

# The Current State of Provision for Learners with DME

Amy Bonsall and Brian Desmond | February 2022



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## FOREWORD

Our organisations are delighted to have jointly commissioned this independent research into a group whose needs are too often overlooked, under the banner of the DME Trust. Potential Plus UK and nasen are national membership charities that both care about long-term outcomes for children and young people.

Our joint ambition to progress the wider understanding of Dual and Multiple Exceptionality is reflected in this report.

Learners with DME (Dual or Multiple Exceptionality) have both SEND (Special Educational Needs and Disabilities) and HLP (High Learning Potential) at the same time. In some instances, the interplay between SEND and HLP is a barrier to timely and accurate identification, and this in turn prevents effective provision from being put into place. The aim of this research is to understand more about the experiences of learners with DME, so that nasen, Potential Plus UK and the wider sector, are better equipped to identify and meet their needs. For more than three years, nasen and Potential Plus UK have been working together in partnership with a range of other organisations to develop a broader understanding of DME. To this end, we have established the DME Trust. This builds on the work of nasen's former Patron, the late Professor Stephen Hawking, for whom this was an important area. In some instances, there is a misconception that SEND inevitably means low ability, but the reality is that children and young people with SEND can excel in much the same way as children without SEND. Proactively identifying High Learning Potential, particularly for children with SEND, means a truly strengths-based approach can be taken in relation to their provision, thereby maximising their chances of realising their potential.



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## FOREWORD /continued

A significant challenge to overcome in progressing the wider understanding of DME is the terminology and the use of labels to identify learners with particular combinations of strengths and needs. Some of these tensions are discussed in a previously-commissioned independent report from 2018, *Dual & Multiple Exceptionality (DME): The Current State of Play* (Ryan & Waterman). The terminology of DME was introduced by the Department for Children, Schools and Families in 2008 as part of the National Strategies and it is sometimes known as 2E (Twice Exceptional) or even 3E, internationally.

Since 2013, the terminology of High Learning Potential has increasingly been used in place of “gifted and talented” and more information about the rationale for this can be accessed from the Potential Plus UK - [www.potentialplusuk.org](http://www.potentialplusuk.org) - website. Use of this term can sometimes raise questions about whether all learners have HLP or just some. We are in agreement that everybody has potential and effective teaching is often the key to helping children to realise their full potential. However, we also recognise that learners with DME have a complex profile and if their strengths and challenge are not recognised, they will not be able to access provision that empowers them to reach their potential.



**We hope that this research goes some way into identifying what our next steps should be to ensure that all learners with DME can realise their full potential.**



**Julie Taplin**  
CEO | Potential Plus UK



**Sue Soan**  
Trustee of nasen

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## ACKNOWLEDGEMENTS

The authors would like to thank all the parents, carers and professionals who gave up their time to take part in the research. Also, thank you to the DME Trust, in particular to the Trustees of nasen and Potential Plus UK and to Adam Boddison, former CEO of nasen, for commissioning us to undertake such an important report, and to the Comino Foundation for funding the research.



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## EXECUTIVE SUMMARY

This report, [The Current State of Provision for Learners with DME](#), summarises the initial findings of two online surveys created by Bilimankhwe for the DME Trust and was conducted in 2020. The foundations for the research are contained in Alison Ryan and Chris Waterman’s 2018 report, [Dual and Multiple Exceptionality \(DME\): The Current State of Play](#).

This report uses the same definition for learners with DME as that used in the aforementioned report by Ryan and Waterman, which refers to: “pupils’ Additional Learning Needs which contain identified/unidentified special educational needs (SEN) alongside identified/unidentified High Learning Potential (HLP), as reflected in their formal educational experience.” (Ryan & Waterman, 2018, p. 2)

The aim of this research was to generate responses from parents/guardians about how educators and schools supported learners with DME, which services and resources they accessed, and to what extent they found the supports and resources adequate for their children’s needs. Furthermore, it was important to find out more about how children with DME identified themselves. In parallel, a second survey invited the perspectives of educators and providers. The survey questions were designed in consultation with and approved by experts from the DME Trust. Percentages have been rounded up to the nearest whole number for clarity (due to the rounding up of multiple response options, total percentage figures occasionally add up to slightly above or below 100%).

The research for this report was both desk-based and online, through the use of two surveys. Survey One targeted parents and carers of children with Dual and Multiple Exceptionality (DME) with 27 questions. Survey Two was aimed at educators/professionals who work with students identified as DME and comprised 26 questions. Questions that asked for narrative responses were coded thematically. All responses were anonymous and the design of the questions, the analytical methods and the gathering of the data were ethically approved by the DME Trust.

## EXECUTIVE SUMMARY

### Conclusions

While some learners with DME are identified and/or supported, many remain unidentified and/or unsupported by the education system. A lack of identification or appropriate support has devastating consequences for children with DME, many of whom disengage from learning and suffer with mental health issues, and some of whom are squeezed out of the system in the form of school refusal, exclusion and elective home education. Of particular concern was the impact on the mental health of learners as reported by their parents and carers.

At a national level, the needs of young people with DME are largely ignored; there is a lack of commitment to supporting young people with this profile and no strategy that provides for a system flexible enough to meet their needs. The inflexibility of the English mainstream education system presents considerable barriers to accessing the right support for young people with DME. Teachers/educators find it difficult to accommodate the strengths of learners, leading to a deficit model of teaching which is inappropriate for those with exceptional skills.

Despite evidence of a willingness on the part of schools to practice inclusivity for learners with DME, there is inconsistency across all phases of education, types of schools and geographical locations in England, in terms of awareness of what DME is and how to support learners with DME. Furthermore, the research revealed that there are a significant number of educators and professionals who have not heard of the term DME, let alone understand how to support learners who fit the profile.



**Teachers/educators find it difficult to accommodate the strengths of learners, leading to a deficit model of teaching which is inappropriate for those with exceptional skills.**

## EXECUTIVE SUMMARY

### Conclusions / continued

In addition, a lack of collaboration between those supporting young people with DME, hinders communication about the needs of individuals and the appropriate support for these needs. This, in turn, means that educators are deprived of information that exists about individuals and, therefore, may not be aware of the support that would be appropriate. The result is that learners with DME may not receive appropriate provision even where it has been identified.

