F01

DUAL OR MULTIPLE EXCEPTIONALITY

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 who 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. Support for specific special educational needs alongside HLP are covered in other Potential Plus UK Fact Sheets relating to particular diagnoses.

An Introduction to Dual or Multiple Exceptionality (DME)

Many children in the UK do not have a special educational need or disability (SEND) and only a small percentage of children in the UK have high learning potential. Children who have both high learning potential and one or more special education need or disability, can be termed as having Dual or Multiple Exceptionality[i] (DME). DME children are therefore a distinct minority within a minority. This is an important point to consider, as it clearly highlights the fact that the outcomes for these children must be closely monitored, since DME children have specific and complex educational needs. Their abilities are advanced in some areas, while in others they may face significant barriers to learning or participation.

It is estimated that 5-10% of children identified as having high ability also have a special education need or disability[ii]. This could be due to a sensory impairment, physical or learning difficulty or a neurodevelopmental disorder. Conversely, approximately 2-5% of children identified with special education needs or disabilities also have high learning potential. This means that it is likely that there are approximately 60,000 pupils in England with DME[iii].

The Special Educational Needs and Disability Code of Practice 2015[iv] 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.
2. **Cognition and learning**: children with moderate, severe or profound learning difficulty.
3. **Social, emotional and mental health difficulties**: children who are withdrawn or isolated, display challenging, disruptive or disturbing behaviour; who have attention deficit/hyperactive disorder or an attachment disorder; those who may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.

According to the SEND Code of Practice (2015), a child or young person has special educational needs if they have a learning difficulty or disability that requires special educational provision. This includes those who:

- Have a significantly greater difficulty in learning than most others of the same age, or
- Have a disability that prevents or hinders them from accessing the same facilities as their

peers in mainstream schools.

Children with high learning potential can fall under either category. When a child has both advanced cognitive ability and one or more special educational needs or disabilities, they may be described as having Dual or Multiple Exceptionality (DME). Some of the most commonly co-occurring needs seen in HLP children include:

- Autism (including children who may have previously been described as having Asperger's or high functioning autism, terms which are no longer used clinically)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Specific learning differences such as dyslexia, dysgraphia, and dyscalculia
- Sensory processing differences, including sensory integration needs and developmental coordination challenges (sometimes diagnosed as dyspraxia)
- Speech, language, and communication needs
- Auditory or visual processing differences, or diagnosed hearing or vision impairments

The Characteristics of Dual or Multiple Exceptional Children
Potential Plus UK has compiled a list of characteristics of DME children. These have been identified through our work 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 of 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 can often 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
- Inattentive at times

Emotional Indicators

- Minor failures that create feelings of major inadequacy
- Unrealistically high or low self-expectations

- Feelings of academic ineptitude
- Confusion about abilities
- Strong fear of failure
- Sensitivity to criticism
- Experiences of intense frustration
- Low self-esteem
- Feelings of being different from others
- Poor social skills

Behaviour

- Disruptive in class
- Often off-task
- Disorganised
- Lack of motivation
- Impulsive
- Creative when making excuses to avoid tasks that they find difficult
- Intensely frustrated at times; sometimes this can spill over into anger or aggression
- Withdrawn at times

Profiles of Dual or Multiple Exceptionality[v]

Following on from the above characteristics of DME, Potential Plus UK has identified four distinct profiles of DME children:

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 share the following traits:

- Compensate for their special educational needs through the use of their advanced abilities, which can lead to their learning difficulties being hidden
- As they grow older, their special educational 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 or executive functioning problems
- Can appear to be not trying hard enough
- Ability enables them to ‘get by’
- Recognition of their special educational needs occurs much later for this group than for less ‘able’ children.

When high learning potential compensates for a special educational need or disability, the child is frequently not 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 being seen as needing any SEND intervention.

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

- 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
- Suffer from poor self-esteem because of low achievement
- Display negative or disruptive behaviours
- More comfortable displaying their creative talents and intellectual abilities at home, where there is usually less pressure or perceived limitation on what they can and cannot do.

For 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 on support to develop their abilities.

This can be a very demoralising situation to be in, as these DME children are not given a chance to reach their potential but are instead set much lower expectations, irrespective of strengths and weaknesses.

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

- High ability masks their special educational needs or disabilities, and their special educational needs or disabilities mask their high ability
- Underachievers, often using up a lot of intellectual and emotional energy to achieve 'average' results and may appear to be coasting through school
- Intellectual abilities must 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
- Only discover the true cause of their difficulties after leaving school.

When DME in its entirety is not recognised or supported, there are severe implications for not only underachievement, but also for self-esteem, mental health, emotional well-being, aspirations, further education and career prospects.

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

- 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
- Usually academically challenged on a regular basis
- Given opportunities to display their creativity
- Able to access learning support aids/provision if necessary. This could include the use of a laptop or extended time during assessments.
- Supported in their social and emotional needs by their parents and staff who encourage positive friendships and provide nurture.

Type 4 DME children are the most likely to fully achieve their true potential. The outcomes for these children are often better than in the other three categories. 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, thereby realising their potential.

The Importance of Assessment and Diagnosis of DME Children

The long experience of Potential Plus UK in supporting high learning potential children, their families, schools and local authorities has led us to identify the following difficulties[vi] 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 rarely both.

If a child does not seem to be making enough progress or needs a lot of extra help, the child's school must first put SEN support in place. The Special Educational Needs Coordinator (SENCo) would be the point of contact within a school for discussion about this.

After some initial intervention, should either/both the parents and/or the school feel that further investigation is required, support can be 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. The services provided in a local area are detailed in the local authority's Local Offer.

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 publish its Local Offer, detailing available provision and how to access it.

For children who continue to have significant difficulties despite SEN 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.

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 to 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 usually involves 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 are below average, some average and some above average or in the superior, high or upper extreme range. The resulting profile looks 'spiky' and represents differences between the child's abilities and their special needs[vii]. 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 extremely difficult to parent DME children who seem exceptionally able at times and yet struggle with some basic tasks (what these are will depend on their particular profile). The most important aspect of parenting such children is to fully understand, as far as it is possible, both their strengths and their difficulties, in order to be able to support them to develop positive self-esteem and relationships. 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 Potential Plus UK survey[viii] 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.

PAGE 7

To fully support DME children, it is important to:

- Develop good relationships based on trust and respect with children; this will help them know that they are valued, irrespective of how "different" they are to their peers
- Help children to recognise that they have strengths and talents as well as difficulties in some areas
- guide children to make their expectations reasonable, with an emphasis on positive fulfilment of their abilities
- Give children opportunities to experience genuine success to improve their self-esteem
- encourage children to develop independence at the right time for them
- Help children to express their frustration and confusion in a positive way
- Guide children to act less impulsively under stress
- Incorporate children's interests into opportunities for learning
- Facilitate positive social experiences to give children confidence in forming friendships
- Help children to develop relationships with other children who also have high ability or share special interests. This can be a genuine catalyst in reversing underachievement for many DME children[ix]

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

1. Children's high learning potential enables them to compensate to some extent for their special educational need or disability. However, this compensation requires them to focus their physical and emotional energy into what they are doing.
2. This ability to compensate can often break down under stress, for example when children are tired.
3. At school, DME children may well spend a great deal of energy simply keeping up with their peers.
4. 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, the most important time of day to nurture and support DME children is when they first arrive home from school.

DME children often quickly learn that they are different when they start formal schooling. Doubts about their abilities may result in deteriorating feelings about their own strengths. Parents and teachers who focus on their difficulties can reinforce these negative feelings. The resulting self-image can then damage academic, social, and emotional progress.

Focusing on the strengths, cognitive style 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 practised 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.

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 should be addressed. However, they are best addressed creatively (in a different way to a child with that special educational need or disability who is not DME) and preferably in line with their strengths and interest areas. Addressing weaknesses must not be done at the expense of the development of their strengths.

Parents of children with DME should develop good working relationships with their children's schools in order to get the best support in place for their children. Good communication with schools is the basis of formulating a strong and consistent support structure.

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, cognitive style and high abilities.
3. The monitoring of the child's progress. Any targets that are set must follow a clear understanding of the child's DME as a whole.
4. Keeping parents informed and involving them as partners in the child's educational progress.

Education and DME Children

Prof Diane Montgomery advocates a constructivist approach to learning and teaching for DME young people, since this allows them to be active participants in the learning process. What is more, this is appropriate for all children, so can be inclusive and have a positive impact on everyone's achievement[x].

In England, once it has been recognised that children have special needs, the school will then follow guidance from the Code of Practice 2015 to 'take action to remove barriers to learning and put effective special education provision in place', i.e. SEN support[xi]. High quality teaching that is differentiated for individual pupils forms the basis of support. In deciding to make further special educational provision, all information gathered in school should be considered including an early discussion with the pupil and his or her parents. More detailed information on what constitutes good outcome setting is given in Chapter 9 (paragraphs 9.64 to 9.69) of the Code of Practice[xii]. SEN support should take the form of a four-part cycle of assess, plan, do, review, and additional or different provision should be recorded. Schools should meet parents at least three times per year to set clear outcomes and discuss and review provision.

Some examples of SEN support are[xiii]:

- Extra help from a teacher or a learning support assistant
- Working with the child in a small group
- Helping the child to take part in class activities

Conclusion

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[xiv] and become increasingly demoralised and demotivated.

With this in mind, it is essential that the families of DME children are also given the right support and advice. Potential Plus UK, together with specialist special education needs and disability organisations, can 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.

---

[i] DCSF (2008) *The National Strategies, Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities*. Ref 000522008BKT-EN

[ii] NAGC in partnership with DfEE. (2001) *A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty*.

[iii] Ryan, Alison and Waterman, Chris. (2018) *Dual & Multiple Exceptionality (DME) The Current State of Play*. nasen

[iv] DfE and DofH. (2015). *Special Educational Needs and Disability Code of Practice: 0 to 25 Years.* Ref: DFE-00205-2013

[v] NAGC in partnership with DfEE. (2001). *A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty*

[vi] NAGC in partnership with DfEE. (2001) *A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty*

[vii] DCSF (2008) *The National Strategies, Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities*. Ref 000522008BKT-EN

[viii] Potential Plus UK. (2012). *Dual and Multiple Exceptionality Report*

[ix] NAGC in partnership with DfEE. (2001) *A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty*.

[x] Montgomery, D. (2015) *Teaching Gifted Children with Special Educational Needs: Supporting dual and multiple exceptionality*

[xi] DFE. (2015). *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*. para. 6.44

[xii] DFE. (2015). *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*.

[xiii] DFE. (2014). *Special Educational Needs and Disability: A guide for parents and carers*

[xiv] DCSF. (2008). *The National Strategies, Gifted and Talented Education, Guidance on preventing underachievement: a focus on exceptionally able pupils*. Ref 000662008BKT-EN