Strategies for supporting children who are quiet with their basic needs in an early years/school setting

This advice is focused only on supporting children who are quiet in preschool/school to be able to:

- visit the toilet
- eat
- drink
- cope with accidents

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<th>What is going on for the child?</th>
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‘It’s a physically heightened response as if walking in a war zone so you feel so aware in the context you are in, that it is difficult to listen to your own physiological and emotional state.’

Kate (aged 22) recalling her experiences of Selective Mutism

The following extracts are from ‘Selective Mutism in Our Own Words’ (Sutton & Forrester, 2015):

‘I felt acutely alert and I did indeed listen to everything everyone said and watched everything everyone did.’

‘My lips would feel stuck together and I could make no sound at all. I often felt physically frozen.’

‘My own voice, the sound of it stirring the air, scared the hell out of me.’

‘The walk to school was the beginning of my prison of silence each day…at least once a day I wet my pants … because I couldn’t ask to go to the bathroom.’
The following strategies may not be entirely appropriate to a given situation and further advice should be always sought.

Parents/carers may find these tips helpful when supporting their child with basic needs outside of the home environment.

To avoid increasing anxiety adults can initially use ‘assumed compliance’ and role model to the child. This will help to diffuse and de-sensitise the child to the situation. Introduce the ‘asking’ of the child later.

Visiting the toilet

“Let’s go to the toilet” … use hand to direct and walk towards the toilet.

a. If child doesn’t respond in ANY way [the child may be feeling frozen to the spot, unable to move]

   “I am going to go to the toilet - you can follow or stay here if you don’t need to go. I will come straight back.” (Adult can walk slowly here, therefore providing a ‘cloak’ should child need to ‘hide behind’.)

Follow up: Use small world to play out the scenario. For example, the doll/ teddy needs to go to the toilet, the grown up asks him/her if they need to go to the toilet. Teddy shakes or nods his head or says “Yes” or ‘No’. Adult can model when they don’t want to do something they say ‘No’ and accompany with a shake of head or movement of some kind.

b. If child shakes head/screws nose or makes any gesture to indicate that he/she does not want to … adult to acknowledge, eg “I can see as you are shaking your head that you don’t want to go. That’s OK, we can go later.”

Follow up: Adult can model child’s responses using situations or small world as an option when child doesn’t respond to a request.

c. If child responds and complies

   “It’s good that you (nodded/came with me/took my hand) (whatever child does, however small) as I know that you wanted to go. Next time that will help me know when you need to go.”

Follow up: Adult can model using the child’s response/use small world toys in situations using the child’s response and appropriate responses where applicable.

Eating or Drinking

“It’s snack time now, (use name), … come and have some snack/drink”

a. If child does not respond in ANY way [the child may not be aware that they want to eat or
drink. The response to the stress the child feels reduced desire to eat/drink as in a state of alarm]

“It is very hot today so we need to drink. Your drink is here when you need it.”

or

“I am going to have a drink because it’s very hot today. I wonder if you can drink yours by yourself when you need it.” (Walk away and reduce pressure/expectation)

Follow up: Use small world to compile a list of food/drink items child likes. Use small world to work through times when child may need a drink or snack, eg ‘after running around, we feel thirsty, so we have a drink then’. Two staff could model showing that they are thirsty and taking a drink themselves or pouring one for each other. Two children then copy this. Having a rolling snack can help. There can be some anxiety with circle groups when children having a snack facing each other.

Model appropriate responses to having a drink/snack.

b. If child responds indicating that he/she doesn’t want a snack or drink.

“It’s good when you shake your head/screw up nose (or demonstrate what child does) that this means you don’t want anything now. We can come back later to see if you are hungry or you can come and sit here and I will know you are ready for snack/drink”.

Follow up: use small world and modelling.

c. If child responds positively without verbal

“It’s good that you are (nodding/following me/etc) to let me know that you want a snack, let’s see what we have today.”

Adult should show the child the different snacks so that they can choose what they want. When they have made a choice adult can confirm this, eg “You have chosen the apple. I like apples.”

Adults will need to remember to model the language the child needs and acknowledge small signs and attempts of communicating, however small or subtle.

When asking children for requests such as food, drink or toilet, language should be kept minimal with plenty of take up time without further prompting.

The take up time should not be monitored, eg adult to act a little pre-occupied so that child does not feel that they are being ‘questioned’ as this can lead to further anxiety.

Using Sliding In technique

When a child is very anxious the parent can come into the setting/school at key times to support the child to go to the toilet, eat and drink. Then a key person from the setting can be gradually slid into the situations, when the child is comfortable and able to go to the toilet, eat and drink in the presence of the key person, the parent can be slid out gradually. See the programme planning guide.
Dealing with accidents and emergencies

In addition to the setting policy:

- Ask parents how they respond to the child in event of a minor accident. Plans can be made jointly and recorded in the child’s One Page Profile, in advance, so in an event the practitioner can respond supportively.

- Keep a close eye on children who may be reluctant to speak if they do hurt themselves and they do not want to draw attention to themselves. Adults need to take a pro-active approach and reassure the child and remain neutral in their body language and keep a calm, soft tone as they speak gently to the child.

- If necessary, use the poster - ‘I can point to where it hurts’ - and ask the child to point to the picture on the poster rather than asking directly where it hurts.

- If you have to administer any first aid tell the child what you are going to do first eg “I am going to put some gloves on and gently dab your knee with this magic wipe”. *(Demonstrate if possible).*

- Remain with the child, continue to reassure, gently, maintain your proximity so that the child feels safe but not overwhelmed. Anxiety can be heightened with touch or close proximity of others.

- Report any accident to the parent out of earshot of the child so a full explanation can be given without the parent asking the child too many questions.

References: