated may differ from the traditional route of academic publication.

Further to this, dissemination methods have indeed developed in recent years, and increasingly, researchers are considering more individual, personalised approaches to dissemination (Brownson et al., 2018; Sugimoto et al., 2017). This has included a move towards disseminating research through more informal methods, such as social media and blog posts (Sugimoto et al., 2017), and incorporates the use of less formal, less academic language in order to better suit such platforms (e.g., Oliver & Cairney, 2019).

Dissemination impact

The aim of disseminating research should be to achieve impact, although it can be challenging to measure the level of impact of a piece of research (Brownson et al., 2018). For academic publications, a measure of impact may be the number of times an article has been cited by others (e.g., Henricksen & Mishra, 2019). However, as we have seen, effective research dissemination may take many forms other than academic publication; our understanding of dissemination impact must therefore be broadened.

The Economic and Social Research Council (ESRC) observes that research impact can be evidenced by its contribution to academia, society, and/ or the economy; in this respect, the ESRC also references instrumental, conceptual, and capacity-building impact (ESRC, n.d.). Instrumental impact involves the influence of research on policy and legislation, broadly corresponding to dissemination for *action*; conceptual impact refers to the understanding of policy; capacity-building impact instead references skill-development (ESRC, n.d.; c.f., Harmsworth et al., 2001). Brownson et al. (2018) offer another model for understanding dissemination approaches. They describe short-term research impact as relating to increased knowledge of the evidence, and self-efficacy in relation to individuals using the evidence in question. Medium-term impact instead relates to the presence of evidence in policy. Finally, long-term impact relates to an identifiable increase in evidence-based practice, and a reduction in the use of less effective practice (which is not informed by evidence). Arguably, EPs hold a role not only in producing research, but also in disseminating evidence – for instance, by communicating new research findings with school professionals (e.g., Fallon et al., 2010).

Present research impactions for policy, practice, and research

The present research, undertaken as part of a Doctorate in Educational and Child Psychology, explores the educational views and needs of children and young people (CYP) with selective mutism (SM).

Overview of findings

Paper One explores the role that schools hold in supporting CYP with SM. A systematic literature review, adopting a Critical Interpretive Synthesis (CIS), identified 24 relevant papers which were analysed using Reciprocal Translational Analysis (RTA) to produce three synthetic arguments relating to the research question. These synthetic arguments conceptualised the tripartite role which schools hold in supporting selectively mute children, and incorporated developing a shared understanding of the disorder, engaging in effective (and often multi-professional) planning, and offering direct support through adapting provision and facilitating individual intervention.

Paper Two reported the findings from a piece of empirical research using a survey which was co-constructed with, and completed by, CYP with SM. The research hoped to capture the views of selectively mute children in relation to their experiences of school and education. In doing so, the research addressed three questions: one methodological question exploring the best approaches for capturing the views of selectively mute children; and two further questions asking what CYP with SM find beneficial and challenging about school. Results found that for CYP with SM, friends served an important role, both emotionally and functionally. Participants also highlighted the importance of adults who understand and can help, referencing teachers who don't force speech, or who allow children to communicate non-verbally (e.g., using a mini-whiteboard). Conversely, a central challenge experienced by

participants involved adults who appeared to have little or no understanding of SM. These adults would misinterpret children's SM as rudeness, resulting in negative experiences in school. This poor understanding of SM resulted in children experiencing a level of emotional distress in school (e.g., feeling "like I'm going to cry," as one participant put it). Similarly, poor understanding amongst peers also contributed to negative experiences in school. Children with SM described experiencing bullying because of their communication needs, and reported finding it difficult to establish all-important friendships in school. Finally, because of these experiences, the research also found that selectively mute children reported experiencing a high level of frustration. One might hypothesise that the level of frustration experienced by selectively mute children on a daily basis could contribute to poor mental health in the longer-term – something which CYP with SM are known to be at risk of. The study also reflected on the process of co-producing a questionnaire with selectively mute children, and evaluated the strengths of this approach, alongside areas of development.

The implications of both papers for schools, educational psychology services (EPSs), local authority services, and wider policy and research are outlined below.

Implications for policy, practice, and research

Implications for schools

Paper One is explicitly concerned with the role that schools hold in identifying and supporting CYP with SM. Through a CIS, it argues that schools hold a tripartite role in relation to this, and clear implications for educational settings emerge. Chief amongst the implications for schools is a need to promote a common, shared understanding of SM amongst all staff members. School staff, and particularly those in the early years, may be the

first individuals to recognise symptoms of SM in a child. However, as White et al. (2022) recently demonstrated, staff often have little or no understanding of the condition. It is therefore essential for schools to equip staff with an understanding of SM, in order for early identification and intervention to take place. This could be achieved through in-house staff training delivered by professions such as EPs, or even speech and language therapists (SLTs).

Another implication from Paper One includes a need for collaborative, often multi-professional working. This includes information-sharing between home and school, and also as a mechanism for garnering input from specialist professionals. A lack of adequate pathway support is arguably one reason why CYP with SM experience a delay in accessing intervention; as such, where there is no SM pathway, schools may experience additional pressure to co-ordinate multi-professional working around selectively mute children.

A final implication for schools includes the need to offer direct adaptation and support for CYP with SM. This can take the form of individual intervention, delivered in school by a suitably trained professional. Although members of support staff can deliver this intervention well, a level of training is required – arguably by a specialist professional. In Paper Two, this level of adaptation and support was also found to extend to teaching strategies (e.g., not placing selectively mute children on the spot) and provision in relation to friendships (e.g., allowing CYP with SM to sit alongside a close friend).

Implications for EPs

The findings from both papers indicate that EPs are well-positioned to support schools in both developing their understanding of SM, and adapting their provision. Training is indeed viewed as one of the core, professional functions of the EP role (Fallon et al., 2010); in light

of the findings of both papers, EPs are in a position to encourage school staff (e.g., special educational needs co-ordinators, or SENCos) to commission whole-school training and awareness-raising around SM. Paper One also explicitly references EPs (and SPs) as being best-placed to provide support around CYP with SM, possibly through individual casework or working alongside a member of support staff in a supervisory role. Paper Two indeed highlights the frustration experienced by selectively mute children in school, and suggests that this might be one reason for longer-term mental ill-health amongst CYP with SM. EPs are therefore well-placed to work with schools preventatively.

Implications for local authority services and wider policy

Whilst both papers highlight a clear need for awareness-raising within schools in relation to SM, it is also clear that often, CYP with SM experience a delay in support. As Paper One explains, part of the reason for this may be a lack of adequate SM pathways in many local areas. There is indeed a level of confusion around the professional ownership of SM, with competing parties including educational psychology and speech and language therapy. Local authority pathways ensure that there is a clear system, with identified professionals, in relation to the identification, diagnosis, and treatment of SM; with pathways in place, both families and schools know how to proceed if they have concerns related to SM. A further implication for wider policy may also relate to the teaching of special educational needs (SEN) and SM within initial teacher training programmes; a higher proportion of statutory teaching might ensure that trainee teachers leave their training with a better knowledge and understanding of SEN in general, including lesser-known conditions like SM.

Implications for research

In the United Kingdom, children's rights – including the right to express views in relation to all manners affecting them – are integrated within legislation and policy, in accordance with the United Nations Convention on the Rights of the Child (UNCRC, 1989). Following Paper One, Paper Two demonstrates how the views of selectively mute children might be captured in research; however, in refining its methodology and focus of study, it does so by limiting its exploration to the views of children in the 7- to 11-year-old age-range. As such, a clear implication for future research involves exploring the educational views and needs of CYP with SM who are in secondary school (within the 11-16-year-old age-range). Paper Two presents a methodological approach (i.e., co-constructing a questionnaire with CYP with SM) which might be beneficial in this regard. However, in light of some of the difficulties experienced with recruitment, it may be possible that through exploring the views of older young people, further non-verbal methods of communication (such as text or email) may be achievable. In this respect, future research might also continue to explore mechanisms and methods for capturing the views of selectively mute CYP.

Specific strategy for promoting and evaluating the dissemination and impact of the present research

When approaching research dissemination, it is indeed important to consider *what* needs disseminating, *who* key stakeholders are, and *when* and/ or *how* to disseminate (Harmsworth et al., 2001). Discussions about the methods of disseminating took place before the research commenced, during the research phase, and after the research had been completed.

Dissemination opportunities related to the research commissioner's affiliation with an SM charity, within the host university, and within the practice placement context.

Table 11 (below) outlines a dissemination plan for the present research. In doing so, it draws on the observations of Harmsworth et al. (2001). It therefore identifies the relevant implications and impact, alongside planned methods of dissemination.

Table 11: Dissemination table

Implications	Dissemination site/ scope	Level of dissemination (Harmsworth et al., 2001)	Planned method of dissemination	Outcome(s)	Impact	Evaluation
<p>Schools:</p> <ul style="list-style-type: none"> • Cross-trust selective mutism protocol (Paper One; Paper Two) 	Organisational	Action; Awareness; Understanding	Cross-trust training on SM in two parts: (i) awareness raising and whole-school approaches; (ii) direct support and intervention for CYP with SM.	<p>School staff will be able to recognise the early signs of SM in CYP, leading to increased identification.</p> <p>School staff will be able to plan and implement</p>	Improved support for CYP with SM in schools, including earlier identification.	Review impact with schools at future planning meetings.