General SEND or specific disability professional development opportunities for educators and health professionals do not empower them to meet the needs of young people with DME adequately, since these do not consider the differing profiles of this group.

The inconsistency of support has a financial burden for parents/carers, with many needing to fund assessments and/or education themselves to access appropriate provision. This also means that young people whose parents are not in a position to pay are denied essential support.

This study undertook to understand the provision for learners with DME within and beyond the education system and its availability to young people and their parents. It leaves questions about what the mental health and educational needs of young people with DME are, as well as how these two needs converge and impact on their outcomes and life experiences.



**...a lack of collaboration between those supporting young people with DME, hinders communication about the needs of individuals and the appropriate support for these needs.**

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# EXECUTIVE SUMMARY

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## Recommendations

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### **Consider the Needs of Young People with DME at a National Level**

The needs of this group should be routinely considered at the outset of planning in the thinking of strategic decision makers, including national policy makers, education planners, funding bodies and regulators.

### **Raise Awareness of and Increase Understanding about DME**

Awareness and understanding about the support needs of this group should be raised significantly, including within the education system and in wider support services for young people. This can be done by forging partnerships between those working in this area and key stakeholder groups.

### **Develop Resources to Increase Understanding**

A suite of suitable resources should be developed targeted at teachers, SENCos, mental health support professionals and therapists, parents and young people themselves. The resources should be delivered in a range of media to aid access and ease of use and developed in conjunction with young people with DME, their parents and the intended audiences.

### **Improve Collaboration between Stakeholders**

An improvement in collaboration between young people with DME; their parents and those supporting them in education; the local authority; and healthcare professionals; would result in a better understanding of the needs of individuals with DME. A greater understanding would create better opportunities for effective support; enabling young people to achieve and improve their wellbeing. Collaboration should include consultation with these groups to establish where there are breakdowns in communication, to discover what information is most needed, and what would be effective methods to communicate it.

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## EXECUTIVE SUMMARY

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### Recommendations / continued

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#### **Provide Professional Development in Education**

Professional development, in line with the DfE Standard for Teachers' Professional Development, should be provided for all levels of staff in education (SENCOs, teachers, NQTs, teaching assistants and trainee teachers) to empower educators and address the disengagement from learning of young people with DME.

#### **Raise Awareness and Understanding Among Mental Health and Therapeutic Professionals**

Those working within mental health and therapeutic support services should be made aware of how conventional assistance fails young people with DME and their support needs, so that professionals can offer effective mental health and therapeutic aid

#### **Conduct More Research into the Needs of Young People with DME**

The next step in research is to discover more about the learning and wellbeing needs of young people with DME, and, crucially, how these two areas interact. Findings can then be fed into professional development and support materials.

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# INTRODUCTION

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## Initial Research Design

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The initial design of this research was structured in two phases:

- 1.** Phase One involved two online surveys. The first of these invited responses from parents/ carers of children with Dual and Multiple Exceptionality (DME), while the second survey was aimed at educational, support and other professionals who might come into contact with learners with DME.
- 2.** It had been planned for Phase Two to involve an innovative workshop, allowing a follow-up opportunity for some of those who had responded to the surveys. The practical workshop would have used applied drama techniques to allow participants to explore in greater detail some of the issues arising from the survey data, as well as exploring how learners with DME identify themselves.

Unfortunately, the onset of the Covid-19 pandemic (March 2020) forced all work online. Because of the complex and fluid environment of repeated and extensive nationwide lockdowns and school closures, the decision was taken to only conduct the online surveys.

# INTRODUCTION

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## Background and Context

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Children belong to a diverse group with widely varying needs. In education and educational settings, it is important to understand the particular challenges and barriers that children may face during their educational journey and offer them appropriate support. With this in mind, the term Special Educational Needs (SEN) was introduced into UK education in 1944, and revised in 1978. However, during this period, the term was arguably used to identify and then exclude children with individual learning needs and disabilities. Since 1997, a shift of viewpoint has led to moves towards more inclusivity in education, to improve the educational experiences of children with SEN (Education and Skills Select Committee, 2006-6). In 2014, the term SEN became SEND (Special Educational Needs and Disabilities), which expanded educational provision to cover from birth to the age of 25, among a raft of other protections. (UK Government, 2014, September 1). The term SEND will be used throughout the rest of the report.

According to Potential Plus UK, the leading UK charity supporting children with DME and their carers, Dual and Multiple Exceptionality “describe[s] 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, 2018, p. 1). They state that, as most children in the UK do not have a SEND and as children with HLP form just a small percentage of the population, then, children with DME are “a distinct minority within a minority”. (Potential Plus UK, 2018, p. 1).

The Department for Education’s (DfE) statistical publication, [Special Educational Needs in England: January 2019](#), provides up-to-date government data about children with SEND in English schools, including those in the state, independent, academy and special school sectors. It states that:

Across all schools, the number of pupils with special educational needs has risen for the third consecutive year, to 1,318,300 (14.9%) in January 2019. This follows a period of year on year decreases from January 2010 to 2016. Over this period, the overall decrease was driven by decrease in the proportion of pupils with SEN support, while the percentage of pupils with a statement or EHC plan remained stable at 2.8%. (Department for Education, 2019, p. 4)

# INTRODUCTION

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## Background and Context / continued

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The same government report also provides the following data about age and gender breakdowns of SEND in England:

Special educational needs remain more prevalent in boys than girls, 4.4% of boys and 1.7% of girls had an EHC plan, both small year-on-year increases. Similarly boys were almost twice as likely to be on SEN support - 15% compared to 8% of girls.

SEN is most prevalent among boys at age 9 (23% of all boys), and for girls at age 10 (13% of all girls).

SEN support is most prevalent among primary age pupils, before decreasing as age increases through secondary ages. (Department for Education, 2019, p. 8).

Regarding this data, it is important to consider that some experts in the UK and North America have suggested that while there appears to be a higher prevalence of SEND in boys, girls may mask their difficulties and thus evade diagnosis.

