

Summary

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

An introduction to Dual or Multiple Exceptionality (DME)

The majority of children in the UK do not have a Special Educational Need (SEN). The majority of children in the UK do not have High Learning Potential. Those children who have High Learning Potential and have one or more Special Education Needs have what is known as Dual or Multiple Exceptionalityⁱ (DME).

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

It is estimated that 5-10% of children identified as high ability also have a Special Education Needⁱⁱ. This could be due to a sensory impairment, physical difficulty or specific learning difficulty. Conversely, approximately 2-5% of children identified with Special Education Needs have High Learning Potential.

The Code of Practice for Special Education Needsⁱⁱⁱ identifies four areas of difficulty, which are then subdivided into different types of need. These are:

1. Communication and interaction: including speech, language and communication needs and Autistic Spectrum Disorders.
2. Cognition and learning: including specific, moderate, severe, profound learning difficulty.
3. Behaviour, emotional and social development.
4. Sensory and/or physical needs: including visual impairment, hearing impairment and physical needs.

The Code of Practice states that children have Special Educational Needs if they have a learning difficulty that calls for special educational provision to be made for them. The Code of Practice goes on to define children with learning difficulties as those who:

- Have a significantly greater difficulty in learning than the majority of children of the same age; or
- Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority,

- Are under compulsory school age (5 years) and fall within the definition of either of the above.

High Learning Potential children can fall into any of the three categories and therefore can be classed as children with DME. Special Education Needs commonly seen in High Learning Potential children include:

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

The characteristics of Dual or Multiple Exceptional Children

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

Intellectual Strengths

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

Academic Difficulties

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

Emotional Indicators

- Minor failures that create feelings of major inadequacy
- Unrealistically high or low self-expectations
- Feelings of academically ineptitude
- Confusion about abilities
- Strong fear of failure
- Sensitivity to criticism
- Experiences of intense frustration
- Low self-esteem
- Feelings of being different from others
- Poor social skills

Behaviour

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

Profiles of Dual or Multiple Exceptionality^{iv}

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

1. **High ability is recognised but Special Education Needs are unrecognised** – this is where the child’s ability is recognised but any special needs or learning difficulties have not been picked up.
2. **Special Education Needs are recognised but high ability is unrecognised** – this is where the child’s Special Education Needs are recognised but their High Learning Potential is not seen or supported.
3. **Both high ability and Special Education Needs are unrecognised** – this is where the child’s high ability and Special Education Needs are unrecognised and so no support for the child is identified.
4. **Both high ability *and* Special Education Needs are recognised** – this is where the child’s High Learning Potential *and* their special needs are both recognised.

Type 1 DME children whose high ability is recognised but whose Special Education Needs are unrecognised can share the following traits:

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

When High Learning Potential compensates for a Special Education Need and highly intelligent children appear to be average in certain subjects or just slightly above average, they frequently will not be identified as having a Special Education Need. Neither will they be deemed suitable for receiving extra support or Special Education Needs 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. They may achieve good results and not be seen as needing a Special Education Needs diagnosis at all.

Type 2 DME children whose Special Educational Needs are recognised but whose High Learning Potential is unrecognised can share the following traits:

- They are often labelled for what they *cannot* do, rather than what they *can* do
- Their Special Education Needs 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 eg through school ‘gifted and talented’ programmes
- They often fail to achieve their potential in school
- They can suffer from poor self-esteem because of low achievement
- They can display negative or disruptive behaviours
- They are often more comfortable in displaying their creative talents and intellectual abilities at home. Here there is often no pressure or perceived limitation on what they can and cannot do.

For some DME children in this category, their Special Education Needs 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. These children then miss out on opportunities for challenge and enrichment which are the basis of good provision within the education system.

DUAL OR MULTIPLE EXCEPTIONALITY

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

Type 3 DME children for whom both High Learning Potential and Special Education Needs are unrecognised can share the following traits:

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

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

Type 4 DME children are the fortunate ones for whom **both their HLP and SEN are recognised:**

- They are more likely to feel understood and supported both at home and at school
- They often feel comfortable enough to voice concerns regarding any difficulties related to their special need
- They are often academically challenged on a regular basis
- They are often given opportunities to display their creativity
- They have access to learning support aids/provision if necessary. This could include the use of a laptop or extended time during assessments
- Their social and emotional needs are supported by their parents and staff who encourage positive friendships and provide opportunities for socialising.

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

The Importance of Assessment and Diagnosis of DME Children

Over 40 years of Potential Plus UK's experience in supporting HLP children, their families, schools and Local Education Authorities has led us to identify the following difficulties^v in identifying DME children in school:

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

If a child does not seem to be making enough progress or needs a lot more extra help, the child's school or early education setting can ask the Local Authority to carry out a statutory assessment^{vi}. A statutory assessment is a detailed investigation to find out exactly what the child's Special Education Needs are and what additional help, if any that they require.

A statutory assessment is only necessary if the school or early education setting cannot provide all the help that the child needs. The Local Authority has six weeks to decide whether or not to carry out a statutory assessment. If it decides to carry out a statutory assessment, it will ask for advice from:

- The child's school or early education setting
- An educational psychologist
- A doctor
- Social Services (who will only give advice if they know the child)
- Anyone else whose advice the Local Authority considers appropriate

After the statutory assessment, the Local Authority may decide it is necessary to write down all of the information they have collected in a document. This is called a 'Statement of Special Educational Needs'. This statement will describe the child's needs and the special help the child should receive. The Local Authority will usually make a statement if they decide that the extra support required by the child cannot be provided from within the school's resources. These resources could include money, staff time and special equipment. From our experience, it is unlikely that a statement will be provided for a child unless their Special Education Needs give cause for concern.