				<p>direct intervention for CYP with SM, informed by the evidence-base.</p> <p>School staff will access specialist support for CYP with SM when intervention does not appear to work.</p>		
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	Organisational	Awareness; Understanding	<p>Publish Paper One and Two in <i>Journal of Research in Special Educational Needs</i> (Appendix G).</p> <p>Publish an article sharing findings from Paper One and Paper Two on the SMiRA Professionals Facebook group.</p>	<p>School staff who read the article will develop enhanced understanding and awareness of the ways in which CYP with SM can be supported in school.</p>	<p>Improved support for CYP with SM in schools, including earlier identification.</p>	<p>Review impact with schools at future planning meetings.</p>
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<p>Educational psychologists</p> <ul style="list-style-type: none"> • Identification of CYP with SM in planning meetings; • Capacity-building in relation to supporting SM; • CPD for schools in relation to the most up-to- 	<p>Organisational</p>	<p>Awareness; Understanding; Action</p>	<p>Present findings from research in an EP team meeting; work alongside EPs in establishing and maintaining a cross-trust SM protocol.</p> <p>Publish Paper One in <i>Journal of Research in Special Educational</i></p>	<p>EPs within the team will understand how schools can best support CYP with SM. EPs can reflect on their own practice and could choose to action the findings by developing their own practice.</p>	<p>Improved support for CYP with SM in schools, including earlier identification.</p>	<p>Continued discussion with the team in relation to CYP with SM as an agenda item on future team meetings.</p>
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date evidence/ evidence- base.			<p><i>Needs</i> (Appendix G).</p> <p>Publish Paper Two in <i>Journal of Research in Special Educational Needs</i> (Appendix G).</p> <p>Present findings at a national conference (AEP) for practitioner</p>			
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			educational psychologists.			
Local authority services and wider policy	Organisational	Awareness; Understanding	<p>Present findings from Paper One and Paper Two at a SENDCo network meeting.</p> <p>Publish an article sharing findings from Paper One and Paper Two on the SMiRA Professionals Facebook group.</p>	<p>Professionals, including SENDCos, will know how to better support CYP with SM in their educational settings.</p> <p>Parents and carers of CYP with SM will know and understand what the educational</p>	Improved support for CYP with SM in schools, including earlier identification.	Impact here is difficult to evaluate.

			Publish an accessible article sharing findings from Paper One and Paper Two on the SMiRA Facebook group for parents of CYP with SM.	provision for these children should look like.		
University <ul style="list-style-type: none"> Teaching of SM on ITT curricula. 	Organisational	Awareness; Understanding; Action	Publish Paper One in <i>Journal of Research in Special Educational Needs</i> (Appendix G).	University tutors in relation to ITT curricula will have access to both papers. They can reflect on their ITT	Enhanced understanding of SM for trainee teachers. Improved support for CYP with SM	Impact here is difficult to evaluate.

			<p>Publish Paper</p> <p>Two in <i>Journal of Research in Special Educational Needs</i> (Appendix G).</p>	<p>curriculum and its inclusion of SM and SEND in direct teaching for trainee teachers.</p>	<p>in schools, including earlier identification.</p>	
<p>Research</p> <ul style="list-style-type: none"> Further research in the field will be undertaken. 	Professional	Action	<p>Support TEP with further research in the field, with regard to 11-16-year-old age-range.</p>	<p>Research will be disseminated to other researchers in the field of educational psychology in order to inform</p>	<p>Enhanced understanding of the educational views and needs of CYP with SM.</p> <p>Improved support for CYP with SM</p>	<p>Impact here is difficult to evaluate.</p>

			<p>Present research findings to MEd students.</p> <p>Publish Paper</p> <p>One in <i>Journal of Research in Special Educational Needs</i> (Appendix G).</p> <p>Publish Paper</p> <p>Two in <i>Journal of Research in Special</i></p>	<p>future research in this field.</p>	<p>in schools, including earlier identification.</p>	
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			<p><i>Educational Needs</i> (Appendix G).</p> <p>Write a short post on the MIE blog sharing the key findings from the research.</p>			
Early Years settings	Organisational	Action; Awareness; Understanding	<p>Publish Paper One and Two in <i>Journal of Research in Special Educational</i></p>	Early years professionals, including SENDCos, will know how to better support CYP with SM in	Enhanced understanding of the educational views and needs of CYP with SM.	Reduced time between onset of symptoms and identification, as reported by parents and carers.

			<p><i>Needs</i> (Appendix G).</p> <p>Present findings from research at an early years professionals conference.</p> <p>Share findings with early years local authority specialists.</p>	their educational settings.	Improved support for CYP with SM in schools, including earlier identification.	
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Conclusion

It is clear that as scientist-practitioners who engage with EBP, EPs are in a unique position to both share and shape research. As advocates for CYP, EPs are also in an important position to ensure that the views of all children, including those with SM, are reflected in their educational provision. This research offers a valuable step towards sharing and promoting these views – research which will be shared with those in a position to effect change through effective and targeted dissemination. Impact from the present research will be monitored using a number of approaches, including through the evaluation of SM CPD delivered in the researcher's current service, an evaluative questionnaire for conference participants, and through monitoring visits to a researcher blog-post where the key findings from the current research will be shared. It is hoped that through carefully planned dissemination, the findings from this research will effect positive and lasting change for CYP with SM.

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Appendices

Appendix A: Ethical approval documentation

Appendix A.1: Initial ethical approval



Research Governance, Ethics and Integrity
2nd Floor Christie Building
The University of Manchester
Oxford Road
Manchester
M13 9PL
Tel: 0161 275 2206/2674
Email: research.ethics@manchester.ac.uk

Ref: 2020-10249-17067

25/11/2020

Dear Mr Joseph White, Professor Caroline Bond

Study Title: Eliciting the views which children and young people with selective mutism have about their educational experiences

University Research Ethics Committee 3

I write to thank you for submitting the final version of your documents for your project to the Committee on 23/11/2020 09:07. I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

COVID-19 Important Note

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the [guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

[A word document version](#) of this guidance is also available.

Please see below for a table of the title, version numbers and dates of all the final approved documents for your project:

Document Type	File Name	Date	Version
Additional docs	Confirmation from SMiRA	09/08/2020	1.0
Participant Information Sheet	T2-1 Children's participant information sheet	04/10/2020	1.1
Participant Information Sheet	T2-2 Children's participant information sheet	04/10/2020	1.1
Distress Protocol/Debrief Sheet	Guide and distress protocol	05/10/2020	1.0
Default	Interview questions - updated	06/10/2020	2.0
Advertisement	T2-1 Call for participation	06/10/2020	2.0
Participant Information Sheet	T2-2 Participant Information Sheet	06/10/2020	2.0
Consent Form	T2-2 Child's assent form	06/10/2020	2.0
Consent Form	T2-2 Parent consent form	06/10/2020	2.0
Consent Form	T2-1 Parent consent form	06/10/2020	2.0
Consent Form	T2-1 Child's assent form	06/10/2020	2.0
Additional docs	Letter	06/10/2020	1.0
Data Management Plan	Eliciting the views which children and young people with selective mutism have about their education	23/11/2020	2.1
Participant Information Sheet	T2-1 Participant Information Sheet	23/11/2020	2.1
Additional docs	UREC 3, Ethics changes (JW:CB)	23/11/2020	1.0

This approval is effective for a period of five years however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period you will be required to submit a new ethics application.

Appendix A.2: Ethical approval for the first amendment

APPROVED: UREC Amendment Ref: 2021-10249-17801 (Automatic Email from the UoM Ethical Review Manager (ERM) system)

Inbox

Notification

donotreply@infonetica.net

Wednesday, 10 Feb 2021, 08:35

> To: Caroline Bond, Joseph White Cc: University



The University of Manchester

****Please ensure you read the contents of this message. This email has been sent via the Ethical Review Manager (ERM) system on behalf of the University of Manchester.****

Dear Mr Joseph White,

Thank you for submitting your amendment request on 09/02/2021 11:08 for project: 2021-10249-17801 ; entitled: Eliciting the views which children and young people with selective mutism have about their educational experiences which has now been approved. Your documentation has been suitably updated to reflect the proposed changes, please ensure you use this documentation.

Please note that if you have submitted revised supporting documents to accompany your amendment request, the approved versions of these are listed in a table below.

Document Type	File Name	Date	Version
Additional docs	T2-1 Parent consent form	19/01/2021	1.3
Additional docs	T2-1 Child's assent form	19/01/2021	1.3
Additional docs	T2-1 Children's participant information sheet	30/01/2021	1.3
Additional docs	T2-1 Participant Information Sheet	30/01/2021	1.3
Additional docs	Eliciting_the_views_which_children_and_young_people_with_selective_mutism_have_about_their_education	30/01/2021	1.3

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the [guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

A word document version of this guidance is also available

Appendix A.3: Ethical approval for the second amendment

APPROVED: UREC Amendment Ref: 2021-10249-20027 (Automatic Email from the UoM Ethical Review Manager (ERM) system)

Inbox

Notification

donotreply@infonetica.net

Monday, 12 Jul 2021, 08:12

To: Caroline Bond, Joseph White Cc: University



The University of Manchester

****Please ensure you read the contents of this message. This email has been sent via the Ethical Review Manager (ERM) system on behalf of the University of Manchester.****

Dear Mr Joseph White,

Thank you for submitting your amendment request on 11/07/2021 17:27 for project: 2021-10249-20027 ; entitled: Eliciting the views which children and young people with selective mutism have about their educational experiences which has now been approved. Your documentation has been suitably updated to reflect the proposed changes, please ensure you use this documentation.

