DUAL OR MULTIPLE EXCEPTIONALITY (DME)

Summary
In the UK, the term Dual or Multiple Exceptionality (DME) is used to describe those who have one or more special educational need or disability and also have high ability (which Potential Plus UK calls High Learning Potential or HLP). Potential Plus UK has produced this fact sheet to inform, support and advise teachers, professionals and parents/carers of DME children. Issues related to educating, parenting and supporting a child with DME are covered in this fact sheet. Treatments for specific special educational needs are covered in other Potential Plus UK Fact Sheets relating to particular diagnoses.

An Introduction to Dual or Multiple Exceptionality (DME)

The majority of children in the UK do not have a special educational need or disability (SEND). The majority of children in the UK do not have high learning potential. Those children who have both high learning potential and have one or more special education need or disability have what is known as Dual or Multiple Exceptionality[i] (DME).

DME children can therefore be defined as a distinct minority within a minority. This is an important point to consider, as it clearly highlights the fact that the future outcomes for these children must be closely monitored as DME children have very different and complex educational needs. Their abilities are advanced in some areas, but significantly lagging in others.

It is estimated that 5-10% of children identified as high ability also have a special education need or disability[ii]. This could be due to a sensory impairment, physical difficulty or learning difficulty or neurodevelopmental disorder. Conversely, approximately 2-5% of children identified with special education needs or disabilities also have high learning potential.

The Special Educational Needs and Disability Code of Practice 2015[iii] identifies four areas of difficulty, which are then subdivided into different types of need. These are:

1. **Communication and interaction**: children with speech, language and communication needs (SLCN) and those with Autism Spectrum Disorder (ASD).
2. **Cognition and learning**: children with moderate, severe, profound learning difficulty.
3. **Social, emotional and mental health difficulties**: children who are withdrawn or isolated, display challenging distruptive or disturbing behaviour, who have attention deficit/hyperactive disorder or attachment disorder, those who may be experiencing anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained.
4. **Sensory and/or physical needs**: children with visual impairment, hearing impairment, multi-sensory impairment and physical disabilities.

The Code of Practice states that a child or young person has Special Educational Needs if they have a learning difficulty that calls for special educational provision to be made for him or her. The Code of Practice goes on to say that a child of compulsory school age or a young person has a learning difficulty or a disability if he or she:

- has a significantly greater difficulty in learning than the majority of children of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for children of the same age in mainstream schools.

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High learning potential children can fall into any of the above categories and therefore can be classed as children with DME. Special education needs and disabilities commonly seen in high learning potential children include:

- **Autistic Spectrum Disorders** including High-Functioning Autism (this used to be known as Asperger Syndrome)
- **Attention Deficit Hyperactivity Disorder** (ADHD)
- **Dyslexia, Dysgraphia, Dyscalculia**
- **Auditory & Visual Impairment**
- **Sensory Processing Disorder** including Dyspraxia
- **Speech and Language Delays** or Impairments

The Characteristics of Dual or Multiple Exceptional Children

Potential Plus UK has compiled a list of characteristics of DME children. We have identified these characteristics during our work in supporting parents, professionals and DME children. Not all of these characteristics will relate to all DME children:

Intellectual Strengths

- Ability/expertise in one specific area
- Active imagination
- Extensive vocabulary
- Exceptional comprehension
- High performance in tasks requiring abstract thinking and problem solving
- Excellent visual or auditory memory
- Creativity outside school
- The ability to take part in broad-ranging discussions

Academic Difficulties

- Poor handwriting
- Poor spelling
- Difficulty with phonics
- Inability to do seemingly simple tasks. However, they often have the ability to do seemingly more complex ones
- Success in either mathematics or language subjects, but challenges in the other
- Poor performance under pressure
- Difficulties in completing tasks with a sequence of steps discussions
- Inattentive at times

Emotional Indicators

- Minor failures that create feelings of major inadequacy
- Unrealistically high or low self-expectations
- Feelings of academically ineptitude
- Confusion about abilities
- Strong fear of failure
- Sensitivity to criticism

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- Experiences of intense frustration
- Low self-esteem
- Feelings of being different from others
- Poor social skills

Behaviour

- Disruptive in class
- Often off-task
- Disorganised
- Unmotivated
- Impulsive
- Creative when making excuses to avoid tasks they find difficult
- Can be intensely frustrated at times. Sometimes this can spill over into anger or aggression
- Withdrawn at times

Profiles of Dual or Multiple Exceptionality[iv]

Following on from the characteristics of DME, Potential Plus UK has further identified 4 distinct profiles of DME children. These are based on our extensive experience working with children and young people, parents and carers in the UK since 1967.