This report, entitled [The Current State of Provision for Learners with DME](#), summarises the initial findings of two online surveys created by Bilimankhwe for The Dual and Multiple Exceptionality Trust (The DME Trust). The foundations for this research are contained in Alison Ryan and Chris Waterman's 2018 report, [Dual and Multiple Exceptionality \(DME\): The Current State of Play](#). Ryan and Waterman's report stresses that:

Parents are (or should be) the key champions of their children's needs: their role can only be strengthened by increased knowledge of DME and the kind of approaches that can meet the needs of children who have this complex set of needs. (Ryan & Waterman, 2018, p. 17)

# INTRODUCTION

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## Background and Context / continued

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One of the recommendations from this report was to “Establish a national training programme for teachers, education psychologists, parents/carers and other stakeholders to improve DME identification and provision.” (Ryan & Waterman, 2018, p. 18)

In order to find out more about how the needs of children with DME are currently being met (so as to inform the creation of continuing professional development (CPD) and other training), further research was needed to find out more from parents/carers and educators of learners with DME about the current state of provision and access to provision.

This research sets out to analyse, from the parents’/guardians’ point of view, how educators and schools supported learners with DME; what services and resources they accessed; and to what extent they found the supports and resources adequate for their child’s needs. Furthermore, we wanted to find out more about how children with DME identified themselves. In parallel, a second survey invited perspectives from educators and providers. The questions were designed in consultation with and approved by experts from The DME Trust. This research has used the same definition for learners with DME as that used in the aforementioned report by Ryan and Waterman (2018), which refers to “pupils’ Additional Learning Needs which contain identified/unidentified special educational needs (SEN) alongside identified/unidentified High Learning Potential (HLP), as reflected in their formal educational experience.” (p. 2)



**Establish a national training programme for teachers, education psychologists, parents/carers and other stakeholders to improve DME identification and provision.**

# INTRODUCTION

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## Background and Context / continued

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There is a dearth of robust UK-based research and resources about how best to successfully support the needs of learners with DME. However, the publication of [The School Handbook for Dual and Multiple Exceptionality](#) (Yates & Boddison, 2020) was a very welcome intervention. Important advice given within the publication stresses:



**Educational professionals and parents/carers who focus on the difficulties in the first instance, to the exclusion of their strengths, can reinforce these negative feelings. The resulting damage to their self-image can impact directly on the learner's academic, social and emotional progress. (Yates & Boddison, 2020, p. 15)**

Mental health, and the promotion of good mental health, in England's child population has been part of educational discourse since at least 2010; although there is no link between identity and mental health and wellbeing. (Brown & Shay, 2021, p. 3, p. 13). This is an area relating to learners with DME which warrants examination; however, it falls outside the scope of this research.

Although there is a substantial body of work concerned with meeting the educational needs of learners with SEND, there is little directly covering the needs of children with DME; therefore, more work is required to support these learners effectively.

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# INTRODUCTION

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## Methodology

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The research for this report was both desk-based and online, through the use of two surveys. Survey One targeted parents and carers of children with Dual and Multiple Exceptionality (DME) and contained 27 questions. Survey Two was aimed at educators/professionals who work with students identified as DME and comprised 26 questions. All responses were anonymous. The survey was open for responses between August 14th and September 30th 2020 and conducted using the platform Survey Monkey. Those who completed the survey were invited to do so through The DME Trust and Potential Plus UK mailing lists. The sample offers some valuable insights into the current state of provision of services and resources for children with DME from the perspective of parents/carers and educators. Questions from surveys one and two can be found in appendices A and B.

Questions that asked for narrative responses were coded thematically by one researcher and then agreed by the second researcher for quality control purposes.

Percentages have been rounded up to the nearest whole number for clarity (due to the rounding up of multiple response options, total percentage figures occasionally add up to slightly above or below 100%).

# INTRODUCTION

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## Ethics

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The design of the questions, the analytical methods and the gathering of the data were approved by the DME Trust.

**Note:** In the wording of the survey questions the term DME learner was used. Updated guidance now suggests that a more appropriate term is **learner with DME** and, as such, that is the term used within this report.

The headings in the report results are drawn from the survey headings.



# PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

## Demographic Information

### (157 Responses)

There were 166 responses to Survey One; three were removed as the consent question was signed but no further questions answered. 157 responses were analysed as six respondents stated that they were neither parents nor carers of a DME child and so were removed from the data set. Where respondents have answered “non-applicable”, their responses have been removed from the data, so that percentages reflect relevant responses to the individual questions. There was also a drop off in responses and completions as the survey went from section to section. It is likely that the timing of the survey, coinciding with the September return to school for pupils in England after the first Covid-19 pandemic lockdown, may have impacted respondents’ ability and willingness to commit the time needed to complete all of the questions (or to take part in the survey). Two of the questions asked for a narrative response. These responses were coded thematically.

Answer choices	Responses %	Respondents
Primary School	49	77
Secondary School	29	45
Special School	6	61
Other	7	26

Note: Total Respondents 157

In Table 1, the breakdown of those who responded “Other” included 16 respondents who home educated (HE) their learners, which amounts to about 10% of overall responses. Also included here were responses to do with learners in combined HE and university settings, as well as learners in EOTAS (Education Other Than At School).

# PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

## Demographic Information / continued

### Gender

Significantly more responses were received from parents/carers of male children (74%) at a ratio of about 3 to 1 to female learners (23%), with non-binary and others at 3%. This is broadly in line with the wider picture of SEND in England as reported by the Department of Education (2019), with more boys than girls reported to have SEND at a general ratio of 2:1 and the most common age for identification being 9, which is in the middle of the Key Stage 2 phase. Again, our survey revealed smaller numbers of responses from parents/carers of children in Key Stages 4 and 5 ranges, with numbers also reducing for third level learners.

### Ethnicity

Recent census data for England and Wales, states that 86% of the population of England and Wales is White, 7.5% Asian, with Black and ethnic groups at 3.3% and mixed/multiple ethnic groups at 2.2%. (Office for National Statistics, 2012, December) Our respondents identified their children as 89% White/White British, 2% Asian, 6% Mixed/Multiple Ethnic Group and 4% Other. There were no responses from those identifying as Black British and so the demographic of response was majority White/White British at a slightly higher rate than the overall data for England and Wales.

### EHC Plan

32% of respondents stated that their child had an Education, Health and Care (EHC) plan, while 68% said that their child did not have one. This is broadly in line with the national picture.

## PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

### The Educational Environment

#### (144 Responses)

In relation to the commitment of educational institutions to supporting the learning needs of children with DME, 50% of responses were positive, although the majority of these felt that institutions were “somewhat committed” (39%) rather than “extremely committed” (1%) or “very committed” (10%). 50% of responses were negative, and it is concerning that 25% felt that institutions were “not at all committed”.

63% of respondents felt that their institution was approachable with regard to discussing the child’s learning needs, although most of these felt that they were “somewhat approachable” (41%) rather than “extremely approachable” (1%) or “very approachable” (21%).

It is concerning that, when asked about the institution’s knowledge and capability to identify their child’s learning needs, 72% responded “not so knowledgeable” (36%) or “not knowledgeable at all” (36%), chiming with the findings of Ryan and Waterman’s 2018 report. Again, 65% of responses on the capability and knowledge of their institution in supporting their child’s learning needs fell into either “not so knowledgeable” (39%) or “not knowledgeable at all” (27%). Only 4% agreed that their institution was “very knowledgeable and capable” in this regard.



**74% of responses stated that the resources and services available within their child’s educational setting were not adequate to support their child’s learning needs.**

60% of responses said that their child’s educators/teachers had been supportive of their child’s learning needs. However, 17% stated that educators had “not been supportive at all”, which is concerning as this is just under one-fifth of the child cohort of the survey.

## PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

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### The Educational Environment / continued

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In relation to the knowledge and capability of educators/teachers to support the learning needs of children with DME, 40% stated that educators were “somewhat knowledgeable and capable” but overall the negative responses were at 56%, with positive responses at 44%, which again chimes with the findings of the [Current State of Play](#) report (Ryan & Waterman, 2018).

When asked about their institution’s commitment to inclusivity in relation to their child’s experience, 49% of responses stated “somewhat committed” (31%), “very committed” (15%) or “extremely committed” (2%), with 51% saying that their institution was “not so committed” (25%) or “not at all committed” (26%). Therefore, responses were quite evenly spread with regard to inclusivity. A little over a quarter of responses, however, said “not committed at all”.

In relation to the institutional support of learning needs of children with DME’s, 51% of respondents found institutions to be supportive, in “overall” terms. However, only 1% found them “extremely supportive”. 49% responded “not so supportive” (24%) or “not supportive at all” (25%).

# PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

## Services and Resources Provision

### (137 Responses)

In relation to the accessing of services and resources which support the learning needs of children with DME, 80% of 137 respondents had accessed one or more services and resources. Online support rates were also high at 80%.

Table 2 shows services and resources most frequently accessed by children with DME. Respondents could choose more than one option.

Answer choices	Responses %	Respondents
Online support groups (e.g., Potential Plus UK, parent forums, WhatsApp groups)	79.56	109
International resources (e.g. books, videos, internet)	75.91	104
Therapeutic services (e.g., occupational therapy, counselling, CAMHs, GPs)	71.53	98
Identification resources (e.g., educational psychology services, checklists, GPs)	70.07	96
Extracurricular activities (e.g., lunchtime or after school clubs)	48.18	66
School support	44.53	61
Family support	25.55	35
Other	8.03	11
Summer schools or other residential support	6.57	9
None of the above	4.38	6

Note: Total Respondents 137

## PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

### Services and Resources Provision / continued

Most respondents indicated that online support was a valuable resource to them as parents and carers, and that the peer support available through connecting with others caring for learners with DME was helpful. Potential Plus UK was mentioned frequently by respondents as a place where support and resources could be found. One respondent stated that they “felt taken seriously, they get it and do their best to help”, with another stating that “Potential Plus [UK] have been extremely helpful, they’ve been the ones identifying and helping us on the road to diagnosis and how to approach schools and other professionals in supporting our child”.

The main professionals accessed to assist with diagnosis and for specific advice were Educational Psychologists, Psychiatrists, Paediatricians, and Occupational Therapists. Overwhelmingly, the support and insights offered by professionals were seen as positive, as was getting a diagnosis for the learner. One respondent stated that “Educational Psychologists have been able to give insight into many aspects of my child’s abilities and challenges that can be useful in identifying strategies to help him”, with another asserting that “Sensory OT has been life changing for her”. Such responses indicate that accessing relevant expertise is a very important part of the educational journey of a learner with DME, not only for the learner directly, but also for their parents/carers. It is also worth noting that there was a mixture in this sample of those who had taken the private route and those who had accessed services through the NHS or through their school.



**One respondent stated that “Educational Psychologists have been able to give insight into many aspects of my child’s abilities and challenges that can be useful in identifying strategies to help him”, with another asserting that “Sensory OT has been life changing for her”.**

## PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

### Services and Resources Provision / continued

It is positive to read that 92% of responses indicate that their access to support services and resources has helped the learner or parent/carer to better understand the learner's talents and abilities. Furthermore, 86% report that these services and resources have helped the learner or the parent/carer of the learner to identify the learner's challenges within an educational setting. 81% of responses say that resources/services helped to improve the life experiences of their child.

Cost was cited as a barrier to accessing resources for support, which could be interpreted as a feeling that schools were not able to fully support the needs of the learner with DME; for example, one respondent stated that "it could have been a dreadful transition had we not been in a position to pay for the support. I wish all kids were that lucky." However, other responses were more positive, with one stating that the school had "put everything in his EHC plan in place before he had an EHC plan". While these are just examples, there were far more responses that referred to the need to access additional support, resources and expertise privately, than there were examples where schools (both private and state) were able to fully meet the needs of the learner.

In relation to how well resources/services (in an overall sense) fulfil the needs of the child, 84% said that that they were helpful.



**Cost was cited as a barrier to accessing resources for support, which could be interpreted as a feeling that schools were not able to fully support the needs of the learner with DME...**

## PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

### Self-Identification and Learners with DME

(127 Responses)

In relation to support for learners recognising their own strengths and needs, 52% reported that they did not feel that their child was adequately supported in doing this. This would be a useful matter for further investigation, perhaps through discussion in a focus group.

Table 3 ranks what parents/carers felt were the most effective supports for enabling their child to recognise their strengths and needs as a learner (with 1 as the most effective and 8 as the least effective, etc.)

Ranking	Effective Support'
1	Family
2	Identification services
3	Extracurricular activities
4	Online information
5	Health and care services
6	Online support groups
7	School/teacher
8	Peer group

Note: Total Respondents 127

However, it is worth considering that talking to learners directly could show a slightly (or very) different picture.