Please note that if you have submitted revised supporting documents to accompany your amendment request, the approved versions of these are listed in a table below.

Document Type	File Name	Date	Version
Additional docs	T2-2 Call for participation	24/06/2021	1.0
Additional docs	T2-2 Children's participant information sheet	24/06/2021	1.0
Additional docs	SM questionnaire	24/06/2021	1.0
Additional docs	T2-2 Child's assent form	28/06/2021	1.1
Additional docs	T2-2 Parent consent form	10/07/2021	2.0
Additional docs	T2-2 Participant Information Sheet	10/07/2021	2.0

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the [guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

[A word document version of this guidance is also available.](#)

We wish you every success with the research.

Best wishes,

Appendix A.4: Ethical approval for the third amendment


APPROVED: UREC Amendment Ref: 2021-10249-20157 (Automatic Email from the UoM Ethical Review Manager (ERM) system)

Inbox Notification

donotreply@infonetica.net

Monday, 26 Jul 2021, 09:01

> To: Caroline Bond, Joseph White Cc: University



The University of Manchester

****Please ensure you read the contents of this message. This email has been sent via the Ethical Review Manager (ERM) system on behalf of the University of Manchester.****

Dear Mr Joseph White,

Thank you for submitting your amendment request on 22/07/2021 09:59 for project: 2021-10249-20157 ; entitled: Eliciting the views which children and young people with selective mutism have about their educational experiences which has now been approved. Your documentation has been suitably updated to reflect the proposed changes, please ensure you use this documentation.

Please note that if you have submitted revised supporting documents to accompany your amendment request, the approved versions of these are listed in a table below.

Document Type	File Name	Date	Version
Additional docs	SM questionnaire - updated	22/07/2021	2.0

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the [guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

[A word document version of this guidance is also available.](#)

We wish you every success with the research.

Best wishes,

Mrs Genevieve Pridham

Secretary to University Research Ethics Committee 3

Reply

Forward

Appendix A.5: Ethical approval for the fourth amendment

APPROVED: UREC Amendment Ref: 2021-10249-20588 (Automatic Email from the UoM Ethical Review Manager (ERM) system)

Inbox

Notification

donotreply@infonetica.net

Thursday, 30 Sept 2021, 13:51

To: Caroline Bond, Joseph White Cc: University



The University of Manchester

****Please ensure you read the contents of this message. This email has been sent via the Ethical Review Manager (ERM) system on behalf of the University of Manchester.****

Dear Mr Joseph White,

Thank you for submitting your amendment request on 21/09/2021 18:31 for project: 2021-10249-20588 ; entitled: Eliciting the views which children and young people with selective mutism have about their educational experiences which has now been approved. Your documentation has been suitably updated to reflect the proposed changes, please ensure you use this documentation.

Please note that if you have submitted revised supporting documents to accompany your amendment request, the approved versions of these are listed in a table below.

Document Type	File Name	Date	Version
Additional docs	Call for recruitment - teachers	11/09/2021	1.0
Additional docs	Selective mutism flyer	21/09/2021	1.0

Please ensure you read the information on the [Research Ethics website](#) in relation to data collection in the COVID environment as well as the [guidance issued by the University](#) in relation to face-to-face (in person) data collection both on and off campus.

[A word document version of this guidance is also available.](#)

We wish you every success with the research.

Best wishes,

Mrs Genevieve Pridham

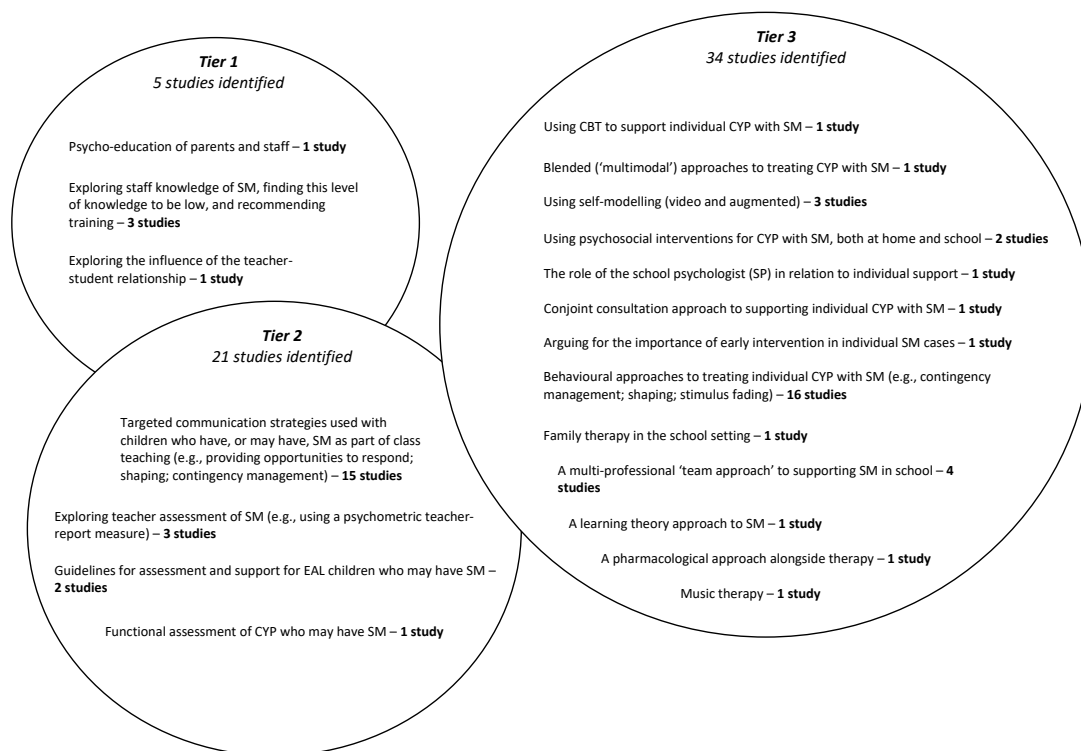
Secretary to University Research Ethics Committee 3

Appendix B: T1 supporting documentation

Appendix B.1: Example from literature-tracker

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	ERIC												
2	Initial search: 77					Tier 1	Tier 2	Tier 3		WoE A	WoE C		Notes
3	Collected articles: 28												
4			✓ or x	School?									
5	Total number of items:					7	1	4					
6		7											
7													
8	Powell, S., & Dalley, M. (1995). When to intervene in selective mutism: The multimodal treatment of a case of persistent selective mutism.		✓	✓									
9	Hill, L., & Scull, J. (1985). Elective mutism associated with selective inactivity.		✓	✓									School-based strategies and approaches
10	Caputo, N., & Crawford, M. (1993). Elective mutism--A success story.		x	x					1				
11	Kern, L., Starosta, K. M., Bambara, L. M., Cook, C. R., & Gresham, F. R. (2007). Functional assessment-based intervention for selective mutism.		✓	✓									Assessment and intervention conducted in the
12	Nash, R. T., & Others, A. (1979). A management program for elective mutism.		✓	✓									Generalised to education settings
13	Friedman, R., & Karagan, N. (1973). Characteristics and management of elective mutism in children.		✓	✓									Initial strategies for teachers
14	Sheridan, S. M., & Others, A. (1995). Assessment and treatment of selective mutism: Recommendations and a case study.		—	—									Recommends school-based fading
15	Meyers, S. V. (1984). Elective mutism in children: A family systems approach.		x	x									Possibly not school-based
16	Harris, H. F. (1996). Elective mutism: A tutorial.		—	—									

Appendix B.2: Conceptual map shared with expert reference group



**Educational and Psychology Research Group
Critical Appraisal Review Frameworks**

Qualitative Research Framework

The University of Manchester Educational Psychology Critical Appraisal Review Frameworks were first developed in 2011 (Woods, Bond, Humphrey, Symes & Green, 2011). Since then the frameworks have been developed and extended as flexible tools for the critical appraisal of a wide range of qualitative and quantitative research that may be drawn upon by practising psychologists. This 2020 version of the qualitative research framework is designed to support critical appraisal of qualitative research, whether broadly an evaluation or investigation study.

The frameworks have been widely used and adapted in many published systematic reviews of evidence. Recent versions of the qualitative research framework have been used, or adapted for use, in evidence reviews by Akbar & Woods, (2019); Tomlinson, Bond and Hebron (2020); Simpson and Atkinson (2019); and Tyrell and Woods (2018).

If using, or adapting, the current version of this checklist for your own review, cite as:
Woods, K. (2020) *Critical Appraisal Frameworks: Qualitative Research Framework*.
Manchester: The University of Manchester (Education and Psychology Research Group).