1. **High ability is recognised but special educational needs or disabilities are unrecognised**
2. **Special educational needs or disabilities are recognised but high ability is unrecognised**
3. **Both high ability** *and* **special educational needs or disabilities are unrecognised**
4. **Both high ability** *and* **special education needs or disabilities are recognised**

Type 1 DME children whose high ability is recognised but whose special education needs or disabilities are unrecognised can share the following traits:

- Compensate for their special needs through the use of their advanced abilities. This can lead to their learning difficulties being hidden
- As they grow older, their special needs cause an increasing discrepancy between their expected and actual performance
- The overall impression they give of being “very able” is often contradicted by poor handwriting/forgetfulness/disorganisation
- Can appear to be not ‘trying hard enough’
- Ability enables them to ‘get by’
- Recognition of their special needs occurs much later for this group than for less ‘able’ children.

When high learning potential compensates for a special educational need or disability and highly intelligent children appear to be average in certain subjects or just slightly above average, they frequently will not be identified as having SEND. Neither will they be deemed suitable for receiving extra support or provision. For example, a highly able child with dyslexia might develop coping strategies within a classroom, perhaps by relying upon verbal proficiency to get through lessons. Such a child may be capable of going through

the first few years of primary school achieving good results and not be seen as needing any SEND intervention.

Type 2 DME children whose special educational needs or disabilities are recognised but whose high ability is unrecognised can share the following traits:

- Often noticed for what they *cannot* do, rather than what they *can* do
- Special educational needs and disabilities affect their achievement to a great extent and their abilities in other areas are not recognised
- Restrictions are placed on the extended learning opportunities on offer, e.g. through school 'more able' provision
- Often fail to achieve their potential in school
- Can suffer from poor self-esteem because of low achievement
- Can display negative or disruptive behaviours
- Often more comfortable in displaying their creative talents and intellectual abilities at home. Here there is often no pressure or perceived limitation on what they can and cannot do.

For some DME children in this category, their special educational needs or disabilities are seen as their sole distinguishing label (especially in cases where the children's special needs are physically or more obviously apparent such as visual impairment or hearing impairment). Such children are at greater risk of not being identified as having high learning potential and thereby lose out of support to develop their abilities. These children then miss out on opportunities for challenge and enrichment which are the basis of good provision within the education system.

This can be a very demoralising situation for high learning potential children to be in, as they are not given a chance to reach their own potential, but are instead set much lower targets (for them) across the board; irrespective of individual strengths or weaknesses.

Type 3 DME children for whom *both* high ability *and* special educational needs or disabilities are unrecognised can share the following traits:

- High ability masks their special educational needs or disabilities, and their special educational needs or disabilities mask their high ability
- Often use up a lot of intellectual and emotional energy to achieve 'average' results and may appear to be coasting through school
- Intellectual abilities have to work harder to compensate for perceived weaknesses associated with an undiagnosed special need
- True abilities may only surface when they are given an opportunity to unlock their area of talent
- This is the group which is most at risk of under-achievement
- Many children in this category often only discover the true cause of their difficulties after leaving school.

When Dual and Multiple Exceptionality (DME) in its entirety (that is the strengths as well as weaknesses, disability or specific learning disability), is not recognised and supported, there can be severe implications regarding not only consistent underachievement, but also for these children's self-esteem, mental health, emotional well-being, aspirations, further education and career prospects.

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Type 4 DME children are the fortunate ones for whom ***both*** **their high ability *and* special educational needs or disabilities are recognised:**

- More likely to feel understood and supported both at home and at school

- Often feel comfortable enough to voice concerns regarding any difficulties related to their special educational needs or disabilities
- Often academically challenged on a regular basis
- Given opportunities to display their creativity
- Access to learning support aids/provision if necessary. This could include the use of a laptop or extended time during assessments.
- Social and emotional needs are supported by their parents and staff who encourage positive friendships and provide nurture.

Type 4 DME children are most likely to fully achieve they true high potential. The future outcomes for these children can be brighter. The experience of a consistently supportive education will positively influence their self-esteem and self-confidence; enabling them to seek further challenges and new experiences.

The Importance of Assessment and Diagnosis of DME Children

Over 40 years of Potential Plus UK's experience in supporting high learning potential children, their families, schools and local authorities has led us to identify the following difficulties[v] in identifying DME children in school:

1. The stereotype of 'high ability' equating to 'perfect genius' capable of excelling in **all** areas of learning and education.
2. A lack of information, training and experience of teachers and professionals regarding DME children.
3. Single assessment measures which identify either high ability (e.g. Cognitive Abilities Tests) or special educational needs or disabilities (e.g. assessment for Dyslexia) but not both.