That the least effective supports identified are school/teachers and peer groups might raise issues about formal schooling and formalised learning for learners with DME.

53% of parents/carers in the data set said that their learners identified as having DME, with 47% responding that they did not self-identify as DME.

# PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

## Suggestions from Parents/Carers of Learners with DME

### (127 Responses)

Respondents were invited to make suggestions on how to improve the current provision for learners with DME in the UK. The responses were analysed using an inductive thematic analysis approach.

**TABLE 4**  
Inductive Thematic Analysis of Improvements for Learners with DME

Theme	Subtheme	Examples
<b>1A</b> Raising awareness about DME is essential	Raising awareness of DME	“In my experience, having a DME in the State sector is incredibly difficult and frustrating. Generally, schools and teachers do not seem to be aware of DME and so generally my son has not been fulfilling his potential.”
	Funding	“Education in schools and supportive resources.”
	Legal production	“Without legal recognition to DME and a statutory obligation on schools to support DME learners, these children are condemned to suffer a hellish school experience where neither their high ability nor areas of difficulty are supported.”
Note: Total Respondents 127		

# PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

## Suggestions from Parents/Carers of Learners with DME / continued

**TABLE 4**  
Inductive Thematic Analysis of Improvements for Learners with DME

Theme	Subtheme	Examples
<b>2A</b> Education for learners with DME lacks coherence and undervalues their strengths	One size does not fit all	“It’s not so much about what they are given, as what they are not given, The fact that strengths can disguise weaknesses is ignored (‘oh, it’s fine as long as they are doing well’).”
	Home education/special education	“A huge percentage of home educated children are DME. There is no suitable provision for them.”
	Shake up of curriculum/education	“It would require an entire shake-up of the school curriculum, and for teachers not to be so pressured to get all students into the same narrow range.”
	Use their strengths to educate them	“Schools concentrate on children’s weaknesses too much, they need to use their strengths more. These children shouldn’t have to feel like they don’t fit the correct box.”

Note: Total Respondents 127

# PARENTS' AND CARERS' EXPERIENCE OF THE STATE OF PROVISION

## Suggestions from Parents/Carers of Learners with DME / continued

**TABLE 4**  
Inductive Thematic Analysis of Improvements for Learners with DME

Theme	Subtheme	Examples
<p><b>3A</b> Disparities of provision are highly problematic and have a detrimental impact on parents carers and learners with DME</p>	Lottery of provision	“Schools concentrate on children’s weaknesses too much, they need to use their strengths more. These children shouldn’t have to feel like they don’t fit the correct box.”
	Emotional impact	“Support is too variable by school, it would be good to have more services not tied to the school. My son attended two state schools and the provision at the first was not at all good, and the second has been excellent”
	Relationships	“Greater engagement between schools and specialist groups.”
	List of DME assessors	“Recommended list of professional assessors who specialise in DME. Increased publicity of DME for teachers/schools to increase awareness and effectiveness.”
<p>Note: Total Respondents 127</p>		

# EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

## Demographic Information

### (72 Responses)

There were 72 responses to the survey, while not all respondents answered all of the questions. It is worth noting that, in this section, respondents were allowed to select more than one option, so total percentages are in excess of 100%.

The respondents to the Educators and Service Providers' survey identified themselves as seen in Table 5.

Response Identification	
Respondents identified themselves as	Responses %
Teacher/educator	80
Support services	24
Management	7
Policy maker	10
Other	11

Note: Total Respondents 72

The majority of the respondents provided services in a primary school setting (60%), followed by secondary school settings at 33%, special schools at 24%, with providers identified as Other at 25%.

## EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

### The Educational Environment

#### (59 Responses)

64% of responses rated their institutions as being “somewhat committed” (31%), “very committed” (24%) or “extremely committed” (9%) to supporting the learning needs of children with DME. However, in relation to educational institutes being knowledgeable and capable when identifying the learning needs of children with DME, positive responses dropped to 50% with institutes rated as “somewhat knowledgeable and capable” (34%), “very knowledgeable and capable” (14%) or “extremely knowledgeable and capable” (2%). Worryingly, 14% reported that their institution was “not at all knowledgeable and capable” in this regard.

In relation to institutions being knowledgeable and capable when supporting the needs of children with DME, 57% of responses said that their institutions were “somewhat knowledgeable and capable” (40%), “very knowledgeable and capable” (12%) or “extremely knowledgeable and capable” (5%). 9% reported their institution as being “not at all knowledgeable or capable”.

It is encouraging to see that 80% of responses said that educators/teachers were “somewhat supportive” (42%), “very supportive” (31%) or “extremely supportive” (7%) of the learning needs of children with DME. However, in relation to the access of institutes to sufficient resources and services to support the learning needs of learners with DME, 61% reported that provision here was either “not so sufficient” (42%) or “not sufficient at all” (19%). With such a large negative response to this question, we recommend that this should be investigated further.



**However, in relation to the access of institutes to sufficient resources and services to support the learning needs of learners with DME, 61% reported that provision here was either “not so sufficient” (42%) or “not sufficient at all” (19%).**

## EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

### The Educational Environment / continued

In relation to the knowledge and capabilities of educators/teachers who are required to work with children with DME, 60% of respondents said that they felt teachers/educators were “somewhat knowledgeable and capable” (42%), “very knowledgeable and capable” (15%) or “extremely knowledgeable and capable” (3%). The largest response to this question rated teachers/educators as “somewhat knowledgeable and capable” (42%), indicating that while there is a baseline of knowledge, more could be done to educate staff about the needs of learners with DME.

56% of responses said that training during existing initial teacher education (ITE) was “not so useful” (29%) or “not useful at all” (25%) in equipping staff to support learners with DME. Investigating why this is the case and how ITE training can be improved, perhaps through a focus group, would be an important next step. Responses in relation to existing CPD training for teachers working with children with DME were more positive, with 54% of responses stating that CPD was either “somewhat useful” (22%), “very useful” (15%) or “extremely useful” (17%). 14% reported that it was “not useful at all”, and it would be useful to find out more details as to why this was the case.

72% of responses stated that their institution was either “somewhat committed” (41%), “very committed” (24%) or “extremely committed” (7%) to inclusivity in relation to their learners with DME.