References

Akbar, S., & Woods, K. (2019). The experiences of minority ethnic heritage parents having a child with SEND: A systematic literature review. *British Journal of Special Educational Needs*. <https://doi.org/10.1111/1467-8578.12272>

Simpson, J., & Atkinson, C. (2019). The role of school psychologists in therapeutic interventions: A systematic literature review, *International Journal of School & Educational Psychology*. DOI: 10.1080/21683603.2019.1689876

Tomlinson, Bond & Hebron (2020). The school experiences of autistic girls and adolescents: A systematic review. *European Journal of Special Needs Education*, 35(2), 203-219.
<https://doi.org/10.1080/08856257.2019.1643154>

Tyrell, B., & Woods, K. (2018). Methods used to elicit the views of children and young people with autism: A systematic review of the evidence. *British Journal of Special Education*, 45(3), 302-328. DOI: <http://dx.doi.org/10.1111/1467-8578.12235>

Woods, K., Bond, C., Humphrey, N., Symes, W., & Green, L. (2011). *Systematic Review of Solution Focused Brief Therapy (SFBT) with children and families*. (DfE Research Report

RR179). Retrieved on 20.4.20 from

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR179>

Author(s):

Title:

Journal Reference:

Criterion/ score		R1	R2	Agree %	R1	R2	Agree %	Comment
Clear aim of research <i>e.g. aim/ goal/ question of the research clearly stated, importance/ utility justified</i>	1 0							
Appropriateness of the research design <i>e.g. rationale vis-à-vis aims, links to previous approaches, limitations</i>	1 0							
Clear sampling rationale <i>e.g. description, justification; attrition evaluated</i>	1 0							
Appropriateness of data collection method	1 0							

<i>e.g. methods link to research aims, rationale for method provided</i>								
Well executed data collection <i>e.g. clear details of who, what, where, how; intended/ actual (if modified) effect of execution on data quality; data saturation considered</i>	2 1 0							
Analysis close to the data, <i>e.g. researcher can evaluate fit between categories/ themes and data, participant 'voice' evident</i>	2 1 0							
Evidence of explicit reflexivity <i>e.g.</i> <ul style="list-style-type: none"> <i>• impact of researcher (vis-à-vis cultural/ theoretical position; researcher-participant relationship)</i> <i>• limitations identified</i> <i>• data validation (e.g. inter-coder checks/ peer moderation/ consultation)</i> <i>• researcher philosophy/ stance evaluated</i> <i>• conflict of interest statement included</i> 	4 3 2 1 0							
Negative case analysis, <i>e.g. e.g. contrasts/ contradictions/ outliers</i>								

<i>within data; categories/ themes as dimensional; diversity of perspectives.</i>	1 0							
Evidence of researcher-participant negotiation of meanings, <i>e.g. member checking, methods to empowering participants.</i>	1 0							
Valid conclusions drawn <i>e.g. data presented support the findings which in turn support the conclusions; comparison to previous studies</i>	1 0							
Emergent theory related to the problem, <i>e.g. links to previous findings/ explanation of changes or differences/ abstraction from categories/ themes to model/ explanation.</i>	1 0							
Transferable conclusions <i>e.g. contextualised findings; limitations of scope identified.</i>	1 0							
Evidence of attention to ethical issues <i>e.g. presentation, sensitivity, minimising harm, feedback</i>	1 0							

Comprehensiveness of documentation <i>e.g. schedules, transcripts, thematic maps, paper trail for external audit</i>	1 0							
Clarity and coherence of the reporting <i>e.g. clear structure, clear account linked to aims, key points highlighted</i>	1 0							
Total	<i>Max</i> 20			Mean % agree			Mean % agree	

Kevin Woods, 23.4.20

Doctorate in Educational and Child Psychology Critical Appraisal Review Frameworks

Quantitative Research Framework

The University of Manchester Educational Psychology Critical Appraisal Review Frameworks were first developed in 2011 (Woods, Bond, Humphrey, Symes & Green, 2011). Since then the frameworks have been developed and extended as flexible tools for the critical appraisal of a wide range of qualitative and quantitative research that may be drawn upon by practising psychologists. This 2020 version of the quantitative research framework amalgamates previous quantitative frameworks to support critical appraisal of quantitative research, whether broadly an evaluation or investigation study.

The frameworks have been widely used and adapted in many published systematic reviews of evidence. Recent versions of the quantitative research frameworks have been used, or adapted for use, in evidence reviews by Flitcroft and Woods (2018); Simpson and Atkinson (2019); Tomlinson, Bond, & Hebron (2020); Tyrell & Woods (2018).

If using, or adapting, the current version of this checklist for your own review, cite as:
Woods, K. (2020) *Critical Appraisal Frameworks: Quantitative Research Framework*.
Manchester: The University of Manchester (Education and Psychology Research Group).

References

Flitcroft, D., & Woods, K. (2018). What does research tell high school teachers about student motivation for test performance? *Pastoral Care in Education*, 36(2), 112-125.
<https://doi.org/10.1080/02643944.2018.1453858>

Simpson, J., & Atkinson, C. (2019). The role of school psychologists in therapeutic interventions: A systematic literature review, *International Journal of School & Educational Psychology*. DOI: 10.1080/21683603.2019.1689876

Tomlinson, Bond & Hebron (2020). The school experiences of autistic girls and adolescents: A systematic review. *European Journal of Special Needs Education*, 35(2), 203-219.
<https://doi.org/10.1080/08856257.2019.1643154>

Tyrell, B., & Woods, K. (2018). Methods used to elicit the views of children and young people with autism: A systematic review of the evidence. *British Journal of Special Education*, 45(3), 302-328. DOI: <http://dx.doi.org/10.1111/1467-8578.12235>

Author(s):

Title:

Journal Reference:

Criterion	Score	R 1	R 2	Agree %	R 1	R 2	Agree %	Comment
Design (evaluation studies only)								
Use of a randomised group design	2 1 0							
(i) Comparison with treatment-as-usual or placebo, OR	2 1 0							
(ii) Comparison with standard control group/ single case experiment design	1 0							
Use of manuals/ protocols for intervention/ training for intervention	2 1 0							
Fidelity checking/ supervision of intervention	2 1 0							
Data gathering								
Clear research question or hypothesis <i>e.g. well-defined, measureable constituent elements</i>	1 0							
Appropriate participant sampling	1 0							

<i>e.g. fit to research question, representativeness.</i>								
Appropriate measurement instrumentation. <i>e.g. sensitivity/ specificity/ reliability/ validity</i>	2 1 0							
Use of multiple measures	2 1 0							
Comprehensive data gathering <i>e.g. multiple measures used; context of measurement recorded (e.g. when at school vs at home)</i>	1 0							
Appropriate data gathering method used <i>e.g. soundness of administration</i>	1 0							
Reduction of bias within participant recruitment/ instrumentation/ administration <i>e.g. harder-to-reach facilitation; accessibility of instrumentation</i>	1 0							
Response rate/ completion maximised <i>e.g. response rate specified; piloting; access options</i>	1 0							
Population subgroup data collected	1 0							

<i>e.g. participant gender; age; location</i>								
Data analysis								
Missing data analysis <i>e.g. Level and treatment specified</i>	1 0							
Time trends identified <i>e.g. year on year changes</i>	1 0							
Geographic considerations <i>e.g. regional or subgroup analyses</i>	1 0							
Appropriate statistical analyses (descriptive or inferential) <i>e.g. coherent approach specified; sample size justification/ sample size adequacy</i>	2 1 0							
Multi-level or inter-group analyses present <i>e.g. comparison between participant groups by <u>relevant</u> location or characteristics</i>	1 0							
Data interpretation								
Clear criteria for rating of findings <i>e.g. benchmarked/ justified evaluation of found quantitative facts</i>	1 0							

Limitations of the research considered in relation to initial aims <i>e.g. critique of method;</i> <i>generalizability estimate</i>	1 0							
Implications of findings linked to rationale of research question <i>e.g. implications for theory,</i> <i>practice or future research</i>	1 0							
	Total score			Mean % agree			Mean % agree	
Total (investigation studies) (max=20)								
Total (evaluation studies) (max=29)								

Appendix B.4: Studies excluded on the basis of WoE C

The following studies received a ‘low’ rating on WoE C (‘relevance of fit to the research question’) and were therefore excluded:

- Howe & Barnett (2013), *Accountability steps for highly reluctant speech: tiered-services consultation in a Head Start classroom.*
- Solz (2015), *Video Self-Modelling as Exposure with and without Contingency Management in Treating Youth with Selective Mutism.*
- Kearney & Spear (2013), *Assessment of selective mutism and school refusal behaviour.*
- Kehle et al. (2012), *Augmented self-modelling as an intervention for selective mutism.*
- Facon et al. (2008), *A controlled single-case treatment of severe long-term selective mutism in a child with mental retardation.*
- O'Reilly et al. (2008), *Examination of a social problem-solving intervention to treat selective mutism.*
- Sloan (2007), *Family therapy with selectively mute children: a case study.*
- Kern et al. (2007), *Functional assessment-based intervention for selective mutism.*
- Camposano (2011), *Silent suffering: children with selective mutism.*

Appendix B.5: Summary example



D.Ed.Ch.Psychol. 2017

Review framework for quantitative evaluation research

Author(s): Beare et al (2008)

Title: Increasing verbal behavior of a student who is selectively mute

Journal Reference: J Em. And Beh. Dis.

Criterion	Score	R1	R2	Agree coeff.	R1	R2	Agree coeff.	Comment
Use of a randomised group design	1 0	0						Single case.
Focus on a specific, well-defined disorder or problem	1 0	1						Increase in speaking in class with fading of reinforcement
Comparison with treatment-as-usual, placebo, or less preferably, standard control	1 0	1						baseline (A-B-B)

Use of manuals/ protocol/ training	1 0	0						No details really given, p.251
Fidelity checking procedure/ supervision of intervention	1 0	1						Inter rater checking
Sample large enough to detect effect (from Cohen, 1992)	1 0	0						Not possible
Use of outcome measure(s) that has demonstrably good reliability and validity (2 points if more than one measure used).	2 1 0	1						One measure used.
Total	<i>Max 8</i>	4		Mean coeff.			Mean coeff.	

References

American Psychological Association (APA) (2006). Evidence Based Practice in Psychology, *American Psychologist*, May-June, 271-285.