If a child does not seem to be making enough progress or needs a lot of extra help, the child's school firstly needs to put some initial supports into place. The Special Educational Needs Coordinator (SENCo) would be the point of contact within a school to speak to about this.

After some initial intervention, should the parents and the school feel that further investigation is required, support can sought from outside agencies, such as those available in the Local Authority, through CAMHS (Child and Adolescent Mental Health Service), Child Development Centres, paediatricians or occupational therapists. This may involve a direct referral from the school or through the child's GP.

Each local authority in England must provide impartial information and advice about matters relating to special educational needs and disabilities. This service is usually called Special Education Needs and Disabilities Information, Advice and Support Services (SENDIASS). The local authority must able publish its Local Offer, detailing available provision and how to access it.

For children who continue to have significant difficulties despite in-school support, the school or the parents can apply for an Education, Health and Care (EHC) assessment in order for the local authority to decide whether provision needs to be made for the child in accordance with an EHC plan. The purpose of an EHC plan is to ensure that the special education needs and disabilities provision the child receives meets their needs to secure the best possible outcomes for them.

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An EHC assessment is only necessary if the school cannot provide all the help that the child needs. The local authority has six weeks to decide whether or not to carry out an assessment. If it decides to carry out an assessment, it will ask for evidence of:

- attainment and rate of progress
- nature extent and context of the child's needs
- actions already taken
- physical, emotional, social development and health needs, drawing on relevant evidence from clinicians and other health professionals

After the EHC assessment, the local authority may decide it is necessary provide an EHC plan which sets out the child's needs, how their needs will be met and what funding will be made available for this. The local authority will usually put an EHC plan in place if they decide that the extra support required by the child cannot be provided from within the school's resources.

Part of an EHC assessment process would usually involve an assessment by an educational psychologist. A full-scale IQ test would normally be part of an assessment carried out by an educational psychologist. In DME children, this will often display a profile which shows some areas where the children are below average; some areas where they are average and some areas where they are above average or in the gifted range. This resulting profile looks 'spiky'. This represents differences between the child's abilities and their special needs[vi].

Such a child can achieve excellent results in some areas of learning and yet fail in other areas which are affected by their particular special needs. The difference between the top and bottom scores will reflect the child's particular learning difficulties.

Parenting a Child with Dual or Multiple Exceptionality

Potential Plus UK recognises that it can sometimes be difficult to parent DME children who seem exceptionally able at times and yet struggle with basic tasks (depending on their particular special need).

We believe that the most important aspect of parenting such children is to fully understanding both their strengths and their weaknesses. Then, with this knowledge, they must be supported so that they develop positive self-esteem.

This is particularly important as making friends and fitting in can sometimes be difficult for some DME children. Unfortunately, social problems can sometimes escalate into prolonged feelings of isolation and even bullying. A recent Potential Plus UK survey[vii] on DME children found that the most common reason parents suspected that their child had a learning difficulty was because of problems with social interaction.

To fully support DME children, we believe it is important to:

- develop good relationships based on trust and respect with the children. This will help them know that they are valued irrespective of how "different" they are to their peers
- help the children to recognise that they have strengths and talents as well as weaknesses in some areas
- guide the children to make their expectations reasonable- *either* higher or lower
- give the children opportunities to experience genuine success to improve their self-esteem
- encourage the children to develop independence
- help the children to express their frustration and confusion in a positive way

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- guide the children to act less impulsively under stress
- incorporate the children's interests into opportunities for learning
- facilitate positive social experiences to give the DME children confidence in forming friendships
- help the children to develop relationships with other children who value achievement. This can be a genuine catalyst in reversing underachievement for many DME children[viii]

Furthermore, when parenting skills are tested by the negative behaviour displayed by some DME children, it is important to consider the following:

1. The children's high learning potential enables them to compensate to some extent for their special need.
2. However, this compensation requires them to focus their physical and emotional energy into what they are doing.
3. Unfortunately, this ability to compensate can often break down under stress, for example when the children are tired.
4. At school, DME children may well spend a great deal of intellectual energy in simply keeping up with their peers.
5. It can be incredibly frustrating for DME children to use all of their energy to regularly produce a result that puts them on a level with their age peers. This is made more so because their minds are functioning at a much more advanced level than what they are able to demonstrate.
6. Therefore, many DME children face daily struggles and this must be remembered by all those involved in parenting, supporting and educating them.

After exhausting their energies to simply keep up or to compensate for their special education needs or disabilities, when DME children come home from school, this is the most important time of day to nurture and support them.