Part of the statutory assessment process is an assessment by an educational psychologist. A full-scale IQ assessment carried out by an educational psychologist of DME children. This will often display a profile which shows some areas where the children are below average; some areas where they are average and some areas where they are above average or in the gifted range. This resulting profile looks 'spiky'. This represents differences between the child's abilities and their special needs^{vii}.

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

Parenting a Child with Dual or Multiple Exceptionality

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

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

This is particularly important as making friends and fitting in can sometimes be difficult for some DME children. Unfortunately, social problems can sometimes escalate into prolonged feelings of isolation and even bullying. A recent Potential Plus UK survey^{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.

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

- develop good relationships based on trust and respect with the children. This will help them know that they are valued irrespective of how “different” they are to their peers;
- help the children to recognise that they have strengths and talents as well as weaknesses in some areas;
- guide the children to make their expectations reasonable- *either* higher or lower;
- give the children opportunities to experience genuine success to improve their self-esteem;
- encourage the children to develop independence;
- help the children to express their frustration and confusion in a positive way;
- guide the children to act less impulsively under stress;
- incorporate the children's interests into opportunities for learning;
- facilitate positive social experiences to give the DME children confidence in forming friendships;
- help the children to develop relationships with other children who value achievement. This can be a genuine catalyst in reversing underachievement for many DME children^{ix}

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

1. The children's High Learning Potential enables them to compensate to some extent for their special need.
2. However, this compensation requires them to focus their physical and emotional energy into what they are doing.
3. Unfortunately, this ability to compensate can often break down under stress, for example

when the children are tired.

4. At school, DME children may well spend a great deal of intellectual energy in simply keeping up with their peers.
5. It can be incredibly frustrating for DME children to use all of their energy to regularly produce a result that puts them on a level with their age peers. This is made more so because their minds are functioning at a much more advanced level than what they are able to demonstrate.
6. Therefore, many DME children face daily struggles and this must be remembered by all those involved in parenting, supporting and educating them.

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

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

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

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

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

For those who lack social skills and understanding, working with others in the same interest area can greatly expand opportunities for positive and productive interaction. Their weaknesses can and must be addressed. However they need to be addressed creatively and preferably in their interest area. Addressing these weaknesses must not be done at the expense of the development of their strengths.

Potential Plus UK recommends that parents of children with DME should develop good working relationships with their children's schools. Good communication with schools is the basis of formulating a strong and consistent support structure. This enables DME children to maximise

DUAL OR MULTIPLE EXCEPTIONALITY

their learning potential.

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

1. The identification of both the children's Special Education Needs and their High Learning Potential.
2. How the children's High Learning Potential can and will be challenged through work that is carefully matched to both their special needs and high abilities.
3. That the children's progress will be closely monitored. Any targets that are set must follow a clear understanding of the children's DME as a whole.
4. That parents will be kept involved and informed as partners in the children's educational progress.

Education and DME Children

Once it has been recognised that children have special needs, the school will then follow guidance from the Code of Practice to provide them with support. Children might then be put on Early Years Action (for under 5s) or School Action. These are categorisations used by early years' settings and schools for the additional support different children need. Some examples of the help available through Early Years or School Action are^x:

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

The school or education setting may then decide to write down the actions or help for these children. This is often done in Individual Education Plans (IEPs)^{xi}

IEPs should say:

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

Teachers discuss these plans with the parents and children. Also, if possible, the plans will usually be linked to the main areas of language, literacy, mathematics and behaviour and social skills.

Sometimes the school or early education setting will not write formal plans. However, they will record how they are meeting these children's needs in a different way, perhaps as part of their lesson plans. They will then record the children's progress in the same way as they do for all the

other children. However, the school should always be able to say how they are helping these children and what progress they are making.

Conclusion

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

Without the correct support, we believe that DME children can easily lapse into a cycle of underachievement^{xii} and become increasingly demoralised and demotivated.

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

Potential Plus UK Date of Issue: Jan 2014

Potential Plus UK Planned Review Date: Jan 2017

To give feedback on this advice sheet, please go to:
www.surveymonkey.com/s/advicesheetfeedback

ⁱ The National Strategies, Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities, 2008, Department for Children, Schools and Families, Ref 000522008BKT-EN

ⁱⁱ NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001

ⁱⁱⁱ DfES, Special Education Needs: Code of Practice, 2001, Ref DfES 05812001

^{iv} NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001

^v NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001

^{vi} Special Educational Needs (SEN): A guide for parents and carers, DCSF, 2009

^{vii} The National Strategies, Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities, 2008, Department for Children, Schools and Families, Ref 000522008BKT-EN

^{viii} Potential Plus UK, Dual and Multiple Exceptionality Report, 2012

^{ix} NAGC in partnership with DfEE, A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty, 2001

-
- ^x Special Educational Needs (SEN): A guide for parents and carers, DCSF, 2009
^{xi} Special Educational Needs (SEN): A guide for parents and carers, DCSF, 2009
^{xii} The National Strategies, Gifted and Talented Education, Guidance on preventing underachievement: a focus on exceptionally able pupils, DCSF, 2008, Ref 000662008BKT-EN

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