Woods, K., Bond, C., Humphrey, N., Symes, W., & Green, L. (2011). *Systematic Review of Solution Focused Brief Therapy (SFBT) with children and families*. (DfE Research Report RR179). Retrieved on 18.9.14 from

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR179>

Appendix B.6: Sample of Reciprocal Translational Analysis in Nvivo® 12

The screenshot displays the Nvivo 12 software interface, illustrating a reciprocal translational analysis. The interface is divided into several panes:

- Left Pane (Navigation):** Contains a tree view with categories: DATA (Files, File Classifications, Externals), CODES (Nodes), CASES (Cases, Case Classifications), NOTES (Memos, Annotations, Memo Links), SEARCH (Queries, Query Results, Node Matrices, Sets), and MAPS (Maps). Below this is a section for OPEN ITEMS, showing 'Hung et al. (2012)'.
- Center Pane (Text Excerpt):** Displays a text excerpt from Hung et al. (2012). The text discusses the onset of SM (Social Media) in school settings, its duration, and its prevalence. Key segments are highlighted in yellow, including:
 - "The onset of SM is usually between the ages of three and five years, occurring on entry into a school setting (Cunningham, McHolm, Boyle, & Patel, 2004; Kristensen, 2000). The duration of SM may be from a few months to several years, and researchers have found that the longer its duration, the more resistant it can be to intervention (Bergman, Piacentini, & McCracken, 2002; Kelle, Madaus, Baratta, & Bray, 1998)."
 - "The prevalence of SM in a school-based sample from a large U.S. district has been estimated as 0.71 percent (Bergman et al., 2002). Research conducted in Israel found that the SM rate among immigrants is as high as 2.2 percent (Elzur & Perednik, 2003). It has been assumed that the frequency of SM is underestimated because the problem may not be recognized as children with SM do not usually disturb others or attract people's attention (Bergman et al., 2002; Elzur & Perednik, 2003; Kumpulainen, Rasanen, Raaska, & Somppi, 1998). Because SM may be unfamiliar to many people who are working with children (Kumpulainen et al., 1998), its characteristic behaviors may be thought to be the result of shyness and may not be seen as particularly problematic. A common misconception about SM is that a child with the condition will outgrow it. This keeps SM underreported."
 - "In addition, because most children with SM are typically not speaking in school but frequently..."
- Right Pane (Code List):** Displays a list of codes with their associated text segments. The codes are:
 - Shaping of communication behaviours
 - generating the intervention approach to the classroom
 - developing speech outside of the treatment settings to support generalization
 - further support required to generalize to social settings
 - bringing parents into school to support generalization
 - coding density

Appendix C: Documentation used in recruitment

Appendix C.1: Participant information sheet (for parents/ carers)

Eliciting the views which children and young people have about their educational experiences.

Participant Information Sheet (PIS)

You are being invited to take part in a research study which aims to explore the views which children and young people have about their educational experiences. This research project forms part of the requirements for the degree of Doctorate in Educational and Child Psychology.

Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

➤ Who will conduct the research?

This research will be conducted by Joe White, a trainee educational psychologist (TEP) at The University of Manchester's School of Environment, Education and Development. It will be supervised by Professor Caroline Bond, who is a fully qualified educational psychologist and academic researcher. The project is also being completed in collaboration with Claire Carroll, a senior educational psychologist at One Education, Manchester.

➤ What is the purpose of the research?

The purpose of this research is to elicit the views which children and young people have about their educational experiences, including their experiences of both school- and home-based education. There isn't much research available which explores the views of individuals with selective mutism, and there are no available studies which focus entirely on individuals' experiences of education. We think this is a good time to undertake a study like this, as many children and young people have recently experienced home learning and may have some thoughts to share about these experiences.

Because children and young people with selective mutism can find it anxiety-provoking to speak with unfamiliar people, we are capturing their views using an online questionnaire. This questionnaire has been constructed with input from other children and young people who experience symptoms of selective mutism.

➤ Will the outcomes of the research be published?

This outcomes of this research will be submitted for publication in an academic journal. Whether or not the research is published will depend on the journal's reviewers and editorial panel.

➤ **Who has reviewed the research project?**

This research project has been reviewed by The University of Manchester's Research Ethics Committee (UREC). Prior to this, it was reviewed by a team of researchers, including an independent reviewer, from The University of Manchester's Doctorate in Educational and Child Psychology programme team.

➤ **Who is funding the research project?**

This research project is supported by the Department for Education's funding award for Initial Training in Educational Psychology (ITEP).

What would my involvement be?

➤ **What would I be asked to do if I took part?**

If you choose to take part, we would like you to support your child in completing an online questionnaire. This questionnaire will ask your child to respond to various statements relating to aspects of education. Some of these questions will explore how they feel about different aspects of school, while others will allow them to expand on their views by writing further information.

Importantly, children can complete this questionnaire alongside an adult (e.g., a parent or carer). As this questionnaire is available for children between the ages of 7 and 11, adults may need to support their children through scaffolding responses or discussing the question before answering it.

The questionnaire will take approximately 15 minutes to complete.

➤ **Will I be compensated for taking part?**

You will not be compensated for your time. However, by participating in this research, you are helping to develop effective support for children with selective mutism.

➤ **What happens if I do not want to take part or if I change my mind?**

It is up to you and your child to decide whether or not to take part. If you and your child would like to take part in this research, please proceed with the questionnaire and complete the parental consent and children's assent forms.

If you decide to take part you and/ or your child are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This does not affect your data protection rights.

Data will be anonymised as soon as possible following the completion of the questionnaire. Data will be collected within a data-set and severed from consent/ assent forms, making it impossible to identify personal data past this point.

If you decide not to take part you do not need to do anything further.

Data Protection and Confidentiality

➤ **What information will you collect about me?**

In order to participate in this research project we will need to collect information that could identify you, called “personal identifiable information”. Specifically we will need to collect:

- responses which are given to a questionnaire.

➤ **Under what legal basis are you collecting this information?**

We are collecting and storing this personal identifiable information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

➤ **What are my rights in relation to the information you will collect about me?**

You have a number of rights under data protection law regarding your personal information.

For example you can request a copy of the information we hold about you.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our [Privacy Notice for Research](#).

➤ **Will my participation in the study be confidential and my personal identifiable information be protected?**

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

- Data will be stored on a secure server.

Potential disclosures:

- If, during the study, you disclose information about any current or future illegal activities, we have a legal obligation to report this and will therefore need to inform the relevant authorities.

- Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

What if I have a complaint?

➤ Contact details for complaints

If you have a complaint that you wish to direct to members of the research team, please contact:

**PROFESSOR CAROLINE BOND
A6.20 Ellen Wilkinson Building
Manchester Institute of Education
School of Environment, Education and Development
The University of Manchester
Oxford Road
Manchester
M13 9PL**

**0161 275 3686
caroline.bond@manchester.ac.uk**

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact

The Research Governance and Integrity Officer, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing:

research.complaints@manchester.ac.uk or by telephoning <tel:+441613066000>.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the [Information Commissioner's Office about complaints relating to your personal identifiable information](#) Tel 0303 123 1113

Contact Details

If you have any queries about the study or if you are interested in taking part then please contact the main researcher, ideally by email if possible:

JOE WHITE
joseph.white-4@postgrad.manchester.ac.uk
07903145114

Thank you for taking the time to read this document.

Child or young person's participant information

sheet

About our project ...

We want to learn more about children and young people who find it hard to talk at school. We want to find out what these pupils think about school – what they like, what they don't like, and what could be better.

Who is doing the research?

A person called Joe is doing the research. Joe used to be a primary school teacher, but now he is learning to do a new job called **educational psychologist**. Part of this new job involves listening to children and young people, and trying to make school better for them.



This is a drawing of me!

Joe is being helped by some of his friends. Professor Caroline Bond works for The University of Manchester. Claire Carroll is an educational psychologist who works in Manchester.

What is going to happen in the research?

We would like you to answer some questions on a computer or tablet, which will ask you what you think about school. You can think about your answers to these questions with an adult. Your adult may talk about your answers to these questions and may help you write them. It's fine for an adult to help you with this – that's what adults are for!

What if I still have questions?

If you still have questions about our research, don't worry. First, try asking an adult about your question. We have given some information to your parent or carer, and they may be able to answer.

If your adult is unsure of the answer, they can try asking Joe. Your adult has been given Joe's email address so they can get in touch.

Thank you for reading this!

Appendix C.3: Consent form (for parents or carers)

Eliciting the views which children and young people have about their educational experiences.

Consent Form

If you are happy to participate please complete and sign the consent form below

	Activities	Initials
1	I confirm that I have read the attached information sheet for the above study and have had the opportunity to consider the information.	
2	I understand that my child's participation in the study is voluntary and that they are free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my child's data from the project once it has been anonymised and forms part of the data set.	
3	I agree to my child's responses being used as part of this project's data set.	
4	I agree to my child's anonymised quotations being used as part of this project's data set.	
5	I agree that any data collected may be published in anonymous form in academic books, reports, or journals.	
6	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my or my child's data.	
7	I understand that there may be instances where information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
8	I agree for my child to take part in this study.	
9	I agree to support my child in communicating their views in response to items on the questionnaire, if they require assistance.	

The following activities are optional, you may participate in the research without agreeing to the following:

10	I agree that any anonymised data collected may be shared with researchers at other institutions.	
11	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).

Name of Parent/Carer Participant Signature Date

Name of the person taking consent Signature Date

Child or young person's assent form

Have a look at all of the sentences below with your parent or carer, and put a tick (✓) in the box to show that you are happy with our plan.

		✓
1	I have looked at the Child or young person's participant information sheet with an adult.	
2	I understand I'm going to answer some questions about school, and that it's fine if an adult helps me answer these questions.	
3	I understand that it's important for me to be honest about how I feel about school. I know that you aren't going to tell my teachers or people at my school about anything I say.	

4	I give my permission for you to use my answers and my quotations (with my name removed) in your work.	
---	--	--

My name is: _____

Today's date is: _____

Adult's name: _____

Appendix C.5: Call for participation

CALL FOR PARTICIPANTION: To be posted at the SMiRA² Facebook page.

“A new study aims to explore the views which children and young people with selective mutism have about their experiences of education. We have created a survey which is now live for children and young people with selective mutism to respond to. We will use the responses gathered through this survey to produce a piece of research which we hope to publish; as such, it is important to gather as many views as possible! If your child goes to school in the United Kingdom, is between the ages of 7 and 11, either has a diagnosis or experiences symptoms of selective mutism, and if you are able to complete a questionnaire which has been written in English, we would really like to hear from you. Parents and carers are also encouraged to support their child in answering the questions on our survey; if you have concerns that your child may not be able to access the questionnaire independently, please do not worry about this – you and your child can work together! To find out more, please contact the main researcher, Joe White, at joseph.white-4@postgrad.manchester.ac.uk.”

² A selective mutism charitable organisation.

Appendix D: Proxy interview schedule used by parents and/ or carers

A series of questions are included below ('INTERVIEW SCHEDULE 1') which participants (who are parents or carers of children with selective mutism) will be asked to discuss with their child. These questions will be introduced to participants through an initial meeting, and questions may be adapted following this meeting due to the age or needs of the participant's child.

Participants will then be asked to provide feedback on the below interview to the main researcher in a separate interview. An interview schedule for this interview has also been included at the end of this document.

INTERVIEW SCHEDULE 1: Proxy interviews.

Participants, who are parents or carers of children with selective mutism, will discuss these questions with their children before feeding the results back to the main researcher.

Participants will be advised to take notes during the interview and will also collect their children's drawing of school education versus home education.

- First of all, let's talk a little bit about school. What's school like at the moment? **OR:**
What was school like before we started learning at home?
- What sort of things did you like about school?
 - If child says 'x', then ask: 'What did you like about 'x'?
 - e.g., 'What did you like about PE? What made PE better than other subjects?'
 - e.g., 'Why was PE better than English?'
 - e.g., 'What would have made PE *even better*'?
- Continue to elicit what the child liked about school.
 - e.g., 'You've mentioned PE. Is there anything else you really liked about school?'
 - Use the above question strands.

- Continue to ask the child until they can think of nothing else which they liked about school.
- Okay, so we've talked about the things you liked about school. What sort of things didn't you like about school?
 - If child says 'x', then ask: 'What didn't you like about 'x'?
 - e.g., 'What could have changed to make 'x' better?'
- Continue to elicit what the child did not like about school using the above question strands until the child can think of nothing else.
- Let's do something fun. Let's imagine the best possible school ever. What shall we call it? [Name of child's] Dream School, maybe. And why don't we have a go at drawing it. What does the best possible school in the whole world look like?
 - Child draws their 'ideal school'. When finished, the parent asks the child about different aspects of it and labels the drawing. **IF** the child is struggling, use some of the following prompts:
 - What about the teachers? What are the teachers like here?
 - What are the teaching assistants like?
 - What is playtime like at this school? Or lunchtime?
 - What is the learning like? What are the lessons like?
- Now let's do something different. I want you to think about the worst possible school in the world. We've got your best possible school here, but let's think about the opposite. Could you have a go at drawing it? First, let's think of a name. Then let's have a go at drawing this one, too.
 - Child draws their 'non-ideal school'. Use similar prompts as above if needed.

- Okay, so we've got two schools here. The worst possible school (position this drawing on the left of the table) and the best possible school (position this on the right of the table). And I'm going to draw some numbers underneath.
 - On a piece of paper underneath the two drawings, write the numbers 1-10.
- Now I want you to think about the school which you go to. And I want you to think where your school is on the scale. Is your school like the worst possible school? If it's exactly like that, then it would get a 1. But if it's exactly like the best possible school, it would get a 10. If it's somewhere in between, maybe it would get a 3. Have a think now about where your school might be.
- Okay, so your school is a [number]. What would need to change in your school to move it further up the scale? What would need to change to make it more like the best possible school, maybe for it to get a [next number along from child's chosen number]?
 - Use this strategy to elicit what would need to change, in the child's views, for their current school to be more like their 'ideal school'. If the child is struggling, highlight aspects of their 'ideal school' and ask if their current school is similar or not.
- So let's talk about learning at home now, because schools closed down for a bit before the summer. What did you think it was like, learning at home?
 - Is learning at home the same as learning at school? Why is it? Why isn't it?
 - What's good about learning at home?
 - Has anything not been so good? Don't forget that you can always be honest with me.
 - Has anything been easier?

- Has anything been harder?
- Is there anything which you've missed about school?
- Are you **OR** were you looking forward to going back to school?
- What have you missed about school?
- What do you think helped you learn more: learning at home or learning at school?
- The last thing I wondered if we could talk about is how you sometimes find it difficult to talk to other people at school. I was wondering if on a scale of 1-10, with 1 being **very difficult** and 10 being **very easy**, how do you find:
 - Talking to your teacher? Is that a 1 or a 10, or somewhere in between? Whereabouts in between?
 - Talking to your friends?
 - Talking to other children in the class?
 - Is there anyone you find it easy to talk to? What makes it easy to talk to them? When is it easiest to talk to them?
 - Is there anyone you find it hard to talk to?
 - What makes it harder to talk to x than y?

Parents and carers will be asked to use their own judgement as to whether they feel that their child or young person would be comfortable in answering the following questions. During our initial interview, in which the interview schedule will be explained, parents will be asked to consider whether the child or young person uses the term 'selective

mutism’ and understands the nature of their condition (in accordance with the ‘PEP talk’; Johnson & Wintgens, 2016).

- First of all, could you tell me a little bit about what it’s like having selective mutism?
 - Can you draw me a picture of someone who has selective mutism?
 - If selective mutism was an animal, or a monster, what would it look like? Can imagine that and draw me a picture? Can we think of some words to describe this monster? (Label the picture with these words.)
 - If someone has selective mutism, what does that mean?
- What do you think of the term, ‘selective mutism’? Do you like it, or do you have an idea for a better name for it?
 - Why do you like it – what makes it good?
 - Why don’t you like it?
 - Why do you think your name for it is better than ‘selective mutism’? In what ways?
- Do you know anyone else who has selective mutism? Have you ever met anyone with it?
 - What were they like?
 - What was it like meeting them?
 - was it nice?

INTERVIEW SCHEDULE 2: Interview with the parent or carer

During the first part of our interview, we will discuss the child or young person’s responses to the above questions, one question at a time. Participants will be encouraged to refer to their notes as each question is discussed in turn. We will also discuss the child’s drawings and copies will be sent to the main researcher. Following this, the below questions will be asked of participants.

- What do you think it’s like, for your child, having selective mutism?
 - Challenges – prior to diagnosis; support; school attitude.

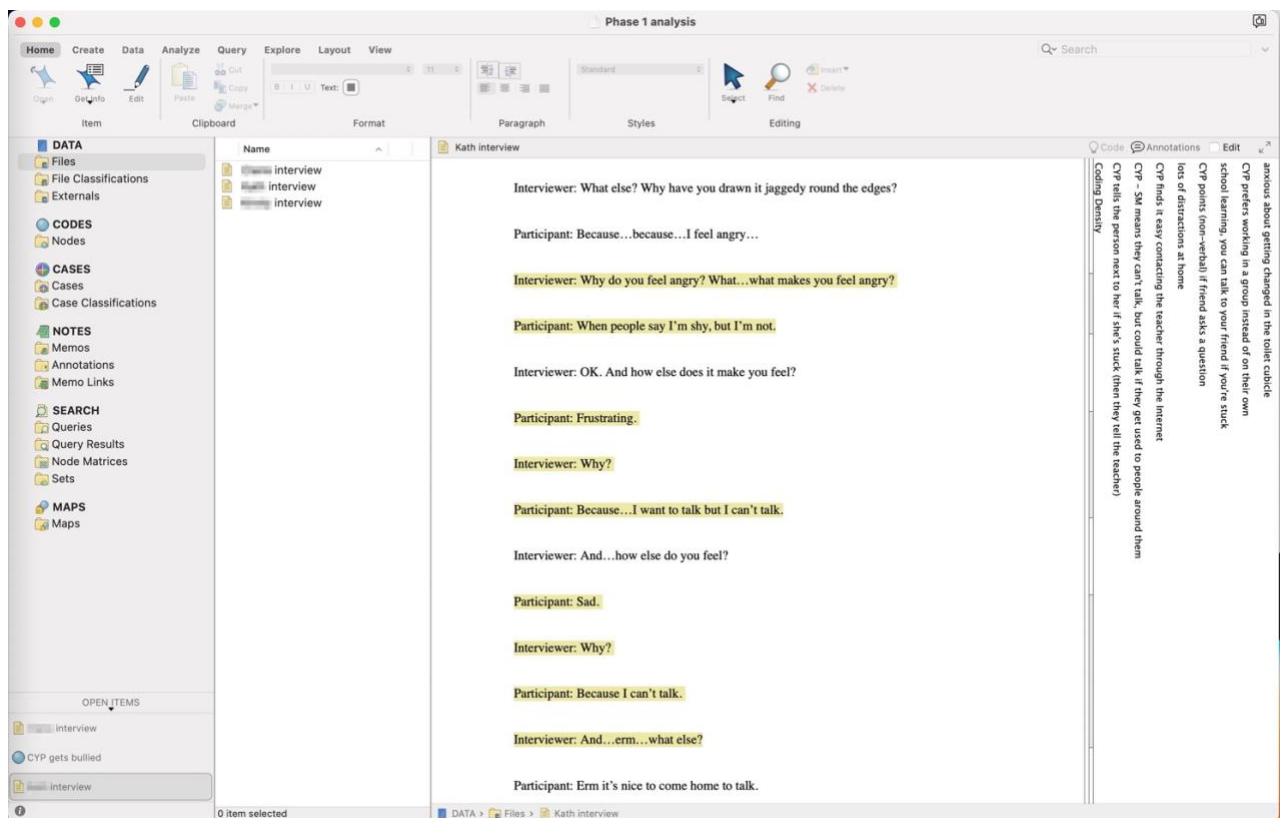
- Strategies used at home – how did you find out about these? What kind of support have you received?
- What do you think of the term ‘selective mutism’? Do you like it? Are there connotations which you don’t like?
- Do you know other parents / children who have selective mutism? Has that helped? Would you like to know more?
- What is school usually like for your child?
 - morning routine – prior to school
 - handover
 - child at school: particular aspects which are anxiety-provoking
 - child at school: particular aspects which are supportive
 - child at school: friends?
 - child at school: teachers?
 - child at school: intervention or approaches?
- In your view, did your child do better when learning at home? Why? Why not?
 - Were there any challenges?
 - Do you think it was a better educational experience for them? Why? Why not?