The summative questions asked respondents, “overall, to what extent have you found educational institutes to be supportive of DME children’s learning needs”. 75% of respondents replied that their institution was somewhat supportive (53%), very supportive (15%) or extremely supportive (7%).



**56% of responses said that training during existing initial teacher education (ITE) was “not so useful” (29%) or “not useful at all” (25%) in equipping staff to support learners with DME.**

## SURVEY TWO: EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

### Consultation: Schools, Services and Parents

#### (56 Responses)

Interestingly, 80% of the respondents did not think that there was sufficient collaboration or consultation between educators and healthcare services when negotiating support for children with DME, and this is something that should be investigated in more detail. Alongside this, 64% of responses stated that there was not sufficient consultation between parents/carers and educators when negotiating learning support for children with DME. As recommended in the Ryan and Waterman report (2018, p. 18), providing written materials in plain English explaining what DME is, for both professionals and parents, may help facilitate better collaboration between them in the future.



**80% of the respondents did not think that there was sufficient collaboration or consultation between educators and healthcare services when negotiating support for children with DME...**

# EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

## Services and Resources Provision

### (50 Responses)

72% of responses confirmed that they had previously accessed resources and support services for their DME learner. Table 6 shows what these resources/services were in descending order of popularity.

**TABLE 6**  
Services for Learners with DME, Accessed by Educators and Service Providers

Ranking	Services Accessed
1	Therapeutic services (Occupational Therapy, counselling, CAMHs (Child and Adolescent Mental Health Service), GPs (General Practitioners))
2	Identification resources (Educational Psychology services, checklists, GPs)
3	School support
4	Information resources
5	Extracurricular activities
6	Family
7	Online support groups
8	Summer school or residential support

Note: Total Respondents 50

## EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

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### Services and Resources Provision / continued

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It is encouraging to see that 90% of respondents found that the services and resources available helped the educator or the learner to better understand the learners' talents and abilities. 85% reported that these resources were also useful for learners and their educators in identifying challenges that the learner may face in an educational environment.

85% reported that the resources available helped to fulfil the needs of the learners. However, 15% reported that the available resources and services did not meet their learner's needs.

Respondents were asked to say which services they had found most beneficial when supporting the learning needs of learners with DME. Of the 50 responses coded, 25 subthemes were generated, indicating that there was little alignment between professionals and the services that were useful. This also highlights that learners with DME are not a homogenous group, their needs vary enormously and the support that they require really should be bespoke to them.

When asked about how the current provision for learners with DME could be improved, 45 responses were gathered and coded, as shown in Table 7 (next page).

# EDUCATORS’ AND SERVICE PROVIDERS’ EXPERIENCE OF THE STATE OF PROVISION

## Services and Resources Provision / continued

**TABLE 7**  
Inductive Thematic Analysis of Improvements to Provision for Learners with DME

Theme	Subtheme	Examples
<b>1B</b> Learners need earlier, more consistent and higher quality provision	Better identification	“DME needs to have better recognition within the SEND EHC process. Many CYP with DME will have needs overlooked and strengths missed.”
	Earlier support	“Early diagnosis and access arrangement/support being in place from an early age.”
	Hidden needs	“Raising awareness as if the child presents as ‘fine’ in the classroom there is difficulty getting recognition of any hidden needs”.
	More DME resources	“Resources made available and relevant to empower DME learners.”
	More support	“More support to recognize DME children in early years so transition to primary school is planned and prepared for.”
Note: Total Respondents 50		

# EDUCATORS’ AND SERVICE PROVIDERS’ EXPERIENCE OF THE STATE OF PROVISION

## Services and Resources Provision / continued

**TABLE 7**  
Inductive Thematic Analysis of Improvements to Provision for Learners with DME

Theme	Subtheme	Examples
<p><b>2B</b> Teachers and support services need training and resources to help them better support learners with DME</p>	Collaborative working	“More capacity to work collaboratively.”
	Lack of knowledge	“There is a severe lack of knowledge with regards to HLP children, their learning needs and hence in our under-resourced schools, the knowledge and skills to serve this group well do not exist.”
	More training	“Teachers need CPD to inform them of the existence of DME. Too many are completely unaware of the existence of the condition. Most people assume that a child either has special needs OR is gifted and talented.”
	Raise awareness	“There needs to be whole-scale awareness training across the board from health services through to schools.”
Note: Total Respondents 50		

# EDUCATORS’ AND SERVICE PROVIDERS’ EXPERIENCE OF THE STATE OF PROVISION

## Services and Resources Provision / continued

**TABLE 7**  
Inductive Thematic Analysis of Improvements to Provision for Learners with DME

Theme	Subtheme	Examples
<b>3B</b> Funding and system changes are needed if DME support is to be improved overall	Deficit focused	“I am now thinking about how to incorporate into training sessions I provide. I don’t think it is widely recognised. My experience is that focus is still given to deficit areas.”
	More funding	“Funding and time are large factors which can hinder due to expensive resources and teachers’ timetables.”
	Rigid education system	“Education must change from the rigid prescriptive system that exists to one that is flexible, nimble and adaptive to each child and their developing needs.”
Note: Total Respondents 50		

## EDUCATORS' AND SERVICE PROVIDERS' EXPERIENCE OF THE STATE OF PROVISION

### Self-Identification and Learners with DME

#### (45 Responses)

73% of responses reported that their learners were supported to recognise their strengths and weaknesses as learners with DME. Table 8 shows how services and resources were ranked in descending order for their effectiveness in supporting learners with DME to identify their strengths and weaknesses.

Ranking	Effective Support
1	Family
2	School/teacher
3	Identification services
4	Online information
5	Extracurricular activities
6	Peer groups
7	Healthcare services

Note: Total Respondents 45

# CONCLUSIONS AND RECOMMENDATIONS

## Conclusions

While some learners with DME are identified and/or supported, many remain unidentified and/or unsupported by the education system. A lack of identification or appropriate support has devastating consequences for children with DME, many of whom disengage from learning and suffer with mental health issues, and some of whom are squeezed out of the system in the form of school refusal, exclusion and elective home education. Of particular concern was the impact on the mental health of learners as reported by their parents and carers.