As parents of DME children, it is important to remember that the children have spent the majority of their day striving towards living up to expectations (their own, as well as others') and coping with the difficulties associated with having a special education need or disability. By understanding what these children have to cope with, parents will then be able to provide them with much-needed support, empathy and comfort when needed.

DME children often learn quickly that they are different as they start formal schooling. Their sensitivity and awareness means that from early on they are sometimes able to see that their peers can often out-perform them on some basic tasks. Doubts about their abilities can then begin to creep in, resulting in deteriorating feelings of their own strengths. Parents and teachers who focus on their difficulties can reinforce these negative feelings. This resulting self-image can damage academic, social, and emotional progress.

Focusing on the gifts, talents, and interests of DME children, on the other hand, can result in an increase in resilience whilst the children positively experience success. If they are given opportunities to develop their strengths, DME children develop a positive image of who they are and a vision of what they might become.

Working in the area of their strengths and at the right level of challenge can often be motivational for DME children. Even some of the skills they lack show dramatic improvement when practiced in the context of projects in their strength or interest area. They may also be more willing to push themselves through the practice of a difficult skill when the effort is related to a project they want to complete.

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For those who lack social skills and understanding, working with others in the same interest area can greatly expand opportunities for positive and productive interaction. Their weaknesses can and must be addressed. However they need to be addressed creatively and preferably in their interest area. Addressing these weaknesses must not be done at the expense of the development of their strengths. Potential Plus UK recommends that parents of children with DME should develop good working relationships with their children's schools. Good communication with schools is the basis of formulating a strong and consistent support structure. This enables DME children to maximise their learning potential.

When meeting with schools, some important points to discuss are:

1. The identification of both the child's special education needs or disabilities and his or her high learning potential.
2. How the child's high learning potential can and will be challenged through work that is carefully matched to both his or her special needs and high abilities.
3. That the child's progress will be closely monitored. Any targets that are set must follow a clear understanding of the child's DME as a whole.
4. That parents will be kept involved and informed as partners in the child's educational progress.

Education and DME Children

In England, once it has been recognised that children have special needs, the school will then follow guidance from the Code of Practice to provide them with support. Children might then receive in-school support for special educational needs and disabilities. Some examples of in-school are[ix]:

- Different ways of teaching
- Regular support from a teaching assistant
- Small group sessions
- Use of particular equipment like a laptop or a desk with a sloping top

The school should record what SEN they have identified a child or young person as having, what outcomes they expect the child or young person to achieve, and what provision is being put in place to reach those outcomes. This should be written down in an SEN Support Record.

SEN Support Records usually say:

- What special help is being given
- How often children will receive the help
- Who will provide the help
- What the targets for individual children are
- How and when the children's progress will be checked
- What help children can be given at home

Sometimes the school or early education setting will not write formal plans. However, they will record how they are meeting these children's needs in a different way, perhaps as part of their lesson plans or as part of a Provision Map. They will then record the children's progress in the same way as they do for all the other children. However, the school should always be able to say how they are helping these children and what progress they are making.

Conclusion

Potential Plus UK believes it is vital to ensure that DME children receive consistent **help**, **support** and **opportunities** to fulfil their high learning potential. This allows the children to feel understood, supported and capable of asking for further support if needed.

Without the correct support, we believe that DME children can easily lapse into a cycle of underachievement[x] and become increasingly demoralised and demotivated.

With this in mind, Potential Plus UK recognises that it is essential that the *families* of DME children are also given the right support and advice. They need this in relation to parenting their child with high learning potential and parenting their child with special education needs. Potential Plus UK, together with specialist special education needs organisations are able to help families of DME children to understand *all* of their children's needs. The more information, support and advice that these families have access to, the better the outcomes often are for their Dual or Multiple Exceptional children.

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[i] The National Strategies, Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities, 2008, Department for Children, Schools and Families, Ref 000522008BKT-EN
[ii] NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001
[iii] DfE and DofH, Special Educational Needs and Disability Code of Practice: 0 to 25 Years, 2015 Ref: DFE-00205-2013
[iv] NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001
[v] NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001
[vi] The National Strategies, Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities, 2008, Department for Children, Schools and Families, Ref 000522008BKT-EN
[vii] Potential Plus UK, Dual and Multiple Exceptionality Report, 2012
[viii] NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001
[ix] Special Educational Needs (SEN): A guide for parents and carers, DCSF, 2009
[x] The National Strategies, Gifted and Talented Education, Guidance on preventing underachievement: a focus on exceptionally able pupils, DCSF, 2008, Ref 000662008BKT-EN

Potential Plus UK became the operating name of the National Association for Gifted Children (NAGC) from 4th February 2013.

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