Distress protocol

If you or your child feel upset, unhappy, or distressed in any way following the completion (or partial completion) of this interview, you may wish to seek psychological support. To find out more about the therapeutic support available for members of the public, please visit the NHS’s Counselling website by [clicking this link](#).

To find out more about the therapeutic support available specifically for children, please visit the Young Minds website by [clicking this link](#).

Appendix E: Example of phase 1 coding in Nvivo® 12



Appendix F: Questionnaire development process

Three proxy interviews were undertaken in the first phase of Paper Two, producing three transcripts. These three transcripts were combined to form one complete data-set. The researcher then undertook inductive, semantic thematic analysis on these data, generating codes, subordinate themes, and superordinate themes. These themes are presented below.

The themes from the first phase data were used to construct a draft questionnaire. Items within this questionnaire were based upon the superordinate and subordinate themes generated from the thematic analysis of the questionnaire. This draft questionnaire was shared with the three participants from the first phase, who were asked to complete the questionnaire and record their thoughts and experiences.

A meeting with parents/ carers of the child participants in the first phase subsequently took place, where critical feedback relating to the draft questionnaire was gathered. This critical feedback informed a further (final) draft of the questionnaire.

This final questionnaire was uploaded to Qualtrics XM and shared on the SMiRA Facebook page. Participants from the first phase were then invited back to complete the final questionnaire in-full.

Themes generated from the thematic analysis of proxy interviews:

“Adults in school help me with my SM”

- Classroom adaptations
 - Register

- Writing (not speaking)
- Sitting next to a buddy
- Pointing (not speaking)
- Making a recording
- TAs (who understand) do an intervention with me
- Learning in school is easier than learning at home (because of these adults)

“Some lessons are easier than others”

- Maths is easier
- Art is easier
- English (reading) is harder
- Drama is harder

“Sometimes people don’t understand”

- Non-class teachers
 - Other teachers and TAs
 - Lunchtime supervisors
 - Before-school and after-school club workers
- They think I’m rude
- I get told off for not talking
- Other children
 - Make fun of me, bully me
 - It makes it harder to make friends

“I feel scared, worried, and frustrated”

- About high school
- Because I’m quiet all day
- Like, what if I need help?
- I get noisy at home because I’m quiet all day

Appendix G: Survey deployed for CYP with SM

Please note: The formatting of the survey has been affected since it has been exported from Qualtrics XM to Microsoft Word.

Eliciting the views which children and young people with selective mutism have about their education

Start of Block: PIS + consent/ assent

Q68 Eliciting the views which children and young people with selective mutism have about their educational experiences: a survey

Please click the purple arrow to begin

Page Break

Before starting, we would like you to read our Participant Information Sheets and to provide consent (if you are a parent or carer) and assent (if you are a child)

For each statement, you must indicate that you provide consent by clicking the item so that it turns purple

Page Break

Parents or carers, please read the Participant Information Sheet carefully

You can download the Participant Information Sheet by [clicking this link](#).

Page Break

Children, please read the Children's Participant Information Sheet carefully with your parent or carer

You can download the Children's Participant Information sheet by [clicking this link](#).

Page Break

Parents or carers, have you read the Participant Information Sheet?

☐ I have read the Participant Information Sheet (1)

Parents or carers, please provide consent by completing the following questions

If you are happy to participate, please complete the consent form below

☐ I confirm that I have read the attached information sheet for the above study and have had the opportunity to consider the information. (1)

☐ I understand that my child's participation in the study is voluntary and that they are free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my child's data from the project once it has been anonymised and forms part of the data set. (2)

☐ I agree to my child's responses being used as part of this project's data set. (3)

☐ I agree to my child's anonymised quotations being used as part of this project's data set. (4)

☐ I agree that any data collected may be published in anonymous form in academic books, reports, or journals. (5)

☐ I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is

relevant to my taking part in this research. I give permission for these individuals to have access to my or my child's data. (6)

☐ I understand that there may be instances where information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet. (7)

☐ I agree for my child to take part in this study. (8)

☐ I agree to support my child in communicating their views in response to items on the questionnaire, if they require assistance. (9)

Parents or carers, the following questions are optional

☐ I agree that any anonymised data collected may be shared with researchers at other institutions. (1)

☐ I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study. (2)

Page Break

Children, have you read the Children's Participant Information Sheet?

☐ I have read the Children's Participant Information Sheet (1)

Children, please have a look at the sentences below with your parent or carer, and click each box to show that you are happy with our plan

☐ I have looked at the Children's Participant Information Sheet with an adult. (1)

☐ I understand I'm going to answer some questions about school, and that it's fine if an adult helps me answer these questions. (2)

☐ I understand that it's important for me to be honest about how I feel about school. I know that you aren't going to tell my teachers or people at my school about anything I say. (3)

☐ I give my permission for you to use my answers and my quotations (with my name removed) in your work. (4)

End of Block: PIS + consent/ assent

Start of Block: Demographic information

Time to begin!

Children, please answer the following questions with your parent or carer

How old are you?

- ☐ 7-years-old (1)
 - ☐ 8-years-old (2)
 - ☐ 9-years-old (3)
 - ☐ 10-years-old (4)
 - ☐ 11-years-old (5)
 - ☐ Other (please state) (6) _____
-

What year were you in before finishing for the summer break?

- ☐ Year 3 (1)
 - ☐ Year 4 (2)
 - ☐ Year 5 (3)
 - ☐ Year 6 (4)
-

My school has ...

- ☐ One class in each year group (i.e., single-form) (1)
 - ☐ Two classes in each year group (i.e., two-form) (2)
 - ☐ Three classes in each year group (i.e., three-form) (3)
 - ☐ Other (please state): (4) _____
-

My school is a school where ...

- ☐ Infants (KS1) and juniors (KS2) are in the same building (1)
 - ☐ A junior school (i.e., KS1 go to an infant school) (2)
-

I am a ...

- ☐ Boy (1)
 - ☐ Girl (2)
 - ☐ Prefer not to say (3)
-

In school, I can usually talk to ...

- ☐ My best friend (1)
 - ☐ My friends (2)
 - ☐ Some of the other children in my class (3)
 - ☐ All of the children in my class (4)
 - ☐ The teaching assistant (TA) (5)
 - ☐ My teacher (6)
 - ☐ Other teachers (7)
 - ☐ The mid-day assistants (or lunchtime supervisors) (8)
 - ☐ Adults at the breakfast club and after-school club (if applicable) (9)
 - ☐ Other (please state) (10)
-

End of Block: Demographic information

Start of Block: Questions about school

Do you usually enjoy going to school?

If you can, please use the text field to tell us why

- ☐ Yes (1) _____
- ☐ Sometimes (2) _____
- ☐ No (3) _____

What do you usually like about school?

Please choose all that apply

If you can, please use the text field to tell us why

☐ My teacher (1) _____

☐ My teaching assistant (2)

☐ My friends (3) _____

☐ Learning (4) _____

☐ Group work (5) _____

☐ Break and lunch (6)

☐ Other (please state) (7)

I think the best type of teacher is usually

Please choose all that apply

- ☐ Loud (1)
 - ☐ Quiet (2)
 - ☐ Strict (3)
 - ☐ Laid-back (i.e., not strict) (4)
 - ☐ Funny (5)
 - ☐ Serious (6)
 - ☐ Kind (7)
 - ☐ Other (please state) (8)
-

What is your favourite lesson?

- ☐ English (1)
 - ☐ Maths (2)
 - ☐ Science (3)
 - ☐ History (4)
 - ☐ Geography (5)
 - ☐ PE (6)
 - ☐ Art (7)
 - ☐ Drama (8)
 - ☐ Music (9)
 - ☐ PSHE (10)
 - ☐ Other (please state) (11) _____
-

Why is this your favourite lesson?

We know that speaking can be difficult for you in school. What things do you find helpful?

Please choose all that apply

☐

My teacher helps me by ... (1)

☐

The class teaching assistant helps me by ... (2)

☐

I sit next to another child who helps me by ... (3)

☐

I do my work in a small group with other children (4)

☐

I can point if I am not able to talk (5)

☐

I can write it down if I'm not able to talk (6)

☐

I can whisper if I'm not able to speak loudly (7)

☐

I can make a recording of my voice (8)

☐

My friend can speak to the teacher for me (9)

☐

I'm allowed to speak to the teacher with nobody else listening (10)

☐

Playing games with an adult/ parent/ speech therapist/ TA (11)

Is there anything else you think would help you at school? Please tell us

Do you get to practise speaking with people at school (e.g., an intervention)?

☐ Yes (1)

☐ No (2)

If you do, who helps you with this?

How often do you get to practise?

Do you ever get asked what targets you would like to work on?

e.g., 'I would like to be able to buy sweets from the shop'

☐ Yes – my current target is: (1)

☐ No (2)

How do you usually feel at school?

- ☐ Happy (1)
 - ☐ Excited (2)
 - ☐ Relaxed (3)
 - ☐ Scared (4)
 - ☐ Nervous (5)
 - ☐ Embarrassed (6)
 - ☐ Other (please state) (7)
-

Some children who find it difficult to speak at school have reported feeling the following way. How much do these apply to you?

I don't get to sit with or near my friends in my classroom

- ☐ True for me (but it's OK) (1)
 - ☐ True for me (and it's hard) (2)
 - ☐ Sometimes true for me (3)
 - ☐ Not true for me (4)
-

Do you want to say anything more about this?

I have to answer my name for the register

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

I get asked questions in front of the class, even when I don't put my hand up

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

I get told off if I don't speak to an adult (e.g., they say I'm rude)

- ☐ True for me (but it's OK) (1)
 - ☐ True for me (and it's hard) (2)
 - ☐ Sometimes true for me (3)
 - ☐ Not true for me (4)
-

Do you want to say anything more about this?

Adults at school don't understand why I can't talk

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

Children at school don't understand why I can't talk

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

Children make fun of me because I don't talk

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

Sometimes I feel that it's harder for me to make friends

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

I get frustrated because I'm quiet all day

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

I am noisy at home because I'm quiet all day

- ☐ True for me (but it's OK) (1)
- ☐ True for me (and it's hard) (2)
- ☐ Sometimes true for me (3)
- ☐ Not true for me (4)

Do you want to say anything more about this?

Page Break

Do you want to say anything more about how you feel at school?

Page Break

What is your least-favourite lesson?

- ☐ English (1)
 - ☐ Maths (2)
 - ☐ Science (3)
 - ☐ History (4)
 - ☐ Geography (5)
 - ☐ PE (6)
 - ☐ Art (7)
 - ☐ Drama (8)
 - ☐ Music (9)
 - ☐ PSHE (10)
 - ☐ Other (please state) (11) _____
-

Why is this your least-favourite lesson?

End of Block: Questions about school

Start of Block: Questions about home-learning/ lockdown

How was learning at home?

If you can, please use the text field to tell us why

☐ It was easier (1) _____

☐ It was harder (2) _____

☐ It was about the same (3)

Were you looking forward to coming back to school?

If you can, please use the text field to tell us why

☐ Yes (1) _____

☐ No (2) _____

☐ I wasn't too bothered either way (3)

Did you get to come into school during lockdown?

If you can, please use the text field to tell us why

☐ I did, and it was better because ... (1)

☐ I did, and it was worse because ... (2)

☐ No (3)

If you are in Year 5 or Year 6, how do you feel when you think about high school?

Please choose all that apply.

☐ Excited (1)

☐ Happy (2)

☐ Nervous (3)

☐ Scared (4)

☐ Confused (5)

☐ Other (6) _____

If you feel able, please tell us why you feel this way

End of Block: Questions about home-learning/ lockdown

Start of Block: Miracle-type question

If you could tell your teacher three things about you that you think would be the most important for him or her to know, what would they be?

☐ 1. (1) _____

☐ 2. (2) _____

☐ 3. (3) _____

End of Block: Miracle-type question

Start of Block: Parents/ carers

These questions are for parents or carers

Page Break

To your knowledge, does your child have (or does your child receive) any of the following, either currently or in the past?

- ☐ Involvement from an Educational Psychologist (1)
 - ☐ Involvement from a Speech and Language Therapist (2)
 - ☐ Involvement from CAMHS (3)
 - ☐ Involvement from any other professional (please specify) (4)
-
- ☐ An education, health, and care (EHC) plan (5)
 - ☐ A SEN support plan (6)

Is your child on their school's SEN register?

- ☐ Yes (1)
- ☐ No (2)

End of Block: Parents/ carers

Start of Block: Thank you + distress protocol

Thank you for completing this questionnaire.

Page Break

If you or your child feel upset, unhappy, or distressed in any way following the completion (or partial completion) of this survey, you may wish to seek psychological support. To find out more about the therapeutic support available for members of the public, please visit the NHS's Counselling website by [clicking this link](#).

To find out more about the therapeutic support available specifically for children, please visit the Young Minds website by [clicking this link](#).

End of Block: Thank you + distress protocol

The role that schools hold in supporting young people with selective mutism: a systematic literature review

Joe White^{ORCID} and Caroline Bond^{ORCID}

The University of Manchester

Key words: Selective mutism, elective mutism, students' mental health, teachers' understanding of mental health.

Schools are expected to hold an increasingly central role in co-ordinating support for children with mental health needs. However, the role that schools hold in supporting pupils with selective mutism (SM) is complex. Through a Critical Interpretive Synthesis (CIS), this review explores the multidimensional role which educational settings hold in supporting children with SM. Key databases were searched (PsycInfo, British Education Index, Education Resources Information Center, British Library EThOS and Google Scholar) and a conceptual map, informed by experienced practitioners, guided additional purposive searching with a focus on conceptual saturation. A total of twenty-four papers were identified following a further process of appraisal. Reciprocal Translational Analysis (RTA) found that schools hold a tripartite role in supporting children with SM: this incorporated developing a shared understanding of the disorder, engaging in effective (and often multi-professional) planning, and offering direct support through adapting provision and facilitating individual intervention. Through realising this role, schools and educational settings might transform the support currently available for children and young people with SM. Implications for practice, policy and future research also emerged. This included a clear need for enhanced teacher understanding of SM, arguably at the level of initial teacher training (ITT).

Introduction

The role that schools hold in supporting children's mental health has been redefined in recent years, with a 2017 green paper, co-produced by the Department of Health and Social Care (DHSC) and the Department for

Education (DfE), outlining steps towards 'transforming' the provision available for children and young people (CYP) in educational settings (DHSC and DfE, 2017, p. 1). Chief amongst the changes proposed is the enhanced role that schools now occupy across the domains of identification, planning and support with regard to CYP's emotional well-being and mental health (Cox and McDonald, 2018). Problematically, however, research indicates that teaching staff are ill-prepared to recognise signs of emotional distress in students (The Mental Health Foundation, 2018), especially when the pupil is not overtly externalising their need (Collins and Holmshaw, 2008).

Selective mutism (SM) is an anxiety-based disorder that inhibits a person's capacity to communicate in certain contexts, such as schools (American Psychiatric Association, 2013). SM is not a choice; however, children who experience the condition are commonly misperceived by their teachers as quiet, shy or even oppositional (Johnson, Jemmett and Firth, 2015). Due, in part, to this level of confusion around SM, there is a lack of clarity around the role which schools hold in supporting CYP with the condition; as such, parents and carers of children with SM often struggle to access support for their children in a timely manner, if at all (Johnson et al., 2015).

This review therefore aims to explore, understand and illuminate the role which schools hold in meeting the needs of this population of CYP. Through a Critical Interpretive Synthesis (CIS; Dixon-Woods et al., 2006), this review seeks to transform the body of the literature currently available to conceptually address this aim, by arguing precisely how educational settings can improve outcomes for CYP with SM.

Methodology

Configurative reviews differ from other forms of systematic literature review by seeking to generate a conceptual answer to a chosen research question, following the review and synthesis of systematically identified literature

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Appendix H.2: Guidelines for ‘Journal of Research in Special Educational Needs’

Author Guidelines

The *Journal of Research in Special Educational Needs* publishes scholarly papers based on original research as well as critical reviews and theoretical essays. This includes submissions from a range of colleagues within the SEN field and across the disability community. Authors are asked to be sensitive to the diverse international audience of the *Journal* and explain the use of terms that might be meaningful or have a specific meaning in a particular national context. The use of jargon should be avoided and technical terms defined. Standard stylistic conventions based on British spelling and form should be followed.

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Article Types

Article Types	Descriptions
Original Article	Reports of original research, with methods, findings and conclusions.
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Journal:

Hadaway, C. (1981) 'The English school environment: proposed changes.' *Cambridge Journal of Education*, 20 (1), pp. 77–89.

Electronic resources:

Belson, K. C. (2005) 'Auditory training for autistic children.' *Paediatrics*, 102, pp. 41–3. <http://www.aap.org/policy.html> (accessed 18 January 2005).

Others:

Firth, G. (2004) *Developmental Process in Mental Handicap: A Generative Structure Approach*. Unpublished PhD dissertation, Department of Education, Brunel University.

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