At a national level, the needs of young people with DME are largely ignored; there is a lack of commitment to supporting young people with this profile and no strategy that provides for a system flexible enough to meet their needs. The inflexibility of the English mainstream education system presents considerable barriers to accessing the right support for young people with DME. Teachers/educators find it difficult to accommodate the strengths of learners, leading to a deficit model of teaching which is inappropriate for those with exceptional skills.

Despite evidence of a willingness on the part of schools to practice inclusivity for learners with DME, there is inconsistency across all phases of education, types of schools and geographical locations in England, in terms of awareness of what DME is and how to support learners with DME. Furthermore, the research revealed that there are a significant number of educators and professionals who have not heard of the term DME, let alone understand how to support learners who fit the profile.



**At a national level, the needs of young people with DME are largely ignored; there is a lack of commitment to supporting young people with this profile and no strategy that provides for a system flexible enough to meet their needs.**

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions / continued

In addition, a lack of collaboration between those supporting young people with DME, hinders communication about the needs of individuals and the appropriate support for these needs. This, in turn, means that educators are deprived of information that exists about individuals and, therefore, may not be aware of the support that would be appropriate. The result is that learners with DME may not receive appropriate provision even where it has been identified.

General SEND or specific disability professional development opportunities for educators and health professionals do not empower them to meet the needs of young people with DME adequately, since these do not consider the differing profiles of this group.

The inconsistency of support has a financial burden for parents/carers, with many needing to fund assessments and/or education themselves to access appropriate provision. This also means that young people whose parents are not in a position to pay are denied essential support.

This study undertook to understand the provision for learners with DME within and beyond the education system and its availability to young people and their parents. It leaves questions about what the mental health and educational needs of young people with DME are, as well as how these two needs converge and impact on their outcomes and life experiences.



**...educators are deprived of information that exists about individuals and, therefore, may not be aware of the support that would be appropriate, resulting in learners with DME not receiving appropriate provision even where it has been identified.**

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# CONCLUSIONS AND RECOMMENDATIONS

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## Recommendations

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### **Consider the Needs of Young People with DME at a National Level**

The rigidity of the education system presents barriers to the ability of schools to meet the needs of young people with DME, leading to exclusion, school refusal and mental health problems. In addition, provision is patchy, with parents often finding that they have to pay for timely, appropriate support. There should be a change at a national level to empower schools to flexibly meet the needs of young people with DME. The needs of this group should be routinely considered at the outset of planning in the thinking of strategic decision makers; including national policy makers, education planners, funding bodies and regulators.

### **Raise Awareness of and Increase Understanding about DME**

To address the demonstrated unfamiliarity and misunderstanding about DME, awareness and understanding about the support needs of this group should be raised significantly. This should include raising awareness and increasing understanding within the education system and in wider support services for young people.

Awareness and understanding can be increased by forging partnerships between those working in this area and key stakeholder groups such as Local Authorities, Multi-Academy Trusts, Initial Teacher Training Providers and SEND networks.

### **Develop Resources to Increase Understanding**

To address the lack of understanding in education and wider support services for young people with DME, a suite of suitable resources should be developed targeted at teachers, SENCos, mental health support professionals and therapists, parents and young people. The resources should be delivered in a range of media to aid access and ease of use (e.g. leaflets and booklets available electronically, videos, PowerPoints).

New materials should be developed in conjunction with the intended audience and young people with DME and/or their parents, to ensure that they reflect the lived experiences of young people and the usefulness for the audience.

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## CONCLUSIONS AND RECOMMENDATIONS

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### Recommendations / continued

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#### **Improve Collaboration between Stakeholders**

One of the barriers to young people with DME accessing support is poor collaboration between the different stakeholders involved. This includes the young person and their parents and those supporting them in the education system; the local authority; and those in health care (such as psychologists, psychiatrists, occupational therapists, speech and language therapists and mental health professionals). Improved collaboration between these groups would result in better understanding of the needs of individuals with DME and a higher chance of support being effective in enabling young people to achieve and improve their wellbeing.

To improve collaboration, consultation (perhaps in the form of a focus group) should take place with young people with DME and their parents, to establish where there are breakdowns in communication and what would be most effective in addressing this. Similarly, education and healthcare professionals should be consulted to discover the most useful information and communication methods to improve collaboration.

#### **Provide Professional Development in Education**

Many education professionals and support staff members do not know how to best meet the needs of young people with DME. This leads to a lack of support for young people who then struggle to access challenge and become disengaged from learning. Professional development that is in line with the DfE Standard for Teachers' Professional Development should be provided for all levels of staff in education (SENCOs, teachers, NQTs, teaching assistants and trainee teachers) to address this.

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## CONCLUSIONS AND RECOMMENDATIONS

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### Recommendations / continued

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#### **Raise Awareness and Understanding Among Mental Health and Therapeutic Professionals**

The current lack of understanding, communication, support and flexibility within the system is leading to significant mental health issues for young people with DME. Those working within mental health and therapeutic support services should be aware of where things are going wrong for young people with DME and their support needs, so that professionals can offer effective support. Therefore, awareness and understanding should be increased among mental health and therapeutic support services through consultation, resource materials and professional development.

#### **Conduct More Research into the Needs of Young People with DME**

There is a need to better understand the mental health and educational needs of young people with DME. The aim of this study was to understand more about the current state of provision and access to learning and support that is available to children with DME. The next step in research would be to discover more about the learning and wellbeing needs of young people with DME and, crucially, how these two areas interact. Findings can then be fed into professional development and support materials.

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## ABBREVIATIONS

<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>Covid-19</b>	Coronavirus disease
<b>DfE</b>	The Department for Education
<b>DME</b>	Dual or Multiple Exceptionality
<b>EHC Plan</b>	Education, Health and Care Plan
<b>EOTAS</b>	Education Other Than At School
<b>HLP</b>	High Learning Potential
<b>HE</b>	Home Education
<b>ITE</b>	Initial Teacher Education
<b>OT</b>	Occupational Therapy
<b>SEN</b>	Special Educational Needs
<b>SEND</b>	Special Educational Needs and Disabilities

## APPENDIX A

### Survey One for Parents/Carers of Learners with DME

<b>Q1</b>	Please tick this box to confirm that you agree to your survey answers being used as part of the research project as set out on this page.
<b>Q2</b>	Do you identify yourself as the parent/carer of a DME learner?
<b>Q3</b>	What type of educational setting does your child attend?
<b>Q4</b>	Please identify the Key Stage relevant to your child.
<b>Q5</b>	What is your child's gender?
<b>Q6</b>	What race/ethnicity best describes your child?
<b>Q7</b>	Does your child have an EHC Plan?
<b>Q8</b>	To what extent have you found educational institutes to be committed to supporting your child's learning needs?
<b>Q9</b>	To what extent have you found educational institutes to be approachable when you wish to discuss your child's learning needs?
<b>Q10</b>	To what extent have you found educational institutes to be knowledgeable and capable in identifying your child's learning needs?
<b>Q11</b>	To what extent have you found educational institutes to be knowledgeable and capable in supporting your child's learning needs?
<b>Q12</b>	To what extent have you found educational institutes to have sufficient resources and services to support your child's learning needs?
<b>Q13</b>	To what extent do you think that educators/teachers have been supportive of your child's learning needs?
<b>Q14</b>	To what extent have you found educators/teachers to be knowledgeable and capable when required to support your child's learning needs?
<b>Q15</b>	How committed have you found educational institutes to be when it comes to inclusivity with regard to your child's experience?

## APPENDIX A

### Survey One for Parents/Carers of Learners with DME / continued

<b>Q16</b>	Overall, to what extent have you found educational institutes to be supportive of your child's learning needs?
<b>Q17</b>	Have you previously accessed support services or resources for your DME learner?
<b>Q18</b>	Which service/s or resource/s have you accessed? (You may choose more than one option here.) School support / Family support / Summer schools or other residential support / Extracurricular activities / Therapeutic services / Online support groups / Information resources / Identification resources / None of the above / Other (please specify)
<b>Q19</b>	To what extent have these services/resources been helpful for your child (or helped you to help your child?) to better understand their talents and abilities?
<b>Q20</b>	To what extent have these services/resources been helpful for your child (or have helped you to help your child) to identify the challenges they face in an educational environment?
<b>Q21</b>	To what extent have these services/resources been helpful for your child (or helped you to help your child) to improve their life experiences?
<b>Q22</b>	Overall, to what extent have you found these services/resources helpful in fulfilling the needs of your child?
<b>Q23</b>	Which service or resource did you find most beneficial in supporting your child's learning needs?
<b>Q24</b>	To what extent do you think that your child has been supported in ways that have allowed them to recognise their strengths and needs as a learner?
<b>Q25</b>	Which of the following do you think were most effective in supporting your child to recognise their strengths and needs as a learner? (Please rank from 1-8 where 1 is the most effective and 8 is the least effective.) Extracurricular activities / Family / Health/care services / Identification services / Online information / Online support groups/ Peer groups / School/teacher
<b>Q13</b>	To what extent do you think that educators/teachers have been supportive of your child's learning needs?
<b>Q27</b>	Please share any comments or suggestions here about the current provision for DME learners in the UK.

## APPENDIX B

### Survey Two for Educators of DME Learners

<b>Q1</b>	Please tick this box to confirm that you agree to your survey answers being used as part of the research project as set out on this page.
<b>Q2</b>	Do you identify yourself to be a provider of a professional service for DME learners?
<b>Q3</b>	What service/s do you provide? (You may choose more than one option here.) Teacher/educator / Support services / Management / Policy maker / Other (please specify)
<b>Q4</b>	What type of educational setting/s do your learners attend? (you may choose more than one option here). Primary school / Secondary school / Special school / Other (please specify)
<b>Q5</b>	Please identify the Key Stages (s) relevant to your service/institute (you may choose more than one option here)
<b>Q6</b>	To what extent have you found educational institutes to be committed to supporting the learning needs to DME children?
<b>Q7</b>	To what extent have you found educational institutes to be knowledgeable and capable when identifying the learning needs of DME children?
<b>Q8</b>	To what extent have you found educational institutes to be knowledgeable and capable when supporting the learning needs of DME children?
<b>Q9</b>	To what extent have you found educators/teachers to be supportive of DME children's learning needs?
<b>Q10</b>	To what extent do you feel that educational institutes have sufficient resources and services to support the needs of DME learners?
<b>Q11</b>	To what extent have you found educators/teachers to be knowledgeable and capable when required to support the learning needs of DME children?
<b>Q12</b>	How useful do you think existing ITE training is for equipping new teachers with the skills and knowledge to support DME learners?
<b>Q13</b>	How useful do you think existing CPD training is for further equipping teachers to support DME learners?
<b>Q14</b>	How committed have you found educational institutes to be when it comes to inclusivity with regard to DME learners?

## APPENDIX B

### Survey Two for Educators of DME Learners / continued

<b>Q15</b>	Overall, to what extent have you found educational institutes to be supportive of DME children's learning needs?
<b>Q15</b>	Do you think there is sufficient consultation between educators and parents of DME children when negotiating learning support?
<b>Q17</b>	Do you think that there is sufficient consultation and collaboration between educators and health and care services when negotiating learning support for DME children?
<b>Q18</b>	Have you previously accessed support services or resources for your DME learners?
<b>Q19</b>	Which service(s) or resource(s) have you accessed? (You may choose more than one option here.) School support / Family support / Summer schools or other residential support / Extracurricular activities / Therapeutic services / Online support groups / Information resources / Identification resources / None of the above / Other (please specify)
<b>Q20</b>	To what extent have these services/resources been helpful for your learner/s (or helped you to help your learner/s) to better understand their talents and abilities?
<b>Q21</b>	To what extent have these services/resources been helpful for your learner/s (or helped you to help your learner/s) to identify the challenges they face in an educational environment?
<b>Q22</b>	Overall, to what extent have you found these services/resources helpful in fulfilling the needs of your learner/s?
<b>Q23</b>	Which service or resource did you find most beneficial in supporting the learning needs of DME children?
<b>Q24</b>	To what extent do you think that DME children are supported in ways that have allowed them to recognise their strengths and needs as learners?
<b>Q25</b>	Which of the following do you think are most effective in supporting DME children to recognise their strengths and needs as learners? (Please rank from 1-8 where 1 is the most effective and 8 is the least effective.) Extracurricular activities / Family / Health/care services / Identification services / Online information / Online support groups / Peer groups / School/teacher
<b>Q26</b>	Please share any comments or suggestions here about improving the current provision for DME learners in the UK.



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